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TikTok-inspired self-diagnosis and its implications for educational psychology practice

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ABSTRACT

This paper examines, from a psychological perspective, why some young people may diagnose themselves with a mental health condition or neurodevelopmental difference after engaging with TikTok content. The article joins the discourse around TikTok self-diagnosis among adolescents, which has circulated since 2022, and offers alternative considerations and perspectives. The reasons a young person may self-diagnose are complicated and multifaceted, extending beyond any explanation of naivety or attention-seeking. In this paper the phenomenon is approached through an application of social psychological theories relating to identity, belonging, and self-labelling. The broader context is considered against the backdrop of the neurodiversity movement and corresponding cultural shift, with reference to the intersecting systemic barriers faced by young people which impede the availability and accessibility of adequate support. Opportunities for future research and suggestions for how educational psychologists may consider online environments within professional practice are discussed.

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Introduction

TikTok is a social networking app with 1.7 billion users (Shewale, 2024) that can edit and upload short videos, and “like”, save, share or comment on those of fellow users (Yeung et al., 2022). It is estimated that roughly a quarter of TikTok users are between 10 and 19 years (Howarth, 2024). Since 2021, news stories have circulated internationally regarding a “trend of self-diagnosis” among young people, attributed to TikTok mental health and neurodiversity content (for example, BBC, 2023; Bobby & Sandhu, 2023; Davey, 2023; Jargon, 2021; Moore, 2023). Self-diagnosis may be defined as an individual identifying with a medical diagnosis, that is, a mental health condition, illness, or neurodevelopmental difference, without the formal confirmation of a healthcare professional. Currently, suggestions of links between TikTok use and self-diagnosis are primarily presented as anecdotal evidence, mainly from psychiatrists in the UK and the US (for example, Caron, 2022; Kelly, 2023; Weigle, 2023). However, empirical research into this phenomenon is emerging: for example, Gilmore et al.

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(2022) found that self-diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) is prolific after engagement with TikTok. Alper et al. (2023) similarly identified how autism self-diagnoses are manifested and facilitated by TikTok via algorithmically mediated biographical illumination. Further research, including a scoping review into the adoption of diagnostic labels and social media use (Alexander et al., 2024), is imminent.

The focus of the current paper is not to determine whether there is legitimacy behind the media narrative of a “trend of TikTok self-diagnosis” among young people, nor is it to discuss whether or not young people are accurate in their self-assessment. The focus instead is to critically discuss, from a psychological perspective, why some young people may self-diagnose after engaging with TikTok content. This paper includes discussions of the functions of the TikTok app, the quality of the mental health and neurodiversity content, theories of adolescent identity and help-seeking behaviours, and systemic barriers to healthcare. Implications for educational psychology are discussed, and some suggestions are provided for how educational psychologists (EPs) might consider the digital environment in their practice.

TikTok

With over 1 billion videos viewed daily, as of 2024, TikTok ranked as the 5th most popular social media app after Facebook, WhatsApp, YouTube, and Instagram (Shewale, 2024). It is considered the most popular app among the 11–17 age group, with users spending an average of two hours engaging daily (Shepherd, 2024). In 2021, in the UK, it was found that almost a third (27.86%) of young people between 13 and 17 were creating and viewing content (Shepherd, 2024). TikTok was released in 2016 but became globally popular during the COVID-19 pandemic, which saw a growth of 44% among 15- to 25-year-olds (Ceci, 2022). This increase in TikTok use has been attributed to a need for entertainment, distraction, and connection (Hovestadt et al., 2021) while schools, workplaces, and recreational spaces were closed during the lockdowns.

While many social media apps utilise algorithms, TikTok employs a slightly different approach. In this context, an algorithm is a set of coding rules that alter program calculations to determine which content will likely encourage a user to continue engaging (Zafarani et al., 2014). Apps typically prioritise showing content from popular creators, whereas the TikTok algorithm prioritises the relevance of content specific to the user (Avella, 2023). Content is considered relevant to users if they have previously engaged with similar content actively (commenting, “liking”, sharing) or passively (duration of video watching). TikTok collates these algorithmically selected videos and presents them to the user on a “For You Page”, continually learning and delivering that which appeals to each individual. Concerns have been raised around the potential implications of this algorithmic approach; Avella summarises this succinctly as a “homogenous dance hall of mirrors” (2023, p. 6). According to research by Cinelli et al. (2021), this concern is not without cause; feed-based algorithms are far more likely to foster an echo chamber effect which reinforces users’ existing beliefs. The process of seeking information which corroborates one’s perspective, and ignoring information which contradicts it, is known as confirmation bias (Nickerson, 1998); however, in the context of TikTok, the process is

automated, somewhat steering users into an “algorithm-induced confirmation bias” (Smeding, 2023, p. 30).

The content created and shared on TikTok around mental health and neurodiversity has been found to vary in accuracy (Aragon-Guevara et al., 2023; Best et al., 2016; Yeung et al., 2022; Zea Vera et al., 2022). For example, Aragon-Guevara et al. (2023) conducted a content analysis of 133 informative videos with the hashtag “#Autism”. They found that 41% presented inaccurate information, and 32% showed overgeneralised information; in total, these videos had been viewed over 144 million times. This is likely an underestimation of the general picture, as videos categorised as “personal experience” were omitted, although arguably these videos indirectly provide information to viewers about autism. A common trait of the inaccurate neurodiversity information provided was discussions of behaviours which are not considered pathological in and of themselves (for example, a messy bedroom; BBC, 2023) or symptoms which may occur across several different diagnoses (known as transdiagnostic symptoms) being attributed to one condition in particular. Yeung et al. (2022) found that 71% of the misleading videos on the subject of ADHD emphasise transdiagnostic symptoms. A search in February 2024 demonstrated that the hashtag “#Autism” has 2 million posts, “#ADHD” has 3 million, and “#MentalHealth” has 15.1 million; thus, the breadth of inaccurate information dissemination may be considerable.

The culmination of these statistics suggests that many young people may be engaging in a mental health and neurodiversity echo chamber, which, considered in the algorithmic context, may result in some users being presented with a “For You Page” comprising a plethora of inaccurate, misleading, or partial information on these topics. This has prompted researchers to raise public health concerns regarding TikTok, particularly regarding the promotion of harmful products and behaviours (Zenone et al., 2021). Others argue that TikTok content glamorises (Clark, 2023), romanticises (Harness & Getzen, 2022) or relies on “quirkification” (Smeding, 2023, p. 31), which is unrepresentative of true neurodiversity (Alper et al., 2023), minimising the real challenges that many individuals face (Aragon-Guevara et al., 2023) and detracting from the social resources they may need (Fellowes, 2023).

Understandably, a young person (or a person of any age) may, with unlimited exposure to homogeneously inaccurate information on a condition, identify with the information they are presented with and conclude they must share the diagnosis of the content creator. However, this is just one theory behind the “trend of self-diagnosis”, which suggests unintentional misunderstanding; other researchers suggest a more nefarious intent. Haltigan et al. (2023), for example, argue for a psychosomatic social contagion effect, claiming that the popularity of neurodiversity content encourages fabricated self-diagnosis of “identities or character traits that make individuals sharper and more interesting” (p.3) so that they may acquire social capital. Similarly, Clark (2023) argues that the “epidemic of erroneous self-diagnoses” (p. 72) is fuelled by young creators fabricating conditions in a visually appealing way for financial gain, for example, corporate sponsorship to market products or services. Harness and Getzen (2022) add that users are rewarded for maintaining a factitious presentation of a condition through views and “likes”, creating what they title “TikTok’s Sick-Role Subculture” (p. 1). However, these theories appear to be addressing a phenomenon which, as of yet, has not been evidenced to exist, under an assumption

of homogenous social behaviour of the adolescent generation in its entirety, overlooking the nuanced circumstances, environmental factors, and systemic barriers to healthcare. Furthermore, based on both psychosocial theory and neuroscientific research, it is expected and developmentally appropriate for adolescents to explore and experiment with their sense of identity.

Adolescent development and identity

Neuroscientific perspective

During adolescence, individuals have been found to value the opinions of their peers over those of adults (Knoll et al., 2017). Blakemore (2018) discussed how this social preference can relate to both risk-taking and prosocial behaviour, depending on the peer group, and may be linked to a dual systems framework of neurodevelopment during adolescence (Steinberg, 2010). Put simply, this framework suggests that there is a peak in the activation of the reward response systems in the brain and, simultaneously, a plateau in regions associated with risk assessment. Additionally, Somerville (2013) found that the frontal lobes of the brain thicken during the teen years and become more active during *mentalising*, where “mentalising” refers to the process of inferring others’ thoughts and perceptions. The culmination of these findings may present a neural basis for adolescent preoccupation with how their peers view and appraise them (Blakemore, 2018). It could be hypothesised that the quantifiable measures of social approval available on TikTok, that is, views, “likes” and comments, are especially appealing to adolescent reward systems. As relationships with peers have been positively associated with the adolescent development of identity (Ragelienė, 2016), and social media may grant an individual access to millions of peers, it is important to consider the impact this may have on the development of identity.

Social psychology perspectives

Psychosocial development

In his exploration of sequential life conflicts in psychosocial development, Erikson (1968) placed “identity” versus “role confusion” as the fifth stage, typically experienced during adolescence. According to this theory, identity is constructed by exploring different roles. Conflict arises when individuals are not permitted to conduct this exploration freely or when the process in itself is distressing, resulting in *role confusion*. Applying Erikson’s theory to the topic at hand, young people may utilise the modern tools at their disposal (for example, TikTok) to experiment with self-disclosure around their identity (Bucknell Bossen & Kottasz, 2020), receiving feedback in the form of comments and “likes” (Ferrer-Wreder & Kroger, 2020) which may either encourage, or confuse, an emerging sense of identity. Rogers (2018) highlights the transactional nature of identity formation presented by Erikson, stating that the formation of the self is inseparable from society. With this in mind, today’s adolescents are forming their identity in the wake of, among others, the neurodiversity movement, which seeks to celebrate, rather than pathologise, the naturally occurring neurological variation in the human population (Ortega, 2009).

Social identity theory

Deviating somewhat from the original notion of *neurodiversity*, it could be argued that as the movement entered the vernacular, a binary distinction emerged between groups defined as “neurotypical” and “neurodivergent”. Incidentally, as of February 2024, the hashtag “#Neurodivergent” has over 1.1 million posts on TikTok. According to *social identity theory* (SIT; Tajfel & Turner, 2004), identity is established via memberships of social groups through self-categorisation and social comparison (Hogg & Abrams, 1988). Adolescents, therefore, who relate to content viewed on TikTok may conduct a comparison to their own behaviour, cognition and attitudes (Stets & Burke, 2000) and categorise themselves as belonging to the corresponding social group. Ullah (1987) found that those who utilise a label associated with a social group are more likely to identify and participate in that group’s distinct culture. Furthermore, a stronger commitment to a social group is associated with greater reluctance to exit the group (Ellemers et al., 1997). In this way, SIT can offer an insight into the appeal of group membership for adolescents exploring their identity on TikTok and how the application of labels, perhaps diagnostic labels, may strengthen this effect. In addition, an individual may feel reluctant to risk a healthcare professional disaffirming their self-diagnosis as they may then feel forced to exit a social group which provides a sense of belonging and forms part of their identity.

Optimal distinctiveness theory

Alongside a desire to belong to a social group, Brewer (1991) suggests that people also wish to present themselves as unique and distinctive individuals. Brewer elucidates this contradiction in her *optimal distinctiveness theory*, which argues that social identities are chosen via a balance between the desire for inclusion and individuation. One of Brewer’s tenets of the theory suggests that the optimal balance between these two needs is likely culturally dependent; namely, people in individualistic societies (such as the UK) may value uniqueness more highly. Moghaddam (2008) suggests that from a young age, children learn that to receive positive appraisal, they must “find a “vacant space” and “show talent in a way that is novel in the group”; thus, they learn to differentiate themselves to “maximise their chances of gaining positive attention and resources” (p. 103). It could be argued that identifying with a diagnosis of a mental health condition or “neurodivergence” meets this desire for balance, that is, differentiation from the “neurotypical” norm alongside identification with a “neurodivergent” minority population, which may receive positive attention on online platforms like TikTok.

Identity theory

Unlike social identity theory but similar to Erikson’s psychosocial theory of development, *identity theory* (IT; Burke & Tully, 1977) focuses on roles rather than group membership (Stets & Burke, 2000). IT suggests that once individuals have established a role identity, they conform to their understanding of the behaviour and interactions associated with this role (Burke, 1980). Higgins (1989) suggests that individuals are motivated to demonstrate consistency in the performance of the roles they are thought to hold; approval from peers for role conformity can provide a sense of wellbeing (Franks & Marolla, 1976). As a declaration of role adoption on social media may feel more permanent and public than

a conversation between friends offline, young people engaging actively with TikTok via self-disclosure may feel pressure to demonstrate consistency and thus feel less able to explore and deviate from a role once established.

Symbolic interactionism and self-labelling

IT is rooted in symbolic interactionism, a micro-theoretical perspective in sociology (Carter & Fuller, 2016). The term was coined by Blumer (1969) and expanded upon by Stryker (1980), who suggested that, through interactions, the subjective and cultural meaning an individual harbours about a social role and its corresponding behaviour becomes an identity. Thoits (1985) employed a symbolic interactionist approach to self-labelling processes in the context of mental health difficulties. She emphasises that self-labelling (or self-diagnosis) follows attempts and perceived failures to manage needs independently. Thoits writes that individuals see themselves and their identity “first from the eyes of primary others and then from the perspective of the wider community” (p. 222). Interestingly, in the context of TikTok, this sequence may be reversed. Young people may feel enabled by the anonymity social media can accommodate to explore identity and roles via diagnoses and labels first in the broader (online) community, before discussion with primary others (Keipi & Oksanen, 2014).

Modified labelling theory

Link's *Modified Labelling Theory* (1987) suggests that perceived stigma reduces the likelihood of self-labelling. Moses (2009) and Fox and Earnshaw (2023) provided evidence for this theory in their identification of a negative association between self-labelling of mental health conditions and perceived stigma. It could be hypothesised, therefore, that an *increase* in self-labelling (or self-diagnosis) behaviour among young people may indicate a positive cultural societal shift towards more inclusive attitudes towards mental health difficulties and neurodiversity. As highlighted by Rettew (2024), this shift could be acknowledged with celebration, but, unfortunately, the media narrative often presents self-diagnosis as solely harmful; “While one could imagine society giving a warm welcome to a generation that is unconstrained by traditional norms and is ‘okay with not being okay’, the response from certain areas has been more sceptical and, at times, outright hostile” (p. 90). Stigma has been negatively associated with help-seeking (Pattyn et al., 2014) and treatment-seeking (Dawne et al., 2014) behaviour; thus, a stigma reduction may enable more young people to reach out for needed support.

Barriers to diagnosis

In a TikTok video condemning a CNN news story about the “trend of self-diagnosis”, Marshall (2024) argues that no such “trend” exists; he suggests that ADHD and Autism diagnoses are climbing towards a natural plateau as diagnostic accuracy and awareness increase. He goes on to propose that individuals typically self-diagnose based on extensive internet research (not solely from TikTok information) and that this diagnostic method is a result of healthcare systems that are failing to meet the needs of the public. The video gained 157 thousand views, 1,534 comments and over 31 thousand “likes” in just over a week. Within the video’s comments, many users share their experiences of the financial and systemic barriers they have experienced in their attempts to gain a formal

diagnosis. While these comments and Marshall's views are not generalisable, as they are personal opinions, the video provides a thought-provoking insight.

Barriers to diagnosis may be logistic, demographic, or affective. In the UK, a logistic barrier may include the waiting lists of *neurodevelopmental pathways* to assessment; this is the diagnostic pathway in health services providing assessment for, and support with, neurodevelopmental differences such as autism and ADHD. The National Health Service (NHS) publishes data on such waiting times (2023); however, interestingly, the chosen measure of central tendency is the *median*, for example, "Median waiting time in days of patients aged 0 to 17 years where the first care contact appointment was [within three months]" (para. 8). Whether this measure was selected to conceal the average or maximum waiting times is unknown; however, a separate survey from the NHS Confederation (2023) found that children and young people may be waiting on the neurodevelopmental pathway for an average of 40 weeks, and a maximum of two years. Similarly, to access Child and Adolescent Mental Health Services (CAMHS), some young people are waiting up to four years for support, with 32% of referrals in 2021–2022 being discharged without any offer of treatment (Smith, 2023). These wait times vary between countries and local authorities within the UK (Children's Commissioner, 2023), demonstrating that location may present an interacting barrier. Another interacting barrier is socioeconomic status (SES): a minority of families may pay a private healthcare professional to conduct an assessment; however, this is an inaccessible option for most (Barrow & Thomas, 2022). Schomerus et al. (2019) argues that an important early step towards seeking treatment is self-labelling (or self-diagnosing), and due to insufficient public health systems and socioeconomic inequity, countless young people are stuck at this step for reasons beyond their control.

Demographic barriers to formal diagnosis may include systemic racism and sexism. For example, in the United States, Mandell et al. (2007) found that Black children eventually diagnosed as autistic, compared to White children, were approximately three times more likely to receive inaccurate diagnoses first. The most common misdiagnosis among all children was ADHD; however, Black children were 2.4 times more likely to be diagnosed with conduct disorder than ADHD. Fodus et al. (2020) discuss similar systemic biases in the assessment and diagnosis of ADHD; children and young people demonstrating the same symptoms are likely to receive different diagnoses depending on their race and/or socioeconomic status. Racial inequities also intersect with gender inequities of accurate diagnosis (Alper et al., 2023). Mandell et al. (2009) examined the cohesion between population surveillance of autistic traits and formal diagnoses in a large sample ($n = 2,568$) of 8-year old children across 14 states in North America. They found that girls were less likely to be diagnosed as autistic than boys. In western Sweden, Klefsjö et al. (2021) identified a similar inequity for ADHD; girls and young women were more likely to be diagnosed later and less accurately.

Affective barriers to diagnosis, or perhaps help-seeking, may include public and personal stigma, knowledge of services, mental health literacy, and mistrust towards healthcare services (Barrow & Thomas, 2022), likely relating to the abovementioned systemic inequities. Similarly, Alper et al. (2023) highlight that some young people would rather not undergo an assessment because they feel an official diagnosis would not make a difference to their experience and that the process could be traumatising. Help-seeking may be defined as the transition between the onset of distress and the journey

to find help (Rickwood et al., 2005). Some have found gender differences in help-seeking behaviour; Haavik et al. (2019), for example, found that male adolescents were less likely to seek help from mental health services than female adolescents, which these authors speculate may be related to a desire for autonomy. However, Best et al. (2016) identified a positive association between the number of online friends and help-seeking tendencies among males aged between 14 and 16 in Northern Ireland. Thus, for these adolescent males in particular, they conclude, online opportunities for connection may reduce affective barriers to help-seeking.

The need for a diagnosis

Research on the impact of self-diagnosis and self-labelling appears mixed. Some suggest an association with internalised stigma (Fox & Earnshaw, 2023), negative self-concept (Link, 1987) and lower self-concept clarity (Ferrer-Wreder, 2019). However, others have found no association with self-esteem (Moses, 2009), a positive experience of relief (Kiehl et al., 2024) and *biographical illumination* (Halleröd et al., 2015). “Biographical illumination” refers to diagnostic journeys as enlightening and transformative; individuals are able to reflect on, and make sense of, their past life experiences and challenges with new knowledge and understanding (Tan, 2018). Thus, a diagnosis (self or formal) may assist individuals to understand their difficulties with increased self-compassion. At its simplest level, people experiencing difficulties are supported by validation and acknowledgement that they are struggling and require support (Wasson Simpson et al., 2022); some may feel a diagnosis is their best route to receive this validation.

As parents/carers may also engage with TikTok, some parents/carers may experience a similar biographical illumination of their child or young person’s history after watching mental health or neurodiversity content and are then prompted to pursue a formal diagnosis for their child. To the author’s knowledge, there is no research to confirm (or disconfirm) this notion, but it may present an important avenue for future research. For parents/carers, having diagnostic certainty for their child is associated with active coping strategies and a sense of predictability and control (Graungaard & Skov, 2007). Some suggest that parents/carers may wish for a formal diagnosis so that their child’s behaviour can be attributed to a condition rather than their parenting skills, thereby reducing perceived judgement from others (McKee, 2017). Furthermore, formal diagnosis may enable parents/carers to feel validated that their concerns were warranted rather than misplaced (Bendik & Spicer-White, 2021). Often, parents/carers simply wish to better understand their child’s needs and what they can do to support these needs (Stolzer, 2011). In some countries, such as the US, a formal diagnosis is the key to accessing relevant support services (Stolzer, 2011); in the UK, a diagnosis is not required to receive special educational needs (SEN) support in schools, nor an Education, Health and Care (EHC) plan (NHS, 2022). However, it has been suggested that parents/carers can still experience feeling lost if they are denied a diagnosis, as they may perceive that doors to support services have closed (Bendik & Spicer-White, 2021).

Smeding (2023) writes about the power differential between healthcare professionals and the people they support, suggesting that diagnosis “relies on a power relationship between doctor and patient, and allows for the doctor to give permission to the patient for being sick” (p. 11). It appears that some professionals may consider

this power threatened when clients enlist the additional support of online resources to self-advocate. For example, Annie Barsch, a family therapist in Illinois (US), states that “It’s almost as though me, as a professional – with a master’s degree, a clinical licence and years of experience – is competing with these TikTokers” (Caron, 2022, para. 13). Similar findings were identified by Farnood et al. (2020) in their systematic review; some professionals consider their patients were demonstrating mistrust in their expertise by outsourcing information from the Internet. However, others suggested that online resources were beneficial for patients in supporting themselves. These authors found that, overall, patients value the opinions of healthcare professionals as the most reliable resource and that presenting personally researched information to professionals was intended to increase autonomy in decisions around provision and to assist, rather than challenge, the diagnostic/therapeutic process. As Rettew (2024) states, “media influences . . . should not immediately disqualify someone’s history as undeserving” (p. 90). Indeed, if professionals and media sources dismiss internet-mediated biographical illumination entirely, young people may be dissuaded from seeking help for a condition that appears to fit with their difficulties, due to fear of being judged as following a “trend”.

Implications for educational psychology

Educational psychologist responsibilities

A key element of EP work is capturing and taking into account the voices of children and young people regarding their needs and wishes for their educational provision and outcomes (Fox, 2015): put otherwise, EPs advocate for children and young people (Rowley et al., 2023). Much of the existing literature, predominantly grey literature, reporting a “trend of self-diagnosis” appears to discuss adolescents as a homogenous population who are either manipulated by TikTok due to their naivety, or are fabricating mental health difficulties and diagnoses for financial gain or social clout (for example, Caron, 2022; Clark, 2023; Haltigan et al., 2023; Harness & Getzen, 2022; Kelly, 2023; Rosenhaft, 2022; Weigle, 2023). Very few authors appear to consider the possibility that some adolescents may be correct in their self-diagnosis (Rutter et al., 2023). As advocates with a wealth of psychological knowledge about children and young people (Fallon et al., 2010), EPs have the opportunity to challenge pejorative narratives by presenting a holistic picture, emphasising the heterogeneity of individuals and their circumstances, and encouraging, rather than discouraging, help-seeking behaviour (Barrow & Thomas, 2022).

Alongside consultation, training, intervention, and research, many EPs working for local authorities in England have a statutory duty to contribute advice towards EHC needs assessments (EHCNAs; Atfield et al., 2023). The Code of Practice (Department for Education, 2015) specifies that during EHCNAs, EPs must elucidate the desired learning outcomes of a young person and make recommendations for provision to meet these outcomes in a co-constructive approach with the individual, their school, and their parents/carers. EPs must, therefore, work collaboratively with young people to decide how best to capture their perspective. However, careful consideration must be given to the reporting of an unverified self-diagnosis in an EHCNA, as the statutory assessment is

a legal document under the Children and Families Act (2014), and EPs are not medical diagnosticians.

In all aspects of EP work, statutory or otherwise, it is paramount that the young person's views must be considered regarding any decisions made about their provision. This necessity is outlined by the CoP and the United Nations Conventions on the Rights of the Child (United Nations, 1989). If there were, for example, disagreements between the parents/carers and/or school staff about purported self-diagnoses, circumstances may become complicated. When faced with ethical quandaries, EPs refer to the professional bodies that guide and regulate their practice: for example, the Association of Educational Psychologists; the National Association of Principal Psychologists; the British Psychological Society; and the Health and Care Professions Council. It may be beneficial for professional bodies such as these to provide guidance for supporting self-diagnosed young people and their families. This resource could advise EPs who find themselves navigating this ethically and legally complicated conundrum, and enable local authorities and school staff to develop suitable organisational policies.

The digital environment

Although children as young as five have been known to use social media (Ofcom, 2024), its use is especially high among young people between the ages of 15 and 24 (Ceci, 2022). Therefore, this age group may be particularly affected by the topics considered in this paper. In the 2015 CoP update, the upper threshold for EP support was extended to include young people up to the age of 25. This shift prompted Apter et al. (2018) to write *Applied Educational Psychology with 16–25 Year Olds*, which highlights that EPs are supporting a “new client group of young adults requiring new age-related solutions” (p. xv). Similarly, Michikyan (2020) suggests that professionals “should seek to develop newer assessments and interventions that also consider online behaviours – including online self-presentation” (p. 558) for emerging adults. While it is important to consider the prevalence of social media use, it would be an oversimplification to assume it is ubiquitous among young people. For any number of reasons, some adolescents and young adults may choose not to engage with social media; perhaps because it is found to be inaccessible, or perhaps because it is considered an unappealing or even unhealthy pastime. For example, in the United States, a youth-led organisation entitled *Log Off* campaigns for healthier relationships with online platforms and reduced smartphone use. Nonetheless, it may be an oversight not to include social media as a possible influence when considering the environmental factors surrounding a young person.

Applications to existing frameworks

With recourse to Morton and Frith's (1995) causal modelling approach to casework, Frederickson and Cline devised the *Interactive Factors Framework* (IFF; 2002). Practitioners formulating a hypothesis about difficulties a young person is experiencing may employ this framework to support their consideration of how biological, cognitive, affective, and behavioural factors interact with one another and, most importantly, with the environment. This is a recommended model of casework for some trainee EPs, and prompts for applying the IFF are shared online by several local authorities in England

(Devon County Council, 2022; Dudley Educational Psychology Service, n.d.; West Sussex County Council, n.d.). As the framework predates early renditions of social media, online environments are not included as a prompt for consideration. If EPs wished to adapt the IFF to include social media, some helpful prompts might include whether the individual engages with social media passively or actively, what content they share, hashtags they use, communities they feel a part of, specific creators/streamers/influencers they like or follow, online friends they have made, or even how their “algorithmic identity” (Alper et al., 2023, p. 3) is presented on their “For You Page”. With each type of engagement, an EP might consider whether this presents a risk or protective factor to the individual’s well-being, resilience, and sense of identity. It may also be important to consider whether TikTok use is associated with facilitating, triggering, or sustaining any experienced difficulties or, as worded in the IFF, the disposing, precipitating and maintaining factors (Frederickson & Cline, 2015).

Similarly to the IFF, EPs may employ Bronfenbrenner’s Ecological Systems Theory (EST; 2005) to understand a young person better. EST discusses how a person’s biology, genetics, and context (from immediate family to community, to society, to culture) influence their development through processes of interaction across time, depending on the level of *exposure* an individual has to these influences (Bronfenbrenner & Evans, 2000). Exposure may be calculated via duration, frequency, timing, and intensity of contact. It is estimated that 90% of TikTok users engage with the app daily (Shewale, 2024), and adolescent users may spend two hours engaging each day (Shepherd, 2024), thus the exposure, by Bronfenbrenner’s measures, may be considerable. When describing EST, Frederickson and Cline (2015) included social media within the *exosystem* (p. 215), suggesting no direct influence, but influence upon systems an individual has contact with. However, depending on how an individual engages, it could be argued that social media cuts across all systems of influence (Eaton, 2015). For example, users may have more regular contact with content creators than immediate family, join or visit online communities, or even experience cultural shifts (for example, mental health stigma reduction) through TikTok. Therefore, when considering an eco-systemic approach to formulation, an EP might consider which systems around a young person have been impacted by social media and how these systems interact.

Educational psychologists on TikTok

A more proactive means of addressing concerns that young people are self-diagnosing based on possible inaccurate mental health and neurodiversity content on TikTok might be to help raise the amount of accurate content. McCashin and Murphy (2023) highlight that professionally accredited creators on TikTok are in the minority, and they often fail to capitalise on the app’s available features, reducing the likelihood that their videos will be viewed. These authors suggest that TikTok has the potential to be a public health tool, as long as professional creators are explicit in their goals, have a good understanding of the app’s features, and use engagement data to continually reflect on the initiative’s effectiveness. Chochol et al. (2023) similarly identify the potential of TikTok as a public health tool, recommending that professionals “Define [their] role in today’s digital world” (p. 711) by creating quality content themselves or through collaboration with existing creators. Therefore, it may be helpful for EPs, or

the professional bodies that advocate for the EP profession, to engage with TikTok by creating content which follows the guidelines of McCashin and Murphy (2023) to increase the amount and reach of evidenced-based information available to young people about neurodiversity and mental health.

Conclusion and future research

It should be acknowledged that self-diagnosis and social media are largely under-researched areas in educational psychology, despite concerns highlighted in recent literature and international news outlets. Considered against the backdrop of the neurodiversity movement, research in the area of self-diagnosis is vital and options for future study are plentiful. Most importantly, the voices of young people, parents/carers, school staff, and educational psychologists are largely absent from the existing literature and media narratives; thus an exploration of the perspectives of these social actors is warranted.

This paper sought to critically discuss potential psychological factors underpinning self-diagnosis after engagement with TikTok mental health and neurodiversity content. Due to the varying quality of content and the nature of the TikTok algorithm, many adolescents may experience frequent and prolonged exposure to misleading or inaccurate information, which may prompt misunderstanding and inaccurate self-assessment. Young people may also utilise the app to experiment with different identities, group memberships, roles, and labels while conducting age-appropriate exploration of their identity. As children of the neurodiversity movement, current adolescents may feel more at ease with self-disclosure of neurodevelopmental differences and mental health conditions than previous generations, indicating a cultural shift away from stigma. With significant logistic, demographic, and affective barriers to professional healthcare services, TikTok presents a freely available and accessible resource of information, community, and support for young people experiencing difficulties. While professionals may feel reluctant to focus on diagnostic labels, preferring instead to consider needs and how they might be supported, for some young people a diagnosis represents validation, clarity, identity, and community. When working with adolescents, EPs might consider whether and how social media is used and if it represents a risk or protective environmental factor to the young person's sense of self and wellbeing. Until young people and families feel confident that mental health and neurodiverse needs can be sufficiently understood and supported by existing systems, they are likely to use tools at their disposal, such as TikTok, to fill this gap as best they can.

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