Episode 8: “Challenges in the quality of mental health information”

[mix of introductory sounds]

Luís Pinto [host]: *Estados do Tempo* (The States of the Times). Because the quality of information on mental health is a basic necessity.

[music]

Luís Pinto: Hello, this is the eighth episode of *Estados do Tempo*, today curated by Communitas. The discussion is about the challenges around information in mental health. The conversation is between Rita Araújo…

Rita Araújo [moderator]: There’s already research showing that, for example, in Spain, lots of teenagers and young adults are turning to artificial intelligence as a kind of psychologist, with all the risks that that entails.

Luís Pinto: Rita Araújo will be in conversation with Pedro Morgado.

Pedro Morgado [guest]: I often hear people talk about financial literacy. And it’s very important. But health literacy is at least as important as financial literacy. Because many of the things that determine a good economic life are also the same things that determine good health, these things are very closely linked.

Luís Pinto: Rita Araújo is a research fellow at the Communication and Society Research Centre and co-coordinator of the Barometer for Information Quality. She has a PhD in Communication

Sciences from the University of Minho and works on journalism, health journalism, health communication, information sources and health literacy. Pedro Morgado is an associate professor of Psychiatry at the School of Medicine of the University of Minho. He is also a researcher at the ICVS Research Institute, where he leads the Stress and Compulsivity Research Group. He heads the Obsessive-Compulsive Spectrum Disorders Unit at Hospital de Braga and is the regional coordinator for Mental Health in the North Region of Portugal. His research focuses on obsessive-compulsive spectrum disorders, stress and anxiety, addictive behaviours and schizophrenia.

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Rita Araújo: Nowadays, we're constantly exposed to a huge amount of information. Even when we're not actively looking for it, it reaches us through our phones and, above all, through the social media we use. There are now influencers who give daily advice on mental health, promote supplements to improve well-being, and share personal stories. Amid all this information, how do we know what we're reading or hearing is reliable? How do we tell the difference between misinformation and quality information?

In this episode, we'll be talking with Pedro Morgado about the importance of information quality in mental health. The quality of information in mental health can affect whether people seek help, whether they stick to treatments, and how they manage their health and prevent illness. When we access good-quality information, we're able to make informed decisions about our health. Pedro, we do in fact have more and more access to information about mental health. Are we more informed than ever?

Pedro Morgado: Hello, thank you for the invitation, and for the chance to talk about a topic that's so important and so present in our lives today. And yes, we do have more information than ever. That doesn't necessarily mean we're better informed, or even well informed, but we are more informed about many issues related to mental health. And some of the reasons for that have already been mentioned by you, Rita, right from the start, because there are a lot of people talking about mental health. Many of them may well have good intentions and genuinely want to contribute to knowledge and information-sharing, but not being professionals in

communication or mental health, they can end up creating noise rather than useful, helpful information. Of course, without any intention of harm.

Rita Araújo: When that happens, how do we deal with that misinformation? I mentioned in my introduction information disorders, and the role of influencers in sharing information about mental health. Can this kind of content, for example, help to perpetuate stigma around people with mental illness?

Pedro Morgado: Yes, it certainly can help perpetuate some of that stigma. And it's very difficult to deal with this phenomenon. The question you're asking is one I don't really have a solution for, and I suspect we won't have one any time soon. Why? Because influencers — as the name suggests — are people whose communication lands well with audiences. They manage to capture attention and convey their message. They... They build a friendly relationship, and more than that, an empathetic one, with the people they reach. And that makes their message all the more powerful. So, trying to dismantle something wrong, stigmatising, or misleading when it comes from someone who is very well-liked and trusted is extremely difficult. That's the first challenge. The second challenge is that, typically, people who understand mental health don't always communicate very effectively. I mean… this isn't a criticism of people who work in mental health, it's a criticism of… well—what are mental health specialists actually trained to do? They're trained to build therapeutic relationships with their patients, to research the causes of illness and treatment methods. To diagnose, to deliver treatment. And so, generally speaking, they're not the people best placed to influence the public space or to compete with others who are, in fact, specialists in creating empathy with their audiences. So, that's the second challenge. A third challenge is that research in mental health sits at the boundary between what we call the biological sciences—the natural sciences—and the social sciences. And that creates tensions and conflicts within the field of mental health itself, but also in how these issues are understood socially. So, within these tensions, the field of mental health sometimes struggles to engage with colleagues in the biological and social sciences, precisely because it sits on that boundary. And here, the issue is actually more to do with the social sciences. Because—and you're more on that side, so do correct me if I'm wrong—there's a social perception of research in the social sciences that's quite different from how research in the biological sciences is perceived. Someone from the biological sciences can say something completely off the mark. Still, if they throw in a complex term and say they've observed a molecule or whatever, people tend to

believe it more than when we present research grounded in the methods and ways of doing science in the social sciences. So mental health also suffers from that kind of stigma, on top of all the other stigmas that are closely associated with it—particularly those linked to psychiatric illness and the way society has historically treated and discriminated against it. And that creates another tension, making it harder when we try to say: what's being shared here isn't quite right; this isn't really how it works. A fourth issue. When we talk about mental health, we're talking about something deeply personal. When someone is going through a particular situation, what may be helpful or beneficial to them can be completely different from what might work for someone else in a similar situation, because their context and circumstances are different. But when communication is aimed at a general audience—when influencers are communicating—they tend to offer ready-made solutions. In other words, solutions that aren't tailored to the individual. And the person listening tends to latch onto one small part of what's been said and suddenly thinks: right, this ready-made solution must be the one for me. So that's yet another problem that makes it very difficult for us to engage in this dialogue with influencers.

And another factor, while we're at it. It has to do with the fact that there are also very significant commercial interests around mental health communication nowadays. And here I'd include not just mental health, but also well-being, happiness, appearance, and aesthetics. All of this has an economic context… And there are very significant commercial interests attached to it. There's nothing wrong with people making a living or companies making money from their products and services. The problem is that, unlike with things like medication, which are highly regulated, we have no real control over interests or conflicts of interest in mental health communication, or in the wider well-being and lifestyle industry. So, whereas when a company communicates about a vaccine or a medicine, we know there's a commercial interest, here we often know nothing because there's no regulation. And that makes things much more difficult, because often the advice we're given isn't based on evidence or independent scientific knowledge, but on the fact that someone wants to sell a service, or a product, or a supplement. So they tell a story—but without making it clear that this is, in fact, advertising for what they're trying to sell. So we're dealing with a whole range of problems here. And I'll just add one final point, so as not to take over the conversation: artificial intelligence. That's now come into the middle of all this as well, and is also interacting with people about mental health. So we're no longer talking about mass communication—we're talking about a very personalised kind of dialogue. And these conversations don't have the kind of oversight you'd expect from a mental health professional. They don't follow the ethical and professional standards that guide the relationship between a clinician and a patient. So they add another layer of risk—because we also don't really know…

when an AI tool tells someone, look, you're having this kind of difficulty, so take this supplement, or go to the supermarket and follow this diet, or try this cognitive exercise—we don't know where that information is coming from, or what it's based on. These AI tools aren't transparent about how they're built or the kinds of responses they generate. So I expect that in the coming years we'll have even more information available. People will be able to find almost anything they want about mental health—but that information may not be reliable, and worse still, it may not actually be beneficial.

Rita Araújo: You touched on several important issues there, and I'd like to go back to some of them. That question of artificial intelligence — there's already research showing that, for example, in Spain, lots of teenagers and young adults are turning to artificial intelligence as a kind of psychologist, with all the risks that that entails. This issue… You also mentioned supplementation and the lack of regulation. This search for certain lifestyles, for happiness, through things like supplements with no scientific evidence, can it affect people's willingness to seek specialised, professional help? Do you see that in your clinical practice?

Pedro Morgado: Yes. We do notice, interestingly, two phenomena in clinical practice. One is that, suddenly, when a disease becomes a social media trend, the number of people seeking a diagnosis for it increases exponentially. There it is, because of what we were talking about earlier. People identify with a characteristic reported there or with a life story that feels familiar. And suddenly they think, OK, my life isn't going well because, maybe, I have this illness. And I have to say that, in some situations, that is true. There are some people who, through this dissemination of knowledge about psychiatric illnesses, realise that they may be in that situation. And so there are many virtues in this information.

Then there is the other problem, which is when I identify, I become convinced, and I become frustrated because, fortunately, I don't have that illness. The resolution of my life problems goes through other things that are not necessarily medical or psychotherapeutic interventions. And so information has many virtues, with the possibility that some people will realise the problem exists and seek help, but it also has some problems. Answering your question directly, in fact, when the idea is given that a series of things can be done to treat illnesses, and these things are not treatments with scientific validity, not treatments with demonstrated effectiveness, it is very important to understand that science is not an end in itself.

When we talk about scientific validity, we mean it has never been proven to work. Full stop. End of. Because science, in the field of medicine, is about understanding phenomena, understanding why the brain of a given person became ill and what I can do so that this brain that is ill, that has a pathological manifestation, can return to normal functioning without that pathological manifestation. Many of the supplements and techniques presented as life-saving by some influencers or their friends, in reality, when tested to see whether they worked, were not found to work, nor were they found to be useful. And so people are doing these techniques; they are not treating their illness. They may temporarily improve their well-being, but the illness remains. And when they come, they come in a morbid state, in a state of illness that may already be more severe. And so, in the end, there has been a loss of time because of illusions about treatments that do not work, or about treatments that are supposed to work but do not.

So the importance of communicating well is very relevant. And there are several areas where this happens. There was, recently, a very interesting review on physical exercise and depression. No one doubts that doing physical exercise is good for health and can improve depressive symptoms in a given person. Now, simplistically presenting this and saying: physical exercise is a treatment for depression. It is not. And it can bring us more problems because proposing physical exercise to someone who is deeply depressed can even increase their levels of depression because the person is not able to do physical exercise. Moreover, during physical exercise, the person may even feel relief and experience improvement relative to their initial state. But the brain changes that led to depression are still there. And so this idea that I look at a study, draw a quick conclusion, translate it to the general public, and think I am helping, is not always a good idea. And so we have to make this distinction very clearly between what studies actually say, what we want to propose to people to improve their lives, and what illnesses are and what specific treatments for illnesses are.

On the other hand, the first part of the question was about artificial intelligence. Artificial intelligence, like social media, appears to us without any regulation. When there's no regulation, there are rules — and the rule is the law of the jungle, the law of the strongest. And so, in an unregulated system, those who are more vulnerable and less protected are the ones who lose out, so to speak. And that is why we need regulation: we need to understand, with transparency, what artificial intelligence tools do, where their sources come from, and how they reason before returning an answer. And we need, socially and as a community, to define what limits we want for these artificial intelligence tools. OK, is it acceptable that, if I am a doctor and the platform recognises me as a doctor, I can ask an artificial intelligence platform what the risk factors for suicide are and what the most lethal methods of suicide are? Perhaps it is reasonable that this

can happen if I am a doctor and if I need to research this topic quickly. Is it reasonable to return this message to a person who is not a healthcare professional and who is not under the monitoring of a healthcare professional? I think we would all agree that it is not. We do not have mechanisms that effectively protect people from these situations.

Secondly, I am in psychological distress. What is it appropriate, what is it legitimate for an artificial intelligence tool to return to me? What level of intervention is acceptable for a tool like this to carry out? We do not yet have studies that tell us it is acceptable—I do not rule it out in principle, as someone who believes in science and what science shows us. But I do not have a study that tells me: it is beneficial for someone with obsessive-compulsive disorder, or with an anxiety disorder, to speak with an artificial intelligence tool about psychotherapeutic strategies to implement. There is no evidence that this works. But it is happening. And so we need, on the one hand, to think about regulation.

On the other hand, we also need to work on other issues, such as education and literacy, and, obviously, not make judgments about people who are often victims of these things, and therefore welcome people with their concerns. Why are they using ChatGPT? Because it is more convenient, often. Other times, it is because they do not, in fact, have access to psychotherapy. Other times, it is because they are embarrassed to be with someone in person, and it was easier to start this way. So we need to understand why people use this, so we can guide them towards the mechanisms we now know work and benefit people's health. Because otherwise, those who will always be most disadvantaged by these dynamics will be the most vulnerable people, with less capacity to find the answers that actually work.

Rita Araújo: You've brought me exactly to where I wanted to go, which is the issue of health literacy. In a country which, as we know, has inadequate levels of health literacy, and in a country where access to healthcare—and particularly mental healthcare—is very unequal, what role can health literacy play in this search for quality information?

Pedro Morgado: It's absolutely decisive. And it's something that has to be part of our citizens' education from… as early as possible. That is to say, I'll leave it to education specialists to decide what the right age is to start working on these aspects, but we need to work on them and incorporate them very extensively into the education of our young people. For example, I often hear people talk about financial literacy. It's very important, but health literacy is at least as

important as financial literacy. Because many of the things that determine a good economic life are also the same things that determine good health, these things are very closely linked. And this literacy, Rita, is not just about health—it's literacy about communication more broadly, because often we receive… we constantly receive communication stimuli. And often we receive organised communication stimuli without even realising that we are being targeted by that kind of communication style. And we need to educate citizens so that they can recognise that what I am reading as entertainment is often actually a form of advertising; what I am reading… when I say reading, obviously nowadays it's more watching than reading, because it's much more common for people to watch videos than to read books. But what I'm watching seems like someone talking about a scientific topic, when in reality it's just entertainment—there's no scientific basis there at all. Giving people this ability to understand what is being communicated, I think, is fundamental. And this without falling into conspiracy theories or thinking that everything is orchestrated to harm us. I truly believe that many of the people who communicate about health do so because, one, they have a direct personal benefit in terms of success and recognition, and because they are often dismissed, but secondly because they have good intentions—because they think they have information that made sense to them and that they want to share with others, because that narrative worked for them. So they realise it is a communicational product that travels well. I don't see a conspiracy or any malicious intent towards society. There is genuinely good intention.

But we, as citizens, need to learn to look at what we hear, what we see and what we read, and ask: what is the basis for this? If this is the case, why isn't it widespread? Why isn't it done? Why isn't it proposed in hospitals and health centres? I mean, just as I said that I think most people in the influencer space are well intentioned, I also think that in hospitals and health centres most people are well intentioned, and what they would most like is to have fewer patients in consultations, and to have more time with each patient, and to prepare consultations, and to be able to write up records. That would be our greatest wish. We don't want people to be ill; we want people to be well, and to come to us and say, in consultation: "look, I'm better, thank you". And so it is very important that this training is present; that it is well-designed training, grounded in evidence, and capable of fostering these skills in our citizens.

Rita Araújo: You mentioned earlier—I think it was right at the start—this idea of mental health as a field that sits on the boundary between disciplines, bringing together, on the one hand, the health sciences and, on the other, the social sciences. And you also raised the issue of reputation

and perceived credibility between those on one side and those on the other. Do mental health specialists, in a way, leave a gap that others can step into and talk about the issues they specialise in?

Pedro Morgado: Well, yes, they do, they do. And sometimes they leave it intentionally. That's a difficult question, but I'll try to be as honest as possible. Sometimes they do leave it intentionally. Some time ago, I was called by one of the three main generalist television channels and invited to comment on a specific case—a crime involving a person with a mental illness. And I chose not to go. And I accept the consequence of having left that space open for others, who have never observed a person in a clinical psychiatric assessment, to step in and say a series of things about the issue that were simply wrong. So I do feel responsible for that gap.

On the other hand, I couldn't, in good conscience, comment on a specific case in which I had formed a view based on publicly available information, without in-depth knowledge of the situation, and where I would risk violating what I understand to be my ethical and professional duties. And so… what I want to say with this example is that sometimes, when that space is left empty, it's because we feel we shouldn't communicate in certain situations. In other words, there is an intentional gap, and sometimes it is better not to add to the noise than risk making it worse. But having said that, I think this partnership between mental health professionals and communication professionals is very important. And there are some good examples. We all know professionals in psychiatry and psychology who work with communication specialists and produce excellent content from a communication perspective. These are the kinds of experiences that I think should be replicated.

Rita Araújo: And we'll end on that note. This has been a very interesting conversation about the importance of communicating and disseminating information on mental health. I want to thank Pedro Morgado, who has been with us for this episode of *Estados do Tempo*. Thank you, Pedro.

Pedro Morgado: Thank you.

Rita Araújo: Join us for the next episode of *Estados do Tempo*.

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Luís Pinto: This was *Estados do Tempo*, April 2026, Episode 8, with recording, editing and post-production by Pedro Gaspar. Moderation by Rita Araújo, guest Pedro Morgado. Curation by Tiago Estêvão, production by Inês Mendes, and presented by Luís Pinto. On behalf of the team behind this podcast, thank you for listening, and see you in the next episode of *Estados do Tempo.*

[closing music]