Mental Health Influencers in the Age of TikTok: Investigating TikTok's Role in ADHD Literacy

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ABSTRACT

Since the COVID-19 pandemic, TikTok has become a primary source for health information among young adults. Its highly engaging algorithm and short-form content have made it a popular platform for learning about various mental health issues. However, concerns have been raised about the mental health content shared on TikTok and its overall accuracy, particularly regarding Attention Deficit Hyperactivity Disorder (ADHD), which is often oversimplified and misrepresented. In this context, mental health influencers have emerged on TikTok in an attempt to increase the public understanding of disorders like ADHD. Given that the role of mental health influencers is significantly underexplored, this study aimed to investigate the extent to which the perceived credibility of mental health influencers on TikTok mediates the relationship between information-seeking motives and ADHD-related mental health literacy among young TikTok users. Drawing on the Uses and Gratifications theory, the Source Credibility Model, and the SoMeLit media literacy framework, a quantitative online survey was conducted among 155 participants aged 18-34, who had encountered ADHD-related content and engaged with mental health influencers on TikTok. A moderated mediation was employed to explore whether this relationship is moderated by informational and digital literacy. The findings revealed that, while information-seeking motives positively predicted the perceived trustworthiness of MHIs, this trust did not lead to higher ADHD literacy. Moreover, neither informational nor digital literacy significantly moderated this relationship, while the direct and indirect effects of information-seeking on ADHD literacy were not significant. These results suggest that although TikTok may encourage trust in mental health influencers, entertainment focus may limit deeper learning. The findings also highlight the complexity of evaluating mental health information in platforms that are algorithm-driven. Therefore, despite limitations, this study contributes to the growing literature on digital health communication and underscores the need for reliable, evidence-based content in the context of neurodevelopmental disorders.

KEYWORDS: TikTok, ADHD, mental health literacy, mental health influencers, influencer credibility, information-seeking, media literacy, misinformation, digital health communication.

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1. INTRODUCTION

In recent years, TikTok has been identified as one of the most influential and prominent social media platforms, particularly among teenagers and young adults (Astita & Azhar, 2025, p. 176). TikTok has a unique digital environment that includes short videos and viral trends and has revolutionized how content is consumed (Wahid et al., 2022, p. 107). Different kinds of content creators, like influencers, have been introduced to the platform to share insights on a wide range of topics, including mental health (Pretorius et al., 2022, p. 2). In this context, many users actively seek health information on TikTok, drawn to its accessibility and sense of community (Naslund et al., 2020, pp. 246-247). However, there are credibility issues raised, especially concerning Attention Deficit Hyperactivity Disorder (ADHD), a diagnosis that is often misrepresented and oversimplified (WSJ Staff, 2021). While the platform provides a space for learning, there is the risk of misinformation, as many users rely on non-professional sources for information about ADHD (Basch et al., 2022, pp. 1-2, 4). The need for reliable and accurate mental health content is urgent and, as the platform's influence tends to grow at a fast pace, its influential power on public understanding presents a unique opportunity for mental health organizations (WHO, 2024). This allows organizations to leverage TikTok's features and virality to contribute to a more informed discourse, promoting accurate mental health information (WHO, 2024).

The digitalization of health-related discourse has led to a shift in the ways individuals access and process psychological information. After the COVID-19 pandemic, individuals began turning to online environments in order to seek health resources and information (Kinoshita et al., 2022, pp. 1-2). Previous studies have explored the widespread tendency of people to seek mental health information online, concluding that there are several key motivations. First of all, online sources provide the ability to receive immediate answers, while individuals can easily find relief from distress, engage in anonymous discussions, and benefit from the privacy, security, and perceived effectiveness that the online communities provide (Lucas et al., 2014, pp. 94-95; Pretorius et al., 2022, p.1; Yan & Tan, 2017, pp. 1-2). According to Longest and Kang (2022, pp. 3,9) many young adults report relying on social media for mental health information, which has largely been impacted by the increased social, emotional, and physical isolation they experienced during the COVID-19 pandemic.

In this context, it is essential to highlight that TikTok's algorithm exacerbates online

misinformation, as it prioritizes engagement-driven content over accurate information, thereby creating potential echo chambers where misleading narratives can gain traction (Paschke, 2023, pp. 84, 184). Studies suggest that when a user interacts with mental health-related content, the algorithm continuously reinforces similar content, regardless of its credibility, creating a vicious circle of misinformation (Paschke, 2023, p. 84). This cycle raises concerns regarding the extent to which TikTok usage influences users' understanding of mental health topics, where online discourse is often characterized by personal anecdotes and experiences rather than credible, evidence-based information (Turuba et al., 2025, pp. 8-9).

By extension, there is a heightened risk of misinformation, as many users rely on non-professional sources for information, especially regarding ADHD. ADHD is a neurodevelopmental disorder that is defined by symptoms like inattention, hyperactivity, and impulsiveness, which are often associated with difficulties in daily functioning (American Psychiatric Association, 2013; Faraone et al., 2015). The prevalence of ADHD is estimated at 2.5% in adults and 5% in children and adolescents (Chung et al., 2019, p. 2), while in 2021 6.1 million children were diagnosed with ADHD in the United States (CDC, 2021). It is important to underscore that there has been an increase in ADHD diagnoses over the past few decades, due to various reasons, such as the refinement of the symptoms in the DSM-5 and the increased public awareness (CDC, 2021; Chung et al., 2019, p. 9). Despite its prevalence, there are often misconceptions and misinformation shared on TikTok, that often lead to trivializing ADHD as a diagnosis. Yeung et al. (2022, p. 1) reported that 79% of the 100 most popular TikTok videos about ADHD were classified as misleading or included misinformation based on personal experiences. This misinformation leads to concerns regarding how exposure to TikTok content affects mental health literacy, especially among young adults who may use the platform as a primary source of information.

In this context, the volume of mental health information and messages, interventions, and advice shared online has risen significantly (Torous et al., 2021, p.318). Notably, much of this content is created by individuals known as *mental health influencers*. In general, influencers are defined as opinion leaders with a large online audience who shape their audience's attitudes and behaviors (Joshi et al., 2023, pp.1200-1201). Mental health influencers (MHI) have emerged on TikTok to address various issues, including ADHD, taking advantage of the platform's wide reach to young audiences (Pretorius et al., 2022, p. 2). According to Pretorius et al. (2022, p. 2),

MHI are usually professionals who have employed social media, including TikTok, to share content related to mental health to make this information more accessible, especially for younger individuals who account for the majority of social media users. Through their content, MHI promote help-seeking behaviors, however, the lack of guidelines for social media poses some questions about credibility, especially in cases where there are no evidence-based practices provided (Basch et al. 2022, pp. 1-2). It is crucial to differentiate between health influencers, who are specialists in their field, from imposters, who are well-known individuals seeking to gain financially by spreading misinformation (Byrne et al., 2017, p.1). The problem is that numerous unqualified influencers spread misinformation, resulting in harmful impacts on public health literacy (Byrne et al., 2017, p.1). The blurred line between expertise and relatability raises questions about how users perceive influencer credibility and whether qualifications play an important role in shaping mental health literacy.

The societal relevance of this research lies in its potential to improve the strategies employed online to disseminate accurate mental health information. As TikTok is now one of the most popular platforms, it could serve as an important tool for accurate health communication (WHO, 2024; Basch, 2022, p. 2). Mental health organizations, such as the World Health Organization and the American Psychiatric Association, have an opportunity to leverage TikTok to reach younger audiences and promote awareness (Pretorius et al., 2022, p. 6; WHO, 2024). From an academic standpoint, this study will contribute to the growing research on the role of social media in health communication and, therefore, support future research in investigating the consequences of the misinformation epidemic of mental health information. While there has been some research on social media's role in mental health awareness (Kothambikar, 2023; Alonzo & Popescu, 2021), the way that TikTok specifically shapes mental health literacy has been significantly underexplored (Pretorius et al., 2022, p. 2).

This study will focus on the impact of TikTok usage and MHI on young adults' understanding of ADHD, addressing the gap in research on influencer-driven mental health information and its implications for literacy of neurodevelopmental disorders. Therefore, the central research question guiding this study is: *"To what extent does the perceived credibility of MHI mediate the relationship between the information-seeking motive on TikTok and mental health literacy regarding ADHD?"*

2. THEORETICAL FRAMEWORK

Understanding the mechanisms through which TikTok influences mental health literacy requires a comprehensive theoretical approach. This section explores relevant theories and existing research that provide insights into the relationship between the information-seeking motive on TikTok, the perceived credibility of mental health influencers, and ADHD-related mental health literacy, while also considering the potential moderating role of media literacy.

2.1 Mental Health Literacy: ADHD Knowledge and Misinformation on TikTok

Mental Health Literacy refers to the knowledge and beliefs about mental disorders and conditions that drive an individual's ability to identify, manage, or prevent mental health challenges (Jorm et al., 1997, p. 1). It serves as a valuable framework for investigating the factors that influence a person's mental well-being and their willingness to seek help (O' Connor et al., 2014, p. 198). This model comprises three attributes; *Recognition*, which involves identifying mental health disorders, *knowledge,* which includes understanding risk factors, ways to seek help, the causes of the conditions, self-treatment options, and the availability of professional support, and *attitudes*, which encourage both the recognition of mental health challenges and the pursuit of appropriate help (O'Connor et al., 2014, p. 198). Due to the specific focus of this study, only the knowledge component will be explored, since this dimension directly relates to what individuals might know from TikTok content regarding ADHD.

While TikTok's accessible content appeals to users of varying levels of literacy, its format also facilitates the spread of misinformation. Controlling the spread of mental health misinformation on social media has become increasingly challenging, to the extent that the Office of the U.S. Surgeon General (2021) identified this issue as a public health crisis. TikTok frequently features ADHD-related content, which can lead to trivializing the condition or misconceptions (Verma & Sinha, 2024, p. 1), further highlighting the importance of accurate and engaging content to improve mental health literacy.

Inaccurate or low-quality content often gains more attention and engagement than evidence-based information, especially through peer-to-peer interactions that lack regulation (Merga et al., 2024, p. 7). Pretorius et al. (2022, p. 4) supported this argument by suggesting that the unregulated content on TikTok increases the risk of misinformation, which may further distort users' perceptions of ADHD. In their study, they identified, through content analysis, that only 23.57% of TikTok posts helped users identify and recognize specific mental health

disorders, with limited or no guidance on how to seek professional help (Pretorius et al., 2022, p. 4). As a result, users relying on TikTok for ADHD related information may encounter false content, underscoring the need for improved mental health literacy online.

It is, therefore, evident that there is a need for improved mental health literacy, especially concerning neurodevelopmental disorders, which are often trivialized and misrepresented on TikTok.

2.2 Information-Seeking on TikTok

Users' intentional engagement with TikTok to acquire mental health information, commonly referred to as the *information-seeking motive,* is best conceptualized through the lens of the Uses and Gratifications theory (UGT). UGT provides a robust framework to understand why audiences actively engage with media to fulfill psychological, cognitive, and social needs. The theory was originally developed by Katz, Blumler, and Gurevitch (1973) and proposes that media users are active seekers of content rather than passive recipients in order to meet specific gratifications (Stamenković & Mitrović, 2023, p.12). In other words, the theory assumes that audiences consciously select media and recognize their needs, and media compete with other social and psychological resources for attention (Stamenković & Mitrović, 2023, p.12). In the digital era, UGT has expanded to social media platforms, which are characterized by interactivity, algorithmic personalization, and short-form content (Du et al., 2024, pp. 8118-8119). With its short-video and algorithmic-driven format, TikTok offers a unique environment that satisfies multiple needs simultaneously (Du et al., 2024, p. 8119). According to Vaterlaus and Winter (2021, p.4) the most common gratifications for TikTok usage among young adults include entertainment, social interaction, self-expression, and information seeking. For the purpose of this study, we will specifically focus on the motive for seeking information on TikTok. More specifically, while TikTok satisfies a number of needs (Vaterlaus & Winter, 2021, p.4), the current analysis will concentrate on how users engage with the platform to acquire information on ADHD.

Within the framework of UGC, information-seeking motive refers to using TikTok to gain knowledge, learn new skills, follow trends, or understand social issues. However, the role of this motive on TikTok is complex. Studies show that information-seeking is often a secondary motive compared to entertainment and social interaction (Aksoy & Allahverdi, 2025, p. 244; Gyimah, 2024, p. 55), aligning with the platform's original purpose as an entertainment app.

Maulida et al. (2023, pp. 9-10) found that TikTok users most of the time passively engage with health information. Thus, a key distinction emerged between active information-seeking, such as looking up specific hashtags to find specific content (Song et al., 2021, p. 892), and passive discovery, where users encounter knowledge incidentally while browsing their "For You" page (Du et al., 2024, p. 8119).

Despite the opportunities the platform offers, several challenges arise regarding the role of information-seeking on TikTok. TikTok videos are often too short to deliver in-depth information compared to other platforms like YouTube (Al-Maroof et al., 2021, p. 208). Therefore, users may question the trustworthiness of health and educational content (Song et al., 2021, p. 891), and the platform's focus on entertainment sometimes distracts users from learning (Du et al., 2024, p. 8121). Nevertheless, external circumstances, such as the COVID-19 pandemic, significantly altered the engagement patterns with informational content, especially regarding health information. Notably, the pandemic led to a worldwide mental health crisis while encouraging individuals to turn to online sources for mental health information (Kinoshita et al., 2022, pp. 1-2). During this period, TikTok users demonstrated a shift towards actively seeking health advice, support, and information (Maulida et al., 2023, pp. 9-10; Du et al., 2024, p. 8119). Since then, young adults, in particular, have become motivated to engage with digital health spaces rather than traditional ones, often perceiving online advice as more accessible and less stigmatized (Bachofner, 2024, pp. 1-2), and often driven by anonymity, confidence, and social support (Torous et al., 2021 p. 321). This was also supported by a study conducted in British Columbia, which revealed that youth heavily relied on TikTok for mental health support during the COVID-19 pandemic due to its engaging and personalized content (Turuba et al., 2024, p. 1).

In this context, given the popularity of TikTok among young adults, it is essential to understand the platform's user demographics. Young adults represent one of TikTok's highest demographics, with 47.4% of its users being under 30, and 22.4% aged 20-29 (Howarth, 2024). More broadly, according to the Online Nation report (2023), 18-24 year old TikTok users in the UK spend an average of 55-58 minutes per day on the app. Chaffey (2024) also confirmed that over 53.6% of the global population uses social media for an average of 2.25 hours per day, with Gen Z showing the highest engagement rates. Young people primarily use TikTok for trend-following, entertainment, social bonding, and information seeking (Vaterlaus & Winter, 2021,

p.4). Young adults have become heavy users of TikTok, spending significant time on social platforms and often turning to them for health-related information (Ettel et al., 2012, p. 37; Kinoshita et al., 2022, p. 1). In addition, according to Aksoy and Allahverdi (2025, p. 243), males are somewhat more active in information-seeking behaviors, and traits like openness predict higher engagement in information-seeking and trend-following.

By extension, TikTok's algorithm plays a crucial role in the user experience. Paschke (2023, p. 84) emphasized that TikTok's algorithm creates content tailored to preferences, resulting in a feedback loop; the more users interact with specific content, the more frequently they watch similar videos on their For You Page. However, while this shift to digital media offers more opportunities to improve health information, education, and access, it also increases susceptibility to misinformation, especially when reliance for information on these platforms is high (Pillai & Fazio, 2021, pp. 1-2). Once the algorithm learns and adapts to users' personal preferences, it can start to change, manipulate and predict future actions (Zhou, 2024, pp. 205-206). Wu et al. (2023, pp.18-19) suggest that people who rely on social media are more likely to accept health-related misinformation.

Starvaggi et al. (2024) also examined TikTok's influence on mental health narratives, and revealed that TikTok's algorithm favors popular content, often leading to reinforcement of overgeneralization or pathologization of normal behaviors, with neurodevelopmental disorders like ADHD being highly misrepresented. Verma and Sinha (2024, pp. 4-5) further supported that videos trivializing ADHD symptoms through unvalidated tests, such as ASMR-based evaluations, received higher engagement rates compared to evidence-based ones, with 92% of the analyzed ADHD related videos being misleading. The risks of relying on TikTok or mental health information were further highlighted by Starvaggi et al. (2024, p.1), who emphasized that users frequently trust peer-to-peer recommendations over professional guidance. This can lead to the spread of misinformation, particularly concerning conditions such as ADHD. Therefore, TikTok amplifies misleading content, risking perpetuating misconceptions.

Overall, this reliance on social media for mental health information demonstrates that higher motivation can introduce users to both valuable and harmful information. Therefore, users who search heavily on TikTok for mental health information may form distorted perceptions of mental conditions, influenced by exposure to inaccurate content.

H1: The information-seeking motive will be negatively associated with mental health literacy regarding ADHD.

2.3 Perceived Credibility of Mental Health Influencers

In the context of TikTok, credibility plays a central role in how users assess and respond to content. Thus, the perceived credibility of mental health influencers is best understood through the Source Credibility Model. The Source Credibility Model (SCM), proposed by Ohanian (1990), emphasizes how specific positive characteristics of a message's source can impact the interpretation of the message. Ohanian (1991, p.39) outlined three dimensions that contribute to a message's persuasiveness: trustworthiness, expertise, and attractiveness. While *trustworthiness* reflects how authentic and genuine the source is perceived to be (Ohanian, 1991, p.41), *expertise* refers to the source's perceived knowledge and competence (Ohanian, 1990, p. 42). Finally, *attractiveness* is associated with the source's physical appearance and relatability (Ohanian, 1990, p. 42). This framework builds on Aristotle's concept of ethos, referring to the communicator's credibility as a persuasive element (Giffin, 1967), and was later developed into the modern source credibility theory by Hovland et al. (1953). On TikTok, where influencers use visual and personalized content, these dimensions contribute to amplifying their persuasiveness.

Eysenbach (2008, p.128) noted that source credibility is fundamental in assessing the reliability of health communication. Notably, Sugarman et al. (2021, pp. 1-2) revealed that around 75% of clinicians began using social media to extend their services or share health information during or after the COVID-19 pandemic. In this context, Xu et al. (2024, pp. 10-11) reported the results of a summit they held for training mental health influencers to enhance their sense of responsibility and awareness of their public health role. They highlighted the need for evidence-based practices to enhance the MHIs credibility and found that influencers who adopted strategies, such as citing scientific sources, heightened their sense of responsibility toward their audience (Xu et al., 2024, pp. 10-11). These practices not only increased perceived expertise but also the audience's trust in the information they shared, highlighting the dual role of MHIs as both educators and trusted figures (Xu et al., 2024, pp. 10-11).

Viviani and Pasi (2017, pp. 3-4, 10) also observed that, regarding health information online, audiences often rely on heuristics, such as the number of followers or likes, which do not necessarily reflect the credibility and accuracy of the content. They also suggested that assessing credibility online is complex due to the need for users to evaluate information by themselves,

since anyone can publish content without oversight, increasing the likelihood of misinformation (Viviani & Pasi, 2017, pp. 3-4, 10). Pretorius et al. (2024, pp. 5-6) further supported that many influencers fail to provide disclaimers, verified information, and guidance on help-seeking, raising questions about their credibility. This is particularly important on TikTok, where, unlike other social media platforms, there are fewer safeguards, such as disclaimers, trigger warnings, or guidelines regarding mental health discourse (Starvaggi et al., 2024).

Despite the varying credibility rates among young adults, previous literature has identified specific predictors of internalizing and believing misinformation online; lower trust in the healthcare system, lower health literacy, lack of misinformation checks and platform censorship, as well as deficient health information (Jia et al., 2021, pp. 7-11). In this environment, marked by high usage of social media and low mental health literacy, it is reasonable that both experts and imposters began using platforms to mental health content, often being perceived as "health influencers" (Triplett et al., 2022, pp. 127-128). There is also increased interest in the literature on the potentially harmful effects of companies collaborating with imposters who act as MHIs on TikTok (Starvaggi et al., 2024, p.9). For instance, Cerebral is an online mental health company that employed MHIs on TikTok to advertise ADHD treatment by promoting vague symptoms as evidence for diagnosis for ADHD (Little, 2023). Sponsored content, such as this, remains controversial despite its increasing prevalence.

Previous studies on help-seeking suggest that youth view influencers as valuable sources that encourage and promote professional help-seeking, but they still hold concerns about commercial or other motives (Lehto, 2024; Thorn et al., 2024). More specifically, Lehto (2024, p.9) and Thorn et al. (2024, p.1) found that audiences had mixed reactions to influencers promoting therapy services or participating in suicide awareness campaigns. However, in many of these studies influencers were not the central research focus. Harris et al. (2021) also conducted a study on YouTube and reported that, while young people viewed "health YouTubers" as relatable and informative (p. 204), there were concerns about the *glamorization* and generalization of mental health issues (p. 203). These findings altogether underscore the nuanced and mixed perceptions of influencer credibility.

In the context of TikTok, SCM's dimensions are crucial for understanding how young adults evaluate ADHD-related content produced by MHIs. A communicator's genuineness further reinforces *trustworthiness*, especially when audiences relate to them (Cheung et al., 2009, pp. 16-

17, 29). If the source is seen as honest, trust increases, and by extension, the likelihood of adopting their message (Erdogan, 1999, p.9; Copeland et al., 2009, p.118). Moreover, influencers who are experts in their field are thought to disseminate valid, trustworthy information and are often considered more persuasive (Crisci & Kassinove, 1973, p. 249; Martensen et al., 2018, p. 341). For instance, when comprehension of the message is low, the perceived expertise of the communicator can still lead to persuasion. Jenkins et al. (2020, p.9) found that listing an author's credentials or affiliations enables the expertise heuristic and increases the perceived credibility. Therefore, influencers who disclose their expertise and cite reliable sources are more likely to enhance mental health literacy by helping users recognize ADHD symptoms and seek appropriate treatments.

It is essential to underscore that the source credibility model (Ohanian, 1990) conceptualizes credibility as a multidimensional construct. However, in the context of mental health communication, prior research (Xu et al., 2023, Pretorious et al., 2022) emphasizes trustworthiness and expertise as the most relevant dimensions influencing informational reliability. Therefore, this study focuses solely on these two dimensions.

H2a: Perceived expertise of mental health influencers will mediate the relationship between information-seeking motive and ADHD-related mental health literacy.

H2b: Perceived trustworthiness of mental health influencers will mediate the relationship between information-seeking motive and ADHD-related mental health literacy.

2.4 Media Literacy in the Relationship Between Information Seeking and Credibility

Media literacy refers to an individual's ability to critically evaluate and analyze media content, holding critical thinking skills that are necessary to navigate the digital information landscape (Cho et al., 2024, p. 942). Most conceptions of media literacy were built on traditional mass media theories, meaning they do not provide an adequate baseline for social media (Cho et al., 2024, p. 942). Unlike mass media, social media offer a highly interactive, personalized, and self-driven environment, requiring a different approach to literacy (Cho et al., 2022, p. 944).

In this context, Cho et al. (2022, pp. 941-946) developed a new conceptual framework (SoMeLit), which draws from the social media environment, making it central for understanding the necessary skills for consumers to be accurately informed in the context of content curation. The researchers underscored the need to perceive the *social media self* as a core concept, as the

users hold the power of selecting and sharing content, while their identity plays a crucial role in social media engagement (Cho et al., 2022, p. 944). The framework consists of two key dimensions: *Information Literacy* and *Digital Literacy. Information Literacy* refers to the ability to assess the accuracy, reliability, and bias of the content by fact-checking and cross-referencing sources. *Digital Literacy* includes the awareness of how social media algorithms curate content, influencing what users engage with. Users with strong digital literacy recognize that TikTok promotes engaging over accurate content (Diepveen & Pinet, 2022, p.12).

Existing literature suggests that media literacy plays a crucial role in shaping how individuals process and evaluate credibility, particularly in social media where misinformation is prevalent. According to Jones-Jang et al. (2021, pp. 381-382), users with higher media literacy are better equipped to critically assess online information, reducing their susceptibility to misinformation and persuasive tactics. On the other hand, individuals with lower media literacy often rely on engagement metrics and parasocial relationships to assess influencers' credibility instead of verified expertise (Meyers, 2017, p.4). One key characteristic of media literacy is *information literacy*; Users with strong fact-checking skills actively cross-check influencer claims, while users who rely on engagement-based cues trust influencers who appear popular rather than experts (Lan & Tung, 2024, pp. 4-5). Given that mental health misinformation on TikTok spreads widely, this serves as a protective factor against deceptive influencer persuasion. Regarding *digital literacy,* Diepeveen and Pinet (2022, pp. 9-12) suggest that users with higher digital literacy can recognize how platforms prioritize engagement over accuracy, making them more cautious when evaluating online content. In contrast, users with low digital literacy may believe that frequent content is inherently credible, failing to recognize the algorithmic impact (Lan & Tung, 2024, pp. 4-5). This distinction is particularly relevant in the context of influencers, and by extension in the context of MHI, since they often gain visibility based on personal storytelling, rather than professional qualifications.

Given the mechanisms outlined above, media literacy serves as a moderator in the relationship between TikTok usage and how users perceive the MHI's credibility. When media literacy is low, TikTok users are more likely to easily trust influencers. In other words, media literacy serves as a protective factor. By integrating the SoMeLit Framework, this study highlights the importance of media literacy in shaping how TikTok users interact and assess influencer content. Therefore, media literacy determines how users interpret influencer credibility.

H3a: Informational literacy will moderate the relationship between information-seeking motive and perceived influencer trustworthiness, such that the effect of information-seeking motive on trustworthiness will be weaker for individuals with higher informational literacy.

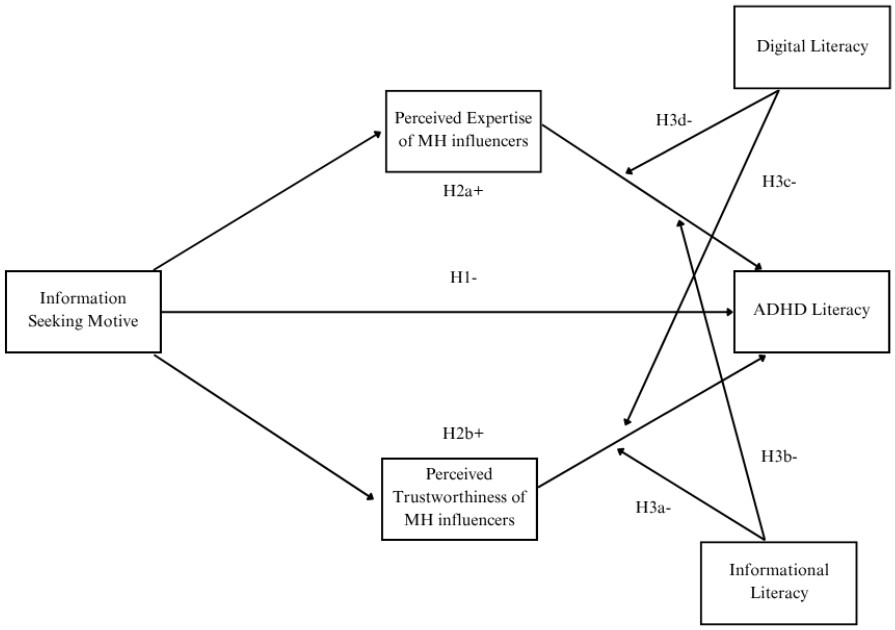
H3b: Informational literacy moderates the relationship between information-seeking motive and perceived influencer expertise, such that the effect of information-seeking motive on expertise will be weaker for individuals with higher informational literacy.

H3c: Digital literacy will moderate the relationship between information-seeking motive and perceived influencer trustworthiness, such that the effect of information-seeking motive on trustworthiness will be weaker for individuals with higher digital literacy.

H3d: Digital literacy will moderate the relationship between information-seeking motive and perceived influencer trustworthiness, such that the effect of information-seeking motive on trustworthiness will be weaker for individuals with higher digital literacy.

Figure 1.

Conceptual Model



Note. Initially considered control variables: Age, Gender, TikTok Intensity, Personal Experience with ADHD.

3. METHOD

3.1 Research Design

The study employed a quantitative, cross-sectional, survey research design to investigate the relationship between the information-seeking motive, the perceived credibility of mental health influencers, and ADHD literacy among young adults. A *quantitative* approach was chosen because it allows researchers to systematically test hypotheses grounded in theoretical frameworks and to statistically explore relationships, directions, and the strength of relationships between variables (Creswell, 2012, p. 22; Neuman, 2007, p. 204). Quantitative methods are widely used in media and communication research to assess attitudes, behaviors, and beliefs (Ha et al., 2015, p. 41). Focusing on numerical data improves objectivity, as well as the

generalizability of findings beyond the research's sample (Queirós et al., 2017). This approach was appropriate for the current research, which sought to explore direct and indirect effects between the key variables.

Furthermore, a *cross-sectional* survey design was selected to capture the participants' experiences and attitudes at a single point in time (Ponto, 2015, pp.168-169). To implement this design, an *online survey* was chosen due to its efficiency in collecting large amounts of self-reported data from a wide and diverse sample (Neuman, 2014, p. 317; Ponto, 2015, pp. 168-169). Online surveys are also flexible in terms of design, allowing researchers to employ a range of question formats, such as multiple choice, dichotomous, or open-ended questions (Evans & Mathur, 2005, pp. 196-201). Additionally, online surveys allow participants to respond at their convenience, increasing accessibility. What is more, Wright (2005, para. 4-11) highlighted that online surveys are efficient tools for gathering data from specific populations, especially those active on social media platforms, while the time and cost typically associated with data collection are significantly reduced. These advantages made the online survey format particularly suitable for the current study, which aimed to gather information on attitudes, behaviors, and perceptions from a diverse sample of young adults.

3.2 Sampling Method

The data collection period started on the 23rd of April and ended on the 2nd of May 2025. The current study utilized a non-probability sampling approach, combining convenience and snowball sampling to recruit participants. While these methods do not provide the same degree of representativeness as probability sampling, they were considered appropriate for this research due to their benefits in terms of accessibility, efficiency, and ability to reach a specific target group (Sarstedt et al., 2017, p. 654), meaning young adult TikTok users who are exposed to ADHD-related content and engage with mental health influencers. As Sarstedt et al. (2017, p. 654) noted, non-probability sampling is often used in digital and social media research because it is cost-effective and suitable for exploratory studies. However, it is important to underscore the potential selection bias, which may limit the generalizability of the findings (Babbie, 2016, p. 210).

Convenience sampling was used as the primary method to reach participants who were willing to participate. The survey was distributed to online channels, such as Instagram, TikTok, and WhatsApp (Moraes et al., 2021, p.1), as well as through student networks and personal

contacts of the researcher. These platforms were selected to ensure the survey reached active TikTok users, especially those aged 18-34 years old, and by extension users who interact with ADHD-related content and mental health influencers. In addition, snowball sampling was used to expand the sample size by encouraging participants to share the survey link within their own communities and groups. This method was cost-effective and allowed the researcher to reach participants beyond their personal network. As Creswell (2012, p. 144) explains, snowball sampling is a practical way to access hard-to-reach and hard-to-find populations.

Together, these two methods allowed for the collection of data from a broad and digitally connected sample that fit the study's inclusion criteria, while also acknowledging the limitations of such approaches regarding the representativeness and generalizability of the findings.

3.3 Sample Description

The target population for this study consisted of young adults aged 18-34 who actively use TikTok and engage with mental health-related content. This age group was selected due to their high engagement with TikTok (Statista, 2024). A total of 260 responses were initially collected, and to ensure data quality, several exclusion criteria were taken into consideration. First, 100 participants were automatically redirected to the end of the survey based on their answer to the three filter questions designed to ensure that only respondents with exposure to the type of content being researched were included. These filter questions referred to the participants' age, exposure to ADHD-related content, and exposure to mental health influencers on TikTok. Participants were asked to self-report their age, and everyone under 18 years old or older than 34 years old was excluded from the analysis, since the study focused only on young adults. They were also asked if they encountered content on TikTok related to ADHD (Yes/No), followed by a question on whether they engaged with mental health influencers on TikTok (Yes/No). To proceed with the survey, respondents had to answer "Yes" to all three questions. Those who answered "No" to any of these questions were excluded from the survey. Additionally, five cases were found that had unfinished responses or contained missing blocks, and they were excluded from the dataset.

The final sample consisted of 155 participants, whose age ranged from 18 to 34 years (M = 25.21, SD = 2.56). Regarding gender, 67.3% identified as women, 28.8% as men, and 3.8% as non-binary. Participants represented a diverse range of nationalities, with the majority being from Greece (57.1%), followed by Germany (5.8%), Italy (5.8%), France (4.5%) and the

Netherlands (3.8%). Other countries included in the dataset were Spain, Bulgaria, Romania, Cyprus, and more. What is more, 71% of the participants reported either having a personal diagnosis of ADHD or knowing someone who has been diagnosed with ADHD, while 29% had no such experience. Last but not least, 26.5% of the participants reported spending 30-44 minutes per day on TikTok, followed by 21.9% using it for 15-29 minutes or 45-59 minutes. Notably, 18.7% of the sample used TikTok for one hour or more per day, while 11.0% reported using the app under 15 minutes on a daily basis. The participants were also asked to report any ADHD related influencers they could recall engaging with on TikTok through an open-ended question. Of the total participants (n = 155), only 33 (21.29%) reported at least one mental health influencer they follow. The most frequently mentioned mental health influencers were Mel Robbins (1.9%), BranMD (1.9%), ADHD Community UK (1.3%), and others such a Connor DeWolfe, TherapyJeff, and ADHDlove, each mentioned by different respondents. A full list of mentioned creators can be found in Appendix A.

Table 1.

Sociodemographic characteristics of the participants

Sample Characteristics	n	%	*M*	*SD*
Gender				
Women	113	72.9		
Men	38	24.5		
Non-binary	4	2.6		
Country				
Greece	88	57.1		
Germany	9	5.8		
Italy	9	5.8		
France	7	4.5		
The Netherlands	6	3.8		
Others	35	22.6		
ADHD Experience				
Yes	110	71		
No	45	29		
Age (in years)			25.21	2.56

Note. N = 155

3.4 Survey Design

To collect data on TikTok users' perceptions, an online questionnaire was developed on Qualtrics. The survey was available only in English as the participants were mainly recruited through social media platforms, where English is most commonly used.

Before starting the questionnaire, there was an introduction to general information about the study, the researcher's credentials, in case they had concerns or needed further information, the estimated time for completion, and a detailed informed consent with the ethical considerations of the study. The informed consent indicated clearly that participation was anonymous, that responses would remain confidential, and that participants could withdraw at any time without any consequences. Data protection was also outlined by ensuring that all data

would be safely stored and used for research purposes only. Participants were required to confirm their agreement by ticking “I agree” before continuing with the questionnaire. Those who declined were redirected to the end of the survey.

To confirm eligibility, participants were also asked to self-report their age, where only those aged between 18-34 were eligible to continue, their exposure to ADHD-related content on TikTok, and whether they engage with mental health influencers who discuss ADHD. Participants who answered “No” to any of these questions were redirected to the end of the survey, where the reasons why they were excluded from the study were explained. The participants were also asked to name any ADHD related influencers they could recall engaging with on TikTok through an open-ended question.

The main part of the questionnaire was split into sections. The first section measured perceived influencer credibility, including both expertise and trustworthiness, using a 12-item scale adapted from Ohanian (1990). This was followed by items assessing the information-seeking motive for using TikTok, adapted to the context of ADHD. Later, participants completed the SASK scale (Mulholland, 2016) to assess their level of ADHD Literacy, based on statements rated on true, false, or “don’t know”. TikTok literacy was then measured, using a 6-item scale, which reflected both informational literacy and digital literacy, and TikTok intensity was then measured through a six-item scale. Midway through the survey, participants encountered short entertaining breaks to reduce fatigue.

Finally, the survey concluded with a short demographics section, which included questions on country of origin, gender, and prior personal experience with ADHD (Yes/No). These were placed at the end to avoid early drop-out, as Dillman et al. (2014, p. 232) and Teclaw et al. (2011, p. 281) suggest. After completion, the participants were thanked for their time.

Notably, before releasing the full survey, a pre-test was conducted with a group of five individuals who represented the target demographic. Pretests have been extensively used in research, due to the fact that they allow the researchers to determine potential problems with the survey (Presser et al., 2014, p. 109). More specifically, they help identify issues with wording and interpretations that the researchers might not notice (Presser et al., 2014, p. 111). With pretests, revisions can be made to improve the validity of the measurement, as well as the participants’ experience (Presser et al., 2014, p. 126). Therefore, based on the feedback and comments of the respondents who participated in the pretest phase, slight adjustments were made

to improve wording to ensure that all information can be easily interpreted and to reduce the likelihood of dropout during the data collection phase. For instance, in the introduction of the perceived credibility scale, the term *content creators* was added to *mental health influencers* to ensure that all respondents would understand what was implied.

3.5 Measurements

3.5.1 Information-seeking motive

The information-seeking motive was operationalized as the degree to which individuals engage with TikTok to seek and consume informative content, particularly related to ADHD. This study adopted and adapted the *General Erudition* factor from the Information Seeking in Facebook scale (Asghar, 2015), which focuses on meaningful learning and knowledge acquisition on Facebook and is rated on a 5-point Likert scale (1 = Strongly Disagree, 5 = Strongly Agree). While the original scale contains multiple factors (e.g. entertainment), only the General Erudition dimension was selected, as it aligned most closely with the study's conceptualization of TikTok usage as a cognitive and information-driven behavior. The four items were adapted by replacing references to "Facebook" with "TikTok" and narrowing the focus to ADHD-related content when appropriate. Example items included "TikTok helps me learn about mental health topics, such as ADHD, I am not familiar with." and "I think watching TikTok videos about ADHD is informative." (M = 15.46, SD = 2.74) (See table 6.)

To explore whether the information-seeking motive items fall under one factor as proposed by the literature (Asghar, 2015), a Principal Component Analysis (PCA) was conducted using direct oblimin rotation based on eigenvalues (> 1.00). The direct oblimin rotation was chosen because it allows for correlations between components, which is suitable for social research where variables are often related (Field, 2018, pp. 1008-1009). As Field (2018, p. 1009) explicitly noted, "it is probably rare that you would measure a set of related variables and expect their underlying dimensions to be completely independent". Furthermore, the Kaiser-Meyer-Olkin (KMO) value of .75 verified the sampling adequacy for the analysis, as this exceeds the acceptable minimum value of .60 (Kaiser, 1970). Bartlett's Test of Sphericity was significant, $\chi^2(6) = 265.58$, $p < .001$, thereby indicating that the correlations between items were sufficiently large for a PCA (Bartlett, 1954). The analysis revealed a single factor, which explained 67.91% of the total variance. All items loaded strongly on this component, ranging from .81 to .84. The results confirm the existence of one dimension, and the items were,

therefore, averaged to form a composite variable. Furthermore, the scale demonstrated good reliability (Cronbach's α = .84). The factor loadings and the Cronbach's alpha are presented in Table 2.

Table 2.

Factor loadings, eigenvalue, and reliability of the single factor found for the scale 'Information-seeking motive'.

Items	Factor loadings
TikTok helps me learn about mental health topics, such as ADHD, I am not familiar with.	.81
I believe that TikTok provides me with information on a variety of mental health conditions, including ADHD.	.84
I think watching TikTok videos about ADHD is informative.	.82
I watch ADHD-related TikTok videos because I find them informative.	.83
Eigenvalue	2.72
Cronbach's alpha	.84

3.5.2 Perceived Credibility of Influencers

The Perceived Credibility of (mental health) influencers was operationalized using the Social Media Influencer Perceived Source Credibility Scale (Stoddard et al., 2023), which includes dimensions of expertise, goodwill, and trustworthiness. For the purpose of this study, only the dimensions of expertise and trustworthiness were included. It is important to highlight that the scale was specifically designed for evaluating influencer credibility and was adjusted to Mental Health Influencers. The 12 items were rated on a 5-point Likert scale (1= Strongly Disagree, 5= Strongly Agree) (M = 39.48, SD = 9.06) (See table 6). Example items included

"The mental health influencer(s) seems genuine." and "The mental health influencer(s) appears to be trained". The factor loadings and the Cronbach's alpha are presented in Table 3.

To examine the structure of the 12-item scale measuring the perceived credibility of mental health influencers, a PCA with oblimin rotation was conducted. Oblimin rotation was selected over orthogonal rotations because previous studies suggest that the underlying factors were expected to correlate (Field, 2018, pp. 1008-1009). What is more, the KMO was .92, indicating excellent sampling adequacy (Kaiser, 1970). Barlett's Test of Sphericity was significant, $\chi^2(66) = 1080.03$, $p < .001$, confirming the suitability of the data for factor analysis (Bartlett, 1954). Two components emerged, accounting for a cumulative of 64.29% of the total variance. However, the first factor alone accounted for 55.41% of the variance, suggesting a dominant component, while the second one accounted for only 8.88%, with an eigenvalue just over the threshold of 1.0 (1.066) and only 3 items. Zwick and Velicer (1986) argued that relying on the eigenvalue-greater-than-one rule may result in overestimating the number of factors, particularly when a component contributes, in reality, very little in practical terms. Furthermore, according to Costello and Osbourne (2005), factors with 3 or fewer items are generally considered weak and unstable. Therefore, given the minimal variance explained by the second factor, its borderline item count, and low eigenvalue, the component was lacked sufficient strength to stand as a separate factor.

What is more, three items originally intended to measure expertise loaded more strongly onto the trustworthiness factor. However, these items showed relatively low factor loadings, ranging from .41 to .51, indicating weak associations. Given the lack of a distinct, well-defined factor for expertise, it was decided to exclude the expertise dimension entirely and proceed with only the six original trustworthiness items. This decision aligns with the methodological recommendations by Fabrigar et al. (1999, p. 281), who emphasized that factors or items that lack theoretical sense and interpretability, despite meeting the minimal statistical thresholds, should not be retained, because they may undermine the overall validity of the construct. Thus, the hypotheses regarding the expertise dimension (H2a, H3b, H3d) could not be tested.

Table 3.

Factor loadings, explained variance and reliability of the two components found for the scale 'Perceived Credibility of influencers'.

Items	Component 1	Component 2
The mental health influencer(s) seems intelligent.	(.44)	
The mental health influencer(s) appears to be trained.		.96
The mental health influencer(s) is an expert.		.77
The mental health influencer(s) seems informed.	(.41)	
The mental health influencer(s) is competent.	(.51)	
The mental health influencer(s) is qualified.		.79
The mental health influencer(s) is honest.	.89	
The mental health influencer(s) is trustworthy.	.68	
The mental health influencer(s) is honorable.	.57	
The mental health influencer(s) is moral.	.58	
The mental health influencer(s) is ethical.	.87	
The mental health influencer(s) seems genuine.	.85	
Eigenvalue	6.65	1.06
Cronbach's alpha	.89	.85

Note. Cronbach's alpha for the first component was calculated using only the six original trustworthiness items.

3.5.3 ADHD Literacy

ADHD literacy was defined as the factual knowledge and symptom recognition regarding ADHD. The construct was measured through the adapted Scale for ADHD-specific knowledge (SASK) developed by Mulholland (2016). It consisted of 20 items in a True/False/I Don't Know format. Responses were scored as: Correct = 1, Incorrect/Don't Know = 0. A total score (0-20) was computed by summing correct answers, where higher scores indicated greater ADHD literacy. What is more, the scale had demonstrated high internal consistency (Cronbach's α = .88). Following the original validation of the scale, no factor analysis was conducted, as it includes factual, non-latent items (Mulholland, 2016). Example items included "ADHD can involve hyperactive, inattentive, or combined behaviors" and "ADHD is caused by too much sugar in the diet" (M = 13.73, SD = 3.21) (See table 6).

3.5.4 TikTok Literacy

TikTok Literacy was defined as the individual's ability to critically evaluate, understand, and navigate content on TikTok. It was measured using an adapted version of the Perceived Social Media Literacy (PSML) scale by Tandoc et al. (2021). The original scale comprised of two distinct subscales, which were treated as separate variables; Informational Awareness (*Informational Literacy*) (3 items), which reflected the capacity to assess the truthfulness and credibility of TikTok content (M = 15.51, SD = 3.53), and Privacy and Algorithmic Awareness (*Digital Literacy*), which also consisted of 3 items and referred to understanding how TikTok curates content (M = 18.74, SD = 3.53) (See table 6). Example items of both scales included "I can assess the credibility of TikTok content by checking other sources" and "TikTok shows me content and ads based on what I watch and interact with".

Furthermore, to examine the dimensionality of the six items measuring TikTok literacy, a PCA with oblimin rotation based on eigenvalues (> 1.00) was conducted. An oblimin rotation was selected because prior research suggests that the constructs in this study are likely correlated (Field, 2018, pp. 1008-1009). The KMO value of sampling adequacy was .68, exceeding the recommended minimum of .60 (Kaiser, 1970). Additionally, Bartlett's Test of Sphericity was significant, $\chi^2(15) = 294.93$, $p < .001$, indicating that the correlation matrix was suitable for

factor analysis (Bartlett, 1954). The analysis revealed two components. The first component explained 44.80% of the variance, while the second one accounted for an additional 24.45%. The cumulative explained variance was 69.25%. Based on the pattern matrix, three items loaded strongly on the first component and three items on the second component, suggesting a distinction between informational literacy and digital literacy. Informational literacy showed good reliability (Cronbach's a = .82), while digital literacy demonstrated acceptable internal consistency (Cronbach's a = .70). Later, two separate composite scores were created by averaging the items falling under each factor. The factor loadings and the Cronbach's alpha are presented in Table 4.

Table 4.

Factor loadings, explained variance, and reliability of the two factors found for the scale 'TikTok Literacy'.

Items	Component 1	Component 2
I know how to verify whether what is shared on TikTok is correct.	.91	
I can assess the credibility of TikTok content by checking other sources.	.74	
I can recognize whether TikTok content is true or false.	.89	
TikTok controls what I see through its algorithm.		.74
I'm aware that anything I post may stay visible or be reshared.		.74
TikTok shows me content and ads based on what I watch and interact with.		.89
Eigenvalue	2.69	1.47
Cronbach's alpha	.82	.70

3.5.5 Control Variables

In order to account for potential confounding factors that may influence the research, *age, gender, TikTok intensity,* and *previous experience with ADHD* were considered as potential control variables, as they were conceptually relevant and needed to be explored in the preliminary stages. However, the final decision on which variables to include in the main analysis was guided by the results of a correlation analysis conducted before the main analyses (see Section 4.1.2). Participants' age was measured as a continuous variable. Age (M = 25.24,

SD = 2.53) was important to control for as younger participants might engage more with TikTok than older ones. For instance, as mentioned before, 18-24-year-old TikTok users in the UK spend an average of 55-58 minutes per day on the app (Online Nation Report, 2023), reflecting the high age group engagement. Therefore, age may influence how users interact with ADHD-related content and mental health influencers. Gender was measured using a single item (woman, man, non-binary, prefer not to say, other), in order to account for potential gender-based differences. For the purposes of the statistical analyses, the variable was recoded into a binary format (0 = woman, 1 = man). Responses that did not fall into these two categories were recoded into missing values, while they were also used in the overall sample description. Furthermore, previous experience with ADHD referred to whether the participant has any personal or familial experience with ADHD, which may have influenced their knowledge of ADHD (Mulholland, 2016). It was measured using a binary item ("Have you ever been diagnosed or know someone who has been diagnosed with ADHD?"). This control variable accounted for any prior knowledge of ADHD-related information, as people with direct experience may have more accurate or developed perceptions of ADHD (Mulholland, 2016).

Lastly, TikTok intensity was also measured to examine differences in participants' engagement with the platform. TikTok intensity was measured by adapting a scale originally developed by Ellison et al. (2007) for Facebook, and later modified for social media platforms, such as Instagram (Trifiro & Prena, 2021). The adapted TikTok intensity scale consisted of two separate dimensions: the amount of time spent on TikTok (behavioral intensity) and the attitudinal intensity, meaning the emotional connection to the platform. The behavioral dimension measured the average daily time (in minutes) spent on TikTok the previous week of the completion of the survey, while the attitudinal component included statements such as "TikTok is part of my daily routine" and "I would feel out of touch if I could not access TikTok", rated on a 7-point Likert scale (*M* = 3.10, *SD* = .92). Including both dimensions was initially intended to allow for a more accurate control for both how much participants use TikTok on a daily basis and how important the platform is to them. This was based on the assumption that the intensity of TikTok usage might have shaped participants' exposure and engagement with ADHD-related content.

To assess the underlying structure of the seven items measuring TikTok intensity – attitudinal dimension, a PCA with oblimin rotation based on eigenvalues was performed.

Oblimin rotation was chosen because the underlying factors were expected to correlate based on theoretical and empirical evidence (Field, 2018, pp. 1008-1009). The KMO value was .82, indicating sampling adequacy (Kaiser, 1970), while the Bartlett's Test of Sphericity was also significant, $\chi^2(21) = 499.82$, $p < .001$, confirming the suitability of the correlation matrix for factor analysis (Bartlett, 1954). The PCA revealed one factor explaining 55.04% of the total variance. Factor loadings ranged from .60 to .82, supporting the unidimensionality of the scale. All seven items were averaged to compute a single TikTok intensity score for each participant and the scale demonstrated excellent internal validity (Cronbach's α =.86). The factor loadings and the Cronbach's alpha are presented in Table 5.

Table 5.

Factor loadings, explained variance and reliability of the two factors found for the scale 'TikTok Intensity'.

Items	TikTok Intensity
TikTok is part of my everyday activity.	.78
I am proud to tell people I'm on TikTok.	.76
TikTok has become part of my daily routine.	.82
I feel out of touch when I haven't logged onto TikTok for a while.	.60
I feel I am part of the TikTok community.	.71
I would be sorry if TikTok shut down.	.77
In the past week, on average, approximately how much time have you spent actively using TikTok?	.74
Eigenvalue	3.85
Cronbach's alpha	.86

3.6 Data Analysis

All statistical analyses were performed using IBM SPSS Statistics Version 29.0 using Windows. The alpha level was set at 0.05 for all analyses and the main analysis was carried out

using Hayes' PROCESS macro, version 4.2. To test the hypotheses, a moderated mediation analysis was performed using Model 9 of the PROCESS macro. This model allows for the testing of an indirect effect (mediation) in which the first stage of the pathway from the independent variable to the mediator is moderated by two moderators (Hayes, 2013)**.** The independent variable was the information-seeking motive, and the dependent variable was ADHD Literacy. The perceived trustworthiness of mental health influencers was entered as the mediator. Two moderators were also included in the model: informational literacy and digital literacy. Notably, all moderators and predictors were mean-centered, and later interaction terms were computed between the centered independent variable and each moderator (information-seeking motive x informational literacy; information-seeking motive x digital literacy). Control variables were determined based on significant correlations with the outcome variable ADHD literacy (see Table 7). More specifically, only gender was included in the final model as a control variable. For the analysis, bootstrapping with 5,000 resamples was used to test the significance of indirect effects, with 95% confidence intervals (CI). An indirect effect was considered to be statistically significant if the CI did not include zero.

4. RESULTS

4.1 Preliminary Analyses

4.1.1 Assumption Check

Before conducting the main analysis, several assumptions were checked to ensure the validity of the results (Field, 2018). According to Field (2018), violations of linear regression assumptions can affect the statistical significance of the models and the generalizability of their results (p. 517). The assumptions that were examined for the moderated mediation analysis included the absence of influential outliers, linearity and additivity of relationships, independence of errors, homoscedasticity, normality of residuals, and lack of multicollinearity. The results of these tests are presented in the Table 6.

First of all, according to Field (2018, pp. 327-333) outliers and influential data points should be checked before conducting the analyses because they can distort the results. The outliers can be identified through several ways. Standardized residuals greater than +/-3 are often considered problematic, while it is also recommended to look at Cook's distance, which should have a value above 1 to not be considered as influential (Field, 2018, pp.333-334). In this study,

no influential outliers were found, as Cook's distances for all cases remained below the threshold of 1. Outliers were also checked using standardized z-scores ($z > \pm 3.29$) and none were found to be extreme.

Moreover, the assumptions of linearity and additivity require that the relationship between the predictors and the outcome is linear and that the combined effect of the predictors is additive (Field, 2018, p. 324). This assumption was assessed via scatterplots of standardized predicted values versus standardized residuals. All variables showed an approximately linear relationship with the outcome variable, indicating that the assumption of linearity was met.

Furthermore, the normality of the residuals, which assumes that the residuals of the model are normally distributed, was examined via the Shapiro-Wilk test, histograms, and QQ-plots (Field, 2018, p. 324). While the Shapiro-Wilk test was significant for many variables, such as for informational literacy ($W = .944$, $df = 155$, $p < .001$), digital literacy ($W = .871$, $df = 155$, $p = .001$), and ADHD literacy ($W = .966$, $p < .001$), suggesting that the assumption of normality is violated, the histograms and Q-Q plots indicated only slight skewness. For instance, informational literacy had a skewness of -.89 and kurtosis of .99, and digital literacy showed a skewness of -1.02 and kurtosis of 1.36. Following the guidelines of Hair et al. (2010), data can still be considered normally distributed if skewness is between -2 and +2 and kurtosis is between -7 and +7. Therefore, the assumption of normality was met. Another assumption is homoscedasticity, which refers to the idea that the residuals have constant variance across all levels of the predicted values (Field, 2018, p. 324). This assumption was also evaluated via residual scatterplots, which confirmed a consistent spread of residuals.

Last but not least, it is important to confirm that there is no perfect multicollinearity, meaning that the predictor variables should not be too highly correlated with each other (Field, 2018, p. 388). This assumption is usually examined via the Variance Inflation Factor (VIF) and tolerance statistics, meaning that a VIF above 10 or a tolerance below 0.1 typically signals a problem (Field, 2018, p. 388). In the current study, VIF values ranged from 1.003 to 1.244, and tolerance values ranged from .804 to .997. Therefore, the multicollinearity assumption was also met.

Overall, these results suggest that the assumptions of regression were sufficiently met, ensuring the validity and reliability of the results.

Table 6.

Assumption check

Assumptions	Informational Seeking Motive	Perceived Trustworthiness	Informational Literacy	Algorithmic Literacy	ADHD Literacy
M	3.87	3.33	5.17	6.25	13.73
SD	0.69	0.75	1.18	0.74	3.21
Cronbach's alpha	.84	.89	.82	.70	—
Linearity (scatterplot)	Yes	Yes	Yes	Yes	Yes
Influential outliers (scatterplot)	No	No	No	No	No
Normality (histogram, Q–Q plot)	Good	Good	Good	Good	Good
Homoscedasticity (scatterplot)	Yes	Yes	Yes	Yes	Yes
Kurtosis	0.61	-0.24	1.00	1.36	0.72
Skewness	-0.74	-0.23	-0.89	-1.02	-0.66
Shapiro–Wilk's W test	< .001	.202	< .001	< .001	< .001
Multicollinearity (via VIF)	All below 1.019	All below 1.014	All below 1.009	All below 1.013	—
Multicollinearity (via tolerance)	All above .982	All above .982	All above .991	All above .987	—
df	155	155	155	155	155

4.1.2 Pre-analyses

A correlation analysis was conducted to test the correlation between control variables, predictors, mediator, moderator, and outcome variables. Age, previous experience with ADHD, and TikTok intensity were included in the correlation analysis. According to the correlation matrix (see Table 6), several control variables did not show significant correlations with the key predictor, mediator, or outcome variable. More specifically, age (r = -.02, p = .767), previous experience with ADHD (r = .08, p = .317), and TikTok Intensity (r = .01, p = .951) were not significantly correlated with ADHD literacy. Therefore, they were excluded from further analysis as control variables. However, gender was significantly correlated with ADHD Literacy (r = -.25, p = .002) and was kept as a control variable. The results are presented in Table 7.

Table 7.

Correlation analysis between control variables, predictors, mediator, moderators, and outcome variable

Variable	1	2	3	4	5	6	7	8	9
1. Age	-								
2. Trustworthiness	-.20*	-							
3. Info Seek Motive	-.06	.41**	-						
4. Info Literacy	-.07	.18**	.08	-					
5. Digital Literacy	-.01	-.05	.11	.30**	-				
6. TikTok Intensity	-.09	.37**	.25**	.12	-.13	-			
7. Gender	-.06	-.11	-.10	-.05	-.21*	-.19	-		
8. ADHD Experience	.12	.01	.01	-.00	.06	.11	-.19*	-	
9. ADHD Literacy	-.02	.16*	.19*	.33**	.25*	.01	-25**	.08	-

Note. Significance levels *$p < .05$, **$p < .01$. Gender was recoded as a binary variable (0 = female, 1 = male). Previous experience with ADHD was also recoded as a binary variable (0 = yes, 1 = no).

4. 2 Hypothesis Testing

In this study, a moderated mediation analysis was conducted to examine the proposed hypotheses. ADHD literacy was included as the dependent variable and the information-seeking motive as the independent variable, while the perceived credibility of mental health influencers was entered as a mediator. Two moderators, informational literacy and digital literacy, were

included simultaneously to test whether either moderated the relationship between the information-seeking motive and the perceived credibility of mental health influencers.

The direct effect of information-seeking on ADHD literacy was found not significant (b = .74, SE = .40, p = .069). However, the direction of the effect was positive, contrary to the expected negative association, meaning that H1 was not supported. This finding suggests that individuals with stronger information-seeking motives on TikTok tended to report greater levels of ADHD-related mental health literacy. What is more, information-seeking was found to significantly predict trustworthiness (b = .47, SE = .09, p < .001), suggesting that individuals who used TikTok with strong information-seeking motives perceived mental health influencers as more trustworthy. However, neither informational literacy (b = -.02, SE = .08, p = .763) nor digital literacy (b = .13, SE = .12, p = .276) significantly moderated this relationship. The R^2 change due to the interaction term was negligible (.007) and not statistically significant (p = .541). The overall model predicting trustworthiness (first stage) explained 22.5% of the variance, R^2 = .225, F(6, 143) = 6.91, p < .001.

In the second stage of the model, trustworthiness did not significantly predict ADHD Literacy (b = .29, SE = .36, p = .420), suggesting no mediation. The direct path from information-seeking motive to ADHD literacy remained not significant (b = .74, SE = .40, p = .069). The model predicting ADHD literacy (second stage) explained 10.2% of the variance, R^2 = .102, F(3,146) = 5.52, p = .001.

Conditional indirect effects at low, mean, and high levels of informational literacy were also not significant, as all bootstrap confidence intervals included zero. The indices of moderated mediation were not significant for either moderator (Informational literacy: *Index* = -.007, *Boot SE* = .035, 95% CI [–0.094, 0.048]; Digital literacy: *Index* = .036, *Boot SE* = .067, 95% CI [–.055, .206]). These results indicate that, although information-seeking motive positively influenced the perceived trustworthiness of mental health influencers, the indirect pathway through trustworthiness was not significant, and neither moderator influenced the strength of the indirect effect. Therefore, none of the proposed hypotheses were supported (See table 8 and figure 2).

Table 8.

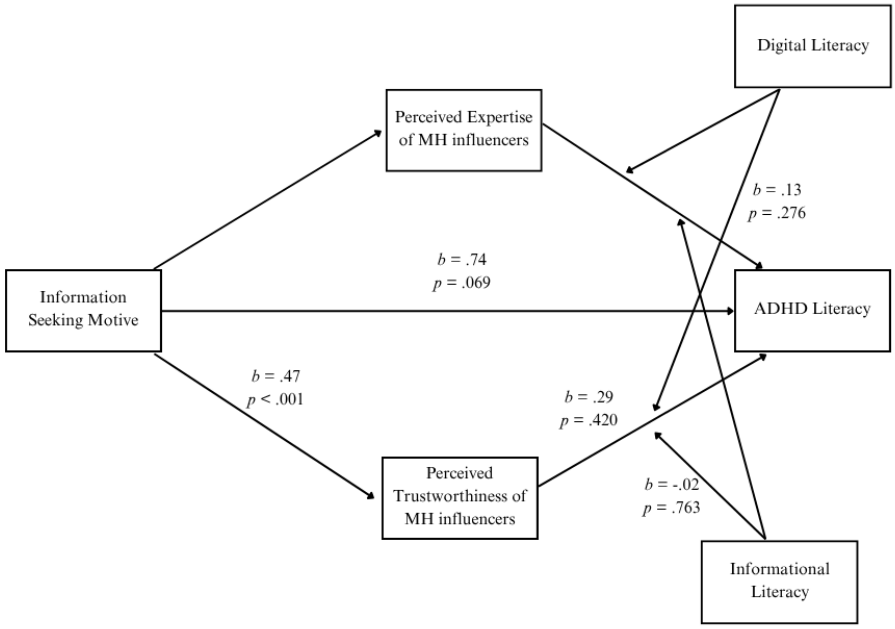
Moderated Mediation Regression Results for the a-path from Information Seeking motive to Perceived Credibility and for the b-path from Perceived Credibility to ADHD Literacy.

Variable	Model a-path			Model b/c'-path		
	b	*SE*	*p*	*b*	*SE*	*p*
Information-Seeking Motive (X)	0.47	0.09	< .001	0.74	0.40	.069
Informational Literacy (W)	0.11	0.05	.031			
Digital Literacy (Z)	-0.16	0.08	0.05			
X × W (Interaction)	-0.02	0.07	.763			
X x Z (Interaction)	0.13	0.12	.276			
Trustworthiness				0.29	0.36	.420
Gender (covariate)	-0.16	0.13	.206	-1.60	0.55	.004

Note. N = 155. Model a-path $R^2 = .27$, $F(6, 142) = 8.86$, $p < .001$. Model b/c′-path $R^2 = .98$, $F(3, 151) = 5.26$, $p = .002$. Confidence intervals based on 5,000 bootstrap samples. Gender was recoded as a binary variable (0 = female, 1 = male).

Figure 2

Conceptual model with b results



Note. Control variable: gender

Table 9

Overview of Research Hypotheses after Statistical Analysis

	Hypotheses	Supported
H1	The information-seeking motive will be negatively associated with mental health literacy regarding ADHD.	No
H2a	Perceived expertise of mental health influencers will mediate the relationship between information-seeking motive and ADHD-related mental health literacy.	Could not be tested
H2b	Perceived trustworthiness of mental health influencers will mediate the relationship between information-seeking motive and ADHD-related mental health literacy.	No
H3a	Information literacy will moderate the relationship between information-seeking motive and perceived influencer trustworthiness, such that the effect of information-seeking motive on trustworthiness is weaker for individuals with higher informational literacy.	No
H3b	Information literacy moderates the relationship between information-seeking motive and perceived influencer expertise, such that the effect of information-seeking motive on expertise is weaker for individuals with higher informational literacy.	Could not be tested
H3c	Digital literacy will moderate the relationship between information-seeking motive and perceived influencer trustworthiness, such that the effect of information-seeking motive on trustworthiness is weaker for individuals with higher digital literacy.	No
H3d	Digital literacy will moderate the relationship between information-seeking motive and perceived influencer expertise, such that the effect of information-seeking motive on expertise is weaker for individuals with higher digital literacy.	Could not be tested

5. DISCUSSION

5.1 Findings

The purpose of the current study was to examine how young adults' information-seeking motives on TikTok relate to their mental health literacy regarding ADHD, and whether this relationship is mediated by the perceived credibility of the mental health influencers and moderated by media literacy. Drawing on the Uses and Gratifications Theory (Katz et al., 1973, pp. 509-521), the Source Credibility Model (Ohanian, 1990, p.1), and the SoMeLit framework (Cho et al., 2024, pp. 941-946), the study aimed to explore the dynamics of the relationships between platform engagement, the perceived credibility of influencers, and factual ADHD knowledge acquisition. Therefore, seven initial hypotheses were proposed. First, it was hypothesized that using TikTok to seek mental health information would be negatively associated with higher ADHD literacy (H1). Second, it was expected that perceived expertise (H2a) and trustworthiness (H2b) of mental health influencers would mediate the latter relationship. Lastly, it was proposed that informational literacy (H3a, H3c) and digital literacy (H3b, H3d) would moderate the pathway between information-seeking and perceived trustworthiness and expertise respectively. It is important to underscore that H2a, H3b, and H3d could not be tested. As previously mentioned, this decision was based on the results of a principal component analysis of the influencer credibility scale, where the results revealed that the expertise items did not form a distinct factor and, therefore, the expertise dimension was excluded to ensure construct validity. The hypotheses that were tested in the analysis were H1, H2b, H3a, and H3c (see Table 9).

Contrary to expectations, the results revealed several unanticipated outcomes. While the information-seeking motive was found to be positively associated with perceived influencer trustworthiness, none of the hypotheses regarding ADHD literacy were supported. Furthermore, the direct relationship between information-seeking and ADHD literacy was not significant and perceived trustworthiness did not predict literacy levels. Lastly, neither informational nor digital literacy moderated the relationship between information-seeking motive and perceived credibility.

5.1.1. Information-seeking motive and ADHD literacy

As previously mentioned, the relationship between the information-seeking motive on TikTok and ADHD-related mental health literacy was not found to be as strong as anticipated.

Although the direction of the relationship was positive, meaning that individuals who actively seek information and content about ADHD might know more about the condition, the association did not reach significance to confidently support the proposed hypothesis.

One possible explanation lies in the design of TikTok as a platform. According to Opara et al. (2025, p. 2) TikTok was made to serve as an entertainment platform, thereby offering short, rapid, visually engaging, and often humorous content. While this format attracts broad engagement, it may be less effective in delivering complex knowledge (Opara et al., 2025, p. 6), such as detailed information on ADHD. This issue can also be traced back to the existing literature, where TikTok has been critiqued for its low depth of informational content compared to other platforms, such as YouTube (Al-Maroof et al., 2021, p. 208). Therefore, despite the fact that users may open the app with the intent to learn, the actual format may not help sustain attention or may not provide sufficient depth to achieve increased literacy.

Moreover, it is evident that TikTok's algorithm prioritizes virality and engagement over accuracy (Paschke, 2023). As a result, there may be frequent amplification of personal stories or oversimplified representations of disorders like ADHD (Starvaggi et al, 2024; Verma & Sinha, 2024). While this kind of content may be visually and emotionally resonant, it can also promote misconceptions. As Claps et al. (2025, p.14) suggested through their study, while TikTok mental health content may normalize mental health discussions, it does not ensure accurate knowledge. Thus, even users who are motivated to learn may only receive fragmented knowledge (Claps et al., 2025, p. 14). Additionally, TikTok users are often exposed to content passively, rather than actively, meaning they may encounter ADHD-related content through their personalized "For You Page" rather than via specific searches (Du et al., 2024). According to Maulida et al. (2023), this passive engagement style may reduce opportunities for reflection on the acquired knowledge.

Another potential challenge could be the phenomenon of information overload (Opara et al., 2025, p. 6). In the context of TikTok's format that enables the "endless scrolling", users are constantly bombarded with content, which makes it difficult to retain or critically assess what they see (Opara et al., 2025, p. 6). In fact, cognitive load theory (Sweller, 1988) suggests that excessive stimuli can hinder the ability to process new information, especially when the content is complex and requires more in-depth analysis, such as understanding mental health conditions

or treatment approaches. This may also explain why motivated users did not outperform others regarding ADHD literacy.

Another key explanation could lie in the high level of prior knowledge or personal connection to ADHD among the sample. Notably, 71% of the participants reported either being diagnosed with ADHD themselves or knowing someone who had received a diagnosis. The assumption was that these individuals most likely search for ADHD-related information on TikTok with at least a baseline level of understanding. This idea is supported by the average ADHD literacy score among participants with previous ADHD experience, $M = 13.56$, indicating a moderate familiarity with the topic. This possible explanation is consistent with the Comprehensive Model of Information Seeking (Johnson et al., 1995), which suggests that personal or close experience with a health issue drives motivated information-seeking behavior because the topic is more relevant to the individuals. Even though the motivation to seek out information is increased, it does not guarantee learning new information (Claps et al., 2025, p.14). In this study, such prior familiarity could have obscured any clear benefits of TikTok usage, as participants may have already possessed knowledge before engaging with TikTok, and exposure to additional information may have limited the added value, weakening the relationship between information-seeking motives and literacy scores. Building on this idea, meaning the possibility that previous experience with ADHD might have masked any effect of information-seeking on literacy, a robustness check was conducted by including the variable as a covariate in the model to ensure that its exclusion from the analysis did not distort the results. The results of the analysis remained consistent with the initial findings, indicating that the overall model was not statistically significant. Therefore, prior personal or familial experience with ADHD did not influence the relationship in any direction, confirming that it was not a confounding factor in the null result found from the analysis.

In this context, it is also important to underline the fact that there was no distinction between people who reported having an ADHD diagnosis or knowing someone who had. This distinction is potentially important, as different levels of personal involvement could reflect different motivations for engaging with ADHD-related content on TikTok. Welton-Mitchell et al. (2023, pp. 2, 9) supported that increased health information-seeking behaviors could be interpreted as a coping mechanism to reduce uncertainty. In other words, emotional relevance is considered to be an important driver for seeking health information. Without this information, it

remains unclear whether their engagement with ADHD-related content reflects more of a learning process or an emotional coping mechanism. These different motivations could all result in different forms of engagement, some more emotional than cognitive, which could explain why a clear relationship between information-seeking motives and ADHD literacy was not observed.

5.1.2. Perceived Credibility as a Mediator

Another hypothesis (H2b) proposed that the perceived trustworthiness of mental health influencers would mediate the relationship between information-seeking motive and ADHD literacy. As mentioned before, while the information-seeking motive predicted perceived trustworthiness, trustworthiness itself did not predict ADHD literacy. Thus, the mediation effect was not supported by the results of the analysis.

First of all, the positive relationship between information-seeking and trustworthiness is consistent with previous literature, which supports that individuals with higher motives engage more critically with content and assess trustworthiness based on the substance of the message, meaning they are more likely to recognize trustworthy sources when the message aligns with their informational needs (Han & Balabanis, 2023, p. 398-399). In other words, information-seekers are more likely to rate online information as trustworthy, suggesting that people who are looking for specific information are more likely to trust the source. This idea has also been supported by more recent findings from Fan et al. (2024, pp. 84-85), who demonstrated that people who are actively engaged in seeking health information are more prone to trust the sources they use, especially when the engagement is frequent and intentional. Together, these studies propose that motivated information-seekers are not only more selective of the media they use but also tend to trust the sources they choose to engage with.

Furthermore, although the model predicting perceived trustworthiness explained a notable proportion of variance (22.5%), the second-stage model predicting ADHD literacy accounted for only 10.2% of the variance. This suggests that while information-seeking motives and perceptions of influencer credibility are meaningful factors, there are likely other variables contributing to ADHD literacy that were not included in the current model. ADHD literacy is likely a multidimensional construct that is shaped by multiple variables, which were not included in the present model. According to Ozili (2022, p. 6), low explained variance suggests that there are omitted variables or underexplored mechanisms, and therefore, it is important for future

research to consider alternative or additional mediators and confounding variables to achieve larger variance on the dependent variable.

Moreover, this finding highlights an important distinction between perceived credibility and, more specifically, perceived trustworthiness and actual informational gain. Put differently, users may consider influencers trustworthy based on other social and emotional cues, such as tone, relatability, or even aesthetic style, rather than based on professional qualifications (Pretorius et al., 2024, pp. 5-6). This aligns with previous literature, which supports the idea that users rely on heuristics, such as popularity or number of likes, when evaluating online content. More specifically, Sundar (2008) developed the *Modality, Agency, Interactivity,* and *Navigability* (MAIN) model to explain how users evaluate credibility online based on heuristics or mental shortcuts. He emphasized, among others, the *bandwagon heuristic*, which is activated when users assess trustworthiness based on popularity cues, such as the number of followers. In this context, Viviani and Pasi (2017, pp. 3-4) observed that, regarding health information online, audiences often rely on heuristics like follower counts to assess credibility. On TikTok, features like the high number of likes and views can all lead to trustworthiness, regardless of the content's accuracy (Viviani & Pasi, 2017, p. 10). Meinert and Kramer (2022) also conducted an interesting experiment to examine how the presence of an expertise cue, such as professional titles, affects credibility judgments. They found that participants exposed to this cue rated content as more credible and made faster decisions, indicating a reliance on heuristics over deep cognitive engagement (Meinert & Krämer, 2022, pp. 19-20). Additionally, building on prior research (Lee et al., 2016, pp. 518-519), social media users tend to recall fewer content-related arguments, suggesting that relying on heuristics may reduce the depth of information retention. Therefore, these studies collectively argue that considering an influencer as trustworthy might drive engagement but does not necessarily lead to knowledge acquisition.

This interpretation is consistent with other findings from the current study, as well. Participants were asked to name any TikTok influencers who create ADHD-related content they could recall. Out of the full sample, only **33** individuals responded (21.29%), with the majority (78.71%) skipping the question. This finding suggests that while users may consume ADHD-related content frequently and report that they interact with mental health influencers, they may not always form strong or lasting impressions of the content creators, possibly relying on heuristics as previously mentioned (Meinert & Krämer, 2022, pp. 19-20). Hence, users might

perceive a video as credible in the moment, without necessarily recalling the source or critically evaluating the content itself. This surface-level engagement helps further explain why trustworthiness - although influenced by information-seeking - did not predict ADHD literacy.

Lastly, it is noteworthy that testing only the variable of perceived trustworthiness may have masked important differences. Nevertheless, the original scale (Stoddard et al., 2023) proposed different dimensions, but the exploratory factor analysis revealed different results and, thus, only the trustworthiness dimension was retained. While this decision was statistically and empirically supported, it may have obscured meaningful differences in how users evaluate influencers. According to the original SCM (Ohanian, 1990), trustworthiness refers to emotional relatability, whereas expertise reflects the source's perceived knowledge and competence, usually based on credentials. Given their conceptual distinction, these two dimensions could have different or even opposite effects on learning outcomes. For instance, Susmann and Wegener (2023, pp. 858-859) found that expertise and trustworthiness had different effects on belief correction, depending on context. Additionally, Hocevar et al. (2018, p.4) observed that in health communication, trustworthiness and expertise affect message acceptance differently and through separate routes. Hence, users might trust someone emotionally (trustworthiness) but not believe they are experts or knowledgeable (expertise) or vice versa. Therefore, by testing only the trustworthiness score, the model may have overlooked other meaningful predictors of literacy, limiting the richness of the findings.

In this context, it was important to test whether expertise might play a different role, and, therefore, a separate moderated mediation model was conducted to include expertise as the mediator. Results showed that a mediation effect was again not found, despite the fact that information-seeking motive significantly predicted expertise. These results were similar to the findings related to the trustworthiness dimension, suggesting that neither dimension of perceived influencer credibility mediated the effect of information-seeking on literacy. While previous research (Susmann & Wegener, 2023, pp. 858-859; Hovecar et al., 2019, p. 4) highlights how trust and expertise can influence persuasion differently, the findings of the current study suggest that in the context of TikTok ADHD content, neither emotional relatability nor perceived competence play a meaningful mediating role in this context. In other words, even when individuals are motivated to seek ADHD-related information and perceive mental health influencers as either trustworthy or experts, this does not necessarily lead to a better

understanding of ADHD. This raises concerns about whether credibility is enough to foster learning on platforms like TikTok, especially regarding mental health-related topics. Previous research has established that perceived credibility may influence behavioral responses, such as stigma related to mental health disorders and intentions to seek professional help and diagnosis (Nasruddin, 2024, p. 112; Thomson et al., 2020, p. 1). In this sense, credibility may foster other outcomes, such as changes in attitudes, even if it does not directly enhance factual knowledge.

5.1.3. Media Literacy as moderator

The study also examined the moderating role of media literacy, conceptualized through informational and digital literacy, between information-seeking and perceived credibility. Contrary to expectations, neither dimension of media literacy was found to moderate the relationship. This finding challenges the idea that users with higher media literacy levels are more careful while evaluating influencer credibility, particularly on platforms like TikTok.

One possible explanation is that media literacy does not always translate into behavior. This is consistent with the findings of Luo et al. (2022, pp. 8-10), who found that, although students recognized what made online news credible, such as fact-checking or source-checking, they still didn't apply that knowledge in practice. Even those who reported fairly high media literacy relied on very surface-level cues when deciding what was worth trusting, instead of carefully evaluating the content (Luo et al., 2022, pp. 8-10). This is especially relevant on a platform like TikTok, where users consume content during some time of boredom or when the user is otherwise not fully attentive (Falgoust et al., 2022, p. 1). In such settings, users may prioritize relatability or entertainment over critical evaluation. This is consistent with Nichols and LeBlanc (2021, pp. 391-392), who argued that new media platforms don’t function merely as information channels, but also as affective and performative *ecologies.* Users do not just evaluate the content they come across with, but are also emotionally involved, driven by other factors such as relatability and identity expression. So, instead of critically and carefully analyzing videos, users are more likely to rely on how meaningful or relatable a video seems, rather than applying their critical skills and evaluative knowledge to every video they watch.

Another idea that should be further explored is the ceiling effect. The ceiling effect takes place when most participants score very high on a variable, leaving little or no room for variation to be detected (Garin, 2014, pp. 1-2). This sets the data at the top of the scale (ceiling), making it hard to detect differences between participants or to see how the variable interacts with others

(Garin, 2014, pp. 1-2). For example, over 30% of the participants achieved the maximum score on the digital literacy scale, indicating little variability. Since there was little difference in scores between participants, it became difficult to detect whether higher media literacy actually changed how users evaluated influencer credibility. Therefore, the ceiling effect likely reduced the chance of finding a moderation effect.

5.2 Limitations and Directions for Future Research

Despite the useful insights, this study has several limitations that need to be acknowledged. One important limitation is the generalizability of the results. Given the narrow timeframe and the specific focus on TikTok and ADHD-related content and influencers, only 155 participants were recruited, meaning that the sample did not offer as robust results as larger samples, leading to a higher margin error (Boef et al., 2014, p. 1259). At the same time, the narrow target population also limited the generalizability of the findings (Ross & Zaidi, 2019, p. 262). The study only focused on young adults aged 18-34 years who actively engage with ADHD-related content on TikTok and relevant mental health influencers. While this age group is active on TikTok, younger audiences were not represented, despite the fact that teenagers represent one of the most active user groups on TikTok (Faverio & Sidoti, 2024, p. 1). Thus, this limitation restricts the applicability of the findings to the broader TikTok user base. Future studies should consider analyses with different age groups or even specifically target adolescent populations to better understand how one of the most dominant demographic groups in the platform engages with TikTok and mental health influencers to learn about ADHD and other disorders.

Furthermore, although the inclusion of respondents from a wide range of nationalities increases the representativeness of the sample (National Academies of Sciences, Engineering, and Medicine, 2022, pp. 23-24), it also introduces certain limitations. First of all, cultural differences may influence how participants interpret survey questions and items, potentially having an impact on the comparability of responses across groups (Kappelhof & Netherlands Institute for Social Research, 2015, p. 23). Secondly, while multiple nationalities were included, the overrepresentation of Greek participants (50.7%) introduces a sampling bias (Cash et al., 2021, p.5). This means that the findings are more reflective of the Greek respondents' perspectives and experiences, which may limit the generalizability of the results to other nationalities represented in the sample (Chen et al., 2021, p.1). Future research should consider

using stratified sampling methods to ensure a more balanced representation of different nationalities to help mitigate sampling bias and enhance the generalizability of the results (Ahmed, 2024, p. 4).

What is more, the study employed a combination of convenience and snowball sampling, both of which may have resulted in selection bias (Golzar et al., 2022, p.1). As previously discussed, participants were recruited via social media channels and personal networks. The findings may not reflect the broader population of TikTok and may not be as representative as they would be via probabilistic sampling strategies (Sarstedt et al., 2017, p. 654). Furthermore, the study relied on self-reported data, which could introduce different kinds of bias, such as social desirability bias, meaning that respondents may have overestimated or underestimated their responses (Paulhus, 2017, pp. 1-2). Therefore, participants may have answered in ways that they wished to be perceived. While anonymity was ensured, the limitations of self-report instruments remain inherent, and future research should aim at lowering this bias, so that participants respond as truthfully as possible, and the findings are more reliable. It is also important to underscore that the study relied entirely on self-reported data to determine whether participants engaged with mental health influencers, and only a small percentage (21.29%) listed the names of influencers they followed. This introduced uncertainty about the kind and quality of information participants were exposed to, weakening the connection between influencer credibility and literacy outcomes. Future research could benefit from integrating more research methods, such as content analysis of these TikTok accounts, to contextualize self-reported measures.

In this context, as previously mentioned, the model predicting ADHD literacy explained only 10.2% of the variance, suggesting that additional factors may have been omitted (Ozili, 2022, p.6), meaning that a broader range of factors likely influence ADHD literacy than those captured in the current model. To address these gaps, future studies should explore alternative or additional variables that could explain the relationship between information-seeking motives on TikTok and ADHD literacy. Moreover, given the lack of significantly higher literacy among participants with strong information-seeking motives, future research should also consider examining the content itself. Content analyses of popular ADHD-related TikTok videos could help assess the accuracy and framing of the information users are exposed to. As current research on ADHD content on TikTok remains limited (Pretorius et al., 2022, p. 2), such studies could

offer essential insights into the relationship between information-seeking motives and knowledge.

At the same time, the exclusive focus on ADHD literacy as the outcome variable should be further examined, especially given the non-significant results of the analyses. Future research could potentially benefit from other types of outcomes being measured. Given that prior research on influencers (e.g. fashion influencers) has frequently focused on purchase intentions and attitude change (Liu & Zheng, 2024, p.1), future studies could examine behavioral shifts in the mental health domains, as well. For example, perceived credibility may not increase literacy per se, but it could influence intentions to seek a professional diagnosis, or it could impact stigma towards neurodevelopmental disorders (Nasruddin, 2024, p. 112; Thomson et al., 2020, p.1). Such directions could offer a more complete understanding of the effectiveness of credible mental health influencers on TikTok.

Moreover, the cross-sectional nature of the study limits the ability to draw causal conclusions. While this approach is useful for identifying correlations between variables, it limits the ability to draw conclusions about causality (Savitz & Wellenius, 2022, p.1). To better understand these relationships, longitudinal or experimental research designs would offer a better methodological alternative (Gangl, 2022, pp. 287-289). Longitudinal studies could examine how repeated exposure to ADHD-related content on TikTok influences knowledge retention or behavior over time, as learning requires time for its outcomes to become evident (White & Arzi, 2005, p. 147). Experimental research, on the other hand, would enable the researchers to isolate specific characteristics (Handke & Herzog, 2017, p.3), for example, by comparing participant responses to influencers with different storytelling techniques and varying credibility. The comparison between different groups could provide an opportunity to test underlying mechanisms (Handke & Herzog, 2017, p.3), such as the perceived trustworthiness and expertise, and how they drive changes in understanding. Previous experimental research on influencer marketing has proven effective, particularly because it allows for the manipulation of specific credibility features, such as comparing macro- and mega-influencers based on variables like argument quality (Jamil et al., 2024, p.1). Therefore, experimental research could offer richer and more nuanced insights into the dynamics between TikTok engagement, mental health influencer credibility, and ADHD-related literacy by exposing participants to stimulus-based designs using real TikTok videos or simulations.

Furthermore, while the Uses and Gratifications theory posits that individuals actively seek out information to increase knowledge (Katz et al., 1973, p.513), it is possible that participants primarily turn to TikTok not to learn but to seek emotional validation. This distinction is critical, as it may explain why information-seeking motives did not predict ADHD literacy. Qualitative follow-ups, such as in-depth interviews, could provide more insight into users' actual motivations and the nature of content they consume and their interpretations of the information (Snelson, 2016, p.3). Lastly, all of the scales used in the current study were adjusted to TikTok and mental health influencers, meaning that they were not originally developed for this specific platform or topic and may lack full validity in reflecting the dynamics explored. As such, their ability to fully capture the platform's dynamics and processing of health content may be limited. Supporting this, Finn and Kayande (2004, p. 50) suggested that modifying existing scales can be misleading, as a scale constructed to serve a certain purpose may perform poorly when used for a new context, because its effectiveness may be compromised. Thus, developing and validating TikTok and ADHD-specific instruments could improve predictive accuracy and offer a more context-sensitive understanding of mental health communication in algorithm-driven environments.

5.3. Theoretical and Practical Implications

The current study contributes to a growing body of research that explores the intersection between TikTok and mental health literacy. First and foremost, the findings enrich the Source Credibility Model (Ohanian, 1990) by applying it within the environment of TikTok. While credibility has traditionally been operationalized as perceived expertise, trustworthiness, and attractiveness (Ohanian, 1990), the results of this study suggest that such dimensions may not fully capture how users interpret mental health-related content on TikTok. The absence of a strong relationship between the perceived credibility of mental health influencers and literacy outcomes indicates that credibility might manifest in different ways on TikTok, especially regarding mental health content. Rather than relying merely on source features and characteristics, users may be influenced by platform features, such as virality. This prompts a reconsideration of how credibility should be interpreted in new social media settings (Viviani & Pasi, 2017, pp. 3-4, 10). In other words, credibility might be shaped not only by who speaks, but also by how and where they speak, and TikTok's affordances, such as short-form content and the

prevalence of User Generated Content (Wahid et al., 2022, p. 107), may redefine how users assess credibility.

What is more, the study contributes to Uses and Gratifications theory by exploring the information-seeking motive as a driver of engagement with ADHD-related content. The non-significant relationship between this motive and ADHD literacy challenges the assumption that seeking information on social platforms necessarily translates into learning. This finding advances the theory's literature by highlighting that the gratification of needs depends not only on the individual's intent but also on platform ecology, and particularly the algorithms that control content visibility. This finding aligns with and builds on recent research on UGT, which extends the framework to show how algorithmic recommendation systems, platform infrastructures, and user motivations co-construct the gratification of the user needs (Qiao et al., 2024, pp. 7-8). Together, these findings highlight the need for a more integrative framework for understanding user behavior in digital environments.

Furthermore, the findings of this study provide valuable insights regarding health communication methods. They suggest that mental health professionals who employ TikTok should reconsider how they choose to deliver the information. Since influencer credibility alone does not automatically lead to increased literacy, it is critical that content creators adjust to the environment of TikTok to reach engagement, while also prioritizing clarity, depth, and scientific rigor (Ao et al., 2023, pp. 9-10). Collaborations between mental health professionals and social media content creators on TikTok could improve the reliability of mental health information while still maintaining an engaging style (Motta et al., 2024, pp. 1-2). Furthermore, social media platforms like TikTok should consider implementing changes that support information accuracy, not only engagement and virality. For instance, TikTok could add prompts that encourage users to verify sensitive health-related information, the same way that the platform has launched labels to notify users about AI-generated content (TikTok, 2023). Last but not least, the high percentage of participants of this study who either had an ADHD diagnosis or knew someone who did, suggests that public health campaigns on TikTok could benefit from targeting such users. Mental health advocacy organizations and public institutions could design campaigns using familiar TikTok storytelling formats, such as trends, to spread accurate information about ADHD in an engaging way (Pretorius et al., 2022, p. 6; WHO, 2024). This strategy could support awareness while reducing the risk of misinformation.

CONCLUSION

Overall, this study aimed to examine the extent to which information-seeking motives on TikTok influence young adults' mental health literacy regarding ADHD, while considering the mediating role of influencer credibility and the moderating role of media literacy. While the findings suggested that individuals who actively seek ADHD-related information on TikTok are more likely to perceive mental health influencers as trustworthy, this trust did not significantly translate into greater literacy. Moreover, neither informational nor digital literacy moderated this relationship as expected. These results underscore the complexity of health information on social media platforms, where credibility heuristics and algorithm content curation may prevent the acquisition of accurate knowledge. Despite TikTok's potential to serve as a useful tool for health communication, the platform's entertainment nature may pose challenges for meaningful learning. Future research should continue to explore how TikTok can shape mental health literacy, emphasizing the importance of design, content quality and critical thinking skills among users.

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Appendix A – Mental Health Influencers

Creator Name	Frequency (n)	Percentage (%)
Mel Robbins	3	1.9
BrainMD	3	1.9
ADHD CHAtTER PODCAST	1	0.6
ADHD community UK	2	1.3
ADHD love	1	0.6
ADHD Therapist for Michigan	1	0.6
ADHD Therapist J	1	0.6
ADHD UK COMMUNITY	1	0.6
adhtherapist_jay	1	0.6
adhwhitejennafree	1	0.6
Catiesaurus	1	0.6
Connor DeWolfe	2	1.3
dlcwellness	1	0.6
Dr. Kojo Sarfo	1	0.6
Jodie Therapist	1	0.6
Mr Impulsive	1	0.6
Professor Hankir	1	0.6
Quenblackwell	1	0.6
cherry.adhd	1	0.6
Tarah and Barry,	1	0.6
thepsychodoctormd	1	0.6
Therapy Jeff	1	0.6
Olivia Luftallah	1	0.6
eliemidds	1	0.6
adelaide_saywel,	1	0.6
emilieleyes	1	0.6

nadiaaddsi	1	0.6

Note. Percentages are based on the full sample (N = 155). Responses reflect participants' self-reported recall and may include spelling or naming variations.

Appendix B – Online Survey

Welcome! 🎉 You've just made an excellent choice by signing up for this research. Get ready to have a blast, your participation is about to make history (well, at least in my little corner of the world) 💖 !

My name is Vasileia Kretsovali (student number: 698753), and this study is part of my Master's thesis at Erasmus University Rotterdam. This research aims to explore how TikTok use influences people's views on ADHD. This survey is designed specifically for TikTok users and will take approximately 7-9 minutes to complete.

Your honest input is highly valuable, and there are no right or wrong answers.

Confidentiality and Data Protection Anonymity
All responses will be collected anonymously. This means no personally identifiable information will be stored, and your identity will remain confidential throughout the research process. Your data will only be used for academic research related to this study, including the Master's thesis. The results will be presented in aggregate form, ensuring that individual responses cannot be traced back to you.

Data Retention
Data will be securely stored for the duration of the study and will be destroyed after the completion of the research. You will not be identified in any of the research findings or published works.

Voluntary Participation
Your participation in this survey is entirely voluntary.You are free to withdraw at any time without penalty or need for explanation. If you decide to withdraw, your data will not be used. If you choose to stop completing the survey, this will not have any negative consequences for you. You can exit the survey at any point without affecting your relationship with the researcher or

the university. Please note that you are welcome to skip any questions that make you feel uncomfortable.

Eligibility Criteria
To participate in this survey, you must be **18 years or older and actively use TikTok**. If you do not meet these criteria, please refrain from participating in this survey.

Risks and Discomforts
There are no foreseeable risks or discomforts associated with participating in this survey. The questions are designed to be non-intrusive, and your responses will not require any personal or sensitive information that could cause distress.

Further Information
If you have any questions or concerns before, during, or after completing the survey, you can contact me directly at: Email: 698753vk@eur.nl. Should you require additional support or have ethical concerns, you may also contact the Ethics Committee of Erasmus University Rotterdam.

Q2 By clicking 'I agree", you confirm that you understand the information above and you consent to participate

- ○ Yes, I agree (1)
- ○ No, I disagree (2)

What is your age?

- ○ younger than 18 (1)
- ○ 18 (2)
- ○ 19 (3)
- ○ 20 (4)
- ○ 21 (5)
- ○ 22 (6)
- ○ 23 (7)
- ○ 24 (8)
- ○ 25 (9)
- ○ 26 (10)
- ○ 27 (11)
- ○ 28 (12)
- ○ 29 (13)
- ○ 30 (14)
- ○ 31 (15)
- ○ 32 (16)
- ○ 33 (17)
- ○ 34 (18)
- ○ older than 34 (19)

Do you come across content related to ADHD on TikTok, such as videos discussing ADHD symptoms, experiences, or advice?

- ○ Yes (1)
- ○ No (2)

MHI exposure Do you engage with/follow any content creators that talk about ADHD on TikTok?

- ○ Yes (1)
- ○ No (2)

MHI names If you follow any ADHD-related content creators, please specify which ones below (you can check your TikTok account for reference but no worries!).

_____

_____

_____

_____

Think about the mental health influencers/content creators you've followed or interacted with on TikTok who <u>regularly share ADHD-related content</u>. For each statement below, tell us how much you agree/disagree!

	Strongly disagree (1)	Somewhat disagree (2)	Neither agree nor disagree (3)	Somewhat agree (4)	Strongly agree (5)
The mental health influencer(s) seems intelligent. (1)	○	○	○	○	○
The mental health influencer(s) appears to be trained. (2)	○	○	○	○	○
The mental health influencer(s) is an expert. (3)	○	○	○	○	○
The mental health influencer(s) seems informed. (4)	○	○	○	○	○
The mental health influencer(s) is competent. (5)	○	○	○	○	○
The mental health influencer(s) is qualified. (6)	○	○	○	○	○
The mental health influencer(s) is honest. (7)	○	○	○	○	○

The mental health influencer(s) is trustworthy. (8)	○	○	○	○	○
The mental health influencer(s) is honorable. (9)	○	○	○	○	○
The mental health influencer(s) is moral. (10)	○	○	○	○	○
The mental health influencer(s) is ethical. (11)	○	○	○	○	○
The mental health influencer(s) seems genuine. (12)	○	○	○	○	○

End of Block: Perceived Influencer Credibility

Start of Block: Information Seeking Motive

Give us your thoughts—how much do you agree with the following statements?

	Strongly disagree (1)	Somewhat disagree (2)	Neither agree nor disagree (3)	Somewhat agree (4)	Strongly agree (5)
TikTok helps me learn about mental health topics, such as ADHD, I am not familiar with. (1)	○	○	○	○	○
I believe that TikTok provides me with information on a variety of mental health conditions, including ADHD. (2)	○	○	○	○	○
I think watching TikTok videos about ADHD is informative. (3)	○	○	○	○	○
I watch ADHD-related TikTok videos because I find them informative. (4)	○	○	○	○	○

End of Block: Information Seeking Motive

Start of Block: break 1

	True (1)	False (2)	I don't know (3)
ADHD is a neurobiological, developmental disorder. (1)	○	○	○
Special diets are an effective treatment for ADHD. (2)	○	○	○
Individuals with ADHD tend to have poor concentration. (3)	○	○	○
A combination of medication and behavior management is effective. (4)	○	○	○
There are different subtypes of ADHD. (5)	○	○	○
ADHD can be inherited. (6)	○	○	○
ADHD can involve hyperactive, inattentive, or combined behaviors. (7)	○	○	○
Individuals with ADHD are easily distracted. (8)	○	○	○
Individuals with ADHD benefit from stricter parenting and schooling. (9)	○	○	○
ADHD is caused by too much sugar in the diet. (10)	○	○	○
Individuals with hyperactive ADHD often talk excessively. (11)	○	○	○
ADHD is caused by poor parenting. (12)	○	○	○

Individuals with ADHD can choose to be better behaved. (13)	○	○	○
Some individuals show ADHD behaviors but do not meet the diagnostic criteria. (14)	○	○	○
About one child per class shows ADHD-type behaviors. (15)	○	○	○
Individuals with ADHD struggle with table-top work. (16)	○	○	○
Individuals with ADHD make careless mistakes due to inattention. (17)	○	○	○
Teachers are often the first to recognize ADHD behavior. (18)	○	○	○
The cause of ADHD is unknown. (19)	○	○	○
Even without a diagnosis, individuals with ADHD-type behaviors benefit from individualized strategies. (20)	○	○	○

**Please indicate whether each of the following statements is True, False, or you don’t know.
Don’t worry if you’re unsure, just answer as best you can (I'm not going to call your mom, I promise!).**

	True (1)	False (2)	I don't know (3)
ADHD is a neurobiological, developmental disorder. (1)	○	○	○
Special diets are an effective treatment for ADHD. (2)	○	○	○
Individuals with ADHD tend to have poor concentration. (3)	○	○	○
A combination of medication and behavior management is effective. (4)	○	○	○
There are different subtypes of ADHD. (5)	○	○	○
ADHD can be inherited. (6)	○	○	○
ADHD can involve hyperactive, inattentive, or combined behaviors. (7)	○	○	○
Individuals with ADHD are easily distracted. (8)	○	○	○
Individuals with ADHD benefit from stricter parenting and schooling. (9)	○	○	○
ADHD is caused by too much sugar in the diet. (10)	○	○	○

Individuals with hyperactive ADHD often talk excessively. (11)	○	○	○
ADHD is caused by poor parenting. (12)	○	○	○
Individuals with ADHD can choose to be better behaved. (13)	○	○	○
Some individuals show ADHD behaviors but do not meet the diagnostic criteria. (14)	○	○	○
About one child per class shows ADHD-type behaviors. (15)	○	○	○
Individuals with ADHD struggle with table-top work. (16)	○	○	○
Individuals with ADHD make careless mistakes due to inattention. (17)	○	○	○
Teachers are often the first to recognize ADHD behavior. (18)	○	○	○
The cause of ADHD is unknown. (19)	○	○	○
Even without a diagnosis, individuals with ADHD-type behaviors benefit from individualized strategies. (20)	○	○	○

Spill the tea! How much do you agree with the following statements?

	Strongly disagree (1)	Disagree (2)	Somewhat disagree (3)	Neither agree nor disagree (4)	Somewhat agree (5)	Agree (6)	Strongly agree (7)
I know how to verify whether what is shared on TikTok is correct. (1)	○	○	○	○	○	○	○
I can assess the credibility of TikTok content by checking other sources. (2)	○	○	○	○	○	○	○
I can recognize whether TikTok content is true or false. (3)	○	○	○	○	○	○	○
TikTok controls what I see through its algorithm. (4)	○	○	○	○	○	○	○

I’m aware that anything I post may stay visible or be reshared. (5)	○	○	○	○	○	○	○
TikTok shows me content and ads based on what I watch and interact with. (6)	○	○	○	○	○	○	○

End of Block: TikTok Literacy

Start of Block: break 2

Less than 2 minutes to go! You're almost at the finish line!

End of Block: break 2

We're all ears! Let us know how much you agree with these statements (this is the last list, I swear! 🌞).

	Strongly disagree (1)	Somewhat disagree (2)	Neither agree nor disagree (3)	Somewhat agree (4)	Strongly agree (5)
TikTok is part of my everyday activity (1)	○	○	○	○	○
I am proud to tell people I'm on TikTok (2)	○	○	○	○	○
TikTok has become part of my daily routine (3)	○	○	○	○	○
I feel out of touch when I haven't logged onto TikTok for a while (4)	○	○	○	○	○
I feel I am part of the TikTok community (5)	○	○	○	○	○
I would be sorry if TikTok shut down (6)	○	○	○	○	○

End of Block: Control - Intensity

Start of Block: Control Variables

In the past week, on average, approximately how much time per day have you spent actively using TikTok?

- ○ 0-14 minutes (1)
- ○ 15-29 minutes (2)
- ○ 30-44 minutes (3)
- ○ 45-59 minutes (4)
- ○ 1 hour or more (5)

Which country are you from?

- ○ Afghanistan (1)
- ○ Albania (2)
- ○ Algeria (3)
- ○ Andorra (4)
- ○ Angola (5)
- ○ Antigua and Barbuda (6)
- ○ Argentina (7)
- ○ Armenia (8)
- ○ Australia (9)
- ○ Austria (10)
- ○ Azerbaijan (11)
- ○ Bahamas (12)
- ○ Bahrain (13)

- Bangladesh (14)
- Barbados (15)
- Belarus (16)
- Belgium (17)
- Belize (18)
- Benin (19)
- Bhutan (20)
- Bolivia (21)
- Bosnia and Herzegovina (22)
- Botswana (23)
- Brazil (24)
- Brunei (25)
- Bulgaria (26)
- Burkina Faso (27)
- Burundi (28)
- Cabo Verde (29)
- Cambodia (30)
- Cameroon (31)
- Canada (32)
- Central African Republic (33)
- Chad (34)

- Chile (35)
- China (36)
- Colombia (37)
- Comoros (38)
- Congo (Congo-Brazzaville) (39)
- Costa Rica (40)
- Croatia (41)
- Cuba (42)
- Cyprus (43)
- Czech Republic (Czechia) (44)
- Democratic Republic of the Congo (Congo-Kinshasa) (45)
- Denmark (46)
- Djibouti (47)
- Dominica (48)
- Dominican Republic (49)
- Ecuador (50)
- Egypt (51)
- El Salvador (52)
- Equatorial Guinea (53)
- Eritrea (54)
- Estonia (55)

- Eswatini (fmr. "Swaziland") (56)
- Ethiopia (57)
- Fiji (58)
- Finland (59)
- France (60)
- Gabon (61)
- Gambia (62)
- Georgia (63)
- Germany (64)
- Ghana (65)
- Greece (66)
- Grenada (67)
- Guatemala (68)
- Guinea (69)
- Guinea-Bissau (70)
- Guyana (71)
- Haiti (72)
- Honduras (73)
- Hungary (74)
- Iceland (75)
- India (76)

- Indonesia (77)
- Iran (78)
- Iraq (79)
- Ireland (80)
- Israel (81)
- Italy (82)
- Ivory Coast (83)
- Jamaica (84)
- Japan (85)
- Jordan (86)
- Kazakhstan (87)
- Kenya (88)
- Kiribati (89)
- Kosovo (90)
- Kuwait (91)
- Kyrgyzstan (92)
- Laos (93)
- Latvia (94)
- Lebanon (95)
- Lesotho (96)
- Liberia (97)

- Libya (98)
- Liechtenstein (99)
- Lithuania (100)
- Luxembourg (101)
- Madagascar (102)
- Malawi (103)
- Malaysia (104)
- Maldives (105)
- Mali (106)
- Malta (107)
- Marshall Islands (108)
- Mauritania (109)
- Mauritius (110)
- Mexico (111)
- Micronesia (112)
- Moldova (113)
- Monaco (114)
- Mongolia (115)
- Montenegro (116)
- Morocco (117)
- Mozambique (118)

- Myanmar (formerly Burma) (119)
- Namibia (120)
- Nauru (121)
- Nepal (122)
- Netherlands (123)
- New Zealand (124)
- Nicaragua (125)
- Niger (126)
- Nigeria (127)
- North Korea (128)
- North Macedonia (129)
- Norway (130)
- Oman (131)
- Pakistan (132)
- Palau (133)
- Palestine (134)
- Panama (135)
- Papua New Guinea (136)
- Paraguay (137)
- Peru (138)
- Philippines (139)

- Poland (140)
- Portugal (141)
- Qatar (142)
- Romania (143)
- Russia (144)
- Rwanda (145)
- Saint Kitts and Nevis (146)
- Saint Lucia (147)
- Saint Vincent and the Grenadines (148)
- Samoa (149)
- San Marino (150)
- Sao Tome and Principe (151)
- Saudi Arabia (152)
- Senegal (153)
- Serbia (154)
- Seychelles (155)
- Sierra Leone (156)
- Singapore (157)
- Slovakia (158)
- Slovenia (159)
- Solomon Islands (160)

- Somalia (161)
- South Africa (162)
- South Korea (163)
- South Sudan (164)
- Spain (165)
- Sri Lanka (166)
- Sudan (167)
- Suriname (168)
- Sweden (169)
- Switzerland (170)
- Syria (171)
- Taiwan (172)
- Tajikistan (173)
- Tanzania (174)
- Thailand (175)
- Timor-Leste (East Timor) (176)
- Togo (177)
- Tonga (178)
- Trinidad and Tobago (179)
- Tunisia (180)
- Turkey (181)

- Turkmenistan (182)
- Tuvalu (183)
- Uganda (184)
- Ukraine (185)
- United Arab Emirates (186)
- United Kingdom (187)
- United States (188)
- Uruguay (189)
- Uzbekistan (190)
- Vanuatu (191)
- Vatican City (192)
- Venezuela (193)
- Vietnam (194)
- Yemen (195)
- Zambia (196)
- Zimbabwe (197)

What is your gender?

- ○ Woman (1)
- ○ Man (2)
- ○ Non-Binary (3)
- ○ Other (4)
- ○ Prefer not to say (5)

Have you ever been diagnosed with ADHD or know someone who has been diagnosed with ADHD?

- ○ Yes (1)
- ○ No (2)

End of Block: Control Variables