

**TIKTOK MADE ME DO IT: THE RISKS OF SELF-DIAGNOSING USING SOCIAL
MEDIA**

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Bachelor of Arts, University of Alberta, 2023

A project submitted
in partial fulfillment of the requirements for the degree of

MASTER OF EDUCATION

in

COUNSELLING PSYCHOLOGY

Faculty of Education
University of Lethbridge
LETHBRIDGE, ALBERTA, CANADA

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TIKTOK MADE ME DO IT: THE RISKS OF SELF-DIAGNOSING USING SOCIAL MEDIA

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DEDICATION

I would like to dedicate this project to my Ma Ma whose dream it was to watch me go to school and who did everything she could to get me here. I am so grateful to have been led by such love, strength, and bravery - I hope I make you proud.

ABSTRACT

In an age where accessing information and personal insights is instantaneous, this project examines the rise of self-diagnosis of mental disorders among social media users. This refers to the idea that information encountered on social media informs an individual's decision to self-diagnose. Properties of social media such as the ability to rapidly share personal stories, algorithms, and peer interaction may be perpetuating this phenomenon. Additionally, there is growing concern regarding inaccurate information and problematic understandings of mental health concepts. Adolescents appear to be particularly susceptible to this trend based on internal and external factors. Literature on this topic has emerged in recent years, however there is a gap in practice that addresses the risks involved in self-diagnosis using social media. To address this gap, this project suggests recommendations for learning as well as a presentation proposal and slideshow aimed at adolescents based on a comprehensive literature review. Additionally, a presentation proposal for teachers and parents is included. By doing so, social media users may be better equipped to engage in and interact with mental health discourse.

ACKNOWLEDGEMENTS

I would like to thank Dr. Thelma Gunn for her support, honesty, and humour. I am grateful to have experienced your wisdom and support during this project and throughout my graduate studies.

I would also like to express my gratitude to my committee member Dr. Chris Mattatall. Thank you for your enthusiasm and willingness to help make this project fulfill its potential.

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CHAPTER 1: INTRODUCTION

This project examines the rising phenomenon of self-diagnosis of mental disorders in the age of social media and brings attention to concerns associated with this growing trend. It attempts to bring attention to the problematic aspects of self-diagnosis while acknowledging its complexities and appeal. Literature on this issue is still relatively new, therefore this project will analyze potential practical implications based on what is currently available. In this chapter I address the intent that guides this project, provide an overview of the problem, and outline the project's purpose. Included in this chapter will be a statement of interest by the author.

1.1 OVERVIEW OF THE PROBLEM

Individuals are increasingly turning to social media to better understand themselves and their experiences (Blair & Abdullah, 2018). Social media possesses the unique ability to deliver what feels like a tailored personalized experience to its users, including mental health-related content (Corzine & Roy, 2024). Such content has become incredibly popular and is bolstered by algorithms that are built into social media platforms which are intended to target content at users (Qin et al., 2022). This information has propelled the self-diagnosis of mental disorders. In some ways, engaging in mental health content on social media may have positive effects in terms of one's self-discovery, cultivation of social networks, and increased belonging (Conte et al., 2024; Hasan et al., 2023). However, the risks associated with self-diagnosing based on information found on social media are underrecognized. As social media content can be shared by anyone, what is shared is often without reference to empirical sources or professional input (Avella, 2024; Corzine & Roy, 2024). Thus, those who are self-diagnosing are at risk for basing their judgement from incorrect information involving mental disorders. Important implications include the loss of clinical utility of psychiatric concepts, the growing pathologization of normality, and

the impractical use of resources for those who require them most (Chevalier, 2024; Issaka et al., 2024; Monteith et al., 2021).

1.2 PURPOSE OF THE PROJECT

Social media has become a deeply embedded aspect of everyday life for many individuals. Though self-diagnosis has been observed mainly in adults, some researchers have particularly noted adolescents as a high-risk population (Underhill & Foulkes, 2024). This is due to adolescents and young adults being the most common and regular users of social media, especially on the social media platform known as TikTok (McCashin & Murphy, 2023). During adolescence, individuals are experiencing significant developmental changes and are highly impressionable (Underhill & Foulkes, 2024). Therefore, increasing awareness in young people regarding concerns around using social media to self-diagnose may contribute to prevention and mediation of the associated risks. Generation Z is the first of its kind where most of its members have grown up in a digital age and have been using social media for more than half of their lives, which future generations will take after.

A comprehensive review of motivations that lead adults and adolescents to self-diagnose will also be conducted. Often self-diagnosis is well intentioned, yet possessing a diagnostic label may not serve individuals in the ways that they hoped. Furthermore, the clinical and professional utility of a diagnosis can be lost entirely. Examining how social and psychological factors are contributing to this trend may be useful in further research. It has been recommended that increasing mental health literacy and critical thinking skills to adolescents would be beneficial for current and future generations (Corzine & Roy, 2024; Sukmawati et al., 2023). This project will therefore provide a proposal for a presentation delivered in schools that includes recommendations gathered based on the literature review.

1.3 STATEMENT OF INTEREST

I became skeptical of the mental health information that I was encountering on social media telling me non-descript ways that I could qualify for a mental disorder. I noticed that clinically relevant terms including psychiatric diagnoses and concepts seemed like commonplace language yet were often used incorrectly by users who did not disclose their credentials. Learning that some of my acquaintances had determined their own self-diagnoses based on information found on TikTok, I began wondering what purpose a label served them. Diagnoses in social media spaces seemed to be changing their meaning. I unequivocally support the right of all persons to seek and receive care, and admire the courage taken to do so. I have also learned about the finite resources for those who suffer the most and hope that the potential trivializing of labels does not jeopardize what limited care is available. Thus, encouraging critical thinking skills and increasing mental health literacy may give individuals a clear path to support while encouraging that diagnostic labels are used effectively and when necessary.

1.4 CHAPTER SUMMARY

The phenomenon of self-diagnosis through means of social media is ongoing and literature on this trend has only begun emerging in recent years. As rates of self-diagnosing are increasing, it is not clear if these diagnoses are being used for their intended purposes of being a clinical tool. In fact, it may pose some risks to clinical utility and practical distribution of resources. This project will offer a proposed presentation on mental health literacy and critical thinking when encountering mental health information on social media. Beginning with adolescents who are heavy users of social media and are also developmentally vulnerable, this material may later be used to inform broader populations. Chapter 2 will address the method used to conduct the literature review as well as identify the structure of the project. Chapter 3

will then be comprised of a comprehensive literature review that will inform the project's application component. Chapter 4 will contain recommendations, strengths and limitations of the project, directions for future research, a chapter summary, as well as a conclusion. Finally, Appendix A will contain the presentation proposal for adolescents with accompanying slides found in Appendix B as to fulfill the applied portion of the project. Appendix C will contain an adapted presentation proposal for parents and teachers.

CHAPTER 2: METHODS

The purpose of this chapter is to illustrate how gathering research and obtaining information on this topic was conducted. This includes describing the search terms and databases that were utilized to collect literature relevant to the project.

2.1 RESEARCH PROCESS

The materials used to inform this project were gathered using online databases. Such materials include academic peer-reviewed articles contributing to the field of psychology and related health-focused fields. The research process was initiated by searching for existing literature about mental health content and social media as well as self-diagnosis and implications. The primary search terms, both used separately and in combination include the following: social media use, mental health, mental health literacy, self-diagnosis, self-diagnosis attitudes, TikTok, adolescence, psychiatric classification, clinical utility, diagnostic inflation, implications of self-diagnosis. As this topic is relatively new, especially in the wake of new apps such as TikTok, majority of the literature found had been published within the last 5 years with the intent of focusing on materials published within the last decade. Due to limited available Canadian research, materials gathered include that of other countries, primarily the United States. Searches for peer-reviewed articles were conducted beginning in January 2025 using search terms in Google Scholar as well as the University of Lethbridge Library which was accessed digitally.

2.2 CHAPTER SUMMARY

This chapter fulfilled the intended purposes of addressing how research was pursued for this topic. Included was an outline of the research process, search engines, and search terms.

CHAPTER 3: LITERATURE REVIEW

Individuals self-diagnosing mental disorders through information encountered on social media is a growing concern. Such self-diagnosis has the potential to be problematic, and research emerging around this topic is rather new, with long-term effects not fully understood (Hasan et al., 2023; Sukmawati et al., 2023). Examining this phenomenon is important as social media becomes more embedded into day-to-day lives (Corzine & Roy, 2024). Users of social media are encountering and producing mental health content more than ever before. Internalizing such information as a reflection of one's own experience can be unconscious or purposefully well-intentioned. Self-diagnosis can have benefits such as contributing to reducing stigma, social connection in community, and self-understanding (Corzine & Roy, 2024; Underhill & Foulkes, 2024). However, it also carries risks related to reduction in clinical utility and skewed perceptions of what having a mental disorder implies. Additionally, content regarding mental health on social media is often generated by those who do not disclose their credentials (Yeung et al., 2022). The most popular mental health content tends to be generated by individuals with lived experience rather than health care professionals. The romanticization and trivialization of mental illness is embedded in social media content and may be both a product of and motivation for users to self-diagnose (Jain et al., 2025). There are also reasons to believe that adolescents are particularly susceptible to this phenomenon based on both internal and external factors (Armstrong et al, 2025; Conte et al., 2024).

This chapter serves as an overview of self-diagnosis using social media, including possible contributors, and implications. First this chapter explains social media broadly, its various platforms, and users. It then discusses mental health content on social media as well as benefits and risks. The chapter then examines self-diagnosis both within and outside of the social

media context. Looking at possible motivations and contributing factors helps provide insight as to why this trend may be happening. Furthermore, implications and risks of self-diagnosis through social media are provided. This chapter also addresses the unique aspects of adolescence that may make them especially vulnerable to self-diagnosing and accompanied risks. Finally, practical recommendations from the current existing literature are addressed.

3.1 SOCIAL MEDIA

Digital age, information age, and networked age are all terms that can be used to reflect the current circumstances in which technology and the internet are inextricably embedded in our daily lives. One such mode that allows individuals to connect with others within a virtual network is social media (Naslund et al., 2020). The formation of new platforms as well as casual daily use by individuals has rapidly and steadily increased (Qin et al., 2022). Understanding the potential benefits, risks, and impacts that accompany this collective shift is also evident in the abundance of research that is available regarding social media over the past decade (Conte et al., 2024).

In terms of practical use, those who own a smartphone, tablet, or other device can use social media through the click of an app, making it highly accessible for most users (Corzine & Roy, 2024). The format of digital content varies, but are typically in the form of messages, photos, or videos (Naslund et al., 2020). Common actions made by social media users on platforms include sharing existing content, creating new content, or exchanging information through dialogue. Content can be made public to be viewed by anyone with an account or private, meaning that certain accounts must be approved to view or interact with a user's content. Social media emerged in the 1990s and since, there have been a plethora of new platforms which also attract new users (Aichner et al., 2021). Social media has been a subject of research for

purposes of understanding what it is, what it includes, and what it may represent. In this, Aichner et al. (2021) have found that its definition can vary considerably, which may be partially accounted for by its rapid change and wide utility.

The concept of mass consumption of social media might be better illustrated through bodies of research whose purpose is to collect information on usage of such platforms. Authors Mai and Gruzd (2022) reported in their census-balanced survey in Canada that platforms such as Facebook, YouTube, and messaging apps are prevailing as the most used platforms for adults. However, they also found that newer platforms such as TikTok and Reddit are rapidly increasing in popularity. Out of their 1500 participants, they found approximately 94% of Canadian adults have an account with one or more social media platforms. They found that the highest number of users access Facebook daily, at 70%. TikTok is the second most daily used app among users, at 65%. Another noteworthy factor is age, which Mai and Gruzd (2022) were able to explore. Based on their findings, Canadian adults ages 35 – 44 years old comprise the leading age cohort of monthly active users on Facebook. YouTube, Instagram, Pinterest, Snapchat, and TikTok all commonly share that their highest active monthly user populations are within the 18–24-year-old demographic. Generally, their findings reflect a trend that frequency of use of social media is observed to be high in younger populations in Canada.

3.1.1 ADOLESCENTS AND YOUNG ADULTS ON SOCIAL MEDIA

Though the previously mentioned research focused on adult populations, adults are not the sole users of social media and in fact it is accessed by much younger demographics (Mai & Gruzd, 2022). Several studies have named adolescents as particularly vulnerable to adverse consequences of social media (Conte et al., 2024; McCashin & Murphy, 2023). Approximately 95% of American teens between the ages of 13-17 have access to a smartphone (Faverio &

Sidoti, 2024). YouTube is the most popular social media app, followed by TikTok, Instagram, and Snapchat. This research also noted that 60% of teens visit TikTok daily, and of those users, 16% report being on the app almost constantly. In contrast to Mai and Gruzd (2022), this study found that among adolescents, Facebook and X (formerly known as Twitter) have declined in engagement over the past decade. TikTok, YouTube, Instagram, and Snapchat are the apps that adolescents and young adults are most invested in. Those who are conducting this research have created some version of a category that specifies constant usage in some way (Faverio & Sidoti, 2024; Shimkhada & Ponce, 2024). We live in a time where chronic online presence and social media use allows us to not only evaluate prevalence, but frequency of use as a measure of personal investment.

3.1.2 RISE OF TIKTOK

While the aforementioned studies provided a scope on various platforms and their popularity for the purposes of this project, a further examination of TikTok will take place. This is because TikTok has become the fastest growing social media platform used by adolescents (McCashin & Murphy, 2023). A study by Conte et al. (2024) tries to address why that may be. TikTok is a rebranded form of the app previously known as ‘musical.y’ which was intended to be lighthearted and entertaining short videos that cater to younger demographics. With time, TikTok’s target audience has evolved to be adolescents and young adults (Qin et al., 2022). TikTok has existed for less than a decade, therefore much research on its impact on adolescents is looking at Generation Z (Gen Z) whose age correlates with this marked developmental period and the emergence of the app (Jain & Arakkal, 2022). Gen Z tends to be considered to include individuals who were born between 1996 and 2010 (Cervi, 2021). This generation has grown up having the internet, the majority having experienced it as a naturalized aspect of life.

As of 2022, the videos on TikTok were typically 60 seconds or less, though in recent years the app has made upgrades to support a wide variety of video durations, now with the ability to record as long as 10 minutes (Qin et al., 2022). TikTok fosters a sense of spontaneity and creativity due to its instant content consumption (Conte et al., 2024). As soon as the app is opened, there is content cued that plays instantly on the default 'For You' page that cannot be fully anticipated by users. The ways in which videos are cued to watch is dependent on the app's exceptionally advanced algorithm as compared to other platforms (Qin et al., 2022). The role of the algorithm is to show content that users are most likely to interact with based on previous activity (Corzine & Roy, 2024). Such activity would include watch time, liking, sharing, commenting, and sending posts. The result of the platform gathering information on each user is providing a personalized experience and perhaps a sense that content was meant to be seen by the viewer. Another factor that makes TikTok somewhat unique as a social media platform is its ability to boost creators and content into virality (Jain & Arakkal, 2022). An individual sharing a 10-second video contains the possibility of millions of views, likes, and engagement. Users are also able to exercise more active engagement in the most viral content, as trends or challenges emerge that others try to replicate (Galea, 2024).

As social media is an efficient vehicle of knowledge transfer, information and discourse regarding both physical and mental health has grown rapidly in online spaces (Freeman et al., 2023). The research that has been produced thus far that are interested in social media particularly TikTok, and their effects on varying populations have been largely driven by the COVID-19 pandemic (Conte et al., 2024). The world was experiencing accelerated change during 2020, and TikTok provided a space for individuals to experience both entertainment and quick access to news. Both during and after the declaration of COVID-19 as a global health

crisis, adolescents' mental health was greatly suffering (Kayaoglu & Bascillar, 2022). Early in the pandemic, the lives of adolescents were embedded with digital media to engage in remote learning as well as providing the limited access they had to socializing. Prior to the pandemic, adolescents may have already experienced increased loneliness, and one of their modern-day coping mechanisms includes the internet (Ellis et al., 2020). It has also been suggested that internet addiction increases risk for loneliness, thus creating mutual reinforcement of loneliness and use of the internet which includes social media (Saralioğlu et al., 2022).

3.2 MENTAL HEALTH CONTENT ON SOCIAL MEDIA

A very common use of social media for users is to engage in or create content focused on mental health. One of the most attractive features of social media is its expansive and accessible pursuit to provide ubiquitous answers instantly in a more personal way than other sources such as a generic internet search engine. Often, when one attempts to answer a question that they have, they are connected to others or existing content that might understand or elaborate on their experience (Blair & Abdullah, 2018). Online spaces such as social media which were developed for practical networking have become a way for people to meet the basic need of connection and self-expression (Bozkurt & Tu, 2016). The quick act of opening a social media app has become a form of social support that individuals not only use, but primarily rely on (Tifferet, 2020). When individuals can disclose their thoughts, feelings, and experiences online they are in a broad sense, contributing to the ongoing discussion of mental health and wellbeing. Encountering mental health discourse on social media has become common and expected by users (Naslund et al., 2020). Since its creation, TikTok has increased in content related to mental illness and neurodiversity, both of which are subjects that contribute to mental health rhetoric (Conte et al., 2024). As discussed, COVID-19 was a time marked by loneliness and vast psychological distress

that fueled the formation and membership of online mental health communities (Maghraoui & Khrouf, 2024). Furthermore, a societal consciousness regarding mental health has emerged in part through COVID-19 and its frequent association with a global mental health crisis (Avella, 2024; Corzine & Roy, 2024). Turning to online platforms at this time was also practical, as access to treatment was decreasing while mental health struggles were simultaneously increasing. Additionally, anonymity and the felt sense of distance between users can encourage sharing behaviour and more authentic disclosures of experience (Blair & Abdullah, 2018). During the pandemic, therapy also shifted to virtual spaces which may have made it more easeful to accept mental health care virtually (Corzine & Roy, 2024). Transparency and open conversations regarding mental well-being during the times of COVID-19 have persisted to present day (Avella, 2024).

Engaging with mental health content online can look many ways. One way that individuals might find support through social media is by interacting with online communities that are dedicated to a desired topic related to mental health. These topics can be found by users searching up a key term such as a diagnostic label. What is yielded from these results are individual accounts, related subjects, hashtags, or content. Users might encounter accounts that are dedicated and created to recognize a specific cause or struggle. Accounts formed for advocacy or groups related to a mental health subject or organization or conversely an account used by one person sharing their experience with mental health. Hashtags are words that are preceded by the # symbol which users can add to their posts. Hashtags are a way for people to categorize their subjective experiences within broader conversations and are commonly used in the spheres of mental health discourse (Moreno-Ortiz, 2024). Such hashtags might include #anxiety, #mentalhealth and #burnout for example. Hashtags have also been used as a tool to

bolster advocacy in mental health movements so that individuals can connect to personal experiences such as #letstalk #endthestigma. Content related to mental health includes personal retellings of stories by those who struggle with mental health as well as individuals who position themselves as well-educated experts. Among social media users, it is relatively common to come across content from creators who share their experience with the hope of engagement or advice with whatever it is they are struggling with (Avella et al., 2024). On TikTok, almost half of the most popularly viewed content includes mental health hashtags or discusses symptoms of poor mental health (Basch et al., 2022). Actions taken by users can be in the form of liking, commenting, and reposting content which can provide validation and a further discussion of resources.

With social media being a primary source of social support, these behaviours and sharing of experience might become more common or instinctual for users. Alternatively, users may share that they hope others might feel less alone or normalized in hearing their experience. Often these are shared in an anecdotal way (Corzine & Roy, 2024). Another perspective that is often a part of the larger discussion of mental health is that of individuals who position themselves as experts or those who provide advice with the hopes of reaching a larger audience. In the case of trained mental health professionals, they may also use this strategy to promote their business (Avella, 2024; Campbell et al., 2016). Providing credentials or proof of competence in areas of mental health is not required for any users to post content. Content by these users might include tips related to self-care and wellness, coping strategies, positivity, and promoting mental health resources (Corzine & Roy, 2024). Social media attempts to provide support that feels more personal than simply an internet informational page, which may be contributing to this rise in popularity.

3.2.1 BENEFITS AND RISKS OF MENTAL HEALTH INFORMATION ON SOCIAL MEDIA

With the understanding that the likelihood of encountering mental health content is high for the average social media user, there are then benefits and risks that these individuals are subject to. A major benefit of bringing discussions of mental health online and throughout social media is the relative accessibility and ease (Cunningham & Feldman, 2011). Given that the majority of adults and adolescents have access to social media and digital devices, engaging with mental health content itself is often free (Faverio & Sidoti, 2024). When individuals are specifically seeking support from mental health professionals within the field, there are creators who disclose their competence and disclaim their information as not to be used as one-on-one therapy. Because providing a disclaimer regarding one's competence isn't required, there is abundant information that is not filtered or is dispelled where much harm can occur (White & Hanley, 2016). Encountering misinformation is a large risk for social media consumers. Portrayals or information shared might in fact contribute to social stigma rather than enrich normalization (Jain et al., 2025). Content shared on TikTok or other social media platforms, while being free and accessible, holds the risk of being poor quality, biased, or even harmful (Blair & Abdullah, 2018).

It is evident that many of the benefits and risks of mental health content on social media are centred around individuals hoping to find support. A study by Gere et al. (2020) supports the idea that mental health-seeking behaviour on social media is increasing among young adults. Considering historical barriers around asking for help, especially when struggles might be stigmatized, this change is positive in terms of well-being (Blair & Abdullah, 2018; Hasan et al., 2023). While some individuals may be discussing the invisible impacts of mental health

struggles or mental illness, others might use social media to show behavioural manifestations of their mental health. TikTok allows individuals to gain brief insight into the life of someone who might exhibit stimming or tics which are often associated with Autism or Tourette's Syndrome (Corzine & Roy, 2024). The witnessing of such behaviours by a wide audience have increased with the rise of social media and TikTok, making reduced isolation in collective struggles an overall positive effect of mental health content. This practice elevates the expertise of lived experience and empowerment from within certain communities rather than being told about their condition by others. People with mental illness and struggles are in a way able to engage in reclamation of their power as the voice of their own subject. The above discussed information illustrates just how powerful the influence of social media can be, particularly in terms of social support. Though there are benefits to this form of connection, there is also greater vulnerability to risk as dependence to social media increases.

The reality of remote networking as an individual sharing mental health content may be motivated by perceived benefits yet hold several risks. Anonymity can be helpful for individuals who do not want to disclose their experiences to known people in their lives (Corzine & Roy, 2024). In this way, anonymity can provide a sense of safety, non-judgement, and a relief especially when there are no other avenues for one to share their own personal stories. A risk, however, is the potential social scrutiny received from other anonymous users who are given the opportunity to evaluate others' lives. What is known as the 'disinhibition effect' can show up through the actions of the one creating content or the one engaging in content (Blair & Abdullah, 2018). The disinhibition effect in an online context refers to when individuals act out more intensely or frequently online than in real life (Suler, 2004). This further applies to the notion of self-disclosure, where while using social media, individuals tend to apply less of a filter on the

depth and prevalence of what they choose to share. Not only are creators of content impacted by the online disinhibition effect, but so are viewers who are provided with a likely distorted sense of someone else's experience.

Concerns surrounding relative privacy can also be explored. The act of sharing one's innermost thoughts and struggles on platforms such as TikTok might have serious consequences (Montag et al., 2021). Personal information is difficult to retract or permanently remove from the internet once it has been released, and privacy might not be regained once lost. What was once a personal insight is easily morphed into a target for scrutiny, judgement and stigma. Additionally, the type of content commonly made on TikTok of creators speaking in a video can expose information about their environment that they never intended to share. Discussing privacy alongside the online disinhibition effect is a combination that might result in increased risk of negative outcomes for users. Users of social media who already report struggling with mental illness or mental health, may be even more vulnerable to the risks of sharing and consuming content on social media.

3.3 SELF-DIAGNOSIS USING SOCIAL MEDIA

Self-diagnosis refers to the idea that an individual chooses to self-identify as having a mental disorder or clinically significant psychological experience without professional consultation. This can occur by using information found on social media. Social learning theory helps us understand how individuals observe the behaviours of others on social media and through comparison, integrate or create ideas of self that align with the influx of information they see daily (Bandura, 1977). Especially when observers deem that the creator of content is similar to them, the more likely they are to internalize the behaviours that they see as also being true for themselves (Corzine & Roy, 2024; Hasan et al., 2023). This form of learning can be conscious or

unconscious and in terms of health information, can result in what is known as self-diagnosis (Jain et al., 2025). The relatively new behaviour pattern of self-diagnosis has increased alongside the overwhelming surge in mental health literacy on social media (Sukmawati et al., 2023). As discussed, results of tools such as the algorithm on TikTok confronts users with a personally tailored experience that is capable of reflecting back their own, subconscious beliefs or aspects of identity. Therefore, for the user it may feel like inescapable destiny that they find themselves interacting with certain people or communities with their own mental health-related labels. With the understanding that the use of social media and mental health discourse have only increased in recent years, understanding resulting concepts such as self-diagnosis is integral. This is reflected in the expansion of research in these areas, yet long term effects are not fully understood (Corzine & Roy, 2024; Sukmawati et al., 2023).

3.4 MOTIVATIONS FOR SELF-DIAGNOSIS

An individual's decision to self-diagnose may emerge from many different motivations and is an area of research that is still being studied (Corzine & Roy, 2024). From the perspective of Labelling Theory, labels relating to mental illness have historically had socially pathologizing effects (Becker, 1963). Externally labelling individuals resulted in a social reduction of power experienced by the subject. Self-diagnosis challenges this dynamic of power by allowing individuals to label themselves to understand their experience and has the potential to increase a sense of belonging or self-actualization. Often, this positive empowerment of the individual is the result of a quest led by curiosity to understand one's own experiences, conditions, or states (Sukmawati et al., 2023). Social media is an efficient way for people to search for such meaning and deeper understanding. Some online communities for individuals who have been self-diagnosed with a mental disorder intentionally exclude medical professionals and related input

(Corzine & Roy, 2024). A benefit of this type of community is that broader social movements such as reclamation of historically stigmatized labels which individuals may experience as empowerment. Societal labelling of neurodivergent people and those with mental disorders have often resulted in harm towards the individual and community. It is important however, to note that even when determined by the individuals, labels can still carry significant social stigma. Interestingly, there is an irony in rejecting the professional input of medical or clinical professionals while simultaneously creating communities that are technically dependent on accurate clinical language such as that found in the *Diagnostic and Statistical Manual of Mental Disorders* (Corzine & Roy, 2024).

Looking further into why self-diagnosis in the time of social media has increased, there is research going beyond just an individual's curiosity. Social contagion is a concept that suggests emotions, attitudes, and behaviours may be transmitted from one person to another through members of social networks (Martínez et al., 2023). Previous research has already been conducted on social contagion and its relationship with mental health disorders and continues to stay relevant as online social networks only become more efficient and instantaneous modes of information diffusion (Qin et al., 2022). Complex algorithmic social media platforms such as TikTok have been suggested to increase social contagion of self-diagnosed mental illnesses (Haltigan et al., 2023). Social contagion might impact adolescents disproportionately due to their increased vulnerability to peer influence alongside their high use of social media (Conte et al., 2024). Overall, social contagion is a concept to consider when observing the overall increase in self-diagnosis behaviour, yet risks being overgeneralizing when assessing mechanisms of why self-diagnosis has increased in the age of social media (American Psychological Association, 2018).

3.4.1 USE OF DECEPTION

Other potential explanations to self-diagnose that have been explored are forms of deception related to health and can be done deliberately or not. Malingering is an example of intentional behaviour whereby an individual might receive an external incentive (Pulman & Taylor, 2012). When applied to remote online spaces, one would be attempting to use a label to account for their personal deficits (Giles & Newbold, 2011). Claiming that one has a mental disorder might also bolster their position within a specific or broader mental health-related community and provide them the status of expert. As previously discussed, social media makes this especially easeful as there are not mandatory disclaimers of competence, or in this case, diagnosis. While malingering is motivated by direct gain, a more recently identified type of deception called Munchausen's by Internet is associated with differing motivations (Lawlor & Kirakowski, 2017). Munchausen's by Internet can be observed in people who seek psychological benefits related to deficits in attention by others, emotional support, validation, or sense of identity (Feldman, 2000; Pulman & Taylor, 2012). This type of deception is specific to psychosocial gains and is known to be the online equivalent of Factitious Disorder, the latter of which is classified by the DSM (American Psychiatric Association, 2022). The forms of deceptions discussed can appear on social media through overt behaviours such as someone appearing to experience a stim or tic commonly associated in Autism and Tourette's syndrome, respectively, when they do not in fact have that disorder. As many mental disorders are thought of as invisible conditions, sharing fictitious subjective experiences can also be used in deception. When deception is used and found out, there can be devastating consequences. As discussed, mental health communities may be formed from genuine curiosity from users, cultivating a genuine culture of care and sympathy. Therefore, when deception is detected, trust is

compromised within the larger community (Feldman, 2000). The individual committing the deception may also suffer through social scrutiny and lose integral support systems, which may be highly opposed to their original goal in all cases of deception. Through this discussion of deception, it is important to note that individuals exhibiting deception behaviours on the internet and in general may have predispositions such as trauma, low self-efficacy or esteem (Lawlor & Kirakowski, 2017). Furthermore, true deception is difficult to study based on participants' willingness to be honest and does not erase those who are actively hoping to better understand themselves or meet like-minded others. Deception tends to frame self-diagnosis as well as the individuals who engage in self-diagnosing behaviours rather negatively, which is not the only potential explanation.

3.4.2 ALTERNATIVE EXPLANATIONS

Other research has emerged that attempts to look at a person more holistically and view self-diagnostic behaviour as less pessimistic. Giedinghagen (2023) suggested a new construct, Social Media Associated Abnormal Illness Behavior (SMAAIB), that emerged through their study on reproduced illness of Dissociative Identity Disorder (DID) and Tourette Syndrome. SMAAIB is similar to Munchausen's by Internet however, includes behaviour being produced either involuntarily or volitionally rather than solely intentional. The SMAAIB model focuses explicitly on biological, psychological, social, and cultural contributions and focuses on healing over pathology. Giedinghagen (2023) urges an ethic of care for those who exhibit SMAAIB, especially for adolescents. There are also perspectives that view self-diagnosis as a tool of empowerment and rethinks professional duties moving from the traditional expert to accompaniment in health pursuits (Mata, 2020). A concern with this approach is the lack of self-empowerment within the general population where there are high levels of isolation and

loneliness in society (Sarıalioğlu et al., 2022). Individuals might also have resorted to self-diagnosis without having found other answers first. Tse and Haslam (2024) found that self-diagnosis was strongly associated with individuals having recently exhibited formal help-seeking behaviours. Individuals engage in many other ways of trying to understand their experiences in a professional setting prior to self-diagnosing. They may also feel some level of pressure from external sources to find answers about their condition (Sukmawati et al., 2023). These examples can serve as an important reminder that those who are self-diagnosing are likely experiencing some degree of stress from their symptoms, even if they are not formalized by a clinical label.

3.4.3 SELF-DIAGNOSING USING MISINFORMATION

Information on social media that is used to self-diagnose is a risk as it is not guaranteed to be accurate and in fact, may be false. As discussed, social media serves as an efficient vehicle for spreading any type of information, whether factual or not (Freeman et al., 2022).

Misinformation is distinct from disinformation in that there is not deliberate intention to mislead (American Psychological Association, 2024; Suarez-Lledo & Alvarez-Galvez, 2021). In fact, sharing information on social media related to mental health may be in efforts to support or help others through self-disclosure (Starvaggi et al., 2024). Misinformation may become a risk however, when personal retellings of stories utilize clinical terms and concepts inaccurately; particularly when social media advice can often lack references to scientific literature, which has been studied to deem such content as misleading (Starvaggi et al., 2024; Yeung et al., 2022). As concepts are transmitted from peer-to-peer, pertaining information can be dropped or changed (Breithaupt et al., 2018). Social media, and particularly TikTok, provide first-person or content containing personal experience in an intimate way (Corzine & Roy, 2024; Yeung et al., 2022). Multiple studies interested in the dissemination of ADHD information on social media found that

videos that were personal in nature received the highest engagement (Thapa et al., 2018; Yeung et al., 2022). Furthermore, both studies found that misleading videos were the most common. Findings by Yeung et al. (2022) illustrated concept shift in that videos that were analyzed often explained ADHD in reductionist and oversimplified ways. These authors also discuss how the algorithm on TikTok is propagating misleading mental health content to users. Not only can these shifts in concepts contribute to inaccurate self-diagnoses, but those who are self-diagnosed who share their experiences, advice, and anecdotes may be further spreading misinformation (Sukmawati et al., 2023).

3.4.4 ROMANTICIZATION OF MENTAL ILLNESS

The romanticization of mental illness on social media moves beyond social acceptance and is instead problematic. Looking into romanticization is relevant to self-diagnosis as it may increase appeal to users and contribute to glamorized depictions of suffering. Historically, stigmatization of labels has been a forefront concern (Hasan et al., 2023). Those with identified psychiatric diagnoses are more likely to experience social rejection, be stereotyped, and internalize such negative beliefs about their condition. As social efforts have moved toward normalizing mental health conditions, which has been bolstered by social media in recent years, public biases tend to be moving from the extreme negative to positive. It seems that some attitudes have elevated beyond that of acceptance, and into romanticization (Jain et al., 2025). Romanticizing mental problems involves minimizing or dismissing its negative aspects and viewing it in idealized and trendy ways (Ndour & Foulkes, 2025). Particularly on social media, mental disorders have been portrayed and discussed in a way that makes them appear desirable. As discussed, social media is immersive and personal, thus when an individual receives engagement on their content, they may feel a sense of social acceptance which is witnessed by

others. Social reward for being viewed as interesting or unique further perpetuates glorification. Though some instances of romanticization may be the result of an attempt at empathy, some are far more dangerous (Issaka et al., 2024). Social media users may depict struggles with their mental health in melancholic and aesthetic ways to be relatable to audience members while glorifying depression. Anorexia nervosa, suicide, and self-harm are among the most dangerous and deadly disorders to be romanticized (Ndour & Foulkes, 2025). There has been a rise in pro-anorexia context on social media that depicts dieting tips and anorexia-related behaviours (Corzine & Roy, 2024). Even unintentionally, those seeking support or validation with eating disorders may be reinforced in their behaviours by witnessing or interacting with other members (Juarascio et al., 2010). Overall, romanticization of mental disorders are problematic. Beyond benevolent efforts to decrease stigma, this shift in attitude toward mental problems under-recognizes the real negative effects for those with disorders. Having a clinical diagnosis may incur practical implications such as difficulty attaining and maintaining employment status, interpersonal difficulties, and facing prejudice (Lawrie et al., 2019). Mental disorders are not to be taken lightly, as they often become part of permanent health records that are not easily removed. Furthermore, it negates the characterization of “mental disorder” which clearly includes clinically significant disturbance. The validation and community found on social media is certainly accompanied by some positive effects, and this project does not hope to erase them. Rather, those irrefutably suffering who rely on clinical interventions for relief are at risk of facing harmful implications as both meanings and attitudes surrounding diagnosed mental illness.

3.4.5 OTHER IMPLICATIONS

Though research on self-diagnosis on social media is relatively new, some implications have already been found by researchers and will require further exploration as self-diagnosis continues to increase (Sukmawati et al., 2023). Beginning with some practical benefits, an individual hoping to better understand their symptoms or experience might avoid waiting long periods of time to access professionals through self-diagnosis (Farnood et al., 2020). Furthermore, those who have sought professional consultation may have negative or invalidating experiences of being dismissed, making self-diagnosis a more appealing option (Giedinghagen, 2023). Other accessible considerations such as socio-economic status might make professional clinical diagnosis unachievable. Self-diagnosis might also provide someone with credentials or status into new social or support groups, bolstering a feeling of self-acceptance and belonging. However, much of the research surrounding potential consequences of self-diagnosis and its rapid increase has been created due to concern rather than optimism (Underhill & Foulkes, 2024). One such implication of self-diagnosis is the possibility of contributing to overdiagnosis in the population (Hasan et al., 2023). Overdiagnosis carries the risk of decreased availability of treatment for those who require it. Resources can be in the forms of therapeutic support, psychiatric care, specified treatment programs or communities, and access to funding to name a few. Furthermore, resources may be allocated to an individual who is misdiagnosed for the incorrect disorder or experience, resulting in misplaced and misallocation of supply (Giedinghagen, 2023). The analysis of these potential risks is not to argue that individuals who struggle should not be able to use resources or navigate different care to see what meets their needs best. But rather, within the context of limited resources, there may be larger negative impacts on the general population or others who seek and require care. Another implication of self-diagnosis might be diagnostic inflation, referring to the idea that diagnostic manuals might

be pushed to expand their definitions of disorders that include more criteria (Fabiano & Haslam, 2020). Diagnostic inflation can be positive in that it is inclusive of more experiences and may lead individuals to be connected to necessary care. However, broadened criteria result in an increase of prevalence of the condition. Self-diagnosis and increasing diagnosis generally may also impact clinical utility. The use of diagnostic labels might become less helpful in a clinical sense, the broader and more widely used they become (Hofmann, 2022). There are potential positive benefits of this as well, including normalization of neurodivergence and advocacy for systemic change if a large number of people claim to be impacted by similar struggles.

3.5 ADOLESCENTS

Self-diagnosis using social media is not exclusive to any population, however there are factors that might make adolescents especially susceptible to this trend. Adolescents use social media and the internet almost constantly (Shimkhada & Ponce, 2024). The period of adolescence is also marked by individuals undergoing profound change in a short amount of time in the transition between childhood and adulthood (Conte et al., 2024). Adolescents are unique in that they are experiencing critical periods of development related to their physical health, including neurobiologically, as well as in their sense of identity (Corzine & Roy, 2024). When compared to adults, adolescents' ability to grow both cognitively and emotionally may make navigating complex change, such as mental health challenges, especially difficult. Social media enables adolescents to witness others' behaviours and traits in private ways that are not typically available to acquaintances or strangers and internalize this information in a developmentally vulnerable state. While exploration is an incredibly normal aspect of stepping into adulthood, the current context of social media can make this process quicker and might encourage the understanding of oneself based on external witnessing rather than internal reflection. Adolescents

are also facing high environmental and social stressors while attempting to shape their personalities and figure out their futures (Conte et al., 2024).

Not only are adolescents more impressionable due to an ever-changing self-concept, but they are also more likely to face the onset of mental health challenges and require support (Gulliver et al., 2010; Mittmann et al., 2022). The internet and social media are common places for adolescents to engage in help-seeking (Freeman et al., 2023). Barriers to seeking professional help for adolescents and young adults include feeling embarrassment, stigmatization, and a lack of confidence in consulting healthcare professionals (Gulliver et al., 2010). Encountering embarrassment at an age highly influenced by peers and relationship building could strongly deter adolescents from pursuing formal care for mental health problems (Twenge & Martin, 2020). For both adolescents and adults, the long wait times for psychological assessments can be a barrier to accessing formal services (Maciver et al., 2025). Factors that impact individual wait-times are often based on clinical priority, meaning that those who have determined to have more severe impairment or at risk of more negative outcomes receive treatment first (Schraeder & Reid, 2015). This means that those who deemed low clinical priority may be waitlisted for up to a year or more. Long wait times for mental health care have been found to be associated with negative psychological and behavioural consequences as well as reduced help-seeking behaviour in young adults (Punton et al., 2022). Another barrier of psychological assessment is the financial burden, which largely leaves adolescents to depend on public services or caretakers to cover (Underhill & Foulkes, 2024). Therefore, considering the common obstacles of wait-times as well as cost, self-diagnosis offers a quicker and more tempting option to some, especially when consulting sources such as social media can be instantaneous and free of charge. The purpose of recognizing barriers is to prompt researchers and professionals to further understand

where mental health care systems and services can more effectively serve adolescents and how they are already navigating the supports that are available to them. As risks for self-diagnoses have already been outlined, knowing such barriers exist suggest adolescents could benefit from new interventions regarding how to approach their mental health.

Adolescents often experience large amounts of pressure to gain social acceptance (Tomova et al., 2021; Underhill & Foulkes, 2024). Adolescent girls tend to place greater importance on social relationships, perhaps supporting their greater investment in social media as compared to adolescent boys (Twenge & Martin, 2020). Engaging in social comparison and pressure to exist comfortably within the social strata might be especially impactful for girls' mental health, however there is limited research on how this impacts self-diagnosis behaviour between genders. Self-diagnosis can act as a way of understanding self and adolescents building community with others with similar experiences, fostering a sense of belonging (Corzine & Roy, 2024). Gaining attention might be a positive experience for adolescence, if received in the form of sympathy or compassion. Attention can also be accompanied by more negative effects such as accusations of "faking it" which might have adverse effects for those seeking social acceptance. Underhill and Foulkes (2024) found through thematic analysis that adolescents have a fear of being believed generally and especially when choosing to self-diagnose. In their qualitative study, they commonly found comments that were specifically targeted at self-diagnosed young people on Reddit, alluding to broader societal attitudes. The discussed social aspects should be considered when understanding adolescents' self-diagnosing attitudes and behaviours.

3.6 PRACTICAL RECOMMENDATIONS

This project has comprehensively outlined risks of self-diagnosis using social media while considering its appeal for users. Looking into proposed interventions and

recommendations that might address general populations as well as adolescents will now be conducted. Gobel et al. (2023) suggest that good mental health literacy should be a priority to address problematic self-diagnosis. Such literacy would allow individuals to manage information they encounter on social media without immediately assuming if they have a mental disorder (Sukmawati et al., 2023). Facilitating mental health literacy can include outlining the dangers of glamorizing mental illness while addressing some of the real implications of being given a diagnosis that was explored previously. Implementing information sessions that cover common mental disorders, and psychological well-being directly may also be helpful (Jain et al., 2025). As individuals use diagnostic language to communicate their distress, encouraging more descriptive and less clinical terms would also be helpful (Underhill & Foulkes, 2024). A goal from such information sessions can include reducing the stigma of mental illness while encouraging caution surrounding self-diagnosis.

Jain et al. (2025) suggest that users should adopt more responsibility when consuming social media content. Such responsibility would include individuals being aware that social media has its limits and cannot be relied upon for empirical information. Not only when consuming, but individuals should recognize that when they are creating content that contributes to mental health discourse, they disclose their credibility. Increased accountability for mindful consumption and creation of content can disrupt misinformation and prevent further spread. Such conversations are not intended to evoke guilt or shame but promote agency and intentionality in using social media.

In terms of modes of intervention, some have been proposed to be delivered to a general audience while some are more specific to adolescents. These messages of mental health and social media literacy can be disseminated throughout whole communities in the form of

information sessions, handouts, advertisements, and even through social media content (Kelly et al., 2007; Sukmawati et al., 2023). As adolescents rely on social media for their health information, official organizations may distribute content that includes disclosing their qualifications. For adolescents, delivering information in a school setting has been recommended (Sukmawati et al., 2023). Students at schools can participate in workshops, learn curriculum, or engage in presentations aimed at critical thinking skills and mental health literacy. Finally, school counsellors who have received information on self-diagnosis through social media should also be trained in making referrals and reminding adolescents of the limitations of information accessed on social media. These recommendations aid in providing direction for implementation, however, based on the current literature they have not yet been actualized in real life strategies.

3.7 CHAPTER SUMMARY

In this chapter I addressed how social media is being used to self-diagnose mental health conditions and how this can become problematic. Motivations for self-diagnosis were explored, and it is evident that social media discourse discussing mental health may contribute. I conducted an overview of social media, mental health content, and self-diagnosis. Factors such as age and type of platform were examined alongside social media. Emerging negative implications of self-diagnosis through social media were also explored. Literature regarding adolescents showed that they may be especially at risk to this trend. Lastly, recommendations to address the negative implications of this phenomenon for both adults and adolescents were discussed.

This review of literature will inform this project in creating a presentation for adolescents to address and prevent problematic self-diagnosis using social media. In doing so, this project is not to entirely deter individuals from advocating and being curious about their experiences.

Rather, an attempt to equip individuals with skills to use their own agency and foster critical thinking skills in the age of social media which currently yields great power.

CHAPTER 4: SYNTHESIS AND CONCLUSION

The literature review in this project made it clear that individuals' relationships with social media and self-diagnosis are complex. The mass creation, perpetuation, and utility of social media focused on mental health demonstrates that users are highly invested. Like anything else on social media, ideas can become trendy, including labelling oneself with a mental disorder which can be problematic. Understandings of why this occurs are not completely clear, however some suggestions by researchers include social connection and access to community, social contagion, and decisions rooted in misinformation. Features such as algorithms on TikTok are effective at delivering content to users in a targeted way, making it seem like such information was specifically intended for them. Though researchers have become aware that self-diagnosis using social media carries risks, the often-well-intentioned public user may not have grappled with how self-diagnosis could negatively impact them or broader use of diagnostic categorization. This project aimed at furthering the understanding of self-diagnosis using social media and to draw attention to its potential negative effects while considering it as a means for users to in some way, fulfill their needs.

This chapter will provide recommendations based on the literature review, identify strengths and limitations of this project, and make suggestions to be considered for future research. Following will be a chapter summary and conclusion of the project. The recommendations section will inform the suggested content of the applied portion of this project. The proposed presentation brings attention to relevant concerns of self-diagnosis through social media to adolescents and suggests alternative approaches. By doing so, hopefully contributing to

understandings of mental disorders that are situated in accurate knowledge and possibly decreasing negative implications that were discussed in Chapter 3.

4.1 RECOMMENDATIONS AND SYNTHESIS

The recommendations presented were developed following a thorough review of current literature relevant to problematic self-diagnosing using social media and reflecting on key insights. Though some recommendations were suggested in the literature review, few described learning objectives and takeaways to mitigate this trend. The following recommendations detail objectives for both adolescents and adults who use social media:

1. Understand what self-diagnosis is and how it differs from formal diagnosis
2. Be aware that social media platforms such as TikTok use advanced algorithms to make content feel intentionally personal
3. Disclosing credibility when creating mental health content on social media and seeking credibility when consuming mental health content on social media
4. Familiarize with mental disorders and psychological conditions that are commonly misunderstood or misused on social media (i.e. ADHD, Autism, Trauma)
5. Use affective and behaviourally descriptive language if curious about self-diagnosis rather than assuming diagnostic labels and seek formal consultation

The listed recommendations are intended to contribute to decreasing stigma surrounding mental health and disorders and celebrate the courage of help-seeking. These recommendations provide individuals with ways they can use agency that remains grounded in research. The delivery of such recommendations may serve as goals for growth rather than justification for shame. This information can be shared by mental health professionals and educators. Individuals who work closely with adolescents such as teachers and school counsellors can benefit from

training which includes these recommendations. As mentioned, though adolescents may be at particular risk for self-diagnosing using social media, these recommendations are applicable to users of all ages.

Appendix A will provide how these recommendations can be adapted into a presentation proposal for adolescents, however, can also inform workshops, social media posts, pamphlets, posters, and handouts. Appendix B will contain a proposed slideshow to accompany Appendix A. Should this presentation be delivered in a school setting, Appendix C will provide a separate presentation proposal to be delivered to parents or teachers prior presenting to adolescents. This allows parents and teachers to gain awareness about self-diagnosing using social media and how it may be impacting the lives of their students and children.

4.2 PROJECT STRENGTHS

A major strength of this project is that it is highly relevant given the rise in social media platforms, particularly TikTok. Much of the research discussed in this project has been published in recent years and reflects current trends and concerns. This project is notably supported by a detailed literature review using peer-reviewed articles. The timing of this project has the potential to interfere with the trend of self-diagnosing using social media as it occurs. This project also has the potential to be applied to general populations beyond just adolescents. Finally, this project takes a compassionate approach, recognizing that there can be benefits in self-diagnosing in an age of social media, yet is ultimately focused on the responsibility of warning users due to the outlined risks.

4.3 PROJECT LIMITATIONS

Although age was addressed and some studies have focused on adolescents in particular, future research is needed to include different populations and factors. There may be implications

for the generalizability of the recommendations that emerged from this project as more research works to address new variables within the context of the problem. Furthermore, no literature on self-diagnosis using social media was specific to the Canadian context.

Additionally, there is limited literature on the perspectives of mental health professionals, and this project recognizes that while it discusses larger clinical implications, it lacks implications for those who are heavily involved in the diagnostic processes such as psychiatrists and psychologists. Future research into these perspectives may be beneficial.

4.4 FUTURE DIRECTIONS

This phenomenon and accompanied research are relatively new and therefore has much to uncover about self-diagnosis using social media. Based on research available that was used to conduct the literature review, there is a lack of research on how this trend is observed in different populations. Aside from age, and particularly adolescents, gender, sex, and racial identity have yet to be examined. Looking at these factors could determine more specific recommendations or interventions for targeted groups. Furthermore, there is a lack of research on how and if self-diagnosis is being addressed or encountered in professional, clinical, or educational settings. Psychiatrists, psychologists, counsellors, and teachers may provide significant insights regarding implications. Finally, research on existing stigmatization and barriers to professional care is recommended alongside self-diagnosis. Examining this may mean that individuals have access to or connected to care before self-diagnosis is even considered.

4.5 CONCLUSION

This project examined the relatively new and highly relevant phenomenon of problematic self-diagnosis fueled by the social media age. Based on a comprehensive literature review, recommendations that may be implemented in several practical ways were developed. By doing

so, individuals may be more effectively able to disseminate their experiences with the ones they interact with on social media. Furthermore, this project worked to address the dangers of decreased clinical utility, inaccurate mental health information, and rapidly changing perspectives of mental illness. This project provides a proposed presentation outline in Appendix A and an example presentation in Appendix B to address problematic self-diagnosis in adolescents, who appear to be especially susceptible to this trend. Appendix C contains a proposed presentation outline to be delivered to teachers and parents of adolescents. While this area of research is still new and growing, this project serves to build awareness around the issue, recognize the immediacy for intervention, and promote meaningful changes for individuals and the area of clinical mental health practice.

Fostering the completion of this project has been conducted with immense gratitude. While gathering research for this topic I could not help but think about the individuals whom I would be addressing and how themes of community and help-seeking emerged. This project argues that self-diagnosing using social media can be problematic generally or due to implications. I would like to be clear that whether one meets criteria for diagnosis, they should be a recipient of accessible and dignified care. Upon completing this project, I am motivated to continue learning about this topic and engage with research as it emerges.

REFERENCES

- Aichner, T., Grünfelder, M., Maurer, O., & Jegeni, D. (2021). Twenty-five years of social media: A review of social media applications and definitions from 1994 to 2019. *Cyberpsychology, Behavior, and Social Networking*, 24(4), 215–222.
<https://doi.org/10.1089/cyber.2020.0134>
- American Psychiatric Association (Ed.). (2022). *Diagnostic and statistical manual of mental disorders: DSM-5-TR* (Fifth edition, text revision). American Psychiatric Association Publishing.
- American Psychological Association. (n.d.). *Misinformation and disinformation*.
<https://www.apa.org/topics/journalism-facts/misinformation-disinformation>
- American Psychological Association. (2018). *Apa Dictionary of Psychology*. American Psychological Association. <https://dictionary.apa.org/social-contagion>
- Armstrong, S., Osuch, E., Wammes, M., Chevalier, O., Kieffer, S., Meddaoui, M., & Rice, L. (2025). Self-diagnosis in the age of social media: A pilot study of youth entering mental health treatment for mood and anxiety disorders. *Acta Psychologica*, 256, 105015.
<https://doi.org/10.1016/j.actpsy.2025.105015>
- Avella, H. (2024). “TikTok ≠ therapy”: Mediating mental health and algorithmic mood disorders. *New Media & Society*, 26(10), 6040–6058.
<https://doi.org/10.1177/14614448221147284>
- Bandura, A., & Walters, R. H. (1977). *Social learning theory* (Vol. 1, pp. 141-154). Englewood Cliffs, NJ: Prentice hall.
- Basch, C. H., Hillyer, G. C., & Jaime, C. (2022). COVID-19 on TikTok: Harnessing an emerging social media platform to convey important public health messages. *International Journal*

of Adolescent Medicine and Health, 34(5), 367–369. <https://doi.org/10.1515/ijamh-2020-0111>

Becker, H. S. (1963) *Outsiders: Studies in the sociology of deviance*. London: Free Press of Glencoe.

Blair, J., & Abdullah, S. (2018). Supporting constructive mental health discourse in social media. *Proceedings of the 12th EAI International Conference on Pervasive Computing Technologies for Healthcare*, 299–303. <https://doi.org/10.1145/3240925.3240930>

Bozkurt, A., & Tu, C.-H. (2016). Digital identity formation: Socially being real and present on digital networks. *Educational Media International*, 53(3), 153–167. <https://doi.org/10.1080/09523987.2016.1236885>

Breithaupt, F., Li, B., Liddell, T. M., Schille-Hudson, E. B., & Whaley, S. (2018). Fact vs. Affect in the Telephone Game: All Levels of Surprise Are Retold With High Accuracy, Even Independently of Facts. *Frontiers in Psychology*, 9, 2210. <https://doi.org/10.3389/fpsyg.2018.02210>

Campbell, S., Chong, S., Ewen, V., Toombs, E., Tzalazidis, R., & Maranzan, K. A. (2016). Social media policy for graduate students: Challenges and opportunities for professional psychology training programs. *Canadian Psychology / Psychologie Canadienne*, 57(3), 202–210. <https://doi.org/10.1037/cap0000053>

Cervi, L. (2021). Tik Tok and generation Z. *Theatre, Dance and Performance Training*, 12(2), 198–204. <https://doi.org/10.1080/19443927.2021.1915617>

- Chevalier, O. (2024). “It starts on TikTok”: Looping effects and the impact of social media on psychiatric terms. *Philosophy, Psychiatry, & Psychology*, 31(2), 163–174.
<https://doi.org/10.1353/ppp.2024.a930492>
- Conte, G., Iorio, G. D., Esposito, D., Romano, S., Panvino, F., Maggi, S., Altomonte, B., Casini, M. P., Ferrara, M., & Terrinoni, A. (2024). Scrolling through adolescence: A systematic review of the impact of TikTok on adolescent mental health. *European Child & Adolescent Psychiatry*. <https://doi.org/10.1007/s00787-024-02581-w>
- Corzine, A., & Roy, A. (2024). Inside the black mirror: Current perspectives on the role of social media in mental illness self-diagnosis. *Discover Psychology*, 4(1), 40.
<https://doi.org/10.1007/s44202-024-00152-3>
- Cunningham, J. M., & Feldman, M. D. (2011). Munchausen by internet: Current perspectives and three new cases. *Psychosomatics*, 52(2), 185–189.
<https://doi.org/10.1016/j.psych.2010.11.005>
- Ellis, W. E., Dumas, T. M., & Forbes, L. M. (2020). Physically isolated but socially connected: Psychological adjustment and stress among adolescents during the initial COVID-19 crisis. *Canadian Journal of Behavioural Science / Revue Canadienne Des Sciences Du Comportement*, 52(3), 177–187. <https://doi.org/10.1037/cbs0000215>
- Fabiano, F., & Haslam, N. (2020). Diagnostic inflation in the DSM: A meta-analysis of changes in the stringency of psychiatric diagnosis from DSM-III to DSM-5. *Clinical Psychology Review*, 80, 101889. <https://doi.org/10.1016/j.cpr.2020.101889>
- Faverio, M., & Sidoti, O. (2024). *Teens, social media and technology 2024*. Pew Research Center. <https://www.pewresearch.org/internet/2024/12/12/teens-social-media-and-technology-2024/>

- Feldman, M. D. (2000). Munchausen by Internet: Detecting factitious illness and crisis on the Internet. *Southern Medical Journal*, 93(7), 669–672.
- Freeman, J. L., Caldwell, P. H. Y., & Scott, K. M. (2023). How adolescents trust health information on social media: A systematic review. *Academic Pediatrics*, 23(4), 703–719. <https://doi.org/10.1016/j.acap.2022.12.011>
- Galea, M. (2024). Inspiration or infringement? Social media ‘viral’ trends: a case study on TikTok. *Journal of Intellectual Property Law and Practice*, 19(6), 541–546. <https://doi.org/10.1093/jiplp/jpae038>
- Gere, B. O., Salimi, N., & Anima-Korang, A. (2020). Social media use as self-therapy or alternative mental help-seeking behavior. *IAFOR Journal of Psychology & the Behavioral Sciences*, 5(2), 21–36. <https://doi.org/10.22492/ijpbs.5.2.02>
- Giedinghagen, A. (2023). The tic in TikTok and (where) all systems go: Mass social media induced illness and Munchausen’s by internet as explanatory models for social media associated abnormal illness behavior. *Clinical Child Psychology and Psychiatry*, 28(1), 270–278. <https://doi.org/10.1177/13591045221098522>
- Giles, D. C., & Newbold, J. (2011). Self- and other-diagnosis in user-led mental health online communities. *Qualitative Health Research*, 21(3), 419–428. <https://doi.org/10.1177/1049732310381388>
- Gobel, S. A. M., Elnovani Lusiana, & Susanne Dida. (2023). Mental health promotion: Stop self-diagnosing through social media. *Jurnal Promkes*, 11(1), 71–81. <https://doi.org/10.20473/jpk.V11.I1.2023.71-81>

- Gulliver, A., Griffiths, K. M., & Christensen, H. (2010). Perceived barriers and facilitators to mental health help-seeking in young people: A systematic review. *BMC Psychiatry*, *10*(1), 113. <https://doi.org/10.1186/1471-244X-10-113>
- Haltigan, J. D., Pringsheim, T. M., & Rajkumar, G. (2023). Social media as an incubator of personality and behavioral psychopathology: Symptom and disorder authenticity or psychosomatic social contagion? *Comprehensive Psychiatry*, *121*, 152362. <https://doi.org/10.1016/j.comppsy.2022.152362>
- Hasan, F., Foster, M. 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>
- Hofmann, B. (2022). Too Much, Too Mild, Too Early: Diagnosing the Excessive Expansion of Diagnoses. *International Journal of General Medicine*, *Volume 15*, 6441–6450. <https://doi.org/10.2147/IJGM.S368541>
- Issaka, B., Aidoo, E. A. K., Wood, S. F., & Mohammed, F. (2024). “Anxiety is not cute” analysis of twitter users’ discourses on romanticizing mental illness. *BMC Psychiatry*, *24*(1), 221. <https://doi.org/10.1186/s12888-024-05663-w>
- Jain, N., Momin, K. S., & Panchal, M. (2025). “I saw it on instagram!": Romanticisation and consequential self-diagnosing tendencies. *International Journal of Advanced Research in Social Sciences and Humanities*, *9*(1), 1–32. https://doi.org/10.34218/IJARSSH_09_01_001
- Jain, P., & Arakkal. J. (2022). Perceived popularity of TikTok among gen-Z. *Cardiometry*, *24*, 896–902. <https://doi.org/10.18137/cardiometry.2022.24.896902>

- Juarascio, A. S., Shoaib, A., & Timko, C. A. (2010). Pro-eating disorder communities on social networking sites: A content analysis. *Eating Disorders, 18*(5), 393–407.
<https://doi.org/10.1080/10640266.2010.511918>
- Kayaoğlu, K., & Başçılar, M. (2022). Determining the relationship between loneliness and depression in adolescents during the COVID-19 pandemic: A cross-sectional survey. *Journal of Child and Adolescent Psychiatric Nursing, 35*(4), 315–321.
<https://doi.org/10.1111/jcap.12384>
- Kelly, C. M., Jorm, A. F., & Wright, A. (2007). Improving mental health literacy as a strategy to facilitate early intervention for mental disorders. *Medical Journal of Australia, 187*(S7).
<https://doi.org/10.5694/j.1326-5377.2007.tb01332.x>
- Lawlor, A., & Kirakowski, J. (2017). Claiming someone else’s pain: A grounded theory analysis of online community participants experiences of Munchausen by Internet. *Computers in Human Behavior, 74*, 101–111. <https://doi.org/10.1016/j.chb.2017.03.070>
- Lawrie, S. M., Fletcher-Watson, S., Whalley, H. C., & McIntosh, A. M. (2019). Predicting major mental illness: Ethical and practical considerations. *BJPsych Open, 5*(2), e30.
<https://doi.org/10.1192/bjo.2019.11>
- Maciver, D., Roy, A. S., Johnston, L., Boilson, M., Curnow, E., Johnstone-Cooke, V., & Rutherford, M. (2025). Waiting times and influencing factors in children and adults undergoing assessment for autism, ADHD, and other neurodevelopmental differences. *Autism Research, 18*(4), 788–801. <https://doi.org/10.1002/aur.70011>
- Maghraoui, S., & Khrouf, L. (2024). Cyberaddiction to TikTok during the COVID-19 pandemic. *Spanish Journal of Marketing - ESIC*. <https://doi.org/10.1108/SJME-01-2023-0023>
- Mai, P., & Gruzd, A. (2022). *The state of social media in Canada 2022*. 1031613 Bytes.

<https://doi.org/10.6084/M9.FIGSHARE.21002848>

Martínez, V., Jiménez-Molina, Á., & Gerber, M. M. (2023). Social contagion, violence, and suicide among adolescents. *Current Opinion in Psychiatry*, 36(3), 237–242.

<https://doi.org/10.1097/YCO.0000000000000858>

Mata, A. (2020). *Empowerment: A New Perspective For Social Services*. 9–19.

<https://doi.org/10.15405/epsbs.2020.05.2>

McCashin, D., & Murphy, C. M. (2023). Using TikTok for public and youth mental health – A systematic review and content analysis. *Clinical Child Psychology and Psychiatry*, 28(1), 279–306. <https://doi.org/10.1177/13591045221106608>

Mittmann, G., Woodcock, K., Dörfler, S., Krammer, I., Pollak, I., & Schrank, B. (2022).

“TikTok is my life and snapchat is my ventricle”: A mixed-methods study on the role of online communication tools for friendships in early adolescents. *The Journal of Early Adolescence*, 42(2), 172–203. <https://doi.org/10.1177/02724316211020368>

Montag, C., Yang, H., & Elhai, J. D. (2021). On the psychology of TikTok use: A first glimpse from empirical findings. *Frontiers in Public Health*, 9, 641673.

<https://doi.org/10.3389/fpubh.2021.641673>

Moreno-Ortiz, A. (2024). Hashtags. In A. Moreno-Ortiz, *Making Sense of Large Social Media Corpora* (pp. 169–180). Springer Nature Switzerland. https://doi.org/10.1007/978-3-031-52719-7_7

Naslund, J. A., Bondre, A., Torous, J., & Aschbrenner, K. A. (2020). Social media and mental health: Benefits, risks, and opportunities for research and practice. *Journal of Technology in Behavioral Science*, 5(3), 245–257. <https://doi.org/10.1007/s41347-020-00134-x>

- Ndour, A., & Foulkes, L. (2025). The romanticisation of mental health problems in adolescents and its implications: A narrative review. *European Child & Adolescent Psychiatry*.
<https://doi.org/10.1007/s00787-025-02701-0>
- Pulman, A., & Taylor, J. (2012). Munchausen by internet: Current research and future directions. *Journal of Medical Internet Research*, *14*(4), e115. <https://doi.org/10.2196/jmir.2011>
- Punton, G., Dodd, A. L., & McNeill, A. (2022). ‘You’re on the waiting list’: An interpretive phenomenological analysis of young adults’ experiences of waiting lists within mental health services in the UK. *PLOS ONE*, *17*(3), e0265542.
<https://doi.org/10.1371/journal.pone.0265542>
- Qin, Y., Omar, B., & Musetti, A. (2022). The addiction behavior of short-form video app TikTok: The information quality and system quality perspective. *Frontiers in Psychology*, *13*, 932805. <https://doi.org/10.3389/fpsyg.2022.932805>
- Sarialioğlu, A., Atay, T., & Arıkan, D. (2022). Determining the relationship between loneliness and internet addiction among adolescents during the covid-19 pandemic in Turkey. *Journal of Pediatric Nursing*, *63*, 117–124. <https://doi.org/10.1016/j.pedn.2021.11.011>
- Schraeder, K. E., & Reid, G. J. (2015). Why wait? The effect of wait-times on subsequent help-seeking among families looking for children’s mental health services. *Journal of Abnormal Child Psychology*, *43*(3), 553–565. <https://doi.org/10.1007/s10802-014-9928-z>
- Shimkhada, R., & Ponce, N. A. (2024). Social media use and serious psychological distress among adolescents. *JMIR Pediatrics and Parenting*, *7*, e57041–e57041.
<https://doi.org/10.2196/57041>

- Starvaggi, I., Dierckman, C., & Lorenzo-Luaces, L. (2024). Mental health misinformation on social media: Review and future directions. *Current Opinion in Psychology*, *56*, 101738. <https://doi.org/10.1016/j.copsyc.2023.101738>
- Suarez-Lledo, V., & Alvarez-Galvez, J. (2021). Prevalence of Health Misinformation on Social Media: Systematic Review. *Journal of Medical Internet Research*, *23*(1), e17187. <https://doi.org/10.2196/17187>
- Sukmawati, D., Yusuf, S., & Nadhirah, N. (2023). The phenomenon of self-diagnosis of mental health in the era of mental health literacy. *Journal of Education and Counseling (JECO)*, *48–63*. <https://doi.org/10.32627/jeco.vi.902>
- Suler, J. (2004). The online disinhibition effect. *CyberPsychology & Behavior*, *7*(3), 321–326. <https://doi.org/10.1089/1094931041291295>
- Tifferet, S. (2020). Gender differences in social support on social network sites: A Meta-analysis. *Cyberpsychology, Behavior, and Social Networking*, *23*(4), 199–209. <https://doi.org/10.1089/cyber.2019.0516>
- Tomova, L., Andrews, J. L., & Blakemore, S.-J. (2021). The importance of belonging and the avoidance of social risk taking in adolescence. *Developmental Review*, *61*, 100981. <https://doi.org/10.1016/j.dr.2021.100981>
- Tse, J. S. Y., & Haslam, N. (2024). Broad concepts of mental disorder predict self-diagnosis. *SSM - Mental Health*, *6*, 100326. <https://doi.org/10.1016/j.ssmmh.2024.100326>
- Twenge, J. M., & Martin, G. N. (2020). Gender differences in associations between digital media use and psychological well-being: Evidence from three large datasets. *Journal of Adolescence*, *79*(1), 91–102. <https://doi.org/10.1016/j.adolescence.2019.12.018>

Underhill, R., & Foulkes, L. (2024). Self-diagnosis of mental disorders: A qualitative study of attitudes on Reddit. *Qualitative Health Research*, 10497323241288785.

<https://doi.org/10.1177/10497323241288785>

White, E., & Hanley, T. (2023). Therapist + social media = Mental health influencer?

Considering the research focusing upon key ethical issues around the use of social media by therapists. *Counselling and Psychotherapy Research*, 23(1), 1–5.

<https://doi.org/10.1002/capr.12577>

Yeung, A., Ng, E., & Abi-Jaoude, E. (2022). TikTok and attention-deficit/hyperactivity disorder:

A cross-sectional study of social media content quality. *The Canadian Journal of*

Psychiatry, 67(12), 899–906. <https://doi.org/10.1177/07067437221082854>

APPENDIX A: PRESENTATION PROPOSAL FOR ADOLESCENTS

Presentation Title: TikTok Made Me Do It: The Risks of Self-Diagnosing Using Social Media

Intended Audience: To be delivered to adolescents in a school setting

Duration of Presentation: Approximately 1 hour

Goal Statement: Attending this presentation will help participants learn more about mental health diagnoses and why it's risky to self-diagnose using social media.

Learning Objectives

By the end of the presentation, participants will be able to:

1. Understand what self-diagnosis is and how it differs from formal diagnosis
2. Be aware that social media platforms such as TikTok use advanced algorithms to make content feel intentionally personal
3. Disclosing credibility when creating mental health content on social media and seeking credibility when consuming mental health content on social media
4. Familiarize with mental disorders and psychological conditions that are commonly misunderstood or misused on social media (i.e. ADHD, Autism, Trauma)
5. Use affective and behaviourally descriptive language if curious about self-diagnosis rather than assuming diagnostic labels and seek formal consultation

Presentation Structure

Time	Information Covered
9:00am – 9:02am	Opening story and question
9:05am – 9:10am	Part 1: What is self-diagnosis? What is formal diagnosis?

9:10am – 9:15am	Part 2: Why is mental health content so popular? How is this related to self-diagnosis?
9:15am – 9:20am	Part 3: How can self-diagnosis using social media be problematic?
9:20am – 9:25am	Part 4: Why are the risks of self-diagnosis important for adolescents to know about?
9:25am – 9:35am	Part 5: Examples of TikTok content and audience activity
9:35am – 9:40am	Part 6: Commonly misused terms on social media (i.e. ADHD, Autism, Trauma)
9:40am – 9:45am	Part 7: What to do before self-diagnosing
9:45am – 9:55am	Closing and questions

Breakdown of Content

Opening (Slides 1-2): Story and Question

- Describe a personal story of hearing self-diagnosis using social media from friends, family, and clients to provide relevance
- Question: Has social media ever made you think that you had a mental disorder?

Part 1 (Slides 3-5): What is self-diagnosis? What is formal diagnosis?

- Provide a definition of self-diagnosis that can be understood by adolescents
 - i.e. “Self-diagnosis is when you try to understand your own experiences – such as mental health challenges – using information found online or on social media instead of finding answers by asking a doctor or therapist.”

- Provide a definition of formal diagnosis that can be understood by adolescents
 - i.e. “A formal diagnosis is made by a mental health professional (e.g. doctor, psychiatrist, psychologist) to find out if someone meets criteria for a specific mental health disorder or condition”
 - Typically used to understand symptoms and help in creating treatment plans

Part 2 (Slides 6-9): What makes mental health content so popular? How is this related to self-diagnosis?

- Access to mental health content can be free using social media (Faverio & Sidoti, 2024)
- Social support, connection, and relatability (Corzine & Roy, 2024)
- Sense of contributing to reducing mental health stigma and increasing awareness (Corzine & Roy, 2024; Underhill & Foulkes, 2024)
- Role of the algorithm in boosting specific content (Qin et al., 2022)
- The above factors make it more likely for information to become internalized which can result in self-diagnosis (Corzine & Roy, 2024)

Part 3 (Slides 10-12): How can self-diagnosing using social media be problematic?

- Information on social media is often not accurate (Yeung et al., 2022)
 - Creators are often not mental health professionals and do not use disclaimers about credentials
- Self-diagnosing based on inaccurate information can make normal experiences seem like disorders (Starvaggi et al., 2024)
 - Potential to minimize or misrepresent experiences of suffering
 - Oversimplifying mental health conditions

- Romanticizing and/or making serious mental health conditions seem like “trends” (Jain et al., 2025)
- Unnecessary or misdirected treatment (Giedinghagen, 2023)
- Mental health terms can become less useful the more casually they are used (Chevalier, 2024)

Part 4 (Slides 13-14): Why are the risks of self-diagnosis important for adolescents to know about?

- Social media is often a huge part of your lives (Conte et al., 2024; McCashin & Murphy, 2023)
 - High exposure can make information feel more personally relevant
- Changes in adolescence can feel relatable to symptoms of mental health conditions (Conte et al., 2024; Gulliver et al., 2010)
 - Particularly when being fed misinformation
- Exploring your identity is normal – influences of social media can be tempting in this process (Corzine & Roy, 2024)

Part 5 (Slides 15-18): Examples of TikTok content and audience activity

- Show approximately 4 examples of pre-selected content that discusses mental health
- After each post is shown, encourage engagement by asking the audience:
 - “Did the creator share how they know this information?”
 - “Did they say whether they were qualified to give advice?”
- To demonstrate how generalized and oversimplified information can become

- Audience members are asked to close their eyes closed, ask the following questions and encourage them to raise their hand if they agree: “Do you find yourself relating to the content?”

Part 6 (Slide 19): Commonly misused terms and diagnoses on social media

- Attention-Deficit/Hyperactivity Disorder (ADHD)
- Autism Spectrum Disorder (ASD)
- Post-Traumatic Stress Disorder (PTSD) & Trauma
- Bipolar Disorder
- Anxiety
- Obsessive-Compulsive Disorder (OCD)

Part 7 (Slides 20-22): What to do before self-diagnosing

- Stay curious. Without drawing definitive conclusions using social media, being curious is an important part of growing up and learning about yourself
- Use descriptive language for your own experience rather than self-diagnoses
 - For example, instead of saying “I must have ADHD”, try “I have trouble focusing my attention for more than 10 minutes”
- Seek professional help – could be a school counsellor, family doctor, psychologist
- Where to fact-check information and use as resources:
 - Canadian Mental Health Association (CMHA), National Alliance on Mental Illness (NAMI), American Psychological Association

Conclusion of Presentation (Slide 23): Question Period

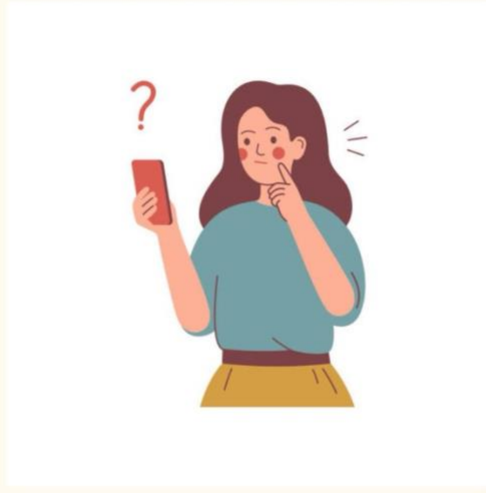
APPENDIX B: PRESENTATION SLIDESHOW FOR ADOLESCENTS

This appendix contains a slideshow along with presenter notes that will accompany the presentation delivered to adolescents.



PRESENTER NOTES

- Good [morning/afternoon]
- My name is Catherine Yum and I am [professional position/credentials]
- Today I will be sharing a presentation with you about the risks of using social media to self-diagnose
- Please feel welcome to ask questions at any time throughout my presentation today



PRESENTER NOTES

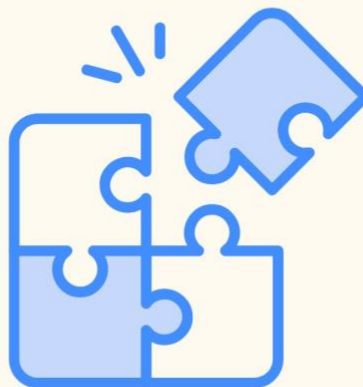
- Let's begin with a story
- Jo is a 15-year-old attending their first year of high school. They have had the same friend group since grade 4 and have always been known as the outgoing one with no problems talking to new people or taking on new adventures. Since starting high school, Jo has been struggling with balancing all of their new classes and assignments and sometimes the thought of going to Math makes them feel nauseous. It had only been 2 months, but they just felt ... *different*. What was the problem? One night Jo was scrolling on TikTok and saw a creator that was sharing “Is it ___ or do you just have ADHD?”. Was this the answer they had been looking for? Jo liked the video and from there the other videos came flooding in and it all seemed to make sense. Jo couldn't focus like the other kids seemed to and doing homework felt like the hardest task to start. They felt like they would constantly overthink school and this led them to be withdrawn. Almost every day, Jo would see videos on TikTok telling them the same thing – they had ADHD. This felt like all they needed to understand why school was so difficult and they began using the label of ADHD when talking about the difficulties that they experienced. Being online felt like they were part of a community, and they had found their answer.

What is self-diagnosis?

PRESENTER NOTES

- First, it's important to learn what self-diagnosis is
- Does anybody think they know what I mean by the term *self-diagnosis*?

Self-Diagnosis



PRESENTER NOTES

- Self-diagnosis is when you try to understand your own experiences – such as mental health challenges – using information found online or on social media instead of finding answers by asking a doctor or therapist
- If you can recall in our story, Jo was struggling with focus and had begun using the term ADHD to talk about that experience
- Let me start off by saying that self-diagnosis is not wrong, in fact it's perfectly normal to want to understand yourself
- Today we will be talking about what makes self-diagnosis complex and sometimes risky when using social media and give you some tools if you find yourself relating to Jo

Formal Diagnosis



PRESENTER NOTES

- A formal diagnosis is made by a mental health professional, for example, a doctor, psychiatrist, or psychologist to find out if someone meets criteria for a specific mental health disorder or condition
- Formal diagnosis can help someone understand their experiences like self-diagnosis, but can also be used to create treatment plans

What makes mental health content so popular?



PRESENTER NOTES

- I've mentioned social media a couple of times now and how people turn to it to learn about topics like mental health
- Encountering mental health content on social media has become very popular
- Over platforms like TikTok, Instagram, and YouTube people share videos, pictures, sounds, and discussions about mental health
- Some of you may have experience consuming that type of content or even making it yourselves
- For something to be popular it must have appeal, right? I'm going to talk about that next

- **Free access to content**
- **Changes in stigma and awareness**
- **Algorithms**
- **Social support, connection, and relatability**

(Corzine & Roy, 2024; Faverio & Sidoti, 2024; Qin et al., 2022; Underhill & Foulkes, 2024)

PRESENTER NOTES

- One of the reasons that mental health content is so popular on social media is that it is often free. Anyone can become a user and can find information on pretty much any topic
 - The more convenient something is, the more likely it is to be used
- With mental health being popular, one of the benefits and motivations to continue engaging with it is the feeling that mental health awareness increases and social stigma surrounding mental health decreases
 - This can be a good thing and make individuals want to continue creating or engaging with mental health content
- Now, I'm curious – does anyone know what an algorithm is? What does it do?
- Platforms like TikTok and Instagram have built-in algorithms that direct certain kinds of content to users
 - Apps can tell what type of content people engage with most, so if you've watched, liked, commented on, or shared mental health content the algorithm will keep sending that type of content to you
- Finally, like its name, social media is *social*. Sharing struggles and normalizing experiences can feel good
 - Feeling supported and connected to others, at any given moment can make mental health content appealing
 - Especially content where someone is sharing their own personal stories, how relatable something is impacts engagement

How is the popularity of mental health content related to self-diagnosis?

PRESENTER NOTES

- Now let's talk about how the popularity of mental health content relates to self-diagnosis

- **Increased personal investment**
- **Internalizing information**
- **Contributes to likelihood of self-diagnosis**

(Corzine & Roy, 2024)

PRESENTER NOTES

- The factors that I just mentioned that make mental health content popular can also make things like social media content more likely to be internalized

- Things that feel deeply meaningful or relatable can also feel personal. This can make individuals feel like information that they encounter may include them – contributing to the likelihood of self-diagnosis
- Taking information and relating it to yourself is how we learn, and sometimes is even accurate
- Social media can make this process happen faster than it usually would

How can self-diagnosing be problematic?

PRESENTER NOTES

- We'll now move onto what this presentation is all about – talking about how self-diagnosing using social media can be problematic
- I want to be clear that this topic isn't black and white, and self-diagnosing is not automatically wrong
- Instead, I want to equip you with some awareness of the risks so that moving forward in your own mental health journey, you can make informed choices

- **Inaccurate information**
- **Creators are often not trained mental health professionals**



(Starvaggi et al., 2024; Yeung, 2022)

PRESENTER NOTES

- As many of you probably know, information on social media is not always accurate. Sometimes it's really hard to tell what is fact and what is not. Information on social media can spread fast and even go viral – including information about mental health or mental disorders.
- Content creators who share advice and discuss mental health conditions are often not experts on mental health
 - These creators might have a positive message about spreading awareness or sharing their story
 - Taking information that they share as truth can be risky, especially when applied to someone else's life
- I've also discussed how popular mental health content is, now imagine how quickly false information can spread and lead to misunderstandings of mental health or disorders
- Going back to self-diagnosis, using this information that may be incorrect to determine a diagnosis can result in a diagnosis that is also incorrect

- **Romanticize mental health conditions**
- **Unnecessary or unsuitable treatment**
- **Mental health terms can become less useful when used casually**

(Chevalier, 2024; Giedinghagen, 2023; Jain et al., 2025)

PRESENTER NOTES

- Sometimes social media content can make mental illness seem cool or desirable without including how complex living with a mental health condition can be
 - Self-diagnosing using this information can contribute to further misunderstandings
- Typical experiences can be made to seem like they are related to a mental disorder because of what someone encounters on TikTok
- When self-diagnoses are incorrect, they can result in treatment that is not actually helpful for that person
 - They may need a change in treatment based on another diagnosis or the treatment that they receive is not necessary
- Self-diagnosis can sound casual. Someone can say “This is so ADHD” in a TikTok or in everyday language
 - Sometimes individuals will use diagnoses to describe their experiences instead of symptoms which can actually tell you less about their experience
 - Casual use of mental health terms can become less useful when they are used in this way

Why should adolescents know about the risks to self-diagnosing?

PRESENTER NOTES

- As you know, this is a presentation for adolescents so next we will be talking about what the risks of self-diagnosing using social media that is important for you to know about

- **High exposure**
- **Adolescents experience a lot of change**
- **Exploring who you are is normal!**

(Conte et al., 2024; Gulliver et al., 2010; McCashin & Murphy, 2023)

PRESENTER NOTES

- Adolescents are very engaged in social media

- You all likely see a high quantity of content, or have access to it
- The more you see or engage in social media content, the more personally relevant it can feel
- Between your teens and adulthood, you experience a lot of change – socially, physically, mentally
 - Some of these changes in adolescence can feel relatable to symptoms of mental health conditions
 - As an example, changes in sleeping are common for adolescents and can also be one of many symptoms of different mental health conditions
- Figuring out who you are right now is normal!
 - Identity exploration is a big part of growing up
 - Everyone, not just adolescents, are shaped by what we see, hear and experience



PRESENTER NOTES

- We are now going to begin an activity
- I'm going to play a few short clips that I found on TikTok
 - To find this content I searched the generic term “mental health” into the search bar
 - The content that I selected has at least 100,000 likes
- I'm going to play the clip and after each one, I'll get you to answer a couple of questions, ready?

- **Did the creator share how/why they know this information?**
- **Did they say whether they were qualified to give advice?**

Now...

- 1. Close your eyes if it feels comfortable**
- 2. Raise your hand if you agree with the question**
- 3. “Do you find yourself relating to this content?”**
- 4. “Did any of the videos have enough information and credibility to tell you if you have a mental health condition?”**

PRESENTER NOTES

- Now you can keep your hands down for these questions
- This exercise was to show you that it is incredibly easy to encounter mental health information online, whether it is accurate or not
- Some of the content that you might see could have some interesting information that you want to know more about – that’s okay

- What I'm hoping you take away from this exercise is that social media is about what gets the most engagement
- It's okay to be curious about what you engage with, but understand that especially when it comes to advice or someone speaking about a serious topic, you can ask yourself "what about this is telling me that I should believe it?" or "what else can I find out about this topic?"



PRESENTER NOTES

- Now I'm curious, do you have any thoughts or ideas after doing that activity?

Commonly misused terms and diagnoses on social media

- **Attention-Deficit/Hyperactivity Disorder (ADHD)**
- **Autism Spectrum Disorder (ASD)**
- **Post-Traumatic Stress Disorder (PTSD) & Trauma**
- **Bipolar Disorder**
- **Anxiety**
- **Obsessive-Compulsive Disorder (OCD)**

PRESENTER NOTES

- As you can see, I've created a list of commonly misused terms and diagnoses on social media
 - I'm wondering if any of you have encountered these terms as well?
- These are just some of the terms that have been circulating social media
- You might notice that these terms seem oversimplified when you encounter them
 - For example, videos on TikTok that say "3 signs you are Autistic"
- Beyond just diagnoses, you may also see what's known as "therapy speak" being misused such as the terms; trauma, triggered, or toxic

What to do before self-diagnosing

PRESENTER NOTES

- Now as far as I know social media is not going anywhere, so let's figure out how to navigate it when it comes to mental health and self-diagnosis

- **Stay curious!**

- **Use descriptive language about your experiences**



PRESENTER NOTES

- What I hope you leave this presentation with is knowing how important it is to stay curious
- Let's say a TikTok or Instagram post really resonates with you and it's about depression
 - Maybe this sparks something in you that makes you want to understand yourself better
 - You can be curious about if that could be true for you while also being curious about how the information is presented, who it is being presented by, and how you can identify a potentially qualified source versus an unqualified source
 - Did the creator disclose how they know this information? Did they reference any peer-reviewed research?
- Being curious helps us explore more deeply without jumping to conclusions
- You can also use descriptive language before self-diagnosing
 - By descriptive language, I mean identifying the feeling or behaviour that you're struggling with or that you'd like to express
 - For example, instead of saying "I'm so OCD about my backpack", you could say "when my backpack is disorganized it makes me feel stressed out when I can't find what I'm looking for. I like everything to have a place"

- **Seek professional help**

- **School counsellor, family doctor, psychologist**

- **Use resources and fact-check information**

- **Canadian Mental Health Association (CMHA)**
- **National Alliance on Mental Illness (NAMI)**
- **American Psychological Association (APA)**

PRESENTER NOTES

- If you do notice that you are struggling or suspect a diagnosis, there are professionals that can help
- You can talk to your teacher or your school counsellor who can help you find resources
- Family doctors, psychologists, and psychiatrists can create treatment plans to support you
- Lastly, there are resources beyond social media with accurate information
 - Here are some trusted sources to get started

- When looking for a reputable source for mental health, look for national agencies or professional organizations
 - They will typically reference peer-reviewed research, use disclaimers on advice, not offer “cures” or “miracle treatments”
- Next time you encounter social media content that discusses a mental health disorder or term, I encourage you to take a look at a reputable source and see if what they’re saying may be accurate or not

Thank you!

PRESENTER NOTES

- Now that concludes my presentation today on the risks of self-diagnosing using social media
- Thank you very much for having me and remember to stay curious
- I’d now love to answer any questions that you may have

**APPENDIX C: ADAPTED PRESENTATION PROPOSAL FOR PARENTS AND
TEACHERS**

Presentation Title: TikTok Made Me Do It: The Risks of Self-Diagnosing Using Social Media

Intended Audience: Parents and/or teachers of adolescents

Duration of Presentation: Approximately 1 hour

Goal Statement: Attending this presentation will help participants learn more about mental health diagnoses and why it’s risky to self-diagnose using social media. Furthermore, provide teachers and parents with ways to support adolescents.

Learning Objectives

By the end of the presentation, participants will be able to:

1. Understand what self-diagnosis is and how it differs from formal diagnosis
2. Be aware of social media platforms such as TikTok and how it targets its users with content (i.e. using algorithms)
3. Know why adolescents may be especially susceptible to self-diagnosis using social media
4. Familiarize with mental disorders and psychological conditions that are commonly misunderstood or misused on social media (i.e. ADHD, Autism, Trauma)
5. Be prepared as parents and teachers to support adolescents in seeking help related to self-diagnosis

Time	Information Covered
9:00am – 9:02am	Presentation Introduction and Opening Questions
9:05am – 9:10am	Part 1: What is self-diagnosis? What is formal diagnosis?

9:10am – 9:15am	Part 2: Overview of TikTok and mental health content on social media
9:15am – 9:20am	Part 3: How can self-diagnosis using social media be problematic?
9:20am – 9:25am	Part 4: Why are adolescents particularly susceptible to the risks of self-diagnosis?
9:25am – 9:35am	Part 5: Examples of TikTok content and discussion
9:35am – 9:40am	Part 6: Recognizing commonly misused terms on social media (i.e. ADHD, Autism, Trauma)
9:40am – 9:45am	Part 7: How to support adolescents that are vulnerable to self-diagnosis
9:45am – 9:55am	Closing and Questions

Breakdown of Content

Opening Questions:

- Has a student, or one of your own children, tell you that they may have a mental disorder?
- What was your reaction to a statement like that?

Part 1: What is self-diagnosis? What is formal diagnosis?

- Provide a definition of self-diagnosis

- i.e. “Self-diagnosis refers to the idea that an individual chooses to self-identify as having a mental disorder or clinically significant psychological experience without professional consultation”
- Individuals are using information found on social media to determine self-diagnoses
- Provide a definition of formal diagnosis
 - i.e. “A formal diagnosis is made by a mental health professional (e.g. doctor, psychiatrist, psychologist) to find out if someone meets criteria for a specific mental health disorder or condition”
 - Typically used to by professionals to create common language about constructs (American Psychiatric Association, 2022)
 - Also help to contextualize symptoms and assist in creating treatment plans

Part 2: Overview of TikTok and mental health content on social media

- TikTok is a very fast-growing app, most popular among adolescents and young people
- Algorithm boosts certain types of content, making information feel more personally relevant (Qin et al., 2022)
- Mental health content has become very popular on social media and includes advice and personal experiences
- Engaging with mental health content using social media can be appealing because:
 - Social media is often free and accessible (Faverio & Sidoti, 2024)
 - Users can gain social support, connection, and relatability (Corzine & Roy, 2024)
 - Users have a sense of contributing to reducing stigma and increasing awareness (Corzine & Roy; Underhill & Foulkes, 2024)

Part 3: How can self-diagnosing using social media be problematic?

- Misinformation regarding mental health content is very common (Yeung et al., 2022)
 - Creators are often not mental health professionals and do not use disclaimers about credentials
- Self-diagnosing based on inaccurate information can make normal experiences seem like disorders (Starvaggi et al., 2024)
 - There is a risk of minimizing or misrepresenting experiences of suffering
 - Many depictions and explanations of mental health disorders are oversimplified
- Romanticizing and/or making serious mental health conditions seem like “trends” (Jain et al., 2025)
 - Social contagion can make mental health conditions seem desirable and appear to have social benefit
- Unnecessary or misdirected treatment (Giedinghagen, 2023)
 - Overuse or misuse of already limited resources
- Mental health terms can become less useful the more casually they are used (Chevalier, 2024)

Part 4: Why are adolescents particularly susceptible to the risks of self-diagnosis?

- Adolescents are some of the most prevalent users of social media, particularly TikTok (Mai & Gruzd, 2022; McCashin & Murphy, 2023).
 - 60% of teens visit TikTok daily with 16% who report being on the app almost constantly (Faverio & Sidoti, 2024)
- Adolescents often engage in help-seeking online and are likely to turn to social media when facing challenges

- More common to have a fear judgement or not being believed, social media can provide anonymity (Underhill & Foulkes, 2024)
- Profound changes in adolescence can feel relatable to symptoms of mental health conditions (Conte et al., 2024; Gulliver et al., 2010)
- Adolescents are often exploring their identities to learn who they are (Corzine & Roy, 2024)
 - Risk of internalizing misinformation in a developmentally vulnerable state

Part 5: Examples of TikTok content and discussion

- Show approximately 6 examples of pre-selected popular content that discusses mental health or addresses a mental disorder
 - Prior to the viewing the content, ask the audience to consider noticing if the creator disclosed their credibility or provided a disclaimer
- Provide the videos statistics i.e. likes, comments, and shares to demonstrate how widely such information spreads
- Discuss what the audience noticed

Part 6: Recognizing commonly misused terms and diagnoses on social media

- Explain that these might be frequently encountered for individuals curious about self-diagnosis
 - Attention-Deficit/Hyperactivity Disorder (ADHD)
 - Autism Spectrum Disorder (ASD)
 - Post-Traumatic Stress Disorder (PTSD) & Trauma
 - Bipolar Disorder
 - Anxiety

- Obsessive-Compulsive Disorder (OCD)

Part 7: How to support adolescents that are vulnerable to self-diagnosis

- Model language for adolescence
 - Self-diagnosis is not limited to adolescence, and it is important to describe feelings and experiences using descriptive language rather than unformalized labels
 - E.g. instead of saying “I’m so OCD” try “When things are out of place, I feel stressed”
- Encourage and support curiosity (Sukmawati et al., 2023)
 - Not to invoke shame or rejection for adolescence, but instead a cautious yet curious approach
 - Suspecting a diagnosis is not the same as self-labelling
- Help adolescents seek professional help – seeing a school counsellor, family doctor, psychologist
- Fact-check information and learn the basics of some commonly misused terms
 - Some resources: Canadian Mental Health Association (CMHA), National Alliance on Mental Illness (NAMI), American Psychological Association

Conclusion of Presentation: Question Period