

YOUTUBE VİDEOLARI TÜRKİYE'DEKİ COVID-19 SALGINI SIRASINDA RUH SAĞLIĞI İÇİN NİTELİKLİ VE GÜVENİLİR BİR BİLGİ KAYNAĞI MIDIR?

ARE YOUTUBE VIDEOS QUALIFIED AND RELIABLE AS A SOURCE OF INFORMATION FOR MENTAL HEALTH DURING THE COVID-19 PANDEMIC IN TURKEY?

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ÖZET

Amaç: Bu çalışma, COVID-19 salgını sırasında ruh sağlığı için bir bilgi kaynağı olarak Türkçe yayınlanan YouTube videolarının içeriğinin kalite, güvenilirlik ve kapsamlılığını değerlendirmeyi amaçlamaktadır.

Yöntem: Tanımlayıcı bir çalışmadır. 11 Nisan 2020 tarihinde YouTube kanalında Türkçe olarak "Coronavirüs Ruh Sağlığı" konusu taranmıştır. İlk 100 video incelemeye alınmıştır. İki bağımsız araştırmacı tarafından videolar faydalı ya da yanıltıcı olarak sınıflandırılmıştır. Gözlemciler arası uyum kappa katsayısı ile değerlendirilmiştir. Videoların güvenilirliğinin değerlendirilmesinde değiştirilmiş DISCERN indeksi ve kalite için Global Kalite Ölçeği kullanılmıştır. İçerik, araştırmacılar tarafından geliştirilen bir kontrol listesi ile değerlendirilmiştir.

Bulgular: Faydalı videolar için ortalama görüntüleme sayısı $1442,42 \pm 3042,49$ ve yanıltıcı videolar için $1044 \pm 1471,83$ 'tür. Global Kalite Ölçeği ortalaması faydalı videolar için $2,68 \pm 0,96$ ve yanıltıcı videolar için $1,00 \pm 0,00$ 'dır. DISCERN skoru ortalaması Bağımsız/profesyonel kullanıcılar tarafından yayınlanan videolarda $2,8 \pm 1,09$, devlet/haber ajansları tarafından yayınlanan videolarda $2,72 \pm 0,75$ ve üniversiteler/meslek kuruluşları tarafından yayınlanan videolarda ise $3,12 \pm 0,66$ 'dır.

Sonuç: COVID-19 pandemisine ilişkin Türkçe olarak ruh sağlığını korumaya yönelik yayınlanan videolarının kalite ve güvenilirliği orta düzeyde bulunmuştur. Bununla birlikte, video içeriklerinin kapsamının pandemi döneminde ruh sağlığının korunmasına ilişkin yeterince ayrıntılı bilgi içermediği saptanmıştır.

Anahtar Kelimeler: Ruh Sağlığı, COVID-19, Pandemi, YouTube

ABSTRACT

Aim: This study aimed to evaluate the quality, reliability, and comprehensiveness of content for YouTube videos in the Turkish language as a source of information for mental health during the COVID-19 pandemic.

Methods: "Coronavirus Mental Health" was searched as a subject in the YouTube channel in the Turkish language on April 11th, 2020. The first 100 videos were taken into consideration. Two independent reviewers classified videos as useful or misleading. The inter-observer agreement was evaluated with the kappa coefficient. Modified DISCERN index for reliability and Global Quality Scale for quality were used. The content was evaluated with a checklist developed by the researchers.

Results: The mean number of views was 1442.42 ± 3042.49 for useful videos and 1044 ± 1471.83 for misleading videos. The mean Global Quality Scale was 2.68 ± 0.96 for useful videos and 1 ± 0 for misleading videos. The mean DISCERN score was 2.8 ± 1.09 , 2.72 ± 0.75 , and 3.12 ± 0.66 for shared by independent/professional users, government/news agencies, and universities/professional organizations respectively.

Conclusions: The quality and reliability level of mental health videos in the Turkish language for the COVID-19 pandemic were found out moderate. Moreover, the comprehensiveness of the contents didn't include enough detailed information in regards to protecting mental health.

Keywords: Mental health, COVID-19, Pandemics, YouTube

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1 Introduction

The new coronavirus (COVID-19) pandemic has rapidly created a global health crisis, which many countries are struggling to deal with. This pandemic has not only threatened the physical health of individuals but also their mental health. Chew et al. (2020) have reviewed studies carried out relating to previous epidemic periods focusing on individuals' psychological reactions. They stated that there were psychological reactions identified, such as anxiety, depression, stigma, isolation, and cognitive restructuring. They also commented that this information could be used in guidelines for how to deal with the COVID-19 pandemic (Chew, Wei, Vasoo, Chua, Sim, 2020). In a study conducted by Zhang & Ma (2020) during the COVID-19 pandemic, it was found that 52.1% of participants were horrified by the pandemic in mainland China (Zhang & Ma, 2020) and were worried about the effects. Similarly, Qiu et al. (2020) pointed out that 35% of participants' experienced mental distress during the pandemic. Additionally, gender, age, education, profession, and region are all determinants of these mental problems (Qiu et al., 2020). Specifically, elderly people, migrant workers, and individuals with coexisting psychiatric illnesses should be considered to be at risk of experiencing mental health problems during the COVID-19 pandemic (Liem, Wang, Wariyanti, Latkin, and Hall, 2020; Yang et al., 2020).

The internet provides individuals with a wealth of opportunities to access information on health care (Madathil, Rivera-Rodriguez, Greenstein & Gramopadhye, 2015). In the USA, it is estimated that one in three adults use the internet to diagnose or learn about a health concern (Jacobs, Amuta, and Jeon, 2017). According to a European Union (EU) report (2014), six out of ten Europeans go online when they are looking for health information. In Turkey, it is estimated that 65.9% of internet users search for health-related information (TUIK, 2019). With over two billion users, YouTube is the second largest search engine in the World (<https://www.alexa.com/topsites>), and over a billion hours of videos are watched on the platform everyday (<https://www.youtube.com/about/press/>). YouTube has also become increasingly popular in terms of sharing health care information (Kocyigit, Nacitarhan, Koca & Berk, 2019). Unfortunately, much of this information can be misleading or incorrect (Madathil, Rivera-Rodriguez, Greenstein & Gramopadhye, 2015), and there have been a number of studies questioning whether YouTube videos containing health care information are a reliable source (Li, Yan, Yang, Li & Cui, 2019; Malik, Heywood, et al., 2019). Accessible, free, and reliable information is vital for the protection of mental health, especially during a pandemic. Thus, this study aimed to evaluate the quality, reliability, and comprehensiveness of video content regarding emotional reactions towards the COVID-19 pandemic and ways of protecting individuals' mental health in the Turkish language.

2 Materials and Methods

2.1 Search Strategy

In the beginning, a new user account was created on YouTube (<http://www.youtube.com>). The searching was carried out on April 11th 2020 by using keywords "coronavirus mental health". The videos were sorted in their relevance. The first 100 videos were recorded in the later watch section. It has been known that users mostly check out the first five pages (Delli, Livas, Vissink, & Spijkervet, 2016). For this reason, the first 100 videos were taken into consideration in this study. Out of 100 videos, some of them were selected based on their contents involving emotional reactions in the pandemic, risk groups, ways to cope, what can be done during the pandemic for own/loved ones and what can be done about the child/elderly individuals who are in need of care. Exclusion criteria were as follows; videos in different language other than Turkish, fewer than four minutes, some or all have been published more than once, and irrelevant to the topic.

2.2 Video classification

All videos were independently watched and assessed by two researchers (IMA, CH). One of the researchers, IMA, has a Ph.D. in Psychiatric Nursing and she has been working as head of the Psychiatric Nursing Department. The other researcher, CH, has an MSc in nursing and working as an expert nurse in the COVID-19 Service. In case of disagreement, the responsible researcher (BYS) acted as a conciliator to reach a consensus. She also has a Ph.D. in Psychiatric Nursing and working as a researcher in the Psychiatric Nursing Department in the Faculty of Health Sciences. The classification of the videos included in the research was evaluated as follows:

- 1 Useful, it contains scientifically useful information about emotional reactions that can be emerged in the COVID-19 pandemic, risk groups in these periods, ways of coping, and mental health protection.
- 2 Misleading, it contains scientifically misleading information about emotional reactions that can be emerged in the COVID-19 pandemic, risk groups in these periods, coping and mental health protection.
- 3 Personal Experience includes the personal experiences of someone who has experienced or helped with mental health problems in the COVID-19 pandemic.

All videos are divided into five groups by source based on the previous study; independent/professional user, government/news agencies, universities/professional organizations, health sharing websites, medical advertising/profit companies (Delli, Livas, Vissink, & Spijkervet, 2016; Bora, Das, Barman & Borah, 2018).

Modified DISCERN criteria were applied for checking out videos classified as useful in terms of reliability. DISCERN was developed to assess written medical texts in terms of quality (<http://www.discern.org.uk/>). In this study, the



modified version, which was previously used in researches testing YouTube videos for reliability, was preferred (Bora, Das, Barman & Borah, 2018; Khalil et al., 2019).

Also, the videos were assessed using a five-point Global Quality Scale (GQS), assuming how useful they were for individuals (Ferhatoglu, Kartal, Ekici & Gurkan, 2019; Khalil et al., 2019). 1-Poor quality, poor streaming videos, most information is missing, not useful for individuals, 2-Generally low quality and low flow, there is some information listed but many important issues are missing, very limited use for individuals, 3-Medium quality, insufficient flow, some important information is sufficiently discussed, but some are poorly discussed, somewhat useful for individuals, 4- Quality and generally good flow. Most of the relevant information is listed, but some topics are not addressed, useful for individuals, 5-Excellent quality and flow, for individuals very helpful.

In this research, video contents were evaluated per checklist. And checklist were created in respect to WHO (World Health Organization (WHO), 2020), CDC fact sheets (<https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/managing-stress-nxiety.html>), and researches for public mental health in previous and the COVID-19 pandemics (Tucci et al., 2017; Banerjee, 2020; Hiremath, Kowshik, Manjunath, & Shettar 2020). There were two reasons to choose CDC as a content reference. The first reason is that CDC has specific epidemic preparedness to protect public health for social media because of previous epidemic background (Walton, Seitz, Ragsdale, 2012). The second reason was a study recited that CDC was considered a more reliable and authentic source of health-related information in the H1N1 pandemic (Pandey, Patni, Singh, Sood, & Singh, 2010). The criteria consisting of five items of five-point Likert type, which were created by the researchers concerning the sources, in which specific information was given. These criteria were: 1) Common symptoms/emotional reactions that may occur because of stress in the pandemic period, 2) Risk groups that may react differently, 3) Ways to cope with stress, 4) Information for mental health, caring their own/loved ones in the pandemic, 5) Information about what individuals can do for child/elderly individuals. The five-point checklist is scored as 1-Not explained, 2-Little explained, 3-Partially explained, 4-Mostly explained, and 5-Completely explained.

2.3 Data Collection

Video features such as view count, video length, video share date, video popularity (total view/post days), likes, dislikes,

and the number of comments were recorded. Since the videos are in the form of free public access, there is no need for the ethical committee permission of the study. For this reason, the ethics committee's permission was not obtained.

2.4 Statistical Analysis

Normality control of continuous variables was performed with the Shapiro Wilk test. The variables that are suitable for the normal distribution are the video's date (day) and reliability. Mann Whitney U test was used to compare the medians of the variables that are not suitable for normal distribution according to useful and misleading of the video, and Kruskal Wallis was used to comparing the medians according to the sources of the videos, pairwise comparisons were applied for those who were found significant. Student's t-test was used to compare the means of the variables that are suitable for normal distribution according to the useful and misleading classifications of the video, and One-Way ANOVA was used to compare the means of the videos by their sources. Descriptive statistics are expressed as mean, standard deviation, median, 25% percentile (Q1), 75% percentile (Q3), minimum and maximum. In the analysis of categorical data, the Chi-square test was used. Descriptive statistics are expressed in frequency and percentage. The statistical significance level was taken as 0.05. Data analysis was done in SPSS 21 package program.

3 Results

After applying exclusion criteria, 53 (94.6%) useful, 3(5.3%) misleading videos were included for assessment. In total, 44 videos were excluded. 9 videos were under four minutes, 6 videos were not Turkish and 29 videos were irrelevant. There was not any personal experience video. The kappa coefficient of agreement regarding the usefulness of the videos was 1.00 ($p<0.000$). The mean lengths of videos were 32.09 ± 37.59 minutes for useful videos, 25.45 ± 16.76 minutes for misleading videos. The mean number of views of useful videos was 1442.42 ± 3042.49 , popularity was 110.99 ± 242.39 , and GQS was 2.68 ± 0.96 . The mean views of misleading videos were 1044 ± 1471.83 , popularity was 134.78 ± 149.71 , and GQS was 1.00 ± 0.00 . There was a statistically significant difference between the mean video-sharing day and GQS median of useful and misleading videos (respectively, $p=0.046$; $p=0.003$). Most of the videos were shared by government/news agencies (Table 1).



Table 1 Characteristics and sources of videos classified as useful and misleading

	Useful videos n=53		Misleading Videos n=3		p ¹
	Mean±SD (Min-Max)	Median [Q1- Q3]	Mean±SD (Min-Max)	Median [Q1- Q3]	
Number of Views	1442.42±3042.49 (5-19780)	452 [139-1479]	1044±1471.83 (158-2743)	231 [158- [*]]	0.985
Lengths of videos (minute)	32.09±37.59 (4.09-162.4)	19.35 [7.22-39.38]	25.45±16.76 (6.09-35.18)	35.07 [6.09- [*]]	0.702
Video sharing date (day)	14.34±6.71 (1-28)	15 [9-20.5]	6.33±3.06 (3-9)	7 [3- [*]]	0.046^a
Popularity (total views /day)	110.99±242.39 (0.42-1412.85)	29.56 [12.45-115.8]	134.78±149.71 (22.57-304.77)	77 [22.57-]	0.353
Likes	44.09±79.65 (1-469)	18.5 [6.75-39.5]	50.33±75.16 (3-137)	11 [3-39.5]	0.851
Like ratio (Likes/Views)	0.0347±0.0359 (0-0.1667)	0.0266 [0.0129- 0.0432]	0.0389±0.0172 (0.019-0.0499)	0.0476 [0.019-0.0432]	0.317
Dislikes	3.76±4.66 (1-18)	2 [1-4.5]	3.5±2.12 (2-5)	3.5 [2-4.5]	0.532
Dislike Ratio (Dislikes/Views)	0.0006±0.0012 (0-0.0058)	0 [0-0.0006]	0.0035±0.0046 (0-0.0087)	0.0018 [0-0.0006]	0.088
Comments	7.59±12.55 (1-58)	2 [1-8]	10.5±13.44 (1-20)	10.5 [1-8]	0.895
Comments Ratio (Comments/Views)	0.0018±0.0026 (0-0.0101)	0.0005 [0-0.0031]	0.0039±0.0037 (0-0.0073)	0.0043 [0-0.0031]	0.288
GQS	2.68±0.96 (1-5)	2 [2-3]	1±0 (1-1)	1 [1-1]	0.003
	n	%	n	%	p²
1Independent/Professional user	15	28.3	1	33.3	
2 Government/News agencies	26	49.1	2	66.7	0.644
3Universities/Professional organizations	12	22.6	0	0.0	

p¹:Mann Whitney U test, a:Student's t test, p²:Chi-Square test * not calculated

There were significant differences like ratio (p = 0.021) and in terms of comment rates (p=0.038) according to the sources of useful videos (Table 2).



Table 2 Quantitative features and quality of useful videos by their sources

	Independent/ Professional user n:15	Government/News agencies n:26	Universities/Professional organizations n:12	
	Median [Q1-Q3] (Min-Max)	Median [Q1-Q3] (Min-Max)	Median [Q1-Q3] (Min-Max)	p¹
Likes	24 [12.5-69.5] (4-469)	12 [5.5-40.5] (1-218)	16 [4-32] (3-141)	0.267
Like ratio (likes/Views)	0.0433 [0.0189-0.0658] (0-0.1114)	0.0148 [0.0022-0.0314] (0-0.1667)	0.026 [0.0254-0.0344] (0.0154-0.1558)	0.021
Dislikes	1 [1-2.5] (1-3)	3 [1-6] (1-12)	1 [1-*] (1-18)	0.369
Dislike Ratio (Dislikes/Views)	0 [0-0.0003] (0-0.004)	0 [0-0.0013] (0-0.0058)	0 [0-0.0004] (0-0.0034)	0.412
Comments	3.5 [1.25-7.5] (1-58)	2 [1-9] (1-21)	17 [1-*] (1-33)	0.861
Comments Ratio (Comments/Views)	0.0006 [0-0.0065] (0-0.0101)	0.0015 [0-0.0041] (0-0.0058)	0 [0-0] (0-0.0062)	0.038
GQS	2 [2-3] (2-5)	2 [2-3] (1-5)	3 [2.25-4] (2-4)	0.110
	Mean±SD (Min-Max)	Mean±SD (Min-Max)	Mean±SD (Min-Max)	p²
Reliability	2.8±1.09 (1.8-5)	2.72±0.75 (1.6-4.8)	3.12±0.66 (1.8-4)	0.394
	n %	n %	n %	p³
Are the aims clear and achieved? (%)				
No	0 00.0	2 7.7	0 0 0.0	
Partially	13 86.7	22 84.6	10 83.3	0.601
Yes	2 13.3	2 7.7	2 16.7	
Are reliable sources of information used? (%)				
Partially	8 53.3	10 38.5	3 25.0	
Yes	7 46.7	16 61.5	9 75.0	0.322
Is the information presented balanced and unbiased? (%)				
No	7 46.7	4 15.4	0 00.0	
Partially	6 40.0	22 84.6	12 100	0.002
Yes	2 13.3	0 0.0	0 0.0	
Are additional sources of information listed for patient reference? (%)				
No	5 33.3	7 26.9	3 25.0	
Partially	8 53.3	18 69.2	9 75.0	0.534
Yes	2 13.3	1 3.8	0 00.0	
Are areas of uncertainty mentioned? (%)				
No	3 20.0	7 26.9	2 16.7	
Partially	10 66.7	18 69.2	10 83.3	0.535
Yes	2 13.3	1 3.8	0 00.0	

*p¹: Kruskal Wallis, p²:One-Way ANOVA, p³:Chi-Square test, * not calculated*

There was no significant relationship between the sources of useful videos and their comprehensiveness (p>0.05) (Table 3).

**Table 3** Comprehensiveness of useful videos by sources

Comprehensiveness	Independent/ Professional user n:15		Government/News agencies n:26		Universities/Professional organizations n:12		p
	n	%	n	%	n	%	
Common symptoms/emotional changes that may occur because of stress during the pandemic period							
Not explained	0	00.0	1	3.8	0	00.0	0.105
Little explained	5	33.3	10	38.5	3	25.0	
Partially explained	6	40.0	10	38.5	3	25.0	
Mostly explained	1	6.70	4	15.4	6	50.0	
Completely explained	3	20.0	1	3.8	0	00.0	
Risk groups that may react differently							
Not explained	6	40.0	10	38.5	5	41.7	0.441
Little explained	6	40.0	10	38.5	2	16.7	
Partially explained	0	00.0	4	15.4	3	25.0	
Mostly explained	2	13.3	2	7.70	2	16.7	
Completely explained	1	6.70	0	00.0	0	0.0	
Ways to cope with stress							
Not explained	0	00.0	3	11.5	0	00.0	0.452
Little explained	8	53.3	12	46.2	3	25.0	
Partially explained	4	26.7	8	30.8	6	50.0	
Mostly explained	1	6.7	1	3.8	2	16.7	
Completely explained	2	13.3	2	7.7	1	8.3	
Information for the care of their own/loved ones for the pandemic period							
Not explained	1	6.7	2	7.7	1	8.3	0.261
Little explained	7	46.7	12	46.2	1	8.3	
Partially explained	3	20.0	5	19.2	5	41.7	
Mostly explained	2	13.3	6	23.1	5	41.7	
Completely explained	2	13.3	1	3.8	0	0.0	
Information about what you can do about the child/elderly							
Not explained	6	40.0	9	34.6	4	33.3	0.359
Little explained	6	40.0	10	38.5	4	33.3	
Partially explained	0	00.0	5	19.2	4	33.3	
Mostly explained	1	6.7	0	00.0	0	00.0	
Completely explained	2	13.3	2	7.7	0	00.0	

p:Chi-Square test

4 Discussions

Accurate and reliable information for emotional reactions and protecting mental health is vital for all individuals through the COVID-19 pandemic. YouTube is one of the major sources for information to many people accessing to health care information. Some studies are evaluating the quality and reliability of YouTube videos for health care information, but there is no study about protecting mental health especially in the COVID-19 pandemic.

In this study, useful videos have a moderate quality level regarding the mean GQC score with no statistical difference by sources. Previous studies were testing YouTube videos for medical information about sleeve gastrectomy, obesity surgery, aortic valve stenosis reported from low to high level of GQC score (Ferhatoglu, Kartal, Ekici, & Gurkan, 2019; Khalil et al., 2019; Li, Yan, Yang, Li & Cui, 2019). There is no study evaluating YouTube videos about mental health protection in the COVID-19 pandemic either in English nor Turkish. In the pandemic, social isolation and distancing recommended strongly by the medical authority to prevent spread of the coronavirus in public. This emphasizes the

importance of using online health support systems. Mental health professionals are advised to educate communities by using alternative ways of communication such as virtual networks (Banerjee, 2020). Mental health professionals, psychiatrists, psychologists, psychiatric nurses can be more active in maintaining public mental health by posting high-quality videos using YouTube more actively.

In the current study, DISCERN mean score of useful videos have moderate reliability level shared by universities/professional organizations, and low-reliability level shared by independent/ professional user and government/news agencies. Khatri et al. (2020) stated that DISCERN score was found to be moderate in the study in which they evaluated YouTube videos related to Coronavirus' prevalence, transmission, clinical symptoms, screening/testing, and treatment/outcomes of the disease (Khatria et al., 2020). In a research conducted in previous Zika virus epidemic, recited that reliable videos supported by evidence in pandemic periods are important in terms of affecting herd behavior (Sharma, Yadav, Yadav, & Ferdinand, 2017). Especially in the pandemic, it is



emphasized that organizations such as universities and government agencies should be more active (Bora, Das, Barman & Borah, 2018). Based on this study results, universities/professional organizations provide more reliable information than other sources. And almost half of the useful videos are published by government/news agencies. It is an expected situation considering the rapidly spreading nature of the pandemic and active role of all governments/news agencies during this pandemic. Universities are institutions that produce information. It is positive that more reliable information comes from universities. But, given the mental state of the society during the pandemic period and possible chaos, government/news agencies can further collaborate with universities to provide reliable information.

In this research, although the videos contain the correct information, their content is not detailed enough. Also, there is no statistically significant difference between sources that publish the videos and content. Despite this, the videos, in which the information related to all evaluation criteria are fully explained, were published by independent users. However, it is seen that the video rates containing all information are quite low. In the present study, only in 20% of what kind of emotional reactions can be given in the pandemic period, risk groups in 6.7% of the pandemic period, ways to cope with 13.3%, to protect individual own mental health in 13.3%, and what can be done in 13.3% of the individuals to whom they are obliged to give care, such as children/elderly people, are completely explained the videos published by independent sources. Mental health issues that coincide with emerging diseases and epidemics are rarely examined and sometimes, even avoided due to cultural considerations (Tucci et al., 2017). During the 2009–2010 H1N1 influenza pandemic where individuals in the US experienced confusion, anxiety, and increased risky behaviors (e.g., smoking, drinking, drug misuse, recklessness, and unsafe work practices) as a result of the uncertainties (Pfefferbaum et al., 2012). Wang et al. (2020) were conducted in a longitudinal study during the pandemic period in China. They reported that individuals participating in the study about one-third (31.4%) spent more than 2 hours per day viewing information about the COVID-19 on media and satisfaction with health information has been reported to reduce stress and anxiety. They also added that the internet can be used effectively to change public health behaviors (Wang et al., 2020). Communities need package information to make they calm in the pandemic. The information should be understood easily and should be useful for daily life. Given the mental problems experienced during and after the pandemic period, YouTube videos containing accurate and comprehensive information can be used effectively to protect public mental health and managing the problems. The low number of videos that contain comprehensive information shows that YouTube is not used effectively for the protection of mental health for the pandemic in Turkey. The first COVID-19 case was reported on March 11th 2020 in Turkey and this study was performed on April 11th 2020. This time frame might be not enough for various better detailed videos.

5 Conclusions

It was determined that Turkish YouTube videos for mental health in the COVID-19 pandemic had a moderate quality and reliability level. In addition, the content of the videos was not detailed. Accordingly, the following recommendations are made;

YouTube as a second largest search engine should be considered a powerful tool by more mental health professionals to share information especially in pandemics.

The contents can be more enriched by professionals in the field of psychiatry.

More studies for the evaluation of YouTube videos for mental health in pandemic should be performed.

6 Limitations of the Study

There are many widely used online social network services such as Instagram, Facebook, or Twitter. This study examined the videos published on only YouTube.

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