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THE MYTH OF SELF-DIAGNOSIS: A STUDY OF STUDENTS IN MEDAN'S PUBLIC UNIVERSITIES ON MISCONCEPTIONS AND DIGITAL REALITY

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ABSTRACT

The phenomenon of self-diagnosis has become increasingly prevalent among university students, particularly in Medan, Indonesia, where digital information is widely accessible. This study highlights the importance of investigating self-diagnosis practices among students in a local context characterised by diverse socio-cultural backgrounds and a high level of social media usage. The research aims to explore students' perceptions, focusing on how self-diagnosis affects their mental health and the patterns of acceptance formed around it. A qualitative approach with a phenomenological method was employed, involving in-depth interviews with ten purposively selected students from public universities in Medan. Thematic coding was used to analyse the data, guided by Stuart Hall's audience reception theory, categorising students into dominant, negotiation, and opposition groups. Findings reveal that students with dominant acceptance readily trust unverified online mental health content, while those in negotiation display partial acceptance with cautious evaluation, and the opposition group critically rejects such content in favour of professional consultation. The study contributes to the existing literature by integrating social and digital contexts in understanding self-diagnosis practices and proposes the development of educational interventions and policy recommendations to improve students' critical engagement with digital mental health information.

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1. INTRODUCTION

The phenomenon of self-diagnosis is increasingly prevalent among teenagers and students, driven by unlimited access to digital information. Global studies show that around 71% of teenagers experience social anxiety and mental health disorders, but the underlying problem lies in the tendency to diagnose themselves without professional examination [1], [2]. This trend is a serious problem in contemporary social life.

Ironically, many individuals who self-diagnose do not go through formal counseling, but instead rely solely on information from the internet, social media, or personal assumptions. The majority of these self-diagnoses often have no valid medical basis, increasing the risk of misdiagnosis and inappropriate treatment [3], [4].

The role of public figures on social media has worsened the situation. Without scientific considerations, support for self-diagnosis from popular influencers further reinforces false beliefs about the psychological conditions experienced. This widens the gap between lay understanding and professional medical standards in mental health issues [5].

Social media, with its algorithms that amplify exposure to similar content, accelerates the spread of this phenomenon. Teenagers and college students become more susceptible to validation of their personal diagnoses, creating a self-reinforcing cycle without proper professional intervention [6].

Public discourse in cyberspace in the past week has shown a high level of attention to this issue, with more than one million interactions recorded. However, most of the narratives that have developed actually ignore the dangers of self-diagnosis and distort the urgency of the importance of a diagnosis from a competent medical professional [7], [8].

Field observations indicate that the majority of digital society considers self-diagnosis as a destructive phenomenon. In addition to worsening individual conditions, this trend also creates a less supportive social environment for those who really need professional help [9], [10].

One of the serious implications of self-diagnosis is the occurrence of bias between reality and fantasy among college students. Exposure to unqualified digital information fosters oversuggestion, causing difficulty in distinguishing real clinical symptoms from pseudo-mental constructs [11].

From a cognitive psychology perspective, exposure to invalid information impairs the accuracy of selfemotion recognition [5]. Coupled with social and academic pressures, college students are the most vulnerable group to fall into the illusion of diagnosis, demonstrating the urgency of digital literacy and professional intervention to stem the negative impacts of this phenomenon [12], [13].

Research conducted by [14] highlights the role of storyboards in public service announcements to prevent self-diagnosis practices among digital communities. Ditanti found that the rise in self-diagnosis occurred due to exposure to mental health information on social media without professional validation. Public service announcements are considered capable of increasing awareness of the importance of consulting with experts. This finding is very relevant for students living in the digital era, where digital literacy is key to avoiding being trapped in mental health myths.

Meanwhile, [15] examined the importance of psychoeducation in reducing individual misperceptions of mental disorders. This study shows that a misconception of the spectrum of psychological disorders often leads individuals to self-diagnose. Comprehensive psychoeducation can help form a more accurate understanding. In the context of students and digitalization, digital fantasies circulating on social media can influence the way students judge themselves, thus strengthening the urgency of disseminating correct mental health information [16].

Examining the negative impact of self-diagnosis on the mental health of adolescent social media users [17] . The results of the study showed that self-diagnosis increases the risk of anxiety, stress, and negative feelings due to misinterpretation of the symptoms experienced. In the digital world, students as active users of social media are vulnerable to being influenced by content that dramatizes mental disorders. Therefore, the ability to distinguish between scientific facts and digital trends is important so that students do not get caught up in misleading narratives. [18], [19].

Furthermore, [20] revealed a significant relationship between low mental health literacy and high selfdiagnosis trends among late adolescents. Access to digital information without scientific validation exacerbates the tendency for self-diagnosis. Students with low digital literacy are more likely to believe mental health myths than those with a strong academic foundation. This study emphasizes the importance of strengthening digital literacy and mental health in the context of higher education [21].

Finally, [1] explored the use of an Android-based expert system to diagnose mental disorders in children who are victims of broken homes. Although this artificial intelligence technology offers convenience in initial assessment, their research emphasizes that diagnosis still requires validation from mental health professionals. In the context of students, the development of self-diagnosis applications increases the risk of misinterpretation of psychological conditions if not balanced with valid consultation, emphasizing the need for a balance between the use of technology and a professional medical approach [22].

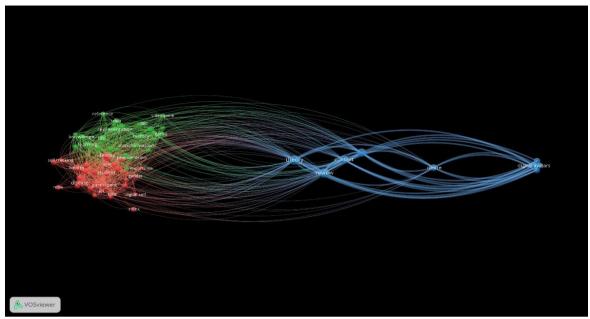


Figure 1. Network Visualization Source: VOSviewer (2025)

The network visualization above, generated using VOSviewer, illustrates connection conceptual between various say key in research related to self-diagnosis, mental health, and digital phenomena. The network structure shows three main clusters with different colors, indicating groups of concepts that are closely related. The red cluster, located on the left side, reflects terms related to mental health, participants, identity, and self-diagnosis, which are central to the discussion of how individuals, especially students, identify condition psychological through source digital. The green cluster, which is closely connected to the red cluster, highlights aspects of representation, knowledge transformation, and history related to the development of digital literacy and individual understanding of mental health information on the internet. The strong relationship between these two clusters shows that understanding of self-diagnosis is inseparable from social factors, education, and individual perceptions in filtering information available online.

On the right side, the cluster blue forms a path a more structured network, with say key main like theory, context, review, cause, And digital avatars. Things This indicates that study in field This Also seeks to understand self-diagnosis in a broader theoretical context, including its causes and impacts in the digital world. The relationship between the blue cluster and the other two clusters shows that the phenomenon of self-diagnosis is not only individual, but Also related with representation digital And avatar virtual that reflect identity somebody in world virtual. Matter This confirm that fantasy digital And representation self in a way online own influence big regarding how somebody interpret condition psychologically, Good in a way aware or not. With the connectivity between these clusters, it can be concluded that self-diagnosis in the context of students is not only a social phenomenon, but also part of the construction of digital identity that develops along with the increasing dependence on online information.

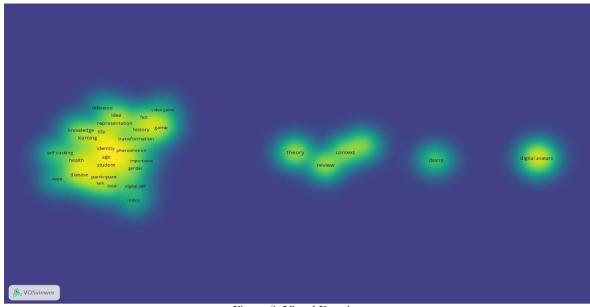


Figure 2. Visual Density Source: VOSviewer (2025)

The density visualization above, generated using VOSviewer, shows the distribution of concept intensities in studies related to self-diagnosis and digital representation. Areas in yellow indicate high density, meaning that terms in those areas have high frequency of association. Which more strong compared to with area other. Cluster most densely located in side left, reflect domination draft Which related with

identity, health, participants, illness, and digital representation. This shows that discussions about selfdiagnosis in the analyzed research are closely related to aspects of individual identity, especially students, and how they understand mental health in the digital era. In addition That, existence term like transformation, learning, And game digital indicates that this phenomenon is also influenced by individual experiences in interacting with digital media, both in educational and entertainment contexts.

In this study, the term myth refers to a set of misconceptions and erroneous beliefs about self-diagnosis prevalent among students, primarily driven by exposure to unverified digital information. These myths encompass not only the perception that individuals can accurately diagnose themselves without professional assistance but also the widespread oversimplification of mental health symptoms propagated through social media. Thus, within the context of this research, myth is defined as a social construct that blurs the boundary between medically validated realities and popular digital narratives, potentially misleading students in understanding their psychological conditions. Additionally, the geographical focus on the Medan area was deliberately chosen, as Medan is one of Indonesia's major educational hubs, characterised by a diverse student population in terms of social, cultural, and economic backgrounds. This context adds significant relevance to exploring how digital information flows shape students' perceptions of mental health while enriching the findings with complex local characteristics.

On the right side, there are several more isolated density points, reflecting more specific and directed conceptual relationships. Clusters containing keywords such as theory, context, and review indicate that self-diagnosis is also discussed within a broader theoretical framework, involving conceptual analysis as well as academic reviews of the phenomenon. Interestingly, there are separate areas of density related to desire and digital avatars, which confirm the psychosocial dimension in discussions about digital identity and how individuals project themselves in cyberspace. The separation between the main cluster and the theory and digital avatar clusters indicates a difference in approach to understanding self-diagnosis , between those based on the real experiences of individuals and those more focused on the analysis of digital representations and their theoretical implications. This confirms that in context student, self-diagnosis No only phenomenon health mental, but also social and digital phenomena that are closely related to the construction of identity and interactions in virtual spaces.

Urgency study This located on need For understand How students at state universities in Medan City accept and respond to the phenomenon of self-diagnosis . Medan City as one of the centers of education in Indonesia has a large student population, making it a relevant location to study how digital trends affect their perceptions of mental health.

2. RESEARCH METHOD

This study employs a qualitative approach with a phenomenological method to explore students' subjective experiences in interpreting the self-diagnosis phenomenon in the digital era [23]. This method enables researchers to delve into how students experience, feel, and interpret mental health information from social media. Primary data were collected through in-depth interviews with 10 purposively selected students from state universities in Medan, supported by secondary sources such as social media content, popular articles, scholarly journals, and verified reports.

The research was conducted at four public higher education institutions in Medan: the University of North Sumatra (USU), the State Islamic University of North Sumatra (UINSU), the State Polytechnic of Medan (Polmed), and the State University of Medan (Unimed). These institutions were chosen to represent diverse academic and social backgrounds and to observe how institutional settings influence the reception of self-diagnosis. The combination of interviews, observation, and documentation provided rich and contextual data on students' interactions with digital mental health narratives [24].

A total of ten informants participated in this study, aged between 21 and 23 years. All informants were active students at public universities in Medan and served as primary informants for data collection. The selection of informants was conducted using a purposive sampling technique, which involved selecting participants based on specific criteria relevant to the research focus, namely students who actively use digital media and have experience or knowledge related to the phenomenon of self-diagnosis. In-depth interviews were conducted using a semi-structured format to explore the informants' subjective experiences, with each interview lasting between 45 and 60 minutes.

Data were analysed using Miles, Huberman, and Saldana's model, encompassing data collection, condensation, display, and conclusion drawing [25]. Coding was conducted based on Stuart Hall's audience reception theory: dominant, negotiation, and opposition. The process included visual tools like interview maps, word clouds, and hierarchical analysis via Nvivo 15. To ensure validity, the study applied expert and source triangulation, involving psychological and communication experts and comparing primary with secondary data sources [26].

| Informant Code | Age | Occupation | Informant Status |
|----------------|----------|--------------------|-------------------|
| JA | 22 | Student | Primary Informant |
| WA | 23 | Student | Primary Informant |
| AK | 21 | Student | Primary Informant |
| DH | 22 | Student | Primary Informant |
| AR | 22 | Student | Primary Informant |
| DA | 22 | Student | Primary Informant |
| М | 23 | Student | Primary Informant |
| ME | 23 | Student | Primary Informant |
| NE | 23 | Student | Primary Informant |
| MA | 22 | Student | Primary Informant |
| S | ource: R | esearcher's data 1 | processing (2025) |

Table 1. Profile of Research Informants

3. RESULT AND ANALYSIS

The Myth of Self-Diagnosis: Between Fantasy and Reality in the Context of State University Students in Medan City

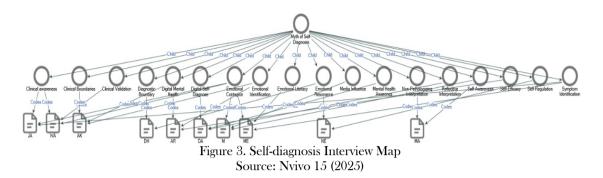
The phenomenon of self-diagnosis has become one of the contemporary dynamics that is widely discussed in the digital era. This term refers to the practice of individuals who diagnose themselves for a mental health condition based on information obtained independently, without going through professional verification. Among students, especially in the state university environment in Medan City, this practice is increasingly prominent along with the high intensity of social media use and almost unlimited access to information [26].

Behind the rise of this phenomenon, there is a myth construction that perceives self-diagnosis as a form of psychological independence. Students often feel able to understand and assess their own mental condition based only on knowledge from digital content. In fact, this approach is very risky because the information circulating is not always based on scientific validity, but is often generalized, oversimplified, or even contains misinformation.

Digital fantasies about mental health reinforce these myths [27]. Much popular content on social media glorifies personal experiences or simplifies diagnoses of mental disorders, such as depression, bipolar, or anxiety,

without a strong medical basis. Emotionally vulnerable students tend to seek identity or validation through these narratives, reinforcing the belief that self-diagnosis is a valid and acceptable step.

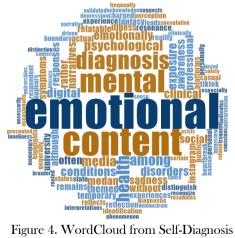
But on the other hand, reality shows that self-diagnosis actually has serious implications for students' mental health. Misunderstanding symptoms or ignoring the complexity of psychological conditions can make things worse. Not infrequently, students who self-diagnose experience feelings of greater anxiety, mishandling, and even ignoring the need for professional help that should be.



Thematic hierarchy map of the results of the analysis of the Myth of Self-Diagnosis phenomenon , which groups various interrelated subthemes. The main theme "Myth of Self-Diagnosis" branches into several subthemes, such as "Clinical Awareness," "Digital Mental Distress," "Emotional Literacy," "Media Influence," to "Self-Efficacy" and "Symptom Identification." Each subtheme is connected to coded data that represents interviews or field documentation.

This structure illustrates that the phenomenon of self-diagnosis does not stand alone, but is formed through a complex interaction between clinical awareness, emotional literacy, media influence, and students' self-regulation mechanisms. The relationship between sub-themes shows that students' acceptance of self-diagnosis is influenced by the limitations of clinical understanding, the intensity of digital exposure, and their ability to manage and reflect on their emotional conditions amidst digital reality.

In the context of state university students in Medan City, academic, social, and existential pressures also strengthen the vulnerability to this phenomenon. Academic competition, financial pressures, and demands for adaptation to social change make it easier for students to find shortcuts to understand their emotional conditions. This is where self-diagnosis appears as an instant solution, even though in reality it actually blurs the gap between digital fantasy and real medical needs.



Source: Nvivo 15 (2025)

Word cloud visualization showing keywords that frequently appear in discussions about the phenomenon of self-diagnosis in the digital era, especially among college students. Words such as "emotional," "content," "mental," "diagnosis," and "psychological" dominate, indicating that digital narratives about mental health focus heavily on the emotional dimension and content consumption. In addition, terms such as "disorders," "media," and "social" indicate that exposure to information on social media is a major factor in shaping college students' perceptions of psychological disorders. This pattern confirms that in the digital context, the boundaries between personal emotions, exposure to content, and interpretation of mental conditions are becoming increasingly blurred, reinforcing the importance of digital literacy and professional validation in accurately understanding mental health.

The Audience Reception: Acceptance of the Self-Diagnosis Phenomenon Among State University Students in Medan City

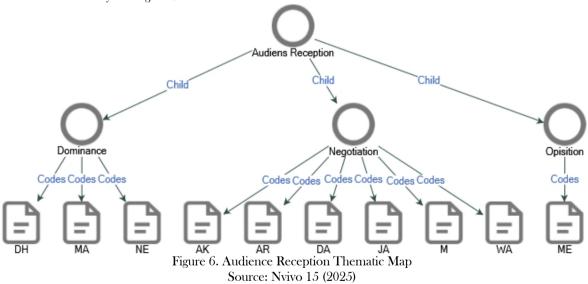
The phenomenon of self-diagnosis has become an important topic in mental health discourse in the digital era. Easy access to various psychological information through social media and other online platforms has led to more and more individuals, including students, trying to identify their own psychological conditions without professional consultation. In this context, it is important to understand how state university students in Medan City receive, interpret, and respond to the phenomenon of self-diagnosis [28].

The audience reception approach is relevant to examine this reception. Studies on audience reception emphasize that each individual does not receive media messages passively, but rather interprets them based on their social background, personal experiences, and cognitive frameworks. Therefore, students as an active audience group can show variations in reception of self-diagnosis narratives circulating in digital media.

In the context of state university students in Medan, acceptance of the self-diagnosis phenomenon is influenced by various factors, including the level of mental health literacy, the intensity of social media use, and the academic and social pressures they face. Some students may accept this phenomenon predominantly, considering it as an instant solution to understanding their emotional condition, while others may be negotiating or even opposing the narrative [29].

Students who accept this phenomenon predominantly tend to view self-diagnosis as a form of independence in managing mental health. They assume that access to digital information gives them the power to recognize and treat the symptoms they experience. However, this dominant attitude has the potential to be dangerous when students ignore the importance of professional validation of their diagnosis.

These differences in reception patterns indicate that students are not in a passive position in dealing with the phenomenon of self-diagnosis [30]. They actively form understandings based on complex interactions between digital realities, personal experiences, and the institutional frameworks that shape their academic lives. Understanding these reception patterns is important for designing effective educational interventions to improve mental health literacy among students.



The thematic structure of the analysis results of audience reception (Audience Reception) of the selfdiagnosis phenomenon, which is divided into three main categories: Dominance, Negotiation, and Opposition . Each category contains a collection of codes from interview data that show patterns of student perception. The Dominance group describes students who fully accept the self-diagnosis narrative from digital media, while Negotiation reflects students who are critical by accepting some and rejecting some of the narrative. Meanwhile, Opposition contains students who firmly reject the self-diagnosis phenomenon. This structure confirms that acceptance of self-diagnosis among students is not homogeneous, but is influenced by the interaction between personal understanding, digital literacy, and critical attitudes towards social media information.

| Word | Length | Word Query Resea | Weighted Percentage (%) | |
|---------------|--------|------------------|-------------------------|--|
| | | | | |
| content | 7 9 | 34 | 005 | |
| emotional | | 19 | 003 | |
| reception | 9 | 13 | 002 | |
| health | 6 | 12 | 002 | |
| mentally | 6 | 12 | 002 | |
| audience | 8 | 9 | 001 | |
| diagnosis | 9 | 9 | 001 | |
| emotionally | 11 | 9 | 001 | |
| media | 5 | 9 | 001 | |
| critical | 8 | 8 | 001 | |
| narrative | 10 | 8 | 001 | |
| psychological | 13 | 8 | 001 | |
| importance | 10 | 7 | 001 | |
| awareness | 9 | 6 | 001 | |
| growing | 7 | 6 | 001 | |
| individual | 11 | 6 | 001 | |
| literacy | 8 | 6 | 001 | |
| on line | 6 | 6 | 001 | |
| sadness | 7 | 6 | 001 | |
| social | 6 | 6 | 001 | |
| digital | 7 | 5 | 001 | |
| information | 11 | 5 | 001 | |
| professional | 12 | 5 | 001 | |
| sources | 7 | 5 | 001 | |
| themed | 6 | 5 | 001 | |
| cautious | 8 | 4 | 001 | |
| creators | 8 | 4 | 001 | |
| credibility | 11 | 4 | 001 | |
| experiences | 11 | 4 | 001 | |
| | | | | |
| responsible | 11 | 4. | 001 | |
| trusted | 7 | 4 | 001 | |

Source: Researcher's data processing (2025)

The tabulation of word queries above shows that the words "content" (34 times) and "emotional" (19 times) dominate the frequency of occurrence, indicating that issues around emotional content are the center of attention in the discourse of self-diagnosis among students. Words such as "reception," "health," "mental," and "audience" also appear quite frequently, reflecting the research focus on how students receive and interpret mental health narratives in digital media. In addition, the emergence of words such as "critical," "narratives," and "credibility" suggests a critical awareness of the validity of the information being spread. The presence of the terms "literacy," "information," and "professional" highlights the importance of digital literacy and the need to refer to credible

sources in building an accurate understanding of mental health. Overall, this tabulation confirms that audience acceptance of self-diagnosis is influenced by a combination of emotions, media content, information literacy, and awareness of the importance of professional verification.

Discussion

The results of the study showed that students' acceptance of the self-diagnosis phenomenon in the digital era is divided into three main patterns: dominant acceptance, negotiation, and opposition. Students with dominant acceptance tend to adopt mental health narratives from social media without much questioning of their validity. They see self-diagnosis as a form of self-empowerment, relying on digital information as the main source to understand their emotional condition. This pattern is influenced by high exposure to popular mental health literacy, and the emotional need to gain legitimacy for the feelings they experience.

A deeper explanation of the reception patterns reveals distinct characteristics within each student group. In the dominant category, students tended to accept information regarding self-diagnosis passively without verifying the validity of the sources. This is reflected in the statement of an informant, JA who noted, "When I see that the symptoms I experience match what is explained on Instagram, I just believe it, especially since many people say the same thing." This attitude indicates a high level of trust in popular social media narratives as the primary reference for understanding their psychological conditions. Conversely, the opposition group exhibited a stronger rejection of self-diagnosis practices based on digital media. Informant NE stated, "I trust psychologists more than social media because I am afraid of being misdiagnosed," illustrating a clear preference for professional validation. These reception patterns are also influenced by social factors such as academic pressure and local cultural contexts. Students from lower-middle socioeconomic backgrounds were more vulnerable to exposure to unverified information, while the strong collectivist culture in Medan encouraged the tendency to seek social validation when making decisions regarding mental health.

Social media usage also displayed varying patterns among the student groups. Platforms such as Instagram and TikTok served as primary sources of mental health information, with students in the dominant group tending to accept content from non-professional influencers without critical scrutiny. In contrast, students in the negotiation and opposition categories demonstrated a more selective attitude toward information sources. They assessed the credibility of content creators by considering their academic or professional backgrounds and sought additional confirmation from trusted sources. For instance, students in the negotiation group acknowledged the importance of verifying information before accepting a diagnosis, while the opposition group preferred to disregard content lacking scientific justification. These findings indicate that higher levels of digital literacy play a crucial role in shaping students' critical attitudes toward information quality, while also highlighting how the interaction between social factors and social media usage constructs students' understanding of mental health in the digital era.

Source triangulation in this study was carried out by comparing student interview data, social media observations, scientific literature documentation, and thematic visualizations based on word clouds and concept maps. Data from the sub-chapters "Myth of Self-Diagnosis" and "Audience Reception" show a consistent pattern: students build an understanding of self-diagnosis through emotional narratives circulating on social media without professional verification. This is reinforced by the studies of Ditanti [31] and Dewi et al. [32] which found that minimal digital literacy and lack of psychoeducation contribute to the rise of mental health myths. Word cloud visualization confirms that words such as "emotional," "content," and "mental" dominate digital narratives, indicating a shift in focus from a scientific approach to an approach based on feelings and media consumption. The consistency between these various data sources shows that massive exposure to emotional content is a dominant factor in shaping students' perceptions of the self-diagnosis phenomenon.

Expert triangulation was conducted by involving psychology and communication experts to validate the findings on audience acceptance of the self-diagnosis phenomenon. The experts confirmed the division of student acceptance patterns into three categories: dominant, negotiation, and opposition, as identified in the thematic structure of the analysis results. Expert validation confirmed that students in the dominant category adopted media narratives without resistance, while the negotiation group showed critical caution, and the opposition group firmly rejected self-diagnosis narratives without scientific basis. The experts also highlighted that high exposure to emotional content on social media widens the gap between lay perceptions and professional-based understanding of mental health. The results of this triangulation strengthen the argument that digital literacy and education based on scientific verification need to be strengthened to stem the normalization of erroneous self-diagnosis among students.

The phenomenon of self-diagnosis among students is not only born from the personal need to understand emotional conditions, but is also a product of a strong digital social construction. The influence of emotional content, minimal verification of information, and the imbalance between media consumption and professional validation are the main factors that shape this pattern of acceptance. This triangulation emphasizes the strengthening of mental health literacy in the digital era, and encourages the need for a scientific evidence-based campaign to correct mental health misinformation that is widely circulated on social media.

4. CONCLUSION

This study reveals that the phenomenon of self-diagnosis among students at public universities in Medan is a complex interplay of digital exposure, emotional vulnerability, and limited mental health literacy. The findings show that students' acceptance of self-diagnosis is divided into three distinct patterns dominant, negotiation, and opposition each influenced by the intensity of social media use, academic pressures, and cultural-social factors unique to the Medan context. The prevalence of unverified digital content, amplified by peer validation in a collectivist culture, exacerbates misconceptions and distorts students' perceptions of mental health. These findings highlight that self-diagnosis is not merely a personal behaviour but a socially constructed phenomenon shaped by broader digital and cultural ecosystems.

To enhance the practical impact of these findings, it is recommended that targeted interventions be developed to improve students' digital literacy and critical evaluation skills, particularly focusing on verifying mental health information. Universities in Medan can collaborate with mental health professionals to design psychoeducational programmes integrated into the academic curriculum, leveraging local cultural values to foster a community-based approach to mental health literacy. Furthermore, future research should explore longitudinal patterns of self-diagnosis practices and assess the effectiveness of digital literacy interventions across different socio-economic and cultural backgrounds in Indonesia. Strengthening evidence-based educational campaigns tailored to local contexts will be critical in mitigating the risks associated with digital-era mental health misconceptions.

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