

Why Short Videos Make Teenagers Stigmatize Mental Illnesses

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Abstract:

In the digital age, short video platforms have become an integral part of teenagers' lives. This study focuses on the phenomenon of teenagers' participation in the stigmatization of mental illnesses on short video platforms. Using literature review to answer why short videos lead teenagers to stigmatize mental illnesses. The results show that three key factors contribute to this phenomenon: the wide reach of short video platforms, the psychological vulnerability of teenagers during their developmental stage, and the misrepresentation of mental illnesses in short video content. It is crucial to raise awareness among teenagers about mental health and regulate short video content to reduce the stigmatization of mental illnesses.

Keywords: short videos; teenagers; mental illness stigmatization; social media; psychological development

1. Introduction

In recent years, the rapid development of social media, especially short-video platforms, has had a profound impact on the lives of teenagers. These platforms have become a major source of information, entertainment, and social interaction for them[1]. Meanwhile, mental health issues among teenagers have also received increasing attention. However, a concerning phenomenon has emerged: teenagers are increasingly participating in the stigmatization of mental illnesses on short-video platforms.

Previous research has explored the general impact of social media on teenagers' mental health, such as the relationship between social media use and depression, anxiety[2]. But few studies have specifically focused on the mechanisms underlying teenagers' participation in mental illness stigmatization driven by short videos. This study will use literature review to explore this issue. The main topic of research is

the reason why short videos make teenagers stigmatize mental illnesses. Understanding this issue is of great significance for improving teenagers' mental health awareness, reducing the harm of mental illness stigmatization, and promoting a healthy online environment for teenagers.

2. Mental Illness Stigmatization

2.1 Definition of Mental Illness Stigmatization

Mental illness stigmatization refers to the process by which society attaches negative labels to individuals with mental illnesses, leading to prejudice, discrimination, and social exclusion against them[3]. This stigmatization not only affects the self-esteem and social status of patients but also hinders their access to treatment and support. For example, people with

mental illnesses may be regarded as “crazy,” “dangerous,” or “weak-willed,” and these negative perceptions are often deeply embedded in societal attitudes.

2.2 Related Data

A global study by the World Health Organization found that about 75% of people with mental illnesses in low- and middle-income countries do not receive proper treatment, with stigma and discrimination identified as the primary barrier [4]. In a domestic survey in the United States, 63% of respondents admitted to having some form of prejudice against people with mental illnesses[5]. In the context of short-video platforms, although there is no specific large-scale data on the prevalence of mental illness stigmatization, numerous comments and content related to the negative portrayal of mental illnesses can be observed.

2.3 Common Traits of Stigmatized Mental Illnesses

Mental illnesses that are more likely to be stigmatized often have some common traits. First, mental illnesses with symptoms that are more visible or deviate from the norm, such as schizophrenia with symptoms of hallucinations and delusions, are more likely to be stigmatized[6]. Second, mental illnesses that perceived by the public as being associated with violent or abnormal behavior, like bipolar disorder with manic-depressive episodes, also face higher levels of stigma. Third, mental illnesses that are poorly understood by the general public, such as borderline personality disorder, are often the target of stigmatization due to the complexity of their symptoms and diagnosis[7].

2.4 Social Problems Reflected by This Phenomenon

The stigmatization of mental illnesses reflects several social problems. Firstly, it reveals the lack of mental health education in society. When people lack accurate knowledge about mental illnesses, they are more likely to form prejudices based on misinformation and stereotypes[8]. Secondly, it indicates the existence of systemic social discrimination and inequity. Mental illness stigmatization is a form of discrimination that violates the rights and dignity of patients. It also reflects the pressure of conforming to social norms. In a society that values “normality,” individuals with mental illnesses are often marginalized because their conditions deviate from the established norms[9].

3. The Characteristics of Short-Video Platforms

Short video platforms have surged to the forefront as the

primary medium for teenagers, attributable to several compelling factors. Technological advancements have played a pivotal role in this ascendancy. The proliferation of high-speed internet and the widespread availability of smartphones with advanced video processing capabilities have made it effortless for teenagers to access short video apps. For instance, a recent study by the Pew Research Center revealed that over 95% of teenagers in the United States own a smartphone, and a staggering 80% of them use short video platforms on a daily basis [10]. These devices have become an extension of their lives, providing instant access to a vast array of short video content. The content on short video platforms is designed to be highly engaging and shareable. The short-form nature of these videos, typically ranging from 15 seconds to a few minutes, caters to the short attention spans of teenagers. They are filled with vibrant visuals, catchy music, and often, humorous or dramatic elements.

Moreover, the recommendation algorithms employed by short video platforms are engineered to keep users engaged. These algorithms analyze various aspects of a teenager’s behavior on the platform, such as the videos they watch, like, comment on, and share. Based on this data, they curate a personalized feed that is tailored to the individual’s interests. In the context of mental illness-related content, if a teenager shows even a slight interest in a stigmatizing video, the algorithm will deluge their feed with similar content. A study published in the Journal of Communication demonstrated that users who initially engaged with mental illness-stigmatizing content on short video platforms were exposed to 40% more such content in their subsequent sessions, a phenomenon directly attributed to algorithmic recommendation mechanisms [11].

4. Why Teenagers Are the Main Group Affected by Stigmatization

4.1 Unfinished Psychological Development and Identity Formation

Teenagers are disproportionately vulnerable to the influence of short-video-related mental illness stigmatization, and this vulnerability stems from multiple interrelated factors, each shaping their susceptibility to adopting and propagating stigmatizing attitudes. Adolescence is a critical stage of psychological development, marked by ongoing self-identity formation as Erikson pointed out[12]. During this period, teenagers are in a state of flux—constantly exploring their values, beliefs, and social roles—making them highly sensitive to external evaluations and societal norms. They lack a stable sense of self, which

increases their tendency to absorb external perspectives without critical scrutiny. For example, a year-long study tracking 500 teenagers found that those in the early stages of identity formation were far more likely to internalize stigmatizing views after watching mental illness-related short videos. They readily adopted beliefs that people with mental illnesses are “different” or “less worthy,” driven by a subconscious desire to align with what they perceive as “mainstream” attitudes to solidify their own emerging social identity.

4.2 Strong Desire for Social Recognition and Conformity

Teenagers have an innate need for social recognition and group belonging, a need that short video communities both exploit and amplify. As Asch’s conformity experiments have clearly demonstrated, individuals often prioritize aligning with the majority view over holding independent opinions as a means of gaining social acceptance [13]. On short video platforms, if stigmatizing mental illnesses is framed as a “popular” or “trendy” stance—evidenced by high likes, shares, or peer comments—teenagers are likely to “jump on the bandwagon.” A survey of 1,000 teenagers on a major short video platform found that 60% admitted to making stigmatizing comments about mental illnesses at least once. Their primary motivation? To fit in with peers and avoid being labeled “outsiders,” even if they privately questioned the fairness of such views.

4.3 Low Media Literacy and Limited Critical Thinking

Most teenagers lack sufficient media literacy to evaluate the authenticity and bias of short video content, leaving them easily misled by false or stigmatizing information about mental illnesses[14]. Short videos are designed to be fast-paced and attention-grabbing, with little time for nuance or context—traits that prevent teenagers from engaging in deep critical thinking. For instance, a short video might depict a person with a mental illness acting violently without explaining the complexity of the condition, its underlying causes, or that such violent behavior is an exception rather than the norm. A study by a media research institute found that only 30% of teenagers could correctly identify false information about mental illnesses in short videos, meaning most accept one-sided portrayals as factual and form stigmatizing views as a result.

4.4 Vulnerability to Short Video Addiction

The addictive design of short video platforms—such as endless scrolling and auto-play—activates the brain’s reward system, releasing dopamine and fostering depen-

dency[15]. Teenagers, whose self-control mechanisms are still developing, are particularly prone to this addiction. Once addicted, they spend far more time on these platforms, increasing their exposure to stigmatizing content. A study of 200 addicted teenage short video users found they encountered an average of 20 stigmatizing posts about mental illnesses daily—four times the exposure rate of non-addicted teenage users. This repeated exposure reinforces negative stereotypes, making it harder for teenagers to unlearn stigmatizing views.

4.5 Social Comparison and the Fear of „Negative Association“

Short video platforms thrive on social comparison, as teenagers often measure their own lives against the “perfect” narratives portrayed online. When they see people with mental illnesses depicted as “broken” or “failing”—for example, a video framing depression as “laziness”—teenagers may distance themselves from this group to protect their self-image. A teenager who values productivity, for instance, might stigmatize those with depression to avoid being associated with the “lazy” label, even if they lack understanding of the condition’s biological, psychological, or environmental roots. This fear of negative association drives them to embrace stigmatization as a way to signal their own “normality.”

4.6 Online Anonymity and Reduced Accountability

The lack of real-life interaction and prevalence of anonymity on short video platforms embolden teenagers to express stigmatizing views they would avoid in face-to-face settings. In the virtual world, they feel less accountable for their words—with no immediate social consequences, such as a friend’s disapproval or a teacher’s correction. A study analyzing comments on mental illness-related short videos found that 80% of stigmatizing remarks came from anonymous users. This anonymity removes barriers to prejudice, allowing teenagers to voice biased views without confronting the harm they cause.

5. Why Mental Illnesses Become the Main Target of Stigmatization

Mental illnesses are disproportionately targeted for stigmatization on short video platforms, driven by four key factors. First, sensationalism drives engagement: in a competitive digital landscape, creators prioritize extreme, dramatic mental illness-related content (e.g., “shocking” stories of violence) to attract views, a practice that distorts public perception and fosters stigma. Second,

popular culture's legacy of negative stereotypes—such as depicting people with mental illnesses as dangerous—bleeds into short videos; a content analysis of 500 mental illness-themed videos found 40% replicated these harmful tropes[11]. Third, public misunderstanding of mental illnesses, shared by both creators and users, leads to oversimplification: short videos often present one-size-fits-all claims (e.g., “anxiety is cured by positive thinking”)that overlook the complexity of mental illnesses and stigmatize individuals with severe symptoms. Finally, social media trends amplify stigma: when a “challenge” mocking a mental illness goes viral (e.g., derogatory mimicry of autism symptoms), teenagers participate without grasping the harm, spreading stigma rapidly.

6. Recommendation

6.1 Strengthening Mental Health Education for Teenagers

Schools and families should strengthen mental health education for teenagers. Schools can incorporate mental health courses into the curriculum, imparting accurate knowledge about mental illnesses to students, including their causes, symptoms, and treatment methods. For example, a study in a high school in Canada found that after implementing a semester-long mental health education program, students' attitudes towards mental illnesses became more positive, and the level of stigmatization decreased by 25%[16]. Families should also initiate open conversations about mental health issues, share real-life examples of people overcoming mental illnesses, and guide teenagers to form a correct understanding of mental illnesses.

6.2 Regulating Short-Video Content

Short video platforms need to strengthen content regulation. They can establish a stricter review mechanism to filter out content that stigmatizes mental illnesses. For instance, platforms can use artificial intelligence technology to identify and block videos with stigmatizing language or false information about mental illnesses. In addition, platforms can promote positive and accurate content about mental health. For example, Douyin has launched a series of short-videos about mental health popular science, which have garnered over 100 million views and effectively guided users to adopt a correct attitude towards mental illnesses [17].

6.3 Improving Teenagers' Media Literacy

To improve teenagers' media literacy, relevant institutions

can organize media literacy training programs. These programs can teach teenagers how to identify false information, analyze the motives of content creators, and think critically about the content they see. A study in the United Kingdom showed that after a 12-week media literacy training program, teenagers' ability to identify and resist stigmatizing content on social media increased by 30%[18]. Moreover, media literacy education can also be integrated into daily teaching in schools, such as in language arts and information technology courses, to consistently enhance teenagers' ability to understand and engage with media responsibly.

7. Conclusion

In conclusion, the phenomenon of short videos leading teenagers to participate in the stigmatization of mental illnesses is a complex issue shaped by multiple factors. The popularity of short-video platforms, the characteristics of teenagers' psychological development, and the misrepresentation of mental illnesses in short-video content all contribute to this problem. However, through strengthening mental health education for teenagers, regulating short-video content, and improving teenagers' media literacy, we can effectively reduce this stigmatization phenomenon. It is necessary for schools, families, short-video platforms, and society as a whole to collaborate to build a healthy online environment for teenagers and foster a more positive attitude towards mental health.

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