



The Relationship Between TikTok Use and Self-Diagnosis of ADHD: Exploring the Influence of Mental Health Videos on Diagnosis-Seeking Behavior

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The Relationship Between TikTok Use and Self-Diagnosis of ADHD: Exploring the Influence of
Mental Health Videos on Diagnosis-Seeking Behavior

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Abstract

The rise in the use of social media platforms such as TikTok has raised concerns regarding its impact on mental health, specifically on the self-diagnosis of mental disorders like Attention Deficit Hyperactivity Disorder (ADHD). This study investigates the relationship between TikTok usage, self-diagnosis of ADHD, and the decision to seek a professional ADHD diagnosis among young adults aged 18-35 undergoing neuropsychological testing in eastern Massachusetts (N = 60). The study used the Barkley Childhood and Current Symptoms Scale – Self-Report Forms and the Attention Deficit Hyperactivity Disorder – TikTok Impact Questionnaire (ADHD-TIQ), developed for this research, to assess participants' ADHD symptoms, TikTok engagement, and perceptions of ADHD-related content on the platform.

Key findings reveal a significant positive correlation between time spent on TikTok and current hyperactivity symptoms, $r(60) = 0.31, p = .015$. A one-way ANOVA showed that individuals who spent more than an hour daily on TikTok were significantly more likely to report current hyperactivity symptoms, $F(4, 64) = 6.12, p = .017$, and had a higher likelihood of reporting the platform influenced their decision to seek a professional ADHD diagnosis, $\chi^2(N = 60) = 3.86, p = .049$. Participants who viewed TikTok as their primary source of ADHD information also perceived the content as more accurate and were more likely to seek a diagnosis. These findings suggest that increased TikTok engagement, particularly with ADHD-related content, may contribute to both higher self-reported ADHD symptoms and an increased inclination to seek professional

evaluation. Further research is encouraged to explore the mechanisms underlying these relationships and to develop strategies for promoting accurate mental health information on social media platforms.

Dedication

This thesis is dedicated to my parents, Debra and Dennis Lovelace, whose endless love and encouragement have fueled my academic pursuits.

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Table of Contents

Dedication	v
Acknowledgments.....	vi
List of Tables	x
Chapter I. Introduction.....	1
ADHD Diagnosis & Prevalence	2
Trends in Diagnosis and Public Awareness.....	2
The Diagnostic Process.....	3
Neurobiological Insights into ADHD	5
Challenges in Diagnosing ADHD.....	5
Cultural, Racial, and Socioeconomic Biases	6
Late Diagnosis and Adult ADHD	6
Trauma and ADHD.....	7
Gender Bias in ADHD Diagnosis	7
The Rise of Social Media as a Health Information Source.....	8
TikTok’s Impact and Relevance	10
Benefits and Risks of ADHD Information on TikTok.....	12
Potential Benefits	12
Role of Health Professionals.....	13
Risks and Concerns.....	15

Spread of Misinformation	15
Self-Diagnosis	18
Recognizing TikTok's Influence on ADHD Symptom Language in Clinical Settings	21
Misdiagnosis and Stimulant Overprescription via Online ADHD Clinics	25
Insights from Related Research Areas	28
Cyberchondria and Health Anxiety	28
Social Media's Influence on Health Behavior	29
Implications and Open Questions	30
Research Objectives and Questions	30
Significance of the Study	31
Chapter II. Method	33
Participants	33
Measures	33
ADHD-TIQ	34
ADHD Symptoms Measure	35
Study Protocol and Procedure	36
Data Analysis	36
Chapter III. Results	38
Descriptive Statistics	39
Analysis of Relationships between TikTok Use and ADHD Symptoms	42
Examining ADHD Scales by Time on TikTok	43

Perceptions of TikTok Content by Time on TikTok	43
Impact of TikTok Use on Diagnosis-Seeking Behavior	44
Chapter IV. Discussion	45
TikTok Usage Patterns.....	46
Perceptions of ADHD Content on TikTok	47
Impact of TikTok Use on Diagnosis-Seeking Behavior	48
Additional Considerations & Alternatives.....	48
Limitations and Future Directions	50
Implications for Practice	53
Conclusion	56
Appendix 1. ADHD-TIQ (Created by the Author for this study).....	59
Appendix 1. (Continued)	60
References.....	61

List of Tables

Table 1. Participant Responses: Means and Standard Deviations.	39
Table 2. Participant Responses.	41
Table 3. Means, Standard Deviations, and Correlations.....	42
Table 4. ADHD Scales by Group.	43
Table 5. TikTok Use Questions by Group.....	44
Table 6. Seek Diagnosis by Group.	44

Chapter I.

Introduction

Young people seeking treatment for Attention Deficit Hyperactivity Disorder (ADHD) now have access to a new and influential information source: social media. Platforms like TikTok, Instagram, and Twitter may greatly influence their perceptions of ADHD, self-reports of symptoms, and decisions to pursue professional testing. This is important because ADHD diagnoses rely heavily on self-reported symptoms, such as hyperactivity and inattention. Therefore, clinicians must understand the role social media plays in shaping patients' knowledge about ADHD and their diagnosis-seeking behavior. From a public health standpoint, comprehending the sources of health information that patients rely on is essential. This understanding can inform the development of targeted interventions that leverage these digital platforms to provide accurate information, reduce misinformation, and ultimately improve health outcomes.

The World Health Organization (WHO) recognizes the importance of understanding the impact of media on mental health, especially given the significant increase in social media usage during the COVID-19 pandemic (WHO, 2021). Social media gives people a space to share their personal experiences, but it also functions as a tool for spreading both reliable information and misleading content.

The dynamic interaction between individuals and the content they engage with creates a feedback loop that can significantly impact how people make decisions related to their health (Chou et al., 2009). This presents challenges for mental health

professionals, who now need to consider how social media platforms such as TikTok shape the landscape of mental health. In this sense, TikTok is not merely a platform for entertainment; it has become a significant player in distributing health information. As this study will explore, this information, though not consistently accurate, has far-reaching implications for how individuals perceive their mental health and seek professional help.

ADHD Diagnosis & Prevalence

Attention Deficit Hyperactivity Disorder (ADHD) is a neurodevelopmental condition which is defined by symptoms like inattention, hyperactivity, and impulsiveness, which often cause difficulties in daily functioning (Faraone et al., 2015; American Psychiatric Association, 2013). The prevalence of ADHD is estimated at approximately 5% in children and adolescents and 2.5% in adults (Chung et al., 2019). In 2021, 6.1 million children were diagnosed with ADHD in the United States alone (CDC, 2021). These statistics underscore the significance of understanding ADHD's broad impact across age groups.

Trends in Diagnosis and Public Awareness

An increase in ADHD diagnoses over the past few decades has been noticeable in the United States and around the world (CDC, 2021). The CDC reports that the rise in ADHD diagnosis rates in the US since the 1990s is attributed to factors such as expanded criteria and increased public awareness (CDC, 2021). For instance, the inclusion of more behavioral criteria in the DSM-5 widened the scope of symptoms recognized as ADHD (Chung et al., 2019). However, global ADHD diagnosis rates vary significantly. In

Europe, ADHD diagnosis prevalence is lower, ranging between 1% and 4% in children, while regions like Latin America and Africa report lower rates. This variation may be due to cultural differences, access to healthcare, and differing diagnostic practices (Faraone et al., 2015).

The Diagnostic Process

To be diagnosed with ADHD, individuals need to meet the criteria specified in the DSM-5 (American Psychiatric Association, 2013). This typically involves an assessment carried out by a healthcare professional through clinical discussions, behavioral observations, and questionnaires about symptoms. Diagnosing ADHD can be tricky because its symptoms often resemble those of mental health conditions like generalized anxiety disorder, which also involve restlessness and difficulties with focus (Sibley et al., 2012). Conditions such as depression, PTSD, and autism spectrum disorder (ASD) also exhibit symptoms similar to ADHD (Barkley et al., 2002).

The transition from the DSM IV TR (2000) to the DSM 5 (2013) led to changes in how various mental disorders are defined, which impacted how clinicians understand and diagnose ADHD (McClain et al., 2017). Modifications in definitions include changes to names of disorders and age of onset, as well as more complex changes, such as new diagnostic criteria (McClain et al., 2017). Notably, the DSM 5 adjustments for ADHD included raising the age of onset from 7 to 12 years old and reducing the symptom threshold for adults (17 years and older) from 6 to 5 symptoms. The updated manual also allowed for coexisting diagnoses of ADHD and autism spectrum disorder, a possibility that was previously excluded (DSM-5, 2013). These modifications were made to improve accuracy across different stages of life and better capture the complexity of the disorder.

In the DSM-5, ADHD is divided into two main categories: inattention and hyperactivity-impulsivity. For children under the age of 17, six or more symptoms must be present in either or both categories for a minimum of six months (American Psychiatric Association, 2013). These symptoms must also be disruptive to the individual's life and development. For adults and older adolescents, the symptom threshold is reduced to five, acknowledging that while hyperactivity may diminish with age, attentional deficits often persist. This shift is especially important because it expands the diagnostic guidelines, allowing for a more accurate representation of what adults with ADHD experience (American Psychiatric Association, 2013).

The DSM-5 criteria for inattention cover a range of behaviors, such as frequent careless mistakes, difficulties sustaining attention, and a tendency to avoid tasks that require sustained mental effort. These symptoms may manifest as chronic disorganization, procrastination, or difficulty managing time, particularly in adults (American Psychiatric Association, 2013). On the other hand, hyperactivity-impulsivity is characterized by behaviors such as excessive fidgeting, difficulty remaining seated, and interrupting others during conversations. For adults, these symptoms may translate into feelings of restlessness, a propensity for impulsive decision-making, and challenges engaging in quiet, reflective tasks (Barkley et al., 2002).

An important aspect of the DSM-5 is its acknowledgment of ADHD's persistence into adulthood. Previous editions, like the DSM-IV-TR, primarily framed ADHD as a childhood disorder, resulting in many adults not receiving diagnoses despite exhibiting symptoms. Research has shown, however, that ADHD often continues into adulthood, affecting not only attention and focus but also emotional regulation, interpersonal

relationships, and occupational functioning (McClain et al., 2017). The inclusion of diagnostic criteria specific to adults reflects a growing understanding that ADHD is a lifelong condition that requires careful management throughout different stages of life (Sibley et al., 2012).

Neurobiological Insights into ADHD

Research into the neurobiological roots of ADHD is expanding. Studies have uncovered changes in brain activity in individuals with ADHD in areas linked to executive function, attention, and reward processing (Castellanos et al., 2018). These findings support the idea that ADHD mainly impacts the brain's prefrontal cortex, which controls behaviors like attention and impulse control (Barkley, 2013). Given that ADHD is a neurodevelopmental disorder, diagnosing it requires more than just observing behavior; it also involves incorporating neurological assessments whenever feasible to gain a comprehensive understanding of the condition (Chung et al., 2019).

Challenges in Diagnosing ADHD

As previously mentioned, one significant hurdle in diagnosing ADHD is its symptom overlap with other mental health conditions. The symptoms of ADHD, such as lack of focus, impulsiveness, and hyperactivity, are not exclusive to this disorder. These symptoms can also manifest in conditions like anxiety, depression, PTSD, and autism spectrum disorders (Chung et al., 2019). This similarity complicates the process, especially for adults who may have developed strategies to conceal or mask their symptoms. Moreover, this situation can lead to an increase in the misdiagnosis of ADHD

in children and a lack of diagnosis in adults, causing fluctuating prevalence rates across populations (Sibley et al., 2012).

Cultural, Racial, and Socioeconomic Biases

In addition, cultural, racial, and socioeconomic biases play a role in how ADHD is diagnosed. In the United States, Black and Hispanic children are less likely to receive an ADHD diagnosis compared to White children, even when showing similar symptoms (Shi et al., 2021). These disparities may arise from cultural differences in the perception of mental health, as well as biases among healthcare providers, which can lead to underdiagnosis in minority populations (Rostain & Ramsay, 2019).

Furthermore, socioeconomic factors contribute to these disparities. Children from low-income families are more prone to being diagnosed with ADHD and prescribed medication (Danielson et al., 2018). This could be attributed to variations in access to diagnostic services or pressures within the education system to address behavior issues in crowded classrooms (Danielson et al., 2018).

Late Diagnosis and Adult ADHD

Although ADHD is typically considered a childhood condition, many individuals do not receive a diagnosis until adulthood. Late detection of ADHD is often associated with individuals with higher IQ and social adaptation skills during childhood, which can hide the symptoms until adulthood, when the challenges of independent living bring out the underlying issues (Kosaka et al., 2019). Studies indicate that individuals with higher IQs and better executive functions may compensate for ADHD-related difficulties in childhood, delaying diagnosis until they struggle to cope in adulthood (Miloni et al., 2017).

Cooper et al. (2018) discovered that individuals with late-onset ADHD were more likely to be female, showed fewer behavioral issues, and had a higher childhood IQ compared to those with persistent ADHD. However, by age 18, both groups experienced similar levels of ADHD symptoms, impairments, and mental health challenges. This underlines why establishing a precise clinical diagnosis can be problematic, contributing to instances of late diagnosis (Milioni et al., 2017).

Trauma and ADHD

Trauma is now understood to play a role in the onset and worsening of ADHD symptoms. Events that cause prolonged stress can interfere with a child's emotional and psychological development, leading to behaviors such as restlessness, aggression, and trouble concentrating, which resemble typical ADHD symptoms (Biederman et al., 2013). This connection between trauma and ADHD underlines the importance of considering environmental factors in the diagnostic process, particularly in cases where ADHD symptoms may be a response to external stressors rather than a primary neurodevelopmental disorder (Szymanski et al., 2011).

Gender Bias in ADHD Diagnosis

Gender bias plays a significant role in ADHD diagnosis. Historically, boys have been diagnosed with ADHD at much higher rates than girls, likely due to the differences in symptom presentation (Rostain & Ramsay, 2019). Boys tend to exhibit more externalizing symptoms, such as hyperactivity and impulsivity, which are more easily noticed in educational settings. In contrast, girls are more likely to display internalizing symptoms, such as inattention, which can be less disruptive and, therefore, more easily overlooked (Rostain & Ramsay, 2019). As a result, many girls with ADHD remain

undiagnosed until later in life, contributing to a significant gender gap in diagnosis and treatment (Rostain & Ramsay, 2019).

Updated diagnostic practices are needed as our understanding of ADHD continues to evolve. Even with increased awareness and advancements in diagnostic tools that have led to higher diagnosis rates, biases related to socioeconomic status, gender, and race continue to hinder equitable access to accurate diagnoses and effective treatments. Social media platforms such as TikTok may further reinforce or challenge these biases.

The Rise of Social Media as a Health Information Source

Social media has become a popular source of health-related information. Research indicates that young adults might turn to social media to make health-related decisions (Chou et al., 2009; Dix et al., 2022; Dooley et al., 2013). The use of social media platforms to seek health-related information is driven by factors such as convenience, accessibility, and privacy (Vogel et al., 2014). Social media platforms like Facebook, Twitter, Instagram, and TikTok offer a space for people to share their health experiences and spread health-related content (Chou et al., 2009; Dix et al., 2022; Dooley et al., 2013). These platforms could significantly influence perceptions of ADHD, affect self-reported symptoms, and impact decisions regarding seeking evaluation. Previous research has demonstrated that social media can both inform and mislead users, underscoring the importance of understanding social media's impact on health decisions (Basch et al., 2022; Tan et al., 2015). As a result, clinicians must be aware of these social media influences when diagnosing ADHD and understanding patient concerns. The dynamic interaction between users and the content they consume on social media platforms creates a feedback loop that significantly influences individuals' health-related decision-making

processes, posing complex challenges for mental health professionals as they navigate the impact of social media on the mental health landscape and individuals' diagnosing-seeking behaviors.

Compared to traditional sources of health information, such as healthcare providers or peer-reviewed journals, social media content is often user-generated and lacks a rigorous verification process. This lack of verification is particularly concerning when considering the volume of health-related content available on TikTok. Basch et al. (2022) found that out of 100 TikTok videos related to mental health, over 40% contained inaccuracies or misleading information. This is a significant concern, as individuals relying on TikTok for health information may need the necessary media literacy to distinguish between credible and non-credible sources.

Furthermore, a study by Tan et al. (2015) emphasizes that social media platforms tend to amplify the most engaging content, which is only sometimes synonymous with the most accurate content. Given that TikTok's algorithm prioritizes engagement over accuracy, users are more likely to encounter content that resonates with their pre-existing beliefs and interests, regardless of its validity (Tan et al., 2015). This creates a unique challenge for public health initiatives aimed at improving mental health literacy and for mental health professionals attempting to ensure their patients receive accurate information. Media literacy, therefore, becomes a crucial skill for navigating the social media landscape, particularly in distinguishing between entertainment and educational content (Vraga & Bode, 2017).

Given the growing reliance on social media for health information, understanding the specific impacts of these platforms on health behavior, especially mental health self-

diagnosis, is crucial. TikTok may be effective in raising awareness and reducing the stigma surrounding conditions like ADHD, but it also presents significant risks, such as promoting self-diagnosis and spreading misleading information. Recognizing these dynamics is essential for developing strategies to ensure social media platforms promote accurate and responsible health information.

TikTok's Impact and Relevance

Different social media platforms offer unique ways to consume health information. Facebook supports longer posts and group discussions, though user-generated content is rarely fact-checked. Twitter delivers quick bursts of information but often needs to be more concise to simplify complex topics due to its character limit. Instagram, focused on visuals, allows influencers to share health content, but it also risks promoting unverified advice that may prioritize appearance over evidence. In contrast, TikTok's short-form videos and engagement algorithms effectively spread mental health information, particularly among younger audiences.

TikTok is a global phenomenon with more than 800 million current users (BBC News, 2021). TikTok contains a wide range of content, including health information on various physical and mental health diagnoses. ADHD is a popular topic on TikTok. A recent search indicated that 11.4 billion posts used the #ADHD hashtag on TikTok (Demuth, 2022). The platform's short-form video format is ideal for sharing ADHD information as it captures viewers' attention more effectively than text-heavy websites. Traditional health information websites such as WebMD often have text that can be challenging for people to read and understand quickly. Due to its format, TikTok serves as a more effective platform than traditional websites for sharing information about

ADHD (Comp et al., 2020). Studies comparing these platforms indicate that TikTok's ability to capture users' attention among younger audiences gives it a competitive advantage in disseminating mental health content (Basch et al., 2022). Its concise videos appeal to the youth who prefer captivating content over the static text-heavy nature of platforms like Facebook or Twitter. Moreover, TikTok's personalized algorithm tailors content based on user engagement, ensuring that individuals interested in ADHD encounter related videos frequently, potentially reinforcing their belief in having the disorder even if they don't meet the criteria (Yeung et al., 2022).

TikTok's power to share information comes with both benefits and drawbacks. While it offers an easy way for people to learn about ADHD in a more relatable, personal format than conventional medical sources, its short-form content can oversimplify ADHD, focusing on a few traits that don't fully capture the disorder's complexity (WSJ Staff, 2021). For example, when looking at ADHD content on TikTok, it often focuses on hyperactivity and inattention without adequately addressing the cognitive and emotional challenges that individuals with ADHD frequently experience (Comp et al., 2020).

Finally, the algorithm's role in determining which content goes viral must be addressed. TikTok's algorithm learns from users' viewing patterns and gradually curates their feeds with content that aligns with their interests. This can create an echo chamber effect, where users continuously see similar types of content—content that may reinforce their perceptions of ADHD without offering a complete picture of the disorder (Smith, 2021). Thus, while TikTok increases access to mental health information, it also has the potential to misinform, particularly when it comes to complex neurodevelopmental disorders like ADHD.

Benefits and Risks of ADHD Information on TikTok

On the one hand, sharing experiences can help reduce stigma, raise awareness, and spread information. However, there are risks, including the potential spread of misinformation, self-diagnosis without professional consultation, and the reinforcement of stereotypes. A critical step in understanding TikTok's influence is to explore whether and how it influences diagnosis-seeking and functions as a central source of information for patients.

Potential Benefits

In recent years, TikTok has become a platform where individuals can share their experiences with ADHD and offer advice and support to others. ADHD-related information can reach a large, diverse audience who may otherwise not have access to such information. Research has suggested that TikTok may provide information and validation for individuals who suspect they have ADHD. Gilmore et al. (2022) found that individuals who self-diagnose ADHD reported seeking information and support on social media platforms like TikTok.

In addition to reducing stigma, TikTok offers a platform for individuals with ADHD to advocate for themselves and share their perspectives with a broad audience. This kind of self-advocacy can be empowering, as it enables individuals to shape their narratives and educate others on the challenges of living with ADHD. TikTok users can contribute to a compassionate understanding of the disorder by creating content that challenges misconceptions and showcases the strengths of individuals with ADHD (Pretorius et al., 2022).

However, it is essential to ensure that the content shared on media platforms like TikTok is accurate and responsible. Misinformation has the potential to hinder efforts to promote health awareness and perpetuate stereotypes surrounding ADHD. Therefore, it is essential to strike a balance between fostering open discussions about mental health and ensuring that the information being shared is based on evidence and expert knowledge (Basch et al., 2022).

Role of Health Professionals

While social media platforms like TikTok have the potential to disseminate accurate and helpful information about mental health conditions such as ADHD, it is essential to note that not all TikTok videos are created by professionals (Yeung et al., 2022). This poses a potential problem as individuals need medical training or expertise to disseminate accurate and beneficial information (Yeung et al., 2022). Thus, it is crucial to ensure that the information presented is based on empirical evidence and aligns with established diagnostic criteria and treatment guidelines (American Psychiatric Association, 2013)

Conversely, many professionals and organizations in the healthcare field are active on social media. Medical experts, including psychiatrists, psychologists, and mental health advocates, use platforms like TikTok to impart their knowledge. For example, professionals like Dr. Edward Hallowell and Dr. Sasha Hamdani leverage TikTok to provide insights on ADHD to offer accurate and helpful information amidst the misinformation on the platform (Demuth, 2022).

A recent study by Pretorius et al. (2022) delved into the role of mental health professionals as influencers on TikTok and Instagram in promoting mental health literacy

and help-seeking behaviors. The study analyzed the content of mental health professionals' posts on TikTok and Instagram to assess their potential impact on mental health literacy and help-seeking behaviors. According to the study's findings, mental health professionals' use of TikTok and Instagram can help improve mental health literacy by providing accurate information about mental health conditions and their treatments. The study also indicated that mental health professionals' use of TikTok and Instagram could encourage help-seeking behaviors among social media users (Pretorius et al., 2022). However, it is essential to acknowledge that not all viral content about mental health is created by professionals; the social media ecosystem also includes a vast amount of content generated by non-professionals, which raises concerns about the potential spread of misinformation.

Mental health professionals may face challenges in utilizing these platforms effectively. Despite their potential to reach large audiences, professionals must balance the need for engagement with the need to provide evidence-based, accurate information. This is not an easy task, given the fast-paced, entertainment-driven nature of platforms like TikTok, where nuanced discussions of mental health may struggle to compete with more sensationalized content (Demuth, 2022).

Engaging in health discussions on platforms like TikTok can be challenging due to the fast-paced and entertainment-focused environment. While sensationalized content often takes the stage, professionals who effectively participate in these discussions can make an impact. A recent survey by Gilmore et al. (2022) found that users who followed mental health professionals on TikTok were more likely to report seeking professional help for their symptoms than those who did not. This suggests that there is value in

professionals leveraging these platforms not only to correct misinformation but also to foster a culture of help-seeking among young people.

Risks and Concerns

Given all of the data reviewed above, it is important to highlight the risks posed by relying on social media for health information.

Spread of Misinformation

While TikTok offers a space for individuals to share personal experiences, the rampant spread of misinformation is the downside. Numerous ADHD-related videos on TikTok simplify the disorder to a few key traits, often perpetuating myths and misconceptions that can lead viewers astray. According to Yeung et al. (2022), 52% of the most viewed ADHD videos on TikTok contained misleading information.

Content related to ADHD on TikTok varies from accounts of individuals with the disorder to tips on managing symptoms. These TikTok videos often get substantial engagement and can reach a broad audience, making the platform a valuable tool for sharing information about ADHD (Yeung et al., 2022). While TikTok has the potential to spread helpful ADHD-related content, it's important to assess the accuracy of the information shared because anyone can post videos on the platform, including individuals without expertise who might share misinformation about ADHD.

A recent study by Yeung et al. (2022) examined the quality and content of ADHD-related information on TikTok. The researchers evaluated the quality, understandability, and actionability of the top 100 most viewed TikTok videos about ADHD using the Patient Education Materials Assessment Tool for Audiovisual Materials (PEMAT-A/V) and the Journal of American Medical Association (JAMA) benchmark

criteria. They classified the videos as misleading, useful, or based on personal experience. Their findings revealed that 52% of the videos were misleading. Yeung et al.'s (2022) study highlights the importance of investigating the potential link between the amount of time an individual spends watching ADHD-related content on TikTok and the over-endorsement of self-reported ADHD symptoms. Research could inform the development of interventions to address the issue of inaccurate self-diagnosis. Further, Engel et al. (2024) examined how social media influencers impact adolescents' health, noting that influencers often lack the expertise required to provide reliable health information, leading to the dissemination of misleading content.

A specific trend leading to the spread of misinformation is the oversimplification of ADHD symptoms, such as labeling common behaviors like forgetfulness or lack of focus as definitive signs of the disorder (Engel et al., 2024). This oversimplification may lead viewers to self-diagnose based on inaccurate information. For example, TikTok creators frequently emphasize hyperfocus or impulsivity as symptoms of ADHD without considering the range of diagnostic criteria outlined in the DSM 5 (Engel et al., 2024). These misunderstandings could potentially cause individuals to believe they have ADHD when they do not.

Furthermore, TikTok's algorithm exacerbates the issue by repeatedly showing ADHD-related content to users who engage with similar videos. This reinforces their perceptions and can contribute to confirmation bias, where individuals increasingly see ADHD symptoms in themselves based on what they have watched. The risks of such misinformation are not limited to ADHD alone; they extend to other areas of mental health, potentially leading to overdiagnosis of anxiety, depression, or other disorders. For

instance, Svestkova et al. (2024) found that exposure to unverified online health information can worsen health anxiety and prompt unnecessary self-diagnosis. This highlights the potential dangers of relying on user-generated content for medical advice.

Misinformation surrounding ADHD on TikTok can also lead to the casual portrayal of medication as a cure-all solution. Videos often depict ADHD medications, such as stimulants, as quick fixes, which can encourage users to seek prescriptions. A study by Williams (2022) highlights that this trend of self-diagnosis via social media has led to a surge in requests for ADHD medication, often without a comprehensive evaluation from a healthcare provider. This creates a troubling scenario where individuals may be seeking prescriptions based on incomplete or inaccurate understandings of their symptoms.

The potential for medication misuse is particularly concerning. While stimulant medications for ADHD can be very effective when used correctly, they also come with risks of addiction and side effects if not taken as prescribed (Barkley, 2013). This emphasizes the need for individuals seeking treatment for ADHD to do so through channels under the guidance of healthcare providers rather than solely relying on social media platforms, like TikTok, for information.

Despite the risks involved, TikTok has the potential to impact health behavior. For instance, it has played a role in reducing the stigma associated with ADHD by providing a platform for users to share their experiences. This level of relatability is often lacking in traditional sources, which tend to focus more on clinical descriptions and treatments.

However, the overall lack of regulation on social media raises concerns about disseminating unverified information. Traditional sources, such as educational institutions and professional health organizations, continue to offer the most reliable and thorough resources for individuals seeking accurate ADHD information. Social media platforms like TikTok could benefit from partnerships with these organizations to ensure users are presented with credible content when searching for ADHD-related information.

It may be worth exploring integrating media literacy education into schools and healthcare settings to strike a balance. By teaching people how to evaluate social media content, they can better distinguish between credible information and misinformation. In the future, it would be valuable to investigate how teaching people to understand media could help enhance health outcomes for those who turn to platforms like TikTok for health tips.

Other factors like access to healthcare services, expenses, and the stigma around health can significantly influence an individual's choice to seek help (Lane, 2020). Therefore, it is essential to critically evaluate the sources of health information on social media and rely on trusted sources such as healthcare professionals or reputable organizations. This framing is fundamental to understanding the current study's focus on the intersection of TikTok use and ADHD diagnosis-seeking behavior, as it underscores the potential risks and emphasizes the need for reliable information.

Self-Diagnosis

Self-diagnosis is a known clinical phenomenon, and individuals have been diagnosing themselves with various health conditions for years (Snyder et al., 2011). Self-diagnosis is the process by which an individual identifies a condition based on their

symptoms or experiences without consulting a medical professional (Farnood et al., 2020). The rise of the Internet and social media has made it easier for individuals to search for health information and self-diagnose. For example, people often use online symptom checkers to identify conditions such as migraines or allergies without consulting a doctor.

The prevalence of self-diagnosis has been increasing, with studies showing that up to one-third of US adults use the Internet to diagnose their medical conditions (Castillo, 2013). TikTok can perpetuate stereotypes and encourage self-diagnosis, often from creators without medical credentials (Williams, 2022). In some cases, self-diagnosis motivates people to seek formal diagnoses, and in others, it leads to self-treatment without professional guidance, which can be risky. Self-diagnosis can either prompt individuals to pursue appropriate medical evaluation or result in misdiagnosis and inappropriate treatment.

Several factors may influence an individual's decision to self-diagnose ADHD using TikTok or other online resources. One such factor is the desire to validate and recognize one's experiences and struggles (Brown et al., 2022). Research has suggested that individuals with mental health disorders may feel stigmatized and seek validation from others who share similar experiences (Brown et al., 2022). Social media platforms like TikTok provide a space where individuals with ADHD can connect with others who share similar experiences, which may validate their experiences and offer a sense of community and support.

While some studies suggest that TikTok may be a valuable tool for promoting diagnosis-seeking behavior (Gilmore et al., 2022), it is essential to consider the

limitations of self-diagnosis and emphasize the importance of seeking professional help for accurate diagnosis and treatment. Additionally, it is essential to recognize the potential bias in self-reports. Exposure to content on TikTok that inaccurately presents symptoms or diagnostic criteria may influence individuals to self-report in ways that align with securing a diagnosis. This highlights the need for caution when interpreting self-reported symptoms and underscores professionals' critical role in ensuring accurate diagnosis and treatment.

Another factor that may influence the self-diagnosis of ADHD is the potential for confirmation bias. Confirmation bias refers to seeking information confirming one's pre-existing beliefs or attitudes while ignoring information that contradicts them (Suzuki & Yamamoto, 2021). Individuals who suspect they have ADHD may search for information online that supports their self-diagnosis while disregarding information that challenges it (Suzuki & Yamamoto, 2021). Disner et al. (2011) examined the relationship between confirmation bias and depression. The study found that individuals with depression may be more likely to selectively attend to negative information while ignoring positive information, which can reinforce their negative beliefs and exacerbate their symptoms (Disner et al., 2011). In the context of ADHD, confirmation bias can reinforce an individual's self-diagnosis, even if it is not accurate or valid.

It is critical to understand the differences between legitimate self-awareness of ADHD symptoms and the risks of overgeneralization. Clinical assessments consider multiple aspects of a patient's life, including symptom onset, severity, and duration (American Psychiatric Association, 2013). Without such comprehensive evaluations, the potential for misdiagnosis is high. TikTok's role in encouraging diagnosis-seeking

behavior must be balanced with professional guidance to ensure that self-diagnosis does not replace clinical diagnosis.

Self-reported symptoms captured through the Barkley Childhood and Current Symptoms Scale – Self-Report Forms provide valuable data on individuals' perceived symptoms. This study uses the Barkley Childhood and Current Symptoms Scale – Self-Report Forms to assess how self-reported ADHD symptoms correlate with TikTok usage and perceptions of ADHD content, thereby exploring the potential influence of social media on symptom reporting and diagnosis-seeking behaviors.

Recognizing TikTok's Influence on ADHD Symptom Language in Clinical Settings

The emergence of TikTok as a space for conversations about ADHD has brought forth a set of terms that clinicians should note during patient assessments. Words like "time blindness," "task paralysis," and "hyperfocus," frequently used on TikTok, offer a way to talk about the clinical terminology often linked with ADHD (Chevalier, 2024). These terms resonate with a broader audience by making ADHD symptoms more relatable and easier to grasp. According to Chevalier (2024), these "looping effects" occur when social media influences and reshapes psychiatric vocabulary, affecting how people perceive and discuss their symptoms. This shift in language might lead to individuals self-identifying with these terms without comprehending the standards for diagnosing ADHD.

The phenomenon Chevalier (2024) refers to as "looping effects" highlights the feedback loop created between the language on social media platforms and users' personal experiences. Clinicians may encounter patients whose self-diagnosis is rooted in TikTok's terminology rather than clinical criteria. Clinicians must be prepared to

recognize and address this in their practice. One challenge that arises from this TikTok-driven language is the potential for oversimplification of ADHD's diagnostic criteria. Terms like "time blindness" and "hyperfocus" capture specific elements of ADHD but may not reflect the broader cognitive and behavioral impairments required for a formal diagnosis. The popularity of TikTok terms may inadvertently encourage users to self-diagnose based on limited symptomatology, leading to potential misdiagnosis (Chevalier, 2024). In clinical settings, these oversimplified terms can complicate the diagnostic process. For example, a patient might come to a clinician reporting "task paralysis" and "time blindness" as their primary symptoms. While these terms reflect real experiences, they are not sufficient on their own to warrant an ADHD diagnosis. Clinicians must take the time to explore the patient's full range of symptoms, ensuring that the diagnosis is based on a thorough assessment rather than a narrow interpretation of ADHD as portrayed on social media.

Leveille (2024) further explores how TikTok users develop neurodivergent identities through these terms, with the platform serving as a space where individuals validate and share their experiences. The term "neurodivergence" itself has gained a lot of traction on social media, encompassing a broader range of neurological differences beyond ADHD, including autism and other cognitive disorders. While this term promotes inclusivity, it also blurs the lines between conditions. Creates a more general identity category, which could complicate accurate clinical diagnosis. Leveille (2024) highlights that TikTok not only provides a platform for discussing ADHD but also encourages the development of what she calls "identity performance." By using language and sharing stories, TikTok users actively shape and showcase their neurodivergent identities. This

can sometimes make distinguishing between self-diagnosis and formal diagnosis challenging since many users adopt the neurodivergent label based on the content they see on TikTok. Recognizing this aspect of neurodivergence is essential for clinicians to evaluate a patient's symptoms and determine interventions.

The term "neurodivergence" empowers individuals to reject viewing their differences as "disorders." Instead, they accept them as natural variations in human experiences. While this perspective can be empowering, it can also complicate the process for healthcare providers. Patients who identify as neurodivergent may be less inclined to perceive their symptoms from a standpoint, potentially leading to reluctance in seeking diagnosis and treatment. Leveille (2024) points out that the idea of neurodivergence has evolved to encompass an array of variances ranging from ADHD to autism and dyslexia. While this inclusive concept works towards reducing stigma and fostering acceptance of diversity, it can sometimes blur the distinctions between these conditions. For healthcare professionals, this underscores the importance of discerning between individuals who may perceive themselves as neurodivergent based on TikTok's representation of these conditions and those who actually meet the criteria for a diagnosis such as ADHD.

Healthcare professionals must also acquaint themselves with TikTok jargon to better grasp the context in which their patients' self-reported symptoms manifest. Identifying instances where a patient uses language influenced by TikTok can indicate that social media might be shaping their understanding of ADHD. This recognition can prompt healthcare providers to delve into the patient's background and symptoms, ensuring that diagnoses are founded on assessments rather than popular social media

trends. Integrating awareness of terms like "time blindness" or "hyperfocus" into practice does not equate to disregarding these experiences. However, it involves incorporating these descriptions into a more nuanced clinical evaluation that considers both the patient's self-identification and the clinical benchmarks for diagnosing ADHD. This strategy promotes a conversation between healthcare providers and patients using the language of TikTok to connect the public's perspective with professional medical assessments. To tackle the impact of TikTok terminology in clinical settings, healthcare providers should consider integrating media literacy training into their interactions. Educating patients on distinguishing between social-media-driven language and medical jargon can build a bridge between self-diagnosis and official diagnosis. For example, a healthcare provider could clarify to a patient that while "time blindness" is an experience for individuals with ADHD, it is just one aspect of the broader diagnostic criteria for the condition. By enhancing patients' understanding of ADHD, healthcare providers can assist them in making choices regarding their mental well-being. Integrating media literacy into care also involves aiding patients in assessing the information they come across on TikTok. The platform's algorithm prioritizes content that garners engagement, resulting in videos simplifying or sensationalizing ADHD. Healthcare providers can help patients identify information sources and prompt them to seek evidence-based material. This approach can help reduce misinformation risks and discourage patients from self-diagnosing based on inaccurate data.

Furthermore, healthcare providers need to be willing to talk about how TikTok might impact how their patients see ADHD. By recognizing how social media shapes the narrative around health, healthcare providers can establish an open and trusting

relationship with their patients. This approach allows for a diagnosis process where the patient's experiences are acknowledged and examined from a perspective. Engaging with patients in this manner ensures that their symptoms are understood within their circumstances and the broader clinical context. The influence of TikTok on ADHD diagnosis goes beyond appointments; it also raises concerns about public health more broadly. As social media continues to influence discussions and understanding of health, there is an increasing need for public health efforts that address the risks associated with self-diagnosis and the spread of misinformation.

Misdiagnosis and Stimulant Overprescription via Online ADHD Clinics

The emergence of telehealth services has revolutionized how ADHD is diagnosed and treated, offering access to assessments from the comfort of your home. However, this convenience comes with risks, such as misdiagnosis and excessive prescribing of stimulant drugs (Good Morning America, 2023; Blum, 2022). There are growing concerns about the practices of ADHD clinics, which have expanded quickly due to the rising demand for ADHD treatment, influenced by media platforms like TikTok and the increasing acceptance of mental health diagnoses (Good Morning America, 2023; Blum, 2022). While telehealth improves access to care, there are issues with how it is currently used in evaluating and treating ADHD.

A key worry about ADHD clinics is their reliance on often inadequate diagnostic methods, prioritizing speed and patient satisfaction over thorough clinical assessments (Blum, 2022). A report from Good Morning America (2023) highlights the increasing worry among health professionals regarding the surge in ADHD diagnoses made through platforms. These diagnoses often stem from consultations that may not fully assess a

patient's symptoms or broader mental health situation. This trend is concerning because ADHD symptoms can overlap with those of conditions like anxiety and depression, leading to a risk of misdiagnosis when proper diagnostic procedures are not followed (Rolison & Bloch, 2023).

The uptick in ADHD diagnoses through these clinics has also led to an increase in stimulant prescriptions, sparking ethical concerns about potential medication misuse and overprescription (Blum, 2022). Online platforms, like Cerebral, have faced criticism for their business strategies that focus on keeping patients and increasing prescription rates (Blum, 2022). This issue is compounded by the fact that many individuals turn to these services after being exposed to ADHD-related content on social media platforms such as TikTok. These platforms often present relatable perspectives on the disorder, prompting users to self-diagnose based on information before seeking confirmation from telehealth providers (Rendall, 2023; Campanini, 2023).

Misdiagnosis in these telehealth settings can have serious consequences, particularly when it leads to the unnecessary prescription of stimulant medications. Stimulants, such as Adderall and Ritalin, are effective treatments for ADHD but carry a risk of dependency and adverse side effects, especially when prescribed without a thorough diagnostic process (Blum, 2022). Rolison and Bloch (2023) reflect on the implications of online ADHD evaluations and emphasize that best practices in ADHD diagnosis, such as multi-informant assessments and observational data, are often bypassed in these virtual settings. The result is a medical system that may be contributing to a spike in stimulant usage without ensuring that these medications are appropriately prescribed.

In this situation, we cannot underestimate the impact of social media platforms. Eagle and Ringland (2023) noted that the ADHD communities on platforms such as TikTok and Instagram often mix up the boundaries between getting a diagnosis and identifying with the disorder on their own. While these communities can offer validation and support to individuals experiencing symptoms of ADHD, they may also contribute to the problem of self-diagnosis without guidance. People engaging in these spaces may come in with notions about their condition, hoping that medication will solve their issues even though another diagnosis or external factors might provide a better explanation for their symptoms.

Additude (2023) highlighted how blending social media trends with telehealth services has created a loop where patients, influenced by platforms like TikTok seek diagnoses and easy solutions often resulting in prescriptions for stimulants that might not be necessary. This ongoing cycle has raised concerns among healthcare professionals who are pushing for oversight and guidelines regarding online ADHD assessments and prescription practices.

The emergence of these ADHD clinics reflects a trend in how mental health services are accessed and delivered in today's digital era. However, it also emphasizes the importance of proceeding with caution. Campanini (2023) pointed out that while telehealth is advancing rapidly, regulatory frameworks lag behind when it comes to safeguarding patients from misdiagnosis or inappropriate treatment.

The rapid and often unregulated spread of ADHD-related content on platforms like TikTok, coupled with the convenience and accessibility of online telehealth services, has led to an increase in both self-diagnosis and the prescription of stimulant medications,

raising concerns about accuracy and patient safety (Good Morning America, 2023; Rolison & Bloch, 2023). As online clinics continue to gain popularity, the potential for misdiagnosis grows, highlighting the need for more stringent regulations and better-informed patient choices (Additude, 2023; Eagle & Ringland, 2023).

Insights from Related Research Areas

Given the limited research on the relationship between TikTok and ADHD, it is important to note studies from related research areas when considering the potential influence of social media platforms on attention-related behaviors and diagnosis patterns.

Cyberchondria and Health Anxiety

Mathes et al. (2018) investigated the relationship between cyberchondria, defined as excessive concern about physical health caused by repeated internet searches, and health anxiety. The study consisted of 462 participants. The participants were recruited from the general public through an online platform and completed self-report questionnaires that measured cyberchondria, health anxiety, and various public health outcomes (Mathes et al., 2018). This study showed that cyberchondria and health anxiety are closely related but distinct concepts. Additionally, the authors noted that individuals exhibiting both tendencies tend to experience greater functional impairment and make more frequent use of healthcare services (Mathes et al., 2018). The concept of cyberchondria helps think about the relationship between TikTok use and self-diagnosis of ADHD; individuals who view mental health information on TikTok may see multiple videos that can potentially cause health anxiety, which may result in increased healthcare

utilization due to diagnosis-seeking behavior. It would be helpful to understand a correlation between the amount of TikTok use and the self-diagnosis of ADHD.

Social Media's Influence on Health Behavior

Diagnosis-seeking behavior refers to an individual's decision to seek professional evaluation and treatment after self-diagnosing a disorder (Lane, 2020). The rise of social media, particularly TikTok, has brought attention to the potential impact of these platforms on diagnosis-seeking behavior. In a personal account published in *The Guardian*, Boseley (2021) shared how she discovered ADHD after watching TikTok videos about the condition. The videos led her to seek medical help and receive a diagnosis, providing a real-life example of the influence that TikTok can have on self-diagnosis and diagnosis-seeking related to ADHD.

Gilmore et al. (2022) conducted a study on the relationship between TikTok content and self-diagnoses of ADHD in young people. The researchers used Twitter posts to identify themes related to self-diagnosis. They found that many young people self-diagnose ADHD after watching TikTok videos and may seek treatment even when their ADHD traits are not significantly impacting their quality of life. This may lead to overprescribing stimulant medications when these young people seek treatment from their over-busy primary care providers.

However, this study had many limitations, and their chosen method is insufficient to make any significant claims about a relationship between TikTok content and the self-diagnosis of ADHD in young people. One major area for improvement was the reliance on Twitter posts, which may not accurately represent the experiences of a broader population of TikTok users. Additionally, the study's cross-sectional design does not

allow for causal inferences, making it difficult to determine whether TikTok content directly influences self-diagnosis behaviors. The qualitative nature of the analysis also limits the generalizability of the findings. Therefore, a study that collects data using surveys to evaluate how TikTok use relates to the self-diagnosis of ADHD and diagnosis-seeking behavior is needed.

Implications and Open Questions

The potential implications of TikTok use for ADHD diagnosis and treatment are complex. On the positive side, TikTok may serve as a helpful tool for raising awareness about ADHD and encouraging individuals who may have the disorder to seek professional help (Gilmore et al., 2022). On the negative side, TikTok may perpetuate common ADHD myths or provide inaccurate information that could lead to misdiagnosis or inappropriate treatment (Yeung et al., 2022). Given the popularity of TikTok and the potential for the platform to influence health-related decision-making, it is crucial to understand the role of TikTok in ADHD self-diagnosis and treatment-seeking behavior. In sum, the existing literature suggests that social media platforms such as TikTok have become popular sources of health-related information and decision-making among young adults and adolescents. Further research is needed to understand the potential implications of TikTok use for ADHD self-diagnosis and treatment-seeking behavior.

Research Objectives and Questions

The primary objective of this study is to explore the relationship between TikTok usage and self-reported ADHD symptoms, the decision to seek an ADHD diagnosis, and

perceptions of TikTok as a source of ADHD information among young adults. The following research questions guide this investigation:

1. How is TikTok usage related to self-reported ADHD symptoms among young adults?
 - a. What are the TikTok usage patterns of the participants?
 - b. Does time spent on TikTok relate to self-reported symptoms?
2. How does TikTok usage influence the decision to seek and ADHD diagnosis among young adults?
 - a. Do participants identify TikTok use as impacting their decisions to seek an ADHD diagnosis?
 - b. Does time on TikTok relate to decisions to seek diagnosis?
3. How do young adults perceive the reliability and centrality of TikTok as a source of ADHD information?
 - a. How do participants perceive the reliability of ADHD content on TikTok and its influence on their understanding of ADHD?
 - b. Does time on TikTok relate to perceptions of TikTok ADHD content?

Significance of the Study

This study is significant for several reasons. First, ADHD is a prevalent neurodevelopmental disorder that affects many young adults and has profound implications for their daily functioning and quality of life (Centers for Disease Control and Prevention [CDC], 2021; American Psychiatric Association, 2013). Understanding

the factors that influence self-reported ADHD symptoms and diagnosis-seeking behavior is critical for improving clinical practices and public health interventions.

Second, the rise of social media platforms, particularly TikTok, as sources of health information represents a significant shift in how individuals seek and obtain health-related knowledge (Yeung et al., 2022; Vraga & Bode, 2017). This study aims to shed light on how TikTok influences young adults' perceptions and behaviors regarding ADHD, which can inform strategies to ensure the dissemination of accurate health information and counteract misinformation on these platforms.

Third, this research addresses the gap in existing literature regarding the role of TikTok in shaping health behaviors and perceptions, specifically concerning ADHD. By exploring the relationships between TikTok usage, self-reported ADHD symptoms, and diagnosis-seeking behavior, this study contributes to the growing body of knowledge on social media's impact on mental health (Chou et al., 2009; Pretorius et al., 2019).

Chapter II.

Method

This study used convenience sampling to recruit participants from a neuropsychological testing clinic. All adults aged 18-35 undergoing evaluation for ADHD at the clinic during the study period were asked to participate. After providing informed consent, participants completed a survey that included several self-report measures on TikTok usage and ADHD symptoms. The Harvard Committee on the Use of Human Subjects approved the study.

Participants

A total of 60 participants completed the study (age $M = 26.0$, $SD = 4.42$). Participants were undergoing neuropsychological testing for ADHD evaluation at LifeStance Health, an outpatient mental health clinic in eastern Massachusetts. Participants were recruited during their neuropsychological testing appointments. The Harvard Committee the Use of Human Subjects approved all procedures, and all participants voluntarily agreed to participate.

Measures

Participants completed a comprehensive survey designed to assess TikTok usage, ADHD knowledge obtained from TikTok, the impact of TikTok on the decision to pursue ADHD testing, and the severity of their ADHD symptoms. The TikTok usage section

included items on daily usage duration and frequency of viewing ADHD-related videos. Perceptions of ADHD content was assessed using a Likert scale to measure agreement with statements about the reliability and influence of TikTok content. ADHD symptoms were evaluated using the Barkley Childhood and Current Symptoms Scale – Self-Report Forms, which assesses both current and childhood ADHD symptoms. Participants also completed a questionnaire created for this study, the Attention Deficit Hyperactivity Disorder – TikTok Impact Questionnaire (ADHD-TIQ) developed for the present study, as well as the previously validated Barkley Childhood and Current Symptoms Scale – Self-Report Forms.

ADHD-TIQ

TikTok usage was assessed using a questionnaire created specifically for the current study: the Attention Deficit Hyperactivity Disorder – TikTok Impact Questionnaire (ADHD-TIQ). This questionnaire was developed based on a review of existing literature on social media usage and its impact on health behaviors. We consulted existing measures of social media engagement and ADHD symptomatology to inform the structure and response options of our questionnaire. The ADHD-TIQ included items to measure (1) the frequency and duration of TikTok usage, (2) self-reports of ADHD-relevant content exposure on TikTok, and (3) views of TikTok as a source of ADHD information. Participants indicated their daily TikTok usage on a scale ranging from 1 (less than 20 minutes) to 5 (more than 3 hours). They also reported the number of times they saw ADHD-related videos on a typical day, using a 3-point scale (0 = 0-5 times, 1 = 5-15 times, 2 = 15-30+ times).

To assess participants' knowledge of ADHD from TikTok, the ADHD-TIQ included statements regarding the platform as a main source of ADHD information and the perceived reliability of ADHD content on TikTok. Participants responded to three items using a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree) about views of TikTok as a source of ADHD information. These items included: "TikTok is my main source of ADHD related information and content," "The ADHD content on TikTok is usually true," and "I learn about ADHD on TikTok."

Participants were also asked whether TikTok impacted their decision to pursue ADHD testing, responding with a simple yes or no. This item aimed to capture the direct influence of TikTok on participants' health-related decision-making processes.

ADHD Symptoms Measure

ADHD symptoms were assessed using the previously validated Barkley Childhood and Current Symptoms Scale – Self-Report Forms (Barkley & Murphy, 2006). This self-report scale includes subscales for current and childhood ADHD symptoms, with items divided into inattention and hyperactivity-impulsivity subscales. Participants rated the frequency of their symptoms over the past six months and during childhood on a scale from 0 (never or rarely) to 3 (very often). The Barkley Childhood and Current Symptoms Scale – Self-Report Forms has demonstrated high internal consistency and test-retest reliability, making it a robust tool for evaluating ADHD symptoms ((Barkley & Murphy, 2006); Nitta et al., 2020).

Study Protocol and Procedure

Participants were recruited from a neuropsychological testing clinic in eastern Massachusetts. Upon arrival for their neuropsychological evaluation, participants aged 18-35 were informed about the study and invited to participate. Those who agreed were provided with the ADHD-TIQ and an informed consent form. The Barkley Childhood and Current Symptoms Scale – Self-Report Forms were completed separately as part of the routine intake process at the clinic, ensuring that the assessment of ADHD symptoms was integrated into the participants' standard clinical evaluation. The responses from the Barkley Childhood and Current Symptoms Scale – Self-Report Forms were then matched to the participants' ADHD-TIQ data using unique participant identifiers to maintain confidentiality and ensure accurate data matching. Participation involved completing the questionnaire, which took approximately 5-10 minutes.

Participants first read the instructions and answered the questions on the front and back of the ADHD-TIQ form. Upon completion, the researcher checked the forms to ensure no items were skipped.

Data were de-identified and stored securely. Hard copies were shredded in a HIPAA-compliant shredding bin, while digital copies were stored on an encrypted, HIPAA-compliant laptop. The de-identified ADHD-TIQ forms were scanned and emailed to the research coordinator.

Data Analysis

Descriptive statistics summarized the sample characteristics and TikTok use variables. Frequency distributions were used to summarize how long participants spent

on TikTok and how many ADHD-related videos they viewed daily. Central tendency and dispersion measures were calculated for Likert scale variables to assess the amount of information participants received and their perceived reliability of that information. Correlation analyses examined the relationships between TikTok use variables and ADHD symptoms, as measured by the Barkley Childhood and Current Symptoms Scale – Self-Report Forms. Following correlation analysis, a one-way ANOVA compared the means of TikTok viewing time groups to the decision to pursue testing and endorsement of ADHD symptoms. This statistical approach allowed for a detailed examination of the potential impact of TikTok use on ADHD-related behaviors and perceptions.

By employing these methods, the study aimed to provide new insights into how TikTok usage relates to ADHD symptoms and treatment seeking, contributing valuable data to the ongoing discourse on social media's role in mental health.

Chapter III.

Results

To explore how TikTok usage relates to self-reported ADHD symptoms, the decision to seek an ADHD diagnosis, and perceptions of TikTok as a source of ADHD information among young adults, each of the three central research questions was broken down into two components (a, b) to orient the analysis.

1. How is TikTok usage related to self-reported ADHD symptoms among young adults?
 - a. What are the TikTok usage patterns of the participants?
 - b. Does time spent on TikTok relate to self-reported symptoms?
2. How does TikTok usage influence the decision to seek and ADHD diagnosis among young adults?
 - a. Do participants identify TikTok use as impacting their decisions to seek an ADHD diagnosis?
 - b. Does time on TikTok relate to decisions to seek diagnosis?
3. How do young adults perceive the reliability and centrality of TikTok as a source of ADHD information?
 - a. How do participants perceive the reliability of ADHD content on TikTok and its influence on their understanding of ADHD?
 - b. Does time on TikTok relate to perceptions of TikTok ADHD content?

Detailed descriptive statistics, results from statistical analyses, and key findings are presented in the following sections.

Descriptive Statistics

The final sample included in this study consisted of 60 participants. As shown in Table 1, most participants were in their mid-20s. The mean age of participants was 26.02 years ($M = 26.02$, $SD = 4.42$), with a range from 19 to 34 years. Participants responded to various measures regarding their TikTok usage and perceptions of ADHD content on TikTok. On average, participants rated TikTok as a source of ADHD-related information and content as $M = 2.07$ ($SD = 1.21$) on a scale of 1 to 5, reflecting that participants tended to disagree that TikTok is a good source of ADHD-related information. The perceived truthfulness of ADHD content on TikTok was $M = 2.53$ ($SD = 0.97$), reflecting that participants were generally neutral to slightly disagreeing about the truthfulness of ADHD content. Participants' agreement with the statement "I learn about ADHD on TikTok" had $M = 2.38$ ($SD = 1.33$), falling between disagree and neither.

Table 1. Participant Responses: Means and Standard Deviations.

	<i>M</i>	<i>SD</i>	<i>Range of scores</i>
Age	26.02	4.42	19-34
TikTok is my main source of ADHD-related information & content	2.07	1.21	1-5
The ADHD content on TikTok is usually true.	2.53	0.97	1-4
I learn about ADHD on TikTok	2.38	1.33	1-5

Note. For TikTok questions, the possible range is 1 (strongly disagree) to 5 (strongly agree)

As shown in Table 2, a majority of participants (n=33; 55.0%) used TikTok less than 20 minutes on an average weekend day; 45.0% (n=27) used TikTok 20 minutes or more. Nearly half (46.7%) reported seeing videos using the listed hashtags (e.g., #adhtiktok, #add).

Most participants strongly disagreed (n = 28; 46.7%) or disagreed (n = 12; 20.0%) that TikTok is their main source of information on ADHD, though a meaningful minority (n = 10; 16.6%) said that TikTok is their main source of ADHD content and information. A majority strongly disagreed (n = 24; 40%) or disagreed (n = 9; 15%) that they learned about ADHD on TikTok, yet more than 1 in 4 (n = 18; 30%) said they do. Regarding whether the content is perceived accurate, most were neutral (n = 31; 51.7%), seven participants (11.7%) said that the content was accurate. The remaining participants either disagreed or strongly disagreed with the accuracy (n = 22; 36.7%). Twenty percent of participants (n = 12; 20%) reported that TikTok influenced their decision to seek testing. Among those participants, only four agreed that TikTok was their main source for ADHD content.

Table 2. Participant Responses.

	n	%
On an average weekend day, how long do you spend using TikTok?		
Less than 20 minutes	33	55.0
20 minutes to 1 hour	2	3.3
1-2 hours	10	16.7
2-3 hours	10	16.7
More than 3 hours	5	8.3
On a typical day, do you see TikTok videos about any of the topics/hashtags? (#adhd TikTok, #neurodivergent, #adhdinwomen, #adhdawareness, #adhdTok, #adhdcheck, #adhdprobs, #add, #neurospicy, #executive dysfunction)		
No	29	48.3
Not sure	3	5.0
Yes	28	46.7
TikTok is my main source of ADHD-related information & content		
Strongly Disagree	28	46.7
Disagree	12	20.0
Neither	10	16.7
Agree	8	13.3
Strongly Agree	2	3.3
The ADHD content on TikTok is usually true.		
Strongly Disagree	13	21.7
Disagree	9	15.0
Neither	31	51.7
Agree	7	1.7
Strongly Agree	0	0.0
I learn about ADHD on TikTok		
Strongly Disagree	24	40.0
Disagree	9	15.0
Neither	8	13.3
Agree	18	30.0
Strongly Agree	1	1.7
Did TikTok impact your decision to pursue testing for ADHD?		
No	48	80.0
Yes	12	20.0

Analysis of Relationships between TikTok Use and ADHD Symptoms

Table 3 presents correlations between time spent on TikTok and the ADHD measures. Notably, only participants reports of current hyperactivity was significantly associated with time spent on TikTok, $r(60) = .31, p = .015$. In other words, higher time spent on TikTok was associated with greater current hyperactivity symptoms in the current sample, while childhood hyperactivity, $r(60) = .24, p = .062$; childhood inattention, $r(60) = .08, p = .551$, and current inattention symptoms, $r(60) = .09, p = .506$ were not. According to established norms for ADHD severity (Barkley & Murphy, 2006), a symptom count of 3 or higher on the current hyperactivity–impulsivity symptom counts is viewed as clinically meaningful and represents the 93rd percentile for the normative group. Among the study participants 61.7% scored 3 or higher on current hyperactivity. This suggests that the observed correlation with overall TikTok usage may be particularly relevant for individuals exhibiting higher levels of hyperactivity.

Table 3. Means, Standard Deviations, and Correlations.

Variable	<i>M</i>	<i>SD</i>	1	2	3	4	5
1. Time on TikTok	2.20	1.46					
2. Total ADHD	16.52	9.00	.21				
3. Childhood Inattention	4.23	2.84	.08	.84**			
4. Childhood Hyperactivity	3.82	2.69	.24	.86**	.63**		
5. Current Inattention	4.75	2.78	.09	.81**	.63**	.48**	
6. Current Hyperactivity	3.72	2.44	.31*	.84**	.51**	.79**	.57**

Note. *M* and *SD* are used to represent mean and standard deviation, respectively. * indicates $p < .05$. ** indicates $p < .01$.

Examining ADHD Scales by Time on TikTok

A one factor ANOVA further examined differences in ADHD scales by time spent on TikTok. More TikTok use related to greater reports of current hyperactivity. As shown in Table 4, individuals who spent an hour or more on TikTok reported significantly greater current hyperactivity ($M = 4.60$, $SD = 2.27$) compared to those who spent less than an hour ($M = 3.09$, $SD = 2.38$), $F(1, 58) = 6.12$, $p = .017$, $\eta^2 = .095$. There were no significant differences for other ADHD symptom scales.

Table 4. ADHD Scales by Group.

Measure	Less than 1 hour	1 hour or more	<i>F</i>	<i>p</i>	η^2
	<i>M(SD)</i>	<i>M(SD)</i>			
Total	14.77(8.89)	18.96(8.73)	3.28	.075	.054
Childhood Inattention	4.00(2.83)	4.56(2.89)	0.56	.457	.010
Childhood Hyperactivity	3.29(2.60)	4.56(2.69)	3.41	.070	.055
Current Inattention	4.40(2.87)	5.24(2.63)	1.36	.253	.023
Current Hyperactivity	3.09(2.38)	4.60(2.27)	6.12	.017	.095

Perceptions of TikTok Content by Time on TikTok

Table 5 presents analyses of how participants' perceptions of TikTok varied based on their usage time. As shown, individuals who spent an hour or more on TikTok on a typical weekend day were more likely to say TikTok is their main source of ADHD information ($M = 2.68$, $SD = 1.22$) compared to those who spent less than an hour ($M = 1.63$, $SD = 1.03$), $F(1, 58) = 13.06$, $p < .001$, $\eta^2 = .184$. They also perceived the content as more true ($M = 2.96$, $SD = 0.74$) than those who spent less than an hour ($M = 2.23$, $SD = 1.00$), $F(1, 58) = 9.60$, $p = .003$, $\eta^2 = .142$. Additionally, individuals who spent an hour or more were more likely to say they used TikTok to learn about ADHD ($M = 3.24$, $SD =$

1.09) compared to those who spent less than an hour ($M = 1.77$, $SD = 1.09$), $F(1, 58) = 25.08$, $p < .001$, $\eta^2 = .302$.

Table 5. TikTok Use Questions by Group.

Measure	Less than 1 hour	1 hour or more	F	p	η^2
	$M(SD)$	$M(SD)$			
Main source of ADHD information	1.63(1.03)	2.68(1.22)	13.06	<.001	.184
ADHD content is usually true	2.23(1.00)	2.96(0.74)	9.60	.003	.142
Learn about ADHD	1.77(1.09)	3.24(1.09)	25.08	<.001	.302

Impact of TikTok Use on Diagnosis-Seeking Behavior

ANOVA results indicated significant differences in diagnosis-seeking behavior based on self-reported TikTok use, $\chi^2(N = 60) = 3.86$, $p = .049$). As shown in Table 6, individuals who reported spending an hour or more on TikTok on an average weekend day were more likely to say it is their main source of ADHD information and were more likely to indicate that TikTok influenced their decision to seek a diagnosis.

Table 6. Seek Diagnosis by Group.

Did TikTok affect the decision to seek a diagnosis?	Less than 1 hour	1 hour or more	χ^2	p	V
No	31(88.6%)	17(68.0%)	3.857	.0495	.254
Yes	4 (11.4%)	8 (32.0%)			

Chapter IV.

Discussion

This study aimed to explore the relationship between TikTok usage and ADHD experiences among young adults undergoing neuropsychological testing for ADHD evaluation. The study focused on describing participants' use and perceptions of TikTok, how time on TikTok related to symptoms, use of TikTok, and diagnosis-seeking behavior. Findings suggest that TikTok may indeed be relevant for a subset of participants who are seeking testing, influencing both their decisions to pursue testing and relating to more favorable perceptions of TikTok as a source for ADHD information. Forty-five percent of participants used TikTok for 20+ minutes on an average weekend day, and 46.7% said they had encountered content on TikTok about ADHD. Notably, a meaningful minority (16.7%) reported that TikTok is their main source of information about ADHD. This is particularly important considering the growing body of research suggesting that social media platforms are becoming primary sources of health information for many individuals, especially young adults (Chou et al., 2009).

Given the varying quality of information available on these platforms, evaluating how users perceive and utilize this information in their health-related decisions is essential. The study also examined the impact of TikTok use on diagnosis-seeking behavior, and findings highlight a significant link between increased TikTok usage and the likelihood of seeking an ADHD diagnosis. This chapter discusses the implications of these findings, considers alternative explanations, and outlines the strengths and limitations of the study. It also provides suggestions for future research to explore these relationships further.

TikTok Usage Patterns

The study's sample consisted primarily of young adults in their mid-20s. This demographic was selected due to their frequent engagement with social media, particularly platforms like TikTok, which aligns with the study's focus on social media content interaction. The majority of participants used TikTok for less than 20 minutes per day, suggesting a relatively moderate engagement with the platform. Nearly half of the participants (46.7%) reported encountering ADHD-related content.

Individuals who spent more time on TikTok also reported higher levels of current hyperactivity. This might suggest that heavier engagement with TikTok is amplifying hyperactivity or that those who experience more hyperactivity are also using the platform more. Other ADHD-related subscales did not show significant differences, which may be a function of sampling or may indicate a particular association between TikTok and certain aspects of hyperactivity.

These findings are valuable in supporting a deeper understanding of how social media platforms like TikTok may affect young adults' mental health awareness and perceptions. Even with moderate usage, exposure to ADHD-related content (i.e., by nearly half of the participant group) suggests that TikTok can serve as both an information source and a potential influencer of mental health behaviors. Future research should continue to explore these dynamics, considering the broader implications for public health and the role of social media in disseminating health information, as well as assessing more systematically young people's exposure to this kind of content on the platform.

Perceptions of ADHD Content on TikTok

Participants who spent more time on TikTok were more likely to perceive the ADHD content as accurate and to use TikTok as a primary source of information about ADHD. This finding aligns with the growing body of empirical research indicating that social media platforms are becoming significant sources of health information, especially among young adults (Chou et al., 2009; Tan et al., 2015).

A majority of the study's participants said they did not view TikTok as their main source of ADHD information. However, those participants who engaged more frequently with ADHD-related content on TikTok were also more likely to believe in the truthfulness of this information. This is notable, given prior documentation of the mixed quality of health-related content on social media. For example, a substantial portion of ADHD-related videos on TikTok have been found to contain misleading information (Yeung et al., 2022). Recognizing that TikTok does function as a central source of health information for some people raises the importance of (1) efforts by tech companies and policymakers to improve the information ecosystem and (2) media literacy so patients can assess credibility and seek information from quality sources (Vraga & Bode, 2017).

These findings suggest that clinicians should be aware of TikTok's significant role as a central source of health information for some people. Clinicians may need to ask more pointed questions about social media use during evaluations. This could help them better understand whether a patient's self-diagnosis is influenced by social media trends or based on clinical criteria.

Therefore, healthcare professionals and educators must address these concerns by encouraging users to seek information from reputable sources. Additionally, they should

consider engaging with users on TikTok to ensure the dissemination of credible content. Initiatives to improve media literacy among users are crucial, enabling individuals to evaluate the health information they encounter online critically and make informed decisions about their health (Chou et al., 2009; Tan et al., 2015).

Impact of TikTok Use on Diagnosis-Seeking Behavior

Increased time spent on TikTok was associated with a higher likelihood of reporting that the platform influenced their decision to seek an ADHD diagnosis. These findings align with previous research by Chou et al. (2009), which suggested that social media platforms increasingly serve as primary sources of health information. Similarly, Gilmore et al. (2022) found that TikTok may encourage young people to seek medical help after self-diagnosing ADHD based on the content they encounter. Additionally, Blum (2022) highlights that the ease of access to online ADHD testing and prescription services may exacerbate this issue, leading to an over-reliance on self-diagnosis and subsequent overprescription of stimulant medications. These findings suggest the need for more rigorous public health strategies that balance the benefits of social media in raising awareness with the risks of misinformation and overdiagnosis.

Additional Considerations & Alternatives

Several alternative explanations could account for the observed relationships between TikTok usage and ADHD symptoms. One factor could be a type of self-selection bias, where individuals already concerned about ADHD are more likely to actively seek out related content on TikTok. This behavior might skew the perception of TikTok's influence, as these individuals are predisposed to noticing and engaging with

ADHD-related content more frequently. Research has shown that individuals with specific health concerns tend to seek out information that resonates with their experiences and symptoms (Chou et al., 2009; Fergie et al., 2016; Williams, 2022). Fergie et al. (2016) found that young adults with common mental health disorders use social media to engage with health-related content in different ways—some actively create and share their own content, while others primarily consume what others post. This pattern of engagement is often shaped by their personal health experiences and the support they receive offline, leading them to gravitate towards content that aligns with their own health concerns. This could further exacerbate self-selection bias on platforms like TikTok, where users seek out content that reinforces their existing beliefs and symptoms, potentially amplifying their perception of having conditions such as ADHD.

One of the plausible explanations for the amplification of self-reported hyperactivity symptoms is confirmation bias. Participants who spend more time on TikTok might encounter more ADHD content, which could reinforce their pre-existing beliefs or concerns about the condition. This bias likely leads them to interpret their symptoms in line with the content they view, thereby amplifying their self-reported hyperactivity symptoms. Confirmation bias is a well-documented phenomenon in psychology, where individuals tend to favor information that confirms their preconceptions, leading to skewed perceptions and interpretations of new information (Disner et al., 2011)."

Additionally, TikTok's algorithm likely plays a crucial role in shaping users' ADHD content exposure. The algorithm maximizes engagement by showing users content similar to what they have previously interacted with (WSJ Staff, 2021; Smith,

2021; Yeung et al., 2022). This mechanism can result in increased exposure to ADHD-related videos for users who show initial interest, thereby reinforcing their engagement with such content. This cyclical pattern of exposure and engagement may significantly influence users' perceptions and behaviors, highlighting the powerful role of algorithm-driven content delivery on social media platforms (WSJ Staff, 2021; Smith, 2021; Yeung et al., 2022).

While this study focused on young adults, these findings have potential implications for other age groups. For example, younger teens—who are avid TikTok users—might be even more susceptible to the platform's influence due to their developmental stage. Their exposure to ADHD-related content could increase their likelihood of self-diagnosing based on incomplete information. On the other end of the spectrum, older adults who engage with TikTok less frequently may also be affected, particularly if they come across similar health-related content. Although their engagement is lower, the influence of misleading health information could still shape their perceptions of ADHD, particularly if they are undiagnosed or are considering seeking medical evaluation.

Limitations and Future Directions

The present study provides insight into the relationship between TikTok usage and health behaviors, with a specific focus on ADHD symptoms among young adults. The study has several relevant limitations. First, the sample size of 60 participants, primarily young adults undergoing neuropsychological testing for ADHD, is relatively small and – while appropriate for an exploratory study – is not representative of the broader population nor necessarily generalizable. Relatedly, this study recruited

participants from only one clinic offering neuropsychological testing, and there may be a relevant selection bias among those who sought testing at the clinic. Furthermore, the reliance on self-reported data could distort the accuracy of the reported TikTok usage and ADHD symptoms (Disner et al., 2011). Though these biases are common in survey-based research, they should be considered related to the validity of the findings.

The data collected in this study used one measure to assess ADHD symptoms: the Barkley Childhood and Current Symptoms Scale – Self-Report Forms. This is a widely used and validated diagnostic measure. While using only one measure of ADHD symptoms may not be sufficiently comprehensive in some contexts, the focus of this study was to explicitly examine how TikTok use may be related to the self-diagnosis of ADHD. Therefore, the Barkley Childhood and Current Symptoms Scale – Self-Report Forms, given its extensive validation and reliability, should be sufficient for the purposes of this study; however, the study's reliance on this measure is worth acknowledging.

Additionally, the ADHD-TIQ used in this study is a self-report questionnaire specifically created for the study to facilitate assessment of TikTok usage and perceptions of ADHD content. It is important to note that the ADHD-TIQ is not a previously validated measure.

Moreover, trying to quantify the exposure to ADHD-related content introduces another layer of complexity. Self-report surveys, while useful, depend heavily on participants' ability to accurately recall their engagement, which may be subject to recall bias. In this study, participants were asked to estimate their time spent on TikTok and the number of ADHD-related videos they encountered, but these estimates might need to reflect their actual engagement accurately.

Another significant limitation is the study's cross-sectional design, which restricts the ability to infer causation between TikTok usage and ADHD symptoms. While the study identifies associations, it cannot establish, for example, whether increased TikTok use leads to higher ADHD symptom endorsement or if individuals with more pronounced ADHD symptoms are more likely to engage with ADHD-related content on TikTok. Future research with longitudinal designs can provide insight into these relationships' directionality and potential mechanisms underlying the observed associations. Additionally, incorporating a larger and more diverse sample and using multiple data collection methods (e.g., content analysis of TikTok content and observational data on ADHD symptoms) could further strengthen the findings and their applicability.

Future studies should also examine how TikTok influences different age demographics, from adolescents to older adults. While younger users may be more vulnerable to misinformation and more prone to self-diagnosis, older adults could also be impacted by the content they encounter, albeit in different ways. Expanding the scope of research to include diverse populations could provide a more comprehensive understanding of TikTok's role in shaping mental health perceptions and behaviors.

Further investigation should also be conducted into how TikTok's algorithm specifically influences health behaviors, including the amplification of certain health-related content based on user interaction. Understanding the algorithm's role in shaping perceptions of ADHD, especially among younger audiences, could provide insights into more targeted interventions. For instance, by identifying how the algorithm encourages prolonged engagement with ADHD-related content, researchers can develop strategies to

mitigate the effects of misinformation and promote healthier consumption habits (WSJ Staff, 2021; Smith, 2021).

Implications for Practice

Given the role TikTok plays in disseminating ADHD-related information, healthcare professionals and educators should be aware of its potential influence on young people's perceptions and their health behaviors. The findings of this study also underscore the importance of striving to improve the accuracy and reliability of health-related information on social media platforms, such as TikTok. According to Yeung et al. (2022), the quality of ADHD-related content on TikTok can vary widely, with a substantial portion of videos needing to be more accurate. Therefore, steps to improve the accuracy of health information and to counteract misinformation on social media are important for public health. Healthcare organizations and social media companies can develop strategies to highlight credible sources and flag or remove misleading content by working together. Comp et al. (2020) support this approach, which suggests that social media platforms can play a pivotal role in disseminating accurate health information through algorithmic adjustments and partnerships with health authorities. Ensuring that users are exposed to reliable content can help improve health literacy and promote better health outcomes.

One potential strategy is for healthcare professionals to engage more actively on these platforms by creating verified, accessible content that competes with user-generated misinformation. By leveraging the same algorithms that promote popular content, healthcare organizations could ensure that evidence-based information is more visible to users. Furthermore, social media companies could develop partnerships with health

authorities to flag or remove misleading content. These interventions could reduce the likelihood of users self-diagnosing or misinterpreting their symptoms based on faulty information (Pretorius et al., 2022).

Healthcare professionals and educators can also work towards integrating media literacy into health education. By teaching individuals, especially young adults, how to critically evaluate the health information they encounter on social media, we can empower them to make informed decisions about their health. The role of media literacy is supported by the findings of Pretorius et al. (2022), who emphasized the need for critical evaluation skills among social media users to discern the reliability of health information. Integrating such education into existing health curricula can help mitigate the potential negative impacts of misinformation on social media.

Healthcare professionals are beginning to recognize social media platforms like TikTok's role in shaping patients' perceptions of mental health. As patients increasingly turn to platforms like TikTok for information on disorders such as ADHD, it becomes essential for clinicians to understand the content their patients are consuming. This awareness allows healthcare providers to engage in informed conversations with patients about the reliability of social media content and the importance of seeking professional evaluations (Pretorius et al., 2022).

Another approach healthcare professionals can take is to discuss social media use during evaluations proactively. By asking patients about their TikTok viewing habits and the content they consume, clinicians can better understand the sources of their patient's beliefs about their symptoms. This can also provide an opportunity to correct any

misconceptions patients may have developed from viewing user-generated content that lacks empirical support (Yeung et al., 2022).

In addition to addressing misinformation, healthcare professionals can leverage TikTok's popularity to provide accurate, accessible information to the public. Several clinicians have already taken to the platform to share content that demystifies mental health disorders and emphasizes the importance of professional diagnosis. These clinicians aim to counteract the spread of misinformation by creating engaging videos that present evidence-based information in a relatable format (Demuth, 2022). By participating in the TikTok ecosystem, healthcare providers can play a crucial role in improving health literacy and promoting responsible health behavior among users.

Despite the potential benefits of professional involvement in social media, there are limitations to this approach. The brevity of TikTok videos limits the depth of information that can be conveyed, and the platform's focus on entertainment can detract from the seriousness of mental health discussions. Additionally, while professional content creators can reach large audiences, their videos may sometimes gain a different level of visibility than popular user-generated content, which can further perpetuate the spread of misinformation (Yeung et al., 2022). Healthcare providers must navigate these challenges while continuing to advocate for the responsible use of social media as a tool for mental health awareness.

Conclusion

Overall, this study provides evidence for the relevance of TikTok to ADHD perceptions and behaviors for some young adults. The study's results indicate that participants who spend more time on TikTok are more likely to view the platform as a primary source of ADHD information and are more inclined to perceive the content as accurate. Licensed healthcare professionals may want to ask directly about patients' social media use in general and related to their health behaviors, perceptions, and treatment decisions. They can also help participants discern the reliability of the information they have previously encountered.

Furthermore, the study reveals that increased TikTok usage is associated with higher self-reported ADHD symptoms, particularly hyperactivity, and further research is needed to explore the direction of this relationship. This finding highlights the complex interplay between social media engagement and mental health symptomatology, suggesting that the content and algorithms on platforms like TikTok not only shape users' perceptions but also potentially exacerbate or intensify symptom experiences. Given that these platforms encourage prolonged engagement with ADHD-related content, future research should seek to determine whether this relationship is causal or if individuals with pre-existing symptoms are more likely to engage with ADHD-centric content. Understanding this dynamic is crucial, as it may inform targeted interventions aimed at mitigating the potential harm caused by unregulated health information on social media. Such insights will be critical in crafting more effective strategies for public health messaging, developing best practices for clinicians when addressing patient concerns

influenced by social media, and ensuring that individuals receive accurate and comprehensive mental health care in a digital age.

The potential for TikTok to influence diagnosis-seeking behavior is noteworthy, as participants who spent more time on the platform were more likely to report that the platform influenced their decision to seek an ADHD diagnosis based on the content they viewed. This is particularly concerning given the platform's propensity to prioritize engagement over accuracy, which may expose users to simplified or misleading information about ADHD symptoms and treatments. Such trends raise critical questions about the role of social media in shaping mental health perceptions and decisions, especially for vulnerable populations. This underscores the need for further research and attention from healthcare providers to potential self-diagnosis or distorted reporting to prevent potential misdiagnosis and/or inappropriate treatment.

As TikTok continues to grow as a platform for health-related discussions, it is crucial to recognize both the risks and benefits it presents for individuals seeking information about ADHD. While TikTok can raise awareness, reduce stigma, and foster a sense of community, it also has the potential to spread misinformation and contribute to self-diagnosis. The challenge for healthcare providers, educators, and social media platforms is to find a way to leverage TikTok's strengths while mitigating its risks.

Healthcare professionals should engage with their patients about their social media habits and guide them in interpreting online information. At the same time, social media platforms must take responsibility for ensuring that their algorithms prioritize accurate and evidence-based content over viral but potentially misleading posts. By working together, healthcare providers, educators, and social media companies can help

create a healthier online environment where individuals can access accurate information, make informed decisions, and feel empowered to seek the help they need. In doing so, they can harness the power of platforms like TikTok to promote mental health awareness while safeguarding against the dangers of misinformation and self-diagnosis.

Future research should further explore these dynamics and consider interventions to ensure accurate and beneficial information dissemination on social media platforms. As noted, longitudinal studies could provide a deeper understanding of the causal relationships between social media usage and health outcomes. Investigations into the role of algorithms could offer valuable insights into improving the quality of health information online. This study highlights the significant role of TikTok in shaping perceptions and behaviors related to ADHD among young adults. Recognizing its potential impact on health perceptions and behaviors and enhancing users' critical evaluation skills are essential steps in the current digital world, and efforts to improve the accuracy of health-related content on social media is a timely public health issue.

Appendix 1.

ADHD-TIQ (Created by the Author for this study)

ADHD-TIQ

Instructions: This questionnaire consists of 6 questions/statements. Please read each question carefully, and then circle the number beside the statement you have picked. If several statements in the group seem to apply equally well, circle the highest number for that group. Be sure that you do not choose more than one statement for any group.

1. On an average weekend day, how long do you spend using TikTok?

1. Less than 20 minutes on TikTok.
2. Between 20 minutes – 1 hour on TikTok.
3. Between 1-2 hours on TikTok.
4. Between 2-3 hours on TikTok.
5. More than 3 hours on TikTok.

2. On a typical day, do you see TikTok videos about any of the topics/hashtags listed in the table below?

1. No
2. I'm not sure.
3. Yes

#adhdtiktok
#neurodivergent
#adhdinwomen
#adhdawareness
#adhdtok
#adhdcheck
#adhdprobs
#add
#neurospicy
#executive dysfunction

Continued on Back

Appendix 1.

(Continued)

Below are two statements. Please read each statement carefully and then circle one of the numbers to the right to indicate how much you agree with that statement.

How much do you agree with the following statements:	Strongly Disagree	Disagree	Neither Or N/A	Agree	Strongly Agree
3. TikTok is my main source of ADHD related information and content.	1	2	3	4	5
4. The ADHD content on TikTok is usually true.	1	2	3	4	5
5. I learn about ADHD on TikTok.	1	2	3	4	5

6. Did TikTok impact your decision to pursue testing for ADHD?

1. No
2. Yes

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