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COMMENTARY

Why Mental Health Awareness Can Harm: Converging Explanations for a Societal Problem

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Mental health problems, especially among youth, have exploded together with major expansions in mental health awareness efforts. The theory of concept creep, or when harm-related concepts broaden their meanings over time, describes this phenomenon but is agnostic about the mechanisms behind the harms. We suggest that this lack of clarity is due to a fragmented literature with proposed mechanisms spread across adjacent fields. Across theories and explanatory frameworks of concept creep, nocebo effects, prevalence inflation, and illness self-labeling, we identify three common mechanisms through which mental health awareness may unintentionally cause harm. These include (a) lowering the threshold for what counts as a mental disorder, (b) increasing attention to internal states and pathologizing ambiguous experiences, and (c) reinforcing negative expectations and identities over time. We describe these shared mechanisms, propose a path forward for research priorities, broaden the evidence for harms from mental health awareness, and offer options for effective multifaceted interventions to reduce them.

Keywords: mental health awareness, concept creep, nocebo effect, prevalence inflation, expectations

The current state of societal mental health is puzzling. Institutions of all levels have recently ramped up various efforts in mental health promotion, mental health awareness campaigns saturate social media, and schools increasingly run universal prevention programs. Yet, the rates of mental health problems, especially among youth, have skyrocketed; the experts declare mental health crises and loneliness epidemics (Murthy, 2021). According to Haslam and Tse (2026), concept creep—when "harm-related concepts broaden their meanings" (p. 1)—helps explain this paradox, but the authors remain agnostic about the mechanisms. We propose that this lack of clarity stems from existing theories and mechanisms being scattered across different literatures. Several theories and explanatory frameworks, such as concept creep (Haslam, 2016), nocebo effects/response expectancy theory (Barsky et al., 2002; Petrie & Rief, 2019), the prevalence inflation hypothesis (Foulkes & Andrews, 2023), and illness self-labeling models (Ahuvia & Link, 2025) suggest relevant mechanisms at different levels of analysis, spanning from the individual to the societal level. Yet they all explain increased self-diagnosis, heightened symptom reporting among individuals with mild or ambiguous distress, and growing reliance on diagnostic language in everyday life.

Here, we suggest that these theories and explanatory frameworks converge on three broadly shared components of how mental health awareness may cause harm. They involve, first, shifts in the threshold for what counts as a problem; second, increased attention to internal states and reinterpretation of normal experiences as pathological; and third, the reinforcement of expectations and identities immediately and over time. Clarifying how each theory and framework engages these components expands the mechanisms that Haslam and Tse (2026) identified as underdeveloped and helps explain why these literatures overlap so extensively despite their different origins. More importantly, understanding this overlap also provides a wider pool of evidence than previously described (Foulkes et al., 2026) in support of the growing problem and, critically, suggests potential practical approaches to effectively mitigate the harms.

Review of Current Theories and Explanatory Frameworks

Several theories attempt to explain the mechanisms driving harmful consequences of mental health awareness: concept creep, nocebo effect, prevalence inflation hypothesis, and illness self-labeling model.

Concept Creep

The theory of *concept creep* (Haslam, 2016; Haslam & Tse, 2026) suggests that the meaning of harm-related concepts, such as abuse, bullying, trauma, and mental disorder, is gradually expanding to

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encompass a broader range of experiences and behaviors than originally intended. Haslam and Tse (2026) proposed two types of creep: vertical and horizontal. Vertical creep includes milder symptoms and experiences of a disorder (e.g., prolonged grief included in criteria for depression), while horizontal creep suggests that qualitatively different experiences are increasingly included to broaden the disorder category (e.g., emotional neglect being considered as trauma). Concept creep is broadly documented across clinical, developmental, and social psychology: It has evidence for anxiety (Xiao et al., 2023), depression (Xiao et al., 2023), trauma (Baes et al., 2023), narcissism (Hengartner et al., 2025), bullying (Haslam, 2016), addiction (Vylomova et al., 2019), and ADHD (Fabiano & Haslam, 2020), among many others. Several recent studies suggest that broadening disorder concepts is associated with increases in self-diagnosis (Hasan et al., 2023; Jones & McNally, 2021) and formal help-seeking, regardless of distress (Tse & Haslam, 2024). The authors suggest that some symptom reporting could be due to this misinterpretation of normal experience as pathological (Haslam & Tse, 2025, 2026).

Negative Expectations (Nocebo Effect)

Mental health awareness efforts could lead to false self-diagnosis and symptom worsening by causing the *nocebo effect*, or worsening of symptoms due to individuals developing negative expectations about their mental health. The nocebo effect has its roots in response expectancy theory (Kirsch, 1997), which suggests that people may show physiological symptoms or subjective experiences (responses) as a reaction to specific cues simply because they expect to (Kirsch, 1985). The nocebo effect is thus similar to the placebo effect (or the effect of positive expectancies), is well studied in medicine, and causes various poor health and emotional outcomes (Petrie & Rief, 2019; Rooney et al., 2024). Although having negative expectations can itself cause the nocebo effect (Rooney et al., 2023), other contextual factors can also contribute, such as verbal suggestions from authority figures, social learning (Saunders et al., 2024), and broader mindsets about symptoms (Crum & Phillips, 2015), among others. Conditioning and repeated exposures to these negative expectations, suggestions, mindsets, or social examples can further reinforce symptoms over time (Petrie & Rief, 2019).

In mental health awareness contexts, individuals may receive suggestions that lead them to mislabel normal symptoms as signs of a disorder; they may also observe peers describing their normal struggles as signs of mental disorders. Both processes may increase vigilance for one's own "hidden signs of mental illness." Indeed, many awareness campaigns include interpretations of ambiguous and nonspecific transient distress, such as anxiety and sadness, as signs of a disorder. They also include various personal accounts: much of the most popular relevant social media content is also primarily based on sharing personal experiences. Overall, social learning, negative expectations, and misleading suggestions from mental health awareness can all contribute to developing nocebo symptoms.

Prevalence Inflation Hypothesis

Foulkes and Andrews (2023) proposed that mental health awareness efforts may contribute to rising rates of self-identified mental health problems by lowering the threshold for what individuals consider symptomatic. The theory includes three elements: increased identification of real distress; *symptom inflation*, in which people report milder experiences as disordered symptoms; and subsequent symptom worsening, in which these inflated interpretations generate new symptoms through negative expectations.

For instance, increased exposure to messages encouraging early identification and vigilance for signs of anxiety can lead people to reinterpret common emotional fluctuations as indicators of the clinical disorder. This shift does not necessarily reflect an increase in underlying clinical anxiety but rather a change in how individuals classify and report their experiences with stress. Over time, adopting these broader interpretations may foster self-identification with clinical anxiety and shape behaviors consistent with that identity (e.g., avoiding stressful experiences and interactions), creating a positive feedback loop (Hacking, 1995) that further reinforces perceived symptoms and leads to the development of new ones. Prevalence inflation offers a cultural-level explanation in which rising mental health rates reflect changing interpretations of distress, rather than increasing pathology.

Illness Self-Labeling Model

Ahuvia and Link (2025) proposed that when people come to identify themselves as having a mental illness, they activate and internalize their preexisting cultural beliefs about what that illness, and being affected by it, means. Once the label is applied to the self, those general beliefs become personally relevant and reshape how individuals interpret their symptoms, sense of control, responsibility, and expectations for recovery. These personal meanings then influence emotional and cognitive processes: for example, increasing catastrophizing, reducing perceived control, or shifting preferences for certain forms of treatment. Thus, self-labeling can worsen people's ability to cope with distress and instead lead them to act in ways that reinforce their beliefs that they have a disorder (e.g., avoiding anxiety-inducing situations if anxious or rewarding and mood-uplifting situations if depressed), and ultimately lead to them having more symptoms.

Common Mechanisms

Although these four theories and frameworks come from different literatures, they largely overlap in how they explain harms from mental health awareness and promotion. They invoke three common mechanisms: boundary shifts (changes in what counts as a problem), attention-interpretive shifts (increased attention to internal states and reinterpretation of ambiguity as pathology), and reinforcement dynamics (expectations, interpretations, and identities being reinforced over time).

Change in Boundary: What Counts as a Disorder?

Boundary shift refers to the lowering of thresholds for what qualifies as a mental health problem. Theories of *concept creep* and *prevalence inflation*, in particular, capture this phenomenon, describing how expanded mental health categories include increasingly mild or ambiguous symptoms as part of the disorder for formal diagnostic criteria of some disorders (Fabiano & Haslam, 2020) and more broadly

for the general population (e.g., Xiao et al., 2023). As more experiences are categorized as problematic, individuals are more likely to self-identify with a disorder, even when their distress falls within the normal range. Haslam and Tse's (2026) concept creep emphasizes how cultural shifts in language allow for broader inclusion of human experiences under the label of mental health issues, whether it be through including milder symptoms into a diagnosis (vertical creep) or other experiences as signs of a disorder (horizontal creep). Foulkes and Andrews (2023) argued that mental health promotion efforts themselves directly inflate what counts as a symptom. In both cases, this shift does not represent a real increase in pathology but rather a change in what is categorized, recognized, and reported as a disorder. While these two theories propose that the change in what counts as a disorder happens, the explanatory framework of the nocebo effect explains how it happens through various contextual factors. Mental health awareness efforts often involve verbal suggestions from authority figures, such as mental health professionals, public figures, or professional organizations. They also involve personal stories from advocates and diagnosed individuals, promoting social learning. These contextual factors contribute to the awareness efforts' effectiveness and the broader shift of our understanding of what counts as a disorder.

Several studies provide support for this mechanism. For instance, one study found that learning about trauma as being a broader concept leads people to self-identify as having had a traumatic experience (Jones & McNally, 2021). Another showed that holding broader concepts of mental disorders is associated with increased help-seeking, independent of the actual level of distress (Tse & Haslam, 2024). Change in boundary can also lead to false self-diagnosis. One study found that presenting anxiety as normal and common increases self-diagnosis with anxiety (Hasan et al., 2023). Another demonstrated that framing mild and ambiguous experiences as undiagnosed ADHD by using verbal suggestions and social learning leads healthy people to self-diagnose with ADHD that lasts for at least a week (Sandra et al., 2025).

Change in Attention and Interpretation: Ambiguous Symptoms Are Now Signs of a Problem

As we endorse broader concepts of mental health and encourage individuals to monitor for signs of distress, individuals may reframe normal emotional fluctuations (e.g., sadness, stress) as symptoms of a disorder (Foulkes & Andrews, 2023) and experience worse symptoms. This is similar to how a patient prescribed a new drug can reinterpret common nonspecific symptoms as relevant side effects of the drug and experience more of them as nocebo side effects (Petrie & Rief, 2019). Thus, theories and frameworks of the nocebo effect, prevalence inflation, and illness self-labeling converge on a common mechanism: Awareness efforts inadvertently cause negative expectations about the meaning of ambiguous experiences and encourage reinterpreting them as pathological, leading to false self-diagnosis and worse symptoms. In the longer term, when one self-labels with an illness, they activate cultural beliefs and mindsets about what that label means and behave accordingly, adapting illness behaviors that likely give rise to further symptoms and their maintenance (Ahuvia & Link, 2025).

Varied evidence from mindset and nocebo effect research supports that awareness efforts can induce negative expectations and beliefs that shape how people interpret their internal experiences and worsen symptoms. Learning about the harms of loneliness (a high-profile mental health concern; Murthy, 2021) led individuals to label themselves as lonelier and sadder after time alone and to report increased negative affect after such experiences over time (Rodriguez et al., 2025). Similarly, learning about the negative effects of stress can worsen well-being and performance (Crum et al., 2013). Interpreting disorders such as depression as genetically predetermined or biologically rooted magnified recall of depressive symptoms (Ahn et al., 2020; Lebowitz & Ahn, 2017) and was associated with prognostic (Lebowitz et al., 2013) and treatment pessimism (Lebowitz et al., 2021). Whether it is about mental health concerns or outright disorders, well-meaning awareness efforts can worsen beliefs, symptom recall, actual symptoms, and behaviors for those affected.

Studies on sham conditions and in related fields found similar results. Learning about scientifically unfounded conditions such as "wind turbine syndrome" (Schmidt & Klokker, 2014) or "electromagnetic sensitivity" from awareness videos led participants to report worsening symptoms such as headaches and fatigue after exposure to sham wind turbine noise (Crichton & Petrie, 2015) or electromagnetic fields (Bräscher et al., 2020; Eltiti et al., 2018; Witthöft & Rubin, 2013). In the adjacent field of research on trigger warnings, the warnings themselves may also cause harm through creating negative expectations about whether one will experience distress. In a recent review of 12 studies, participants who received trigger warnings before watching distressing materials reported higher anticipatory anxiety prior to viewing the content (Bridgland et al., 2024). Ironically, these trigger warnings often did not reduce distress from viewing triggering information (Bridgland et al., 2024), which was their intended purpose.

These findings suggest that awareness efforts can warp expectations and encourage nonspecific symptoms or complex but normal experiences (e.g., loneliness, stress) to be reinterpreted as pathological. Future studies should explore whether broadening concepts of mental illness directly worsens symptoms beyond simple self-diagnosis (Jones & McNally, 2021) and whether mental health awareness efforts or concept creep themselves operate through the mechanism of heightening the specific attention to symptoms.

Reinforcement Dynamics: Pathological Interpretations, Negative Expectations, and Illness Identities Are Reinforced Over Time

All four theories suggest that interpreting ambiguous symptoms as signs of a disorder can worsen symptoms over time. Mental health constructs become more salient and culturally embedded over time (Haslam & Tse, 2026). As awareness campaigns proliferate, people are increasingly more likely to recognize mild distress as a symptom (Foulkes & Andrews, 2023). This recognition itself may then become socially validated and encourage an illness identity (Ahuvia & Link, 2025), further reinforcing the idea that mental health issues are ubiquitous and deserve attention. In turn, these reinforced perceptions create a feedback loop where distress interpretations become entrenched through conditioning (Petrie & Rief, 2019), where the interpretation of distress as a problem becomes more pervasive, leading people to internalize their diagnoses and develop new or more intense symptoms (Ahuvia & Link, 2025; Foulkes & Andrews, 2023). It may also result in confirmation bias, where individuals only pay attention to information that confirms their illness identity and

adopt behaviors (e.g., avoidance, engaging in safety behaviors) that reinforce their diagnosis, symptoms, and identity.

Wide-ranging evidence supports the long-term negative outcomes of at least some mental health awareness efforts, but more research is needed on the underlying mechanisms we describe here. Some studies have found that self-labeling with a disorder such as depression can lead to maladaptive coping and catastrophizing (Ahuvia et al., 2024). Other longer term field experiments have found that school-based interventions using psychoeducation and cognitive behavioral therapy (Andrews et al., 2023; Werner-Seidler et al., 2025), mindfulness (Kuyken et al., 2022; Montero-Marin et al., 2022), dialectical behavior therapy (Harvey et al., 2023), and general mental health principles (Deighton et al., 2025) worsen symptoms and well-being over several months for at least some young people. Although these studies focused on preventative or early interventions, it is often exceedingly difficult to avoid including awareness materials about mental disorders in these interventions. Despite the varied evidence, none of these studies tested whether the specific self-reinforcing or conditioning mechanisms underlie these outcomes. Thus, future research should validate these specific mechanisms and determine whether symptom worsening occurs through reinforcement and conditioning.

Conclusion

We propose a shared set of mechanisms through which mental health promotion may unintentionally contribute to self-diagnosis, symptom amplification, and increased help-seeking. Despite focusing on cultural, interpersonal, and individual levels, these theories and frameworks describe a common path: The threshold for what counts as a mental health problem is lowered; mental health promotion harnesses this lower threshold and encourages greater attention to internal states, reframes normal or ambiguous experiences as pathological, and can sustain distress initially through negative expectations and, over time, through repeated confirmation as individuals adopt behaviors consistent with the perceived disorder.

The effects of the shared mechanisms we describe likely are and will continue to be amplified by emerging technologies, such as social media and generative AI. People commonly consume mental health awareness content online and, recently, have begun to turn to AI chatbots and companions for advice and companionship. Online spaces often spread oversimplified information about physical and mental disorders, such as distorted diagnostic criteria, misleading symptom checklists, and extreme personal narratives (Karasavva et al., 2025; Wang & Togher, 2024; Yeung et al., 2022). These, in turn, may potentially broaden what counts as a disorder, heighten attention to internal states, and encourage pathologizing, as well as repeatedly validate illness identities through peer feedback and algorithmic amplification. It is therefore essential to understand how and when social media amplifies harms of mental health awareness and how to counteract them.

Recognizing the convergent mechanisms further extends some of the research priorities Haslam and Tse (2026) identified by adding new areas of focus. Their call for signal detection approaches aligns with our boundary shift mechanism, while their concern with modeling vertical concept creep's effects maps onto our attention-interpretive mechanism. The fact that these mechanisms map onto the research priorities from other literatures and appear throughout various theories and frameworks highlights how fragmented the research field is and that it would benefit from broader consensus, both regarding the extent of evidence we have for the problem and the proposed solutions. Further, it stresses that effective interventions cannot focus solely on correcting definitions at the institutional level (e.g., narrowing our diagnostic categories to promote accurate diagnosis) or improving mental health literacy. They must also address expectations, mindsets, social learning processes, and identity consolidation (e.g., Sandra et al., 2025) for in-person and online awareness efforts. For instance, interventions can draw from other literatures, such as on reducing nocebo side effects, to effectively inoculate people against harms from mental health awareness without removing all efforts, as was done effectively in one study on ADHD (Sandra et al., 2025). Others can draw from literature on trigger warnings (e.g., Bridgland et al., 2024) and online nocebo effects (e.g., Saunders et al., 2025) to determine the more effective approaches to combat the worsening self-diagnosis on social media.

We thus offer two additional priorities for future research: first, building consensus on the evidence for harm from awareness efforts and proposed solutions across adjacent research fields and, second, developing multifaceted interventions based on the shared mechanisms that effectively inoculate against these harms. In a world grappling with a worsening mental health crisis, focusing on these priorities would help us create awareness efforts that reduce genuine suffering without manufacturing more of it.

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