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Mental health advice on TikTok

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ABSTRACT

In this paper, we provide the first, large-scale corpus-pragmatic analysis of mental health advice by social media influencers on TikTok. We identify advice-giving in large datasets focusing on if-conditionals as a specific form that allows us to analyse how the audience is positioned relative to a need and the solution which is then proposed. To identify the different ways in which mental health issues are presented, we use an adapted version of the 'mental health quotient' (Newson and Thiagarajan, 2020), as a linguistically informed framework for differentiating between lay discussions of mental health and those that invoke specific disorders. We sample a corpus of over 27,000 TikTok videos from 85 mental health influencers, using corpus-scale identification to extract and analyse if-conditionals produced by mental health professionals and wellness influencers. Our analysis of the protasis shows how these two types of influencers use prompts that share some similarities but also rely on fundamentally different models of healthcare. The relationship between these prompts and the information and recommendations in the apodosis show how health professionals rely on diagnostic information and therapeutic advice, while wellness influencers recommend embodied practice and products to treat mental health issues. These findings set out the distinctive ecosystem of healthcare which is emerging within the algorithmically driven contexts of sites like TikTok.

1. Introduction

Advice was once tied primarily to interpersonal and institutional contexts such as family, friendship networks or expert consultations, but in many areas, such as mental health communication, it has increasingly moved online (Zhao and Zhang, 2017). Through forums, advice blogs, and question-answer websites, mental health advice has become both public and persistent, enabling people to give and seek out relevant advice online on a wide variety of issues. Social media represents a further context in this online ecology, where unsolicited advice is produced for an imagined audience. However, little is known about how advice about mental health is linguistically constructed on social media.

Social media influencers are controversial figures, who as 'life style gurus' (Baker and Rojek, 2020) are known to provide advice. The emerging literature has begun to scrutinise the role of health professionals who as influencers offer advice online (Kaňková et al., 2024a), but limited attention has been paid to other influencers who also discuss mental health

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online, such as wellness practitioners and lay individuals (Christiansen et al., 2025). Given that these influencers may approach mental health advice from different perspectives, we need to better understand the pragmatic strategies by which they appeal to their audiences.

This is particularly important within short-form video sites like TikTok which exemplify the shift towards recommendation via algorithmic consumption (Entrena-Serrano, 2025), where viewers may intentionally seek advice (e.g. via searches or choosing to follow a particular figure) or may encounter it incidentally in the algorithmic feeds which push content to viewers. In addition, TikTok's emphasis on brief videos and simple, relatable delivery shape the kinds of advice creators tend to offer, resulting in mental health advice that is often framed as universally applicable despite the diverse and varied circumstances of the audiences who might encounter it.

In this context, the need to distinguish between the advice given by different influencers is pressing. We need to better understand the language that they use, how they construct authority and position themselves in relation to viewers dealing with mental health challenges, and ultimately how they position solutions to those challenges. However, advice is notoriously difficult to identify due to its lack of clear lexical markers. The issue of identification is further complicated by the way mental health is discussed in social media settings, which frequently appears in indirect or experiential forms rather than through named disorders, making it difficult to further differentiate between advice related to mental health.

In this paper, we present the first linguistic account of advice-giving about mental health on TikTok by social media influencers. To tackle the ongoing challenges of identifying advice-giving at scale, we refine the corpus linguistic procedures used in previous corpus pragmatic work (Põldvere et al., 2022) and focus on 'if-conditionals'. This allows us to go beyond the analysis of advice-giving verbs and investigate how influencers position their imagined advice-recipients and proposed solutions within mental health communication.

In doing so, we seek to answer the following research questions:

I. How can we identify advice on social media about mental health in ways that incorporate the issue and proposed solution within a short span of text?
II. How can we differentiate between diagnostic and lay discussions of mental health challenges in a systematic, replicable manner?
III. How do different types of influencers refer to mental health conditions when they give advice?
IV. How do different influencers make recommendations in their advice-giving?

2. Literature review

2.1. Social media influencers and mental health advice

During the last two decades, social media sites have been used increasingly for communication on health (Akhther and Sopory, 2022). During and after the COVID-19 pandemic, public discourse around physical and mental wellbeing further normalised the act of sharing mental health challenges online (Pretorius and Coyle, 2021). In this context, TikTok served as a platform that situated discussions of personal struggles with isolation, depression and anxiety within a relatable, peer-to-peer framework (Basch et al., 2022) and in a post-pandemic world, the site has become a key channel for health information, advice and emotional support (Kirkpatrick and Lawrie, 2024). The authority of social media influencers on platforms like TikTok to give advice is often not rooted in formal expertise, but rather in affective forms of credibility, such as authenticity and relatability. Broadly speaking, influencers can be defined as "third party endorsers or opinion leaders" (Garcés-Conejos Blitvich and Georgakopoulou, 2024, p. 1) who through the size of their audience and the authenticity of their content "exert influence over their audience" (Engel et al., 2024, p. 9). In this study, we are interested in what we call 'mental health influencers': an umbrella term which includes medical professionals, therapists, behavioural coaches, and lay people who share information about, and personal experience with, mental health. This plurality of perspectives has been popularly credited with democratising the discussion of mental health and bringing mainstream attention to previously taboo topics (Schmall and Mogg, 2025). However, studies have shown that the information and advice about health presented by this broad group of influencers often contains misinformation (Kaňková et al., 2024a, 2024b), with some reports estimating that nearly half of all popular mental health content on TikTok contains misinformation, a portion of which is considered dangerous (Hall and Keenan; PlushCare, 2025). Better understanding of how different mental health influencers give advice is thus crucial.

2.2. Advice as a pragmatic and linguistic phenomenon

Advice has long been a curiosity to scholars within linguistics and pragmatics, due in part to its lack of a clear lexical marker (Sneddon, 2023). In an early linguistic exploration of 'ought', Diggs (1960, p. 301) notes that while advice is about fulfilling a request, this can be achieved through "any number of expressions". In seminal pragmatic works, Austin and John (1962) and Searle (1969) situate advice as a form of directive speech act with relatively low degree of illocutionary force, arguing that advice does not inherently impose obligation but is instead "telling you what is best for you" (Searle, 1969, p. 66). Later work by Searle and Vanderveken (1985) repositioned this concept, noting that the strength of the illocutionary

point is in part determined by the authority of the advice giver. Hutchby (1995) argues that advice is inherently asymmetrical and involves an assumed deficit in the knowledge of the advisee. Locher and Hoffmann (2006) emphasise the co-construction of advice, arguing that its force is not inherent but emerges through interaction.

While advice lacks a uniform lexical structure, conditional advice follows a recognisable pragmatic pattern. In so-called 'if-conditional' advice, recommendations are framed through a hypothetical scenario that projects possible consequences, i.e. "if x is true, then y is suggested" (see Athanasiadou and Dirven, 1997). As is common in conditional sentences, if-conditional advice is split into two elements: the main clause, containing the advice itself, referred to as the apodosis (i.e. "y is suggested") and the conditional clause, classically containing the requirement for the advice to be valid, referred to as the protasis (but only "if x is true"). The requirements of conditionals have long been of interest to linguists (cf. Johnson-Laird and Byrne, 2002), and if-conditionals specifically were used by Ferguson (2001) to examine one-to-one medical advice-giving. However, unlike canonical epistemic conditionals which directly tie the truthfulness of the hypothetical to what comes before, the effectiveness or utility of the advice offered on social media is rarely in question. To that end, this paper examines the protasis not as a truth-conditional, but rather as a discursive act of audience positioning akin to what Gabrielatos (2010, p. 244) refers to as 'directed desirability conditionals' that centre on "obligation and permission" to express "an order, directive, rule, regulation, permission, promise, threat, advice [or] suggestion". Haugh (2017, p. 192) further refers to this specific type of directive conditional as 'prompting', suggesting that rather than being truth-conditional, offers of assistance are predicated on "inferences about what the recipient of the offer might want or need". In this sense, as Locher (2013) notes, advice may also been seen to incorporate the activity of information-sharing in both solicited and unsolicited circumstances.

Use of advice in conversation has been explored extensively in linguistics, particularly around health and mental health, where the negotiation of expertise and empathy is especially important. Numerous studies of primary care interactions have highlighted the difficulties faced by health professionals in face-to-face advice-giving situations, and shown the strategies of alignment necessary to ensure advice uptake (Albury et al., 2019; Bergen, 2020; Heritage and Sefi, 1992; Stivers, 2005). Connabeer (2021), in particular, shows that if-conditionals are used as a common strategy by primary care consultants in the UK when navigating challenging interactions related to lifestyle advice, for example in face to face advice about smoking: "(…) if you (.) [if]someone who had asthmatic tendencies and [has two bouts of pne]umonia, it's not rea:lly a good idea (…) it's a good idea to stop" (Connabeer, 2021, p. 9).

These interactional concerns have also been shown to persist in mediated health advice as well. Studies of health and mental health helplines (Bloch and Leydon, 2019; Butler et al., 2010; Hutchby and Wooffitt, 2008; Torode, 1995) have shown the way advice-givers balance expertise with empathetic engagement to avoid alienating callers. Likewise, in their work on online advice columns, Locher and Hoffmann (2006) shows how even the fictional persona of 'Lucy' maintains a non-directive approach to advice to facilitate "independent" but "responsible" decision processes.

Over the past two decades, research has turned to the way advice and information is requested and shared in online support groups and forums. Numerous studies have looked at the way users across English and non-English language forums seek and provide advice on mental health topics like depression (Lamerichs and Te Molder, 2003), bipolar disorder (Vayreda and Antaki, 2009), eating disorders (Bates, 2019), self-harm (Jones et al., 2011; Smithson et al., 2011) parental mental illness (Widemalm and Hjärthag, 2015) and anxiety (Collins and Baker, 2023). Since the popularisation of social media, the scholarly focus has begun to investigate how people share experiences and seek peer advice. Recent studies have examined the use of social media platforms as online resources of health information (Loades et al., 2024; Pretorius and Coyle, 2021) and the role social media influencers play in help-seeking and mental health literacy (Kaňková et al., 2024a, 2024b; Pretorius et al., 2022a). Studies have also examined the responses by audiences to different kinds of mental health content, including advice (Koinig, 2022; Wickström and Lind, 2024), however, linguistic analysis of mental health advice-giving on social media has thus far been rare and relatively small-scale due to the complexity of gathering and analysing social media data. Larger scale studies have tended to employ content analysis, such as Turuba et al. (2025) which relates content themes to misleading and non-misleading mental health information.

3. Data and methods

The full dataset for this study was first employed in Christiansen et al. (2025) and comprises more than 27,000 videos posted to TikTok between March 2023 and March 2024 from 85 users across three types of mental health influencers: Health Professionals (n = 30), Wellness Figures (n = 25) and Lived Experience Influencers (n = 30). Whereas the original use of the dataset explored the multimodal affordances that are core to TikTok, this paper focuses purely on the linguistic elements found within the transcribed verbal data. The text corpus, made up of the extracted voice-to-text transcriptions from the videos, total approximately 4,000,000 tokens. All data was collected using the TikTok Research Application Interface (API) in accordance with the company's terms of service.

As outlined in previous uses of the dataset (ibid), influencers were categorised based on the information presented in their TikTok accounts or linked materials as:

- *Mental health professionals* including psychologists, psychiatrists, therapists, counsellors and therapeutic coaches
- *Lived experience experts*, i.e. lay persons without professional credentials who narrate their personal journey through a range of mental health challenges

- *Wellness figures*, including nutritionists, fitness and wellbeing coaches as well as influencers practicing so-called alternative medicine

Each group included a range of micro-influencers (minimum 10,000 followers), mid-influencers (minimum 100,000 followers) and mega-influencers (minimum 1 million followers).[1]

3.1. "If you" sampling and advice

In this study, we operationalise advice as encompassing explicit recommendations as well as conditional, probabilistic or interpretive statements where the communicative act is intended to orient the recipient toward interpreting or managing a challenge. In line with Locher and Hoffman (Locher, 2013, p. 346; Locher and Hoffmann, 2006), who include explanations as a form of advice-giving, we take an extended approach to our definition of advice and include interrogative and informational elements that invite introspection, such as diagnostic information and explanations.

Inspired by previous work in corpus pragmatics that sought to classify advice constructions (Põldvere et al., 2022), we used a mixed methods approach. To provide a quantitative start point, we tested two separate approaches to identifying social media mental health advice, namely performative verbs like 'advice' and conditionals like 'if you'.[2] In the first test of performative verbs, we used the 'thesaurus' feature found in the corpus tool SketchEngine (Kilgarriff et al., 2014). We identified the highest-frequency performative verbs related to advice, "suggest", "recommend", "advice", and "encourage", and sampled 701 concordances where one featured as the node word, each containing 100 words left and right of the node. Of the sampled concordances, just over half (53 %, n = 375) were manually assessed as containing advice and 165 (44 %) as containing advice related to mental health as opposed to general advice or recommendations. The distribution of advice-giving verbs within the three mental health influencer types is shown in Table 1.

Table 1
Distribution of suggest, recommend, advice and encourage in three influencer datasets.

	suggest	recommend	advice	encourage
Lived	10 % (n = 3)	52 % (n = 16)	26 % (n = 8)	13 % (n = 4)
Professional	6 % (n = 4)	55 % (n = 35)	6 % (n = 4)	33 % (n = 21)
Wellness	24 % (n = 17)	63 % (n = 44)	13 % (n = 9)	0 % (n = 0)

However, while performative verbs were strongly associated with advice, assessing the form and function of that advice, even within 200 words of co-text was often difficult, and further challenges remained in distinguishing between the ways that the influencers referenced mental health issues, disorders and symptoms.

In the second test of conditionals, we initially extracted all uses of the bigram "if you" and found that nearly half of all videos produced by the influencers categorised as either mental health professionals or wellness figures (44 %, n = 9687) contained at least one use of "if you". However, within the initial analysis, it became clear that this approach resulted in disproportionately high numbers of false positives, particularly in examples where the bigram appeared within a longer existing context. To filter out false positives, we narrowed the data to include only videos within which "if you" appeared as part of the first five words spoken. The result was a more limited dataset of 743 videos, but with a minimal number of false positives, assessed during the analysis to be about 8 % (n = 48) of the data for a total of 695 videos from 44 influencers containing advice-giving, of which 45 % (n = 314) contained mental health advice. The median video output per user was 3, with some outliers producing up to five times that amount. A single user was found to be an extreme outlier in terms of advice output (n = 141) all of which used a single repeated prompt. While the if-conditionals produced by this user went through the process we describe below, their output was ultimately removed from the analysis to avoid skewing the findings towards the trends of a single individual.

We focus here on if-conditionals as a distinct aspect of advice which allow us methodologically to follow the stepwise process of (1) Identifying the prompts in the protasis, (2) categorising the types of mental health issues in the protasis, (3) categorising the responses that follow as recommendations in the apodosis and (4) analysing the relationship between the two. However, a key challenge in this process is to establish a reliable framework to distinguish between lay and expert descriptions of mental health, which we set out below.

3.2. A framework for analysing mental health prompts

The prompts were analysed to distinguish between the positioning of mental health issues by lay and medical terminology using Newson and Thiagarajan's (2020) 'inventory of mental health and well-being elements'. This study is the first

[1] Notably, while the lived experience influencer data is part of the overall dataset, it featured only very rarely in the analysis as though this type of influencer does engage in if-conditional audience prompting, nearly none of the examples were part of advice-giving.

[2] The auto-transcriptions of TikTok appear to favour the US spelling 'advice' even in verb form. A small number of included videos did make inconsistent use of 'advise', but this may have been the result of editing by the video creator.

to adapt the inventory, which normally powers a self-assessment tool, for use in a linguistic context. The inventory draws on more than ten thousand diagnostic questions from 126 mental health diagnostic tools, condensing them into a structure of a 43 symptom categories and 47 semantically distinct items, which in turn power the so-called "Mental Health Quotient" (MHQ). The MHQ is a self-assessment tool consisting of 47 questions, 27 of which consider "mental functions that could manifest as a spectrum from positive to negative" (spectrum questions) and 20 of which consider "symptoms that purely represented detractions from overall mental health" (problem questions) (Newson and Thiagarajan, 2020, p. 3). Importantly, the MHQ was created with "a naïve respondent" (ibid.) in mind, so the questions formulated around the items consider non-diagnostic descriptors used by lay people when discussing mental health disorders and symptoms. To construct our coding framework, we reverse-engineer the questions that inform the MHQ to provide item and code descriptors.

Our framework thus draws on the MHQ in two ways. First, each prompt was coded as either pathologised, i.e. limited to specific references to disorders, or experiential, i.e. encompassing symptom-oriented keywords and non-diagnostic terminology. Secondly, we ensure the reliability of an experiential code by aligning it with a corresponding item found in the structure that informs the MHQ, where item type functions as the top level (e.g. 1, 2) and individual items at the sub-level (e.g. 1.16, 2.3). The framework takes the unit of analysis as the protasis of the if-conditional structure, beginning from the start of the if-clause and ending at the start of the then-clause. In line with the way Haugh (2017, p. 199) conceptualises the first move within prompted offers of assistance, the prompt itself is considered the identification of "needs, difficulties, troubles or noticeable absences". As an example, in (1) the unit of analysis includes "[a]re looking for ways to manage anxiety" and the audience prompt in question is "anxiety".

(1) ***if you're looking for ways to manage anxiety*** *here's something to consider*

As anxiety is a recognised mental health disorder, it is coded in our framework as 'pathology' and requires no further itemisation. In example (2), shown below, the struggle with "intrusive thoughts" instead sits within 'experiential' language, specifically MHQ item 2.6, "Unwanted, strange, or obsessive thoughts", which is described as "Repetitive, strange or unpleasant thoughts that you can't stop thinking about or easily control".

(2) ***if you are struggling with intrusive thoughts*** [2.6]***,*** *I really want you to listen to this*

Finally, some examples in the data engaged in multi-prompt strategies, as seen below in (3). In such cases, each individually identified prompt was coded according to its corresponding MHQ item.

(3) ***okay, if you guys have any constipation issues*** [2.19] ***or anything, you have trouble sleeping*** [1.6] ***or anything like that****, don't forget to take your freaking magnesium*

To ensure consistency, we further limited our approach to direct references to conditions or symptoms, leaving out more abstract references to mental health issues found in the videos, such as "if you are taking antidepressants" or "if you are on a healing journey".

To test the reliability of the approach, two coders independently assessed a ~10 % sample of the data, ($n = 30$) including dummy examples of 'pathology' items, applying binary codes according to the 47 items. While the first round of coding found high agreement in top level codes ($\kappa = 0.90$), individual items proved more mixed ($\kappa = 0.72$). After further familiarisation with the codes and internal discussion between coders, the second-round agreement scores at an individual item level were significantly stronger ($\kappa = 0.915$). Some lingering disagreement is explained by the fluid nature of terms like 'anxiety' and 'depression' which at times made it difficult to differentiate between pathologised and experiential use.

The advice was coded, focusing on the apodosis of the if-conditional, usually positioned as a then-clause immediately following the ending of the protasis. Advice was coded as involving assessments and diagnostic explanations ('diagnosis'), recommendations that the audience employ a therapeutic intervention or technique, typically on the advice of a professional ('therapeutic action'), suggestions for practices that the audience could undertake without the help of a professional ('self-directed practice') and product-based solutions ('product'), such as consumables, wearables or educational materials. As an example, in (4) a mental health professional uses 'anxiety' and 'anxious' as prompts in relation to the need for specific therapeutic action, namely "deeper work" and "inner child work".

(4) *if you're experiencing anxiety and you've had different types of therapy or you still find it that you stuck in the anxious cycle and you just want to get out of it that's an indicator that you need to do some deeper work and what is deeper work* ***it's inner child work it's working directly with your emotions***

In contrast, as shown in (5), a wellness figure uses 'feeling depressed' as a prompt in relation to a specific self-directed practice, which they then go on to explain.

(5) *So if you're feeling depressed or you need to kind of feel like you need to kind of soothe the body a little bit, and everything's just getting overwhelming on your nervous system, this is one of my favorite* ***exercises to do (…)***

Inter-coder agreement tests for advice coding were performed on ~25 % of the data (n = 80) using two independent coders and showed significant agreement within the first round of coding ($\kappa = 0.89$).

4. Results

This section presents the findings of the corpus pragmatic analysis. Section 4.1 examines the protasis of the if-conditional, assessing the differences and similarities in the way the two types of mental health influencers employ prompts when offering mental health advice. Section 4.2 draws further connections between the protasis and the apodosis, examining both the mental health-related advice offered by the two influencer types and the direct connections between the language in prompts and the forms of advice offered.

4.1. Prompts

Table 2 contains the absolute frequencies and % distribution of the mental health issues found in the prompts within the two types of influencers. In cases where if-conditionals include both a pathology and experiential prompt, both were counted. Table 3 contains the absolute frequencies and % distribution of the specific mental health prompts employed. In cases where multiple prompts are employed, each prompt is coded individually and counted as individual frequency of use, meaning there is no exact overlap between the frequencies in the two tables.

Table 2
Percentage of videos containing pathologised or experiential prompts by influencer type.

	Professional	Wellness
Pathologised	29 % (n = 25)	27 % (n = 17)
Experiential	71 % (n = 62)	73 % (n = 46)

Table 3
Highest frequency experiential and pathologised prompts by influencer type.

Professional		Wellness	
Experiential Prompt	Freq	Experiential Prompt	Freq
Shame	13	Sleep problems	7
Anxious	8	Anxiety	5
Trauma	8	Stress	5
Feeling stuck	4	Binge eating	4
Relational (child, parent)	4	Hormones	3
Obsession	2	Anxious	3
Stress	2	Depression	2
Boundary-setting	2	Sadness	2
Anxiety	1	Weight loss	2
Social anxiety	1	Arousal	2
Pathology prompt	**Freq**	**Pathology prompt**	**Freq**
Anxiety	13	Anxiety	8
Depression	5	Depression	2
OCD	3	ADD	2
Social anxiety	2	Eating disorder	1
Eating disorder	1	Social anxiety	1
Phobia	1	PMDD	1

Table 2 shows the percentage distribution of experiential and pathologised prompting by the two types of influencers, indicating only very minor differences in the frequency of pathologised and experiential prompts. Table 3 shows the specific examples employed as part of the prompting strategy in the protasis. In terms of the prompts themselves, Table 3 indicates that professionals tend to emphasise more introspective, emotional states that characterise mental health experiences when prompting their audience, including ‘shame’, ‘trauma’ and the abstract feeling of being ‘stuck’. Table 4 further highlights how mental health professionals tend to position these experiences within the metaphors of activity and effort such as ‘working through’ feelings as seen in line 3 and the ‘healing journey’ metaphor seen in lines 2 and 10.

Table 4
Concordances of highest frequency 'experiential' prompts (shame, anxious, trauma, stuck) in Professional.

Line	Left	Node	Right
1	If you grew up being	Shamed	A lot
2	If you're on a journey to heal your	Shame	
3	If you're working through feelings of	Shame	And unworthiness
4	If you're a little bit	Anxious	Or tense in the day
5	If you get	Anxious	In an exam
6	If you're feeling	Anxious	And start having that panicky, um, feeling in our body
7	If you or someone you love has ever experienced	Trauma	
8	If you're a	Trauma	Survivor
9	If you feel	Stuck	And dissatisfied in your life
10	If you're really self-aware but you feel	Stuck	In your healing journey

Wellness influencers more frequently construct their prompts around physiological experiences linked to mental health challenges such as 'sleep problems', 'binge eating' and 'hormones' as seen in Table 3. 'Stress' is often positioned as physically embodied in context. An example of this can be seen in Table 5, line 5 where a connection is drawn between chronic stress and physical ill-health. Wellness influencers are also more likely to present experiential prompts as part of their personal experience, either by highlighting symptoms as common or by situating themselves as dealing with the same challenge. An example of the latter is shown in Table 5, line 2 where the prompt connects sleep problems to the symptomatic act of catastrophic thinking but mitigates the prompt as a face threatening action by aligning the influencer with the audience, i.e. "if you're like me". In addition to situating the struggle as shared between creator and viewer, this framing ensures a level of personalised authority for the advice provided.

Table 5
Concordances of highest frequency 'experiential' prompts (sleep problems, stress, eating, anxiety) in Wellness.

Line	Left	Node	Right
1	If you're struggling to	Sleep	In this hot summer
2	If you are like me and tend to	Lie awake	At night thinking about that anything that could go wrong or is wrong
3	Okay, if you guys have any constipation issues or anything, you have trouble	Sleeping	Or anything like that
4	So if you're getting	Stressed	And you're having a bit of a day of it
5	If you're chronically	Stressed	And you don't wanna suffer the health effects of that
6	If you're feeling	Stressed	And anxious
7	If you want to stop	Binge eating	
8	If you're all day just	Eating	And eating and eating
9	If you ever feel like you have	Anxiety	In your chest
10	If you deal with feelings of	Anxiety	Racing heartbeat or moodiness

Pathologised descriptions of mental health are less frequent in prompts from both types of influencer. The highest frequency conditions in the pathologised prompts are 'anxiety' and 'depression', in line with studies which have shown an association between medical and pseudoscientific diagnosis of these conditions due to their more subjective nature (Stea and Hupp, 2023). Looking at these in context, however, their use differs according to the type of influencer. The prompts employed by mental health professionals tend to refer to a specific form of disorder, namely 'high functioning' variations of anxiety and depression as shown in Table 6, lines 3, 4, 6 and 7, or by action as something that either should be or is currently being 'managed' as seen in line 1.

Table 6
Concordances of anxiety and depression as 'pathology' prompts in Professional.

Line	Left	Node	Right
1	If you're looking for ways to manage	Anxiety	
2	If you struggle with	Anxiety	
3	6 things you should know if you have high functioning	Anxiety	
4	If you have high functioning	Anxiety	
5	If you end up experiencing a period of depression or	Anxiety	
6	If you struggle with high functioning	Depression	
7	If you have high functioning	Depression	

Wellness influencers more often situate anxiety and depression as something that the audience may want to 'get rid of' or 'avoid' as seen in Table 7, lines 4 and 6, and to be treated without traditional prescription medication as in line 4 but instead with health supplements like ashwaganda (line 3).

Table 7
Concordances of anxiety and depression as 'pathology' prompts in Wellness.

Line	Left	Node	Right
1	Hey, guys. </s><s> so if you have	Anxiety	
2	So if you're suffering from	Anxiety	
3	If you're taking ashwaganda for	Anxiety	And you feel like you need something a little bit stronger
4	If you've ever wanted to get rid of	Anxiety	Without prescription medication
5	If you deal with	Anxiety	Racing heartbeat or moodiness
6	Now, if you're looking for ways to avoid seasonal	Depression	
7	So if you're suffering from	Depression	

4.2. Advice

The second part of the analysis centres on the apodosis of the if-conditional structure. The Sankey diagram, shown in Fig. 1, visualises the quantitative connection between specific prompts and the ways in which advice is formulated by the two influencer types. The width of each band represents prompt frequency (e.g. 'Anxiety' is more frequent than 'Trauma'), the flow shows its relation to forms of advice (e.g. the advice offered when the prompt 'Trauma' is used is most often 'diagnosis' and more rarely 'therapy'), while the colour reflects the strength of connection of any part of the flow to a specific influencer type.

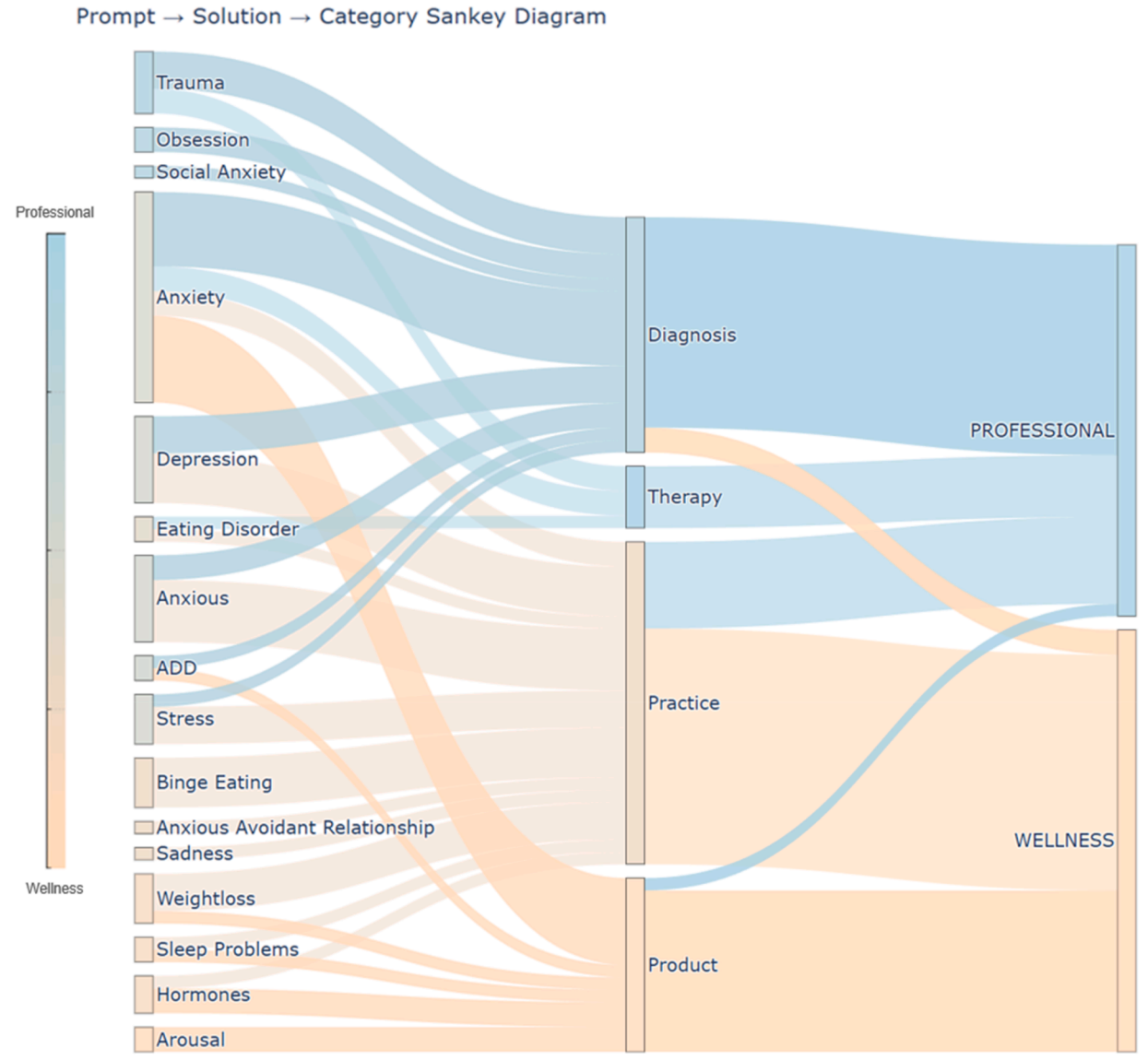

Fig. 1. Sankey Diagram showing relationship between Prompts and Advice by influencer type.

Figure 1 shows that quantitively, the relationship between the advice content in the apodosis and the prompts in if-conditional advice-giving are divergent and largely exclusive to each influencer group. Diagnostic explanations and therapy-related solutions are typically used by mental health professionals while product-based recommendations are exclusive to wellness influencers except for a single influencer in the mental health professional type. Practice-based solutions were used by both types of influencer.

Table 8
Five examples of advice prompts and solutions given by Mental Health Professionals.

Line	Prompt	Advice	Apodosis
1	Feeling numb	Diagnosis	you might be struggling with something called anhedonia that's the inability to enjoy things that would normally give you pleasure and here are the symptoms
2	Stress	Diagnosis	Most likely your nervous system is dysregulated so it's stuck in fight flight or freeze mode and that affects your brain's ability to focus and make good decisions
3	Anxiety	Therapy	that's an indicator that you need to do some deeper work and what is deeper work it's inner child work it's working directly with your emotions
4	Depression	Practice	Here are 5 things you should avoid
5	Phobia	Practice	In order to overcome a phobia you need to learn to desensitize the amygdala

Table 9
Five examples of advice prompts and solutions given by Wellness Influencers.

Line	Prompt	Advice	Apodosis
1	Depression	Practice	This is a really simple exercise which will actually help lift your mood and just generally sort of make everything feel just a little bit kinder in your body. </s><s> It's called heart shaking
2	Anxiety	Practice	This is a really simple point that will help you straight away
3	Anxiety	Product	All you need is a gua Sha tool and some oil
4	Anxiety	Product	Here are the top three supplements that I used myself to get rid of my debilitating anxiety
5	Anxiety	Product	I Got supplements that will help with that feeling all anti anxiety anti stress

Qualitatively, the mental health professionals who offer diagnostic explanations use pathologised terminology, e.g. 'anhedonia' or therapeutic terminology to describe the 'nervous system' (Table 8, lines 1 and 2). These explanations occur as precursors to stating the influencer's professional expertise, such as 'I'm a therapist', 'I'm a licensed clinical psychologist in [place]' or I'm a consultant psychiatrist and my job is to diagnose and treat mental health conditions'.

On the fewer occasions (n = 4) when wellness influencers provide diagnostic explanations, these tend to be related to hormonal conditions related to mental health:

> if you look in the mirror the week before your period and you don't recognize yourself, it's because you might have PMS related dysmorphia. and it happens because our estrogen and progesterone dip before a period, and that drags our serotonin and dopamine down with it.

As with the health professionals, some explanations draw on discussions of the nervous system, though typically using pseudoscientific terminology. In other cases, influencers reference holistic systems of healthcare, such as Chinese Traditional Medicine. Wellness influencers do not reference their credentials in the context of these explanations but instead all use plural pronouns such as *we*, *us* and *our*, to project shared perspectives on mental health.

Actions that aligned with recognised therapeutic frameworks are exclusive to the mental health professionals and function as a way of situating audiences within the role of a would-be client:

> 'If you have Negative Thoughts I'm gonna share a technique that I often use with clients so you can Slay away those Negative Thoughts The technique is Called Cognitive Restructuring and it goes like this, First, Identify the Negative Thought let's go with the thought "I'm a failure" (…)'

By presenting the technique as one they "use with clients", the creator positions themselves with professional authority and situates the viewer as a theoretical client while avoiding the explicit process of providing medical advice. In this sense, the advice frames mental health as a cognitive, emotional problem that can be surfaced, labelled, and worked through using structured psychological tools, reinforcing a model of care grounded in introspection and guided therapeutic practice.

The solutions recommended by wellness influencers include products like consumables such as supplements (Table 9, lines 4 and 5) or tools used in alternative health practices (such as 'gua Sha', Table 9, line 3). In line with the experiential framing of mental health issues in the prompts, these products are presented as solutions which deal with mental health experiences via the body (e.g. by what a person would consume or apply to their body). The contrast between the cognitive focus of the Mental Health Professionals and the embodied framing of mental health issues and solutions from Wellness

Influencers is also found in the kinds of practice that are recommended. Mental Health Professionals might recommend cognitive techniques, such as, 'Try the 5 4 3 2 1 method', 'cognitive restructuring', 'time projection techniques' or 'having anchor phrases'. Wellness influencers recommend activities that are related to nutrition, for example, 'instead of coffee reach for water because chances are you're probably dehydrated' or draw on holistic treatments that used touch, rooted in acupressure. The wellness advice, whether practice-based or product-based, is generally delivered with a high degree of certainty and relies on personal experience as a source of authority. As seen in Table 9, practice-based advice by wellness influencers is often positioned as "simple" or "really easy". Wellness influencers position the effectiveness of their advice with a higher level of assurance and more specific claims. An example of this is shown in Table 9, line 1 where it is claimed that the practice "will actually help" and line 2 which further suggests that it will help "straight away". Likewise, the Mental Health Professionals use deontic modality to strengthen their practice-based advice, 'should avoid', 'need to learn'. In some cases this is hedged, acknowledging that the technique 'might help'.

Taken together, the results of the analysis paint an interesting and conflicting picture of mental health advice on TikTok as constructed by medical professionals and wellness influencers. On the one hand, both influencer types show a tendency to prompt audiences based on experiential rather than pathology-oriented mental health prompts. This selective focus on experiential prompts and the exclusion if numerous specific disorders is perhaps unsurprising given the focus on relatability to a general audience. Moreover, while there are differences between the kinds of pathologised prompts used by the two sets of influencers, there are clear overlaps in the more frequent experiential prompts they use to appeal to their audiences, namely 'anxiety' and 'depression'. This is in line with the prevalence of these disorders, ranking first and second globally for adolescents (World Health Organisation, 2025), with global gaps in treatment (Alonso et al., 2018; Chen et al., 2025). However, the way the influencers frame those prompts differ, as professionals position mental health as issues to be managed via therapeutic 'work', while wellness influencers propose 'avoiding' or 'getting rid' of those same experiential issues. This divergence is then further emphasised by the solutions that are offered in relation to the prompts, where, as we show in Fig. 1, medical professional influencers tend to offer diagnostic information or suggest therapeutic actions, while wellness influencers almost exclusively offer practice-based and specific commercial solutions, including alternative medicine and supplements. Importantly, due to the algorithmic nature of recommendations on TikTok, both forms of advice are likely to be encountered by any would-be advisee. The distinction drawn throughout this paper between medical professionals and wellness influencers is not one that is present on the platform itself, and TikTok does not currently feature a system for differentiating between the two (Pretorius et al., 2022b).

5. Conclusion

In this paper we have demonstrated a method of gathering examples of advice-giving on TikTok based on the use of if-conditionals as opening statements in the video rather than based on advice-giving verbs alone, like 'advice' and 'suggest'.

We show how analysis of the apodosis and protasis in if-conditionals allow us to identify the ways in which mental health issues experienced by the imagined audience are presented and can then be related in a systematic manner to the solutions that are proposed (RQ I). This prompt-driven analysis allows a more contextualised picture of the key components of advice-giver, advisee and recommended solutions. Given the importance of social media advice giving, the implications of this approach go beyond the present focus on mental health and may help inform research in a range of real-world contexts where the audience is positioned in terms of a deficit, such as physical health or finance.

Our paper has addressed the ongoing challenges for researchers seeking to differentiate between diagnostic and lay discussions of mental health (RQ II). The paper is the first to make use of the Mental Health Quotient (Newson and Thiagarajan, 2020) as a way of distinguishing between lay and medicalised mental health terminology. Through agreement tests, we have shown that the 47 items that make up the MHQ provide an effective way to identify mental health language that goes beyond diagnostic descriptors and further labelling those descriptors as related to specific aspects of mental health in a way that is both reliable and replicable. This approach represents significant progress on the long-standing linguistic challenge of locating non-explicit discussions of mental health symptoms and is particularly important in the context of an increased public and scholarly focus on misinformation about mental health and self-diagnostic behaviour online.

A key contribution of the paper is to identify how different types of influencers refer to mental health conditions when they give advice (RQ III). Our analysis is the first to contrast the linguistic patterns in advice-giving by two important types of influencers: health professionals and wellness practitioners. Our results show that while the use of prompts like 'anxiety' and 'depression' is popular in terms of frequency by both influencer types, qualitative analysis revealed how mental health professionals tend to emphasise more introspective, emotional states, while wellness figures are more likely to focus on physiological experiences related to mental health challenges.

Relatedly, we investigated how different influencers make recommendations in their advice-giving (RQ IV). Our analysis of the advice-giving itself shows how the solutions recommended are highly divergent and largely exclusive to each influencer group, with mental health professionals focused on diagnostic assessment and explanations and therapeutic interventions or techniques, while wellness figures tended to offer self-directed practical advice and commercial products. These findings highlight how fundamentally different models of mental health care coexist within the same algorithmic ecosystem within TikTok, although prompted in relation to similar mental health conditions. This requires the audiences to recognise and evaluate the differences in the recommendations that are proposed.

There are a few inevitable limitations to the study. First, we have tested the framework only on TikTok data, and secondly, we have tested it only on English language data. Future studies should build on the study by applying the framework to data from social media platforms other than TikTok, and, importantly, across different languages to test whether if-conditional structures and the MHQ is useful across linguistic contexts. Our analysis is likewise limited by its focus on influencers and specifically on the content itself. Future studies of mental health advice giving on TikTok should consider the interaction between posts and comments to investigate how online audiences respond, for example identifying the role of comment threads in providing support or community factchecking about advice. Finally, given the real-world consequences of acting on influencer advice, future research should extend our work by exploring how people experience the advice given by influencers outside of the online environment through participant-centred methods such as ethnography, focus groups and experimental designs and consider the implications of this in relation to media literacy and broader questions of mental health and wellbeing.

CRediT authorship contribution statement

Alex Christiansen: Writing – review & editing, Writing – original draft, Visualization, Validation, Software, Methodology, Investigation, Formal analysis, Data curation, Conceptualization. **Shioma-Lei Craythorne:** Methodology. **Paul Crawford:** Writing – review & editing, Funding acquisition. **Michael Larkin:** Writing – review & editing, Funding acquisition. **Ruth Page:** Writing – review & editing, Writing – original draft, Validation, Supervision, Project administration, Methodology, Funding acquisition, Formal analysis, Conceptualization.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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Data availability

The data used in the research were made available through the TikTok Research API and restrictions apply to the direct availability of the data on the basis of the Terms of Service provided by TikTok

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