Exploring Characteristics and Clinical Accuracy of ADHD-Related Content on TikTok

by

Alyssa Peppler

Honours Thesis
Department of Psychology
Mount Royal University
Calgary, Alberta, CANADA
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Thesis Advisor: Malinda Desjarlais, PhD.

EXPLORING ADHD CONTENT ON TIKTOK

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ABSTRACT

Concerns about misinformation on social media have grown alongside the popularity of platforms like TikTok for mental health discussions. This study examined the accuracy of ADHD-related content on the platform, focusing specifically on alignment with DSM-5 diagnostic criteria. A total of 100 publicly available videos under the search term "ADHD" were analyzed using content analysis to assess creator characteristics, content types, and clinical accuracy. The findings revealed that while most videos referenced ADHD symptoms, only 46% of symptom portrayals aligned with DSM-5 criteria, and contextual diagnostic details were largely absent. Influencer-created content dominated the sample, with minimal representation from mental health professionals. Notably, even among professional creators, inaccuracies were present. These results highlight the gap between popular representations of ADHD and clinical standards, raising concerns about potential misinformation and self-diagnosis. The study underscores the need for improved platform policies, clinician awareness, and public education to promote accurate, DSM-5-aligned mental health information online.

Keywords: ADHD, TikTok, social media, misinformation, DSM-5, self-diagnosis, content analysis

Exploring Characteristics and Clinical Accuracy of ADHD-Related Content on TikTok

Social media has become deeply ingrained in the lives of young people today, with Pew Research Centre reporting that 93% of Americans between the ages of 18 and 29 say that they use at least one social media platform ("Social Media Fact Sheet," 2024). In the digital age, social media platforms like TikTok have become powerful sources of information and identity exploration for young people. Mental health content is on the rise on social media, and users are gravitating towards it as an information-seeking tool, even though the platforms have little to no regulation (Leveille, 2024; Mordecai, 2023). As mental health discussions thrive on these apps, the line between credible education and misinformation becomes increasingly blurred, especially in the case of Attention-Deficit Hyperactivity Disorder, or ADHD, a condition often misunderstood yet widely discussed. TikTok is one social media platform that has become inundated with videos about ADHD and its symptoms, which has led many to become concerned about the possibility of users self-diagnosing with the disorder after seeing such content as they're scrolling through their feed (Chochol et al., 2023). This begs the question: how accurate is the information on social media regarding ADHD?

ADHD

ADHD is a mental health disorder that is characterized by issues with executive functioning, deficits in attention, and hyperactive or impulsive behavior, which often leads to disruptions in social, academic, or work performance (Castagna et al., 2019). Some examples of such symptoms include often losing important items, being unable to sit still during times it is expected, and being unable to stop oneself from interrupting conversations (American Psychiatric Association, 2013). This can make daily vocational, personal, and relational functioning difficult. The disorder begins in childhood, but up to 90% of children diagnosed with

ADHD experience symptoms in their adulthood, too (Abdelnour et al., 2022). There is a growing number of adults seeking a first-time diagnosis of ADHD (Palmer et al., 2023), possibly because it can often manifest as issues with self-regulation and emotional wellbeing that may be more severe as patients age (Hoben & Hesson, 2021). Adults with ADHD also tend to be more likely to develop other psychiatric illnesses such as depression or substance abuse, as well as to have higher rates of marital and job problems, so it is vital that they get diagnosed and properly treated for the condition as early as possible in order to prevent such issues (Abdelnour et al., 2022; Castagna et al., 2019; Childress et al., 2023; Eng et al., 2024; Raaj et al., 2024; Rivas-Vazquez et al., 2023; Watters et al., 2018). Diagnosis of ADHD by mental health professionals is typically done using the Diagnostic and Statistical Manual of Mental Disorders (Fifth Edition), or DSM-5 (American Psychiatric Association, 2013). Diagnosis involves clinical interviews and questionnaires administered to both the patient and their parents or teachers (Abdelnour et al., 2022). Experts emphasize the importance of a trained mental health professional conducting thorough interviews, history taking, and screening for other possible diagnoses that could account for the problems the patient is experiencing so that an accurate diagnosis can be obtained, and consequently appropriate treatment (Eng et al., 2024; Gobel et al., 2023; Heidbreder, 2015). Matte and colleagues (2015) stress the importance of carefully examining all the criteria for diagnosis, rather than just looking at symptom count, as this would drastically change the prevalence rate of ADHD.

While the process of diagnosis as per the DSM-5 is the gold standard, it is not without its limitations. The DSM-5's criteria for ADHD diagnosis have received the critique of having been developed for children, which means that adults may go underdiagnosed with the disorder because their symptoms may be more subtle (Childress et al., 2023; Rivas-Vazquez et al., 2023;

Sibley, 2021). Childress and colleagues (2023) report that many physicians and psychiatrists do not feel confident in diagnosing ADHD in adults due in part to the difficulty in assessing symptoms of inattention or hyperactivity in people who are high functioning. Another reason why diagnosing ADHD in adults can be difficult is that many adults have difficulty remembering their childhoods accurately and thoroughly, yet one of the criteria for diagnosis is that symptoms must have been present before age 12 (Epstein & Loren, 2013; Faraone et al., 2009). Adults with untreated ADHD are at a greater risk of developing other mental health disorders such as depression or anxiety, as well as for having higher divorce and job loss rates, so it is vital that ADHD gets correctly diagnosed as early as possible (Abdelnour et al., 2022; Childress et al., 2023). Many people diagnosed with ADHD in their adulthood experience diagnosis as an empowering event that is the start of a new way of life, with a new understanding of their lifelong struggles (Childress et al., 2023).

Another criticism of the DSM-5 is that the lived experience of those with ADHD may not always fit directly into the boxes of its criteria, which makes diagnosis complicated (Chevalier, 2024; Eng et al., 2024; Grønneberg et al., 2023; Heidbreder, 2015; Locke, 2023). One example of this is that of people diagnosed with ADHD experiencing "object impermanence," which they describe as the feeling of forgetting things when they aren't directly looking at them, or struggling to maintain relationships with people they don't see often (Chevalier, 2024). This isn't technically the correct clinical definition of the term object permanence, and it also isn't exactly one of the symptoms listed in the DSM-5, but it is a commonly shared experience of people with ADHD, which they have bonded over online (Chevalier, 2024). This symptom may loosely fit into the DSM-5 criterion which describes being "forgetful in daily activities," but the line there is quite blurry, and some TikTok creators argue that this phenomenon represents a symptom that is

not covered by the DSM-5 (American Psychiatric Association, 2013; Chevalier, 2024). Another

example of a very common experience for those with ADHD that isn't recognized by the DSM-5

is that of sensory functioning differences, which researchers found were an important part of the

shared experiences of people with ADHD, and thus suggested as an added criterion for another

ADHD classification guideline, in the World Health Organization's ICF, or International

Classification of Functioning (Bolte et al., 2024). The ICF's guidelines for ADHD functional

assessment are newer than the DSM-5 (2018 vs 2013), and one of the ICF's core principles is to

value lived experiences as well as science, which seems to be a marked difference from the

DSM-5 (Bolte et al., 2024). Table 1 outlines the APA's (2013) DSM-5 diagnostic criteria for

ADHD.

TikTok

One place where people have increasingly gone to share their own lived experiences with

ADHD is the social media app 'TikTok' (Chevalier, 2024; Heiss et al., 2024; Naslund et al.,

2017; Rutter et al., 2023; Tudehope et al., 2024). TikTok is a short-form video platform that was

launched in 2016, but skyrocketed in popularity during the pandemic in 2020, and by 2025 had

1.69 billion active monthly users (Singh, 2025). Despite the app's popularity, little empirical

research has been done on its content due to the mysterious algorithm and proprietary nature of

TikTok, which makes it more difficult to study methodologically. Videos must be downloaded

manually, as there is no way to download a page's worth, like on some other platforms, and

comments on videos are not downloadable (Ahmed, 2022).

Part of the reason for the app's popularity is because of its mysterious algorithm, which

curates users' 'For You Pages' based on content they have previously interacted with, and shows

them videos from accounts that they don't follow, but that they will likely find interesting or

Table 1 *American Psychiatric Association Diagnostic and Statistical Manual of Mental*

Disorders (Fifth Edition) Diagnostic Criteria for ADHD.

Attention-Deficit/Hyperactivity Disorder
Diagnostic Criteria

A. A persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development, as characterized by (1) and/or (2):

1. **Inattention**: six (or more) of the following symptoms have persisted for at least 6 months to a degree that is inconsistent with developmental level and that negatively impacts directly on social and academic/occupational activities:	2. **Hyperactivity and impulsivity**: Six (or more) of the following symptoms have persisted for at least 6 months to a degree that is inconsistent with developmental level and that negatively impacts directly on social and academic/occupational activities:
Note: The symptoms are not solely a manifestation of oppositional behavior, defiance, hostility, or failure to understand tasks or instructions. For older adolescents and adults (age 17 and older), at least five symptoms are required.	**Note**: The symptoms are not solely a manifestation of oppositional behavior, defiance, hostility, or failure to understand tasks or instructions. For older adolescents and adults (age 17 and older), at least five symptoms are required.
a. Often fails to give close attention to details or makes careless mistakes in schoolwork, at work, or during other activities (e.g., overlooks or misses details, work is inaccurate).	a. Often fidgets with or taps hands or feet or squirms in seat.
b. Often has difficulty sustaining attention in tasks or play activities (e.g., has difficulty remaining focused during lectures, conversations, or lengthy reading).	b. Often leaves seat in situations when remaining seated is expected (e.g., leaves his or her place in the classroom, in the office or other workplace, or in other situations that require remaining in place).
c. Often does not seem to listen when spoken to directly (e.g., mind seems elsewhere, even in the absence of any obvious distraction).	c. Often runs about or climbs in situations where it is inappropriate. (Note: In adolescents or adults, may be limited to feeling restless.)
d. Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (e.g., starts tasks but	d. Often unable to play or engage in leisure activities quietly.

Attention-Deficit/Hyperactivity Disorder	
Diagnostic Criteria	
quickly loses focus and is easily sidetracked).	
e. Often has difficulty organizing tasks and activities (e.g., difficulty managing sequential tasks; difficulty keeping materials and belongings in order; messy, disorganized work; has poor time management; fails to meet deadlines).	e. Is often "on the go," acting as if "driven by a motor" (e.g., is unable to be or uncomfortable being still for extended time, as in restaurants, meetings; may be experienced by others as being restless or difficult to keep up with).
f. Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (e.g., schoolwork or homework; for older adolescents and adults, preparing reports, completing forms, reviewing lengthy papers).	f. Often talks excessively.
g. Often loses things necessary for tasks or activities (e.g., school materials, pencils, books, tools, wallets, keys, paperwork, eyeglasses, mobile telephones).	g. Often blurts out an answer before a question has been completed (e.g., completes people's sentences; cannot wait for turn in conversation).
h. Is often easily distracted by extraneous stimuli (for older adolescents and adults, may include unrelated thoughts).	h. Often has difficulty waiting his or her turn (e.g., while waiting in line).
i. Is often forgetful in daily activities (e.g., doing chores, running errands; for older adolescents and adults, returning calls, paying bills, keeping appointments).	i. Often interrupts or intrudes on others (e.g., butts into conversations, games, or activities; may start using other people's things without asking or receiving permission; for adolescents and adults, may intrude into or take over what others are doing).
B. Several inattentive or hyperactive-impulsive symptoms were present prior to age 12 years.	
C. Several inattentive or hyperactive-impulsive symptoms are present in two or more settings (e.g., at home, school, or work; with friends or relatives; in other activities).	

Attention-Deficit/Hyperactivity Disorder		
Diagnostic Criteria		
D. There is clear evidence that the symptoms interfere with, or reduce the quality of, social, academic, or occupational functioning.		
E. The symptoms do not occur exclusively during the course of schizophrenia or another psychotic disorder and are not better explained by another mental disorder (e.g., mood disorder, anxiety disorder, dissociative disorder, personality disorder, substance intoxication or withdrawal).		
Specify whether:		
314.01 (F90.2) Combined presentation: If both criterion A1 (inattention) and Criterion A2 (hyperactivity-impulsivity) are met for the past 6 months.	**314.00 (F90.0) Predominantly inattentive presentation:** If Criterion A1 (inattention) is met but Criterion A2 (hyperactivity-impulsivity) is not met for the past 6 months.	**314.01 (F90.1) Predominantly hyperactive/impulsive presentation:** If Criterion A2 (hyperactivity-impulsivity) is met and Criterion A1 (inattention) is not met for the past 6 months.
Specify if: **In partial remission:** When full criteria were previously met, fewer than the full criteria have been met for the past 6 months, and the symptoms still result in impairment in social, academic, or occupational functioning.		
Specify current severity: **Mild:** Few, if any, symptoms in excess of those required to make the diagnosis are present, and symptoms result in no more than minor impairments in social or occupational functioning. **Moderate:** Symptoms or functional impairment between "mild" and "severe" are present. **Severe:** Many symptoms in excess of those required to make the diagnosis, or several or several symptoms that are particularly severe, are present, or the symptoms result in marked impairment in social or occupational functioning.		

Note. Adapted from *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.), by

American Psychiatric Association, 2013.

entertaining (Alper et al., 2023; Chevalier, 2024; Mordecai, 2023; Taylor & Brisini, 2024; Yoon et al., 2024). Users can also search for specific content, often using hashtags, and though the details of how exactly the algorithm works are unknown, videos with more engagement in the form of likes, comments, and views are the most popular and likely to show up higher in the results (Foster et al., 2024).

A large proportion of the audience on TikTok is adolescents or young adults (Weimann & Masri, 2023; Yoon et al., 2024), who are more vulnerable to the algorithm's effects because they tend to see it as either forming or reinforcing their ever-changing self-concept (Chevalier, 2024). Some young people even think of the algorithm as telling them something about themselves that they had not previously realized, which alters their self-concept (Milton et al., 2023). Alternatively, the algorithm can reinforce a confirmation bias for people's self-concepts, especially when it comes to health information, as they see more and more of the same content (Hartnett & Cummings, 2024). Researchers have also suggested that the algorithm can prompt self-discovery and self-reflection, while meeting the developmental need of identity experimentation for adolescents (Alper et al., 2023). In addition to identity formation, users also gain a sense of belonging to a community on TikTok by engaging in groups called "Toks" (i.e. "booktok" or "ADHDtok") that connect about a certain topic and provide social support to one another (Milton et al., 2023). Interestingly, research has also shown that adolescents are using TikTok more and more as an information-gathering tool, and many are even using it to replace Google (Brewster et al., 2022; Leveille, 2024).

Mental Health and ADHD on Social Media

One of the things that youth search for information about on TikTok is mental health (Pretorius et al., 2022). Gobel and colleagues (2023) suggest that social media could be a

powerful vessel for providing mental health information that could lead to early recognition and diagnosis of disorders. Adolescents see social media as accessible, impartial, and unidentifiable sources of information about mental health, but often struggle to distinguish between accurate and misleading information due to the overwhelming amount of content (Basch et al., 2022; Liu et al., 2024; Milton et al., 2023). Adolescence is also the period where individuals are most likely to have comorbid disorders (Deotto et al., 2022), meaning that they could have more than one mental health disorder, so given that the majority of TikTok's audience is adolescents, seeing videos about ADHD could be confusing to them.

Mental health content has become increasingly popular on social media, and some experts say that it's an opportunity to increase mental health literacy and awareness of options, as well as decrease stigma (Chochol et al., 2023; Grabb, 2023; Heiss et al., 2024; Herman et al., 2024; Pretorius et al., 2022; Rutter et al., 2023; Yeung et al., 2022). Feuston and Piper (2018) point out that social media allows people to make the aspects of mental illness that are typically invisible more visible. Grabb and colleagues (2023) suggest that people may seek out mental health information online as an alternative to professional help because of the shortage of trained professionals, long wait lists, and high costs for care. Adeane and Stasiak (2023) highlight the opportunity for social media to be a positive platform for mental health literacy, stating that users of social media appreciate hearing from both professional and personal perspectives on the topic, and would like to see a mix of personal experience and scientific evidence. Personal experience seems to be valuable for content consumers, with research stating that it can help people cope with their own conditions (Clark, 2023; Heiss et al., 2024; Leveille, 2024; Milton et al., 2023; Naslund et al., 2017). Godfrey-Harris and Shaw (2023), in line with others' results, found that hearing about others' similar personal experiences with ADHD on social media was validating

and affirming for their participants, and that they found it helpful for learning coping strategies (Fellowes, 2023).

On the other hand, many are concerned about the potential negative effects of misinformation about mental health being spread online. A Canadian study done by psychiatrists found that 52% of the top 100 videos on TikTok about ADHD were clinically misleading (Yeung et al., 2022). The same study found that none of the videos included a recommendation to seek out professional advice before attributing their own behaviors to ADHD. They also found that healthcare providers generally provided more accurate information in their videos than non-healthcare providers, even though the videos made by non-healthcare professionals were more popular, but 27% of videos created by healthcare professionals still contained misleading information.

Some researchers argue that misinformation can be deliberate or unintentional, especially when creators are sharing their own personal experiences, which resonate so deeply with their audience (Milton et al., 2023). It is possible that some creators use this opportunity to "chase clout," or to try to increase their popularity on social media, by intentionally spreading inaccurate or inflated information to get more views (Milton et al., 2023). However, labeling anyone's personal experience as "misinformation" is a blurry grey area, as they may feel vulnerable sharing their true experiences (Milton et al., 2023).

Another concern about misinformation being spread online is that it may lead to people wrongly identifying themselves as having certain mental health conditions (Hutchinson, 2022). Terms such as "cyberchondria," "mass social media induced illness," and "social media associated abnormal illness behavior" have arisen in recent years (Fremer et al., 2022; Hartnett & Cummings, 2024; White and Hanley, 2023; Yeung et al., 2022). One of these effects is that of

"mass-social-media-induced-illness," or MSMI, which German researchers found to be occurring with tic-like behavior presentation in adolescents or young adults stemming from watching social media videos of someone with Tourette's syndrome (Fremer et al., 2022). Another example is that of Dissociative Identity Disorder, which has also become very popular online with many people self-diagnosing with it, and this has inspired the term 'Social Media Associated Abnormal Illness Behaviour' (Hartnett & Cummings, 2024). It appears that a similar occurrence is happening with ADHD on TikTok, as more and more people are seeking diagnoses of it offline based on what they've seen online (Chevalier, 2024; Milton et al., 2023; Tse & Haslam, 2024; Yeung et al., 2022). Matheiken and colleagues (2024) argue that this is partially due to social media making an ADHD diagnosis "fashionable," but they also acknowledge the positive effects it could have.

Self-Diagnosis

Given the information outlined in the previous section, it may be unsurprising that it seems as though more and more people are diagnosing themselves with, or at least identifying with, ADHD after seeing representations of it on TikTok (Chevalier, 2024; Gilmore et al., 2022). Giles and Newbold (2013) suggest that user-led online mental health community participants informally diagnose each other and create "tools" to do so. Research suggests that a reason for this common identification with the disorder is that ADHD information is "overgeneralized" and lacks context on TikTok, meaning that common behaviors are misattributed to the specific disorder (Chochol et al., 2023; Clark, 2023). One of the other reasons people identify so strongly with ADHD content on TikTok is because it makes them feel "seen," and people often think that the algorithm knows them better than they know themselves, like a horoscope or a fortune teller (Alper et al., 2023). Another possible motivation for identifying with a diagnosis is that it can

feel explanatory and transformative (Alper et al., 2023; Morgan, 2023). Alper and colleagues' study (2023), along with others, found that TikTok users felt validated and supported in their self-diagnoses of mental health disorders by other users on the platform. Many of their participants discussed fear of stigmatization if they were to seek professional diagnosis, but some did say that their self-diagnosis based on TikTok videos was a stepping stone on the way to getting a professional diagnosis. Others claimed that an official diagnosis "wouldn't change anything," so they were not going to seek one. Another study reported similar findings; participants discussed the TikTok videos they saw leading them to seek out an ADHD diagnosis because they really felt like they saw themselves and their own behavior reflected in the content (Chevalier, 2024). One study found that the more normalized participants felt a disorder was in the content they viewed, the more likely they were to identify themselves with the disorder (Hasan et al., 2023).

Identification with a disorder can become reinforced by what Chevalier (2024) calls a TikTok "looping effect." According to their research, users will see a video about ADHD, resonate with it, and actively engage with the content by altering their behavior, which in turn leads the algorithm to show them more and more of the same ADHD content. This may lead them to feel like they're involved in a community of others with something in common (Giles & Newbold, 2011; Rouffaer, 2024), a community in which one author suggests self-diagnosis is "valorized," which is another motivating factor for self-diagnosis (Clark, 2023). Clark (2023), along with other researchers, raises concerns about users identifying so strongly with their self-diagnosis that they might become upset or defiant if a professional disagrees with the diagnosis (Godfrey-Harris & Shaw, 2023). Rowley (2022) discusses how practitioners who disagree with patients' self-diagnoses are often called "invalidating" or "gaslighting." One of the reasons for

this is due to the fear that they may lose the aforementioned sense of support in the online community.

Concerns have been raised about the double-edged sword of relatability and personal vulnerability of creators on social media sharing about their experiences with mental health. While it can be validating and affirming for others to see, as discussed previously, the extreme relatability that creators strive for can also lead to an increase in inappropriate self-diagnosis (Leveille, 2024; Milton et al., 2023; Yoon et al., 2024). If the information about ADHD is overgeneralized and features "symptoms" that everyone will have experienced at some point (not at a clinical threshold), it may lead people to wrongly think they meet the criteria for diagnosis of ADHD (Chochol et al., 2023). Another possibility is that people could identify themselves as having the traits that a creator portrays as ADHD symptoms, but not examining whether those traits could also be due to another disorder, which could be their correct diagnosis (Fellowes, 2023).

Self-diagnosing can have detrimental effects. Even if someone is correct in their self-diagnosis, they still would not be able to access resources and they may lose trust in the healthcare system (Clark, 2023; Fellowes, 2023), or if they're incorrect in their diagnosis, this could lead to reinforcing stigma and stereotypes and delegitimizing others' official diagnoses (Yoon et al., 2024), as well as weakening the resources available for those people (Fellowes, 2023). It could also lead to people inappropriately self-treating (Monteith et al., 2024). However, there are also potential positive effects of self-diagnosis. It is affordable, accessible, and could lead to people seeking out a professional diagnosis (Clark, 2023; Grabb, 2023).

Gaps in the Literature

There are some clearly identifiable gaps in the existing literature surrounding ADHD content on TikTok. Very few studies have been conducted on this topic specifically, and even fewer have compared the DSM-5 clinical diagnosis criteria directly to the content.

The current study aims to fill these gaps. As a precursor to this research, I conducted a smaller-scale pilot study version of a content analysis project of 10 videos on TikTok about ADHD (Peppler & Desjarlais, 2024). "ADHD" was searched, and the top 10 downloadable videos were analyzed using an adapted version of Braun and Clarke's (2006) methods for thematic analysis. The content was coded for who the creator was, why they were sharing the content, and what the message they were trying to convey was. I also compared it to the DSM-5 by coding for the diagnostic criteria outlined. From that study, I found that 100% of the videos centered around symptoms of ADHD, 70% seemed to have educational or awareness-building purposes, and 30% of them suggested a possible diagnosis for the viewer. Interestingly, and in direct opposition to Yeung and colleagues' previous findings (2022), I found that none of the videos contained any explicitly inaccurate information. All of them featured at least one symptom that matched the symptoms in the DSM-5, but none of the videos mentioned anything about the contextual aspects of the DSM-5 criteria, which are crucial for diagnosis.

Goals of the Current Study

This project aims to build on the findings of my previous work. The identities of the creators disseminating content on TikTok about ADHD will be investigated, including their credentials and possible motivations for sharing content. I will also explore exactly what kind of messages are being portrayed in the videos about ADHD, and if the information provided is clinically accurate. The results of this study will inform the public of how critical they need to be

when consuming content on social media regarding ADHD, as well as provide a basis for future

research into the possible effects of self-diagnosis based on such content. Clinicians and

physicians may also benefit from the knowledge gained in this study as they encounter and

assess patients who come in seeking diagnoses based off their TikTok feeds.

Methodology

Researcher interest

I approached this research as a psychology student with 4+ years of experience learning

about psychological history and principles. Throughout my studies I have learned about ADHD

in courses such as Psychopathology, Advanced Psychopathology, and a directed readings course

largely focused on research involving ADHD, social media, and self-diagnosis. Throughout the

development of this research project, I have also furthered my knowledge about the ADHD

community by reading anecdotes online, talking to people who live with it, and discussing with a

clinical expert (a PhD candidate with experience diagnosing ADHD). In doing so, I have become

familiar with the disorder, its diagnostic criteria, and how people experience living with it,

making me confident in distinguishing between accurate and inaccurate information about

ADHD.

As a young adult, I am also familiar with the realm of social media, and I do have a

personal account on TikTok. I have come across mental health content on the app before and

have seen the responses to it that seem to indicate that people are self-diagnosing with mental

health disorders based on videos they have seen, which is what sparked my interest in this

research topic. I had not viewed any of the particular videos included in this study prior to

conducting my research, but I had viewed some that were similar before. I practiced reflexivity

throughout this research by recognizing that I have experience with similar phenomena to the

videos under investigation and ensuring that this previous experience did not bias or influence my thoughts during the data collection or analysis phases of this project. This familiarity with the app and its features enhanced my understanding of the videos collected and ensured a smooth data collection process.

Ethical considerations

No ethical clearance from a Human Research Ethics Board was necessary for this project, as all data collected is publicly available and downloadable on the platform with no reasonable expectation of privacy, and all TikTok users consent to terms of service that include an agreement to third party access to their content if it is not made private (Herrick et al., 2023). The videos being made downloadable by the creators implies consent to dissemination (Foster et al., 2024). There was no interaction between myself as the researcher and the creators of the content being analyzed involved in the study design, so no ethics approval was needed (Moreno et al., 2013). This is also in accordance with the Tri-Council Policy Statement of Ethical Conduct for Research Involving Humans, which states that no board review is necessary when the only data collected is from a public source that has no reasonable expectation of privacy, there is no direct interaction between the researcher and the individuals being observed, and when dissemination will not include any identification of the creators (Government of Canada, 2023). To ensure this standard is met, I will not directly quote or name any of the creators of the videos collected in any dissemination materials.

This study is pre-registered with the Open Science Framework to bolster credibility.

Data collection

To avoid any algorithmic influence from previous TikTok use, I created a new account to be used only for research purposes separate from my personal account. The next step in the

process was to go to the "search" page from the home page. I then input "ADHD" into the search

bar and ensured that the "Top" videos were shown (rather than "users," "sounds," or "LIVE").

The broad search term "ADHD" was selected to capture a representative range of content viewed

by the general public, rather than specific clinical or advocacy-focused material. As the goal of

the research was to see what kind of content was shown on TikTok about ADHD, the only

inclusion criteria for the videos collected was that they had to be downloadable. Following this

guideline, the top 100 downloadable videos were collected, and the number of videos excluded

due to not being downloadable was recorded (n = 6). This number (N = 100) is considered

sufficient for saturation, as per similar previous research (Foster et al., 2024; Yeung et al., 2022).

Each video was "saved," or downloaded, to the device, then saved to a secure file, along

with a screenshot of the creator's profile page. During this process, the following information

was recorded for each video: the date it was posted; the current number of likes, comments,

saves, shares, and views; the creator's current follower count; the caption of the video, and the

creator's current "bio" (the information text blurb on their profile page). These notes were made

at the time of collection because they are subject to change over time.

Due to the length of time required for collection, the process occurred over a period of

three days and four sessions. The first 20 videos were downloaded on January 26th, 2025. The

next 20 videos were collected on the morning of January 27th. The order of the videos in the

search results was different from the previous day, so collection was resumed from the top.

Videos that had already been collected the previous day were skipped, and the number of

previously collected videos was recorded (n = 10). Then, 25 more videos were collected on the

evening of January 27th, again following the same process of collecting from the top of results

and noting the number of videos previously collected (n = 7). The final 35 videos were collected

on January 28th, following the same process as the previous day, thus completing the final

sample size of 100 videos. During this session, 23 videos were skipped due to being collected

during the previous days. The change in the order of videos displayed under the search is

reflective of how the algorithm works to show users content. It is dependent on the content that

they have previously viewed, so the algorithm based the search results on subsequent days after I

viewed the first 20 videos, like how a typical user would experience such a search.

During data analysis it became apparent that one of the videos downloaded was a

duplicate. This video was removed from the data set, and a new video was downloaded to

replace it, following the same process outlined above. The final sample included 100 videos.

Data analysis

The videos' content was analyzed using an adapted version of White and Marsh's (2006)

methods for qualitative content analysis, with a more deductive approach. This method was

chosen because it facilitates an understanding of the content of the data, while applying a priori,

or pre-defined categorizations (hereafter referred to as "codes"), as well as allowing

unanticipated codes to emerge from the data. From these codes, general conclusions about the

patterns in the data can be understood.

Each video was reflexively analyzed using a rigorous process of viewing and coding, and

the codes were then each investigated, as well as viewed altogether, to determine the patterns in

the data and answer the research questions. The process of coding information in the videos was

supported by the software platform Delve. Table 2 illustrates the process of coding for each

video.

I followed this process myself for each of the 100 videos, and a research assistant did the

same for 10 videos after reading the aforementioned codebook. We then compared notes and

Table 2 *Description of Data Analysis Process Used for Each TikTok Video.*

Content analysis steps	Description
Step 1: Video viewing	Watch the video once without taking notes.
Step 2: Code for creator identity	Code for the creator's identity by looking at their profile screenshot (influencer/content creator, mental health professional, authority figure, account dedicated solely to mental health content). a. If their profile features anything that looks like they profit off of their content (i.e. ads or brand deal promotions), code as content creator/influencer b. If they post regularly (once a day or more), code as content creator/influencer c. If they have over 100k followers, code as content creator/influencer (Sesar et al., 2022) d. If they have anything in their bio or video caption that mentions a mental health credential (i.e. "registered therapist," or "psychologist," or "psychiatrist," or "doctor"), code as mental health professional and take note of the credential e. If they have anything in their bio or video caption that mentions having authority in some way, but not a mental health credential, such as being an author, podcaster, celebrity, "coach," etc., code as authority figure f. If all or 9/10 videos they post are about mental health-related topics, code as account dedicated solely to mental health
Step 3: Code for video purpose	Watch the video a second time and take note of the purpose of the video. a. If there is evidence that the creator intends to raise awareness of ADHD or something related to it, or wants to educate about the topic, code as educational (i.e. "#ADHDawareness") b. If the video features anything that mentions a possible diagnostic avenue for the viewer (i.e. "if you do this, you might have ADHD," or "6 signs you have ADHD"), code as suggestive of possible diagnosis c. If the tone of the post is humorous (i.e., playful or exaggerated visuals), or if the video is a "skit" that seems to be purely for entertainment purposes without providing educational information, code as for entertainment d. If the video features a scene or a story from the creator's own life, code as personal story-telling

Content analysis steps	Description

Step 4: Code for video content	Take notes about the content of the video (watch a third time if necessary).
	    a. If the video features a display or discussion of any symptoms or behaviors that are related to ADHD (they do not have to be accurate), code as about symptoms
	    b. If the video features a display or discussion of treatment for ADHD (this does not have to be accurate), code as about treatment
	    c. If the video displays or discusses anything that is clinically or scientifically wrong about ADHD (i.e. saying that ADHD only affects children, or saying that the cause of ADHD is a dopamine deficiency, or saying that hearing things that aren't real is a symptom of ADHD), code as inaccurate information
	        i. Note - if a symptom is presented in the video that doesn't directly align with the DSM-5 criteria's symptoms, but is a symptom that is widely recognized in the ADHD community as a symptom of the disorder, do not code as inaccurate (e.g., saying that impulsive spending is a sign of ADHD)
	    d. If the video or caption features or discusses any sort of disclaimer about consulting a professional, or links to any resources about ADHD, or discusses and cites any research behind the information shared, code as mention of resources

Step 5: Code for DSM-5 criteria	Compare the video's content to the DSM-5 criteria (American Psychiatric Association, 2013). Watch the video a fourth time.
	    a. Compare the 9 inattentive symptoms in the DSM-5 to the video - code "yes" for them if they are represented in the video
	        i. Often fails to give close attention to details or makes careless mistakes in schoolwork, at work, or during other activities (e.g., overlooks or misses details, work is inaccurate)
	        ii. Often has difficulty sustaining attention in tasks or play activities (e.g., has difficulty remaining focused during lectures, conversations, or lengthy reading)
	        iii. Often does not seem to listen when spoken to directly (e.g., mind seems elsewhere, even in the absence of any obvious distraction)
	        iv. Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (e.g., starts tasks but quickly loses focus and is easily sidetracked)

Content analysis steps	Description

      v. Often has difficulty organizing tasks and activities (e.g., difficulty managing sequential tasks; difficulty keeping materials and belongings in order; messy, disorganized work; has poor time management; fails to meet deadlines)

     vi. Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (e.g., schoolwork or homework; for older adolescents and adults, preparing reports, completing forms, reviewing lengthy papers)

    vii. Often loses things necessary for tasks or activities (e.g., school materials, pencils, books, tools, wallets, keys, paperwork, eyeglasses, mobile telephones)

   viii. Is often easily distracted by extraneous stimuli (for older adolescents and adults, may include unrelated thoughts)

     ix. Is often forgetful in daily activities (e.g., doing chores, running errands; for older adolescents and adults, returning calls, paying bills, keeping appointments)

  b. Compare the 8 hyperactive/impulsive symptoms in the DSM-5 to the video - code "yes" for them if they are represented in the video

      i. Often fidgets with or taps hands or feet or squirms in the seat

     ii. Often leaves seat in situations when remaining seated is expected (e.g., leaves his or her place in the classroom, in the office or other workplace, or in other situations that require remaining in place)

    iii. Often runs about or climbs in situations where it is inappropriate (Note: In adolescents or adults, may be limited to feeling restless)

    iv. Often unable to play or engage in leisure activities quietly

     v. Is often "on the go," acting as if "driven by a motor" (e.g., is unable to be or uncomfortable being still for extended time, as in restaurants, meetings; may be experienced by others as being restless or difficult to keep up with).

     vi. Often talks excessively

    vii. Often blurts out an answer before a question has been completed (e.g., completes people's sentences; cannot wait for turn in conversation)

Content analysis steps	Description
	viii. Often has difficulty waiting his or her turn (e.g., butts into conversations, games, or activities; may start using other people's things without asking or receiving permission; for adolescents and adults, may intrude into or take over what others are doing) c. If there is any mention of the diagnostic criterion that symptoms need to be present for at least 6 months, code "yes" d. If there is any mention of the diagnostic criterion that symptoms needed to be present before the age of 12, code "yes" e. If there is any mention of the diagnostic criterion that symptoms need to be present in 2 or more settings, code "yes" f. If there is any mention of the diagnostic criterion that symptoms need to interfere significantly with functioning, code "yes" g. If there is any mention of the diagnostic criterion that symptoms must not be better explained by another disorder, code "yes"

codes and reached consensus through discussion when our results disagreed with each other. This ensured inter-rater reliability, as it served as training for the rest of the data set's analysis.

Once all the videos were thoroughly coded as per the above criteria, I examined each code in relation to the others to reveal many patterns that exist in the data.

Results

Overview of Video and Creator Engagement

The 100 TikTok videos in this study amassed a total of 328,157,200 views. The average number of views per video was 3.28 million (median = 1,700,000; range = 54,300 – 38,200,000). The total number of followers for the 100 creators was 110.65 million, with creators having an average of 1.10 million followers (median = 388,100; range = 132 – 50,700,000). This is well over the 100k threshold for "macro-influencer" status, according to Sesar and colleagues (2022). The 100 videos collectively received 27.95 million likes, averaging 279,482 likes per video (median = 96,350; range = 1,572 – 5,500,000). Additionally, the videos accumulated 266,220 comments, averaging 2,666.20 comments per video (median = 1,109.50; range = 12 – 16,200).

Distribution of Creators

Most of the videos (71%) were shared by content creators/influencers, and only 11% were shared by mental health professionals. Of the 11 videos from mental health professionals, there was one "child therapist," one "therapist," one "licensed psychologist," one "licensed resident in counselling," one "board certified psychiatrist" (they contributed two videos), one "psychiatrist" (they contributed three videos), one "clinical psychologist," and one medical doctor with a specialization in mental health. Authority figures (such as being an author, podcaster, celebrity, "coach," etc., but not trained mental health professionals) contributed 13% of the videos. Most of the overall creators' accounts were dedicated solely to mental health

content (63%), with many focusing specifically on ADHD. A total of 44% of the videos were from just 10 creators, highlighting a concentration of content from a small group. In total, there were 66 unique creators. Among the 10 creators who posted multiple videos, one contributed 14 videos, another six, one five, two contributed four each, one contributed three, and four creators contributed two videos each.

Content Created by Mental Health Professionals

Of the 11 videos shared by mental health professionals, two were primarily about treatment of ADHD and eight were primarily about symptoms of ADHD. The 11th video was about neither; the creator simply stated that there is no job that someone with ADHD cannot do. A significant portion (3 of the 11 videos) shared by mental health professionals were suggestive of a possible diagnosis for the viewers, and two featured inaccurate information. There were 38 total ADHD symptoms mentioned in these videos, 22 of which aligned with the symptoms outlined in the DSM-5 (58%).

Content Type and Purpose

Most of the 100 videos (59%) were educational in nature, while 22% were intended for entertainment. Personal storytelling content made up 31% of the videos, and 18% of the videos suggested a possible ADHD diagnosis to the viewer. Table 3 provides examples of videos for each perceived purpose.

Additionally, only 7% of the videos mentioned resources or disclaimers, of which 43% were from mental health professionals. Only 8% of the videos were about or mentioned treatment of ADHD (this excludes videos that advertised vague "playbooks" etc. as "treatment"). Most of the videos were primarily about symptoms (93%).

Table 3 *Illustrative Examples of Educational, Entertaining, Personal Storytelling, and Suggestive of Diagnosis Videos.*

Examples of educational videos

Videos with hashtags in the caption such as "#adhdawareness," "#understandingadhd," "#MentalHealthAwareness," or "#education."

Video with a graphic titled "What ADHD Can Look Like" featuring a pie chart that has 12 equal parts for symptoms.

Video titled "Common signs of ADHD affecting you mentally & physically. Awareness is key!"

Examples of entertaining videos

Videos with hashtags in the caption such as "#ADHDmemes" or "#ADHDcomedy."

Skit"-style video of someone acting out "what it's like to have ADHD," with a rapid-fire voiceover of overlapping sentences.

Video titled "THE ADHD LIFE 🤣" which featured a couple acting out humorous conversations such as her forgetting the words for items.

Examples of personal storytelling videos

Videos that mention first-person accounts (such as saying "7 ways that ADHD affects my life everyday," or "welcome to my ADHD brain.")

Videos that mention the creator's diagnosis (such as saying "I was just diagnosed at 13 with ADD later on, re-diagnosed with ADHD at 17. So I've struggled with a lot of this throughout my entire life, and I like to just share how I've made it through some of it.")

Video titled "Understanding my ADHD wife."

Examples of videos suggestive of diagnosis

Video titled "5 subtle signs you are likely to have ADHD."

Video titled "ADHD TEST QUIZ | TEST YOURSELF IF YOU HAVE ADHD."

Quiz-style video featuring five symptoms, ending with "If you at least 3-4 yes most probably you have ADHD."

Note. ADHD: attention-deficit/hyperactivity disorder.

ADHD-Related Symptoms

The content predominantly focused on ADHD symptoms, with 93% of the videos featuring at least one symptom. A total of 453 ADHD symptoms were mentioned across the videos, with the average number of symptoms per video being 4.9 (range = 1 – 21). This includes both symptoms that were accurate and inaccurate according to the DSM-5.

Inaccurate Information

Only 14% of the videos contained outright inaccurate information (16 instances), and only 4 of those 14 videos were entirely inaccurate (i.e. they did not mention any other accurate information in addition to the inaccurate information). The overall inaccuracies were categorized as follows: 3 of the 14 inaccurate videos misrepresented ADHD as a diagnosis based on insufficient evidence (e.g., referencing a "quiz" or listing symptoms as "signs you most likely have ADHD" without sufficient context). Two videos featured one psychiatrist incorrectly using the outdated term "ADD" instead of the current term "ADHD." One of the other reasons for inaccuracy was misattributing unrelated behaviors to being ADHD symptoms, such as a propensity for vulgar hand gestures or having issues with personal space (4 of the 14 videos). Similarly, 2 of the 14 videos overgeneralized or exaggerated the effects or traits of ADHD (such as stating that for "*most*" people with ADHD, it is "*almost impossible* to hold down a relationship"). Another 2 videos misattributed symptoms to ADHD that are likely actually due to other disorders, such as saying that they "constantly snack and binge eat… and then feel guilty about it." The creator had stated that this was one of the ways that ADHD affects their life, but this is not a symptom of ADHD and is more likely explained by an eating disorder. Alarmingly, 1 of the 14 inaccurate videos was from a psychiatrist who stated that head trauma causes ADHD, which is neither scientifically proven nor thought to be true anecdotally by the community.

A significant portion of the inaccurate videos (3 of 14) originated from that single psychiatrist, underscoring the need for accurate information from mental health professionals.

DSM-5 Alignment

Out of the 453 total symptoms mentioned, 209 (46%) aligned with the DSM-5 symptom criteria. The inattentive subtype was most frequently presented (75% of the total DSM-5 symptoms mentioned), with 157 symptoms mentioned in total across the videos. On average, there were 1.6 inattentive symptoms mentioned per video out of all 100 (range = 0 - 6). Hyperactive/impulsive subtype symptoms were less frequently featured. They were mentioned 52 times across the 100 videos, with an average of 0.5 symptoms per video (range = 0 - 6).

Of the 71 videos that did feature DSM-5 symptoms, each video mentioned 2.9 on average (range = 1 - 12). Of these videos, the average number of inattentive symptoms mentioned per video was 2.2 (range = 0 - 6). The most commonly mentioned symptom was "frequently forgetting important dates/appointments," aligned with DSM-5 inattentive symptom nine ("is often forgetful in daily activities (e.g., doing chores, running errands; for older adolescents and adults, returning calls, paying bills, keeping appointments))." Hyperactive/impulsive symptoms were featured 0.7 times on average in each video containing DSM-5 symptoms (range = 0 - 6). The most frequently mentioned hyperactive/impulsive symptom was the seventh one listed in the DSM-5: "Often blurts out an answer before a question has been completed (e.g., completes people's sentences; cannot wait for turn in conversation)." Table 4 provides examples of DSM-5 aligned symptoms in the videos for each subtype, and Table 5 outlines the number of times each DSM-5 symptom was mentioned overall in the videos.

Notably, 71% of the videos did mention at least one symptom that corresponded to the DSM-5 symptoms. Despite the focus on symptoms, however, the videos largely omitted key

Table 4 *Illustrative Examples of DSM-5 Aligned Symptoms Featured in the Videos.*

Examples of inattentive symptoms in the videos	Corresponding DSM-5 Symptom (American Psychiatric Association, 2013)
Video saying "We struggle with time blindness, losing track of time and missing deadlines or appointments."	Inattentive symptom e: "Often has difficulty organizing tasks and activities (e.g., difficulty managing sequential tasks; difficulty keeping materials and belongings in order; messy, disorganized work; has poor time management; fails to meet deadlines)."
Video titled "Top 10 Signs of ADHD" which mentions "they misplace items" as one of the signs.	Inattentive symptom g: "Often loses things necessary for tasks or activities (e.g., school materials, pencils, books, tools, wallets, keys, paperwork, eyeglasses, mobile telephones)."
Video titled "How 🎇undiagnosed 🎇 ADHD can show up" which mentions "Frequently forgetting important dates/appointments."	Inattentive symptom i: "Is often forgetful in daily activities (e.g., doing chores, running errands; for older adolescents and adults, returning calls, paying bills, keeping appointments)."
Examples of hyperactive/impulsive symptoms in the videos	**Corresponding DSM-5 Symptom (American Psychiatric Association, 2013)**
Video titled "Things I thought were bad habits but were actually ADHD" which mentions "Shaking my legs/clicking a pen/fiddling with something in my hands."	Hyperactive/impulsive symptom a: "Often fidgets with or taps hands or feet or squirms in seat."
Video of someone talking very rapidly without letting the other person get a word in.	Hyperactive/impulsive symptom f: "Often talks excessively."
Video titled "Unique Things People Do With ADHD	Therapist Explains" which says "You interrupt a lot but feel bad when you are confronted about it."	Hyperactive/impulsive symptom g: "Often blurts out an answer before a question has been completed (e.g., completes people's sentences; cannot wait for turn in conversation)."

Note. ADHD: attention-deficit/hyperactivity disorder.

Table 5. *The Number of Times Each DSM-5 Symptom was Mentioned Across the 100 Video Sample.*

Inattentive DSM-5 symptoms (American Psychiatric Association, 2013)	How many videos it was mentioned in
a. Often fails to give close attention to details or makes careless mistakes in schoolwork, at work, or during other activities (e.g., overlooks or misses details, work is inaccurate).	1
b. Often has difficulty sustaining attention in tasks or play activities (e.g., has difficulty remaining focused during lectures, conversations, or lengthy reading).	18
c. Often does not seem to listen when spoken to directly (e.g., mind seems elsewhere, even in the absence of any obvious distraction).	12
d. Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (e.g., starts tasks but quickly loses focus and is easily sidetracked).	13
e. Often has difficulty organizing tasks and activities (e.g., difficulty managing sequential tasks; difficulty keeping materials and belongings in order; messy, disorganized work; has poor time management; fails to meet deadlines).	34
f. Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (e.g., schoolwork or homework; for older adolescents and adults, preparing reports, completing forms, reviewing lengthy papers).	16
g. Often loses things necessary for tasks or activities (e.g., school materials, pencils, books, tools, wallets, keys, paperwork, eyeglasses, mobile telephones).	8
h. Is often easily distracted by extraneous stimuli (for older adolescents and adults, may include unrelated thoughts).	17
i. Is often forgetful in daily activities (e.g., doing chores, running errands; for older adolescents and adults, returning calls, paying bills, keeping appointments).	38
Hyperactive/impulsive DSM-5 symptoms (American Psychiatric Association, 2013)	**How many videos it was mentioned in**
a. Often fidgets with or taps hands or feet or squirms in seat.	8
b. Often leaves seat in situations when remaining seated is expected (e.g., leaves his or her place in the classroom, in the	2

office or other workplace, or in other situations that require remaining in place).

c.	Often runs about or climbs in situations where it is inappropriate. (Note: In adolescents or adults, may be limited to feeling restless).	5
d.	Often unable to play or engage in leisure activities quietly.	2
e.	Is often "on the go," acting as if "driven by a motor" (e.g., is unable to be or uncomfortable being still for extended time, as in restaurants, meetings; may be experienced by others as being restless or difficult to keep up with).	8
f.	Often talks excessively.	10
g.	Often blurts out an answer before a question has been completed (e.g., completes people's sentences; cannot wait for turn in conversation).	8
h.	Often has difficulty waiting his or her turn (e.g., while waiting in line).	6
i.	Often interrupts or intrudes on others (e.g., butts into conversations, games, or activities; may start using other people's things without asking or receiving permission; for adolescents and adults, may intrude into or take over what others are doing).	3

Note. ADHD: attention-deficit/hyperactivity disorder.

contextual DSM-5 diagnostic criteria. Of these key factors, which include the symptoms being present for at least 6 months, being present before the age of 12, being present in at least two settings, not being better explained by another disorder, and significantly interfering with daily functioning, only the lattermost was mentioned, in only 7% of the total 100 videos.

       Together, these findings provide insight into who is sharing ADHD content on TikTok, the nature of that content, and the degree to which it aligns with clinical diagnostic standards.

Discussion

The purpose of this study was to explore the characteristics and clinical accuracy of ADHD-related content on TikTok, with the aim of addressing growing concerns regarding misinformation and its potential role in promoting inappropriate self-diagnosis. By analyzing 100 TikTok videos under the search term "ADHD," this research investigated who is disseminating ADHD-related content, the motivations behind sharing such information, and the alignment of this content with the DSM-5 clinical diagnostic criteria for ADHD. The findings reveal a complex and nuanced picture: while TikTok presents valuable opportunities for mental health literacy, especially through educational and personal narratives, a concerning gap exists between clinically validated information and the lived experiences of those represented in the content. Although most videos included at least one DSM-5-aligned symptom, crucial contextual diagnostic criteria were almost entirely absent, and even videos produced by mental health professionals were not free from inaccuracies or suggestions of unsupported diagnoses. These findings provide clarity on ADHD discourse on TikTok and highlight both the opportunities and risks of this emerging information system.

Video Creators

A closer examination of the data revealed several key concepts, including an answer to one of the original research questions: Who is sharing the content? Most videos (71%) were created by content creators or influencers, with only 11% produced by mental health professionals. This imbalance of professionals versus non-professionals could simply be due to the fact that there are more people on TikTok who do not have official training in mental health than those who do, or it could mean that non-professionals create content that performs better algorithmically, possibly because they overgeneralize their content to make it more relatable (Milton et al., 2023). TikTok's algorithm prioritizes content that generates high levels of engagement, and influencers, who benefit directly from maximizing, are motivated to create videos that are fast-paced, relatable, and resonate with large audiences. This algorithmic environment could amplify their presence in the ADHD content space, thus leaving less room for mental health professionals' content.

 Notably, though, 27% of the videos that *were* created by mental health professionals were suggestive of a diagnosis, and a concerning 18% contained inaccurate information. These findings mirror those of Yeung et al. (2022), who observed that healthcare providers' content was not free from inaccuracies, with 27.3% of their videos containing misleading information. Furthermore, only 58% of mental health professionals' videos in this study referenced DSM-5 symptoms, reinforcing the inconsistency between expected and actual accuracy among trusted sources.

Having established who is creating ADHD content and their primary motivations, the next consideration is the nature of the information being shared.

Video Purposes

The perceived purpose of the videos was investigated to answer another research question, which was: Why are people sharing ADHD content? The predominant aim of the content appeared to be educational or awareness-building, with 59% of videos falling into this category. This closely aligns with my prior pilot study, where 70% of videos were aimed at educating or raising awareness. Such findings support Adeane and Stasiak's (2023) argument that social media holds promise as a platform for enhancing mental health literacy, especially when content effectively blends professional perspectives with authentic lived experiences, both of which users value highly and would like to see in videos. Indeed, personal storytelling accounted for 31% of the videos analyzed, consistent with the literature highlighting the therapeutic and community-building value of sharing personal experiences online (Clark, 2023; Heiss et al., 2024; Leveille, 2024; Milton et al., 2023; Naslund et al., 2017).

While the primary purposes of these videos appeared to center around education, awareness, and personal storytelling, it is equally important to examine the actual content of these videos, especially the types of information being presented.

Content of the Videos

A significant gap emerged in the form of missing disclaimers or references to professional resources, which were present in only 7% of videos. This missed opportunity echoes Yeung et al.'s (2022) concerns about the absence of professional guidance in such content. Because there is such an oversimplification of ADHD, its symptoms, and the diagnostic criteria in the videos, and because of such a blatant lack of contextual information, disclaimers about consulting professionals for more comprehensive information could be effective in preventing misunderstandings around the disorder. Such misunderstandings, like incorrect self-diagnosis

with ADHD, have potentially harmful consequences, including a lack of access to resources, loss of trust in the healthcare system, reinforced negative stigma, or inappropriate self-treatment (Clark, 2023; Fellowes, 2023; Monteith et al., 2024; Yoon et al., 2024). TikTok could mitigate this risk by mandating the inclusion of disclaimers or links to evidence-based resources, thereby enhancing consumer protection, and promoting informed decision-making.

The answer to the question of what exactly people were sharing about ADHD was almost universally symptoms, with 93% of videos referencing at least one ADHD symptom. This closely aligns with both my prior study and Karasavva et al.'s (2025) findings, which reported that 94% of top ADHD TikTok videos in 2023 were symptom focused. This could be because many symptoms of ADHD are relatable to everyone, even those who would not qualify for an official diagnosis, when they lack contextual information alongside them, making them a popular topic in ADHD content (Chochol et al., 2023). As previously noted, the algorithmic prioritization of attention-grabbing content likely contributes to the popularity of symptom lists and personal narratives over clinically nuanced conversations.

Discussions of treatment options were much less common, appearing in only 8% of videos, mirroring Karasavva et al.'s (2025) findings of similarly low rates of references to treatment (6% of their videos). This limited focus on treatment contributes to an incomplete narrative, wherein audiences may recognize symptoms in themselves without receiving guidance on appropriate next steps.

While it is clear that ADHD-related TikTok content heavily emphasizes symptom portrayal, an important question remains: how accurate is the information being presented to viewers?

Content Accuracy

The question of the accuracy of information shared on TikTok about ADHD remains a concern, though not as severe as indicated in some previous research (Yeung et al., 2022). In this study, 14% of videos contained inaccuracies, with 16 instances overall, whereas Yeung and colleagues found that 52% of their videos were inaccurate. This difference could be due to a difference in coding schemes. Yeung et al. coded their content as "misleading" if it lacked scientific evidence, and also coded separately for "useful" and "personal experience." I, on the other hand, took a rather conservative approach in deeming content "inaccurate," as I did not want to discount valid experiences of the ADHD community, especially given that many people with ADHD feel that it is under-researched in adults and in women (Cassata, 2023; Hinshaw et al., 2021). This is why I also coded for accuracy against the DSM-5, to reduce some of the grey area about what exactly constitutes "inaccuracy." Karasavva et al. (2025) recently conducted a similar study in which they coded ADHD content on TikTok against the DSM-5 criteria, and found very similar results, indicating that many of the symptoms presented in videos are accurate according to diagnostic standards. Still, though, I did find that 14% of the videos in my sample included completely inaccurate information. Alarmingly, a single psychiatrist was responsible for a quarter of these inaccuracies, illustrating that professional status alone does not guarantee reliability, which underscores the need for disclaimers and resources to be mandatory for any content regarding mental health information. Viewers of such content should be provided with resources to draw on for further information, and encouraged to seek personal professional guidance should they relate to the information they are seeing online.

In this study, 46% of mentioned symptoms aligned with the DSM-5, comparable to Karasavva et al.'s (2025) finding of 49%. Yet, lived experiences often extend beyond DSM-5

criteria, as recognized by scholars who argue for broader diagnostic frameworks that capture the full spectrum of ADHD experiences (Chevalier, 2024; Eng et al., 2024; Grønneberg et al., 2023; Heidbreder, 2015; Locke, 2023). Sensory processing differences, for example, are widely reported by individuals with ADHD but remain unrecognized in the DSM-5, though they have been incorporated into the WHO's ICF framework (Bolte et al., 2024). Future studies could assess TikTok video content about ADHD against the ICF framework for diagnosis rather than the DSM-5, which may incorporate more of the lived experiences of those with ADHD and further clarify what is inaccurate versus what is not.

One particularly notable pattern within symptom portrayals was the disproportionate focus on inattentive-type symptoms. Of the DSM-5-aligned symptoms presented, 75% belonged to the inattentive subtype. This emphasis likely reflects emerging diagnostic trends, as adult and female ADHD presentations often feature inattentive symptoms more prominently (Ahmad et al., 2019; Castellanos & Proal, 2012). Karasavva et al. (2025) similarly observed that 71.3% of symptoms in top TikTok videos reflected inattentive-type presentations. This skew toward inattentive symptoms may inadvertently contribute to self-identification among viewers who recognize these traits in themselves, particularly in the absence of broader diagnostic context. Moreover, this selective symptom portrayal reinforces concerns that oversimplification and lack of nuance in online ADHD content can blur the line between accuracy and misrepresentation.

Lack of Contextual Diagnostic Criteria

Even though 71% of the total videos mentioned at least one symptom aligned with the DSM-5 criteria, crucial contextual diagnostic criteria were almost universally absent. Only 4.1% of videos in Karasavva et al.'s (2025) sample included any acknowledgment that the claims made in the video may not apply to everyone with ADHD, and only 1.4% acknowledged that the

symptoms presented may also occur in people without ADHD. My findings reflect a similar trend, with only 7% of the videos including even an allusion to the criterion that symptoms must significantly interfere with daily functioning, and none of the other four contextual criteria were mentioned at all. Even when videos hinted at functional impairment, they did so indirectly and without explicit reference to formal diagnostic guidelines.

Prior research suggests that the overgeneralization of ADHD symptoms and lack of contextual detail likely contribute to the spread of misinformation, like the inappropriate suggestion of a diagnosis based on too few factors, as seen in this study (Chochol et al., 2023; Clark, 2023). The absence of these contextual details not only leaves room for misunderstanding about the complexity of the disorder but also highlights a broader, more systemic issue: the tension between clinical models of ADHD and the lived experiences of those within the community. This persistent gap complicates the categorization of content as accurate or inaccurate. For example, symptoms like emotional dysregulation or low self-esteem, while not exclusive to ADHD, are commonly reported by individuals within the ADHD community (Shaw et al., 2014). It could be true that such effects are indirect symptoms of ADHD, stemming from the social issues that the disorder can cause, or it is also possible that they are direct symptoms of ADHD. Adolescents, who represent a large share of TikTok's user base, are particularly vulnerable to this ambiguity (Basch et al., 2022; Deotto et al., 2022; Liu et al., 2024; Milton et al., 2023). They may misidentify as having ADHD based on overgeneralized symptom portrayals, especially given that adolescence is also a high-risk period for comorbid mental health issues (Chochol et al., 2023; Fellowes, 2023). Furthermore, as Karasavva et al. (2025) noted, many of the symptoms portrayed in these videos are transdiagnostic, or simply part of normal human behavior.

Thus, even when individual symptoms mentioned in videos are technically accurate, the absence of essential diagnostic context leaves viewers susceptible to misunderstanding. This is concerning because according to research, young people are using TikTok increasingly often as an information-gathering tool, rather than using a search engine like Google, which would give a more comprehensive look at ADHD and its diagnostic process (Brewster et al., 2022; Leveille, 2024). Also, as Hartnett and Cummings (2024) discuss, the cyclical algorithm of the TikTok platform can reinforce a confirmation bias for users' self-concept, meaning that if they see an initial video and identify with the oversimplified information presented about ADHD, then seeing more videos about it would reinforce that self-imposed identity. Matte et al. (2015) also emphasize the importance of considering the full diagnostic criteria to avoid inflating prevalence rates, a point underscored by the incomplete portrayals found in this study.

Practical Implications

The results of this study offer valuable insights into the practical steps that platforms, clinicians, and consumers can take to address the dissemination of ADHD content that, while often well-intentioned, may lack clinical accuracy or essential context.

Platforms like TikTok should consider implementing policies that require content creators to include disclaimers or provide links to evidence-based resources, particularly for mental health content. TikTok's recent partnership with the World Health Organization (TikTok Newsroom, 2024) is a promising initiative in this direction, providing a framework for elevating reliable health information.

Users of social media platforms like TikTok should approach the content they view about mental health disorders with critical thought and be open to doing research beyond the platform about the disorders they are seeing online. They should be aware of the possibility that the

information they are receiving via videos is not correct or not comprehensive, especially given

that the content is unmoderated.

Additionally, parents and caregivers are encouraged to engage in open conversations with

adolescents about the accuracy of online mental health information and help young users

navigate the overwhelming content landscape.

Clinicians should anticipate encountering patients influenced by social media narratives

and respond with empathy and critical discussion rather than outright dismissal.

Finally, researchers and science communicators are urged to adopt more accessible and

relatable communication strategies, mirroring the success of popular creators to disseminate

accurate mental health information effectively (Durbin, 2025).

Ultimately, addressing these implications could transform TikTok from a potential source

of confusion into a valuable platform for responsible mental health education and awareness.

Limitations

Interpreting the findings of this study requires careful consideration of its methodological

limitations, particularly given the evolving nature of social media platforms and the complexity

of ADHD discourse. For example, the blurred boundaries between lived experience and clinical

diagnostic criteria complicated the classification of content accuracy. Although coding was

conducted strictly according to DSM-5 criteria, this approach may overlook the validity of

community-recognized experiences that fall outside formal diagnostic frameworks.

Because the purpose of this research was to understand what most people were viewing

on TikTok about ADHD, only the top 100 videos were collected. This does mean that the full

picture of *all* the videos on this topic could be overlooked, and it is possible that less popularly

viewed videos could be more comprehensive, detailed, or accurate.

Furthermore, videos were collected over multiple days, which may have introduced algorithmic influence. However, this approach mirrors the real-world experience of typical TikTok users, whose feeds evolve based on prior engagement.

Due to the project's limited scope, professional co-coding was not feasible. Including a clinical psychologist as an independent coder would have bolstered validity. Nevertheless, the alignment of this study's findings with those of Karasavva et al. (2025), conducted by clinical psychology PhD students and a postdoctoral fellow licensed in clinical psychology, lends credibility to the results.

These limitations highlight opportunities for future research to build upon these findings and further refine our understanding of ADHD discourse in online spaces.

Future Directions

Given the gaps and complexities identified in this study, future research is essential to deepen our understanding of how ADHD content shapes audience perceptions and behaviors. Future research should explore the behavioral outcomes associated with exposure to ADHD-related TikTok content. Specifically, studies should investigate whether viewers pursue professional evaluation, self-diagnose, or alter their behaviors based on the content consumed. Further research is also needed to examine the discrepancies between clinical criteria and the lived experiences of those with ADHD, which could inform more inclusive diagnostic frameworks and clearer definitions of misinformation in this context.

Conclusion

In an era when social media increasingly shapes public understandings of mental health, this study aimed to critically examine the creators, messaging, and clinical accuracy of ADHD-related content on TikTok, in response to growing concerns about misinformation and its

influence on self-diagnosis. Through content analysis and comparison with DSM-5 criteria, the findings reveal that while TikTok content often includes DSM-5-aligned symptoms and serves primarily educational purposes, it typically lacks the contextual details essential for accurate diagnosis. These results highlight both the risks of self-diagnosis and the opportunities to enhance mental health literacy via social media platforms. As TikTok continues to shape how young people understand mental health, it is imperative for platforms, clinicians, researchers, and users to work collaboratively to bridge the gap between personal experiences and clinical understanding, ensuring that accessible information does not come at the expense of accuracy. Users who are consuming this content must think critically about it and understand that there is more to a diagnosis than just the few symptoms that they see in these videos.

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APPENDIX A

Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS-2)

Certificate

PANEL ON RESEARCH ETHICS
Navigating the ethics of human research

TCPS 2: CORE 2022

Certificate of Completion

This document certifies that

Alyssa Peppler

successfully completed the Course on Research Ethics based on the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS 2: CORE 2022)

Certificate # 0000890614

11 January, 2023