Social Media and Psychiatry: Friend or Foe? Evaluating the impact of social media on mental health and its implications for psychiatric practice

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Summary

In recent years, interest in the relationship between social media and mental health has grown, with public discourse often emphasising its risks despite mixed empirical evidence. This essay challenges alarmist narratives that blame social media for rising mental health issues, arguing that its effects are highly individualised, depending on content engagement, personal vulnerabilities, and digital literacy.

Social media shapes self-concept and self-esteem through self-presentation and social comparison. While some individuals benefit from positive social validation and mental health awareness, others experience harm from unrealistic portrayals and exposure to distressing content. The rise of self-diagnosis, particularly on platforms like TikTok, has further complicated mental health discourse. Increased visibility of psychiatric conditions has helped some seek proper diagnosis and support, but it has also led to misinformation, misleading self-labelling and concerns over the medicalisation of everyday distress. Social media may contribute to 'concept creep', where psychiatric categories expand to include everyday challenges, and 'looping effects', where adopting a label reinforces symptoms.

Despite these challenges, social media offers opportunities for mental health advocacy, support networks and digital interventions. While misinformation and over-pathologisation are concerns, psychiatry can benefit from engaging with online platforms to promote accurate discourse and accessible care. This essay argues that social media is neither inherently beneficial nor harmful; rather its impact depends on how it is used. Thoughtful engagement and digital literacy are essential to ensuring that social media enhances rather than distorts mental health understanding and care.

Introduction

Social media has reshaped modern communication, changing how people connect, access information, and understand mental health. Its impact remains a subject of intense debate, with some highlighting its role in fostering community, raising awareness, and reducing stigma, while others warn of its association with poor mental health, misinformation, and the over-pathologisation of normal human experiences and distress. The question remains: is social media a friend or foe of psychiatry?

This essay will examine the complex relationship between social media and mental health, exploring both its benefits and potential harms. It will consider how online platforms influence self-concept, self-esteem, and social comparison whilst exposing users to potentially harmful content. Additionally, it will investigate the rise of self-diagnosis, the spread of psychiatric misinformation, and the broader implications for psychiatric practice. By critically assessing these dynamics, this essay will argue that social media's impact is neither inherently beneficial nor harmful but depends on individual differences, content engagement, and digital literacy. The challenge for psychiatry is to harness social media's advantages while addressing its risks, ensuring that digital platforms enhance – rather than distort – mental health discourse and clinical practice.

The Dual Impact of Social Media on Mental Health

The rise of social media has generated significant interest in its effects on mental health, particularly among adolescents. While public discourse often emphasises its potential harms, empirical research presents a more nuanced perspective, highlighting both positive and negative effects depending on individual differences, patterns of use, and content engagement. This section explores the complex relationship between social media and mental health, focusing primarily on self-concept, self-esteem, social comparison, and exposure to potentially harmful content.

A popular narrative is that social media use negatively impacts mental health, particularly among young people. Early studies appeared to support this view, indicating that adolescents who spent more time on social media were more likely to experience depressive symptoms (1). However, such studies have faced criticism for reliance on cross-sectional data, which cannot establish causation. Others argue that pre-existing mental health issues may drive increased social media use rather than the other way around. Furthermore, a large-scale longitudinal study of over 12,000 adolescents found only a minimal negative relationship between social media use and life satisfaction, with 99.6% of variation in girls' life satisfaction attributable to other factors (2). Similarly, another study found no longitudinal relationship between social media use and changes in depression or anxiety over an eight-year period (3). These findings challenge alarmist narratives and suggest that social media's effects are highly individualised, warranting a shift from focusing solely on-screen time to examining specific patterns of engagement.

Social media provides a unique platform for self-presentation, allowing individuals to curate and selectively share aspects of their identity. This process influences self-concept – the overall perception one has of oneself – through both self-presentation and comparison with others' curated content (4). Unlike offline social comparisons, which are constrained by real-world interactions, online comparisons are often against highly idealised portrayals, potentially distorting self-perception. Whilst crafting an enhanced self-image may foster positive self-concept development, it can also lead to detrimental social comparisons, particularly among vulnerable individuals. These effects may be exacerbated by the quantifiable nature of social validation in the form of 'likes'. However, some studies suggest that positive social feedback can enhance self-esteem, highlighting the dual nature of social media's effects (5).

The effect of social media on self-esteem is another important area of research, with studies indicating mixed effects. While some research suggests a link between social media use and lower self-esteem (5), the relationship is far from straightforward. A meta-analysis found only weak or inconsistent associations (6), raising concerns about the correlational nature of many studies. For instance, it remains unclear whether social media lowers self-esteem or whether individuals with lower self-esteem engage with it in maladaptive ways. Advanced methodologies, such as dynamic structural equation modelling and ecological momentary assessment (EMA), have further complicated the picture, revealing significant individual variability: 88% of users experienced no effect, 4% reported positive effects, and 8% experienced negative effects (7). These findings highlight the importance of considering not just overall social media use but how, why, and in what context individuals engage with these platforms.

Another growing concern is the ease with which users, particularly adolescents, can access harmful content related to self-harm, disordered eating, and suicide. The case of Molly Russell, a teenager who tragically took her own life after engaging with distressing online material, underscores the risks associated with unregulated content exposure. A qualitative study suggested that viewing such material may normalise harmful behaviours and escalate self-injurious actions in adolescents (8). However, causal relationships remain difficult to establish, as individuals seeking out such content may already be at heightened risk due to pre-existing psychological vulnerabilities. In response, many social media platforms have introduced measures to mitigate harm, such as blocking harmful content and signposting mental health resources, though the effectiveness of these interventions remains debated.

Despite these concerns, social media also offers substantial benefits for mental health. Online platforms facilitate mental health awareness campaigns, provide support networks for individuals struggling with mental illness, and offer spaces for social connection. Research suggests that social media can replicate key aspects of real-life friendship, including validation, self-disclosure, instrumental support, and companionship (9). Adolescents, in particular, may find online self-disclosure easier than face-to-face interactions (10). Lucy Foulkes argues that the entertainment and companionship aspects of social media are often overlooked in public discourse, despite their role in fulfilling fundamental human needs (11). While platforms are designed to capture attention through intermittent reinforcement and unpredictable rewards (12), this does not negate their capacity to provide comfort, entertainment, and meaningful social connection – all of which have long been central to human interaction (11). For those who feel isolated in their offline environments, social media can serve as a vital space for support and belonging.

In summary, social media's impact on mental health is complex and varies by individual. While aspects such as upward social comparison and exposure to harmful content pose risks, social media also provides social support, validation, and community engagement. The conversation around social media's influence must move beyond simplistic harm narratives and acknowledge the complex interplay of factors shaping individual experiences. Future research should focus on developing nuanced methodologies that account for variations in platform use, content engagement, and individual vulnerabilities.

Social Media and Self-Diagnosis: A Double-Edged Sword

Having discussed the potential effects of social media on mental health, let us now explore the effects that social media may have on perceptions of mental health and psychiatric diagnoses more widely. The rise of social media as a source of health information has fundamentally altered the landscape of mental health dialogue, with profound implications of increased exposure to psychiatric terminology, phenomenology, and self-diagnosis. The proliferation of psychiatric content on platforms such as TikTok, Instagram, and YouTube has led to a blurring of the lines between normal psychological distress and clinically significant mental illness. The increased accessibility of mental health discussions has contributed to greater awareness and destigmatisation. For many, this increased visibility has allowed individuals with previously unrecognised conditions to seek diagnoses and appropriate treatment, ultimately improving their quality of life. However, despite these clear benefits, some argue that this increased awareness has also facilitated the over-pathologisation of common human experiences.

A key concern is the role of social media in promoting self-diagnosis. TikTok, YouTube, and other social media platforms have become major sources of health information, particularly among younger individuals. Studies indicate that as many as 40% of young people use TikTok as a search engine rather than Google (13, 14). However, the quality of mental health information found online is often poor. A study found that 52% of the top 100 TikTok videos on ADHD contained misleading information, with only 21% offering clinically accurate content (15). Similarly, it was found that only 5% of YouTube videos on ADHD were deemed highly useful, yet misleading videos attracted more engagement (16).

Beyond misinformation, social media encourages users to publicly share their mental health experience, often in pursuit of validation through likes and follows. This exposure can contribute to social contagion (17), where observing and engaging with certain behaviours increases their prevalence. Social media may amplify illness behaviour, a phenomenon exemplified by the explosion of interest in ADHD following the COVID-19 pandemic – as of February 2024, '#adhd' has had over 51 billion views on TikTok (18). This surge in interest has undoubtedly helped many individuals with genuine unrecognised disorder to seek appropriate support and diagnosis. However, it has also contributed to a rise in self-diagnoses and help-seeking based on limited or misleading information, potentially misdirecting individuals who may benefit from alternative interventions. This has led to increased pressure on services and waiting lists of over 10 years in some NHS trusts (19). Social media algorithms contribute to this issue by creating 'echo chambers' in which users are continuously fed content based on previous consumption, with few opposing or critical viewpoints (20). This has the effect of reinforcing individuals' beliefs and potentially leading them to adopt a psychiatric label based on inadequate information (17).

This influence extends beyond ADHD, with platforms like TikTok and YouTube being implicated in the rise of functional tic disorders among young people. Studies suggest that exposure to videos featuring tic-like behaviours can induce similar symptoms in vulnerable individuals, effectively triggering a form of mass psychogenic illness (21, 22 ,23). This phenomenon, described as 'social media associated abnormal illness behaviour' (24) raises critical questions about the impact of online health communities on self-perception, diagnostic trends, and help-seeking behaviours.

The possible reasons for an increase in referrals and diagnoses following raised awareness of psychiatric conditions have been explored by Foulkes and Andrews (25). One possibility is what the authors term 'improved recognition', whereby there is accurate reporting of previously un-diagnosed or un-recognised symptoms. Another, less beneficial possibility, is that raised awareness causes individuals to interpret milder forms of distress as mental health problems – 'overinterpretation'. This is what Foulkes & Andrews term the 'prevalence inflation hypothesis', where increasing awareness leads to increased reporting and experiencing of symptoms. This idea closely aligns with the concept of 'concept creep,' first described by Haslam (26) as the gradual broadening of harm-related categories. In psychiatry, concept creep occurs both horizontally, by including qualitatively new phenomena under existing psychiatric labels, and vertically, by lowering the threshold for what is considered pathological. Social media contributes to both dimensions: for example, videos suggesting that 'random noise making' or 'being competitive' are symptoms of ADHD exemplify horizontal expansion, while content portraying everyday distractibility as indicative of ADHD represents vertical expansion (15). This inflation of psychiatric categories can lead individuals to interpret mild distress or normative behaviour as evidence of mental illness, increasing demand for professional diagnosis and treatment (27). This increased demand and subsequent overload of services may mean that individuals with serious disorder, in greatest need of service contact, may paradoxically find it harder to receive appropriate interventions. Related to concept creep is the 'looping effect,' a phenomenon described by philosopher Ian Hacking (28), which suggests that categorising individuals influences their self-perception and behaviour. When individuals adopt psychiatric labels from social media, their self-perception may shift in a way that reinforces or amplifies their symptoms. Over time, this can create a self-fulfilling cycle in which a person genuinely experiences heightened symptoms due to their altered self-concept. This looping effect can lead individuals to overinterpret their distress as a clinical issue, reinforcing the spread of self-diagnosis and increasing demand for psychiatric intervention (11, 17)

The increased use of psychiatric content and terminology on social media and within public discourse extends beyond individual self-diagnosis to broader institutional and cultural shifts. Beeker and colleagues label this the 'psychiatrisation of society' (29) – where psychiatric knowledge and practices increasingly shape everyday life, encompassing both top-down influences (e.g., changes in diagnostic criteria, expansion of psychiatric services) and bottom-up influences (e.g., consumer-driven demand for diagnoses). While greater awareness of mental health issues can facilitate access to care for those in genuine need, psychiatrisation risks over-medicalising common distress and diverting resources away from individuals with severe mental illness. The increasing use of psychiatric explanations for distress may also reinforce reliance on medical interventions over psychosocial approaches, potentially leading to overmedication (29).

The changing doctor-patient relationship further reflects these dynamics. Traditionally, doctors were regarded as the primary authorities on psychiatric diagnoses, but the widespread availability of mental health information online has shifted this dynamic. Beaglehole and colleagues argue that the rise in self-diagnosis, due to rising mental health literacy coupled with the influence of social media, challenges the conventional diagnostic process in psychiatric consultations, as individuals may present their symptoms in a way that aligns with their pre-formed beliefs, making it difficult for clinicians to disagree (30). Additionally, the Diagnostic and Statistical Manual of Mental Disorders (DSM) is frequently misinterpreted as a self-diagnostic tool rather than a framework for clinical judgement, leading to widespread misconceptions about psychiatric conditions and their criteria. In addition, the increased reliance on psychiatric labels for validation and support complicates therapeutic relationships, as patients may react negatively if their self-diagnosis is not confirmed (30). This shift, while empowering in some respects, also raises concerns about the erosion of medical expertise and the potential for misdiagnosis.

Ultimately, while social media has played a crucial role in increasing mental health awareness, it has also contributed to the blurring of boundaries between normality and disorder. The amplification of psychiatric concepts through online platforms fosters both greater recognition of distress and the risk of overidentification with psychiatric labels. Addressing these challenges requires a balanced approach – one that promotes accurate mental health information while preventing the over-pathologisation of everyday experiences. Policymakers and mental health professionals must engage with social media discourse to ensure that individuals receive appropriate support without inadvertently fuelling psychiatrisation and concept creep.

Implications for Psychiatric Practice

As this essay has explored so far, the influence of social media greatly influences mental health perception and societal discourse, presenting both challenges and opportunities for psychiatric practice. While misinformation and the rise of self-diagnosis are pressing concerns, social media also offers a unique platform for engagement, education, and intervention. To navigate this evolving landscape, clinicians and mental health organisations must integrate social media and digital tools into traditional psychiatric care while preserving the human connection at the core of treatment.

To counteract misinformation, mental health professionals must proactively engage with social media. Clinicians can use these platforms to provide accurate, evidence-based information in an accessible format, helping to correct misconceptions. Given that institutional accounts often receive less engagement than influencer content (31), collaboration with social media creators could be an effective strategy. National and local mental health organisations should work alongside digital content creators to produce engaging and accurate psychoeducational content (32). Beyond social media, digital mental health interventions hold promise for supporting young people. A systematic review found that social networking sites can be valuable tools for youth mental health interventions, though further research is needed to assess their long-term efficacy (33). Digital mental health tools, including chatbots, mobile apps, and telepsychiatry, could offer accessible support options for individuals who face barriers to traditional care. A review of telepsychiatry found that while diagnostic reliability has been demonstrated, further research is required to confirm this across diverse healthcare settings (34). The authors argue that the psychiatrist's attitude is a key factor in either enabling or hindering the wider implementation of telepsychiatry.

While leveraging digital tools, it is equally critical to safeguard against the over-pathologisation of distress. Foulkes highlights the risk of both over-diagnosing and under-diagnosing mental illness – framing everyday distress in psychiatric language while failing to provide adequate care for severe conditions (11). Careful use of language is critical in preserving the distinction between distress and disorder, ensuring that normal emotional responses are not unnecessarily medicalised. Clinicians must take a nuanced approach, validating distress without reinforcing unnecessary psychiatric labels. Foulkes warns that despite good intentions, awareness campaigns and social media trends may inadvertently alienate the very people they aim to help. This issue was powerfully articulated by Hannah Jane Parkinson in her award-winning essay (35):

> it is infuriating to come home from a secure hospital, suicidal, to a bunch of celebrity awareness-raising selfies and thousands of people saying that all you need to do is ask for help – when you've been asking for help and not getting it.

Parkinson highlights the disconnection between the superficial narratives of mental health awareness and the reality that many people have been actively seeking help without success. This discrepancy can alienate people who feel that these awareness efforts are not truly helping those in crisis or addressing the systemic issues within mental health care. She also suggests that overusing psychiatric terminology may cause people to become sceptical of mental illness, potentially increasing stigma towards mentally unwell people rather than reducing it.

Ultimately, when used thoughtfully, social media and digital mental health tools can complement traditional psychiatric care. Mental health professionals must embrace these platforms while maintaining clinical rigour and ensuring that the human aspects of care remain central. More research is needed to develop best practices for integrating social media and digital interventions into mental health care in a way that enhances patient outcomes while maintaining professional integrity.

Conclusion

In conclusion, the relationship between social media and mental health is highly context-dependent, with both positive and negative implications. While digital platforms offer unprecedented opportunities for awareness, community support, and access to mental health resources, they also contribute to misinformation, over-pathologisation, and the erosion of professional authority via self-diagnosis. Given these complexities, fostering digital literacy is essential to empower users to critically engage with online mental health content, enabling them to discern credible information from misleading narratives. Future research must explore the nuanced, bidirectional relationship between social media, mental health, and stigma, recognising that effects may vary across different populations and contexts. Longitudinal studies and investigations into subgroup differences are particularly crucial to untangling these dynamics, ensuring that digital interventions and policies are evidence-based and responsive to the diverse needs of users.

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