Mental Health Awareness Campaigns on TikTok: A Critical Multimodal Discourse Analysis of Digital Health Education

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Abstract

Mental health awareness has increasingly expanded beyond traditional healthcare institutions into digital environments, particularly on social media platforms such as TikTok. As one of the most popular short-video applications among adolescents and young adults, TikTok has become an influential medium for disseminating mental health information, promoting awareness, and encouraging public engagement. This study investigated how mental health awareness campaigns on TikTok construct educational meaning through linguistic, visual, and multimodal discourse practices. This study employed a qualitative research design using Critical Multimodal Discourse Analysis (CMDA), integrating Critical Discourse Analysis, Multimodal Discourse Analysis, and the Health Belief Model. The dataset consisted of 35 TikTok videos, including 30 user-generated awareness videos and 5 sponsored mental health advertisements, selected through purposive sampling. Data were analyzed by examining the verbal content, visual representations, multimodal elements, and persuasive health communication strategies. Four dominant discourse themes emerged from the analysis: mental health as a personal struggle, self-care as a solution, peer-to-peer emotional support, and professional help-seeking awareness. Creators combined personal storytelling, visual symbolism, emotional framing, and interactive features to construct mental health awareness messages. Across the corpus, captions, imagery, music, facial expressions, and other semiotic resources worked alongside verbal language to frame mental health messages as accessible, emotionally resonant, and educationally oriented. The study concludes that TikTok functions as an emerging platform for digital health education, where users act as information consumers and informal educators. This analysis positions TikTok as a significant site for examining how mental health knowledge, experiential authority, peer solidarity, and professional guidance are discursively represented in English-language digital communications.

Keywords: Mental Health Awareness, TikTok, Critical Discourse Analysis, Multimodal Discourse Analysis, Digital Health Education

1. Introduction

Mental health has become a significant public health concern worldwide. According to the World Health Organization (WHO), approximately one in seven adolescents aged 10–19 years experiences a mental disorder, with depression, anxiety, and behavioral disorders being the leading causes of illness and disability among young people. Furthermore, suicide remains one of the major causes of death among individuals aged 15–29 years, highlighting the urgent need for effective mental health promotion and awareness initiatives (WHO, 2025). As mental health challenges continue to rise across different age groups, public health institutions increasingly recognize the importance of accessible educational strategies that can improve mental health literacy and encourage help-seeking behavior. The rapid development of digital communication technologies has transformed the production, distribution, and consumption of health promotion. Social media platforms have evolved beyond their original function as communication tools and now serve as important channels for public health education and awareness. Research indicates that social media platforms facilitate information exchange, peer support, and health promotion activities among users, particularly among adolescents and young adults who rely heavily on digital media for everyday learning and social interaction (Agyapong-Opoku et al., 2025). Consequently, digital environments have become increasingly influential in shaping public perceptions of health-related issues, including mental health awareness and emotional wellbeing.

Among contemporary social media platforms, TikTok has emerged as one of the most influential applications. Since its launch, TikTok has attracted more than one billion active users through its short-form video format, algorithm-driven content recommendation systems, and highly interactive features. Recent studies have identified TikTok as a distinctive social media ecosystem characterized by algorithm-driven content visibility, participatory culture, and short-form video communication that encourages both content consumption and production (Montag et al., 2021; Omar & Dequan, 2020; Zulli & Zulli, 2022). These features significantly influence how users construct and engage with health-related messages in digital environments such as TikTok. Unlike traditional educational media, TikTok enables users to create, share, and consume information in visually engaging and emotionally appealing formats. These characteristics

have contributed to the platform's growing role in disseminating health-related information, including content concerning anxiety, depression, self-care practices, stress management, and mental health awareness campaigns. The increasing presence of mental health content on TikTok reflects a broader shift in health communication. Young people frequently use social media platforms to explore, discuss, and construct their understanding of mental health experiences through videos, comments, and online interactions. TikTok has become a space where users share personal narratives, coping strategies, and educational information while simultaneously creating communities that promote awareness and reduce the stigma surrounding mental illness. As a result, the platform functions not only as a source of entertainment but also as an informal learning environment that facilitates health knowledge acquisition and peer education.

Despite these educational opportunities, concerns have emerged regarding the quality, accuracy, and ideological framing of mental health information disseminated on TikTok. Scholars have noted that social media content is often shaped by platform algorithms that prioritize visibility, engagement, and emotional appeal over scientific validity. Consequently, complex mental health conditions may be simplified, sensationalized, or misrepresented to maximize audience engagement. Previous studies have reported that social media platforms may simultaneously facilitate health education and the circulation of misleading information, particularly when emotionally engaging content receives greater visibility than evidence-based resources (Paakkari & Okan, 2020; Southwick et al., 2021; Basch et al., 2022). This challenge is especially relevant in mental health communication, where inaccurate information may influence users' perceptions and self-diagnosis. Recent studies have highlighted the growing phenomenon of self-diagnosis and the spread of potentially misleading mental health information among young users who rely heavily on TikTok as a source of psychological knowledge. From an educational perspective, these developments raise important questions regarding how mental health awareness is constructed and communicated in digital settings. Mental health messages on TikTok are conveyed through various semiotic resources, including spoken language, written captions, visual imagery, music, editing techniques, emojis, and user interactions. Such multimodal characteristics require analytical approaches capable of examining not only linguistic elements but also visual and symbolic representations that contribute to the meaning-making processes. Understanding how these communicative resources function together is essential for evaluating the educational value and social implications of mental health awareness campaigns on digital platforms such as TikTok.

Although previous studies have explored the relationship between TikTok and mental health, most have focused on psychological outcomes, user behavior, platform addiction, or the impact of social media consumption on emotional well-being. Fewer studies have examined how mental health awareness is discursively constructed through the integration of language, visual representation, and persuasive communication strategies. Moreover, limited attention has been paid to understanding TikTok content as a form of digital health education that shapes public knowledge and perceptions of mental health. This gap suggests the need for a more comprehensive examination of mental health awareness campaigns from critical discourse and multimodal perspectives.

Therefore, this study aimed to investigate how mental health awareness campaigns on TikTok construct educational meanings through English-language linguistic and multimodal discourse practices. Drawing on Critical Discourse Analysis, Multimodal Discourse Analysis, and Health Communication Theory, this study examines the linguistic choices, multimodal strategies, and discourse patterns employed in TikTok mental health awareness campaigns. By focusing on English-language digital discourse, this research contributes to health communication and digital literacy studies and the growing field of English discourse analysis, particularly in relation to multimodal meaning-making in social media environments.

Based on the identified research gap, this study addresses the following research questions:

RQ1: How are mental health awareness messages linguistically constructed in English-language TikTok videos?

RQ2: What multimodal discourse strategies (e.g., captions, visuals, gestures, music, and text overlays) are employed to communicate mental health awareness on TikTok?

RQ3: How do linguistic and multimodal resources interact to construct educational meanings and persuasive health messages in English digital discourse?

RQ4: What implications do these discourse strategies have for English multimodal communication and digital health education?

2. Literature Review

1. Mental Health Awareness and Mental Health Literacy

Mental health awareness refers to the public understanding of mental health conditions, their symptoms, causes, prevention strategies, and available treatment options. It plays a crucial role in reducing stigma, promoting early intervention, and encouraging individuals to seek professional support when they experience psychological difficulties. According to Rosenstock et al. (1988), mental health literacy encompasses knowledge and beliefs about mental disorders that facilitate their recognition, management, and prevention (Jorm, 2019). Improved mental health literacy is associated with greater help-seeking intentions and more positive attitudes toward individuals experiencing mental health challenges. In recent years, mental health awareness initiatives have increasingly focused on younger populations because of the growing prevalence of anxiety, depression, and stress-related disorders among adolescents and young adults. Kutcher et al. (2016) suggested that educational interventions designed to improve mental health literacy can significantly enhance young people's understanding of mental health issues while reducing misconceptions and discriminatory attitudes. Consequently, mental health education has become an essential component of public health promotion strategies in several countries.

Despite these advances, mental health literacy research has largely conceptualized literacy in terms of individuals' knowledge, symptom

recognition, and willingness to seek assistance. This orientation is valuable but provides a limited explanation of how mental health knowledge is linguistically and semiotically constructed before audiences encounter it. In digital environments, mental health literacy is not transmitted through informational content alone; it is mediated through narrative choices, emotional language, visual representation, sound, and platform-specific communication conventions. Consequently, an exclusive focus on literacy outcomes may overlook the discourse processes through which particular understandings of mental health become normalized, persuasive, or socially meaningful. The present study addresses this limitation by shifting attention from what audiences are expected to know to how English-language mental health messages are discursively produced through interconnected linguistic and multimodal resources.

The emergence of digital technologies has expanded the opportunities for mental health education beyond traditional institutional settings. Young individuals increasingly acquire mental health information through online platforms, social media networks, and digital communities. Consequently, mental health literacy is no longer shaped exclusively by healthcare professionals and educational institutions but also by digital content creators, influencers, and peer communities. This transformation raises important questions regarding the reliability, accessibility, and educational value of mental health information available online.

2. Social Media and Digital Health Communication

Digital health communication refers to the use of digital technologies to disseminate health information, influence health behaviors, and facilitate communication among individuals, communities, and healthcare providers. Social media platforms have become particularly influential in this context because they enable rapid information sharing, user engagement, and interactive communication. According to Stellefson et al. (2020), social media platforms provide unique opportunities for health promotion by facilitating knowledge exchange, community support, and public participation in health-related discussions. The participatory nature of social media has transformed traditional health communication. Unlike conventional media, where information is transmitted primarily from experts to audiences, social media allows users to become active producers and disseminators of health information. This shift has contributed to the democratization of health knowledge while simultaneously creating challenges related to misinformation and content credibility issues. Wang et al. (2019) argue that user-generated health content often competes with expert-generated information, making it increasingly difficult for audiences to distinguish between scientifically accurate information and personal opinion.

Recent studies have highlighted the growing importance of social media in mental health communications. Online communities frequently serve as spaces where individuals share personal experiences, seek emotional support, and discuss coping strategies related to their psychological well-being. Although these interactions can foster awareness and social connectedness, they may also contribute to the spread of inaccurate information and oversimplified understanding of complex mental health conditions. Therefore, examining how health messages are constructed and communicated in digital environments remains a critical area of research.

However, this body of research also reveals important analytical tensions. The democratization of health communication can broaden access to knowledge and enable marginalized experiences to become visible; however, the same participatory structure can blur the boundaries between experiential knowledge, professional expertise, and unsupported health claims. Previous studies have frequently approached this tension through questions regarding information accuracy, behavioral effects, and health literacy. Such approaches provide important evidence regarding the consequences of social media use but offer less insight into the discourse mechanisms through which credibility, authority, empathy, and expertise are constructed. Therefore, a discourse-oriented perspective is needed to examine not only whether digital health messages are accurate or influential, but also how linguistic and multimodal choices position creators, audiences, and mental health knowledge within online communication.

3. TikTok as a Platform for Digital Health Education

TikTok has emerged as one of the most rapidly growing social media platforms among adolescents and young adults. Its short video format, algorithmically personalized content recommendations, and highly interactive features distinguish it from earlier social networking platforms. According to Hayes et al. (2020), TikTok's design encourages users to engage with content through imitation, participation, and content creation, thus resulting in a highly dynamic communication environment. The educational potential of TikTok has attracted increasing attention from scholars. Researchers have observed that users frequently employ the platform to share educational content related to science, medicine, public health, and mental health. During the COVID-19 pandemic, TikTok became an important channel for disseminating public health information, demonstrating its capacity to function as an informal educational platform (Ostrovsky & Chen, 2020). The platform's multimodal features allow creators to combine spoken language, written text, visual imagery, music, and animation to communicate complex ideas in an accessible and engaging manner.

Despite these educational benefits, concerns remain regarding the accuracy and quality of health-related content on TikTok. Research has further demonstrated that TikTok users frequently engage in sharing personal health experiences and illness narratives, transforming the platform into a space where health knowledge is negotiated through user participation and community interaction (Zehrung & Chen, 2023). Scholars have identified TikTok as an increasingly important subject of communication research because of its influence on contemporary digital culture and information practices (Zeng et al., 2021). Scholars have found that health information shared on this platform often prioritizes emotional engagement and entertainment value over scientific rigor. Furthermore, algorithm-driven visibility may amplify content that generates strong emotional reactions regardless of factual accuracy. Consequently, TikTok represents both an opportunity and a challenge for digital health education, making it an important platform for critical investigation.

Taken together, previous studies have established TikTok as a significant environment for health information, participatory

communication, and informal learning. Nevertheless, three limitations remain evident in existing scholarship. First, much TikTok-related health research concentrates on information quality, platform use, psychological effects, and patterns of audience engagement rather than the linguistic organization of health messages. Second, studies acknowledging TikTok's visual and auditory affordances do not systematically examine how spoken English, captions, text overlays, facial expressions, camera positioning, music, and other semiotic resources interact to produce meaning. Third, institutional health communication and user-generated experiential discourse have been frequently examined separately, leaving the relationship between professional and grassroots constructions of health knowledge comparatively underexplored.

These limitations define the specific analytical space of the present study. Rather than treating TikTok videos as containers of mental health information, this study conceptualizes them as multimodal English discourse events in which mental health meanings are constructed through coordinated linguistic, visual, auditory, and interactive resources. Therefore, its originality lies not in claiming that mental health communication on TikTok has been previously unexplored, but in examining how English-language discourse and multimodal semiotic choices jointly construct personal struggle, self-care, peer solidarity, and professional help-seeking across both user-generated and sponsored content. This positioning extends existing digital health research by incorporating questions of language choice, multimodal meaning-making, ideological representation, and informal education into a unified critical analytical framework.

4. Critical Discourse Analysis

Critical Discourse Analysis (CDA) is a theoretical and methodological approach that examines the relationship between language, power, ideology, and social practice (Fairclough, 2003; van Dijk, 2008). CDA assumes that discourse is not merely a neutral means of communication but rather a social practice through which power relations and ideological meanings are produced and reproduced. According to Fairclough (2013), discourse contributes to shaping social realities by influencing how individuals interpret events, identities, and social issues (Herman et al., 2024; Jahrir et al., 2025). Within health communication research, CDA has been widely used to investigate how illnesses, health behaviors, and medical knowledge are represented in public discourses. Through CDA, researchers can identify the underlying assumptions, ideological perspectives, and persuasive strategies embedded in health-related texts and media messages. Wodak and Meyer (2016) emphasize that critical discourse analysis enables scholars to uncover hidden power structures that influence public perceptions and social practices (Sutikno et al., 2025).

In the context of TikTok mental health campaigns, CDA provides a valuable framework for examining how mental health is represented, normalized, or problematized through language. This allows researchers to explore how discourse shapes the understanding of mental illness, recovery, self-care, and personal responsibility. CDA offers important insights into the ideological dimensions of digital health communication.

Nevertheless, applying CDA to short-form social media discourse requires attention to the fact that ideological meaning is rarely communicated through language alone. On TikTok, lexical choices and verbal narratives operate alongside visual framing, bodily performance, music, captions, editing, and algorithmically shaped conventions of visibility. Therefore, a language-centered CDA alone may underrepresent how authority, vulnerability, solidarity, and responsibility are communicated in platform-specific discourse. This limitation motivated the integration of CDA with multimodal analysis in the present study.

5. Multimodal Discourse Analysis

While CDA primarily focuses on language, contemporary digital communication increasingly relies on multiple modes of meaning. Multimodal Discourse Analysis (MDA) addresses this complexity by examining how verbal, visual, auditory, and symbolic resources interact to construct meaning (Herman et al., 2022; Setiawati et al., 2024). According to Jewitt (2016), communication in digital environments is inherently multimodal because meaning is generated through the integration of various semiotic resources rather than language alone. Social media platforms, such as TikTok, exemplify multimodal communication. TikTok videos combine spoken narratives, captions, hashtags, music, filters, visual effects, facial expressions, gestures, and editing techniques to create persuasive and engaging content. These multimodal elements contribute significantly to audience interpretation and response to content. Norris (2020) argues that understanding digital discourse requires examining how different communicative modes work together to influence the meaning-making processes.

Applying MDA to mental health awareness campaigns enables researchers to investigate how visual and auditory resources reinforce, modify, or challenge verbal communication. This approach is particularly relevant for TikTok because the platform's persuasive power often depends on the interaction between the linguistic and visual elements. Therefore, integrating MDA with CDA provides a comprehensive framework for understanding how mental health awareness is constructed and communicated through digital health education.

The theoretical integration distinguishes the present study from approaches that examine linguistic, visual, or health behavior dimensions independently. CDA provides a critical lens for interrogating representation, positioning, ideology, and social meaning, whereas MDA explains how those meanings are distributed across verbal, visual, auditory, and embodied resources. The Health Belief Model adds a complementary health communication dimension by identifying how discourse may frame susceptibility, benefits, barriers, cues to action, and help-seeking. Importantly, the model is used here to interpret persuasive message construction rather than to claim actual behavioral effects on the viewers. Together, these perspectives allow the study to investigate how English-language mental health discourse is constructed, multimodally intensified, and oriented toward particular understandings and actions.

6. Research Gap and Originality of the Study

The reviewed literature demonstrates substantial scholarly interest in mental health literacy, social media health communication, TikTok-based information practices, and multimodal digital communications. However, these strands of scholarship remain only partially integrated into the literature. Mental health studies have primarily emphasized literacy, psychological outcomes, and information quality; TikTok research has frequently concentrated on platform use, engagement, and participatory culture; and discourse-oriented research has established the importance of linguistic and multimodal meaning-making without sufficiently addressing how these processes operate within English-language mental health awareness content on TikTok. Consequently, there remains a need for research that connects these perspectives at the level of discourse construction.

The present study responds to this need through a Critical Multimodal Discourse Analysis of 35 English-language TikTok videos comprising both user-generated content and sponsored mental health advertisements. This study makes three contributions. First, it foregrounds English linguistic choices, including pronouns, imperatives, evaluative expressions, emotional framing, and interpersonal positioning, as integral components of digital mental health communication. Second, it examines how these linguistic resources interact with visual, auditory, embodied, and textual modes rather than analyzing them independently of each other. Third, by incorporating both individual creators and institutional campaigns, this study considers how experiential and professional voices construct authority, solidarity, self-care, and help-seeking differently. The study, therefore, positions TikTok mental health communication as a site of English multimodal discourse, extending the analysis beyond content description toward the critical interpretation of how meanings, identities, and health-related courses of action are discursively organized.

3. Research Methods

1. Research Design

This study employed a qualitative research design utilizing Critical Multimodal Discourse Analysis (CMDA) to examine mental health awareness campaigns disseminated through TikTok. Qualitative research is appropriate for investigating how meanings are socially constructed and communicated through language, images, and other semiotic resources (Creswell & Poth, 2018; Herman et al., 2026; Fatmawati et al., 2026). This study integrates Critical Discourse Analysis (CDA) and Multimodal Discourse Analysis (MDA) to explore the linguistic, visual, and communicative dimensions of TikTok videos related to mental health awareness. Critical Discourse Analysis was adopted to investigate how mental health is represented through language and discourse practices, while Multimodal Discourse Analysis was used to examine the interaction of visual, textual, auditory, and symbolic elements embedded in TikTok content. This integrated approach enables a comprehensive understanding of how digital health education messages are constructed, communicated, and interpreted in social media environments.

2. Data Source

The dataset comprised English-language mental health awareness videos published on TikTok between January and June of 2025. Data identification began with systematic searches using five predetermined hashtags: #mentalhealthawareness, #mentalhealth, #anxiety, #depression, and #self-care. These hashtags were selected because they represented broad and recurrent categories relevant to mental health awareness, psychological well-being, and self-care discourse. The search generated an initial pool of 120 potentially relevant videos for analysis. Because TikTok search results are influenced by platform recommendation mechanisms, the initial pool was treated as a purposive corpus rather than a statistically representative sample of all mental health content available on the platform.

The 120 videos were subsequently screened against the predetermined inclusion and exclusion criteria. Videos were eligible when they (1) were publicly accessible; (2) used English as the primary spoken or written language; (3) explicitly addressed mental health awareness, psychological well-being, self-care, emotional support, or professional help-seeking; (4) contained sufficient linguistic and multimodal material for analysis, such as spoken discourse, captions, text overlays, images, gestures, or sound; and (5) represented substantive awareness-oriented communication rather than merely mentioning a mental health-related hashtag. Videos were excluded if they were duplicates or reposts of previously identified material, were predominantly non-English, lacked analyzable verbal or multimodal content, addressed mental health only incidentally, or consisted primarily of unrelated promotional material.

Following screening, 30 user-generated videos were retained for the detailed analysis. Selection was guided by information richness and relevance to the research questions rather than statistical representativeness. Audience engagement indicators, such as views, likes, comments, and shares were recorded as contextual metadata but were not interpreted as direct measures of educational effectiveness or audience response. This distinction was necessary because high engagement may reflect algorithmic visibility, emotional salience, controversy, or creator popularity rather than the quality or impact of the mental health message itself.

Five sponsored mental health awareness advertisements were selected from verified organizational accounts active during the same data collection period. Their inclusion was analytically purposeful: rather than treating sponsored content as equivalent to user-generated discourse, the advertisements provided an institutional point of comparison for examining how professionally produced messages construct authority, credibility, self-care, and help-seeking. The final corpus consisted of 35 videos: 30 user-generated videos and 5 sponsored advertisements.

Table 1. Composition of TikTok Mental Health Awareness Dataset

Category	Number of Videos
#mentalhealthawareness	10
#mentalhealth	7
#anxiety	5
#depression	4
#selfcare	4
Sponsored Mental Health Advertisements	5
Total Dataset	**35**

Source: Compiled by the researcher from TikTok content collected between January and June 2025.

The sampling process involved three sequential decisions: identification, eligibility screening, and analytical selection. The initial corpus was generated through predetermined hashtag searches. Eligibility screening removed materials that failed to meet the linguistic, topical, accessibility, and multimodal criteria. Analytical selection retained information-rich videos that could address the research questions. This procedure was designed to establish a transparent connection between the research questions and the final corpus while acknowledging that purposive sampling does not support statistical generalization to the entire TikTok dataset.

Sponsored advertisements were selected from verified organizations that regularly disseminated mental health awareness messages and public education campaigns through TikTok. The inclusion of institutional advertisements enabled the researcher to compare user-generated discourse with professionally designed health communication messages. Such comparisons provide a broader understanding of how mental health awareness is represented by individual content creators and formal organizations within the same digital environment.

Table 2. Sponsored Mental Health Advertisements Included in the Dataset

No.	Organization / Account	Type of Organization	Number of Advertisements
1	National Alliance on Mental Illness (NAMI)	Mental Health Advocacy Organization	1
2	Mental Health America (MHA)	Non-Profit Mental Health Organization	1
3	Mind Charity	Mental Health Charity	1
4	Headspace	Mental Wellness Platform	1
5	Calm	Mental Wellness Platform	1
	Total		**5**

Source: TikTok advertisements collected and archived by the researcher.

The unit of analysis included spoken narratives, captions, hashtags, visual imagery, facial expressions, gestures, emojis, background music, sound effects, editing techniques, and audience engagement. These multimodal components were examined as interconnected semiotic resources that contribute to the construction of mental health awareness messages and digital health education practices on TikTok. The combination of user-generated videos and institutional advertisements provided a diverse corpus through which discourse strategies, educational messages, and multimodal representations of mental health can be critically examined.

3. Research Instrument

Consistent with qualitative discourse research, the researcher served as the primary analytical instrument responsible for data selection, coding, interpretation, and theoretical integration (Merriam & Tisdell, 2016). To reduce unsystematic interpretation, the analysis was supported by a structured coding protocol developed from the study's theoretical framework and research questions. The protocol was organized into four analytical domains: linguistic features, visual resources, auditory/embodied resources, and critical discursive interpretation.

The linguistic domain recorded features such as pronoun choice, lexical evaluation, modality, imperatives, emotional expressions, interpersonal positioning, and recurring persuasive formulations in the speeches. The visual domain documented the camera distance, gaze, facial expression, gesture, color, imagery, text overlays, and other salient compositional resources. The auditory and embodied domain included background music, sound effects, tone of voice, pauses, bodily performance, and their relationship with spoken or written language. The critical discursive domains recorded broader patterns concerning identity construction, authority, vulnerability, responsibility, solidarity, normalization, stigma, self-care, and help-seeking.

Coding sheets were used to maintain consistent records for each video. Each sheet contained the video identifier, content type (user-generated or sponsored), relevant transcript segments, linguistic codes, multimodal observations, preliminary thematic interpretation, and analytic notes connecting the observed features to CDA, MDA, and, where applicable, the Health Belief Model. The coding protocol was treated as an analytical guide rather than a rigid checklist, allowing additional patterns to emerge inductively when they were recurrent and relevant to the research questions.

4. Data Collection Method

Data were collected over a four-week period using systematic observation and documentation of publicly accessible TikTok content. The same predetermined hashtags were used throughout the collection process to maintain consistency between the corpus identification and sampling. Potential videos were first logged in a screening record containing the search hashtags, account type, language, topic, and preliminary eligibility status. Duplicate or reposted material encountered across multiple hashtag searches was considered a single item during screening.

Videos that satisfied the eligibility criteria were documented for analysis. Spoken English was transcribed verbatim, and captions, hashtags, and text overlays were recorded as written linguistic data. Screenshots were captured at analytically relevant moments to preserve visual information such as gaze, facial expressions, gestures, camera framing, typography, color, emojis, and other symbolic resources. Relevant auditory features, including music, sound effects, and vocal delivery, were documented in the observation notes rather than treated as independent decontextualized variables.

Each selected video was assigned an analytical identifier to organize the corpus. The resulting dataset consisted of transcripts, screenshots, multimodal observation notes, contextual metadata, and coding sheets. These materials were analyzed relationally so that spoken language, written text, images, sound, and embodied performance remained connected to the communicative context in which they occurred in the video.

For reporting purposes, user-generated videos were anonymized as UGV01–UGV30, and sponsored advertisements were coded as ADV01–ADV05. These identifiers are used in the Results to connect linguistic extracts and multimodal observations with individual analytical cases while avoiding unnecessary disclosure of personal creator identities.

5. Data Analysis Method

Data analysis followed an iterative Critical Multimodal Discourse Analysis procedure informed primarily by Fairclough's (2013) Critical Discourse Analysis and Kress and van Leeuwen's (2021) approach to visual and multimodal meaning. Rather than treating linguistic and non-linguistic modes as independent variables, the analysis examined how they operated together within each video and across the entire corpus. The Health Belief Model was used at the interpretive stage to identify persuasive orientations such as perceived risk, benefits, barriers, cues to action, and help-seeking; it was not used to infer actual behavioral effects on the viewers.

The analysis proceeded through five interconnected stages. First, familiarization and transcription involved repeated viewing of each selected video and preparation of verbatim transcripts of spoken discourse, captions, and relevant text overlays. Initial analytical notes were recorded during this stage. Second, first-cycle coding identified linguistic and multimodal features, including pronoun use, lexical evaluation, modality, imperatives, emotional framing, gaze, facial expression, gestures, camera framing, visual symbolism, music, and text-image relationships. Codes were applied to specific segments rather than to videos as undifferentiated units.

Third, pattern development and comparison involved comparing the coded segments within and across the videos. Related codes were clustered into provisional categories such as vulnerability and personal disclosure, behavioral self-care, interpersonal validation, solidarity, professional authority, and help-seeking. User-generated videos and sponsored advertisements were compared to identify similarities and contrasts in how credibility, expertise, intimacy, and responsibility were constructed. Categories were revised when their boundaries overlapped or when individual cases did not fit the emerging interpretations.

Fourth, thematic consolidation involved moving from provisional categories to broader discursive themes. A theme was retained when it represented a recurrent and analytically meaningful pattern supported by multiple instances in the corpus and contributed directly to answering the research questions. This procedure resulted in four principal themes: mental health as a personal struggle, self-care as a solution, peer-to-peer emotional support, and professional help-seeking and awareness. The frequencies reported in the Results section describe the distribution of the dominant thematic classification within the 35-video corpus and should therefore be interpreted descriptively rather than as population estimates.

Fifth, critical multimodal interpretation examined how linguistic, visual, auditory, and embodied resources converged or diverged in the construction of each theme. Particular attention was paid to how creators positioned themselves and their audiences, how experiential or institutional authority was established, and how the responsibility for mental well-being was framed. The interpretations were then related to CDA concepts of representation and social positioning, MDA principles of cross-modal meaning construction, and selected Health Belief Model constructs. Therefore, the analysis moved from observable semiotic features to thematic patterning and finally to theoretically informed interpretation rather than deriving themes solely from impressionistic readings of the videos.

6. Analytical Trustworthiness

Analytical trustworthiness was addressed through procedural consistency, iterative comparisons, and the maintenance of an explicit connection between the source material, codes, themes, and interpretations. The same coding protocol was applied across the corpus, and coded segments were repeatedly compared with the original transcripts, screenshots, and video contexts during theme development. This process helped prevent the interpretations from becoming detached from the multimodal evidence on which they were based.

The coding process was iterative rather than linear. Preliminary categories were revisited as additional videos were analyzed, and category boundaries were refined when overlapping or contradictory cases were identified. Particular attention was given to instances that did not

fully correspond to the dominant pattern, as such cases could qualify or complicate the developing interpretation. An audit trail consisting of transcripts, observation records, coding sheets, thematic categories, and analytic notes was maintained to ensure transparency in the progression from raw data to interpretation.

Because Critical Multimodal Discourse Analysis is interpretive, analytical rigor was understood as transparency, consistency, reflexivity, and evidential grounding rather than statistical replicability. Interpretive claims were therefore restricted to patterns supported by the analyzed corpus, and audience effects were not inferred from textual or multimodal features. This distinction is particularly important because this study analyzed publicly available communicative artifacts rather than viewers' psychological responses or behavioral outcomes.

4. Results

Critical multimodal analysis of the 35-video corpus identified four dominant discourse themes. Collectively, the themes illustrate how mental health awareness is organized through interactions among linguistic, visual, auditory, and persuasive resources. Within the analyzed corpus, mental health discourse was frequently positioned as both awareness-oriented communication and informal digital health education.

Table 3. Major Themes Identified in TikTok Mental Health Awareness Campaigns

Theme	Frequency (n=35)	Percentage (%)
Mental Health as Personal Struggle	11	31.4
Self-Care as a Solution	9	25.7
Peer-to-Peer Emotional Support	8	22.9
Professional Help-Seeking and Awareness	7	20.0
Total	**35**	**100**

Source: Research Data Analysis (2025).

The most frequently occurring theme was the representation of mental health as a personal struggle, followed by self-care narratives, peer-support discourse, and professional help-seeking messages.

Table 4. Illustrative TikTok Samples Used in the Critical Multimodal Analysis

ID	Content Type	Dominant Theme	Illustrative Linguistic Extract	Salient Multimodal Resources
UGV01	User-generated	Personal struggle	"I felt completely lost."	Close-up framing; subdued lighting; slow music; direct self-disclosure
UGV02	User-generated	Personal struggle	"Anxiety controlled my daily life."	First-person narration; neutral facial expression; text overlay
UGV12	User-generated	Self-care	"Take a break."	Imperative language; nature imagery; calming music
UGV15	User-generated	Self-care	"Start with small steps."	Direct address; wellness imagery; short caption
UGV21	User-generated	Peer support	"You are not alone."	Direct gaze; supportive text overlay; uplifting music
UGV24	User-generated	Peer support	"We are in this together."	Inclusive pronoun; smiling expression; community-oriented framing
ADV01	Sponsored	Professional help-seeking	"Therapy is not a weakness."	Institutional branding; educational caption; informational graphic
ADV03	Sponsored	Professional help-seeking	"Seeking help is a sign of strength."	Professional visual design; positive evaluative framing; organizational identity

Table 4 presents illustrative cases selected from the analytical corpus to clarify the relationship between linguistic and multimodal evidence. The examples are not intended to represent the entire dataset individually; rather, they demonstrate how recurring discourse patterns were identified through specific verbal and semiotic configurations of the data. User-generated cases are reported through anonymized analytical identifiers, whereas sponsored content is identified separately as an institutional discourse.

To strengthen the textually oriented dimension of CDA, representative extracts were examined at the level of lexical choice, pronoun use, transitivity and agency, mood, evaluation, negation, and interpersonal positioning. These linguistic features were not treated as isolated grammatical forms; rather, their discursive functions were interpreted in relation to identities, responsibilities, forms of authority, and social relationships constructed within the videos. Table 5 illustrates how textual evidence informed broader thematic interpretations.

Table 5. Textually Oriented CDA of Representative Linguistic Extracts

Theme	Linguistic Extract	Linguistic Feature	Discursive Function	CDA Interpretation
Personal struggle	"I felt completely lost."	First-person pronoun; intensive negative evaluation	Personalizes psychological distress	Positions lived experience as a source of experiential authority
Personal struggle	"Anxiety controlled my daily life."	Personification; material process; first-person possessive	Constructs anxiety as an active force	Reduces the speaker's agency by positioning anxiety as controlling everyday life
Self-care	"Take a break."	Imperative mood; implied second-person subject	Directs immediate action	Positions the viewer as individually capable of managing well-being
Self-care	"Prioritize your mental health."	Imperative; possessive **your**; evaluative lexical choice	Individualizes responsibility	Constructs mental health management as a personal obligation and actionable practice
Peer support	"You are not alone."	Second-person pronoun; relational process; negation	Directly validates the viewer	Reduces interpersonal distance and constructs emotional solidarity
Peer support	"We are in this together."	Inclusive **we**; relational process	Establishes collective identity	Constructs creator and viewer as members of a shared emotional community
Help-seeking	"Therapy is not a weakness."	Relational process; negation	Rejects stigmatizing evaluation	Challenges a negative ideological association attached to professional support
Help-seeking	"Seeking help is a sign of strength."	Nominalization; relational identification; positive evaluation	Reframes help-seeking positively	Reconstructs professional assistance as an empowered rather than deficient identity position

1. Mental Health as Personal Struggle

The first dominant theme represented mental health as an individual and emotional struggle for the participants. Many TikTok creators described their experiences of anxiety, depression, burnout, loneliness, and emotional exhaustion through personal storytelling. Linguistically, creators frequently employed first-person pronouns such as "I," "my," and "me," emphasizing their personal experiences and emotional authenticity.

Common expressions included the following:

"I felt completely lost."

"Nobody understood what I was going through."

"Anxiety controlled my daily life."

These extracts illustrate a recurrent pattern of first-person experiential positions. For example, the statement "I felt completely lost" combines the first-person subject with an extremely negative evaluation, constructing psychological distress as personally experienced and emotionally encompassing. When accompanied by close-up framing and subdued visual settings, linguistic expression becomes part of a broader multimodal construction of vulnerability.

From a Critical Discourse Analysis perspective, these narratives positioned creators as experiential experts whose personal stories functioned as educational resources for audiences. The discourse emphasized emotional vulnerability and authenticity, encouraging viewers to recognize mental health challenges as common human experiences rather than signs of personal weakness.

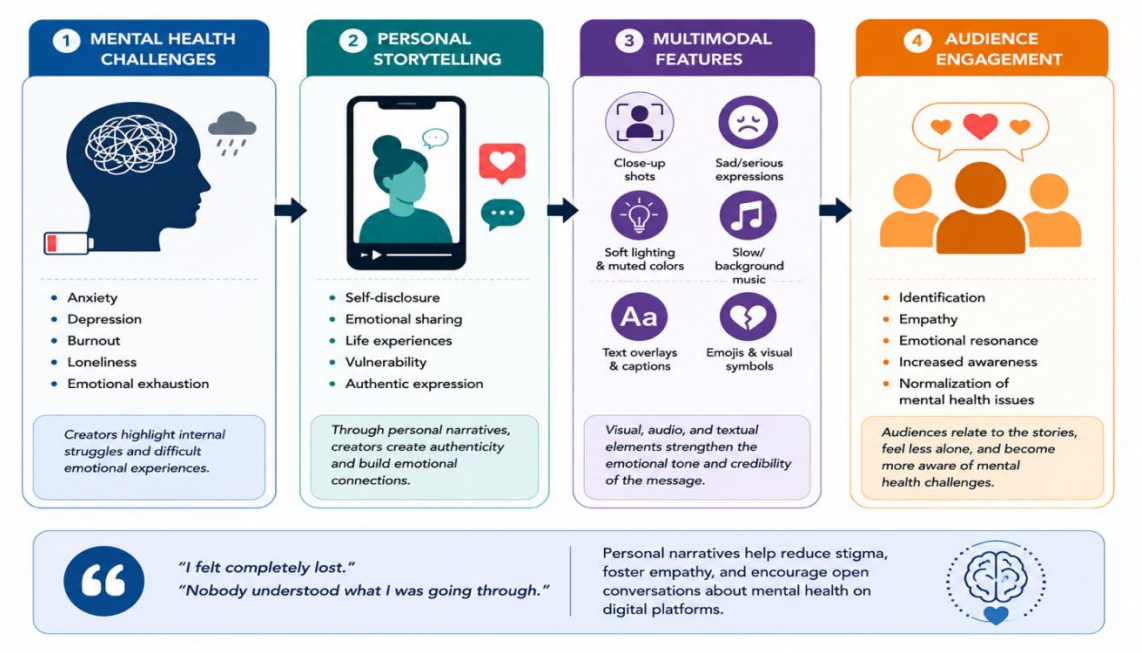

Figure 1. Representation of Mental Health as Personal Struggle

Multimodal analysis revealed that creators frequently used close-up camera angles, subdued lighting, slow background music, and neutral facial expressions to reinforce emotional narratives. These visual and auditory elements strengthened the perceived authenticity of the messages.

2. Self-Care as a Solution

The second theme focused on self-care practices as strategies for maintaining mental well-being. Many creators have promoted activities such as journaling, meditation, exercise, adequate sleep, and mindfulness techniques as methods for managing stress and anxiety.

Linguistically, creators frequently used imperative constructions such as:

"Take a break."

"Prioritize your mental health."

"Start with small steps."

The extracts exemplify directive discourse in which creators position viewers as capable of undertaking immediate personal action. The imperative "Take a break," for instance, omits an explicit subject while directly addressing the implied viewer, producing a concise and personalized cue for action. Its combination with calming imagery and music further positions self-care as manageable and accessible rather than clinically complex.

These expressions positioned self-care as an achievable and proactive behavior. Within the Health Belief Model framework, such discourse functioned as a cue to action intended to encourage positive behavioral change.

Table 4. Most Frequently Recommended Self-Care Practices

Self-Care Activity	Frequency
Exercise	8
Meditation	7
Journaling	6
Sleep Management	5
Mindfulness Practices	4

Source: Research Data Analysis (2025).

Visual analysis showed extensive use of bright color palettes, nature imagery, wellness aesthetics, and calming music. These multimodal resources contributed to the construction of self-care as a desirable and accessible lifestyle practice.

3. Peer-to-Peer Emotional Support

The third theme emphasized peer support and collective emotional encouragement. Many TikTok creators used inclusive language to establish solidarity with viewers experiencing mental health difficulties.

Frequently observed expressions included:

"You are not alone."

"We are in this together."

"Your feelings are valid."

The extracts demonstrate a shift from individual self-disclosure toward interpersonal positioning. "You are not alone" directly addresses the viewer, whereas "We are in this together" employs the inclusive pronoun we to construct shared membership and reduce symbolic distance between creator and audience. Direct gaze and supportive visual cues further enact this solidarity multimodally.

These statements reduced social distance between creators and audiences while promoting a sense of community and belonging. Through discourse, mental health awareness became a collaborative process of emotional support rather than a purely clinical discussion.

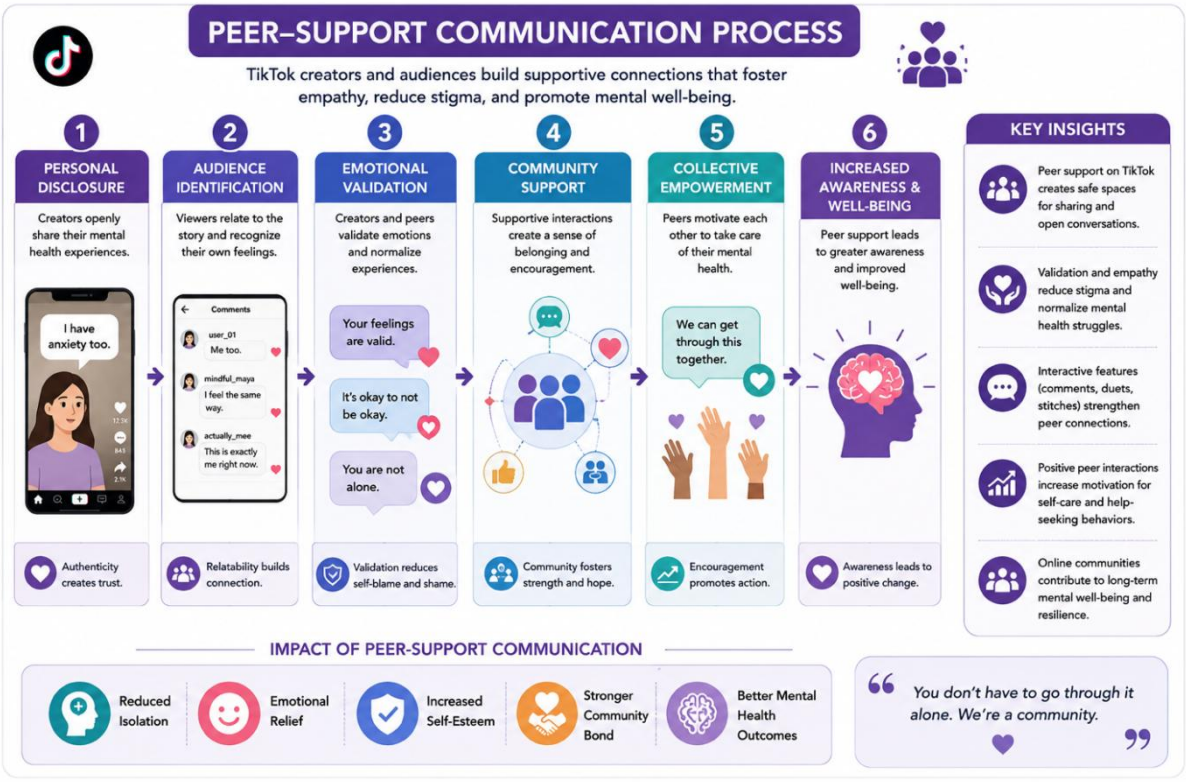

Figure 2. Peer-Support Communication Process

Multimodal features supporting this theme included direct eye contact with the camera, smiling facial expressions, supportive comments displayed on-screen, and uplifting background music. These elements reinforced messages of empathy and social connectedness.

4. Professional Help-Seeking and Awareness

The final theme highlighted the importance of professional mental health services. Although less frequent than self-help narratives, some videos encouraged audiences to seek assistance from psychologists, counselors, or mental health professionals when necessary.

Typical expressions included:

"Therapy is not a weakness."

"Seeking help is a sign of strength."

"Talk to a mental health professional."

The extracts rely on evaluative reframing to challenge stigmatizing assumptions about professional support. In "Therapy is not a weakness," negation rejects an established negative association, while "Seeking help is a sign of strength" replaces it with a positively valued identity position. Institutional branding and informational graphics provide an additional semiotic layer through which professional authority is constructed.

These messages challenged traditional stigma associated with mental illness and promoted evidence-based approaches to mental health care.

Figure 3. Professional Help-Seeking Framework

Visual elements associated with this theme included informational graphics, educational captions, institutional logos, and references to mental health organizations. Such multimodal resources increased the credibility of the messages and reinforced their educational function.

Across the four themes, the corpus displayed recurring combinations of personal storytelling, self-care advocacy, peer-support discourse, and professional health communication. Linguistic resources operated alongside visual, auditory, and embodied modes to construct mental health content as emotionally accessible, socially relatable, or professionally authoritative. These patterns provide the empirical basis for the critical interpretation developed in the following Discussion

5. Discussion

1. Main Findings

The analysis points to a broader discursive pattern underlying the four themes identified in the corpus: TikTok mental health communication is constructed through negotiations between personal authenticity, collective solidarity, self-management, and professional authority. Rather than functioning as independent categories, personal struggle, self-care, peer support, and professional help-seeking represent interconnected ways of positioning mental health, content creators, and their audiences. This relationship is particularly important from a Critical Multimodal Discourse Analysis perspective because meaning is produced not only through what creators explicitly say but also through how linguistic choices interact with gaze, facial expressions, music, camera distance, captions, and other semiotic resources. Therefore, the four themes should be interpreted as different discursive configurations through which mental health knowledge and social relationships are constructed in English-language TikTok communication.

The prominence of personal struggle narratives suggests that experiential authenticity operates as an important form of discursive authority. First-person constructions such as "I," "my," and "me," combined with close-up framing, subdued visual settings, and emotionally congruent music, position creators as individuals speaking from lived experience rather than institutional expertise. This supports previous observations that self-disclosure and personal storytelling are central communicative practices on TikTok (Montag et al., 2021; Zehrung & Chen, 2023). From a CDA perspective, however, the significance of these narratives extends beyond relatability. They redistribute communicative authority by allowing experiential knowledge to coexist with, and at times occupy a more visible position than, professional knowledge. Mental health discourse on TikTok can therefore partially destabilize the conventional expert–public hierarchy characteristic of institutional healthcare communication.

This redistribution of authority has important implications. Personal narratives may normalize psychological difficulties and make mental health discourse more accessible to the general public. However, authenticity should not be automatically equated with clinical accuracy.

The emotional immediacy that makes personal testimony persuasive may also encourage viewers to interpret an individual's experience as representative of a broader diagnostic condition. An alternative explanation for the prominence of personal struggle narratives is therefore platform-specific rather than purely educational: emotionally expressive and personally revealing content may be especially compatible with TikTok's attention economy and participatory conventions. The prominence of such narratives cannot be interpreted as evidence that TikTok necessarily improves mental health literacy; more cautiously, the corpus shows that lived experience constitutes a highly visible rhetorical resource through which mental health meanings are made relatable.

The second tension emerges from the representation of self-care as an accessible response to psychological difficulties. Imperatives such as "Take a break," "Prioritize your mental health," and "Start with small steps" position audiences as capable of acting on their own well-being. When these verbal cues are combined with calming music, wellness imagery, and visually positive representations of routines, self-care is framed as being manageable, desirable, and personally actionable. Through the Health Belief Model, these constructions can be interpreted as message-level cues to action that emphasize perceived benefits and reduce perceived barriers to taking an initial step toward well-being.

However, this framing warrants critical scrutiny. By foregrounding individual practices such as exercise, journaling, meditation, sleep management, and mindfulness, self-care discourse may shift the responsibility for mental well-being toward the individual while giving less visibility to the structural, socioeconomic, interpersonal, or clinical determinants of psychological distress. In CDA terms, empowering language may carry an individualizing discourse of responsibility. This does not make self-care messages inherently problematic; rather, it reveals a tension between empowerment and simplification in the messages. The same message can encourage agency while simultaneously narrowing mental health solutions to actions that individuals are expected to perform. Consequently, the findings should be interpreted as evidence of how self-management is discursively privileged in the sampled content, rather than as evidence that these practices are sufficient responses to mental health difficulties.

Peer support discourse introduces a different form of positioning. Expressions such as "You are not alone," "We are in this together," and "Your feelings are valid" move away from the individualized "I" of personal disclosure toward the relational pronouns "you" and "we." Linguistically, this shift reduces interpersonal distance and constructs an imagined community based on a shared emotional experience. Direct gaze, supportive on-screen comments, positive facial expressions, and uplifting sounds further intensify this interpersonal orientation. Therefore, meaning emerges through cross-modal reinforcement: solidarity is stated linguistically while simultaneously performed visually and affectively.

However, peer validation also presents interpretive tension. Supportive discourse can counter stigma and isolation, but emotional validation is not equivalent to a professional assessment. The communicative effectiveness of phrases such as "your feelings are valid" partly derives from their broad applicability and emotional accessibility, characteristics that may also reduce diagnostic specificity. Therefore, the corpus suggests that TikTok peer discourse operates most plausibly as a form of affective and interpersonal support, rather than as a substitute for clinical knowledge. This distinction is particularly important because the study analyzes communicative representations and cannot determine whether the viewers subsequently experience reduced stigma, increased self-efficacy, or improved well-being.

Professional help-seeking discourse further complicates the relationship between experiential and institutional authority. Messages such as "Therapy is not a weakness" and "Seeking help is a sign of strength" do more than provide information: they linguistically reframe help-seeking by replacing associations of weakness with positive evaluations of courage and legitimacy. Institutional logos, informational graphics, educational captions, and professionally structured visual designs reinforce this reframing by indexing organizational credibility. Compared with personal narratives, these messages rely less on experiential intimacy and more on recognizable markers of expertise and institutional authority to persuade audiences.

However, the lower frequency of professional help-seeking discourse in the corpus should not be interpreted as evidence that TikTok users reject professional mental health services. This pattern may reflect the composition of the sample, selected hashtags, communicative conventions of user-generated content, or the relative visibility of informal self-care narratives. Moreover, only five sponsored advertisements were included, making it inappropriate to compare institutional and user-generated discourse. The corpus permits a qualitative observation that different forms of authority are semiotically constructed in different ways: personal creators tend to establish credibility through disclosure, intimacy, and relatability, whereas institutional content tends to foreground expertise, informational design, and professional legitimacy.

Taken together, these patterns reveal a central discursive tension within the TikTok content sampled. Mental health is simultaneously constructed as personal experience, individual responsibility, shared emotional reality, and a condition that potentially requires professional intervention. These positions are not necessarily contradictory; they coexist on a platform where different communicative actors mobilize different forms of authority and multimodal persuasion. From a CDA perspective, the significance lies in how responsibility, legitimacy, and knowledge are distributed among individuals, their peers, and professionals. From an MDA perspective, these meanings cannot be attributed to language alone because verbal claims acquire additional interpersonal and ideological force through their coordination with visual, auditory, and embodied resources.

Importantly, the analysis does not establish how audiences interpret these messages or whether exposure changes mental health knowledge or behavior. Alternative explanations, including algorithmic amplification, creator popularity, platform aesthetics, and the

emotional appeal of particular narratives, may also contribute to the visibility of the patterns identified in this study. The contribution of the present analysis is therefore more specific: it demonstrates how the sampled English-language TikTok videos discursively make particular understandings of mental health available and persuasive, rather than demonstrating that these representations produce particular psychological or behavioral outcomes.

2. Contribution of the Research

The principal contribution of this research lies in reframing TikTok mental health communication as a problem of English multimodal discourse construction, rather than approaching it solely in terms of health information transmission or psychological effects. The analysis shows that linguistic forms, including first-person disclosure, inclusive pronouns, imperatives, evaluative expressions, and reframing statements—derive part of their communicative force from their coordination with gaze, camera framing, facial expression, typography, imagery, music, and other platform-specific semiotic resources. This perspective extends existing digital health scholarship by foregrounding how health meanings are discursively assembled rather than treating messages as self-contained units of information.

This study also offers a theoretical contribution through the integration of CDA, MDA, and selected constructs of the Health Belief Model. These frameworks perform different analytical functions rather than being treated as interchangeable perspectives. CDA enables the examination of representation, positioning, authority, and responsibility; MDA identifies how these meanings are distributed across interacting semiotic modes; and the Health Belief Model helps interpret message-level constructions oriented toward risk, benefits, barriers, cues to action, and help-seeking. This integration makes it possible to distinguish between how a message is constructed to persuade and whether it actually produces behavioral change, the latter of which lies beyond the evidence generated by this study's findings.

A further contribution emerges from the inclusion of both user-generated and sponsored contents. Although the unequal corpus sizes do not support a systematic comparison between the two groups, their inclusion reveals contrasting discursive resources for establishing credibility. User-generated discourse tends to foreground experiential authority through personal disclosure and interpersonal proximity, whereas sponsored communication more visibly mobilizes institutional authority through information design and professional framing. This distinction provides a basis for future comparative work on how expertise and authenticity are negotiated in the English-language digital health discourse.

3. Implications of the Research

This analysis has implications for English discourse studies, digital health communication, and media literacy. For discourse research, the results illustrate why short-form social media texts cannot be adequately understood using verbal language alone. The English expressions of vulnerability, solidarity, advice, and professional encouragement acquire additional meaning through their interaction with visual and auditory resources. Future analyses of digital English should therefore attend to cross-modal relationships rather than isolating captions or spoken language from the audiovisual environment in which they are produced.

For health communicators, the corpus suggests that credibility can be constructed through different communication routes. Personal creators frequently rely on relatability, self-disclosure, and interpersonal proximity, whereas institutional messages employ recognizable markers of professional expertise. Mental health organizations designing social media campaigns should therefore consider how evidence-based information can be communicated without losing the interpersonal accessibility characteristic of participatory platforms. This implication concerns message design; however, it should not be interpreted as evidence that one strategy produces greater behavioral effectiveness than another.

The analysis also underscores the relevance of critical digital health literacy. Users encounter mental health claims in communicative environments where experiential testimony, emotional persuasion, professional information, and platform visibility overlap. Therefore, educational initiatives could encourage users to evaluate not only the factual content of a message but also the linguistic and multimodal strategies through which credibility and emotional identification are constructed. This is particularly relevant given the existing concerns about misinformation, oversimplification, and self-diagnosis in social media health communication (Foster & Ellis, 2024; Jain et al., 2025).

4. Limitations of the Research

Several limitations should be acknowledged when interpreting the findings of this study. First, this study focused exclusively on English-language TikTok videos, which may limit the generalizability of the findings to users from different linguistic and cultural backgrounds. Mental health discourse may vary significantly across cultural contexts, resulting in different patterns of representation and communication. Second, the dataset consisted of 35 videos selected through purposive sampling. Although qualitative research prioritizes depth of analysis over statistical generalization, a larger dataset may reveal additional discourse patterns and thematic variations not captured in the present study.

Third, this study examined publicly available content without investigating audience reception or interpretation. Consequently, the analysis focuses on message construction rather than actual audience response. Future studies incorporating interviews, surveys, or audience engagement analysis could provide a more comprehensive understanding of how users interpret and respond to mental health awareness campaigns. Fourth, TikTok's recommendation algorithm continuously influences content visibility and audience's exposure. Because algorithms are dynamic and proprietary, it is difficult to determine the extent to which observed discourse patterns reflect the

creator's intentions or platform-driven amplification mechanisms.

Finally, the integration of Critical Discourse Analysis and Multimodal Discourse Analysis inevitably involves interpretive judgment by the researcher. Although systematic coding procedures were employed, alternative interpretations may have emerged from different analytical perspectives.

In addition, the unequal representation of user-generated videos (n = 30) and sponsored advertisements (n = 5) means that observations concerning experiential and institutional discourse should be regarded as exploratory rather than systematic comparative analysis.

5. Further Research and Expansion of Ideas

The findings of this study suggest several directions for future research to explore. First, comparative studies could examine mental health awareness campaigns across different social media platforms, such as Instagram, YouTube, Facebook, and X (formerly Twitter) to identify similarities and differences in discourse construction and educational strategies. Second, future research should investigate audience reception and engagement with mental health content through interviews, focus groups, surveys, or digital ethnographic approaches. Such studies could establish how audiences interpret, evaluate, negotiate, and potentially act upon mental health information encountered on social media, thereby complementing the message-centered analysis conducted in this study. Third, cross-cultural investigations can explore how mental health awareness is represented in different linguistic and cultural contexts. Comparative analyses involving multiple countries would contribute to a deeper understanding of the cultural influences on digital health communication practices. Fourth, future studies should examine the role of artificial intelligence and recommendation algorithms in shaping the visibility and dissemination of mental health content. Understanding algorithmic influences is increasingly important given the growing role of automated systems in determining information exposure in digital environments.

Finally, future research could expand the present framework by incorporating additional theoretical perspectives, such as Social Cognitive Theory, Uses and Gratifications Theory, or Digital Health Literacy Theory. Such interdisciplinary approaches may provide a more comprehensive understanding of the complex relationships among discourse, technology, education, and public health.

6. Conclusion

This study examined how mental health awareness was constructed through linguistic and multimodal resources in a purposively selected corpus of 35 English TikTok videos. Four dominant discourse configurations were identified: mental health as a personal struggle, self-care as a solution, peer-to-peer emotional support, and professional help-seeking and awareness. Across these configurations, English linguistic choices, including first-person disclosure, inclusive pronouns, imperatives, evaluative expressions, and reframing statements, interacted with visual, auditory, and embodied resources to construct vulnerability, solidarity, personal agency, and professional authority. Rather than demonstrating the effects of these messages on viewers, the analysis shows how particular understandings of mental health are communicatively available and persuasive within the sampled TikTok content.

From a Critical Multimodal Discourse Analysis perspective, this study identifies several tensions within this digital discourse. Personal storytelling can construct experiential authenticity while remaining distinct from clinical knowledge. Self-care messages can promote individual agency while foregrounding personal responsibility over the broader determinants of mental well-being. Peer-support discourse can establish solidarity without constituting a professional assessment. Institutional messages can mobilize professional authority through informational and visual credibility markers. These patterns indicate that mental health communication on TikTok is not discursively uniform but involves competing and complementary forms of knowledge, responsibilities, and authority. Therefore, the integration of CDA and MDA enables a closer examination of how English verbal resources acquire additional ideological and interpersonal meanings through their interaction with platform-specific visual and auditory modes.

The conclusions of this study are necessarily limited to the discourse patterns identified in the selected English-language corpus and should not be generalized to TikTok content as a whole or interpreted as evidence of audience learning, behavioral change, stigma reduction, or improved mental health outcomes. Nevertheless, this analysis contributes to English digital discourse research by illustrating how mental health meanings are organized across linguistic and multimodal resources in short-form social media communication. Future research incorporating larger and more culturally diverse corpora, audience reception data, and systematic comparisons between user-generated and institutional content could examine whether and how these discursive constructions are interpreted, negotiated, or acted upon by viewers.

Declarations AI use

During the preparation of this manuscript, the authors used PaperPal (an AI-powered proofreading tool) solely to check writing and grammar. No generative-AI tool was used to generate or select references, interpret data, or construct arguments.

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Author contributions

N.V.T. was responsible for study design and revising. N.V.T. and H.H. were responsible for data collection. N.V.T. and H.H. drafted the manuscript. H.H. and N.V.T. revised the manuscript and H.H. proofread it. All authors read and approved the final manuscript.

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

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No additional data are available.

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