

Mental health content on Instagram: An exploration of professional and consumer perspectives

A qualitative analysis of mental health promotion and engagement on Instagram

Student Name: Francesca Capozzo
Student Number: 603409

Supervisor: Hester Hockin Boyers

Master Media Studies- Media & Business
Erasmus School of History, Culture and Communication
Erasmus University Rotterdam

Master's Thesis
June 2022

MENTAL HEALTH CONTENT ON INSTAGRAM: AN EXPLORATION OF PROFESSIONAL AND CONSUMER PERSPECTIVES

Abstract

The presence of mental health content on social media platforms has been arising in the past years. The reason for this is that younger generations are becoming interested in and in need of such topics. At the same time, mental health issues and disorders are becoming more prevalent because of a variety of factors related to social and economic cues. When it comes to mental health prevention, support and accessibility, several barriers limit people from learning more about their own mental state and finding an adequate environment. The barriers regard pricing, long waiting lists and stigma mainly. However, thanks to social media platforms, mental health professionals have been able to build communities for all those individuals seeking for health information out of curiosity, necessity, or support. Consequentially, social media have become a point of connection between individuals and professionals of the field. Nevertheless, such field is still limited by significant ethical and legal boundaries due to the sensitivity that surrounds the practice. Having ethical and legal boundaries constrains experts from providing certain kind of offers on social media, primarily therapy. Nonetheless, individuals still appear to have found a great support and source of knowledge thanks to the words shared by mental health practitioners.

Two research questions have been developed to study both groups of this scenario: “How do university students in the Netherlands interpret and make use of Instagram content created by mental health professionals?” and “How do mental health professionals perceive and engage with Instagram as platform for their profession?”. To answer the questions, the researcher decided to conduct a total of fifteen in depth interviews, ten with regular users engaging with mental health content and five with mental health professionals active on Instagram. The data was then analyzed through thematic analysis. The main findings showed how Instagram has created an ideal place for the two groups to meet. Regular users believed to have found reliable and extensive information and tips though the content provided. Meanwhile, professionals saw in social networks an effective way to launch their personal brand, fight stigma, and create accessibility. The main limitation encountered was the difficulty for professionals in convincing readers that the content is not therapy, and the language used is fundamental to provide nuances and prevent from misdiagnosis and misinterpretation.

Overall, the arising presence of mental health content on social networks will bring more benefits than disadvantages, if individuals are able to be accountable for what and how they consume the content. A way to do so would be for professionals explicitly stating how to approach the content and which kind of content to rely on. On the other side, considering the

business reality, the benefits and possibilities for experts are many. However, it is still important for them to act in an ethical and legal friendly way when it comes to sensible topics and discourses.

KEYWORDS: *Mental health, information seeking, social media spaces, social media content, personal branding.*

Table of Contents

1. Introduction	6
1.1 Research questions.....	7
1.2 Chapters outline.....	7
2. Theoretical framework	9
2.1 The current state of mental health.....	9
2.2 Mental health, internet, and social media.....	10
2.2.1 Seeking mental health content online.....	11
2.2.2 Sense of belongingness, loneliness and self-disclosure.....	13
2.3 Therapeutic publics and peer to peer support.....	14
2.4 Mental health professionals on social media platforms.....	15
2.4.1 Personal branding.....	17
2.4.2 Ethical and legal boundaries.....	18
3. Methodology	19
3.1 Research design.....	19
3.2 Sampling for regular users.....	20
3.3 Sampling for professionals.....	23
3.4 Operationalisation.....	23
3.5 Data analysis.....	24
3.6 Validity and reliability.....	25
3.7 Ethical matters.....	26
4. Results and analysis	27
4.1 User findings: perks of engaging with mental health related content.....	27
4.1.1 Self support.....	27
4.1.2 Finding relatability.....	28
4.1.3 Mental health content is not therapy.....	29
4.1.4 Reminders and tips from the content.....	31
4.1.5 Therapeutic publics through mental health professionals' perspectives.....	33
4.2 Information.....	36
4.2.1 Gain knowledge and learning.....	36
4.2.2 Acknowledging new perspectives.....	37
4.3 Risks of engaging with mental health related content.....	38

4.3.1 Different outcomes from therapy journey	39
4.3.2 Reflecting into a mental health professional's view	39
4.4 Opportunities for professionals Instagram.....	41
4.4.1 Business advantages	41
4.4.2 Support from a relatable professional	44
4.4.3 Spread knowledge and awareness	45
4.5 Risks and rules	46
4.5.1 Professional guidelines	47
4.5.2 Misdiagnosis and misinterpretation	48
6. Conclusion	50
6.1 Users and professionals' views	52
6.2 Limitations and Future research.....	53
7. References.....	55
8. Appendices.....	62

1. Introduction

This study will investigate how and why young people use social media, specifically Instagram, to find mental health content, as well as how and why mental health professionals use social media as a tool for their professional practice. Well-being and mental health content can be found on Instagram thanks to the arising online presence of many specialists of the sector (Hardy, 2020), consequentially, social media users can navigate through these profiles to better understand certain situations or, in other cases, to give answers and labels to their personal mental situations (Hebben, 2019). Moreover, the very particular period we have all been living, due to the pandemic, it has popularized and made more successful the practice of mental support on social platforms (Saha et al, 2020). Therefore, social media is now a source of support for those seeking for help and unable to find different kind of support, like starting a psychological path in person with a professional (Naslund et al., 2017). On the other side, it has also become significant for professionals operating in the mental health field because it is a way for them to find new clients, to market their services and create communities (Moorhead et al., 2013). For example, the kind of content that has been provided by experts on Instagram includes informative posts or reels “different types of depression” or supportive posts or reels “let’s normalize anxiety symptoms” (Fiedling, 2021). Moreover, thanks to the platform, professionals can tackle major issues such as accessibility to mental care, minimize isolation and fight stigma around mental disorders or illnesses (Sartorius & Schulze, 2005).

Despite the popularization of this kind of content, there is limited research that explores how individual users engage with mental health content from professionals on Instagram and its effect on their wellbeing and knowledge. There is as well limited research that investigates the reasons why experts use social media platforms in the first place as much as the benefits and risks that come with such decision. Accordingly, the scientific relevance of this research lies on the academic gap about the emerging reality of mental health professionals building communities or brand on Instagram and how this may singularly affect individuals that interact with their content. Moreover, even though a variety of studies have explored peer to peer support (Naslund et al., 2016; Andalibi et al., 2017), therapeutic publics (Barad, 2007; Fullagar et al., 2017) and HISB-Health Information Seeking Behaviors- (Rains, 2007; Basch et al., 2018) in digital environments, there is yet no research being conducted about such topics on Instagram and with the mental health professional factor included. On the other side, the societal relevance of this study is based on the arising number of people affected by a mental issue, such as depression and anxiety (WHO, 2020). Moreover, the COVID-19 pandemic, and the following economic downturn, have had a detrimental impact on many people's mental health and created

additional challenges for those who already suffered from mental illness or substance abuse problems (Panchal et al., 2021). In response to these challenges, people may have turned to social media as a low-cost and accessible form of support (O'Reilly et al., 2018).

Understanding the reasons for creating and engaging with mental health content would give an outline of this new influential reality. More specifically, users' benefits and risks of following and engaging with the content could be analyzed. In addition, by getting the user side of the "professional-user relationship", some directives and improvements for mental health professionals' content creation as well could be suggested. Lastly, gaining perspectives from the professional side would give a better framework on how and why this reality is working, from a business and societal point of view.

1.1 Research questions

The study tries to make sense of the arising reality of mental health content presence in digital spaces, more specifically mental health related content coming from professionals on Instagram. As the research focuses both on users' perception and use of the content; and professionals' reasons for being active on Instagram, the research questions regard the investigation of the emergence of professional mental health content on Instagram from both the professional and content consumer perspective. Therefore, the research questions are:

1. How do university students in the Netherlands interpret and make use of Instagram content created by mental health professionals?
2. How do mental health professionals perceive and engage with Instagram as platform for their profession?

1.2 Chapters outline

The first section of this study, the introduction, provides an overview of the research while considering its societal and scientific significances. The second chapter focuses on the theoretical framework where the main topics of the study are defined. The current state of mental health is discussed first, followed by the role of the internet and social media in shaping people's relationships with mental health. Lastly, the focus is redirected to the role and presence of mental health professionals on social media platforms and the possible outcomes of such situation. The third chapter proceeds with the methodological design of the research. It discusses the chosen qualitative approach, interviews, and how to get effective results in this kind of study. Furthermore, ethical, validity, and reliability matters are introduced and discussed. Following, chapter four comprises with the analysis and discussion of the results obtained. The chapter is

divided into two main groups, user and professional side. For both groups multiple sections, considering benefits and limitations, are taken into consideration. To better explain the discussion around the topics, fragments of the interviews, in correspondence with existing literature, have been provided. The fifth and last section, presents the conclusion of the study and, therefore, answers the research questions. Included in this chapter are as well implications, limitations, and directions for future research.

3. Theoretical framework

The following section presents the theoretical framework of this research. Firstly, the current state of mental health is taken into consideration. Then, the role of internet and social media on mental health is reviewed and discussed, followed by the paragraphs about seeking mental health content online and sense of belongingness, loneliness, and self-disclosure. The final chapter centered on users regards therapeutic publics and peer to peer support. Meanwhile, the last section of the theoretical framework is dedicated to mental health professionals on social media platforms. Specifically, if and how they manage personal branding practices and ethical-legal boundaries of the field are presented.

2.1 The current state of mental health

Mental health is a condition of successful mental function performance, resulting in productive activities, fulfilling relationships with others, and the ability to adapt to change and cope with adversity (Gamm et al., 2019). Meanwhile, mental disorders refer to whenever one's mental health is compromised by a mix of anomalous thoughts, feelings, behavior, and interpersonal connections (WHO, 2019). Globally, less than 30% of people suffering from mental health issues receive professional assistance (Henderson et al., 2013). This result can be explained through different main complications: lack of available treatment (WHO, 2020), financial barriers, a lack of knowledge required to recognize mental disorders in oneself and the others, as well as not understanding how to receive treatment (Henderson et al., 2013). Mental health literacy is the knowledge someone can have of mental disorders, as well as professional methods of treatment and support. This kind of literacy appears to be low among young adults as much as older people (Kelly et al., 2007). Studies showed participants failing in recognizing mental disorders in others and were unable to locate professional help (Kelly et al., 2007). The convenience of use and vast sources of information available on the internet, can make users interested in looking up symptoms and try to obtain diagnosis from wherever they are. The third relevant barrier is the fear of prejudice and discrimination from people who suffer from mental disorders which make them fearful of publicly acknowledging their mental illness (Henderson et al., 2013). In general, the stigma associated with mental health issues can be reduced by cultivating comprehension and mental health awareness, ultimately reducing (social) exclusion, and removing the barrier to treatment seeking (Sartorius & Schulze, 2005).

National studies have showed that younger people are the ones dealing the most with mental health issues, such as emotional discomfort, problematic stress, and anxiety, which present

themselves in a variety of ways (Fullagar et al., 2017). Moreover, COVID has had a significant role in fostering the already existing issue. According to a new WHO survey, the COVID-19 pandemic has disrupted, or halted, critical mental health services in 93% of countries worldwide, while demand for mental health was, and is, growing (WHO, 2020). The survey of 130 countries provides the first global data demonstrating the devastating impact of COVID-19 on access to mental health care, emphasizing the critical need for increased funding (WHO, 2020). Grief, isolation, financial losses, and fear have been all triggers or aggravations to mental health conditions; many people may have experienced increased levels of alcohol and drug abuse, as well as insomnia and anxiety (WHO, 2020).

2.2 Mental health, internet, and social media

As the need for mental health care has become more urgent and access to services is not always guaranteed, or chosen as first option, Internet has taken a significant role. Meaning that it has become relevant in the way individuals communicate about mental health, seek help and information through it (Hebben, 2019). The Internet is used by over 3.9 billion people across the world (Basch et al., 2018). Similarly, the rise of social media parallels the advancements of the Internet, with nearly 2.5 billion users globally in 2017 (Basch et al., 2018). As a result, it is not surprising that these are the channels through which users seek health-related information. As the Internet has grown in popularity, health information has become more readily available online, assistance seeking, and diagnosis have partially shifted to the digital environment as well; since individuals increasingly seek information without first contacting a professional, internet became to some extent a diagnostic tool (Hebben, 2019). As already mentioned previously, the reason for this lies also on the fact that existing services do not have adequate capacity for responding to people seeking for support (Fullagar et al., 2017; Kazdin, 2017) or accessing care can be difficult due to experiences of stigma, discrimination, or social isolation (Thornicroft, 2008, as cited in Naslund et al., 2017).

Although research on internet as a diagnostic tool have been conducted already, there has yet not been exploration and discussion of this situation within social media-mental health scenarios and professionals. The exploration and discussion of this matter is carried out throughout this research, and it will be a novel addition to literature related to mental health and social media.

Consider the concept of social media, it refers to a broad category of platforms that enable user to share, to generate content, and exchange information within online communities or networks (Kaplan & Haenlein, 2010). Furthermore, social media includes tools known as social

networking platforms, such as Facebook, Tik Tok, LinkedIn and Instagram. Namely, spaces that enable people to connect to each other based on common interests, activities, or character traits (Mastrodicasa & Metellus, 2013). Therefore, social media platforms were introduced and popularized as online social engagement tools in the early twenty-first century (Vincent, 2016). Over the last 15 years, they have grown in popularity around the world, and social media use has expanded far beyond friendship facilitation (Palfrey & Gasser, 2008, as cited in Vincent, 2016).

According to the Pew Research Center, 92% of Internet users aged 18 to 29 use social networking sites (Perrin, 2015, as cited in Vincent, 2016) and while social media was initially aimed at adolescents and young adults, people now use these technologies throughout their lives. Being social platforms such a big aspect in many people's lives, studies on them have been done recurrently and so far, the majority of the research has focused on the negative consequences of social media on people's well-being. For instance, social media use has been linked to lower life satisfaction (Kross, et al., 2013; McDool, Powell, Roberts & Taylor, 2016; Tromholt, 2016, as cited in Bowles et al., 2018), poor sleep quality, anxiety, and low self-esteem in adolescence (Woods & Scott, 2016, as cited in Bowles et al., 2018), body shame (Hanna, et al., 2017), and depressive symptoms (Hanna, et al., 2017). Nonetheless, in this study social media will be considered as the environment in which possible benefits as much as risks can occur, for users and professionals.

Lastly, it is important to mention the role Instagram has taken in helping businesses in terms of marketing, selling, gathering, and disseminating information (Latiff & Safiee, 2015; Harun & Tajudeen, 2021). Brands can start exploiting the application by activating the "professional account" mode on Instagram settings. Moreover, Tsimonis and Dimitriadis (2014) identified some of the main business-related actions on Instagram, which are announcing new products/services, engaging with the audience, offering helpful information. Meanwhile, the results expected from these activities are to create or boost relationships with targets, brand awareness, customer engagement and promotion of products/services (Tsimonis & Dimitriadis, 2014; Harun & Tajudeen, 2021).

2.2.1 Seeking mental health content online

When people are faced with dealing with mental health concerns in possible correspondence with the previously mentioned barriers, what is known as online health information seeking behavior (HISB) comes into practice. HISB is the individual's action of looking for information online (Jinhui et al., 2016). More specifically the ways in which people seek information about their health, risks, illnesses, and health-protective behaviors are referred to as health information

seeking behavior (Jacobs et al., 2017). Many of those who use traditional media and health care professional sources turn to the internet as an alternative source of information in order to gain a perspective different from what they heard or read from a conventional media source, what they heard from a healthcare practitioner, or from an unsatisfactory doctor-patient interaction (Rains, 2007). They can find information anonymously that is easily accessible, available, and free of cost (Basch et al., 2018). Moreover, some of the main motivators for preferring one source of information over another are trust, confidence in the information source and access (Rains, 2007). Both psychological and social factors explain online HISB (Mills & Todorova, 2016; Wang, Viswanath, Lam, Wang, & Chan, 2013, as cited in Jacobs, 2017). Also, health anxiety, self-efficacy, internet-efficacy, and neuroticism have all been recognized as psychological factors that determine internet use for health information seeking (Eastin & Guinsler, 2006; Lagoe & Atkin, 2015, as cited in Jacobs, 2017). Moreover, different studies showed that female sex, higher educational attainment, and age are all social, demographic, and lifestyle factors associated with higher probability of online health information seeking (Hesse et al., 2005; Lambert & Loisel, 2007; Rains, 2008; Wang et al., 2013; Weaver et al., 2010, as cited in Jacobs, 2017).

Statistics Netherlands (2021) conducted a survey on ICT (Information and Communications Technology) usage by households and individuals in 2020 in which it was found that almost 80% of the people living in the Netherlands aged 12 and up used the internet to search for health information during the first six months of 2020. Meanwhile, in 2019, the proportion was 69% and 58% in 2016 (CBS, 2021). Overall, e-health literacy has been fostered through access to internet, and, e-health literacy is not just the ability to locate health information but also to evaluate its content and the extent to which it can be used to resolve a health-related issue (Basch et al., 2018). Therefore, HISB becomes more effective as e-health literacy grows. The reality of this behavior has expanded to social platforms such as Facebook, Instagram and Twitter (Moorhead et al., 2013).

To resume, Internet users utilize online platforms for several reasons, such as: looking for additional information, seeking out community, no other place to turn to, and anonymity (Gowen, 2012). Because of the anonymity of the Internet, people may approach and seek treatment from peers in health groups who are dealing with the same conditions without fear of stigma (Naslund et al., 2016). In addition, the main limitations encountered when trying to obtain the wanted information are information overload and concern over information accuracy (Gowen, 2012; Jinhui et al., 2016).

2.2.2 Sense of belongingness, loneliness and self-disclosure

Social media networks were developed with the goal of creating networks, concepts such as belongingness, social connectedness, community are all powerful and shaping terms of this reality and they are dominant between younger people in need of finding these environments.

Belonging may be cultivated through digital means (Quinn & Oldmeadow, 2013, as cited in Allen et al., 2014). Davis (2012) and Ramlan et al., (2021) support this viewpoint, stating that digital mediums allow young people to communicate with individuals who have similar values, views, and interests and this as well keep people motivated through hard times. Davis (2012) also stated that social media might help young people feel more connected by allowing them to seek peer affirmation for their ideas and experiences.

Regarding loneliness, when an individual's expectations of interpersonal interactions do not match their real experiences (Olenik-Shemes et al., 2012, as cited in Allen et al., 2014), according to Bonetti et al. (2010), online communication may inspire lonely and socially anxious young adults to participate in self-disclosure with their peers, therefore increasing their emotions of social connection.

The last concept worth of note is self-discourse, namely the process of passing on information about yourself to someone else (Luo and Hancock, 2020). Social media has been found to be exponentially adopted for mental health-related discourses and self-disclosure (Balani and De Choudhury, 2015; Manikonda and De Choudhury, 2017; Luo and Hancock, 2020). According to Balani and De Choudhury (2015) platforms can allow transparent and candid conversation about experiences, beliefs, and thoughts. As a result, people's communication about themselves has been dramatically expanded and altered due to social technologies. Individuals nowadays share information on their social network, and beyond via social media posts and conversations shared on a variety of messaging platforms (Luo and Hancock, 2020). Self-disclosure can be viewed as a crucial route for social support because this kind of support is unavailable unless other people are aware of one's need for assistance (Luo and Hancock, 2020). Because social media allows for public disclosure, and prominently displays other people's feedback through comments and one-click communication (such as likes), disclosers become more conscious of other people's attention to their needs and may perceive higher levels of social support as a result (Balani and De Choudhury, 2015; Luo and Hancock, 2020). Finally, findings provided by Blackwell (2017) showed that people are likely to share information not only about themselves, but also about topics that are relevant or important to them, such as current issues that are intriguing for them.

2.3 Therapeutic publics and peer to peer support

The phenomenon of therapeutic publics can be highly relatable to the action of self-disclosing. Therapeutic publics are users intentionally oriented as producers of information or "lived expertise" about their own discomfort, mental health diagnosis, and help-seeking practices (Fullagar et al., 2017). They created through social media a favorable digital space for (and by) young people to share and communicate their experiences of distress and recovery, given the limited availability of mental health support in the context of a diagnostic culture (Fullagar et al., 2017). Therefore, young people are currently positioned as makers of lay knowledge about their own personal issues (Barad, 2007). Such digital practices contribute to the formation of new affective arrangements by providing opportunities for people to share their experiences, generate support in anonymous and public ways, offer help and advice to others going through daily struggles, and raise awareness about stigma and discrimination (Fullagar et al., 2017). Barad (2007) studies are useful for rethinking how these public pedagogical platforms create digital spaces of learning-knowing through ongoing intra-actions of private-public, expert-lay, affective-technological relations. Overall, young people are active negotiators and mediators of their own meaning and acknowledgments, rather than passive learners (Barad, 2007; Fullagar et al., 2017).

These confessional methods of performing young personhood are strongly legitimized within therapeutic cultures that view emotional distress as a problem to be solved through successful self-management strategies that make use of specific types of therapeutic expertise (Karasouli & Adams, 2014). Relevant to mention within this scenario is the notion of self-management, namely locating patients or service users in direct control of handling their circumstances by empowering them to cope in one or more of the following areas: problem solving, goal setting, recognizing triggers and predictors of declining health and reacting to these themselves before needing to rely on clinician-led intervention (Karasouli & Adams, 2014).

In addition, therapeutic publics reflect on what is known as peer to peer support, namely the type of uninvited communication among self-forming online groups of patients and individuals with a variety of health difficulties (Moorhead et al., 2013; Naslund et al., 2017; Fullagar et al., 2017). These peers suffering from mental struggles or illnesses increasingly used major social media platforms to share their experiences and seek help from others suffering from similar mental states (Naslund et al., 2016; Andalibi et al., 2017; Fesuton & Piper, 2018; McCosker & Gerrard, 2020). Therefore, people use these digital spaces to engage in social interaction and narrative about painful events, and a sense of belonging or social support is fostered, according to Andalibi et al., (2017). For example, on Instagram there are over a million of hashtags related

to mental health, and in 2020, 12.69 million posts had the hashtag #depressed (Feuston & Gerrard, 2018; McCosker & Gerrard, 2020). Consequentially, within therapeutic cultures, such confessional ways of performing have become much accepted (Fullagar et al., 2017). Another example comes from the study conducted by Naslund (2017) in which it was discovered that two-thirds of participants confirmed they were using social media to communicate with other individuals who have mental conditions, and that over 70% of them did so at least once a week. Over half of those surveyed said they used social media to share personal stories about mental illness and to learn from others (Naslund, 2017).

In conclusion, people with mental health disorders, or struggles, indicate that communicating with peers online helps them feel more socially connected, gives them a sense of belonging, and allows them to share personal stories and ideas for coping with the day-to-day problems of living with a mental issue (Naslund, 2016; Neuston & Piper, 2018). Individuals with significant mental illness might overcome stigma in online networks by empowering themselves and spreading hope (Neuston & Piper, 2018). These individuals may acquire insight into key health care decisions by learning from peers online, which may encourage mental health care seeking habits. They might also benefit from mental and physical well-being treatments given via social media, which could include peer support, encourage treatment participation, and reach a larger population (Andalibi et al., 2017). Additionally, social media as a platform gives the opportunity of choosing whether to be active in generating, liking, divulging content or, instead, passively engage with mental health related content; geographic and time limits are not necessarily an issue either. Nevertheless, exposure to false information, aggressive or offensive remarks from others, or feeling more confused about one's health state are all unpredictable dangers (Naslund, 2016, Jinhui et al., 2016).

The two concepts explained in this section show where studies regarding internet and mental health support have mostly focused until now. Instead, this research considers the concepts through the new lens of mental health practitioners, who become the sharers of lived expertise while also their discourses may be used for peer to peer support.

2.4 Mental health professionals on social media platforms

Youths have typically used social media to boost social connectivity, broaden social relationships, and for entertainment (Allen et al., 2014). However, social media can be a low-cost way to have discussions about mental health, disseminate information, and challenge stigma (Betton et al., 2015). Furthermore, because of its adaptability, information on social media can be personalized to the preferences of intended users (Hamm et al., 2015). As such, social media

is being used to promote physical health (Fergie et al., 2016a), help-seeking for mental health struggles (Burns et al., 2009), and could be used to promote universal mental health (O'Reilly et al., 2018). Consequentially, the nature and speed of health care interaction among individuals and health organizations and professionals is changing because of social media (Moorhead et al., 2013).

Mental health professionals on social media have the potential to increase the number of interactions, resulting in more readily available, shared, and tailored information (O'Reilly et al., 2018). Social media enables information as well to be presented in formats other than text and can deliver health information to audiences with special needs; for example, videos can be used to supplement or substitute text and are useful when literacy is low (Adams, 2010). As well it delivers information in a way that might be preferred by many young users: quick, accessible, and anonymous (O'Reilly et al., 2018).

Instagram, in particular, is becoming a point of interaction between certified mental health professionals and users looking for mental health related content (Smith et al., 2021; Fielding, 2021). This is crucial, as the rising frequency of mental diseases is expected to have a significant economic impact by 2026, according to forecasts (Knapp et al., 2011, as cited in O'Reilly et al., 2018). As a result, it is essential to ensure that people have a strong grasp of mental health and that they pursue a mentally healthy lifestyle (O'Reilly et al., 2018) and because of its widespread use, social media may be a cost-effective tool to enhance such goals (Burns et al., 2009; O'Reilly et al., 2018).

Mental health on social networks, such as Instagram and Tik Tok, has become a trend where therapists take the role of influencers with the ideation of posts, infographics and videos giving advice or supportive thoughts to audiences (Fielding, 2021). The accounts are of variety styles, from inspirational to professional tone and most often the aims are to make individuals feel seen and understood (Ventola, 2014). Another important side that social media has given to professionals is showing their more human side which eventually would provide a sense of relatability with followers and potential future clients (Fielding, 2021). Nevertheless, when disclosing on social platforms, it is relevant to maintain a set of boundaries for ethical and legal matters. Boundaries can relate to word of choice, disclaimers and not providing personal advice to users on the social media platform (Moorhead et al., 2017; Smith et al., 2017).

When it comes to boundaries, it is important to consider the role of users' accountability. Social media make people aware of mental health issues and solutions through effective communication, teaching skills necessary to minimize mental health dangerous situations, supporting audiences in choosing preventing strategies and programs (Sadagheyani & Tatari,

2020). However, the possibility of receiving inaccurate information, or misinterpreting the accurate one, becomes another threat to individuals' health (Fielding, 2022). To solve such matter, users should be accountable for what and how they consume the information, assessing the validity and understanding the content of the information for its proper use (Sadagheyani & Tatari, 2020).

To resume, due to the arising reality of mental health issues and the growing tendency of people seeking for information and support, Instagram has become a new place for both people looking for information and professionals creating it. Although many studies have explored peer to peer support and therapeutic publics, there is limited research that looks at professionals' support on Instagram. In this research the concepts of mental health advocacy and accessibility, peer-to-peer support, therapeutic publics, sense of community, HISB will be applied to the interaction between mental health professionals' Instagram content and people interested in the topics or seeking support. Additionally, it will be studied how Instagram has become a venue to build business-marketing related practices within professionals' fields.

2.4.1 Personal branding

Considering that most young adults utilize social media and that younger generations are starting to be educated in the field of psychology, the use of social media by mental health professionals is only going to rise (Smith et al., 2017). One of the ways for them to raise awareness, audience and community through social media networks is personal brand, namely a distinctive mixture of personal characteristics, values, strengths, and passions that function to differentiate value to colleagues and customers; it designates, clarifies, and expresses a professional identity, and generates a tale that leaves a unique permanent impact on others (Cederbger, 2017). Psychologists and health professionals started to approach the process of personal branding as a way to advance their career, provide unique expertise, reach potential clients, provide quality information about topical themes (Khan & Loh, 2021, as cited in Smith et al., 2021; Campbell et al., 2016; Cederbger, 2017), communicating with high quality images and videos rather than words and foster health promotion as much as education (Moorhead et al., 2013; Smith et al., 2017). Overall, Instagram becomes a useful platform for experts trying to establish a personal brand and a business, if consistency and reliability are maintained over time (Medina et al., 2021).

2.4.2 Ethical and legal boundaries

Lastly, regarding social media and sharing sensitive information, a number of ethical issues or limitations shall be considered too. Complaints regard quality, lack of trustworthiness, confidentiality; accordingly, lack of valid information due to the enormous amount of information available through social media; the general population not understanding how to apply online information to their own specific health situation; growing scenarios of social media operating as a disincentive to patients visiting health providers, are all examples of possible risks (Moorhead et al., 2017; Smith et al., 2021). Hence, mental health professionals must take accountability for their social media's usage and interaction with users (APA, 2021), which is one of the main issues as it is not properly possible to check how the content they are sharing is received by the end users. However, taking accountability for their usage could refer mostly to the topics and language chosen, professionals should be careful about the quality, validity, and correctness of their public remarks, especially when making suggestions and assertions (Cederbger, 2017; APA, 2021). It is crucial to think about the language's power and how frequently specific terms are emphasized. Clinical and psychological themes of discussion communicated via Web 2.0 or social media platforms should be carefully chosen based on a psychologist's area of expertise, and should avoid being excessively prescriptive (Smith et al., 2017; Cederbger, 2017). The suggestions should include empirical facts, be appropriate to the intended and real audience, and include enough information and context to allow the public to make well-informed judgments (Cederbger, 2017; APA, 2021). Following such guidelines could foster prevention of incorrect self-diagnosing. Self-diagnose, namely diagnosing oneself with a specific medical condition (Ryan & Wilson, 2008), is a prominent issue happening due to the great amount of information and misinformation available on social media (Fielding, 2022). Because of that, professionals must take accountability for what and how they publish, which means providing disclaimers, word of choice, boundaries with clients and share unbiased opinions as much as possible.

3. Methodology

This chapter describes the method used to answer the thesis' research questions. First, it focuses on the methods chosen and explains why they were the ideal ones to use. It then goes into detail about the users and professionals sampling, data collection and data analysis through thematic analysis. Finally, the focus will be on validity, reliability, and ethical matters of the research. As the aim of this study is to understand how mental health related content is being perceived and approached by regular users and, on the other side, how and why mental health professionals approach Instagram, in depth interviews was the chosen method.

3.1 Research design

Previous research on mental health and social media has recurrently focused on the negative impact of social media usage on mental health (Bashir & Bhat, 2017), peer to peer support (Naslund et al., 2016; Evans et al., 2020) as much as community, connectedness, belonging (Allen et al., 2014; Riedl et al., 2013; Riedl et al., 2017). However, the main goal of this research was to analyze the impact that mental health related content on Instagram has on regular users and, also, understanding how and why the arising reality of mental health professional on social media platforms is evolving.

This research employed in-depth semi structured interviews and the transcripts were analyzed using thematic analysis. Firstly, in-depth interviewing involves a certain style of social and interpersonal interaction (Johnson, 2011; Barbour, 2014). To be effective and useful, in-depth interviews develop and build on intimacy; in this respect, they resemble the forms of a conversation one finds among close friends (Johnson, 2011). Also, choosing a semi-structured approach was useful to the researcher because it would encourage the interviewee to openly talk about specific pre-determined topics provided in the topic guide (Scanlan, 2020). Going more specifically into the interviewing process, a researcher is looking for deep information and it normally concerns very personal matters (individual's self, lived experience, values and decisions, occupational ideology, cultural knowledge, or perspective) (Scanlan, 2020). Optimally, the interviewer aspires to have the same degree of awareness and expertise as the participants (Scanlan, 2020).

As Johnson (2011) argued, it starts with commonsense perceptions, interpretations, and understandings of some lived cultural experience (including scientific explanations), with the goal of exploring the contextual boundary lines of that experience or perception, uncovering what is normally hidden from ordinary view or reflection, or penetrating to more reflective understandings about the nature of that experience. Moreover, interviewing is a method where

the researcher treats the interview data, meaning that there is an act of co-production of meaning (Barbour, 2014). The aim of this process is to get from the responder a deeper response and making them engage (Lindlof & Taylor, 2017). Therefore, when it comes to regular users, the reason for choosing this method relies on the fact that being the themes particularly delicate, in-depth interviews would create the optimal context in which people could possibly be comfortable enough to disclose about, as already mentioned, sensitive topics such as: mental health, mental disorders, social media for support and similar.

On the other side, experts are people with a specific knowledge who detain a certain status, they play a role in decision-making processes (Bogner & Menz, 2009). Interviewing experts is a widely used qualitative method with the purpose of obtaining information about, or discovering, a specific field of interest (Doringer, 2020). More specifically, according to Meuser and Nagel (2009), expert interviewing is based on a topical guide that concentrates on the expert's understanding of the certain field of activity they are part of. In this specific study, having both users and professionals would gather significant insights of a fast phase rising reality. The insights would bring to the surface the differences and similarities between why and how the participants approach Instagram for mental health related activities, for example noticing if there are shared goals between users and professionals (sharing knowledge and obtaining knowledge or providing support and seeking support) and the role of Instagram for professional to build their career.

Thematic analysis was chosen to analyze the data, as it is the optimal way to categorize data into patterns, going from description to interpretation it creates the ground for the researcher to theorize the significance of the patterns and their broader meanings and implications (Braun & Clarke, 2006). Therefore, it was the way for identifying, analyzing, and reporting patterns within data (Braun & Clarke, 2006).

3.2 Sampling for regular users

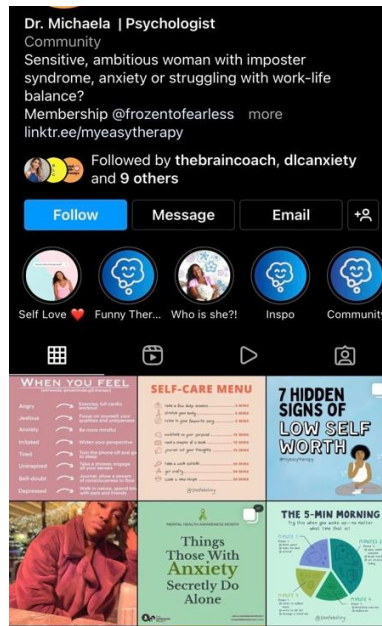
Regarding the sampling criteria, the research consisted in interviewing ten young adults, students, living in the Netherlands that are also regular Instagram users (at least once a week) accessing and engaging with content created by mental health professionals on the social platform chosen. Additionally, for the recruitment process, individuals that used to follow mental health related content in the past only were still considered acceptable for participating in the study. The reason for this lies on the fact that the researcher wanted to understand why some used to engage with such content and why they stopped then.

Young adults (18 to 24) were chosen as they are the biggest group of Instagram users, as stated by Statista (2021). Meaning that the possibility of finding individuals who engage with this content will be higher within young people rather than other age groups. The geographical choice, namely participants living in the Netherlands, was for the scope of having a relatively homogenous sample and, secondly, it would have been easier to have in person interviews. In addition, the Dutch organization for internationalization in education, Langelaar (2021), showed how international students in Dutch higher education systems suffered from emotional complaints and more than four out of ten students claimed they often or always experienced depressive states. The previous statement is important to consider because all participants, minus two, were international students that have been living in the Netherlands for at least one year.

Two non-probability sampling strategies were implemented, because of time and cost restrictions (Pierce, 2008). First of all, non-probability sampling refers to not all members of the population having an equal chance of participating in the study, unlike probability sampling (Scott, 2014). Within the non-probability sampling, I specifically chose convenience and snowball samplings. Convenience sampling is a strategy used by qualitative researchers to find participants who are easy to reach and convenient to the researcher (Scott, 2014). This frequently entails employing a physical location and resources that facilitate participant recruitment (Scott, 2014). Meanwhile, snowball sampling works through networks, namely few people are being selected in the population and through them the researcher will be likely led to others that have the same level of knowledge about the topic (Scott, 2014).

Eventually I was able to reach 12 people in total, nonetheless, the interview process stopped at 10 participants due to saturation. The interviewees were found by networking in different university/students WhatsApp group chats, by contacting individual Dutch and non-Dutch people that have stayed for a long period of time in the Netherlands as it was most probable that they knew others that were living in the country. Moreover, different classmates of mine published on their profiles an Instagram story about this thesis research, to reach some of their followers (Appendix A). Attached to the message an example of Instagram page (Figure 1) was provided so that people would have a better understanding on the content researched on. Moreover, once people interested in the research contacted me, I would make sure that they did have followed similar or same kind of pages, in order to have best and reliable results during the interview process. To do so, I would send them other 5 different example pages that fitted within the criteria. With “pages that fitted the criteria” is meant public accounts of mental health professionals (such as licensed therapists or psychologists) providing content in different formats and, possibly, extra offers such as workshops, products etc.

Figure 1: Screenshot example of mental health related content from a mental health professional account



Overall interviews lasted between 40 minutes to 60 minutes. The length of these interviews allowed to fully explore participants' perspectives, opinions, and experiences. Even though the preferred arrangement for interviews was face to face, to better build a rapport and discussion, five interviews were conducted via Zoom to allow some participants to remain in what they considered to be the most comfortable space, and in one case, because of Covid-19 quarantine. In addition, participants were informed about their rights, which regarded guaranteed anonymity and the possibility of withdrawn at any time. More legal and ethical aspects were provided in the consent form (Appendix B). Interviews were recorded by using the apple application "Voice Memos" and transcriptions were made with the support of Otter.ai. Once the interviews were uploaded on the software they were listened carefully and fixed if or when needed. Lastly, a summary of each interview was made to gather quick information and reminders to help in the future analysis process.

To conclude, all participants are between 21 to 24 years old bachelor and master students at Erasmus University. Their studies were all social science related (psychology, communications, and business) beside one which was Urban Governance. Only one participant was a bachelor student at Amsterdam University. Regarding the provenience, three participants are non-European citizens, coming from Malaysia and India. Meanwhile the others are from Spain, Italy, Netherlands and Germany. All interviewees have gone through a therapy journey, only two have never approached it. If asked about previous or current mental health issues, half participants clearly stated they lived with some while the others did not specify on the matter or confirmed

they have not experienced serious mental issues. Lastly, all participants confirmed on following and engaging with Instagram content at the moment of the interview period (Appendix C).

3.3 Sampling for professionals

In regard to professionals, the goal was to reach between 5 to 7 participants for mainly two reasons: time restriction and professionals were harder to access as they are experts, hence the smaller number of interviews for this group. The criteria for this group were to reach mental health professionals, namely individuals with an academic background and professional experience in mental health related fields (such as psychology, social work etc.) with an additional license in the field. Moreover, they had to have between 5 thousand to 50 thousand followers so that it could be noticed how small content creators are planning to build their platforms, why and how they started it, what will be their goal(s) and their intention(s) in creating a digital space for their content to be seen by an audience. Moreover, reaching smaller accounts was more accessible than having access to bigger accounts such as 100 thousand followers and more.

The sampling strategy chosen in this case was also a convenience sampling as the process consisted in looking for Instagram profiles that would fit the criteria above mentioned without any limitation regarding appearance of the profile, content focus, type of business (if present). No further criteria were added as a means of achieving differentiated responses from content creators that likely had different focuses or goals. To find 5 participants, 55 professionals were contacted both through Instagram direct messages and email (Appendix D). Eventually, 9 professionals answered back, and of these, 5 decided to participate in the project (appendix E). The professionals interviewed had around 4 thousand to 35 thousand followers, they were all licensed therapists, minus one that transitioned from licensed therapist to coaching. All interviewees, despite one, used Instagram for business goals as well. Lastly, other than using Instagram, three mentioned using Tik Tok too as social media platform for a variety of goals. Moreover, throughout the two to three weeks of researching for professionals, most were found to be from the United States. Therefore, all the professionals' interviews were conducted through Zoom and the interviews lasted between 30 to 60 minutes.

3.4 Operationalization

Two separated topic guides for both regular users and professionals were created based on the main themes of this research. The topic guide for regular users was divided into three main categories: background, demographics, and mental health overall; mental health on social media;

impact and engage with mental health related content (Appendix F). Within these three categories, questions that would tackle the literature review were proposed. On the other side, the topic guide for professionals was as followed: background and demographics; reasons for having an Instagram page and digital opportunities for professionals; relationship between real life therapy and mental health content; ethical matters and self-diagnose of regular users (Appendix G). As a result, for both groups a semi-structured interview with around 10 to 15 questions was developed based on the topic guides.

In addition, the essential practices of the interviews process were guaranteed, a rapport was established to help reach answers that would stimulate and make self-reflect ideas for the responder. To do so, the interview was as transparent and trustworthy as possible, namely the purpose of the study was stated in full beforehand, and I made sure a comfortable welcoming environment was established through ice breakers, first simple questions, alternation of broad questions and more narrowed ones (Johnson, 2011). Once a connection was established, I moved on to more delicate topics. For regular users, theoretical or complex concepts were avoided as much as possible. The only case in which more complex concepts were discussed was whenever an interviewee was highly familiar to the topic. In addition, follow ups and material probes were implemented most times with both groups. At the end of each interview a verbatim transcription was written down. Lastly, reflexivity was considered, which means that the researcher recognized and took responsibility for one's situatedness within the study and the impact that it may have on the setting and individuals being studied, questions being asked, data being collected and its interpretations (Berger, 2015).

3.5 Data analysis

For the analysis section, thematic analysis was implemented so that the amount of data could be processed, reduced, ordered, critically engaged with and, important information highlighted. This method allows flexibility in identifying patterns of data, various participants' experiences, perspectives, and understandings (Braun & Clarke, 2006; Brennen, 2017; Herzog et al., 2019; Mulder et al., 2020). Furthermore, it is not inevitably associated with a specific theory, but rather allows themes to arise from data (Braun & Clarke, 2006). Three steps from Braun and Clarke (2006) were followed: open coding, axial coding, and selective coding. The first coding has the aim of examining, comparing and conceptualizing data. The second coding has the goal of determine which elements in the research are the dominant ones and which are the less important ones. The third and last coding reflects on the relationship between the dominant themes and identify possible key concepts or core themes (Boeije, 2014).

The use of thematic analysis permitted the analysis of texts and creation of themes or patterns among interviewees' answers. They illustrated how users perceived and engaged with mental health related content from professionals and, also, how mental health professionals approached Instagram for multiple reasons. The coding process was supported by Atlas.ti, a qualitative data analysis and research software. Coding included deductive analysis, namely codes were generated based on the themes relevant in the theoretical framework and topic guides: reasons for looking into mental health related content (online seeking behavior), e-health literacy, sense of belongingness, support, disclosure, therapeutic publics, building communities, personal brands, and businesses in mental health related fields. Some codes were developed through inductive analysis as the researcher noticed patterns of responses arising from different interviewees. Once the most frequently mentioned topics, phrases and words were coded on Atlas (Appendix H), they were placed into a table, compared, and grouped into bigger themes that eventually lead to the development of the main categories (Appendix I).

3.6 Validity and reliability

Validity and reliability demonstrate the research's suitability and, hence, they are important considerations. The consistency of the research, or the extent to which the findings are not accidental, is indicated by reliability (Silverman, 2011). The topic guides, the researcher's role, and transparency have all been used to achieve reliability. Topic guides fostered the researcher to ask the interviewees the same, or similar, questions. As a result, individuals shared their beliefs about the same concepts in a consistent manner. The researcher's role has also aided in achieving reliability by encouraging intimacy with the interviewees (Muhs et al., 2020). Furthermore, the methodology chapter describes the data collection and analysis procedure in detail, providing transparency on the research process (Silverman, 2011). Transparency was also achieved by ensuring a connection to thematic analysis throughout the analysis process (Silverman, 2011). Important to mention was the decision of the researcher to fix minor grammatical and syntactical errors in the quotes used for the results section of the research. Such choice did not alter the original concepts and point of views of the respondents.

On the other side, the extent to which the concepts taken into consideration during the interviews support to answer the research question is referred to as validity (Babbie, 2011; Silverman, 2011). Differently from quantitative studies, qualitative ones strive to attain validity not by manipulating variables, but by orienting themselves toward, and investigating, the actual world (Bulmer, 1976). The investigator responsiveness and validation through methodological consistency, theoretical sampling and sample adequacy, an active analytic perspective, and

saturation were all measures for assuring validity (Morse et al., 2002). Moreover, Morse et al., (2002) added that when utilized effectively these tactics push the researcher to modify both the direction of the analysis and the development of the project as needed, assuring then reliability and validity of the overall research. Finally, majority of qualitative research studies, if not all, are designed to investigate a specific topic or occurrence in a particular community or ethnic group, in a specific environment, therefore generalizability of qualitative research findings is rarely expected (Leung, 2015).

3.7 Ethical matters

Because the nature of the interviews was personal and included questions about mental health, ethical concerns were considered. Ethical considerations relate to being conscious of the participants' involvement and the possible dangers, harm, inconvenient moments, or privacy issues (Brennen, 2017). It also includes the researcher's position, potential disruption, own interplay, or misunderstanding (Brennen, 2017). As a result, it is critical to understand the researcher's role in minimizing risks, both to participants and to the research itself. Thus, to reach such goals, before starting the interviews participants would sign a consent form containing all the information about purposes of the study, their role in the research, privacy matters, choice of anonymity, and recordings. The consent form is a recurrent practice to confirm the voluntary participation as well as possible rights and risks of interviewees (Babbie, 2011). Moreover, Babbie (2011) and Dempsey et al., (2016) recommend establishing a good rapport with the interviewee prior to the start of the interviews to generate better results, to do so I presented myself, my intentions, and my interest on the subject at the start of each interview. As a result, from the start, a welcoming environment was built for the participants. In addition, links to websites and other sources for mental health support were provided in case participants disclosed about struggling in the period of the interviews. Lastly, all participants were given a pseudonym when mentioning them in the study.

3.Results and analysis

The following section will focus on the findings obtained from the interviews with both regular Instagram users and mental health experts. The first part concentrates on the users' findings, namely the benefits and limits of engaging with content provided by professionals. Secondly, professionals' perspectives of using Instagram for a variety of reasons in their practice is discussed, taking into account the potential gains and limitations that come with that as well.

4.1 User findings: perks of engaging with mental health related content

To better understand the concepts mentioned in the general findings two main sections have been proposed, perks and risks of engaging with the content. The benefits of engaging with the content seemed to be more relevant and recurrent than the risks. Moreover, several results reflected on previous findings provided in the theoretical framework which means that mental health professionals on Instagram are an ideal scenario to promote positive outcomes regarding community building, support for stigmatized experiences, therapeutic publics, peer to peer support, gain knowledge on matters of importance. Overall, all participants had an interest in understanding mental health, they also all used the content provided by professionals as a way to better understand themselves, to educate themselves on a variety of topics, to keep reminders in their life (such as mental health check lists, tips, lifestyle approaches), to gain new perspectives and point of views and to self-help to the extent it was possible (as nobody considered Instagram to be a total substitute of real therapy and diagnosis).

Lastly, when asked about the possible future impact and role that mental health content had in their lives, all participant confirmed it will keep on having a positive, informative, and supporting influence and they will keep on following professionals and non, that provide the content. However, for some, the manner and extent with which the content is approached may change, as it has for some did already over time, due to life and personal changes. Moreover, despite the results given by WHO (2020) regarding the role of Covid-19 on people mental health, the pandemic has not been shown to be a reason to start exploring this kind of content. Only one participant noticed how she started being interested and needing the content during the pandemic to feel a sense of belongingness and support. In all the other cases the interest arose before or not exactly when the pandemic hit.

4.1.1 Self support

By self-support is meant that in some circumstances participants relied on the content to help themselves. Moreover, the self-support was boosted by finding a sense of connection with

others on the platform. Hebben (2019) and Andalibi et al., (2017) as well discovered in their studies similar results regarding reactions to digital spaces for mental health. More specifically, many participants felt understood as a result of the words and information disseminated by professionals' expertise and personal experiences. One of the most recurrent reactions about participants' relationship between their situations and mental health related content was relief, happiness, and belonging because of the feeling of being understood, the relatability to the content, the communities existing and a general sense of support. Support was considered highly relevant for nine participants as, for both the ones going to therapy and the ones that did not, it was always possible to find on Instagram some sort of support whilst in actual therapy it happened overall once a week. Therefore, the content was most times there to help individuals better understand something about themselves or bring what they discovered to the next therapy session. In particular, two interviewees found a community to help them through a recovery period or support in the more unstable periods. Some other interviewees underlined the importance of having mental health content accessible through Instagram because it would break down the stigma and economical barrier attached to the traditional mental health reality.

4.1.2 Finding relatability

One of the most common aspects that arose throughout all the interviews was the concept of relatability. Meaning that people looked out for content that would align to an emotional state they were experiencing in order to find a sense of relief, happiness or belonging. Like also Davis (2012) and Ramlan et al. (2021) stated, social media allows young people to communicate with individuals who have similar values, views, and interests and this as well keeps people motivated through hard times. For example, Interviewee Sara commented: "I say, it's just nice to know that there are also people outside also experiencing this". Interviewee Arianna mentioned the feeling of being understood and "having someone relating to you or knowing you're not the only person out there with struggles like that". And again, interviewee Chloe specifically used the term relatability when acknowledging that "you're not alone in the situation".

On the other side, relatability was useful for some because it was for them the way to give a name and relate to something that they did not quite understand until the moment they stumbled across content that reflected their unlabeled feelings or situations. Moreover, when experiencing such situation few participants mentioned feeling a sense of happiness in having found an explanation and frame for their emotions and experiences, despite the difficulties that came along with them:

“When I found this page about anxiety. I never really had an idea being an anxious person (...) Then I read somewhere that it was related to anxiety. And I started looking for this page, and a lot of trades were like something that I was experiencing. I was happy, honestly, to be like: Okay, this is what is going on with me. So, I really appreciate it finding the page, and reading and finding myself, like, into what I was reading.” (Mia)

However, one participant highlighted one possible misleading side of relatability. When struggling, some content that could be considered reliable and safe (from professionals) might lead one person invalidate what they are experiencing because of the way the content was presented, or the examples showed about that issue were not reflecting the personal situation of the person. Interviewee Ahana specifically argued:

“So, I think if you want to... be careful that they (users engaging with the content) don't base all the validity of their experiences on professionals, like if a professional is saying something, and it's important, but you don't necessarily relate to it. The conclusion from that shouldn't be: oh, that means I don't have this problem.” (Ahana)

The comment reported above is an example of the possible issue that comes with public profiles and the missed personal connection and conversation between therapist and client, that would normally happen in a therapy session. While in a therapy session the focus is on the client's specific needs, visions, perspectives, struggles, on Instagram a professional cannot guarantee that same context and relationship because of professional boundaries, ethical guidelines, and the wide audience (Moorhead et al., 2017). This matter will be better discussed again in an upcoming section.

4.1.3 Mental health content is not therapy

In past research it was argued that internet could be a diagnostic tool (Hebben, 2019), or a way for people to not go to therapy in the first place, or stop going (Kazdin, 2017; Hebben, 2019). However, this study showed that participants understood the possible existing relationship, and balance, between engaging with mental health content from professionals and going to therapy or seek for real life help when needed:

“I think it's very advantageous because you only meet your therapist once, maybe twice a week. So, what happens if you're not doing okay, in the middle, you have that kind of

space, as well available to you to help you get through some things to help you feel better and move on.” (Ahana)

All interviewees believed that approaching both the content and going to therapy would have been beneficial, as the content was considered like an additional tool where to find advice (Chloe).

Although it was stated that using content could not be a substitute of therapy, some still argued that if one person was not going through a truly difficult period (which is subjective what a “difficult period” stands for), perhaps, what they only needed was finding some support and tips from Instagram. In the comment made by Interviewee Anne there seemed to be a relevant emphasis of individual responsibility for knowing and understanding what could be best for them. Meaning that in some scenarios only engaging with the content could have been beneficial but it was up to the person to open themselves and be able to recognize that some content is meant for them.

“If your illness.. it's not as like, serious and things like this, where you just need to shift the way you think, to solve your problems, or to change the way you feel, then I think this is like, really incredibly helpful (the content), and that you don't even have to go through like a doctor to learn this. But you have to be very open with yourself, to be able to recognize that, like, this message is meant for you and to actually take it upon yourself to learn it.” (Anne)

Others showed another significant view that somehow connects to the last point discussed in the “Finding relatability” theme, the misleading side of relatability. They mentioned the different kind of connection somebody can create with a real-life therapist respect to a communication that would be more one (the therapist) to many (the audience). While they still believed therapy and engaging with the content are both useful and can be integrated at the same time, they pointed out the significant difference on having somebody knowing your personal experience and struggles that can help you with more direct and effective suggestions. In addition, interviewee Karla would “personally still follow more dominantly the advice of the therapist” despite engaging with the content, because therapy is a dialogue while Instagram “it’s information out there”. Also, another interviewee commented:

“I think it's very complementing to each other. I think maybe because my mind is more open towards like, getting help and seeking help. And that's when like, I also not only use the mental health resources online, but also combining all of the practices that I have in therapy.” (Sara)

4.1.4 Reminders and tips from the content

Another significant result is that most participants would not actively look for the content, instead they would simply come across some information, tips, reminders that would impress them or give them some sort of insight into something else. In many cases the participants mentioned stumbling across new content and from there diving deeper (on Instagram, Google, academic papers, books, people) into the concepts displayed. On the other side, when randomly engaging with the content, they would notice how certain information was actually “needed” to be seen or reflected on.

Particularly in this study an important result, not being found in previous research, was keeping mental health content as “reminder” of healthy habits, support, recovery, progress. All participants mentioned how the content provided them with a reminder to do something for their mental health or general wellbeing. In some cases, it was also reminders about things they already knew but that they might have not considered much lately. Some participants would use this kind of content in correspondence with actual therapy, books, other online sources (Google, academic articles), real life support systems (such as family and friends). Some also mentioned the reminders to be a constant support because, while therapy would be only once a week, the content could always be there for them:

“I think for me, following all these Instagram content pages is good because it always is, like I say, right, I get my sources for mental health not only just from one place like therapy, I get it from other places like social media, for example, it's good to always have like, this constant refresher or reminders saying that.” (Sara)

In different cases it was noticed a strong connection between the theme of “Mental health content as additional tool and not substitute of therapy” and “Reminders and tips from the content”. Some participants mentioned the influence that therapy had on their engagement with and understanding of the reminders they found on Instagram. Interviewee Anne for example defined the reminders to be a “reinforcement” of something that she already learned, and it

would in fact reinforce some healthy approach she might have forgot to practice. Another interviewee claimed:

“I am okay looking at it all the time (the content), because I think these are continuous reminders that you need (...) I think I really like to see them (the reminders) all the time. Like it's a consistent thing helpful for you to have, yeah” (Ahana)

In this section is important to mention two other relevant patterns, the type of content most participants wanted to see and be reminded of, which was mainly empowerment and encouragement. Firstly, tips which mostly referred to problem-solution content or mental health checks. Barad (2007) noticed how digital spaces gave space for people to develop self-management strategies that would make use of specific types of therapeutic expertise. When participants of this study referred to problem-solution and informative content, I noticed how it could be easily connected to traits of self-management for mental health: problem solving, goal setting, recognizing triggers, predictors of declining health (Barad, 2007; Karasouli & Adams, 2014). For example, interviewee Anne claimed that reading certain information would service her as “lessons to understand myself and make my triggers better, and also how to deal with them”. As well interviewee Chloe confirmed that the “tips and tricks” provided through Instagram were the way to remind herself to “keep up the great work”. Lastly, interviewee Arianna mentioned that when experiencing episode of depression, she wondered if she could find “some useful tips to maybe try out” and educate herself about meditation for supporting specific disorders recovery.

The second type of content was supportive (“uplifting”) content which mostly referred to posts that would boost the users’ mood, cheers for them, support them throughout a difficult period. This content was overall preferred compared to more informative or diagnosis kind of posts:

“When I was a teenager going through hardstyle like I would follow so many quote accounts with like so many like inspirational motivational quotes. I remember I was like 15 or something and I would just follow them to that like my environment was filled with like something that could lift me up. So for me I had a very positive experience and I still do it now.” (Anne)

Interviewee Mila would look out the most for the uplifting content when experiencing depressive periods because she then needed an “extra boost” to motivate herself to do activities that would help her getting to a slightly better state. This shows how the content in some situations could be as useful as other elements (therapist, friends, and family) during a mental health recovery journey. Additionally, Andalibi et al., (2017) and Neuston and Piper (2018) stated in their research the positive results of finding and engaging with content online that would encourage in mental health care seeking habits, spread hope and stimulate treatment participation in individuals with mental illnesses. The same participant (Mila) also mentioned how Instagram and Tik Tok were a better space than other media channels to obtain the type of content discussed in this section. She believed that television, which she argued to be a channel used by a significant amount of people worldwide (more than social media) does not provide the same support, community and help that can be easily found on Instagram. Certainly, traditional media channels might not have the tools and characteristics to build what instead social media networks were partially made for. Therefore, I would claim it is a challenge to recreate a similar support system from television. However, this comment was interesting if placed in future research on how social media compared to other forms of digital spaces and traditional media affects people’s mental health journey:

“Even a sentence, a broad sentence like: you are important. Someone may need to see that maybe like, and I have never heard on like, the TV going on at lunch hour someone saying: hey, people have a good day, like remind you that you are important.” (Mila)

Lastly, different participants stated that they liked reels as they took a “less serious” approach to mental health, they were easier and more enjoyable to follow without much text. High amount of text was one of the most recurrent aspects that almost all participants highlighted as negative. Such results could align with the findings provided by Moran et al., (2021) regarding the fact that younger generations are less prone to stay focus and interested in long text and time-consuming digital media activities, due to higher chances of mind wandering.

4.1.5 Therapeutic publics through mental health professionals’ perspectives

Social media has evolved into an ideal platform for forming groups and more openly discussing topics such as mental illness and mental health in general (Fullagar et al., 2017; Fielding, 2021). Two main themes from the theoretical framework, peer to peer support and therapeutic publics, were analyzed throughout the new lens of “user-professional” instead of

“users-user” perspective. Focusing first on therapeutic publics, the results mostly showed that therapeutic publics, namely users intentionally oriented as producers of information or “lived expertise” about their own discomfort, mental health diagnosis, and help-seeking practices (Fullagar et al., 2017) could still be adapted to this new reality in which professionals provide now their own personal experiences and struggles. This could not really be done in other professional settings before, as normally it is about the patient experience and not the professional personal one. Instagram created the space for professionals to be as open as they wanted to be about their own personal circumstances adding to that their expertise on how to overcome the issue. This scenario was positively accepted by the participants as it was for them the way to find a sense of relief and understanding of what was happening to them too:

“It helps me a lot (engaging with the content), I'm working on my eating disorder recovery (...) I follow pages on Instagram where people themselves are going through recovery or have recovered from eating disorder, and they post content. And that's helpful because that makes me feel like even on days where it's really really hard... it makes me feel like I'm, I just need to push through.” (Ahana)

Another significant comment related to following and engaging with the content provided by professionals in those periods of life where starting a proper therapy journey would have been too intense or difficult. Interviewee Ahana believed that “going to a therapist takes a certain bandwidth” and the person has to have the “mental headspace” for that. Therefore, she believed that if that was not the case, having a therapist “one to everybody” could be beneficial. For example, Naslund et al., (2017) underlined how therapeutic publics came useful in those situations of stigma, discrimination, or social isolation. Interviewees Mila and Anne found comfort and support from the “one to many” kind of support. This scenario further proves the analysis provided in the research conducted by Smith et al. (2021) which found Instagram to be on the rise as point of interaction between certified mental health professionals and users. Interviewee Mila specifically commented that “since, like, in my experience, I wasn't sharing what was going on in my head with anyone receiving, like, some positive content in me, gave me like, positive feelings”. Also, interviewee Anne shared a similar view stating that if someone does not want to talk about what they are experiencing because they might be feeling uncomfortable doing so, having the content accessible is a way to know someone else is going through the same thing and it can feel less lonely.

Secondly, peer to peer support, which is the type of uninvited communication among self-forming online groups of patients and individuals with a variety of health difficulties (Moorhead et al., 2013; Naslund et al., 2017; Fullagar et al., 2017), was implemented in this study when users would not use their own words to support their peers and they would instead post on their stories or send direct messages content made from professionals about what they found to be relevant or supportive for their peers. As also Karla mentioned “I think the main reason why I repost is indeed like maybe I can help someone and maybe someone needs it right now”. Interviewee Anne believed that using the mental health related content was a “different way to spark the conversation” with someone.

“I think it's kind of a different way to spark the conversation on taking care of yourself. Or these things are deep topics (...) Like, if you want to, like, have a conversation with someone that's different from just sending a quote or something, because then they can interpret it in their own time and you're not kind of like lecturing them. You know, it's like...a conversation is very hard.” (Anne)

I found the quote above to be insightful in the sense that mental struggles, disorders, or illnesses can be a very sensitive topic to bring up to people and sometimes individuals do not know how to properly tackle such things. Sharing content from professionals that explained mental issues, provided support, and destigmatize such matters, could be an alternative way to provide peer to peer support. What I found particularly interesting from the quote is the idea of not lecturing somebody because the content that is being shared with the friends comes from an expert's point of view and knowledge instead of their own, which in some way could take off the responsibility from the person sharing the information because they are not providing it in the first place. Findings provided by Blackwell (2017) showed that people are likely to share information not only about themselves, but also about topics that are simply worthwhile for them. In this research as well two users acknowledged the positive effect of sharing and spreading content, even if it did not positively impact them in the first place.

To conclude, some themes from theory driven data did not come up as frequently as the previously mentioned. Self-disclosure, which could be considered as part of self-support, was not a topic in which people much reflected onto. The researcher tried to investigate if there was a possible connection in sharing content to self-disclose to others, through words and experience of thirds (professionals'). However, this did not appear to happen, and it was not on top of mind

of people when asked to express their reasons for following and sharing mental health related content.

4.2 Information

The second category relevant to this study was information, meaning users gaining knowledge and different perspectives on topic of interest or for situations they did not understand as they wanted to. As also Betton et al. (2015) stated social media can be a low-cost way to have discussions about mental health, disseminate information and challenge stigma. Participants of this study believed as well that Instagram was for them a way to gain knowledge on a variety of topics.

4.2.1 Gain knowledge and learning

Some participants looked at the Instagram content with the goal of gaining knowledge which Rains (2007) confirmed to be a recurrent trait of the traditional HISB, online health information seeking behavior. Therefore, it can be argued that Instagram has become another platform for people to find a great number of sources in a quick and effective way (Easting & Guinsler, 2006). The connection between health information seeking behavior and seeking health information from Instagram was evident from participants stating that they used Instagram as a main source of information because when finding the proper pages, a person could have quality short and clear information, while other sources could be more dispersive (Mia).

Moreover, information from Instagram provided people with a better e-health literacy, which means locating health information and evaluate how to use it. Basch et al. (2018) noticed how e-health literacy has been fostered through access to internet and Moorhead et al., (2013) also claimed that this kind of literacy has expanded to social platforms such as Facebook, Instagram and Twitter. Both claims were relevant as the participants of this study also believed they could often find good quality and reliable content to learn from. Interviewee Arianna when asked the reasons why she followed mental health related content from professionals she claimed that she would look out for ADHD related content, after being diagnosed by her psychologist, because she wanted to educate herself on the matter; she also would look for anxiety related topics mostly out on interest.

Another insightful comment was the one from the interviewee Ahana stating that mental health practitioners on Instagram were useful to find inspiration to develop her own initiative for a mental advocacy program. Therefore, these pages could be a way for people to get interested and involved into mental advocacy, as they see others doing it already.

Two participants highlighted the positive side of obtaining information easily and affordably compared to traditional mental health support systems, such as therapy. The first quote below relates to the point proved by O'Reilly et al., (2018) and Basch et al., (2018) where they believed HISB was fostered by the fact that information could be easily and affordably accessed on social media platforms:

“They have become, like, more influential on social media and also just creating more awareness in general, which I think is very, very good, because in that sense, people, it's more accessible, maybe people with low income or like, not having the accessibility or the opportunity to go to their actual therapists, they can still find information on Instagram which is interesting.” (Karla)

Another participant focused more on Instagram content being an ideal venue to get acknowledged on a variety of topics and a way to understand in which cases a person might need instead to start actual therapy:

“And like do you really need to go to therapy to learn that like maybe it's a lot of investment for something that is like small you know, like how to deal with your insecurity how to deal with your self-confidence. Maybe people don't want to like seek therapy for that, but it can affect their mental health. So, then they have content like this.” (Anne)

4.2.2 Acknowledging new perspectives

The last theme part of this section related to gaining perspective and awareness on subjects of interest. Gaining perspective was found to be one of the primary reasons why people seek for health information online in the first place. As mentioned in the previous paragraph, Rains (2007) believed that the main reasons people look for information online are both gaining knowledge on one side and on the other gain perspective.

“I get a lot of different perspectives and new perspective on how to deal with mental health, from social media (...) having all these different perspectives, and on mental health, like the information is for me never too much.” (Karla)

Some participants also acknowledged the possible different perspective on a matter they found to be interesting or useful for them to reflect on. However, they did not claim that the different opinion or knowledge made them shift completely their mind and opinion on the subject. I believe this would mean that in the long run only, interacting with and reflecting on, the content might have an impact on people's pattern of thought or behavior. Interviewee Mila commented that it was always something good to know, and think about, even if she had a different point of view or different solution that would not match the one found on Instagram. Another participant as well stated:

“Also, sometimes they talk about a topic that I have a different point of view, and then I listen or read what they say. And I, like, I cannot change my mind. But I think about: okay, maybe it's not the only way that I have to think or feel about it. Like, there's perspectives.” (Elena)

4.3 Risks of engaging with mental health related content

When concentrating on the more negative sides of this reality the themes that arose the most related to not knowing how to properly engage with all the information that is now available on the internet, procrastinating and losing time on the platform (Anne and Arianna), trying to put into practice some tips from the content and not really see or obtain the expected results (Arianna), missed nuance on topics due to not having the whole picture on some issue or not following the professional that might be talking about a certain topic quite often instead. Although a depth into the topic could be found on their Instagram page, people that did not follow them might have seen the content as not fitting enough into their personal experience. Therefore, in this study some findings from previous research (Gowen, 2012; Jinhui et al., 2016; Naslund et al., 2016) about risk and negative impact of mental health's information on users was also found to be true.

Despite the already existing results, there was no previous research referring to the lack of real connection between an “Instagram therapist” and its audience. Such situation most probably was due to the fact that there is not much research that analyzed the arising reality of mental health professionals on Instagram specifically.

The most dangerous circumstance, according to interviewees, was engaging with material that was not as trustworthy and helpful as they thought it to be because of the way it was written or the source it was coming from. According also to Jinhui et al., (2016) the main limitations encountered when trying to obtain the wanted information online are information overload and

concern over information accuracy. It was interesting to notice in this study that the ones mentioning such aspects more frequently were the ones having studied psychological related degrees (Ahana) and, therefore, it seemed they accounted for much scrutiny compared to other participants whose concerns focused on other matters. For example, the kind of content some participants found to be harmful referred to ones mentioned by Arianna. She commented on the issue that comes from displaying symptoms for specific disorders and how that might be misinterpreted which is also the reason why she stopped engaging with some pages:

“Yeah, there's... I think there's a lot of posts that are like claiming: oh, if, if you have this and that, then you definitely have depression (...) And, also, partly, it's not even in specific cases really true. So yeah, I'm always a little mad when I see that I'm like, and that's also the reason why I unfollowed pages, if I realized that there's too much wrong things going on.” (Arianna)

4.3.1 Different outcomes from therapy journey

Most recognized the different outcomes between going to therapy and engaging with content, and they then highlighted the fact that the relationship built could never be the same. Interviewee Anne argued that content “cannot really replace therapy because therapy contextualizes and find solutions based on your context”. As well participant Chloe believed that “Instagram and no other platforms can substitute proper therapy, as in proper therapy session with a one on one in the same room a physical person can help you in the emotional or difficult process.” And again, the solutions they found from Instagram were not overall as well-suited into their reality as the ones given from their personal mental health practitioners. Interviewee Arianna stated that going to a phycologist was less “easily overlooked” compared to Instagram content. Lastly, few confirmed that only until they went to actual therapy, they could solve their issues as Instagram tips implementation was not enough for them to manage the current difficulty.

4.3.2 Reflecting into a mental health professional’s view

The possible risk of people self-diagnosing happens thanks to the wide range of information easily accessible on social media, like also Mohamed (2022) confirmed. Despite previous research (Fielding, 2021; 2022) in this study it appeared that most people did not self-diagnosed with the help of content. Because, when asked about self-diagnosing, all participants considered it to be a risk that might be happening while engaging with the content. All believed that it was

not possible to properly self-diagnose because of the subjectivity of the person, no expertise on the matter, and some individuals were simply against labeling themselves:

“I'd think that's a bit of the tricky thing with that being on social media that you self diagnose yourself. Because that's not the goal, I think, I think what the goal is that you find tools and ways to deal with whatever you're dealing with.” (Karla)

Regardless the general consideration, participant Ahana believed that self-diagnose could be done properly if the person was diagnosed in the past with some disorder and they might be experiencing the same or similar situation in the present moment while also seeing reliable content in which the person strongly reflected on. In addition, some felt they identified with something such as anxiety (most recurrent example) when approaching certain kind of posts, and they found a sense of relief and happiness in reading what they were experiencing in somebody's else words. Because there are many common symptoms amongst illnesses, it is easy for people to misdiagnosis themselves and a significant issue with misdiagnosis is that it prevents from receiving proper treatment and support which also exacerbate people's discomfort (Moorhead et al., 2017; Mohamed, 2022). When coding, it was used “identifying with something” instead of “self-diagnose” because the first one could be a broader term that could fall on the validating content, support, relief side and/or to the self-imposed prophecies of self-diagnose.

4.4 Opportunities for professionals Instagram

Two sections have been created to display the main findings encountered during the analysis of the professionals' interviews. The first, and upcoming, group regards opportunities which focused on how and why mental health professionals started exploiting Instagram resources for business scopes, spread knowledge and awareness and provide support by sharing their personal experiences and struggles combined with their expertise.

4.4.1 Business advantages

When it comes to the business side, four out of five confirmed they used the platform for building their personal brand and therefore a business. They all believed Instagram, such as other platforms like Tik Tok (which was also used by four participants), could be ideal for mental health professionals to get more profit compared to working in public clinics. Moreover, it was a way to build and advance their own clinic, or a way to promote other activities (not therapy) and sell products to promote mental awareness while also incentivizing a new approach to mental health inclusion. These actions are significant to surpass legal boundaries of doing therapy in one state only. While therapy was still provided only in the state where the professional obtained the license, they could still initiate programs, workshops, and merchandise free from legal boundaries.

As also claimed by Smith et al., (2012), Campbell et al., (2016) and Medina et al., (2021), psychologists and health professionals approach personal branding, which refers to creation and promotion of a personal brand to advance their career, provide unique expertise and reach potential clients. For example, interviewee Kate mentioned as well that experts want to be “known for the services they provide” confirming that professionals found a new venue to promote their activities. Interviewee Susan additionally shared the point that while in many working sectors individuals are promoting their business, on social media, mental health practitioners could or should do the same and she recognized that her skill and knowledge should be properly rewarded, believing that social media (such as Instagram and TikTok) are a great space to reach such goals:

“But I decided that I have very lucrative and in demand skills, and I wanted to, you know, being lucky enough to live in a time, live in a world of social media (...) Also make a unique living for ourselves and to be compensated what we are worth, and use different channels to share the tools and the skills that we have.” (Susan)

More specifically, the role that Instagram had for the professionals was to promote their private practice, launch workshops or sell products. As also Latiff and Safiee (2015) argued, Instagram has become an ideal place to support marketing activities and brand promotion when well thought strategies are being implemented. Reach a wide audience was a very important aspect for professionals, as they could only provide therapy in the state where they obtained the license, Instagram provided them with alternative additions to therapy and the possibility to make a profit out of that:

“If there are services that I want to provide outside of the traditional one to one therapy, that means that people have access to that too, whether that's like workshops (...) So literally anything and I think now that so much that the virtual, you can reach so many different people. And you don't necessarily have to be licensed in someone's state in order to hold a workshop to serve people that could still benefit.” (Kate)

Moreover, the same participant, gave examples of possible future activities she would be promoting through her Instagram account. Other than giving workshops for users and creating mental care products (such as the “self-care jar”), she wanted to provide workshop for colleagues that were interested in pursuing similar businesses paths in digital spaces:

“I know that I was in the process of creating a program actually for newly licensed therapists who want to build their own private practice. So, it could be a multitude of like workshops.” (Kate)

What I found to be interesting was the comment made by interviewee Ellen regarding the reason why she started merchandising hats, t-shirts, and hoodies: “Since I've kind of started like the merchandise stuff, and just some things to kind of bring a different, like, taste, a different side to mental health.” It appears that social media is becoming a venue to promote new ways to talk and display struggles, disorders, and maintain communities around them, as also Betton et al., (2015) argued. To some extent, thanks to the promotion of products against stigma, mental issues could be eventually detached from the taboo and stigma reality they have been labeled to for a long time.

While most participants stated that Instagram was not necessarily the primary source for them to get new clients for therapy, for one interviewee (Sadie) instead Instagram was the primary channel for that specific scope. More interestingly this participant was the only one

having shifted from licensed therapist to coaching, as a way to be freer in reaching clients and developing the business. She also claimed that many of her clients would reach her from different parts of the world and the only way for her to build the kind of business she was aiming for was making this change, in spite of the stigma that comes with being a coach instead of a mental health professional (Sadie). More specifically, the shift was necessary for her to work free from geographical legal boundaries imposed to licensed therapist in the USA, which refers to being able to provide therapy only in the state where the expert get the license (APA, 2021). Also, it would provide her greater flexibility in terms of how she engaged and conversed with clients, which could possibly differ from how licensed therapists did due to rules and guidelines (APA, 2021):

“When I started the Instagram (...) it was not to provide any sort of business (...) I'm also at this point, using the platform, as a business. You know, this is how people find me that would like to do this kind of work (therapy). I do offer this one on one, I have a team, I have classes available. There's more things that have come out of this platform, at this point.” (Sadie)

When asked if their profile was a way to establish a personal brand, four out of five believed so. The one participant not affirming such thing was also the one not pursuing any kind of business-related activity from her account. Even though all participants, minus one, used Instagram business tools, none of them mentioned the platform to be a necessity to be successful. They all recognized the business advantages Instagram has offered them, but no one claimed the social media channel to be the one and only way to make profit or build a business.

“But I think in reality, yeah, I think it's, it's a personal brand. It's me, you know. My business partner hates social media, and she hates, like, she can't film a reel to save her poor life. So, you know, I'm the face of the brand.” (Susan)

Lastly, regarding the creation of content, the most preferred option was reels as it was the one that “performs the best and most enjoyable to make” (Ellen, Kate and Susan). In addition, video format was for three professionals the way to start off their page in the first place (they gained a significant number of followers from few Tik Tok videos).

4.4.2 Support from a relatable professional

The main goal for professionals on social media was to show they could be more than a “blank state” (Interviewee Jessa) providing expertise from a non-empathetic point of view. They found in Instagram a way to show their struggles and personal experiences with mental health, like interviewee Ellen commented: “this is my space, and I’m showing up as like the human. So, in this space I can talk about why I’m relatable”. As also Fielding (2021) stated, social media has become an environment for experts to show their human side. By becoming relatable, professionals become a more realistic support as well for people on the platform (Fielding, 2021):

“I mean, my hope is by making healthcare more accessible by making therapists more relatable, that inherently breaks down some of the stigma because I think the more that people talk about mental health, the less stigmatized it becomes.” (Jessa)

Professionals were trying to provide support by spreading reliable knowledge and raising awareness about stigmatized topics in a way that felt “approachable”. Interviewee Ellen focused on the fact that having content that could be relatable might give important insights for people to understand themselves better even if it would not mean in any way replacing therapy to process years of trauma or similar situations.

In addition, it was a way to provide users with general information about therapy, to show viewers that therapy is not as “scary” or “useless” as they might think. As engaging with content might become a disincentive for people to start therapy (Moorhead et al., 2017), because of multiple reasons (stigma, isolation, little knowledge on the topic, cultural barriers), professionals tried to showcase the importance and the outlooks of a therapy setting to make users more aware of what they could expect and gain from it:

“But it does help I think get these little like, shifts that maybe people can think about or maybe it's just kind of setting the tone for somebody that's resistant to wanting to go to therapy because they think it's going to be a certain way.” (Ellen)

One participant (Susan) tried to present the therapy journey by talking about her own past journey, so that eventually people would understand from an authentic point of view how the process of therapy would be. Therefore, another reason for creating content related to the goal of showing how therapy would look like and to make people understand that therapy, and

therapists, are not something to be afraid of and professionals are not only experts on mental health matters without a personal experience or sense of empathy for their clients.

Interviewee Kate also touched a matter I considered to be relevant, as Instagram is the platform to enable people to connect to each other based on common interest, activities, or character traits (Mastrodicasa & Metellus, 2013), potential clients could have a look inside professional's style of work, kind of person they are and understand to what extent these experts would fit them. Interviewees Sadie and Kate argued that web searches sites display professionals in a very traditional way, giving only the academic and work experiences, in some cases with a picture of them but not always. Meanwhile, Instagram gave space to professionals to constantly show up in original, humanized, and relatable ways which is ideal for better connections (Fielding, 2021):

“They can google my name, they'll find my Instagram profile, and they can kind of see the person that they're working with, like, what type of content are they talking about? Like, can I relate to this person.” (Kate)

4.4.3 Spread knowledge and awareness

A main feature between all professionals was the aim of sharing reliable knowledge and awareness on a variety of topics, to anyone interested or in need of that. The reason laying behind that was mainly because mental health was believed to still be not accessible to many. Mostly stigma was the primary barrier pushing professionals to provide content and knowledge about mental health. Professionals believed that if they talked more openly about mental health related topics, they would facilitate others as well to disclose about their personal lived experiences or not suffer isolation. Moreover, as all participants were from the United States, four out of five of them underlined the relevant barrier of American rates for therapy and how this may disincentive people from approaching therapy. Because of that, professionals were providing content and information for people in economical disadvantages and, therefore, not able to attend therapy.

Professionals on Instagram can guarantee a great outcome when it comes to providing reliable and accurate information on delicate topics such as mental health related ones (O'Reilly et al., 2018). Then, aside from building a personal brand and trying to be relatable, the other main goal for all the participants was to create informative content. Consequentially raising awareness on a variety of topics, trying to surpass all the misinformation around such subjects (Jenna) while understanding how to provide ethically safe environments thanks to their license

(Sadie). Most participants also believed in the benefits of obtaining information and building awareness throughout both therapy sessions and content. As interviewee Susan stated: “I would be willing to argue that most of the time, you need both. You need... you need the community; you need the education while also having the professional that walks you through that process.” Community is an environment for users to feel part of something because it booster connections and shared interest in one place (Blight et al., 2017), the expert’s account. Specifically, for experts, community meant creating and sharing content to people that could find it beneficial for different reasons, such as knowledge, awareness, or support. And the kind of interaction happening between the two, users and professionals, regarded for example thanking users in the comment section for sharing their thoughts or support (Sadie and Jessa) or replying only to certain kind of messages, if not related to diagnoses and severe cases.

Overall, they believed Instagram to be the space for people to find more content to reflect on and bring into therapy sessions or to broaden the knowledge their clients gained about topics discussed in a therapy session. Interviewee Jessa claimed: “Somebody that goes to therapy and engages in content, I think it definitely can be helpful. I mean, I've had clients come into the therapy room and show me tik toks, or Instagram posts that they found helpful.”

Lastly, two interviewees believed that in some cases the content could have been enough to support someone’s journey. Depending on “what they’ve gone through, finding resource, communities and things can be enough” (Jessa). They believed in such possibility only in the case where “someone is in a good place mentally and maybe all they need are a couple of tips from a therapist on Instagram” (Susan). What seems to be brought up in this case is the individual’s ability to hold a degree of responsibility and awareness when engaging with certain content, understanding the importance their consciousness and mental state have in that action. Such situation will be mentioned again in the upcoming section, from a different perspective.

4.5 Risks and rules

With mental health professional activities many legal and ethical boundaries come into place to defend both clients and professionals (Cederbger, 2017; APA, 2021). Moreover, because of the quantity of information users are able to find, the chance of misinterpretation or misdiagnosis are high (Fielding, 2021). All the interviewees confirmed that information might not always be reliable, or it is hardly achievable to add all the possible nuances into a content as mental health matters can cover several similar symptoms per different diagnoses. Concretely, when it came to talk about professional boundaries all participants mentioned they followed ethical and legal guidelines, for the purpose of protecting themselves and the users. This was accomplished using

disclaimers- “content only for educational purposes, therapy is not Instagram”- the choice of words- “may”, “could”, “might not be applicable to anyone”- were very important to generate more generalized statements without providing specific cases. Moreover, they would not answer private messages to offer professional therapy. Lastly, only two participants added disclaimers in every single post while the other three would not. However, they all kept a specific range of words and a disclaimer highlight section.

4.5.1 Professional guidelines

Professionals are forced to follow certain rules and guidelines in their traditional set of therapy and work. Similarly, on Instagram, the American Psychological Association (2021) provided new guidelines for the arising reality of professionals on social media. All participants on this study confirmed to follow ethical, legal, and professional boundaries when operating on social media as mental health professional. In order to do so in their captions and on the highlight section they all published disclaimers mainly stating “Instagram is not therapy”:

“And then I always will put like a disclaimer saying like: this is for informational purposes only, it's not the, for the purpose of diagnosing; if you are concerned, you have this, please seek out a licensed mental health professional.” (Jessa)

Professionals cannot give advice on comments sections or direct messages, and because of that they re-direct users to other sources (such as websites to find therapists or hotlines). Moreover, interviewee Sadie, for example, had an automatic message that would say “my content is not medical advice nor a consultation” and if an individual sent her multiple messages, she would propose to set up a session to discuss if starting therapy was a suitable option for the user.

Another significant point of discussion regards the choice of words. It should be fundamental for users to understand that the information has the scope to be as generalized as possible without trying to diagnose, as all experts stated and as Cederbger (2017) outlined as well:

“I definitely have a certain way, a certain voice that I write in. Yeah, I try, I tried to avoid... Now that I think about it, I rarely use the term diagnosis. I rarely throw out actual diagnoses.” (Susan)

Because professional's content on Instagram is not the space for personalized and one to one therapy, professionals tried to highlight such thing most times using words such as "may" or "could" or "these are only examples":

"And I do spend quite a bit of time picking the phrasing, because there is an understanding of 'Oh, somebody with sexual trauma might hear this differently'. And so, in the caption(...) you'll find a lot of clarifiers like that in my captions." (Sadie)

The participant shifting from certified psychologist to coach still believed that as coach she benefitted from following most of the rules and guidelines for therapists.

"Transitioning to coaching was that there was going to be this very risky edge of client to therapy or to facilitator edge in the ethical boundaries, I've actually found that a lot of the ethical boundaries that are set makes a lot of sense. There's not a lot of them that I don't follow, because they are helpful they make they you know, are really in place to protect me, but also my clients. And so even in the comment section, there is not a lot of advice." (Sadie)

Such statement could signify that a certain amount of mental and life coaches possibly follow the same, or similar, guidelines in order to protect their work and their clients. Even though there is resistance from licensed professionals regarding coaches' professions and their reliability and safety (interviewee Jessa), having unified guidelines approved by a recognized entity would bring more transparency and ethics into the field of coaching, which seems to be an arising reality on social media (Edwards 2016).

4.5.2 Misdiagnosis and misinterpretation

Because of the variety of information people can engage with and rely on, the possibility of misinterpreting or misdiagnosis can be high (Fielding, 2021). As well participants of this study believed such situation was highly possible. All experts commented on the impossibility of providing complete nuance on a topic and, consequentially, unvoluntary mislead their followers. Some professionals claimed that once an individual assumed they had a disorder they would entirely identify their person with the disorder and when starting therapy, they could have been differently diagnosed which could have troubled the person in question and the practice of therapy. In addition, it could have brought people to try out practices that might have not aligned

with their real situation. Higher probability of this happening could have been with users not following them (interviewees Sadie and Jessa) and, for that reason, not knowing how much and how specifically the expert displayed certain topics.

Despite this, one participant claimed that self-diagnose would not necessarily lead to negative outcomes, as long as it did not involve diagnosing other people with disorders such as bipolar, narcissist etc. Another interviewee as well believed that self-diagnose would not do necessarily any harm to the extent the person was properly able to understand their own personal experience and have a sufficient health literacy to engage with the information.

Lastly, four professionals also mentioned the role users should have in their own engagement and understanding of the content. As also Sadagheyani and Tatari (2020) mentioned, users should always maintain a level of caution and accountability for what and how they consume information, acknowledging also that content is not therapy and that their expertise on the topics could not, most times, be enough for correct diagnosis.

Mental health information is now widely spread (Moorhead et al., 2013), hence users find much information packed in a simple and direct way, thanks to the formats available on Instagram and Tik Tok for example. This can easily lead individuals to approach and believe in ideas and statements without questioning the degree of error in their assumptions of diagnosing symptoms and experiences and the reliability of the content. Regarding such scenario, interviewee Kate suggested that talking openly about pros and cons of self-diagnosing, only by incorporating it into captions along with some of the recurrent disclaimers, could be very beneficial. I would personally add that it would be helpful to teach users how to recognize truthful sources respect to untrustworthy ones, which is also a point brought up by one professional (Interviewee Jessa) as she firmly believed that users should acknowledge the risk of blindly following and believing any information found on professional's pages. What she suggested users could do was investigating on the professional and check the sources they used. In conclusion, I would suggest that professionals could make transparent "guidelines", in their captions or highlights, on how and who to possibly follow on social media networks. Overall Instagram content was seen as an additional positive tool, as it was an essential steppingstone in fighting stigma, accessibility issues, and develop business opportunities for professionals of the sector; without replacing the role of therapy in most cases. Accordingly, despite the limitations, the experts believed that the benefits outweighed the risks of this reality.

6. Conclusion

This study explored mental health as arising reality in digital spaces, more specifically on Instagram. The research questions were: “How do university students in the Netherlands interpret and make use of Instagram content created by mental health professionals?” and “How do mental health professionals perceive and engage with Instagram as platform for their profession?”. Hence, to better understand this topic, two points of views have been taken into consideration, the users approaching the content and the mental health professionals building a public account and providing content. A theoretical framework was primarily defined so that significant concepts could be established, such as the state of mental health nowadays, the use of internet and platforms for mental health advocacy, awareness, support, and mental health practitioners utilizing social media networks for a variety of reasons. Once the empirical data was attained, the theoretical framework, along with the topic guides, served to analyze the data and notice the similarities and differences compared to previous literature.

Regarding the first research question, “How do university students in the Netherlands interpret and make use of Instagram content created by mental health professionals?” it was noticed that all participants gained either support or knowledge by engaging regularly with the content, as also confirmed by previous studies (Fullagar et al., 2017) focused on the usage of Internet for mental health support and knowledge gain. Furthermore, professional-created content was thought to be more reliable and well-crafted than regular users sharing their own expertise. Users relied on this content because of the reminders and tips they could find and the fact that it was positive for them to have access to this kind of therapeutic professional spaces any time they needed it, compared to therapy which happened once a week.

Despite past research that underlined the high risk of self-diagnoses and misdiagnosis, due to the amount of information easily readily online and the high possibility of misinterpretation of diagnoses and symptoms (Fielding, 2022), it did not appear to be a relevant result within this study. Accordingly, all participants were aware of the chance of diagnosis oneself without consulting a professional, however, they were all supporting the idea that it was not beneficial nor properly possible. Only one participant believed in accurate self-diagnosing, when considering the knowledge and accountability the person had about mental health in general, their own mental state, and engagement with social media content and sources.

On the other hand, all interviewees believed they could learn through short formats, in effective and trustable ways about mental health related topics and tips. As also Hebben (2019) and Balani and De Choudhury (2015) claimed, internet and social media have become a new dimension for people to gain insights about mental health. Still, they did not support the idea that

mental health could be the only or main tool for someone to overcome a severe mental issue and, in that case, a professional was needed.

One last important point to notice is that even though in the theoretical framework there was a significant focus on the difficulty of accessing mental health practices, because of long waiting lists, shortage of professionals and stigma (Thornicroft, 2008, as cited in Naslund et al., 2017), such reasons have been mentioned little times by few participants only. Therefore, difficulty in accessing mental health care did not appear to be a top-of-mind reason for participants to engage with mental health related content on Instagram. Users would simply see the content as an additional tool for either support or knowledge and not primary source of help. The reason behind the result from previous research could lie on the fact that such statements came from previous years (Thornicroft, 2008, as cited in Naslund et al., 2017) and a non-European context.

For the second research question “How do mental health professionals perceive and engage with Instagram as platform for their profession?”, it was discovered that all participants valued Instagram as a great venue to promote accurate mental health information. The promotion of mental health was considered to be important for different outcomes such as mental advocacy, fighting stigma, supporting business-related activities. Focusing on the business side of this reality, Instagram was seen as an ideal space to launch or sustain a personal brand, like also Medina et al. (2021) claimed. Four out of five participants used Instagram to boost their personal brand and they all confirmed the positive sides that came with it. Accordingly, surpassing legal boundaries (mainly providing therapy in the state where they obtained the license) thanks to the promotion of different activities for their audience, like workshops or other products. It can also be stated that mental health was being commodified. Yet, the reason for commodifying was, other than business goals, to support mental advocacy, fighting stigma and finding new ways to express and conversate about mental health and mental issues. Professionals interested in business activities can learn from this research that Instagram, like other social media platforms, can be used to drive brand awareness, find customers, analyze audience insights to understand what is considered important and safe for regular users to know, offer followers exclusive benefits (such as materials, workshops, discounts). In addition, the possibility of partnering with other experts on the platforms would be a way to increase the visibility and strength of the mental health care community on Instagram.

To conclude, it can be said that social media becomes an ideal space for experts to grow their community and develop new business opportunities, and incomes, by promoting “ethically and legally friendly” activities. And, as the opportunities become more accessible and feasible, it is still important to constantly keep up with the standards and guidelines proposed by

international entities such as APA (American Psychological Association), in order to not fall into an unprofessional commodification of sensitive topics related to mental health issues, disorders, illnesses etc.

6.1 Users and professionals' view

The motive behind interviewing both regular users and professionals was to better understand how closely these two groups were aligned within this reality. First, my findings showed that professionals trying to reach out to people that were possibly in need of support or wanting to gain knowledge on matters of importance, were reaching such goal. The regular users interviewed confirmed to use the content developed by professionals to support themselves or gain insights about their situations or reality of mental health and mental disorders. Secondly, the experts' effort to fight stigma around mental issues was worth as most users interviewed confirmed to be relieved, content and understood when reading about experiences and mental states like theirs.

One of the main discrepancies found was the difficulty for professionals of making sure users understood how to properly engage with the content and the extent to which the content could be useful for them. In general, the obstacle regarded the impossibility of covering all possible nuances when referring to medical and other kind of topics related to mental health and not necessarily knowing who was consuming their content. For the experts, the role of disclaimers was highly relevant (such as the highlight section in their account or providing disclaimers at the end of the posts' captions) and the choice of words. Nonetheless, regular users did not really notice such actions. Therefore, I believe the main complication encountered was a missed effective communication, and understanding, of the ethical boundaries that professionals establish to protect themselves, the users and to provide a safe space for people to explore and understand mental health (APA, 2021). Thus, it would be optimal to provide more information on how the professionals work on social media and why they operate in certain ways, such as using certain terms or often adding disclaimers or not giving specific advice in private messages. Such operation would bring more clarity and transparency on the actual role mental health experts can and want to have on social media platforms such as Instagram or Tik Tok. Creating, simple and straightforward information content could help followers understand how to better take in the information they read. It would possibly minimize the risks of improperly self-diagnose and misinterpreting concepts and protecting themselves from unreliable sources of information and profiles. Therefore, other than only adding a sentence at the end of the posts (recurrent strategy) such as "Instagram is not therapy" or having this kind of sentence in the

caption or in a highlight section, professionals could tackle the situation by simply providing standalone content that explains how users can explore the content safely on social platforms, while also presenting the role that therapists can and cannot actually have on the platform.

6.2 Limitations and Future research

Firstly, this research was not limited to one sex only, however, all participants were female despite one. The only male participating was the only one having a different rapport with the content and with mental health overall. Such situation appears to support the previous studies showing how female sex, higher educational attainment, and age are all social, demographic, and lifestyle factors associated with higher probability of online health information seeking (Hesse et al., 2005; Lambert & Loiselle, 2007; Rains, 2008; Wang et al., 2013; Weaver et al., 2010, as cited in Jacobs, 2017). Therefore, one limitation regards the fact that having a more balanced group of participants could have significantly affected the results of the study; showing how the gender of the person might not impact how and why people engage with such content. In future research it would be ideal to have a more balanced group of participants to notice the possible alignment, or not, to previous research that showed how females are more prone to engage with mental health content.

Secondly, another influential constraint of the research focuses on the different criteria of data collection used between regular users and professionals. While regular users were all students in Europe (Netherlands), thus surrounded by a certain psychological and mental health system, the professionals interviewed were all from United States. When interviewing experts, there was a relevant focus on the issues of mental care accessibility due to stigma, pricing and waiting lists. While such issues can be encountered in European systems as well (Naslund et al., 2017; Bernardo & Del Vayo, 2021), it did not appear to be a main obstacle for nine out of ten of the regular users' group in this study. Consequentially, in future research it would be ideal to interviewee people from the same country or, generally, a more focused region of the world to likely detect same issues, if present.

Thirdly, I claim that choosing to only engage with content as primary source to handle personal mental struggles, or disorders, would be considerable as substituting therapy with content. For this reason, another point relevant for future research could focus on studying the extent to which social media can become a "Therapy 2.0". More specifically, studying if people can properly handle mental issues, or difficult periods of life, with Instagram content only and not along with therapy.

Following, a matter of interest that was not carried out in this study is the role of Tik Tok within mental health promotion and engagement. The social media platform was mentioned by three out of five experts as the main way to launch off their profile, thanks to the engagement rate and exposure level that can be obtained in the platform. The arising reality of mental health content is significant on Instagram as much as on Tik Tok (Fielding, 2021); hence, it would be important to study the benefits and implications of using Tik Tok within mental health related professional settings.

Next, in this research one expert transitioned from licensed psychologist to coach because she believed to have more freedom in practicing her profession. In addition, she could better exploit the tools provided by social media platforms. As the presence of mental and life coaches is rising as much as the one of mental health professionals (Moon, 2021), it is crucial to study the role held, the gains, and the downsides the first group encounters on social media spaces.

Finally, even though the method chosen was thought to be the most suitable for this kind of research, in future research it could be optimal to integrate a mixed method, such as interviews and content analysis or interviews and surveys to have a more extensive data collection. Also, part of the interview topic guides focused on the impact of engaging with mental health related content in the long term. Then, a longitudinal study that explores the actual benefits and drawbacks of engaging over time with the content would be an academic and societal relevant addition to take into consideration.

7. References

- Adams, S. A. (2010). Revisiting the online health information reliability debate in the wake of “web 2.0”: an inter-disciplinary literature and website review. *International Journal of Medical Informatics*, 79(6), 391–400. <https://doi.org/10.1016/j.ijmedinf.2010.01.006>
- Allen, K., Ryan, T., & Gray, D. (2014). Social media use and social connectedness in adolescents: the positives and the potential pitfalls. *The Educational and Developmental Psychologist*, 31(1), 18–31. <https://doi.org/10.1017/edp.2014.2>
- Andalibi, N., Forte, A., Ozturk, P., & 2017 ACM Conference on Computer Supported Cooperative Work and Social Computing, CSCW 2017 2017 02 25 - 2017 03 01. (2017). Sensitive self-disclosures, responses, and social support on instagram: the case of #depression. *Proceedings of the Acm Conference on Computer Supported Cooperative Work, Cscw*, 1485-1500, 1485–1500. <https://doi.org/10.1145/2998181.2998243>
- American Psychological Association. (2021). APA Guidelines for the Optimal use of Social media in Professional Psychological practice. *APA.com*
<https://www.apa.org/about/policy/guidelines-optimal-use-social-media.pdf>
- Balani, S. & De Choudhury, M. (2015). Detecting and Characterizing Mental Health Related Self-Disclosure in Social Media. Proceedings of the 33rd Annual ACM Conference Extended Abstracts on Human Factors in Computing Systems.
<https://dl.acm.org/doi/pdf/10.1145/2702613.2732733>
- Basch, C. H., MacLean, S. A., Romero, R. A., & Ethan, D. (2018). Health information seeking behavior among college students. *Journal of Community Health*, 43(6), 1094–1099.
<https://doi.org/10.1007/s10900-018-0526-9>
- Barad, K. M., & Duke University Press. (2007). *Meeting the universe halfway: quantum physics and the entanglement of matter and meaning* (Ser. Duke backfile). Duke University Press.
- Barbour, R. S. (2014). *Introducing qualitative research: a student's guide* (Second). SAGE.
- Bernardo, A., & Del Vayo, M. A. (2021) Pay up or put it off: how Europe treats depression and anxiety. *CIVIO.com* <https://civio.es/medicamentalia/2021/03/09/access-to-mental-health-in-europe/>
- Betton, V., Borschmann, R., Docherty, M., Coleman, S., Brown, M. and Henderson, C. (2015) The role of social media in reducing stigma and discrimination. *The British Journal of Psychiatry*, 206, 443–444.

- Blackwell, B. M., (2017). "To Share or Not to Share:" A Study of an Individual's Self-Representation on Instagram in Accordance with Impression Management Theory. *East Tennessee State Univiersty*. <https://dc.etsu.edu/etd/3257>
- Babbie, E. (2010). *The Practice of Social Science* (Vol. 12). Belmont: Wadsworth Censage Learning.
- Blight, Erin, Ruppel & Schoenbauer. (2017). Cyberpsychology, Behavior and Social Networking. Sense of Community on Twitter and Instagram: Exploring the Roles of Motives and Parasocial Relationships <https://doi.org/10.1089/cyber.2016.0505>
- Bogner, A., Littig, B., & Menz, W. (2009). *Interviewing experts* (Ser. Research methods series). Palgrave Macmillan. <https://doi.org/10.1057/9780230244276>
- Bonetti, L., Campbell, M.A., & Gilmore, L. (2010). The relationship of loneliness and social anxiety with children's and adolescents' online communication. *Cyberpsychology, Behavior, and Social Networking*, 13(3), 279–285. doi:10.1089/cyber.2009.0215
- Bowels, S., H., Narayan, A., Seng, A. (2018). Social Media for Good? A Survey on Millennials' Inspirational Social Media Use. *The Journal of Social Media in Society*, 7(2), 120-140.
- Bulmer, M. (1976). Book review: introduction to qualitative research methods. *The British Journal of Sociology*, 27(4), 510–511.
- Burns, J., Durkin, L. and Nicholas J. (2009) Mental health of young people in the United States: What role can the internet play in reducing stigma and promoting help seeking? *Journal of Adolescent Health*, 45, 95–97.
- Braun, V. & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101. DOI: 10.1191/1478088706qp063oa
- Brennen, B. (2017). *Qualitative research methods for media studies: Second edition*. New York, London: Routledge.
- CBS. (2021). More online searches for health and lifestyle information. *CBS.nl* <https://www.cbs.nl/en-gb/news/2021/04/more-online-searches-for-health-and-lifestyle-information>
- CBS. (2021). Perceived mental health: trend stable in 2020. *CBS.nl* <https://www.cbs.nl/en-gb/news/2021/09/perceived-mental-health-trend-stable-in-2020>
- Cline, R. J., & Haynes, K. M. (2001). Consumer health information seeking on the internet: the state of the art. *Health Education Research*, 16(6), 671–92.
- Davis, K. (2012). Friendship 2.0: adolescents' experiences of belonging and self-disclosure online. *Journal of Adolescence*, 35(6), 1527–1536. <https://doi.org/10.1016/j.adolescence.2012.02.013>

- Dempsey, L., Dowling, M., Larkin, P., & Murphy, K. (2016). Sensitive Interviewing in Qualitative Research. *Research in Nursing & Health*, 39, 480-490.
- Döringer, S. (2021). 'The problem-centered expert interview'. combining qualitative interviewing approaches for investigating implicit expert knowledge. *International Journal of Social Research Methodology*, 24(3), 265–278.
<https://doi.org/10.1080/13645579.2020.1766777>
- Edwards, V. (2016). *Life coaching -- rising in popularity should it be regulated? A look into the life and work of emerging life coaching star Gina DeVee*. Craig Newmark Graduate School of Journalism. The city university of New York.
- Evans, W., Andrade, E., Pratt, M., Mottern, A., Chavez, S., Calzetta-Raymond, A., & Gu, J. (2020). Peer-to-peer social media as an effective prevention strategy: quasi-experimental evaluation. *Jmir Mhealth and Uhealth*, 8(5), 16207. <https://doi.org/10.2196/16207>
- Feuston, J. L., & Piper, A. M. (2018). Beyond the coded gaze: analyzing expression of mental health and illness on instagram. *Proceedings of the Acm on Human-Computer Interaction*, 2(Cscw), 1–21. <https://doi.org/10.1145/3274320>
- Fergie, G., Hilton, S. & Hunt, K. (2016a) Young adults' experiences of seeking online information about diabetes and mental health in the age of social media. *Health Expectations*, 19, 1324–1335.
- Fielding, S. (2021). The Rise of Social Media Therapy. *Verywellmind.com*
<https://www.verywellmind.com/the-rise-of-the-mental-health-influencer-5198751>
- Fielding, S. (2022). Social Media Raises Mental Health Awareness But Increases Risk of Flawed Self-Diagnosis. *Verywellmind.com* <https://www.verywellmind.com/people-are-using-social-media-to-self-diagnose-5217072>
- Fereday, J., & Muir-Cochrane, E. (2006). Demonstrating rigor using thematic analysis: A hybrid approach of inductive and deductive coding and theme development. *International Journal of Qualitative Methods*, 5(1), 80–92.
<https://doi.org/10.1177/160940690600500107>
- Gamm, L. Stone, S. & Pittman, S. (2015). Mental Health and mental disorders- a rural challenge: a literature review. *Texas A&M University System Health Science Center*.
- Gowen, L. K. (2013). Online mental health information seeking in young adults with mental health challenges. *Journal of Technology in Human Services*, 31(2), 97–111.
<https://doi.org/10.1080/15228835.2013.765533>

- Hamm, M. P., Newton, A. S., Chisholm, A., Shulhan, J., Milne, A., Sundar, P. (2015) Prevalence and effect of cyberbullying on children and young people: a scoping review of social media studies. *JAMA Pediatrics*, 169, 770–777.
- Hanna, E., Ward, L.M., Seabrook, R.C., Jerald, M., Reed, L., Giaccardi, S., & Lippman, J.R. (2017). Contributions of social comparison and self-objectification in mediating associations between Facebook use and emergent adults' psychological well-being. *Cyber psychology, Behavior and Social Networking*, 20(3), 172-179.
<https://doi.org/10.1089/cyber.2016.0247>
- Harun, Z., & Tajudeen, F. P. (2021). Research anthology on small business strategies for success and survival. In Instagram as a marketing tool for small and medium enterprises (pp. 771–784). essay, *Business Science Reference*. <https://doi.org/10.4018/978-1-7998-9155-0.ch038>
- Henderson, C., Evans-Lacko, S., & Thomicroft, G. (2013). Mental illness stigma, help seeking, and public health programs. *American Journal of Public Health*, 103, 777-780.
- Hilal, B., & Shabir, A. B. (2017). Effects of social media on mental health: a review. *International Journal of Indian Psychology*, 4(3). <https://doi.org/10.25215/0403.134>
- Manikonda, L. & Choundhury, M. (2017). Modeling and Understanding Visual Attributes of Mental Health Disclosures in social media. CHI '17: *Proceedings of the 2017 CHI Conference on Human Factors in Computing Systems*.
<https://doi.org/10.1145/3025453.3025932>
- Mastrodicasa, J., & Metellus, P. (2013). The impact of social media on college students. *Journal of College and Character*, 14(1), 21–29. 10.1515/jcc-2013-0004
- McCosker, A., & Gerrard, Y. (2021). Hashtagging depression on instagram: towards a more inclusive mental health research methodology. *New Media & Society*, 23(7), 1899–1919.
<https://doi.org/10.1177/1461444820921349>
- Meuser, M., & Nagel, U. (2009). The expert interview and changes in knowledge production. In A. Bogner, B. Littig, & W. Menz (Eds.), *Interviewing experts* (pp. 17–42). Palgrave Macmillan UK.
- Moon, M. (2021). Industry Trend Alert: Mental Health Coaching Is on the Rise. *Primal Health Coach Institute*.
- Morse, J. (2001). Situating grounded theory within qualitative inquiry. In Schreiber, R., Stern, P. N. (Eds), using grounded theory in nursing (pp. 1-16). *New York: Springer*.
- Morse, J., Barrett M., Olson, M., & Spiers, J. (2002). Verification strategies for establishing reliability and validity in qualitative research. *Int J Qual Methods*.

- Muhs, C., Osinaike, A., & Thomas, L. (2020). Rave and hardstyle festival attendance motivations: A case study of Defqon.1 weekend festival. *International Journal of Event and Festival Management*, 11(2), 161–180. <https://doi.org/10.1108/ijefm-07-2019-0036>
- Munce, S. E. P., & Archibald, M. M. (2017). “the future of mixed methods: a five year projection to 2020”: an early career perspective. *Journal of Mixed Methods Research*, 11(1), 11–14. <https://doi.org/10.1177/1558689816676659>
- Langelaar, J. (2021). Well-being of international students: 'Institutions should take the first step'. *Nuffic.nl*
- Leung, L. (2015). Validity, reliability, and generalizability in qualitative research. *Journal of Family Medicine and Primary Care*, 4(3), 324–7. <https://doi.org/10.4103/2249-4863.161306>
- Latiff, Z. A., & Safiee, N. A. S. (2015). New business set up for branding strategies on social media - instagram. *Procedia Computer Science*, 72, 13–23. <https://doi.org/10.1016/j.procs.2015.12.100>
- Luo, M., & Hancock, J. T. (2020). Self-disclosure and social media: motivations, mechanisms and psychological well-being. *Current Opinion in Psychology*, 31, 110–115. <https://doi.org/10.1016/j.copsyc.2019.08.019>
- O'Reilly, M., Svirydenka, N., Adams, S. & Dogra N. (2018). Review of mental health promotion in schools. *Social Psychiatry and Psychiatric Epidemiology*, 53(7), 647–662.
- Jacobs, W., Amuta, A. O., & Jeon, K. C. (2017). Health information seeking in the digital age: an analysis of health information seeking behavior among us adults. *Cogent Social Sciences*, 3(1).
- Johnson, J. (2011). In-depth interviewing. In Gubrium, J. & Holstein, J. (Eds.). *Handbook of Interview Research*. SAGE publications.
- Kaplan, A. M., & Haenlein, M. (2010). Users of the world, unite! the challenges and opportunities of social media. *Business Horizons*, 53(1), 59–68. <https://doi.org/10.1016/j.bushor.2009.09.003>
- Karasouli, E., & Adams, A. (2014). Assessing the evidence for e-resources for mental health self-management: a systematic literature review. *Jmir Mental Health*, 1(1), 3. <https://doi.org/10.2196/mental.3708>
- Kelly, C. M., Jorm, A. F., & Wright, A. (2007). Improving mental health literacy as a strategy to facilitate early intervention for mental disorders. *The Medical Journal of Australia*, 187(7 Suppl), S26-30.

- Mohamed, Z. (2022). Young Women are self-diagnosing personality disorders, thanks to Tik Tok. *Elle.com*
- Moorhead, S. A., Hazlett, D. E., Harrison, L., Carroll, J. K., Irwin, A., & Hoving, C. (2013). A new dimension of health care: systematic review of the uses, benefits, and limitations of social media for health communication. *Journal of Medical Internet Research*, 15(4), 85. <https://doi.org/10.2196/jmir.1933>
- Pierce, R. (2008). *Research methods in politics: a practical guide* (Ser. Sage research methods). Sage.
- Rains, S. A. (2007). Perceptions of traditional information sources and use of the world wide web to seek health information: findings from the health information national trends survey. *Journal of Health Communication*, 12(7), 667–80.
- Ramlan, M. A. I., Anuar, K. K. N., & Amanah, H. F. (2021) The perceptions of young adults towards inspirational accounts on Instagram. *International Journal of Social Science research*, 3(4), 136-147. <http://myjms.mohe.gov.my/index.php/ijssr>
- Rahal, Z. A., Vadas, L., Manor, I., Bloch, B., & Avital, A. (2018). Use of information and communication technologies among individuals with and without serious mental illness. *Psychiatry Research*, 266, 160-167.
- Ryan, A., & Wilson, S. (2008). Internet healthcare: do self-diagnosis sites do more harm than good? *Expert Opinion on Drug Safety*, 7(3), 227–229. <https://doi.org/10.1517/14740338.7.3.227>
- Ryan, T., Allen, K. A., Gray, D. L. L., & McInerney, D. M. (2017). How social are social media? a review of online social behaviour and connectedness. *Journal of Relationships Research*, 8. <https://doi.org/10.1017/jrr.2017.13>
- Sadagheyani, H. E., & Tatari, F. (2021). Investigating the role of social media on mental health. *Mental Health and Social Inclusion*, 25(1), 41–51. <https://doi.org/10.1108/MHSI-06-2020-0039>
- Sartorius, N., & Schulze, H. (2005). *Reducing the stigma of mental illness: A report from a global programme of the World Psychiatric Association*. Cambridge: Cambridge University Press.
- Scanlan, C. L. (2020). *Preparing for the unanticipated: challenges in conducting semi-structured, in-depth interviews*. SAGE Publications. <https://doi.org/10.4135/9781529719208>
- Silverman, D. (2011). *Interpreting qualitative data. A guide to principles of qualitative research* (4th edition). London: Sage.

- Strauss, A., Corbin, J. (1998). *Basics of qualitative research: Techniques and procedures for developing grounded theory* (2nd ed.). Thousands Oaks, CA: Sage.
- Tsimonis, G., & Dimitriadis, S. (2014). Brand strategies in social media. *Marketing Intelligence & Planning*, 32(3), 328–344. <https://doi.org/10.1108/MIP-04-2013-0056>
- Ventola, C. L. (2014). Social media and health care professionals: benefits, risks, and best practices. *P & T: A Peer-Reviewed Journal for Formulary Management*, 39(7), 491–520.
- Vincent, E. A. (2016). Social Media as an Avenue to Achieving Sense of Belonging Among College Students. *American Counseling Association*.
- WHO. (2020). Covid-19 disrupting mental health services in most countries. *WHO.com*
<https://www.who.int/news/item/05-10-2020-covid-19-disrupting-mental-health-services-in-most-countries-who-survey>

8. Appendices


Appendix A: message for regular users

“Hello! I am Francesca, a master student at Erasmus University and I am looking for people to participate in my thesis project!:) The main topics are mental well-being and mental health “tips” provided through Instagram. Therefore, I would be looking for people who have seen/followed/engaged with this kind of content in the past or they still do. In general, I am interested in knowing how people perceive that kind of content, what use they do of it and what is the preferred kind of content and format overall. I’d love to meet in person, maybe at some park or coffee bar or whichever place feels the most comfortable for the person, so that the interview process will feel more natural and spontaneous. However, if online is preferred I am more than open to whatever the interviewee chooses. Lastly, as mental health can be a sensitive topic, I want to assure that all information will be used in a confidential way for university research goals only and if anonymity is preferred then it will be guaranteed as well.”

Appendix B: informed consent form

Project Title and version	The arising reality of mental health content on Instagram
Name of Principal Investigator	Francesca Capozzo
Name of Organisation	Erasmus University Rotterdam
Name of Sponsor	N/A
Purpose of the Study	This research is being conducted by Francesca Capozzo. I am inviting you to participate in this research project about mental health and mental well-being in relation to social media content. The purpose of this research project is to investigate how some kind of content and information is being delivered and perceived.
Procedures	You will participate in an interview lasting approximately 40 minutes. You will be asked questions about social media usage, mental health, and mental well-being experience both online and in real life. Sample questions include: "What is the use for you of mental health content on instagram?" You must be at least 18 years old, regularly use Instagram (3-4 times per week) and have an interest or expertise in mental health topics.
Potential and anticipated Risks and Discomforts	There are no obvious physical, legal or economic risks associated with participating in this study. You do not have to answer any questions you do not wish to answer. Your participation is voluntary and you are free to discontinue your participation at any time.
Potential Benefits	Participation in this study does not guarantee any beneficial results to you. As a result of participating you may better understand how is mental health is being used and perceived through Instagram. The broader goal of this research is to understand to what extent content on Instagram is helpful or harmful and how to improve it.
Sharing the results	The findings will be part of my thesis only, which will be published by the end of July 2022.

Confidentiality	<p>Your privacy will be protected to the maximum extent allowable by law. No personally identifiable information will be reported in any research product. Moreover, only trained research staff will have access to your responses. Within these restrictions, results of this study will be made available to you upon request.</p> <p>As indicated above, this research project involves making audio recordings of interviews with you. Transcribed segments from the audio recordings may be used in published forms (e.g., journal articles and book chapters). In the case of publication, pseudonyms will be used. The audio recordings, forms, and other documents created or collected as part of this study will be stored in a secure location in the researchers' offices or on the researchers password-protected computers and will be destroyed within ten years of the initiation of the study.</p>
Compensation	N/A
Right to Withdraw and Questions	<p>Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalised or lose any benefits to which you otherwise qualify.</p> <p>If you decide to stop taking part in the study, if you have questions, concerns, or complaints, or if you need to report an injury related to the research, please contact the primary investigator:</p> <p style="text-align: center;">francesca0.capozzo@gmail.com +393474042514</p>
Statement of Consent	<p>Your signature indicates that you are at least 18 years of age; you have read this consent form or have had it read to you; your questions have been answered to your satisfaction and you voluntarily agree that you will participate in this research study. You will receive a copy of this signed consent form.</p> <p>I have been given the guarantee that this research project has been reviewed and approved by the ESHCC Ethics Review Committee. For research problems or any other question regarding the re-search project, the Data Protection Officer of Erasmus University, Marlon Domingus, MA (fg@eur.nl)</p> <p>If you agree to participate, please sign your name below.</p>
Audio recording (if applicable)	<p>I consent to have my interview audio recorded</p> <p><input type="checkbox"/> yes <input type="checkbox"/> no</p>

Secondary use (if applicable)	I consent to have the anonymised data be used for secondary analysis <input type="checkbox"/> yes <input type="checkbox"/> no	
Signature and Date	NAME PARTICIPANT 	NAME PRINCIPAL INVESTIGATOR Francesca Capozzo
	SIGNATURE 	SIGNATURE 
	DATE 	DATE

Appendix C: description of the user sample

User	Age	Profession	Nationality	Still engages with m.h. content	Therapy experience	Diagnosis
John	21	Bachelor student in Business Administration at EUR	Dutch	Not as much as before	No	No mental health related issues
Elena	22	Master student in psychology at EUR	Spanish	Yes	yes	Personal and family related
Karla	23	Master student in Urban governance at EUR	Dutch	Yes	No	No specified
Sara	24	Master student in Business analytics management at EUR	Malaysian	Yes but not same content of the past	Yes	No
Anne	23	Master student in Global Business and Sustainability at EUR	Malaysian	Yes	Yes	No

Chloe	21	Bachelor student in Communications at EUR	Spanish	Yes	In the past yes	No
Mia	20	Bachelor student in Communication media at EUR	Italian/Swedish	Yes	Yes	Anxiety
Mila	24	Master student in public relations at UVA	Italian	Yes	Yes	Anxiety, eating disorder
Arianna	24	Master student in forensic and legal psychology at EUR	German	Yes	Yes	ADHD
Ahana	22	Master student in Work and organizational psychology at EUR	Indian	Yes	In the past yes	ADHD, depression, high function anxiety, binge eating

Appendix D: message for professionals

“Hello! I am Francesca Capozzo, a master student at Erasmus University Rotterdam. I am contacting you because for my master thesis I am investigating on how and why mental health related content on Instagram is being approached and used by users. However, I would love to get to know more the professionals’ side as well, of this arising reality (mental health professionals building their business/working through social media). Therefore, I am contacting you wondering if you would be interested in participating in this project which would mean having an interview of about 40 to 60 minutes!:)”

Appendix E: description of the professional's sample

Professional	Licensed	Profession	Followers	Other social media accounts	Personal business
Jenna	Yes	Social worker	16K	Yes	Yes
Kate	Yes	Therapist	3.7K	No	Yes
Susan	Yes	Therapist	7.1K	Yes	Yes
Ellen	Yes	Psychologist	10.6K	Yes	No
Sadie	Previously Yes	Mental health practitioner	34K	No	Yes

Appendix F: topic list for regular users

Opening (present researcher and research purposes)

1. Can you introduce yourself? (Sociodemographic, studies, hobbies, interests)

Mental health in general

2. What do you think mental health is?

3. How important is mental health in your life?

4. What is your relationship with mental well being?

5. What do you think about mental disorders or illnesses?

6. What kind of knowledge do you have on mental health?

7. Do you have any experience you would feel comfortable to share in regard to mental health?
(therapy, family connected)

Mental health on social media

8. What is your opinion on mental health and social media (Instagram)?

9. What kind of content do you follow related to such topics?

10. Why do you follow it (support, knowledge, interest, need)? (Follow up)

11. How did you come across the content? (Seek for specific reason or stumble across it)

12. How has it been your experience with such content until now?

13. How do you engage with it? (Like, comment, share, save)

14. In which moment do you look for it the most? (Daily/weekly boost or in difficult moments)

15. What is your final goal in following it?

Therapy and content

16. What do you think about the relationship between real life therapy and the engagement with mental health related content?

17. Can a therapy path and engaging with mental health content go along?

18. Which kind of mental health professional do you follow?

19. What kind of content do you like the most? (In case show material probes)

Conclusion

20. What is the possible impact that mental health content will have in your future?

21. Will you keep on following such content? (Follow up)

22. Conclusion (thank participant and ask if they would like to add anything)

Appendix G: topic list for professionals

Opening (introduce researcher and research purposes)

1. Can you introduce yourself? (Sociodemographic, studies, hobbies, interests)

Role of Instagram in their profession

2. Why do you have a public Instagram account related to your profession?

3. What are the possible goals with this account? (Audience, advocacy, fight stigma, new clients, reach clients)

4. How do you approach your followers? (type of engagement and communication)

5. What kind of positive or negative reactions have you received over time by followers or general audience?

Business side

6. Do you use your profile for business/ personal branding reasons? If yes, why?

7. How did you learn about building a business on Instagram?

8. Where do you take inspiration and gain knowledge from, when making content?

9. Did you change over time the content and style of your profile?

10. How do you keep up with building the profile? (strategies, goals, schedules)

Therapy and social media

11. What do you think about the relationship between real life therapy and engaging with content?

12. What can the content do in addition to therapy? (Accessibility, knowledge, extra support)

13. Can the content substitute therapy? In which cases could it do so?

14. What do you think about the risk of self-diagnosis due to the information easily found on internet? (Considering inaccuracy or overload of information)

15. Are you aware of the possibility that users can use your content to self-diagnose?

16. What do you personally do to prevent users from self-diagnosing?

Ethical and boundaries

17. How do you regulate your profile and engagement based on ethical limitations that surround the mental health professional's environment? (APA guidelines for example)

18. What kind of legal boundaries do you follow and why?

19. Do you have unique/personal strategies and guidelines you put in practice to protect yourself and followers approaching your content?

Conclusion

20. What do you think is the possible impact that providing and sharing such content will have in the future?

21. Conclusion (thank participant and ask if they would like to add anything)

Appendix H: codes from Atlas.ti

Códigos	⊕	◇	Grupos
◇ a place of support to go back to	14	0	self support USER
◇ accessibility (professional)	1	0	(PROFESS) sup...
◇ accessibility to mental health	12	0	
◇ accountability	0	0	
◇ accurate information (professional)	2	0	Spread knowled...
◇ acknowledge	5	0	
◇ additional activities (professional)	1	0	business (PROF...
◇ affirmations	3	0	
◇ auto prophecy	4	0	side effects
◇ awareness	22	0	self support USER
◇ balance between therapy and content (p...	3	0	Spread knowled...
◇ belonging	3	0	self support USER
◇ build the content (professional)	1	0	business (PROF...
◇ Business opportunity	14	0	business (PROF...
◇ cautionness	19	0	side effects
◇ cautionness (professional)	7	0	Guidelines (PRO...
◇ choice of words (professional)	7	0	Guidelines (PRO...
◇ comfort zone	3	0	self support USER
◇ community	15	0	
◇ community from professional	8	0	(PROFESS) sup...
◇ complementary therapy content	12	0	self support USER
◇ concrete words to more abstract situatio...	10	0	self support USER
◇ consciousness (professional)	1	0	Guidelines (PRO...
◇ constant support from IG	10	0	self support USER
◇ Content is enough (professional)	2	0	(PROFESS) sup...
◇ coping mechanism	1	0	self support USER
◇ counseling	2	0	
◇ create support (professional)	2	0	(PROFESS) sup...
◇ dangerous	10	0	side effects
◇ dangerous (professional)	2	0	
◇ diagnoses	6	0	
◇ different styles of content	1	0	
◇ difficulty of nuance	8	0	(PROFES.)Self d...
◇ disclaimers	8	0	Guidelines (PRO...
◇ downside coaching	2	0	(PROFES.)Self d...
◇ downside:disincentive for therapy (profes...	1	0	business (PROF...
◇ downside:disincentive for therapy (profes...	1	0	business (PROF...
◇ easy going with creation (professiona)	2	0	business (PROF...
◇ empowerment	3	0	self support USER
◇ ethical matters	5	0	Guidelines (PRO...
◇ expertise (professional)	3	0	Spread knowled...
◇ feeling on understanding	13	0	self support USER
◇ feminine energy (professional)	1	0	
◇ fight stigma	3	0	(PROFESS) sup...
◇ fight stigma (professional)	5	0	(PROFESS) sup...
◇ from content to practice	13	0	
◇ from content to therapy (professional)	6	0	(PROFESS) sup...
◇ from content to therapy session	2	0	self support USER
◇ gain insights from other professionals	2	0	business (PROF...
◇ gain knowledge	17	0	
◇ generalized information (professional)	7	0	Guidelines (PRO...
◇ google for specific things	2	0	
◇ growth	6	0	
◇ handling the content	7	0	
◇ hard to self diagnose	1	0	side effects
◇ helpful	33	0	self support USER
◇ hope	1	0	
◇ human side (professional)	11	0	(PROFESS) sup...
◇ identifying yourself with something	8	0	
◇ IG not for total support	13	0	side effects
◇ importance of mental health	4	0	
◇ inaccuracy of content	6	0	side effects
◇ inaccuracy of content (professional)	1	0	
◇ information	14	0	
◇ informative and dry text	1	0	
◇ insecurity	9	0	side effects
◇ insight	13	0	
◇ inspiration	10	0	self support USER
◇ interest in mental health	24	0	
◇ issue with identifying with something	3	0	
◇ issues with mental health	7	0	
◇ learn	1	0	

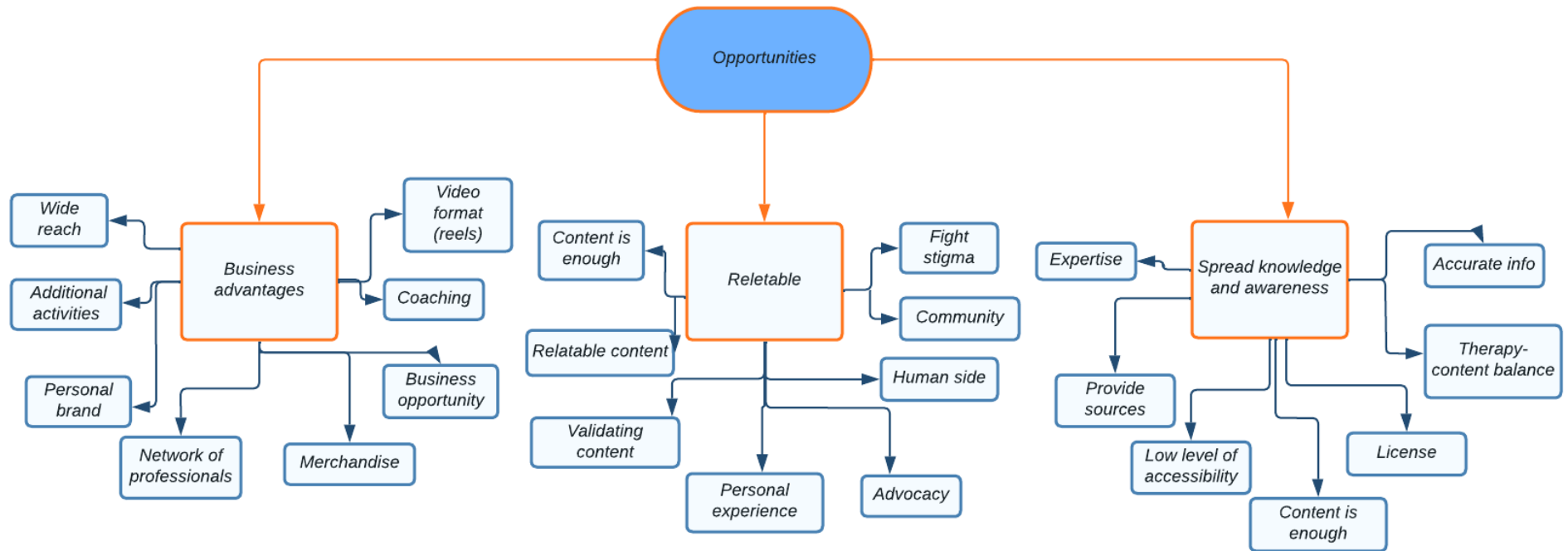
Códigos	🔴	🟢	Grupos
<input type="radio"/> <input checked="" type="checkbox"/> learning	20	0	
<input type="radio"/> <input checked="" type="checkbox"/> legal boundaries	6	0	Guidelines (PRO...
<input type="radio"/> <input checked="" type="checkbox"/> license reliability (professional)	1	0	Spread knowled...
<input type="radio"/> <input checked="" type="checkbox"/> lifestyle	5	0	
<input type="radio"/> <input checked="" type="checkbox"/> lifting up content	14	0	self support USER
<input type="radio"/> <input checked="" type="checkbox"/> little amount of text	10	0	
<input type="radio"/> <input checked="" type="checkbox"/> long term mental well being	6	0	
<input type="radio"/> <input checked="" type="checkbox"/> low level of accessibility (professional)	2	0	(PROFESS) sup...
<input type="radio"/> <input checked="" type="checkbox"/> mental advocacy	10	0	
<input type="radio"/> <input checked="" type="checkbox"/> mental advocacy (professional)	2	0	(PROFESS) sup...
<input type="radio"/> <input checked="" type="checkbox"/> mental health check	7	0	
<input type="radio"/> <input checked="" type="checkbox"/> merchandise (professional)	2	0	business (PROF...
<input type="radio"/> <input checked="" type="checkbox"/> mindset	3	0	
<input type="radio"/> <input checked="" type="checkbox"/> minimal content	1	0	
<input type="radio"/> <input checked="" type="checkbox"/> misdiagnose	5	0	(PROFES.)Self d...
<input type="radio"/> <input checked="" type="checkbox"/> misinterpretation (professional)	7	0	(PROFES.)Self d...
<input type="radio"/> <input checked="" type="checkbox"/> missed expertise (professional)	1	0	(PROFES.)Self d...
<input type="radio"/> <input checked="" type="checkbox"/> needing content	3	0	self support USER
<input type="radio"/> <input checked="" type="checkbox"/> network of help	8	0	self support USER
<input type="radio"/> <input checked="" type="checkbox"/> network of professional (professional)	5	0	business (PROF...
<input type="radio"/> <input checked="" type="checkbox"/> network of professionals	0	0	
<input type="radio"/> <input checked="" type="checkbox"/> new habits	3	0	
<input type="radio"/> <input checked="" type="checkbox"/> new places fro information	6	0	
<input type="radio"/> <input checked="" type="checkbox"/> no active search of content	8	0	
<input type="radio"/> <input checked="" type="checkbox"/> no seeking help out	1	0	
<input type="radio"/> <input checked="" type="checkbox"/> no solution to problems	4	0	side effects
<input type="radio"/> <input checked="" type="checkbox"/> no substitute of therapy (professional)	3	0	(PROFES.)Self d...
<input type="radio"/> <input checked="" type="checkbox"/> no substitute of therapay	2	0	side effects
<input type="radio"/> <input checked="" type="checkbox"/> no wnat to read text	2	0	
<input type="radio"/> <input checked="" type="checkbox"/> not alone	6	0	self support USER
<input type="radio"/> <input checked="" type="checkbox"/> not identify yourself with something	1	0	side effects
<input type="radio"/> <input checked="" type="checkbox"/> nuance	7	0	side effects
<input type="radio"/> <input checked="" type="checkbox"/> outlook of therapy (professional)	4	0	
<input type="radio"/> <input checked="" type="checkbox"/> over identify with symptoms (professional)	2	0	(PROFES.)Self d...
<input type="radio"/> <input checked="" type="checkbox"/> overwhelming (professional)	1	0	
<input type="radio"/> <input checked="" type="checkbox"/> overwhelming	7	0	side effects
Códigos	🔴	🟢	Grupos
<input type="radio"/> <input checked="" type="checkbox"/> pandemic influence	6	0	
<input type="radio"/> <input checked="" type="checkbox"/> passion about mental health	1	0	
<input type="radio"/> <input checked="" type="checkbox"/> passion project	0	0	
<input type="radio"/> <input checked="" type="checkbox"/> passion project (professional)	1	0	
<input type="radio"/> <input checked="" type="checkbox"/> peer to peer support	25	0	self support USER
<input type="radio"/> <input checked="" type="checkbox"/> perks of coaching	3	0	business (PROF...
<input type="radio"/> <input checked="" type="checkbox"/> personal brand (professional)	4	0	business (PROF...
<input type="radio"/> <input checked="" type="checkbox"/> personal development	4	0	
<input type="radio"/> <input checked="" type="checkbox"/> personal experience (professional)	5	0	(PROFESS) sup...
<input type="radio"/> <input checked="" type="checkbox"/> personalization in therapy (professional)	1	0	
<input type="radio"/> <input checked="" type="checkbox"/> personalized experience in therapy	1	0	
<input type="radio"/> <input checked="" type="checkbox"/> perspective	13	0	
<input type="radio"/> <input checked="" type="checkbox"/> point of view	2	0	
<input type="radio"/> <input checked="" type="checkbox"/> problem-solution	10	0	self support USER
<input type="radio"/> <input checked="" type="checkbox"/> professional boundaries	7	0	
<input type="radio"/> <input checked="" type="checkbox"/> progress	4	0	
<input type="radio"/> <input checked="" type="checkbox"/> provide content for knowledge	1	0	
<input type="radio"/> <input checked="" type="checkbox"/> provide sources (professional)	5	0	Spread knowled...
<input type="radio"/> <input checked="" type="checkbox"/> quotes	9	0	
<input type="radio"/> <input checked="" type="checkbox"/> recovery	6	0	self support USER
<input type="radio"/> <input checked="" type="checkbox"/> reels	5	0	
<input type="radio"/> <input checked="" type="checkbox"/> reels (professional)	5	0	business (PROF...
<input type="radio"/> <input checked="" type="checkbox"/> reflection	5	0	
<input type="radio"/> <input checked="" type="checkbox"/> reinforcement	3	0	self support USER
<input type="radio"/> <input checked="" type="checkbox"/> reliability	34	0	self support USER
<input type="radio"/> <input checked="" type="checkbox"/> reliability to content (professional)	3	0	(PROFESS) sup...
<input type="radio"/> <input checked="" type="checkbox"/> reliability to real person (professional)	20	0	(PROFESS) sup...
<input type="radio"/> <input checked="" type="checkbox"/> reliability	5	0	self support USER
<input type="radio"/> <input checked="" type="checkbox"/> relief	10	0	self support USER
<input type="radio"/> <input checked="" type="checkbox"/> reminders	26	0	self support USER
<input type="radio"/> <input checked="" type="checkbox"/> role of therapy	20	0	self support USER
<input type="radio"/> <input checked="" type="checkbox"/> role of therapy (professional)	3	0	
<input type="radio"/> <input checked="" type="checkbox"/> screenshots	3	0	
<input type="radio"/> <input checked="" type="checkbox"/> seeking help out	10	0	self support USER
<input type="radio"/> <input checked="" type="checkbox"/> self care	4	0	self support USER
<input type="radio"/> <input checked="" type="checkbox"/> self development	6	0	

<input type="radio"/> <input checked="" type="checkbox"/>	self diagnose		19		0
<input type="radio"/> <input checked="" type="checkbox"/>	self diagnose (professional)		1		0 (PROFES.)Self d...
<input type="radio"/> <input checked="" type="checkbox"/>	self disclosure		9		0
<input type="radio"/> <input checked="" type="checkbox"/>	self help		11		0
<input type="radio"/> <input checked="" type="checkbox"/>	simplistic content		1		0
<input type="radio"/> <input checked="" type="checkbox"/>	soothing content		2		0
<input type="radio"/> <input checked="" type="checkbox"/>	spirituality		2		0
<input type="radio"/> <input checked="" type="checkbox"/>	spread awareness (professional)		6		0
<input type="radio"/> <input checked="" type="checkbox"/>	spread knowledge (professional)		6		0
<input type="radio"/> <input checked="" type="checkbox"/>	stigma		7		0
<input type="radio"/> <input checked="" type="checkbox"/>	subjective thoughts		2		0 side effects
<input type="radio"/> <input checked="" type="checkbox"/>	support		30		0 self support USER
<input type="radio"/> <input checked="" type="checkbox"/>	therapeutic publics		15		0 self support USER
<input type="radio"/> <input checked="" type="checkbox"/>	tips		12		0 self support USER
<input type="radio"/> <input checked="" type="checkbox"/>	too much time on IG		1		0 side effects
<input type="radio"/> <input checked="" type="checkbox"/>	tools		2		0
<input type="radio"/> <input checked="" type="checkbox"/>	type of content (professional)		1		0
<input type="radio"/> <input checked="" type="checkbox"/>	user accountability (professional)		8		0 (PROFES.)Self d...
<input type="radio"/> <input checked="" type="checkbox"/>	vague guidelines (professional)		1		0
<input type="radio"/> <input checked="" type="checkbox"/>	validate (professional)		3		0 (PROFESS) sup...
<input type="radio"/> <input checked="" type="checkbox"/>	validating content		5		0 self support USER
<input type="radio"/> <input checked="" type="checkbox"/>	valuable information		3		0
<input type="radio"/> <input checked="" type="checkbox"/>	visuals		1		0
<input type="radio"/> <input checked="" type="checkbox"/>	weaponizing diagnoses		1		0 (PROFES.)Self d...
<input type="radio"/> <input checked="" type="checkbox"/>	wide reach (professional)		5		0 business (PROF...
<input type="radio"/> <input checked="" type="checkbox"/>	worthwhile		6		0

Appendix I: coding maps of professionals and users

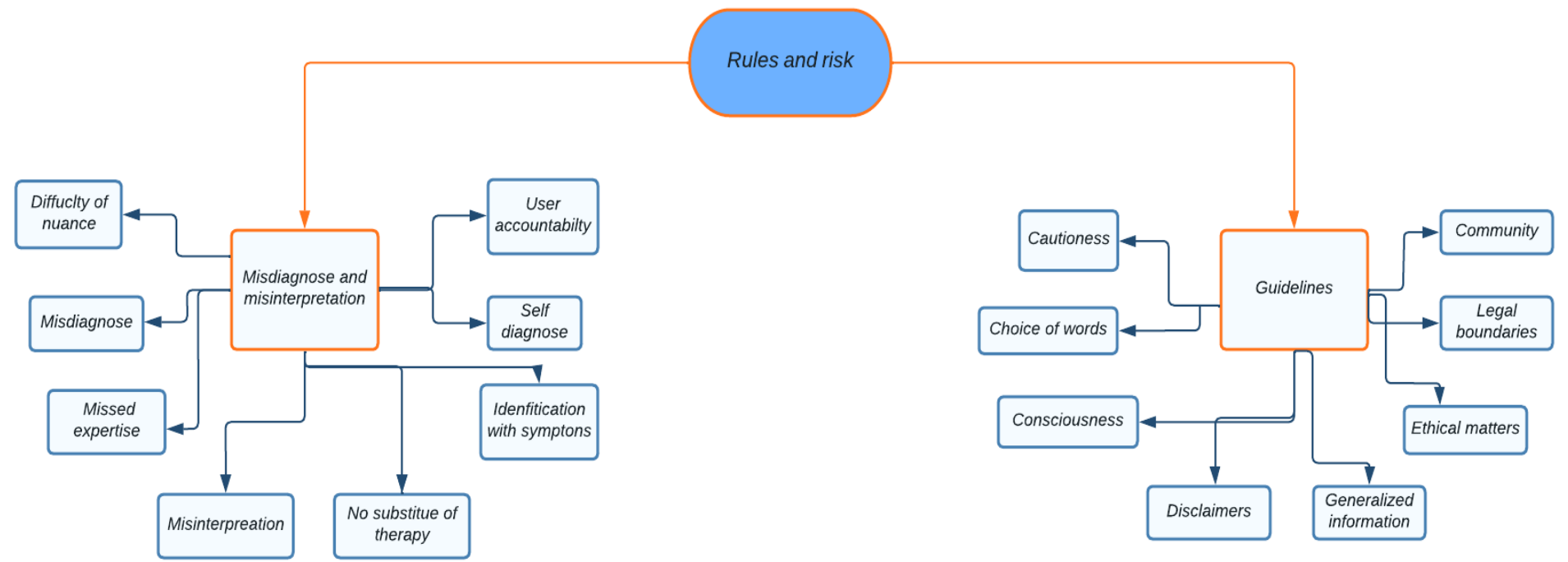
Coding map- Benefits for professionals

Francesca | June 2022 |



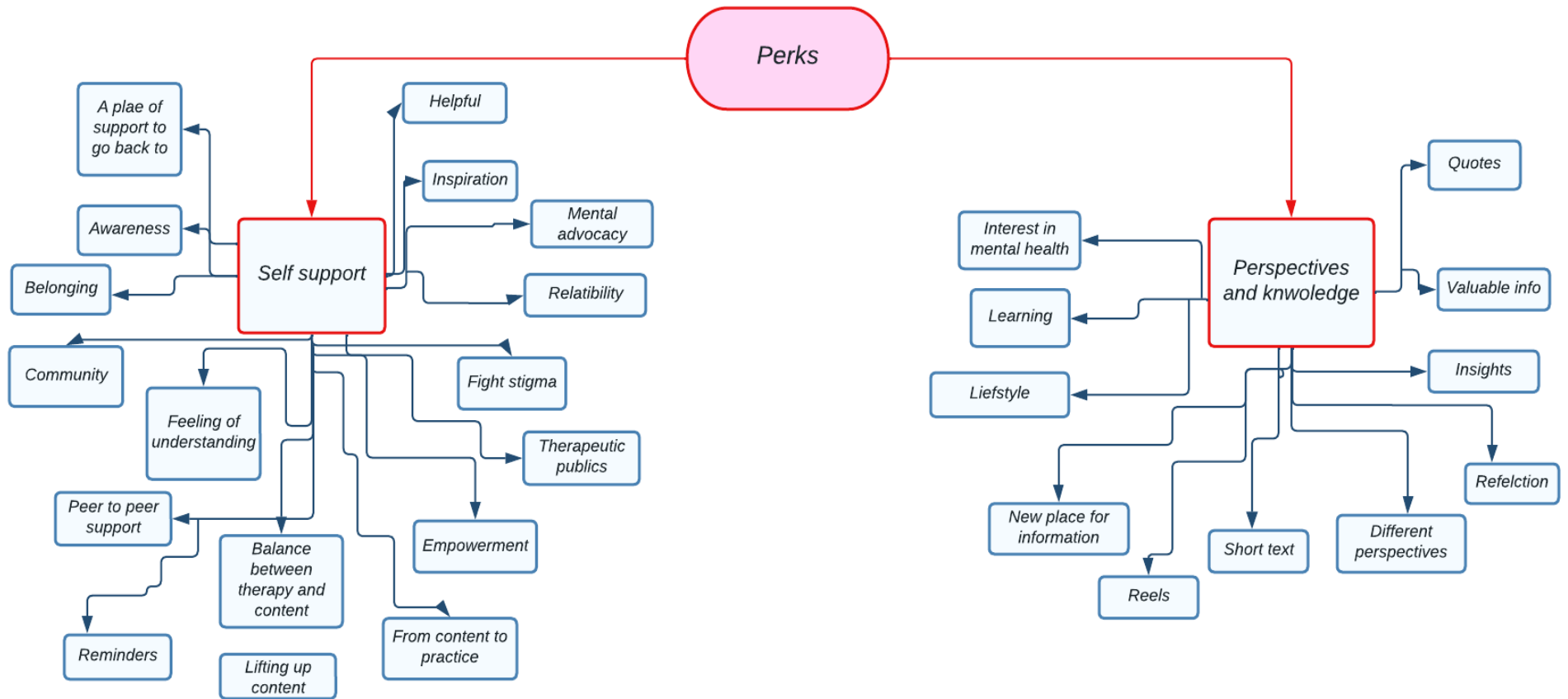
Coding map- Limitations for professionals

Francesca | June 2022 |



Coding map- Benefits for users

Francesca | June 2022 |



Coding map- Limitations for users

Francesca | June 2022 |

