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Leaning into the digital age: the role of TikTok and other technologies in providing mental health information

Patients are increasingly seeking information about mental health from social media platforms such as TikTok. Clinicians should be embracing these new technologies, writes Declan Grabb

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A quick search of “ADHD” on TikTok produces several videos generated by non-clinicians that describe symptoms of attention deficit/hyperactivity disorder.¹ According to the *New York Times*, “For Gen Z, TikTok is the new search engine.”² In the article, a Google executive, Prabhakar Raghavan, emphasises that 40% of adolescents are now initiating specific types of searches, such as where to eat lunch, on TikTok instead of Google. It stands to reason that this pattern would extrapolate to queries about mental health treatment and diagnosis.

As an individual in my 20s, I find myself using a variety of ways to access information. I tend towards social media platforms such as TikTok to answer everyday quandaries—where to eat, where to travel, what to wear. As a third year psychiatry resident, however, I read books and journal articles, consult with psychiatric pharmacists, and trawl medical databases to answer clinical questions. Journalists and mental health clinicians have noted that young people are turning to TikTok to search for mental health diagnoses.³ In the *New York Times*, clinicians lament the rise of diagnostics on TikTok, and say they feel compelled to compete with content creators who may provide incorrect information.³

A 2022 study showed that more than half of TikTok videos pertaining to ADHD were “misleading.”⁴ At that time, ADHD was the seventh most popular health related hashtag on the platform, and clinicians were concerned about the lack of diagnostic validity contained in each video. In this study, an alarming 52% of all studied videos were classified as “misleading.” However, this also suggests that the other half did provide helpful information that was not misleading. The other videos studied were classified as either “personal experience” (27%) of ADHD, or “useful” (21%) clinical information pertaining to diagnosis and treatment. This means that 48% of the videos may have offered helpful diagnostic and treatment information or personal testimony.⁴

Clinicians often warn patients not to Google their symptoms, but patients do so anyway. For this reason, Google has worked with the National Alliance on Mental Illness (NAMI) to curate content that is clinically relevant and accurate when patients search on Google for various symptoms related to clinical depression.⁵ Given the limitations of the current system—the shortage of psychiatrists, waiting lists for therapists or psychologists that often exceed a couple of months, and the high cost of care—it’s not surprising that people are seeking alternative sources

of help. The widespread use of platforms like Google and TikTok may not directly demonstrate patient dissatisfaction, but it does suggest that they are exploring different avenues to meet their mental health needs. This may be because of constraints they face in accessing traditional mental health services. While a patient waits for an appointment, they understandably may look for ways to improve their symptoms in the meantime. They are going to use the tools that are the most easily accessed, efficient, and helpful.

As clinicians we should be proactive in adopting new technologies, not reactive. It took until 2017 for NAMI to partner with Google to direct higher quality information to people about depression, but Google’s search engine has been around since 1998. We should not wait two decades before engaging with TikTok or other new modes of search. Careful and deliberate collaboration with these entities would serve patients and clinicians well. By integrating these technologies into our care, we can ensure a patient-centric approach that can bring more timely and personalised mental health care to individuals. For patients, these platforms can provide access to a wealth of information and perspectives that can enhance their understanding of their conditions and available treatment options. It could decrease the stigma surrounding mental health issues, encourage early detection and treatment, and promote more open discussions about mental health. For clinicians, these platforms offer the potential to better understand patient concerns and perspectives, identify trends in the consumption of mental health information, and allow delivery of appropriate health information to a larger audience.

Increased communication is needed between clinicians and companies in the technology and social media spheres, enabling development of accurate and useful tools for patients. Specific recommendations for this form of communication could include regular discussions between health professionals and technology companies to review content standards and strategies for improving health information quality. These companies could establish advisory boards composed of healthcare professionals who could review and contribute to the health content shared on their platforms. They could also implement stricter regulations on health content, including warnings for posts containing misinformation or unverified information. Clinicians should not only investigate how patients are using these technologies but also take an active role in providing accurate, engaging content on these

platforms. Clinicians can engage in public health education by creating their own content or partnering with reputable health organisations to disseminate accurate information. They can also guide patients on how to identify reliable sources of information and recognise potential misinformation.

These actions could begin to help patients access accurate content and allow clinicians to spend less time countering misinformation. We as clinicians should be leading these conversations and ensuring access to reliable content, not simply criticising the various media patients use.

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