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Quality and Reliability Analysis of Youtube Videos on Obsessive Compulsive Disorder and its Treatment

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ABSTRACT

The Internet is a crucial and popular health knowledge resource for individuals. YouTube ranks among the most frequently used social media platforms globally. Multiple studies have reported that the quality of health information in YouTube videos is low, and many YouTube users are exposed to such low-quality information. This study aims to establish the quality and reliability of the most-viewed videos about obsessive-compulsive disorder (OCD) and its treatment. On September 15, 2024, the terms "obsessive-compulsive disorder," "OCD," "obsessive-compulsive disorder treatment," and "OCD treatment" were searched on YouTube. Video features (duration of the video, number of likes, comments, and views) and upload sources were noted. Quality and reliability were evaluated based on the Quality Criteria for Consumer Health Information (DISCERN) and the Global Quality Scale (GQS) scores. A total of 126 most-viewed YouTube videos were assessed, and exclusion criteria were subsequently applied. The analysis showed that 31.8% of the YouTube videos on OCD and OCD treatment were very poor or poor, 31.8% were fair, and 36.4% were good or excellent. Our findings revealed that DISCERN (p=0.004) and GQS (p=0.000) scores were significantly higher for YouTube videos uploaded by healthcare providers than for those uploaded by independent users. There were no relationships between DISCERN scores and video duration and popularity indices (likes, comments, view ratio, Video Like Ratio, and Video Power Index [VPI]). However, the view ratio, number of likes, and VPI were significantly higher for videos rated as fair compared to those in the other groups (p<0.05). Platforms such as YouTube have become significant public resources for mental health education. To increase the impact of medical videos, efforts should be focused on maintaining high-quality content while keeping the video length concise. Optimizing both content quality and video length can significantly improve the effectiveness of health-related videos as primary sources of information from health professionals.

Keywords: DISCERN, global quality scale, OCD, OCD treatment, YouTube

ÖZ

Obsesif Kompulsif Bozukluk ve Obsesif Kompulsif Bozukluk Tedavisi ile İlgili YouTube Videolarının Kalite ve Güvenilirlik Analizi

İnternet, bireyler arasında önemli ve popüler bir sağlık bilgisi kaynağıdır. YouTube, dünya çapında en sık kullanılan sosyal medya platformları arasında yer almaktadır. Birçok çalışma, YouTube videolarındaki sağlık bilgilerinin kalitesinin düşük olduğunu ve birçok YouTube kullanıcısının bu tür bilgileri izlediğini bildirmiştir. Bu çalışma, obsesif kompulsif bozukluk (OKB) ve tedavisi hakkında en çok izlenen videoların kalitesini ve güvenilirliğini belirlemeyi amaçlamaktadır. 15 Eylül 2024'te YouTube'da "obsesif kompulsif bozukluk, OKB, obsesif kompulsif bozukluk tedavisi ve OKB tedavisi" terimleri arandı. Video özellikleri (vi-

deonun süresi, beğeni sayısı, yorumlar, görüntülemeler) ve yükleme kaynakları not edildi. Kalite ve güvenilirlik, Tüketici Sağlığı Bilgileri için Kalite Kriterleri (Quality Criteria for Consumer Health Information-DISCERN) aracı ve Global Kalite Ölçeği (Global Quality Scale-GQS) ile değerlendirildi. Toplamda 126 adet en çok izlenen YouTube videosu değerlendirildi ve sonrasında dışlama kriterleri uygulandı. Mevcut çalışmada OKB ve OKB tedavisi ile ilgili YouTube videolarının %31,8'inin çok kötü veya kötü, %31,8'inin orta ve %36,4'ünün iyi veya mükemmel olduğu belirlendi. Bulgularımız, sağlık hizmeti sağlayıcıları tarafından yüklenen YouTube videolarında DISCERN (p=0,004) ve GQS (p=0,000) puanlarının, bağımsız kullanıcılar tarafından yüklenen videolara göre önemli ölçüde daha yüksek olduğunu ortaya koydu. DISCERN puanları ile video süresi ve popülerlik endeksleri (beğeniler, yorumlar, görüntülenme oranı, Video Beğenme Oranı [VLR] ve Video Güç Endeksi [VPI]) arasında bir ilişki yoktu. Ancak görüntülenme oranı, beğeni sayısı ve VPI, orta videolarda diğer gruplara göre önemli ölçüde daha yüksekti (p<0,05). YouTube gibi platformlar, ruh sağlığı eğitimi için önemli kamu kaynakları haline gelmiştir. Tıbbi videoların etkisini artırmak için, çabalar daha kısa video uzunlukları ve yeterli yüksek kaliteli içeriği korumaya odaklanmalıdır. İçerik kalitesini ve video uzunluğunu optimize etmek, sağlık profesyonelleri aracılığıyla birincil sağlık bilgi kaynakları olarak sağlık ile ilgili videoların etkinliğini önemli ölçüde artırabilir.

Anahtar Kelimeler: DISCERN, global kalite ölçeği, obsesif kompulsif bozukluk, obsesif kompulsif bozukluk tedavisi, YouTube.

INTRODUCTION

The Internet and social media have become deeply integrated into modern life, significantly influencing various domains, including healthcare. Individuals increasingly turn to the Internet as a primary resource for seeking information on health-related issues (Madathil et al, 2015). YouTube is a widely used video-sharing platform that hosts substantial medical content, as anyone can freely upload and access videos (Sanchez Bocanegra et al, 2017). Platforms such as YouTube have been recognized for their potential psychoeducational value, suggesting the need for structured approaches to health information dissemination on these platforms (Godwin et al, 2017). However, concerns persist about the quality of information, as inaccurate or misleading health-related content can pose risks to viewers (Madathil et al, 2015). Recent studies have investigated the quality of mental health content on disorders such as psychotic, attention-deficit and hyperactivity, mood, and generalized anxiety disorders (Alsabhan et al, 2024; Kumar & Jha, 2018; MacLean et al, 2017; Ward et al, 2020). Videos on obsessive-compulsive disorder (OCD) are also widely available on YouTube, with some garnering millions of views. Research has shown that it can take between 8 and 17 years from the onset of symptoms in a patient with OCD to the initial reciept of treatment (Hirschtritt et al, 2017). When clinicians recommend treatment, patients and their families may search for additional information related to the proposed therapies online, including on YouTube. The quality and reliability of YouTube videos about OCD have been found to be poor in the literature (Kaya et al, 2021). Accurate and reliable information can enhance awareness, encouraging individuals to seek professional help, whereas misleading information could hinder help-seeking behaviors in those affected by OCD. Specifically, it may be crucial to evaluate whether there is a quality difference between the videos of independent users and healthcare providers. Therefore, this study aimed to assess the quality and reliability of YouTube videos related to OCD and its treatment, a topic of significant public interest.

METHOD

On September 15, 2024, a YouTube search was conducted using the terms "obsessive compulsive disorder," "obsessive compulsive disorder treatment," "OCD," and "OCD treatment." The filters were set to "worldwide" and "all categories," and the results were organized according to popularity (most-viewed). Based on the exclusion criteria, the following types of videos were excluded from the analysis: restricted videos that were less than 30 s long; irrelevant, non-English, and purely commercial videos; and videos that lacked audio and visual content (Fig. 1). In multipart series uploaded by the same source, each video was treated as a separate video. The "most-viewed" filter was specifically used to identify videos with broad public engagement. Consequently, the top 100 videos that met the inclusion criteria were selected, resulting in a final sample size of 126 videos, which was deemed sufficient for robust statistical analysis based on previous studies (Barlas et al, 2023; Li et al, 2019).

Each eligible video was securely archived for backup purposes. Two researchers independently conducted the initial searches to ensure reliability. Subsequently, an experienced psychiatrist and a medical student with a minimum of 5 years of medical training independently evaluated and rated each video.
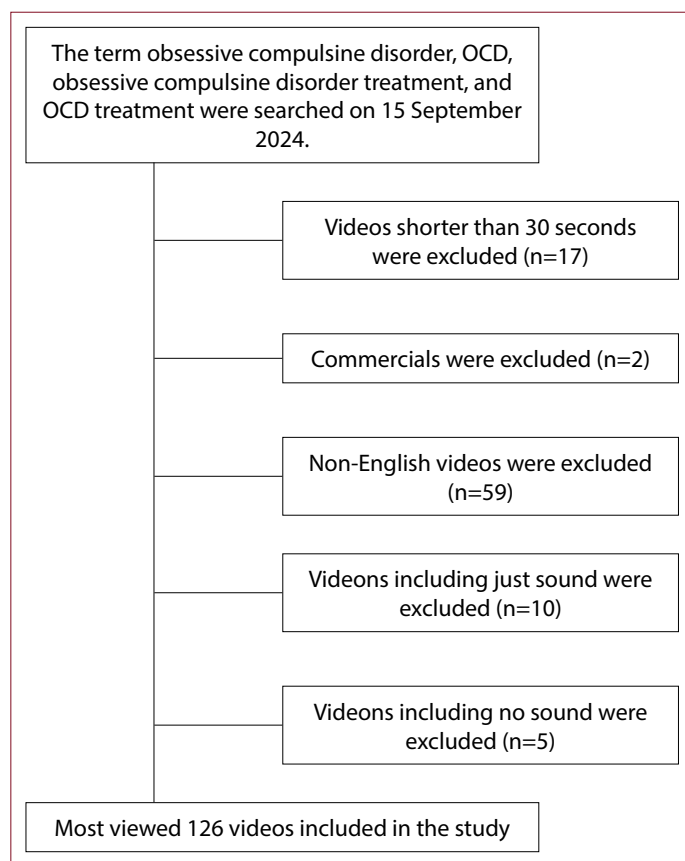
The term obsessive compulsine disorder, OCD, obsessive compulsine disorder treatment, and OCD treatment were searched on 15 September 2024.

Videos shorter than 30 seconds were excluded (n=17)

Commercials were excluded (n=2)

Non-English videos were excluded (n=59)

Videons including just sound were excluded (n=10)

Videons including no sound were excluded (n=5)

Most viewed 126 videos included in the study

Figure 1. Video extraction based on the exclusion criteria.

Inter-rater reliability was assessed, and the average of the evaluators' scores was used for statistical analyses. Videos were categorized by their source, either healthcare providers or independent users, and further classified by content type, such as symptoms (Diagnostic and statistical manual of mental disorders: DSM-5™, 5th ed, 2013) or pharmacological treatments for OCD. Standardized tools, including the Quality Criteria for Consumer Health Information (DISCERN) and the Global Quality Scale (GQS) scores, were employed to assess all videos, regardless of their source. For each video, detailed data were recorded, including the URL, duration in minutes, number of days since upload, upload source, number of views, "likes," and "comments." Additional popularity metrics, such as the view ratio (number of views per day), video-like ratio (VLR=100×likes/[likes+dislikes]), and video power index (VPI=VLR×view ratio/100), were calculated. The VPI was particularly useful in adjusting for upload date variability, offering a more precise measure of video popularity than raw view counts alone. These metrics, validated in prior research (Moon & Lee, 2020), enabled a standardized quality and reliability assessment. The evaluation criteria focused on parameters such as informational relevance, clarity of purpose, source transparency, and instructional value for viewers. To establish the quality and reliability of the videos, we applied DISCERN and GQS. These instruments have been widely used in previous studies and are considered reliable tools for assessing the quality and credibility of medical topics on video-sharing platforms.

Measures

Quality Criteria for Consumer Health Information: The DISCERN questionnaire was developed to assist consumers in assessing the quality of written health information, particularly regarding treatment options. The DISCERN tool includes 16 questions rated on a 1–5 scale ("very poor" to "excellent"), with higher scores reflecting better quality. The questionnaire is divided into three parts: the first part includes eight questions assessing the reliability of the source, the second part includes seven questions evaluating the specifics of the treatment options presented, and the final question provides an overall quality rating of the sources. In this study, the DISCERN instrument was applied to classify videos into five quality classes: excellent, 63–75 points; good, 51–62 points; fair, 39–50 points; poor, 27–38 points; and very poor, 16–26 points (Charnock et al, 1999).

The Global Quality Scale: The GQS was used to assess the quality of the videos. This tool evaluates the clarity, streaming quality, and usability of the presented information. The GQS uses a 5-point Likert scale to measure patient content quality, informational coverage, and usefulness. A score of 1 indicates poor quality with little or no helpful information and poor usability. In contrast, a score of 2 reflects generally poor quality with limited utility for patients and significant gaps in content. A score of 3 denotes moderate quality; such videos adequately discuss critical information but skip certain key topics, making them somewhat helpful to patients. A score of 4 signifies good quality, with the primary topic well covered and the video deemed beneficial for patient education. Finally, a score of 5 represents excellent quality, where the video demonstrates outstanding flow, comprehensive coverage of critical topics, and high patient utility. The GQS uses a 5-point Likert questionnaire, with scores ranging from "poor" to "excellent" (Bernard et al, 2007).

Statistical Analysis

Data analysis was conducted using the Statistical Package for the Social Sciences, version 25.0 (IBM SPSS Statistics for Windows; Armonk). Intraclass correlation analysis revealed an intraclass correlation coefficient above 90% for both scoring methods, indicating substantial agreement among the raters and supporting the inter-rater reliability of the DISCERN and GQS scores. Descriptive statistics and normality tests

Table 1. Characteristics of YouTube videos about OCD and treatment for OCD

	Total (n=126)
Duration in minutes	6.81 (3.58–12.21)
Time since video upload (days)	2,075.50 (1,165.75–3,450.50)
Like	3,050 (1,300–10,427.25)
Comments	358 (93–1,338.25)
Views	168,802 (73,276.75–626,817.25)
View ratio (daily views)	93.75 (42.50–345.97)
Video-like ratio	97.20 (94.32–98.40)
VPI	63.19 (26.98–168.82)
Video sources (%)	
Independent users	46.8
Healthcare providers	53.2
Video content symptoms (%)	
No	7.1
Yes	92.9
Video content treatment (%)	
No	62.7
Yes	37.3

VLR: Video like ratio; VPI: Video Power Index. IQR: Interquartile range. Data are expressed as median (IQR).

were performed. A non-normal distribution was determined ($p<0.05$). Consequently, nonparametric methods were applied for comparative analyses. The Mann–Whitney U test, the Kruskal–Wallis test, and Spearman's correlation were used to assess nonparametric variables. Statistical significance was determined using a two-tailed p-value threshold of <0.05. Since the study used publicly accessible videos without any human or animal subjects, ethical approval or consent was not deemed necessary.

RESULTS

Clinical Characteristics

In this study, 126 videos related to OCD and its treatment were analyzed. Of these, 53.2% were uploaded by healthcare providers, whereas 46.8% were uploaded by independent users. The general characteristics of the OCD-related videos on YouTube are detailed in Table 1. The median duration of the videos was 6.81 min, with a median time since upload of 2,075.50 days. The videos demonstrated significant popularity, with a median view count of 168,802, a median daily view count of 93.75, and a maximum view count of 16,754,280. The median number of likes for these videos was 3,050. The study primarily focused on OCD symptoms and pharmacotherapy options (Table 1).

Table 2 summarizes the characteristics of YouTube videos categorized by source. Videos uploaded by independent users garnered significantly more comments and views than did those uploaded by healthcare providers ($p<0.05$). However, no statistically significant differences in video duration, number of days since upload, daily views, VLR, or VPI were observed between the two groups ($p>0.05$). Interestingly, videos created by healthcare providers had a significantly greater number of likes than did those from independent users ($p=0.031$). Furthermore, the videos uploaded by healthcare providers achieved higher DISCERN and GQS scores, reflecting superior quality and reliability compared with videos uploaded by independent users ($p<0.05$).

Owing to the small number of videos in the "excellent" and "very poor" categories, all videos were consolidated into three broader groups according to the DISCERN classification: "very poor–poor," "fair," and "good–excellent." Quality analysis revealed no statistically significant differences in video duration or popularity metrics among the groups. Table 3 provides a detailed summary of video characteristics based on these quality categories. Compared with the other groups, the "fair" category had significantly greater view ratios, numbers of likes, and VPI scores ($p<0.05$). However, no significant differences in VLR ($p=0.623$) or video duration ($p=0.567$) were observed among the three groups.

Significant relationships were observed between the DISCERN scores of the YouTube videos and their respective popularity indices (Table 4). Results in the table show that the relationships between DISCERN scores and video popularity indices are not statistically significant; moreover, there are only substantial correlations between DISCERN and GQS.

DISCUSSION

Because of their free and unrestricted accessibility, online platforms serve as significant sources of medical information for millions of users. YouTube stands out as one of the most frequently visited video-sharing websites, with over 100 million daily views. A substantial proportion of these videos address health-related topics, thereby providing a wide array of medical content. However, any registered user can upload videos to YouTube without the need for validation or standardization regarding the reliability or accuracy of the information provided. This lack of oversight raises issues regarding the quality and trustworthiness of health-related videos available on the platform (Kumar et al, 2014; Madden et al, 2013).

YouTube videos on disorders such as psychotic disorders (Kumar & Jha, 2018), bipolar affective disorder (Alsabhan et al, 2024), generalized anxiety disorders (MacLean et al, 2017), OCD (Abhishek et al, 2018, 2021; Kaya et al, 2021),

Table 2. Characteristics of YouTube videos according to video source

	Healthcare providers (n=67)	Independent users (n=59)	p
Duration in minutes	7.04 (4.40–11.31)	6.40 (3.32–13.05)	0.813
Time since video upload (days)	1,908 (894–3,623)	2,226 (1,597–3,440)	0.232
Like	2,000 (1,200–7,100)	36 (29–44)	0.031
Comments	203 (83–768)	517 (131–2,003)	0.004
Views	132,075 (72,226–306,901)	278,366 (97,567–1,524,490)	0.041
View ratio (daily views)	80.48 (41.90–305.40)	110.6 (44.6–848.7)	0.252
Video-like ratio	97.43 (94.60–98.60)	96.9 (88.3–98.3)	0.192
VPI	62.37 (26.81–137.80)	64.00 (27.40–201.20)	0.603
Video content symptoms (%)			
No	(1.5) 1	(13.6) 8	0.012
Yes	(98.5) 66	(86.4) 51	0.012
Video content treatment (%)			
No	(43.3) 29	(84.7) 50	0.000
Yes	(56.7) 38	(15.3) 9	0.000
GQS	3 (3–4)	2 (1–3)	0.000
DISCERN	53 (43–64)	36 (29–44)	0.004

DISCERN: Quality Criteria for Consumer Health Information; VLR: Video like ratio; VPI: Video Power Index; GQS: Global Quality Scale; IQR: Interquartile range. Data are expressed as median (IQR).

Table 3. Comparison of video features based on the quality and reliability of the videos

	Verypoor, poor (n=40)	Fair (n=40)	Good, excellent (n=46)	p
Video duration/min	7.20 (3.30–13.26)	6.49 (4.34–11.15)	6.83 (4.01–12.42)	0.567
View ratio	72.75 (27.66–1,456.84)	143.85 (55.62–404.91)	77.45 (49.83–207.04)	0.004
Like	3,318 (1,425–32,500)	3,900 (1,225–10,000)	1,900 (1,200–6,650)	0.015
VLR	96.75 (68.28–98.23)	97.62 (95–98.56)	97.32 (94.50–98.45)	0.623
Comments	550 (112.25–2,911.75)	381 (89.25–1,187.25)	239.50 (91.25–827.25)	0.051
VPI	43.60 (22.16–273.45)	70.77 (27.93–221.82)	61.57 (38.70–141.33)	0.017

Min: Minute; VLR: Video like ratio; VPI: Video Power Index; GQS: Global Quality Scale; IQR: Interquartile range. Data are expressed as median (IQR).

Table 4. Correlations between DISCERN scores and popularity indices

	Correlation coefficient	p
Video duration/min	0.113	0.207
View ratio	0.020	0.822
Like	-0.101	0.260
VLR	0.039	0.667
Comments	-0.123	0.172
VPI	0.001	0.988
GQS	0.908	0.000

DISCERN: Quality Criteria for Consumer Health Information; VLR: Video like ratio; VPI: Video Power Index. IQR: Interquartile range.

and ADHD (Ward et al, 2020)—and their treatment—have been assessed in earlier studies. Our results revealed that DISCERN and GQS scores were higher for videos uploaded by healthcare providers than for those of independent users. In some earlier studies, healthcare providers' videos had higher quality and reliability compared with independent users' videos (Ozsoy-Unubol & Alanbay-Yagci, 2021; Ward et al, 2020). However, some researchers have reported the opposite outcome when the topic is insulin resistance (Barlas et al, 2023). This may be because OCD is more distinct and often focused on by healthcare providers. According to multiple guidelines and studies, pharmacotherapy and psychotherapies (such as cognitive-behavioral therapies)

are crucial for the treatment of OCD (Bandelow et al, 2012; Lovell & Bee, 2008). These obsessions tend to be more concealed and closely tied to OCD symptoms. For example, an individual experiencing disturbing intrusive thoughts about harming others may engage in self-concealment as a coping mechanism to reduce self-directed disgust. Except for contamination-related symptoms, individuals typically exhibit a lower tendency to seek professional help across most OCD dimensions. Self-concealment may contribute to the development or persistence of OCD by preventing individuals from sharing or addressing their intrusive thoughts, thus hindering the normalization process associated with low-consensus schemas. These thoughts are often imbued with excessive importance or meaning; without normalization, this can amplify the intensity of obsessions (Wheaton et al, 2016). Weak or insufficient information about OCD treatment may increase patients' ambivalence toward treatment or lead to deterioration in existing care.

Our results revealed that the relationships between DISCERN scores and video popularity indices are not statistically significant, which is consistent with the findings of previous studies. However, some studies examining popularity indices in relation to DISCERN scores reported inconsistent results. Internet users may view multiple YouTube videos—with varying quality and reliability—on the same topic. Even if some videos provide low-quality or misleading information, viewers may still engage with them, leading to potential confusion. The abundance of videos with questionable credibility can significantly impact Internet users by distorting their understanding and hindering their ability to access accurate and reliable information.

A total of 31.8% of YouTube videos on OCD and OCD treatment were classified as very poor or poor, 31.8% as fair, and only 36.4% as good or excellent, according to the DISCERN classification. The view ratio, number of likes, and VPI were significantly higher in the fair group compared with the other two groups (p<0.05). However, no statistically significant difference was found in VLR or video duration among the three groups. When the results were examined, no statistically significant differences in video duration were observed across the three quality categories ("very poor/poor," "fair," and "good/excellent"). However, videos rated as fair, which had relatively short durations, were more frequently viewed and appeared more popular, consistent with the findings of previous studies (Kaya et al, 2021). This finding suggests that shorter, higher-quality videos are key to increasing viewership and popularity. Therefore, individuals may prefer high-quality videos as trustworthy sources of information. However, video duration was found to have a positive association with DISCERN scores, with "good" and "excellent" videos tending to be longer. In

longer videos, topics may be explained more thoroughly and in greater detail. Previous studies have reported similar findings, indicating that higher-quality videos are often longer than lower-quality ones (Barlas et al, 2023; Ozsoy-Unubol & Alanbay-Yagci, 2021). Therefore, efforts should focus on maintaining high-quality content while keeping the video length concise to increase the impact of health-related videos. Optimizing both content quality and video length can significantly improve the effectiveness of such videos.

Our study had certain limitations. First, its cross-sectional design provides only a snapshot of the current state of YouTube content, which may evolve over time as videos are added or removed. Second, video evaluations were conducted by members of our study team, introducing the potential for subjective bias in scoring. However, to mitigate this, we used widely accepted scoring tools, with scores demonstrating strong correlations with each other. Additionally, intraclass correlation between raters was high, indicating strong inter-rater reliability. Another limitation is the possibility of duplicate views, as some viewers may watch specific videos multiple times to gather relevant information. Nevertheless, the high view ratios of OCD-related videos compared with other medical topics did not significantly impact our findings. Additionally, our study was limited to English-language videos, which may limit the generalizability of the results. However, English remains the predominant language among internet users worldwide, making these findings broadly relevant. Finally, the study focused exclusively on YouTube, and the findings may not apply to other social media platforms. Despite these limitations, the comprehensive methodology employed herein is a major strength. Unlike many prior studies, this research encompasses a wide range of videos related to OCD and its treatment uploaded by different sources, offering a unique and thorough analysis of this content (Abhishek et al, 2021; Kaya et al, 2021).

CONCLUSION

The YouTube videos reviewed in this study were categorized under "obsessive-compulsive disorder," "OCD," "obsessive-compulsive disorder treatment," and "OCD treatment"; they were often of low, fair, and high quality and differed in terms of uploaders. Given the increasing reliance on online platforms as primary health information sources, health professionals should create content to present treatment choices and psychiatric follow-up information objectively and comprehensively. Platforms such as YouTube have become significant public resources for mental health education. Our findings indicate that when healthcare providers produce high-quality and reliable video content addressing symptoms and treatments on video-sharing platforms, such

content can reach significantly large audiences. Therefore, integrating evidence-based video materials into digital health communication strategies may enhance patient education, reduce misinformation, and support early recognition and management of medical conditions at the population level. This could be critical in accurately informing the public and promoting a better understanding of medical conditions.

Ethics Committee Approval: Ethical approval or consent was not deemed necessary because the study used publicly accessible videos without any human or animal subjects.

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