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# Mental Health Literacy And Perceptions Of Tiktok Content As Predictors Of Self-Diagnosis Tendencies Among Working Students

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**Abstract**

*Background: The phenomenon of the "TikTok-ization" of mental health poses a new challenge for the mental health of working students, who are vulnerable to ego depletion due to work-study conflict. Objective: This study aims to examine the role of mental health literacy and perceptions of TikTok content as predictors of self-diagnosis tendencies among working students. Methods: This quantitative, predictive-correlational study involved 100 working students at Universitas Proklamasi 45 Yogyakarta, selected using purposive sampling. Data were collected using a Likert-scale psychological questionnaire that met content validity criteria through expert judgment and internal consistency reliability testing. Data analysis was conducted using multiple linear regression. Results: Regression analysis showed that mental health literacy and perceptions of TikTok content simultaneously served as significant predictors of self-diagnosis tendencies ($F = 26.999$; $p < 0.001$). Partially, mental health literacy was found to be a significant negative predictor of self-diagnosis tendencies ($t = -5.440$; $p < 0.001$). Conversely, perceptions of TikTok content were found to be a significant positive predictor ($t = 4.794$; $p < 0.001$). Together, these two predictor variables accounted for 35.8% ($R^2 = 0.358$) of the variance in self-diagnosis tendencies. Conclusion: High heuristic trust in digital content without strong cognitive filters increases the risk of self-labeling bias among working adult students. Strengthening digital mental health literacy is an absolute prerequisite for building cognitive resilience to achieve positive mental health dynamics and a state of flourishing in the era of information disruption.*

**Keywords: Self-Diagnosis, TikTok, Mental Health Literacy, Working Adult Students, Flourishing.**



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## INTRODUCTION

The phenomenon of the "TikTok-ization" of mental health issues has reached a massive scale in Indonesia. The latest data shows that Indonesia ranks as one of the largest markets for the TikTok platform globally, with the number of active users exceeding 135 million individuals (We Are Social, 2026). Within this digital ecosystem, content tagged with #MentalHealth has accumulated hundreds of billions of views, indicating high levels of self-directed consumption of psychological information by the general public. However, information distortion has come to light through recent literature findings that reveal a crucial paradox: the majority of mental health content on short-form video platforms tends to be inaccurate, biased, or intentionally oversimplifies clinical criteria in pursuit of engagement-driven algorithms (McCashin & Murphy, 2023).

The fundamental issue in this phenomenon no longer rests solely on the duration of visual exposure, but rather on individuals' cognitive capacity to filter this digital psychological information. On one hand, individuals require a robust preventive tool in the form of Mental Health Literacy ($X_1$). Mental health literacy is not merely passive knowledge about disorder labels, but rather the active capacity to seek out, understand, and critically evaluate mental health information from various formal sources (O'Connor & Casey, 2015). In cognitive architecture, literacy acts as a gatekeeper that distinguishes between evidence-based educational content and misleading heuristic content (Jorm, 2012). Based on Dual-Process Theory (Evans & Stanovich, 2013), an optimal level of literacy triggers System 2 (analytical-reflective thinking) to correct System 1 (intuitive-rapid thinking), which is often easily swayed by social media narratives. Without adequate literacy, individuals are vulnerable to falling into confirmation bias and digital anxiety (Kutcher et al., 2016).

On the other hand, the process of cognitive meaning-making in the digital age is strongly influenced by how individuals develop their Perceptions of TikTok Content ($X_2$). Perception is an internal process for organizing and interpreting stimuli received through the senses (Rakhmat, 2013). In the context of media consumption, when a piece of digital content is assessed to have high perceived credibility and perceived relevance, a strong cognitive foundation is formed to unilaterally validate that information (Yuan et al., 2022). Referring to the MAIN Model (Sundar, 2008), the TikTok platform utilizes intensive visual and auditory stimulation through its "For You Page" (FYP) feature. These instant stimuli trigger high levels of perceptual engagement, thereby clouding users' objectivity in assessing the validity of clinical content.

The interaction between low cognitive filtering resulting from limited mental health


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literacy and high heuristic acceptance of short-form video content ultimately leads to increased Self-Diagnosis Tendencies (*Y*). Self-diagnosis is defined as an individual's cognitive and behavioral impulse to label themselves as having a specific psychological disorder based on digital information without clinical confirmation from a licensed professional (Starcevic & Berle, 2013). From the perspective of the Theory of Planned Behavior (Ajzen, 1991), positive perceptions of the validity of digital content foster an attitude supportive of self-labeling behavior. This attitude is then reinforced by subjective norms in cyberspace and a perceived illusion of behavioral control, thereby simultaneously driving a high level of individual intention to engage in self-diagnosis.

Although research on the impact of digital media consumption on health behaviors has expanded significantly, a substantial empirical gap remains. Most previous studies have continued to treat screen time as the sole predictor of psychological distress (Vannucci et al., 2017). However, recent empirical evidence confirms that the relationship between the duration of media use and mental health issues is often inconsistent (Twenge, 2020). This suggests the presence of an overlooked internal cognitive variable: how media literacy interacts with an individual's subjective perception of content credibility (Yuan et al., 2022). There is a global trend in which individuals with low literacy levels are actually more likely to accept information on social media, regardless of the content's low accuracy (Pluviano et al., 2017). However, this interactive mechanism as a predictor of self-diagnosis has yet to be explored simultaneously within the academic landscape in Indonesia.

In addition to the empirical gap, there is a profound contextual gap among the working student population. This population group faces the phenomenon of work-study conflict, which chronically depletes their psychological resources (Baumeister & Vohs, 2007). The extreme mental exhaustion resulting from professional demands at work and academic burdens in college triggers ego depletion. In this state of ego depletion, critical thinking capacity and executive brain functions decline drastically, making individuals highly susceptible to the Barnum Effect a psychological phenomenon in which a person believes that a general and broad description of a condition applies specifically to them (Koenig & Schmidt, 2022). As a result, working students tend to use self-diagnosis as a cognitive shortcut to obtain instant validation for the fatigue and work-related stress they face. This problem is compounded by the fact that their access to professional psychological services is often hindered by limitations in time, cost, and energy (Eisenberg et al., 2011).

The urgency of this research ultimately stems from the crucial effort to maintain students' mental health within an optimal functional range. The tendency toward uncontrolled self-



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diagnosis is not merely a matter of clinical mislabeling; rather, it can trigger a dangerous self-labeling bias, in which individuals internalize a false pathological self-concept into their everyday social identity (Foster & Ellis, 2024). The adoption of these erroneous mental disorder labels has been shown to obscure the actual need for clinical intervention and poses a serious obstacle for individuals in achieving a state of flourishing. As explained in the positive psychology paradigm, the essence of true mental health is not merely the absence of psychological illness but the presence of positive mental health dynamics that enable individuals to grow, find meaning, and thrive amidst life's challenges (Widiantoro, 2026). Without the reinforcement of literacy as a digital cognitive filter, working students risk becoming trapped in pseudo-pathological narratives that hinder their process of flourishing (Keyes, 2002).

Based on this theoretical urgency and the real-world phenomena observed in the field, this study aims to empirically examine the role of Mental Health Literacy ($X_1$) and Perceptions of TikTok Content ($X_2$) as predictors of Self-Diagnosis Tendencies ($Y$) among working students at Universitas Proklamasi 45 Yogyakarta (UP45).

## RESEARCH METHODS

### Research Design

This study employed a quantitative approach with a predictive correlational research design. This approach was chosen to test the predictive power of two independent variables Mental Health Literacy ($X_1$) and Perceptions of TikTok Content ($X_2$), on one dependent variable, namely Self-Diagnosis Tendencies ($Y$). The relationship model among the variables was analyzed using multiple linear regression analysis to test both simultaneous and partial effects.

### Population, Sample, and Sampling Technique

The population in this study consists of all working-adult students at UP45. The study sample comprised 100 working-adult students who actively use the TikTok. The sampling technique employed non-probability sampling using the purposive sampling method. The inclusion criteria for subjects in this study are: (1) active working-adult students at UP45, (2) working full-time or part-time, and (3) regularly accessing mental health-related content on TikTok during the past 3 months.

### Operational Definitions of Variables

**1. Mental Health Literacy ($X_1$)**


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Mental health literacy is operationally defined as the multidimensional ability of working adult students to recognize specific mental health disorders, know strategies for finding valid information, understand risk factors and multifactorial causes, understand the limitations of self-treatment, recognize the availability of professional help, and have an open attitude that supports help-seeking behavior.

**2. Perceptions of TikTok Content ($X_2$)**

Perceptions of TikTok content are operationally defined as the cognitive process by which students evaluate, interpret, and trust mental health-themed content on the TikTok platform. This variable includes an evaluation of the perceived credibility of the information, the perceived relevance of the clinical conditions presented to the work-and-school-related stress faced, and perceptual engagement with the short-form video format and the For You page algorithm.

**3. Self-Diagnosis Tendencies ($Y$)**

Self-Diagnosis Tendencies are operationally defined as an individual's cognitive and behavioral drive to label themselves as having a specific psychological disorder based on digital information without clinical confirmation from a licensed professional. This variable is measured through the escalation of compulsive information-seeking, confirmation bias in the application of pathological labels, affective impacts in the form of existential anxiety, and reluctance to consult a psychologist or psychiatrist (professional avoidance).

**Research Instruments**

Data collection utilized three types of formal psychological scales using a 5-point Likert scale (Strongly Disagree to Strongly Agree). The instruments included a distribution of favorable (F) and unfavorable (UF) items to control for response bias.

1. **Mental Health Literacy Scale ($X_1$):** Adapted from the components of the Mental Health Literacy Scale (MHLS) by O'Connor & Casey (2015), consisting of 15 items covering 6 main dimensions.

2. **TikTok Content Perception Scale ($X_2$):** A self-constructed scale developed by the researchers based on the integration of the Digital Media Credibility concept (Flanagin &


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Metzger, 2007) and the MAIN Model (Sundar, 2008), consisting of 12 items covering 3 dimensions.

3. **Self-Diagnosis Tendency Scale (*Y*):** Developed based on the Cyberchondria construct by Starcevic & Berle (2013) and the dynamics of digital media Self-Labeling by Foster & Ellis (2024), it consists of 12 items covering 4 dimensions.

**Instrument Testing Procedures**

Before the main research data were collected, the research instruments first underwent two stages of psychometric testing:

1. **Content Validity:** Conducted through a review by a panel of experts (expert judgment). Aiken's V coefficient was used to measure the degree of alignment and representativeness of the items with the theoretical construct.
2. **Scale Pilot Test (Separate Try-Out):** Internal validity and reliability tests were conducted on 30 respondents with characteristics similar to the research subjects using statistical software. Item validity was tested using the Pearson Product-Moment correlation coefficient, with the criterion that the obtained correlation coefficient ($r$) was greater than the critical $r$ value. Reliability testing was conducted using Cronbach's Alpha coefficient with a reliability standard of ≥ 0.70. The validity test results showed that 2 items on the Mental Health Literacy Scale, 2 items on the TikTok Content Perception Scale, and 1 item on the Self-Diagnosis Tendency Scale did not meet the validity criteria and were therefore eliminated. This study utilized 13 items on the Mental Health Literacy Scale, 10 items on the TikTok Content Perception Scale, and 11 items on the Self-Diagnosis Tendency Scale.

**Data Analysis Techniques**

Quantitative data analysis in this study was divided into two major stages conducted using statistical tools:

**1. Classical Assumption Tests**

As an absolute requirement for multiple linear regression testing to produce an unbiased estimator (Best Linear Unbiased Estimator), a series of assumption tests were conducted, including:

- **Normality Test:** Using the Kolmogorov-Smirnov test on the model's residual values, as well as a visual inspection of the Normal P-P Plot.


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- **Linearity Test:** Testing whether the functional relationship between $X_1$ and $Y$ as well $X_2$ and $Y$ is linear.
- **Multicollinearity Test:** Ensures there is no strong linear correlation among the independent variables by monitoring the Tolerance value > 0.10 and the Variance Inflation Factor (VIF) < 10.
- **Heteroscedasticity Test:** Testing for homogeneity of residual variances using the Glejser test and analysis of scatterplot patterns.

**2. Hypothesis Testing**

- **Simultaneous Test (F-Test):** To test the Major Hypothesis, namely the suitability of the combination of $X_1$ and $X_2$ together in predicting the variable $Y$ (criterion: $p$-value < 0.05).
- **Partial Test (t-Test):** To test the Minor Hypothesis, namely the independent, unidirectional effects of each predictor on $Y$. $X_1$ is predicted to have a negative beta coefficient (preventive bumper), while $X_2$ is predicted to have a positive beta coefficient (propulsive force).
- **Coefficient of Determination ($R^2$):** To calculate the percentage of variance in the variable $Y$ that can be explained by the predictor model.

## RESULTS AND DISCUSSION

### RESULTS

### Descriptive Statistical Analysis

This study involved 100 respondents who were working students at UP45. Based on the field data collected, the distribution of descriptive statistics for each research variable is presented in Table 1.

**Table 1. Descriptive Statistics of Research Variables**

| Variable | Mean | SD | Dominant Category |
|---|---|---|---|
| Mental Health Literacy ($X_1$) | 39.32 | 9.75 | Moderate |
| Perceptions of TikTok Content ($X_2$) | 29.38 | 8.17 | Moderate |
| Self-Diagnosis Tendencies ($Y$) | 33.39 | 8.96 | Moderate |

Based on Table 1, the empirical means of the three variables generally fall into the moderate category. This reflects that the majority of working adult students do not yet possess


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optimal mental health literacy; however, they do exhibit engagement with mental health content on the TikTok platform and a moderate tendency toward self-diagnosis.

**Classical Assumption Tests**

Before conducting multiple linear regression analysis, the model was first evaluated through a series of classical assumption tests to ensure that the model is a Best Linear Unbiased Estimator (BLUE).

**Table 2. Summary of Classical Assumption Test Results**

| Assumption Test | Criteria | Result | Conclusion |
|---|---|---|---|
| Normality | Sig. > 0.05 | 0.058 | Residuals Are Normally Distributed |
| Linearity $X_1$ - $Y$ | Sig. Deviation from Linearity > 0.05 | 0.230 | Linear Relationship |
| Linearity $X_2$ - $Y$ | Sig. Deviation from Linearity > 0.05 | 0.796 | Linear Relationship |
| Multicollinearity | Tolerance > 0.10; VIF < 10 | Tolerance = 0.999; VIF = 1.001 | No multicollinearity |
| Heteroscedasticity | Glejser Test Sig. > 0.05 | $X_1$ = 0.236; $X_2$ = 0.624 | No heteroscedasticity |

Based on Table 2, all prerequisites for the classical assumption tests have been fully met, so the regression model is considered highly suitable for testing the research hypotheses.

**Hypothesis Testing (Multiple Linear Regression Analysis)**

**A. Simultaneous Test (F-Test)**

A simultaneous test was conducted to test the Major Hypothesis regarding the combined role of $X_1$ and $X_2$ in predicting the variable $Y$.

**Table 3. Results of the F-Test (Simultaneous)**

| Model | Sum of Squares | df | Mean Square | *F* | Sig. |
|---|---|---|---|---|---|
| Regression | 2842.872 | 2 | 1421.436 | 26.999 | < 0.001[b] |
| Residual | 5106.918 | 97 | 52.649 | | |



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| | | | | | |
|---|---|---|---|---|---|
| Total | 7949.790 | 99 | | | |

Table 3 shows a value of $F$ = 26.999 with a significance level of $p$ < 0.001. This significance level, which is far smaller than $\alpha$ = 0.05, proves that **the Major Hypothesis is accepted**. Mental Health Literacy ($X_1$) and Perceptions of TikTok Content ($X_2$) simultaneously act as significant predictors of Self-Diagnosis Tendencies ($Y$) among working adult students.

**B. Partial Test (t-Test)**

Partial tests were used to test the minor hypotheses in order to examine the specific contribution of each predictor variable independently.

**Table 4. Results of the t-Test (Partial)**

| Variable | *B* | Std. Error | Beta (*β*) | *t* | Sig. |
|---|---|---|---|---|---|
| (Constant) | 36.814 | 4.057 | | 9.074 | < 0.001 |
| Mental Health Literacy ($X_1$) | -0.407 | 0.075 | -0.443 | -5.440 | < 0.001 |
| Perceptions of TikTok Content ($X_2$) | 0.428 | 0.089 | 0.390 | 4.794 | < 0.001 |

Based on Table 4, the resulting multiple linear regression equation is:

$$Y = 36.814 - 0.407X_1 + 0.428X_2$$

- **Test of Minor Hypothesis 1 ($H_{a1}$):** The Mental Health Literacy variable ($X_1$) has a negative regression coefficient ($B$ = -0.407; $\beta$ = -0.443) with $t$ = -5.440 and $p$ < 0.001. This finding implies that **Minor Hypothesis 1 is accepted**, namely that $X_1$ is a significant negative predictor of $Y$.
- **Test of Minor Hypothesis 2 ($H_{a2}$):** The Perceptions of TikTok Content variable ($X_2$) has a positive regression coefficient ($B$ = 0.428; $\beta$ = 0.390) with $t$ = 4.794 and $p$ < 0.001. This finding implies that **Minor Hypothesis 2 is accepted**, namely that $X_2$ is a significant positive predictor of $Y$.

**C. Coefficient of Determination ($R^2$)**

The percentage of the total predictive power in this model is presented in Table 5.


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**Table 5. Coefficient of Determination Results**

| Model | *R* | *R* Square | Adjusted *R* Square | Std. Error of the Estimate |
|---|---|---|---|---|
| 1 | 0.598 | 0.358 | 0.344 | 7.25594 |

Based on Table 5, the value of $R^2$ = 0.358 was obtained. This indicates that the variables Mental Health Literacy ($X_1$) and Perceptions of TikTok Content ($X_2$) contribute **35.8%** to the variance in Self-Diagnosis Tendencies ($Y$) among working adult students, while the remaining **64.2%** is influenced by other variables outside the model.

## DISCUSSION

### Mental Health Literacy as a Negative Predictor (Cognitive Bumper)

The results of the partial regression analysis confirm a significant negative effect of Mental Health Literacy ($X_1$) on Self-Diagnosis Tendencies ($Y$) among UP45 working-adult students ($t$ = -5.440; $p$ = < 0.001). The direction of this negative regression coefficient empirically demonstrates that an increase in an individual's evaluative capacity, insight, and critical understanding of mental health issues acts as a strong predictors capable of suppressing, inhibiting, and reducing working students' intentions to engage in self-diagnosis.

These findings confirm that mental health literacy is not merely passive knowledge, but rather an active instrument that functions as a "bumper" (preventive modifier) that mitigates distortions in digital information. The empirical dynamics of how literacy fulfills its role as a cognitive shield for working students can be analyzed through the following three main psychological mechanisms:

- **Activation of System 2 as a Mechanism of Reflective Cognitive Control:** According to Dual-Process Theory (Evans & Stanovich, 2013), human cognitive processes are divided into two main pathways: System 1 (fast, automatic, intuitive, and prone to bias) and System 2 (slow, analytical, reflective, and requiring mental effort). Working-adult students with high levels of mental health literacy are equipped with an adequate formal knowledge structure stored in their long-term memory. When they are exposed to dramatic, emotional, yet superficial mental health information on social media, their strong literacy acts as a trigger for System 2 to correct the instant conclusions (cognitive shortcuts) generated by System 1. System 2 performs a critical appraisal by questioning the validity of the source and the methodology behind the content's claims. Conversely, referring to the conceptualization


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by Kutcher et al. (2016), individuals with low literacy levels will experience cognitive passivity, in which they process social media information relying purely on System 1, making them highly susceptible to confirmation bias that leads to reactive self-labeling.

- **Clinical Differentiation Capacity and Accuracy of Psychological Attribution:** In line with the development of the Mental Health Literacy Scale (MHLS) by O'Connor and Casey (2015), one of the most crucial dimensions of literacy is an individual's ability to recognize specific disorders and distinguish them from normal life stressors. Working students are inherently faced with dual stressors from both the work environment and academic demands. Individuals with good mental health literacy are able to accurately distinguish between "situational distress resulting from physical and professional exhaustion" and "pathological symptoms of officially recognized clinical disorders." They understand that feelings of burnout, loss of concentration after working overtime, or a temporary drop in motivation are normal physiological responses to a mounting workload not necessarily definitive indicators of Major Depressive Disorder or clinical anxiety. This ability to differentiate prevents psychological misattribution, so that students do not hastily pathologize negative emotions that are transitional and normal.
- **Adaptive Self-Regulation Toward Flourishing and Help-Seeking Behavior:** The most fundamental point of this study's findings lies in the subjects' orientation toward mental health. Drawing on the Flourishing Psychology perspective (Widiantoro, 2026), mental health literacy is not merely a passive protective tool against the threat of misinformation, but an absolute prerequisite for individuals to achieve positive, meaningful, and empowered psychological functioning (flourishing). Literate individuals will not seek false validation by adopting a "sick role" derived from social media self-diagnosis. Instead, they transform valid knowledge into adaptive self-regulation strategies.

When experiencing intense emotional distress, rather than succumbing to cyberchondria, they direct their behavior toward appropriate professional help-seeking in accordance with clinically recommended pathways (Jorm, 2012). This knowledge guides them in recognizing when to practice self-care and when to consult a psychologist or psychiatrist, thereby preserving the essence of flourishing amid the onslaught of digital information disruption.

**Perceptions of TikTok Content as a Positive Predictor of Self-Diagnosis Tendencies**

The results of the partial regression analysis indicate that Perceptions of TikTok Content ($X_2$) has a significant positive influence as a predictor of Self-Diagnosis Tendencies ($Y$) among UP45


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working-adult students ($t$ = 4.794; $p$ < 0.001). These findings indicate that the more positive an individual's evaluation, level of trust, and cognitive acceptance toward mental health information presented on the TikTok platform, the more likely they are to independently adopt and internalize these clinical labels without professional verification.

Theoretically, this dynamic aligns with the Theory of Planned Behavior (Ajzen, 1991), which states that human actions are driven by the integration of personal attitudes, subjective norms, and perceived control. In this context, when working-student program students perceive TikTok content as a valid source of information, an "attitude toward behavior" (a positive attitude toward self-diagnosis) is formed. This attitude is then reinforced by massive interaction in the comment section, which functions as a digital subjective norm, where fellow users mutually validate similar psychological symptoms. Consequently, a strong intention emerges, leading to a cognitive decision to engage in self-diagnosis.

To analyze why perceptions of this platform have such a destructive influence on the clinical objectivity of working students, the psychological dynamics of the subjects can be broken down into three intertwined cognitive and behavioral mechanisms:

- **Heuristic Credibility Amid Ego Depletion and Work-Study Conflict:** Working students are chronically caught in the exhausting dual demands of professional responsibilities at work and academic responsibilities in class (work-study conflict). When they access TikTok in the evening after a full day of activities, they are in a state of acute mental fatigue, or ego depletion a condition in which the psychological energy required for self-control and prefrontal cortex executive functions has been completely depleted (Baumeister & Vohs, 2007). In this state of cognitive fatigue, the subjects' capacity for critical appraisal declines drastically.

When consuming mental health content, they do not use systematic central cognitive processing but rather rely on peripheral or heuristic processing (Chaiken, 1980). Based on the MAIN Model (Sundar, 2008), the validity of clinical information is assessed superficially based on modality cues (visual appeal, soothing background music, or aesthetically pleasing cinematography) and agency cues (the charisma of a content creator who is well-dressed or uses scientific terms that give the impression of expertise). Working students tend to immediately trust such content not because of the validity of the data, but because the platform's visual and audio stimuli successfully manipulate perceptions of credibility when their cognitive defenses are weak.


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- **Pseudo-Validation through the Barnum Effect and Clinical Reductionism:** TikTok's algorithmic architecture encourages creators to produce short, concise, and relatable content to drive engagement. This fuels clinical reductionism, where complex mental health symptoms are extremely simplified into infographics or 15-second videos. Diagnostic criteria that should require in-depth assessment are transformed into vague, universal statements, such as identifying "difficulty waking up in the morning," "losing focus while working," or "procrastinating on college assignments" as definitive signs of Attention Deficit Hyperactivity Disorder (ADHD) or Major Depressive Disorder (MDD).

For working students who are particularly vulnerable to work-related stress it is easy to fall prey to a cognitive bias known as the Barnum Effect (Koenig & Schmidt, 2022). They mistakenly perceive descriptions of personality traits or symptoms which are actually broad, general, and normal due to physical fatigue as highly specific and accurate reflections of psychological distress within themselves. This false sense of personal relevance accelerates the subject's belief that they truly suffer from a specific mental disorder.

- **Normalization of Pathology, Echo Chambers, and the Escalation of Cyberchondria:** The nature of TikTok's algorithm, which operates on an interest-based feed, repeatedly supplies similar content to the "For You Page" (FYP) of users who have previously shown interest in mental health issues. This constant exposure creates digital echo chambers that trap students' perceptions. This cyberpsychological phenomenon reinforces the research by McCashin and Murphy (2023) on the dangers of unregulated dissemination of mental health content on social media. When a subject's timeline is flooded with repetitive narratives of pathology, a pseudo-normalization emerges the notion that experiencing a mental disorder is a common, communal trend among their generation.

Their cognitive barriers and wariness toward self-labeling crumble, triggering what is known as "self-labeling bias", in which a clinical identity is adopted as part of one's digital self-concept (Foster & Ellis, 2024). Furthermore, this tendency often escalates into cyberchondria that is, worsening medical anxiety resulting from excessive and unstructured searches for digital health information (Starcevic & Berle, 2013). Rather than encouraging adaptive help-seeking behavior, the high level of positive perception of this TikTok content actually traps students in a new cycle of anxiety, where they feel paralyzed by the diagnostic labels they have assigned to themselves.


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**Synthesis of Simultaneous Relationships and Research Implications**

The results of the simultaneous multiple linear regression analysis empirically demonstrate that the interaction between the internal capacity of Mental Health Literacy ($X_1$) and the external predictor variable Perceptions of TikTok Content ($X_2$) jointly controls the variance of Self-Diagnosis Tendencies ($Y$) among UP45 working-student program students ($F$ = 26.999; $p$ < 0.001). The coefficient of determination ($R^2$ = 0.358) indicates that this comparative model, which combines digital media stimuli and cognitive filters, provides an effective contribution of 35.8% to the escalation of the tendency toward unilateral clinical labeling, while the remaining 64.2% is accounted for by external variables not explored in this study.

The integrative dynamics of these simultaneous findings, along with their scientific implications, can be synthesized into the following three pillars of theoretical and practical analysis:

- **Predictor Interactions (Dynamics of Content Attraction versus Cognitive Defenses):** The highest risk of destructive self-diagnosis tendencies arises when working students experience extreme psychological imbalance specifically, high perceived credibility in TikTok short-form video narratives that is not accompanied by sufficient mental health literacy. Under these conditions, the visual and emotional appeal of the content acts as an aggressive stimulus, while the subject's cognitive defenses are rendered ineffective.

Viewed through the framework of Flourishing Psychology (Widiantoro, 2026), true psychological well-being depends heavily on an individual's capacity for human agency to manage, filter, and interpret external inputs consciously, objectively, and wisely. When the cognitive filters of media literacy weaken, students lose control over their internal space, making them prone to adopting the pseudo-pathological identities presented by social media algorithms.

- **Theoretical Implications (A Paradigm Shift in the Antithesis of Self-Pathologization):** This study makes a crucial theoretical contribution to the literature on media psychology, cyberpsychology, and positive psychology in Indonesia. These findings demonstrate that in the era of digital information disruption, threats to the public's mental health stem not only from conventional clinical issues themselves but also from waves of misinformation and clinical reductionism that have become internalized within individuals' cognition.

The concept of positive mental health dynamics proposed by Widiantoro (2026) serves as a crucial counterpoint to the global trend of self-pathologization. This study has successfully shifted the focus of applied psychology: from an approach initially oriented solely toward reducing


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clinical symptoms (a deficit-based approach) toward building cognitive resilience and strengthening digital literacy (a strength-based approach) in order to achieve a state of genuine psychological flourishing (Keyes, 2002).

- **Practical Implications (Specific Interventions for the Ego Depletion Population):** In practical terms, the high level of simultaneous significance of this model underscores the urgent need for higher education institutions offering work-study programs to design a structured Digital Mental Health Literacy Program. Psychoeducational interventions should no longer be general or normative but must be operationally targeted to assist working students who are vulnerable to ego depletion due to work-study conflict.

The intervention program must focus on equipping students with cognitive filtering skills to detect information bias, recognize the dangers of the Barnum Effect, and understand the limitations of self-medication. This systematic mitigation is essential to prevent students from adopting erroneous self-labeling biases, which can significantly reduce academic productivity, disrupt professional performance, and undermine their psychological well-being in the workplace.

## CONCLUSSIONS AND RECOMMENDATIONS

### CONCLUSIONS

Based on the results of the empirical data analysis and the discussion presented in the previous chapter, the conclusions of this study are as follows:

1. **Major Conclusion:** Mental Health Literacy ($X_1$) and Perceptions of TikTok Content ($X_2$) simultaneously act as significant predictors of Self-Diagnosis Tendencies ($Y$) among UP45 working-student program students ($F = 26.999$; $p = < 0.001$). The combination of these two predictor variables contributed 35.8% ($R^2 = 0.358$) to the variance in self-diagnosis tendencies, while the remaining 64.2% was influenced by other factors outside the scope of this study.
2. **Minor Conclusion 1:** Mental Health Literacy ($X_1$) was found to be a significant negative predictor of Self-Diagnosis Tendencies ($Y$) among working-adult students ($t = -5.440$; $p < 0.001$). This indicates that the higher an individual's mental health literacy including the ability to accurately recognize symptoms and their understanding of the limitations of self-treatment, the lower their tendency to engage in unilateral clinical labeling.
3. **Minor Conclusion 2:** Perceptions of TikTok Content ($X_2$) proved to be a significant positive predictor of Self-Diagnosis Tendencies ($Y$) among working students ($t = 4.794$; $p < 0.001$).


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This finding indicates that increasingly positive perceptions of mental health content on TikTok are associated with an increased tendency among students to engage in self-diagnosis.

## RECOMMENDATIONS

### 1. Theoretical Recommendations (For Future Researchers)

- **Expansion of the Variable Model:** Given that the coefficient of determination ($R^2$) in this study stands at 35.8%, future researchers are advised to explore the remaining 64.2% of psychological variables not yet accounted for in this model. Recommended variables include the level of ego depletion resulting from role conflict, health anxiety, the level of work-school stress (role conflict), and emotional regulation.
- **Research Design Development:** Future research is encouraged to use a mixed-methods approach or a longitudinal design to monitor whether self-labeling biases adopted from social media persist as long-term pathological self-concepts or are merely temporary.
- **Sample Enrichment:** Future researchers can expand the scope of the population and sample by involving working students from various universities and different geographic regions to enhance the generalizability of the findings.

### 2. Practical Recommendations

#### a. For Educational Institutions (UP45)

- **Provision of Mental Health Support Services:** The Technical Implementation Unit for Guidance and Counseling at university is advised to design specialized educational or psychoeducational programs targeting working students. These programs should focus on Digital Mental Health Literacy to train students to critically evaluate psychological information on social media.
- **Flexibility in Outreach:** Given the time constraints of working students, psychoeducational programs can be integrated through interactive digital modules or periodic webinars that emphasize the dangers of self-diagnosis and provide an accessible pathway to professional counseling for working students.


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b. **For Working Students**

- **Application of Cognitive Filtering:** Students are advised not to immediately oversimplify or equate the emotional stress resulting from the demands of balancing work and school with the clinical symptoms depicted in short TikTok videos.
- **Activation of Valid Help-Seeking Behavior:** If they notice signs of declining psychological well-being, students should use digital information only as an early warning tool (awareness tool), which must then be validated through direct consultation with a psychologist or psychiatrist not as a basis for self-diagnosis without official clinical confirmation.

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