

Supportive and Risky Expressions in Bilibili Mental Health User-Generated Content

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Abstract. With the rapid growth of short-form and social video platforms, UGC has become a key channel for online mental health information, expression and support. Bilibili stands out in China for its community and interactivity. However, such content also carries risks including misinformation, stigma and emotional harm. This study investigates the production of mental health-related user-generated content (UGC) on Bilibili, focusing on two key dimensions: (1) how content creators construct positive and negative expressions through their videos, and (2) how viewers engage with these expressions in the comment and bullet comment sections. Through qualitative text analysis, this research interprets video materials, bullet comments, and user comments as intertwined texts, examining them in the context of theories on prosocial relationships, online social support systems, and platform diffusion mechanisms. This study argues that an essential element of Bilibili's mental health UGC is the 'duality' that it offers users: while it provides them information, empathy and companionship through the use of relatable stories, it also threatens to inculcate stigma, anxiety, to blur professional bounds in the provision of care, and intensify threat via algorithmic recommendation and community input. This paper aims to enhance case studies of mental health communication research conducted by Chinese platforms, thereby providing valuable insights for platform governance and content moderation.

Keywords: user-generated content (UGC), mental health, online social support, Bilibili

1. Introduction

Mental health discussions have slowly evolved from clinical and institutional environments to everyday digital settings. Users access not just expert expertise on social media platforms, but people's own experiences, coping methods, emotional outbursts, and peer interaction in dynamic media environments. Literature shows that the association between use of social media and mental health is not uniformly detrimental or helpful. General correlations generally are weak or variable, as problematic and compulsive use patterns are more robustly associated with psychological distress [1]. And this complexity is especially significant for Bilibili. Unlike the platform optimized only for scrolling, Bilibili combines video viewing with danmu (bullet comment), extended comment engagement, and a strong community presence. Wang emphasizes how such danmu activities stimulate community development through conspicuous practices of regular presence and collective feedback. This property of the latter makes Bilibili an essential space for the study of

communication in relation to mental health, since the analysis of the video is not only influenced by the creator of the video narration, but also by the real time and delayed text responses from its users [2]. And the quality of the information available has also been pointed out in recent investigations on digital mental health services in China. Chen et al. discovered that there were significant discrepancies in the quality of depression-related content on different Chinese websites and video sites, including Bilibili. Additionally, Wang et al. found inadequate reliability in videos responding to adolescent depression on TikTok and on Bilibili. These results show that visibility and engagement do not necessarily guarantee accuracy; a place whose content often is driven by the feeling of a shared emotional response, emotional material that's medically incomplete enough on its own to be misleading actually gets widespread traction [3, 4].

Therefore, this paper does not attempt to determine whether Bilibili creators directly lead to a positive or negative effect on users' mental health outcomes. Some of this causal identification would come through interview surveys, clinical assessments, or through longitudinal research designs. Instead, this study has adopted a more methodologically focused stance. It looks at how mental health creators on Bilibili are making both supportive and potentially problematic discourses within their video products, also how users process, interpret and amplify such phrasing in danmu and textual comments.

2. Literature review and theoretical framework

2.1. Social media, UGC, and mental-health communication

This dualism of social media affects mental health in a very different way has been a consistent topic of research. So digital on one side, on one end it opens the way for connection with a peer network, mitigates loneliness, reduces stigma, and also makes it easier for people to find support or information. Naslund et al. indicate that social media can facilitate peer support (in the sense that it does not replace modern mental health services, perhaps it strengthens relationships and encourages hope in people struggling with mental health). Their earlier findings about YouTube suggest that comments and video sharing can forge the sort of natural peer support systems in which users share and help one another through survival stories and hope [5]. However, the review reveals significant dangers such as disinformation, overgeneralization, emotional contagion, and abuse. Starvaggi et al. mention that mental health misinformation on social media could not merely be as simple as some kinds of lies in social media for mental health information but also include overstating the wrong details of people's own experiences for mental health misinformation. It may be more critical particularly if it concerns mental health, as testimonials are subjective and possibly inappropriate advice is taken as suggesting advice that could potentially apply to anyone. The implications, in other words, are stark in the larger systematic reviews that the influence of social media on mental health is driven by the way one relates to other people, the level of quality and character of the communication environment, and the way in which users access the sites themselves, rather than merely the visibility that this will provide.

2.2. Bilibili as a platform context

Bilibili is not only a video platform. It's also a layered communicative landscape, where video narration, danmu and the comments section work in tandem to craft meaning. Wang also adds that comments about danmu promote community and raise awareness of each other. As far as mental health-related content is concerned, this means that viewers are not passive recipients of a creator's

message. They are not just receptacles of information but rather they integrate their own life experiences through a consideration, and in accordance with their experience, of the visible stream of information of people surrounding them which people publicly espouse, promote and critique [6].

Parasocial relationship theory discusses how discourses created by content creators shape audience perceptions and subsequent behavior in digital mental health settings. Parasocial relationships, as described by Hofner and Bond, are non-reciprocal socio-emotional relationships with media figures that have the potential to affect the subjective perceptions regarding attitudes, stigmatization and mental health (including positive and negative perceptions). Producers build intimacy with regular updates, self-disclosure and conversational style through social media. For creators in the mental health UGC camp, in the form of vulnerability, a recovery story or the employment of companionable discourses and concepts, could sometimes also be used for those who pursue emotional gratification and psychological companionship [7].

3. Methodology

This study employs qualitative text analysis to examine how UGC related to mental health on the Bilibili platform constructs supportive and risky expressions. The focus lies not on measuring users' actual mental health outcomes, but on exploring how creators' discourses and user interactions jointly produce meaning. Within this framework, video commentaries, bullet comments, and comment sections are treated as interconnected textual materials.

3.1. Data collection

This study selected eight publicly accessible Bilibili videos regarding themes on mental health. These videos were searched using words such as "depression," "anxiety," "mental health," "emotional breakdown," "psychological counseling" and "emotional healing." All videos were included if (a) the video's content explicitly relates to mental health issues (e.g., anxiety, depression, emotional breakdowns, and counseling/therapy). (b) the video includes clear textual material fit to analyze (e.g., titles, descriptions, voiceovers/subtitles, on-screen text). (c) enough evidence of user interaction (visible live comments and an active comment section) for analysis of the interactive layer of the platform. All data was published between 2023 and 2025 to make sure videos were relevant and comparable, and videos presented higher engagement and interaction on the platform. For each video, three types of materials were obtained: the video context, which included the titles and descriptions and the spoken/subtitled content, danmu recorded in video playback, as well as the user comments posted below the video. The dataset consists of: 8 video transcripts, roughly 240 bullet comments and 160 user comments. The data size also allows for themes and interaction patterns to be identified and qualitative analysis to be performed.

3.2. Sampling criteria

Sample selection is based on four criteria. First, each video must clearly focus on mental health-related topics such as depression, anxiety, emotional exhaustion, treatment experiences, or coping with distress. Second, videos must be publicly accessible on the Bilibili platform. Third, videos must contain sufficient interactive elements, including visible bullet comments and active comment sections. Fourth, the samples have diverse forms of expression, including personal experience sharing, public advice or interpretation, science popularization and emotional support. Videos of

purely promotional nature, clearly unrelated to mental health, or those with insufficient interactivity were excluded.

3.3. Analytical procedure

The study employed "meaningful units" as the coding unit for close readings and thematic coding of video transcripts as well as bullet comments and comments. Such structured units include the video title/key statements, core arguments or suggestions in the video, emotional feedback segments in bullet comments, and paragraphs expressing opinions or experiences in comments. The study categorized expressions into two broad groupings according to its functional criteria:

Supportive expressions: These are tagged when the text fulfills a constructive functional purpose, like positive emotional validation (acknowledging distress, offering understanding), normalization of experiences (reducing feelings of shame and isolation), companionship and encouragement, encouragement to seek help (leading to safer strategies or professional support), and peer comfort/mutual aid (providing supportive responses and encouragement). **Risky expressions:** Tagged when the text has potential negative features such as being overly simplistic (converting complicated psychological problems into a single rule or quickly rendered judgment), self-labeling (fixating psychological states as identity labels), pseudo-diagnostic language (using diagnostic terminology without credible evidence), emotional exaggeration/narratives of urgency (encouraging viewing and sharing through fear or urgency), and disparagement of professional help (displaying negativity and distrust toward counseling, therapy, or professional advice).

3.4. Ethical consideration and limitation

All materials taken from the sources of material covered in this study came from publicly available media. No private data was collected and no name was collected to identify people as individual users. Analysis has been based upon textual patterns and not psychological data of the users.

A notable drawback of this strategy is that public comments and danmu do not offer a full indication of people's personal interpretations or long-term mental health history. On top of that, while the dataset is relatively small (8 videos, 160 comments, and approximately 240 danmu entries), the sample was purposely designed to increase the amount of representativeness of major mental-health UGC forms on Bilibili instead of a universal number. We chose videos on the basis of specific criteria to record widespread common trends in this content area: (1) explicit relevance to mental-health issues (e.g., anxiety, depression, emotional breakdown, therapy/counseling, coping), (2) high interaction richness (visible danmu and active comment threads) and (3) coverage of main creator formats that feature on Bilibili like popular-science or educational explanations, personal experience narratives and emotionally nurturing/companion kind of content. At the same time the study also recognizes a notable limitation, that the sample cannot reflect the diversity of Bilibili mental-health content, and that the results should be interpreted as an in-depth qualitative description of how supportive and risky expressions are generated within a chosen, high engagement area of Bilibili and not necessarily an accounting of the contents on Bilibili at big data level.

4. Findings and discussion

4.1. Supportive expressions in creators' content

The first key finding is that UGC concerning mental health on Bilibili tends to reduce the barriers to expressing emotions. Content creators commonly portray psychological struggles through relatable and straightforward situations—like exhaustion, sleeplessness, social isolation, academic stress, emotional numbness, or uncertainty about seeking assistance. This trend of making mental health terminology more accessible helps demystify abstract feelings, rendering them more understandable and less daunting. Studies on social media self-disclosure demonstrate that expressing negative emotions through digital platforms can cultivate support networks and enhance emotional expression, particularly when individuals receive validating feedback from their online peers [8].

The second positive value is emotional intimacy created through self-disclosure. Creators regularly share their private breakdowns, therapy sessions, familial misunderstandings, or experiences of recovery engagingly and intimately. The reason why this support is of value is not just informative but based on the feeling that someone "gets it" or "has faced similar challenges." The current literature also suggests that public exposure of mental health problems on social media can boost mental health awareness and reduce stigma among audience members and those may help to explain why personal narratives can offer a level of support or understanding, even in the absence of established psychological support [9].

Thirdly, the support mechanism manifests through distributed peer validation by means of danmu and discussion sections. Bilibili's danmu system turns isolated viewing experiences into shared viewing sessions, with comment sections providing space for extended mutual recognition and advice. Research on Chinese online psychological communities has also revealed that information exchange and psychological support functions within these communities exhibit functional equivalence, as evidenced by their shared capacity to facilitate emotional validation and social connectedness. Depression-focused communities of users often report needs for recognition, reassurance, and understanding [10]. Hence, Bilibili support is not one-way, but rather a product produced jointly by creators and users.

4.2. Risky expressions in creators' content

However, social platform community support is structurally unstable, as it happens in the presence of substantial informational and interpretive hazards. One risk that crops up time and time again is oversimplification. High-involvement TikTok videos on depression and anxiety found that personal-experience content frequently receives more engagement than professional content, and that mention of a formal diagnosis is relatively infrequent. Attribution of generic symptoms to depression or anxiety may allow for greater self-diagnosis and a simplification of these disorders [11]. While my study was limited to TikTok — not Bilibili — the logic of the platform itself, with its emotionally legible, high-engagement mental-health content, is heavily at play here. The second risk is the potential for self-labeling and diagnostic interpretation. Mental-health content that frames distress in catchy labels, symptom lists or identity-like categories can provide viewers with immediate interpretive certainty. When youth were surveyed about their attitudes towards an undiagnosed condition using a recent approach to interventions on mood and anxiety disorders in youth enrolled in treatment, the majority of participants reported that they attributed this self-diagnosing to social media [12]. Likewise, Underhill and Foulkes' study of attitudes toward self-diagnosis found that when it comes to online diagnostic language, this can, in many cases, be a pathway to self-discovery,

even if it can also become self-fulfilling and socially contested, particularly during adolescence and young adulthood [13]. The third risk is the substitution of platform intimacy for professional support. Social-media-based support is helpful but can never be equivalent to diagnosis, therapy or prolonged care. Vornholt's study of college students' social media use and mental-health support found that participants valued frank disclosure and peer connection, whereas emphasizing the importance of privacy, boundary regulation and platform limits. More generally, Weigle posits that the psychological implications of social media hinge largely on how the younger generation uses social media as well as what that feedback looks like: That emotionally intense, emotionally powerful online support can become dangerous when done in more reliable types of assistance.

4.3. Why support and risk coexist on Bilibili

The coexistence of support and risk is not a coincidence, but results from the interaction of affective disclosure, peer reaction dynamics, and repeated exposure effects in the socio-technical system of the platform. Bilibili's mental-health UGC is also effective as content, interaction, and visible audience feedback. As content, it provides an opportunity for distress to be narrated in accessible forms. As a practice, this allows for co-presence, empathy, and validation. But if those interactions get similarly saturated with emotional intensity, then they also serve to strengthen narrow interpretations of distress. Interaction that is emotionally charged not only signals distress, but also actively propagates and transmits that distress via contagion mechanisms found within digital mental health communities. This interpretation also brings to light the stakes on the ground [14, 15]. The problem isn't the users who are trying to feel comforted online. Social media is actually an important space which facilitates disclosure, support, and stigma reduction. The upshot is that whatever tends to be the most emotional and compelling is often not the most accurate or most bounded. Where personal testimony, audience reinforcement, and repeated exposure coexist in one platform space, a supportive expression can quickly devolve into self-diagnosis, emotional reinforcement, or misplaced trust in informal advice.

5. Conclusion

This paper employs a dual-framework approach to examine mental health-related UGC on Bilibili, focusing on both supportive expressions and risk expressions within the platform's digital ecosystem. Based on research regarding danmu-based community-building, parasocial relationships, online social support, mental-health misinformation, and problematic platform use, the work argues that Bilibili's affordances for communication render it a significant site of engagement for mental-health discourse. The platform demonstrates dual potential: it can reduce expressive barriers to foster companionship and facilitate visible peer validation, while simultaneously risking the dissemination of low-quality information, encouraging maladaptive self-labeling, amplifying negative affect, and blurring the boundary between emotional support and professional care.

Methodologically, the paper purports to avoid drawing any causal conclusions regarding users' actual mental-health outcomes. Its contribution was, instead, pointing to the ways in which mental-health meanings are produced textually and interactionally on a platform that is as much a social architecture as its video content. To bolster this argument, future studies can rely on the analysis of a defined corpus of Bilibili videos, code the danmu and comments systematically, and draw comparisons among professional, semi-professional, and experiential creators. This next step would permit the existing conceptual framework to emerge as a richer empirical study.

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