Scroll, Like, Believe? Navigating the Quality and Credibility of Mental Health Information on Social Media

Alice Carter

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Primary supervisor: Dr Eleanor Chatburn

Secondary supervisor: Dr Fergus Gracey

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Thesis Portfolio Abstract

Background: While social media is increasingly being used for health information seeking purposes, the quality of mental health and neurodivergence-related information on social media remains unclear. ADHD content has been found to contain misinformation on TikTok, a social media platform used by predominantly young people. Despite this, young people's perceptions on the credibility of ADHD information on TikTok has not yet been explored.

Aim: This thesis portfolio aimed to synthesise previous literature which evaluated the quality and accuracy of metal health and neurodivergence-related information on social media. This research also aimed to understand how credible young people perceive ADHD information on TikTok and factors which influence this.

Design: This thesis portfolio consists of a systematic review of the accuracy, quality and reliability of social media content which focuses on mental health and neurodivergence. The second paper is an empirical study exploring young people's credibility perceptions of ADHD content on TikTok.

Results: The systematic review highlighted incidences of high misinformation prevalence and low quality and reliability of mental health and neurodivergence information on social media, with findings varying depending on social media platform and topic. The empirical study generated four themes: influences on credibility perceptions; navigating misinformation on TikTok; interpretation and impact; promoting responsible and informed engagement on TikTok.

Conclusions: This portfolio sheds light on the concerning quality of mental health and neurodivergence-related information on social media and highlights the complexities and

nuances in establishing the credibility of information on TikTok. Implications for public (mental) health and research are discussed.

Table of Contents

Acknowledgements

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Thank you to my wonderful family, particularly my parents, for providing continuous and unwavering support from afar and always believing in me. And finally to my partner Josh for your endless encouragement (and cups of tea!) – I simply could not have done these last three years without you.

List of Tables and Figures

Tables

Figures

Where appropriate, material from my ClinPsyD Thesis Proposal has been used throughout this thesis portfolio.

Chapter One: Introduction to Thesis Portfolio

This thesis was undertaken as part of the Professional Doctorate in Clinical Psychology at the University of East Anglia.

This chapter provides an introduction to the thesis portfolio and briefly outlines key topics which are of importance throughout the present research. The overall aims for the research are discussed, and an outline of the thesis portfolio is provided.

TikTok

TikTok is a social media platform owned by Chinese company ByteDance which launched in 2016, in which users can create and share videos with other people. The platform quickly gained popularity and is the fastest growing social media platform in history (Dunn, 2025). It currently has over 1.4 billion monthly global users, a large proportion of which is made up of young people (Iqbal, 2023; Zenone et al., 2021). TikTok users primarily watch videos on the app's *For You Page*, which delivers and prioritizes videos for users based on their personalised algorithm. The algorithm is based on how users interact (i.e. like, comment, share) with videos so they are delivered more content based on their interests (Zhao, 2020).

Young people frequently use TikTok for information seeking purposes, social support and interaction and sharing experiences, including information relating to mental health (Falgoust et al., 2022; Vaterlaus & Winter, 2021). At the time of writing, there are 21.4 million posts for videos under the search of #MentalHealth and 3.8 million posts for videos under the search of #ADHD, some having amassed millions of likes, indicating a large mental health and neurodivergence-related discourse on the app. However, the quality and accuracy of mental

health and neurodivergence information on TikTok in has been under particular scrutiny (Martin, 2023), as it has been on various other popular social media platforms (Starvaggi et al., 2024).

Attention-Deficit/Hyperactivity Disorder (ADHD)

According to the DSM-V-TR (American Psychiatric Association, 2022), ADHD is a neurodevelopmental disorder characterised by a "persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development". People may have symptoms of both inattentiveness and hyperactivity and impulsiveness, or they may just display symptoms of one of these types of behaviours (NHS, n.d.). The global prevalence of ADHD is estimated to be 5% in children, and in UK adults it is estimated to be 3-4% (Russell & Fuller, 2024).

In recent years there has been a rise in ADHD awareness on social media platforms, with bloggers and influencers sharing their experiences of ADHD with other users and online communities being built to provide support to those affected by it (The ADHD Centre, 2022). However, concerns have been raised about high prevalences of ADHD misinformation on social media (Yeung et al., 2022; Ward et al., 2019), made more concerning by reports of young people self-diagnosing with ADHD based on information they have seen on social media (Gilmore et al., 2022).

Social Media Literacy

Social media literacy is defined by the Social Media Research institute (n.d.) as the "ability to critically engage with social media content", including "being able to understand and analyse the messages that are being communicated, as well as the context in which they are shared".

It is argued that the broader concepts of media literacy and digital literacy do not reflect the additional complexities and functions of social media, such as the mass use and allowance of content creation by users (Cho et al., 2022; Polanco-Levicán & Salvo-Garrido, 2022). Social media literacy thus presents as a more specific skill which needs to be developed. Social media literacy has not yet been studied in the context of mental health or neurodivergence information and has also not been studied on TikTok.

Misinformation

Misinformation is simply defined in the Merriam-Webster (n.d.) dictionary as "incorrect or misleading information", while it is defined in Cambridge Dictionary (n.d.) as "wrong information, or the fact that people are misinformed" and "information intended to deceive".

Health misinformation has been found to be increasingly prevalent on social media platforms (Suarez-Lledo et al., 2021; Borges do Nascimento, 2022), and this research also reflects the nuances and inconsistencies in how misinformation is defined (Wang et al., 2019).

Mental health misinformation on social media has been found to have various consequences, such as confusion, reduced trust in health professionals and delays in obtaining treatment (Bizzotto et al., 2023). Despite this, the prevalence of mental health misinformation on social media is yet to be systematically researched.

Aims of the present research

The aims of the present research are to synthesise findings on the accuracy and quality of mental health and neurodivergence-related information on social media and to identity the prevalence of misinformation on this topic. This research also seeks to explore how credible young people perceive ADHD TikTok content to be and elements which influence this.

Outline of the Thesis Portfolio

Chapter Two

This chapter consists of a systematic review of the accuracy, quality and reliability of social media content which focuses on mental health and neurodivergence. Through a narrative synthesis of the included studies, this review aimed to identify social media platforms and topics which contained higher prevalences of misinformation and lower quality and reliable information. Implications for public (mental) health and further research were also explored as part of this review.

Chapter Three

This chapter outlines an empirical study which used reflexive thematic analysis to explore young people's credibility perceptions of ADHD content on TikTok, as well as elements which influenced these perceptions. This study also aimed to understand steps which young people take to navigate misinformation and aspects which would support their ability to do so more effectively.

Chapter Four

This chapter consists of an extended methodology to provide further methodological details on the empirical study, such as a more in-depth explanation of the ontological and epistemological stance of the researcher, ethical considerations, the reflexive thematic analysis process, and researcher reflexivity.

Chapter Five

Finally, this chapter provides an overall discussion and critical evaluation of the systematic review and empirical study. Strengths and limitations of the research are discussed, and implications for public (mental) health and future research are presented.

Chapter Two: Systematic Review

The Quality of Mental Health and Neurodivergence-Related Information on Social Media: A Systematic Review

Alice Carter [a], Dr Fergus Gracey [a], Joanna Moody [b], Amber Ovens [a], & Dr Eleanor Chatburn [a]

a. Norwich Medical School, University of East Anglia, Norwich Research Park, Norwich, Norfolk, NR4 7JT

b. Norfolk and Suffolk NHS Foundation Trust

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Abstract

While social media is increasingly being used for health information seeking purposes, no systematic review has assessed the quality of mental health or neurodivergence-related information on social media. This review aimed to evaluate the quality and prevalence of misinformation in mental health and neurodivergence-related content on social media, comparing findings by platform and topic. A total of 27 papers published in MEDLINE Ultimate, APA PsychINFO, CINAHL and Scopus were included and critically appraised. A narrative synthesis of the included studies was used to analyze and present the findings. The quality of information and misinformation prevalence varied by social media platform, topic and type of uploader. The review highlighted incidences of high misinformation prevalence and low quality and reliability. Implications for public (mental) health and suggestions for further research are discussed.

Introduction

Social media platforms, such as YouTube, Facebook, Instagram, and TikTok, are increasingly utilized for health information-seeking purposes (Falgoust et al., 2022; Neely et al., 2021; Sumayyia et al., 2019). The interactive and dynamic nature of social media promotes the sharing of experiences and peer support, which can be beneficial for those seeking health information (Chen & Wang, 2021; Zhao & Zhang, 2017). Social media algorithms serve users with content which aligns with their existing interests and beliefs and limits exposure to different perspectives, known as an "echo chamber" (Cinelli et al., 2021). Echo chambers limit users' exposure to differing perspectives and can therefore reinforce misleading claims. The lack of verification and regulation on social media platforms raises further concerns about the accuracy and reliability of the 'infinite scroll' of information being consumed by users (Girardi et al., 2022; Wang et al., 2019).

Commentators have highlighted the role of TikTok's algorithmic model as a key factor in the spread of misinformation (Grandinetti & Bruinsma, 2022). To encompass the variety of definitions outlined in the literature, the present review defines misinformation as a claim which is based on anecdotal, false, or misleading information due to a lack of scientific evidence (Suarez-Lledo & Alvarez-Galvez, 2021). Misinformation is particularly prominent on social media; one review found that up to 80% of health-related information on social media was classified as misinformation, while another found that health-related misinformation was more popular on social media than accurate health information (Suarez-Lledo & Galvez, 2021; Wang et al., 2019). Health misinformation has been linked to harmful consequences, such as promoting misinformed behaviors and heightening distress during health emergencies and pandemics (Borges do Nascimento et al., 2022; Kim & Tandoc, 2022).

Mental health misinformation can perpetuate stigma, which can lead to discrimination and delays in people seeking professional help (Corrigan et al., 2014). Inaccurate beliefs about the causes of mental illness, such as that mental health problems are due to weakness, can reinforce negative stereotypes and discourage individuals from accessing treatment (Henderson et al., 2013). Furthermore, research has found that misinformation which portrays mental illnesses as dangerous or untreatable leads to public fear (Clement et al., 2015; Knaack et al., 2017). In addition, misinformation relating to treatment options, such as promoting non-evidence-based treatments, can lead to delays in people receiving appropriate care and ultimately result in poorer outcomes (McVay, 2023; Starvaggi et al., 2024).

Studies have reported an increase in young people self-diagnosing with mental health conditions and neurodivergence following information they have seen on social media (Gilmore et al., 2022; Hasan, 2023). Incorrect self-diagnosis based on misinformation could conceivably result in delayed or inappropriate treatment and contribute to the pathologization of behaviors.

Given these potentially significant implications for public (mental) health, it is surprising that a comprehensive systematic review of the quality and accuracy of mental health and neurodivergence-related information on social media has yet to be conducted. While one literature review summarized recent findings related to mental health and neurodivergence misinformation (Starvaggi et al., 2024), it did not utilize systematic search or appraisal methods and was limited to a small number of studies and therefore does not provide a full picture of the present issue. The present systematic review addresses this gap by assessing the quality and accuracy of mental health and neurodivergence-related information across different social media platforms. Through a narrative synthesis of the data, this review sought to answer the following questions: (1) what is the prevalence of mental health and neurodivergence-related

misinformation on social media? (2) What is the quality and reliability of information on mental health and neurodivergence on social media? (3) Does the accuracy, quality and reliability of information on mental health and neurodivergence vary across social media platforms and topics?

Methods

Guidelines

This review was prospectively registered on Open Science Framework (OSF) (https://doi.org/10.17605/OSF.IO/EHJBK). This review was then conducted and reported according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) (Page et al., 2021) guidelines and the Synthesis Without Meta-analysis (SWiM) guidelines (Campbell et al., 2020).

Search Strategy

The databases included in the search were MEDLINE Ultimate, APA PsychINFO, CINAHL and Scopus. These databases were searched on the 1st October 2024 using the following search terms: ("mental health" OR "mental illness" OR "mental disorder" OR psychosis OR dissociation OR schizophreni* OR adhd OR CBT OR "cognitive behavioural" OR "eating disorde*" OR anorexi* OR bulimi* OR OCD OR autism OR ASD OR BPD OR "personality disorder" OR depression OR bipolar OR "obsessive compulsive" OR anxiety OR "attention-deficit hyperactivity disorder" OR ptsd OR "post-traumatic" OR phobia OR "body dysmorphic disorder" OR psychotherapy) AND (misinformation OR disinformation OR accurate OR accuracy OR "fake news" OR useful OR quality OR reliable OR reliability OR credibility OR credible OR trustworth* OR DISCERN OR misleading) AND ("social media" OR youtube OR reddit OR facebook OR twitter OR instagram OR tiktok OR pinterest OR tumblr) NOT

(covid-19 or coronavirus or pandemic). An academic librarian approved the strategy and databases. Google Scholar and reference lists of eligible articles were also searched.

Eligibility Criteria

Inclusion Criteria

Studies were included if the objectives were to evaluate the quality and/or accuracy of mental health and neurodivergence-related information on social media platforms. Studies were included if they were written in English and no date restrictions were implemented.

Exclusion Criteria

Studies were excluded if they did not assess the quality and/or accuracy of mental health or neurodiversity information on social media. For example, studies were excluded if they explored attitudes towards mental health misinformation on social media, or if they evaluated mental health information on standard websites.

Study Selection

Once the search was conducted, duplicates were identified and removed. The remaining articles were screened based on title and abstract by the lead reviewer (AC), who also screened the full text of all potentially eligible articles to identify studies which met the criteria for inclusion. A second rater (AO) reviewed 25% of articles at each stage and discrepancies were resolved by discussion. Screening was conducted in Rayyan.

Data Extraction

Data extraction was conducted on Microsoft Excel using a pre-determined data extraction template by the lead reviewer (AC), which was piloted on a sample of the included studies. A second reviewer (JM) extracted data for 25% of the included studies, and any discrepancies were discussed and resolved. Extracted data included key study characteristics

such as author(s), year, study design, sample size (i.e., number of social media posts evaluated), social media platform, topic(s), how misinformation was defined, evaluation method(s), and results (i.e., misinformation prevalence, information quality and reliability). From piloting the extraction template, the DISCERN scale (Charnock et al., 1999) and Global Quality Scale (GQS) (Bernard et al., 2007) appeared to be frequently used and were therefore added to the extraction table.

Quality Ratings

Due to the nature of the review questions, the research designs utilized in this topic area differ from the standard experimental, observational or qualitative designs usually seen within the field of psychology and did not contain any participants. This meant standard tools for assessing the quality of studies, such as the Mixed Methods Appraisal Tool (MMAT) (Hong et al., 2018) and Critical Appraisal Skills Programme (CASP) (CASP, 2018) checklist were not applicable. A quality appraisal tool created and used in a similar review exploring health misinformation on social media was therefore used, which fit with the study designs used in this topic (Suarez-Lledo & Alvarez-Galvez, 2021) (Appendix B). This tool assessed the quality of the search strategy used (S-score) (eight items), how rigorous the evaluation was (E-score) (six items) and a general evaluation of the quality of the research process, such as the methodology, reporting of the results and discussion, for either quantitative (9 items) or qualitative (6 items) studies (G-score). Each score was calculated as the sum of each of the items by equating “yes” or “good” as 1 point, “fair” as 0.5 points, and “no” or “poor” as 0 points. A higher score indicates that a study is of good quality, while a lower score indicates a poor-quality study, with scores <50% classed as low quality. As the original tool does not yield a category for high quality studies, the authors of the present review took the decision to classify studies with a rating of

over 75% as high quality. All of the included studies were critically appraised by AC, with a second reviewer (JM) assessing 25% of these. Any discrepancies were discussed and resolved.

Synthesis

A meta-analysis was deemed to be inappropriate for the analysis due to significant variation in measurement tools and reporting methods. Therefore, a narrative synthesis of the findings from the included studies is provided, adopting the Synthesis without Meta-Analysis (SWiM) guidelines (Campbell et al., 2020), structured around the quality of the research, findings related to the quality and reliability of the information, including the misinformation prevalence and whether this varies by social media platform or topic.

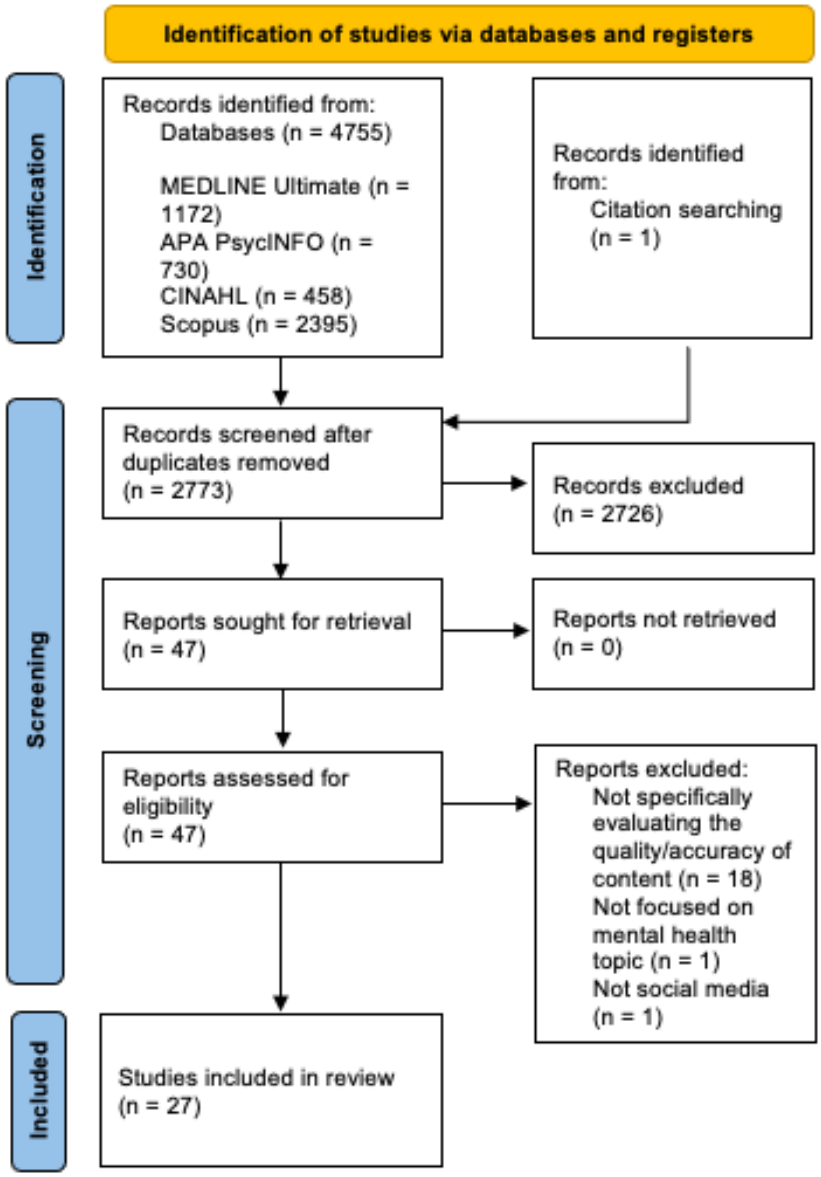
Results

Identification of Studies

Of 2772 abstracts identified for screening, 46 full text papers were retrieved and screened, yielding 26 studies which met the criteria for inclusion. An additional paper was identified through searching the reference lists of included papers, resulting in a total of 27 studies. A PRISMA flowchart is presented in Figure 1.

Figure 1.

Prisma flow diagram



Study Characteristics

The characteristics and findings for each included study are outlined in Table 1 and a narrative summary is also provided.

Table 1

Study characteristics and results

Publication	Platform	Topic	Sample	Definition of Misinformation	Prevalence of Misinformation	DISCERN	GQS	Quality Rating (%)
Abhishek et al. (2021)	YouTube	OCD	82 videos	Grossly deviating from DSM-5 descriptions.	Meaning of obsessions - 8.5% Meaning of compulsions - 4.9%	N/A	N/A	67.40
Abu Sabra & Al Kalaldeh (2024)	YouTube	ECT	250 videos	Not recorded	N/A	3 (Median) *mDISCERN*	3 (Median)	71.74
Alsabhan et al. (2024)	YouTube	Bipolar Disorder	58 videos	Not recorded	N/A	35.8 (Median) *Full DISCERN*	N/A	65.22
Aragon-Guevara et al. (2023)	TikTok	Autism	133 videos	Lack of consistency with existing scientific knowledge related to causes, presentation, diagnostic criteria, evidence-based interventions, and other relevant areas of research.	41%	N/A	N/A	76.101
Bizzotto et al. (2023)	Facebook	Mental Health	1532 statements	Not recorded	26.1%	N/A	N/A	43.48

Brown et al. (2024)	TikTok	Autism	100 videos	Videos containing any factually untrue or scientifically unsubstantiated claims about any aspect of ASD.	40%	N/A	N/A	60.87
Cavalcante et al. (2023)	YouTube	Autism	216 videos	Not recorded	N/A	3 (Median) *mDISCERN*	3 (Median)	71.74
Chakrabarty et al. (2024)	YouTube	Autism	41 videos	Not recorded	N/A	**Type of uploader:** Doctors – 3 Hospitals – 3 Healthcare organization - 2.5 News channel - 2 Parent of patient – 3 Patient - 3 (Medians) *mDISCERN*	**Type of uploader:** Doctors – 5 Hospitals – 3 Healthcare organization - 3 News channel - 2 Parent of patient – 4 Patient – 4 (Medians)	67.40
Dobosz et al. (2023)	YouTube	Body Dysmorphic Disorder	38 videos	Not recorded	N/A	32.89 (Mean) *Full DISCERN*	**Total:** 2.84 **Type of uploader:** Healthcare – 3.83 Non-healthcare – 2.53 (Medians)	71.74
Joseph et al. (2015)	Twitter	Schizophrenia	685 Tweets	Medically inappropriate Tweets make direct reference to inaccurate facts about the illness.	"Schizophrenia" – 6.6% "Schizophrenic" – 30.1% Total – 18.76%	N/A	N/A	54.35

Kaya et al. (2021)	YouTube	OCD	131 videos	Not recorded	N/A	33.5 (Median) *Full DISCERN*	N/A	73.90
Kaya & Azturk (2023)	YouTube	Agoraphobia	50 videos	Videos containing false or unreliable content.	22%	**Total:** 3.55 **Type of uploader:** Professionals – 3.78 Non-professionals – 2.89 (Means) *mDISCERN*	**Total:** 3.4 **Type of uploader:** Professionals – 3.57 Non-professionals – 2.92 (Means)	69.60
Kumar & Jha (2018)	YouTube	Psychosocial interventions for Schizophrenia	49 videos	Not recorded	Psychosocial interventions – 0% Interventions in general – 8% CBTp – 0% CR – 12%	N/A	N/A	58.70
Kyarunts et al. (2022)	YouTube	MDMA-assisted psychotherapy for PTSD	100 videos	Not recorded	N/A	31.30 (Mean) *Full DISCERN*	2.3 (Mean)	56.52
Liu-Zarzuela et al. (2023)	YouTube	Postpartum Depression	64 videos	Videos containing: 1) An inaccurate definition of PPD, 2) At least one inaccurate statement about the mechanism of PPD, and 3) At least one inaccurate statement about the	**Total:** 7.81% **Type of Uploader:** Psychiatrist – 0% Other healthcare provider – 0% Health organization – 11.11% Television clip – 0%	1.87 (Mean) *mDISCERN*	2.73 (Mean)	80.43

				treatment/management of PPD.	News channel – 8.33% Other organization – 11.11% Independent user – 12.50%			
Liu-Zarzuela et al. (2024)	Facebook	Postpartum Depression	69 videos	Videos containing: 1) an inaccurate statement about PPD, 2) provided an inaccurate explanation of the mechanism/pathogenesis of PPD, 3) included an inaccurate statement about the treatment/management of PPD.	**Total:** 3% **Type of Uploader:** Healthcare provider – 0% Healthcare organization – 0% Television clip – 0% News channel – 0% Other organization – 7.69% Independent user – 7.69%	2.32 (Mean) *mDISCERN*	2.48 (Mean)	76.10
Lookingbill et al. (2023)	TikTok	Anorexia	200 videos	Pro-anorexia content.	29.5%	N/A	N/A	58.70
Mallya et al. (2024)	YouTube (Kids)	Depression, Anxiety & ADHD	163 videos	Videos containing an inaccurate definition of the condition, an inaccurate statement about the condition's mechanism, and/or an inaccurate statement about the condition's treatment/management.	Depression – 0% Anxiety – 0% ADHD – 8.89%	N/A	N/A	52.17

Munoz et al. (2024)	YouTube, TikTok	Dissociative Identity Disorder	60 YouTube videos 97 TikTok videos	1) An inaccurate definition on at least one portion of the definition of DID per the DSM-V-TR, 2) An inaccurate statement on at least one portion on the mechanism of DID, and 3) An inaccurate statement on at least one portion on the treatment/ management of DID.	YouTube 6.7% TikTok 10.3%	YouTube 1.7 TikTok 0.4 (Means) *mDISCERN*	YouTube 1.8 TikTok 1.1 (Means)	73.90
Mutlu & Arik (2023)	YouTube	MRI Claustrophobia	65 videos	Videos containing scientifically inaccurate content that misleads patients regarding decisions or treatment.	56.92%	**Type of uploader:** Professionals – 4.06 Non-professionals – 2.90 (Means) *mDISCERN*	**Type of uploader:** Professionals – 4.13 Non-professionals – 2.08 (Means)	76.10
Niu & Reed (2023)	YouTube	Substance Abuse	100 videos	Not recorded	25%	N/A	N/A	41.30
Patel et al. (2023)	Instagram	Bipolar Disorder	196 posts	Not recorded	N/A	**Type of uploader:** Medical professionals - 1 Healthcare organization -2 Patient – 1 Others – 1 (Medians)	**Type of uploader:** Medical professionals - 3 Healthcare organization -2 Patient – 2 Others – 2 (Medians)	58.70

						mDISCERN		
Suresh et al. (2023)	YouTube	Anorexia	59 videos	Not recorded	N/A	**Type of uploader:** Doctors – 4 Hospital/healthcare organization – 4 News channel – 3 Patient – 3 Other – 3 (Medians) *mDISCERN*	**Type of uploader:** Doctors – 4 Hospital/healthcare organization – 4 News channel – 4 Patient – 4 Other – 4 (Medians)	54.35
Syed-Abdul et al. (2013)	YouTube	Anorexia	140 videos	Pro-anorexia content.	29.3%	N/A	N/A	73.90
Thapa et al. (2018)	YouTube	ADHD	159 videos	Not recorded	38.36%	N/A	N/A	67.40
Ward et al. (2020)	YouTube	ADHD	120 videos	Not recorded	N/A	**Total:** 2.03 **Type of uploader:** Neurologists, pediatricians, psychiatrist (MD) – 2.63 Other medical professional (non-MD) - 3.40 Nonmedical professional – 1.69 PhD – 2.13 Company/advertiser - 2.40 (Means)	N/A	52.17

							mDISCERN		
Yeung et al. (2022)	TikTok	ADHD	100 videos	Videos containing information lacking scientific evidence (e.g., unsubstantiated claims about ADHD).	**Total:** 52% **Type of uploader:** HCP – 3% Non-HCP – 55.1%	N/A	N/A	76.10

Note. DISCERN (Charnock et al., 1999); modified DISCERN (mDISCERN) (Singh et al., 2012); Global Quality Scale (GQS) (Bernard et al., 2007). Abbreviations: ADHD, attention-deficit hyperactivity disorder; ECT, electroconvulsive therapy; GQS, Global Quality Scale; HCP, healthcare professional; MDMA, 3,4-Methylenedioxymethamphetamine; MRI, magnetic resonance imaging; OCD, obsessive-compulsive disorder; PTSD, post-traumatic stress disorder

In terms of platforms, included studies evaluated information on Instagram (n=1), YouTube Kids (n=1), Facebook (n=2), X (formerly Twitter) (n=1), TikTok (n=5), and YouTube (n=18). One of these studies evaluated both TikTok and YouTube.

Nearly a third of the included studies focused on neurodivergence, specifically autism (n=4) and attention-deficit hyperactivity disorder (ADHD) (n=4). The remaining studies focused on a variety of mental health diagnoses and treatments, including anorexia nervosa (n=3), post-partum depression (PPD) (n=2), bipolar disorder (n=2), obsessive-compulsive disorder (OCD) (n=2), substance abuse (n=1), dissociative identity disorder (DID) (n=1), schizophrenia (n=1), psychosocial interventions for schizophrenia (n=1), MDMA-assisted psychotherapy for PTSD (n=1), agoraphobia (n=1), MRI claustrophobia (n=1), electroconvulsive therapy (ECT) (n=1), and "mental health" (n=1). One study also explored anxiety, depression and ADHD within the same paper.

In total, 5057 social media posts were analyzed across the 27 included studies. The smallest sample was 38 YouTube videos while the largest was 1532 statements on Facebook.

Quality Ratings

The mean quality rating for included studies was 64.82%, with a range between 41.30% (Niu & Reed, 2023) and 80.43% (Liu-Zarzuela, 2023), indicating variation in the quality of included studies. A summary table of the quality ratings for all included studies is outlined in Appendix C.

Amongst the included studies, Aragon-Guevara et al. (2023), Liu-Zarzuela et al. (2023), Liu-Zarzuela et al. (2024), Mutlu et al. (2023) and Yeung et al. (2022) were deemed to be of the highest quality. The studies rated as low quality were Bizzotto et al. (2023) and Niu and Reed (2023).

A common area of weakness was the search quality, with 25/27 studies only including social media content in one language, and 24/27 not determining interrater reliability for the post selection. Studies also frequently lacked measures to reduce measurement bias, with 16/27 studies not determining an interrater reliability figure for the evaluation.

Synthesis

It was not possible to group findings by social media platform and topic due to the variance in measurement and reporting methods, which would not have allowed for large enough groups to coherently synthesize the findings. Findings are grouped by the measurement method used and comparisons drawn between social media platforms and topic within this.

Definitions of Misinformation

Thirteen studies outlined their definitions of misinformation, which varied across studies. Most studies defined misinformation as content which contained factually inaccurate and/or scientifically unsubstantiated claims (e.g., Brown et al., 2024; Liu-Zarzuela et al., 2024; Yeung et al., 2022). Other studies used more specific criteria to define misinformation, such as deviation from the DSM-V (Abishek et al., 2021), pro-anorexia content (Lookingbill et al., 2023; Syed-Abdul et al., 2013), and content which misleads patients regarding treatment decisions (Mutlu et al., 2023).

Tools Used to Evaluate Information

Three approaches were used to evaluate the reliability, quality and accuracy of mental health and neurodivergence-related information on social media.

Seventeen studies reported a percentage of misinformation, which demonstrates the accuracy of the information. The misinformation prevalence was dependent on how each study

defined misinformation, rather than using a validated tool, and the prevalence was calculated by the percentage of content assessed which contained misinformation.

Fifteen studies used the DISCERN, a validated tool designed to assess the reliability of written health information (Charnock et al., 1999). Four studies used the full 16-item DISCERN, with scores between 63-75 considered “excellent”, 51-62 “good”, 39-50 “fair”, 27-38 “poor”, and 16-26 “very poor”. Eleven studies used the 5-item modified DISCERN (mDISCERN) (Singh et al., 2012), in which a score of three or more indicates highly reliable information.

The Global Quality Scale (GQS), a validated five-point Likert scale designed to assess the quality of online health information (Bernard et al., 2007), was used in 12 studies. A score of one indicates poor quality and a score of five indicates excellent quality.

Studies varied in how they reported the (m)DISCERN and GQS, with some reporting means and others reporting medians. A narrative summary was used to compare findings across topics and social media platforms.

Prevalence of Misinformation

Misinformation prevalence was reported in 17/27 studies and varied across social media platforms and topics. Overall, misinformation prevalences ranged from 0% for videos on anxiety and depression on YouTube Kids (Mallya et al., 2024), to 56.92% for videos on MRI claustrophobia on YouTube (Mutlu et al., 2023). The mean misinformation prevalence across all studies was 26.41%.

In terms of platform, misinformation prevalence was consistently higher on TikTok than other platforms, including prevalences of 52% for ADHD-related TikTok videos (Yeung et al., 2022) and 41% for autism-related TikTok videos (Aragon-Guevara et al., 2023), while another study reported higher misinformation prevalence on TikTok (10.3%) than YouTube

(6.7%) for content about DID (Munoz et al., 2024). The mean misinformation prevalence for information on mental health and neurodivergence on TikTok was 34.56%.

The prevalence of misinformation for YouTube videos varied depending on the topic and was lowest in videos about DID at 6.7% (Munoz et al., 2024), and highest in videos about MRI claustrophobia at 56.92% (Mutlu et al., 2023) and had a mean of 21.99% misinformation. YouTube Kids had the lowest misinformation prevalence, reporting no misinformation for both anxiety and depression and 8.89% for ADHD (Mallya et al., 2024). Two studies investigated misinformation on Facebook, with a mean prevalence of 14.55%. Only one study investigated misinformation on X (formerly Twitter), with a prevalence of 18.76%, while the single study on Instagram did not report on misinformation prevalence.

In terms of topic, social media content on PPD contained the least amount of misinformation, ranging from 3% on Facebook (Liu-Zarzuela et al., 2024) to 7.81% on YouTube (Liu-Zarzuela et al., 2023), while content on MRI claustrophobia was found to contain the most misinformation at 56.92% (Mutlu et al., 2023). Content on neurodivergence consistently contained a higher misinformation prevalence than content on mental health conditions and treatments, with prevalences of 40% (Brown et al., 2024) and 41% (Aragon-Guevara et al., 2023) for autism, and 38.6% (Thapa et al., 2018) and 52% (Yeung et al., 2022) for ADHD.

Professionally created content, such as by healthcare organizations or professionals, consistently had lower misinformation prevalences than content created by non-professionals (Liu-Zarzuela et al., 2023; Liu-Zarzuela et al., 2024; Yeung et al., 2022).

The studies rated as being both the highest and lowest quality demonstrated varied results in terms of the prevalence of misinformation, although the studies rated as the highest

quality reported some of the largest prevalences of misinformation with 56.92% (Mutlu et al., 2023), 52% (Yeung et al., 2022), and 41% (Aragon-Guevara et al., 2023).

Reliability of Information

The reliability of information, demonstrated by (m)DISCERN scores, varied considerably across social media platforms, topics, and uploader types. For the full DISCERN, possible scores range from 16 (very poor reliability) to 75 (excellent reliability). Only YouTube studies used the full DISCERN and reported scores ranging from a median of 31.3 (Kyarunts et al., 2022) to 35.8 (Alsabhan et al., 2024), indicating poor reliability across different topics.

For studies which utilized the 5-item mDISCERN, overall mean scores for YouTube ranged from 1.7 (Munoz et al., 2024) to 3.55 (Kaya et al., 2023), indicating the reliability of YouTube videos varies from poor to high across different topics. YouTube videos were reported to be more reliable than TikTok videos, as demonstrated by Mutlu et al. (2023) in which TikTok videos on DID had a mean mDISCERN score of 0.4, compared to 1.7 for YouTube videos on the same topic. When looking at the mean mDISCERN scores for content on PPD, Facebook was reported to be more reliable than YouTube, with means of 2.32 for Facebook and 1.87 for YouTube. Meanwhile, YouTube videos demonstrated higher reliability than Instagram videos across different topics.

Professionally created content was usually found to be more reliable than content created by non-professionals when considering the mDISCERN scores (Kaya & Azturk, 2023; Mutlu et al., 2023; Suresh et al., 2023), although some studies reported the reliability of professional and patient-created content to be of equal reliability (Chakrabarty et al., 2024; Patel et al., 2023). Content by professionals was reported to be more reliable on YouTube than on

Instagram, with studies reporting median scores of 4 (Suresh et al., 2023) and 1 (Patel et al., 2023) respectively.

Three of the high quality studies measured the reliability of information, all of which utilized the mDISCERN. The overall mean mDISCERN score for the higher quality studies ranged from 1.87 (Liu-Zarzuela et al., 2023) to 2.32 (Liu-Zarzuela et al., 2024), while reliability was not evaluated in the low quality studies.

Studies which reported both the misinformation prevalence and overall mean mDISCERN scores had comparatively lower prevalences of misinformation. Some studies with low misinformation prevalences also demonstrated low mDISCERN scores, indicating low reliability (Liu-Zarzuela et al., 2023; Munoz et al., 2024), while a study with a higher misinformation prevalence was scored as highly reliable (Kaya et al., 2021). All three of these studies assessed information on YouTube but varied by topic.

Quality of Information

The quality of information was demonstrated by GQS scores, which varied depending on social media platform, topic, and type of uploader.

For YouTube, the overall mean GQS scores varied from 1.8 for content on DID (Munoz et al., 2024) to 3.4 for content on agoraphobia (Kaya et al, 2023), demonstrating that the quality and flow of YouTube content varies from poor quality to moderate quality across topics. YouTube videos were reported to be of slightly higher quality than TikTok videos, as demonstrated by Mutlu et al. (2023) in which TikTok videos on DID had a mean GQS score of 1.1, compared to 1.8 for YouTube videos on the same topic. Content for PPD was reported to be of poor quality across both Facebook and YouTube, with mean GQS scores of 2.48 (Liu-Zarzuela, 2024) and 2.73 (Liu-Zarzuela, 2023) respectively.

Professionally created content was mostly reported to be of higher quality than content created by non-professionals when considering the GQS scores (Chakrabarty et al., 2024; Dobosz et al., 2023; Kaya & Azturk, 2023; Mutlu et al., 2023; Patel et al., 2023). However, for YouTube videos on autism, content uploaded by patients and parents had higher median GQS scores than content uploaded by hospitals and healthcare organizations (Chakrabarty et al., 2024), while there was no difference in median GQS scores between types of uploaders for YouTube videos about anorexia.

Some studies which reported low misinformation prevalence also reported low mean GQS scores, indicating the information was of poor quality (Liu-Zarzuela et al., 2023; Liu-Zarzuela et al., 2024; Munoz et al., 2024), while a study reporting comparatively higher misinformation prevalence also reported a higher mean GQS score, which indicated that the information was of moderate quality (Kaya et al., 2021). Some studies reported information as being of both poor reliability and poor quality (Munoz et al., 2024), and of high reliability and moderate quality (Kaya et al., 2021), although this finding was not consistent.

Discussion

This systematic review aimed to identify the quality and accuracy of mental health and neurodivergence-related information on social media, including the prevalence of misinformation. A total of 27 papers of varying quality were included in this review, and a synthesis of the included studies compared the quality, accuracy and reliability of information by social media platform and topic.

This review highlights considerable variation in the accuracy, reliability and quality of information across social media platforms, topics, and uploader types. TikTok was found to have the highest prevalence of misinformation, while Facebook was reported to have the lowest

prevalence of misinformation, with no prior research having compared misinformation prevalences between these two platforms. The accuracy, reliability and quality of information on YouTube varied across different topics but scored consistently better than TikTok, aligning with previous research which found that YouTube content contained more credible information and less misinformation than TikTok (Tam et al., 2022). This variability suggests that platform-specific factors, such as algorithmic systems and content moderation, may influence the spread of misinformation. This review's findings in relation to TikTok align with previous research suggesting the role of TikTok's algorithm in spreading misinformation (Grandinetti & Bruinsma, 2022). Contrastingly, Facebook and YouTube's search-based designs have less focus on rapid engagement and viral trends, with YouTube often favoring more established channels and Facebook prioritizing content by existing connections and followed pages (UIDesignz, 2024; QuickFrame, 2023), which perhaps deliver information from more established and trusted sources than TikTok's 'For You Page'. YouTube Kids was the only platform to report findings of no misinformation for some topics, which is likely due to the implementation of stricter content moderation and prioritization of child-friendly content (YouTube Kids, n.d.).

The variability of findings for YouTube across different topics indicates that platform-specific factors are not the only influence in the spread of misinformation. Low health literacy has been linked with the spread of misinformation on health topics (Borges do Nascimento et al., 2022), which suggests a lack of (mental) health literacy on certain mental health and neurodivergence-related topics may contribute to increased misinformation. While most studies included in this review did not evaluate whether misinformation prevalence differed by type of uploader, the studies which did report this supported previous research which found that misinformation usually originates from individual users with no official or institutional

affiliations (Wang et al., 2019). This suggests the proportion of professional vs non-professional uploaders may vary depending on the topic within a certain social media platform, with some topics involving more discourse among lay people which may impact the misinformation prevalence, although this cannot be concluded as part of the present review.

Studies using the (m)DISCERN and GQS also consistently reported that professionally created content contained more reliable and higher quality information than non-professional content across most topics, aligning with findings in the field of health misinformation in which content by medical professionals were of higher quality than non-medical influencers (Dimitroyannis et al., 2024). However, anorexia content by doctors and patients were found to be of equally high quality, while content on bipolar disorder by medical professionals and patients were found to be of equally poor reliability. This may indicate a clearer public understanding and reduced stigma for anorexia than bipolar disorder, and there is scope for future research to investigate the role of stigma and public perceptions on the quality of information shared across different mental health and neurodivergence-related topics. However, this finding also raises concerns regarding the quality of information on bipolar disorder being shared by professionals and the role this may play in the spread of misinformation, particularly as health professionals are viewed as trusted sources on social media (Freeman et al., 2023).

Interestingly, studies reported information on mental health and neurodivergence as being accurate but unreliable and of low quality, and of being inaccurate but with high reliability and moderate quality. The purpose of this review was not to identify relationships between measures, which would not have been possible regardless due to the limited number of studies, however this finding demonstrates the importance of studies using more than one measure when

conducting research on this topic to thoroughly evaluate and provide a fuller picture of mental health and neurodivergence-related information on social media.

Many of the included studies used the (m)DISCERN to evaluate the reliability of the information. While this is a validated tool, it was developed for the evaluation of written health information, and the suitability for its use in evaluating videos on social media platforms is therefore questionable (Azer, 2020). This research poses a need for a tool specifically designed to assess the reliability of mental health and neurodivergence-related content on various social media platforms, such as including criteria for short video content rather than purely written information.

Another key issue highlighted by this review is the lack of consistency in how information on mental health and neurodivergence is evaluated and reported in social media studies. While there was variation in the methods used to evaluate the information (i.e., percentage of misinformation, mDISCERN, DISCERN, GQS), the way these findings were reported also lacked consistency, with some studies reporting means and other studies reporting medians. This limits the ability to coherently compare findings across platforms and topics and highlights a need for a consistent methodology in the evaluation and reporting of mental health and neurodivergence-related information quality on social media.

Limitations

There are several limitations to this review which should be considered, the first of which relates to the bias in the number of studies evaluating each social media platform. Most studies focused on YouTube, while minimal studies evaluated X (formerly Twitter), Facebook or Instagram. This prevented comparisons from being made within each social media platform as

they were for YouTube, limiting the conclusions which can be made regarding potential factors which impact the quality of information on these platforms.

As this review focused on the quality of mental health and neurodivergence-related information on social media, studies were only included if they utilised tools which specifically measured this, i.e., whether information was accurate or reliable. However, this meant that studies exploring other qualities of mental health and neurodivergence-related content on social media were excluded. This excluded studies which utilised the Patient Education Materials Assessment Tool (PEMAT) (Shoemaker et al., 2014), which measures the understandability and actionability of content. Although outside this review's scope, this limited broader insights into mental health and neurodivergence-related content, particularly whether content is presented in a way that is understandable and promotes action, which would be an important topic to explore within its own context.

Another limitation was the quality appraisal tool used. Due to the novel topic area of this review, there were no existing validated tools which would have been appropriate due to the designs of the included studies. While the tool used was appropriate for the study designs and had also been used in a previous review (Suarez-Lledo & Alvarez-Galvez, 2021), it is limited in its validity in assessing the quality of the studies in this review. Furthermore, this tool does not outline a cut-off score for high quality studies, and therefore the conclusions made about the quality of the studies were limited to whether they were higher or lower quality than one another, and an arbitrary value was required to establish the highest quality studies. Furthermore, while some studies were of considerably lower quality, indicating a higher risk of bias, they were included in this review. While this is a limitation of the present review, this decision was made

as removing lower-rated studies would have made comparing findings by social media platform and topic even more challenging.

Finally, while this review included some studies from the Global South, the majority came from the Global North. This result was likely contributed to by the review's limitations to research published in English, which presents a risk of Westernised bias to this review. This also limits the present review's generalisability to other international contexts.

Implications and Future Directions

These findings have important implications, particularly relating to public (mental) health. Given some of the concerning findings related to the accuracy, reliability and quality of this information on social media, organisations for mental health and neurodivergence should disseminate more credible content to counteract misinformation. Individual clinicians should also actively engage with social media content and share accurate information to users, with organisations and services providing support with this. Considering the fast-moving nature of social media, it would be beneficial for future research to understand the social media literacy of clinicians and identify areas of learning to support with the sharing of credible mental health and neurodivergence content.

Future studies on this topic should assess social media user demographics by platform to identify whether this may influence the accuracy, quality and reliability of the information across platforms. This review also demonstrates the need for consistency within this topic, firstly with the conceptual definition of (mental) health misinformation, but also with the measurement and reporting of information. Finally, these findings also highlight a need for platforms to review algorithmic designs and strengthen content moderation strategies to prioritise accurate information on mental health and neurodivergence and reduce the spread of misinformation.

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Chapter Three: Empirical Project

How do young people evaluate and perceive the credibility of #ADHD content on TikTok?: A reflexive thematic analysis.

Alice Carter, Dr Fergus Gracey, & Dr Eleanor Chatburn

Norwich Medical School, University of East Anglia, Norwich Research Park, Norwich, Norfolk, NR4 7JT

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Abstract

Background: TikTok is being increasingly used for (mental) health information seeking purposes, particularly among young people. A rise in young people self-diagnosing with ADHD based on TikTok videos raises concerns due to findings of high levels of ADHD misinformation on the app, and it is unclear whether young people are aware of this potential misinformation.

Objective: This study aimed to understand young people's credibility perceptions of ADHD content on TikTok and aspects which shaped these perceptions, as well as to explore young people's social media literacy skills.

Method: Semi-structured interviews were conducted with 12 young people who regularly use TikTok. Data was analyzed using Reflexive Thematic Analysis to report overarching themes and subthemes.

Results: Four themes were generated: influences on credibility perceptions; navigating misinformation on TikTok; interpretation and impact; promoting responsible and informed engagement on TikTok.

Conclusion: Participant narratives highlight the complexities and nuances in establishing the credibility of information on TikTok and indicate a need for updated practices to reduce young people's exposure and vulnerability to misinformation. Implications and recommendations for public (mental) health are discussed.

Introduction

The vast amount of mental health and neurodivergence-related (mis)information on social media has emerged in recent years as a pressing public mental health priority (Starvaggi et al., 2024). The quality of mental health and neurodivergence information on TikTok has been under particular scrutiny (Martin, 2023). TikTok is the fastest growing social media platform in history and currently has over 1.4 billion monthly global users, a large proportion of which is made up of young people (Iqbal, 2023; Zenone et al., 2021). Young people frequently use TikTok for information seeking purposes, social support and interaction, and sharing experiences, including information relating to mental health (Falgoust et al., 2022; Vaterlaus & Winter, 2021). At the time of writing, there are 21.4 million posts for videos under the search of #MentalHealth and 3.8 million posts for videos under the search of #ADHD, some having amassed millions of likes, indicating a large mental health and neurodivergence-related discourse on the app.

Reports of a recent increase in the self-diagnosing of mental health and neurodivergence in TikTok users, such as bipolar disorder (Nguyen et al., 2022), ADHD (Gilmore et al., 2022), dissociative identity disorder, and Tourette Syndrome (Giedinghagen, 2022), may be interpreted in several ways. It is not yet clear to what extent the rates of self-diagnosis accord with a professional psychiatric diagnosis, but self-diagnosis has been associated with increased formal help-seeking behaviors (Tse & Haslam, 2024). However, it is also conceivable that the increase in self-diagnosis may be inaccurate due to overinterpretation, as proposed by the Prevalence Inflation Hypothesis (Foulkes & Andrews, 2023).

The continually published content on social media makes it difficult for information to be regulated and validated, therefore requiring individuals to make judgements on the credibility

of this information (Caled & Silva, 2022). In terms of how credibility is evaluated on social media, Javed et al. (2024) provided support for a dual process, in which perceived credibility on Weibo, a popular social media platform in China, was influenced by both heuristic (i.e., source credibility) and systematic (i.e., argument quality) processing (Chaiken, 1980). There are conflicting findings related to the importance of source credibility, which is argued to be impacted by expertise and trustworthiness (Hovland & Weiss, 1951), with some research reporting a strong influence on perceived credibility in social media content (Kuutila et al., 2024), while other research reported no influence (Ma & Atkin, 2017). Source credibility on Twitter and Reddit have been found to be influenced by authority and bandwagon cues (Lin et al., 2016; Hartzell et al., 2021). However, these findings may not be applicable to the perceptions of credibility on TikTok due to the difference in the nature of the apps (i.e., microblogging versus short video-sharing), and the age groups they are predominantly used by.

Recent studies have explored the credibility and accuracy of mental health and neurodivergence-focused content on TikTok with some concerning findings. Forty percent of TikTok videos on Autism and 29.5% of TikTok videos on Anorexia Nervosa were found to contain misinformation (Brown et al., 2024; Lookingbill et al., 2023). However, the most concerning findings relate to ADHD content. Yeung et al. (2022) classified 52% of the top 100 #ADHD TikTok videos as misleading and reported that the majority were created by lay people rather than mental health professionals, and none of the included videos were created by mental health charities or organizations such as the National Health Service (NHS). Furthermore, Verma and Sinha (2025) classified 92% of the top 50 #ADHDtest TikTok videos as misleading and found that misleading videos had higher mean engagement metrics (i.e., likes and comments) than useful videos. While both studies explored ADHD-related information, they utilized

different search strategies and inclusion criteria and adopted different methods of measuring misinformation, which may have contributed to the stark difference in results.

Young people are more likely to self-diagnose with ADHD and seeking formal diagnoses after viewing ADHD-related TikTok content (Gilmore et al., 2022), which is concerning given the likelihood that these self-diagnoses may be based on misinformation. An increase in young people self-diagnosing with mental health problems and neurodivergence, particularly ADHD, has public health implications, including an increase in requested GP appointments and further lengthening of increasingly long NHS waiting lists for assessment (Hartnett & Cummings, 2024). Individual risks of self-diagnosis also include increased anxiety about the disorder, incorrect self-diagnosis, and self-treating without a prescription (Monteith et el., 2024). It is therefore important to understand how credible young people perceive ADHD-related information to be, and whether this impacts how they use this information in terms of self-diagnosis.

Social media literacy has been defined as the "ability to critically engage with social media content" (Social Media Research Institute, n.d.), and there is currently a lack of information on whether young people have the social media literacy skills required to evaluate and critique mental health or neurodivergence information on TikTok. Research has found that social media users with low social media literacy are more likely to be deceived by and share online misinformation (Wei et al., 2023; Sirlin, et al., 2021). Another study found that while young people gained most of their information from social media platforms, they were distrustful of them (Perez-Escoda et al., 2021). Despite this, most participants reported that they did not use any tools to verify content, highlighting the risk of young people being deceived by misinformation on social media, made even more concerning by the findings of misinformation

on TikTok. No studies to date have explored social media literacy in the context of ADHD specifically or investigated social media literacy on TikTok, highlighting a further gap in the current literature.

The present study aimed to address these gaps by exploring the perceived credibility of ADHD information on TikTok by young people and understanding which aspects of TikTok videos influence perceived credibility, as well as exploring the social media literacy of young people on TikTok and elements which may help develop to this skill.

Methodology[1]

Study Design

This qualitative study used reflexive thematic analysis (Braun & Clarke, 2022) of 12 semi-structured interviews to explore young people's credibility perceptions of ADHD content on TikTok, aspects which influenced their perceptions, steps young people take to evaluate information about mental health and neurodivergence on TikTok and what they would value in terms of navigating misinformation. This research is underpinned by a critical realist epistemological approach and recognizes that while an objective reality exists, the perception of this is subjective and based on the individual experiences and perspectives of people (Archer et al., 2013). The primary researcher was guided by the Reflexive Thematic Analysis Reporting Guidelines (RTARG) (Braun & Clarke, 2024).

This study was granted ethical approval study by the UEA Faculty of Medicine and Health Sciences Research Ethics Committee (ETH2324-0055) (Appendix E).

[1] Further methodological details are outlined in Chapter 4: Extended Methodology.

Recruitment

Recruitment took place between April and September 2024. Participants were recruited through advertisements shared on social media platforms which are frequently used by young people, such as Instagram and TikTok. Participants were eligible if they were aged 16-24 and had their own TikTok account, which they were required to have used at least five times per week over the past three months.

Participants

Of the 12 participants who completed the study, seven were female and five were male, with the ages ranging from 16-23. The mean age for participants was 19.67 years. Four participants were currently attending school or college, six were currently attending university, and two were working full time. Ethnicities of participants were White British, White European, Black African and Black Caribbean. Four of the participants disclosed having an ADHD diagnosis during their interview.

Procedure

Participants who expressed interest in taking part received an information sheet (Appendix F) which briefed them on the study, and they could complete and return a consent form (Appendix G) if they wished to participate. Participants who consented to the study were then offered a series of dates and times to complete the interviews, which were completed via Microsoft Teams to increase accessibility. The semi-structured interviews were conducted by the primary researcher (AC) between June and October 2024.

The interviews involved participants being emailed a link to an online folder which contained a series of screen-recordings of some of the top TikTok videos and their comments under the search #ADHD, guided by the search strategy used by Yeung et al. (2022), with videos

selected from TikTok creators who consented for their videos to be used. Participants were told to open the folder on their phones and watch one of the videos. The rationale for using screen-recordings of TikTok videos was to prevent the study from influencing the participants' own TikTok algorithms, and the rationale for watching the videos on their phones was to increase the naturalistic nature of the study.

After watching the first video, the interviewer asked participants the first set of questions, which explored how credible they perceived each video to be and aspects which contributed to the perceived credibility. After repeating this process for 3-4 videos, the second set of open-ended questions were asked which focus on social media literacy and participants' perspectives of mental health and neurodivergence misinformation on TikTok. The full interview topic guide is presented in Appendix H.

Once all the questions had been asked, the participants were told that their interview had concluded and were debriefed on the aims of the study. Interviews lasted between 40-60 minutes.

Data Analysis

Once interviews were completed, they were transcribed intelligent verbatim and analyzed by the primary researcher (AC). An inductive approach to reflexive thematic analysis (Braun & Clarke, 2022) was used from a critical realist perspective (Archer, 2013, Fryer, 2022). This epistemological stance supported an exploration of both the subjective experiences of participants and the potential underlying mechanisms which may influence their perceptions of ADHD content on TikTok.

Adopting Braun and Clarke's (2022) six steps for reflexive thematic analysis, the primary researcher firstly became familiarized with the data by reading and re-reading the

interview transcripts. The researcher then generated initial codes related to the research questions, which was conducted within NVivo. Coding was approached inductively and both semantic and latent codes were used. The researcher then constructed themes by collating codes into potential themes and subthemes. These themes were then reviewed to establish whether they suitably represented the data, before the researcher refined and named the final themes. This was an iterative process which involved moving between the different steps and collaboratively reviewing themes within research team meetings. Finally, the researcher produced the report by including excerpts from transcripts to represent the themes generated from the data.

Reflexivity

In line with the principles of Reflexive Thematic Analysis (Braun & Clarke, 2022), a reflexive stance was maintained throughout the research process. As the primary researcher was familiar with ADHD-related TikTok content, they recognized how their own assumptions and experiences could influence the interpretation of the data. A reflexive journal was kept throughout the research process to support critical reflection and enhance transparency related to how their positionality may have influenced theme development.

Results

Four themes were generated from the analysis of the interview transcripts: Influences on credibility perceptions; Navigating misinformation on TikTok; Interpretation and impact; Promoting responsible and informed engagement on TikTok. The themes and subthemes are outlined in Table 3.1.

Table 3.1.

Themes and Subthemes.

Themes	Subthemes
1. Influences on credibility perceptions	a. Trust in expertise and authenticity b. Creator practices and credibility c. Social and structural credibility indicators
2. Navigating misinformation on TikTok	a. Fact-checking practices b. Community and confirmation c. Platform-based barriers to navigating misinformation d. Individual challenges of navigating misinformation
3. Interpretation and impact	a. Complexities in defining misinformation b. Generalization and pathologization c. Impact of misinformation
4. Promoting responsible and informed engagement on TikTok	a. ADHD awareness b. Social media literacy c. Platform accountability and need for transparency

Theme One: Influences on credibility perceptions

Participants shared a range of ways in which their perceptions of credibility were influenced when watching ADHD content on TikTok. This theme highlights both shared and

individual elements which shaped the perceived credibility and trustworthiness of both the content and creators, and participant characteristics which may influence this are also explored.

1.a. Trust in expertise and authenticity

Participants often perceived professional credentials as a sign of credibility in creators and a signal that the information was accurate and free of misinformation.

> *"The person introduces himself as a psychiatrist, so you know he knows a lot about stuff like this. You know he has experiences of it, so that made it credible for me."* (Participant 8)

However, for some participants this trust was conditional, and they described feeling wary of creators using their credentials to mislead users. Participants were also hesitant to believe self-proclaimed professionals who did not provide evidence of their qualifications or affiliations with trusted, familiar and reputable organizations, such as the NHS or Mind. On a short-video platform like TikTok these symbols of organizations provided a quick way for participants to judge the credibility of the creators.

> *"It's weird because even though he says I'm a licensed doctor or whatever, I don't buy it."* (Participant 6)

> *"I would probably trust an NHS one more. I mean, this guy could be lying [...] but if you're in an NHS uniform and you've like got a lanyard, I feel like people who work in the NHS are very genuine people like their career is to help people, so I think I'd trust them a bit more."* (Participant 9)

Participants did not only associate expertise with professionals, but also with creators who shared personal and lived experience, which was seen by some as an equally important source of

information. Participants described how the perceived authenticity of creators promoted a sense of credibility, reflecting nuances in how trust is incited in young people on TikTok.

> *"I think it's mainly the kind of personable-ness of it [...] I think it is kind of like someone's face or you know like the ones with pictures, it's kind of like I believe you because you're real."* (Participant 2)

However, while personal narratives were seen as authentic, some participants questioned their credibility when compared to professional credentials and considered that a person's authenticity and genuineness alone does not necessarily equate to credibility.

> *"She just seems a bit more genuine, even though some of it could be misinformation."* (Participant 9)

This skepticism extended to perceived motivations behind content, with some participants suspecting that ADHD-related TikTok content often aimed to increase engagement rather than to educate and raise awareness, which reduced perceptions of credibility. This distrust was particularly shared among participants with ADHD, who expressed feelings of anger and frustration with creators promoting products. They felt these behaviors were exploitative and perceived them as attempts to capitalize off the ADHD community for profit.

> *"This is what I was saying about people wanting to profit off the (ADHD) community. 'I've made a book for you, buy my book, give me money'. Do you know what I mean? That's what it is. I hate it."* (Participant 5)

1.b. Creator practices and credibility

Participants considered how behaviors of content creators on TikTok influenced how they perceived the videos. Many participants felt that creators who shared ADHD-specific information were more credible than creators who shared vague or general points.

> *"There's a lot of stuff that he was saying that does come from stuff in the DSM-5, like he talks about hyperactivity, he talks about being impulsive, all of that stuff, like, is part of the diagnostic criteria."* (Participant 1)

Participants who were educated to university level particularly felt that creators adding sources, which demonstrated evidence-based information, were important in evaluating the credibility of the videos and were hesitant to trust videos which lacked this. However, participants also questioned the appropriateness of sources on TikTok, due to the fast-paced swiping nature of the platform, which highlights a potential barrier for TikTok users in evaluating information.

> *"There wasn't any like factual evidence [...] it wasn't like 'this study has shown'."* (Participant 5)

> *"First thought was have sources, like have research, but I guess on TikTok no one's going to follow through on that, so they would just be more words on the screen, if that makes sense."* (Participant 2).

Creators who actively engaged in their comment sections to challenge discourse on self-diagnosis by users relating to their content were also perceived as more credible than creators who did not demonstrate this level of accountability.

> *"One thing that made me trust her more was the comments, the fact that she's commenting on people's comments [...] being like, 'obviously these are not the only things related to ADHD, so do you think you should go check with your doctor?' There you go. That makes a difference."* (Participant 6).

1.c. Social and structural credibility indicators

Participants reflected on social and structural elements which influenced their credibility perceptions. There was a shared preference among participants for videos which

featured a person talking compared with videos utilizing only text or slideshows. Participants described feeling hesitant to trust text-based videos due to the added barrier this creates in evaluating the credibility of the creator, due to a lack of visual cues to base their judgements on. Participants also felt that the comparatively reduced effort required for text-based videos reduced the perceived credibility.

> *"The last one was actually a video of a person speaking [...] I'm not saying this isn't legit, but it's just some words that have been typed out. Anybody can type words out and just put it on the internet."* (Participant 8)

Some participants also reflected on the importance of professionalism when judging the credibility of TikTok content. Perceptions of professionalism were built by creator-related elements such as the standard of clothing, as well as the presentation of content, such as the typography. Well-presented videos were often seen as being more credible, suggesting that participants rely on visual cues as well as information accuracy when judging credibility.

> *"The type of typography I guess as well, so like the text and stuff, I don't know, it seems a bit unprofessional. [...] and like the use of emojis and stuff as well kind of throw it off a little bit, so it doesn't look that professional."* (Participant 12)

Engagement metrics were of particular importance to the younger, school aged participants, who placed value on the popularity of videos. These participants described feeling that a higher like and comment count on TikTok videos signaled that they were more credible.

> *"I just think more likes and comments and all that stuff I think would have made it more credible."* (Participant 10)

Other participants were more critical of the engagement metrics and reflected on the conflict between high like counts and misinformation in videos they had seen on TikTok. They

emphasized the importance of the quality of the information over popularity-related metrics when evaluating content, and this perspective was especially held by participants who shared having a diagnosis of ADHD.

> *"Likes don't always mean it's good. Like there's so many likes on really controversial videos, and like a lot of things are just awful get so many likes 'cause it's like popular, but not in a good way."* (Participant 5).

Theme 2: Navigating Misinformation on TikTok

This theme describes the strategies, challenges and community dynamics which are involved in young people's navigation of misinformation on TikTok.

2.a. Fact-checking practices

Participants shared a variety of fact-checking methods which help them navigate misinformation on TikTok. Most participants spoke of conducting further research on ADHD content they see on TikTok, through searching the information online or asking a trusted or more experienced individual for their perspective.

> *"Most of the time I look it up on something else, or if it's got something to do with the NHS, I'll just ask my mum 'cause she's, you know, in it."* (Participant 4)

For some participants, whether they engage in further research depends on whether they had existing doubts about the information, or if it was a topic they found interesting, rather than a consistent practice in their TikTok use. There was also acknowledgement among some participants that they would accept information at face-value without checking the accuracy of the information.

> *"I feel like if I see something that doesn't like match, it probably will be make me more inclined to do further research into it [...] but a lot of the time I probably wouldn't chase it up, I'd probably just accept what the video was saying." (*Participant 12)

For participants with ADHD, comparing content to their own experiences of ADHD acted as an additional way to discern the accuracy of the information shared, while other participants without an ADHD diagnosis spoke of comparing information to their friends with ADHD diagnoses as a reference for whether the information was correct.

> *"The only thing that I would say is like when he was talking about hyperactivity [...] my hyperactivity looks really different in the fact that I'm always doing something." (*Participant 1)

> *"I know one of my friends has got ADHD [...] I just sort of agreed with that one that said that it's hard to sit still, because I know he can't sit still for his life." (*Participant 9)

2.b. Community and confirmation

Participants shared feeling reliant on the TikTok community when navigating misinformation, with the majority of participants using the comments sections as a source of social validation. Participants spoke of actively seeking confirmation of their opinions regarding the credibility of videos in the comments and described feeling frustrated if the views of the community conflicted with their own.

> *"Sometimes if I completely disagree with the videos, I will check the comments to see if they are agreeing with me or if people are agreeing with the video and just get a better perspective of other people's beliefs"* (Participant 3)

The role of social influence from the comment sections in judging the credibility of content was widely acknowledged. Participants described feeling hesitant to form their own independent

judgements and highlighted a need to consider the collective opinion of other users before coming to their own conclusions.

> *"So when I like watch something, I really find it hard to like, trust my own judgement of things [...] I have to like check what other people are saying. [...]I like to just get a group opinion, see what other people are saying and then form my judgement as well."* (Participant 5)

The reliance on the consensus of others may also contribute to a pressure to conform. Some participants described adjusting their stance after seeing dominant opposing views in the comments, which created self-doubt about their original opinion.

> *"My opinion would have shifted slightly and maybe not been as critical because I probably would like conform a little bit [...] I would not be as confident in what I said, as if all like 2000 comments were disagreeing with you, I might think that maybe I'm taking the wrong end of this."* (Participant 9)

Some participants valued the critical engagement within the comments, particularly when considering self-diagnosis. One participant, who disclosed that they had previously self-diagnosed with ADHD based on misleading information, acknowledged the helpful role of critical comments in encouraging people to think twice when they feel that they relate to ADHD content on TikTok.

> *"I think it helps 'cause I know that like a couple of years ago, it was kind of everyone going, 'oh my God, do I have ADHD? [...] so having people then going 'hang on a minute', like they're almost kind of beating your subconscious, they're kind of like arguing back with you before you've started, kind of going 'wait, is this really you or is this just people?'"* (Participant 2)

2.c. Platform-based barriers to navigating misinformation

Participants often described feeling that the nature of TikTok as a platform, particularly the algorithmic design and short video content, posed significant barriers in how they navigate and assess misinformation. Many participants felt that the quick-scrolling nature of TikTok prevented in-depth engagement with content, while also considering the limitations of this design on a creator's ability to share more detailed and informative videos.

> *"It's hard, especially on apps like TikTok, the app itself and the algorithm promotes you to just kind of scrolling and scrolling and it kind of attracts that short attention span and they like the dopamine of each new video kind of thing." (*Participant 2)

Participants also reflected on how TikTok's fast-paced content delivery often results in a tendency to accept and trust the information at face value without critically evaluating or fact-checking the content.

> *"I feel like with the fast pace-ness of it, if there's something that catches my eye, I'd probably be more inclined to be trusting of it and I probably won't chase up either [...] I probably would just watch it and then move on." (*Participant 12)

The widespread of misinformation was felt by participants to make its navigation and identification increasingly difficult. Participants spoke about how components of TikTok, such as hashtags, may accelerate the spread of misinformation by grouping both accurate and inaccurate information together with no distinguishing between the two.

> *"With the hashtags, I think it's really one of the things that spreads misinformation quite a lot because you just click a hashtag and all the videos of hashtagged it are just in one place [...] I think they're quite bad because you've grouped together all of these videos*

and saying that they're on the same level, but they're not, because some of them are actually true and some of them just aren't." (Participant 5)

2.d. Individual challenges of navigating misinformation

While participants spoke of hoping that they would be able to successfully navigate misinformation, they shared a lack of confidence in their ability to do so. This was particularly apparent when considering topics for which they are unfamiliar or lack lived experience in, and there was a shared sense of feeling unqualified to ascertain whether information was correct.

*"I wouldn't say very confident to be fair, I'm not like informed enough to say, yeah, I know what's wrong and I know what's real and what isn't. Part of me wants to be like, oh I'm very good at it, but I don't think I'm the most qualified to know, in terms of misinformation, because I don't know enough facts to say for sure." (*Participant 6)

The difficulty of distinguishing between accurate and misleading information was also perceived by participants to be contributing to people spreading misinformation unknowingly, either in comment sections or the TikTok videos themselves.

*"I think they're kind of spreading misinformation, maybe by accident or maybe like deliberately. I mean, I think people are just not realizing it's misinformation." (*Participant 11)

Participants also reflected on individual aspects which may influence susceptibility to misinformation and make it more difficult to navigate, particularly the influence of emotional needs, such as seeking validation and belonging.

"You never know when it's like someone that is struggling or someone that has other issues, and if they're looking for validation, or someone more vulnerable, what they might think. I feel like some people could take it so seriously" (Participant 6)

Theme Three: Interpretation and impact

This theme reflects the complex and nuanced understandings in which young people may interpret content and misinformation within an ADHD context. The influence of these interpretations is also explored as an impact of misinformation.

3.a. Complexities in defining misinformation

Participants described conflicting definitions and understandings of misinformation. While some participants felt that misinformation required intentional deception, others challenged this and reflected that sharing misinformation can be accidental.

> *"I was about to say like to me, misinformation feels like it's always like on purpose. But I actually don't think that's true, after thinking about it for like a second."* (Participant 1)

Participants also disagreed on whether generalized or misleading content should be classified as misinformation. Some participants viewed generalization as separate from misinformation, arguing that this does not make information factually incorrect, while others felt that they were one in the same, highlighting the nuances in how young people interpret misinformation.

> *"Some generalizability, but not really misinformation because the actual information was correct, I think."* (Participant 3)

Participants also debated whether personal experience could be considered as misinformation. While it was felt by some to be exempt from being misinformation, due to the understanding that subjective lived experiences cannot be false, others acknowledged that the subjectivity in these experiences can be misleading when presented as factual points which could apply to others.

> *"No, I don't think so. I think 'cause, it's just her experience, you can't say it's wrong."* *(*Participant 2)

"Her experience is not gonna be the same for everyone else" (Participant 5)

There were also discussions related to the idea of misinformation being subjective and a matter of perspective, rather than objectively false information, and the difficulties this poses in interpreting content as misinformation or not.

"I think it's tricky because is it misinformation or sides of a coin, if that makes any sense. Is what you're getting correct, or is it simply because you follow these people so you're getting that side of it?" (Participant 6)

3.b. Generalization and pathologization

While there were conflicting views on whether generalization classes as misinformation, all participants described interpreting some of the ADHD content as overly generalized. Participants reflected on how creators presented common traits as diagnostic criteria for ADHD and challenged content which was felt to pathologize common behaviors as signs of ADHD.

"I mean, just because you get annoyed at someone doesn't mean you have ADHD. Like, just because you get called lazy doesn't mean you have ADHD. I don't know, just a bit generalized." (Participant 11)

Participants who self-disclosed an ADHD diagnosis expressed feeling frustrated with creators making generalized sweeping statements. They felt that these generalizations suggested that symptoms of ADHD were a universal experience among people with the diagnosis and therefore ignored people's individual experiences of the condition.

*"And it's also like a very generalizing again like "things that all people with ADHD hate" like not everyone's going to hate that." (*Participant 1)

"There are different types of ADHD and this guy should know if he's so specialized, like not everyone is the 'once you get an idea you have to do it there and then' [...] some people aren't hyperactive." (Participant 5)

3.c. Impact of misinformation

Participants reflected on a variety of impacts of misinformation, with much of the discussions centered around self-diagnosis. Participants recognized that the pathologization of common traits on TikTok can lead to individuals self-diagnosing with ADHD, particularly through interpretating relatable content as a sign that they have ADHD. Participants also described how a lack of understanding of ADHD and a perception of trust in the creator can reinforce self-diagnosis further.

"I think that people who are uneducated on ADHD might see something like that and know that it relates to them [...] they immediately think 'oh, I might have ADHD now', because they're not educated so they believe and trust this person." (Participant 10)

Other participants described their own experiences of feeling drawn to self-diagnose based on ADHD content they had consumed on TikTok. They considered the importance of self-reflection and critical engagement with the content in resisting this, highlighting nuanced processes which can occur when an individual attempts to decipher whether or not they have ADHD.

"Sometimes you do question yourself like, well, do I actually have ADHD?" (Participant 12)

*"A lot of my like For You Page was ADHD and autism TikToks. And there are a lot of them that were like, 'ah that's me' and it took me a second to be like hang on, do I just relate to these seven points that are quite common, or do I have ADHD, which is like a different thing?" (*Participant 2)

Participants also shared feeling concerned and frustrated in relation to misinformation, particularly regarding people being deceived by the content they consume and the impact this may have on younger generations. While participants reflected on their own perceived competence to identify misinformation, they acknowledged the likelihood that this would not be the case for everyone who is exposed to the content.

> *"At times I really feel concerned about it because I know I'm not the only one viewing that video and I've been able to spot misinformation, but a lot of people that would have watched before or people that would watch after me would see the same information but not know it is misinformation."* (Participant 7)
>
> *"I just feel like social media is not very good for younger generations 'cause they're being influenced in the worst way possible and it's like, I feel like it can be very harmful."* (Participant 4)

Participants who had disclosed having ADHD described feeling particularly concerned about the impact of misinformation on stigma. They worried that TikTok content may reinforce stereotypes and negative portrayals of ADHD, as well as reducing people's understanding of the condition.

> *"I just think there's so much misinformation on TikTok. And there's so many of those videos that are like the first ones that you showed me where they just generalize things to everyone, like I've seen so many of them. And it's awful because I just think it's really bad because then like, it really does put a stigma on the condition."* (Participant 1)

Theme Four: Promoting responsible and informed engagement on TikTok

This theme explores systemic and individual actions for promoting a more informed engagement with ADHD content on TikTok.

4.a. ADHD awareness

Participants reflected on a need for increased ADHD and mental health awareness. Participants acknowledged that while TikTok is not the most reliable source of information on ADHD, this does not exempt it for being used for this purpose, and that it is therefore important for accurate information to be shared.

> *"I know Tiktok isn't like where to go for information if you're getting diagnosed with something, but I feel like people that are younger are gonna be on there anyway, so they need, like more accurate information than people saying, oh, you listen to the same song a lot so you have ADHD, you know."* (Participant 4)

There was a shared consensus between participants of the role of schools in educating young people about ADHD and mental health issues to provide accurate information, with many participants feeling that this had been lacking during their time at school. It was felt that having an existing understanding of this would act as a buffer to misinformation encountered on TikTok and other social media platforms.

> *"...'cause it's not really talked about ever in school, is it? ADHD and all the other mental health related things?"* (Participant 6)

> *"I think having it told to you personally by someone who is like an expert, it's a bit different than hearing it online. So I think if that gets taught, then I think that'll definitely spread the awareness of it."* (Participant 11)

Participants also spoke of the value of professionals spreading ADHD awareness on TikTok, particularly within trusted and familiar organisations such as the NHS, to combat misinformation with trusted, credible information. One participant took this a step further and considered the use of TikTok's stitch function to compare accurate and inaccurate information with ease.

> *"...like another guy reacts to the video or something who actually is like a verified doctor or something and calls them out or says they're wrong. I think that's quite good because then you get an actual expert opinion on it and it just kind of shows whether things are fake or not, I guess. A stitch, that's it"* (Participant 1)
>
> *"...it would be nice to see the NHS for example, or NHS psychologists and psychiatrists to be on TikTok and give some of their perspectives"* (Participant 3)

4.b. Social media literacy

While some of the older participants recalled being educated on how to stay safe online, they reflected on the lack of social media literacy skills they developed while at school to specifically help with evaluating social media content. Two of the younger participants shared their experience of learning about misinformation in school, and while they felt that this was a valuable starting point in being able to critically engage with online content, they also described feeling that this was not enough. This was also not a shared experience among all school-aged participants, and education on social media literacy appeared to not be consistent practice across all schools.

> *"...and I think schools are really behind in terms of when it comes to like technology. Like you don't get taught about how to spot misinformation on TikTok."* (Participant 1)
>
> *"In tutor we had one regarding false information. So I've got like a little bit of educational background into what to trust, but you know, stuff goes through the cracks essentially. [...] I feel like if I didn't have that I'd probably be more likely to fall for the misinformation, so I feel like I've got a very basic defense."* (Participant 12)

Some participants described specific practices which they felt would be valuable to be taught in schools to promote the development of critical media skills, with one participant reflecting on

how being asked to consider the credibility of TikTok content as part of this research had influenced how they will engage with content in the future.

> *"I think it would be helpful if you were taught some of these skills in school. Like not just specifically about mental health information, but like just the general being like this is what a good source might look like, this is what a bad source might look like."* (Participant 2)

> *"I feel like if someone went into school and did what you're doing now [...] I feel like that would really help because I already feel more careful now with what I'm going to watch."* (Participant 10)

4.c. Platform accountability and need for transparency

Participants were united in feeling that TikTok should play a bigger and more active role in managing misinformation on their platform and acknowledged this as an issue going beyond ADHD-related content. It was felt by some that the onus should not be on TikTok users to identify information.

> *"I think TikTok should be doing more. I think like it's not just ADHD, I think there's a lot of content on there [...] you should be able to say you know that they're keeping an eye on a bit more [...] I think platforms should be doing a lot more. I don't necessarily think it's for the individuals to like decipher."* (Participant 2)

Some participants began to consider practical changes TikTok could make to prevent the spread of misinformation before it reaches its users. Some of these ideas related to verification of professional content creators, as well as changes to the algorithm.

> *"...the algorithm would change and whoever provides more accurate information is what gets pushed up, then that could be a great way."* (Participant 6)

> *"Maybe from TikTok's side to not allow people that you don't know that they are credible enough to upload the actual video, or for TikTok to be checking whether the information is correct or not before they are allowed to post a video"* (Participant 3)

Participants also proposed concepts which they felt would make it easier for them to identify and navigate misinformation on TikTok, including measures used by other social media platforms which helpfully flag the potential for misinformation.

> *"I know on Instagram they have this thing where it shows up before you see the content, 'this may be misleading information', so I think if they had that on TikTok that would help [...] they could have like a taskbar at the bottom that links you to like NHS or whatever or like a trusted thing that could confirm the information, because then people could have a quick easy answer."* (Participant 10)

Participants also described feeling that more transparency is needed, for which they felt that content creators should be more responsible when sharing ADHD and mental health-related information on TikTok. Most of the participants felt that disclaimers, specifically in content which shares personal experiences of ADHD and videos shared by non-professionals, would be helpful in encouraging young people to be more critical of the content they consume.

> *"...you need to like make a disclaimer like oh by the way, this is just my opinion and like I'm not a professional, and that that's my opinion because otherwise people might like take your word [...] yeah, a disclaimer to be like, oh, by the way, I'm not professional, this is my personal experience of ADHD and it won't be the same for everyone"* (Participant 5)

Discussion

This study aimed to develop an understanding of how young people perceive ADHD content on TikTok in terms of credibility and aspects which influence this. This study also aimed to understand the social media literacy of young people and explore potential areas in which young people can be supported to develop this. The views of twelve young people were analyzed using Braun & Clarke's reflexive thematic analysis (2022) which produced four themes: influences on credibility perceptions, navigating misinformation on TikTok, interpretation and impact, and promoting responsible and informed engagement on TikTok.

Credibility perceptions were rooted in trust in both professional expertise and established institutions, as well as a more relational trust in those sharing lived experiences. The NHS was highlighted as a symbol of reliability, with lanyards and uniforms being seen as visual cues of credibility. These findings lend some support to the Source Credibility Theory (Hovland & Weiss, 1951), which argues that credibility perceptions are influenced by expertise and trustworthiness. However, the present study also demonstrates nuances in how young people determine source credibility, as highlighted by how participants distrusted self-proclaimed professionals if they lacked visible cues of credibility.

As well as lanyards and uniforms, participants often relied on engagement metrics and professional clothing and video presentation, highlighting a reliance on heuristic cues of credibility (Chaiken, 1980). Meanwhile, some participants demonstrated a more in-depth evaluation of the TikTok videos, such as considering whether information reflected the evidence-base and querying the qualifications of self-proclaimed professionals, which often contributed to feelings of doubt and distrust. These findings reflect a dual process in which the credibility of participants was influenced by both heuristic and systematic processes (Chaiken, 1980),

supporting previous research which reported the use of both types of processing for adolescents when assessing credibility on social media (Javed et al., 2024). While the findings demonstrate the use of both heuristic and systematic processing, the participants appeared to demonstrate an increased reliance on heuristic cues, likely promoted by the short video and quick-swipe nature of TikTok, which has been found to hinder analytic thinking (Jiang & Ma, 2024).

The lack of trust demonstrated by participants, particularly in relation to self-proclaimed professionals or financial motivations of creators, supports previous findings of young people being untrusting of information on social media (Perez-Escoda et al., 2021). However, the present study's findings that some young people are utilizing fact-checking and verification practices contrast with Perez-Escoda et al. (2021), suggesting that young people may be more cautious of information related to ADHD than other topics, or that young people have become more aware of social media misinformation in the last four years, although this has not been measured. While participants utilized independent fact-checking practices, they also demonstrated a reliance on the TikTok community when navigating misinformation. This highlights the role of social networks in the navigation and verification of information for young people on TikTok, supporting previous research into how people assess the credibility of online information (Metzger et al., 2010).

This study highlighted complexities and inconsistencies in how young people define and interpret misinformation. The nuances in how young people understand misinformation aligns with the critical realist epistemological position of the researcher; while there is agreement that misinformation is a reality which exists, how it is interpreted is dependent on the beliefs and experiences of the young people (Archer et al., 2013). These differences may have implications

in the standards young people place on information but also mirror inconsistencies in how misinformation is defined in the literature (Zeng, 2023).

This study also demonstrated the varying impacts of ADHD misinformation on young people, which much of these discussions centering around the idea of self-diagnosis. This aligns with prior research which found that young people are self-diagnosing with ADHD based on content they see on TikTok (Gilmore et al., 2022). The impact of misinformation appears to differ depending on how the ADHD information was interpreted. There is some suggestion that young people who display a more critical approach (i.e. those who interpret ADHD information as a pathologization of normal human traits) are particularly concerned by the possibility of others being misled and feel frustrated by the reinforced stereotypes and increased stigma due what they see as the trivialized portrayal of the condition. Contrastingly, those young people who accept this information at face value seem to be most preoccupied with how much they relate to it. Whilst it is conceivable that this latter group of young people may be more open to making self-diagnosis - which if true could lend support to the Prevalence Inflation Hypothesis (Foulkes & Andrews, 2023) - it is beyond the scope of the present study to explore causal links between interpretation of information and self-diagnosis.

Limitations

As most participants in this sample were either university students or graduates, the present study may not fully represent young people who did not attend university due to the differing opportunities to develop and practice critical evaluation skills (Huber & Kuncel, 2016). There is therefore scope for further research to explore how credibility perceptions of mental health and neurodivergence-related online content differs across age group, education level and neurodivergence.

While this study attempted to replicate standard TikTok use as much as possible, by including screen-recorded comments and having participants watching the TikTok videos on their own phones, this understandably did not reflect the usual TikTok use of all the participants. As discussed, the nature of TikTok is fast-paced and characterized by continuous swiping, which was not replicated in this study. Considering this limitation, the findings which demonstrate the use of both heuristic and systematic processing should be accepted with caution. As this study slowed down the usual fast-paced nature of TikTok, it is possible that this additional time for participants to consider the videos provided opportunities for systematic processing which might not usually be available, in which case participants would perhaps rely solely on heuristic cues and result in different perceptions of credibility.

Furthermore, as participants were aware of the study aims to explore young people's credibility perceptions of ADHD content, it is possible that this priming lead to a more critical engagement with the content than they would usually implement.

Implications

This research has important implications in terms of public (mental) health and demonstrates that despite the high rates of ADHD misinformation on TikTok, young people are not always critically engaging with this content, potentially leading to increased stigma and self-diagnosis, which may ultimately lead to an unmanageable level of referrals received by healthcare organizations (Hartnett & Cummings, 2024).

This study demonstrated varying levels of confidence in young people's ability to critically evaluate ADHD content on TikTok, highlighting a need for increased education and awareness of both ADHD and social media literacy, particularly regarding content on TikTok. Social media literacy interventions should focus on helping young people to develop skills in

evaluating content independently, rather than a reliance on community opinions. While increasing young people's understanding of ADHD would be beneficial in evaluating this content, developing social media literacy skills would allow for better critical engagement with TikTok content across different topics.

This study also highlights the difficulties that TikTok's algorithmic design and short-content focus place on young people's ability to effectively evaluate information. Mental health professionals should actively engage on TikTok to promote accurate ADHD information within short videos and reduce misinformation exposure to young people. When considering the findings of this study, professionals should clearly label their affiliations with trusted organizations, such as the NHS, to increase the likelihood that their information is perceived as credible. TikTok should also take accountability in flagging and managing misinformation on the platform, such as by adding creator or information verification steps before content is uploaded or actively responding to reports of misinformation and flagging this to users afterwards.

Further research should take a more quantitative approach to determine the difference between young people's actual and perceived accuracy and credibility of ADHD information on TikTok, to gain a better understanding of the types of content young people are being deceived by and therefore identify areas for awareness or skill development to counteract misinformation.

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Chapter 4: Extended Methodology

The following chapter provides further information of the methodology for the empirical research paper, which were excluded due to the word-count restraints of the proposed journal for publication.

Ontology and Epistemology

Qualitative research is underpinned by the ontological and epistemological positions of the researcher. Ontology is concerned with the nature of reality, specifically whether or not there is an objective reality which exists independently from human understanding. Ontological positions sit on a continuum which ranges between realism, which posits that there is an objective truth or reality which exists independently from human perceptions, and relativism, which considers truth to be subjective and socially constructed and therefore believes that there is no one true reality (Bhaskar, 1978; Lincoln & Guba, 1985). Critical realism sits between the two polarised views outlined above and assumes that while an objective reality exists, the way it is experienced is shaped by individual perspectives (Archer et al., 2013).

Epistemology refers to the nature of knowledge, with the spectrum of epistemological positions ranging from positivism to constructivism. Positivism assumes that there is a single, objective reality which can be measured and understood through scientific methods and is therefore associated with quantitative research (Park et al., 2020). Constructivism argues that knowledge is constructed through individual experiences and social interactions and is associated with qualitative research (Crotty, 1998). Critical realism sits between these two positions.

The current research is underpinned by critical realism, which is both an ontological and epistemological stance (Archer et al., 2013; Fletcher, 2017). In the context of this research, it

assumes that while the young people's perceptions of credibility are subjective and influenced by their own experiences, there are also objective and 'real world' elements which contribute to credibility judgements. This means that the research can examine both the structural and 'real world' elements which influence credibility perceptions, such as content creator characteristics and engagement metrics, as well as the subjective experiences of young people, such as the strategies they use to evaluate information and how they define credibility.

Quality Assurance

While the consolidated criteria for reporting qualitative research (COREQ) has been frequently used in the reporting of qualitative research, it has been argued to align with postpositivist/realist ('Small q' qualitative research) paradigms, which does not align with the philosophical stance of the primary researcher ('Big Q' qualitative research), and is therefore argued to introduce methodological incongruence (Braun & Clarke, 2024a). The primary researcher has instead been guided by the Reflexive Thematic Analysis Reporting Guidelines (RTARG), a values-based guidance which promotes "methodological coherence and reflexive openness" (Braun & Clarke, 2024b).

Methodology

Design

Twelve semi-structured interviews were conducted to explore the study aims. During the initial research proposal stage, the design of using surveys had been considered to collect a larger amount of data and therefore be more representative of young people's experiences. However, in line with the epistemological position of the researcher, interviews were felt to be

more appropriate to allow for an in-depth exploration of the subjective experiences of the participants and therefore provide richer qualitative data.

The use of content analysis had also initially been considered as a method of analysing the qualitative data, but reflexive thematic analysis was adopted as it aligned with the primary researcher's critical realist stance and allows for the exploration of deeper meaning and interpretation in the data.

Sample Size Consideration

While concepts of data saturation are often used in qualitative research (Hennink & Kaiser, 2022), they do not align with the values of reflexive thematic analysis (Braun & Clarke, 2021). The sample size for this study was instead guided by the concept of information power, which posits that the adequacy of a sample size is determined by the richness and relevance of data in addressing the study aims (Malterud et al., 2016). When considering information power in relation to the present study, the focused aims, specific sample and rich data meant that the sample size of 12 participants was deemed to be adequate.

Procedure

To select the videos, the search strategy used by Yeung et al. (2022) was used. The term '#ADHD' was searched on the TikTok phone application, with the algorithm returning the most popular TikTok videos based on the number of views and likes. The creators of the top videos were contacted asking for consent to use their video in the study, and the final videos were selected from those who consented. This study built on the strategy used by Yeung et al. (2022) by creating a new TikTok account for the purpose of this study to ensure that the search results were not impacted by the primary researcher's prior TikTok algorithm.

The selected TikTok videos and some of their comments were screen-recorded and stored in a DropBox folder, which could only be accessed by a link shared by the primary researcher. Participants were emailed a 'view only' link to this folder at the start of their interview, which prevented participants from being able to edit or delete any of the videos. By having participants watch screen-recordings rather than searching on their own TikTok accounts, this prevented the present study from affecting participants' own TikTok algorithms, which may have produced more ADHD-focused content on their TikTok feeds if they searched this themselves.

Data Analysis

In order to analyse the data, the researcher employed Braun and Clarke's (2022) six steps for reflexive thematic analysis. As reflexive thematic analysis is an iterative process, the researcher moved back and forth between phases as necessary.

1. Familiarisation with the data

The interviews were firstly transcribed using the record function on Microsoft Teams. The primary researcher became familiarised with the data initially by watching the recordings and reading the transcripts separately, and then simultaneously, making appropriate edits to the transcripts as required. The interviews were transcribed intelligent verbatim, in which the researcher excluded filler words such as 'um' but retained words such as 'like' to create a cleaner version of the transcript while retaining the participants' conversation styles and intended meaning. The researcher then re-read the completed transcripts to become further immersed in the data, making notes on initial thoughts and ideas related to the research questions.

2. Generating initial codes

Once the researcher felt familiarised with the data, they moved onto coding the transcripts, completing the coding for each transcript before moving on to the next. The coding process was conducted using a software for qualitative data analysis, NVivo. An inductive 'bottom-up' approach was used for coding in which codes were derived directly from the data and not imposed as pre-determined categories. Both semantic and latent codes were used. Semantic codes capture surface-level meaning, while latent codes involve interpreting the data to identify underlying meanings. Reflexivity is important when using latent coding due to the influence of researcher subjectivity on perceived underlying meaning in the data. Examples of how excerpts were coded at this stage are included in Appendix J, and these were also discussed within the research team to balance the subjectivity of the primary researcher.

3. Generating initial themes

The researcher initially grouped similar codes together, producing subthemes. These subthemes were then written on individual pieces of paper to allow for the primary researcher to move them around with ease to begin forming initial themes, which were then created within NVivo. Irrelevant codes were discarded at this stage but kept in a separate folder to enable review at a later point.

4. Reviewing themes

The themes were reviewed, independently at first by the primary researcher and then with the research team, to establish whether they appropriately represented the data in line with the research question. The themes and subthemes also evolved after revisiting the codes and returning to this stage. Potential links between themes and subthemes were also considered and the researcher began thinking about possible names for the themes.

5. Defining and naming themes

During this stage, the primary researcher refined the theme and subtheme names and produced definitions which encompassed the scope and focus of each theme. The refined themes were then discussed with the research team to ensure the theme names reflected the codes within them and revisited throughout the writing of the final report.

6. Producing the final report

When writing the final report, the primary researcher ensured that quotes from all participants were included in the results and the included quotes were discussed with the research team to ensure that they suitably illustrated the themes. The primary researcher found the selection of quotes difficult as they wanted the ensure that the nuanced (and sometimes conflicting) experiences and opinions of participants were shared whilst also being mindful of the word limit restrictions.

Patient and Public Involvement (PPI)

Prior to the recruitment stage, young people were consulted to provide feedback on the study advertisement, interview topic guide and the process of opening the online folder and watching the videos on their phone.

Ethical Considerations

Ethical approval was granted from the UEA Faculty of Medicine and Health Sciences Research Ethics Subcommittee (FMH S-REC) (ETH2324-0055) (Appendix E).

Consent

Participants were informed of the purpose and requirements of the study prior to consenting to take part through a participant information sheet (Appendix F). This also outlined information on how their data would be collected and stored, their right to withdraw at any time, and the possibility of feeling distressed as a result of videos watched or topics discussed during the interview. Participants were then required to complete a consent form (Appendix G) which included statements about the participant's understanding of the participant information sheet. The consent forms were sent to participants via email and returned digitally, either by printing and physically signing the form or signing it through Microsoft Word. Consent to participate and for the interviews to be recorded was verbally revisited at the beginning of each interview. Participants were also reminded of their right to withdraw from the study at any time without needing to provide a rationale.

Written consent was also obtained from the content creators of the TikTok videos included in the study, who were contacted directly to ask whether their videos could be included. Of the 31 creators who were contacted, 12 responded, and all 12 of these creators consented for their video to be used. As TikTok provides read receipts, it is evident that none of the creators who did not respond had opened the message. Some creators had altered their settings so messages went into a "requests" folder and would therefore not be visible in their standard inbox. Some creators also had several hundred-thousand, if not over a million, followers, and therefore our message may have been easily missed amongst their other messages.

Confidentiality and Anonymity

Participants were advised that what they shared in their interview would be confidential within the research team, unless the primary researcher felt that a significant risk to

the participant or others was raised. The interviews were conducted and recorded via Microsoft Teams and were deleted once they had been transcribed. Any identifiable information was excluded during the transcription process to ensure anonymity of the participants. The transcripts were stored within a secure OneDrive folder and only accessible by the research team. Only the primary researcher had access to identifiable participant data, and therefore only anonymised data was shared with the rest of the research team. Participants who did not wish for their video to be recorded were offered to turn off their video and therefore record their audio only.

Coercion

Participants were reminded at the start of their interview that participation in the research was voluntary and that they could withdraw at any time without providing a rationale. Participants each received a £10 voucher as compensation for participating and reassured that if they chose to withdraw their data within a week of their interview, before their data was transcribed and anonymised, that they would not lose their compensation.

Potential for Distress

The choice to have participants watch screen-recordings of pre-selected TikTok videos instead of asking them to search on their own accounts meant that the primary researcher could exclude TikTok videos which contained potentially distressing content, such as people being visibly upset by their struggles with ADHD or mentions of self-harm or suicide.

While any potentially harmful TikTok videos were not included, there remained a possibility for ADHD-related videos and discussions to cause distress in participants. Participants were reminded at the start of each interview of their ability to pause or terminate the interview at any point. Participants were verbally debriefed at the end of the interviews and a

check-in was completed to determine any distress before the interviews were ended, which no participants reported. Participants were then sent a debrief letter (Appendix I) which also included a list of organisations if they felt they needed support, as well as the contact details for the research team should they wish to discuss anything further.

Reflexivity

Reflexivity involves critically examining how the researcher's role, assumptions and experiences influence the research process (Finlay & Gough, 2008). Reflexivity is a continuous process of reflection which enhances the transparency and credibility of qualitative research (Olmos-Vega et al., 2022). To ensure reflexivity and reduce subjectivity to promote a credible research process, I kept a reflexive journal to record thoughts, feelings and reflections throughout the research process, such as after interviews, supervisions and during the analysis phase, and this was written in first-person to acknowledge the centrality of the researcher (Jasper, 2005). The reflexive journal was used as a tool to support the research process, rather than as something to be read by others, and was therefore written informally at times and included often emotional expressions, sample extracts of which are included below.

Reflections on what the I brought to the research:

I have been a frequent TikTok user for several years and have been exposed to generalised ADHD content many times. At one point, after consuming lots of this information, I began to question the possibility that I may have ADHD myself, having had no reason to consider this previously. While I can comfortably view this content now with a critical lens and recognise that many of these videos contain misinformation, it felt difficult at the time due to how much I resonated with the content and the vast number of comments which supported the

videos. I therefore held the assumption that young people would find it difficult to critique the content shown to them during the videos and be trusting of the creators. I recorded the following extract in my reflective diary after an interview, which illustrates my realisation of how limited this initial assumption had been:

> This was an interesting interview. While the other participants who were quite critical of the videos either had ADHD themselves (and therefore able to compare the content to their own experience of ADHD) or were university students (who I assume would require additional critical thinking skills for their course), this participant was 16 (in school) and did not have a diagnosis of ADHD. While my questions regarding credibility and misinformation may have primed participants to be more critical of the TikToks, I had assumed that young people might find them harder to critique and have more trust in them. This assumption was based on the fact that I certainly lacked this level of critical thinking skills when I was 16 and was still very trusting of generalised content in my early 20s! I will definitely be more conscious of these prior assumptions in my remaining interviews and be wary of generalising my own experiences to others.

Reflections during the interview process

My personal experience in relating to generalised ADHD information mentioned above also influenced my responses to a participant during an interview. Reflecting on this was helpful to further appreciate how this can influence the data and the importance of considering this for future interviews:

> This participant did not have a diagnosis of ADHD herself but had previously considered self-diagnosing with ADHD after relating to (generalised) content she had seen on TikTok. As this was something I had previously experienced myself, I resonated with a lot of what she was saying. I found myself nodding and making 'agreement' sounds, and I am conscious that this may have impacted the direction of the interview in the sense that she felt encouraged or validated that she was saying 'desirable' things in the context of my research. Also, as I was really interested in what she was saying about this particular experience, I allowed more time for this during the interview than I should have done, particularly as my research is not focusing on self-diagnosis, which meant there was less available time to discuss topics more closely related to my research questions. In future interviews I will try to retain focus on the research questions as much as possible, and while I will still be encouraging (as I want the interviews to feel like a safe place when considering the power imbalance from the age-differences between myself and the participants), I will aim to do this more neutrally.

Reflections during data analysis

As a novice qualitative researcher, entries throughout this stage highlighted my feelings of uncertainty with qualitative data analysis and prompted useful discussions with the research team:

> I have finished coding all of my transcripts and feel slightly overwhelmed by the number of codes I have and wonder if I may have been slightly too descriptive, but as this is my first time doing qualitative research I'm not entirely sure whether I have a

‘normal’ number of codes or not, or even whether a ‘normal’ number exists. I’m glad that I had started to condense similar codes previously, in line with the iterative nature of RTA, otherwise this would have felt quite unmanageable – using NVivo has helped this to feel more organised too so I’m glad I used this instead of doing it by hand. At the moment it feels difficult to think about what my themes may be as it feels like there is too much data to look at in one go. I will spend some time this week trying to collapse similar codes and hopefully things will feel clearer and will discuss this in my next supervision.

I feel the pressure of representing the data in the best way possible and miss the ‘right or wrong’ you have with quantitative analysis. While I am enjoying starting to see patterns and generate themes in the data, I am now worried/overthinking about the way I am grouping codes together and feel apprehensive about making decisions on my themes. I feel reassured that my supervisors have reviewed some of these examples and I will continue to consult my research team as my theme development progresses, but I think the imposter syndrome/second guessing myself is inevitable while the process still feels quite new to me.

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Chapter 5: Critical Discussion

This chapter provides a discussion and critical evaluation of the entire work completed as part of this thesis portfolio. Findings from the systematic review and empirical paper are summarised and strengths and weaknesses of the work are considered, along with the wider implications of this portfolio for public (mental) health, including neurodivergence, and further research. My reflections on the entire research process are also provided.

Summary of findings

Systematic Review

The systematic review and narrative synthesis aimed to provide an understanding of the current accuracy, quality and reliability of mental health and neurodivergence-related information being shared on social media, and whether this varied depending on topic or social media platform. The review found that the prevalence of misinformation varied across platforms and topics but was consistently highest in TikTok videos and neurodivergence-related content, indicating lower accuracy of information. The reliability and quality of information, measured by the DISCERN (Charnock et al., 1999) and Global Quality Scale (GQS) (Bernard et al., 2007) also varied among platforms and topics and were lowest on TikTok, with findings for other platforms varying by topic. Professionals usually shared higher quality and more reliable information than non-professionals.

Empirical Paper

Due to concerns related to ADHD misinformation on TikTok, the empirical paper aimed to understand young people's credibility perceptions of ADHD content on TikTok and

elements which influence this, as well as exploring what young people would find helpful in navigating misinformation on TikTok. Analysis of interview transcripts using reflexive thematic analysis produced four themes and 13 subthemes. The first theme was “influences on credibility perceptions” which contained three subthemes: trust in expertise and authenticity; creator practices and credibility; social and structural credibility indicators. The second subtheme was “navigating misinformation on TikTok” which encompassed four subthemes: fact-checking practices; community and confirmation; platform-based barriers to navigating misinformation; individual challenges of navigating misinformation. The third theme was “interpretation and impact”, which contained three subthemes: complexities in defining misinformation; generalisation and pathologisation; impact of misinformation. The fourth theme was “promoting responsible and informed engagement on TikTok” and contained three subthemes: ADHD awareness; social media literacy; platform accountability and need for transparency.

Combined Discussion

The systematic review focused on the quality of mental health and neurodivergence-related information on social media, including the prevalence of misinformation, while the empirical paper explored how credible young people perceived ADHD information to be on TikTok, which has been found to contain concerning amounts of misinformation (Yeung et al., 2022; Verma and Sinha, 2024).

The systematic review contributes to the literature looking at the quality and prevalence of health misinformation on social media (Suarez-Lledo, 2021; Borges do Nascimento et al., 2022; Wang et al., 2019), and highlights that this issue is also present in mental health and neurodivergence information across different social media platforms. Given

the potential impacts of mental health and neurodivergence misinformation, such as confusion, reduced trust in health professionals and delays in obtaining treatment (Bizzotto et al., 2023), it was important to build an understanding of people's credibility perceptions of such content, which the empirical study achieved in the context of how young people perceive ADHD TikTok content.

While young people in the empirical study reported using a variety of fact-checking practices when evaluating ADHD information, contrasting with previous findings (Perez-Escoda et al., 2021), they also acknowledged often taking information at face-value and not critically evaluating information. When considering the high rates of misinformation on neurodivergent-related topics identified in the systematic review, this raises concerns for young people who may be unaware that they are consuming misinformation, particularly when considering the potential impacts of this (Bizzotto et al., 2023).

The systematic review found that mental health and neurodivergence-related information shared by professionals was usually more credible and reliable than information shared by non-professionals, which supported prior research into health information (Wang et al., 2019). While some young people in the empirical study were more trusting of professionals, for many this trust was conditional on visible affiliations or symbols of trusted and reputable organisations. While a hesitancy to trust self-proclaimed professionals indicates that some young people are conscious of misinformation exposure, this may also result in accurate and credible information being dismissed as misinformation. To promote the spread of reliable information, healthcare professionals should ensure they utilise visible cues of credibility when sharing information on TikTok, such as NHS lanyards, due to a reliance on heuristic processing with the

fast-paced nature of the app reducing the opportunity for systematic processing (Chaiken, 1980).

Over-interpretation with mental health awareness efforts have been argued to contribute to the rise in reported mental health problems (Foulkes & Andrews, 2023). This appears to also be relevant when considering increased awareness of ADHD, as indicated by young people's conversations around self-diagnosis, which is also in line with previous findings of young people self-diagnosing with ADHD based on information they saw on TikTok (Gilmore et al., 2022). The concerning findings of the systematic review, particularly when considering TikTok, highlights the likelihood that some young people are self-diagnosing based on inaccurate and unreliable information. TikTok is primarily used by adolescence and young adults, a critical time in terms of forming one's self-identity, which is influenced by self-perception (Isroilova, 2024). Misdiagnosing oneself may lead to stress and anxiety (McVay, 2023), and could lead to distorted self-perceptions and confusion with one's self-identity (Jaramillo, 2023).

Strengths and Weaknesses of Systematic Review

This systematic review is the first to provide an understanding of the current quality of mental health and neurodivergence-related information on social media. The protocol was registered with OSF to ensure transparency, and the review was conducted and reported in line with SWiM (Campbell et al., 2020) and PRISMA guidelines (Page et al., 2021). A second reviewer was involved in the screening, extraction and quality appraisal stages to increase inter-rater reliability.

A clear limitation was the heterogeneity of the included data, particularly the different methods of evaluating and reporting information quality, which prevented the completion of a meta-analysis and made comparisons within the narrative synthesis challenging. While there was an abundance of studies evaluating information on YouTube, there was a lack of research for other social media platforms, which further limited comparisons which could be made by topic within social media platforms.

This review focused on exploring the quality of information on mental health and neurodivergence on social media and therefore studies were included if they utilised tools which specifically measured this. While this allowed for a focused review which met the aim, it did not include studies or measures which evaluated the quality of this content as a whole, such as the format, understandability and actionability, as measured by tools such as the PEMAT (Shoemaker et al., 2014). While these elements did not fit within the inclusion criteria of the present review, they are important aspects to consider in future research to gain a broader understanding of mental health and neurodivergence-related social media content.

While this review included some studies from the Global South, the majority came from the Global North, which was likely contributed to by the researcher's decision to limit included studies to those published in English. While these findings provide some insight into the quality of mental health and neurodivergence-related information on social media platforms in Global South countries, the potential bias of westernised-heavy research should be not be ignored, as this reduces the generalisability of the present review to other international contexts. Furthermore, the search terms for this review included social media platforms well-used in Global North countries, and platforms used primarily in Global South countries, such as Weibo, were not included in the search terms, further limiting the generalisability of the findings.

Strengths and Weaknesses of Empirical Paper

The empirical paper is the first to explore young people's perceptions of ADHD content on TikTok. I had initially considered using a survey design instead of semi-structured interviews in order to collect more data. However, I decided to use interviews in my final study design to allow for richer data to gain a more in-depth understanding of how credible young people perceive ADHD content on TikTok and what their experiences of navigating misinformation were. I also ensured that quotes from each participant were included in the final results section, so the voices of all the young people who participated were heard.

I kept a reflective journal throughout the entirety of the research process to allow for reflexivity. I made entries after each interview and supervision, as well as throughout each stage of the analysis, to document my thoughts and feelings at each step. This was also helpful in considering what biases I may be bringing into the research and promoted helpful discussions within supervision.

The empirical paper took a novel approach by having participants watch ADHD TikTok videos during the interviews and asking questions based on these. This allowed for the study to understand young people's immediate thoughts and responses to the videos, rather than asking participants to retrospectively consider content they have previously watched. Another strength of this design was having young people watch screen-recordings of the TikTok videos on their own phones, in order to replicate participants' usual TikTok use as much as possible. However, this approach still lacked aspects of standard TikTok use, such as the nature of scrolling through videos and clicking on creators' profiles. The use of screen-recordings was

utilised to prevent participants from being exposed to potentially harmful content, which would have been a risk of participants scrolling live on TikTok.

A weakness of the empirical study is its transferability. The majority of participants had been educated to university-level and therefore had greater opportunities to develop and practice their critical thinking skills, and findings may therefore be different in a sample of people who had not received higher education. Furthermore, the sample consisted of mainly white British participants, and the findings may therefore not be transferable to other international contexts.

Implications and Future Directions

The findings of these two studies have important implications for public (mental) health, including neurodivergence. As already discussed, a concerning amount of inaccurate, unreliable and poor-quality mental health and neurodivergence-related information being consumed on social media may have several consequences, such as incorrect self-diagnosis, increased waiting times for assessments, increased stress and anxiety, and reduced trust in healthcare professionals. These consequences are particularly likely to affect those who do not critically engage with this social media content and accept the information as being accurate. This demonstrates a need for accurate mental health and neurodivergence information to be shared via social media, particularly by professionals in trusted organisations and charities, to combat the spread of misinformation. Mental health professionals should also actively engage in online discourse about mental health and neurodivergence, such as by fact-checking content through the stitch function on TikTok or commenting on inaccurate information posted by other creators.

When considering young people, it would be helpful for schools to provide awareness on mental health and neurodivergence, to promote accurate knowledge in young people. Furthermore, young people would benefit from additional teaching on social media literacy, including the risk of misinformation on social media. Students should have the opportunity to further develop their critical evaluation skills throughout their school years to better equip themselves with the navigation of misinformation across all topics, with participants who received additional information feeling more confident in their ability to identify misinformation.

The participants in the empirical study lacked a shared consensus on what classes as misinformation, which is reflected by the inconsistencies in how this term was defined across the studies included in the systematic review, which is likely to have influenced the reported misinformation prevalence in each study. This highlights a need for clarity when defining (mental) health misinformation, and further research should establish a clear definition of the term to allow for future studies to measure this more consistently.

In terms of future research, studies should explore credibility perceptions of mental health and/or neurodivergence-related TikTok content in younger participants to determine whether credibility perceptions and fact-checking processes differ. This is particularly important when considering that 25% of TikTok users are aged 10-19 (Dunn, 2025). The empirical study could also be replicated for different mental health and neurodivergent diagnoses to explore whether participants' perceptions differ depending on the topic. Furthermore, researchers should take a quantitative approach to establish the difference between actual and perceived credibility of mental health and neurodivergence-related TikTok content in participants. It would also be beneficial to examine whether perceived credibility of information influences self-diagnosis.

Reflections on the Research Process

I grew up surrounded by mental health and neurodivergence-related content on social media, and over the last few years I became increasingly aware of content which pathologised normal human traits, particularly on TikTok. Having strongly resonated with countless videos which shared “five signs you have ADHD”, despite having an undergraduate degree in psychology and feeling confident in my critical evaluation skills, I felt concerned about how this will be affecting young people. My prior thoughts and experiences certainly meant that I brought some biased ideas to the research process. I expected to find some levels of misinformation on social media in the systematic review but was shocked at how prevalent this was. I had also expected the young people in the empirical study to accept the information they were shown at face value, as I likely would have, and this bias meant that I was surprised by the level of critical thinking displayed by the younger participants, based on how I feel I would have approached such information while I was at school.

This research has made me more aware of the minefield of navigating mental health and neurodivergence-related (mis)information on social media. While there feels to be a certain negative attitude held around people obtaining their information from social media, similarly to the practice of ‘Googling’ one's physical health symptoms, this perhaps reflects a lack of understanding of where else to go for this information. In my future role as a qualified clinical psychologist, I will ensure to be curious and compassionate when the topic of social media arises as a source of information with someone I’m working with and educate without judgement.

This was my first experience of conducting both qualitative research and a systematic review, and I therefore felt out of my comfort zone throughout much of the process. I

experienced some level of self-doubt at various stages, such as when moving away from the realist ontology I felt familiar with, or feeling that I was not probing adequately in the semi-structured interviews, and particularly feeling that I was not doing the reflexive thematic analysis or narrative synthesis ‘right’. However, while completing this research felt overwhelming at times, being able to explore issues that I am faced with daily when scrolling through social media has been rewarding, and I now feel more confident in conducting research. I look forward to bringing my newly enhanced research skills into future practice.

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Appendices

Appendix A: Submission guidelines for Journal of Health Communication [accessed from https://www.tandfonline.com/action/authorSubmission?show=instructions&journalCode=uhcm20]

About the Journal

Journal of Health Communication is an international, peer-reviewed journal publishing high-quality, original research. Please see the journal's Aims & Scope for information about its focus and peer-review policy.

Please note that this journal only publishes manuscripts in English.

Journal of Health Communication accepts the following types of article: original articles.

Journal of Health Communication: International Perspectives is the leading journal covering the full breadth of a field that focuses on the communication of health information globally. Articles feature research on:

• Developments in the field of health communication; • New media, m-health and interactive health communication; • Health Literacy; • Social marketing; • Global Health; • Shared decision making and ethics; • Interpersonal and mass media communication; • Advances in health diplomacy, psychology, government, policy and education; • Government, civil society and multi-stakeholder initiatives; • Public Private partnerships and • Public Health campaigns.

Global in scope, the journal seeks to advance a synergistic relationship between research and practical information. With a focus on promoting the health literacy of the individual, caregiver, provider, community, and those in the health policy, the journal presents research, progress in areas of technology and public health, ethics, politics and policy, and the application of health communication principles. The journal is selective with the highest quality social scientific research including qualitative and quantitative studies. Peer Review Policy: All articles in the journal have undergone rigorous screening, based on both editorial and double-blind peer review.

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5 Between 3 and 6 **keywords**. Read making your article more discoverable, including information on choosing a title and search engine optimization.

6 **Funding details.** Please supply all details required by your funding and grant-awarding bodies as follows: *For single agency grants* This work was supported by the [Funding Agency] under Grant [number xxxx]. *For multiple agency grants* This work was supported by the [Funding Agency #1] under Grant [number xxxx]; [Funding Agency #2] under Grant [number xxxx]; and [Funding Agency #3] under Grant [number xxxx].

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Queries

If you have any queries, please visit our Author Services website or contact us here.

Updated 4th February 2025

Appendix B: Quality assessment tool

Dimension	Items
Search Quality (SQ)	1. Was search date/period mentioned?
	2. Was search tools mentioned?
	3. Was more than 1 search tool used?
	4. Was search terms mentioned?
	5. Was user engagement mentioned?
	6. Was initial hits reported?
	7. Was posts in more than 1 language assessed?
	8. Was interrater reliability for post selection determined
Evaluation Quality (EQ)	1. Raters blinded for the source
	2. Number of raters reported
	3. More than 1 rater
	4. Interrater reliability figure for evaluation determined
	5. A priori criteria defined for accuracy / A priori criteria defined for evaluation
	6. Criterion standard for evaluation stated and different from personal opinion
Scoring system for methodological quality of quantitative included studies (GQ)	1. Did the study address a clearly focused issue?
	2. Did the authors use an appropriate method to answer their question?
	3. Was the study population clearly specified and defined?
	4. Were measures taken to accurately reduce measurement bias?
	5. Were the study data collected in a way that addressed the research issue?

	6. Did the authors take sufficient steps to assure the quality of the study data?
	7. Was the data analysis sufficiently rigorous?
	8. How complete is the discussion?
	9. To what extent are the findings generalizable to other international contexts?
Scoring system for methodological quality of qualitative included studies (GQ)	1. Were steps taken to increase rigour in the analysis of the data?
	2. Were the findings of the study grounded in/ supported by the data?
	3. Please rate the findings of the study in terms of their breadth and depth.
	4. To what extent does the study privilege the perspectives and experiences of health care professionals and patients/carers that are relevant to comparable health systems
	5. Overall, what weight would you assign to this study in terms of the reliability/ trustworthiness of its findings?
	6. What weight would you assign to this study in terms of the usefulness of its findings for this review?

Appendix C: Summary of quality ratings

Study	SQ	EQ	GQ	Total
Abishek et al. (2021)	50.00	75.00	77.78	67.40
Abu Sabra et al. (2024)	62.50	66.67	83.33	71.74
Alsabhan et al. (2024)	50.00	66.67	77.78	65.22
Aragon-Guevara et al. (2023)	62.50	75.00	88.89	76.10
Bizzotto et al. (2023)	18.75	41.67	66.67	43.48
Brown et al. (2024)	50.00	58.33	72.22	60.87
Cavalcante et al. (2023)	50.00	75.00	88.89	71.74
Chakrabarty et al. (2024)	62.50	58.33	77.78	67.40
Dobosz et al. (2023)	43.75	83.33	88.89	71.74
Joseph et al. (2015)	25.00	66.67	72.22	54.35
Kaya et al. (2021)	50.00	83.33	88.89	73.90
Kaya et al. (2023)	50.00	83.33	77.78	69.60
Kumar et al. (2018)	56.25	50.00	66.67	58.70
Kyarunts et al. (2022)	50.00	33.33	77.78	56.52
Liu-Zarzuela et al. (2023)	62.50	83.33	94.44	80.43
Liu-Zarzuela et al. (2024)	50.00	83.33	94.44	76.10
Lookingbill et al. (2023)	37.50	58.33	77.78	58.70
Mallya et al. (2024)	31.25	66.67	61.11	52.17
Munoz et al. (2024)	56.25	75.00	88.89	73.90
Mutlu et al. (2023)	50.00	83.33	94.44	76.10
Niu et al. (2023)	31.25	33.33	55.56	41.30
Patel et al. (2023)	50.00	33.33	83.33	58.70
Suresh et al. (2023)	37.50	33.33	83.33	54.35
Syed-Abdul et al. (2013)	68.75	75.00	77.78	73.90
Thapa et al. (2018)	50.00	75.00	77.78	67.40
Ward et al. (2020)	31.25	66.67	61.11	52.17
Yeung et al. (2022)	62.50	75.00	88.89	76.10

Appendix D: Submission guidelines for Journal of Clinical Child & Adolescent Psychology [accessed from https://www.tandfonline.com/action/authorSubmission?show=instructions&journalCode=hcap20]

About the Journal

Journal of Clinical Child & Adolescent Psychology is an international, peer-reviewed journal publishing high-quality, original research. Please see the journal's Aims & Scope for information about its focus and peer-review policy.

Please note that this journal only publishes manuscripts in English.

Journal of Clinical Child & Adolescent Psychology accepts the following types of article:

- Regular Articles, Brief Reports, Future Directions

The Journal of Clinical Child and Adolescent Psychology (JCCAP) is the official journal for the Society of Clinical Child and Adolescent Psychology, American Psychological Association, Division 53. It publishes original contributions on the following topics: (1) development and evaluation of assessment and intervention techniques for use with clinical child and adolescent populations; (2) development and maintenance of clinical child and adolescent problems; (3) cross-cultural and sociodemographic issues that have a clear bearing on clinical child and adolescent psychology theory, research, or practice; and (4) training and professional practice in clinical child and adolescent psychology as well as child advocacy. Manuscripts that discuss theoretical and/or methodological issues on topics pertinent to clinical child and adolescent psychology also are considered. Authors need not be members of Division 53 to submit articles to JCCAP.

There are several criteria that increase the likelihood that a manuscript will be favorably evaluated in JCCAP: (1) The paper reflects a substantive advance in our understanding of clinical child and adolescent psychology. (2) The paper is of such importance that it likely will influence an area of research. (3) The paper presents new ideas or creative methods. (4) The paper offers theoretically-driven hypotheses. (5) Multiple measures, informants, or procedures are used to collect data. (6) Sophisticated methodologies are carefully employed. (7) Longitudinal methods are used. (8) Data are rigorously and appropriately analyzed. (9) The implications of the findings for clinical child and adolescent psychology are well articulated.

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Preparing Your Paper

Regular Articles, Brief Reports, Future Directions

- Should be written with the following elements in the following order: title page; abstract; main text; references; appendices (as appropriate); table(s) with caption(s) (on individual pages); figures; figure captions (as a list)
- Should contain a structured abstract of 250 words.
- Read making your article more discoverable, including information on choosing a title and search engine optimization.
- A Regular Article may not exceed 11,000 words (i.e., 35 pages), including references, footnotes, figures, and tables. Brief Reports include empirical research that is soundly designed, but may be of specialized interest or narrow focus. Brief Reports may not be submitted in part or whole to another journal of general circulation. Brief Reports may not exceed 4,500 words for text and references. These limits do not include the title page, abstract, author note, footnotes, tables, and figures. Manuscripts that exceed these page limits and that are not prepared according to the guidelines in the Manual will be returned to authors without review. Future Directions submissions are written by leading scholars within the field. These articles provide a brief summary of important advances that are needed within a specific research or practice area pertinent to clinical child and adolescent psychology. Future Directions submissions are by invitation only and undergo peer review.

All Regular Article and Brief Report submissions must include a title of 15 words or less that identifies the developmental level of the study participants (e.g., children, adolescents, etc.). JCCAP uses a structured abstract format. For studies that report randomized clinical trials or meta-analyses, the abstract also must be consistent with the guidelines set forth by CONSORT or MARS, respectively. The Abstract should include up to 250 words, presented in paragraph form. The Abstract should be typed on a separate page (page 2 of the manuscript), and must include each of the following label sections: 1) Objective (i.e., a brief statement of the purpose of the study); 2) Method (i.e., a detailed summary of the participants, N, age, gender, ethnicity, as well as a summary of the study design, measures, and procedures; 3) Results (i.e., a detailed summary of the primary findings that clearly articulate comparison groups (if relevant); 4) Conclusions (i.e., a description of the research and clinical implications of the findings). Avoid abbreviations, diagrams, and reference to the text in the abstract. JCCAP will scrutinize manuscripts for a clear theoretical framework that supports central study hypotheses.

In addition, a clear developmental rationale is required for the selection of participants at a specific age. The Journal is making diligent efforts to insure that there is an appropriately detailed description of the sample, including a) the population from which the sample was drawn; b) the number of participants; c) age, gender, ethnicity, and SES of participants; d) location of sample, including country and community type (rural/urban), e) sample identification/selection; f) how participants were contacted; g) incentives/rewards; h) parent consent/child assent procedures and rates; i) inclusion and exclusion criteria; j) attrition rate. The Discussion section should include a comment regarding the diversity and generality (or lack thereof) of the sample. The Measures section should include details regarding item content and scoring as well as evidence of reliability and validity in similar populations.

All manuscripts must include a discussion of the clinical significance of findings, both in terms of statistical reporting and in the discussion of the meaningfulness and clinical relevance of results. Manuscripts should a) report means and standard deviations for all variables, b) report effect sizes for analyses, and c) provide confidence intervals wherever appropriate (e.g., on figures, in tables), particularly for effect sizes on primary study findings. In addition, when reporting the results of interventions, authors should include indicators of clinically significant change. Authors may use one of several approaches that have been recommended for capturing clinical significance, including (but not limited to) the reliable change index (i.e., whether the amount of change displayed by a treated individual is large enough to be meaningful, the extent to which dysfunctional individuals show movement to the functional distribution).

All manuscripts should conform to the criteria listed in Table 1 of the 2008 APA Publications and Communications Board Working Group on Journal Article Reporting Standards (published in American Psychologist). These reporting standards apply to all

empirical papers. In addition, JCCAP requires that reports of randomized clinical trials conform to CONSORT reporting standards (http://www.consort-statement.org/index.aspx?o=2965), including the submission of a flow diagram and checklist. Nonrandomized clinical trials must conform to TREND criteria (see http://www.cdc.gov/trendstatement/docs/AJPH_Mar2004_Trendstatement.pdf) and meta-analyses should conform to MARS standards (see Table 4 in 2008 American Psychologist article).

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Please refer to these quick style guidelines when preparing your paper, rather than any published articles or a sample copy.

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Updated 18-11-2021

Appendix E: FMH S-REC ethical approval

University of East Anglia

Study title: How do young people evaluate and perceive the credibility of ADHD information on TikTok? A reflexive thematic analysis.

Application ID: ETH2324-0055

Dear Alice,

Your application was considered on 15th April 2024 by the FMH S-REC (Faculty of Medicine and Health Sciences Research Ethics Subcommittee).

The decision is: **approved**.

You are therefore able to start your project subject to any other necessary approvals being given.

If your study involves NHS staff and facilities, you will require Health Research Authority (HRA) governance approval before you can start this project (even though you did not require NHS-REC ethics approval). Please consult the HRA webpage about the application required, which is submitted through the IRAS system.

This approval will expire on **3rd February 2025**.

Please note that your project is granted ethics approval only for the length of time identified above. Any extension to a project must obtain ethics approval by the FMH S-REC (Faculty of Medicine and Health Sciences Research Ethics Subcommittee) before continuing.

It is a requirement of this ethics approval that you should report any adverse events which occur during your project to the FMH S-REC (Faculty of Medicine and Health Sciences Research Ethics Subcommittee) as soon as possible. An adverse event is one which was not anticipated in the research design, and which could potentially cause risk or harm to the participants or the researcher, or which reveals potential risks in the treatment under evaluation. For research involving animals, it may be the unintended death of an animal after trapping or carrying out a procedure.

Any amendments to your submitted project in terms of design, sample, data collection, focus etc. should be notified to the FMH S-REC (Faculty of Medicine and Health Sciences Research Ethics Subcommittee) in advance to ensure ethical compliance. If the amendments are substantial a new application may be required.

Approval by the FMH S-REC (Faculty of Medicine and Health Sciences Research Ethics Subcommittee) should not be taken as evidence that your study is compliant with the UK General Data Protection Regulation (UK GDPR) and the Data Protection Act 2018. If you need guidance on how to make your study UK GDPR compliant, please contact the UEA Data Protection Officer (dataprotection@uea.ac.uk).

Please can you send your report once your project is completed to the FMH S-REC (fmh.ethics@uea.ac.uk).

I would like to wish you every success with your project.

On behalf of the FMH S-REC (Faculty of Medicine and Health Sciences Research Ethics Subcommittee)

Yours sincerely,

Dr Paul Linsley

Ethics ETH2324-0055 : Miss Alice Carter

Appendix F: Participant information sheet

University of East Anglia

Faculty of Medicine & Health Sciences
Norwich Medical School
University of East Anglia
Norwich Research Park
Norwich, NR4 7TJ
United Kingdom

Participant Information Sheet

How do Young People Evaluate and Perceive the Credibility of #ADHD Content on TikTok?

I would like to invite you to take part in this research study. Please take the time to read the below information outlining why the research is being done and what it would involve for you. Please do not hesitate to ask questions if anything is unclear or you would like further information.

Who I am and what this study is about:

I am a Trainee Clinical Psychologist at the University of East Anglia conducting a thesis as part of the Clinical Psychology Doctorate.

This study hopes to explore how credible young people think ADHD-related TikTok videos are, what factors cause young people to perceive a TikTok as credible, and how confident young people are in evaluating content on TikTok to spot misinformation.

What's involved?

You will attend an interview on Microsoft Teams, during which you will receive an email with a DropBox link containing five TikTok videos. You will be asked to watch these videos and then answer a set of questions related to each one. It is estimated the whole process will take approximately 30-45 minutes. The study will be recorded.

Why have you been invited to take part?

You have been invited to take part in this study as you are aged 16-24 and use TikTok at least five times per week.

Do you have to take part?

Participation in the study is completely voluntary and you have the right to refuse participation. If you choose to take part but change your mind, you can withdraw at any point without giving a reason.

What are the possible benefits of taking part?

You will be compensated for your time with a £10 online shopping voucher.

What are the possible disadvantages and risks of taking part?

While it is not anticipated that the study will cause distress, some videos watched may include emotive content. You will be debriefed at the end of the study and signposted to further support should you feel you need it. There is also a chance you will be exposed to misinformation related to ADHD during the study.

What will happen to my personal information?

No identifying information will be kept following the study. You will be given a code which will be used instead of your name in the data, and your email address will be deleted once you are sent your online shopping voucher immediately after the interview. The recording of your interview will be deleted once it has been transcribed, and this data will be stored securely as per UEA policies and transferred to the primary research supervisor after the study is completed. No identifiable information will be included in the write-up of the study.

If you wish to withdraw your data within a week following the interview, please contact a member of the research team via email. Please note that after this week your data will be anonymised, following which it will not be possible to withdraw your data.

Who should you contact for further information?

Alice Carter (Primary Researcher) – alice.carter@uea.ac.uk
Dr Eleanor Chatburn (Primary Research Supervisor) - e.chatburn@uea.ac.uk

Who should you contact if you have any complaints?

If you have any complaints during the study, you can direct these to the contact details of the member of staff below, who is independent from the research project.

Dr Sian Coker – s.coker@uea.ac.uk

Thank you

09/02/24 (Version 2)

Appendix G: Participant consent form

University of East Anglia

Faculty of Medicine & Health Sciences
Norwich Medical School
University of East Anglia
Norwich Research Park
Norwich, NR4 7TJ
United Kingdom

CONSENT FORM

Title of Project: How do young people evaluate and perceive the credibility of #ADHD content on TikTok?

Primary Researcher: Alice Carter

Primary Research Supervisor: Dr Eleanor Chatburn

Please initial box

1. I confirm that I have read the information sheet dated 09/02/24 (version 2) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. ☐
2. I consent for my interview to be recorded and understand that this recording will be deleted once the interview has been transcribed. ☐
3. I understand that my participation is voluntary and that I am free to withdraw at any time during the study without giving any reason. I understand that I will be able to withdraw my data for one week following the interview, after which my data will be anonymised and unable to be withdrawn. ☐
4. I understand that the information collected about me may be used to support other research in the future and may be shared anonymously with other researchers. ☐
5. I agree to take part in the above study. ☐

Name of Participant	Date	Signature
Name of Person taking consent	Date	Signature

Appendix H: Interview topic guide

Introduction:

● Introductions

● Thank you for offering to take part in this study

● Outline purpose of the study (i.e. recap information sheet) and structure of the interview

● Explain interview will be recorded and confirm consent for recording and participation in the study

● Advise study can be paused or stopped at any time

● Opportunity for any questions

Questions to be asked after each video is watched:

● On a scale of 1-10, how credible did you feel this video was?

● Please explain the factors which lead to this answer

● Do you think this video contained any misinformation? Why/why not?

● What could have made this video appear more credible?

● How has this video made you feel?

● Do you have any further comments about this video?

Questions to be asked following the completion of all videos:

● How confident are you in your ability to evaluate and critique mental health information on TikTok?

● What steps do you take to evaluate mental health information on TikTok?

● What could you find helpful in evaluating mental health information on TikTok and spotting misinformation?

● What factors would cause you to find a TikTok video more credible and trustworthy?

● Is there anything else that you wanted to add before closing the interview?

Ending the interview:

- Thank you for your participation
- Debriefing and providing further/signposting information if required
- Any final questions about the study

Appendix I: Participant debrief letter

University of East Anglia

Faculty of Medicine & Health Sciences
Norwich Medical School
University of East Anglia
Norwich Research Park
Norwich, NR4 7TJ
United Kingdom

Electronic Debrief Form

Dear Participant,

Thank you for taking the time to take part in this research project.

Aim of the study

This research project aimed to explore how credible young people think ADHD-related TikTok videos are, what factors cause young people to perceive a TikTok as credible, and how confident young people are in evaluating content on TikTok to spot misinformation.

Why this study is important

A recent study found that over half of the ADHD TikTok videos they analysed were misleading (Yeung, 2022), while another study found that young people are self-diagnosing with ADHD after watching ADHD-related TikTok videos (Gilmore et al., 2022). This study is therefore important to understand whether young people are aware when TikTok videos may be misleading, and what steps they take to spot misinformation on TikTok. It is hoped that the findings from this study could be used to identify and implement strategies for helping young people spot misinformation on TikTok.

We acknowledge that this study required you to view videos which may have contained sensitive mental health-related information, which may have caused discomfort or distress. If you have felt distressed as a result of this study, please make a member of the research team aware for support. We have also included the

contact information for sources of support at the end of this document which you may find helpful.

If you wish to withdraw your data within the next week, please contact a member of the research team via email. Please note that after this week your data will be anonymised, following which it will not be possible to withdraw your data.

If you would like any further information about this research project, then please feel free to get in touch:
Alice Carter (Primary Researcher) - alice.carter@uea.ac.uk
Eleanor Chatburn (Primary Research Supervisor) - e.chatburn@uea.ac.uk

Thank you again for taking part in this study.

Sources of Support

NHS 111
The NHS non-emergency helpline can offer medical advice and guidance.
Phone: 111

Shout
Shout is a free, confidential 24/7 text support service for anyone in who is struggling to cope or in crisis.
Text the word 'SHOUT' to 85258
Website: https://giveusashout.org/

Kooth
Kooth is an online mental wellbeing community, containing articles, discussion boards and team members available to chat.
Website: https://www.kooth.com/

Samaritans

Samaritans provide emotional support to anyone in distress, struggling to cope, or at risk of suicide.
Phone: 116 123
Website: www.samaritans.org

Mind

Mind are a mental health charity providing information, resources and support for individuals experiencing mental health difficulties.
Phone: 0300 123 3393
Website: www.mind.org.uk

Young Minds

Young Minds offer support, provide information about a mental health condition and can offer information about support available to anyone aged below 25.
Website: https://www.youngminds.org.uk/young-person/

999

If you feel that you are in crisis and need urgent support, please do not hesitate to call 999.

Appendix J: Example of initial coding

Code	Text
Video comments can mislead others about ADHD	the only issue with those type of comments with the ones that are like saying like oh, this is like my, like exactly my experience with ADHD, sometimes it can give people like a not a clear view of what it actually is
ADHD focussed accounts can over-exaggerate to get views	sometimes it's like accurate and it's just telling people like how it is, and sometimes it's just like people, not like making up scenarios but like over exaggerating and like glorifying stuff. When, like just to get like views and stuff
Human traits being portrayed as signs of ADHD	specifically videos that are saying like how to know if you've got ADHD and then they just say the most like basic humanly interactions ever
Users think they have ADHD after watching videos	and then every single comment is like I've got ADHD like, this means I've got ADHD like
Videos don't tell the whole story about ADHD diagnoses	there's a lot of like, there's a lot more to being like diagnosed and like what ADHD is than like TikToks actually
Creators should add disclaimer that these are just their personal experiences of ADHD	I feel like if you put at the end like this isn't just the things that are, you know, that make up ADHD, these are just my experiences 'cause sometimes people might interpret that as this is exactly like only what ADHD is like, there's no other things, you know, this is what my experience would be if I had ADHD you know. So yeah, I feel like if she put that at the end, it would kind of make more sense.
Harder to critique ADHD content if someone hasn't experienced ADHD	So I don't know, I think it's hard to say 'cause I feel like with most things, if you aren't experiencing it it's kind of hard to critique it
Creators more likely to be trusted if they say they are a healthcare professional.	So I feel like when it's, when someone says, oh, I'm a licenced therapist, like trust what I say, then people are just gonna run with it and say like, oh, well, I was assessed by a licenced therapist, and I know like what I'm talking about. So I feel like people are just gonna kinda run with it
Good when points are explained	I thought it was quite good in terms of how it didn't just give you like, this is the reason why, it wasn't just like this is a positive, it explained to you why that was a positive as well which I quite liked.
Sharing personal experiences of ADHD makes a video more credible.	I guess because she's talking about her experience, which definitely makes it more credible.
Difficulty separating personal traits from ADHD symptoms.	it's also really hard to disentangle yourself from what could be ADHD, like some of those things might just be traits that she has, despite having ADHD as well. Like they might not necessarily be down to just having ADHD and like, not everyone with ADHD is going to experience all of those things.
Referring to DSM to assess credibility	I don't necessarily agree with the way that ADHD is diagnosed in the DSM 5. But I know that some of those things aren't like the diagnostic criteria

Scepticism of self-proclaimed experts	But like, when people like that are putting videos up like that and then they put 'from a licenced therapist', it's like you're just trying to make more people believe what you say.
Adding sources would increase credibility	they didn't give like, I know people often don't on TikTok, but there was no like 'this is where I've got my information from'.
Lived experience and education helps to critique information	I think I'm like quite good at critiquing stuff on TikTok. I've got, like some lived experience with mental health. I've got friends who have lived experience of mental health.
Mental health organisations are trustworthy	Mind is obviously like a mental health charity. And they do like a lot of work with a lot of people. And so I'm gonna trust what they say because like, they have a really good reputation.
Over-generalised information is not misinformation	I don't think it contained misinformation. I think because it's so kind of general, there's nothing to, kind of, there's nothing there that can be misinformation.
Licensed professionals perceived as more credible	And also it said like from a licenced therapist or whatever, something like that, and so you kind of have to believe that and you kind of believe it makes it more credible, even though it doesn't necessarily make it true. But yeah, I kind of, it's that kind of like power thing isn't that you just believe that something's more credible if they're licenced
Comments help to critique and evaluate information	A couple of years ago, it was kind of everyone going, 'oh my God, do I have ADHD? Do I need to go to my doctor; or 'I need to, like, find out more'. And so having people then going hang on a minute like they're almost kind of, beating like your subconscious, they're kind of like arguing back with before you've started, kind of going wait, is this really you or is this just people?
Seeking confirmation in the comments	Yeah, yeah, whatever the video is, I'll be looking for people who think the same as me or kind of like getting annoyed if nobody thinks the same as me, you know?
A person talking is more credible than text slides	I think I'm more likely to believe a person than just like some text that, like anyone, could have just like quickly done up. But yeah, so I think him having his face and him explaining who he is
TikTok should do more to manage misinformation	I think TikTok should be doing more. I think there's like it's not just ADHD, I think there's a lot of content on there that they should just be kind of, you should be able to say you know that they're keeping an eye on a bit more and, I don't really know how you do it, because especially with stuff like this, it's difficult to say that that's misinformation, because technically it's not. But it is kind of misleading, but I think yeah, I think platforms should be doing a lot more. I don't necessarily think it's for the individuals to like decipher.