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EDITORIAL

The Danger of Inflated Hypocondria through Self-diagnosis in the Post-COVID-19 Period

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1. Misinformation, disinformation, and malinformation (MDM) about depression

This editorial article aims to address the hidden dangers of self-diagnosed depression, especially among young people, which has been exacerbated by massive media coverage of depression risks during the COVID-19 pandemic. While misinformation and disinformation both refer to the distribution of inaccurate information, misinformation is not intended to cause harm while disinformation is. Meanwhile, malinformation is true information that is intended to cause harm. For example, it is common for companies to spread both disinformation and malinformation about depression to promote the sales of their products, such as books and therapies.

The combined effects of misinformation, disinformation, and malinformation (MDM) about depression have increased the number of young people self-diagnosing themselves with depression. Foulkes and Andrews [1] noted that the prevalence of mental health problems has increased over the past decade, a phenomenon which they coined as the "inflation of prevalence", due to higher public awareness. This paper emphasized the danger of inflationary effect caused by inaccurate information and and explores potential solutions.

2. Emotional distress caused by COVID-19

The COVID-19 pandemic has been very stressful for many people around the world. It has caused profound psychological, social, economic, and political impacts. Common emotions associated with the pandemic have included fear, anxiety, hopelessness, anger, grief, and guilt. In the early stages of the fight

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against COVID-19, the public health response was largely focused on social distance, as a vaccine was not yet available. A previous study, conducted in London, UK, identified increased feelings of depression among older people due to social distancing [2]. Lindert, Jakubauskiene, and Bilsen [3], based on a systematic review of European studies, reported wide ranges for the prevalence rates of depression (14.6% to 48.3%), anxiety (6.33% to 50.9%) and post-traumatic stress disorder (PTSD) (7% to 53.8%) during the COVID-19 pandemic. One possible explanation for the wide ranges of these prevalence rates is the differences in financial stability and psychological resilience within the surveyed populations. For example, the elder population tends to be more resilient due to having experienced more adversities.

The pandemic has had an especially large negative impact on the mental health of young adults. The China Report on National Mental Health Development [4] indicated that depression prevalence was highest in the cohort of 18 to 24 year olds. One possible explanation is that the pandemic interrupted their education, career development, and economic freedom, even though young adults experienced milder COVID-19 symptoms than older adults.

3. Unmonitored online psychological assessments and their dangers

The COVID-19 social distancing requirements dramatically increased the adoption of digital services worldwide. For many e-commerce companies, this was a golden opportunity to scale up their business. To attract more customers, some companies provided complimentary psychological assessments, which aggravated the spread of MDM about mental health.

Unfortunately, most young adults cannot differentiate between having symptoms of mild depression and having major depression. They falsely view depression as categorical rather than a continuum of severity.

A major problem with the reliability of self-reported depression questionnaires is respondent bias. Furthermore, there is a significant overlap in the symptoms of depression, anxiety, and other negative emotional states, which are difficult for non-specialists to distinguish between. Indeed, multiple studies have demonstrated discrepancies in the diagnoses returned by self-reporting tools completed by the participants and psychological professionals who interviewed the participants.[5] Self-reporting tools of depression include the Beck Depression Inventory, Children Depression Inventory and CES-D. Hence, the results of self-reporting tools should not be taken seriously.

When people falsely diagnose themselves with mental health conditions, it encourages self-labeling, stigma, hypochondria, and Munchausen's syndrome. Hence, self-reporting online questionnaires do more harm than good.

4. Regulations and counteractions

Self-reporting mental questionnaires are vulnerable to confirmation bias from the respondents. For example, young adults who consider themselves failures in their academic pursuits or personal relationships may want to believe they have a mental health condition even when they do not. This is a conditon is called hypochondria. Self-diagnosis with a mental illness would allow them to avoid responsibility and gain leniency from others. However, this strategy can often harm the individual by jeopardizing their credibility, increasing their feelings of guilt, and decreasing their self-image.

Since it is difficult to regulate MDM about mental health, psychological professionals can spread accurate information to antagonize the MDM. Universities and psychiatric hospitals, in particular, should take the lead in launching reputable online mental health education and services. Particularly, semi-supervised self-reported psychological assessments could be used to compete with less accurate unsupervised self-reported assessments [6]. Building trust and capacity in authoritative digital mental health infrastructure is the best strategy to fight against MDM about depression.

Muñoz, Mrazek, & Haggerty [7], in their report on prevention of mental disorders for the Institute

of Medicine (now the National Academy of Medicine), identified three categories of interventions for the prevention of psychiatric conditions, namely universal, selective and indicated. There is a large potential for machine learning algorithms to improve the effectiveness of selective and indicated interventions, since they can process the massive amounts of demographic and behavioral data to predict at-risk individuals more accurately and faster than humans. By adopting machine learning and other digital technologies, psychological professionals will be able to reach a larger audience at a lower cost. In addition to providing semi-supervised self-reported psychological assessments (as mentioned above), psychological professionals could also promote evidence-based positive coping mechanisms. For example, a systematic curriculum for do-it-yourself "psychological wellness exercises" could be designed and distributed. These semi-supervised exercises could include mindfulness practices, meditating, listening to music, practicing calligraphy, talking to a friend, doing handicrafts, and positive self-talk.

5. Recommendations

1) Over reporting of depression prevalence in social media should not be encouraged;

2) Trauma-informed warnings about proper interpretation of depression scales should be included in all self-reported assessment channels;

3) Professional Mental Health Platforms should be developed and promoted;

4) Semi-supervised assessments should replace self-reported assessments;

5) Positive mental health education should be provided as universal preventive interventions;

6) Digital devices should be employed to facilitate selective and indicated prevention interventions.

Conflict of Interest

There is no conflict of interest.

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