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Recognition Improvement or Overdiagnosis: Dual Realities in Mental Health

Tianyi Huang

Anglican High School, Singapore, Singapore
dyfmtalimbtpadbuaft@gmail.com

Abstract. In the age of digital media and clinical diagnostic technology, global recognition and diagnosis of mental health disorders have significantly shifted, and the issue of overdiagnosis and underdiagnosis is ongoing. This study highlights the dual nature of mental health diagnosis in the digital age and in updated clinical diagnostic systems, and explores the mechanism of the co-occurrence of better recognition of mental health and a higher risk of overdiagnosis at the theoretical level and in empirical research evidence. The results indicate that digital platforms can be helpful in reducing public stigma, popularizing mental health knowledge and reducing missed diagnosis, while unregulated mental health information online is readily available and leads to inappropriate self-diagnosis and symptom overinterpretation. Also, new diagnostic tools and the new DSM-5 criteria increase the accuracy of diagnosis, but lead to more false-positive diagnoses due to diagnostic strategies that are aimed at early intervention. The findings of this study have demonstrated that the improvement of recognition and overdiagnosis are not two separate processes but rather two interrelated processes. To optimise mental health diagnosis and intervention practices, a balanced and differentiated diagnostic perspective is needed.

Keywords: mental health, recognition, overdiagnosis, digital age, clinical diagnosis

1. Introduction

For thousands of years, individuals suffering from mental illness were greatly stigmatised and frequently mistreated [1]. As society has progressed, mental health issues are now being talked about online and are being treated with psychological and medical treatment. This increased recognition has led to a number of positive consequences, such as destigmatisation initiatives, improved information about mental health and awareness. Over the years, there have been significant improvements in the diagnosis rate as well. In 2019, approximately 970 million people suffered from a mental health condition and in 2025, the estimated number of people with mental health conditions was more than 1 billion globally (WHO). This is a significant rise and an unsettling question: are there more social and clinical developments that are helping to identify mental health issues, or is mental health simply overdiagnosed? It's not only mental health, but it's also mental health and over-diagnosing. With the increase in mental health awareness and clinical developments, there has been an improvement in the identification of mental health disorders, and an increase in the possibility of false positives and self-diagnosis. The following sections will

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therefore explore how these changes have helped to make mental illness more visible alongside the rising incidence of overdiagnosis.

2. Better recognition and overdiagnosis in the digital age

The digital world brings people together across distance and place via various digital platforms. Communication and information sharing are now relatively easy and accessible on a daily basis. One of the popular topics that have been discussed on the internet is mental health. This visibility has been accompanied by both good and bad.

Digital platforms have helped to raise awareness of mental health by decreasing the psychological information barrier and the stigma attached to mental illness. There are many mental health tips and anecdotes, and psychoeducational information, available on social media. For example, videos with the hashtag mental-health have garnered more than 17 billion views on the online video-sharing platform TikTok [2]. The general discussion of mental health has raised awareness of mental illnesses and thus decreased the stigma. There was a lot of stigma associated with mental illness in the past, and it makes it difficult to identify mental illness. 30% of the participants believed that depression is a result of a weak personality, and only 58.9% believed that drugs are effective in treating depression [3]. These misconceptions may prevent people from identifying symptoms and getting professional assistance. In particular, digital platforms help to destigmatise mental illnesses by offering platforms for public discussion and access to anti-stigma campaigns. Conversely, people can share their personal experiences of mental illness, provide support to each other, access mental health services and find coping strategies on the internet [4]. On the other hand, there are many anti-stigma campaigns and programs that aim to spread their message and influence public opinion, such as 'Stigma Watch' on Facebook [5]. Stigma around mental health is a very big and persistent problem that has a real impact to this day. As changes are introduced, however, they will most likely be beneficial in some way, bringing light to mental health.

Technology can be used to raise awareness of mental health disorders, but it can also result in overdiagnosis through the dissemination of misinformation and self-misinterpretation, which can be a double-edged sword. Mental health issues are now more visible and talked about due to the availability of mental health information on social media platforms. However, complex disorders are often presented in a simplified symptom list, short videos, memes and content that can be very relatable but not necessarily a full description of the clinical criteria for diagnosis, which can be misleading and even romanticise mental illnesses [6].

There is very little regulation of scientific information on the internet, and social media platforms can be a source of pseudoscience; at the same time, they can cause people to self-diagnose. Many of the videos on TikTok regarding neurodevelopment, mental health, personality disorders, suicide, psychotic disorders, and treatment contained misinformation or disinformation. The study also revealed that 6.3% of the videos were identified as misinformation and 15.7% of the videos were identified as disinformation (deliberate false information) [7]. The results suggest that misinformation can impact how one may view symptoms, for example, believing that mental disorders are a desirable personality trait, or even just a lack of understanding. As a result, there are social media trends such as "sadfishing" and self-diagnosis. Sadfishing is a term used to describe actions that are taken to make others think the person is sad, so that they can be more compassionate. Self-diagnosis is the unconfirmed psychological self-evaluation that individuals make based on non-certified and/or unreliable information from the internet. Under the influence of the mechanism of a self-fulfilling prophecy, both of these behaviours can result in overdiagnosis. If

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people constantly think of everything in terms of mental health, their self-concept and behaviours can change as well, which can keep or worsen their perceived symptoms.

These exaggerated behaviours or reinforced symptoms can impact the psychiatrist's diagnosis and, in the end, result in overdiagnosis. In general, increased awareness of mental health issues does not necessarily mean increased correct identification of mental health issues, and sometimes increased awareness can mean overdiagnosis.

3. How diagnostic advances bring accuracy and false positives

In addition to the sociocultural changes, there have been clinical advances that have also helped to reduce misdiagnosis and make mental illness diagnosis more accurate. Advances in screening and neuroimaging technologies are a crucial step in this direction. Structured clinical interviews and neuroimaging (EEG, fMRI) give a detailed profile of brain function, which can help understand the complex neural processes involved in psychological disorders [8]. EEG records and measures electrical activity in the brain, and the speed of changes in neural activity, or when the brain is active. fMRI can be used to determine which areas of the brain are active during certain cognitive and emotional functions, which in turn can help researchers determine which areas of the brain are responsible for those functions. These advances make simultaneous EEG-fMRI a promising non-invasive technique for human brain function studies and are likely to continue to advance for more sophisticated studies. Identification and differentiation are made easier by the temporal and spatial information provided by EEG and fMRI, respectively. This will help doctors and scientists to understand how the brain functions and to make more accurate diagnoses, which will increase the likelihood of identifying psychological disorders.

Moreover, the DSM-5 has facilitated better diagnosis and uniformity of mental health disorders. The changes in the DSM-5 have been stimulated by advances in neuroscience, clinical and public health needs, and the limitations of the diagnostic criteria and classification system of the DSM-5 [9]. Changes and improvements in the DSM-5 result in an increased differentiation of symptoms and more effective and targeted treatment approaches. While there have been improvements in the diagnostic classification, there have been concerns about the accuracy of the diagnosis. The issues are particularly associated with early diagnosis and preventative intervention, which is an area of emphasis in the DSM-5. The concept was to identify the conditions at an early stage to minimise the impact of the condition in the long run, potentially leading to more false-positive diagnoses with the new diagnostic categories in the DSM-5. Clinicians may be more conservative (risk-averse) in their approach to diagnosis using the DSM. So, perhaps more focus should be placed on finding all cases, even if that means that there will be a higher rate of false positives. The false positive rate of the psychosis risk syndrome has been estimated at 50-84% and can be as high as 91% when used in community settings by clinicians with varying degrees of background experience [10, 11]. These shifts in diagnostic classification can also complicate the distinction between clinical conditions and normal psychological experiences, and increase the number of people who meet the diagnostic criteria.

4. Executive or coexist

There might be critics saying the more people know about mental health disorders, the more they are overdiagnosed, and the more they are not diagnosed. More accurate diagnosis of mental disorders and less misdiagnosis (especially false negatives) should be a first step in the development of

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diagnostic systems and more awareness. This is ultimately based on the assumption that the more recognised, the more accurate the diagnosis.

This view, however, fails to account for the differences in diagnostic outcomes for populations. Historically, ethic minority and socioeconomically disadvantaged groups have been at increased risk of underdiagnosis or being misinterpreted as non-clinical issues because of stigma and access to health care. In such environments, increased awareness and improved diagnostic systems can help to detect missed cases, reducing the number of false negatives. Adolescents and digitally active populations, who are more likely to have access to mental health information through social media, educational campaigns, or increased access to health care, may feel differently. As more psychiatric terms and psychiatric descriptions of symptoms become recognised, more common feelings or behaviours may be seen as symptoms of psychiatric illness. This can contribute to an over-identification and overdiagnosis risk because of increased clinical caution and a sense of self-identification.

5. Conclusion

Indeed, digital and clinical developments have significantly improved the recognition of mental illnesses, making them more accessible, more known and more sophisticatedly diagnosed. However, these changes have led to overdiagnosis because of misinformation, self-diagnosis, and caution in diagnosis because of the DSM-5. Overdiagnosis and recognition are intertwined and complex. This highlights the need for a balanced perspective on the impact of technology and clinical developments on mental health diagnosis.

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