Investigating the Impact of TikTok Use on Mental Health Anxiety among Generation Z

Student Name: Anastasija Leitane

Student Number: 614302

Supervisor: Dr. Elisabeth Timmermans

Master's Thesis

June 2025

Word Count: 16 616

Investigating the Impact of TikTok Use on Mental Health Anxiety among Generation Z

ABSTRACT

Mental health remains one of the most common issues faced by young adults today, yet many continue to hesitate in their willingness to seek professional help. Since the COVID-19 pandemic, TikTok has turned into a space where individuals feel safe and comfortable sharing their mental health experiences and seeking support. Hence, previous research has primarily focused on the interconnection between mental health conditions that may arise from excessive TikTok use among young individuals, while paying less attention to whether such use increases anxiety about their well-being. Drawing upon Social Comparison, Social Cognitive, and Source Credibility Theories, this research sheds light on the topic by investigating whether Gen Z users engaging more frequently with TikTok are more susceptible to developing mental health anxiety. This relationship was further examined by the mediating role of exposure to mental health content on TikTok and the moderating role of influencer credibility on the platform. A quantitative survey-based research design was adopted to systematically collect and analyse data from Generation Z TikTok users ($n = 160$), providing insights into the relationship between TikTok use and the youth's mental health. The results showed that the more intensive use of TikTok and exposure to mental health content are not associated with mental health anxiety. Additionally, it was found that the perceived credibility of the mental health influencers on TikTok did not significantly impact the connection between exposure to mental health content and mental health anxiety. These findings carry important implications. For mental health professionals, it highlights the importance of considering the sensitive nature of mental health and the need for critical assessment of their intentions in sharing their knowledge with others online. Moreover, it also emphasizes how their expertise can be used to educate Gen Z about mental health information on social media platforms like TikTok. For young adults, these findings underline the importance of developing stronger emotional boundaries when using TikTok as a source for support. Finally, the results call for more critical responsibility of media professionals, marketers, and health practitioners in forming the digital environments where mental health conversations occur more frequently now. As social media increasingly becomes a site of emotional self-assessment, this study points to the urgent need for an ethical, informed, and psychologically safe space for communicating mental health information online.

KEYWORDS: *TikTok, Generation Z, Mental Health, Mental Health Anxiety, TikTok Influencers*

Table of Contents

1. Introduction

Social media platforms have become a powerful force, not only in shaping how individuals access and share knowledge but also in creating new opportunities for businesses to engage users through microtargeting based on their psychological insights (Montag et al., 2021, p. 2; Roberts-Lewis et al., 2024, p. 2). However, given the immersive and often emotionally triggering nature of these platforms, concerns are increasingly being raised about the role of social media in fostering problematic and potentially addictive behaviors (Montag et al., 2021, p. 2). These behaviors have been linked to various mental health issues, with anxiety standing out as one of the most commonly reported concerns (Mojtahe, 2022, p. 114). Craske et al. (2009, p. 370) define anxiety as a proactive emotional state tied to the anticipation of potential negative outcomes, often signified as a persistent sense of unease, particularly when individuals become preoccupied with threats to their health or well-being. This idea was further extended by Commons et al. (2015, p. 349), who noted that individuals can also experience similar patterns of worry specifically directed toward their mental health, a phenomenon referred to as mental health anxiety. For instance, exposure to mental health-related information online can lead to a situation where individuals begin to catastrophize mild symptoms (Yoon et al., 2024, p. 3), resulting in increased attention to perceived signs of illness and ultimately heightened anxiety about their mental health (Commons et al., 2015, p. 350).

Turuba et al. (2025, p. 1) note that this notion is particularly relevant on TikTok, a platform where short-form videos dominate and mental health content has become increasingly prevalent. Mental health content on TikTok typically follows familiar formats, often ranging from humorous videos and lived experiences to educational content (Claps et al., 2025, p. 7083). It is crucial to highlight that most of this content is created and shared by individuals without professional expertise, leading to wide variability in its tone, accuracy, and potential impact on the platform's users (McCosker, 2018, p. 4751). While some content is intended to offer support and raise awareness, other mental health information shared on TikTok can be misleading or stigmatizing (Claps et al., 2025, p. 7083). According to Adeane and Stasiak (2022, p. 2), many individuals producing this content have emerged as informal mental health influencers, shaping how young users interpret and relate to psychological information on TikTok. Their credibility, particularly in terms of perceived expertise and trustworthiness, plays a key role in further understanding how viewers internalize and engage with such content (Heiss et al., 2024, p. 3059). This creates an environment where frequent exposure to mental health content and, especially when consumed intensely, can blur the line between helpful insights and harmful over-identification with the mental health conditions (Samuel et al., 2024, p. 1185).

Stahl and Literat (2022, pp. 928–929) note that the COVID-19 pandemic significantly impacted young adults' well-being, bringing mental health issues to the forefront and encouraging greater openness about emotions, particularly in online spaces. TikTok experienced rapid growth during this time, becoming a powerful space for Generation Z users (Stahl & Literat, 2022, pp.

928-929). Generation Z refers to individuals born between 1997 and 2012, who are known for preferring virtual interactions over in-person socializing (Yadav & Rai, 2017, p. 111). Furthermore, one of the reasons TikTok gained such traction among Gen Z is its highly personalized, algorithm-driven content, which is tailored to individuals' interests and behaviors (Yoon et al., 2024, p. 2). Tian et al. (2022, p. 393) argue that TikTok aims to primarily encourage its users to share their personal lives and browse videos, thereby attracting users with its unique and captivating short-form video format. As a result, this phenomenon led users to engage more frequently with the platform, thereby increasing their intensity of TikTok use, which refers to individuals' emotional connectedness with the platform as well as integration in their daily lives (Kickpatrick & Lawrie, 2024, p. 4).

Furthermore, TikTok's unique affordances made the platform an especially popular space for discovering and sharing content related to mental health (Yoon et al., 2024, p. 3). A notable trend is the rise of therapy-related videos, short clips that mimic therapeutic advice or create a sense of emotional support (Green, 2023, p. 4). According to Green (2023, p. 4), many mental health videos on TikTok aim to normalize therapy by either showing what therapy can look like or correcting users' previous encounters, giving another perspective on what one can experience during a therapy session. These videos have gained popularity, especially among users seeking mental health guidance or comfort (Yang et al., 2021, p. 632). Yet, the credibility of such content remains unclear, as TikTok still results in the absence of policies and techniques for verifying potentially harmful or misleading content (Yoon et al., 2024, p. 3). Hence, it becomes especially concerning as Generation Z individuals often determine how trustworthy TikTok content is based on personal impressions, rather than verified information (Majerczak & Strzelecki, 2022, p. 6). According to Adeane and Stasiak (2022, p. 2), the impact of TikTok influencers further intensifies this concern. Pretorius et al. (2022, p. 2) noted that those individuals are usually referred to as experts within a specific domain, often categorised by followers' count, content type, and authority level. Consequently, mental health influencers on TikTok have substantial ability to determine how the audience thinks, feels, and behaves (Adeane & Stasiak, 2022, p. 2).

While mental health content shared by TikTok influencers can help normalize emotional distress and reduce stigma, it can unintentionally increase mental health concerns (Milton et al., 2022, p. 2). This includes risks such as spreading misinformation, oversimplifying diagnoses, or encouraging self-diagnosis without consulting mental health professionals (Foster & Ellis, 2024, p. 493; Samuel et al., 2024, p. 1185; Yoon et al., 2024, p. 4). Notably, young people are especially vulnerable to this type of content (Yoon et al., 2024, p. 3). As highlighted by Heiss et al. (2024, p. 3060), higher emotional sensitivity and digital immersion of young adults can create a potentially harmful environment for their mental well-being. In addition, the lack of regulation on TikTok raises further concerns about the qualifications of influencers and the accuracy of the advice they give (Adeane & Stasiak, 2022, p. 2). This makes it essential to investigate the role a platform like TikTok plays in shaping the mental health of Gen Z, not just online but in their everyday lives.

Nevertheless, mental health content becomes increasingly prevalent on platforms like TikTok, but its psychological effects remain insufficiently examined. In particular, TikTok is underresearched in terms of its contribution to problematic consumption patterns and emerging mental health issues among young users, such as mental health anxiety (Basch et al., 2022, p. 4; Montag et al., 2021, p. 4). Previous scholars have primarily focused on the consequences of being exposed to mental health content, such as reinforcing stereotypes, encouraging self-diagnosis, or spreading inaccurate information, without fully addressing how and why such content might trigger anxiety in users (Claps et al., 2025, p. 7084; Samuel et al., 2024, p. 1185; Turuba et al., 2025, p. 2; Yadav & Rai, 2017, p. 111). Moreover, research on mental health content and mental health influencers remains relatively novel, and therefore has yet to examine potential influence on users' perception (Adeane & Stasiak, 2022, p. 2). Additionally, Ramsden and Talbot (2024, p. 14) argue that the intensity of TikTok use may play a role in these outcomes, therefore being a subject for further exploration of this causal effect. Hence, it remains underexplored whether repeated exposure to mental health content could lead to heightened anxiety about one's own mental well-being, particularly among those who perceive influencers as credible and trustworthy sources of mental health information. By filling in this research gap, this study, therefore, aims to answer the following research question:

"How does the intensity of TikTok use affect mental health anxiety, and what role do exposure to mental health content and credibility of TikTok influencers play in this relationship for individuals in Generation Z?"

<h1 style="text-align:center">2. Theoretical Framework</h1>

2.1 TikTok

Traditionally, the culture industry has been focused on producing content for television, film, and entertainment, with media companies investing in shows and movies crafted by writers, directors, and actors (Wiggins, 2013, p. 398). However, over the past few years, a major shift in the media landscape has enabled users to not only engage with the media itself but also use it as a medium to interact with others (Sundar & Limperos, 2013, p. 515; Wiggins, 2013, p. 402). Instead of solely creating new content, media companies are now focusing on integrating user-generated content (Sundar & Limperos, 2013, p. 515). As such, TikTok has become one of the prominent platforms, significantly influencing how users consume and engage with content (Zhou, 2024, p. 201).

Launched by ByteDance in 2016, TikTok has rapidly become one of the most progressive social media platforms globally (Vaterlaus & Winter, 2021, pp. 1-3). As of 2025, the platform has reached 1.59 billion users and is accessible in 154 countries and 75 languages (DataReportal, 2024). On average, users spend more than 1.5 hours per day on the app and typically open it approximately eight times daily (Wallaroo Media, 2024). TikTok is predominantly used by Generation Z, with 63.5% of its user base under the age of 29 (Wallaroo Media, 2024). As noted by Carkner (2024, p. 8), this target group reinforces a strong connection between the platform, youth culture, and younger audiences. It is further strengthened by DataReportal's analysis of TikTok's planning tools (2024), which indicated that, as of January 2025, the majority of users were between 25 and 34 years old, with male users in this age group representing the largest percentage of the active user base.

TikTok primarily focuses on short-form videos curated by trends, memes, and audio clips, which are easy to process and engage viewers due to their interactive nature (Kirkpatrick & Lawrie, 2024, p. 2). Additionally, TikTok offers user-friendly editing tools, making content creation accessible to anyone and enabling videos to easily reach larger audiences (Yoon et al., 2024, p. 2). Contrary to other social media platforms, 83% of TikTok users have posted a video at least once (Wallaroo Media, 2024). As noted by Yoon et al. (2024, p. 2), this high level of engagement can be correspondingly attributed to TikTok's outstanding accessibility in curating and creating content. Specifically, TikTok's most distinguishing feature is its "For You Page" (FYP), which is powered by a complex algorithm that curates content based on user interests, allowing creators to gain exposure without requiring a large following (Bhandari & Bimo, 2022, p. 2). As highlighted by Carkner (2024, p. 8) and Stahl and Literat (2022, p. 928), TikTok further appeals to Gen Z's preference for short, attention-grabbing content tailored to their individual interests. The platform's ability to deliver such curated experiences is enabled mainly by its underlying algorithm, which plays a central role in shaping user engagement and content trends (Zhou, 2024, p. 203). Carkner (2024, p. 12) highlights that user interaction with TikTok's algorithms is initiated through the platform's interface. For example, activities like engaging with content, ignoring irrelevant posts, and following other users contribute to refining the platform's information processing regarding specific content curation (Carkner, 2024, p. 13). As such, exposure

to TikTok content can occur both intentionally and unintentionally (Kirkpatrick & Lawrie, 2024, p. 3; Tercova & Smahel, 2025, p. 3). Findings by Kirkpatrick and Lawrie (2024, p. 10) indicated that mental health was one of the prominent topics participants encountered within health information on TikTok, either intentionally or unintentionally.

Further, despite the intention to be exposed to the content on TikTok, Montag et al. (2021, p. 3) differentiate between active and passive users on TikTok, such that active use involves high levels of engagement, including actions like commenting and uploading videos, while passive use refers to more passive behaviors such as only browsing or merely consuming content. Notably, TikTok simultaneously promotes passive consumption by fostering the expectation that content recommendations will become increasingly accurate as more user data is gathered over time (Carkner, 2024, p. 13). This way, TikTok maximizes user engagement and reinforces a cycle of continuous and personally targeted content consumption on the platform.

2.2 Mental Health Discourse and Mental Health Content on TikTok

Another significant aspect to consider with respect to TikTok is the evidence that the same algorithmic features that contribute to the platform's high engagement also give rise to essential drawbacks, which are especially relevant to examine in light of this study's objectives. Carkner (2024, p. 8) argues that TikTok significantly shapes user behavior by influencing consumption patterns, such as encouraging individuals to adopt particular eating habits, engage with new literature, or explore different musical genres. Consequently, the popularity of various types of content on TikTok may shape user behavior by encouraging participation in trends rather than authentic self-expression (Turuba et al., 2025, p. 10). This raises concerns about whether users act independently or are guided by algorithmic systems that favor certain types of content (Carkner, 2024, p. 8). Moreover, Turuba et al. (2025, p. 9) particularly highlight that due to the algorithm's tendency to promote shorter videos, it becomes challenging to discuss nuanced topics, ultimately limiting the quality of content shared on TikTok. The authors argue that one of the common topics includes discourse about mental health. According to the World Health Organization (2022), "mental health is a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community." While this definition emphasizes a resilient psychological state, mental health discourse often represents a broader range of mental health interventions and the social aspects of life, including diverse experiences, interpretations, and narratives (Zayts-Spence et al., 2023, pp. 1-2).

Within the scope of digital discourse, Milton et al. (2022, pp. 1-2) define online mental health content as a vital source of health information, community, and support, noting that individuals increasingly rely on social media platforms to access reliable information, build connections, and seek emotional assistance. On social media platforms like TikTok, discourse around mental health is constantly evolving and encompasses a wide range of content, including personal storytelling, peer

support, trending challenges, advice and information, emoting, and even humor (Turuba et al., 2025, pp. 3-8; Vaterlaus & Winter, 2021, pp. 10-12). As noted by Motta et al. (2024, p. 2), users who have previously searched for mental health information are more likely to be exposed to similar content due to TikTok's recommendation algorithm. Moreover, emotionally resonant or entertaining content may often be amplified over professionally informed content (Turuba et al., 2025, p. 9). This occurs particularly because TikTok's algorithm focuses on user engagement and its influence on people's beliefs and behaviors over expertise and credibility (Turuba et al., 2025, p. 9). Consequently, Heiss et al. (2024, p. 3060) argue that it raises concerns about the accuracy of the information being shared and whether users' perceptions of different types of content influence their beliefs, particularly about mental health.

2.3 TikTok Use and Mental Health Anxiety

Given the growing presence of mental health content on TikTok, this study turns to the concept of mental health anxiety as a relevant psychological response to such content within a large scope of digital well-being among young individuals. Hence, it is essential to examine health anxiety first and its interconnection with mental health and digital use. According to Lebel et al. (2020, p. 2), health anxiety refers to the fear and worry triggered by concerns about one's health, often arising when individuals interpret bodily sensations or changes as signs of a serious illness. Authors argue that it is a multidimensional construct encompassing affective, cognitive, behavioral, and perceptual components, characterized by distressing emotions such as fear, thoughts of potential danger, and heightened physiological arousal related to one's physical health or functioning (Lebel et al., 2020, pp. 2-3). However, in recent years, the concept of health anxiety has been broadened to include fear of developing mental illness, not just physical conditions (Commons et al., 2015, p. 349). Commons et al. (2015, pp. 349-350) emphasize that individuals may experience significant worry about their mental health, and that perceived threats to psychological well-being can be just as distressing as those related to physical health. Mental health anxiety, then, refers to excessive worry or fear about one's mental well-being, including concerns about becoming mentally ill, losing control of one's mind, or being institutionalized (Rachman, 2012, as cited in Commons et al., 2015, p. 349). Moreover, anxiety about mental health further encompasses dysfunctional beliefs, various triggers, and is often maintained through avoidance behaviors (Rachman, 2012, as cited in Commons et al., 2015, p. 349).

In the context of TikTok, exposure to symptom-focused and emotionally distressing mental health content may activate or reinforce such beliefs, particularly when viewers identify with the content or lack medical literacy (Pretorius et al., 2019, p. 6). For instance, Heiss et al. (2024, p. 3066) found that exposure to self-diagnosis content on social media was associated with increased anxiety and an increase in health concerns. Similarly, it is argued that simply hearing about mental illness or being near mentally unwell individuals can serve as common triggers for mental health anxiety (Rachman, 2012, as cited in Commons et al., 2015, p. 349). Hence, frequent exposure to TikTok may

particularly contribute to a distorted understanding of mental health, leading individuals to increasingly identify with certain psychological traits over time and raising the likelihood of self-diagnosing conditions discussed online, which in turn provoke anxious responses in susceptible individuals (Milton et al., 2021, p. 2; Yoon et al., 2024, p. 6). Self-diagnosing can be harmful as it reinforces stigmas and stereotypes about certain disorders (Yang et al., p. 634; Yoon et al., 2024, p. 6), potentially heightening users' anxiety about their mental health.

2.3.1 Social Comparison Theory

Research indicates that prolonged exposure to emotionally intense content, especially videos depicting trauma or psychological distress, can negatively impact users' mental health (Basch et al., 2022, p. 5; Mink & Szymanski, 2022, p. 5). These effects may be understood through the lens of Social Comparison Theory, introduced by Festinger in 1954, which posits that in the absence of objective standards, individuals evaluate their well-being by comparing themselves to others (Suls et al., 2002, p. 159). Suls et al. (2002, p. 161) argue about two main types of comparison: upward and downward. Upward social comparison refers to the process by which individuals evaluate themselves against others perceived to be superior in a given domain, often with the aim of self-improvement or aspirational alignment (Suls et al., 2002, p. 161). In contrast, downward social comparison involves assessing oneself relative to those more impoverished, serving as a self-protective tool to enhance self-esteem in threatening situations (Suls et al., 2002, p. 161). For individuals who engage in intense use of social networking sites (SNSs), these comparisons become more frequent and emotionally salient, increasing the risk of psychological distress (Lup et al., p. 248). Research consistently shows that heightened exposure to idealized content on social media, especially on platforms like Facebook, Instagram, and increasingly TikTok, intensifies upward social comparisons, which are strongly associated with increased anxiety and depressive symptoms, particularly among users with higher emotional investment and more frequent use (Appel et al., 2015, pp. 44-45; Lup et al., 2015, pp. 247-248). Extending these findings, Ramsden and Talbot (2024, p. 11) provide experimental evidence that TikTok users frequently engage in upward social comparisons with individuals perceived as more successful, which in turn elicits feelings of inferiority and diminished self-worth, highlighting the platform's potential to amplify negative psychological effects.

Furthermore, Tian et al. (2022, p. 393) found that TikTok's interactive features foster excessive use by reinforcing emotional engagement, as users return to the platform to maintain positive emotions or avoid negative ones. Thus, excessive engagement with TikTok may heighten emotional dependence, which in turn, can intensify anxiety and focus on one's mental well-being over time (Turuba et al., 2024, p. 10). Consistent with the results of Hendrikse and Limniou (2024, p. 851) and Marciano et al. (2022, p. 6), increased daily time spent on TikTok was found to be positively associated with poorer well-being and higher levels of depression, lower self-esteem, problematic social media use (PSMU) and more severe psychopathological symptoms. Taken together, these

findings suggest that the intensity of TikTok use may serve as a significant predictor of mental health anxiety. The following hypothesis is therefore proposed:

H1: Intensity of TikTok use is positively associated with mental health anxiety.

2.4 Exposure to Mental Health Content
2.4.1 Social Cognitive Theory

It is crucial to note that the shift from traditional media consumption to algorithm-driven and user-generated content (UGC) raises important questions about how users interact with digital content today (Omar & Dequan, 2020, p. 120). One way to explore this phenomenon is by investigating it through the lens of Social Cognitive Theory (SCT), introduced by Bandura in 1986. SCT is grounded in an agentic perspective that explains how humans are both producers and products of society and sociocultural influences (Bandura, 2001b, p. 265). As Schunk and DiBenedetto (2019, p. 5) noted, the key concept of SCT is reciprocal determinism, which emphasises how personal and environmental factors influence individuals' behaviour. Khang et al. (2014, p. 48) note that social media significantly shapes user understanding by offering a wealth of information on life values, moral norms, and behavioural patterns. Hence, SCT is efficiently applied to reflect the ways mass media influences people's self-development (Bandura, 2001b, p. 266). Omar and Dequan (2020, p. 122) suggest that users are not passive platform consumers but also active participants, which reinforces the agentic perspective of SCT (Bandura, 1986). Accordingly, users' actions and beliefs are shaped through engagement with the platform by consuming, participating in, or producing content (Omar & Dequan, 2020, p. 122).

SCT (Bandura, 1986) also emphasizes how individuals adopt and develop their cognitive skills by observing other people's behaviours, which in turn, internalize their own actions (Bandura, 2001b, p. 274). This idea lies in the concept of self-regulation, which refers to individuals' ability to reflect on what they see by evaluating it against their own experiences and forming judgments about themselves and their surroundings (Bandura, 2001a, p. 8). These actions are particularly relevant on TikTok, where users are constantly exposed to emotional content, such as videos about mental health (Samuel et al., 2024, p. 1188). As highlighted by Voggenreiter et al. (2023, p. 2), watching how other people receive positive feedback for sharing mental health issues and struggles may normalize or encourage one's anxiety towards their mental health. On social media platforms like TikTok, mental health content is validated through features such as likes, supportive comment sections, and shares (Schunk & DiBenedetto, 2019, p. 5; Turuba et al., 2025, p. 3). Hence, it can involve potential threats like becoming more susceptible to internalising distressing or misleading content on TikTok, especially if individuals do not have the confidence and ability to assess such information critically (Turuba et al., 2025, p. 10). However, Bandura (2001b, p. 275) argues that while observing someone similar succeed results in their motivation towards their own actions, seeing negative outcomes can, in

turn, discourage the observed behavior of others. Thus, SCT (Bandura, 1986) underlines different factors that influence individuals' behavior, which plays an essential role in how TikTok users perceive mental health content and whether this perception leads them to experience anxiety about their mental health.

2.4.2 Mediating Role of Exposure to Mental Health Content on TikTok

Furthermore, previous studies argue that increased social media use is linked to greater exposure to specific types of content, creating echo chambers, where users predominantly see content aligned with their existing beliefs and opinions (Samuel et al., 2024, p. 1189; Zubair et al., 2023, pp. 876-877). On TikTok, users may be frequently exposed to mental health-related content due to the platform's unique features (Yoon et al., 2024, p. 3) and users' activity data on the platform, resulting in the creation of filter or information bubbles (Majerczak & Strzelecki, 2022, p. 4).

For example, TikTok's algorithm recommends content similar to what a user has previously viewed, potentially exposing viewers to more videos related to mental health (Samuel et al., 2024, p. 1188). According to Milton et al. (2022, p. 2), such ongoing exposure to mental health videos may lead to users being overexposed to distressing content on the platform. As a result, some individuals may interpret this content as a reflection of their identity or previously uncregonized beliefs, also known as a self-concept (Milton et al., 2022, p. 2). According to Bandura (2001b, p. 276), the way users will perceive such content depends on their motivational factors that refer to one's own ability to carry out the observed behaviours, interpreting such behaviour either positively or negatively and reflecting on whether the shared information would be the same if they were to behave in the same way.

While many Gen Z individuals view TikTok as a safe and open space to discuss mental health issues, users also report potential harm from repeated exposure to such content and frequent misinformation about mental health diagnoses, symptoms, and treatments (Turuba et al., 2024, p. 8). As a result, it can significantly influence the way young adults think and feel about their mental state, often through self-reflection or by unconsciously shaping their emotional responses (Knoll et al., 2018, p. 146; Rousseau, 2023, as cited in Engel et al., 2023, p. 2). In particular, previous research has established that active engagement with mental health content on TikTok correlates with heightened anxiety and an increased tendency to worry about one's health symptoms (Liu et al., 2024, p. 6; Zubair et al., 2023, p. 876). Turuba et al. (2025, p. 7) argue that popular trends on TikTok (e.g., "put a finger down challenge") can oversimplify mental health issues, potentially leading users to self-diagnose, engage in upward social comparisons, and experience heightened health-related anxiety. Samuel et al. (2024, p. 1188) add to it by claiming that constant exposure to content discussing mental health can create the impression that such issues are more prevalent than they genuinely are. As a result, this can lead to pathologising users' daily experiences as well as misinterpreting their feelings, emotions, and behaviours as signs of mental health conditions, even if they had no prior concerns (Foster & Ellis, 2024, p. 493). Hence, these findings suggest that greater

intensity of TikTok use leads to more frequent and repeated exposure to mental health-related content on the platform. As a result, it may increase the likelihood of worry about individuals' mental state. Therefore, the following hypothesis is proposed:

H2: Exposure to mental health content mediates the relationship between the intensity of TikTok use and mental health anxiety.

2.5 Perceived Credibility of TikTok Influencers
2.5.1 Source Credibility Theory

Building upon the earlier discussion of TikTok's affordances, it is crucial to acknowledge the increasing concern on the platform in distinguishing between credible and false information (Majerczak & Strzelecki, 2022, p. 6) As a result of the echo chambers and filter bubbles persisting on TikTok (Samuel et al., 2024, p. 1189), individuals often find it difficult to distinguish whether they are exposed to accurate information on the platform or misinformation and disinformation (Basch et al., 2022, p. 2). Therefore, this challenge highlights the importance of source credibility in the context of TikTok. The Source Credibility Theory, initially proposed by Hovland and colleagues in 1953 and later expanded by Ohanian in 1990, has since evolved into a widely used theoretical framework for understanding and evaluating source credibility within different communication contexts (Ohanian, 1990, p. 49). This theory has been extensively applied to various topics including media, technology, and consumer behaviour (Serman & Sims, 2022, p. 2319). According to Ohanian (1990, p. 40), the believability and persuasiveness of a message are influenced by the perceived credibility of the source. Following this, credibility can be seen as the extent to which the source is perceived as trustworthy and knowledgeable, making it more likely that the audience will accept and act upon the communication message (Ohanian, 1990, p. 40). Moreover, through the lens of source credibility theory, the influence of an individual's attitudes and behaviours toward being persuaded can be analyzed (Ohanian, 1990, p. 40).

Ohanian (1990, pp. 40-42) distinguishes between three primary dimensions of the source credibility theory: trustworthiness, expertise, and attractiveness. According to Ohanian (1990, p. 41), trustworthiness can be defined as the reliability and acceptance of the speaker and their message. Expertise, in turn, is defined as a dimension of source credibility that refers to the perceived knowledge, competence, or qualifications of the source (Ohanian, 1990, p. 42). Finally, the third dimension of the source credibility theory is attractiveness (Ohanian, 1990, p. 42). This construct is a key factor in individuals' initial judgments about facial and overall physical attractiveness, often operationalized through factors such as model attractiveness, chicness, sexiness, sexual appeal, and likability (Ohanian, 1990, p. 42). However, while attractiveness is a part source credibility framework, its influence is often less significant than other two dimensions, particularly for health-related communication messages (Wang et al., 2024, p. 11). In particular, previous research

demonstrated the importance of expertise and trustworthiness in influencing how young individuals process mental health information (Heiss et al., p. 3059; Naslund et al., 2020, p. 253).

2.5.2 Moderating Role of Perceived Trustworthiness and Expertise of TikTok Influencers

Individuals looking for mental health information, support, or help on TikTok can often encounter videos posted by professionals, ordinary users, or influencers sharing their experiences about their mental health journey (Christiansen et al., 2025, p. 2). Motta et al. (2024, p. 2) note that those videos often include intimate and emotionally evocative stories. These stories are especially popular and effective due to their ability for users to connect with and relate to the emotions and behaviours being shared in the videos (Engel et al., 2023, pp. 2-4). In other words, TikTok influencers and content creators serve as examples for viewers that lead them to adopt similar ways of thinking if they had experienced similar situations, resulting in emotional closeness between the platform's users and influencers (Engel et al., 2023, p. 2). However, Schmuck et al. (2019, p. 7) argues that these influencers have a tendency to present idealised versions of their lives, which can lead to upward social comparisons and contribute to users' negative impact on their mental health such as anxiety, low self-esteem, and body dissatisfaction. As further noted by Engel et al. (2023, p. 2), individuals may still be impacted by exposure to idealised portrayals of bodies and lifestyles, even without actively following influencers on social media. As a result, the authors suggest that influencers are likely to impact users' emotional well-being and mental state through engagement with their content and users' passive exposure, reinforcing their content's emotional and cognitive effects (Engel et al., 2023, p. 3).

According to Kaňková et al. (2024, p. 2), these effects are often intensified by the influencer's perceived credibility. Particularly, when influencers are viewed as trustworthy or knowledgeable, their content is more likely to be interpreted as authentic or aspirational, thereby amplifying its psychological impact (Kaňková et al., 2024, p. 2). Consistent with this view, previous research suggests that credibility is a critical factor influencing young people's willingness to seek mental health support online (Pretorius et al., 2019, p. 6). Zhou (2024, p. 202) further adds to it by arguing that content creation on TikTok is not solely operated by personal expression but is also shaped by technological access and design, significantly influencing user engagement on the platform. Hence, previous studies have examined the quality and reliability of TikTok's content due to the increasing concerns of misleading and inaccurate information, as well as the potential impact on the platform's users (Heiss et al., 2024, p. 3059; McCashin & Murphy, 2023, p. 281; Milton et al., 2022, p. 9; Turuba et al., 2025, p. 9). Therefore, influencers serve as perceived credible sources (Samuel et al., 2024, p. 1188), whose influence on mental health outcomes can be possibly understood through the lens of Source Credibility Theory.

In the context of TikTok, it is crucial to critically examine which dimensions of source credibility are the most influential to explore whether TikTok influencers may significantly shape how

Generation Z perceives and internalises TikTok's mental health content. Additionally, it is worth investigating whether these factors exert any influence at all. According to Triplett et al. (2022, p. 127), mental health content is often disseminated by mental health influencers (MHIs). MHIs refer to a growing group of individuals who use social media platforms to share information traditionally conveyed in a therapeutic context (Triplett et al., 2022, p. 127). Contrary to traditional social media influencers, MHIs often include mental health professionals, licensed therapists, or those in training who produce content based on their own professional and lived experiences (Tripplet et al., 2022, p. 127). However, this shift toward informal online discourse raises credibility concerns (Heiss et al., 2024, p. 3060). In particular, misplaced trust in supposedly trustworthy but unqualified influencers may contribute to spreading misinformation and internalizing potentially harmful mental health content among vulnerable users on TikTok (Metzger & Flanagin, 2013, p. 213). Milton et al. (2022, p. 1) further suggest addressing credibility concerns on TikTok as influencers actively shape public perceptions of health and mental health information. For instance, findings of the study by Adeane and Stasiak (2024, pp. 4-9) revealed several recurring themes in the responses of young adults' perspectives on how mental health discussion is addressed online. Interestingly, participants had differing views on who should be discussing mental health, specifically comparing influencers with professional qualifications and those with lived experience (Adeane & Stasiak, 2022, pp. 7-8). Some young adults raised concerns about the potential for misinformation on TikTok and the misrepresentation of influencers' qualifications. In contrast, other participants viewed MHIs with professional expertise as more trustworthy and credible (Adeane & Stasiak, 2022, pp. 7-8). Participants emphasised their greater willingness to seek therapy or professional treatment from the content shared by influencers they perceived as more authentic than the non-experts (Adeane & Stasiak, 2022, pp. 7-8).

Similarly, another study by Turuba et al. (2025, p. 7) found that young users expressed concerns about their inability to report or verify misinformation on TikTok. Platform users noted their need to rely on their personal opinion and the comments section to determine the accuracy of the mental health content (Turuba et al., 2025, p. 7). Consistent with this view, a field experiment by Motta et al. (2024, p. 2) found that the content received more positive engagement and appeared more credible to viewers when it was evidence-based. Taken together, these findings suggest that when a mental health influencer is perceived as more knowledgeable and competent, their content is more likely to affect viewers' emotional state and self-perception on mental health. In other words, amplification of various mental health issues can become more problematic due to a higher chance of young adults trusting such content. As a result, this can contribute to over-identification with specific symptoms, increased self-diagnosis, and ultimately heightened anxiety about mental health (Foster & Ellis, 2024, p. 493; Samuel et al., 2024, p. 1185; Yoon et al., 2024, p. 4).

However, Engel et al. (2023, p. 4) also note that ordinary TikTok users, often acting as influencers or content creators, can significantly impact large audiences through perceived

authenticity and relatability, even without formal expertise. Moreover, Alfred and Wong (2022, p. 21) add that the amount of mental health-related content individuals encounter can further influence their perception of the source's credibility. In contrast, when the credibility is perceived as low, users tend to perceive the content more critically and approach it more sceptically (Majerczak & Strzelecki, 2022, p. 6). This suggests that perceived trustworthiness and expertise significantly influence how users process and respond to mental health information on platforms like TikTok (pp. 3060-3061). Since TikTok influencers serve as both entertainers and informal health communicators (Engel et al., 2023, p. 2), these credibility characteristics can play a critical moderating role in the relationship between exposure to mental health content on TikTok and mental health anxiety. Additionally, as highlighted by Yoo and Gretzel (2008, p. 138), expertise and trustworthiness represent theoretically distinct dimensions of source credibility that are crucial to examine separately, each through its own hypothesis. Hence, the following moderation hypotheses are proposed:

H3: The trustworthiness of TikTok influencers moderates the relationship between exposure to mental health content on TikTok and mental health anxiety, such that the positive association between exposure to mental health content and mental health anxiety is weaker when TikTok influencers are perceived as highly trustworthy.

H4: The expertise of TikTok influencers moderates the relationship between exposure to mental health content on TikTok and mental health anxiety, such that the positive association between exposure to mental health content and mental health anxiety is weaker when TikTok influencers are perceived as highly expert.

Figure 1 shows the proposed conceptual framework model. This model illustrates a conceptual framework for understanding the relationship between the intensity of TikTok use and mental health anxiety, and how exposure to mental health content and credibility of TikTok influencers, particularly trustworthiness and expertise, play a role in this relationship for individuals in Generation Z.

Figure 1

Conceptual Framework
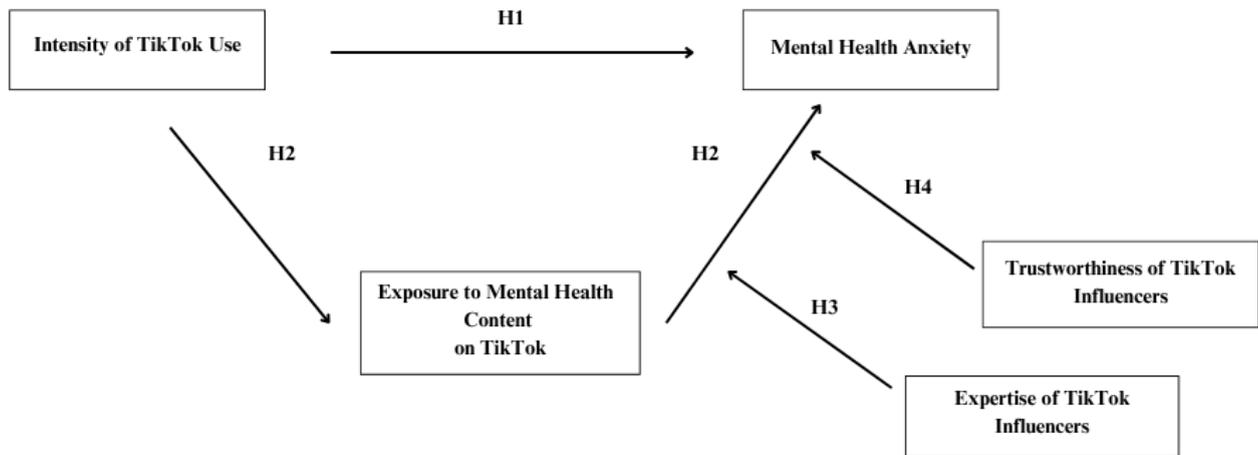
<p style="text-align:center">3. Method</p>

3.1 Research Method

To answer the research question, this study employed a quantitative approach to examine how the intensity of TikTok use affects mental health anxiety, and what role exposure to mental health content and TikTok credibility play in this relationship for Gen Z. A quantitative research method is characterised by the systematic collection and analysis of numerical data (Yilmaz, 2013, p. 311), and was chosen for several reasons in this study. Firstly, it aligns with this study's objective as it is focused on understanding correlations and potential causal relationships by testing hypotheses that make quantitative analysis the most appropriate method for this research study (Scharrer & Ramasubramanian, 2025, p. 6).

Secondly, the quantitative method is a well-suited approach as it allows for the collection of data from a larger sample, thereby increasing the generalizability of the findings (Matthews & Ross, 2010, p. 204). Given TikTok's extensive user base, a quantitative approach provides a practical and efficient means of obtaining responses from a diverse group of participants. Moreover, this method minimises the influence of the researcher's personal feelings, emotions, or experiences on the interpretation of results, ensuring that findings are based solely on the collected data and the outcomes of statistical analyses (Scharrer & Ramasubramanian, 2025, p. 16).

Furthermore, unlike qualitative methods, where participants are often asked to express their opinion verbally or by writing it down, the quantitative method enables participants to share their opinion numerically, which in turn ensures the reliability of the collected data and allows for robust statistical analysis (Scharrer & Ramasubramanian, 2025, p. 3). For instance, standardised measurement tools like Likert and semantic differential scales can be employed in a commonly used quantitative research design, such as a survey (Scharrer & Ramasubramanian, 2025, pp. 100-101). These tools enable precise measurement of variables examined in this study, including the intensity of TikTok use, influencer credibility, and mental health anxiety. Consequently, this study utilises a survey, a widely adopted quantitative research method, which is further discussed in the next section.

3.2 Research Design

This research utilised the survey as its primary research method for answering the research question. The survey method was chosen because it facilitates the collection of quantitative data, allowing for a larger sample size and ensuring a diverse and representative participant group (Matthews & Ross, 2010, p. 204). Its accessibility was particularly essential for reaching the target population, Generation Z, who are highly familiar with digital platforms and social media (Yang et al., 2021, p. 632). Distributing the survey online through social media channels enabled a smooth and convenient process for participants, leading to a higher response rate. Furthermore, this method ensured consistency in data collection across all respondents, as participants were presented with the same questions in the same format (Yilmaz, 2013, p. 313). This standardisation minimised

measurement errors and made the data ready for analysis immediately after collection, thus before screening data, respectively (Matthews & Ross, 2010, p. 216). Since this study focused on exploring the relationships between variables, the quantitative data collected through the survey was also convenient to analyze the studied relationships, providing insights into how these variables interact (Scharrer & Ramasubramanian, 2025, p. 228)

The survey format also ensured complete participant anonymity, which was a crucial consideration given the sensitivity of the mental health topic explored in this study. Anonymity encouraged honest responses, which, as Matthews and Ross (2010, p. 204) argued, increases the accuracy and reliability of the collected data. Additionally, considering the time and resource limitations of the current thesis project, the survey method provided a quick and cost-effective way to collect responses (Matthews & Ross, 2010, p. 204).

3.3 Sampling and Procedure

Considering the focus of this study on the use of TikTok, the sample of Generation Z individuals was chosen, which represents 60% of the platform's user base (Stahl & Literat, 2022, p. 929). As noted by Yang et al. (2021, p. 632), this target group is known to be highly engaged in online interactions, with social media deeply integrated into their daily lives and relationships. Research also indicates that Gen Z often turns to social media to seek health-related information, making it more likely for them to encounter mental health content on platforms like TikTok (Kirkpatrick & Lawrie, 2024, p. 2). Moreover, Stahl and Literat (2022, p. 927) suggest that Generation Z particularly values online discussions about mental health issues and other mental health-related information. As such, the inclusion criteria for this sample were restricted to participants aged 18 to 29 with a TikTok account. This approach ensured that the sample of this research study was representative and meaningful for the further results and interpretation of the findings.

A convenience sampling method was utilised in this study, which is a widely used approach for recruiting participants due to its accessibility and availability to researchers (Golzar et al., 2022, p. 73). Specifically, non-probability convenience sampling and snowball sampling were employed in this study. The survey link was initially distributed through various social networking sites (SNSs). First, it was sent to the researcher's WhatsApp group chats and Facebook groups ("Questionnaire & Survey Exchange", "Dissertation Survey Exchange", "Student Survey Swap"), where group members look for participants and exchange questionnaires with each other. Further, the link was also shared on the researchers' Instagram and LinkedIn networks, encouraging individuals to participate if they met the eligibility criteria for the study. It is worth noting that the participants were informed that their participation was exclusively voluntary. Moreover, participants were also encouraged to share the survey link within their networks, which enabled further distribution beyond the researcher's initial contacts. Through the snowball sampling method, the referrals were primarily made through informal social networks. For instance, individuals mainly shared a survey link with their friends, colleagues,

or family members. This method enabled the researcher to reach a broader audience and improve the response rates (Ting et al., 2025, p. 2). However, it also introduced a limitation of participants' self-selection, which impacts the generalizability of the results (Ting et al., 2025, p. 12). Data for this research study were collected over three weeks, from April 23, 2025, to May 19, 2025.

The questionnaire was utilized via Qualtrics and was conducted in English. The participants were first presented with a welcome message that thanked them for their participation. After that, the introductory text was shown, outlining the thesis's purpose and informing respondents about the inclusion criteria restricting participation to individuals at least 18 years old with a TikTok account. Following that, participants were informed about their voluntary participation, the anonymity of the collected responses, and their right to withdraw from the survey at any time without any consequences. Moreover, participants were assured that their responses were confidential and would be used solely for research purposes. To proceed with the survey, respondents were asked to provide informed consent by agreeing to participate in the study. Only those who consented were able to proceed further with the survey. Additionally, a filter question was implemented at the beginning of the survey asking whether participants used TikTok. Only participants who confirmed having a TikTok account were allowed to continue. At the same time, those who did not meet this criterion were redirected to the end of the survey and informed about the eligibility criteria for the survey, which was the reason they could not proceed further with the questionnaire.

Demographic information was collected first to characterise the target sample. Participants provided their age, gender, nationality, and highest level of education. The survey then presented several thematic blocks of questions, covering topics such as the intensity of TikTok use, exposure to mental health content, perceptions of influencer credibility, and experiences of mental health anxiety. Instructions were provided to guide participants with the statements throughout each block of questions, except for the intensity of TikTok use. Specifically, additional information was provided within the block measuring influencer credibility to ensure clarity for all respondents, which will be further discussed in detail in section 3.5.3. After completing the survey, participants saw a debriefing message that clarified the study's purpose, and further emphasised available suuport for those who might have been negatively triggered by the questions concerning their mental health. Specifically, the message outlined where to seek help for the participants residing in the Netherlands as well as for those located internationally. For example, it presented support such as free counselling services at Erasmus University Rotterdam and national mental health helplines (e.g., 113 Suicide Prevention Netherlands). This ethical consideration was intended to ensure that participants who felt distressed could access immediate support. The message also reinforced the anonymity of their response as well as provided the researcher's contact information for any questions or concerns. It also concluded with an expression of gratitude for the respondents' participation. The debriefing message can be found in Appendix D.

3.4 Sample

Demographic data were collected to provide a more comprehensive overview of the recruited sample. This information also enabled an examination of whether demographic characteristics influenced the effects of the study and allowed for the assessment of any potential differences among participants. As such, participants were asked to indicate their age, gender, nationality, and level of education.

A total of 212 responses were collected through an online survey. Following an initial screening process, 46 responses were excluded for various reasons. Specifically, 17 participants did not have a TikTok account, which was a key eligibility criterion for participation. Additionally, two respondents did not provide consent, five exceeded the age restriction of 29 years, which did not align with the Generation Z target group, and 28 individuals did not complete the survey. After applying these exclusion criteria, the final dataset consisted of 160 valid responses, which were used for further analysis.

The participants' ages ranged from 18 to 29 years, with a mean age of 23 years ($SD = 2.41$). The sample consisted predominantly of females, with 111 participants (69.4%) identifying as female, while 49 participants (30.6%) identified as male. The participants represented a diverse range of nationalities, with individuals from 33 different countries in total. The most represented nationalities included Latvia (24.4%), Germany (15%), the Netherlands (11.3%), and the Russian Federation (5%). Regarding educational attainment, the majority of participants held a Bachelor's degree (58.8%), followed by those with a High School Degree or equivalent (21.3%) and a Master's degree (15.6%). A small proportion reported having less than a high school degree (2.5%), while three participants (1.9%) selected "Other," indicating associate degree, first level of higher education, and medical degree.

3.5 Measures and Operationalization

An online survey was designed to measure the main concepts to test the four hypotheses posed in this research study. This section describes the operationalization of independent and dependent variables, mediator and moderators. Appendix B presents a complete questionnaire and the survey flow extracted from Qualtrics.

A Principal Component Analysis (PCA) was performed using direct oblimin rotation, based on eigenvalues greater than 1.00, to examine the factor structure of the intensity of TikTok use, exposure to mental health content on TikTok, perceived credibility of TikTok mental health influencers, and mental health anxiety. Factor analysis results led to the creation of new composite variables, the overview of which is presented in the results section of this thesis, specifically in Table 6.

3.5.1 Intensity of TikTok Use

The TikTok Intensity Use scale (Kirkpatrick & Lawrie, 2024) was employed to assess participants' emotional connection to TikTok, their importance to the platform, and their overall integration into daily life. The scale consists of six items rated on a 7-point Likert-type scale (1 = *strongly disagree*, 7 = *strongly agree*), with higher scores indicating greater TikTok intensity. In addition to these attitudinal items, participants were asked to report how many TikTok accounts they follow (M = 3.71, SD = 2.32), how many followers they have (M = 3.69, SD = 2.75), and how much time they have spent on the platform over the past week (M = 2.89, SD = 1.33), suggesting a relatively high level of daily engagement. The addition of behavioral measures like follower and following counts expanded upon the original Facebook Intensity Scale (Ellison et al., 2007), which included only a single item on the number of friends, thereby adapting the measure to reflect TikTok's specific affordances better.

For the nine-item measure of the intensity of TikTok use, the Kaiser-Meyer-Olkin (KMO) value was 0.86, confirming the sampling adequacy for the analysis, as it exceeds the minimum acceptable value of 0.60 (Kaiser, 1970). Bartlett's Test of Sphericity was significant, $\chi2(36) =$ 852.632, $p < .001$, indicating that the correlations between items were sufficiently strong for PCA (Bartlett, 1954). The resulting model of the intensity of TikTok use identified a single factor with an eigenvalue of 4.175, explaining 69.6% of the total variance. On average, participants exhibit moderate levels of the intensity of TikTok use (M = 4.82, SD = 1.47), with excellent internal consistency yielded across items (Cronbach's α = .91). Table 2 presents the factor loadings and Cronbach's alpha of this factor.

Table 2

Factor loading, explained variance, and reliability of the factor found for the intensity of TikTok use

Items	
TikTok has become part of my daily routine.	.88
I feel out of touch when I haven't logged into TikTok for a while.	.84
I feel I am part of the TikTok community.	.83
TikTok is part of my everyday life.	.82
I am proud to tell people I'm on TikTok.	.81
I would be sorry if TikTok shut down.	.83
R²	.69
Cronbach's α	.91

3.5.2 Exposure to Mental Health Content on TikTok.

To operationalize participants' exposure to mental health-related content on TikTok, the scale was adapted from the structure of a prior validated study by Tercova and Smahel (2025), measuring intentional and unintentional content exposure. As outlined in section 2.1, users can intentionally and unintentionally encounter information on TikTok. Therefore, it is essential to distinguish between these two forms of exposure, as this differentiation enables a more accurate analysis of their distinct emotional impacts on mental health anxiety (Milton et al., 2022, p. 2).

With minimal alterations and in line with the approach of the original study, participants were first presented with a brief text explaining the specific content before proceeding with the statements. While the original research focused on harmful content exposure, this study provided a brief text describing what mental health content entails. This was done to ensure that participants were familiar with the concept and could accurately recall their exposure to such content. Original and adapted explanation text can be found in Appendix A.

In the original study, participants were first asked a filter question whether they had seen something like that content online or on a phone in the past year (yes or no); for this research, participants were asked if they had seen content like that on TikTok in the past month ($M = 1.13$, $SD = 0.33$). Further, the original statements "How often have you seen something like this when you intended to see it?" and "How often have you seen something like this when you did not intend to see it?" were modified to "How often have you seen content like this when you intended to see it?" and "How often have you seen content like this when you did not intend to see it?". Participants responded to these statements on a scale that ranged from 1 (never) to 6 (daily or almost daily).

For the mediating variable, exposure to mental health content, measured using a two-item scale, exploratory factor analysis (EFA) was not conducted, as it is widely discouraged by scholars in cases where fewer than three items are used (Field, 2013, p. 629; Yong & Pearce, 2013, p. 86). Specifically, it is argued that a minimum of three items is generally recommended to ensure proper factor identification, interpretability, and reliability (Field, 2013, pp. 641-642). The scores of both items indicated that, on average, the participants were occasionally exposed to mental health content on TikTok ($M = 7.67$, $SD = 2.50$). The original two-item scale was retained for further analysis, notably as the scale also demonstrated acceptable internal consistency (Cronbach's $\alpha = .75$).

3.5.3 Credibility of TikTok Influencers

To evaluate the credibility of TikTok influencers in this study, Ohanian's (1990) source credibility scale was used, focusing on two core dimensions: expertise and trustworthiness. Participants were presented with a statement 'I think mental health influencers on TikTok are' for each dimension, followed by answer options. In total, the scale included 10 items, five for each

dimension, measured on a seven-point semantic differential scale ($M = 42.53$, $SD = 13.34$). An example item for the expertise dimension was the bipolar adjective pair "dishonest–honest."

Given the survey-based design of this study, participants have not been directly exposed to a specific influencer. Instead, following the approach of Gubalane and Ha (2023, p. 951) and An et al. (2024, p. 265), participants were first introduced to a brief definition of TikTok influencers and, particularly mental health influencers, and further provided with examples of well-known creators who post content related to mental health. This ensured that all participants shared an understanding of the concept before rating the perceived credibility of such influencers. The influencer examples in this study were adapted from Pretorius et al. (2022, p. 4), who identified relevant accounts of mental health influencers on both Instagram and TikTok. This study exclusively focused on TikTok accounts. Based on the accounts identified in the original study, the three most popular creators were selected as examples. Screenshots of their profiles were captured and presented to participants within the survey. To prevent participant confusion and ensure they assessed all influencers rather than just the examples shown, it was clearly specified that their responses should consider all influencers, not only those presented as examples. The textual information presented in this survey block, examples, and screenshots of mental health influencers are available in Appendices B and C. The scale exhibited excellent internal consistency (Cronbach's α =.93).

For the ten-item scale about perceived credibility of TikTok mental health influencers, the KMO value was 0.9, confirming the sampling adequacy for the analysis, as it exceeds the minimum acceptable value of 0.60 (Kaiser, 1970). Bartlett's Test of Sphericity was significant, $\chi 2(45) = 1438.340$, $p < .001$, confirming that the correlations between items were sufficiently strong for PCA (Bartlett, 1954). The resulting model of the perceived credibility of TikTok influencers identified two factors that together accounted for 77.4% of the variance. The first factor, consisting of five items, explained 69.2% of the variance. The second factor also included five items, thus explaining 8.2% of the variance. Although the second factor accounted for a relatively small proportion of the total variance (8.2%), its retention was justified based on both theoretical and empirical considerations. Specifically, the scree plot revealed a clear inflection point after the second component, suggesting a two-factor solution. This aligns with the source credibility framework as well as the previous research, which conceptualizes expertise and trustworthiness as theoretically distinct dimensions (Ohanian, 1990, p. 40; Yoo & Gretzel, 2008, p. 138). Moreover, each subscale demonstrated a high level of internal consistency among the items for trustworthiness ($M = 4.40$, $SD = 1.40$, Cronbach's $\alpha = .93$) and for expertise ($M = 4.10$, $SD = 1.47$, Cronbach's $\alpha = .91$), further supporting both factors as distinct moderators in the main analysis. Table 3 displays the exploratory factor analysis of the two factors of perceived credibility of TikTok influencers.

Table 3

Factor loading, explained variance, and reliability of the factor found for perceived credibility of TikTok influencers

Items	Trustworthiness	Expertise
I think mental health influencers on TikTok are…		
Undependable - Dependable	.82	
Dishonest - Honest	.97	
Unreliable - Reliable	.91	
Insincere - Sincere	.85	
Untrustworthy - Trustworthy	.78	
Not experts - Experts		.77
Inexperienced - Experienced		.78
Unknowledgeable - Knowledgeable		.75
Unqualified - Qualified		.96
Unskilled - Skilled		.97
R²	.69	.80
Cronbach's α	.93	.91

3.5.4 Mental Health Anxiety

Mental health anxiety was assessed using the 18-item self‑report questionnaire with a 0–3 scale Mental Health Anxiety Inventory (MHAI; Salkovskis & Commons, 2012), adapted from the Short Health Anxiety Inventory (SHAI; Salkovskis et al., 2002) and further validated by Commons et al. (2015, p. 351). Participants rated their concerns and feelings about their mental health over the past six months. Total scores ranged from 0 to 54, with higher scores indicating greater mental health anxiety. This reflects a moderate degree of anxiety with considerable variability in responses. Participants were presented with 18 statements, each accompanied by four answer options. They were also allowed to select multiple options for each statement. The statements and text with the guidelines were directly adopted from the original study without any modifications.

For the 18-item scale measuring mental health anxiety, the Kaiser-Meyer-Olkin (KMO) value was 0.92, indicating excellent sampling adequacy and exceeding the commonly accepted threshold of 0.60 (Kaiser, 1970). Additionally, Bartlett's Test of Sphericity was significant, $\chi^2(153) = 1583.739$, $p < .001$, confirming that the correlations between items were sufficiently strong to justify a PCA (Bartlett, 1954). The analysis yielded a three-factor solution that together accounted for 63% of the total variance. The first factor, comprising ten items, explained 44.8% of the variance. The second factor included four items and accounted for 11.0%, while the third factor, also consisting of four items, explained 7.0% of the variance.

Although the initial analysis produced three components with eigenvalues greater than 1, a closer examination suggests that a single-factor solution was more appropriate. The original Mental Health Anxiety Inventory (MHAI) was developed as a unidimensional scale, and thus, consistent with the original operationalization of mental health anxiety, retaining additional components offers limited interpretive value (Salkovskis & Commons, 2012, as cited in Commons et al., 2015, p. 358). The authors emphasized the importance of each item in capturing diverse facets of worry about mental health, supporting the rationale to assess the construct as a single, coherent dimension (Commons et al., 2015, p. 354). For this research, it is particularly relevant to evaluate mental health anxiety holistically, based on a variety of items that reflect different expressions of concern regarding one's mental health. Furthermore, the scree plot indicated a sharp decline in eigenvalues following the first component, after which the values gradually stabilized, highlighting a clear point of inflection. This pattern suggests that only the first component explains a meaningful portion of the variance (Yong & Pearce, 2013, p. 85). Specifically, the first component accounted for 44.88% of the total variance, while the second and third components contributed only minimally despite having eigenvalues slightly above 1.0, explaining 10.97% and 7.02% of the variance, respectively. The participants showed moderate levels of mental health anxiety ($M = 17.95$, $SD = 9.90$). The full 18-item scale also demonstrated excellent internal consistency (Cronbach's $\alpha = .92$). Therefore, a single-factor solution was retained for further analysis. Table 1 presents the factor loadings and Cronbach's alpha of the three factors of this variable.

Table 1

Factor loading, explained variance, and reliability of the three factors found for the mental health anxiety scale

Items	Factor 1	Factor 2	Factor 3
Worry about mental health			.68
Awareness of mental changes			.71
Monitoring of mental experiences			.90
Resistance to mental illness-related thoughts	.75		
Fear of having a serious mental illness	.86		
Picturing oneself as mentally ill	.94		
Ability to take the mind off mental health thoughts	.81		
Relief if a mental health professional says nothing's wrong	.78		
Hear about mental illness			.46
Meaning of psychological and emotional symptoms	.63		
Perceived risk of mental illness	.83		
Strong belief in having a mental disorder	.70		
Family/friends' perceptions about mental illness	.54		
Ability to enjoy life due to perceived mental illness		.84	
Doubt in the effectiveness of treatment for mental health issues		.65	
Fear that mental illness would negatively impact life quality		.89	
Worry about stigma or loss of dignity from mental illness		.79	
R^2	.45	.11	.70
Cronbach's α	.93	.82	.77

3.6 Statistical Analyses

To analyze the data, this study utilized IBM SPSS Statistics software, version 29.0. First, the data analysis began with data preparation, ensuring the dataset was clean, free from missing values, and correctly coded. Descriptive statistics were computed to summarize key demographic variables,

including participants' gender, age, nationality, and educational level. Additionally, means and standard deviations were calculated for behavioral indicators such as TikTok usage frequency over the past week, the number of accounts followed, the number of followers, and whether participants have seen mental health content on TikTok over the past week.

Additionally, a reliability analysis, including Cronbach's alpha, was performed to ensure the internal consistency of the measurement scales. Furthermore, preliminary analyses were conducted to ensure that all key assumptions were met, including linearity, normality of distribution, homoscedasticity, normality of residuals, independence of errors, and correlation between variables. For further interpretation of the results, statistical significance was determined using confidence intervals and a *p*-value less than 0.05. The hypotheses proposed in this study were tested with the moderated mediation analysis using the PROCESS (v. 4.2; Model 18) macro for SPSS. Such a procedure allows the estimation of the direct, conditional direct, and indirect effects, besides an index of moderated mediation with a bootstrapping sample size of 5,000 and a 95% confidence interval. The intensity of TikTok use was set as the independent variable, exposure to mental health content as the mediation variable, expertise and trustworthiness of TikTok influencers as two moderation variables, and mental health anxiety as the dependent variable. As noted by Edwards (2020, p. 2), applying the moderated mediation analysis allows for investigating whether an indirect effect in a mediation model is moderated and to reveal whether the mediation effect exists at certain levels of the moderator.

4. Results

4.1 Preliminary Analyses

Before conducting the moderated mediation analysis using the PROCESS macro model 18 (Hayes, 2013), the underlying assumptions of multiple regression were examined to ensure they were adequately met. Assessing these assumptions is a critical preliminary step, as violations can compromise the validity of the results, potentially leading to Type I or Type II errors, or to inaccurate estimation of effect sizes and significance levels (Osborne & Waters, 2002, p. 1).

The underlying factors were tested to examine the indirect effect of the intensity of TikTok use on mental health anxiety through exposure to mental health content, moderated by the trustworthiness and expertise of TikTok influencers. Table 4 presents a detailed overview of the assumption checks conducted in the preliminary analysis. First, the assumption of normality was assessed to verify whether this study's sample was drawn from a normally distributed population by performing the Kolmogorov-Smirnov and the Shapiro-Wilk tests. The results of the Shapiro-Wilk test revealed that the independent variable, the intensity of TikTok use ($W = .942$, $df = 160$, $p < .001$) and the dependent variable, mental health anxiety ($W = .982$, $df = 160$, $p < .05$) showed a significant deviation from normality (Field, 2013, pp. 144-145). Similarly, the mediation variable, exposure to mental health content ($W = .954$, $df = 160$, $p < .001$), also identified that the residuals were not normally distributed. Similarly, the results of the Shapiro-Wilk test identified a non-normal distribution for the moderator, trustworthiness of TikTok influencers ($W = .976$, $df = 160$, $p < .001$), which was highly significant in explaining the deviation from normality. In contrast, the second moderator, the expertise of TikTok influencers ($W = .986$, $df = 160$, $p = .092$), showed that the residuals were normally distributed, therefore conforming to the normality assumption.

Likewise, the results of the Kolmogorov-Smirnov test for normality of intensity of TikTok use ($D (160)= .123$, $p < .001$), exposure to mental health content ($D (160) = .144$, $p < .001$), mental health anxiety ($D (160) = .072$, $p = .42$) and trustworthiness of TikTok influencers ($D (160) = .075$, $p = .027$) were significant, indicating deviation from normality. In contrast, the residuals of expertise of TikTok influencers ($D (160) = .123$, $p = .200$) showed insignificance, which suggests that the data were normally distributed. Although the Shapiro-Wilk and Kolmogorov-Smirnov tests indicated that most variables were non-normally distributed, the data were retained for further analysis due to the large sample size (Field, 2013, p. 144). Additionally, skewness and kurtosis values fell within an acceptable range of -2 to +2 for all the variables (Hair et al., 2022, p. 66). Specifically, the skewness values ranged from -.704 to .276, and for kurtosis, from -.761 to -.155, suggesting that all variables were normally distributed.

Further, the normality check was also visually assessed using a histogram and a P-P plot of standardised residuals. The histogram approximated a normal distribution, and the P-P plot showed points closely following the diagonal line. The standardised residuals fell within acceptable limits (ranging from 1.987 to 2.971), suggesting no extreme outliers (Field, 2013, p. 216).

Further, the assumption check of linearity was also assessed by the visual inspection of the scatterplots, which visually indicated clear positive linear relationships between the variables (Osborne & Waters, 2002, p. 1). Subsequently, homoscedasticity was tested to ensure that the variance of errors is the same across all levels of mental health anxiety (Osborne & Waters, 2002, p. 4). It was confirmed by inspecting the scatterplot of standardised predicted values against standardised residuals, which revealed that a random distribution of points is constant, satisfying the requirement of equal error variance (Casson & Farmer, 2014, p. 594). Finally, the independence of residuals was also confirmed, with a Durbin-Watson value of 1.661, which falls within the acceptable range of 1.5 to 2.5 (Field, 2013, pp. 220-221).

Table 4

Assumption check for the moderated mediation model

Assumptions	Intensity of TikTok Use (N = 160)	Exposure to MHC (N = 160)	Mental Health Anxiety (N = 160)	Trustworthiness (N = 160)	Expertise (N = 160)
Linearity (scatterplot)	Yes	Yes	Yes	Yes	Yes
Influential outliers (scatterplot)	No	No	No	No	No
Normality (histogram, P-P plot)	Good	Good	Good	Good	Good
Homoscedasticity (scatterplot)	Yes	Yes	Yes	Yes	Yes
Skeweness	-.704	-.269	.276	-.315	.020
Kurtosis	-.193	-.761	-.347	-.155	-.430
Kolmogorov-Smirnov test	<.001***	<.001***	.042*	.027*	.200
Shapiro-Wilk's W test	<.001***	<.001***	.038*	.007***	.092
Multicollinearity (VIF)	1.239	1.469	—	2.806	2.783
Multicollinearity (tolerance)	.807	.681	—	.356	.359
df	160	160	160	160	160

Note. Significance levels: *p < .05, **p < .01, ***p < .001.

Further, Table 5 presents the Pearson correlation coefficients among the study variables. The intensity of TikTok use was positively correlated with exposure to mental health content ($r = .41$, $p < .01$) and mental health anxiety ($r = .33$, $p < .01$), supporting the assumed directional relationships in the model. Exposure to mental health content was also positively associated with both perceived expertise ($r = .24$, $p < .01$) and trustworthiness ($r = .31$, $p < .01$), as well as with mental health anxiety ($r = .35$, $p < .01$). Additionally, perceived expertise and trustworthiness were strongly correlated ($r =$

.79, *p* < .01), reflecting their conceptual overlap as dimensions of source credibility. However, no correlation exceeded .90, indicating that multicollinearity was not a concern for the primary analyses. Multicollinearity occurs when two or more predictor variables in a regression model are highly correlated with one another (Field, 2013, p. 223). Multiocollinearity was further tested using the Variance Inflation Factor (VIF) and tolerance values. As suggested by Field (2013, p. 224), just assessing the correlation matrix may be risky due to its subtle forms. All VIFs were well below the commonly accepted threshold of 5, and all tolerance values of the variables exceeded 0.20 (Field, 2013, p. 224), as also seen in Table 4.

Thus, the regression assumptions were sufficiently met, supporting the moderated mediation analysis's validity.

Table 5

Descriptive statistics and correlations for key variables

Variables	*M*	*SD*	1	2	3	4	5
1. Intensity of TikTok use	4.82	1.47	—				
2. Exposure to Mental Health Content	3.83	1.24	.41***	—			
3. Trustworthiness	4.40	1.40	.47**	.24**	—		
4. Expertise	4.10	1.47	.46**	.31**	.79*	—	
5. Mental Health Anxiety	2.04	0.53	.33**	.35**	.28**	.31***	—

Note. Significance level: **p* < .05, ***p* < .01.

4.2 Main Analyses

After the preliminary analyses, a moderated-mediation analysis was conducted and will be detailed herein. It is argued that researchers can gain a significantly more detailed understanding of variable interactions by moving beyond separate moderation and mediation analyses to integrate them into a single "moderated mediation" or "conditional process model" (Hayes & Preacher, 2013, as cited in Edwards, 2020, pp. 2-3). This combined approach is critical for fully exploring both the pathways through which variables influence each other and the conditions that modulate these indirect effects, offering a comprehensive view of complex relationships (Hayes, 2018, p. 223).

This study analyzed whether the intensity of TikTok use has a direct effect on mental health anxiety, as well as tested the indirect effect of this relationship, which was moderated by perceived influencer trustworthiness and expertise. All hypotheses were verified with procedures based on multiple regression analysis, applying the PROCESS macro 'model 18' proposed by Hayes (2013), which estimates ordinary least squares regressions to test for moderation, mediation, and moderated

mediation effects (Hayes, 2015, p. 3). The analysis was conducted under the following conditions: (a) the intensity of TikTok use was specified as the independent variable; (b) exposure to mental health content was included as the mediating variable; (c) mental health anxiety served as the dependent variable; and (d) the trustworthiness and expertise of TikTok influencers were simultaneously introduced as moderators of the effect of exposure of mental health content on mental health anxiety (path b).

4.2.1 Moderated Mediation Analysis

The overall model was found to be statistically significant (F (8, 151) = 8.27, $p < .001$). The explained variance of the overall model was moderate ($R^2 = .23$). The coefficients of the links between the variables can be found in Figure 2. Table 6 summarizes the results for the direct, mediation, and moderation hypotheses posed in this study. It was hypothesized that the intensity of TikTok use would be positively associated with mental health anxiety; thus, the results were non-significant ($\beta = .057$, $p = .089$), indicating that hypothesis 1 was not supported. Next, exposure to mental health content revealed non-significant results in mediating the relationship between intensity of TikTok use ($\beta = .350$, $p < 0.01$) and mental health anxiety ($\beta = .052$, $p = .266$). Therefore, hypothesis 2 was not supported. Furthermore, the moderating effect of the trustworthiness of TikTok influencers and exposure to mental health content on mental health anxiety was non-significant ($\beta = .005$, $p = .939$). Similarly, the interaction of the expertise of TikTok influencers and exposure to mental health content on mental health anxiety was also insignificantly moderated ($\beta = .007$, $p = .918$). Hence, hypotheses 3 and 4 were not supported.

Table 6

Moderated Mediation Model on Mental Health Anxiety

	b	SE	t	p
Mediator Variable Model				
Intensity of TikTok Use	.35	.07	4.83	<.001***
Constant	-1.69	.37	-4.60	<.001***
R²	.17			
F	23.29			
Dependent Variable Model				
Exposure to Mental Health Content (MHC)	.05	.05	1.12	.266
Trustworthiness	.01	.06	.94	.351
Expertise	-0.03	.06	-.41	.679
Exposure to MHC x Trustworthiness	-.01	.07	-.10	.918
Exposure to MHC x Expertise	.00	.06	.08	.939
Constant	1.72	.17	10.37	<.001***
R²	.23			
F	8.27			

Note. *N* = 160, Model 18 results, *SE* = standard error; *t* = *t*-test. Unstandardized coefficient values (*b*) were reported. Significance levels: **p* < .05, ***p* < .01, ****p* < .001.

Additionally, model 18 also allowed for testing the conditional indirect effect of the intensity of TikTok use on mental health anxiety via exposure to mental health content at high and low values (±1 *SD* from the mean). The results of this output are provided in Table 9. The indirect effect was found to be statistically significant and strongest when both moderators were low (-1 *SD* from the mean; *β* = .04, *LL 95% CI* = .00, *UL 95% CI* = .09). The results were found to be significant as the 95% confidence interval did not contain zero in this condition. This indicates that the indirect effect of the intensity of TikTok use on mental health anxiety via exposure to mental health content varies depending on the combined levels of trustworthiness and expertise of TikTok influencers.

Table 7

Conditional Indirect Effects of Trustworthiness and Expertise of TikTok Influencers on Exposure to Mental Health Content and Mental Health Anxiety

	β	SE	95% CI	
			LL	UL
Low Trustworthiness (-1 SD), Low Expertise (-1 SD)	.04	.02	.00	.09
Low Trustworthiness (-1 SD), High Expertise (+1 SD)	-.00	.06	-.14	.09
High Trustworthiness (+1 SD), Low expertise (-1 SD)	.01	.06	-.07	.15
High Trustworthiness (+1 SD), High Expertise (+1 SD)	.03	.02	-.00	.08
Index of Moderated Mediation	.01	.00	.00	.02

Note. Size of bootstrap sample for calculation of the conditional indirect effect = 5000. *95% CI =* confidence interval; *LL* = lower limit; *UL* = upper limit.

Figure 2

Conceptual model of the proposed hypotheses with results
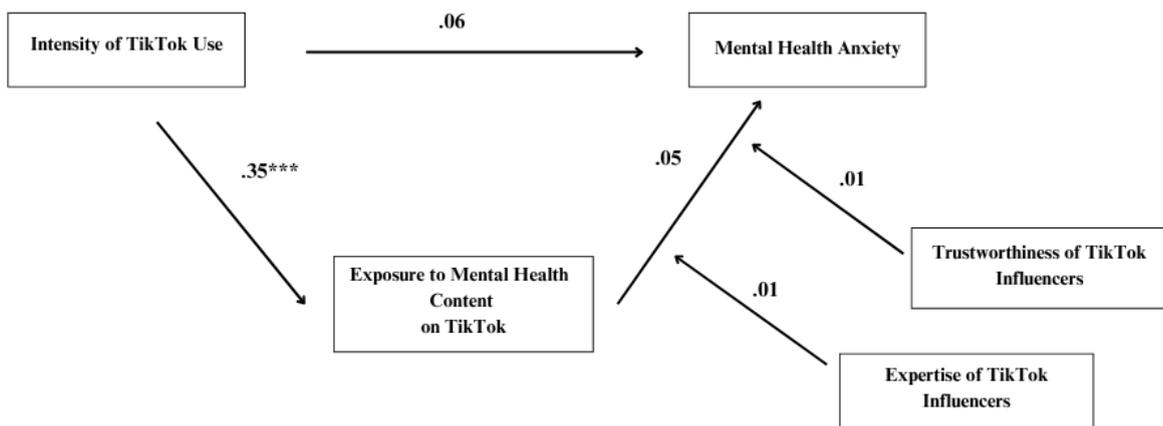
5. Discussion

This thesis explored how the intensity of TikTok use relates to mental health anxiety, particularly by examining the mediating role of exposure to mental health content and the moderating effect of influencer credibility, namely, perceived trustworthiness and expertise. The study specifically focused on Generation Z participants, representing one of the platform's most engaged and psychologically vulnerable user groups (Carkner, 2024, p. 13). Overall, the findings of this study suggest that the intensity of TikTok use is not a significant predictor of mental health anxiety. Hence, in line with previous research, more intensive use of TikTok was found to increase exposure to mental health content (Majerczak & Strzelecki, 2022, p. 12; Samuel et al., 2024, p. 1188). However, the results indicated that exposure to mental health content did not lead to heightened levels of mental health anxiety, thus rejecting the mediating role in the direct effect between the intensity of TikTok use and mental health anxiety. Further, the results identified no significant influence of perceived trustworthiness and expertise on the relationship between exposure to mental health content and mental health anxiety. Although insignificant, these results shed light on younger users' perception of TikTok influencers and understanding how Gen Z observes mental health content on TikTok. These findings offer valuable insights into how platform use and mental health content on TikTok may regulate psychological outcomes of its users, while also raising questions about influencers' roles in online mental health discussions. Therefore, this thesis presents several theoretical and societal implications to consider, which are further discussed in the following subsections of this chapter. Additionally, it explicitly addresses the limitations of this study and provides recommendations for future research.

5.1 Theoretical Implications

The primary interest of this research was to test the relationship between the frequent use of TikTok and Gen Z's mental health. The findings indicated that individuals who are more engaged with the platform daily are not necessarily more susceptible to becoming anxious about their mental health. Although much research has found a significant relationship between intensive use of TikTok and its negative impact on potential issues young adults may face, it has primarily found connections between excessive TikTok use and issues like anxiety, depression, loneliness and other forms of psychological distress experienced by the platform's users (Basch et al., 2022, p. 4; Hendrikse & Limniou, 2024, p. 851; Mojtahe, 2022, p. 117; Zubair et al., 2023, p. 876). While important concerns have been raised about TikTok's potential negative effects, this study adds to the existing body of knowledge by emphasising that Gen Z may also experience positive effects of the platform. As such, there may be several explanations for why participants in this study did not indicate high levels of mental health anxiety.

First, TikTok became an essential platform for sharing mental health information (Turuba et al., 2025, p. 2). Specifically, COVID-19 has had a crucial impact on Gen Z mental health, provoking

many to recognise symptoms of mental health issues and turn to TikTok for information and support (Ramsden & Talbot, 2024, p. 7; Turuba et al., 2024, p. 6). Through this lens, TikTok can be seen as not exclusively a platform for entertainment but rather a platform where individuals feel safe to share experiences, knowledge, connect with peers, and build a community (Kruzan et al., 2022, p. 2). Given mental health's nuanced and delicate nature, TikTok's unique affordances allow users to become more informed about mental health challenges, develop self-awareness, empathize, and understand others' experiences (Bhandari & Bimo, 2022, p. 9). That is why, by sharing and consuming mental health content, Gen Z is not necessarily at a higher risk of developing anxiety about their mental health, as seen in this research. Instead, as highlighted previously, they become more aware and conscious of their mental health, enabling them to form their identities and improving their mental well-being (Kruzan et al., 2022, p. 2). This is in line with the previous research that examined youth's tendency to self-pathologise by consuming mental health content and found no association between such content and participants' beliefs in having a mental health issue (Claps et al., 2025, p. 7090). According to Choudhry et al. (2016, p. 2808), beliefs about mental health can differ on an individual level based on factors such as what people personally know, experience with individuals living with mental illness, media portrayals, and cultural backgrounds. So, instead of becoming anxious about their mental health, TikTok helps young adults improve their mental health literacy, which can enhance the degree to which youth are informed about mental health (Joorm, 2002, as cited in Pretorius et al., 2022, p. 2). On TikTok, emotionally expressive videos that reveal personal mental health struggles are especially popular and consistently receive high engagement, often reinforcing existing users' beliefs (Samuel et al., 2024, p. 1188). Therefore, Gen Z's knowledge of mental health conditions and their personal experiences may shape how they perceive and interpret mental health content.

Contrary to this study's results, previous research found that exposure to mental health content amplified concerns about mental health in users who did not initially perceive themselves as vulnerable (Samuel et al., 2024, p. 1185; Yadav & Rai, 2017, p. 111). For example, simply observing numerous TikTok videos about panic attacks, trauma, or other depressive motives alike may lead viewers to model those experiences or interpret their everyday stress in pathological terms (Claps et al., 2025, p. 7090). Furthermore, another study by Turuba et al. (2025, p. 9) found that excessive exposure to such content initiates a process of attitude and belief formation that may heighten concerns about one's mental well-being. While this may be the case, the findings of this thesis did not provide significant evidence to support increased levels of users' mental health anxiety. It can be explained that users who potentially spend much time on TikTok may better understand the scope of mental health and its implications. These findings imply that heightened awareness among Generation Z helps them better comprehend and interpret the content they see on TikTok, which could explain why they do not necessarily feel more anxious about their mental health. Hence, mental health content that emphasizes solutions, including recovery stories and well-being advice, is often viewed by young individuals as inspiring or comforting, potentially motivating them to engage in positive mental health

behaviors (Adeane & Stasiak, 2024, pp. 6-7). Therefore, the results of this thesis reveal that, rather than triggering mental health anxiety, regular exposure may help Gen Z normalize mental health conversations and make them more familiar with this sensitive topic. It is in line with previous research that found that individuals who engage more with mental health content show improvements in their mental health (Jabbar et al., 2024, p. 114).

As indicated previously, mental health anxiety was not predicted by excessive TikTok use. This result points to the insignificance of the direct effect in this relationship and the limited proportion of the model variance, which suggests that while TikTok use can be associated with mental health concerns, there are likely other mechanisms through which this relationship can be better explained. According to Lup et al. (2015, p. 248) people are more prompted to engage in upward comparisons that trigger negative emotions by watching their 'friends' lives on social media platforms like Facebook, whereas on TikTok, users are exposed mainly to content entirely curated by the platform's algorithm (Yoon et al., 2024, p. 2). Hence, Social Comparison Theory may be less suitable in explaining mental health anxiety among participants, as users are less likely to engage in comparisons of mental health issues than those of physical appearances (Lup et al., 2015, p. 248). Similarly to TikTok, Facebook also employs an algorithmic system, differentiating from TikTok in its focus on supporting user interactions in designing their own feed by selecting specific friends and pages to follow (Bhandari & Bimo, 2022, p. 5). In spite of that, Bhandari and Bimo (2022, p. 5) add that users ' self-concept and identity formation are strongly associated with mental health content on TikTok, resulting in different types of content examining algorithms' overall impact on community building and users' well-being. Consequently, it is highlighted that users may become more anxious about their mental health if they start comparing their experiences to curated videos that often portray generic symptoms of severe mental health conditions or fears (Yoon et al., 2024, p. 2). Thus, it makes them over-identify with symptoms or begin pathologising normal feelings and, as a result, self-diagnose (Samuel et al., 2024, p. 1188). Therefore, the mental health anxiety of Gen Z may be predicted by nature and the type of mental health content users are exposed to on TikTok. For instance, mental health videos on TikTok range from discussions of traumatic events (Woolard et al., 2024, p. 2) to motivational content such as efficacy of treatments or self-help (Adeane & Stasiak, 2022, p. 7). Hence, this discussion suggests that the relationship between TikTok use and mental health is a subject to a broader debate that goes beyond the simple frequency of the platform's use. Section 5.3 of this chapter further discusses the predictor's limitations, the intensity of TikTok use, and its operationalization in more detail.

Despite TikTok's benefits in bringing mental health discussions to the forefront, it still involves certain risks of such content, explicitly considering the credibility of mental health influencers (McCashin & Murphy, 2023, p. 281). This idea is also reflected in the current study's findings. Although the results contradict previous research on the importance of influencer credibility in shaping message processing on TikTok (Engel et al., 2023, p. 8; McCosker, 2018, p. 4754; Milton

et al., 2022, p. 5), this thesis contributes a novel perspective on Gen Z perceives factors like credibility when engaging with mental health content on TikTok. While the trustworthiness and expertise of TikTok influencers did not significantly moderate the relationship between exposure to mental health content and mental health anxiety, the results point to the further exploration of potential factors Gen Z values within digital platforms. Previous research found that engagement with mental health content on social media is often driven by emotional processing rather than rational evaluation, particularly among young adults (Merga, 2021, as cited in Jerin et al., 2024, p. 396). Therefore, a likely explanation is that mental health content's emotional and personal relevance outweighs the influence of credibility. For instance, personal stories tend to evoke the strongest emotional responses and are the most viewed and preferred by youth (Turuba et al., 2025, p. 10). Those stories are often shared by everyday users rather than medical professionals, relying solely on personal experience rather than clinical competence (Jerin et al., 2024, p. 404). This is further aligned with previous research that found that mental health content's vulnerability and relatability can overshadow its credibility (Milton et al., 2022, p. 10). It is also worth noting that the ways TikTok influencers share mental health information and the emotions conveyed in their videos significantly influence how users engage with or disengage from that content (Horan et al., 2012, as cited in Jerin et al., 2024, p. 396).

Although TikTok allows content from influencers and ordinary users to go viral, Bhandari and Bimo (2022, p. 3) note that it is often the most emotionally relatable content rather than the most credible content that gains the most visibility. This can be explained by the fact that users swiping through TikTok videos might not pause to check an influencer's profile for their personal information; instead, they immediately react to the video's content and engage with it based on how it makes them feel (Jiang & Ma, 2024, p. 2). These findings reveal that while Gen Z may unconsciously assess credibility in real time, both dimensions of source credibility, when perceived as low, may lead to mental health anxiety. This can indicate that even when users are passively consuming mental health content, it may have effects on their mental state, as also suggested in studies by Schmuck et al. (2019, p. 7) and Hendrikse and Limniou (2024, p. 852). In summary, while source credibility has long been recognized as crucial to message persuasion, social media platforms like TikTok require consideration of other mechanisms such as emotional relevance, authenticity, and how information is presented, which may be more influential in how Gen Z engages and responds to mental health messages.

5.2 Societal Implications

Generally, the findings of this thesis reinforce the concerns raised around disseminating mental health information online. Therefore, it is crucial to consider the broader societal implications of these findings, particularly concerning this target group. The findings of this study present meaningful implications for health educators, mental health professionals, marketers, and media

professionals seeking to create responsible, supportive, and efficient online communication around the sensitive topic of mental health.

The findings of this study are especially important given that Generation Z often does not take advantage of psychological services (Turuba et al., 2024, p. 2), and social media serves as their primary source of information and support regarding mental health (Ramsden & Talbot, 2024, p. 2). Social media platforms, particularly TikTok, offer a unique space where young people can engage with content anonymously and confidentially (Jerin et al., 2024, p. 396). Moreover, for young people struggling with mental health concerns, social media can provide both a sense of comfort and community (Jerin et al., 2024, p. 396). An important implication is highlighting the need for health educators and practitioners to focus on improving digital media literacy among young users, such as addressing mental health impacts, problematic information, and various marketing techniques (Engel et al., 2023, p. 8). Specifically, educational interventions should encourage critical reflection on how algorithmic exposure of social media platforms and emotional reactance towards their content may shape users' perceptions and self-evaluations (Schmuck et al., 2019, p. 3). This may help Generation Z develop stronger emotional boundaries and increase the likelihood of individuals being able to identify credible content online, as well as avoid potential negative consequences of engagement with mental health narratives online. This is particularly urgent given that users often judge the credibility of such content based on personal impressions rather than verified expertise (Majerczak & Strzelecki, 2022, p. 6). Moreover, it is crucial to bring attention to the issue that may be clout-chasing, where creators may post sensitive content for visibility rather than to provide accurate or helpful information (Milton et al., 2022, p. 10), as well as concerns of such content being simply generalised or glamourised (Adeane & Stasiak, 2022, p. 2).

Next to educating youth about digital literacy, another suggestion is to educate adults about mental health literacy (Choudhry et al., 2016, p. 2808). Although this study did not assess mental health literacy, previous findings indicate that individuals with higher levels of mental health literacy are less likely to experience negative outcomes from social media engagement (Bizzotto et al., 2023, pp. 7-9). Specifically, research by Bizzotto et al. (2023, p. 8) found that students with higher mental health literacy were less likely to be diagnosed with depression, even when using social media heavily. Therefore, it is crucial to ensure that Gen Z has access to the tools that aid in critically evaluating mental health content online.

Further, the results suggest significant implications to be considered for marketers and media professionals, centring on the finding that influencer credibility did not moderate the relationship between exposure to mental health and mental health anxiety. Specifically, marketers, content creators, and campaign designers may consider more effective ways of communication about mental health. It is crucial as collaborations with influencers in health communication have been found to exhibit positive results (Pretorius et al., 2019, p. 2). Moreover, a study by Heiss et al. (2024, p. 3066) found that the short-form videos on social media platforms shared by experts are unexpectedly

perceived as less credible, which suggests that users are more inclined to trust regular users sharing health information and perceive it as more authentic. Accordingly, if media professionals want to communicate mental health information more efficiently, it is crucial to consider the authenticity factor. For instance, while it is essential to ensure the information delivered on TikTok is verified and credible, attracting the target group of Gen Z may be more effective when other mechanisms are also taken into account, such as how the content is delivered and what emotional connections users can make with it (Jerin et al., 2024, p. 404). For instance, storytelling related to mental health may include resources or clear boundaries between personal narratives and general advice. A study by McCashin and Murphy (2023, p. 302) found that personal accounts have more features to convey messages than professional accounts, providing examples of features like creative text format, graphics, titles, lighting, sound syncing, and others.

Furthermore, this idea is also important to be considered for mental health professionals, as these findings offer practical guidance for therapists working with Gen Z populations. In recent years, many mental health professionals have turned to social media platforms to share therapeutic knowledge and mental health-related information with a broader audience (Adeane & Stasiak, 2022, p. 2). For this reason, Triplett et al. (2022, p. 127) highlight the need for professionals to recognize the importance of being mindful of their intentions when disseminating mental health information due to its accessibility to everyone online. Although this thesis did not reveal a significant relationship between exposure to mental health content and mental health anxiety, it remains essential for practitioners to pay closer attention to the influence of social media on clients' psychological experiences. Particularly, how mental health professionals communicate online can play a significant role in disseminating accurate information and addressing misinformation and stigma surrounding mental health (Basch et al., 2022, p. 4). Therefore, this research suggests that mental health professionals should explore clients' online behaviours during assessment and integrate discussions of digital media exposure into their therapeutic conversations (Claps et al., 2025, p. 7090; Pretorius et al., 2019, p. 2). Additionally, Gen Z must perceive mental health professionals as credible while being exposed to their content. Therefore, therapists should prioritize trust when presenting information online. Furthermore, mental health professionals are advised to research Gen Z's online behavioural patterns, values, and digital communication preferences to tailor their messaging in ways that are perceived as relatable, authentic, and emotionally resonant with Gen Z (Turuba et al., 2024, pp. 10-11).

5.3 Limitations and Suggestions for Further Research

This research has several limitations that may have influenced the results of this study. First, this study used a cross-sectional design that presents essential limitations on the causal relationships between the intensity of TikTok use and mental health anxiety, as participants' responses were collected at one time without the potential to investigate more long-term results and potential causality

effects (Setia, 2016, p. 263). Moreover, convenience and snowball sampling were utilised in this study, which presents further biases regarding generalizability and representativeness of the sample, as participants were mainly recruited through personal networks and online social media channels. Future studies could, perhaps, use a case-control study (Setia, 2016, p. 263) to recruit participants based on either their existing attitudes towards mental health or different mental health conditions and test whether the intensity of TikTok use differs across different sample groups.

Second, with 160 participants, the sample size of this study may have limited statistical power and generalizability to yield significant results (Singh & Masuku, 2014, p. 6). As such, findings of the research should be interpreted with caution, and it is recommended that future studies recruit larger samples to validate these results. Moreover, the sample was predominantly female, which may further limit the generalizability of the findings. Although females tend to engage more frequently with mental health content online (Samuel et al., 2024, p. 1188), prospective studies should aim to recruit more gender-diverse samples to assess whether similar effects emerge across different demographic groups and to explore potential gender-based moderation effects.

Third, the way credibility was operationalized may have contributed to the insignificance of the moderation effects. Participants were asked to evaluate the credibility of mental health influencers in general, without being exposed to a specific influencer or a defined context. This approach may have been too broad or abstract for participants to meaningfully assess within a self-report format, as perceptions of credibility are highly context-dependent and can often be influenced by other cues such as appearance, tone, and content style (Kirkpatrick & Lawrie, 2024, p. 12). Moreover, the examples provided might have been unfamiliar to the participants or not defined enough, making it difficult for them to judge trustworthiness or expertise accurately. To address this, future research would benefit from adopting an experimental design wherein participants are exposed to a specific influencer's video or post and are then asked to assess credibility based on that stimulus. This would ensure a more ecologically valid and situationally grounded evaluation of influencer credibility. For example, future studies may follow the approach by Belanche et al. (2021, p. 5) and utilise an experimental study in which the participants were exposed to an authentic influencer well-known to their audience, or present a stimulus with a fictitious influencer profile as done in a study by Harff et al. (2022, p. 837).

Fourth, the scale used to measure exposure to mental health content consisted of only two items. This is below the commonly accepted minimum of three items required to ensure adequate factor identification (Field, 2013, pp. 641-642). Furthermore, the items used captured only intentional and unintentional exposure, which may not sufficiently represent the complexity of content engagement on platforms such as TikTok. Given the algorithmic nature of the platform, users are often passively exposed to content without actively seeking it out, and their level of attention or engagement can vary widely (Bhandari & Bimo, 2022, p. 3). Such brief operationalization might have led to confusion or difficulty for the participants to recall, thus weakening the reliability of the construct and potentially limiting meaningful associations. Future research should aim to develop or

adopt more comprehensive and psychometrically robust measures that include various dimensions of exposure.

Fifth, the predictor of this study, the intensity of TikTok use, was operationalised with the scale initially developed for the Facebook medium in 2007 by Elisson and colleagues. Although recent studies have adopted it for other social media such as Instagram (Trifiro & Prena, 2021, p. 5) and TikTok (Kirkpatrick & Lawrie, 2024, p. 4), this scale focuses on assessing users' frequency and integration into their daily lives rather than exploring more nuanced ways and rationale behind their use of TikTok. Unlike Facebook and Instagram, on TikTok, users are exposed to a broad range of content on their FYP curated by the algorithm-driven system and users' past interactions with the content rather than by who they follow or what content they seek (Bhandari & Bimo, 2022, p. 5). Hence, the operationalisation using this scale loses some relevance as the user engagement has shifted from actively connecting and interacting with others to passively consuming targeted content. To predict mental health anxiety, the results of this study suggest that it is crucial to consider diverse types of mental health videos shown on users' FYP and their emotional reactions towards them, which may exhibit more influential anxiety triggers than individuals' usage frequency or attachment to TikTok. Future studies may incorporate these arguments to consider developing a novel measurement specifically for social media platforms like TikTok, recognizing its unique affordances. This way, researchers can capture a range of nuances concerning the usage of TikTok for the platform's features and users' intentions, emotions, and motives for use.

Finally, although this study focuses on media consumption and digital well-being, it employed a clinical instrument, the Mental Health Anxiety Inventory (MHAI), that has predominantly been used in clinical and medical research contexts (Commons et al., 2015, p. 349). While the scale offers strong psychometric properties, its application to a general population in a media effects context is novel and may not fully capture the nuances of how mental health anxiety reflects in everyday digital environments. While it provides a scientific assessment, the aim of clinical research is primarily focused on describing and explaining the occurrence of a disease and identifying people with a specific disease (Bos & Ikram, 2022, pp. 241-242). For example, a study by Muntingh et al. (2011, p. 5) found that the Beck Anxiety Inventory (BEI) was found to be reliable and showed significant results in the clinical group participants compared to the non-clinical group. Hence, as this study did not focus on clinical research, the use of the MHAI may not have fully aligned with the original intent of its measurements. Specifically, this study focused on the specific context and potential mental health anxiety concerns that Gen Z users experience on TikTok.

5.4 Conclusion

This thesis aimed to examine whether the intensity of TikTok use affects mental health anxiety and further explore the role of exposure to mental health content and perceived credibility of mental health influencers on TikTok for Generation Z individuals. The results revealed that the more

intensive use of TikTok and exposure to mental health content are not associated with mental health anxiety. Additionally, the findings of this research suggest that perceived credibility of TikTok does not influence the relationship between exposure to mental health content on TikTok and mental health anxiety. Hence, this research highlights the importance of TikTok, which holds the potential to serve as an accessible mental health space for Gen Z audiences to share and get knowledge about mental health. Moreover, it reinforces prior scholarly concerns about the credibility of mental health content on TikTok. Overall, these findings have important implications for Gen Z and professionals in the medical and marketing fields who communicate mental health information to these individuals online.

References

Adeane, E., & Stasiak, K. (2022). "It's really hard to strike a balance": The role of digital influencers in shaping youth mental health. *Digital Health*, *10*. https://doi.org/10.1177/20552076241288059

Alfred, J. J. R., & Wong, S. P. (2022). The Relationship between the Perception of Social Media Credibility and Political Engagement in Social Media among Generation Z. *Deleted Journal*, *2*(2), 18–33. https://doi.org/10.33093/jclc.2022.2.2.2

Appel, H., Gerlach, A. L., & Crusius, J. J. (2015). The interplay between Facebook use, social comparison, envy, and depression. *Current Opinion in Psychology*, *9*, 44–49. https://doi.org/10.1016/j.copsyc.2015.10.006

Bandura, A. (1986). The explanatory and predictive scope of self-efficacy theory. *Journal of Social and Clinical Psychology*, *4*(3), 359-373. https://doi.org/10.1521/jscp.1986.4.3.359

Bandura, A. (2001a). Social Cognitive Theory: an Agentic Perspective. *Annual Review of Psychology*, *52*(1), 1–26. https://doi.org/10.1146/annurev.psych.52.1.1

Bandura, A. (2001b). Social Cognitive Theory of Mass Communication. *Media Psychology*, *3*(3), 265–299. https://doi.org/10.1207/s1532785xmep0303_03

Bartlett, M. S. (1954). A Note on the Multiplying Factors for Various $\chi 2$ Approximations. *Journal of the Royal Statistical Society Series B (Methodological), 16*(2), 296–298. https://doi.org/10.1111/j.2517-6161.1954.tb00174.x

Basch, C. H., Donelle, L., Fera, J., & Jaime, C. (2022). Deconstructing TikTok videos on mental health: cross-sectional, descriptive content analysis. *JMIR Formative Research*, *6*(5), e38340. https://doi.org/10.2196/38340

Belanche, D., Casaló, L. V., Flavián, M., & Ibáñez-Sánchez, S. (2021). Understanding influencer marketing: The role of congruence between influencers, products and consumers. *Journal of Business Research*, *132*, 186–195. https://doi.org/10.1016/j.jbusres.2021.03.067

Bhandari, A., & Bimo, S. (2022). Why's Everyone on TikTok Now? The Algorithmized Self and the Future of Self-Making on Social Media. *Social Media + Society*, *8*(1). https://doi.org/10.1177/20563051221086241

Bos, D., & Ikram, M. A. (2022). Research aims in clinical medicine: description, identification, or explanation. *World Neurosurgery*, *161*, 240–244. https://doi.org/10.1016/j.wneu.2021.11.081

Bizzotto, N., De Bruijn, G., & Schulz, P. J. (2023). Buffering against exposure to mental health misinformation in online communities on Facebook: the interplay of depression literacy and expert moderation. *BMC Public Health*, *23*(1). https://doi.org/10.1186/s12889-023-16404-1

Carkner, B. (2024). The rhythm of the algorithm: behavioural influences and TikTok users. *Emerging Library & Information Perspectives*, *6*(1), 7–23. https://doi.org/10.5206/elip.v6i1.16753

Casson, R. J., & Farmer, L. D. (2014). Understanding and checking the assumptions of linear regression: a primer for medical researchers. *Clinical and Experimental Ophthalmology*, *42*(6), 590–596. https://doi.org/10.1111/ceo.12358

Choudhry, F. R., Mani, V., Ming, L., & Khan, T. M. (2016). Beliefs and perception about mental health issues: a meta-synthesis. *Neuropsychiatric Disease and Treatment, Volume 12*, 2807–2818. https://doi.org/10.2147/ndt.s111543

Christiansen, A., Craythorne, S., Crawford, P., Larkin, M., Gohil, A., Strutt, S., & Page, R. (2025). Multimodal analysis of stories told by mental health influencers on TikTok. *Health Expectations*, *28*(3). https://doi.org/10.1111/hex.70226

Claps, E. V., Li, A., Conrow, A., Schiess, N., Mullins, R., & Swift, J. K. (2025). TikTok style videos and mental health: effects on stigma, self-pathologizing, and help-seeking. *Current Psychology*. https://doi.org/10.1007/s12144-025-07716-z

Commons, D., Greenwood, K. M., & Anderson, R. A. (2015). A Preliminary Investigation into Worry about Mental Health: Development of the Mental Health Anxiety Inventory. *Behavioural and Cognitive Psychotherapy*, *44*(3), 347–360. https://doi.org/10.1017/s1352465815000454

Craske, M. G., Rauch, S. L., Ursano, R., Prenoveau, J., Pine, D. S., & Zinbarg, R. E. (2009). What is an anxiety disorder? *Depression and Anxiety*, *26*(12), 1066–1085. https://doi.org/10.1002/da.20633

DataReportal. (2025, March 12). Essential TikTok statistics and trends for 2025. *DataReportal.* https://datareportal.com/essential-tiktok-stats

Edwards, K. D. (2020). Moderated Mediation Analysis: A review and application to school climate research. *Practical Assessment, Research, and Evaluation*. https://doi.org/10.7275/16436623

Ellison, N. B., Steinfield, C., & Lampe, C. (2007). The benefits of Facebook "Friends:" social capital and college students' use of online social network sites. *Journal of Computer-Mediated Communication*, *12*(4), 1143–1168. https://doi.org/10.1111/j.1083-6101.2007.00367.x

Engel, E., Gell, S., Heiss, R., & Karsay, K. (2023). Social media influencers and adolescents' health: A scoping review of the research field. *Social Science & Medicine*, *340*, 116387. https://doi.org/10.1016/j.socscimed.2023.116387

Festinger, L. (1954). A theory of social comparison processes. *Human Relations*, *7*(2), 117–140. https://doi.org/10.1177/001872675400700202

Field, A. (2013). Discovering statistics using SPSS (4th ed.). *SAGE Publications. Ltd.*

Foster, A., & Ellis, N. (2024). TikTok-inspired self-diagnosis and its implications for educational psychology practice. *Educational Psychology in Practice*, 1–18. https://doi.org/10.1080/02667363.2024.2409451

Golzar, J., Noor, S., & Tajik, O. (2022). Convenience sampling. *International Journal of Education & Language Studies*, *1*(2), 72-77. https://doi.org/10.22034/ijels.2022.162981

Green, J. (2023). TikTok and the changing landscape of therapeutic digital spaces of care. *Digital Geography and Society*, *6*, 100077. https://doi.org/10.1016/j.diggeo.2023.100077

Gubalane, A., & Ha, Y. (2023). The effects of social media influencers' credibility on product evaluation, product attitude, and purchase intention: The mediating effects of product-influencer fit. *International Journal of Innovative Research and Scientific Studies*, *6*(4), 946–959. https://doi.org/10.53894/ijirss.v6i4.1914

Hair, J. F., Hult, G. T. M., Ringle, C. M., & Sarstedt, M. (2022). A Primer on Partial Least Squares Structural Equation Modeling (PLS-SEM) (3rd ed.). *SAGE*. https://doi.org/10.1007/978-3-030-80519-7

Harff, D., Bollen, C., & Schmuck, D. (2022). Responses to Social Media Influencers' Misinformation about COVID-19: A Pre-Registered Multiple-Exposure Experiment. *Media Psychology*, *25*(6), 831–850. https://doi.org/10.1080/15213269.2022.2080711

Hayes, A. F. (2013). Introduction to mediation, moderation, and conditional process analysis: A regression-based approach. *The Guilford Press*.

Hayes, A. F. (2015). An index and test of linear moderated mediation. *Multivariate Behavioral Research*, *50*(1), 1–22. https://doi.org/10.1080/00273171.2014.962683

Hayes, A. F. (2018). Introduction to mediation, moderation, and conditional process analysis: A regression-based approach (2nd ed.). *The Guilford Press*.

Heiss, R., Bode, L., Adisuryo, Z. M., Brito, L., Cuadra, A., Gao, P., Han, Y., Hearst, M., Huang, K., Kinyua, A., Lin, T., Ma, Y., Manion, T. O., Roh, Y., Salazar, A., Yue, S., & Zhang, P. (2024). Debunking Mental Health Misperceptions in Short-Form Social Media Videos: An Experimental Test of Scientific Credibility Cues. *Health Communication*, *39*(13), 3059–3071. https://doi.org/10.1080/10410236.2023.2301201

Hendrikse, C., & Limniou, M. (2024). The use of Instagram and TikTok in relation to problematic use and Well-Being. *Journal of Technology in Behavioral Science*. https://doi.org/10.1007/s41347-024-00399-6

Hovland, C. I., Janis, I. L., & Kelley, H. H. (1953). Communication and persuasion; psychological studies of opinion change. *Yale University Press*.

Jabbar, Z., Khan, H., & Zummer, A. (2024). The role of TikTok in Mental Health Support: Analyzing the efficacy and risks of mental health content. *Journal of Policy Research*, *10*(3), 107–116. https://doi.org/10.61506/02.00325

Jerin, S. I., O'Donnell, N., & Mu, D. (2024). Mental health messages on TikTok: Analysing the use of emotional appeals in health-related #EduTok videos. *Health Education Journal*, *83*(4), 395–408. https://doi.org/10.1177/00178969241235528

Jiang, Q., & Ma, L. (2024). Swiping more, thinking less: Using TikTok hinders analytic thinking. *Cyberpsychology: Journal of Psychosocial Research on Cyberspace*, *18*(3), Article 1. https://doi.org/10.5817/CP2024-3-1

Kaiser, H. F. (1970). A second generation little jiffy. *Psychometrika, 35*(4), 401–415. https://doi.org/10.1007/bf02291817

Khang, H., Han, E., & Ki, E. (2014). Exploring influential social cognitive determinants of social media use. *Computers in Human Behavior*, *36*, 48–55. https://doi.org/10.1016/j.chb.2014.03.038

Kaňková, J., Binder, A., & Matthes, J. (2024). Health-Related Communication of Social Media Influencers: A scoping review. *Health Communication*, 1–14. https://doi.org/10.1080/10410236.2024.2397268

Kirkpatrick, C. E., & Lawrie, L. L. (2024). TikTok as a source of health information and misinformation for young women in the United States: Survey Study. *JMIR Infodemiology*, *4*, e54663. https://doi.org/10.2196/54663

Knoll, J., Matthes, J., & Heiss, R. (2018). The social media political participation model: A goal systems theory perspective. *Convergence the International Journal of Research Into New Media Technologies*, *26*(1), 135–156. https://doi.org/10.1177/1354856517750366

Kruzan, K. P., Williams, K. D., Meyerhoff, J., Yoo, D. W., O'Dwyer, L. C., De Choudhury, M., & Mohr, D. C. (2022). Social media-based interventions for adolescent and young adult mental health: A scoping review. *Internet Interventions*, *30*, 100578. https://doi.org/10.1016/j.invent.2022.100578

Lebel, S., Mutsaers, B., Tomei, C., Leclair, C. S., Jones, G., Petricone-Westwood, D., Rutkowski, N., Ta, V., Trudel, G., Laflamme, S. Z., Lavigne, A., & Dinkel, A. (2020). Health anxiety and illness-related fears across diverse chronic illnesses: A systematic review on conceptualization, measurement, prevalence, course, and correlates. *PLOS ONE*, *15*(7), e0234124. https://doi.org/10.1371/journal.pone.0234124

Liu, Q., Wen, J., Wang, N., & Wang, M. (2024). Longitudinal associations between TikTok use, Self-Concept clarity, and anxiety among Chinese emerging adults: Exploring differential impacts of active and passive TikTok use. *Emerging Adulthood*. https://doi.org/10.1177/21676968241305653

Lup, K., Trub, L., & Rosenthal, L. (2015). Instagram #Instasad?: Exploring associations among Instagram use, depressive symptoms, negative social comparison, and strangers followed. *Cyberpsychology Behavior and Social Networking*, *18*(5), 247–252. https://doi.org/10.1089/cyber.2014.0560

Majerczak, P., & Strzelecki, A. (2022). Trust, Media Credibility, Social Ties, and the Intention to Share towards Information Verification in an Age of Fake News. *Behavioral Sciences*, *12*(2), 51. https://doi.org/10.3390/bs12020051

Marciano, L., Ostroumova, M., Schulz, P. J., & Camerini, A. (2022). Digital Media Use and Adolescents' Mental Health During the COVID-19 Pandemic: A Systematic Review and Meta-Analysis. *Frontiers in Public Health*, *9*. https://doi.org/10.3389/fpubh.2021.793868

Matthews, R., & Ross, E. (2010). Chapter 3: Questionnaires. *Research Methods: A practical guide for the social sciences*, 200-217.

McCashin, D., & Murphy, C. M. (2022). Using TikTok for public and youth mental health – A systematic review and content analysis. *Clinical Child Psychology and Psychiatry*, *28*(1), 279–306. https://doi.org/10.1177/13591045221106608

McCosker, A. (2018). Engaging mental health online: Insights from Beyondblue's Forum Influencers. *New Media & Society*, *20*(12), 4748–4764. https://doi.org/10.1177/1461444818784303

Metzger, M. J., & Flanagin, A. J. (2013). Credibility and trust of information in online environments: The use of cognitive heuristics. *Journal of Pragmatics*, *59*, 210–220. https://doi.org/10.1016/j.pragma.2013.07.012

Milton A, Ajmani L, DeVito MA, et al. (2023) "I see me here": mental health content, community, and algorithmic curation on TikTok. *In: Proceedings of the 2023 CHI Conference on Human Factors in Computing Systems,* 1–17. https://doi.org/10.1145/3544548.3581489

Mink, D. B., & Szymanski, D. M. (2022). TikTok use and body dissatisfaction: Examining direct, indirect, and moderated relations. *Body Image*, *43*, 205–216. https://doi.org/10.1016/j.bodyim.2022.09.006

Mojtahe, K. (2022). How social media affecting the mental health of Gen-Z: A mixed method study. *Archives of Clinical Psychiatry*, *49*(1), 114-118. https://doi.org/10.15761/0101-60830000000345

Montag, C., Yang, H., & Elhai, J. D. (2021). On the Psychology of TikTok Use: A First Glimpse From Empirical Findings. *Frontiers in Public Health*, *9*. https://doi.org/10.3389/fpubh.2021.641673

Motta, M., Liu, Y., & Yarnell, A. (2024). "Influencing the influencers:" a field experimental approach to promoting effective mental health communication on TikTok. *Scientific Reports*, *14*(1). https://doi.org/10.1038/s41598-024-56578-1

Muntingh, A. D., Van Der Feltz-Cornelis, C. M., Van Marwijk, H. W., Spinhoven, P., Penninx, B. W., & Van Balkom, A. J. (2011). Is the beck anxiety inventory a good tool to assess the severity of anxiety? A primary care study in The Netherlands study of depression and anxiety (NESDA). *BMC Family Practice*, *12*(1). https://doi.org/10.1186/1471-2296-12-66

Naslund, J. A., Bondre, A., Torous, J., & Aschbrenner, K. A. (2020). Social media and mental Health: benefits, risks, and opportunities for research and practice. *Journal of Technology in Behavioral Science*, *5*(3), 245–257. https://doi.org/10.1007/s41347-020-00134-x

Omar, B., & Dequan, W. (2020). Watch, share or create: The influence of personality traits and user motivation on TikTok Mobile video usage. *International Journal of Interactive Mobile Technologies (iJIM)*, *14*(04), 121. https://doi.org/10.3991/ijim.v14i04.12429

Osborne, J. W., & Waters, E. (2002). Four assumptions of multiple regression that researchers should always test. *Practical Assessment, Research, and Evaluation, 8*(2), 1–9. https://doi.org/10.7275/r222-hv44

Ohanian, R. (1990). Construction and validation of a scale to measure celebrity endorsers' perceived expertise, trustworthiness, and attractiveness. *Journal of Advertising*, *19*(3), 39–52. https://doi.org/10.1080/00913367.1990.10673191

Pretorius, C., Chambers, D., & Coyle, D. (2019). Young People's Online Help-Seeking and Mental Health Difficulties: Systematic Narrative review. *Journal of Medical Internet Research*, *21*(11), e13873. https://doi.org/10.2196/13873

Pretorius, C., McCashin, D., & Coyle, D. (2022). Mental health professionals as influencers on TikTok and Instagram: What role do they play in mental health literacy and help-seeking? *Internet Interventions*, *30*, 100591. https://doi.org/10.1016/j.invent.2022.100591

Ramsden, E., & Talbot, C. V. (2024). The role of TikTok in students' health and wellbeing. *International Journal of Mental Health and Addiction*. https://doi.org/10.1007/s11469-023-01224-6

Roberts-Lewis, S., Baxter, H., Mein, G., Quirke-McFarlane, S., Leggat, F. J., Garner, H., Powell, M., White, S., & Bearne, L. (2024). Examining the Effectiveness of Social Media for the dissemination of research evidence for health and social care practitioners: Systematic Review and Meta-Analysis. *Journal of Medical Internet Research*, *26*, e51418. https://doi.org/10.2196/51418

Salkovskis, P. M., Rimes, K. A., Warwick, H. M. C., & Clark, D. M. (2002). The Health Anxiety Inventory: development and validation of scales for the measurement of health anxiety and hypochondriasis. *Psychological Medicine*, *32*(05). https://doi.org/10.1017/s0033291702005822

Samuel, L., Kuijpers, K., & Bleakley, A. (2024). TherapyTok for Depression and Anxiety: A Quantitative Content Analysis of High Engagement TikTok Videos. *Journal of Adolescent Health*, *74*(6), 1184–1190. https://doi.org/10.1016/j.jadohealth.2024.02.002

Setia, M. (2016). Methodology series module 3: Cross-sectional studies. *Indian Journal of Dermatology*, *61*(3), 261. https://doi.org/10.4103/0019-5154.182410

Scharrer, E., & Ramasubramanian, S. (2025). Quantitative Research Methods in Communication: The Power of Numbers for Social Justice (2nd ed.). *Routledge.* https://doi.org/10.4324/9781003459453

Schmuck, D., Karsay, K., Matthes, J., & Stevic, A. (2019). "Looking Up and Feeling Down". The influence of mobile social networking site use on upward social comparison, self-esteem, and well-being of adult smartphone users. *Telematics and Informatics*, *42*, 101240. https://doi.org/10.1016/j.tele.2019.101240

Schunk, D. H., & DiBenedetto, M. K. (2019). Motivation and social cognitive theory. *Contemporary Educational Psychology*, *60*, 101832. https://doi.org/10.1016/j.cedpsych.2019.101832

Singh, A.S. and Masuku, M.B. (2014) Sampling Techniques and Determination of Sample Size in Applied Statistics Research: An Overview. International Journal of Economics, Commerce and Management, 2, 1-22.

Serman, Z. E., & Sims, J. (2022). Source Credibility Theory: SME hospitality sector blog posting during the COVID-19 pandemic. *Information Systems Frontiers*, *25*(6), 2317–2334. https://doi.org/10.1007/s10796-022-10349-3

Stahl, C. C., & Literat, I. (2022). #GenZ on TikTok: the collective online self-Portrait of the social media generation. *Journal of Youth Studies*, *26*(7), 925–946. https://doi.org/10.1080/13676261.2022.2053671

Suls, J., Martin, R., & Wheeler, L. (2002). Social comparison: why, with whom, and with what effect? *Current Directions in Psychological Science*, *11*(5), 159–163. https://doi.org/10.1111/1467-8721.00191

Sundar, S. S., & Limperos, A. M. (2013). Uses and Grats 2.0: New gratifications for new media. *Journal of Broadcasting & Electronic Media*, *57*(4), 504–525. https://doi.org/10.1080/08838151.2013.845827

Tercova, N., & Smahel, D. (2025). Digital skills' role in intended and unintended exposure to harmful online content among European adolescents. *Media and Communication*, *13*. https://doi.org/10.17645/mac.8963

Tian, X., Bi, X., & Chen, H. (2022). How short-form video features influence addiction behavior? Empirical research from the opponent process theory perspective. *Information Technology and People*, *36*(1), 387–408. https://doi.org/10.1108/itp-04-2020-0186

Ting, H., Memon, M. A., Thurasamy, R., & Cheah, J. (2025). Snowball Sampling: A review and guidelines for survey research. *Asian Journal of Business Research*, *15*(1), 1–15. https://doi.org/10.14707/ajbr.250186

Trifiro, B. M., & Prena, K. (2021). Active instagram use and its association with self-esteem and well-being. *Technology Mind and Behavior*, *2*(3), 1–5. https://doi.org/10.1037/tmb0000043

Triplett, N. T., Kingzette, A., Slivinski, L., & Niu, T. (2022). Ethics for Mental Health Influencers: MFTs as Public Social Media Personalities. *Contemporary Family Therapy*, *44*(2), 125–135. https://doi.org/10.1007/s10591-021-09632-3

Turuba, R., Cormier, W., Zimmerman, R., Ow, N., Zenone, M., Quintana, Y., Jenkins, E., Ben-David, S., Raimundo, A., Marcon, A. R., Mathias, S., Henderson, J., & Barbic, S. (2024). Exploring how youth use TikTok for mental health information in British Columbia, Canada: a qualitative study (Preprint). *JMIR Infodemiology*, *4*, e53233. https://doi.org/10.2196/53233

Turuba, R., Zenone, M., Srivastava, R., Stea, J., Quintana, Y., Ow, N., Marchand, K., Kwan, A., Ong, A., Ding, X., Warren, C., Marcon, A. R., Henderson, J., Mathias, S., & Barbic, S. (2025). Do you have depression? A summative content analysis of mental health-related content on TikTok. *Digital Health*, *11*. https://doi.org/10.1177/20552076241297062

Vaterlaus, J. M., & Winter, M. (2021). TikTok: an exploratory study of young adults' uses and gratifications. *The Social Science Journal*, 1–20. https://doi.org/10.1080/03623319.2021.1969882

Voggenreiter, A., Brandt, S., Putterer, F., Frings, A., & Pfeffer, J. (2023). The role of Likes: How online feedback impacts users' mental health. *Proceedings of the 16th ACM Web Science Conference*, 1–10. https://doi.org/10.1145/3614419.3643995

Wang, L., Li, X., Wang, D., & Zhu, J. (2024). Influence of social media fitness influencers' credibility on users' physical activity intentions. *Digital Health*, *10*. https://doi.org/10.1177/20552076241302016

Wallaroo Media. (2024, May 7). TikTok statistics – Everything you need to know [May 2024 update]. *Wallaroo Media.* https://wallaroomedia.com/blog/tiktok-statistics/

World Health Organization. (2022, June 17). Mental health. https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response

Wiggins, B. A. (2013). The Culture Industry, New Media, and the Shift from Creation to Curation; or, Enlightenment As a Kick in the Nuts. *Television & New Media*, *15*(5), 395–412. https://doi.org/10.1177/1527476412474696

Woolard, A., Paciente, R., Munro, E., Wickens, N., Wells, G., Ta, D., Mandzufas, J., & Lombardi, K. (2024). #TraumaTok: A content analysis of TikTok videos relating to trauma (Preprint). *JMIR Formative Research*, *8*, e49761. https://doi.org/10.2196/49761

Yadav, G. P., & Rai, J. (2017). The Generation Z and their Social Media Usage: A Review and a Research Outline. *Global Journal of Enterprise Information System*, *9*(2), 110. https://doi.org/10.18311/gjeis/2017/15748

Yang, C., Holden, S. M., & Ariati, J. (2021). Social Media and Psychological Well-Being among Youth: The Multidimensional Model of Social Media Use. *Clinical Child and Family Psychology Review*, *24*(3), 631–650. https://doi.org/10.1007/s10567-021-00359-z

Yilmaz, K. (2013). Comparison of quantitative and qualitative research traditions: Epistemological, theoretical, and methodological differences. *European journal of education*, *48*(2), 311-325. https://doi.org/10.1111/ejed.12014

Yoo, K. H., & Gretzel, U. (2008). The influence of perceived credibility on preferences for recommender systems as sources of advice. *Information Technology & Tourism*, *10*(2), 133–146. https://doi.org/10.3727/109830508784913059

Yoon, D., Gil, S., Trumbull, J., & Lim, S. (2024). TikTok and the prevalence of Self-Diagnoses and Psychological Disorders among Teen users. *Journal of Student Research*, *13*(1). https://doi.org/10.47611/jsrhs.v13i1.6317

Yong, A. G., & Pearce, S. (2013). A beginner's guide to factor analysis: Focusing on exploratory factor analysis. *Tutorials in Quantitative Methods for Psychology*, *9*(2), 79–94. https://doi.org/10.20982/tqmp.09.2.p079

Zayts-Spence, O., Edmonds, D., & Fortune, Z. (2023). Mental health, discourse and stigma. *BMC Psychology*, *11*(1). https://doi.org/10.1186/s40359-023-01210-6

Zhou, R. (2024). Understanding the impact of TikTok's recommendation algorithm on user engagement. *International Journal of Computer Science and Information Technology*, *3*(2), 201–208. https://doi.org/10.62051/ijcsit.v3n2.24

Zubair, U., Khan, M. K., & Albashari, M. (2023). Link between excessive social media use and psychiatric disorders. *Annals of Medicine and Surgery*, *85*(4), 875–878. https://doi.org/10.1097/ms9.0000000000000112

Appendix A

Exposure to Mental Health Content Scale (Tercova & Smahel, 2025)

The original text from research by Tercova and Smahel (2025) is as follows:

"On the internet, you may also encounter content (texts, images, videos) that is not healthy or that can be harmful. This includes content about taking drugs, alcohol, harmful and unhealthy dieting or eating, or other behaviors that can be harmful to your health."

The adapted text for this survey:

"On TikTok, you may come across content (texts, images, videos) related to mental health. This can include content about anxiety, depression, therapy, emotional well-being, self-care, stress management, or personal experiences with mental health challenges."

Exploring the Impact of TikTok Use on Mental Health Anxiety among Generation Z

Survey Flow

Standard: Introduction and Consent Form (3 Questions)

Branch: New Branch
    If
        If I hereby declare that, as a participant, that I give my informed consent to participate in this study. Is Not Selected
        And I hereby declare that, as a participant, that I do not give my consent to participate in this study. Is Selected

      EndSurvey: Advanced

Standard: Filter Question (1 Question)

Branch: New Branch
    If
        If Do you have a TikTok account? No Is Selected

      EndSurvey: Advanced

Standard: Demographic Information (4 Questions)
Standard: TikTok Intensity Use (4 Questions)
Standard: Exposure to Mental Health Content on TikTok (4 Questions)
Standard: Clarification of concepts (4 Questions)
Standard: Credibility of TikTok Influencers (3 Questions)
Standard: Mental Health Anxiety (20 Questions)

EndSurvey: Advanced

Page Break ───────────────────────────

Dear participant,

Thank you for considering participation in this survey.   This study is part of a Master's Thesis in Media and Business at the Erasmus University Rotterdam (EUR) by student Anastasija Leitane and supervised by Dr. Elisabeth Timmermans.

This study explores how certain patterns of TikTok use may relate to well-being among younger users.

Please note that participation in this study is limited to individuals who are 18 years or older and use TikTok.

Please read the following text carefully before you start. It contains important information about the study to ensure you are fully informed before providing your consent.

What is asked of you during the research?

In this questionnaire, you will be asked to answer some questions about your TikTok usage. Filling out this questionnaire usually takes about 8 minutes.

How will your data be treated?

All data obtained from this survey will be processed and reported entirely anonymously. Research data that are published and/or made publicly available (for example, in research reports or open repositories) are fully anonymous and cannot be traced back to any participants. Please be aware that your anonymous responses in this study may also be used for future research and learning purposes.

Do you have to participate in this study?

Participation in this study is voluntary. If you decide not to participate, you do not need to explain why, and there will be no negative consequences for you. You have the right to withdraw from this study at any time, but be aware that the research data powered by Qualtrics cannot be removed after participation since this data will be anonymous.

What else do you need to know?

You are encouraged to share any questions or comments you may have about the study. You may do so by emailing the student conducting the study (Anastasija Leitane, anastasia@student.eur.nl)

I hereby declare that, as a participant, that

1.   I give my informed consent to participate in this study. (1)
2.   I do not give my consent to participate in this study. (2)

End of Block: Introduction and Consent Form

Start of Block: Filter Question

TikTok Use Do you have a TikTok account?

3.   Yes (1)
4.   No (2)

Age What is your age?

▼ Younger than 18 (1) ... 90+ (74)

Gender What is your gender?

5.   Male (1)
6.   Female (2)
7.   Non-binary (3)
8.   Prefer not to say (4)

Nationality What is your nationality?

▼ Afghanistan (1) ... Zimbabwe (196)

Education What is the highest level of education you have completed?

9.   Less than high school degree (1)
10.   High school degree or equivalent (2)
11.   Bachelor's degree (3)
12.   Master's degree (4)
13.   Doctoral degree (PhD or equivalent) (5)
14.   Other (please indicate which) (6) _____
15.   Prefer not to indicate (7)

X

#tiktokuse Please indicate how much you agree or disagree 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)
TikTok is part of my everyday life. (1)	16.	17.	18.	19.	20.	21.	22.
I am proud to tell people I'm on TikTok. (2)	23.	24.	25.	26.	27.	28.	29.
TikTok has become part of my daily	30.	31.	32.	33.	34.	35.	36.

routine. (3)							
I feel out of touch when I haven't logged into TikTok for a while. (4)	37.	38.	39.	40.	41.	42.	43.
I feel I am part of the TikTok community. (5)	44.	45.	46.	47.	48.	49.	50.
I would be sorry if TikTok shut down. (6)	51.	52.	53.	54.	55.	56.	57.

#tiktokaccounts How many TikTok accounts do you follow?

58.   10 or less (1)
59.   11-50 (2)
60.   51-100 (3)
61.   101-150 (4)
62.   151-200 (5)
63.   201-250 (6)
64.   251-300 (7)
65.   301-400 (8)
66.   more than 400 (9)

#tiktokfollowers About how many total TikTok followers do you have?

67.   10 or less (1)
68.   11-50 (2)
69.   51-100 (3)
70.   101-150 (4)
71.   151-200 (5)
72.   201-250 (6)
73.   251-300 (7)
74.   301-400 (8)
75.   more than 400 (9)

#tiktokhours In the past week, on average, approximately how much time per day have you spent

actively using TikTok?

76.   Less than 1 hour (1)
77.   1-2 hours (2)
78.   2-4 hours (3)
79.   4-6 hours (4)
80.   more than 6 hours (5)

End of Block: TikTok Intensity Use

Start of Block: Exposure to Mental Health Content on TikTok

Q5 On TikTok, you may come across content (texts, images, videos) related to mental health. This can include content about anxiety, depression, therapy, emotional well-being, self-care, stress management, or personal experiences with mental health challenges.

#content Have you seen content like this on TikTok in the past month?

81.   Yes (1)
82.   No (2)

#intendedcontent How often have you seen content like this when you intended to see it?

83.   Never (1)
84.   Rarely (2)
85.   A few times a month (3)
86.   Once a week (4)
87.   Several times a week (5)
88.   Daily or almost daily (6)

#unintendedcontent How often have you seen content like this when you did not intend to see it?

89.   Never (1)
90.   Rarely (2)
91.   A few times a month (3)
92.   Once a week (4)
93.   Several times a week (5)
94.   Daily or almost daily (6)

End of Block: Exposure to Mental Health Content on TikTok

Start of Block: Clarification of concepts

In the next section, you will be asked to assess TikTok influencers who post about mental health on TikTok. Before you proceed with the statements, please read the brief explanation together with a few examples below:

TikTok influencers are individuals who have built a large following on the platform by consistently creating engaging content that resonates with their audience. Unlike traditional celebrities, these influencers often gain popularity by being relatable, authentic, and in tune with current trends. Their content can cover a wide range of topics, from fashion and lifestyle to education and mental health.

Mental health influencers often share personal stories, offer advice based on experience, or raise awareness about mental health issues such as anxiety, depression, ADHD, and others. Their content on TikTok can help reduce stigma, encourage open conversations, and motivate followers to seek support or adopt healthier coping strategies.

TikTok accounts of some famous mental health influencers on TikTok are shown below: 1. Dr. Julie

2. your.tiktok.therap1st

3. the.truth.doctor

Using the scales below, please indicate your perception of mental health influencers on TikTok on each of the following characteristics.

Please note that while some examples of influencers have been provided earlier for context, the following questions refer to your **general perception of mental health influencers on TikTok**, not just the examples mentioned.

Trustworthiness I think mental health influencers on TikTok are

	1 (1)	2 (2)	3 (3)	4 (4)	5 (5)	6 (6)	7 (7)	
Undependable	95.	96.	97.	98.	99.	100.	101.	Dependable
Dishonest	102.	103.	104.	105.	106.	107.	108.	Honest
Unreliable	109.	110.	111.	112.	113.	114.	115.	Reliable
Insincere	116.	117.	118.	119.	120.	121.	122.	Sincere
Untrustworthy	123.	124.	125.	126.	127.	128.	129.	Trustworthy

Expertise I think mental health influencers on TikTok are

	1 (1)	2 (2)	3 (3)	4 (4)	5 (5)	6 (6)	7 (7)	
Not experts	130.	131.	132.	133.	134.	135.	136.	Experts
Inexperienced	137.	138.	139.	140.	141.	142.	143.	Experienced
Unknowledgeable	144.	145.	146.	147.	148.	149.	150.	Knowledgeable
Unqualified	151.	152.	153.	154.	155.	156.	157.	Qualified
Unskilled	158.	159.	160.	161.	162.	163.	164.	Skilled

Each question in this section consists of a group of four statements.   Please read each group of statements carefully and then select the one that best describes your feelings about your mental well-being **over the past 6 months.** Identify the statement by choosing the preferred option; it may be that more than one statement applies, so please choose any that are applicable.   Please be aware that for the purpose of this survey the terms "mental" and "psychological" mean the same thing.

Q11

1.   I do not worry about my mental health. (1)
2.   I occasionally worry about my mental health. (2)
3.   I spend much of my time worrying about my mental health. (3)
4.   I spend most of my time worrying about my mental health. (4)

Q12

5. I notice unusual changes in my mental state less than most other people (of my age). (1)
6. I notice unusual changes in my mental state as much as most other people (of my age). (2)
7. I notice unusual changes in my mental state more than most other people (of my age). (3)
8. I am aware of unusual changes in my mental state all the time. (4)

Q13

9. As a rule I am not aware of unusual things happening in my mind. (1)
10. Sometimes I am aware of unusual things happening in my mind. (2)
11. I am often aware of unusual things happening in my mind. (3)
12. I am constantly aware of unusual things happening in my mind. (4)

Q14

13. Resisting thoughts of mental illness is never a problem. (1)
14. Most of the time I can resist thoughts of mental illness. (2)
15. I try to resist thoughts of mental illness but am often unable to do so. (3)
16. Thoughts of mental illness are so strong that I no longer even try to resist them. (4)

Q15

17. As a rule I am not afraid that I have a serious mental illness. (1)
18. I am sometimes afraid that I have a serious mental illness. (2)
19. I am often afraid that I have a serious mental illness. (3)
20. I am always afraid that I have a serious mental illness. (4)

Q16

21.   I do not have images (mental pictures) of myself being mentally ill. (1)
22.   I occasionally have images of myself being mentally ill. (2)
23.   I frequently have images of myself being mentally ill. (3)
24.   I constantly have images of myself being mentally ill. (4)

Q17

25.   I do not have any difficulty taking my mind off thoughts about my mental health. (1)
26.   I sometimes have difficulty taking my mind off thoughts about my mental health. (2)
27.   I often have difficulty in taking my mind off thoughts about my mental health. (3)
28.   Nothing can take my mind off thoughts about my mental health. (4)

Q18

29.   I am lastingly relieved if my doctor or mental health professional tells me there is nothing wrong. (1)
30.   I am initially relieved but the worries sometimes return later. (2)
31.   I am initially relieved but the worries always return later. (3)
32.   I am not relieved if my doctor or mental health professional tells me there is nothing wrong. (4)

Q19

33.   If I hear about a mental illness I never think I have it myself. (1)
34.   If I hear about a mental illness I sometimes think I have it myself. (2)
35.   If I hear about a mental illness I often think I have it myself. (3)
36.   If I hear about a mental illness I always think I have it myself. (4)

Q20

37.   If I experience an unexpected mental event I rarely wonder what it means. (1)
38.   If I experience an unexpected mental event I often wonder what it means. (2)
39.   If I experience an unexpected mental event I always wonder what it means. (3)
40.   If I experience an unexpected mental event I must know what it means. (4)

Q21

41.   I usually feel at very low risk for developing a serious mental illness. (1)
42.   I usually feel at fairly low risk for developing a serious mental illness. (2)
43.   I usually feel at moderate risk for developing a serious mental illness. (3)
44.   I usually feel at high risk for developing a serious mental illness. (4)

Q22

45.   I never think I have a serious mental illness. (1)
46.   I sometimes think I have a serious mental illness. (2)
47.   I often think I have a serious mental illness. (3)
48.   I usually think that I am seriously mentally ill. (4)

Q23

49.   If I notice an unexplained psychological sensation I don't find it difficult to think about other things. (1)
50.   If I notice an unexplained psychological sensation I sometimes find it difficult to think about other things. (2)
51.   If I notice an unexplained psychological sensation I often find it difficult to think about other things. (3)
52.   If I notice an unexplained psychological sensation I always find it difficult to think about other things. (4)

Q24

53. My family and friends would say I do not worry enough about my mental health. (1)
54. My family and friends would say I have a normal attitude to my mental health. (2)
55. My family and friends would say I worry too much about my mental health. (3)
56. My family and friends would say I am a hypochondriac. (4)

Page Break

For the following questions, please think about what it might be like if you had a serious mental illness of a type which particularly concerns you (for e.g. schizophrenia, bipolar, and so on). Obviously you cannot know for definite what it would be like; please give your best estimate of what you think might happen, basing your estimate on what you know about yourself and serious mental illness in general.

Q25

57.   If I had a serious mental illness I would still be able to enjoy things in my life quite a lot. (1)
58.   If I had a serious mental illness I would still be able to enjoy things in my life a little. (2)
59.   If I had a serious mental illness I would be almost completely unable to enjoy things in my life. (3)
60.   If I had a serious mental illness I would be completely unable to enjoy life at all. (4)

Q26

61.   If I developed a serious mental illness there is a good chance that modern medicine would be able to cure me. (1)
62.   If I developed a serious mental illness there is a moderate chance that modern medicine would be able to cure me. (2)
63.   If I developed a serious mental illness there is a very small chance that modern medicine would be able to cure me. (3)
64.   If I developed a serious mental illness there is no chance that modern medicine would be able to cure me. (4)

Q27

65.   A serious mental illness would ruin some aspects of my life. (1)
66.   A serious mental illness would ruin many aspects of my life. (2)
67.   A serious mental illness would ruin almost every aspect of my life. (3)
68.   A serious mental illness would ruin every aspect of my life. (4)

Q28

69.   If I had a serious mental illness I would not feel that I had lost my dignity. (1)
70.   If I had a serious mental illness I would feel that I had lost a little of my dignity. (2)
71.   If I had a serious mental illness I would feel that I had lost quite a lot of my dignity. (3)
72.   If I had a serious mental illness I would feel that I had totally lost my dignity. (4)

End of Block: Mental Health Anxiety

Appendix C

Examples of TikTok Influencers Provided in the Survey

TikTok accounts of some famous mental health influencers on TikTok are shown below:
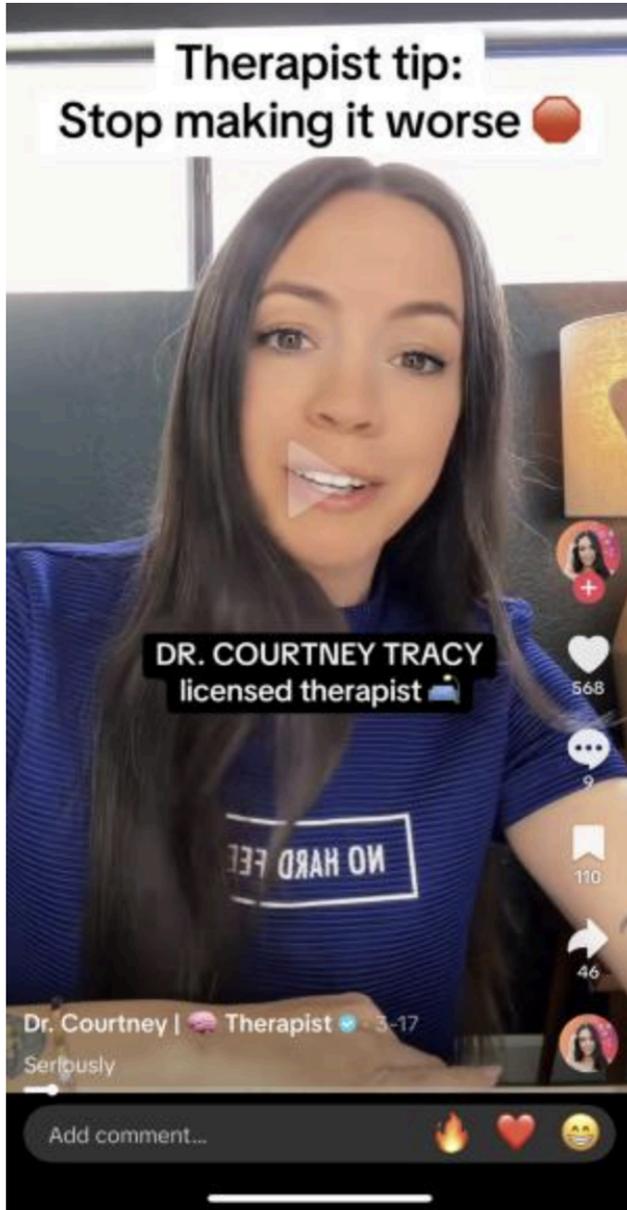
1. Dr. Julie

Screenshot

Appendix D

Debriefing Message

Thank you for taking the time to complete this survey!

Your response has been successfully recorded.

Given the topic of mental health, it's possible that some questions may have brought up unexpected or uncomfortable thoughts or emotions. If you feel that you would like or need support, please know that help is available and you're encouraged to reach out.

If you are located in the Netherlands:
- Online Mental Health Support (e-health)
- General Practitioner (GP) or Company Doctor
- If you are a student, contact your university's student psychologist or counseling services

If you are located in another European country:
- You can visit Mental Health Europe's list of youth helplines for country-specific support services: https://www.mentalhealtheurope.org/library/youth-helplines/
- International students can reach out to their university's support services for help and resources

If you have any questions or would like more information about the study, please feel free to contact the researcher, Anastasija Leitane, at anastasia@student.eur.nl

Appendix E

The Use of AI Declaration

      In this thesis, I used two generative AI tools, namely Grammarly and ChatGPT, for grammar and information purposes. First, a free version of the Grammarly AI tool was used for spell and grammar checks throughout the whole report. For easier use, I installed it as a Google Chrome Extension version 14.1240.0 that automatically corrects misspellings in the document and improves some basic grammar mistakes. It was very convenient for me since I was writing my thesis in Google Docs, where the Grammarly extension underlines and highlights typos that need to be corrected. For example, it helped me to correct some punctuation, typos (e.g. misspelt words), or missing commas that may have been overlooked in this lengthy document.

      Secondly, I used the ChatGPT AI tool, specifically version GPT-3.5, to help me understand the differences between the two moderated mediation models that I intended to use in my regression analyses. First, I referred to Hayes' book (2018), where I looked for an overview of the models and their interpretations. I identified two potentially suitable moderated mediation models (model 18 and model 76). However, since it was my first time doing such an analysis, I was still confused about which model was more suitable. I especially found it hard to differentiate between the mediation and moderation on different paths of the conceptual model. The majority of the YouTube videos I watched had tutorials on other models; thus, I did not find any on the PROCESS model 18 and model 76. I was able to find one explanation video that included model 76, but whether this was a suitable model for my analyses remained confusing. So, with ChatGPT, I could grasp a clear difference and choose a more suitable model for my analyses.

Declaration Page: Use of Generative AI Tools in Thesis

Student Information
Name: Anastasija Leitane
Student ID: 614302
Course Name: Master Thesis CM5000
Supervisor Name: Dr. Elisabeth Timmermans
Date: 26/06/2025

Declaration:

       As discussed in the Appendix section, generative AI was used for the two purposes. A free version of the Grammarly AI tool was used, and Google Chrome was installed as a browser extension to check for grammar and spelling corrections.

       Further, ChatGPT version GPT-3.5 was used to assist in choosing the correct moderation mediation model to use in the PROCESS macro in SPSS. Specifically, the following prompt was used:

- "What are the differences between model 18 and model 76 for Hayes' PROCESS macro for SPSS version 29."

Acknowledgment of Generative AI Tools

I acknowledge that I am aware of the existence and functionality of generative artificial intelligence (AI) tools, which are capable of producing content such as text, images, and other creative works autonomously.

GenAI use would include, but not limited to:

- Generated content (e.g., ChatGPT, Quillbot) limited strictly to content that is not assessed (e.g., thesis title).
- ~~Writing improvements, including~~ grammar and spelling corrections (e.g., Grammarly)
- Language translation (e.g., DeepL), without generative AI alterations/improvements.
- Research task assistance (e.g., finding survey scales, qualitative coding verification, debugging code)
- Using GenAI as a search engine tool to find academic articles or books (e.g.,

⊠ I declare that I have used generative AI tools, specifically [Name of the AI Tool(s) or Framework(s) Used], in the process of creating parts or components of my thesis. The purpose of using these tools was to aid in generating content or assisting with specific aspects of thesis work.

☐ I declare that I have NOT used any generative AI tools and that the assignment concerned is my original work.

Signature: [digital signature]
Date of Signature: [Date of Submission]

Extent of AI Usage

⊠ I confirm that while I utilized generative AI tools to aid in content creation, the majority of the intellectual effort, creative input, and decision-making involved in completing the thesis were undertaken by me. <u>I have enclosed the prompts/logging of the GenAI tool use in an appendix.</u>

Ethical and Academic Integrity

⊠ I understand the ethical implications and academic integrity concerns related to the use of AI tools in coursework. I assure that the AI-generated content was used responsibly, and any content derived from these tools has been appropriately cited and attributed according to the guidelines provided by the instructor and the course. I have taken necessary steps to distinguish between my original work and the AI-generated contributions. Any direct quotations, paraphrased content, or other forms of AI-generated material have been properly referenced in accordance with academic conventions.

By signing this declaration, I affirm that this declaration is accurate and truthful. I take full responsibility for the integrity of my assignment and am prepared to discuss and explain the role of generative AI tools in my creative process if required by the instructor or the Examination Board. I further affirm that I have used generative AI tools in accordance with ethical standards and academic integrity expectations.

Signature: Anastasija Leitane
Date of Signature: 26/06/2025