

## Social Media Influencers and Mental Health Communication for Young People

The increasingly sophisticated forms of misleading information about mental health are a problem that impacts the health and wellbeing of young people. Our ESRC-funded research, *Influencer Stories of Mental Health and Young People*<sup>1</sup> compiled evidence from

- 27,000 TikTok videos about mental health from 100 influencers (including professionals, wellness and lived experience experts) gathered in 2023-24.
- Expert panel evaluations by seven mental health providers and seven experts by lived experience
- Qualitative data collected in November 2024-February 2025 from a representative cohort of young people including 18 focus groups from 13 schools and colleges across England, 13 interviews with young people (age 16-25).

We identified three challenges:

1. The credentials of influencers giving mental health advice are difficult to assess.
  - There is **no mandatory verification** for content creators who provide mental health advice. Opt-in systems are site-specific (e.g. [YouTube Health](#)) or operate nationally (e.g. [Patient Information Forum Certification](#))
  - Our analysis of 100 mental health influencers on TikTok found **less than 1 in 5 profiles included the person's qualifications. Not all qualifications were from regulated organisations.** Credential-checking is complex, via landing pages and multiple external sites. Variation across national contexts (UK/USA) and regulation of industries (health and food) further complicates this picture.
  - Our focus group data showed that the **media literacy skills needed to evaluate mental health sources is limited** for young people. Although young people had some knowledge of how to fact-check *content* using NHS websites, in practice, they also use unreliable measures including social media metrics, comments, visual cues and sites like LinkedIn to check the quality of *creators*.
  - Young people in over half our focus groups wanted **tech companies to provide better verification of health professionals.**
2. **Design features** do not protect viewers sufficiently
  - Young people felt they had largely adequate digital skills to select content in social media feeds. However, **the default settings of some sites do not protect viewers adequately from the risk of online harm.** For example, by default TikTok videos play sound, so that viewers may hear distressing content (e.g.

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about eating disorders) in the time it takes to use the ‘not interested’ button to deselect content. The option to ‘open TikTok on mute’ must be selected through settings.

- Young people regarded **algorithmic feeds as ‘treacherous’**. There are options to reset the ‘For you feed’ in TikTok, and so remove unhelpful content, but this action is several steps away from the default view, only available in the user’s settings.
3. A nuanced approach to harmful content is needed that takes account of unintended negative consequences of engaging with sensitive topics as well as content designed to promote harm.
- **Stories of in-patient treatment (e.g. ‘Day in the Life of a Psych Ward’) are controversial.** They may provide helpful insights which provide reassurance for viewers. However, in our focus groups, one young person reported the experiences of a friend who had begun to modify their behaviour after accessing social media content about mental illness. Sadly, their friend later died as an in-patient.
  - Our expert panels and focus group participants raised concerns that presenting reductive lists of mental health symptoms in short posts **without links to further help or support** could lead to self-diagnosis, social isolation and further stigma for mental health conditions.

### **Policy Recommendations**

- Introduce new regulation that requires companies to verify the credentials of content creator posting in a professional capacity about health, across all social media platforms, in line with existing opt-in schemes such as the Patient Information Forum (‘PIF tick’)
- Provide media literacy education that incorporates socio-emotional learning along with critical thinking so young people can select trustworthy content about mental health.
- We need longitudinal data that will measure the impact of the Online Safety Act and can inform how best to tackle the areas of misleading content that fall outside the current primary priority content.

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