

# **The role of social media in the mental health literacy and help-seeking of British South Asian young adults: A mixed-methods approach**

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## **Abstract**

The role of mental health literacy (MHL) in improving access to mental healthcare among the British South Asian (BSA) young adult population cannot be underestimated. A lack of research has explored this notion. With the proliferation of the internet and particularly social media, the current study aims to explore the role of social media in the MHL and help-seeking behaviour of BSA young adults. A mixed-methods sequential explanatory design was employed to understand the issue in question. 166 participants took part in an online survey exploring the association between acculturation, MHL, help-seeking and social media usage. Findings revealed a significant association between social media usage, MHL and help-seeking behaviour, however acculturation was not to be accounted for. A qualitative study using semi-structured interviews with seventeen participants was further conducted to explore these findings alongside a netnography of the social media data obtained from participants insights. Findings revealed social media to be a major source of knowledge and awareness in relation to mental health-related content. However, cultural beliefs often intertwined with participants narratives indicating the need for a culturally relevant MHL model, encompassing the multiple mental health literacies participants presented with.

Overall, the findings provided a holistic understanding of the impact social media can play in mental health promotion among the BSA young adults, however challenges in relation to the research design and approach needs to be further addressed. Evidence from the research can be used to inform evaluations of social media use and educational and community level interventions can be implemented taking into consideration the cultural narratives of BSA young adults.



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## **Abbreviations**

**MHL:** Mental Health Literacy

**SA:** South Asian

**BSA:** British South Asian

**YA:** Young Adult

**SNS:** Social Networking Sites

**SM:** Social Media

**MHLS:** Mental Health Literacy Scale

**SAQA:** Self-Administered Questionnaire of Acculturation

**GHSQ:** General Help-Seeking Questionnaire

**NHS:** National Health Service

**WHO:** World Health Organisation

**PMeHL:** Positive Mental Health Literacy

**ICT:** Information and Communication Technologies

**WUWE?:** What's up with everyone?

# Chapter 1: Introduction

*'Social media is a room full of donuts! One megabyte after another. I sometimes stop to breathe or scratch my nose. Now and again, I look up and out of the window. Nah! Give me more of those yummy blips or whatever. The mobile phone actually rings. It actually rings but I discontinue. That is so yesterday! It is faster to record my monologue and send a voice message with my avatoon! Then I wonder, is this a good thing? Does this stuff need a government health warning?(Alex – WUWE? Campaign; Crawford, 2022)*

## 1.1 Introduction

Social media has transformed our lives, reshaping how we perceive, decide, and behave across a myriad of topics. With millions accessing Social Networking Sites (SNSs) like Instagram, Facebook, Twitter, YouTube, and TikTok, the global impact is undeniable. What was once merely an entertainment hub has morphed into a powerhouse of education for countless users. The evolution cannot be considered a shift, but a revolution in how we engage with information and each other.

Several scholarly inquiries have delved into the ramifications of social media on knowledge and attitudes within diverse domains. A narrative review conducted by Joshi et al. (2022) scrutinised the influence of social media on skincare, revealing that users frequently turn to dermatologists and aestheticians for guidance, thereby augmenting their knowledge and impact on skincare decisions. In the context of politics, the investigation by Intyaswati et al. (2021) probed into the role of social media in political

learning, discerning a positive correlation between heightened usage and engagement in online discussions with elevated political knowledge among undergraduate students. Kreft et al. (2023) assessed social media as a platform for nutritional information, revealing that while participants engaged with nutrition content, they lacked skills in determining accuracy, preferring dietitians as trusted sources. These studies collectively highlight the potential of social media in knowledge acquisition but also emphasise the challenges related to individual uniqueness and information accuracy (Ahmed et al, 2019).

Most research in the context of mental health literacy and social media has focused on digital and social media interventions (Ali, 2019, Abas et al, 2023, Jayman, Ayliffe & Essau, 2023; Lin & Nan, 2022). Most recently, the “What’s up with everyone?,” campaign gained global traction (Ito-Jaeger et al, 2022; Curran et al, 2023). This project focused on improving mental health literacy, reducing stigma, and opening up conversations on perfection, loneliness, independence, social media, competitiveness and seeking help; all factors which cumulatively impact mental health. The focus of the project was on the education and awareness of mental health with a specific focus on the young population. An assessment of the campaign's impact involved seventy-one young participants (aged 17-22) in a pre-post experiment. The results showed positive changes in knowledge, attitudes, confidence, and willingness to seek support for mental health issues after exposure to the animations. Notably, there were significant reductions in stigma towards depression among the participants. The campaign was considered effective in improving mental health awareness and reducing stigma among the targeted age group. While the influence of digital campaigns such as WUWE? is

evident, there is a noticeable gap in the literature concerning the direct role of social media platforms in fostering MHL. The prevalence of social media usage, especially during and following the COVID-19 pandemic, has coincided with a rise in mental health-related content on these platforms (Avella, 2023). Hence, the current research will aim to focus on social networking sites (SNSs) in the context of improving mental health literacy and influencing help-seeking behaviour.

Social media usage particularly surged during the COVID-19 pandemic resulting in a wealth of information being consumed by users (Gan et al, 2021; Wong et al, 2021). Simultaneously, access to mental-health-related information and the presence of such information also increased. Acknowledging the role of social media in the field of mental health, the government appointed a prominent A&E doctor and social media personality, Dr Alex George as the Youth Mental Health Ambassador. In his speech, he stated that he would use social media to bring about changes in the field of mental health; hence indicating the wide-reaching role of social media in the promotion of mental health knowledge.

This research was primarily designed due to the lack of empirical work on the topic of social media and MHL, particularly in the context of the British South Asian (BSA) young adult population. Improving MHL has been cited as a “strategy to facilitate early intervention for mental disorders” (Kelly, Jorm and Wright, 2007). Due to the uprise in mental health concerns worldwide and the lack of access to care among the SA population, understanding and exploring the relationship of mental health-related



content on social media and the MHL and help-seeking behaviour of BSA young adults is therefore important research endeavour.

## **1.2 Key terms**

**MHL:** MHL is defined as the ‘knowledge and beliefs about mental health disorders which aid their recognition, management and prevention’ (Jorm et al, 1997).

**British South Asian (BSA) or South Asian (SA):** The South Asian population forms the largest minority ethnic group within the UK. Despite such evidence, help-seeking for mental health problems is relatively low among this group. Hence, the current research will aim to explore the MHL among young adults of a SA background. The focus will be on British SAs who are ‘second generation’ due to the likelihood of shared views and beliefs. The process of acculturation is also explored in relevance to these beliefs.

**Young Adults:** The focus of the current study is on the young adult population. Young adults increasingly use social media and thus may have rich online experiences. Emerging adulthood has been described as a critical time of change encompassing a variety of life experiences, according to Arnett (Arnett, 2000). People in this age group frequently report not having their health requirements satisfied (Marshall, 2011). Dutton and Blank (2011) found that 57% of students regularly search the internet for health information, demonstrating the influence of social media. In comparison to other social

media users, the majority of young adults (16–24 years old) were likely to use the internet for social networking, according to an Ofcom survey. For many people, the ability to publish, remark, and reply has become a means of expressing their individual and collective identities. (Papacharissi, 2010). For the present study, the age range of the young adults will be 18 – 24.

**Social media or Social Networking Sites (SNSs):** The terms social media and SNSs are used interchangeably within the research and refer to online social media platforms such as Facebook, Twitter, Snapchat, Instagram, YouTube and TikTok.

### **1.3 Background and Rationale**

Mental disorders account for a significant economic and emotional burden in the UK. Statistics indicate that five out of ten leading illnesses associated with disease burden are psychiatric disorders. According to the World Health Organisation (WHO), one in four people are affected by mental or neurological disorders globally (2016). Similar statistics have been reported in the UK, where mental health conditions are on the rise.

Unrecognised or untreated mental disorders may result in numerous negative outcomes such as poor educational achievements, problematic interpersonal and family functioning and a reduced life expectancy which may be linked with associated medical conditions or suicide (Bhatia & Bhatia, 2007). A survey focusing on adult mental health is conducted every seven years in the UK. As the results from the survey in 2021 are not available, the results from Adult Psychiatry Morbidity Survey conducted in 2014 are presented. The survey revealed, one in six adults had a common mental disorder and

reports of self-harm had increased since the last survey in 2007.

A considerable body of literature has previously explored the impact of poor mental health on individual wellbeing. A study by Lozano et al (2012) found that mental health and behavioural problems were stated to be primary drivers of disability worldwide, causing over 40 million years of disability among young adults between 20 – 29. Major depression was stated to be the second leading cause of disability worldwide and a pertinent contributor to the burden in suicide and health problems e.g. heart disease (Whiteford et al, 2013). Such reports indicate an unprecedented need for action to improve mental health outcomes. Several factors have been associated with poor mental health including socio-economic status, gender, ethnicity and age and life-changes.

It has been determined that young adulthood is a time when mental diseases are more likely to manifest. According to research by Kessler (2007), half of all mental health illnesses begin in the mid-teens teens and 75% of them persist by the time a person is 25 years old. According to English epidemiological research, such as the Adult Psychiatric Morbidity Survey (2014), roughly 13% of men and 22% of women aged 16 to 24 had a common mental illness. Compared to men or any other age group, women aged 16 to 24 were more likely to self-harm (12%), have suicidal thoughts (22%), and test positive for an eating disorder (20%). According to McManus et al. (2009), men between the ages of 16 and 24 had the second-highest rates of alcohol dependency and a higher prevalence of drug use.

A multitude of factors have been associated with an increase in poor mental health issues among young adults. These factors encompass the individual, their family or wider society and include but are not limited to, socio-economic status, gender, ethnicity, stigma and poor access to care, living with someone who has mental health problems, substance abuse or domestic violence (Ruiz-Perez et al, 2017; Chambers et al, 2014; Kim et al, 2014). Unemployment, poverty, and racial discrimination are additional factors associated with an increase in mental health problems (Rivero et al, 2021).

Reports from the NHS have, furthermore, indicated lower post-treatment recovery rates from mental illnesses among minority ethnic patients as compared with White patients. Several factors leading to poor mental healthcare among minority ethnic groups have been cited including institutional racism (Singh et al, 2015, Henry et al, 2020), access to care at point of crisis (Islam, Rabiee & Singh, 2015), and lower referrals to appropriate specialist mental health services by GPs (Bhavsar, Ventriglio and Bhugra, 2018). Access to care and help-seeking behaviours are especially poor among SA groups, indicating several unmet needs (Singh, 2019).

South Asians contribute towards approximately 9.5% of the UK's population and are considered the largest minority ethnic group with the UK, including Pakistani's, Indian's, Sri Lankans, and Bangladeshi's (Office for National Statistics, 2021). In this thesis, SAs will refer to being born in, or having parents born in Pakistan, India, or Bangladesh.

People from various parts of South Asia started to arrive in the United Kingdom during the 1950s and 1960s. Due to post-war work shortages, a large number of people went to the UK (Arya & Bhugra, 2024). People who left South Asia brought their own cultural traditions, attitudes, and beliefs with them. Acculturation theories state that people who migrate typically keep the majority of their cultural behaviours and beliefs while assimilating only a tiny portion of the host community's values and customs. Thus, it is possible to state that the cultural practices, attitudes, and beliefs of immigrant populations are subsequently transmitted to their progeny, who in turn carry them forward into subsequent generations (Verhulp et al, 2017; Rudmin et al, 2003).

Craig et al (2012) states that is important to know when ethnicity makes a difference and when it does not. The relationship between ethnic group and a person's health status or experiences is apparent within literature (Patel et al, 2020). However, we cannot treat all South Asians as a homogenous category. Numerous factors may impact SA young people's perceptions and attitudes towards mental health. Some minority groups e.g. those from a Pakistani or Bangladeshi background have worse health outcomes than other ethnic groups (Allik et al, 2023). Explanations may include socio-economic status, process of migration, racism, cultural factors or even biology (Hackett et al, 2020). All such factors may result in differing rates of morbidity or mortality, which is representative in the statistics of mental illnesses within the UK. Within the current research when understanding mental health, while the focus will be on 'second-generation' British SAs, in order to retain more similarities than differences within participants, sub-ethnic group differences will be explored.

Research conducted on the mental health of the South Asian population, indicates the presence of psychological distress and mental illnesses (Karasz et al, 2020). Several factors have been cited as contributing to poor mental health among this ethnic group including migration, pressures to acculturate, differences in beliefs and other social determinants (Gater et al., 2008). Despite such research focusing on mental health in SA communities in the UK, very few SAs seek help in relation to mental health as compared to other ethnic groups (Basri et al, 2022; Baker, 2020). Several factors have been linked to the low help-seeking behaviour among SAs including stigma, low mental health literacy, cultural dissonance, and institutional racism (Lim et al, 2022). As culture forms a large determinant of behaviour among ethnic groups, the influence of cultural background and views on distress, help-seeking and healthcare utilisation cannot be undermined.

One determinant of help-seeking behaviour encompassing the role of culture, is MHL. MHL is defined as the ‘knowledge and beliefs about mental health disorders which aid their recognition, management and prevention’ (Jorm et al, 1997). MHL encompasses several components; including (a) the ability to recognise specific disorders or different types of psychological distress, (b) knowledge and beliefs about risk factors and causes; (c) knowledge and beliefs about self-help interventions; (d) knowledge and beliefs about professional help available; (e) attitudes which facilitate recognition and appropriate help-seeking and (f) knowledge of how to seek mental health information (Jorm et al, 1997). More recently, as informed by previous definitions and research

conducted on mental health literacy the definition has included, ‘understanding how to obtain and maintain positive mental health; understand mental disorders and their treatments, decreasing stigma related to mental disorders; and enhancing help-seeking efficacy (Kutcher, Bagnell and Wei, 2015; Kutcher and Wei, 2014). Essentially, the focus of mental health literacy should not be on the diagnostic aspects alone but should involve acknowledgement that a mental health problem exists within the society. Recent literature has further added the concept of positive mental health literacy (PMeHL) to the existing framework of MHL (Kutcher et al, 2015). PMeHL encompasses the understanding of knowledge related to promoting and maintain wellbeing, resilience, and coping strategies. Complimenting the existing components of MHL, PMeHL emphasises the need for proactive approaches to mental health and empowering individuals to enhance their wellbeing (Carvalho et al, 2022).

Mond (2014) states that MHL is ‘neither radical or new’, however provides a more methodological way to understand the factors that may impact mental health, wellbeing and help-seeking. The term MHL allows us to refer to the multifaceted nature of the understanding of mental health which no other model or name has previously done (O’Connor et al, 2014). Medical, psychological, or cultural approaches all influence the lay beliefs and literacy individuals hold for different disorders as well as the treatment associated with these disorders (Furnham & Telford, 2012). Self-recognition is also an important aspect of positive MHL, as it influences early detection and may predict help-seeking behaviour (Cresswell – Smith et al, 2022; Wright et al, 2007). However, it is important to note, that compared to physical health problems, recognising mental disorders is more difficult to identify due to their ‘invisible’ nature.’ In addition, the

behavioural aspects of mental disorders may be more noticeable than the cognitive and emotional aspects of disorders and thus may result in difficulty in recognition of the mental health problem (Melas et al, 2013). In consideration with the purpose of the research, while lay beliefs among BSA young adults may influence their help-seeking behaviour, adherence to treatment, management of disorders and stigmatising attitudes (Mackenzie et al, 2014), MHL will influence all of these facets, most importantly the self-management of mental health (Jorm, 2000).

According to a study by Ganasan et al (2008), MHL was found to be less in developing countries due to the role of cultural and spiritual sources on individuals' beliefs about mental health. Several interventions have been conducted in LMICs to address this concern (Renwick et al, 2022, Raghavan, Brown and Svirydzenka, 2022). A recent project titled the 'MeHelp project, focused on MHL promotion in urban and rural communities in India. Using participatory theatre, storytelling, and short films, the project conducted a multi-centre study in Kerala to investigate the applicability of MHL practices. Its primary goal was to assess the potential of theatre and storytelling in fostering mental health literacy and resilience at both individual and community levels. By shifting the lens from deficit-based models to more positive and ability-centered approaches, the project aimed to explore culturally appropriate MHL frameworks for families and communities in diverse settings. The project also sought to disseminate its culturally relevant MHL model through creative channels. Hence indicating the need and relevance of positive mental health literacy in culturally diverse communities (Raghavan et al, 2022)



Despite the presence of a considerable body of literature among SA communities in LMICs, there is a dearth of literature exploring this notion in the UK context. Improving mental health literacy among SA young adults may prove to be useful intervention in the development of positive attitudes and the reduction of negative stereotypes towards mental illness, encouraging help-seeking behaviour. Alongside this it is also important to consider the external factors contributing to better or poor mental literacy and the constraints to develop or gain from positive MHL. A key contributory factor in the development and formation of beliefs in young people from all ethnic groups is the presence of social media (O'Neill, 2023).

Prior to the takeover of the internet, mental health information was only accessible through formal educational sources. However, in the present day, a large volume of health information of varying quality is available through the Internet and mobile applications including SNSs (Ezemenaka, 2013). Individuals are more empowered and educated about topics now due to the growing information accessibility (Bizzotto et al, 2023).

A boom in mental health-related content online has resulted in individuals being more likely to resort to the Internet for information and help. This is echoed by Pretorius, Chambers and Coyle (2019) who conducted a systematic review to examine young people's online help-seeking behaviours for mental health concerns. According to research, the most popular method for getting assistance was sending a text-based question through an online search. In addition to search engines, other websites that

were utilised included social media, official or nonprofit ones, live chat, instant messaging, and online communities. An increased sense of control over one's help-seeking journey, anonymity and privacy, immediacy, ease of access, inclusivity, and the capacity to interact with others were among the advantages of utilising the Internet for help-seeking. However, obstacles included a lack of knowledge about mental health, worries about confidentiality and privacy, and doubts about the reliability of internet sources.

A recent study by Pretorius et al (2022), was further conducted to understand whether content from popular mental health professionals online contributed to mental health literacy. 28 TikTok and 22 Instagram accounts were analysed. Findings in relation to mental health literacy revealed that 23.57% of TikTok posts and 7.27% posts on Instagram enhanced the ability to recognise specific difficulties. Although this could be considered a minimal effect, the findings do suggest that social media platforms and accounts can provide a potential means to enhance MHL and help-seeking as the information provided is highly accessible.

Once available in a therapeutic setting, psychoeducation in the form of mental health content is being capitalised on social media (Pretorius et al, 2022). Terms such as TikTok therapy, highlight the impact of the easily digestible and accessible information shared for mass consumption on social media (Avella, 2023). Understandably, mental health-related content on SNSs is targeted towards a broader audience and cannot be compared to therapy indefinitely. However, the impact of such content on the MHL and

help-seeking behaviour of young people particularly from minority ethnic backgrounds e.g. South Asians, needs to be further studied.

In recent times, the use of digital communication methods e.g. mobile phones and the internet, have become a vital part of everyday life. According to a recent report from Ofcom, 99% of young people in the UK aged between 16 and 24, use social media on a weekly basis. Based on the report, this age group spends the most time on social media, an average of 2 hours 26 minutes, which is almost double the daily average for all adults. Beer and Burrows (2007) state that social media technologies are “reworking hierarchies, changing social divisions, creating possibilities and opportunities, informing us, and reconfiguring our relations with objects, spaces, and each other”. Thereby indicating that social media may have the capacity to influence the perspectives of young adults in the BSA regarding health, mental health, and illness. Additionally, their interaction with social media content may contribute to the formation of novel discourses surrounding mental health.

Technologically mediated social environments such as social media create opportunities to enhance individual autonomy, decision-making skills, motivation, peer connections and emotional control (Peralta et al, 2017). By exploring social environments, a greater insight into the opportunities of knowledge formation for young people can be gaged. This is imperative for mental health literacy, as although individuals may act on information themselves, they may also pass on information to others, influencing a collective groups perceptions, attitudes, and beliefs towards mental health. An article by

Roberts et al (2016) states that social media is a means to connect and engage people around important areas of common discourse (Fife, 2017). However, it is also important to note that while people do receive mental health-related information online, it is imperative to ensure that the content delivered is accurate. This demands the acquisition of 'media literacy' among consumers of the content influencing how they validate and process online information. According to Poundstone et al (2016), young people who lack the expertise and have a low MHL, are at a greater risk of misunderstanding when they seek or find information online.

The theory of social loafing states that people intrinsically reduce the effort to validate online information as they assume others will have done the cognitive work for them (Choi & Suh, 2022). This is more problematic when a familiarity bias is present (Amodeo et al, 2023). Familiarity bias is the inclination for individuals to favour information or sources they are familiar with, often resulting in reduced scrutiny of content. In online environments, this bias exacerbates the tendency for people to lower their effort in validating information, as they may assume others have already done the work for them.

While enhancing MHL may enable young people to assess online mental health related information better, the question is whether social media has the potential to enhance individual's knowledge, attitudes, and perceptions towards mental health in turn enhancing MHL. Social media is a double-edged sword where mental health literacy could be challenged or reinforced (Ahmed, 2020, Mao, Fu & Huang. 2023).

Understanding how individuals collect information and knowledge on social media of BSA young adults is thus relatively important to explore. By exploring how BSA young adults' access, understand and implement online mental health information we can assess the implications of social media as a resource to improve MHL and thus mental health outcomes.

In light of social media's widespread use, this study places a strong emphasis on examining how social media affects people's knowledge, attitudes, and perceptions. The ability of people to learn from social media is crucial given the rise in social media usage across the globe. Prior studies in the context of MHL have primarily concentrated on social media or mass media interventions aimed at enhancing awareness and attitudes around mental health (Ito-Jaeger et al, 2022). Nevertheless, there is a dearth of research on the relationship between social media content and mental health literacy, particularly among young adults who identify as ethnic minorities (Goodyear et al, 2017; Pretorius et al, 2019, 2022). The increasing number of young people using social media has created a chance to promote mental health. The current study intends to investigate how social media might be used as an educational and useful tool for mental health, enhancing MHL in BSA young adults.

#### **1.4 Research Aims and Objectives**

Overall, the research aims to understand whether engagement with social media content can promote MHL and help-seeking among a British South Asian young adult population.

While the primary focus of the research was on the online environment (social media platforms) in shaping MHL among SA young adults, it was also important to consider the offline constructions and perceptions of mental health and the levels of MHL among the population. Thus, the research in this thesis explores the interrelations between the online and offline environment in shaping the MHL of SA young adults via a mixed-methods approach.

The following research questions will be answered to address the aims of the research:

**Research Question 1:** What is the association between acculturation, MHL, help-seeking, and mental health-related social media usage?

**Research Question 2:** Does mental health-related social media usage predict higher mental health literacy and help-seeking among BSA young adults?

(a) : Is the relationship between mental health-related social media usage, mental health literacy and help-seeking moderated by acculturative attitudes and behaviour?

**Research Question 3:** To what extent do cultural beliefs and perceptions impact the MHL and help-seeking behaviour of BSA young adults?

**Research Question 4:** How can social media enhance the MHL of BSA young adults?

(a) Has engagement with mental health-related content on social media

complimented, duplicated, or challenged pre-existing notions regarding mental health and mental illness?

**Research Question 5:** What are the discourses on mental health and mental illness on social media?

(a) Does social media have the potential to promote mental health literacy and the subsequent help-seeking behaviour of BSA young adults?

### **1.5 Researcher Position**

As a British South Asian 'second-generation migrant,' my conflicting worldviews on mental health were marked by a lack of knowledge, tainted with shame, stigma, or a lack of validation for others' mental health concerns in my early years. The process of acculturation, alongside open discussions of mental health in my college years, made me more assimilated to these terms. Despite the knowledge of mental health, my beliefs were somewhat still influenced by my cultural background, and the topic of mental health was rarely acknowledged. As a Pakistani Muslim, cultural and religious beliefs intertwined, instilling the notion of seeking help from God before discussing emotional problems with someone else. Cultural perceptions, as mentioned in previous literature often stigmatize mental health to an extent where there is a rarity for it to be even discussed with others.

Having lived in both the UK and Pakistan, I found myself grappling with shifting identities and beliefs, leading to uncertainty about what mental health truly means and

what the 'correct' perspective on it should be. Although mental health was not talked about in my house and the first exposure I had of it was when I studied psychology; it was not until I became a mother during my PhD that I had my first experience of what poor mental health would feel like. Motherhood for me was a new and unseen experience and it stemmed a lot of anxieties and worries, particularly related to my daughter but also the new shift in identity I had just experienced. Feelings were often suppressed, fearing ingratitude, and rarely shared until I found validation through social media, especially Instagram. Connecting with others' experiences felt like therapy, providing a space where my feelings were acknowledged.

Reflecting on my PhD and transition as a researcher, Braun, and Clarke's notion that "reflexivity is a journey, not a destination" resonated deeply. My focus on MHL and social media among BSA young adults paralleled my personal experiences. While cultural views initially influenced my assumptions about mental health, the knowledge gained from research, participant interviews, and personal experiences transformed my worldview on mental health and illness. In reflection, my autoethnographic positing in the context of this research has immensely contributed towards understanding the real problem at hand and envisioning the outcome of this thesis.

In the current research, although I am an insider in terms of my ethnic background, a 'British South Asian,' my experiences may differ based on the differing age range focused upon. As most mental health concerns arise during young adulthood, it is relatively important to educate and inform young adults about mental health. This



research was conducted initially with previous literature in mind, suggesting that , poor help-seeking attitudes and mental health outcomes are prevalent among the South Asian population. In consideration of my own transition into acquiring knowledge about mental health, I felt that shame and stigma associated with mental health was pertinent among the South Asian population in general. When debating about the research questions and thinking about the study, it became relatively important that MHL was needed among this group. Although studies had assessed MHL levels among young adults, no research had focused on a BSA young adult population. The first study in this thesis will thus focus on understanding the existing levels of MHL and its association with help-seeking behaviour, acculturation, and social media usage.

While there was a dearth of literature exploring MHL among this group, there also remained unexplained assumptions as to why there was poor MHL. Most studies resorted in rooting this issue in attitudes rooted in stigma which this literature review has addressed. However, the perceptions of BSA young adults in exploring the factors that may impact MHL have not been understood. To avoid a reductionist approach about BSA young adults MHL, it was important to conduct an exploratory understanding of the perceptions, knowledge, and attitudes towards mental health; the factors that contribute towards improving MHL and the exploration the resources that can improve MHL with a focus on the online environment.

Listening to the views of BSA young adults is important to address their needs. An example comes from the UK Youth Parliament Make Your Mark Campaign in 2015,

where young peoples' voices about their MHL needs were heard. 5 out of 10 topics were prioritised in the vote, which included the need for a curriculum that prepares young people for life and to improve mental health services for young people. The prioritisation of MHL for young people was stressed and it was recommended that mental health education should form a core part of the PSHE curriculum ([ukyouthparliament.org.uk](http://ukyouthparliament.org.uk)).

Although in this case, the participants were a younger age group (11 – 18), the implications of understanding the voices to produce actionable change is indicated. Focusing on a university setting, the 1in4 (You're Not Alone) campaign at Reading University aimed to tackle the mental health crisis that students experience at university. Outcomes from the campaign included appropriate resources for mental health provisions at the university, improved signposting, and tools to improve positive coping mechanisms, which would all improve MHL ([rusu.co.uk](http://rusu.co.uk)). Despite the positive impacts of these campaigns, the explanation as to what would be the best method appropriate for a particular group or whether there were specific unmet needs in relation to mental health among BSA young adults for example, were unaddressed. To improve MHL, it is important to actively listen to what individuals' needs and wants are. An objective social appearance of BSA young adults MHL and stigma although may provide a basic explanation, lacks a wider understanding of the knowledge and beliefs that BSA young adults hold. In order to gather an insightful understanding of BSA young adults MHL, it is important to first deconstruct the notions of MHL and help-seeking among this group.

Although research may contradict this, my personal opinion was that BSA young adults were not all illiterate about mental health, and certain factors such as the cultural, political, and social construction of mental health, the level of stigma, and level of knowledge and understanding were all factors affecting MHL levels. This also made me question the external contributors present in everyday life which may influence perceptions, attitudes, and beliefs towards mental health. With the presence of the internet and social networking sites, information on various topics is available to individuals at any given time. Furthermore, online interventions and resources are being developed by mental health service to support in the experience and management of mental health disorders (Postel et al, 2008). Informal accounts of other people's experiences and information from peers or even celebrities may inform MHL among BSA young adults and thus I felt that exploring the notion of MHL in the context of social media was necessary to elicit views on the contribution of social media in challenging or complementing pre-existing notions towards mental health. Thus, alongside conducting interviews with BSA young adults on this topic, I felt that it was important to explore the discourses of mental health on social media in view of the perceptions of BSA young adults towards mental health, by conducting an analysis of social media data influenced by an autoethnographic perspective. Not only will the analysis of mental health-related social media posts allow me to understand the mental health content on social media in light of the needs of BSA young adults, but it will also allow me to explore the impact of social media in increasing MHL in a population where mental health needs are unmet.

## **1.6 Structure of the thesis**

**Chapter 1** provides an overview of the research, including the rationale, research problem, context, scope, and key terms. It outlines the aims and research questions. The researcher also reflects on their position within the study and shares a narrative on their PhD journey. The chapter concludes with a summary of subsequent chapters.

**Chapter 2** presents previous literature regarding the research topic. The literature review is divided into three sub-sections, Conceptualisation of mental health literacy, Mental Health Literacy in British South Asians, and lastly social media and mental health literacy. The rationale for conducting the research is presented at the end of the chapter.

**Chapter 3:** The information and reasoning approach that guided the methodological decisions are explained in Chapter 3. The adoption of an explanatory sequential mixed-methods design is justified in consideration with the philosophical standpoints. Furthermore, the study design is expanded upon in this chapter. The research techniques used for each stage of the study are described and there is a discussion of the methods' justification and reasoning. A thorough discussion of the procedures followed to operationalize each research topic within each study was also discussed.

**Chapter 4 (Phase 1)** presents the findings of phase 1 of the research. Phase 1 was our quantitative phase involving an online questionnaire conducted with 166 participants. The findings from the survey are presented. Findings include descriptive statistics, differential tests, correlations, regression, mediation analysis and a mediated moderation

analysis.

**Chapter 5 (Phase 2)** presents the findings of our following qualitative phase involving interviews with 17 participants. This chapter is divided into two sections; the first section explores BSA young adults MHL. Six themes based on Jorm's MHL framework form a template for analysis. The second part of this chapter explores the role social media plays in acquiring knowledge about mental health and in the MHL of BSA young adults. Thematic analysis was again conducted to address the research questions for this study. The analysis was conducted using thematic analysis.

**Chapter 6 (Phase 3)** presents the findings of a netnography conducted to explore the discourses and discussions that take place on social media about mental health. The analysis is conducted using thematic analysis, a form of analysis used to analyse various modes of text, whether they are in the form of text, images, or videos. The analysis was conducted of 364 images from four popular Instagram accounts. The images were also explored to understand whether they can enhance the mental health literacy of BSA young people.

**Chapter 7:** The results of each study phase are compiled in Chapter 7, which also examines them in relation to earlier research and the research questions that were posed in Chapter 1. The findings from the research are also discussed in relevance to the theoretical framework employed in the research. This chapter will also aim to focus on the wider context of the research and address the implications and contribution of the

findings. Strengths and limitations of the research are also present in this chapter.

**Chapter 8:** The study's primary findings, theoretical, methodological, and empirical contributions are presented in Chapter 8, along with their implications for future research, practice, and policy. A final reflection of the research journey is also presented. The thesis concludes with a brief summary of the findings from the thesis.

## **Chapter 2: Literature Review**

### **2.1 Overview of Chapter**

Chapter 2 aims to conceptualise MHL and emphasise its relevance for BSA young adults. Attitudes and beliefs towards mental health and mental ill health among BSA young adults will also be addressed. The literature review will also elucidate how social media can effectively promote MHL and help-seeking within this ethnic group. Building on the preceding chapter, which highlighted mental health challenges and limited access to care among the SA population, the significance of MHL, and the potential of social media to address MHL and poor help-seeking behaviour, the current review draws on recent literature to explore these concepts in further detail. As the review unfolds, it becomes evident that there is a scarcity of literature on MHL among the SA population and the role of social media platforms in enhancing MHL and help-seeking. Most literature in the context of MHL among the SA population has been conducted in the US or in LMICs. The process of acculturation in altering individuals' cultural beliefs regarding mental health has also been disregarded. Furthermore, literature exploring MHL and social media use has majorly been in the form of exploring the effectiveness of digital media interventions rather than SNSs themselves. There also remains a contrariety between studies in the field and several methodological limitations also exist, which the present literature review will aim to address.

## **2.2 Literature search strategy and framework**

In the current chapter, a comprehensive examination of existing literature will be undertaken through a narrative literature review to thoroughly analyse data and explore research questions in a broader context. This approach, commonly employed in humanities and social sciences research (Pickering et al., 2015), aims to deliver an all-encompassing and interpretative overview of the current body of literature pertaining to the relevant topics. In the current case, mental health literacy, mental health among South Asians and young adults in the UK, and their association with social media use. As compared to more structured methodologies such as systematic reviews which focus on strictly defined criteria and methodologies, narrative reviews can be deemed more flexible and subjective in nature. Furthermore, a narrative approach is particularly suited for exploring emerging fields, such as the intersection of MHL and social media, where the body of research may be diverse and interdisciplinary.

A narrative literature review was chosen to examine the impact of social media on MHL and help-seeking behaviours among British South Asian BSA young adults due to its ability to synthesize both qualitative and quantitative studies. This approach enables the integration of theoretical insights, empirical findings, and contextual factors, offering a comprehensive perspective aligned with the research objectives. Additionally, it incorporates seminal works alongside recent advancements, ensuring a well-rounded understanding of the topic.

The narrative review was particularly suited to exploring the complex and multifaceted relationship between social media and MHL. It facilitates the analysis of diverse cultural, social, and psychological influences that shape the perceptions and experiences



of MHL within the BSA population. BSA young adults often encounter unique challenges, such as stigma surrounding mental illness, which necessitate a nuanced exploration of their cultural and social contexts (Shukla, 2023). Unlike systematic reviews, which prioritise exhaustive evidence synthesis, the narrative approach allows for flexibility and depth, enabling a richer exploration of these cultural dynamics while identifying gaps in the literature for future research.

In this chapter, a narrative review will be employed to conceptualise and define the key terms, concepts or constructs related to the research, summarise and present the current state of knowledge on topics studied, help identify gaps or inconsistencies in the existing literature, explore and discuss different theoretical frameworks relevant to the research topic and provide context for the present research conducted.

Databases including PsycINFO, PsycArticles, Medline, Embase, the Web of Knowledge, Google, and Google Scholar (2013 – 2024) were searched to discover a wide range of literature acknowledging any patterns or gaps.

While this review focuses primarily on literature from the past 10 years to ensure relevance to current research, seminal works predating this period were also included to provide essential theoretical frameworks and insights that inform contemporary discourse. Since the inception of social media and the concept of mental health literacy occurred prior to 2013, a hand search of earlier articles was conducted to identify relevant literature on the relationship between mental health literacy and the internet.

This approach ensures a comprehensive understanding of the topic and its evolution over time.

Different search terms were used interchangeably to search the key databases. Key search terms and phrases searched as keywords or as part of the title included 'Mental Health Literacy' OR 'Mental Health' AND 'Social Media.' Other phrases included 'Mental Health' and 'Attitudes' OR 'Perceptions' OR 'Opinions' OR 'Thoughts' AND 'Social Media' AND/OR 'Literacy'; 'Mental Health' AND 'Knowledge' AND 'Social Media' AND/OR 'Literacy'; 'Mental Health Literacy' AND 'South Asians' AND/OR 'Young People' or 'young adults' AND 'British' or 'United Kingdom'. Due to the wide and multi-disciplinary nature of the research, search terms were omitted or added based on the results. Different terminology such as sub-ethnic groups, 'Pakistani' or 'Indian' or 'Bangladeshi' were also used in order to find as many relevant studies as possible. Reference sections in literature reviews focusing on mental health literacy and social media were also searched to identify relevant studies. Only articles published in English were included in the literature review.

As stated in Chapter 1, there appears to be a dearth of literature on the South Asian population and MHL. Studies further exploring these terms with social media appeared to be non-apparent. Therefore, citation chaining was also implemented when searching for literature. Citation chaining is a process whereby the reference list is screened for existing published research articles to track any relevant studies to the research in question.

## 2.3 Conceptualisation of Mental Health Literacy

MHL is a critical element in promoting mental wellbeing. Before exploring this notion in depth, it is imperative to understand what mental health means in the context of MHL.

Mental health refers to a person's emotional, psychological, and social wellbeing (World Health Organisation, 2018). It encompasses how individuals think, feel, and behave as well as how they handle stress, relate to others and make decisions. In MHL, mental health is not only viewed as the absence of mental illness but also as the promotion of mental wellbeing (Jorm, 2012). This includes an understanding of various mental health conditions e.g. depression, anxiety, schizophrenia etc, recognising their symptoms, developing the ability to maintain good mental health and knowing where to obtain mental health knowledge from.

Mental health encompasses a complex spectrum of psychological, emotional, and social well-being that influences how individuals think, feel, behave, and interact with others (WHO, 2022). This broad concept includes various conditions ranging from common mental health challenges such as anxiety and depression to severe and enduring mental illnesses like schizophrenia and bipolar disorder. The field involves multiple stakeholders including healthcare providers, primary care practitioners, educational institutions, community organizations, and service users, each playing distinct roles in mental health awareness, prevention, and treatment (Patel et al., 2023).

The current research focuses on the MHL of BSA young adults, and the role social media can play in improving MHL and encourage help-seeking behaviour. In this context, understanding the complex network of stakeholders is crucial for BSA young adults as it directly impacts their ability to recognise, manage and seek help for mental health concerns. Cultural factors, family dynamics, and traditional beliefs within South Asian communities can significantly influence how mental health is perceived and addressed, making it essential to understand both traditional healthcare stakeholders e.g. GPs and mental health professionals, and cultural stakeholders e.g. community leaders, religious figures, and extended family members. Research by Kaur et al. (2023) suggests that an improved understanding of these stakeholders helps young British South Asians navigate between traditional cultural support systems and modern mental health services, ultimately leading to better health-seeking behaviours. This knowledge is particularly important as it helps bridge the cultural gap between traditional South Asian approaches to mental health and Western healthcare systems, enabling young adults to make informed decisions about their mental health while respecting their cultural heritage and accessing appropriate professional support (Ahmed & Thompson, 2024). Understanding these stakeholder relationships can help reduce stigma, improve access to culturally competent care, and enhance overall mental health literacy within this population.

Understanding mental health within its cultural and social context is essential, as perceptions, stigma, and approaches to mental health care can vary significantly across communities. While some cultures may openly discuss mental health, others

might consider it taboo, limiting awareness and help-seeking behaviours. Mental health literacy plays a critical role in bridging these gaps by providing individuals with the knowledge and tools to recognize, understand, and address mental health challenges in a way that aligns with their unique cultural and social circumstances (Kirmayer & Swartz, 2023). This tailored approach is key to fostering meaningful conversations, improving access to support, and promoting better mental health outcomes (Patel et al, 2023).

Prior to understanding the relevance of Mental Health Literacy for British South Asian young adults and exploring the potential role of social media in enhancing MHL, this literature review will first focus on the conceptualisation of MHL itself. Understanding this conceptualisation is crucial, as MHL represents a critical lens through which BSA young adults can navigate complex cultural narratives, challenge existing stigmas, and develop more nuanced approaches to mental health recognition, support, and help-seeking behaviours, particularly in an increasingly digital media landscape.

### **2.3.1 What is Mental Health Literacy?**

Literacy is generally referred to the ability to read or write (Peerson & Saunders, 2009). A comprehensive definition of literacy refers it to the ability:

“To read, write and speak in English, and compute and solve problems at levels of proficiency necessary to function on the job and in society, to achieve one's goals, and develop one's knowledge and potential” (National Institute for Literacy, 2008).

The definition of literacy has further enhanced, with it encompassing the skills of understanding and using language and communication. A more recent definition by Montoya (2018) is:

“The ability to identify, interpret, understand, create, communicate, compute using printed and written materials associated with varying contexts”.

The term ‘literacy’ has evolved over time, including a person’s knowledge, or understanding of a particular subject or field such as nutritional literacy (Diamond, 2007) or financial literacy (Vitt et al, 2000).

The term mental health literacy was built on from the notion of health literacy which has been used inconclusively in literature to explore individuals “ability to locate, understand and use information for health-related decisions and to make ‘appropriate health decisions’” (Ratzan, 2001). Health literacy can be considered colossal in improving health outcomes and a depth of research has explored health literacy among various groups and conditions. In the context of mental health, Jorm et al (1997) stated that an understanding of mental health problems or difficulties was essential in preventing the lifetime risk of developing a mental disorder and thus introduced the term ‘mental health literacy’. MHL is defined as the ‘knowledge and beliefs about mental health disorders which aid their recognition, management and prevention’ (Jorm et al, 1997).

According to Jorm, MHL encompasses several components; including (a) the ability to recognise specific disorders or different types of psychological distress, (b) knowledge and beliefs about risk factors and causes; (c) knowledge and beliefs about self-help interventions; (d) knowledge and beliefs about professional help available; (e) attitudes which facilitate recognition and appropriate help-seeking and (f) knowledge of how to seek mental health information. However, according to Bourget and Chenier (2007) the existing definition of mental health literacy does not indicate which or which or whose knowledge or beliefs represent good mental health literacy. The Canadian Alliance on Mental Illness and Mental Health further emphasises that the health promotion aspects of mental health literacy cannot be ignored, and thus the definition should include cognitive and social skills and capacities. More recently, as informed by previous definitions and research conducted on mental health literacy the definition has included, ‘understanding how to obtain and maintain positive mental health; understand mental disorders and their treatments, decreasing stigma related to mental disorders; and enhancing help-seeking efficacy (Kutcher, Bagnell and Wei, 2015; Kutcher and Wei, 2014). Essentially, the focus of mental health literacy should not be on the diagnostic aspects alone but should involve acknowledgement that a mental health problem exists within the society.

Aside from acknowledging the concept of MHL as a means of mental health and mental illness awareness, understanding the positive components of MHL is also necessary. Providing a more salutogenic approach to MHL, the notion of positive mental health literacy (PMeHL) has recently gained a considerable amount of traction within recent literature (Cresswell-Smith et al, 2023, Kutcher et al, 2016). The concept of PMeHL is

perceived both as an outcome of mental health promotion efforts and as a resource facilitating mental well-being. Moreover, PMeHL serves as a preventive tool against mental disorders, empowering individuals to proactively safeguard their mental health (Bjørnsen et al, 2017).

Individuals with PMeHL hold certain defining attributes including (a) how they accept and value themselves; (b) how they control emotions by focusing on positive thoughts; (c) how they establish positive connections with others; (d) how they transform life's disappointments into personal satisfaction; and (e) how they make their own decisions, revealing problem-solving skills (Carvalho et al, 2022).

The concept of PMeHL is associated with positive consequences including enhancing emotional, psychological, and social well-being, as highlighted by Santini et al. (2020). Research also highlights PMeHL as a protective factor against negative outcomes for individuals both with and without mental disorders, as indicated by research conducted by Bjørnsen et al. (2017, 2018, 2019). Alongside the wider concept of MHL as highlighted by Jorm (1997), improving one's PMeHL is linked to an increase in help-seeking behaviour encompassing one's understanding of when, where and how to access good care from and also in developing the necessary skills for self-care (Bjørnsen et al, 2018). These are all important facets in an individual's mental health and wellbeing, empowering them to manage and take care of themselves.

While our modern understanding of mental health literacy has evolved significantly, the



challenges in mental health awareness and understanding are deeply rooted in historical perspectives and cultural beliefs.

### **2.3.2 A history of the attitudes towards mental health**

Confused societal attitudes toward individuals grappling with mental health issues and medical professionals have persisted for centuries (Gangat, 2001). In pre-scientific times, mental illness was often attributed to supernatural forces (Kate et al, 2012) or viewed as manifestations of demonic possession (Subu et al, 2022). Research conducted by Raghavan et al. (2022) with individuals from rural and urban areas in Kerala, India, revealed that participants attributed mental ill health to superstitious factors, including the influence of supernatural forces, highlighting the enduring impact of cultural beliefs on perceptions of mental health.

In historical contexts, individuals with mental health issues were often entrusted to the care of the Church, subjected to torture, or even executed by burning (Razali et al, 1996). Research indicates that until the early 20th century, psychiatric disorders in Africa, Europe, and other regions were largely ascribed to supernatural causes. It was commonly believed that illnesses resulted from sorcery and witchcraft, often instigated by neighbours, relatives, or others seeking revenge, punishment, or due to feelings of jealousy (Gangat, 2001).

These attitudes and beliefs persist in certain cultures and societies (Lim et al, 2015), leading to a lack of knowledge and awareness regarding mental disorders.

Consequently, societies often harbour condescending and negative views regarding the efficacy and utility of available treatment options and services (Jorm et al., 2006). Atilola (2015), however challenges the hegemony of Western biomedical frameworks in conceptualizing MHL, arguing that the tendency to evaluate diverse cultural understandings through a Western paradigm reflects an epistemological bias. This critique emphasizes the necessity of acknowledging and understanding the distinct explanatory models of mental illness that emerge from different sociocultural contexts. These models are shaped by unique historical, cultural, and experiential knowledge systems that inform how various societies conceptualize and respond to mental health concerns. Such a perspective advocates for a more nuanced approach to MHL that recognizes the validity of diverse cultural frameworks rather than privileging Western biomedical interpretations exclusively.

This understanding is particularly pertinent as culture continues to profoundly influence many aspects of mental illness, including symptom manifestation, coping mechanisms, help-seeking behaviours, access to care, and treatment engagement patterns (Gopalkrishnan, 2018). When examining MHL specifically, understanding these cultural and social processes in the treatment, prevention, and recognition of mental health is essential, particularly when exploring MHL among BSA young adults.

These historical misconceptions and cultural beliefs continue to influence contemporary attitudes toward mental health, highlighting why mental health literacy is crucially important in today's society.

### **2.3.3 Why is Mental Health Literacy important?**

Enhancing MHL at both societal and community levels can be considered pivotal in enhancing mental well-being. Elevating MHL not only aligns with the World Health Organization's (WHO) 2019 vision but also serves as a catalyst for addressing the multifaceted aspirations of the 2030 Agenda for Sustainable Development Goals. By fostering widespread understanding and awareness of mental health issues, proactive initiatives aimed at enhancing MHL contribute to the advancement of economic prosperity, environmental sustainability, and social cohesion outlined in the global agenda.

According to Jorm et al (2006) an inability to recognise disorders or earlier symptoms of mental health disorders may result in delays associated with help-seeking. Enhancing MHL is crucial for increasing appropriate help-seeking and support, as individuals with higher MHL levels are more likely to recognize symptoms of mental illness and seek help from appropriate sources (Jorm, 2012). A lack of awareness about mental health issues can perpetuate discrimination and stigma towards individuals living with mental illness (Corrigan et al, 2014). Improving MHL throughout the lifespan and in different contexts has also been cited as a protective factor in preventing and mitigating the ill effects of mental illnesses (Morgado et al, 2021). Further research has also cited MHL as an important facet in one's quality of life (Jafari et al, 2021).

MHL is proposed as a means of promoting self-care, providing supportive care for

others, and reducing stigma by fostering understanding and empathy (Kutcher et al., 2016). Moreover, good MHL enables individuals to manage mental health conditions effectively, including early symptom recognition, treatment adherence, and seeking appropriate support (O'Connor & Casey, 2015). At the community level, improved MHL can help reduce mental health inequalities by ensuring equitable access to resources and support services (Jorm, 2012). Conversely, poor MHL contributes to adverse mental health outcomes, resulting in increased economic burden on healthcare systems, particularly in regions with limited mental health services (Sørensen et al., 2012). Developing good MHL requires knowledge of mental health and mental illness, forming the foundation for recognizing symptoms, accessing resources, and seeking appropriate support (Reavley & Jorm, 2011).

While MHL is important across all age groups, young adults represent a particularly critical demographic where improved mental health literacy could have significant long-term impact.

#### **2.3.4 Mental Health Literacy in Young Adults**

Poor help-seeking behaviour and a lack of mental health literacy are two factors, particularly common among young people and young adults. According to the Institute of Medicine, in the USA 48% of young adults lack the reading and numeracy skills required to fully act on and understand health information. Wright et al. (2005) echoed these findings by conducting research on the identification of depression and psychosis in young people aged 12 – 25 years. The findings indicated that less than 50% of young

people could correctly identify depression, and only about a quarter were able to identify psychosis. Considering that psychosis and depression often manifest during adolescence or childhood, it is important to efficiently recognise, diagnose and manage the conditions. MHL can be considered paramount in increasing knowledge and awareness, breaking poor attitudes and notions held towards mental health. This is particularly important for young people, as studies have shown that about half of those developing mental disorders have their first episodes before 18 years of age (Schneider et al, 2021). McGorry & Mei (2018) states that mental health disorders at a young age may have a profound impact on a young person's personal, social, occupational, physical and emotional life, and may have a serious long-term impact on their personal and professional future.

Several factors influence help-seeking behaviour in young adults, particularly among ethnic minorities. Key barriers include concerns about cost, transportation, confidentiality, fear of stigma, and scepticism about treatment effectiveness (Mubeen et al, 2024). Additional barriers include the unavailability of care, fears of being treated unkindly, and uncertainty about where to seek help and the digital divide (Salaheddin & Mason, 2016). Conversely, facilitators to help-seeking behaviour include prior positive treatment experiences, higher education, and support from intimate partners and general practitioners (Al Omari et al, 2022; Lui et al, 2022).

A sparse amount of literature has assessed MHL among the young adult community in the UK. Gorczynski and Wilson (2020) evaluated MHL and help-seeking

behaviours in UK university students, finding lower levels of MHL compared to students in other nations. Research has shown that attitudes and personal values are primarily shaped during late adolescence and young adulthood (DuPont-Reyes et al, 2021), and statistics indicate that individuals aged 18-24 have the highest prevalence rates of mental disorders and suicide attempts (Cadigan et al, 2020).

Increased knowledge of what mental illness actually is, is necessary for a behavioural and attitude shift in reducing stigma and encouraging help-seeking behaviour (Jorm, 1997). MHL has become increasingly important in contemporary society, where misconceptions and negative perceptions of mental health are often rooted in knowledge gaps and misunderstandings. Research by Nutbeam et al. (2021) demonstrates that individuals with limited health literacy typically show reduced understanding of health conditions, lower engagement with preventive measures, and challenges with disease management. In the context of mental health specifically, Wei et al. (2020) found that limited knowledge of mental health issues correlates strongly with reduced help-seeking behaviour and poorer decision-making regarding treatment options and compliance. Improving MHL thus serves as a crucial tool in addressing these challenges.

These contextual factors are particularly significant when considering mental health among young adults, where multiple variables intersect to influence both mental health outcomes and literacy levels. At the individual and family level, factors such as socio-economic status, gender, ethnicity, stigma, and poor access to care significantly impact mental health understanding and experiences. Environmental factors including exposure

to mental health problems within the family, substance abuse, and domestic violence further compound these challenges (Bjorndal et al, 2024). Moreover, broader societal issues such as unemployment, poverty, and racial discrimination have been consistently associated with increased mental health problems in this population (Kirkbride et al, 2024). Given the specific challenges and opportunities in improving mental health literacy among young adults, various targeted interventions have been developed and implemented to address these needs.

### **2.3.5 Mental Health Literacy Interventions**

A rise in mental health problems has resulted in an uprise in targeted interventions to improve MHL, reduce stigma, prevent mental disorders, and promote mental wellbeing (Beukema et al, 2022). Not only is this beneficial on an individual level but also reduces the wider burden of mental disorders.

Most interventions targeted at improving MHL have been conducted in school-based settings with an aim to enhance the MHL of the younger population. Ma, Anderson & Burn (2022) conducted a systematic review of school-based interventions to improve MHL and reduce stigma. Findings provided moderate evidence suggesting that school-based interventions can be an effective mechanism in improving MHL and reducing mental health stigma. A similar review was conducted by Seedaket et al (2020) to examine the impact of supporting interventions on enhancing the MHL of adolescents. These interventions comprised school-based and community-based approaches, incorporating standalone education programs or combined education and contact-group strategies. The findings suggested that both school-based and community-based

interventions were effective in enhancing MHL among adolescents. provided they incorporated teaching methods which were interactive as used various forms of media such as group discussion, video, and movies. Despite the review indicating promising findings, all studies used self-report measures to assess MHL outcomes. Hence, more objective tools exploring this notion is needed.

Interventions employing the use of digital mediums have recently risen alongside the rise in digital technology. Tay, Tay & Klainin-Yobas (2018) conducted a systematic review on information and communication technology (ICT) interventions aimed at increasing MHL. They found that informational interventions improved MHL for less-known disorders like anxiety disorder and anorexia but not depression. Effective interventions often included interactive components like videos or quizzes and also reduced stigma. However, increased MHL and reduced stigma did not necessarily translate into improved help-seeking behaviours.

Brijnath et al (2016) conducted a similar review focusing on web based MHL interventions for adult consumers. They discovered that successful interventions included active ingredients such as structured programs tailored to specific populations, including evidence-based content, and interactive features. While these interventions showed promise in improving health outcomes such as mild to moderate depression, the link between enhanced MHL and help-seeking was less clear, with self-stigma possibly mediating the relationship. While web-based interventions were seen as a viable method for enhancing MHL, there remains a necessity for further large-scale studies and



randomized controlled trials to understand the long-term effects of such interventions.

Despite the effectiveness of MHL interventions, there is a lack of literature exploring the impact of such interventions in ethnic minorities. Statistics have indicated the lack of help-seeking behaviour among ethnic minorities and particularly SAs, hence there is need for further exploration on this notion (Lim et al, 2023).

Despite the availability of these interventions, significant gaps in mental health literacy persist, particularly among minority ethnic groups, leading to several concerning consequences.

### **2.3.6 Consequences of poor mental health literacy among minority ethnic groups**

There are many consequences associated with a lack of mental health literacy among minority ethnic groups including a lack of understanding of the diagnosis and treatment options of chronic or severe mental disorders. According to Jorm et al (2006) an inability to recognise disorders or earlier symptoms of mental health disorders may result in delays associated with help-seeking. Research suggests that the majority of patients are inclined to seek consultations with general practitioners or alternative medical providers rather than mental healthcare professionals (Fleury et al, 2012).

However, this poses a challenge as there is a high rate of non-detection of mental health issues in primary healthcare settings (Borowsky et al, 2000).

While stigmatizing attitudes toward individuals with mental health issues are prevalent,

they are increasingly observed among South Asians in the UK, impacting their help-seeking behaviours. Various cultural factors among South Asians have been identified as barriers to seeking help (Vyas et al., 2021), with collectivist family values playing a significant role, suggesting that mental health concerns should be managed privately or within the family unit (Chaudhry & Chen, 2019). This contrasts with the goals of counselling, such as individual growth, self-expression, and self-determination, which may directly oppose South Asian views regarding the family's role in an individual's life.

Unlike individuals who are suffering from physical health conditions, mentally ill patients often experience stigmatising and discriminatory attitudes. In societies, where stereotypical notions towards mental health are held, patients living with mental illnesses are perceived as dangerous and a cause of shame (Salve et al, 2013). Based on such research it can be argued that ignorance and stigma towards mental health prevents individuals from seeking appropriate help, as societal attitudes can be imperative in seeking appropriate treatment and care. The WHO's Mental Health Gap Action Programme has recommended to address stigma and discrimination via public education (Patel et al, 2018). According to the report, enhancing MHL is expected to reduce stigmatization and promote the utilization of available interventions (Jung et al., 2016).

Poor MHL may also incur a higher financial cost for individuals and societies.

According to Jorm (2000), a significant amount of money is expended on treating disorders that have advanced to chronic stages, whereas earlier diagnosis would have resulted in lower costs. The personal and social costs stemming from mental disorders cannot be overlooked. On one hand, there are financial costs associated with medical care and government disability payments, while on the other hand, indirect costs include unemployment, diminished productivity, and accidents attributable to substance abuse (Reiss et al, 2019). Furthermore, additional human costs may also be incurred from suicide, homelessness, or disruptive influences of the family life. Hence, the need for MHL has become even more apparent.

The underutilisation of mental health services from ethnic minority groups requires efforts from researchers, practitioners, and policymakers to reduce the gap between existing services and the needs of these communities. This gap not only perpetuates disparities in healthcare access but also emphasises the critical importance of addressing mental health issues across diverse cultural and ethnic backgrounds. As the focus of the current research on the BSA young adult population, the next section will explore research related to MHL among South Asians.

## **2.4 Mental Health Literacy in South Asians**

This section examines mental health literacy among South Asian communities in the UK, exploring key themes including cultural conceptualisation of mental health, barriers to healthcare access, acculturation processes, and interventions. Particular attention is paid to how these factors influence help-seeking behaviours among young adults, setting the foundation for examining social media's role in mental health literacy promotion.

### **2.4.1 Introduction**

The mental health of young people from minority ethnic backgrounds has been a concern for several years. Statistics reveal an overall increase in mental ill health among young people between the ages of 15 -24 since 1973. The National Health Service (NHS) is the main provider for health services within the UK. Despite the availability of various services for everyone, the access, referral to and usage is not equal among ethnic groups. Statistics suggest an underutilisation of specialist mental health services by South Asian groups. This has been a major concern calling for action by health policy commentators, clinicians, and health researchers. In 2005, the Delivering Race and Equality Programme was delivered by the Department of Health between 2005 and 2010 and was a response to the evident ethnic inequalities existent within the healthcare system. The programme ensured 'equal treatment for equal need' for everyone living in the UK. The aims of the programme were to increase appropriateness of services for minority ethnic groups, increase community engagement for delivery of services and to improve ethnic monitoring. While these aims were addressed at the time, inequalities have seemed to continue.

Evidence from research studies has shown worse experiences and poor outcomes after use of mental health services among ethnic minorities when compared to the White majority patients (Ali et al, 2021). Similarly reports from the NHS have indicated lower post-treatment recovery rates from mental illnesses among minority ethnic patients as compared with White patients. Several factors leading to poor mental healthcare among minority ethnic groups have been cited including institutional racism (Singh et al, 2014), access to care at the point of crisis (Islam, Rabiee & Singh, 2015), and lower referrals to appropriate specialist mental health services by GPs (Prajapati & Liebling, 2021). Access to care and help-seeking behaviours are especially poor among SA groups, indicating several unmet needs.

South Asians contribute towards approximately 9.3% of the UK's population and are considered the largest minority ethnic group with the UK, including Pakistani's, Indian's, Sri Lankans, and Bangladeshi's (Office for National Statistics, 2021). Studies comparing rates of anxiety and depression among Pakistani and Indian individuals found a higher prevalence of mental disorders compared to their white counterparts, with recent research indicating persistent disparities (Kapadia et al., 2022). Despite extensive research focusing on mental health in South Asian communities in the UK, help-seeking rates remain significantly lower compared to other ethnic groups (Conneely et al., 2023). This disparity points to significant unmet needs within these communities necessitating a deeper understanding of the factors influencing MHL and service utilisation.

## **2.4.2 Understanding Ethnicity and Ethnic Minorities**

According to the Oxford dictionary, ethnicity is defined as “the fact of belonging to a particular nation or people that shares a cultural tradition,” while Hall (2001), refers to ethnicity based on the derivation from the Greek word ‘ethnos’, meaning tribe or people. Furthermore, Modood et al. (1997) assert that ethnicity encompasses physical appearance, personal identification, cultural and religious affiliations, as well as stereotyping. In research studies, the interpretation of ethnicity may vary depending on factors such as country of origin, immigration status, level of acculturation, socioeconomic status, gender, language, and geographic location (Waheed, 2010). Undoubtedly, ethnicity can be termed as multi-dimensional concept which is hard to define with varying explanations.

The terms ethnic minority and minority ethnic groups are often used interchangeably and refer to groups of people who “share a cultural heritage, are not part of the majority and may experience varying degrees of discrimination” (Donavan, 1984). In the UK, ethnic minority refers to individuals based on their race, nationality, region of origin and/or language. The language used to refer to certain ethnic minority populations may differ based on what individuals may term as ‘ethnic minority.’ While ‘Black’ is commonly used to refer to Africans or Afro-Caribbean’s, some individuals may signify all non-white minorities, including Indian, Pakistanis and Bangladeshi as ‘Black.’ There appears to be a significant difference between ethnic groups which needs to be acknowledged and understood. For the purpose of the research when referring to ‘ethnicity’ the focus will be on individuals geographic, social, and cultural origin – In this context South Asia.

### **2.4.3 Cultural Understanding and Conceptualisation of Mental Health**

The relationship between MHL and help-seeking behaviour is particularly complex within SA communities. The relationship between MHL and help-seeking behaviour is particularly complex within SA communities. Recent research by Matsumoto et al. (2021) found that general practitioners continue to face challenges in detecting psychiatric disorders in South Asian patients compared to other ethnic groups. This disparity is attributed to various factors, including the tendency to report physical rather than emotional symptoms (Chowdhary et al., 2023) and cultural differences in expressing psychological distress. Another reason could be due to a differing viewpoint in the conceptualisation of mental health among SAs. Asian cultures are more likely to view the mind and body as one, are more likely to engage in traditional healing practices or tune in with their religious and spiritual beliefs (Fernando, 2010).

According to research conducted with SA participants, pathogenic conceptualisations of the terminology used in distinguishing between 'mental health' and 'mental illness' were perceived to be confusing (Dogra et al, 2005). It is important to consider that mental health is wide-ranging and may have multiple meanings and realities for different individuals. Distinguishing between mental health wellbeing and illness is not as straightforward as indicated by professionals.

These findings highlight the need for a more nuanced understanding of how mental health literacy manifests within South Asian communities, considering cultural, social, and generational factors that influence knowledge, attitudes, and behaviours related to mental health. While cultural conceptualizations shape how mental health is understood, multiple barriers further complicate South Asian communities' engagement with mental health services.

#### **2.4.4 Barriers to Mental Healthcare Access**

Previous literature indicates that the SA population faces several challenges in accessing and utilising mental health services (Shah, Roy & Ahluwalia, 2023). These barriers span multiple dimensions, from systemic obstacles to personal and cultural factors. Studies focusing on the presence of psychological distress among South Asians have suggested several factors contributing to poor mental health including migration, pressures to acculturate, differences in beliefs and other social determinants (Gater et al, 2009). Systemic barriers in mental healthcare also result in a lack of BSAs seeking help for their mental health concerns (Prajapati et al, 2022). These include limited cultural competency in healthcare services, language barriers, lack of culturally appropriate resources and reduced access to specialised care (Karasz et al, 2019).

One significant barrier in the help-seeking behaviour for mental health problems among SA young adults is stigma (Goel et al, 2023). A study by Kranke et al (2010, 2011) investigated self-stigma among young people experiencing difficulties with mental health. The findings of the study were consistent with adult analyses, reporting that



young people felt stereotyped and used words such as ‘crazy’ or ‘psycho’ within their discourse. A feeling of difference was also identified among young adults. In order to avoid shame and isolation, young people preferred to hide their difficulties. Another barrier to accessing support is the knowledge and understanding of mental health difficulties (Lien et al, 2024). According to Gonzalez-Sanguino et al (2024) many young people have a lack of insight and understanding of poor mental health and help-seeking. Strategies to improve help-seeking, reduce stigma and improve mental health literacy have been a target for many.

The model of help-seeking states that seeking help in relation to mental health is a multi-step process (Rickwood et al, 2005). The initial step involves the individual becoming aware of the problem, followed by expressing the problem and recognizing the need for help from others. Subsequently, the individual identifies appropriate sources of assistance to access and, finally, exhibits the willingness to seek out and disclose to potential sources of help. These facets all form part of the MHL framework emphasising the need for interventions. This is especially important in cultural contexts where personal and cultural beliefs in the first instance may even prevent individuals from perceiving that a problem exists.

Stigmatising attitudes are prevalent and increasingly existent among South Asians in the UK which affect help-seeking behaviours (Goel et al, 2023). According to collectivist family structures in South Asian families, matters related to mental health are predominantly addressed privately or within the family unit, with recent studies

highlighting the persistent influence of these cultural norms on help-seeking behaviours (Sangar & Howe, 2021). Beyond immediate barriers, the process of acculturation significantly influences how South Asian individuals navigate between traditional cultural values and Western mental healthcare systems.

#### **2.4.5 Acculturation**

Acculturation refers to the process of cultural and psychological change that occurs when individuals from different cultural backgrounds come into continuous contact. This process involves adapting to new cultural norms while maintaining varying degrees of connection to one's heritage culture. Berry's (1997) influential model identifies four acculturation strategies: integration (maintaining both cultures), assimilation (adopting host culture while abandoning heritage culture), separation (maintaining heritage culture while rejecting host culture), and marginalisation (rejecting both cultures).

Recent UK-based studies reveal varying acculturation patterns among South Asian subgroups, with significant generational differences. Pakistani and Bangladeshi communities generally show lower acculturation rates compared to Indian communities, particularly regarding healthcare engagement (Khan & Ahmed, 2024). These differences intersect with mental health outcomes illustrating that higher acculturation levels correlate with increased mental health service utilisation but also with heightened acculturative stress, especially among young adults navigating between traditional and Western values (Patel et al., 2023).

The relationship between acculturation and mental health is further complicated by socioeconomic factors, gender roles, and religious beliefs. Women from South Asian backgrounds often face additional challenges in acculturating to Western mental health concepts due to stricter cultural expectations and family obligations (Singal & Chopra, 2023).

Understanding individual's levels of acculturation and adoption of western conceptions of mental health services is of extreme relevance. Studies have shown that acculturation stress can itself contribute to mental health challenges among South Asian immigrants, including identity confusion, intergenerational conflicts, and social isolation (Tumula-Narra, 2016). The process of acculturation often creates a complex interplay between traditional cultural values and Western healthcare approaches.

In a study conducted by Shukla (2023), it was found that the values and beliefs ingrained in SA cultures may contribute to the perpetuation of stigma, leading to a limited utilization of mental health services. The research found that second generation SAs were more inclined to seek mental health services compared to first generation. However, further available literature on this association is scarce. Shukla (2023) suggests that the increased likelihood of second-generation individuals utilizing mental health services may be linked to the process of acculturation, wherein these individuals tend to disengage from their heritage culture. This disengagement may, in turn, reduce

the levels of stigma experienced, potentially lowering barriers to accessing mental health care.

The acculturation gap between parents and children in South Asian families creates unique challenges for mental health literacy. While young adults may adopt Western conceptualizations of mental health, they often face pressure to conform to traditional cultural beliefs held by family members (Kirkbride et al, 2024). This cultural tension is particularly evident in help-seeking behaviours, where young adults must navigate between Western healthcare systems and traditional family values.

Further exploration of this concept is crucial for obtaining a comprehensive understanding of the challenges faced by the SA population in accessing care, particularly in the context of their mental health literacy. Understanding an individual's level of acculturation and adoption with the Western conceptions of mental health services is therefore important. Additional factors contributing to limited access and underutilization of mental health services include cultural beliefs regarding psychological distress, coping mechanisms, awareness about culturally appropriate services, dissatisfaction with previous experiences, social exclusion, language barriers, lack of trust in services, and unmet cultural and religious needs. (Bhui & Bhugra, 2002).

#### **2.4.6 Perceptions towards mental health**

Improving mental health literacy by educating South Asian young people and increasing awareness about mental illness may prove to be useful intervention in the development of positive attitudes and the reduction of negative stereotypes towards mental illness. However, understanding the external factors contributing to better or poor mental literacy is necessary.

Despite advancements in diagnosing and treating mental health disorders, alarmingly, only a minority of individuals in need of treatment actually receive it. Pillay, Kometsi, and Siyothula (2009) highlight a significant gap between treatment progress and public access to mental healthcare. One explanation for the insufficient provision of mental health resources globally and limited access to mental healthcare may stem from a lack of mental health literacy. This includes public unfamiliarity with available treatment options and mental health services (Jorm, 2000), along with negative perceptions and attitudes towards patients and mental healthcare in general (Arora, Metz & Carlson, 2016).

Perceptions towards the terminology of ‘mental health’ or ‘mental illness’ may also be shaped by culture. According to research conducted with SA participants, pathogenic conceptualisations of the terminology used in distinguishing between ‘mental health’ and ‘mental illness’ were perceived to be confusing (Dogra et al, 2005). It is, however, important to consider that mental health is wide-ranging and may have multiple

meanings and realities for different individuals. Distinguishing between mental health, wellbeing and illness is not as straightforward as indicated by professionals. For example, In the study by Dogra et al (2005), the cultural diversity of the Gujarati community was explored in relevance to mental health, which most Western psychiatric interpretations fail to do. Based on such studies, it can be suggested that cultural influences on young people's attitudes and knowledge need more research.

According to research, it is important to acknowledge the cultural complexities when enhancing MHL through interventions or other means. Researchers suggest that Western classifications of mental health may not necessarily align with the requirements or perceptions in diverse cultural contexts (Raghavan et al, 2022). Therefore, it is essential to consider and understand these cultural nuances when implementing interventions aimed at improving MHL.

A major question that arises is what the criterion is that determines MHL within diverse cultures when the understanding of mental health differs based on their own cultural constructions and not the dominant western model presented to them. Aside from the cultural influences that can shape BSA young adults' discourses about mental health and mental illness, it is also important to consider the 'young adult' and 'student' subculture that may play a role in shaping the meaning of mental illness labels.

Research conducted by Raghavan et al (2023) has suggested the notion of multiple mental health literacies whereby the cultural explanations and personal beliefs of individuals are taken into consideration when exploring one's MHL. Hereby indicating

a more pluralistic approach to the notion of MHL. For ethnic minorities, the inadequate access to mental health resources could be due to the lack of understanding of their MHL. Exploring this view is key in gaining an insight into the MHL of young adults from a BSA background. The SA population is known to underutilise mental health services, therefore understanding the factors that contribute to their MHL, and help-seeking can be considered a necessary measure in addressing the disparities in mental health outcomes and promoting well-being among diverse communities.

#### **2.4.7 Stigma and the need for culturally appropriate interventions**

While understanding the cultural notions of MHL is imperative in addressing poor MHL and promoting help-seeking behaviour, it is also of interest to understand the factors contributing to poor attitudes towards mental ill health among SA communities. One such factor is the presence of stigma.

Ahmed et al (2019) examined cultural differences in prejudice, stereotypes, and discrimination towards people with psychosis among White British and South Asian young people. Findings indicated higher prejudice and stereotypical attitudes towards people with psychosis among SAs compared to White British young adults. SAs also reported lower willingness to help, greater avoidance and higher discrimination. The cultural differences in stigma highlight the stark difference in MHL levels, indicating the need for culturally appropriate interventions targeted at diminishing stigmatising attitudes among SAs. Vyas, Wood & McPherson (2021) found similar results when conducting a qualitative exploration of stigma experiences of second-generation British South Asian people using an early

intervention in psychosis service. Results emphasised the need for professional care to encompass the person's cultural context and experiences of stigmatisation. The engagement of local SA communities in developing service provision was also considered a useful measure in informing service providers of the social and cultural needs, beliefs, and experiences of this population.

Recent research has provided valuable insights into specific challenges faced by different South Asian groups. The importance of addressing the cultural context of individuals from ethnic minority groups was also addressed by Shafiq (2020). Shafiq (2020) conducted a systematic review aiming to grasp the perceptions of the Pakistani community regarding mental health. The findings indicated that the Pakistani community generally has a limited understanding of their psychological experiences and emotional processes as distinct entities. Most importantly the research also sheds light on several parallel sociocultural concepts prevalent in the community, including religious or faith-driven practices and mythical or supernatural beliefs, which are commonly embraced and applied to address mental health issues (Raghavan et al, 2022).

Drawing from existing literature, we can assert that stigma diminishes when mental illness is perceived as a component of one's overall well-being. Conversely, if mental illness is perceived as abnormal, stigma intensifies, hindering individuals from relating to their own or others' encounters with mental health challenges (Lin & Tsang, 2020).



Stigma and its association with relatability cannot be considered a recent phenomenon. Secker et al (1999) in their study with Scottish young people found that if young people could understand or relate to behaviours described in vignettes, they were reluctant to label them as mental illnesses. In contrast, behaviours that were not relatable were categorised as abnormal and labelled as mental illnesses. These labels were legitimated through reference to media representations. The findings imply that young people may have different views about different mental illnesses and stigmatising attitudes may be more prevalent in certain disorders dependent on media representations, cultural influences, or personal experiences.

In a more recent study found South Asian American women encounter various obstacles within family, community, and institutional spheres when seeking mental health treatment, thereby restricting their access to eating disorder (ED)-specific care (Goel et al, 2022). To enhance access to ED treatment, this study suggested implementing comprehensive destigmatization campaigns, fostering community collaboration, and training providers in cultural sensitivity..

In their 2023 study, Coneely et al conducted an exploratory investigation into the experiences of Black and South Asian women regarding help-seeking and engagement in perinatal mental health services in the UK. The study revealed that individuals from both ethnic groups were less inclined to utilise perinatal mental health services, despite experiencing similar or heightened levels of distress. Participants outlined a multitude of factors affecting their access to and interactions with these services. While some

women found solace in the services, others expressed feelings of disappointment and uncertainty about where to seek assistance. Primary obstacles to access included perceptions of mental distress, stigma, distrust, limited awareness of available services, and deficiencies in the referral process. The findings emphasised the importance of increasing transparency regarding perinatal mental health and available support services to enhance accessibility for affected individuals.

#### **2.4.8 Moving Forward**

Improving MHL among BSA young adults may prove to be a useful intervention in the development of positive attitudes and the reduction of negative stereotypes towards mental illness. However, aside from culture understanding the external factors contributing to better or poor mental literacy is also necessary. A key contributory factor in the development and formation of beliefs in young people from all ethnic groups is the presence of social media.

With the rise in knowledge and education through informal sources such as social media, individuals are now more aware on how to access, understand, appraise, and apply information to make judgements and decisions in everyday life concerning their health and mental health (Sorensen et al, 2012). Social media has bridged the gap between education and knowledge acquisition (Khan et al, 2021), offering new possibilities for delivering culturally sensitive information, creating supportive online communities, breaking down stigma through education, facilitating peer support and bridging generational gaps (Sadagheyani & Tatari, 2021).

Understanding social media's role in promoting MHL is central to current research, particularly given its potential to address traditional barriers while respecting cultural sensitivities. The following section explores the significance of current research on social media's role in promoting MHL among BSA young adults focusing on its potential to overcome traditional barriers while respecting cultural sensitivities specific to this population.

## 2.5 Mental Health Literacy and Social Media

### 2.5.1 Digital Literacy and Mental Health

To effectively acquire and apply mental health knowledge through social media, it is important to understand the association between digital literacy and MHL. As social media continues to bridge the gap between information, education and knowledge acquisition, digital literacy emerges as an important skill enabling individuals to effectively access, navigate, and critically evaluate the large amount of mental health content on digital mediums.

Digital literacy has been explored across many fields e.g. computing, marketing, and communication studies. However, not much research has been conducted within the mental health context. The importance of understanding how mental health content is consumed becomes crucial when delving into the online context. It is therefore imperative to grasp the concept of digital literacy and explore the interconnection between digital literacy and MHL. Martin (2008) defines digital literacy as:

*“The awareness, attitude and ability of individuals to appropriately use digital tools and facilities to identify, access, manage, integrate, evaluate, analyse and synthesise digital resources, construct new knowledge, create media expressions, and 34 communicate with others, in the context of specific life situations, in order to enable constructive social action, and to reflect upon this process” (p.135)*

Ng developed a framework for digital literacy in 2012 that consists of three interrelated dimensions: social-emotional, cognitive, and technical. The functional, operational, and technical abilities required to use ICT for everyday tasks and education are included in the technical dimension. The cognitive dimension places a strong emphasis on the capacity for content creation, evaluation, and search. The ability to utilise the internet sensibly for socialisation, communication, and education rounds out the social-emotional dimension. Information that can be critically distinguished is essential to digital literacy and is included in each of the framework's three dimensions (Ng, 2012).

According to Ng:

*“Understanding that people behind the scene, writing the information have their own motivations and being able to critically evaluate whose voice is being heard and whose is not is important for learning as neutrally as possible” (p.1068)*

With the growth of mental health-related information online, focus on the online context is increasingly important. While the mental health context in relation to digital literacy has received limited attention, there has been an increase in literature focusing on 'digital health literacy' and 'eHealth literacy' (Mein et al, 2012). Defined by Norman and Skinner (2006), digital health literacy encompasses:

*"the ability to seek, find, comprehend, and evaluate health information from electronic sources and apply the knowledge gained to addressing or resolving a health problem."*

The digital health literacy model is positioned within a broader literacy ecosystem that includes traditional, information, media, health, and scientific literacies. Each of these literacies plays a crucial role in empowering individuals to make informed decisions about their health and mental health. The rise of digital technologies among young adults indicates a need for research focusing on MHL within the digital context.

### **2.5.2 The Evolution of Mental Health Information Sources**

The general public obtains knowledge from a variety of sources, with media playing a significant role in shaping attitudes and beliefs. Specific mediums like film and television possess unique affordances, such as the ability to evoke emotional engagement and create immersive narratives, which influence public perceptions of mental health. For example, a recent study looking at the portrayal of alcoholism in modern films, found that the majority of target characters were White, middle-class, males and therefore not representative of the actual prevalence rates. Furthermore, target characters were depicted as irresponsible, unreliable, unconventional, and emotionally unstable (Streckfuss, 2016). While some portrayals were positive, the internalisation of negative stereotypes by viewers can result in biased beliefs, influencing both mental health consumers and the general public. Such representations may contribute to a poor knowledge base and hinder informed decision-making about mental health and help-seeking behaviours.

In an exploratory analysis focusing on student perceptions of mental health in the media, television and film were identified as the primary source of education about

mental illness. The results suggest that students relying on television or film for their primary mental health education were more inclined to believe that they were obtaining realistic portrayals of mental illness and, consequently, were more likely to view portrayed stereotypes of mental illness as acceptable. (Srivastava et al, 2018). The study implies that film and television significantly shape mental health attitudes, yet accurate portrayals remain rare. Media-influenced decisions, especially in the context of mental health, can lead to poor interpersonal choices and negative outcomes in help-seeking behaviour (Burt, 2018). Hence, knowledge acquired from the media may impact decision-making in everyday life. In the context of mental health, appropriate and accurate portrayals cannot be overstated. A poor knowledge base, attitudes and perceptions towards mental health may inadvertently result in poor-decision making in relation to help-seeking.

To counteract stigma, the normalisation of mental health is necessary. Over the past few decades, in contrast to traditional mediums, print media has shown some progress in normalizing mental health discussions. A ten-year longitudinal study of Canadian newspaper depictions of mental illness revealed that 21% of the stories over the study period had a positive tone and 28% had stigmatising material. Between 2005 and 2015, the number of publications with a positive tone nearly doubled, while the number of pieces with stigmatising content decreased by 33%. Additionally, an analysis revealed that broadsheet newspaper articles and front-page pieces received noticeably more favourable attention. According to the survey, during the previous ten years, the media coverage of mental illness has improved. (Whitley and Wang, 2017), indicating a positive shift in the knowledge and perceptions individuals hold towards mental health.

This shift highlights the potential for digital media to promote MHL and reduce stigma, though the affordances of traditional print media such as limited interactivity and reach may restrict its overall impact.

By considering the specific affordances of each medium i.e. film, television, print, and digital media, it becomes evident how media discussions align with the individual, societal, environmental, and technical factors that influence MHL. Film and television engage emotionally but risk perpetuating stereotypes; print media is shifting towards positive representation but lacks interactivity; and digital platforms, with their widespread reach and engagement, hold the most promise for transforming mental health perceptions and behaviours. Understanding the role of digital platforms and the Internet is imperative to explore the online world's contribution to enhancing MHL and promoting health-seeking behaviour.

### **2.5.3 The Internet and Mental Health**

Two main sources of help-seeking are available: formal and informal. While formal help-seeking involves help-seeking from a professional who has experience in providing support. Seeking help from social support networks, where a personal relationship may or may not exist, is one example of an informal source. Studies show that when people are dealing with mental health issues, they tend to be self-sufficient and turn more to unofficial rather than official sources of support. Young people may rely on the internet as their primary source of information for everyday needs due to the increasing prevalence of the Internet and computer-mediated approaches (Freeman,



Caldwell & Scott, 2023). This may include information pertaining to mental health. Informal sources, including social media and discussion forums, are easily accessible and offer a wealth of information. Information obtained from such sources could prove more useful for individuals, facilitating the help-seeking process and possibly enhancing MHL.

The internet is a unique platform with benefits such as anonymity, access and user control which may not be available in formal help-seeking sources. Although misinformation on social media is present, the presence of high-quality information and online resources in relevance to mental health is also available. Such information can have a significant impact on the health outcomes of young people.

Research indicates that even with the abundance of services, seeking assistance online could cause a delay in receiving care. Despite this, individuals were still found to seek information online. Pretorius et al.'s (2019) systematic review sought to investigate young people's online experiences and related processes. According to the assessment, young people would rather use social media to get information from specialists than from official government websites. For young people, online platforms offered a private, judgment-free space. Teenagers from underrepresented groups and those experiencing higher levels of psychological distress were more inclined to share their struggles online than offline, suggesting that there was a broad consensus that assistance was better available online than offline. The analysis also uncovered certain drawbacks to online help-seeking, despite its benefits. These included a lack of MHL, a lack of

confidence in the reliability of resources, a tendency to reinforce treatment avoidance, the incitement of bad behaviour, and challenges in delivering an emergency response. Even though young people were driven to search for assistance online, their inability to obtain trustworthy and beneficial information was hampered by their ignorance and lack of mental health literacy.

Although issues concerning the reliability of online information are prevalent, the uprise in digital mediums and resources indicates the need for fully utilising these tools.

According to reports from the Office of National Statistics (2020), 92% of all adults were recent internet users and 99% of adults aged between 16 – 44 years in the UK were recent internet users. The statistics from this report indicate that the vast majority of adults, particularly those in the younger demographic, are active internet users, highlighting the potential reach and impact of online mental health interventions and resources. As society becomes increasingly interconnected through digital means, leveraging these platforms effectively can broaden access to mental health education and support, potentially bridging gaps in traditional service delivery models. Therefore, initiatives aimed at enhancing MHL must adapt to the digital landscape and harness its potential to reach and engage diverse populations effectively.

#### **2.5.4 Social Media as an Information Platform**

In recent times, digital communication methods such as mobile phones and the Internet have become integral to daily life, particularly among young people. According to Ofcom's Online Nation 2023 report, social media usage among UK young adults (aged

16-24) has reached unprecedented levels, with 96% using these platforms regularly—significantly higher than the national average of 72%. This age group spends the most time on social media, averaging around 2 hours and 20 minutes daily, which is nearly double the average for all adults. The report also highlights a 15% increase in time spent on social media compared to previous years, reflecting the growing role these platforms play in the lives of young people.

Social media is defined as ‘forms of electronic communication through which users create online communities to share information, ideas, personal messages and other content (Merriam-Webster, 2014). Popular social media platforms, include Instagram with 83% of young adults regularly accessing it, followed by TikTok which has seen a rapid growth, with usage rising from 39% in 2021 to 67% in 2023. YouTube has also continued to dominate, reaching 95% of internet users in this age group (Ofcom, 2023). Mobile devices are the primary means of access, with 98% of young adults using smartphones for social media and 87% searching for health-related information online (Office for National Statistics, 2023). Notably, 73% of young adults have accessed mental health-related content on social media in the past year, up from 54% in 2020, highlighting the platforms' growing role in health information dissemination (UK Household Longitudinal Study, 2023).

The NHS Digital Mental Health Survey (2023) provides additional context, reporting that 65% of young adults aged 16-24 express a preference for accessing mental health information through social media platforms rather than traditional sources. The survey

also indicates that 58% of young adults in this age group have engaged with mental health content on social media through likes, shares, or comments.

These statistics demonstrate social media's significant role in young adults' daily lives and its potential as a platform for mental health literacy. However, it is important to note that specific data regarding British South Asian young adults' social media usage patterns and mental health information-seeking behaviours is currently limited in the available literature, indicating a need for focused research in this area.

The impact of social media on the formation of knowledge cannot be understated. The greatest power of the media is its reach of audience. In a digital world, social media provides scope for effective and efficient dissemination of information, provided there remains no fallacy in encoding and decoding the message (Lee, Choi & Michos, 2021). Media can play a considerable role in educating young people about how to look after their social, physical, and mental health (Mehmet, Roberts & Nayeem, 2020). It can play a critical role in signposting young people to sources of support. The user-generated content on social media can play a role in developing positive mental health literacy where young people can learn from the lived experiences on mental health needs.

Beer and Burrows (2007) state that social media technologies are “reworking hierarchies, changing social divisions, creating possibilities and opportunities, informing us, and reconfiguring our relations with objects, spaces, and each other”. The

rise of digital communication, particularly social media and the internet has transformed how mental health information is disseminated and accessed. This suggests that social media may have the ability to influence people's perceptions of their physical and mental well-being as well as their experiences with illness. In addition, by interacting with social media information, users may help shape the development of new medical discourses.

### **2.5.5 Role of Social Media on Mental Health Literacy**

Previous research has indicated how social media serves as a crucial tool for enhancing MHL by enabling the sharing of accurate information, fostering empathy, and understanding, and providing resources for support and care (Herrera-Peco et al, 2023). Social media can also serve as a tool for raising mental health awareness by sharing personal stories, promoting positive mental health messages, and providing access to relevant information (O'Reilly et al, 2019). A considerable body of literature has explore the use of social media in health promotion (Herrera-Peco et al, 2023, Avella, 2023; Ghahramani et al, 2022), however recent research has also found social media platforms to be an effective mechanism in challenging stigma and creating supportive communities. The efficient use of social media can facilitate open discussions about mental health, reducing stigma and encouraging help-seeking behaviours (Latha et al, 2020).

Grohol (2010) states that the rise of internet has led to an increased amount of online

information related to mental health, interactive resources, and peer support with other social media users. The advancement in the use of internet with Web 2.0 and social networking has also led to more opportunities for mental health information to be shared and communicated with the development on online support groups and blogs. Such resources can also have therapeutic benefits for those with poor mental health. The shift in online practices with an uprise in ‘social networking’ has led to a transformation in the role and empowerment of individual users, who now serve as both consumers and contributors in digital spaces (Wicks, 2012).

Theoretical explanations regarding the role of social media in informing attitudes comes from two theories: Social Learning Theory (Bandura, 1971) and the Cultivation Theory (Gerbner and Gross, 1976). According to the Social Learning Theory (SLT), people imitate, observe and model the behaviour of others. Most human behaviour is learned observationally through modelling. Modelling refers to ‘observing others to form an idea of how new behaviours are formed and later using this coded information as a guide for action.’ Living in a digital age, with the presence of social media and technologies surrounding us, individuals acquire a lot of knowledge and information from such platforms. Social media is known to have a considerable impact on individuals time, resources, and self-expression (Kahveci, 2015), such that the presence of digital media could enhance an individual’s MHL and influence their attitudes towards mental health.

Similarly, the Cultivation theory states that individuals who are high viewers of digital media are more susceptible to media messages and the belief they are real and valid. This theory states that a cultivation of attitudes, is based on the attitudes already present within our current study and the media takes these attitudes and presents them in a different package to the audience. In theory, similar messages are introduced to them in different forms, shaping individual's attitudes and perceptions regarding issues. According to this theory, television and media are small but significant influencers on the attitudes and beliefs of society about society. Individuals who absorb more communication from the media are more influenced. It could therefore be suggested that individuals who have a higher consumption of digital media, could be more informed, or have differing attitudes towards mental health and the implications of mental health on an individual's health and wellbeing dependent on the content they watch.

Despite such theoretical considerations, recent research has suggested that digital media disseminates messages that may result in stigmatising attitudes regarding mental illnesses, often through sensationalising reports which do not take into consideration, the impact this could have on the wider society (Green, 1985). Sharing information on social media however may result in varying attitudes towards mental health. Nadkarni and Hoffman (2012) report that young people in particular; are motivated to use Facebook for two primary reasons: a need to belong and a need for self-representation. Furthermore, Facebook profiles also help satisfy individuals needs for self-worth and self-integrity (Toma and Hancock, 2013). Such research could be indicative in suggesting that social media could possibly yield in positive attitudes regarding mental health and improve mental health literacy in young people.

Aside from the upstream strategies that focus on raising general awareness and shaping public perceptions of MHL in the general population, downstream strategies target individuals already dealing with mental health challenges. These downstream strategies aim to provide direct support, interventions, or resources for those in need (Crawford, 2022). O'Keefe and Clarke-Pearson (2011) highlight the significance of social media in offering young people networks that provide emotional support and guidance. For instance, studies indicate that online suicide prevention strategies can be highly effective, with social media platforms serving as tools for early identification of mental health issues and offering timely support (Christensen et al, 2014). These digital communities play a critical role in building resilience during distressing experiences, bridging gaps in traditional mental health services.

Research has explored how users construct and communicate about mental issues in online networks. Online support group research has indicated, positive impacts in relation to social support and empowerment in managing their conditions (Griffiths, 2017; Mo & Coulson, 2008). Furthermore, research focusing on blogs has yielded similar findings, indicating the potential to inform policies based on the concerns individuals who do not access mental health services share (Murphy et al, 2020). In their research, Giles and Newbold (2013) have highlighted the potential of online communities facilitated through social media to shape individuals' perceptions of mental health and influence their offline experiences related to mental health issues. In the case of BSA young adults, social media platforms have the potential to influence existing cultural perceptions and attitudes towards mental health and hence influence MHL.



Social environments, such as social media, have the potential to foster individual autonomy, decision-making skills, motivation, peer connections, and emotional control (Peralta et al, 2017). Additionally, social media platforms offer an avenue for exploring the social determinants of mental health, investigating how certain social environments may influence or enhance individual mental health and well-being. By exploring social environments, a greater insight into the opportunities of knowledge formation for young people can be gaged. This is imperative for mental health literacy, as although individuals may act on information themselves, they may also pass on information to others, influencing a collective group's perceptions, attitudes, and beliefs towards mental health. A recent article by Winstone et al (2021) states that social media is a means to connect and engage people around important areas of common discourse. However, it also important to note that while people do receive mental health related information online, it is imperative to ensure that the content delivered is accurate. According to Poundstone et al (2016), young people who lack the expertise and have a low MHL, are at a greater risk of misunderstanding when they seek or find information online.

The theory of social loafing states that people intrinsically reduce the effort to validate online information as they assume others will have done the cognitive work for them (Shiue, Chiu & Chang, 2010). This is more problematic when a familiarity bias is present. While enhancing MHL may enable young people to assess mental health-related information better, the question is whether social media has the potential to enhance individual's knowledge, attitudes, and perceptions towards mental health in

turn enhancing MHL. Social media is a double-edged sword where mental health literacy could be challenged or reinforced. Understanding the mechanisms of learning social media of BSA young people is relatively important to effectively understand the role of social media in influencing mental health-related knowledge and behaviours in a demographic where mental health services are underutilised.

While the theories mentioned can explain how social media shapes attitudes, examining the specific affordances of these platforms reveals their practical potential for enhancing MHL.

### **2.5.6 Affordances of Social Media**

The concept of affordances was first developed by Gibson in 1979 to explore how animals interact with their environment. For example, fire offers several benefits, such as protection from predators, the ability to cook food safely, and providing warmth and light in cold conditions. However, not all animals can use fire, so this potential remains untapped for them. Building on this foundation, Gaver (1991) expanded the idea of affordances to describe the properties of an environment that are defined by the ways people or social groups engage with it. In recent years, the concept has been further refined to examine its application in digital contexts. For instance, in the realm of social media, Ronzhyn et al. (2023) offered a broader interpretation, viewing affordances as the perceived, real, or imagined qualities of social media platforms. These characteristics emerge from the interaction of technological, social, and contextual elements, and they both enable and limit how users can interact with these platforms.

This framework is particularly relevant when examining how digital media, particularly social media, has transformed the ways individuals access and engage with mental health information. The unique affordances of digital media, including accessibility, interactivity, personalisation, community-building, and therapeutic potential, position it as a powerful tool to enhance MHL. Social media holds significant potential for improving MHL among BSA young adults, a demographic often burdened by cultural stigma and reluctance to seek professional help (Reavley & Jorm, 2020). Platforms like YouTube, Instagram, and Twitter provide accessible, cost-effective channels for delivering mental health information, breaking down geographical and societal barriers that have traditionally limited access to mental health education (Naslund et al, 2020; Keles et al, 2020). Moreover, global campaigns such as #EndTheStigma have demonstrated the power of social media to raise awareness and foster open dialogue, which is especially crucial for addressing the deeply rooted stigma in South Asian communities (Chung, 2021). Additionally, the anonymity and interactivity of these platforms further encourage individuals to engage with mental health content without fear of judgment, creating a safe space for self-expression and help-seeking (Naslund et al., 2020).

The vast amount of data encapsulated on social media can also be used to generate insights into the trends, attitudes and perceptions related to mental health. This can help generate and identify patterns to inform targeted interventions. A key affordance of social media is the role of community. Community-building, a hallmark of social media offers valuable opportunities for peer support and shared experiences, empowering BSA

young adults to connect with others who face similar challenges (Naslund et al., 2020). Hashtags such as #MentalHealthAwareness have created supportive online spaces where individuals can discuss mental health issues openly, reducing isolation and encouraging collective action against stigma (Seabrook et al, 2016). Nevertheless, these spaces are not without risks. The absence of professional moderation can result in harmful advice or the promotion of unhealthy behaviours, potentially exacerbating mental health issues (Arendt et al., 2019). Additionally, the increasing reliance on online communities may discourage engagement with offline support systems or professional care, limiting the long-term effectiveness of these platforms.

The increasing interest in accessing reliable mental health information and actively participating in healthcare decision-making has emphasised on the necessity of a person-centred care model (Pelletier and Stichler, 2014), a central component of PMeHL. Individual PMeHL is influenced by various factors, including (a) personal attributes such as sex, race, ethnicity, educational attainment, mental health literacy, cognitive and emotional capabilities, perceptions of vulnerability and resilience, physical and mental health status, autonomy, and help-seeking behaviour; and (b) social and contextual factors such as cultural background, social and interpersonal competencies, environmental circumstances, exposure to health-related information, and access to social resources within communities (Bjørnsen et al., 2017, 2018, 2019; Santini et al, 2020). The present research aims to address all these facets in exploring the role of social media in informing the MHL of BSA young adults.

Despite the benefits of social media in promoting mental health awareness such as promoting positive mental health, providing opportunities for learning about mental health and mental illness and addressing stigma, there are several drawbacks of using online platforms for mental health awareness. Firstly, the ethical concerns in relation to social media platforms including anonymity and confidentiality are a challenge for participants who want to seek information and support related to mental health. The credibility and trustworthiness of online resources related to mental health was also questioned in a study by O' Reilly et al (2019). Other studies have indicated the rise in mental health-related self-diagnosis due to increased MHL (Foulkes and Andrews, 2023). This prompts us to ponder on the dual nature of social media, often depicted as a double-edged sword. While it offers benefits, there are also potential risks, especially concerning mental health awareness.

While accessibility and engagement provide valuable opportunities, they are insufficient to ensure meaningful improvements in MHL. The lack of regulation on social media has led to the proliferation of misinformation, which can perpetuate myths and discourage evidence-based help-seeking (Ritterfeld et al, 2018; Chung, 2021). Furthermore, personalized algorithms, while effective in delivering tailored content, risk creating echo chambers that reinforce pre-existing beliefs, limiting exposure to diverse perspectives and potentially hindering comprehensive understanding of mental health (Cinelli et al, 2020). The interactive nature of social media also presents challenges, as it can lead to information overload, causing anxiety or distress, particularly for individuals already hesitant to address mental health concerns due to cultural stigma (O'Reilly et al., 2018).

Despite the drawbacks of social media in promoting MHL, the specific affordances discussed have also enabled various intervention approaches that leverage social media's unique capabilities. In ethnic minority communities such as the South Asian population, social media can be leveraged to develop culturally tailored interventions and educational resources which are targeted to address the specific cultural beliefs and attitudes that individuals from a particular background hold. Social media use can also be used as a collaborative tool for researchers, healthcare professionals, organisations, and community stakeholders to raise mental health awareness, reduce stigma and promote MHL within SA communities.

### **2.5.7 Social Media Interventions**

Due to the wide-ranging impacts of social media use on mental health, researchers, mental health professionals and organisations have employed the use of social media platforms to reach broader audiences with educational content and awareness campaigns (Saha & Guha, 2019).

Researchers have also employed the use of digital campaigns, interventions and various other awareness-raising strategies to understand the role social media can play in informing one's knowledge and awareness about mental health, in the aim to mitigate the stigma associated with mental health among the general public (Alvarado-Torres et al, 2023; Samogna et al, 2017). Latha et al (2020) examined how social media platforms can disseminate information about mental health by conducting three health promotion

campaigns over a period of five months. The campaigns were aimed at creating awareness and education in the field of mental health and behaviour change. These campaigns focused on suicide prevention, tobacco cessation and migraine awareness. The effectiveness of these campaigns was gaged by evaluating the reach, engagement, and impact. The findings highlighted the wide reach of social media platforms, particularly Facebook and Instagram by an increasing trend in mental health awareness. The study analysed engagement metrics like likes, shares, impressions, and follower counts on social media pages. It compared various communication strategies and intervention modes in online campaigns, showing the potential of social media for mental health promotion. Overall, the research highlighted that effective use of social media can disseminate mental health information widely, reduce stigma, and educate people about mental health issues.

Ghahramani et al (2022) conducted an integrative review on the potential of social media in creating awareness, albeit in the field of health promotion. The review offered a multifaceted understanding of how social media can be leveraged to promote positive behavioural changes through effective health promotion campaigns. Although the results indicated the potentiality of social media in promoting behavioural change, the long-term impact of such campaigns could not be assessed. Other limitations included how understanding the engagement with social media was not reflective of real-life behaviour and simply measuring online metrics do not provide a true depiction of the behaviour change or knowledge acquisition of users. Hence, indicating the need for more exploratory studies exploring the impact of social media in promoting awareness and change.

While numerous studies have highlighted the potential of social media for MHL interventions, there still remains ambiguity regarding the varying impact of these interventions on users. In their assessment, Crutzen and Nooijer (2011) explored the potential of a chat-based intervention to enhance the mental health of young people. They found that while the approach could be beneficial, it was crucial to comprehend users' perspectives on the distinction between professional-to-individual and peer-to-peer interactions. There is a lack of understanding regarding the impact of user engagement with others on social media concerning mental health, indicating the necessity for research to explore how these interactions influence users (Mohr et al, 2013). Such research endeavours may potentially enhance MHL of online social media users.

Much research has examined the potential of social media as a tool for promoting MHL through interventions. However, there is a lack of studies focusing on its passive impact, such as insights gained from user-generated data and user experiences. This highlights an area that warrants further research and exploration. Via the use of a mixed-methods approach the current research will aim to explore whether engagement with social media platforms has the potential to enhance the MHL and subsequent help-seeking behaviour of BSA young adults.

### **2.5.8 Impact and Future Directions**



Having examined social media's theoretical foundations, affordances, and interventions, understanding its broader impact and future potential is also necessary. Previous research conducted on the role of social media in improving MHL via social media has highlighted its potential to address barriers to mental health awareness and stigma reduction. Quantitative studies, such as those by Borghouts et al (2023), have demonstrated that user engagement with mental health-related content on social media significantly enhances MHL by clarifying mental health concepts and fostering more informed perceptions. This is particularly relevant for younger populations, who often use social media as their primary source of mental health information.

Qualitative research complements these findings by providing deeper insights into how users interact with mental health content. Studies employing interviews and focus groups reveal that social media facilitates peer support, offering a safer and more inclusive environment for discussing mental health (Naslund et al, 2020). This dynamic not only enhances users' understanding of mental health but also creates spaces that encourage open conversations and normalise mental health discussions.

Mixed methods approaches, which integrate quantitative and qualitative methodologies, offer a more holistic perspective on the impact of social media on MHL. Quantitative data uncovers trends and patterns in user engagement, while qualitative research explains the cultural and psychological processes driving these interactions. Together, these methods provide a comprehensive understanding of social media's role in shaping MHL and inform public health strategies to leverage these platforms effectively

(Noorwali et al, 2022). However, existing mixed-methods research has largely focused on broader populations, with limited attention to the specific experiences of underrepresented groups, such as BSA young adults. This demographic faces unique cultural and societal barriers to mental health awareness, including stigma, limited culturally relevant resources, and misconceptions about mental illness. Social media has the potential to bridge these gaps by providing accessible, culturally sensitive information tailored to the needs of BSA communities. Understanding these factors is of relevance in the present research.

The relevance of social media for BSA young adults is further emphasised by the growing reliance of younger generations on digital platforms for mental health-related information. By employing a mixed-methods approach, this research addresses both the measurable engagement patterns and the subjective, cultural nuances of social media use among BSA young adults. This comprehensive perspective not only contributes to the broader understanding of social media's impact on MHL but also provides actionable insights for designing tailored interventions to promote mental health awareness and help-seeking behaviours in this underrepresented group.

## **2.6 Theoretical Orientation of the present research**

In order to understand how social media can inform BSA young adults mental health literacy and help-seeking behaviour by taking into account their cultural beliefs and attitudes, a theoretical approach is required. In the present research, the theory of

planned behaviour (TPB) is used alongside the cultivation theory to understand the phenomena in question.

### **2.6.1 The Theory of Planned Behaviour (TPB)**

The Theory of Planned Behaviour (TPB), proposed by Ajzen in 1991, suggests that individuals' attitudes, subjective norms, and perceived behavioural control influence their decisions to engage or refrain from an action, ultimately influencing their actual behaviour. Elements of the TPB include subjective norms, attitudes, and perceived behavioural control which all ultimately influence an individual's intention to perform a behaviour. The TPB suggests that individuals' attitudes toward a behaviour influence their intentions to act. In the context of mental health literacy on social media, attitudes may involve how BSA young adults perceive discussions, information, and resources related to mental health. Assessing their attitudes can provide insights into the factors that shape their engagement or avoidance of mental health content from social media. The cultural context is also of relevance to one's attitudes and beliefs, ultimately shaping their intention to perform a behaviour. Subjective norms are defined as perceived social pressures from significant others to perform a behaviour. The TPB emphasises the impact of social influence on decision-making. For BSA young adults, subjective norms would consider the influence of their social networks, community, and cultural factors on their mental health literacy and engagement on social media. Understanding the perceived expectations and approval or disapproval from their social environment can contribute to a nuanced analysis. Perceived behavioural control is another element of the TPB, according to which the perceived opportunities, skills and

resources needed to perform a behaviour can all accumulatively influence behaviour directly or indirectly as it affects intentions. In the present research, this aspect can be crucial in understanding how confident or constrained British South Asian young adults feel in seeking and engaging with mental health information on social media. Many factors such as culture, language, or accessibility may influence their perceived control.

In the context of help-seeking behaviour, intentions play a crucial role in mediating the relationship between attitudes, subjective norms, and actual engagement. Examining the intentions of British South Asian young adults in utilising social media for mental health information offers predictive insights into their subsequent help-seeking actions. This entails exploring their plans, motivations, and willingness to actively participate in mental health discussions and learning through social media platforms. Understanding their intentions provides a valuable foresight into the likelihood of them seeking assistance or support for mental health concerns either through online sources or offline.

The first study in this research quantitatively examined the relationships between acculturation, MHL, help-seeking intentions, and mental health-related social media use among BSA young adults. The survey integrated several validated scales, including the Self-Administered Questionnaire of Acculturation (SAQA) to measure participants' level of cultural adaptation, the Mental Health Literacy Scale (MHLS) to assess knowledge and beliefs about mental health, and the General Help-Seeking Questionnaire to gauge intentions to seek help from various sources. Additionally, the researchers developed a custom questionnaire based on elements of the TPB and Cultivation theory to comprehensively measure attitudes, subjective norms, perceived behavioural control, and intentions specifically related to mental health content on

social media. By combining these validated and custom measures with demographic and social media engagement data, the study aimed to capture a holistic picture of the factors influencing MHL and help-seeking among BSA young adults. The quantitative approach allowed for identifying broad trends and statistically significant associations, providing a foundation for understanding the complex interplay between cultural background, social media use, and mental health outcomes in this population.

Most studies in the context of help-seeking and TPB, have been conducted with young students and community population (Bohon et al, 2016, Adams et al, 2022, Pelling & White, 2009). Limited research has been conducted with ethnic minorities, particularly the SA population. Furthermore, research focusing on individuals without mental health problems have typically not been studied, despite such approaches being indicative of an early intervention approach to mental health care (Wilson et al, 2011).

In their scoping review, Adams et al. (2022) explored the factors influencing adults' mental health help-seeking using the Theory of Planned Behaviour (TPB) framework. The study revealed that attitudes and perceived behavioural control consistently emerged as significant predictors of help-seeking intentions. Additionally, subjective norms were identified as a significant predictor in more than half of the studies examined. According to Schomerus et al (2009) there are certain attitudes that determine an individual's willingness to seek help, including their perception towards the access of mental health services, their perceived resources, skills, and the opportunities to access services. In line with the subjective norms' element of the TPB,

the perceived social pressures impact an individual's intention to seek help. This can be associated with differences in cultures and beliefs. For example, research shows that individuals from western cultures are typically individualistic and therefore they may be more motivated to act according to their own goals, compared to studies conducted among South Asian or Chinese populations which show that social pressures were significant predictors of mental health (Mo & Mak, 2009; Adam et al, 2022). SA societies are typically collectivistic and traditionally encourage interconnectedness with each other, hence the intention to seek help may be determined by others' views and beliefs (Cohen, Wu & Miller, 2016).

Research conducted on the role of culture, ethnicity and religious background have shown that all these factors have a considerable influence on help-seeking intentions and ultimately behaviour. Although research exploring these factors has been conducted with SA communities in general, the role of acculturative attitudes and behaviours on the intention to seek help in 'second generation' SAs has not been conducted before. The process of acculturation and acquiring differing perspectives on mental health from both the western and SA culture may shape BSA young adults' subjective norms.

The findings from the scoping review on the application of TPB to help-seeking behaviour found that most studies have predicted help-seeking, by using past or present behaviours as the outcome whereas only three studies explored the ability of the TPB to predict future help-seeking behaviour (Adams et al, 2022). Understandably there appears to be a definitive gap in literature exploring whether individuals would seek

help for mental health problems if there was a need in future. Additionally positive help-seeking intentions are not always reflective of actual behaviour (Sheeran et al, 2016). Hence, there is a dire need and requirement for the application of TPB to predict future behaviour, to identify groups who are in need but less likely to seek help as compared to other populations and conduct targeted interventions to address their needs in the hope of increasing help-seeking behaviour. Although the present study, is not focusing on a particular intervention as such, social media is presented as an educational platform useful in acquiring knowledge of mental health which may simultaneously influence all aspects of the TPB to enhance MHL and help-seeking behaviour.

The components of MHL are multifaceted. The definition of MHL describes it as the “knowledge and beliefs of mental health which aid their recognition, management and prevention” (Jorm, 1997). In the present model of the TPB an additional element of ‘knowledge’ will be added prior to the theoretical elements to understand the role of social media in the acquisition of knowledge related to mental health. The beliefs surrounding mental health can be considered to be shaped by the attitudes, subjective norms and perceived behavioural control and hence the TPB in application to our current research will aim to explore how knowledge acquired through social media, shapes individuals MHL in consideration with their acculturative attitudes and behaviours which ultimately influence their intention to seek help and engage in help-seeking behaviour if needed. The figure (Figure 2) below illustrates the model in detail.

The application of the TPB to individuals from a BSA background who already

experience disparities in access to care can be useful to explain the intentions and behaviours towards the utilisation of mental health services. At present there remains a dearth of literature exploring this issue. To discover the disparities in mental health and help-seeking behaviour, the influence of ethnic background and acculturation will be incorporated into the existing model. The results of this research will play a crucial role in directing the distribution of resources in a way that best serves the needs of people from BSA young adult backgrounds, who may maintain attitudes that limit their access to treatment. Prior studies conducted on individuals from culturally and linguistically diverse backgrounds have demonstrated that, in comparison to the general population, these groups are less likely to seek mental health care (Cohen, Wu & Miller, 2016).

Several factors have been cited as influential in informing such behaviour including a lack of knowledge of services and how to access them, communication barriers, financial barriers, racism, and culturally insensitive practices (Wohler & Dantas, 2017). However, it is also important to acknowledge that the western model of mental health care may not be applicable to all and the access to culturally appropriate care is also limited, ultimately influencing individuals' help-seeking intentions. The TPB can be considered useful in overcoming such issues by providing a holistic understanding of the factors informing MHL and impacting help-seeking ultimately. Adopting both quantitative and qualitative methods in the research will also halter such an issue. The present research adopts a mixed-methods approach as a means to understand the role of knowledge and beliefs of mental health in informing help-seeking among the BSA young adult population. The TPB will be used alongside the cultivation theory (Gerbner



& Gross, 1972) to explore how social media can also be instrumental in informing knowledge and beliefs towards mental health. Conducting such research is crucial for precisely addressing the requirements of marginalised populations and advancing inclusive practices.

### **2.6.2 Cultivation Theory**

The sociocultural theory of the Cultivation Theory (Gerbner & Gross, 1979) examines how television shapes the attitudes, values, beliefs, and perceptions of its audience. According to this theory the media, particularly through its storytelling role, shapes culture (Shrum, 2017). The theory is comprised of three fundamental components: an institutional process analysis that examines the production and dissemination of media messages, a message system analysis that examines the actual messages conveyed by the media, and a cultivation analysis that examines the ways in which exposure to media messages shapes recipients' perceptions of the outside world.. In the present study with the focus being on social media platforms, the mental health content on social media, their impact on BSA young adults MHL, and the factors that cause this relation, the Cultivation theory can be considered a useful theoretical framework to understand this interplay.

According to this theory, individuals with extensive exposure to digital media exhibit a heightened susceptibility to media messages, perceiving them as authentic and valid. This theoretical framework contends that there is a cultivation of attitudes, wherein

existing attitudes within our current study serve as a foundation, and the media re-packages these attitudes for presentation to the audience. Essentially, similar messages are conveyed in diverse forms, influencing individuals' attitudes and perceptions regarding various issues. The theory asserts that television and media exert subtle yet significant influence on societal attitudes and beliefs. Those who consume more media content are presumed to be more susceptible to this influence.

Stein, Krause & Ohler (2021) applied cultivation theory to explore the effects of Instagram on young users' body image. While more Instagram usage was not associated with any effect on body image, participants' tendency to browse public content on Instagram emerged as a relevant predictor, connected to biased views on the physical appearance of strangers as well as more disordered eating behaviour. Hence, indicating that cultivation theory can be considered an effective framework to understand the impact of media messages on one's attitudes, beliefs, and behaviour.

In accordance with this theory, it is plausible to propose that individuals with higher consumption of digital media may possess more nuanced information or hold distinct attitudes toward mental health. The content they engage with could impact their understanding of mental health and its implications on individual health and well-being. In the context of mental health literacy, individuals who are extensively exposed to digital media may develop attitudes shaped by the content they consume. This includes attitudes toward seeking mental health information, understanding mental health issues, and perceiving the importance of mental well-being. As statistics indicate 94% of young

adults, particularly Gen Z and millennials access social media (Statista, 2023). Hence the cultivation of attitudes among this group simultaneously must also be high.

As individuals engage with diverse forms of digital media, the theory implies that their mental health perspectives may be influenced by the recurring themes and messages present in media content. The portrayal of mental health topics in various media forms could contribute to shaping how these individuals perceive and understand mental health. In the case of British South Asian young people, their exposure to digital media may influence their attitudes not only toward mental health but also toward seeking information, destigmatizing mental health, and fostering overall mental well-being.

In relevance to the present research, it can be stated that the digital media landscape contributes to the mental health literacy of British South Asian young people. Their attitudes, beliefs, and understanding of mental health may be cultivated through the content they regularly engage with, impacting their overall mental health literacy. In conjunction with the TPB, the cultivation theory will be used as a theoretical framework to frame the research. A visual depiction of the theoretical framework is presented in Figure 1.

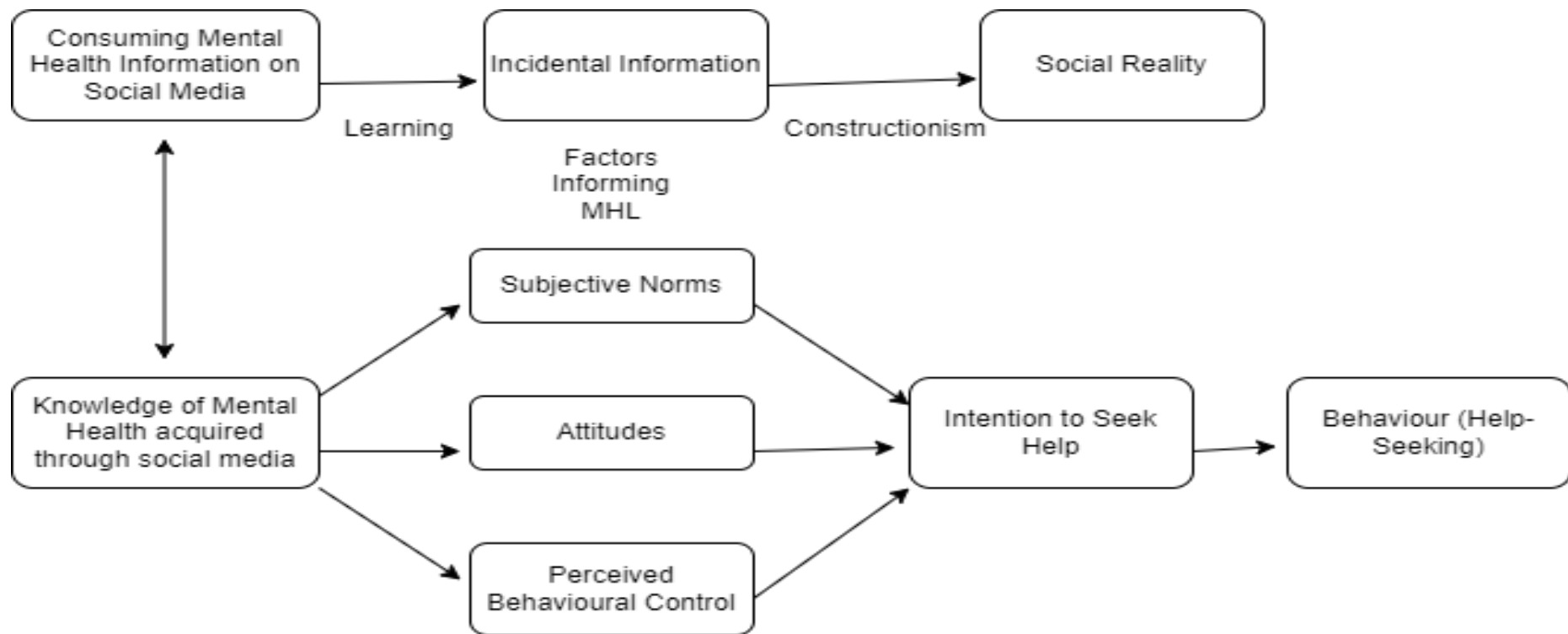


FIGURE 1: VISUAL DEPICTION OF THE THEORETICAL FRAMEWORK: TBT-CT FRAMEWORK

## **2.7 Aim and Research Questions**

The literature review has explored the complex interplay between MHL, cultural factors affecting South Asian mental health perceptions, and social media's emerging role in mental health communication. While research demonstrates the importance of MHL in promoting help-seeking behaviour (Jorm et al., 2006; Kutcher et al., 2016), studies indicate particularly low levels of help-seeking among South Asian populations, influenced by cultural stigma and traditional beliefs (Vyas et al., 2021; Shafiq, 2020).

Social media has emerged as a significant platform for mental health information dissemination, with studies showing increasing engagement among young adults (Ofcom, 2023). However, research examining how BSA young adults interact with mental health content on social media remains limited. The literature highlights social media's potential for enhancing MHL through various affordances (Naslund et al, 2020), yet questions remain about how cultural factors and acculturation influence this engagement. Studies by Ahmed et al (2019) and Vyas et al (2021) emphasise the need for culturally appropriate interventions, but research hasn't fully explored how social media might serve this role.

The review also reveals a significant gap in understanding how acculturation affects digital help-seeking behaviour. While research by Shukla (2023) suggests second-generation South Asians show different help-seeking patterns compared to first-generation immigrants, limited studies examine how this translates to online engagement. Furthermore, the effectiveness of social media mental health content for BSA audiences and its impact on offline help-seeking behaviour remains understudied (O'Reilly et al, 2019).

The theoretical frameworks of the Theory of Planned Behaviour (Ajzen, 1991) and Cultivation Theory (Gerbner & Gross, 1976) provide a foundation for understanding how social media might influence MHL and help-seeking behaviour. However, their application to BSA young adults' social media engagement with mental health content presents a novel area for investigation. These identified gaps inform the research questions, which aim to understand the complex relationships between social media usage, cultural factors, MHL, and help-seeking behaviour among BSA young adults.

The research aims to examine the MHL of BSA young adults & to explore perceptions of BSA young adults in using social media for mental health-related information. The studies further aim to understand whether engagement with social media content is a useful mechanism in promoting MHL and help-seeking among BSA young adults.

While the primary focus of the research is on the online environment in shaping MHL among BSA young adults, it is also important to consider the offline constructions and perceptions of mental health and the levels of MHL among the population. Thus, the research in this thesis explores the interrelations between the online and offline environment in shaping the MHL of SA young adults via a mixed-methods approach.

The following research questions will be answered to address the aims of the research:

**Research Question 1:** What is the association between acculturation, MHL, help-seeking, and mental health-related social media usage?

**Research Question 2:** Does mental health-related social media usage predict higher mental health literacy and help-seeking among BSA young adults?

(a) : Is the relationship between mental health-related social media usage, mental health literacy, and help-seeking moderated by acculturative attitudes and behaviour?

**Research Question 3:** To what extent do cultural beliefs and perceptions impact the MHL and help-seeking behaviour of BSA young adults?

**Research Question 4:** How can social media enhance the MHL of BSA young adults?

(a) Has engagement with mental health-related content on social media complimented, duplicated, or challenged pre-existing notions regarding mental health and mental illness?

**Research Question 5:** What are the dominant discourses on mental health and mental illness on social media?

(a) Does social media have the potential to promote mental health literacy and the subsequent help-seeking behaviour of BSA young adults.

## **2.8 Summary**

The literature review provides an insight into the issues associated with access to mental health services among the SA and young adult population. Previous literature has provided evidence indicating many causes for this association, including the role of cultural beliefs and attitudes, socio-economic circumstances, discrimination, systemic barriers in mental health care and racism. By enhancing MHL within this demographic, individuals may develop a better understanding of mental health issues, reduce the stigma surrounding seeking help and navigate the complexities of the healthcare system more effectively.

The adoption of MHL has thus been deemed extremely necessary and important for the BSA young adult population. However, research has also indicated that prior to the application of MHL interventions, there remains a need to understand and explore the knowledge and beliefs associated with mental health among the SA young adult population, and the barriers associated with help-seeking.

Informal sources of information are a popular method to seek and acquire information about a range of topics, particularly mental health. With the current uprise in social media use and the proliferation of information on social media being disseminated, this research seeks to examine and explore the role of social media in enhancing the MHL and help-seeking behaviour of BSA young adults. Bridging the gap between knowledge acquisition and practical application of knowledge in terms of mental health, we can deem social media to be a 'shadow health service' for the BSA young adult population (Crawford, 2018).

The findings from the review merit the need for an understanding and exploration of whether



such an association between social media and MHL exists and if so, how can it benefit BSA young adults.

# Chapter 3: Methodology

## 3.1 Introduction

This chapter will aim to explain the nature of the data required to achieve the study aims. To effectively address the research aims and questions, there is a need for a systematic and methodological approach. The methodology chapter will provide a blueprint of the research philosophy, the rationale behind adopting a mixed-methods approach, the research strategy and the ethical issues involved. Following this, an overview of the research phases and the methods employed to address the research questions will be focused upon. Justification and suitability of the research methods will also be discussed in this chapter.

The following research objectives will aim to address the research questions posed:

**RO1:** To determine the influence of acculturation and ethnicity on the MHL, social media use and help-seeking behaviour of BSA young adults in the UK.

**RO2:** To explore and describe BSA young adults' perceptions and constructions of mental health and mental illness in relevance to their ethnic beliefs.

**RO3:** To explore and describe SA young adults' engagement with mental health-related content on SNSs in relevance to their ethnic beliefs.

**RO4:** To explore the dominant discourses on mental health and mental illness on SNSs in relation to improving mental health literacy and help-seeking among British South Asian young adults.

Based on the aims and research objectives, this chapter will provide a nuanced appreciation

of how the issues surrounding ethnicity, acculturation, social media, and mental health literacy can be facilitated via the use of mixed methods approach involving a questionnaire, interviews and a Netnography.

### **3.2 Research Design**

The present research adopts a sequential explanatory mixed-methods approach comprising an online survey assessing MHL and help-seeking in relevance to social media use with 166 participants; semi-structured interviews with 17 participants to explore perspectives on MHL and social media; and finally, a netnography to explore the dominant discourses surrounding mental health on social media.

***Stage 1: Quantitative online survey assessing acculturation, mental health literacy, help-seeking and social media usage among BSA young adults.***

This stage will aim to quantify the patterns and prevalence of the aforementioned issues and aim to understand whether a relationship exists between the variables; mental health literacy, acculturative attitudes and behaviour, help-seeking and social media usage. This study will also aim to address the gap in knowledge among BSA young adults and the relationship between culture and MHL.

***Stage 2: Qualitative interviews with BSA young adults to explore perspectives on MHL and social media use.***

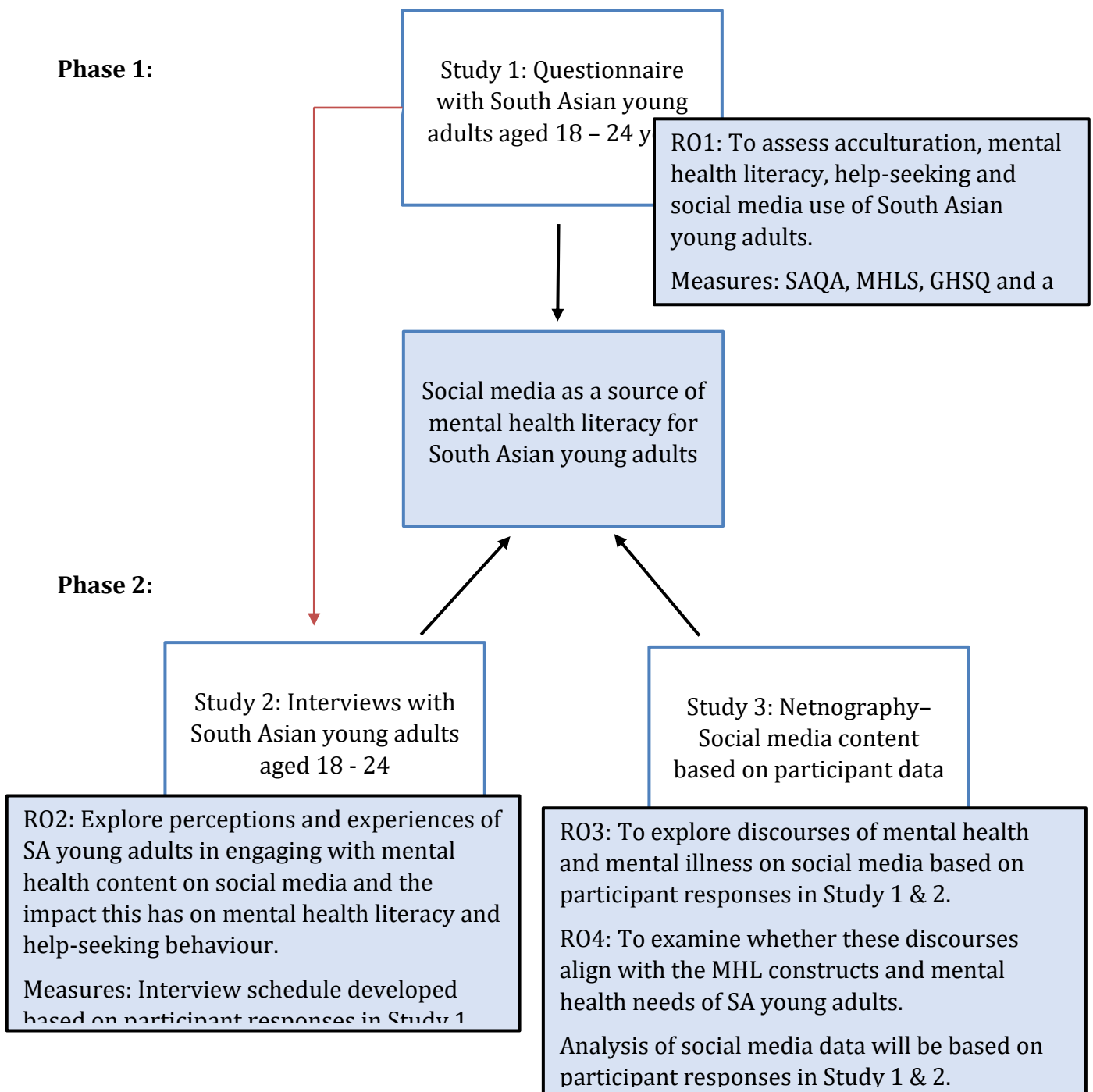
Individual qualitative online interviews will provide a comprehensive understanding and an overarching perspective on the research problem as perceived by BSA young adults. The core

components of the interviews included young people's understanding of mental health, mental illness, help-seeking and the role of social media in their mental health knowledge and beliefs. Findings from the interviews are divided into two sections exploring BSA young adults MHL and their views on how social media can enhance MHL and help-seeking behaviour.

***Stage 3: A Netnography of Instagram posts to explore the dominant discourses on social media related to MHL.***

A Netnography allows researchers to explore understand and analyse data of online conversations and cultures. As social media is accessed by many worldwide, it can be deemed an 'online culture' of sorts, where individuals may interact with others, gain new knowledge, and apply this within the practical world. In the present study, Instagram posts related to mental health were analysed to explore the online discourses and discussions that surround mental health. A further objective was to understand whether the social media discourse is useful in promoting mental health literacy and help-seeking behaviour.

The following figure provides a depiction of the study design. (Figure 2).



**FIGURE 2: STUDY DESIGN**

### 3.3 Population of interest

Young adults are increasingly engaging with social media, leading to rich and diverse online

experiences. Emerging adulthood, as described by Arnett (2000), is a critical period of transition characterized by significant life changes and experiences. During this stage, individuals often report unmet health needs (Marshall, 2011), which can drive their use of online resources. Dutton and Blank (2011) found that 57% of students actively seek health information on the internet, highlighting the significant role of social media in meeting these needs. Furthermore, a report by Ofcom (2023) indicates that individuals aged 16–24 are the most active users of social networking platforms compared to other age groups. Activities such as posting, commenting, and responding on social media have become key expressions of both personal and group identity (Papacharissi, 2010).

The present research focuses on BSA young adults aged 18-24. This age range was selected for several reasons. Firstly, 18 marks the start of young adulthood and often aligns with similar educational levels, such as university attendance which fosters shared experiences. Secondly as indicated by previous research (Barry et al, 2020), individuals in this age group are among the most frequent social media users, making them particularly relevant for exploring the influence of social media on MHL and engaging with mental health-related content online. By narrowing the focus to this specific demographic, the research allows for a more targeted exploration of the shared awareness and experiences BSA young adults uphold when engaging with social media for similar purposes.

While previous studies have included participants from diverse demographic backgrounds, it is important to acknowledge the limitations of this approach. Findings may not be generalisable to a wider population, as mental health experiences often vary based on factors such as age, gender, and cultural or societal norms. Therefore, this study specifically centres

on BSA young adults within the 18–24 age group to address these nuances effectively.

The studies are designed so they can inform each other over the course of the thesis. A triangulated approach will be taken and thus all studies are interlinked. Figure 2 outlines the study design that will be implemented in this thesis.

Before delving into the complexities of the research design, it is essential to explore the philosophical foundations and theoretical framework that guided its development. The following sections aim to provide an in-depth understanding of these underpinnings.

### **3.4. Research Philosophy**

The fields of ontology and epistemology offer valuable insights into the decisions made by researchers regarding the social reality they examine, the methods they employ to tackle research challenges, and the problems that arise from the boundaries of their investigation and dependability. The research design selected to solve the research problem depends on the character of the ontological and epistemological questions discussed.

According to Burrell and Morgan (1979), ontology is a subfield of metaphysics that studies the nature of existence. The study of ontology determines whether reality is an actual thing or just the result of a person's consciousness. "What is out there to know" is the primary ontological question that scholars address, according to Hay (2002). Other ontological queries that could be important to look at in order to study social reality are: Does the

researcher approach reality with objectivity? Are the inquiries concerning social reality unbiased? Does the researcher approach social reality in an arbitrary manner? Are the study questions based on personal experience? (Johnson and Christensen, 2008; Lethamn, 2006).

Epistemology investigates the basis of knowledge concerning reality and is the information the researcher already knows about the objects under investigation. Epistemology is the primary assumption that the researcher holds regarding the scientific method (Crowther and Lancaster, 2008). The three domains of epistemology include the nature of knowledge, the source of knowledge, and the boundaries of the process of acquiring knowledge, according to Horn (2010).

Regarding the nature of knowledge, Truncellito (2007) distinguishes between three categories: propositional knowledge, which is used to learn about human views and ideas in science and philosophy, acquaintance knowledge, which is used to become familiar with people's ideas about their surroundings, and procedural knowledge, which is used to evaluate people's competence and skills. The final two categories of knowledge are thoroughly studied in social studies in order to gain a greater comprehension of how humans interact with the natural world.

Ontological approaches can be divided into two categories: positivist and interpretivist. The ontology of positivists is that only one single objective reality exists (Bryman, 1998). The epistemology of positivists infers that we can understand reality by observation and measurement. Hence, quantitative methods are more likely to be used to measure a positivist reality. Quantitative methods require a large amount of data and social phenomena is viewed



with an objective lens (Hughes and Sharrock, 1997). Statistical methods are often used to explain what is observed in quantitative research (Babbie, 2010).

Distinctively, the interpretivist paradigm encompasses the ontology that no single reality exists, and reality is based on the individual's perspective, influenced by a range of factors such as social and cultural norms or values (Houghton et al, 2012). A multitude of factors may impact the individual's interpretation of an experience. The epistemology of interpretivism states that reality can be known by more than measurement or empirical verification. An inductive approach is taken to understand the individual experience.

Deductive arguments are mostly rigid and certain, interpretivists however adopt an approach where some evidence of the truth is provided, rather than broadly generalising findings. By observing issues in the social world, patterns explaining wider principles may be identified (Babbie, 2005).

In this thesis, both a positivist and interpretivist approach will be adopted due to the nature of the research questions. Embedding both approaches using a mixed-methods design can provide an in-depth understanding on the role of social media in the mental health literacy and help-seeking of BSA young adults.

The research methods used to examine social reality can provide light on the epistemological stances taken to tackle the research problem. This will be covered in more detail in the research paradigms section that follows.

### **3.5 Research Paradigms**

There are three main research paradigms when conducting social sciences research. Depending on the nature of enquiry any of the following paradigms are selected by researchers:

#### **3.5.1 Positivism**

A hypothesis is tested using a positivist methodology, which demands statistical support. Positivists utilise rigorous, objective scientific protocols to comprehend, explain, and forecast social reality. To uphold objectivity, social and natural scientists concentrate solely on the factual aspects and numerical data of phenomena, excluding emotional and idiosyncratic elements from the perspectives of social actors. According to Wilson (2010) and Collins (2010), this methodology guarantees a higher degree of precision and reliability in the study data.

#### **3.5.2 Interpretivism**

According to Hussey and Hussey (1997), the interpretivist paradigm denotes the practice of examining people's actions from their context. Explaining the complexity of human behaviour is the main goal of the interpretive approach, according to Lee (1991). While interpretive research may collect data and information subjectively, often a subjective interpretation is used to understand human behaviour, in relevance to their previous experiences and background (Creswell, 2014).

Instead of establishing or testing a hypothesis, interpretive research helps the researcher comprehend the social context of the phenomenon (Walsham, 1995). Interpretivist researchers contend that if the complexity of the social world is reduced to a series of generalisations that resemble laws, then the research's nuanced insights may be useless (Saunders et al, 2009). Moreover, subjectivity gives qualitative research more power, according to Yin (1994), since it enables the researcher to explain and interpret a phenomenon's meaning rather than just its frequency (Saunders et al., 2003).

### **3.5.3 Pragmatism**

Researchers have widely criticised positivist and interpretivist worldviews for being rigid in addressing the demands of complex social phenomena, where these methods were deemed insufficient to produce sufficient amounts of rich data to tackle the research question at hand (Collis and Hussey, 2014). Pragmatists contend that there are numerous approaches to conducting research and understanding the world. There may be several distinct realities present, and no single point of view can ever fully capture the scene (Saunders et al, 2012).

According to a pragmatist worldview, reality is constantly renegotiated, debated and interpreted. Creswell (2014) states that a pragmatic worldview is driven by actions, situations and consequences. When adopting a pragmatic approach, all available methods are outlined and any methods which work best for the nature of the research are used (Patton, 1990). According to a pragmatist viewpoint, the best method is the one that solves the problem (Creswell, 2014). Issues of truth and reality are sidestepped in a pragmatist worldview and the use of a mixed methods approach is undertaken (Feilzer, 2010).

Instead of focusing on a particular research paradigm, the focus is on ‘what works’ in regard to the research questions which will be investigated (Tashakkori and Teddlie, 2003). In other words, both positivist and interpretivist approaches are embedded within the research based on the nature of the research questions. Research adopting a pragmatic worldview will thus often use a mixture of approaches encompassing both qualitative and quantitative methods (Creswell, 2014).

Pragmatism is particularly well-suited to mixed-methods research, as it allows for flexibility in integrating quantitative and qualitative strategies. This approach ensures that both measurable, objective data and the subjective experiences of participants are captured, providing a richer understanding of the phenomenon under investigation.

### **3.6 Adoption of a pragmatic worldview in this research**

When considering the ontology of this thesis, there remained confusion on my perception of reality. While quantitative research may provide factual information and thus a single reality, it is important to consider that there exist multiple realities which need exploring. In social sciences research, the epistemology mostly relates to the objective or subjective nature of research (Crotty, 1998). However, when conducting mixed-methods research, it is important to acknowledge the importance in using different but complementary strategies to address the research questions. As a researcher, I would associate this research with a pragmatic worldview acknowledging that the nature of reality is constantly negotiated. Instead of focusing on the concepts of truth and reality, the research will focus on what works in

addressing the research questions under investigation (Tashakkori and Teddlie, 2003).

The research adopts a theoretical framework that anchors the inquiry while allowing for methodological flexibility. This integration ensures that theoretical concepts guide the interpretation of findings and that both positivist and interpretivist approaches are meaningfully connected to the research objectives.

The aims of the research are to examine the MHL of BSA young adults & to explore perceptions of BSA young adults in using social media for mental health-related information. The research further aims to understand whether engagement with social media content is a useful mechanism in promoting MHL and help-seeking among BSA young adults. MHL and help-seeking attitudes of BSA young adults may be influenced by several cultural or social factors including social media. To address these influences, the research adopts a pragmatic approach, combining quantitative and qualitative methods to provide a comprehensive understanding of the topic.

Pragmatism, as a philosophical stance, is particularly suited to mixed-methods research as it emphasizes using the most effective strategies to answer the research questions. The relationship between measurable factors such as acculturation, MHL, and help-seeking behaviour aligns with a positivist approach, while the exploration of subjective perceptions and experiences aligns with an interpretivist approach. Given the complexity of these research objectives, pragmatism allows for the flexibility required to use diverse research instruments effectively. By integrating quantitative and qualitative methods, the study yields a richer and more nuanced understanding of how social media influences MHL and help-

seeking behaviours among BSA young adults.

Research Objective 1, which seeks to determine the influence of acculturation and ethnicity on MHL, help-seeking and SNS use employs a positivist approach. This objective focuses on identifying the relationship between variables and requires quantitative data. Therefore, a positivist stance is more appropriate here as it allows for the statistical analysis of the relationship between the variables.

Research Objectives 2, 3 and 4 aim to explore perceptions, beliefs, and the dominant discourses around mental health on social media among BSA young adults. These objectives involve a deeper exploration of subjective experiences, which align with an interpretivist approach. Interpretivism allows for a focus on understanding the meaning that individuals attach to mental health concepts, within their cultural perceptions and social context and therefore, is well suited for exploring how ethnic beliefs shape mental health perceptions and engagement with mental health-related social media content.

Pragmatism accommodates the integration of these paradigms by prioritising abductive reasoning, which involves moving iteratively between inductive and deductive processes (Morgan, 2007). This reasoning enables the research to refine hypotheses and interpret findings in light of both data and theory. The focus on inter-subjectivity further allows the study to bridge subjective and objective dimensions, ensuring the research captures both individual experiences and broader social realities. This dual perspective is crucial for understanding how social media influences the mental health literacy and help-seeking behaviours of BSA young adult.

By combining positivism for Research Objective 1 and interpretivism for Research Objectives 2 – 4, this study adopts a mixed-methods approach underpinned by pragmatism, ensuring that the chosen methods best align with the research aims and the complex nature of the phenomena under investigation.

A description of the mixed-methods research design employed in the research will be the main topic of the following section.

### **3.4 Mixed Methods Approach**

A mixed-methods research design is one where both quantitative and qualitative approaches are combined in a single study. According to Tashakkori and Teddlie (1998), one benefit of adopting a mixed-methods research design is that incorporates the advantages of both quantitative and qualitative approaches and avoids the disadvantages. This approach aligns with pragmatism, which values the use of multiple methods to provide practical solutions and a more complete understanding of the research topic.

Quantitative methods, often involving large sample sizes, provide objective data but may lack contextual depth. Qualitative methods offer in-depth insights into participants' perspectives but can be influenced by the researcher's interpretation and suffer from limited generalizability due to smaller sample sizes. By combining these approaches, a mixed-methods design capitalizes on the strengths of both, overcoming their individual shortcomings.

Clark and Creswell (2011) highlight several advantages of a mixed-methods approach, including the ability to support multiple research worldviews, address research questions that may be difficult to answer with either approach alone, provide stronger evidence for further research, and utilize a diverse range of data collection methods, such as digital observations, questionnaires, interviews, and interactive techniques. These features are particularly useful in exploring complex topics like the role of social media in the MHL and help-seeking of BSA young adults.

A convergent parallel design, an exploratory sequential design, an explanatory sequential design, and an embedded design are a few examples of mixed methods design (Creswell and Plano Clark, 2011). Based on the research questions and aims, an explanatory sequential design was considered most appropriate for this research. An explanation of this design and a detailed justification of its adoption in this research is provided in the next section.

### **3.7 Sequential Explanatory Mixed Methods Design**

A sequential explanatory mixed-methods design is a mixed-methods approach with two phases. The first phase includes quantitative data collection and analysis. The gathering and analysis of qualitative data, which was planned in accordance with the conclusions drawn from the first quantitative phase, comes next. In order to gain a more profound understanding, the following (qualitative) steps aims to make it easier to provide a qualitative explanation for the preliminary findings from the first phase.

Explanatory sequential mixed-methods, which are part of mixed-methods design, have



several benefits. Specifically, the simple design in an explanatory sequential method yields quantitative results that can be thoroughly explained by the qualitative stage. In case the first step yields any unexpected results, this can be especially helpful in figuring out why.

Additionally, this design allows for easy implementation without the need to hire a team of researchers because the quantitative and qualitative phases are structured independently and just one type of data—qualitative or quantitative—can be collected within each phase.

Although there might be benefits to this strategy, there also seem to be a number of drawbacks. First of all, planning and implementing such a strategy could take a lot of time. Sometimes, compared to the first quantitative phase, the qualitative phase can likewise take a very long time. It is imperative that all components and resources needed for this kind of design are given careful thought, including whether it will be possible to gather and analyse all the data.

### **3.7.1 Rationale and Justification for using a sequential explanatory mixed method design.**

When examining mixed-method approaches, different techniques can be used to gather data. A sequential mixed-method design with explanation was selected in accordance with the goals of the investigation, the chosen research approach, and the time allotted for data collection. The following reasons can provide a justification as to why an explanatory sequential design was chosen for this research.

It was crucial that the initial quantitative phase provided solid evidence to begin with, since the goal of the initial study is to gather background data as the baseline for researching the

knowledge and beliefs about mental health and help-seeking in relation to the usage of social media among BSA young adults. When a researcher still has concerns about the quantitative data, they may find an explanatory design helpful (Clark and Creswell, 2011). The first quantitative phase of the current study serves as the foundation for the subsequent qualitative components since no prior research has evaluated mental health literacy and help-seeking in relation to social media usage among BSAs. For this reason, i.e., to provide a solid evidence base for the study, a sequential explanatory design is frequently employed.

The subsequent qualitative phase is essential for interpreting and deepening the insights from the quantitative findings. By employing qualitative methods, the research aims to thoroughly investigate the underlying factors and nuanced experiences related to social media's impact on MHL (Tashakkori & Teddlie, 1998).

The use of a questionnaire in Study 1 can be useful in triangulating research findings when used with other methods e.g. qualitative in Study 2 & 3 (Flick, 2009). Questionnaires will be used to complement, challenge, and reflect upon the qualitative data collected in the following studies. According to Orgad (2009), both online and offline contexts are important to understand a social phenomenon. When investigating mental health content in offline environments, it is also important to understand the phenomenon offline as well. A key aim of the research is to allow for a shifting focus between the online content and offline experience. In the present research, understanding the MHL levels using questionnaires, offline mental health perceptions, engagement with online mental health information and the needs in relation to mental health of SA young adults in interviews, will guide us in conducting an analysis of social media posts exploring the dominant discourses of mental health on social media.

Beneito-Montagut (2011) stresses the importance for research investigating how social information and communication technologies operate within society in everyday life. Conducting research using multiple data sources is valuable. Just focusing on isolated snapshots of online text and disregarding individual views, cannot explore the interplay between the online and offline world. According to her research a “multi-media, multi-site and user-centred methodological approach” should be employed to explore the impact of online communications in detail. With this in mind and a lack of literature exploring users’ experiences of engaging with social media content about mental health, the study was developed to address whether online engagement with mental-health content has the power to influence MHL and thus encourage positive health behaviours offline among BSA young adults.

The following diagram provides a visual representation of the explanatory sequential model undertaken in the present research.

### 3.7.2 A Visual explanation of the sequential explanatory research design

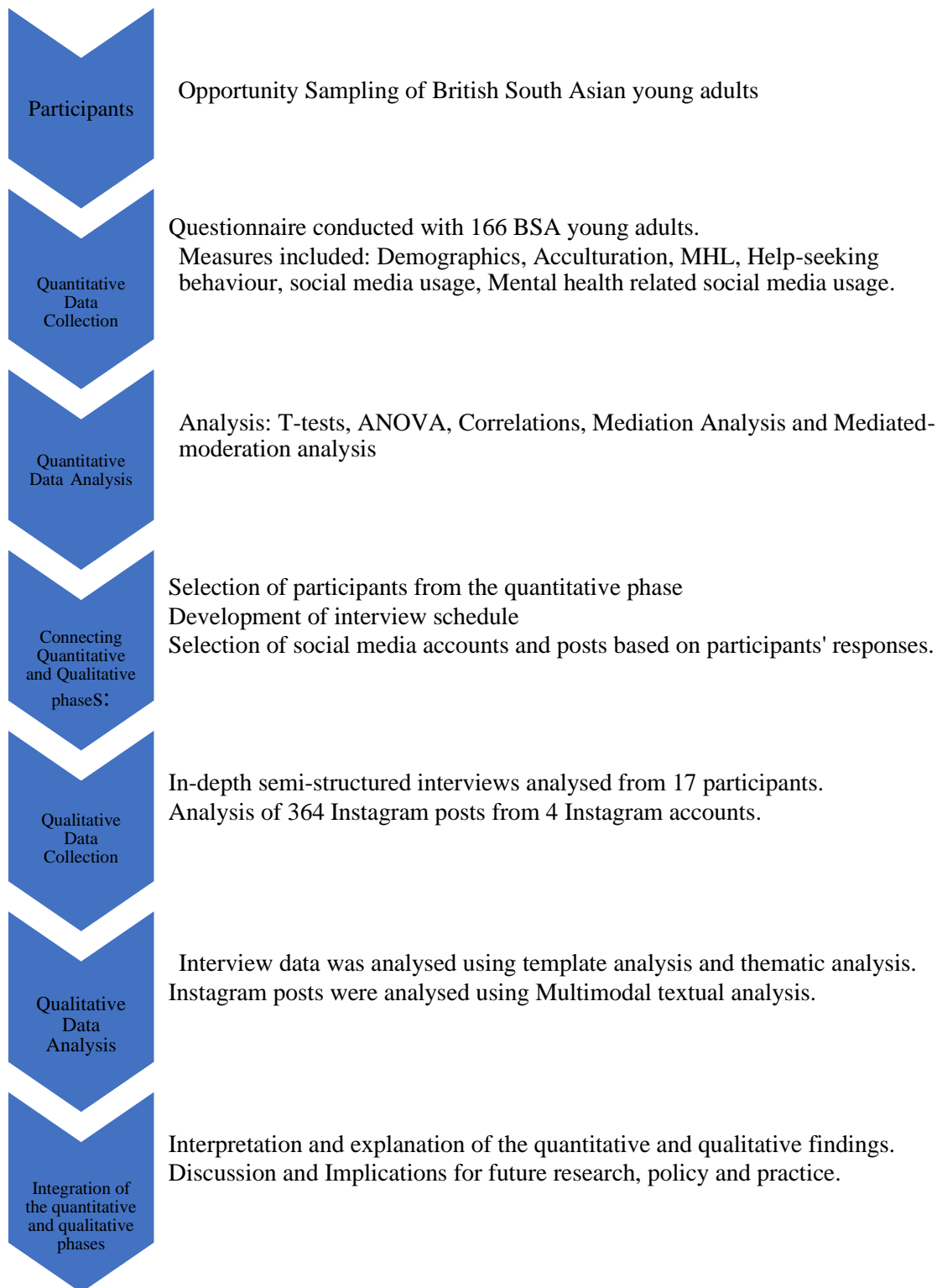


FIGURE 3: VISUAL ILLUSTRATION OF THE SEQUENTIAL EXPLANATORY RESEARCH DESIGN

### 3.8 Study 1: Online Quantitative Questionnaire

The first phase of the research design is a quantitative study. A questionnaire the relationship between acculturation, MHL, help-seeking behaviour, and the use of mental health-related social media among BSA young adults. The hypotheses are structured to examine these relationships across three research questions (RQ1, RQ2 and RQ3):

**RQ1:** What is the association between acculturation, MHL, help-seeking, and mental health-related social media usage?

- **Hypothesis 1:** MHL has a significant and positive impact on help-seeking behaviour.
- **Hypothesis 2a:** Behavioural acculturation has a significant and positive impact on MHL and help-seeking behaviour.
- **Hypothesis 2b:** Attitudinal acculturation has a significant and positive impact on MHL and help-seeking behaviour.
- **Hypothesis 3a:** Mental health-related social media usage has a significant and positive impact on MHL.
- **Hypothesis 3b:** Mental health-related social media usage has a significant and positive impact on help-seeking behaviour.
- **Hypothesis 4:** The perception that social media use impacts MHL is positively and significantly associated with MHL.

**RQ2:** Does social media usage and frequency predict higher mental health literacy and help-seeking among BSA young adults?

- **Hypothesis 4:** Mental health literacy mediates the relationship between mental health-related social media usage and general help-seeking behaviour.

**RQ3:** Is the relationship between mental health-related social media usage, mental health literacy, and help-seeking moderated by acculturative attitudes and behaviour?

- **Hypothesis 5:** The strength of the mediating role of MHL in the relationship between mental health-related social media usage and help-seeking behaviour is moderated by acculturative attitudes and behaviours.

166 BSA young adults participated in an online questionnaire that assessed acculturation, MHL levels, social media usage, and help-seeking behaviour. The questionnaire was quantitative in nature; however, questions evaluating social media usage included open-ended questions that were analysed quantitatively.

### **3.8.1 Rationale for Online Survey**

Flick (2009) emphasises the usefulness of questionnaires in triangulating research findings when combined with other methods. In this study, questionnaires were utilized to gather quantitative data, complementing, challenging, and reflecting on the qualitative data obtained through interviews and analysis of social media posts. Many advantages of incorporating questionnaires in research were noted, including their cost-effectiveness, tailored design for specific purposes, and the potential for anonymisation. Additionally, questionnaires enabled researchers to efficiently collect quantifiable survey information without their physical presence. In this study, data were collected using [onlinesurveys.ac.uk](https://www.onlinesurveys.ac.uk). All questions aimed to

be as unambiguous and accessible as possible. Before the actual data collection with a small group of participants, a pilot questionnaire was administered to 10 participants to enhance the quality and effectiveness of the research.

The initial online survey (Study 1) aimed to quantify SA young adults' acculturative attitudes and behaviours, MHL, help-seeking behaviour, their engagement with social media and mental health-related content on social media. This study also aimed to provide a sampling framework for the following studies by identifying popular mental-health-related social media content creators. The methods for the study are outlined below.

### **3.8.2 Participants**

166 BSA young adults aged 18 – 24 years were recruited via De Montfort University, social media platforms and 'Prolific'. The inclusion criteria of the questionnaire included:

- South Asian young adults aged between 18 and 24.
- British 'second-generation' South Asian young adults.
- South Asian young adults who could speak and understand English.

In this study, a key eligibility criterion was for the participants to be British South Asian young adults aged 18 - 24. This was a criterion as the research aimed to understand the perspectives, attitudes, and knowledge of South Asian young people who were brought up in the UK, however, may have been influenced by cultural beliefs and attitudes in relation to mental health. Fluency in English was another important criterion, as the questionnaire was

written in English language, and it was imperative for the participants to understand and interpret the questions effectively.

### **Participant Recruitment**

The sample recruitment process for the survey evolved over time to address challenges in participant recruitment and ensure the inclusion of BSA young adults aged 18–24 residing in the UK.

Initially, recruitment efforts were made through online social media platforms such as Twitter, as this approach provided the potential to reach a broad audience. Simultaneously, a purposive sampling strategy targeted students from De Montfort University (DMU) to supplement responses. University students were particularly relevant as they are likely to be within the study's demographic and engage with social media regularly.

Despite these efforts, the response rate remained insufficient to meet the study's requirements. To address this challenge, a final stage of recruitment was carried out through Prolific, a paid online platform. Prolific offered specific geographic and demographic filtering options, ensuring that participants met the study's criteria of being BSA young adults aged 18–24 residing in the UK.

This multi-stage recruitment process reflects the pragmatic adjustments made to achieve a sufficient and relevant sample. By combining online social media, university-based purposive sampling, and Prolific, the study ensured a robust participant pool while maintaining



alignment with the research objectives.

### **3.8.3 Reflection on the recruitment process**

One of the hurdles faced during the data collection phase (January 2021 – September 2022) was related to data collection. Initially, when data collection for Study 1 commenced, recruiting participants through online methods, such as social media, seemed natural. The study aimed to assess mental health literacy and help-seeking in relation to social media usage. However, online recruitment posed challenges. Firstly, the questionnaire's length appeared to be quite extensive, taking approximately 25 -30 minutes to complete, resulting in a high dropout rate upon partial completion. Statistics from the [onlinesurveys.ac.uk](https://www.onlinesurveys.ac.uk) website revealed that 987 participants started the questionnaire, with only 174 completing it. It is worth noting that this statistic may also imply limited visibility, given that only 987 participants viewed the questionnaire over 18 months.

Another issue with online recruitment was participant selection for this specific study, which focused on British South Asians aged between 18 and 24. This criterion may have contributed to the lack of responses. Conducting online research has several advantages over traditional methods, such as increased anonymity and privacy, but it also has drawbacks, such as the inability to build rapport or an "insider" status with participants, which may cause them to feel less similar to the researcher (Mann and Stewart 2000; Morgan and Guevara 2008).

In contrast to online recruitment, I obtained more responses through a snowball sampling technique. Personal contacts, academics within the university, family, and friends were

approached, and invitation emails were sent. Highlighting the chance to enter a £100 prize draw incentivized some individuals to complete the questionnaire.

Initially, with a response rate of 137 participants within one year of starting data collection, additional data collection methods need to be considered to complete the data collection process. The G\*Power software used to calculate sample sizes indicated that I needed a total of 171 participants for the data to be reliable.

As the second study relied on participants from the first study, several strategies were being considered to address the data collection challenge. One strategy involved creating a recruitment poster to be shared within the university and on social media. Scheduling posts during peak traffic times on social media platforms is expected to be effective. Upon a lot of deliberation, active data collection attempts and a lack of responses, the use of the website 'Prolific' was employed, paying 40 participants according to the national minimum wage to take part in the questionnaire. This approach appeared to be considerably successful, gathering data in a limited timeframe.

#### **3.8.4 Questionnaire Development**

The development of the questionnaire was a multi-step process, integrating various established scales and frameworks to comprehensively address the research objectives. The instruments of data collection used in this research include the Self-administered Questionnaire of Acculturation (SAQA), Mental Health Literacy Scale (MHLS), the General Help-Seeking Questionnaire (GHSQ) and a self-developed measure assessing social media

usage and attitudes to mental health content. Demographic data was also collected alongside these measures. The questionnaire included a mixture of multiple-choice, Likert and free-text questions. The time taken to complete the questionnaire was approximately 25-30 minutes.

The Theory of Planned Behaviour (TPB) informed the selection of the SAQA, MHLS, and GHSQ, guiding the development of questions around acculturation, mental health literacy, and help-seeking behaviours. Meanwhile, Cultivation Theory served as a framework for designing the section on mental health-related social media usage. Initially, questions focused on the frequency and extent of social media use, but additional questions exploring the influence of social media exposure on participants' mental health literacy were shaped by the principles of Cultivation Theory. This approach allowed for a deeper understanding of how social media may shape perceptions of mental health.

## **Measures**

Details of all the scales used in the questionnaire are reported. The reliability of each scale was calculated with 95% confidence intervals for Cronbach's Alpha. These figures are mentioned below.

**Demographics:** Several studies have assessed the interplay of demographic variables with mental health literacy and help-seeking behaviour. (Miles et al, 2020; Gorczyński et al, 2020). In consideration with the aims of the study, the demographics assessed in the present study included age, gender, ethnicity, religion, highest educational qualification, previous mental health diagnosis, and contact with someone with a mental health diagnosis.

### **Self-administered Questionnaire of Acculturation (SAQA)**

Acculturation levels within the study's target sample were evaluated using the 28-item Self-Administered Questionnaire of Acculturation (SAQA) (Palmer, Macfarlane, Afzal, Esmail, Silman, and Lunt, 2007). Various acculturation measures have been tailored for specific immigrant populations. Recognizing the lack of a validated acculturation measure for South Asian individuals in the UK, Palmer et al. (2007) developed the SAQA for this specific purpose.

Acculturation measures aim to depict the behavioural and attitudinal shifts occurring when individuals from one culture move or become deeply involved in another culture (Sam & Berry, 2010). In this particular investigation, our emphasis is on a sample of 'British second-generation' individuals. The study hence specifically explored how young adults in this group navigate the challenges of living between their parents' cultural heritage and community, and that of their peers in the new society (Chaung and Moreno, 2011).

The SAQA scale follows a bi-dimensional approach including three sub-scales measuring behaviours suggesting greater acculturation to the host community, attitudes indicative of greater or lesser acculturation and behaviours associated with society of origin. In the present study, as we were measuring behavioural and attitudinal acculturation as two separate constructs, the two behavioural sub-scales were combined to form a single score. The subscale 'behaviours associated with country of origin' scores were reversed to create a single score. Higher scores on this sub-scale indicate greater acculturation whereas a low score will be indicative of lesser acculturation. This sub-scale scale will be referred to as 'Level of Behavioural Acculturation.'

Previous studies using the SAQA have reported modest to good reliability coefficients (Cronbach's Alpha) for the three subscales (Palmer et al, 2007; Pilkington et al, 2011). The Cronbach's Alpha in the present study revealed acceptable to quite poor internal consistency. Cronbach's Alpha for the two sub-scales, 'Level of behavioural acculturation' = .56 (95% CI = .46 - .65) and 'Level of attitudinal acculturation' = .76 (95% CI = .69 - .81).

### **Mental Health Literacy Scale (MHLS)**

MHL was assessed using the MHLS (O'Connor & Casey, 2015). The MHLS has shown to have good inter test-retest reliability according to previous studies (Ratnayake & Hyde, 2019) and is aligned with the Diagnostic and Statistical Manual of Mental Disorders (DSM-5; American Psychiatric Association, 2013). The MHLS comprises of 35 items with scores ranging from 35 – 160. Previous studies (Ratnayake & Hyde, 2019) have differentiated between individuals with high and low MHL with a cut-off score of 130. Individuals with high MHL scored above 130 and those with low MHL scored below 130. As this cut-off score was based on known groups assessment values in the original article by O'Connor & Casey (2015), it can be considered a reliable and valid measure. Thus, in the current study the cut-off measure will be used to differentiate between participants with high and low MHL and will prove useful in understanding the difference between perceptions, attitudes, and usage of online mental health content between groups in Study 2.

Most studies focusing on understanding MHL have adopted vignette-based designs. However, this is problematic as vignettes do not encompass a scale-based scoring system and can be time-consuming to use (O'Connor et al, 2014). The Mental Health Literacy

Questionnaire (Campos et al, 2015) was first considered as a measure to assess MHL in this study, however, existing scale-based measures such as the MHLQ have limited psychometric data and do not assess all attributes of MHL (Wei, McGrath, Hayden & Kutcher, 2015). Furthermore, the MHLQ has not been standardised to a young adult population in the UK. Based on the reliability of the administration of the MHLS on the young adult population and the problems associated with other scale-based measures assessing MHL, the MHLS will be adapted to use as part of this study. For this sample, the Cronbach's Alpha was .89. (95% CI .87 - .92).

#### **General Help-Seeking Questionnaire (GHSQ):**

The GHSQ (Wilson et al, 2015) will be used to assess intentions to seek help among SA young adults. Previous studies implementing the GHSQ have used this across a several populations including young adults in the UK (Kauer et al, 2017). The questionnaire has shown to have positive associations with emotional competence, retrospective and prospective help-seeking behaviour, as well as good test-retest reliability (Wilson et al, 2005).

Assessing help-seeking attitudes can be useful when understanding MHL, as it can help assess whether MHL plays a role in perceptions towards help-seeking. The GHSQ comprises two questions assessing help-seeking intentions for personal and emotional problems as well as suicidal ideation. Based on responses from the pilot study only one question was used to assess help-seeking. The scale included 10 items in total, two of which measured intentions to seek help from another source not listed and not seeking help from anyone. Items were scored on a 7-point Likert scale ranging from

1 (extremely unlikely ) – 7 (extremely likely). Item 9, ‘Not seeking help from anyone’, was reverse scored. Total help-seeking scores in the GHSQ range from 37 – 102. Higher scores indicated higher help-seeking behaviours. For this sample, the Cronbach’s Alpha was .75. (95% CI )

### **Mental health-related Social Media usage**

The TPB and Cultivation theory were used as a guiding framework to develop a comprehensive questionnaire on acculturation, MHL, help-seeking and mental health-related social media usage. According to the TPB, three key factors influence behaviour: attitudes, subjective norms, and perceived behaviour control. The questionnaire addressed BSA young adults’ attitudes towards cultural integration using the SAQA, knowledge and attitudes towards mental health via the MHLS and likelihood of help-seeking behaviour via the GHSQ. To further understand how mental health-related social media usage can shape MHL and help-seeking, a short questionnaire was developed integrating elements of the TPB with the cultivation theory.

According to the cultivation theory, prolonged exposure to the media can shape an individual's view of reality, influencing their attitudes and behaviour. Hence, the self-developed questionnaire focused on BSA young adults' social media usage and the impact it had on the participant's attitudes and perceptions towards mental health and help-seeking behaviour.

Participants were asked which social media platforms they used and why they used social media. The questions developed to assess the frequency of social media usage were based on

the Office for National Statistics internet usage survey (Office for National Statistics, 2016). Questions about the type of content participants would access for mental health information were also asked in the form of a multiple-selection question and a free-text question.

Participants were further asked to respond to a series of five-point Likert scale questions assessing whether social media usage was effective in enhancing the different components of mental health literacy. One Likert question assessed whether their ethnic background effected the type of mental health content they consumed. Four further questions were asked in relation to social media usage during the COVID-19 pandemic, including whether social media usage had increased during this period and whether they had accessed mental health-related information in that time.

### **Adaptation and Pilot Questionnaire**

Prior to collecting data, the questionnaire was adapted, and a pilot study was conducted to assess the suitability of the questionnaire for a BSA young adult population. Firstly, items in the questionnaire were discussed with two researchers in the field of psychology. This was done independently. The questionnaire was discussed item by item and collectively agreed upon, until the best version was achieved. Following this, 8 cognitive interviews were conducted using the new version of the questionnaire with BSA young adults. Cognitive interviews aim to understand what the question means to the individual (Willis, 2005).

Answers were then consolidated to provide an accurate representation of the responses and based on the response's questions were reworded, deleted, or replaced. In the present study, one question was particularly concerning for participants, this was the second question in the



GHSQ, 'If you were experiencing suicidal thoughts, how likely is it that you would seek help from the following people?'

Some participants taking part in the pilot questionnaire felt that this could potentially be triggering for people who were experiencing mental health concerns. Previous research in the context on mental health literacy and help-seeking has removed this item, without any concerns (Gorczynski, 2020). Hence, this question was removed from the present research as well.

The length of the questionnaire was another problem for participants. Initially, the questionnaire was taking approximately 40 minutes to complete. This was quite extensive, and participants felt that this could result in a reduced response rate. Initially, upon discussion with the supervisory team, I divided the questionnaire into two parts. However, this did not solve the issue at hand and could result in more problems later on e.g., higher response rates on one part of the questionnaire compared to the second part. After a close examination, several free-text questions were removed from the social media questionnaire, as these questions were to be later discussed in the interviews with participants and were not deemed necessary for this part of the analysis. Removal of these questions significantly reduced the time taken to complete the questionnaire to 25 minutes.

### **3.8.5 Procedure**

An invitation to take part in the online questionnaire was emailed to societies in the university, close networks and via social media. Participants were deemed eligible providing they were (a) South Asian young adults aged between 18 and 24, (b) British 'second-

generation' South Asian young adults and (c) South Asian young adults who could speak and understand English.

Upon clicking the survey link, participants accessed the online questionnaire, where they confirmed eligibility through two questions. Before proceeding, participants read an information sheet present on the online survey and provided consent. The sheet covered study purpose, eligibility, anonymity, confidentiality, withdrawal rights, risks, benefits, and data protection. The sole identifiable information collected was the email address, given by those interested in a follow-up interview or a £100 prize draw. The survey, hosted on a secure database ([www.onlinesurveys.ac.uk](http://www.onlinesurveys.ac.uk)), ensured full anonymity by disabling IP addresses and refrained from collecting other identifiable details (e.g., name, address, DoB). Withdrawal was possible after 7 days with a participant-generated unique identifier. This required retaining and emailing to the researcher if any participant wanted to withdraw. After survey completion, a debriefing page (see appendix D) acknowledged participation and provided contact details for study inquiries or withdrawal and listed mental health support services in case of distress.

### **3.8.6 Statistical Analysis**

Data was cleaned, recorded, and analysed using SPSS v.26. Frequencies were used to provide descriptive statistics on the participant characteristics. To test for normal distribution of data, skewness and kurtosis values were calculated. These values are reported throughout the analysis. In case of non-normal distribution, winsoring was applied. The relationships between the demographic variables (gender, age, ethnicity, educational qualification,

previous diagnosis, contact with someone with a mental health diagnosis) and the variables assessed were investigated using t-tests and a One-way ANOVA. Significance was reported at  $p < 0.05$ . The relationships between variables were assessed using bivariate correlations.

To test the hypotheses exploring the relationship between social media usage, mental health literacy, help-seeking behaviour and acculturative behaviour and attitudes we conducted a mediation and mediated moderation analysis using Hayes PROCESS macro (Hayes, 2013).

The Hayes PROCESS Macro was chosen to conduct the mediation and moderated mediation analysis on SPSS. The PROCESS macro is specifically designed to test mediation and moderated mediation analysis which are central to the research questions of the study. For Hypothesis 4, which examines the mediation effect of MHL between mental health-related social media usage and help-seeking behaviour, and Hypothesis 5, which tests whether the strength of this mediation is moderated by acculturative attitudes and behaviours, the PROCESS macro offers a robust method for examining complex indirect effects and conditional relationships. While other approaches such as that of Baron and Kenny (1986) can be adopted, the PROCESS macro offers a more flexible and efficient way of testing these models without the need for manually conducting stepwise regressions.

Hypothesis 1 suggests that Mental health literacy mediates the relationship between social media use and general help-seeking. We employed Hayes' PROCESS macro (Hayes, 2013) to test the suggested hypothesis. To test H1 (the mediating role of mental health literacy in the relationship between social media use and general help-seeking), PROCESS model 4 was utilised, which enables the assessment of the mediating relationship with bootstrap confidence intervals for an indirect impact.

Hypothesis 2 suggests that while social media usage may enhance BSA young adults help-seeking behaviour through mental health literacy, the level of behavioural acculturation will play a moderating role in the relationship between mental health literacy and help-seeking behaviour. Hypothesis 3 similarly suggests that the level of attitudinal acculturation will play a moderating role in the relationship between mental health literacy and help-seeking behaviour. To test whether this indirect path (i.e., social media use → mental health literacy → general help-seeking) is contingent upon acculturative attitudes and behaviours (H2 and H3) we tested PROCESS Model 14. The indirect influence of the independent variable on the dependent variable through the mediating variable is dependent upon the moderator variable, and this macro estimates conditional indirect correlations using bootstrap confidence intervals.

### **3.9 Study 2: Qualitative Interviews with British South Asian young adults**

Semi-structured qualitative interviews will be conducted to generate an exploratory understanding of BSA young adults' perceptions and constructions of mental health and mental illness, as well as their engagement with mental health-related content on social media. Qualitative approaches can be considered a suitable approach when conducting studies exploratory in nature, as they aim to enhance the understanding of human experiences and processes (Harper & Thompson, 2012). Interviews have been established as a foundational element of qualitative studies, employed in a range of research approaches. The following sub-sections will discuss the use of interviews as a method of data collection and thematic analysis as a method of data analysis in relevance to the research approach, aims and

research questions.

### **3.9.1 Rationale for conducting interviews.**

To uncover BSA young adults' perceptions of mental health and usage of online mental health information in relevance to their cultural constructs, interviews were considered the most appropriate data collection tool. While a written questionnaire would be easier and less time-consuming, the issues of self-report and a lack of depth in responses were brought up.

Qualitative interviews allow the researcher to see how the interviewee sees and experience the world, their attitudes, and perceptions to life and that which they hope for (Kvale, 1996). Interviews provide the opportunity to elicit these factors. According to Anderson & Arsenualt (1998), interviews are specialised forms of communication going beyond mere conversation. While face to face interviews would be more appropriate and effective in steering the interaction and gain more insightful data, the presence of COVID-19 has led to resorting to online interviews using Zoom or Microsoft Teams. Online interviews have several benefits as well including the lack of pressure and ease for participants which leads to a more fluid and easy interaction.

Interviews are extremely flexible depending on the form. While structured interviews focus on specific questions in a particular order, unstructured interviews make use of an aide-memoire to prompt a conversation (Bryman, 2004). Unstructured interviews may result in data moving away from the study aims and result in a lack of organisation and structure of the topic. Questions in structured interviews on the other hand may be relevant to some participants but not others. Between both interviews is a semi-structured interview which

incorporates a list of questions as a guide (Cohen et al, 2000). The interviewer and interviewee both have freedom in the format of questions and replies. The interview may not be completely adhered to, dependent on the researcher's decision.

Based on these points, in the study a semi-structured interview was employed due to its flexibility in the way it is structured and adapted according to the interview. To assess the perceptions, attitudes, and experiences of participants, this type of interview will be useful in providing the opportunity to elicit relevant data. Interviews were digitally recorded on the software, Microsoft Teams, so they could be easily listened to, transcribed, and analysed.

### **3.9.2 Interview design**

An interview guide was developed based on findings from the literature review. Themes and topics relevant to the research questions were incorporated. These included understanding mental health literacy, perceptions of help-seeking behaviour, the influence of cultural factors on these views, and the role of social media in shaping mental health literacy.

The interview schedule was developed to focus on understanding MHL, particularly within the context of social media use among participants from a BSA background. Given the cultural context, it was important to ensure that the interview questions would capture not only a general understanding of mental health and the concept of MHL but also how cultural norms, acculturation and social media use impacted participants' perceptions and behaviours. The development of the interview schedule was guided by the MHL framework by Jorm (2000), the TPB and the cultivation theory.

According to Schensul et al (1999), a good strategy in interviews is to progressively include questions which are more challenging. Challenging in this context would mean that as the interview progresses a rapport between the interviewer and participant builds, leading to a more open and in-depth conversation, knowing their words are being recorded.

In this study, questions were built on from more closed questions focusing on understanding of mental illness towards more open questions building on these topics such as attitudes and perceptions towards mental health. This placed less restriction on how the participant will answer. Developing questions as the interview progresses allows the interviewee to discuss topics in depth and for the researcher to achieve a detailed assessment on the participant's views.

Kvale (1996) states that an interview is a conversation and data is elicited in an interpersonal relationship between the researcher and participant. The development of the interview should be such, that questions are developed to answer the research questions. In this case, the MHL framework guided the exploration of participants' knowledge and understanding of mental health, while the TPB informed the design of questions regarding attitudes, intentions, and perceived behavioural control related to help-seeking. Cultivation theory was incorporated to examine the potential influence of social media on participants' perceptions and beliefs about mental health. Together, the MHL framework, the TPB and Cultivation theory ensured that the interview schedule addressed both individual and socio-cultural factors affecting MHL and behaviour.

### **3.9.3 Participants and sampling approach**

All participants who participated in Phase 1 of the study were re-approached to take part in the interviews, with eligibility criteria remaining consistent with Phase 1. The selection process for participants in the second phase involved a purposive approach, identified through an 'expression of interest' question after the questionnaire in phase 1. Participants were contacted and selected based on their willingness to participate, their availability for an interview, and their alignment with the inclusion criteria: being British South Asian and aged 18 – 24. A target of 25 participants was set for the interviews, or data collection continued until data saturation was achieved. Research by Hagaman & Wutich (2016) suggested that 20 to 40 interviews are typically needed to reach data saturation, defined as the point where no additional data emerges upon analysis (Saunders et al, 2018). However, only 17 participants (12 female, 5 male) responded when re-approached after the questionnaire (Table 1).

While every effort was made to ensure a balanced representation, the selection was naturally influenced by the demographic profile of the survey respondents who volunteered for the interviews. The decision to proceed with these 17 participants was based on the principles of purposive sampling, aimed at obtaining a diverse range of perspectives within the targeted demographic. The sample size was considered sufficient to achieve thematic saturation, as no new themes emerged after the first 12 interviews.

Participants who took part in the interview were incentivized by being sent a £10 shopping voucher. Issues concerning the sample size are discussed in Chapter 7. Demographic characteristics and Pseudonyms for all seventeen participants are present in Table 1.



Table 1: Demographic Information for the Participants in Study 2

<b>Pseudonym</b>	<b>Gender</b>	<b>Age</b>	<b>Ethnicity</b>
1. Elsa	Female	22	Indian
2. Ali	Male	20	Pakistani
3. Zayna	Female	23	Pakistani
4. Jamal	Male	20	Pakistani
5. Amna	Female	19	Indian
6. Saqib	Male	23	Pakistani
7. Laksh	Male	21	Sri Lankan
8. Ansha	Female	21	Pakistani
9. Aqsa	Female	22	Pakistani
10. Muhammad	Male	21	Indian
11. Maria	Female	18	Pakistani
12. Arooj	Female	22	Indian
13. Sara	Female	21	Indian
14. Swati	Female	23	Indian
15. Noor	Female	22	Bangladeshi
16. Rubab	Female	24	Indian
17. Nagina	Female	20	Indian

#### **4.5.4 Procedure**

Participants showing interest in taking part in the interview (Phase 2) were contacted via email. An invitation letter detailing the aims of the research alongside an information sheet for the interview were then emailed to the participant. 17 participants responded to take part. These participants were then sent a consent form which they filled in and returned prior to taking part in the interview. Participants were followed up to arrange a convenient time for the interview. Due to the ongoing pandemic at the time of the study, it was deemed more appropriate and safer to conduct the interviews online. All interviews were conducted on either Zoom or Microsoft Teams. Interviews lasted between 28 and 130 minutes. Participants who took part in the interview were reimbursed with a £10 shopping voucher. Interviews were transcribed verbatim; firstly using [otter.ai](https://otter.ai), an online transcribing website and then rechecked by the researcher itself.

#### **3.9.4 Analysis**

Data from the interviews was analysed thematically. Interviews analysing perceptions towards mental health have employed various approaches, namely thematic analysis (TA), grounded theory, interpretative phenomenological analysis (IPA), narrative analysis and discourse analysis. Powell and Clarke (2006) used in-depth interviews to explore the information needs and information-seeking behaviour in mental health users. The researchers used a grounded theory approach to analyse and coded the data thematically. Ziebland and Herxheimer (2008) use narrative analysis to understand accounts of patients' experiences which contribute to health-related decision making. Furthermore, IPA was used in exploring the experiences of using two culturally responsive e-mental health apps among Aboriginal

and Torres Strait Islander community members (Povey et al, 2016).

Thematic analysis for semi-structured interview data and focus groups has been used in a number of studies. For example, Chan et al (2016) used thematic analysis to analyse focus group data looking at university student's views on the perceived benefits and drawbacks of seeking help for mental health problems on the internet. In comparison to other approaches, such as IPA or grounded theory, Thematic analysis while allowing for an identification of patterns and meanings is not tied to a set of theoretical constructs or specific discipline (Spencer, 2013). In addition, the study will not be purely focused on developing a rich account of the participants subjective experiences as in IPA. While the primary focus of the research questions is to produce knowledge on the experiences of participants, they are not entirely focused on the subjective experiences of the participants e.g. their feelings, thoughts, or perceptions, but an understanding of what may influence these experiences e.g. the social, cultural, or psychological context. TA will allow the researcher to interpret the participants individual experience as well as the context which influences their experiences. The usage of TA in this study was favoured due to its focus on the patterns of meaning which emerge across a wide range of datasets, as opposed to the individual experiences of a focused group of participants. By conducting interviews with a wider cohort of participants, generalisations about the participants 'reality' can be made.

When exploring the perceptions of BSA young adults towards mental health and the usage of social media for mental health information in this particular study, thematic analysis can be considered an appropriate method for data analysis due to its dissociation with a pre-existing theoretical framework and its 'contextualist' nature. A 'contextualist' method incorporates

elements from both essentialism and constructionism and is characterised by theories such as critical realism (Willig, 1999). Braun and Clarke (2006) state that TA can be conducted from different epistemological standpoints including realism, essentialism, and constructionism. According to a Critical Realist position, there will exist an acknowledgement of the way individuals (e.g. BSA young adults) make meaning of their experiences and sequentially understand how the broader social context has an effect on these meanings, while acknowledging that the data gathered may not provide direct access to reality. In essence, while the data may reflect reality, there may remain a need for interpretation to provide access to the unapparent but underlying structures of data (Willig, 2012). When focusing on the present study, interviews will be conducted with BSA young adults. While the interview data will reflect the participants perspectives, the analysis will be based on the researcher's interpretation dependent on their own understanding, experiences, and knowledge. In essence, the analysis will reflect the reality but based on the construction by which lens the data is viewed with.

While studies have explored SA individuals' perceptions towards mental health services, the barriers, and facilitators, relatively few have explored the understandings of mental health and the factors impacting MHL. Additionally, research focusing on the role of social media in informing these beliefs has been non-apparent. Due to the exploratory nature of these research questions, TA can be considered the most appropriate method for data analysis. By conducting TA, the researcher will be able closely examine the perspectives and experiences of the participants, can highlight the similarities and differences, and generate insights which may be unanticipated (Braun & Clarke, 2006).

In consideration with the epistemological stance, a mixture of both inductive and deductive approaches will be taken to identify themes and patterns within the data (Patton, 2015). In an inductive approach, themes are ‘emerged’ or ‘discovered’ from the data. A deductive stance will acknowledge the researcher’s experiences, beliefs, and assumptions and thus the analysis will reflect the researcher’s role in identifying patterns, selecting patterns of interest, and reporting them (Braun & Clarke, 2006). According to Banister et al (2011), adopting a purely inductive approach will be naïve as themes are not solely representative of the participant data but are also actively constructed by the researchers’ worldview and the literature review; in particularly the MHL framework as outlined by Jorm (1997).

The analysis of the interview data will be divided into two sections to address the two research questions posed:

**Research Question 3:** To what extent do cultural beliefs and perceptions impact the MHL and help-seeking behaviour of BSA young adults?

**Research Question 4:** How can social media enhance the MHL of BSA young adults?

- (b) Has engagement with mental health-related content on social media complimented, duplicated, or challenged pre-existing notions regarding mental health and mental illness?

### **3.9.5 Process of Thematic Analysis**

Interviews will be transcribed using a simple transcription as method as the process of TA

does not require detailed transcription (Braun & Clarke, 2006). Following the transcription, data will be analysed using the six phases of TA outlined by Braun & Clarke.

- 1) Familiarisation with the data: The researcher will familiarise themselves with the data. Audio-recordings will be listened to, and transcripts will be read several times to note any observations within the data.
- 2) Generating initial codes: Once the data is familiarized and a list of ideas have been generated regarding the content, initial codes will be generated from within the data. These codes will be those which appear interesting to the researcher and will refer to the most basic elements of information which can be assessed in a meaningful way in relation to the phenomenon (Boyatzis, 1998, p.63).
- 3) Searching for themes: Codes will be collated within the identified themes. All relevant data will be gathered into each potential theme.
- 4) Reviewing themes: The themes will be reviewed and checked to see if they are consistent and reflecting the coded extracts and full dataset. The nature of each individual theme and relationship between the themes will be defined.
- 5) Defining and naming themes: Occurs in synchrony with the 4<sup>th</sup> stage. Analysis will continue and themes will be refined to ensure the analysis illustrates a clear picture of the data. Clear definitions and names for each theme will be generated.
- 6) Producing the report: A clear and coherent account of the data within and across the themes will be produced.

### **3.10 Study 3: Netnography of mental health-related social media posts**

The main aim of Study 3 is to understand and explore the discourses of mental health and mental illness on social media. Combined with the interviews the study will help explore whether information on social media platforms can promote MHL among BSA young adults. Observational methods can be useful in explaining naturally occurring behaviour through interpretation and therefore a Netnography can be considered a useful method whereby the discourse surrounding mental health on social media can be thoroughly explored.

The research questions for this study are:

**Research Question 5:** What are the dominant discourses surrounding mental health and mental illness on social media platforms?

- (a) Does social media have the potential to promote mental health literacy and the subsequent help-seeking behaviour of BSA young adults?

#### **3.10.1 Rationale for Netnography**

In recent years, particularly during the COVID-19 pandemic, young adults have increasingly spent their time online, making decisions related to health behaviours and seeking information in digital spaces (Goodyear & Quennerstedt, 2020). By examining online content and behaviour, researchers can gain insights into what young adults are actually doing and the impact of these behaviours, rather than relying on self-reported data that may not fully reflect real-world actions (Elliott & Jankel-Elliott, 2003). Online communities have the potential to meet individuals' needs (Gusfield, 1978) and can reinforce a person's sense of

identity (Harrison & Thomas, 2009). Conducting a netnography or digital ethnography allows researchers to explore these dynamics in a natural, unobtrusive way (Kozinets, 2002).

#### **4.6.2 Netnography**

Netnography is a form of participant observational research based on online fieldwork.

Through the exploration of online data, an ethnographic understanding and representation of a cultural or communal phenomenon is achieved (Kozinets, 2010). Netnography is commonly used in marketing research to explore consumer insights, motivations, and impressions related to consumption and the Internet. Naturalistic observation on the internet allows the study of online behaviour and interactions. Compared to traditional ethnographic studies, digital ethnography is less time-consuming and resource intensive.

This research focused on the discourses surrounding mental health and mental illness on social media, specifically exploring whether social media can promote MHL and encourage help-seeking behaviour among BSA young adults. The six steps of netnography include research planning, entrée, data collection, interpretation, ensuring ethical standards, and research representation (Kozinets, 2010). By following these steps, the researcher becomes a part of the online community, enabling them to observe and analyse naturally occurring behaviour as an insider. There are two main types of digital ethnography: ‘observational netnography’ and ‘autoethnography.’ Observational netnography involves observing online behaviour without participant interaction and is preferred when researchers wish to study online communities without altering them (Brown et al., 2003). In contrast, autoethnography involves the researcher participating in the online community and reflecting on their experiences (Kozinets, 2006).



For this study, an observational netnography was employed due to its focus on analysing naturally occurring online content rather than engaging in interactions with participants. The content observed from the netnography was analysed using Thematic Analysis (Braun and Clarke, 2006). Thematic analysis was used to identify key patterns and themes from the posts related to the notion of MHL among BSA young adults, thereby answering the research question on how social media influences MHL and help-seeking behaviours in this group. Netnography, as a method of observation, does not include direct participation in the discussions that users engage in but instead focused on analysing the posts themselves to extract relevant insights.

The use of these two methods can address both the "what" and "why" aspects of the research questions. The interviews conducted in Study 2 provided a subjective insight into participants' experiences with mental health-related social media content, which helped contextualize and deepen the analysis of the Instagram posts. By integrating both approaches, the study can serve to provide a foundational understanding of the role of social media in promoting MHL and help-seeking behaviour among BSA young adults.

### **3.10.2 Procedure**

The six steps of netnography, outlined below, will be followed to examine the dominant discourses of mental health and mental illness on social media:

## 1) Research Planning

The literature review played a crucial role in informing the research design and guiding the selection of methods. Existing studies highlighted the growing influence of social media in shaping perceptions of mental health and the importance of understanding user-generated content to gain insight into these perceptions (Naslund et al, 2016). Moreover, literature on mental health literacy emphasized the need to explore both individual experiences and the larger cultural contexts in which these experiences are situated, particularly within minority groups like BSA young adults (Reavley & Jorm, 2020). This led to the decision to employ an explanatory sequential mixed methods design, starting with a quantitative survey to examine the relationships between mental health-related social media use, MHL, help-seeking behaviours, and acculturation. This was followed by qualitative interviews to gain a deeper, subjective understanding of participants' mental health experiences and their interactions with social media and a netnography to contextualise participants experiences within the social media content itself.

In the current phase, a netnography is used to analyse social media content mentioned by participants, exploring what the posts reveal about mental health and whether they contribute to enhancing MHL among BSA young adults. The decision to employ netnography was influenced by the literature on digital ethnography and netnography, which emphasized its ability to capture naturally occurring online behaviour and discourse in an unobtrusive manner (Kozinets, 2002). Research on the effectiveness of user-generated content in the context of marketing (Smith et al, 2020) also indicated the need to analyse online content within the context of social media platforms. Given the prominence of Instagram in previous studies and the results of Study 1, Instagram was selected as the primary platform for netnographic analysis.

By leveraging digital mediums alongside qualitative interviews, this study aims to capture “people's recollections and interpretations of events” and offer a “detailed, grounded, subjective sense of online community members' perspectives and meanings” (Kozinets, 2010). The exploration of mental health discourse on Instagram will build on these insights and contextualize participants' perceptions within the broader framework of social media engagement, providing a nuanced understanding of how social media content may influence MHL within the BSA young adult demographic.

## **2. Entrée**

Entrée involves identifying relevant online communities and understanding their characteristics to inform the research. Kozinets (2002) specifies that selected communities should align closely with the research focus, exhibit high traffic and engagement, and provide descriptively rich data.

Instagram was selected as the focal platform based on findings from Study 1, which identified it as the most popular social media platform for accessing mental health content among participants. Instagram was chosen due to its popularity among young adults and its unique affordances, such as visual storytelling and interactive content, which make it a powerful platform for mental health advocacy.

### **Selection of Instagram accounts**

Aligning with the objectives and the number of followers of each Instagram content creator, the following four accounts were chosen for analysis (Table 4).

**TABLE 2: INFORMATION ON THE SOCIAL MEDIA ACCOUNTS SELECTED**

<b>Instagram Content Creator</b>	<b>Type of Content</b>	<b>Number of followers</b>
<b>@Drjulie</b>	Psychologist – shares videos on topics related to mental health	1.8 million followers
<b>@Mh.advocates</b>	Brings awareness to mental health using text-based images	519k followers
<b>@the.holistic.psychologist</b>	Psychologist shares insight about mental health and therapy usually using text-based images.	8 million followers
<b>@theartidote</b>	Depicting mental health through the use of illustrations and art-based images.	1 million followers

The selection of the four Instagram accounts for analysis were informed by a combination of participant input from the previous phases of the research alongside the popularity and engagement of the social media accounts and posts. The dual approach ensured that the accounts chosen reflected both relevance to participants' experiences of social media usage and the broader social media landscape in terms of reach and impact.

As part of the survey and interview, participants provided information regarding their mental health-related social media usage, including the accounts they followed and engaged with most frequently. These responses helped guide the selection, ensuring that the chosen accounts were ones participants actively engaged with, identified with, or felt had an impact on their MHL and help-seeking behaviour. By selecting accounts based on real user preferences and experiences, we ensured that the research focused on social media accounts

participants found most relevant and influential in their daily lives. This also helped create a contextually grounded approach, as the accounts selected were the ones that participants felt contributed to their understanding of mental health, provided support, or shaped their attitudes towards help-seeking behaviour as emphasised by participants in Study 2.

Alongside participant input from the previous studies, we considered the popularity and reach of the accounts. Popularity was assessed based on both follower counts. Popular accounts tended to have a wider influence and can affect the mental health perceptions of a larger audience. This is particularly relevant in the context of social media's cultivation effect as highlighted by the Cultivation theory. According to this theory, prolonged exposure to media shapes individuals' beliefs and behaviours. By selecting accounts that were not only identified by participants but also had a large following and high engagement rate, it was ensured that the study would capture accounts with broader societal relevance and influence on MHL and help-seeking behaviour.

### **3. Data Collection**

Data collection in netnography, like ethnography, is guided by saturation, with the analysis considering subtexts, emotions, and context (Kozinets, 2015). Unlike traditional ethnography, netnography benefits from abundant, easily accessible data, so the researcher must focus on data that is most relevant to the research questions. In this study, only posts that were deemed relevant to the research questions were included in the analysis. This selective approach, guided by the research focus and available resources, ensured that the dataset remained manageable and insightful.

Content from the four Instagram accounts was collected over one year (June 2022–June 2023), and pictures and videos were imported into NVivo (version 12). The initial data consisted of 100 videos per account, but duplicate posts were removed, leaving 364 unique images and videos for analysis.

### **Selection of Social Media Posts**

After selecting the Instagram accounts, posts were chosen for analysis based on two main criteria: relevance to the research questions and engagement metrics. Posts that were closely aligned with the identified themes and research objectives were prioritized. High-engagement posts, such as those with significant comments, likes, and shares, were especially emphasized, as they reflected a strong resonance with users. These posts were considered valuable in understanding how social media influences mental health literacy, attitudes, and help-seeking behaviours.

Additionally, the visual or thematic appeal of posts was taken into account, as research suggests that visually engaging and contextually relevant content tends to attract more attention and foster deeper engagement (Bazi, Filieri & Gorton, 2023).

### **4. Interpretation/Analysis**

Pink (2007) argues that there is no particular way to analyse multi-media and the choice undertaken is dependent on the overall research questions and methodology. In the present study, a Thematic analysis was employed to explore the discourses surrounding mental health on Instagram (Braun & Clarke, 2006). Thematic Analysis is particularly suited for identifying

and interpreting patterns of meaning across data. While thematic analysis is often applied to examine perspectives and experiences, its flexibility also makes it well-suited for analysing multimodal data, such as Instagram pictures and videos. In this study, thematic analysis was employed to explore the visual, textual, and contextual elements of the posts, identifying themes related to the discourses of mental health and mental illness on social media.

The analysis considered not only the textual components, such as captions and hashtags, but also the visual depictions, including imagery, colour schemes, and symbolic elements, to understand how mental health is represented. NVivo, a qualitative data analysis software, was utilized to organize, code, and synthesize insights from both the textual and visual data, ensuring a systematic approach to analysing the complex, multimodal nature of Instagram content.

The thematic analysis followed the steps outlined below:

1. Familiarisation with data: All 364 Instagram posts were first reviewed to familiarise themselves with the data. All captions were read through, and visual data was examined. Initial notes were made about the potential areas of interest and the recurring patterns that emerged from the Instagram content.
2. Initial Coding: Using NVivo, posts were coded by highlighting relevant text and images and assigning descriptive codes to data segments that seemed to capture meaningful concepts. Codes were applied to both the textual content and the visual elements of the Instagram posts.

3. Generating themes: NVivo's coding functions helped to group similar codes, helping to identify patterns across the posts. The software allowed for the creation of nodes, which were developed into themes and sub-themes. These themes and sub-themes represented key aspects of the discourse. These themes were identified based on their frequency and significance in the dataset. For example, the theme of self-help modalities emerged as a key area of discourse.
4. Reviewing and refining themes: After generating initial themes in NVivo, the coded data was reviewed to ensure that the themes accurately reflected the content of the posts. Some themes were merged or refined, while others were split or redefined. The visualisation tools in NVivo such as cluster analysis, helped assess the relationship between different themes and to ensure the robustness of the analysis.
5. Defining and Naming themes: Once the final themes were identified, they were clearly defined and named. Each theme was described in detail to explain how it related to the research question and what aspects of the Instagram post it captured. This stage was critical for ensuring that each theme represented a distinct discourse within the data.
6. Reporting the findings: The findings were organised into a coherent narrative, with examples drawn from the posts to illustrate each theme.



## **5. Ensuring Ethical Standards**

Ethical considerations are a central focus of this research. As Instagram is a public platform, all data collected adheres to ethical guidelines for digital ethnography. No interactions with account holders or followers were made to maintain privacy, and any identifiable personal information or sensitive content was excluded from the analysis. Detailed ethical guidelines followed are outlined on page 171.

## **6. Research Representation**

The findings from this study are presented as a detailed thematic analysis of mental health-related Instagram content accessed by BSA young adults (Chapter 6).

### **3.10.3 Conducting Research on Social Media**

The rise in social media has led to an increase in publications in this area. A Google scholar search in December 2023, for articles in 2023 alone yielded 17,300 results. The term ‘Facebook’ resulted in 209,000 results, ‘Twitter’ with 193,000 results and 69,900 results from ‘Instagram’. A wealth of publications indicates the high impact of social impact in the current world today. Motives for social media use may include entertainment, information seeking, personal utility and convenience (Al-Menayes, 2015). Ngai et al (2015) states that understanding the importance of social media is of high importance since the usage of social media platforms has become increasingly common in many people’s lives. Gruzd (2015) states that many studies in the context of social media have focused on interventions or marketing strategies, which while may result in positive changes do not take a critical approach on what social media is and how it should be approached. Thus, it is considerably

important for psychologists to accept the reality of what happens on social media and examine the affordances of social media platforms (McMahon, 2015). Social media usage has real implications for the offline life. For example, accessing mental health information online may improve MHL and improve offline help-seeking behaviour and perceptions towards mental health among BSA young adults.

New models of understanding social media in the present age are present but often predate social media itself. Gruzd (2015) emphasizes the potential for a new model incorporating elements considering: Why people use social media, what needs does social media satisfy, what people do on social media and why as well as issues of social influence, trust, credibility, sense-making, rumour, broadcasting, and dissemination of information. The present thesis will aim to investigate some of these aspects, primarily related to the use and motivation of social media in relevance to mental health content.

#### **3.10.4 Practical Issues and Challenges of Social Media Research**

While interviews may provide insights into the perceptions of BSA young adults in relation to mental health, there remain challenges in understanding the perceptions of a certain demographic on social media platforms. In addition, it is difficult to ascertain the specific viewpoints of social media users due to the researcher's subjective approach in analysing the data (Kuttschreuter et al, 2014). The limits on when to stop collecting data is also debated upon. Complexities of the online environment result in new challenges to existing theoretical interpretations that have implications for research. Addressing these issues may be difficult however it is also important to keep these challenges into consideration when conducting the

research.

### **3.8 Ethical Issues**

Ethical approval was sought from the ethics committee at De Montfort University. The research purpose and aims were made clear to all young people. All information regarding the purpose of the study was also made clear to the participants.

Participants were provided with a participant information sheet that explained all the key information in relation to the study, including the reason to participate, why they were asked to take part in the study, how the data would be disseminated, and who could access the data. If the participants consented to take part in the study, they voluntarily signed the informed consent document. The informed consent contained information on what the research study was about, informed the participants that participation was voluntary, they could withdraw at any given time, and assured them that all data would be treated with confidentiality. In case participants withdrew from the study, all data collected up to that point was destroyed and not used in the final analysis.

Once participants had completed the questionnaire, they were informed of the follow-up qualitative phase. Any individuals who agreed to take part in the interviews were asked to provide their email addresses so they could be contacted. Anonymity and confidentiality of participants' email addresses were ensured. All participants' names were kept anonymous, and they were assigned pseudonyms to preserve identity. Details of participants were destroyed once all data had been collated. To ensure confidentiality all electronic data was stored securely using password-protected files that only I had access to. Furthermore, completed

paper-based questionnaires were stored securely in a locked location.

Before taking part in the interview, participants were emailed with an information sheet providing details of the study. They were provided with the information that they had the option to withdraw at any point during the interview and up to seven days later by emailing the researcher. Informed consent was sought via a questionnaire sent before the interview. After the interview, participants were debriefed on how their information was going to be used. Due to the nature of the interview content and focus on mental health, participants were also provided with contact details of mental health helplines in case they needed support.

In the first phase of the study, due to the lack of participant responses after one year of continuous data collection, I employed the use of [www.prolific.com](http://www.prolific.com), a site used by both participants and researchers; to recruit participants and to take part in studies online. 40 participants were paid to take part in the quantitative survey. Ethics were taken into consideration to safeguard the participant's well-being and rights. Participants were paid according to the national minimum wage in the UK. The compensation was fair, reflecting their time and effort. This was transparently communicated to the participants from the website. Informed consent was sought as part of the questionnaire. Confidentiality and anonymity of the participants was maintained. Even as the researcher, I was not aware of the participant's names, and they were provided with a numerical code for identification and payment purposes. Participants were provided with a debrief at the end of the questionnaire and post-study information was provided contributing to transparency. Ethical approval was provided by De Montfort University Ethics Committee.

### **3.11 Ethical considerations in social media research**

The rise of digital media has led to an increased amount of attention being given to the ethics of online research. Numerous guidelines have been published concerning online research however there remain contestations regarding best practices due to the complex nature of online research (Germain et al, 2017). When conducting online research, the Association of Internet Researchers states that the nature of choosing guidance depends on the specific research context rather than adapting one set of guidelines for all studies (Markham and Buchanan, 2012). The current research adhered to guidance set out by the British Psychological Society (BPS) when implementing internet-mediated research (BPS, 2013). Issues concerning online social media research are discussed below:

#### **3.11.1 Public or private domain?**

When conducting online research, it was important to consider the boundaries between data within the public and private domain (Coulson, 2015). The question posed was whether online or social media data was considered public and observable. Public posts on social media platforms, such as updates, news, images, and videos, were often circulated freely without the need for consent. Private content, on the other hand, was only available to close networks granted permission to view. Questions on whether the content was private depended on the online setting and whether the social media user had set their content to private (BPS, 2013). While a password-protected Facebook group might have been deemed private, an open discussion on Twitter incorporating the use of hashtags was considered public discourse. Despite these assumptions, there still remains ambiguity to what content would be deemed private or public.

In a qualitative investigation that delved into the perspectives of UK social media users regarding the utilisation of their data in research, a comparable division emerged. Some participants contended that online privacy is non-existent, asserting that posting online automatically implies consent for broader data use. Conversely, others insisted that consent should always be sought, emphasizing principles of common decency and the protection of intellectual property (Beninger et al., 2014).

When focusing on informed consent, there appeared to be one prevalent problem. Social media data appears to be accessed and analysed without seeking permission from the users. Many social media platform users agree to the terms and conditions of the platform without having read them properly (Salmons, 2014). Issues of informed consent and the right to withdraw are hence made more complicated in social media research. While there is ongoing uncertainty regarding whether researchers should notify individuals about the use of their data and whether informed consent will be pursued, the British Psychological Society (2013) suggests that in cases where there is no apparent perception or expectation of privacy online, the utilization of research data without obtaining valid consent may be deemed justifiable.

In the present research, we conducted an analysis of mental health-related content on Instagram, a publicly accessible platform. The data collection for this study was limited to posts from four Instagram accounts selected by participants in earlier stages of the research. These participants identified the accounts they followed or interacted with that were relevant to mental health awareness. The four selected Instagram accounts were open accounts, publicly accessible without the need for special permissions or requests.

The content from these accounts, which included posts related to mental health, was analysed

based on the images, captions, and videos shared by the account holders. No content from private or restricted accounts was accessed. As these Instagram accounts were selected by participants and publicly shared mental health-related information, it was assumed that the content was intended for public viewing and engagement. The posts selected for analysis were aligned with the participant's interests and experiences in mental health, which further supports the assumption that these posts were meant to be observed and potentially engaged with by the broader public (Abidin, 2017).

While no direct interaction with users occurred, ethical considerations were still taken into account. Any identifiable information, such as usernames and profile images, was either anonymized or excluded from the analysis to maintain privacy. The research did not engage with comments on the posts or interact with users in any way. The posts were only analysed for their content e.g. images and captions, thus ensuring that the study adhered to ethical principles related to privacy and confidentiality.

Throughout the data collection process, the researcher maintained a passive observational role and did not engage with users or leave comments on posts. No interaction with Instagram users was conducted during the observation period, and the researcher did not identify themselves as a researcher within the platform. This ensured that the data collection remained unobtrusive and that users were not influenced or aware of the study.

### **3.12 Research Rigour: Issues of validity and trustworthiness**

In mixed-methods research, an increasing amount of attention has been given to the issues of validity and trustworthiness (Teddlie and Tashakkori, 2010). As the research combines

quantitative and qualitative research, in the form of a mixed methods design there exists a great deal of complexity regarding discussions of validity. The strengths and weaknesses of qualitative and quantitative research often contradict each other which can be problematic. The issues of validity and trustworthiness relevant to each phase of the research are described in detail below.

The steps taken to ensure the validity of the quantitative methods (Study 1) are described here:

### **Content Validity:**

The concepts measured in the questionnaire were discussed in detail in the literature review chapter. These included MHL, acculturation, help-seeking, and social media usage.

Standardized measures validated in the UK were used to assess demographics, MHL, acculturation, and help-seeking. The social media and mental health questionnaire were self-developed, and the construct validity of this measure is described below.

### **Construct Validity**

One construct; namely the social media and mental health literacy survey did not have a pre-existing validated measure. This scale focused on measuring BSA young people's usage of social media, usage of social media related to mental health, social media, and mental health literacy attitudes and COVID-19-related social media usage. This scale was developed based on pre-existing measures on social media usage and in line with the mental health literacy framework. The scale was piloted with a small sample of 10 young people and their feedback was incorporated into the final questionnaire design mentioned in the present chapter.



## **Reliability**

The internal consistency of the scales was tested using Cronbach's Alpha. Each scale was found to be internally consistent.

## **Generalisability**

The recruitment process involved online sources such as social media and the online platform 'Prolific,' which compensates participants for participating in research. While the sample comprised young adults from BSA backgrounds, the use of online recruitment allowed for a more geographically diverse sample across the UK, rather than being confined to a specific region. However, the limitations of the sample are discussed in detail in Chapter 4.

Trustworthiness is of particular relevance to qualitative research. The framework used for trustworthiness was developed by Lincoln and Guba (1985) and followed up by Shenton (2004). Although numerous frameworks have been used to assess the concepts of trustworthiness including credibility, transferability, dependability, and confirmability the framework by Shenton was chosen as it focuses on similar concepts of information-seeking behaviours as used in the present research.

Strategies for ensuring trustworthiness in qualitative studies include:

## Credibility

- There have been several methods cited to deal with the credibility of data including, reflection, choosing appropriate and varied methods, data collection triangulation and researcher triangulation. To ensure credibility, a reflexive approach was taken throughout the stages of qualitative data collection and analysis. During the analysis stage, the reflections were revisited, and parts of these reflections are included in Chapter 1, Chapter 3 and Chapter 8. Triangulation involves the use of two or more methods of data collection. In the present study, a triangulation of methods including questionnaires, semi-structured interviews and a netnography of mental health posts was adopted to achieve credibility. Researcher triangulation was achieved by regular supervisory meetings to discuss the process of data collection and analysis.

Appropriate methods relevant to the research questions were applied. The three methods used were well established, with preceding literature supporting their use. Some adjustments were made as the research progressed, due to emerging methodological literature and shifts in the research focus. For instance, the initial focus of the interviews was solely on the role of social media in shaping the MHL of BSA young adults. However, it gradually became evident that there was a significant gap in research addressing the perceptions and overall MHL of the population. As a result, the interview schedule was divided into two parts: first, to assess the MHL of BSA young adults, and second, to explore the role of social media in influencing their MHL and help-seeking behaviours.

- This study employed a multi-method sampling approach, including snowball

sampling, purposive sampling, opportunity sampling, and volunteer sampling, to ensure diversity and reduce recruitment bias. While the sample was focused on BSA young adults, recruitment was not geographically restricted to the East Midlands. Online recruitment further broadened the pool of participants, resulting in a diverse range of responses representing various experiences and perspectives.

- To further enhance the credibility of the research, a systematic and rigorous recruitment process was implemented. Participants were primarily recruited through social media platforms like Twitter and the paid recruitment platform Prolific. Prolific was specifically chosen to address recruitment challenges and provided a structured method for ensuring participants met the inclusion criteria: British South Asian young adults aged 18–24 residing in the UK.

The platform's geographic filtering feature ensured that participation was automatically restricted to individuals located in the UK, aligning with the study's requirements. To protect participants' privacy and enhance trustworthiness, an IP disabler was activated, preventing unnecessary tracking while maintaining the location-based filtering.

In addition to Prolific's automatic filtering, participants underwent a multi-layered screening process before accessing the online questionnaire. This process verified that they (1) identified as British South Asian and (2) were aged between 18 and 24 years and residing in the UK. This approach ensured that only participants who met the specific inclusion criteria were included, bolstering the reliability and relevance of the data collected.

- In the netnographic analysis of Instagram data, four Instagram accounts were selected as part of the study. Of the four Instagram accounts analysed, two were confirmed to be managed by licensed psychologists, providing a professional basis for their content. The remaining two accounts lacked identifiable information about their creators, introducing methodological challenges in assessing the credibility and expertise of their content. The platform's open nature means anyone can create and share information, regardless of their professional qualifications.

Attempting to categorise these art-based accounts as simply "credible" or "fake" would have been methodologically reductive. Instead, the research adopted a nuanced approach that recognized the complex nature of social media content creation, focusing on the context and depth of information shared rather than making binary judgments about the accounts' validity.

## **Transferability**

According to Merriam (1995), transferability “is concerned with the extent to which the findings of one study can be applied to other situations”. In the present research, a thick description of the phenomena under scrutiny has been provided. The research situation, participants' demographic characteristics, methods, and methodology have been outlined in significant detail ensuring a credible approach.

## **Dependability**

According to the positivist approach, if the present work is to be repeated with similar methods, the results obtained would be the same. However, in qualitative research, due to the changing nature of people's views and the phenomena in question, such provisions can be considered problematic (Fidel, Marshall and Rossman). To overcome this issue, the use of 'overlapping methods' was suggested (Shenton, 2004). In the present study, the two qualitative phases of the research involving interviews and a netnographic study allowed for a detailed understanding of our research problem. Chapter 4 also provides a transparent description of the methods employed to ensure dependability, allowing the research design to be viewed as a 'prototype model'. Chapter 8 offers a reflective appraisal of the project, aiming to gauge the efficiency of the inquiry process that has been pursued.

## **Confirmability:**

The idea of confirmability pertains to ensuring that the research findings stem from the experiences and ideas of the participants, rather than being influenced by the preferences of the researcher. In the context of the present research, a triangulated approach was undertaken to reduce investigator bias. A triangulated research approach reduces researcher bias by promoting a more balanced and comprehensive investigation. By incorporating various methods and data sources, researchers can enhance the confirmability of their findings. Furthermore, reflections were written up regularly and the limitations of each method employed were reflected upon at each stage of the data collection. regular and systematic reflection throughout the research process promotes self-awareness, transparency, and adaptability. These qualities contribute to reducing researcher bias by encouraging critical

examination, fostering openness to diverse perspectives, and facilitating ethical research practices.

### 3.13 Summary

This chapter provides an overview of the three-stage mixed-methods design employed to explore the role of social media in informing the MHL and help-seeking behaviour of BSA young adults, framed within the study's philosophical stance and research aims. The research addresses the gap in literature focusing on the relationship between social media use and MHL, particularly among minority ethnic groups.

The study adopts a sequential explanatory design comprising three stages:

1. **Online Questionnaire:** Conducted with 166 BSA young adults aged 18-24 years to quantify acculturative attitudes and behaviours, MHL, help-seeking, and social media usage, particularly about mental health content. The role of social media as a source of mental health information was briefly assessed.
2. **Semi-Structured Online Interviews:** Conducted with 17 BSA young adults to explore their MHL and the role of social media in shaping their understanding and help-seeking behaviour in greater depth.
3. **Netnography:** Analysed 364 mental health-related Instagram posts from four accounts to examine social media discourse and evaluate whether such content promotes MHL and help-seeking behaviours among BSA young adults.

The chapter also outlines the study design's triangulation process, addresses ethical considerations, and discusses strategies for ensuring research rigour. It further includes theoretical orientation and a framework illustrating the study design in alignment with the research questions and theoretical underpinnings.

The next chapter will present findings from Study 1, focusing on the relationships between acculturative attitudes and behaviours, MHL, help-seeking, and mental health-related social media usage among BSA young adults.



## **Chapter 4: Findings from the Quantitative Online Questionnaire**

### **Investigating the association between acculturation, MHL, help-seeking and mental health-related social media usage among BSA young adults**

This chapter explains the findings from an online questionnaire assessing the acculturation, MHL, help-seeking and mental health-related social media usage of British South Asian (BSA) young adults. This section will begin with a recap on the aims and research questions of the research, followed by the presentation of descriptive statistics for demographic characteristics of the participants and study variables. Finally, results are reported to substantiate the proposed research hypotheses.

The purpose of the current study is to investigate the role of social media usage in the MHL and help-seeking of BSA young adults. Findings from the study aims to quantify the scores associated with the study variables, providing a preliminary understanding of the relationship between acculturation, MHL, help-seeking and mental-health-related social media usage. Findings from the present study further guide the interviews conducted in Study 2 (Chapter 5) and the mental health content selected for analysis in Study 3 (Chapter 6). The TPB will be used as a framework to understand the phenomena in question. A theoretical framework depicting the inter-relationship between the study variables was presented in Chapter 3.

#### **4.1 Research Questions**

The chapter addresses the overarching thesis questions on how mental health-related social media has an impact on BSA young adults' MHL, help-seeking behaviour and level of behavioural and attitudinal acculturation. The specific research questions, hypotheses and justification for the statistical tests employed for each research question are presented below:

**Research Question 1:** What is the association between acculturation, MHL, help-seeking, and mental health-related social media usage?

**RQ2:** Does social media usage and frequency predict higher mental health literacy and help-seeking among BSA young adults?

(a) Is the relationship between mental health-related social media usage, mental health literacy and help-seeking moderated by acculturative attitudes and behaviour?

#### **4.2 Justification of Statistical Tests Employed**

Selecting the appropriate statistical tests is a crucial component of any research study, ensuring that the methods align with the research questions, hypotheses, and data characteristics. In this study, the chosen statistical analyses were guided by the objectives of exploring relationships, testing mediation pathways, and understanding the role of moderating variables in the context of BSA young adults' MHL, help-seeking behaviours, acculturation, and mental health-related social media usage. The research employed correlation analysis, mediation analysis, and moderated mediation analysis, using the PROCESS macro (Hayes, 2013), to address the hypotheses effectively. These methods provided a balance between statistical rigour and interpretability while addressing the unique features of the data and research objectives. This section outlines the rationale for these choices, their alignment with the study's goals, and the reasons for not employing alternative methods, such as structural equation modelling (SEM) or traditional regression analysis. By employing targeted and robust statistical tools, this study aimed to generate meaningful

insights into the interplay between sociocultural and psychological factors influencing mental health outcomes.

## **Correlation**

A correlation was conducted to test the following hypotheses:

*Hypothesis 1: Mental health literacy has a significant and positive impact on help-seeking behaviour.*

*Hypothesis 2a: Behavioural acculturation has a significant and positive impact on MHL and help-seeking behaviour.*

*Hypothesis 2b: Attitudinal acculturation has a significant and positive impact on MHL and help-seeking behaviour.*

*Hypothesis 3a: Mental health-related social media usage has a significant and positive impact on MHL.*

*Hypothesis 3b: Mental health-related social media has a significant and positive impact on help-seeking.*

*Hypothesis 4: The perception that social media use impacts MHL is positively and significantly associated with MHL.*

A correlation analysis was used to test Hypotheses 1 -4. Hypotheses 1-4 aim to investigate the relationship between key variables such as MHL, acculturation, help-seeking behaviour, and mental health-related social media usage. These hypotheses are concerned with understanding the direction and strength of associations between these variables. Such an exploration is critical in the context of understanding how these factors interplay in shaping

mental health outcomes among British South Asian young adults (Bhugra, 2004; Khan et al., 2022).

Correlation analysis was selected as the primary statistical method for these hypotheses due to its ability to quantify the strength and direction of linear relationships between two continuous variables. Unlike methods designed for causation or prediction, correlation is ideal for hypotheses that focus solely on associations (Cohen, 1988). This aligns with the exploratory nature of these hypotheses, which seek to identify significant patterns without inferring causal pathways.

For example, Hypothesis 1 posits that MHL positively impacts help-seeking behaviour. If the correlation between MHL and help-seeking behaviour is strong and positive, it would support this hypothesis, while a weak or negative correlation would suggest the absence of such an association. This approach allows for a clear and intuitive understanding of how variables are related within the target population.

While regression analysis is a powerful tool for examining predictive relationships and controlling for covariates, it was not deemed appropriate for Hypotheses 1-4 for several reasons. Firstly, these hypotheses aim to explore associations rather than predict outcomes. Regression analysis, which models dependent and independent variables explicitly, would add unnecessary complexity. Furthermore, Regression requires several assumptions, such as independence of residuals, normality, and linearity (Field, 2018). These assumptions are not relevant for the simpler goal of identifying associations.

Using correlation analysis as the initial step is a logical approach for hypothesis testing. Identifying significant associations provides a foundation for more complex analyses, such as regression, mediation, or moderated mediation, which are employed in later hypotheses. This phased approach ensures that the analysis remains focused and systematic (Tabachnick & Fidell, 2019).

### **Mediation Analysis**

A mediation analysis was used to test the following hypothesis:

***Hypothesis 5: Mental health literacy mediates the relationship between mental health-related social media usage and general help-seeking behaviour.***

Hypothesis 5 investigates whether MHL mediates the relationship between mental health-related social media usage and help-seeking behaviour. The goal is to determine whether MHL acts as a mechanism through which social media usage influences help-seeking behaviour.

Mediation analysis is particularly suited for testing indirect effects, which occur when an independent variable (e.g., mental health-related social media usage) influences a dependent variable (e.g., help-seeking behaviour) through an intermediary variable (e.g., MHL). This method allows researchers to disentangle direct and indirect pathways, providing nuanced insights into the relationships between variables (Baron & Kenny, 1986; Hayes, 2013). The PROCESS macro by Hayes (2013) was used for mediation analysis in this study. The PROCESS macro offers robust estimation of indirect effects, utilizing bootstrapping techniques to compute confidence intervals. This ensures accuracy even when assumptions of

normality are violated (Preacher & Hayes, 2008).

Although regression can be employed to examine individual pathways, it does not provide a direct estimation of the indirect effect, which is central to mediation analysis. Moreover, regression lacks the capability to compute bootstrapped confidence intervals for indirect effects, which are crucial for statistical rigor (MacKinnon, 2008). Therefore, the PROCESS macro was deemed more appropriate for addressing Hypothesis 5.

### **Moderated Mediation Analysis**

A moderated mediation analysis was used to examine the following hypothesis:

*Hypothesis 6: The strength of the mediating role of mental health literacy in the relationship between mental health-related social media usage and help seeking behaviour is moderated by acculturative attitudes and behaviours.*

Hypothesis 6 extends the mediation model by positing that the strength of MHL's mediating role is influenced by acculturation (both attitudinal and behavioural). In other words, this hypothesis suggests that the indirect effect of social media usage on help-seeking behaviour through MHL depends on the level of acculturation.

Moderated mediation analysis combines the principles of mediation and moderation to test whether the indirect effect of an independent variable on a dependent variable varies across levels of a moderator (e.g., acculturation). This approach is particularly valuable for

examining how contextual factors, such as cultural attitudes, shape psychological processes (Hayes, 2013; Preacher et al., 2007). The PROCESS macro was used for this analysis, as it allows for the integration of moderation within the mediation framework. This tool computes conditional indirect effects, providing insights into how acculturation interacts with social media usage and MHL to influence help-seeking behaviour. The bootstrapping techniques embedded in the PROCESS macro enhance the reliability of the findings by mitigating the impact of non-normality in the data.

While regression analysis can include interaction terms to test moderation, it cannot simultaneously estimate conditional indirect effects within a mediation framework.

Moderated mediation analysis offers a more comprehensive and nuanced examination of the relationships, making it the preferred method for testing Hypothesis 6 (Hayes, 2015).

Furthermore, when analysing the data, Structural Equation Modelling (SEM) was also considered. However, SEM while a comprehensive tool for analysing complex theoretical frameworks involving multiple latent constructs and pathways (Kline, 2016), was not employed in this study as the focus was on testing direct and indirect effects between observed variables rather than developing or validating a broader theoretical model. Research Question 1 and its associated hypotheses (1-4) aimed to explore the strength and direction of associations between MHL, acculturation, help-seeking behaviour, and mental health-related social media usage. Similarly, Research Question 2 and its hypotheses (5-6) were concerned with examining mediation and moderated mediation effects, specifically the role of MHL in the relationship between social media usage and help-seeking behaviour. These objectives were appropriately addressed using the PROCESS macro for mediation and moderated

mediation analysis (Hayes, 2013), which provides robust estimation of indirect effects and conditional effects without the complexities and assumptions required for SEM, such as large sample sizes and model fit indices. By employing the PROCESS macro, the study ensured rigorous and targeted testing of the hypothesised relationships, aligning with the specific objectives of the research questions while maintaining methodological clarity.

### **4.3 Demographic data**

A total of 94 females and 70 males participated in the study. The mean age of the participants was 20.46 (SD = 2.045; Range= 18-24 years). Participants were predominantly from Indian (44.0%) or Pakistani (42.8%) backgrounds. The highest educational qualification of the majority (52.7%) of the participants was 'A Level or equivalent.' The religious affiliation of a large majority (57.5%) of the participants was 'Muslim.' 11.8% and 10.2% participants also identified themselves as either Hindu or Sikh respectively. While only 18.7% of participants had previously been diagnosed with a mental health condition, 68.1% of participants stated they knew at least someone who had a previous mental health diagnosis.

The demographic characteristics of the study participants are detailed in the table 3.

Table 3: Demographic Profile of Respondents

Total number of  
participants (166)



Gender	Male	70 (42.2%)
	Female	94 (56.6%)
	Prefer not to say	1 (0.6%)
	Other	1 (0.6%)
Age	18	24 (12.9%)
	19	33 (17.7%)
	20	33 (17.7%)
	21	27 (14.5%)
	22	19 (10.2%)
	23	15 (8.1%)
	24	15 (8.1%)
Ethnicity	Indian	73 (44%)
	Pakistani	71 (42.8%)
	Bangladeshi	13 (7.8%)
	Sri Lankan	5 (3.0%)
	Other	4 (2.4%)
Highest educational qualification	None	0
	GCSE or equivalent	5 (3.0%)
	A Level or equivalent	98 (59%)
	Undergraduate degree (BA, BSc or equivalent)	48 (28.9%)
	Master's degree (MSc, MA or equivalent)	11 (6.6%)
	PhD (Doctorate or equivalent)	1 (0.5%)
	Other	3 (1.6%)
Religion	Not Religious	10 (6.0%)
	Christian	5 (3.0%)
	Muslim	107 (13.3%)
	Hindu	22 (64.5%)
	Sikh	19 (11.4%)
	Buddhist	2 (1.2%)

	Other	1 (0.6%)
Previous diagnosis	Yes	31 (18.7%)
	No	128 (77.1%)
	Prefer not to say	7 (4.2%)
Contact with someone who has a diagnosis	Yes	113 (68.1%)
	No	50 (30.1%)
		3 (1.8%)
	Prefer not to say	

## 4.4 Descriptive Statistics

### 4.4.1 Self-Administered Questionnaire of Acculturation (SAQA)

The SAQA aimed to examine two aspects of acculturation: the level of behavioural acculturation and attitudinal acculturation. The maximum range of both these subscales were 19 and 8 respectively. The mean score was normalised on a 100-point scale. The mean score of the level of behavioural acculturation was: 57.79 (SD:11.33, Range = 26.67 – 80.00, 95% CI = 56.05 – 59.53). The mean score on the level of attitudinal acculturation was 62.65 (SD: 34.08, Range = 0 - 100, 95% CI = 57.43 – 67.87).

Normality was assessed using Skewness and Kurtosis values. Skewness (-.22, SE = .19) and Kurtosis (-.71, SE = .38) values revealed that the data was normally distributed. For the ‘level of behavioural acculturation’, Skewness (-.49, SE = .18) and Kurtosis (-1.07, SE = .38) also implicated normal distribution for ‘level of behavioural acculturation’.

There appeared to be no statistically significant difference in the level of behavioural acculturation based on age ( $F(6, 159) = 1.830, p = .096$ ), gender ( $F(3, 162) = 2.121, p$

=.100), ethnicity ( $F(4, 161) = .899, p = .446$ ), educational qualification ( $f(5, 160) = 1.740, p = 1.29$ ) and religion ( $f(6, 159) = 1.301, p = .259$ ). The study found that participants with a previous mental health diagnosis had no statistically significant difference in their level of behavioural acculturation ( $61.07 \pm 10.62$ ) compared to participants who had no diagnosis ( $57.24 \pm 11.21$ ),  $t(157) = 1.726, p = 0.86$ . The findings further indicated that participants who had prior contact with someone who had a mental health diagnosis had no statistically significant difference in their level of behavioural acculturation ( $57.69 \pm 11.7$ ) compared to participants who had no contact ( $57.86 \pm 10.38$ ),  $t(161) = -.087, p = .931$ .

There also appeared to be no statistically significant difference in the level of attitudinal acculturation based on age ( $F(6, 159) = 2.149, p = .051$ ), gender ( $F(3, 162) = .648, p = .585$ ), ethnicity ( $F(4, 161) = .356, p = .839$ ), educational qualification ( $f(5, 160) = .784, p = .562$ ) and religion ( $f(6, 159) = .302, p = .935$ ). The study further found that participants with a previous mental health diagnosis had no statistically significant difference in their level of attitudinal acculturation ( $54.19 \pm 33.54$ ) compared to participants who had no diagnosis ( $64.22 \pm 34.01$ ),  $t(157) = 1.476, p = .142$ . The findings further indicated that participants who had prior contact with someone who had a mental health diagnosis had no statistically significant difference in their level of attitudinal acculturation ( $61.94 \pm 33.37$ ) compared to participants who had no contact ( $63.6 \pm 35.6$ ),  $t(161) = -.286, p = .776$ .

#### **4.4.2 Mental health literacy (MHLS)**

The mean score for mental health literacy was 124.72 ( $SD=15.27$ ,  $Range=86.00-155.00$ ,  $95\% CI=122.38-127.06$ ). Skewness ( $-.486, SE=.18$ ) Kurtosis ( $-.165, SE=.375$ ) indicated that the data was normally distributed.

There was a statistically significant difference between genders as determined by a One-way ANOVA ( $F(3,162) = 4.259, p = .006$ ). Tukey's post hoc test results revealed that the mean score for Female participants ( $M = 128.12, SD = 15.39$ ) was significantly higher than male participants ( $M = 120.16, SD = 14.05$ ). There was only one participant in the 'Other group', hence this difference was deemed minimal.

There was no statistically significant difference between MHL based on participants' age, ( $F(6, 159) = 1.259, p = .279$ ). There was however a statistically significant difference between ethnic groups at the  $p < .05$  level, ( $F(4, 161) = 2.685, p = .033$ ), as determined by a one-way ANOVA. Tukey's post hoc test indicated that the mean score for Other ( $M = 132.25, SD = 14.9$ ), Pakistani ( $M = 127.92, SD = 14.64$ ) and Sri Lankan participants ( $M = 126.4, SD = 5.07$ ) was significantly different from Indian ( $M = 122.75, SD = 15.96$ ) and Bangladeshi ( $M = 115.3, SD = 12.72$ ) participants.

There appeared to be no statistically significant differences in MHL based on participants' highest educational qualification ( $F(5,160) = .989, p = .426$ ). There also appeared to be no significant difference in MHL based on their religious background, ( $f(6, 159) = 1.041, p = .401$ ).

The study found that participants with a previous mental health diagnosis had a statistically significant higher MHL ( $134.06 \pm 12.87$ ) compared to participants who had no diagnosis ( $122.39 \pm 14.89$ ),  $t(157) = 4.013, p < .001$ . Findings also indicated that participants who had prior contact with someone who had a mental health diagnosis had a statistically significant higher MHL ( $128.27 \pm 15.24$ ) compared to participants who had no contact ( $116.68 \pm$

12.43),  $t(161) = 4.725$ ,  $p < .001$ .

#### **4.4.3 General help-seeking behaviour (GHSQ)**

The mean score for general help-seeking behaviour was 37.33 (SD=8.7, Range=14.00 – 57.00, 95% CI=35.9 – 38.66). Normality was assessed using Skewness and Kurtosis values. Skewness (-.250, SE = .18) and Kurtosis (-.29, SE = .38) values revealed that the data was normally distributed.

Participants indicated they would be most likely to seek help for mental health problems from an intimate partner (e.g., girlfriend, boyfriend, wife, husband) (M=5.70, SD=1.63) or friend (M=5.14, SD=1.58), and least likely to seek help from a minister or religious leader (M=2.56, SD=1.60). Participants were also likely to seek help from a mental health professional (M=4.84, SD, 1.9) or Doctor/GP (Mean=4.37, SD=1.84).

There appeared to be no difference in the level of help-seeking behaviour based on age ( $F(6, 159) = .586$ ,  $p = .741$ ), gender ( $F(3, 162) = 2.141$ ,  $p = .097$ ), ethnicity ( $F(4, 161) = 1.161$ ,  $p = .330$ ), educational qualification ( $f(5, 160) = 1.740$ ,  $p = 1.28$ ) and religion ( $f(6, 159) = .922$ ,  $p = .481$ ).

The study found that participants with a previous mental health diagnosis had no statistically significant difference in their help-seeking behaviour (35.80+/-8.88) compared to participants who had no diagnosis (37.77+/-8.55),  $t(157) = -1.140$ ,  $p = .256$ . The findings also indicated that participants who had prior contact with someone who had a mental health diagnosis had no statistically significant difference in their help-seeking behaviour (38.02+/-8.6) compared

to participants who had no contact (36.2+/-8.74),  $t(161) = 1.239$ ,  $p = .217$ .

#### **4.4.4 Social media use**

All 166 participants indicated they were users of social media platforms. The most frequently used were Instagram (87.5%), Snapchat (83.9%), WhatsApp (82.1%) and YouTube (69.6%). Participants recalled the frequency of their social media use on an everyday basis. The majority (94.6%) of the participants had used social media 'daily or almost every day.' Most participants (32.1%) spent an average of 2 -3 hours on social media each day with 17.9% even reporting they would access social media for over 6 hours each day. 80.4% participants reported they had seen, read, or watched something related to mental health on social media. Participants accessed a range of content on social media to acquire knowledge about mental health. The most popular forms of content as indicated by participants were reputable content (51.2%), Visual content (48.2%) and videos (57.8%).

Mental health-related social media usage was calculated by combining the scores on the frequency of social media usage, the social media platforms used, whether they had seen, read, or watched anything on social media related to mental health and the frequency of the type of content they had engaged with. Skewness (-.878, SE = .18) and Kurtosis (2.57, SE = .375), indicated that the data was not normally distributed. Data on this scale was normalised using methods outlined in Chapter 3.

There was no statistically significant difference between genders as determined by a One-way ANOVA ( $F(3,162) = 2.795$ ,  $p = .052$ ). There also appeared to be no statistically significant

difference in the level of mental health-related social media usage based on age ( $F(6, 159) = .464, p = .834$ ), ethnicity ( $F(4, 161) = 1.161, p = .330$ ), educational qualification ( $f(5, 160) = 2.051, p = .074$ ) and religion ( $f(6, 159) = .605, p = .726$ ). The study found that participants with a previous mental health diagnosis had no statistically significant difference in their mental health-related social media usage ( $21.13 \pm 3.48$ ) compared to participants who had no diagnosis ( $19.84 \pm 3.77$ ),  $t(157) = 1.721, p = .086$ . Findings however indicated that participants who had prior contact with someone who had a mental health diagnosis had a statistically significant higher mental health-related social media use ( $20.63 \pm 3.76$ ) compared to participants who had no contact ( $18.8 \pm 3.11$ ),  $t(161) = 4.725, p = .003$ .

Tukey's post hoc test indicated that the mean score for Other ( $M = 132.25, SD = 14.9$ ), Pakistani ( $M = 127.92, SD = 14.64$ ) and Sri Lankan participants ( $M = 126.4, SD = 5.07$ ) was significantly different from Indian ( $M = 122.75, SD = 15.96$ ) and Bangladeshi ( $M = 115.3, SD = 12.72$ ) participants.

#### **4.4.5 Impact of social media on MHL**

Participants were also asked whether their social media use had an impact on the constructs of MHL. The scores were on a Likert scale ranging from 1 - 5. The overall score of the 7 constructs measured were out of 35. The mean score of this construct was 23.8 (SD: 4.4).

#### **4.4.6 Impact of ethnicity on mental health-related social media use**

One question assessed whether participants ethnic background had an impact on the social media consumed related to mental health. This construct was also scored on a Likert scale ranging from 1 -5. The mean score of participants who indicated that their ethnic background played a role in the social media content they consume was 3.02 (SD: 1.2; 95% CI: 2.84 –

3.21).

#### **4.4.7 Social media & COVID-19**

As the survey was conducted during the COVID-19 pandemic, participants were asked whether their social media use had changed during the pandemic. 52.4% of participants indicated their usage of social media had increased during the pandemic, although there appeared to be variation on the reasons for using social media during this period. Participants were asked reasons for their increase in social media consumption. Most of the participants cited an increased amount of time at home and a significant amount of spare time as reasons for using more social media platforms. Interestingly participants also stated that when using social media during the COVID-19 lockdown period, 60.2% had seen, read, or watched something related to mental health.

Descriptive statistics for all variables are presented in Table 4.



Table 4: Descriptive Statistics

Variable	N	Mean	SD	Median	Minimum	Maximum	Skewness	Kurtosis
Mental Health Literacy	160	124.72	15.27	126	86	155	-.486	-.165
General Help-seeking	160	37.33	8.7	38	14	57	-.250	-.292
Level of behavioural acculturation	160	57.79	11.33	60	26.67	80.00	-.492	-1.07
Level of attitudinal acculturation	160	62.65	34.08	80	0	100	-.219	-.711
Mental health-related social media use	160	20.13	3.68	20	5	29	-.878	2.57
Impact of social media on MHL	160	23.81	4.4	24	7	35	-.539	1.150
Impact of ethnic background on mental health-related social media use	160	3.02	1.2	3	1	5	.102	-.932

#### **4.5 Bivariate Correlations**

Pearson's correlation coefficient was utilized to test all continuous variables. This analysis examines the relationship between two continuous variables under the assumption of normal distribution. Cohen's (1982, 1992) guidelines were employed to interpret the strength of association between variables. According to these guidelines, the effect size is low if the value of  $r$  varies around 0.1, medium if  $r$  varies around 0.3, and large if  $r$  varies more than 0.5. Table 5 presents the correlation matrix for all the variables.

**TABLE 5: CORRELATIONS BETWEEN VARIABLES AMONG BSA YOUNG ADULTS**

	<b>Mental Health Literacy</b>	<b>General Help-Seeking</b>	<b>Level of Behavioural Acculturation</b>	<b>Level of Attitudinal Acculturation</b>	<b>Mental Health-Related Social Media use</b>	<b>Perception that social media impacts MHL</b>
<b>Mental Health Literacy</b>						
<b>General Help-Seeking</b>	.278**					
<b>Level of Behavioural Acculturation</b>	0.074	-0.024				
<b>Level of Attitudinal Acculturation</b>	-0.144	-0.014	0.005			
<b>Mental Health-Related Social Media use</b>	.243**	-0.079	-0.036	-0.095		
<b>Perception that social media impacts MHL</b>	.181*	0.035	0.016	0.004	.244**	

\*\*Correlation is significant at the 0.01 level (2-tailed)

\*Correlation is significant at the 0.05 level (2-tailed)

***Hypothesis 1: Mental health literacy has a significant and positive impact on help-seeking behaviour.***

Previous research exploring the association between MHL, and help-seeking has found a significant and positive relation between the two constructs, indicating that those individuals with a high level of MHL are more likely to engage in help-seeking as compared to those with low MHL (Gorczynski & Wilson, 2019). However, no research has focused on this association among the BSA young adult population.

To assess this relationship, a Pearson correlation coefficient was computed to assess the linear relationship between MHL and help-seeking. Pearson's product correlation of MHL and help-seeking was found to be moderately positive and statistically significant  $r(164) = (.278, p = .001]$ . Hence H1 was supported. This shows that an increase in MHL would lead to higher help-seeking behaviour in BSA young adults.

***Hypothesis 2a: Behavioural acculturation is significantly and positively associated to MHL and help-seeking behaviour.***

Jacob (2020) defines the process of acculturation as adopting, acquiring, and adjusting to a new cultural environment. Behavioural acculturation here refers to adopting cultural practices such as language use, media use, customs, and traditions (Karim and Hue, 2020). A higher level of behavioural acculturation to the western culture was hypothesised to be significantly and positively associated with high MHL and help-seeking behaviour.

Pearson's correlation of MHL and level of behavioural acculturation was not found to be statistically significant  $r(164) = .074, p = .342$ ). Hence H2a was not supported. This shows that an increase in level of behavioural acculturation would not result in higher MHL among BSA young adults.

Pearson's correlation was also computed to assess the linear relationship between the level of behavioural acculturation and help-seeking. Results indicated a moderately negative correlation between the level of behavioural acculturation and help-seeking  $r(164) = -.024, p = .758$ ). This shows that as the level of behavioural acculturation decreased, help-seeking behaviour increased. These findings hence indicate that Hypothesis 2a was not supported.

***Hypothesis 2b: Attitudinal acculturation is significantly and positively associated with MHL and help-seeking behaviour.***

$r(164) = -.144, p = .065$ ). In the SAQA, attitudinal acculturation refers to the ways in which individuals adapt to being part of the host culture indicating positive attitudes towards it.

In the present study, Pearson's correlation of MHL and level of attitudinal acculturation was not found to be statistically significant  $r(164) = -.144, p = .065$ ). Hence H2a was not supported. This shows that an increase in level of attitudinal acculturation would not result in higher MHL among BSA young adults.

Pearson's correlation was also computed to assess the linear relationship between the level of attitudinal acculturation and help-seeking. Pearson's correlation of MHL and level of

attitudinal acculturation was not found to be statistically significant  $r(164) = -.014, p = .854$ ).

This shows the level of attitudinal acculturation would have no effect on help-seeking levels.

These findings indicate that Hypothesis 2b was not supported.

***Hypothesis 3a: Mental health related social media usage is significantly and positively associated with MHL.***

A key area of investigation within the research was the relationship between mental health related social media usage and its impact on MHL and help-seeking. Pearson's correlation was computed to assess the linear relationship between mental health-related social media usage and MHL. There was a significant positive correlation between the two variables,  $r(164) = .243, p = .002$ . coefficients supporting Hypothesis 3a.

To assess this relationship, a Pearson correlation coefficient was computed to assess the linear relationship between MHL and mental health-related social media usage. Pearson's product correlation of MHL and mental health-related social media usage was found to be moderately positive and statistically significant  $r(164) = .243, p = .002$ ). Hence H3 was supported. This shows that an increase in MHL would lead to a moderate increase in mental health-related social media usage.

***Hypothesis 3b: Mental health related social media usage is significantly and positively associated with help-seeking.***

To assess this relationship, a Pearson correlation coefficient was computed to assess the linear relationship between mental health-related social media usage and help-seeking.

Pearson's product correlation of help-seeking and mental health-related social media usage was not found to be statistically significant  $r(164) = -.079, p > .05$ ). Hence H3b was not supported. This shows that an increase in mental health-related social media usage would not affect help-seeking behaviour.

***Hypothesis 4: The perception that social media use impacts MHL is positively and significantly associated with MHL.***

While we assessed the mental health-related content that BSA young adults consumed and the frequency of it, we also assessed whether BSA young adults felt that the mental health content on social media had an impact on their MHL. In this hypothesis we predict that BSA young adults who felt that social media use impacts their MHL had higher levels of MHL.

Pearson correlation coefficient was again computed to assess the linear relationship between perception of mental health-related social media usage on BSA young adults MHL. There was a moderately low statistically significant positive correlation between the two variables,  $r(164) = .181, p = .019$ ). Hence H4 was supported. This shows that the perception that social media can increase MHL has a positive impact on MHL itself.

#### 4.6 Mediation and Moderated Mediation Analysis

*Hypothesis 5: Mental health literacy mediates the relationship between mental health-related social media usage and general help-seeking behaviour.*

Figure 1 illustrates the mediation model used to investigate the relationship of MHL with mental health-related social media usage and help-seeking behaviour.

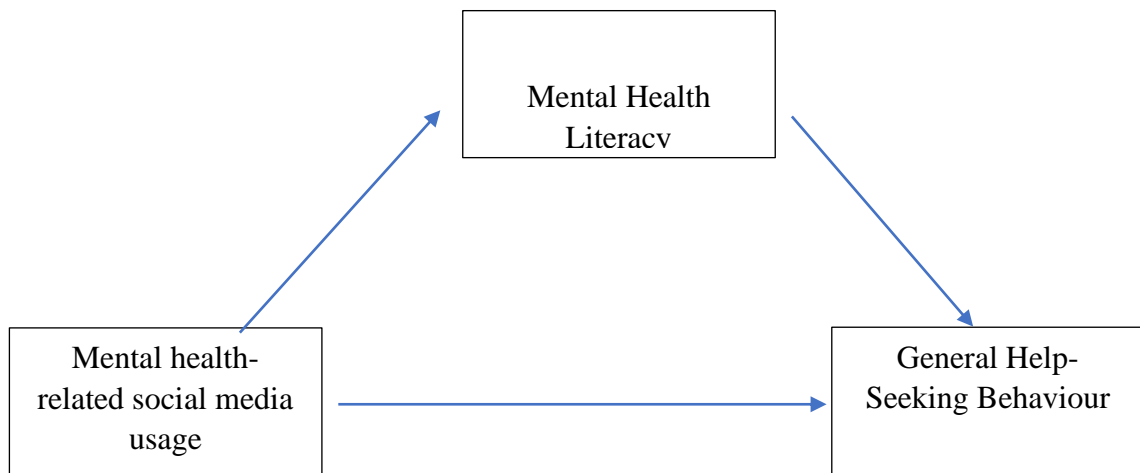


Figure 4: Process Model 4

Hypothesis 5 proposed that MHL mediates the relationship between mental health-related social media and help-seeking behaviour. To test this hypothesis, Hayes PROCESS macro-Model 4 was used (Hayes, 2013), the macro utilizes the bootstrapping method to calculate the indirect effects.

The study assessed the mediating role of MHL on the relationship between mental health-related social media usage and help-seeking behaviour. The results revealed a significant indirect effect of the impact of mental health-related social media usage on help-seeking behaviour ( $b = .1814, t = .2.441$ ). Furthermore, the direct effect of mental health-related



social media usage on help-seeking in the presence of the mediator was also found to be significant at the  $p < .05$  level ( $b = -.37$ ,  $SE = .18$ ,  $p = 0.04$ )

Further mediation analysis based on the bootstrapping method indicates that the effect of mental health-related social media use on help-seeking is mediated by MHL. As presented in Table 6, the 95% confidence interval of the indirect effect of mental health-related social media use on help-seeking through MHL ranged from .06 - .35, with a coefficient of the indirect effect of .18,  $b = .18$ ,  $SE = .07$ , bootstrapping  $CI = [.06, .35]$ . Hence, MHL partially mediated the relationship between mental health-related social media usage and help-seeking. H5 was therefore supported.

Table 6: Mediation effects for Hypothesis 4

<b>Relationship</b>	Total Effect	Direct Effect	Indirect effect	Bootstrap 95% CI	t-statistics	Conclusion
Social media usage -> Mental Health Literacy -> Help-seeking	-.1869	-.3683	.1814	(.06 - .35)	2.441	Partial Mediation

***Hypothesis 6: The strength of the mediating role of mental health literacy in the relationship between mental health-related social media usage and help-seeking behaviour is moderated by acculturative attitudes and behaviours.***

Hypothesis 6 stated that the indirect effect of mental health-related social media use on help-

seeking through mental health literacy will be contingent on BSA young adults' acculturative attitudes and behaviour such that the indirect effect is stronger for those who have a high level of behavioural and attitudinal acculturation. The bootstrapping method with the PROCESS macro (Hayes, 2013) was employed to investigate the moderated mediation effect.

Figure 5 illustrates the moderated mediation model used to investigate whether the relationship of MHL with mental health-related social media usage and help-seeking behaviour is moderated by level of behavioural and attitudinal acculturation.

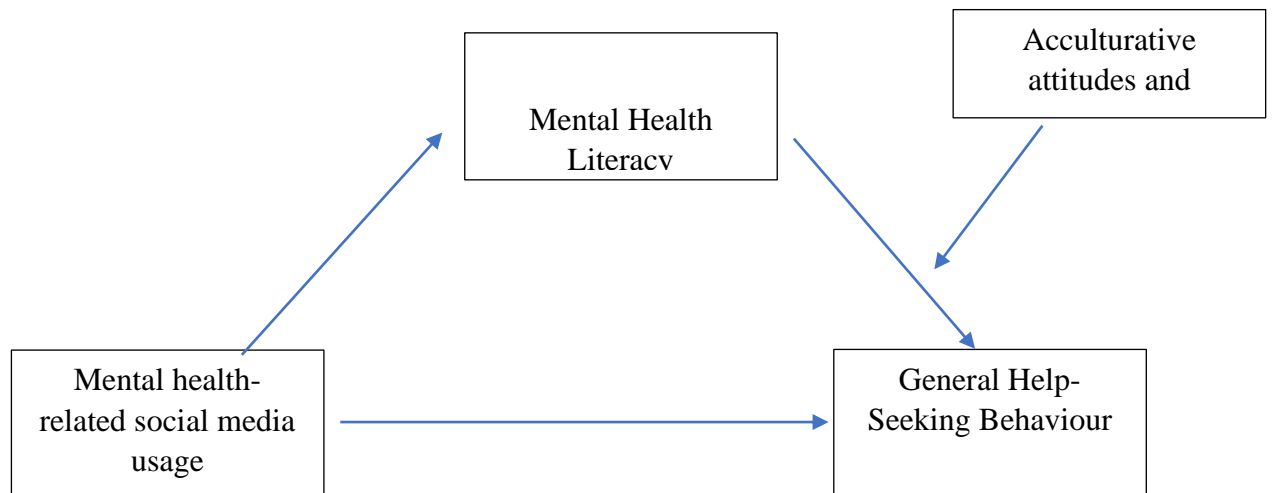


FIGURE 5: PROCESS MODEL 14 - MODERATED MEDIATION ANALYSIS

### Level of behavioural acculturation as the Moderator

This study utilized the PROCESS Model 14 specified in Hayes (2013), in which the effect of mental health-related social media use on help-seeking via mental health literacy is moderated by level of behavioural acculturation (Path B). The results of the PROCESS Model 14 demonstrated that there was no significant effect of the level of behavioural acculturation on help-seeking behaviour ( $b = -.45$ ,  $SE = .43$ ,  $p = .29$ ). The interaction effect of MHL and level of behavioural acculturation on help seeking was also not significant ( $b = .003$ ,  $SE = .00$ ,  $p = .34$ ). The moderator (Level of behavioural acculturation) has no effect on

the relationship between MHL and help-seeking behaviour. Hypothesis 6a suggested that the indirect effect of mental health-related social media usage on help-seeking behaviour will be moderated by level of behavioural acculturation.

**TABLE 7: DIRECT RELATIONSHIPS**

<b>Direct Relationships</b>	<b>Unstandardized Coefficient</b>	<b>T Values</b>
Social media usage -> MHL	1.0094	.0016
Social media usage ->Help-seeking	-.3870	.0351
MHL -> Help-seeking	.1854	<.001
MHL -> LBA ->Help-seeking	-.0433	.4520

**TABLE 8: INDIRECT RELATIONSHIPS**

<b>Indirect Relationships</b>	<b>Direct Effect</b>	<b>Indirect Effect (SE)</b>	<b>Confidence Interval (Low/High)</b>	<b>T Values</b>
Mental Health Literacy – Level of behavioural Acculturation – Help-seeking behaviour	-.3870	.1871	.0627 - .3504	2.52
Probing Moderated Indirect Relationships	<b>Effect</b>	<b>SE</b>	<b>Confidence Interval (Low/High)</b>	<b>t-statistics</b>
Low level of LBA	.1494	.0777	.0224 - .3265	1.92
High Level of LBA	.2248	.0978	.0653 - .4499	2.29
Index of Moderated Mediation	.0033	.0039	-.0035 - .0120	0.85

The conditional indirect effect shows that the indirect effect is low at low levels of

behavioural acculturation (LBA), reduced at average LBA and high at higher LBA. The conditional indirect effects are significant at the three levels. The indirect effect in the presence of the moderator (at mean level) is .1871, and as per the bootstrap, which is within the confidence interval at  $p < .05$ .

The results further show that when the moderator is low, the indirect effect is .1494, which is significant. Conversely, when the moderator is high, the indirect effect is .2248, which is also significant.

Hypothesis 6a suggested that the indirect effect of mental health-related social media usage on help-seeking behaviour will be moderated by level of behavioural acculturation. H6a was not supported as the index of moderated mediation (index = .0033, 95% CI = (-.0035/.0120)) is not significant since the 95% CI includes a zero.

### **Level of attitudinal acculturation as the Moderator**

PROCESS Model 14 was again utilised to see if the effect of mental health-related social media use on help-seeking via mental health literacy is moderated by the level of attitudinal acculturation (Path B). The results of the PROCESS Model 14 demonstrated that there was no significant effect of the level of attitudinal acculturation on help-seeking behaviour ( $b = -.27$ ,  $SE = .17$ ,  $p = .11$ ). The interaction effect of MHL and level of attitudinal acculturation on help-seeking was also not significant ( $b = -.00$ ,  $SE = .00$ ,  $p = .11$ ).

Hypothesis 6b suggested that the indirect effect of mental health-related social media usage

on help-seeking behaviour through MHL will be moderated by level of attitudinal acculturation. H6b was not supported as the index of moderated mediation (index = -.0022 , 95% CI = (-.0058 - .0005)) is not significant since the 95% CI includes a zero.

**TABLE 9: OVERVIEW OF THE MODERATED MEDIATION ANALYSIS**

Indirect Relationship	Direct Effect	Indirect Effect (SE)	Confidence Interval (Low/High)	T Values
Mental Health Literacy – Level of attitudinal Acculturation – Help-seeking behaviour	-.39	.1939	.0669 - .3624	2.52
Probing Moderated Indirect Relationships	<b>Effect</b>	<b>SE</b>	<b>Confidence Interval (Low/High)</b>	<b>t-statistics</b>
Low level of LAA	.2690	.1124	.0882 - .5186	2.39
High Level of LAA	.1188	.076	-.0057 - .2934	1.56
Index of Moderated Mediation	-.0022	.0017	-.0061 - .0005	-1.29

The conditional indirect effect shows that the indirect effect is high at low levels of attitudinal acculturation (LAA), reduced at average LAA and low at higher LAA. The conditional indirect effects are significant for low and reduced levels. The indirect effect in the presence of the moderator (at mean level) is .1931, and as per the bootstrap, which is within the confidence interval at  $p < .05$ .

Hypothesis 6b suggested that the indirect effect of mental health-related social media usage on help-seeking behaviour will be moderated by the level of attitudinal acculturation. H6b was not supported as the index of moderated mediation (index = -.0022, 95% CI = (-

.0061/.0005) is not significant since the 95% CI includes a zero.

## 4.7 Summary

The study aimed to assess the inter-relationship between mental health-related social media usage and mental health literacy, as well as help-seeking behaviours, among young adults of BSA descent. Employing a targeted focus, this study aimed to contribute valuable insights into the ways in which social media engagement impacts MHL and the propensity to seek help within the BSA young adult population. The findings indicate that MHL does mediate the relationship between mental health-related social media usage and help-seeking behaviour. As the research is conducted among BSA young adults, it was also important to understand the role of acculturation on their MHL and help-seeking behaviour. Acculturation was not found have a significant association with MHL and help-seeking behaviour, highlighting the need for further research exploring the factors that inform BSA young adults MHL.

To further accomplish the goal of the research, the research design incorporated an exploration of the role of social media in informing the MHL of BSA young adults. Using qualitative and quantitative methodologies, all three studies seek to elucidate the nuanced connections between social media behaviours, mental health literacy levels, and the likelihood of engaging in help-seeking behaviours. By narrowing the scope to the specific demographic of BSA young adults, the research aims to shed light on culturally informed factors that may influence the relationship between social media usage and MHL among this demographic. The impact of the role of culture on the relationship between the study variables is further explored in Chapter 6.

## **Chapter 5: Findings From the Qualitative Interviews**

### **Part 1: Exploring the mental health literacy of British South Asian young adults.**

#### **5.1 Overview of Chapter**

This chapter will present the findings from 17 semi-structured interviews conducted with BSA young adults regarding their understanding and perceptions of mental health literacy and help-seeking behaviour. The second section of the chapter will aim to explore the role of social media in informing the mental health literacy of BSA young adults. The research objectives and questions addressed in this chapter include:

**Research Question 3:** To what extent do cultural beliefs and perceptions impact the MHL and help-seeking behaviour of BSA young adults?

**Research Question 4:** How can social media enhance the MHL of BSA young adults?

- (b) Has engagement with mental health-related content on social media complimented, duplicated, or challenged pre-existing notions regarding mental health and mental illness?

The mental health literacy framework outlined by Jorm (1997), highlights six components namely: (a) the ability to recognise specific disorders or different types of psychological distress, (b) knowledge and beliefs about risk factors and causes; (c) knowledge and beliefs about self-help interventions; (d) knowledge and beliefs about professional help available; (e) attitudes which facilitate recognition and appropriate help-seeking and (f) knowledge of how



to seek mental health information. Distinguishing between mental health versus mental illness formed an important aspect of MHL as outlined by recent definitions (Jorm, 2012). Hence, the topic of mental health was adjunctly incorporated into the interview guide. The first theme will incorporate the concept of mental health alongside mental illness, thus being named as, the 'Perception of mental health and mental illnesses.

Little to no research has been conducted on the MHL of the BSA population in the UK. The qualitative phase of the present study will therefore aim to understand the role of BSA young adults ethnic background and acculturative beliefs on their understanding of MHL. Although there has been previous research focusing on the young adult population in the UK, there remain gaps in terms of qualitative research and a focus on ethnic minority populations.

Addressing and understanding the MHL of a marginalised group can be considered a mental health prevention intervention and dive into the world of mental health promotion. As such research aims to address the issues faced; focuses on the mental health needs of ethnic minority groups such as BSA young adults; address these issues and potentially inform policy and practice by improving the current mental health services and access to mental health care in the UK.

## 5.2 Results

The first section of the qualitative research will aim to focus on these six components as a template for analysis. In conjunction with the MHL framework and a deductive approach to analysis, the following themes emerged upon analysis:

**TABLE 10: RQ3 THEMES AND SUB-THEMES**

Theme	Subthemes
<b>Understanding of mental health and mental illness</b>	<ul style="list-style-type: none"> <li>● Mental health versus mental illness – What’s the difference?</li> <li>● Recognition of symptoms and signs of psychological distress</li> </ul>
<b>Risk factors and causes</b>	<ul style="list-style-type: none"> <li>● Biological Factors</li> <li>● Environmental Factors</li> <li>● Cultural Factors</li> </ul>
<b>Self-help interventions</b>	<ul style="list-style-type: none"> <li>● Wellbeing practices</li> <li>● Support</li> <li>● Religion</li> </ul>
<b>Knowledge and beliefs about professional help</b>	<ul style="list-style-type: none"> <li>● Modes of professional help</li> <li>● Accessibility of services</li> <li>● Cultural Relevance of Services</li> </ul>

<b>Factors affecting recognition and appropriate help-seeking</b>	<ul style="list-style-type: none"> <li>● Stigma</li> <li>● Masculinity</li> <li>● Education and awareness</li> </ul>
<b>Knowledge on how to seek mental health information</b>	<ul style="list-style-type: none"> <li>● Online sources and social media</li> <li>● Formal education sources</li> </ul>

### 5.2.1 Theme 1: Understanding of mental health and mental illness.

An understanding of the terms 'mental health' and 'mental illness' forms a formative part of MHL. This foundational knowledge encompasses recognition, knowledge, and beliefs related to mental health concepts. It involves not only being familiar with these terms but also comprehending the broader context, implications, and nuances associated with mental well-being and mental health challenges. Individuals with a robust understanding of these terms are better equipped to navigate discussions, seek appropriate help, and engage in informed decision-making concerning mental health matters. Moreover, this foundational knowledge serves as a cornerstone for developing a comprehensive MHL framework.

Effectively differentiating between these terms also enables individuals to recognize when a mental illness takes effect. Individuals are more aware of the symptomology associated with mental illness and are likely to seek support if needed. This theme explores BSA young adults' understanding of mental health and mental illness by focusing on two sub-themes; distinguishing between what mental health and mental illness means to participants and their recognition of symptoms and signs of psychological distress.

### **Sub-theme 1: Mental health versus mental illness – What’s the difference?**

Many participants drew parallels between mental health and overall well-being, emphasizing the concept as the ability to take care of oneself. This perspective suggests a holistic understanding of mental health that goes beyond the absence of mental illnesses. By associating mental health with well-being and self-care, participants acknowledge the interconnectedness of mental and physical aspects of health.

*“I think it's just like the well-being of my mind” (Muhammad, Male, 21)*

*And*

*“Having good mental health just means that you're able to take care of yourself, and you're able to sort of maintain your emotional state to, like, without too many fluctuations” (Elsa, Female, 22)*

By drawing a parallel between mental health and physical health, the participant emphasizes the importance of mental well-being for an individual's overall functioning. Likening mental health to a "limb," the participant suggests that mental well-being is an integral component of an individual's overall functionality. This metaphor underscores the interconnected nature of mental and physical health, highlighting that just as a limb is vital for physical mobility, mental health is essential for optimal cognitive and emotional functioning.

*“Well, mental health for me is just as important as physical health. It's for me, it's, you know,*

*your own well-being, how you process throughout life and your mental health drives forward your physical health. Without your mental health you wouldn't even be able to function physically. I mean, depression is a good example of that people are you know, when people have crippling depression, the reason why it's called crippling is because it in a way it prevents them from being unable that prevents them from going out there and functioning normally, and carrying out, you know, their full potential. So, for me, it's a very important thing. And my definition of it, is it's just as important as any, as any limb that you need to function. I think it's just as important” (Jamal, Male, 20).*

In describing mental illness, Jamal mentions the example of depression often being described as crippling, as it impacts an individual's overall functionality. The term ‘crippling’ conveys the debilitating nature of depression. The language used conveys the extent to which mental illnesses, such as depression can significantly impair an individual's quality of life and overall health.

One individual stated how they had recently discovered the term mental health as it had always been assigned negative connotations, indicating the stigma prevalent within SA societies regarding mental health. The experience of dealing with a difficult situation themselves led them to become more aware of the term:

*“For me, mental health is like... a new term that I've just recently discovered within the last two, three years. Before that, I did not ...I knew it existed, people talked about it, but it's always that I've not understood. It always had like a negative connotation. But ever since my dad passed away two years ago, well, one year ago, I was like, oh, yeah, I do have mental health” (Amna, Female, 19)*

Zayna contrasts mental health with mental illness, describing the latter as a disturbance to one's well-being. This distinction emphasizes the negative impact that mental illness can have on an individual's overall state of health and wellness. While mental health is associated with positive well-being and the ability to take care of oneself, mental illness is characterized as an impediment or disruption to that well-being:

*“I think it's a disturbance of well-being, I think, it's when something causes you to go off balance, which causes you to be overwhelmed. So, I think that's the stage where you should be concerned about mental illness” (Zayna, Female, 23).*

When discussing their understanding of mental illness, some participants mentioned various causes such as hormone regulation, predisposition, and social factors. This multifaceted perspective acknowledges the complex interplay of biological, genetic, and environmental factors in the development of mental health conditions. Additionally, participants highlighted the crucial role of coping mechanisms as protective measures. This recognition highlights the adaptive strategies individuals employ to navigate and manage the challenges associated with mental illness, emphasizing the importance of considering both causal factors and coping mechanisms in the broader understanding of mental health.

*“Mental illness is a combination of like when your hormones don't regulate as well. So that's one part of it. So ...and then when you're predisposed to certain illnesses, I guess. And then the other factors social, so when your life is sort of harder than you can take up. Ah...your body, your mind just tends to sort of not give up but have coping mechanisms that, you know, are*

*trying to protect you. So, I think when those are maladaptive, that would count as mental illness” (Elsa, Female, 22)*

Noor who appeared to be quite knowledgeable about mental illness emphasised the role of diagnostic manuals in the process of diagnosis, particularly when compared to more general mental health concerns. The reference to diagnostic manuals presents the importance of standardized criteria and professional assessments in identifying and categorizing mental health disorders, contributing to a more precise and targeted approach to addressing mental health concerns.

*“But a mental illness that is diagnosed is different, because it's been diagnosed according to the DSM criteria, and that needs to be addressed with some type of therapy or some type of treatment, whether it's pharmaceutical, or, you know, a therapeutic, it just depends. So, I guess there is a big difference. And I guess the difference is the diagnosis which one has been diagnosed by a medical professional and which one has not. But yeah, I think mental health is something that everyone needs to be mindful of. And mental illness is something that is more for those who are like, you know, diagnosed with it, but everyone should be aware of both those terms” (Noor, Female, 22)*

Although most participants stated mental illness as a serious condition with numerous factors at interplay, one participant stated how they perceived mental illness to be the same as a ‘disability’ highlighting the stigma associated with the term. This viewpoint reflects the societal challenges in fully understanding and accepting mental health conditions. The comparison to a disability suggests a recognition of the impact mental health issues can have on an individual's functioning, yet it also implies a potential stigmatization and societal bias that may equate

mental health challenges with limitations. Such perceptions are extremely prevalent within SA cultures where stigma towards mental health is largely present (Karasz et al, 2019).

*“mental illness is basically, you know, for me, it's, it's the same as like, a disability in a sense”*  
(Laksh, Male, 21)

### **Sub-theme 2: Recognition of symptoms and signs of psychological distress**

A mental illness mentioned by many was depression. Amna describes how depression manifests as a challenge to engage in daily tasks, emphasizing the difficulty in even simple activities like waking up and making breakfast:

*“...for depression, I feel like it's the lack of motivation, the willingness or unwillingness to do something, but then you can't just bring yourself to do that task. Even simple things. Like waking up in the morning, make your breakfast. It's quite hard for some people and I feel like that's one symptom. You know, the lack of motivation”* (Amna, Female, 19)

Elsa who has a background in Psychology, also identified the psychosomatic symptoms that depression can manifest, highlighting its potential impact on an individual's mental and physical health. These symptoms further indicate the interconnectedness of mental and physical health, highlighting how emotional well-being can manifest in physical sensations. The mention of palpitations and breathlessness reflects the somatic impact of depression on the body, providing insight into the diverse ways individuals may experience and express their mental health challenges.



*“Depression, yeah so psychosomatic symptoms, palpitations, sweaty palms...like your heart racing too much, and then you feel like you can't breathe” (Elsa, Female, 22)*

Despite the depth of knowledge of some participants, one participant questioned whether they would perceive depression to be likened to a mental illness, considering the ‘fleeting nature’ of it. The individual's uncertainty about categorising depression as an illness reflects a common phenomenon where the term "depression" is sometimes employed casually to describe fleeting feelings of sadness. This casual usage might contribute to a broader societal misunderstanding of depression as a mental health condition, potentially diminishing the gravity and complexity associated with clinical depression as a persistent mental illness:

*“Is depression an illness... Like I would expect an illness to stay with me for a while. But depression, on the other hand is like, fleeting. So, it comes and goes, it comes and goes, so I'm not sure if I'd really regard that as an illness. Like, you can be like, sad, like, what one day I'm not sad. You can be depressed one day and not be depressed the other day, so I'm not really sure on that, like, I'm on the fence, but, but I do like mostly do regard it as an illness, but obviously, depression can be quite fleeting” (Muhammad, Male, 21)*

Other mental illnesses that individuals were aware of included anorexia. The participant's description aligns with the diagnostic criteria for anorexia nervosa, particularly the emphasis on distorted body image and altered eating habits:

*“Um, so I think I will talk about anorexia...let's talk about an anorexia because I think that's easier to talk about. So, I think it's like body image, where you know, you perceive yourself to be not beautiful, or maybe, you know, you perceive yourself to be fat. And so, I think in reaction,*

*you stop eating, you eat...start, you'd stop eating certain foods, you start throwing up the food that you eat...so like eating habits”*

Aqsa described her personal experience of OCD and shared the symptomology experienced. Symptoms such as rumination and overthinking over basic actions such as handwashing were described. The participant further shared of a new diagnosis she learnt of it namely ‘Religious OCD,’ involving an overthinking associated with religion, particularly among Muslim communities. As a BSA young adult, Aqsa shares how the cultural and religious aspect of certain practices may translate into poor mental health for some. The narrative underscores the importance of recognizing the cultural context and religious influences in understanding and addressing mental health experiences:

*“I'll talk about OCD. Because I feel as though I have experience with that, which I have mentioned quite a bit. But OCD is obsessive compulsive disorder, which kind of, there's a few different types, it could mean that you're checking things quite a lot. You get into this cycle of like rumination, where you're overthinking things, and you feel as though if you haven't, if you haven't computed the action that you want to do, or stay in your mind for a very long time. It could be things like hand washing, it could be something that's something that I actually learned recently, which kind of helped me understand a bit more is...what was it called again? It's called religious OCD, which I wasn't aware of I, I had a bit of had someone kind of talk to me about experiences with religious OCD, but I didn't know that it was kind of an established thing, but apparently it is. And it's kind of when you just start overthinking a lot in terms of like your religion, especially kind of affects Muslim communities”. (Aqsa, Female, 22)*

In this participant's narrative, she discusses her anticipation of an ADHD diagnosis and emphasizes the role of mental health awareness in her journey. Rubab credits her knowledge of ADHD to the awareness campaigns conducted in the university and discussions with peers. This awareness became a crucial factor in her decision to seek a diagnosis, highlighting the impact of education and open conversations on mental health literacy:

*“So, I'm kind of waiting on a diagnosis. But I... from what I've done so far, the university says that I'm definitely related to ADHD. It's just that the process of actually getting diagnosis is really long. But basically, growing up, I didn't see any issues within myself and where I grew up, it wasn't really something spoken about, like, having ADHD and mental illnesses and stuff like that. But once I got to uni... Honestly, a friend of mine shared ADHD video, and she was like, she is diagnosed. And I laughed, and I was like, “Haha, all of this is really relatable. I must have ADHD.” And she kind of like, “You know...” took me aside and she's like, “Yeah, if you genuinely relate, maybe you should look into having, like... maybe, you might just not have been diagnosed sooner. But those are all like really serious symptoms of ADHD. And honestly, for like a year, I was kind of in denial. Every time I read about ADHD, I'm like, “That's relatable, but surely everyone has that.” Like, I couldn't understand that other people weren't experiencing the things that I experienced. And then I finally got in touch with the university to get like a screening. So that's kind of where I am now with...ahh... diagnosis” (Rubab, Female, 24)*

Although many individuals appeared to have vast knowledge of the recognition of the mental illnesses that exist and the symptomology associated with mental illnesses, some participants were confused in distinguishing between learning and development disabilities stating ‘Autism’ and ‘Dyslexia’ both as mental health disorders.

*“So, I think mental illness also would include, like, you know, actual illnesses, like, you know, dyslexia, for example” (Amna, Female, 19)*

*and*

*“Mental illnesses, I guess, you know, autism, dyslexia, depression, schizophrenia.” (Saqib, Male, 23)*

### **5.2.2 Theme 2: Risk factors and Causes**

Understanding the risk factors and causes of mental ill health are important to one’s MHL. This awareness contributes to a more informed understanding of mental health challenges, enabling individuals to recognize potential triggers and proactively engage in preventive measures. By acknowledging the multifaceted nature of mental health and its various determinants, individuals can enhance their capacity to navigate and respond effectively to mental health concerns. This aligns with the fundamental principle of MHL, which involves fostering knowledge, awareness, and informed decision-making regarding mental health. Three main sub-themes emerged from this theme including biological factors, environmental factors, and cultural factors.

#### **Sub-theme 1: Biological factors**

One biological factor stated as a cause for mental illness was the dysregulation of hormones, suggesting an awareness of the intricate interplay between physiological factors and mental

well-being. The predisposition to certain illnesses was also highlighted, indicating the genetic component associated with poor mental health, indicating that some individuals may be more susceptible to develop mental illnesses due to their family history:

*“when your hormones don't regulate as well. So that's one part of it. So ...and then when you're predisposed to certain illnesses, I guess”* (Elsa, Female, 22)

One participant with a pharmacological background emphasised on the impact of a genetic predisposition. The emphasis was placed not only on hereditary aspects but also on the impact of dietary choices on genetic biomarkers, highlighting the intricate interplay of genetics and lifestyle:

*“I think there can be a genetic predisposition depending on... depending on like family and, and things like that, depending on kind of not really the food you're eating, but I think it just depends on because I mean, like nowadays, the, the way that like industry like the way things are made food, everything, I think it's really changing a lot of like genetic biomarkers we have. But that's something obviously that needs a lot of research”* (Noor, Female, 22)

Rubab shares her perspective on the origins of anxiety, stating that children are rarely born anxious unless specific circumstances, such as trauma during birth or parental substance use, come into play. The participant leans towards the notion that anxiety is more likely hereditary or present from birth, rather than something that develops later in life. However, they express openness to the possibility of being mistaken. This quote reflects the participant's contemplation on the complex interplay between genetic factors, early experiences, and the development of anxiety, highlighting the ongoing dialogue within the individual about the

nature of mental health predispositions:

*“I think very rarely, kids are born anxious, unless maybe there was trauma during birth, or maybe the mom or the dad were heavily on drugs or something like that. But I always kind of just assumed that it's stuff you're born with not really or like you had hereditary, rather than something you develop later down the line. But I might be wrong” (Rubab, Female, 24)*

The interconnectedness of cultural factors such as stigma and the genetic predisposition are further relayed by Muhammad. The participant suggests a potential intergenerational effect, emphasizing that if mental health issues are not openly addressed or discussed due to stigma, denial, or suppression, they may persist and impact future generations. The mention of a cycle suggests that unaddressed mental health challenges within a community may be passed down through generations, indicating the need for a more open and supportive approach to break this cycle of suppression and foster mental well-being.

*“But it can be the fact that certain communities like they suppress these mental health illnesses, or they kind of don't want it to be shown because of like, the judgement from others. And then that could kind of make it worse, worse, worse, and then you could if you have kids, then it could like, you know, that those traits could still stay on and then people would kind of the children might you know... It goes on from like cycle to cycle. If you're suppressing” (Muhammad, male, 21)*

## **Sub-theme 2: Environmental factors**

BSA young adults shared several environmental factors as a causal factor for developing

mental health problems for example being bullied, the passing away of a loved one or losing your job. These external stressors not only present immediate challenges but also contribute to prolonged emotional distress:

*“Then part of it is their environment, like for example, like it can be triggered by maybe, for example, if you're in school and being bullied or something or a loved one passing away or losing your job or something, losing your livelihood” (Arooj, Female, 22)*

Other factors linked to mental health issues among BSA young adults included childhood experiences and trauma, such as the challenging impact of a divorce. Amna also drew attention to the significant influence of the COVID-19 pandemic on mental health. The global crisis led to a surge in mental health concerns, with the demand for professional help reaching its peak. The lack of control in the face of the pandemic intensified feelings of anxiety among individuals. Moreover, the challenges posed by the pandemic extended to delays in accessing support services. The disruptions caused by the pandemic not only heightened mental health issues but also emphasized the crucial role of timely and accessible support systems in mitigating the impact of external stressors on the well-being of individuals:

*“Yes, probably starting quite young, you've experienced things, like I said before, like you've experienced quite traumatic events, for example, the death of a loved one, or some sort of bullying in childhood or a divorce, which was not very amicable. So, these sorts of things would influence that. And I would say, sometimes it's not even just one event, it's the collection of events. So, it's like things that have been troubling, for example, a few deaths in the family, or we've just had COVID. So maybe if you know, a lot of people doing COVID, lost their loved ones, but didn't just lose one or two loved ones, they lost quite a few people in their family. Not*

*being able to take control of their situation, it can also impact people. And just sort of feeling helpless as well and not being given that support the right time” (Aqsa, Female, 22)*

In terms of environment, the family environment was also deemed as important in one’s mental health journey. The participant highlights the significance of parental influence, considering factors such as the number of parents, parenting styles, and the level of strictness or permissiveness. The upbringing, as shaped by these elements, is recognized as a substantial factor in mental well-being. Additionally, Laksh acknowledges the relevance of the broader environment, including the safety of the neighbourhood, social dynamics, and economic conditions. The presence of crime, racism, or socioeconomic disparities in the surroundings are identified as potential stressors that can significantly affect an individual's mental health. The individual stresses upon the interconnectedness of one’s upbringing and external conditions:

*“I think two main ones apparently be like your environment that you grow up in. Specifically, like, like with your parents and stuff, and the environment, probably like where you grew up in as well. For example, like with your parents, just like no other way they raised you up? Do you have two parents or one parent or no parents? How strict are they with you? How and what kind of things do they let you have? Or are they just very relaxed and just don't care about you? I think just the way that your parents bring you up is probably quite a big factor. And then just like where you're brought up, so are you are you growing up in quite a safe environment like is the town or city that you're being raised up in quite like crime ridden maybe so you have to be a bit more careful when coming outside or something? Or even just like the people there, like when you go to school or when you go to work like are those people I guess quite open, like maybe you can have like, quite a bit of racism in those areas, or maybe it's quite a diverse area and less of that stuff happens. Maybe the general, I guess how rich or poor*



*societies are as well? Are you in quite a low-income area where you're growing up? So maybe people don't have as much money? And maybe that makes you feel a certain way compared to like, if you're growing up in a richer environment? I think these are probably like the main factors” (Laksh, Male, 21)*

Another causal factor linked to one’s mental health was the role of social media. Swati highlights how the participant suggests that platforms like social media can play a role in shaping perceptions of lifestyle and achievement, potentially leading to unrealistic expectations. The constant exposure to curated and often idealized representations of others' lives on social media may create a sense of inadequacy or pressure to attain certain standards. This exposure can contribute to feelings of comparison, inadequacy, or a fear of missing out (FOMO), all of which can impact mental well-being. The participant's observation highlights the need to consider the role of digital platforms in the broader conversation about mental health, recognizing the potential impact of virtual spaces on individuals' self-perception and overall mental health.

*“Um, so I think the causes would be, so one thing that I've definitely seen is social media, like, you know, giving you a completely different lifestyle, showing you a very different lifestyle, and you know, what you can attain maybe” (Swati, Female, 23)*

### **Sub-theme 3: Cultural factors**

BSA young adults listed several factors relevant to their cultural background impacting the prevalence of mental health among individuals. One participant highlighted the role of a ‘tight knit’ or ‘collectivistic’ society in impacting their mental health. In such societies, individuals

often benefit from a strong social support system within their close-knit communities. This support can provide emotional assistance during challenging times, fostering a sense of belonging and shared responsibility. However, the interconnectedness within these communities can also present challenges. The pressure to conform to societal norms and expectations may contribute to heightened stress and anxiety. Additionally, family dynamics play a central role in collectivistic cultures, with the family unit being a source of support but also potential stress if individuals feel compelled to meet familial expectations or adhere strictly to traditional roles. Moreover, there may be cultural stigma surrounding mental health, dissuading individuals from seeking professional help due to concerns about appearing weak or jeopardizing family reputation. Hence the referral to ‘living in a more open society’ was mentioned as a solution:

*“I think living in a more open society with like, mixed opinions would sort of help you...would make you less susceptible to mental like anxiety and things. I think that would provoke less anxiety in you. Whereas, when you live in such a...like a tight knit society where everyone knows everything” (Aqsa, Female, 22)*

Aside from the role of culture and society, the dissonance between one’s culture and the broader society BSA young adults lived in had a large impact on individuals mental health as mentioned by Elsa.

*“Again, it depends on how well you connect with that community. My social...my social group and my society don't really mix. So, there's like a dissonance there. And that is why this causes a good amount of stress for me. Being in an Indian society and interacting with the people*

*there, who are more Indian than me, that really doesn't let me gel the two because we all like my friends and I have the same mentality. And then I don't match with them. But this is where I live most of the time” (Elsa, Female, 22)*

Belonging to an Indian society, the participant highlights their struggle with identity as they felt there was difficulty in connecting with others due to a difference in perspectives. The tension between personal identity and societal expectations, coupled with the challenges of cultural dissonance and isolation, contributes to stress and potential mental health problems within the context of their cultural environment. Understanding and addressing these cultural factors are crucial for promoting mental well-being and fostering a sense of belonging for individuals navigating diverse cultural landscapes.

The issue associated with dissonance is again highlighted by Zayna:

*“...in my opinion, I think it's maybe a discrepancy between what you value and what the environment is asking from you. So, if there was a difference between what you think and what how people are acting, asking you to act, I think that causes a lot of conflict internally, you're not able to express your authentic self. And that causes a lot of conflict inside. So, I think I know there are other explanations like biological and stuff, but I think, I think belief and your cognitions has a lot to do with that” (Zayna, Female, 22)*

Zayna states that mental health issues, particularly internal conflict, may stem from a misalignment between personal values and societal expectations. The perceived discrepancy between one's authentic self and the behaviours demanded by the environment is identified as a significant source of conflict. The conflict is described as arising from an inability to express

one's true identity, resulting in internal turmoil. The participant further emphasises on the role of beliefs and cognitions in impacting one's mental health.

Other cultural factors mentioned by BSA young adults include the role of religion. Participants, speaking from their community's perspective, emphasized how religion was perceived as a preventive factor against mental health issues. Those who faced challenges in their mental health were often seen as having deviated from their religious practices or not adhered to guidance. Engaging in prayer and practicing religion was linked to being considered a 'good Muslim' and a 'good Pakistani,' with the belief that such adherence would lead to a lack of mental health issues.

*“I think, it does because a lot of people see mental health and illness in our community as maybe a lack of spirituality. They see it as, “Okay, you're not... you haven't prayed enough, or you've not followed the guidance that's put out in our religion or culture. And if you do all those things then you're a good Muslim, or you're a good Pakistani person and you wouldn't be experiencing mental health issues” (Zayna, Female, 22)*

Jamal additionally emphasized that the perception of religion as a causal factor for mental health issues was more prevalent among the older generation. In contrast, the younger generations demonstrated a greater awareness of various factors contributing to mental health challenges. This observation suggests a generational shift in understanding the complexities of mental health, with younger individuals being more attuned to diverse influences beyond traditional beliefs in their assessments of mental well-being.

*“It can be. I think some of the older generations might, you know, may blame mental health, mental illnesses or maybe a lack of maybe like, you know, not being close enough to religion or maybe not, you know, being close enough to your culture or your family, whereas younger generations understand that there are more internal and external causes for mental health such as you know, demands of work, demands of society. societal pressure” (Jamal, Male, 20)*

### **5.2.3 Theme 3: Self-help interventions**

When asked about the self-help interventions BSA young adults were aware of, the initial answer relayed to professional modes of support such as:

*“Talk therapy; medication; group interventions” (Ali, Male, 27)*

Such responses were also unanimous among the other participants. Individuals had to be probed further to mention the strategies they employed themselves as a means to navigate their mental health. Self-help interventions were typically tied to three themes: well-being practices, support, and religion.

#### **Sub-theme 1: Wellbeing practices**

Participants in the study expressed a variety of strategies that reflected a holistic approach to well-being, acknowledging the interconnected nature of physical, emotional, and mental health. A few participants emphasized the importance of the mental and emotional aspects of well-being. Mindfulness and meditation emerged as valuable tools to enhance mental clarity, reduce stress, and foster emotional resilience. The participant shares how practicing

meditation resulted in fewer worries about what others would perceive of them, ultimately having a positive impact on their mental health:

*“I think mindfulness would be a part, like...um...like meditation and things. I think that would...would help you calm yourself to a point where you stop caring so much about the people around you. Like about what they're saying about you or the way that they judge you or something like that. I think mindfulness would be a thing” (Aqsa, Female, 22)*

Going out in nature and walking was shared as another self-help strategy, indicating the recognition of the therapeutic benefits associated with spending time outdoors and engaging in physical activity.

*“What else even like taking walks, doing something for yourself, going outside, going places, you know, walking in nature, things like that, that kind of could help the person” (Noor, Female, 22).*

Having a healthier lifestyle was endorsed by participants as a strategy in dealing with their mental health. The endorsement of activities such as going to the gym and participating in team sports suggests a recognition of the interconnectedness between physical well-being and mental health. Additionally, the mention of team sports highlights the potential for these activities to address feelings of isolation, indicating a social component to self-help.

*“I think it's proven that just if you're living like a healthier lifestyle, you're less likely to get mental health problems. So, like, just going to the gym like once every couple of days, I think*

*is quite a big one. Otherwise, maybe just going up and doing sports I feel like should definitely help. Especially maybe like team sports, then you're able to like hook with people as well. You might just feel less isolated and having less isolation means you're probably less likely to develop those kinds of mental problems” (Laksh, Male, 21).*

Going out in nature, improving sleep, eating health food were other strategies shared by participants. One participant shared how the university environment is very stressful often resulting in poor mental health. Taking a placement year out of university resulted on more work on personal growth and prioritisation of oneself which significantly improved their mental health. The interplay of physical and mental health is once again emphasised:

*“Umm... well, sort of. I feel like the more generic ones that are like, you know; take a walk, sleep early, drink enough water, eat, like, proper food, which, as a uni student, it's kind of hard to like, genuinely do the stuff that keep you healthy. But I was on placement last year. And I was able to implement so much of like looking after myself, because I wasn't stressed about uni work. So I was able to do. Like a daily walk, I was exercising, I was in... I was like journaling. So, I was getting my feelings out. And I genuinely believe my placement year was the healthiest I've been mentally. Whereas now that I'm back in uni, it's like, all the stress and anxiety is back. And it's so overwhelming some days to just look after yourself. And obviously, if you're not looking after yourself, mentally, it's affecting, like, you physically, in your ability to actually get any work done” (Rubab, Female, 24).*

Another self-help intervention mentioned by Ansha was journalling. Maintaining a diary allows individuals to externalise their thoughts which is particularly useful for individuals

grappling with mental health concerns. Putting thoughts down on paper can help untangle the complexity of existing feelings and thought processes. This reflective process not only provides an outlet for expression but also enables individuals to gain clarity and coherence regarding their internal struggles. Keeping a diary, as described by the participant, serves as a valuable tool for introspection and self-awareness, offering a structured means to organize and make sense of one's mental and emotional landscape.

*“For someone to... like, maybe, like, keep a diary or something, that way you can kind of externalise your thoughts. Because there's people that have anxiety and stuff maybe, like, a lot of things can pile up in their heads. And so, to be able to have it down, and so that way, you can actually, like, put together what you're feeling and what your thoughts are” (Ansha, Female, 21)*

### **Sub-theme 2: Support**

Many participants highlighted the importance of social support and meeting others as a mechanism to cope when dealing with mental health problems. The participant here emphasises that individuals grappling with mental health issues often lean towards isolation, distancing themselves from social interactions. In response to this, the significance of social support and connecting with others cannot be undermined. Engaging with a supportive social network can act as a countermeasure to isolation, providing understanding, empathy, and a collaborative environment where individuals feel heard and valued:

*“I think having a good social group is a part of my, like, maintaining my mental health because I do tend to isolate a lot when I'm feeling upset. So, in order to maintain, like, positive mental*



*health, um, yeah, having a good social life is important” (Aqsa, Female, 22)*

Swati similarly states that having a secure support network in the form of family and others is important to one’s mental well-being. Sharing individual experiences with others help cope with the problem one’s facing:

*“Having the support network around you, your family, having good relationships with other people that could support you and you feel safe to tell them anything that's on your mind. You want to kind of share. (Swati, Female, 23)*

Talking to someone can often be likened to therapy for individuals. Feeling heard and validated are crucial aspects to one’s mental wellbeing, making individuals perceive that their feelings and experiences are important:

*“I just want somebody to talk to if I was in that position. Somebody that I know will be there for me, maybe” (Amna, Female, 19).*

When individuals share their thoughts and emotions, receiving attentive and empathetic responses serves as a powerful affirmation of the significance of their feelings. This validation contributes to a sense of acknowledgement and importance, reinforcing the idea that their emotional experiences are valid and valued. Aside from the social networks that BSA young adults have, they also rely on online support services as a self-help mechanism. Services like ‘Samaritans’ were mentioned by quite a few participants as helpful in sharing

their problems with others:

*“Also, like having services like Samaritans where you can, like, if you don't have people around you, if you know that these services are available, I guess that could kind of help you have that place where you could, you know, let off some steam or like, share some, something with the person kind of thing” (Noor, Female, 22)*

and

*“I know there's a lot of guides online for just like living healthier, which I know, does help people to just have a bit of mental health in general. Otherwise, like, Samaritans, or maybe in cases like Childline, and stuff, as well, just basically gives options to talk to someone about it” (Zayna, Female, 23)*

One individual also stated that online guides from reputable sources may help them in understanding the self-help strategies they should employ. This highlights a proactive approach in seeking guidance from reliable digital resources to gain insights into appropriate strategies for personal well-being. Adopting these strategies alongside seeking support from formal or informal sources may act as a self-help intervention in itself.

### **Sub-theme 3: Religion**

Religion was deemed an important practice for many participants. As highlighted by previous research among the SA population in India, the reliance on prayer was considered an important aspect of dealing with one's mental health (Raghavan et al, 2021). Reliance on God resulted in an individual's problems being shared with someone other than themselves; albeit a higher being. As highlighted by the participant below:

*“...also, if they're religious, I think holding on to religious beliefs would always be something that supports them. So, that's what I've noticed in my family like here. You would consider certain people in my family to be mentally ill, if you looked at it from the outside, but they feel okay. Because they're like, “I have...you know...someone to support me anyways without people around me.” The religious belief is one part of that” (Aqsa, Female, 22).*

The impact of spirituality on mental health was considered so impactful that one participant shared how it would 100% work as a self-help strategy when dealing with mental health concerns. Firmly asserting that spirituality holds a transformative power as a self-help strategy for mental health concerns she mentions:

*Also, religion, honestly, I turn back to religion, and then it helps me 100%. (Amna, Female, 19)*

Incorporating spiritual practices, such as prayer and meditation, provided profound strength and a sense of connection to something greater for the participants. As highlighted by BSA young adults the spiritual dimension offered guidance, inner peace, and a holistic approach to well-being, contributing significantly to emotional resilience during challenging mental health moments. Religion is often deemed a cultural practice by some Western scholars and hence the role of religion in SA young adults' view on mental health is of relevance to their MHL and perspective on help-seeking.

#### **5.2.4 Theme 4: Knowledge and beliefs about professional help**

This theme aims to explore the knowledge and beliefs BSA young adults hold regarding professional help. All 17 participants were in favour of seeking help and shared their knowledge and experiences in light of their personal and cultural beliefs. Highlighting the need for professional help, one participant states:

*“I don't think it's rational to not seek help. I think it's the the most sensible thing to do is to seek help. That's it. because if you don't seek help you just, you just sort of like putting yourself in a worse position, like, it's just going to get worse Like, if you even if you feel shame, even if you are from a background which shuns mental health, you should still seek help, because, after all, is mental health, and it's, it's your life. ... it's really important for your well-being. So yeah, you should seek help. No. And you shouldn't really let anything affect your decision”.*  
(Rubab, Female, 24)

Three sub-themes emerged as part of this theme, including modes of professional help, accessibility to services and cultural relevance of services.

##### **Sub-theme 1: Modes of professional help**

Participants recognized various modes of professional help as beneficial for managing mental health. Zayna specifically emphasized the importance of occupational health services in workplaces as an effective treatment modality. The participant highlighted the significance of confidential and private spaces within the workplace where individuals could seek relevant support. On-site counselling and resources provided by the NHS were also acknowledged as

valuable treatment options. Additionally, the participant mentioned the availability of online sources, underscoring the role of digital platforms as self-help tools. This comprehensive view of professional help suggests an awareness among participants of diverse resources and support systems that can contribute to their mental well-being.

*“There’s a big push in where I work about accessing occupational health services, which obviously, the college paid for. So, those are sort of confidential and private, safe spaces where you can go and talk but as well as we have on-site counselling. So, we have counsellors there on-site to speak to us face-to-face. But I know there is a lot of, sort of, resources and stuff online that you can access through the NHS. So, you don't have to specifically go and see a practitioner, or rather, you can use all the online resources and, sort of, the self-help things available” (Zayna, Female, 23)*

Ali also highlighted how self-referral was an option on the NHS which was deemed quite useful. Individuals could receive therapy such as CBT, which she herself accessed. . The mention of self-referral highlights the agency and autonomy individuals have in seeking mental health support, contributing to the accessibility of therapeutic interventions. Ali’s positive experience with self-referral and CBT further emphasizes the effectiveness and ease of accessibility of these mental health services.

*“we're quite lucky in the UK, actually, there's a self-referral. You can refer yourself for counselling in you can get like 10 weeks of like CBT, or any kind of help that you need to, from NHS, a very responsive service. And I actually due to some personal problems, I did reach out to them not long ago” (Ali, Male, 20)*

Other modes of help included support groups which were accessed by Nagina as a university student. The 12 week-long program was notably effective emphasising the significance of communicating and connecting with others facing mental health concerns. The value of peer support and shared support in addressing mental health challenges was, furthermore, conveyed as relatively important. Additionally, the emphasis on communication and connection with others going through similar problems suggests the importance of a communal and empathetic approach in fostering well-being, indicating that support groups can play a crucial role in enhancing the mental health of individuals, as shared experiences can contribute to a sense of understanding and shared growth.

*“When I was at university, I, I attended some help sessions as well. And there was about, I think, it was a 12-week long program that I entered. And it was like a group. It was a group session of several people my age and it was it was amazing. We all connected about different things, what was bothering us, again, nothing too personal. But like it was to the point where we could communicate about what was going on in our lives and also show support for each other while maintaining you know, our boundaries. I think that was quite good” (Nagina, Female, 20)*

## **Sub-theme 2: Accessibility of Services**

Several participants brought attention to the challenges associated with the accessibility of professional mental health support. They pointed out that despite the presence of mental health services within the NHS, the actual accessibility proved to be a significant hurdle. For those without additional support avenues like universities or colleges, the lack of accessibility

to government mental health services severely limited their access to care. The extended waiting lists for mental health treatments within the NHS exacerbated the problem, with individuals having to endure months of waiting before receiving the necessary treatment. This prolonged waiting period was deemed particularly detrimental for those grappling with severe mental health issues.

*“They have no other kind of choice other than if their workplace or education like college or university, no college or secondary school offers that support if they don't, they have they've they only stuck with one way to go about it which is seeking through the NHS or a private therapist” (Elsa, Female, 22)*

*and*

*“You have the NHS, which is now quite difficult to access that. Obviously, getting through to your GP is a challenge on its own” (Jamal, Male, 20)*

Participants emphasized the disparity between the robust efforts in mental health awareness and the actual accessibility of professional help within the NHS. Despite widespread awareness campaigns, individuals noted that these efforts did not seamlessly translate into readily available professional help through the NHS. A recurring concern was the prevalence of "waiting lists" when individuals shared their personal experiences of seeking mental health support. This discrepancy highlighted a gap between the awareness initiatives and the practicalities of accessing timely and effective professional assistance.

*“So, there's the IAPT services on the NHS, that you self-refer on? But other than that, I don't think there's actually a lot available. Because when, for example, when I was needing help,*

*perhaps the waiting lists were insane, there weren't that many services actually available. So, there's a lot of information resources to read, but there's not actual help that's available"*  
(Amna, Female, 19)

A few participants also highlighted the financial aspect associated with seeking help privately if help was not available through the government. The affordability of these services further exacerbated the issue with access to mental healthcare. Individuals who were willing to seek help could not because of the charges incurred by private therapists .

*"Also, just from a financial perspective, it's really expensive to afford"* (Sara, Female, 21)

Despite the lack of accessibility mentioned by some participants for most professional modes of help and support, individuals also listed the services that were accessible. These were mostly non-profit organisations that you could access online or by a phone call. One that was repeatedly mentioned by participants was 'Samaritans.' Zayna mentioned how these organizations not only provided direct support but also offered signposting and referrals to specific assistance. The advantage of these services was their accessibility, allowing individuals to reach out from any location and at any time. Additionally, there was also faster response times compared to the NHS, enhancing the effectiveness of these readily available support options.

*"I feel like it's quite accessible here. And there are lots of like, small, what do you call it ... What's the word, nonprofit, that's it, nonprofit organizations. Like, I think Samaritans is one of them that kind of, you know, help you out. And like if you reach out to one nonprofit*



*organization, that actually they have connections with all the other nonprofit organizations, and then you can like, you can ask them for help. And then they'll keep referring you, keep referring you until you get the help you need. And they're very, like, they're quite like, they're quite fast on it as well. Their lines are always open, especially with the Samaritans. So, I think there is quite a lot of help available here” (Zayna, Female, 23)*

BSA young adults mentioned that while the accessibility of professional help services posed a barrier for them, it presented an even more significant challenge for individuals slightly older, lacking internet access, and uncomfortable discussing their problems with others, potentially due to cultural reasons. Acculturation plays a crucial role in this context, as the younger generation feel more capable of accessing services despite the lack of availability, while language and cultural barriers created greater challenges for older, first-generation migrants. This disparity in the accessibility of mental health services is apparent within this population, reflecting the intersectionality of age, technology access, and cultural factors influencing help-seeking behaviours.

*“Obviously, there are some people you know, who need access to it sometimes they aren't able to access it, especially if they're a bit older, or if they don't have, you know, the if they don't know how to use the internet, or if they feel if they don't feel comfortable sharing their problems with someone they don't know then obviously there is like an issue there” (Arooj, Female, 22)*

Views from the participants highlight the interplay of various issues impacting the access to mental healthcare across. While cultural factors were not much of a barrier to the younger generation with them highlighting the waiting lists and financial aspect associated with

accessibility, the older generation faced the initial barrier of seeking or even asking for support.

### **Sub-theme 3: Cultural Relevance of Services**

Despite people listing the numerous modes of help that were available, BSA young adults also shared how these services may not be culturally relevant to their needs. Elsa highlights the lack of effectiveness of CBT for SA populations by sharing her personal experience:

*“I know that there's a lot of research that believes that it works and stuff. But I think for a South Asian specific population, I don't believe that CBT is the answer. I feel like mixing it in with a more either a psychodynamic, or like, a more like, humanistic approach would be more beneficial for them, rather than just giving them CBT. Because it's, it's it caters to such a wide population, like the homework and “Oh believe in yourself and think about yourself”. That's not gonna...that's not gonna work in a South Asian population. And like, you, you're, you're, you might be thinking of me. But eventually, it's gonna affect my whole family. So, because me and my family are not, you can't separate us, right?” (Elsa, Female, 22)*

Participants expressed a preference for a holistic approach, emphasizing the integration of various therapeutic methods rather than relying solely on Cognitive Behavioural Therapy (CBT) as a standalone practice. Concerns were raised about the suitability of CBT, particularly in individualistic cultures like the West, where emphasis is placed on prioritizing personal needs. This approach contrasts with collectivistic cultures, where individuals consider the broader family and their perceptions. The recognition of cultural nuances in the effectiveness of therapeutic practices underscores the importance of tailoring mental health interventions to align with diverse cultural perspectives and values.

BSA young adults further mentioned the current mental healthcare practices in India, adopting a more pluralistic approach to mental health addressing the various cultural needs of the individual seeking support:

*“What I've seen in India is there are organisations that use a combination of therapies, so they use like, a couple of CBT practices, but they also use like inner child work, or like shadow work and stuff like that. And that's what seems to work for people there” (Swati, Female, 23)*

Beyond concerns with current therapeutic modalities like CBT, participants noted challenges in accessing culturally matched therapists who could comprehend the perspectives of individuals from their own community. The absence of such cultural alignment was identified as a barrier to effective therapeutic relationships. Additionally, the importance of language similarity was emphasized, as individuals believed that a therapist who spoke the same language could offer more relevant support, given the shared background:

*“Yeah, I've seen a couple of organisations that use like a very combined language specific approach, like languages a part of it, where, you know, I'm Tamil. So, they would find...pair me with a Tamil therapist, who uses a combination of techniques. So, that really works. It increased the amount of support that they felt overall, because they were able to identify with the person and even though the therapist here tried, she was like, “Are there any cultural things I have to know about you that I have to know about?” But how am I supposed to explain? My therapist was like, “How am I supposed to explain like, all the intricate details?” I can't really do that” (Elsa, Female, 22)*

The participant highlights that although present day mental healthcare professionals aim to understand the cultural differences in therapy, there still remains a gap in terms of understanding the cultural background that a person comes from and their personal situation. Hence, the presence of a more inclusive mental healthcare system addressing the needs of various ethnic minorities was suggested as a convenient measure to dismantle the issues BSA young adults face in accessing mental healthcare.

### **5.2.5 Theme 5: Factors affecting recognition and appropriate help-seeking.**

The initial theme within the MHL framework concentrated on 'attitudes affecting recognition and appropriate help-seeking.' However, participants in the present study brought attention to various factors beyond attitudes that influenced their ability to recognize mental illnesses and seek professional help. The role of culture emerged as a significant theme among BSA young adults, shaping their perspectives on mental health. This theme permeated through various sub-themes, underlining the impactful role of culture in influencing beliefs, attitudes, and behaviours related to mental health within this community.

#### **Sub- Theme 1: Stigma**

Stigma was perceived to be a large cultural barrier in the acceptability of mental health and access to care. One participant shares how as a SA they felt it was embarrassing to seek help in relation to mental health, highlighting the deeply ingrained cultural values that may discourage open discussions or seeking assistance for mental well-being within the SA community:

*“Being a South Asian, I think it's some South Asians might particularly find it kind of, maybe I'll say embarrassing to, you know, access those kinds of supports that are available. I'm not sure the reason why, but I guess being the South Asian, I kind of feel it too” (Saqib, Male, 23).*

The embarrassment towards mental health was not only rooted towards their own experiences but also other people's mental illnesses. The participant reveals that cultural teachings often encouraged maintaining a distance from individuals facing mental health challenges, equating mental illness with something contagious or dangerous. This perception highlights the deeply rooted stigma associated with mental health within the cultural context, where conditions are hidden and discrimination towards those affected is prevalent due to the lack of normalisation and mental health awareness:

=

*“I think it's also because like, you know, how, as a society, we have been, you know, we have always been... born and brought up and we have always been asked to keep a distance from such people and like I said, like, if somebody has a mental illness, other people don't know about it, and you know, you have any sort of friends, they try to hide it. So, it's just not something that's normalized in the society. So that's why I think they're like sort of outcasts in the society. And so, you know, they're discriminated against” (Elsa, Female, 22)*

Amna highlights the silent and discrete nature of mental illness as a contributing factor to the stigma associated with it. Unlike physical health issues that may manifest visibly, mental

illnesses are often not externally apparent. This invisibility can lead to misconceptions, as the participant suggests, making it challenging for others to understand or empathize with mental health conditions. The perceived lack of visible symptoms may contribute to the stigma, as individuals may struggle to recognize or validate mental health struggles in themselves or others:

*“You can't see therapy being done to the person. Whereas if someone has to take medication, or if they're in hospital, you can see it. I think, obviously, as humans, we are quiet, we're all like visual creatures. So, it's, it's harder to pick, it's harder to see the impact of like mental health. And I think it's hard to see the treatment of mental being done to you. So, I think people kind of don't...they discriminate against it kind of thing, and especially like, therapy that's involved with it, and all of that” (Amna, Female, 19)*

One participant felt that the stigma associated with mental health was due to the cause of mental illness. While situational factors may be perceived as more acceptable, lifestyle choices such as drug or sexual abuse were perceived as stigmatising:

*“So, I feel like people of a South Asian background they are definitely they do, they do, they do have positive attitudes towards mental health, but they do not have positive attitudes towards the cause of why someone might be suffering. If someone is something like, you know, struggling at school, struggling at work, maybe struggling due to financial issues or health or, you know, something to do with their health, our community is very, you know, positive towards that. But as soon as there is something you know, if it's something like drug abuse or, or something like sexual abuse, anything like that, there tends to be a lot more stigma around that.*

*And we and our community tend to dissociate from that” (Ansha, Female, 21)*

The participant noted that positive attitudes towards mental health and illness prevail among SAs, but they also acknowledged the influential role of culture in shaping these views. This observation reflects the complexity of cultural influences on perceptions of mental health within the South Asian community. While positive attitudes are recognized, the acknowledgment of cultural impact suggests that these perspectives are not entirely independent of cultural norms and values. This nuanced understanding highlights the importance of considering cultural context in mental health discussions and interventions, recognizing the interplay between positive attitudes and cultural factors within the South Asian community.

### **Sub-theme 2: Masculinity**

Two participants highlighted the role of masculinity in informing individuals' attitudes towards help-seeking and mental health in general. In particular, one participant emphasised the cultural perspective within South Asian communities, where seeking help is perceived as a sign of weakness for males. This observation sheds light on the deeply ingrained societal expectations regarding masculinity, often emphasising traits such as self-reliance, emotional stoicism, and toughness. The reluctance to seek help may stem from societal norms that discourage the expression of vulnerability. This cultural context can contribute to the underreporting and under-addressing of mental health issues among males, as they may feel pressured to conform to traditional notions of masculinity. Understanding and challenging these cultural expectations

are crucial steps in fostering more open and supportive environments for individuals, irrespective of gender, to seek and receive the necessary mental health support.

*“I think I say that because its kind of shows almost like a sense of like, weakness in our culture, being mentally weak”.*

And

*“Yeah. I think a lot of South Asian men, you know, think it's like more of a masculine thing. You know, they will they, I think, not even South Asian, but yeah, I think mostly, mostly now, predominantly, I would say more South Asian men are like that, than Western men, non-South Asian men because they tend to keep in a lot of things rather than share it out. And, of course, there's like more of this thing going on and like, you know, not sharing is more masculine than actually sharing, you know, as a lot of like recent social media influencers, they are kind of like pushing this kind of agenda, not agenda, what's that word...” (Saqib, Male, 22)*

Saqib further articulates how withholding information about their mental health struggles was seen as conforming to a masculine ideal. The societal expectation that men should be stoic and not openly express vulnerability aligns with this perception. Additionally, the participant notes the influence of social media in reinforcing these gendered expectations. The digital landscape, often perpetuating traditional gender norms, may contribute to the promotion of a specific image of masculinity that discourages men from openly discussing their mental health concerns:



*“... these kinds of ideas like they shouldn't share because that you're not that masculine if you do share. So, I think South Asian men typically don't share much” (Saqib, Male, 22)*

Another female participant reinforced this idea by highlighting the deeply ingrained cultural values associated with gender roles in SA cultures. Despite being an advocate for mental health, the participant points out that traditional cultural expectations cast men in the role of providers, with associated stigma against showing vulnerability or weakness, which mental health concerns are unfortunately often perceived as. This cultural perspective further illustrates the challenges that individuals, particularly men, face when navigating mental health discussions within the framework of established societal norms.

*“So, for example, I feel it's so like... the South Asian community, because we like we come from a nuclear family. And most of the time, it is quite a traditional like, conservative like background. So, I think, you know, actually reflects men's mental health. Although I'm like an advocate for like men's mental health and things like that, I think sometimes because of my cultural values, and how like, the man is supposed to, like be the provider and help out in the house. I think these values are still like, quite strongly within my values, and I think which is okay. I think maybe someone that doesn't come from that background or that ethnicity, or someone that doesn't have like these values that might see like mental health and like, view it kind of differently” (Noor, Female, 22).*

The participants views warrant the need for culturally sensitive approaches that acknowledge and address these deeply rooted beliefs to promote more inclusive and open conversations around mental health.

### **Sub-theme 3: Education and awareness**

BSA young adults emphasised the role of education and awareness in one's perceptions towards mental health, an understanding of what it is, and the help-seeking behaviour associated with it. The participant notes that exposure to education, both personal and within families, significantly influences individuals' attitudes toward mental health. Disparities between mental health perceptions existed between those who were and weren't educated. Thus, highlighting the role of knowledge, exposure, and upbringing in one's views towards mental health. Individuals who were likely to be acculturated to the host culture were deemed as more accepting to the concept of mental health:

*"I think your level of education plays a very big role in that, because my uncle, he's what like, fifty something now. And he's very, very, you know, he's a, he's a psychiatrist, and he, you know, specializes in ADHD. And, you know, he's very aware of, obviously, of course he's very aware, he's a psychiatrist of you know, of mental health and all the problems around it. His wife is a psychotherapist. She does CBT and counselling. And you know, she's also very aware on the subject. But someone else like, one of my, one of my other Auntie's, she's only like, what, forty, she's in her mid-40s now and she doesn't believe ADHD exists. So, the age over there, is it really a factor, or it's more so the education and maybe the upbringing, I think I think it's to do with the person's environment. If a person is given enough education, enough exposure, as they're growing up, I feel like they are very much more likely to understand mental health, and not even just mental health with any kind of any problem or anything in particular, if they are in an environment, where they can, you know, learn about*

*it, or be more open to the ideas about it” (Jamal, Male, 20).*

Another participant emphasized the importance of being open to understanding different viewpoints by engaging with others. In addition to interpersonal interactions, the internet was mentioned as a platform that exposed individuals to diverse perspectives on mental health, broadening their understanding beyond personal perceptions. Life changes, such as attending university and moving away from home, were also viewed as eye-opening experiences, providing opportunities to learn various viewpoints on mental health and other aspects of life. This collective exposure to different perspectives, whether through direct interactions, online sources, or life changes, contributes to a more nuanced and informed understanding of mental health in Noor’s narrative.

*“meeting different people. Like meeting people that have gone through a lot worse and people that can... Honestly, the internet as well. Just being exposed to so much outside of my small, little town. And realizing the world is much bigger than, you know, the block I grew up on, I think, really did impact the way I see things now also moving away from home for university. Like, I think that like, that played a very big impact in the way I saw situations and handled situations as well” (Noor, Female, 22)*

Amna revealed that prior to encountering the term 'mental health' on the internet, she wasn't unaware of its existence. This observation underscores the transformative role of digital platforms in bridging the gap between mental health education and individuals who may not have been previously informed about the topic. The internet, in this context, serves as a valuable source of information and awareness, playing a pivotal role in introducing individuals to crucial concepts related to mental well-being and contributing to a more informed and inclusive

discourse surrounding mental health:

*“Sorry, I didn't actually know mental health was a thing. Until I actually went on the internet and like, did some research. Internet really exposed me to these views and sort of this sort of factual sort of research. And that's kind of helped me sort of get a, get an opinion and like, sort of learn more about mental health. Before that I literally did not know what, it was” (Amna, Female, 19).*

Awareness of mental health also came in the form of social media indicating that digital platforms play a significant role in disseminating information and fostering discussions on mental well-being. The accessibility and reach of social media platforms contribute to a broader awareness of mental health-related topics, promoting dialogue and understanding among diverse audiences.

*“Before social media, I had no idea of mental illness. I literally didn't know mental health existed. So, I used the internet. I had no... no sort of opinion on it. I literally didn't...” (Amna, Female, 19)*

#### **5.2.6 Theme 6: Knowledge of how to seek mental health information.**

BSA young adults were probed on their knowledge of how to seek mental health information. With the advent of the internet and social media and the wealth of knowledge present online, participants cited how mental health information was easily accessible and available through this medium. However, some participants also highlighted the issues associated with such online platforms and preferred more formal sources of education about mental health. Two

sub-themes form this theme namely, Online sources and social media and formal sources of education.

### **Sub-theme 1: Online sources and social media**

The immediacy and widespread reach of digital platforms provide a convenient avenue for individuals to access a diverse range of information, resources, and perspectives concerning mental health. As a result, individuals are more likely to turn to online sources to satisfy their informational needs, reflecting the influence of digitalization on information-seeking behaviours. BSA young adults in this instance also highlighted how the availability and accessibility of information through digital mediums made it evident where individuals would seek information related to mental health, the internet:

*“But I would imagine they would know where to go. Because obviously the internet is available. And it's freely available. So, I imagine they would know where to go. It doesn't really matter if they're South Asian. They were just... information is available everywhere. Nearly everywhere” (Laksh, Male, 21).*

Government websites such as those from the NHS were noted as a favourable resource by some participants, highlighting the need for adequate and correct information from reliable sources:

*“I would just go out, just go on NHS website” (Swati, Female, 23)*

Participants emphasized the significance of platforms like Reddit, subreddits and twitter when experiencing symptoms. These platforms were considered valuable as they facilitated the sharing of personal experiences related to mental health problems among individuals. This sharing of experiences played a crucial role in providing validation to individuals, assuring them that they were not alone in encountering similar mental health issues:

*“I found some, like Reddit threads and subreddits, where people were also feeling similar. And that was helpful just typing in thoughts on Twitter and seeing if anyone else had ever thought similarly, and it was good to feel like you're not alone”.* (Ali, Male, 20)

In addition to acknowledging the value of information on social media, participants highlighted concerns and precautions related to its use. Specifically, they expressed apprehensions about the potential for misinformation circulating on these platforms, which could have detrimental effects on mental health. Participants emphasized the importance of being able to distinguish between accurate and inaccurate information. Those who lacked the skills to discern the reliability of information were identified as being particularly vulnerable, potentially placing their mental health at a disadvantage due to exposure to misleading or harmful content:

*“Social media can have a positive impact but at the same time, the minor misinformation that they provide, if you are unable to distinguish that it's misinformation... I think it could have really bad consequences. Just generally, but for me, it's a positive experience, because I know how to sort of separate, you know, what's right and what's wrong”* (Elsa, Female, 22)

Elsa further pointed out the chaotic nature of social media platforms, highlighting the

potential harm it could pose, especially for individuals who were already grappling with mental health issues. In the context of social media, this chaos might encompass various elements such as overwhelming content volume, rapid information flow, or the presence of triggering content. For individuals who already experience mental health challenges, exposure to such chaotic aspects on social media platforms may exacerbate their mental health problems hence the statement of social media ‘not being a good place to be’:

*“Social media is it's just like it's I think it's a very chaotic place to be. As compared to like, Google, like, like search engines, they are a much better way to learn about mental health, but social media...umm that is disorganized, it's just views here and there. They're everywhere. It's just not a good place to be. In it's not a good place to be when you are like dealing with mental health” (Elsa, Female, 22)*

Beyond the chaotic nature of social media, participants expressed concerns about the reliability and adequacy of professional help available on these platforms. Amna specifically questioned the credibility of mental health professionals present on social media. The participant's hesitation suggests an awareness of the potential risks associated with relying on social media for professional guidance, highlighting the importance of ensuring that mental health information and assistance come from qualified and trustworthy sources.

*“you have to be cautious as far as like where you're getting information from because I know there's been a lot of like scandals with like, people just, you know, lying about providing therapy when they're not qualified and things like that” (Amna, Female, 19)*

In the realm of digital mental health, distinguishing between credible professionals and those lacking appropriate qualifications remains a crucial consideration for individuals seeking support.

**Sub-theme: Formal education sources**

While many participants articulated the use of social media and online resources to seek for information related to mental health a few participants also highlighted the issues associated with such resources. Elsa asserts that depending on social media for information is less effective than conducting independent research and forming one's conclusions:

*“Social media is not the right platform to learn about mental health. If you want to learn about mental health, just, you have to you have to do your own research, and not rely on other people's opinions”. (Elsa, Female, 22)*

Relying on social media for mental health information seems to have many issues including the breadth and depth of information which may not be suited to all. Noor further stated that this information was not accessible to all. Providing the example of the older generation, they mentioned how social media as an educational resource wasn't used by all despite the prevalence of information. As statistics state, the majority of the population that access social media are the younger generation including Gen Z and Millennials, hence the reach of mental health information on social media is quite limited:

*“for a lot of people that aren't really like, technology savvy, which factor a bit more of the*



*older generation that relies on people like my parents that they wouldn't be able to access, like online services, which are like, like the Samaritans, or I call them and things like that, like, I don't think there will be I think they had a mental problem, they go straight to the GP, which is, to somewhat easily accessible, depending on like, you know, the waiting lists and how quickly you can get an appointment, and things like that. But yeah, I think it is to an extent, but there are some, I think we do need to do a bit more work on how we can be more accessible to people that are a bit more like vulnerable. And I don't like to say harder to reach, because I feel it's not like they're not harder to reach that we should just be a bit more accessible. But people that are more like marginalized or won't have the same ability, like, you know, to go on the internet and just start like texting a service. But for young people, I think that's really well, that's really good, because a lot of young people don't want to speak on the phone, or see people face to face immediately, they need a bit of that support with like texting just because of the generation we're in now. And I think those services are really good for children and young people” (Noor, Female, 22)*

Although the term ‘harder to reach’ is used contentiously by this participant, the appropriateness of it to the SA population is monumental. This leads us to question the lack of accessibility of services and information for this demographic; particularly the older generation facing language and cultural barriers influencing their access to treatment and even basic mental health information.

More formal resources for mental health education are required for this demographic, such as educational resources. Arooj further highlights the importance of people signposting sources of support which may be beneficial in learning more about the mental health services

available:

*I think through education, I think, you know, people know, even, like, for example, people in the university know, that they could help someone, you know, put someone through to someone who could get support, etc. (Arooj, Female, 22)*

For young adults' mental health information while available through the internet and social media is also available in educational institutions such as universities. Despite potential limitations in cultural relevance, participants did indicate the usefulness of information obtained through these sources.

## **Part 2: Exploring the role of social media in the mental health literacy of British South Asian young adults**

### **5.3 Overview of Section**

While the aspect of social media in informing mental health knowledge and beliefs was briefly mentioned by participants when discussing their MHL, a key aim of the research was to understand how social media can work towards enhancing MHL further and the role it has played thus far. Hence, the interview questions were followed up with a discussion on the role of social media in promoting MHL.

In our exploration of BSA young adults MHL, participants discussed various factors responsible in shaping their views towards mental health. A prominent factor that emerged was the role of education and social media. As highlighted by the Cultivation theory, media messages inform one's social reality and understanding of the world (Gerbner et al, 1994). Cultural influences on our knowledge, attitudes and beliefs can be prevailed by the wealth of knowledge disseminated through the media. Hence understanding the role of social media in informing our MHL and help-seeking behaviours was a pertinent aim of the research. To understand the issue under question the following research questions were formulated:

**Research Question 4:** How can social media enhance the MHL of BSA young adults?

- (a) Has engagement with mental health-related content on social media complimented, duplicated, or challenged pre-existing notions regarding mental health and mental illness?

## 5.4 Results

The theme table presents the six themes that have emerged from the interviews:

**TABLE 11: RQ4 THEMES**

### Themes

Theme 1: Too much information

Theme 2: Credibility and Reliability of Information

Theme 3: Relatability

Theme 4: Communication and Support

Theme 5: Source of Knowledge and Awareness

Theme 6: Need for Culturally Relevant Information

#### 5.4.1 Theme 1: Too much information

BSA young adults shared about the abundance of information available on social media regarding a range of topics including mental health. Highlighting both the positives and negatives of such information, their narratives depict the way in which they understand and evaluate such information offering a glimpse into whether it contributes to their mental health literacy or poses challenges in doing so. Highlighting the wealth of information on social media Rubab likens it to ‘unimportant jargon’ by stating:

*“we’re exposed to so much on a day-to-day basis of the most unimportant jargon ever, like, I*

*don't have curly hair, nor do I ever want to, like, use curly hair. But I know so much about the Dyson curler. So much. It will never help me in my life, but I know a lot about it” (Rubab, Female, 24)*

The quote reveals the issue of information overload on social media, where individuals find themselves inundated with knowledge they may not want to acquire. It emphasises the influential role of social media in disseminating information, showcasing its power in shaping individuals' knowledge landscapes. The specific instance of being extensively informed about a product with no personal relevance exemplifies the surplus of information on social media. This example highlights the challenge individuals face in navigating through a vast array of content that may not align with their specific interests or needs, illustrating the complexity of managing information consumption in the digital age.

Highlighting the overload of information on social media, the following participant mentions that in the context of mental health such information may impact how you perceive your mental illness, letting it take over you instead of it being a part of you. The constant exposure to mental health information may contribute to an intrusive and dominating influence, where the individual finds their diagnosis and associated symptoms occupying their thoughts throughout the day:

*“... sometimes think it becomes like an echo chamber, where you kind of make yourself your mental illness, rather than it just being something that you have. But which I don't think is healthy either. If that's the only thing on your mind the whole day that, “Oh, I've got ADHD and every little thing I do is a symptom”, or you know, it's, like, it becomes too much for a*

*person” (Maria, Female, 18)*

Aside from individuals who were experiencing mental health concerns, the wealth of information related to mental health on social media also stemmed the fear of developing a mental illness:

*“One of the disadvantages, could be like how much content you're seeing on that particular subject, or topic, it can sometimes be quite overwhelming, it can make you a bit more... It can, perhaps make you overthink at times as well, because I know nowadays, a lot of people or with mental like illnesses, as well as other like mental health issues, a lot of people there is that fear of getting a specific mental illness” (Amna, Female, 19).*

The prevalence of information, while serving as a resource for knowledge, may also act as a double-edged sword, instilling apprehension and concern about one's mental well-being. For some individuals, the overload of information also resulted in feelings of uneasiness, as they felt social media did not depict mental health in the way such information related to this topic should be presented. While the discrepancy between the actual experiences of mental health and the portrayal of these issues on social media may create a sense of discomfort, the cultural beliefs of the individual may have also resulted in feeling uneasy regarding the content portrayed:

*“But you see so much stuff about social media, about mental health in social media, like about stuff like BPD, depression, like symptoms, you find it all these symptoms, and I think that's really sort of off putting, like, it's, it feels... me feel, it doesn't make me feel comfortable. It*

*makes me feel uneasy looking at that. And, yeah, it's definitely something that social media, it does not paint a good picture of mental health” (Zayna, Female, 23)*

The discomfort with social media's mental health representations appears to stem from the disconnect between lived experiences and online portrayals. For BSA young adults, this unease may be particularly pronounced due to cultural perspectives on mental health, suggesting that standardised social media representations may not adequately reflect diverse cultural understandings and experiences of mental health.

Aside from the feelings of discomfort associated with mental health content on social media, some participants mentioned how the overload of information resulted in desensitisation to what was being said. An overload of information on a topic can make you feel ‘numb’ about it, as this participant states. This observation points to a potential consequence of information overload, where individuals may develop a sense of being well-informed but, in reality, experience a desensitisation to the emotional nuances and depth of the topic.

*“So, I think I have come to the I'm sort of desensitised to, like, the content overall. Like, literally, any kind of content. I'm quite desensitised to it. So, I think just because I've scrolled through so much of it. And there's so much of it available. I think I'm personally desensitised to the whole thing” (Elsa, Female, 22)*

*And*

*“So, yeah, I think a lot of people are just numb to what they're watching. I think they're just watching it to sort of have that brain juice” (Elsa, Female, 22)*

Likening mental health content on social media to brain juice, the participant depicts how despite their being a wealth and breadth of information, sometimes such information can serve as nourishment to the mind, potentially influencing thoughts, perspectives and understanding.

Viewing too much information on social media on a topic can also result in a curated feed only showing what individuals want to view. Zayna states how she was exposed to more information on self-help strategies such as mindfulness as she adopted these practices whenever she used to get stressed:

*“And that was because I do follow a lot of like, mindfulness exercise accounts and stuff like breathing exercises and stuff. So, I think that's why that's been recommended to me. Because whenever I get very stressed, I sit and take a couple of breaths. So, the counting and the breathing, techniques, and stuff that kind of helps” (Zayna, Female, 23)*

As depicted in participants' narratives, the volume of mental health information on social media appears to serve different purposes for different users. While some actively seek specific mental health content to aid their well-being, as evidenced by Zayna's intentional following of mindfulness accounts, others find themselves passively consuming mental health information through algorithmic recommendations and general browsing. This distinction in information-seeking behaviour suggests varying levels of user agency in mental health content consumption, with some using social media as a deliberate tool for mental health support while others encounter such information incidentally through their regular social media use.



#### **5.4.2 Communication and Support**

Social media also presented as an avenue to build a community, communicate with others, and support others going through similar or different issues. In the case of mental health, due to the uprise in online content related to the topic, Amna shares how they have been exposed to numerous people and opinions, all having an eventual impact on their opinions:

*“Because obviously, you're speaking to different people, and different people have different opinions. So, and I speak to love, like so many various opinions views, and while speaking to them, they, they slowly influence your opinion on it. So yes, I definitely think communicating with people online on social media definitely impacts your opinion” (Amna, Female, 19)*

Not only is online communication impactful in changing opinions, but participants also shared that, for those experiencing mental health concerns, the online social media world acts as a source of community where people are exposed to other people's experiences. Comments on posts act as a method of communication. Those who share content not only benefit by gaining support but also those who view the content as they learn from other people's experiences, understand them, and possibly relate to them. This highlights the dual role of online social platforms in fostering a sense of community for individuals dealing with mental health issues, facilitating both support for content creators and a learning opportunity for those engaging with shared experiences:

*“yeah, I think so I think within the like, YouTube space, a lot of people you'd say like, you know,*

*obviously, like, everyone's kind of like anonymous, and you'd see like, loads of comments, people talking about the experiences of trauma experiences for like, abuse, and that relationships and things like that. And I think it can be helpful for the person because they'll see like, you know, 1000s of people have liked my message. And that means people do probably...probably, like, find this relevant, or they kind of see themselves like in that situation kind of thing, then they will see like people commenting and speaking to each other, I think at that time when people do comment, I think it can be helpful for them. I'll be honest that because I don't think I've like actually ever commented before. I'm just the one that kind of like, scrolls, and I don't I don't know why I don't really ever comment, but I find it interesting to read more than actually, like, comment on things, but from what I've seen, I think it can definitely, I don't think it can help temporarily, but it could help fix that kind of thing. But it's definitely new. It definitely can help I think, yeah” (Ali, Male, 20).*

Sites such as Reddit were cited as particularly helpful by a few users. Comments under posts were viewed as a form of discussion where people shared whether they had similar or different experiences when going through a particular mental illness such as depression. Understanding the various points of views made people understand the nuances and varied nature of mental illnesses, where people may go through different experiences. Interactions under these posts were perceived as useful for both active and passive users of the platform. Videos or discussions without such interactions were viewed as less helpful and engaging. The participants' views showcase the interactive and informative potential of online platforms, especially in the context of mental health discussions, providing a space for diverse perspectives and shared experiences:

*“Yes, so one of the big social media sites is Reddit. I think it is literally a thread of people*

*talking to each other. And you kind of... people underneath are, like, saying, "Oh yeah, I experience the same thing." But then you have people who are like, "Actually, no, this isn't the case. My experience with depression is X, Y, Z. It's different." Sometimes it's like reading through, like, different points of view, and you kind of start to appreciate that, like, more than one side. So, it's through the interactions, but then you have videos that have no comments and stuff, and they're not really engaging. So, I think having that little element of along the way of discussion is always helpful" (Ali, Male, 20)*

While interactive discussions were viewed as helpful, the absence of responses on mental health posts warrants consideration. Posts without engagement may reflect stigma, hesitation to engage with sensitive content, or indicate individuals struggling to connect - potentially perpetuating feelings of isolation common in mental health challenges.

Individuals who experience mental health concerns may also find relatability in the content communicated online. The online setting was deemed more comfortable in terms of communicating with others regarding their experiences. Rubab's personal experience with ADHD was talked about. She shared her experience of communicating with others online who were experiencing similar symptoms, the process of diagnosis, and experiencing and navigating ADHD. People were able to provide their differing perspectives which, aside from physical support groups, are hard to access. Hence, social media acted as a source of community and a form of an online support group where communication was easy due to the ease of access. As a South Asian individual, the participant further shares how social media was a means to communicate and converse with people regarding mental illness, which otherwise in her society would be difficult to do. This highlights the unique and valuable role

of online platforms in providing a supportive and accessible space for individuals to share and connect over their mental health experiences.

*“Yeah, I do think so. I think it's like I said that exposure to other people, and just seeing how they talk about the experiences and being able to ask them more about it in a setting that feels a lot more comfortable. It helped me a lot, especially because I was able to talk to people and ask them, you know, “Is this something that's very specific to ADHD? Did like medication help you? How did getting a diagnose make you feel? How did you feel, like, in the build up to it?,” which is, like, experiencing. And then being able to say, like, from their perspective, and also, like, if they've had, like, you know, some people have ADHD and autism at the same time and how those two things kind of define the symptoms but it, it... I think it just opened, like, the conversation a lot more for me where it wouldn't have the way I grew up or like around the people I know, knew on a day-to-day basis before” (Rubab, Female, 24).*

#### **5.4.3 Theme 3: Need for culturally relevant information.**

Despite the prevalence of numerous sources of information, some of which provided support and validation; individuals still felt that the mental health-related social media content didn't cater to the SA population. BSA young adults highlighted the need for more culturally relevant information:

*“I think maybe like, maybe something like relevant to something relevant to South Asians. That'd be...that'd be nice to see on social media. Like maybe like about how about how like South Asian families don't sort of look at mental health in a good way. And are not really aware of it. So yeah. Oh, definitely. Like maybe like, kind of like promote South Asian background*

*and how...and how ignorant they are to mental health” (Ansha, Female, 21)*

Ansha mentions how mental health information targeted towards dismantling the stigma associated with it would be particularly useful for SAs. Fostering greater awareness and education about mental health within this community could potentially encourage individuals to overcome stigma by becoming more knowledgeable about the topic.

One participant mentioned how particular SA-specific groups, featuring culturally relevant information, could be particularly useful for those from the older generation. The use of culture-specific language in disseminating such information may prove to be a valuable resource for those who do stigmatize mental health to instead normalise it:

*“ I think if it did exist, that if there were any South Asians specific groups, or whatever, that they could sort of direct you to, that would be good. And also, I guess, on like, Facebook or whatever, with the older generation use if they were sort of little infographics or whatever sort of just resources that would turn in in like Urdu, Hindi, whatever that sort of, the older generation could feed and think, glue themselves in” (Jamal, Male, 20).*

Elsa highlights how the provision of culturally relevant information is also intriguing and engaging to look at, possibly increasing the consumption of such content from the SA demographic:

*“Like maybe we would target all South Asians, you know, like, if there’s a post or I see post*

*about mental health, sometimes here and there, not all the time. But I guess if they were more targeted towards South Asians, I think I could be more intrigued looking into them”*

*and*

*“I think, specifically for South Asians. Because I don't believe that they can relate to much of the content. And, again, there's very few influencers and people that are only just coming up with specific South Asian related content” (Saqib, Male, 23).*

As mentioned by Saqib the lack of relatability to the Westernised mental health narrative dissuades individuals from searching, viewing, or engaging with the content. BSA young adults mentioned how they were more likely to view content from a similar background indicating their needs in the case of mental health literacy. Zayna states how relatability in terms of looks and communication would be nice to see. More content by SA creators will allow people who are experiencing mental health concerns to feel they are not alone in their mental health journey. For SA people, such content may be revolutionary in banishing the stigma associated with mental health, making them understand that people from a similar background may also experience mental illnesses.

Cultural relevance extends beyond language to include representation and shared lived experiences. For BSA young adults, seeing mental health content from creators who share their cultural background provides validation through visual representation, shared cultural experiences and challenges, understanding family dynamics and the navigation of both Western and SA perspectives on mental health.

*“I think it would just be good to see someone else who looks like me sort of talking about what they've gone through and that sort of thing. People know that they're not alone, that it's almost sort of making it more acceptable”. (Zayna, Female, 20).*

#### **5.4.4 Theme 4: Relatability**

Viewing other people’s experiences who were from a similar background provided relatability to the concept of mental health. BSA young adults felt that if they ever experienced mental health concerns they would perceive it as a normal experience, due to the representation of people from a similar background depicting their mental health concerns online:

*“I think it's just being able to see, like, that representation of people that, like, someone that looks like me, or talks like me, or maybe not has the same experiences, but kind of can relate to my life a bit more, talking about it. I think it's really helpful versus just seeing some medical grade video talking about mental illness. And personally, I don't consider, you know, having ADHD, if I didn't see the video on social media, which my friend, then like, you know, spoke to me about basically. So, I do think it maybe helps people feel a bit more seen”*  
*(Maria, Female, 18).*

SA representation was perceived as more helpful in promoting knowledge and awareness about mental health in comparison to even medical doctors, who although were providing factual information, the information may not be depicting personal experiences and narratives

relevant to individual's cultural background. Similar views were conveyed by Zayna:

*"I think it's nice to hear real people talking about it, rather than a doctor per se, because it will be like it will be another South Asian girl, just talking about her experience with ADHD, and how she's lucky enough to have a diagnosis. You know, her family knows. And it's like, oh, it's nice to know that there are people to get to experience this. And you know, how she'll cope with it or that sort of thing"* (Zayna, Female, 23).

BSA young adults in their narratives further highlighted the value of shared experiences on social media platforms, particularly in the context of mental health. The participant describes how individuals going through specific episodes, such as a manic episode, document and share their experiences in-depth in real-time. This firsthand account not only provides a window into their experiences but also facilitates discussions about the impact on social life. The participant notes the supportive nature of the online community, where viewers, in the form of comments, express relatability, empathy, and shared experiences. The communal aspect of these interactions is emphasized, creating a sense of connection and validation for those navigating similar mental health challenges. The participant finds solace in following these narratives, emphasising the therapeutic potential of social media in fostering understanding and solidarity among individuals with shared mental health experiences:

*"If someone's going through a certain episode, or a manic episode, they will film it. And you can actually see in depth what they go through. And they talk about their experiences later, sort of, real time thing. And then talking about the experiences, and how it affects the social*



*life and stuff. And then you see all the comments underneath. And it's really, like, really sweet, because a lot of people are like, "Oh, yeah, I experienced the same thing." And you just kind of follow that story as well" (Laksh, Male, 21)*

Participants also shared how online experiences which deviated from societal norms were perceived as interesting and consumption-worthy. In this quote, the Zayna shares her social media engagement with content featuring South Asian women who have diverged from traditional expectations and faced familial disapproval as a result. The participant expresses a deliberate interest in following such pages, finding inspiration in narratives of resilience and success. These women, despite not conforming to the expected Pakistani stereotype, are portrayed as successful, with fulfilling careers and personal lives, even if their families do not support their choices. The participant values these representations as they challenge societal norms, showcasing instances of happiness and accomplishment outside the conventional expectations imposed by cultural stereotypes. This highlights the participant's seeking of positive and empowering content on social media that resonates with their own experiences or challenges societal norms:

*"So, like, I follow a lot of like South Asian women who have, sort of, not broken or they've been disowned by their families because they're not fitting into that specific Pakistani stereotype. I follow pages like that because it shows that girls, you know, they're successful. They have really good careers, even though their family is not supporting them. They married outside their race. They're just happy" (Zayna, Female, 23)*

#### 5.4.5 Theme 5. Credibility and Reliability of Information

Despite the presence of a wealth of information on social media, many BSA young adults felt that social media wasn't the right place to acquire such information. As Elsa states: *"I don't think it's the best place to learn about mental health."* Individuals expressed scepticism about the relevance of information found on social media platforms, attributing it to people sharing personal feelings and opinions rather than providing factual or well-researched content.

Rubab's main concern was centred around the perceived imposition of subjective views.

Social media was not considered the appropriate platform for acquiring accurate knowledge about mental health. Instead, advocating for independent research as a more reliable means of gaining information, suggesting a lack of trust in the credibility of mental health-related content circulating on social media:

*"Yeah, on social media, I don't think you will find information that's actually relevant. It's just, it's just of people posting about what they feel and their views, and I don't want them to impose their opinions on me. I think they're free to like voice your opinions, but I don't think it's like the right sort of platform. Social media is not the right platform to learn about mental health. If you want to learn about mental health, just, you have to you have to do your own research, and not rely on other people's opinions"* (Rubab, Female, 24).

And

*"I don't think I would, because I think social media has a lot of like, there's a lot of opinion-based things on there that I wouldn't really like, that I wouldn't really recommend to people"* (Elsa, Female, 22).

These views are echoed by Elsa who highlights the challenges posed by the abundance of information on SNSs indicating concern about reliability and the filtering content. The participant states that content consumerism is highly dependent on how democratised the content is. The more content is viewed, the higher the potential for it to reach others despite their being a lack of expertise in the area. As Ali states health professionals may not gain as much visibility as someone presenting personal narratives. The removal of the dislike button and the ability for creators to moderate comments further complicate the process of discerning credible information from less informed perspectives. The quote suggests that these dynamics may lead to misinformation, overwhelm viewers, and hinder their ability to critically evaluate the reliability of mental health information presented on YouTube:

*“Yeah, definitely. I mean, nowadays as well, because like, anybody can make a YouTube video. The only thing that separates like a professional opinion from like somebody who is less like, was less informed on the matter is literally like whether the new count is like high enough, unfortunately. So, you could go like somebody who's like an actual doctor who's like, studied all these things, getting their opinion and getting like 10,000 views and then somebody who like just went through like a couple of symptoms, getting like a million views telling their story. And you'd miss out on the doctors one because like, it wouldn't be recommended to me first, obviously. And because of that you might get like misinformed about certain things, or you might get overwhelmed even like when you see like somebody else's problems and you think, Oh, my problems aren't as bad as theirs. And I think especially now with YouTube, because like quite a while ago now, but they did remove like the dislike button as well. So, there's no way to discern good information from bad information. You know before people would use the like/dislike ratio to do that but now you can't really do that. Creators as well have the ability*

*to like remove comments too so like there's even less way of checking like your sources basically” (Ali, Male, 20)*

The dual nature of social media, acknowledging its potential benefits and risks was also highlighted. Participants recognized the platform's capacity to serve as both a positive and negative force. The participant below emphasises on the importance of trust and reputation, stating a preference for seeking support from reputable NGOs or firms rather than individuals online. This concern is centred around the anonymity that social media allows, creating a potential risk when sharing personal information with individuals who may not be trustworthy. The quote below suggests a reserved stance, advising against considering social media as a universally safe space for divulging personal details, underlining the need for caution and discernment in online interactions, especially related to mental health:

*“Social media can be a very good and a very, very, very bad thing. So, I personally would not, unless it was from a reputable NGO or firm, I would not go to a person and try and get support from them unless I trust them. So, when somebody is like online, they're hiding behind an account, you can't really trust them with your personal information. So, I would not recommend social media. You know, I wouldn't recommend it as a safe place to give out personal details of your life” (Jamal, Male, 20).*

Online scams were another cause for concern for BSA young adults. Online mental health services may require payment, and individuals seeking confidential support may be susceptible to scams. It is important to consider the reluctance of individuals from SA

backgrounds to seek support offline, making the online environment a potential resort. Noor below emphasises the importance of being cautious due to ethical issues related to online mental healthcare and suggests a need for awareness and vigilance, especially within communities that may already face barriers to seeking mental health support.

*“Yeah. They just, they tell you that they'll provide certain services or whatever, you have to pay them upfront. And like that's a scam. Like, I've come across accounts that want to scam me and stuff. I think that's the kind of scam that really scares me” (Noor, Female, 22).*

A lot of individuals who create content online also need to be verified to see if they are qualified to give out such information. Some individuals may provide false information under the garb of a professional which may be detrimental to one's mental health. The participant highlights the importance of cross-checking and verifying facts when viewing mental health related content online:

*“I think one of the disadvantages is, you don't know who's writing it and whether the information is true. The whole thing about false news, things like that. A lot of people like to be qualified therapists on Instagram. Sometimes giving advice, which is not correct at all. So, it makes me feel worse. So, I think just being careful and just fact checking everything that you say”*

Verifications on social media such as ‘the blue tick’ have been highlighted as factors that ensure the credibility and reliability of online information:

*“And then the whole idea of verifications on Instagram, and stuff, when you see that blue tick, you know, you're in safe hands, and you know, it's a real”*

However, this reliance on platform verification systems like the 'blue tick' reveals a concerning misunderstanding of social media credibility markers. While participants view verification badges as indicators of trustworthiness, these are often simply paid features that don't validate expertise or content accuracy. This gap in digital literacy could be particularly problematic for mental health information consumption, where users may trust non-expert verified accounts, commercial interests could override accurate health information and verification systems may give a false sense of content legitimacy.

#### **5.4.6 Theme 6: Source of Knowledge and Awareness**

While earlier themes highlighted concerns about social media's credibility and information overload, social media also proved to be a source of knowledge and awareness regarding mental health. BSA young adults' views indicated that social media bridged the gap between knowledge and mental health information consumption. Participants mentioned how short videos such as those that were less than 50 seconds were easily viewable, short, and succinct – providing a clear message. This format is seen as advantageous for providing clear and concise messages about mental health. The emphasis on brevity and clarity in short videos implies that social media serves as a convenient and accessible platform for disseminating mental health information, catering to the preferences and attention spans of individuals in this demographic:

*“Yeah, so I always look at like videos and stuff that are less than 50 seconds. So, I want something that's quick, and something that kind of gets to the point.... But yeah, I think the whole idea of Instagram reels and stuff and stories that are just quick. And you know, you don't have to spend all day trying to understand or watch them so long” (Sara, Female, 21)*

The preference for brief, digestible content suggests users initially encounter mental health information through casual browsing rather than deliberate searches. This passive exposure then shapes how they actively seek mental health knowledge later.

Individuals also shared a range of information that was useful in their knowledge acquisition including awareness posts about ‘mental health day,’ definitions of mental illness, diagnostic criteria or other people correcting people’s ideas of what a disorder actually was:

*“...awareness posts about like mental health day, or maybe a particular mental health disorder like OCD, definitions of mental health, like DSM definitions, diagnostic criteria, and addressing what is a proper diagnosis, and what is just a speculation. So, people say things like, Oh, I'm depressed, or I have this right to have that. It's just correcting people's ideas of what is and what isn't, you know, you know what I mean? What is and what isn't an actual disorder? Yeah. So, stuff like that” (Jamal, Male, 20).*

Participants discussed various ways they had learned about mental health, emphasizing the effectiveness of simple and informative methods encountered on platforms like Reddit. Government ads on mental health have been particularly useful, linking users to official websites for information and guidance. The individual highlights how they value factual information and acknowledges the prevalence of people's experiences shared on social media, highlighting the potential for relatability. However, the participant also acknowledges a potential double-edged sword in relying on personal experiences, suggesting that while relatability can prompt individuals to seek help, it may also present challenges or complexities in the diagnostic process:

*“I think some useful ways I actually learned were with just quite simple ones. So, I've seen a lot of ads on... so I use Reddit quite a lot. When I was going down, I got a lot of like government ads basically for like, mental health help and stuff basically. Which I think were quite informative. They link you to like government website and you get to see like a lot of either ways of getting help for certain things or just diagnosing things that like the patient would give, which is quite nice. Um, it would just be like, I think just in general, just information is probably the nicest thing, like factual information. I think people's experiences as well, because that does get covered a lot on social media is one of the probably one of the more popular things when it comes to social media coverage. And I think it does help because some people do relate to like things that other people go through. And then it does make it a lot easier to diagnose on a more personal level. Because you're like, oh, this person went through something similar to me, and I felt I feel the same way, maybe I should go and get help. I think that's, that can be a bit of a double-edged sword” (Ali, Male, 20)*



One participant, building on the insights from the previous quote, accentuated the positive aspects of the information available on social media regarding mental health. However, a notable concern surfaced as the participant expressed feeling equipped to diagnose others with mental illness due to the abundance of information. This acknowledgment raises a red flag regarding the potential pitfalls of relying solely on social media for mental health-related knowledge, as it may lead to overconfidence and inaccurate assessments, emphasizing the importance of a cautious and informed approach to such information:

*... “you can learn a lot...Like, what are the symptoms? What they could mean, like for the future? How to diagnose like other people around you for that as well. I think there's a lot of information on there that other people can use” (Amna, Female, 19).*

One participant further shared how social media helped them in coping with their ADHD:

*“I've picked up a lot of ways to cope with my ADHD that kind of help now, which I wasn't doing before. I found, I found it on social media” (Rubab, Female, 20)*

Rubab shared her experience of learning factual information about personality disorders, uncovering details that were previously unknown to her. The normalization of such disorders on social media played a crucial role in promoting MHL. She specifically highlights Instagram as a teaching platform, emphasizing how the platform has contributed to her understanding of mental health topics:

*“Yeah, so it's just referring back to the whole idea of the personality disorders, the different personality disorders, I learned a lot about them through people who are experiencing them. So, there's a couple of YouTubers that have particular personality disorders that I think it only... only affects a 2% of the population, but they are really pushing for it and normalising it. So yeah, it's a lot of things I did not know that exist. Instagram has taught me I know, it sounds weird saying that, but Instagram has taught me”. (Elsa, Female, 20)*

Coming from a psychology background, Elsa felt that while she was provided with factual information in textbooks and the classroom, information on Instagram provided them with a real-world depiction of what it actually looked like. She mentions how this has humanised and normalised what she’s learnt in terms of mental health:

*“I think, yes because coming again from a psychology background, you learn that depression... it’s the symptoms are, like, apathy and, like, lack of appetite and stuff. And then when you jump on Instagram and you see a depressed person, it's totally different from the textbooks. It's like a human version of depression. You know, you learn about how it affects your social life and stuff. So, I think of has been helpful in that way. It is humanising what I've learned throughout the years” (Elsa, Female, 22).*

Social media has also been highlighted as altering existing perspectives, providing a pluralistic approach to mental health. The presence of diverse narratives online has led to moments of realization for Muhammad on what he wasn’t previously unaware of:

*“I think that also has an impact on that how you view mental health as well. So, you get to learn like different perspectives and something. There's been loads of times where for us okay, what why didn't really like get that perspective before. But now okay, I see it from that perspective” (Muhammad, Male, 21)*

This complex relationship with social media as an information source reflects users' adaptation to its limitations. While acknowledging its problems with credibility and information quality, BSA young adults selectively engage with content that meets their needs particularly when traditional sources of mental health information are less accessible or culturally relevant.

## 5.5 Summary

This study endeavoured to examine the notion of MHL in the context of conversations with BSA young adults. Participants' viewpoints exhibited a certain alignment with Jorm's conceptualization of MHL from a Western perspective (1997). However, this alignment may be regarded as a partial and medically influenced understanding of the situation, as indicated by Raghavan et al (2022). As indicated by participants a more pluralistic approach to mental healthcare is needed keeping in consideration the multi-ethnic population in the UK.

The process of cultural assimilation and acculturation for BSA young adults was a notable factor influencing their adoption of views rooted in the UK context. While participants did incorporate aspects of their cultural background in discussions about MHL concepts, their educational experiences in Western society appeared to mitigate the stigma associated with mental health and the inclination to seek professional help. Hence suggesting that their assimilation into the UK culture played a role in shaping their attitudes towards mental health.

Despite expressing a need for culturally relevant services, participants' knowledge and beliefs were predominantly shaped by the Western narrative surrounding mental health. References to the Diagnostic and Statistical Manual of Mental Disorders (DSM) and the International Classification of Diseases (ICD) were indicative of a substantial understanding of mental health and help-seeking behaviours influenced by Western frameworks. Saraf et al. (2018) highlighted that the non-recognition of mental ill-health within specific diagnostic categories might necessitate further education and awareness, yet BSA young adults in this study demonstrated a well-informed perspective.

However, it is essential to acknowledge that despite existing MHL, the relevance of culture and ethnic background cannot be overlooked in shaping individuals' views. Recognizing the cultural nuances and incorporating cultural inclusivity into the conceptualization of MHL may enhance its applicability and effectiveness within diverse populations.

The interviews further explored how participants perceived mental health content on social media and assessed its potential as a valuable resource for mental health education and stigma reduction. Findings revealed a range of responses consistent with participants' previous feedback. Social media was seen as a tool to enrich individuals' understanding of mental health, although participants noted instances where cultural beliefs influenced their perspectives. Despite these cultural variations, social media was recognized as transformative in the learning process, fostering a sense of community and support during times of mental health challenges. Relatable narratives on social media strengthened the sense of connection within this community. However, participants also highlighted challenges, including information overload, the absence of culturally relevant content, and concerns about the credibility and reliability of information sources. Despite these challenges, the findings offered a comprehensive view of factors influencing MHL, suggesting that social media could be optimized as a platform for accessing mental health content.

The Discussion Chapter (Chapter 7) further explores the findings in detail.

# Chapter 6: A Netnography of Instagram Posts on Mental Health

## 6.1 Introduction

Chapter 7 conducts a thorough thematic analysis of Instagram posts sourced from four influential mental health accounts chosen by participants in Studies 1 and 2. The analysis organises themes to reveal prominent patterns in digital discourse on mental health within this widely used social media platform. Our goal in this chapter is to extract nuanced insights into the presentation and dissemination of mental health-related information, resulting in the identification of four key themes.

These findings, serving as a vital foundation facilitate the transition from quantitative exploration to qualitative examination in Study 3, focusing on Instagram posts. Insights from the online questionnaire guide subsequent interviews in Study 2 (Chapter 6) influence the selection and analysis of mental health content in the netnography of mental health-related posts.

To contextualize our study within the existing literature, the Theory of Planned Behaviour (TPB) and Cultivation Theory serve as a conceptual framework. Chapter 3 outlined the theoretical basis, illustrating the interplay between acculturation, mental health literacy, help-seeking behaviours, and social media usage. As we navigate the empirical landscape of Instagram posts, the TPB-CT framework provides a lens to understand the phenomena under scrutiny. This chapter is a pivotal step in unravelling the intricate dynamics that shape the digital mental health discourse for BSA young adults.

The research questions for this study are:

**Research Question 5:** What are the dominant discourses on mental health and mental illness on social media?

Does social media have the potential to promote mental health literacy and the subsequent help-seeking behaviour of BSA young adults?

## 6.2 Results

The data explored in my study had a broad scope, leading to the emergence of various issues during the analysis. Despite a slight deviation from the initial aims and research questions, particularly in the context of mental health accounts that were not ethnically focused on BSA young adults, the themes discussed in this chapter are designed to align closely with the thesis aims. Special attention is given to the overarching concept of Mental Health Literacy, ensuring relevance and cohesion within the research framework. In this section, the following themes will be discussed: (1) Taking ownership of one's mental health, (2) Mental health awareness, (3) Coping Strategies and (4) Validation of thoughts, emotions and experiences. Table 12 presents an overview of the themes and subthemes.

Table 12: RQ5 Themes and Sub-Themes

Themes	Sub-themes
Theme 1: Taking ownership of one’s mental health	Sub-theme 1: Personal growth and empowerment Sub-theme 2: The healing journey Sub-theme 3: Self-care and self-love
Theme 2: Mental health awareness	Sub-theme 1: Awareness of mental health and mental illness Sub-theme 2: Misdiagnosis of mental illness Sub-theme 3: Awareness of behaviours that impact mental health
Theme 3: Coping strategies	Sub-theme 1: Self-help strategies Sub-theme 2: Therapeutic strategies
Theme 4: Validation of thoughts, emotions and experiences	

### 6.3 Theme 1: Taking ownership of one’s mental health.

This theme focuses on how the mental health discourse on Instagram can empower individuals to take ownership of their mental health. Encompassing this theme are three sub-themes. The first sub-theme, “Personal growth and empowerment”, focuses on the positive emergent outcomes of challenges in life. The second sub-theme titled ‘The healing journey’ is aimed at the process of recovery and healing from the past. This sub-theme looks at how individuals can navigate their inner conflict and difficult emotions to become more empowered on this journey of personal growth. The third sub-theme, ‘self-care and self-love’ focuses on prioritizing one’s needs and recognizing their mental health needs as important in the journey of mental health and wellbeing.



The ill effects of poor mental health are numerous, posing a significant impact on individuals physical health and overall wellbeing. As Prince et al (2007) states ‘there is no health without mental health; hence taking ownership of one’s mental health empowers individuals to enhance their overall quality of life and fortify their resilience in the face of life's challenges. By recognizing the integral connection between mental and physical well-being, individuals can foster a proactive approach to self-care and seek appropriate support systems. Prince et al.'s assertion underscores the fundamental importance of mental health as a cornerstone for achieving holistic health, emphasizing that attending to mental well-being is an empowering act that contributes to a fuller and more satisfying life.

### 6.3.1 Sub-theme 1: Personal growth and empowerment

Personal growth and empowerment are a crucial aspect of one’s well-being and self-development. As highlighted by previous studies in this area, focusing on one’s personal growth forms an important aspect of mental health enhancing one’s PMeHL.



Figure 6: Personal Growth and Empowerment

In Figure 8, the image of the woman sitting on the moon at the top of the stairs is a metaphorical representation of progress and achievement. The illustration depicts how reaching one's goals and aspirations may involve taking one step at a time in order to reach "the moon," which symbolizes reaching new heights and dreams. The phrase on the stairs emphasizes the importance of breaking down big goals into manageable chunks which the stairs signify. Rather than being overwhelmed by the magnitude of the entire journey we are told to focus on the immediate tasks or challenges that one is presented with. The caption encourages individuals to embrace discomfort and challenges as part of personal growth. It highlights that worthwhile experiences often come with initial difficulties and awkwardness, such as starting conversations with strangers, joining new communities, or pursuing dream jobs. The message suggests that rather than selecting experiences based on their level of ease, individuals should consider how they want to emerge from those experiences. It encourages a proactive approach to life, where individuals make choices that align with their long-term goals and personal development.

In summary, the image and caption encourage individuals to face challenges and discomfort in pursuit of personal growth and meaningful experiences. It promotes a mindset of resilience and courage and aligns with the principles of mental health literacy by fostering a positive approach to dealing with fear and uncertainty (Kutcher et al, 2016). Aligning with this post and the concept of mental health literacy is the Theory of Planned Behaviour (TPB). The TPB incorporates elements of knowledge, attitudes, and behaviours, providing a framework to understand the interplay between these factors in the context of behaviour change. The message in this post suggests that by offering knowledge about the challenges of personal growth through the image, text, and caption, a positive attitude can be cultivated when confronted with discomfort. According to the TPB, this positive attitude is a crucial

component influencing behavioural intentions. In turn, these behavioural intentions can lead to actions that foster resilience and self-development. Ultimately, this process of behaviour change contributes to improved mental health and overall well-being.



Figure 7: Personal Growth and Empowerment Image 2

A key aspect of personal growth is the aspect of emotional maturity which the next image (Figure 9) displays. Emotional maturity includes the ability to manage one's emotions, engage in calm and rational conversations, and tolerate disagreement without reacting too quickly. The concept of authenticity is also a prominent message in this image as it signifies how being authentic, 'real', and a genuine communicator is better preferred than trying to conform to perceived expectations or 'wearing a mask'. The concept of emotional maturity is further described as "grace" and "magnetic". These qualities allow individuals to foster a deeper connection with others by encouraging self-reflection and allowing an empathic understanding of other viewpoints. These elements can be considered crucial for promoting mental health and positive relationships in one's life. Furthermore, they can empower individuals to navigate challenges, aid in their personal growth, and result in a more fulfilling and empowered life.

Overall, the image is relevant to the concept of positive mental health literacy as it focuses on the attitudes that may facilitate individual growth, aiding in individual mental health and overall well-being.

The following series of text-based images (Figure 10.1 – 10.6) provide valuable lessons that can promote personal growth and enhance emotional wellbeing.

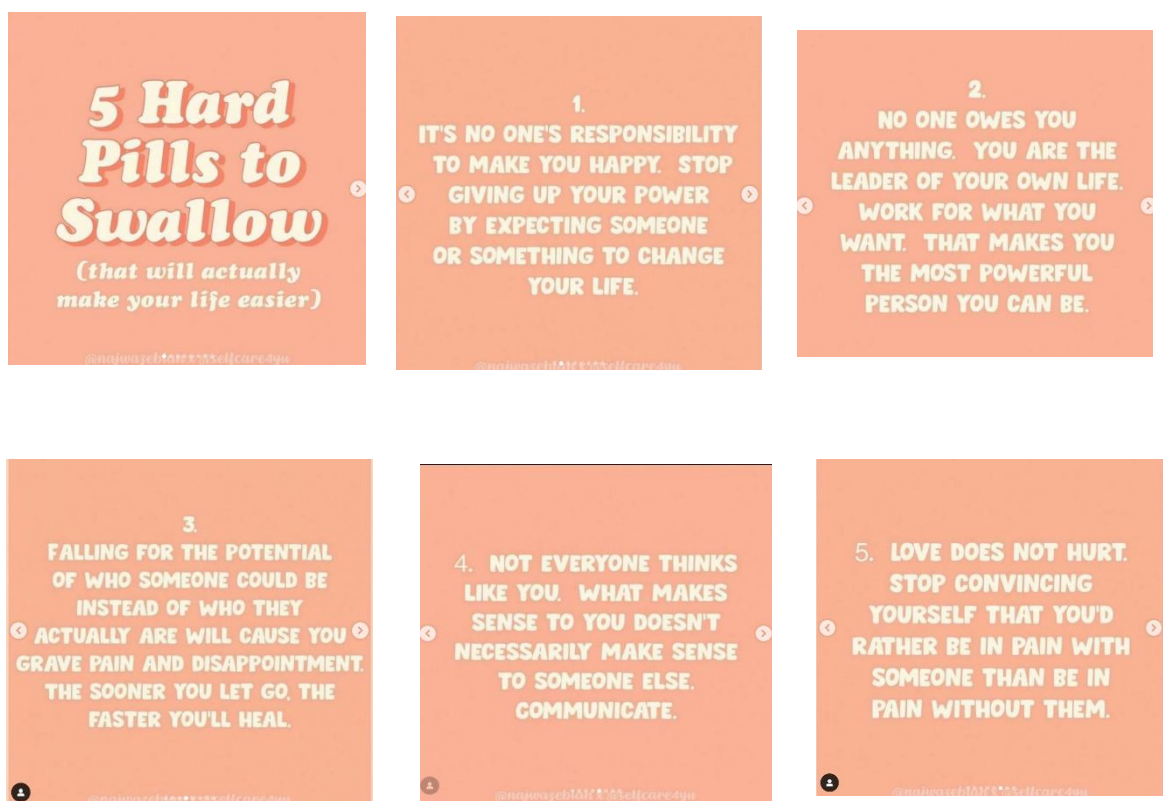


Figure 8: Personal Growth and Empowerment Image 10.1 – 10.6

The statement in Figure 10.2 underscores the importance of taking responsibility of one's own happiness and well-being. It encourages individuals to avoid placing the burden of their happiness on external sources. Figure 10.2 aligns with the TPB by highlighting the

importance of individual agency, positive attitudes towards self-responsibility, and the perception of control over one's own happiness and well-being.

Figure 10.3 similarly highlights that individuals are responsible for their own lives and must work towards their goals. The concepts of self-determination and personal agency are focused upon. The image encourages a proactive attitude towards life and empowers individuals to be the architects of their own lives.

The next image unlike the previous images (Figure 10.4), warns about the unrealistic expectations in relationships and the potential for disappointment. It emphasises the importance of accepting people as they are and making decisions based on reality rather than the potential prospect of things. The knowledge regarding the dangers of idealisation is conveyed promoting an attitude of realistic and healthy expectation in relationships.

Figure 10.5 stresses the importance of effective communication and acknowledges that individuals have different perspectives and ways of thinking. It promotes the knowledge that effective communication is crucial for understanding others and building healthy relationships. The image aims to foster an attitude of empathy and open-mindedness encouraging behaviour that facilitates better communication.

The last image (Figure 10.6) encourages individuals to prioritise their emotional wellbeing and not accept unhealthy relationships. This image focuses on the notion that healthy love should not be associated with pain. It fosters an attitude of self-respect and encourages behaviours that involve boundaries. By providing a depth of information in relation to

personal growth and empowerment, the images promote knowledge attitudes and behaviours that contribute to improved mental health, wellbeing and healthier relationships.

The following sub-theme follows on from the theme of personal growth and empowerment. The aspect of healing and navigating difficult emotions is a pertinent aspect of growth and empowers individuals to take control of their mental health and wellbeing.

### 6.3.2 Sub-theme 2: The healing journey

The mental health literacy framework aims to dismantle the stigma associated with seeking support and encourages taking ownership of one’s own mental health, which this theme associated with the journey to wellness and “healing” explores. An important aspect of “healing” is dealing with a depth of emotions and the ability to express these emotions vulnerably. Figure 11 conveys a powerful message in relation to the importance of emotional expression.



Figure 9: The Healing Journey Image 1

The illustration of a wild cat trapped in a bottle on fire, appearing angry or in pain serves as a metaphor for the emotional turmoil that can result from bottling up one's feelings. It emphasises the idea that suppressing or concealing emotions can lead to internal suffering. The text strongly encourages the need for open communication and emotional expression. It underscores the importance of sharing one's feelings, thoughts and concerns with others, rather than keeping them inside.

The caption emphasises that accepting the risk of pain, absence and hurt is part of the human experience. However, in order to experience growth, connection and presence with oneself or others, individuals must be able to navigate the emotional turmoil and openly communicate.

Aligning with the concept of MHL, this image encourages individuals to recognise and address their emotions, seek support when needed and understand that pain and challenges are a part of life. The image provides knowledge about the consequences of emotional suppression fostering attitudes of navigating and expressing emotions. The message encourages the behaviour of not leaving emotions "bottled up" resulting in better mental health and healthier interpersonal relationships.

The following image also advocates for "healing" and navigating difficulties in the past. This image is by an account run by a psychologist (Figure 12). The image and caption provide a message of self-compassion, self-acceptance, and reflection on personal growth.



Figure 10: The Healing Journey Image 1

In this post, individuals are encouraged to let go of shame associated with their past. Aligning with the concept of healing and forgiveness, the audience is urged to be resilient, have belief in themselves and retain the power and ability to overcome challenges. Fostering an attitude of self-compassion and acceptance, alongside the image; the caption asks individuals to reflect on something they're proud of getting through enabling the post-viewers to have an attitude of positive self-regard.

### 6.3.3 Sub-theme 3: Self-care and self-love

Self-care and self-love are important aspects of one's mental health and well-being, enabling individuals to prioritise and focus on themselves. The following image (Figure 13) is a powerful depiction of the concept of self-care and leaving toxic situations. The act of leaving the black hole and entering a pink heart serves as a powerful visual metaphor representing leaving a negative or harmful situation and entering into a place of self-love and well-being. The contrast between the colours could signify the transformative journey that self-care can



result in. A void of self-care is symbolised as similar to a place of darkness. The depiction of a person in horns can be seen as signifying strength or resilience in facing difficulties.



Figure 11: Self-care and Self-Love Image 1

The text on the image reinforces the idea that leaving a challenging situation is an act of self-care rather than abandonment. It emphasizes the importance of prioritising one's well-being. Alongside the text, the caption also encourages reflecting on one's inner child and honing the responsibility to protect and care for oneself especially when faced with a challenging situation.

The image and text place emphasis on the concept of self-care which is a formative part of the mental health literacy framework. The message encourages individuals to understand the impact of their environment on their mental health and prioritise self-care as a fundamental aspect of wellbeing. Fostering an attitude of self-compassion and empowerment, the message

encourages individuals to engage in more self-care behaviours, prioritising one's mental health.



Figure 12: Self-care and Self-love Image 2

The next image similarly portrays the power of self-care on one's mental health. Figure 14 features a black-and-white image of a woman kneeling in front of a mirror and holding the arm of her own reflection. The power of self-reflection, self-connection and self-support can be signified through this visual representation. The caption reaffirms this message by providing a series of affirmations that articulate the concept of having one's own back. These affirmations acknowledge the responsibility of self-protection, validate the act of setting boundaries, ensure the safety of one's feelings within their own body, convey the notion of embracing and accepting personal emotions without judgement, recognise the difficulty of certain situations and affirm personal capability in facing challenges and making choices.

The image and caption cumulatively convey a holistic message of self-support and empowerment. As in the previous image, the concept of self-help is reaffirmed here. The underlying message revolves around having one's own back and choosing actions that

prioritise mental health and well-being. The audience is provided with knowledge about self-compassion and support which can foster attitudes of empowerment and self-advocacy encouraging behaviours that prioritise one’s mental health.

The following video is from an account run by a psychologist. The videos from this account are usually short and succinct delivering a concise and clear message. In this video she says, *“Stop expecting others to prioritize you if you are not prioritizing you. Always start by treating yourself how you want others to treat you”*.



Figure 13: Self-care and Self-love Image 3

The video delivers an empowering message about self-prioritisation and how one should treat oneself as they want to be treated by others. The caption follows on from the message in the video, delving into the emotional dynamics of over-giving, feelings of unworthiness and the cycle of trying harder. It encourages reflections on one’s needs and taking responsibility upon oneself for meeting them to break the cycle of resentment. The message emphasises the fact

that nurturing oneself is key to nurturing healthy relationships. The concept self-love and care are deemed equivalent to the phrase of how ‘we cannot pour from an empty cup’ and therefore we must focus on our individual needs too.

In summary, the video emphasises on the importance of taking proactive steps to understand and meet one's own needs, breaking detrimental patterns, and fostering a self-nurturing mindset. It highlights the interconnectedness of self-care and healthy relationships, emphasizing that taking ownership of one's mental health is a powerful and transformative journey. This video provides knowledge concerning prioritisation of oneself and it encourages the behaviour of self-reflection and asking, “What are my needs?”. It discourages the behaviour of expecting others to fulfil our needs without actively engaging in self-care.

## **6.4 Theme 2: Mental Health Awareness**

The definition of MHL is, ‘the knowledge and beliefs of mental disorders that aid in the recognition, management and prevention’ (Jorm, 1997). A key element of this definition being ‘knowledge’ highlights the importance of education related to mental health. Social media is an important resource bridging the gap between knowledge and awareness, and the posts in this theme highlight this narrative. . Three key themes in relation to mental health awareness are presented including knowledge of mental health and mental illness; misdiagnosis of mental illness and awareness of the behaviours that impact mental health.

### **6.4.1 Sub-theme 1: Knowledge of mental health and mental illness**

Figure 14: Knowledge of mental health and mental illness Image 1



The following video is titled “How do you know you have depression in one minute”.

Recognition of the symptoms of mental illness is a key component of mental health literacy which this video touches upon. Being short and concise, it is delivered in a chatty and engaging manner which proves to be digestible to the audience. As the video is from an account run by a psychologist, people are more likely to trust the information they are provided with. Dr Julie talks about nine symptoms of depression. Individuals who present with five or more symptoms for a couple of weeks can be diagnosed with depression. In the caption, the acknowledgement of the ‘labelling’ and ‘stigma’ associated with the word ‘depression’ is spoken about and provides a perspective shift in this regard. Dr Julie emphasises that individuals are experts on their own experiences urging people to trust their own intuition in regard to their feelings. The caption also encourages seeking support for mental health, even if professionals are not immediately available and the audience is recommended to seek support from trusted family, friends, or charities.

While the issue of self-diagnosis can be a pertinent aspect of health-related information on social media, the informative and awareness-related aspects cannot be ignored. Therefore, the psychologist in the video emphasises the importance of tracking symptoms over time with professional guidance. The overlap of the symptoms of depression with other conditions is also highlighted. Individuals are empowered to be an expert in their own experiences, shifting the focus from the label of depression to personal well-being. The video encourages a proactive attitude toward recognising and addressing mental health concerns and promotes help-seeking behaviour from various sources as well as tracking symptoms over time.

While the video primarily relies on verbal elements to convey information, the concise text on the screen complements the spoken words, enhancing the overall effectiveness of the message. The visual simplicity aligns with the informative nature of the content, ensuring accessibility and clarity.

The next series of text-based images talks about “Panic attack facts”. Although not acknowledged as a mental illness, panic attacks are considered a mental health problem which may occur from time to time. The series of images follows a logical progression, starting with a general introduction to panic attack facts and gradually delving into specific aspects. The series addresses common misconceptions about panic attacks, emphasising their

psychological impact despite being physically harmless. An emphasis on the intensity of a panic attack conveys the overwhelming nature of the experience.

Figure 15: Knowledge of mental health and mental illness Image 2



The series aims to provide factual information about panic attacks, focusing on their intense nature, psychological impact, and the paradoxical experience of feeling unsafe despite the lack of actual danger. The communication style although text-based is informative and educational, breaking down complex concepts into digestible pieces of information. The use of separate images for each point ensures clarity and allows for easy consumption.

These images effectively contribute to mental health literacy by providing accurate information about panic attacks, shaping attitudes of understanding and empathy, and encouraging behaviours that support individuals dealing with panic attacks.

#### 6.4.2 Sub-theme 2: Misdiagnosis of mental illness

The next video presents information in relation to complex post-traumatic stress disorder (C-PTSD). This video is also by a psychologist where she is holding a sign that says “C-PTSD is often misdiagnosed”. Following this a text overlay appears in the video to provide information about C-PTSD, its symptoms and a call to action. The symptoms of C-PTSD are framed as stress responses and the body’s attempt to protect itself in an unstable environment where needs aren’t met. The lack of recognition for C-PTSD is highlighted leading to misdiagnosis, lack of hope and self-understanding. Individuals are encouraged to advocate for C-PTSD and educate themselves for healing purposes. The video ends with a list of resources for educational purposes.



Figure 16: Misdiagnosis of mental illness image 1

The video is by a psychologist adding to the credibility and authority of the message. As the psychologist acknowledges, C-PTSD is not often recognised or misdiagnosed by mental health professionals due to the complex nature of the diagnosis. Individuals are often diagnosed with another mental illness whose treatment may not be as effective for C-PTSD. Individuals are encouraged to self-advocate and educate themselves for an accurate diagnosis and appropriate care.



The video seamlessly integrates visual elements (psychologist holding a sign) with text overlays to convey information effectively. The use of both elements enhances the overall impact of the message, making it accessible and engaging.

The next image (Figure 19) contains a textual statement addressing the prevalence of mental health misdiagnosis in modern day healthcare practice. The message from the image depicts how physiological factors are completely disregarded when focusing on psychological issues. Hence the message challenges the current mental health care system, highlighting the disconnection between physical and mental health that is prevalent.



Figure 17: Misdiagnosis of mental illness image 2

The message emphasises the interconnectedness of mental health and physical health. It raises awareness about the risk of misdiagnosis, particularly when physiological factors are not adequately considered. The image advocates for a more holistic approach that integrates understanding of a wide range of factors that may impact mental health. Aside from conveying a message of misdiagnosis, the text points out the unintentional dismissal of

physical symptoms as purely psychological by health practitioners. The concept of medical gaslighting is hence conveyed.

In relevance to the TPB, the post challenges the attitude of exclusively focusing on the brain for mental health concerns, advocating for a more comprehensive perspective. It questions the norms within the mental healthcare system, suggesting a need for a shift towards a more integrative approach. It also encourages both therapists and consumers to recognize the importance of addressing physiological factors and calls for systemic changes.

### **6.4.3 Sub-theme 3: Awareness of behaviours that impact mental health**

Participants in our interview highlighted how although social media brought about change, it also made individuals question their own behaviours. In this sub-theme, awareness related to behaviours that may have an impact on individual's mental health and generic personality are highlighted.

The series of images (Figure 20) conveys why individuals may feel like they have become a people pleasers. The images consist of concise textual statements presented in a clean and straightforward font. Each image exploring the concept of people pleasing is present in a separate image, allowing for sequential and focused reading. The series explores the psychological origins of people-pleasing behaviour attributing it to childhood experiences. Formative childhood experiences are mentioned as contributing to the development of people-pleasing tendencies. It highlights the connection between feeling unsafe, disagreeing as a child and the tendency to become a people pleaser. The role of the parents is also mentioned as critical to an individual's psyche and development. The images point to

emotionally unavailable parents as factors that may shape one's inclination to prioritize others over oneself. The image further conveys the idea that children learn to be nice and prioritize others in an attempt to feel worthy of love.

The content explores the attitude of people-pleasing as a learned behaviour connected to past experiences and emotions. It suggests that subjective norms, influenced by childhood experiences, play a crucial role in shaping individuals' adoption of people-pleasing as a coping mechanism. Ultimately the images aim to resonate with individuals who may recognise similar patterns in their own lives, fostering introspection and understanding.

While images relating to mental health may make individuals introspect on their own behaviours in relevance to past experiences, posts may also help individuals make sense of other people's behaviours which could have an impact on their mental health. The next series of images talks about '5 forms of gaslighting'. The series of images effectively communicates information about various forms of gaslighting. Each image features a distinct form of gaslighting accompanied by a concise description. The use of distinct images for each form of gaslighting aids in easy identification and understanding.

### **6.5 Theme 3: Coping strategies**

Aside from the awareness and growth aspects of mental health, another large area of investigation when focusing on mental health is how to cope when dealing with poor mental health. Help either formally or informally can play a large role in one's mental health journey. This theme has two sub-themes namely self-help strategies and therapeutic strategies.

### 6.5.1 Sub-theme 1: Self-help strategies

Self-help interventions contribute to mental health literacy by educating individuals about common mental health issues, symptoms, and coping mechanisms. This knowledge enhances self-awareness and reduces stigma surrounding mental health. Individuals are empowered to take an active role in managing their mental health. Not everyone has immediate access to professional mental health services and self-help strategies offer accessible and cost-effective methods for individuals to address their mental health needs.

The following image and caption emphasize the importance of self-care and mindfulness. The act of a woman taking her face out of the water signifies a metaphorical "breath of fresh air" or a moment of respite. It encourages individuals to pause and engage in self-care practices. Mental health literacy recognizes the value of self-care and mindfulness techniques as essential tools for managing emotions and stress.

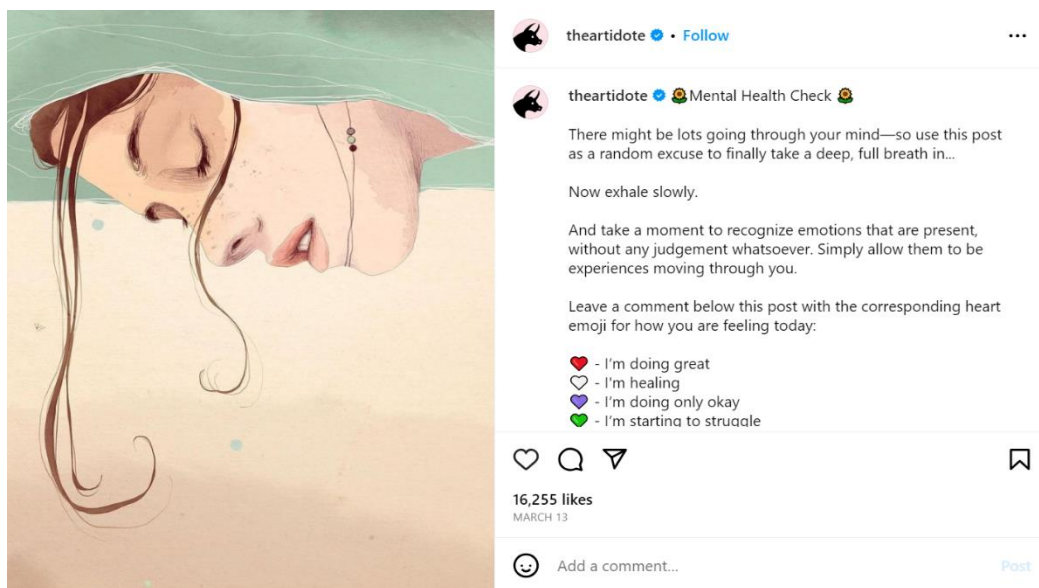


Figure 18: Self Help Strategies Image 1

The caption encourages individuals to become more aware of their feelings and thoughts without labelling them as good or bad. This practice of non-judgemental self-awareness can lead to better emotional regulation and understanding. The inclusion of affirmations suggests a proactive approach to mental health. Positive affirmations can help individuals reframe their thoughts, boost self-esteem, and create a more positive outlook on life.

Taking a deep breath can also be considered a powerful stress reduction technique which is mentioned in this post. Deep breathing exercises can help lower stress levels and reduce anxiety. The message encourages individuals to check in with their emotions regularly promoting self-awareness. This practice can help people identify early signs of emotional distress and seek help or support when needed. The image and caption provide practical advice and techniques that align with the principles of mental health literacy, which include understanding and managing emotions, reducing stigma and promoting wellbeing through positive self-help practices such as affirmations and stress reduction exercises.

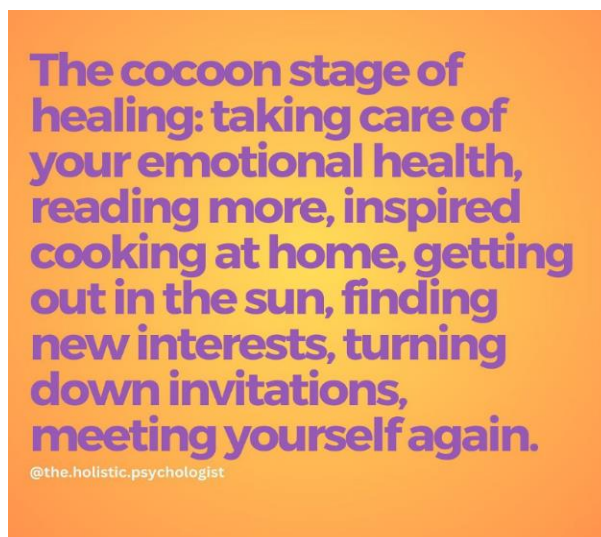


Figure 19: Self Help Strategies Image 2

The following text-based image conveys several self-help interventions useful along the healing journey. The first strategy mentioned, 'taking care of emotional health encourages individuals to be mindful of their emotions. It promotes the importance of emotional self-awareness and self-care in mental health. The second tip, 'reading more', implies that reading can be a therapeutic and educational self-help strategy. The third strategy, 'Cooking', especially in an inspired way can be a creative and rewarding activity. This strategy advocates for engaging in creative and fulfilling activities as a form of self-help. 'Getting out in the sun' is a simple yet effective strategy involving the outdoors for improving mental health as sunlight exposure has been linked to improving mood and wellbeing. The fifth tip, 'Finding new interests', encourages exploration and discovery of new hobbies or passions. It suggests that cultivating new interests can positively impact mental health and contribute to personal growth. The next tip, 'Turning down invitations', involves setting boundaries by declining certain invitations. It promotes the importance of self-care and the ability to prioritize one's mental well-being. Lastly, 'meeting yourself again', implies a process of self-discovery and self-acceptance. This strategy encourages introspection and reconnecting with one's true self as a vital component of mental health. The metaphor of a cocoon implies a transformative process, akin to a caterpillar transforming into a butterfly which the process of self-help and healing can result in.

Overall, the image conveys a message of self-empowerment through various self-help interventions, emphasising the importance of individualised approaches to deal with mental health. It aligns with the concept of mental health literacy by promoting practical strategies that individuals can incorporate into their lives to enhance well-being.



Figure 20: Self Help Strategies Image 3

One of the self-help techniques, individuals can engage in is affirmations. Affirmations empower individuals to take control, face challenges and show self-compassion. The above series of images, present a different affirmation for individuals who are ‘chronic overthinkers’. The first affirmation encourages a focus on the present and acceptance of the past. The second affirmation empowers the individual to face and overcome anxiety-induced challenges. The third affirmation promotes self-compassion, acknowledging effort and emphasizing the potential for a fresh start. The next affirmation encourages self-love and acceptance and lastly, the fifth affirmation provides perspective on the distinction between thoughts and reality.

The caption acknowledges the struggle with overthinking and creating anxious scenarios. The breathing exercise emphasizes that everything is going to be okay. While primarily text-based the images and the breathing exercises in the caption add a multimodal element, providing a

practical tool for the audience. The combination of clear affirmations and a calming exercise creates a comprehensive and accessible message.

### **6.5.2 Therapeutic strategies**

Aside from the self-help modalities people can adopt to take care of their mental health; social media content also provides therapeutic insights from mental health professionals who can aid in coping during difficult times: mental illness or not. As shared in Study 2, the accessibility of seeking professional support is often a problem. Hence, individuals often resort to informal routes such as using the internet or social media to seek support. The presence of content from professionals in the field can serve as a bridge between their mental health and therapy.

Not all concerns also require therapy or other sources of formal support, such as ‘coping with a breakup’ as discussed in the video below. Accessing such content online may just be a helpful medium in receiving acknowledgement and understanding the strategies one can employ.





Figure 21: Therapeutic Strategies image 1

This is again a short chatty video featuring a psychologist speaking directly to the audience. The informal nature of the video with her holding a mug makes it seem like an informal conversation, providing a personal and relatable touch. The psychologist offers a reminder that missing someone after a breakup doesn't necessarily indicate a need to return to a toxic relationship. She normalises it to be a normal part of grieving.

The caption further builds on this notion by encouraging acknowledgement and allowing oneself to grieve when relationships end, emphasising that the process is not exclusive to death. The audience is advised against being preoccupied with the other person's behaviour post breakup, promoting self-control and constructing a new life focusing on personal wellbeing. Individuals are further provided with a reality check as the caption addresses the tendency to view past relationships through rose-tinted glasses and suggests taking action to make informed choices instead.

The theme revolves around providing emotional support and practical advice for individuals going through a breakup. It addresses the complexities of grieving, emphasizes self-empowerment, and encourages a realistic perspective.

#### **6.6 Theme 4: Validation of thoughts, emotions, and experiences**

A common complaint that individuals suffering from mental health conditions experience is the feeling of being misunderstood or invalidated by care providers and others around them (Sebring et al, 2023). This is of particular relevance in the mental healthcare sector, as non-collaborative care has been linked to poor engagement, low motivation and treatment non-adherence (Geller et al, 2021).

Validation is crucial for mental health as it helps individuals feel acknowledged and understood in their emotions and experiences. While much literature has focused on the importance of ‘feeling seen’ or ‘being heard’ when experiencing mental health problems, the relevance of social media in bridging this gap has not been explored. Findings in this theme explore validation in both contexts and highlight the importance of it in the images projected.



Figure 22: Validation Image 1

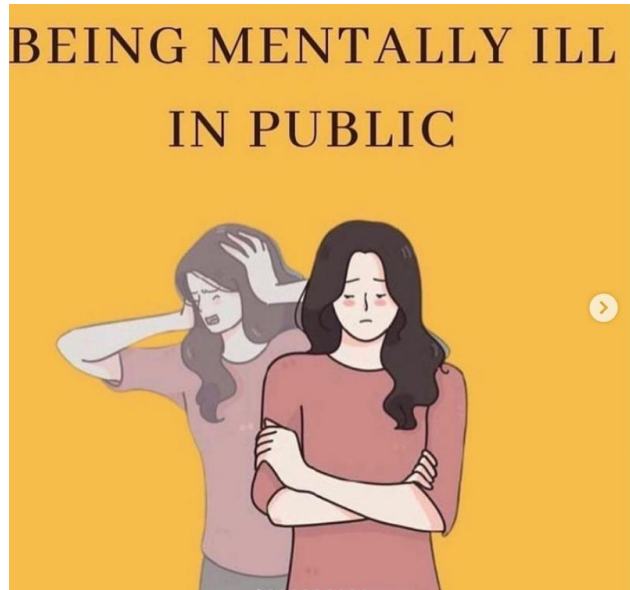
The image depicts a girl crying red tears, symbolizing a profound emotional experience. This visual representation communicates the intensity of emotions that might be held back. The caption addresses the potential dismissal of feelings as drama, indicating a struggle to have one's emotions acknowledged and understood. This aligns with the concept of seeking validation for one's emotional experiences. The inclusion of the quote from Don Miguel Ruiz's "The Four Agreements" emphasizes the importance of not taking things personally. In the context of emotional validation, this suggests a detachment from others' judgments and a focus on understanding one's emotions without undue influence from external opinions.

The mantra provided in the caption reinforces the idea that others' perceptions are reflections of themselves. This supports the concept of validating one's experiences independently of external judgments. The image and caption together introduce a philosophical perspective that encourages self-validation and understanding. It promotes the idea that each individual's emotional world is unique and should be acknowledged without being overly influenced by external expectations.

The image is of particular relevance to the SA context. As highlighted in Study 2, BSA young adults shared that they experienced a lack of validation and acceptance of mental health in the SA community, despite mental health problems being existent. Previous literature in the context of SA mental health has emphasised this indicating numerous reasons for the lack of acceptability including stigma, lack of understanding, cultural beliefs etc. Validation of the experiences of SAs, reinforces their need to seek knowledge and support from social media.

In the context of mental health and emotional well-being, validation is crucial. It involves recognizing and accepting one's own emotions as valid and seeking understanding and empathy from others. This image encourages the viewer to consider the importance of validating their emotional experiences and recognizing that external judgments may not accurately reflect the depth of personal feelings.

The next series of images (Figure 26.1 – 26.8 ) depict the struggles of being mentally ill in public. Illustrations are used to convey individuals' emotions, thoughts and experiences in a range of scenarios.



mh.advocates

mh.advocates Do you struggle with any of these thoughts when you're out & about? Be gentle with yourself, you're not weird and there's nothing wrong with you. You are human! Give yourself grace today & remind yourself how awesome you are regardless of anxious thoughts telling you otherwise in public! ❤️ thank you for the 🙏 @the\_depression\_chronicles11

FREE Self-Care & Vent @headhelpapp provides the user with the ability to start self-care by anonymously sharing personal experiences with other real people. Users can utilize @headhelpapp daily mood tracker, daily inspirational quotes or journal to express themselves privately. No sign up required - HeadHelp doesn't collect emails, passwords, or any other personal credentials. Join the @headhelpapp community now by downloading their app and easily get started by clicking

3,142 likes  
FEBRUARY 19

FIGURE 23: VALIDATION IMAGES 2 - 9



The images shed light on the internal struggles and negative thoughts that individuals with mental health challenges may face. The images use visual representations of diverse individuals each expressing a different aspect of self-consciousness which are because of their mental health. The speech bubbles in the images reveal common anxious thoughts that people with mental health issues may experience in public such as concerns about their appearance, fear of judgement, worry about fitting in and self-doubt. The caption accompanying the images expresses empathy and understanding. It reassures individuals that they are not alone in experiencing these thoughts and that struggling with such concerns does not make them flawed. The caption further encourages self-compassion and self-affirmation. It prompts individuals to be gentle with themselves, acknowledging their humanity and inherent worth despite the anxious thoughts. The concept of giving oneself grace is emphasized suggesting a kind and forgiving attitude toward one's struggles. This aligns with principles of self-compassion, recognizing that everyone faces challenges and imperfections.

In terms of mental health literacy, this content contributes by normalizing and validating the internal experiences of individuals with mental health issues. It fosters awareness of the common thoughts and anxieties that might accompany social interactions. Additionally, it promotes the importance of self-compassion and challenging negative self-talk, which are essential aspects of mental well-being.

## 6.7 Summary

The research findings provide a foundational understanding of the mental health-related content on social media and its correlation with MHL. In essence, the examination reveals that social media content plays a pivotal role in enhancing MHL. This is achieved by disseminating content that delves into psychological signs and symptoms, the causes and risk factors of mental health issues, self-help interventions, therapeutic insights, and the significance of seeking professional help. Furthermore, the impact extends to reducing stigmatizing beliefs associated with mental health. Social media platforms contribute to this by fostering knowledge, raising awareness, and educating individuals globally on the subject. In the present study, although BSA young adults had provided details of the mental health Instagram accounts they follow, no account was significantly directed towards the population. Focusing on a British ‘second generation’ sample, we cannot disregard the process of cultural assimilation or integration. While findings from Study 1 revealed no significant relationship between acculturation, MHL, and the social media content they engage with, In Study 2 on exploration we found that individuals in this group still hold onto cultural beliefs about mental health and addressed the need for culturally appropriate services.

The wide-ranging impact of social media content is contingent on the number of followers and traction these accounts gain. Consequently, a larger audience, irrespective of ethnic background or cultural beliefs, may follow such accounts, amplifying their influence in fostering mental health awareness and understanding. These findings align with our theoretical framework, particularly the Cultivation Theory which suggests that exposure to diverse mental health content on social media, even if initially sourced from a specific ethnic

group can influence perceptions and knowledge across a broader community. The non-targeted nature of Instagram posts may hence contribute to a more inclusive cultivation of MHL.

The findings are further discussed in the next chapter (Chapter 7: Discussion).



## Chapter 7: Discussion

This chapter delves into a comprehensive discussion of the study's primary findings within the backdrop of existing literature and theories, namely the Theory of Planned Behaviour (TPB) and Cultivation theory. It commences with an overarching summary of the thesis and its methodologies, leading to an examination of the theoretical framework underpinning the research. Each research question pertinent to the thesis components is outlined and explored, with the findings juxtaposed against existing research findings for context. The chapter concludes with a summary of the strengths and limitations of the research.

### 7.1 Aims and Research Questions

The overall purpose of conducting this research was to understand the role of social media in informing the MHL and the help-seeking behaviour of BSA young adults. The study sought to identify how cultural beliefs among BSA young adults inform their MHL, such that the access to mental healthcare among South Asians appears to be considerably low. Via a mixed-methods approach, the research aims to garner a holistic understanding of all the factors that are at interplay in impacting BSA young adults MHL and the role social media plays in this relation. Specifically, the over-arching aim achieved by the following research questions:

**Research Question 2:** Does mental health-related social media usage predict higher mental health literacy and help-seeking among BSA young adults?

(a) Is the relationship between mental health-related social media usage, mental health literacy and help-seeking moderated by acculturative attitudes and behaviour?

**Research Question 3:** To what extent do cultural beliefs and perceptions impact the MHL and help-seeking behaviour of BSA young adults?

**Research Question 4:** How can social media enhance the MHL of BSA young adults?

(a) Has engagement with mental health-related content on social media complimented, duplicated, or challenged pre-existing notions regarding mental health and mental illness?

**Research Question 5:** What are the discourses and discussions on and mental health and mental illness on social media?

(a) Does social media have the potential to promote mental health literacy and the subsequent help-seeking behaviour of BSA young adults?

Through an innovative mixed-methods approach combining quantitative surveys, in-depth interviews, and a Netnography of Instagram content, this study reveals how BSA young adults actively integrate Western and traditional South Asian perspectives on mental health. Two complementary theoretical frameworks; the TPB and Cultivation Theory help explain how social media shapes both immediate behavioural choices and longer-term cultural attitudes toward mental health.

The discussion examines four key areas: the relationship between social media usage and mental health literacy, acculturation and help-seeking behaviours, the impact of cultural beliefs on mental health understanding, the mechanisms through which social media enhances MHL, and the nature of mental health discourse on social media platforms. Each area reveals unique insights into how BSA young adults negotiate between traditional cultural

values and contemporary approaches to mental health.

## **7.2 Summary of findings**

This research focused particularly on understanding the MHL help-seeking behaviours, and acculturative attitudes and behaviours related to mental health-related social media use within BSA young adults. This focus stemmed from statistics highlighting the underutilization of professional mental health services by this ethnic group, despite experiencing mental health challenges (Karasz et al, 2019). Prior research has highlighted the presence of stigmatizing attitudes and beliefs among South Asians, which exacerbate MHL issues and diminish help-seeking behaviours (Birtel et al, 2023).

Our quantitative findings (Study 1) revealed MHL levels comparable to or higher than the broader UK population, though acculturation levels did not significantly correlate with MHL, or help-seeking behaviour as initially hypothesized. The findings from the study demonstrated a positive correlation between MHL and help-seeking behaviour, while highlighting persistent negative attitudes toward mental health within cultural contexts. This phase employed rigorous mediation analysis, revealing social media's significant role in disseminating mental health knowledge (Ahmed et al., 2019).

The qualitative phase (Study 2) provided deeper insights into how BSA young adults engage with mental health information. Participants predominantly were university-educated and attributed their mental health knowledge to both formal education and digital sources,

supporting previous findings about higher MHL among university students (Gorczynski & Wilson, 2017). The interviews revealed six key themes: knowledge acquisition, communication support, narrative relatability, information overload, credibility concerns, and cultural relevance. While social media emerged as a valuable platform for mental health information and community support (Shalaby et al, 2020), participants expressed concerns about information reliability and the challenge of filtering relevant content.

Study 3's thematic analysis of Instagram content revealed four themes centred on Positive Mental Health Literacy (PMeHL): ownership of mental health, knowledge awareness, coping strategies, and emotional validation. The analysis demonstrated social media's potential for enhancing MHL while highlighting challenges in measuring and defining PMeHL effectively (Carvalho et al, 2022).

Throughout all three studies, a consistent theme emerged regarding the complex interplay between cultural beliefs and contemporary mental health understanding. This tension manifests particularly in how BSA young adults navigate between traditional cultural perspectives and modern mental health narratives, suggesting the need for culturally nuanced approaches to mental health promotion and support.

### **7.3 Situating the research within existing theory**

Understanding how BSA young adults develop MHL through social media requires a sophisticated theoretical framework that captures both individual decision-making processes and broader cultural influences. This research integrates the TPB and Cultivation Theory to

provide a comprehensive analytical lens for examining how digital platforms shape mental health understanding and help-seeking behaviours.

The TPB illuminates the immediate mechanisms through which social media influences mental health decisions. Our findings reveal that social media shapes all three components of the TPB framework. In terms of attitudes, exposure to mental health content on social media platforms contributes to more informed perspectives on mental health among BSA young adults. The quantitative findings demonstrate how increased exposure to mental health information correlates with more positive attitudes toward help-seeking.

Regarding subjective norms, our qualitative data reveals how social media creates new reference groups that normalize mental health discussions within BSA communities. Participants described how seeing peers and influencers from similar cultural backgrounds discuss mental health openly helped challenge traditional stigmas. This process of norm transformation was particularly evident in interview data where participants contrasted their own views with those of older family members.

The perceived behavioural control component manifests in how social media provides accessible information and resources, empowering individuals to take action regarding their mental health. The significant mediation effect of MHL on help-seeking behaviour suggests that increased knowledge through social media enhances individuals' perceived ability to access support.

Cultivation Theory complements this understanding by explaining how sustained exposure to

mental health content gradually reshapes cultural attitudes. Findings from the interviews and netnographic analysis revealed how repeated exposure to mental health narratives on social media contributed to evolving perspectives that bridge traditional South Asian beliefs with contemporary mental health understanding. This theoretical lens helps explain the tension observed in our qualitative findings between traditional cultural perspectives and newer, often Western-influenced narratives encountered online.

Together, these theories illuminate the complex process through which BSA young adults navigate MHL through social media while maintaining cultural identities. TPB explains the mechanisms of immediate behaviour change, while Cultivation Theory accounts for the longer-term evolution of cultural perspectives on mental health

#### **7.4 Study 1: Quantitative Online Questionnaire with British South Asian young adults**

**Research Question 1:** What is the association between acculturation, MHL, help-seeking, and mental health-related social media usage?

The first research question aimed to gather insight into the association between MHL, help-seeking, acculturation, and mental health-related social media use. The positive correlation between MHL and help-seeking) aligns with previous research by Gorczynski & Wilson (2019), suggesting that increased mental health knowledge facilitates help-seeking behaviours. However, this relationship's moderate strength indicates other factors likely to influence help-seeking decisions in BSA communities.

Notably, neither behavioural nor attitudinal acculturation showed significant associations with MHL or help-seeking, contradicting previous findings by Tieu & Konnert (2014) who found acculturation positively influenced mental health service utilization among Asian immigrants. This unexpected result suggests that the relationship between cultural adaptation and mental health awareness in BSA communities may be more complex than previously theorized, possibly influenced by generational differences or bicultural identity integration (Berry, 2019).

The significant positive correlation between mental health-related social media usage and MHL coupled with the positive association between the perceived impact of social media on MHL, supports recent research by O'Reilly et al. (2018) on social media's role in mental health education. However, the lack of a significant correlation between social media usage and help-seeking behaviour highlights a potential gap between knowledge acquisition and action, suggesting that while social media may enhance understanding, it may not necessarily overcome cultural barriers to seeking professional help/

The relationship between social media usage and mental health outcomes presents an interesting paradox. While mental health-related social media usage correlates positively with MHL, its lack of association with help-seeking behaviour indicates a gap between knowledge acquisition and action (Arday, 2021). This suggests that while social media serves as an information source, it may not overcome cultural barriers to seeking professional help. The study's reliance on simple correlational analyses limits our understanding of potential mediating or moderating variables that could better explain these relationships. Additionally, the moderate sample size (n=166) restricts the generalizability of findings. Future research

should employ more sophisticated statistical methods and consider the quality and type of social media content consumed, rather than just usage frequency, to better understand its impact on mental health outcomes in BSA communities.

**Research Question 2:** Does mental health-related social media usage predict higher mental health literacy and help-seeking among BSA young adults?

In Study 1 we aimed to understand the complex interplay between mental health-related social media usage, mental health literacy and help-seeking behaviour among BSA young adults. Our findings revealed a full significant effect of MHL on the relationship between mental health-related social media usage and help-seeking behaviour, suggesting that those individuals who engage with mental health-related content on social media platforms are more likely to seek help for mental health issues, and this relationship is mediated by their level of MHL. The findings highlight the crucial role of not just accessing mental health-related content but understanding and internalising the knowledge present.

The current research builds upon and extends existing literature in several ways. The findings from the present research align with existing literature in the field which has emphasised on the effective use of social media to promote mental health information (Latha et al, 2020). Social media due to its accessibility and wide reach over a short time period, serves an easy medium for the exchange of personal experiences, mental health resources, and information on the support available related to mental health concerns (Halsall et al, 2019). In addition, the findings from this study adds a unique dimension by focusing specifically on the BSA young adult demographic, providing insights into how social media can enhance mental health literacy within cultural contexts that may traditionally limit open discussions about



mental health.

According to the findings from the Quantitative study, it is the depth of understanding and interpretation of mental health content, rather than mere exposure which results in a marked change in help-seeking behaviour. This finding echoes the work of Brijnath et al. (2016) on how exposure to diverse mental health narratives can contribute to improved mental health literacy.

Moreover, the findings also highlight the relevance and impactful nature of targeted interventions aimed at improving MHL through social media platforms. For example, Livingstone et al (2012) evaluated the effectiveness of the In Voice campaign for raising mental health awareness and improving attitudes of youth and young adults towards mental health issues, finding an increase in improved mental health literacy outcomes. Although personal stigma and social distance were not affected by such campaigns, the purpose of the present study was not to assess these factors in the quantitative study. An exploration of how social media enhances MHL in relevance to BSA young adults' cultural beliefs was deemed more appropriate using a qualitative semi-structured interview approach which was conducted in study 2.

Undoubtedly, education is a powerful mechanism, equipping individuals with the knowledge of mental health symptoms, treatment options, and available support services. The acquisition of mental health knowledge coupled with the skills to navigate mental health-related information online, it can be stated that online social media platforms may have the power to

facilitate informed decision-making and help-seeking behaviours (Latha et al, 2020).

As the present study focuses on the BSA young adult group, it is important to consider how despite the cultural beliefs, values and norms individuals hold, social media still serves as a powerful platform in enhancing MHL. This study serves as a grounding study to depict the powerful role of social media in enhancing MHL in a demographic where access to mental health appears to be low (Shukla, 2023). The research also offers several critical implications for practice and policy. Social media platforms demonstrate significant potential as tools for mental health education, particularly for demographics with limited access to traditional mental health resources. The findings suggest that future mental health awareness campaigns should focus on creating content that not only shares information but actively promotes deeper understanding and critical interpretation of mental health concepts. This approach is particularly crucial in culturally diverse communities where mental health discussions may be constrained by social norms.

**Research Question 2 (a):** Is the relationship between mental health-related social media usage, mental health literacy and help-seeking moderated by acculturative attitudes and behaviour?

Findings revealed the absence of a moderation effect for the level of behavioural and attitudinal acculturation in the relationship between MHL and help-seeking behaviour among BSA young adults. This unexpected result, particularly in the context of a BSA 'second generation' sample, serves as a critical pivot point in our explanatory sequential mixed methods design, highlighting the need for in-depth qualitative investigation to unpack the

complex mechanisms underlying this statistical relationship. The absence of a moderation effect signals the limitations of quantitative analysis alone in fully comprehending the nuanced cultural experiences of MHL.

Despite the hypothesis that acculturation levels might influence how individuals engage with mental health information and subsequently seek help, the findings indicate otherwise. One potential interpretation is that the process of acculturation, whether in terms of behaviours or attitudes, may not significantly alter the fundamental pathways between MHL and help-seeking behaviour within this demographic. This suggests that among British second-generation South Asians, cultural adaptation does not substantially modify the underlying mechanisms governing mental health knowledge acquisition and help-seeking tendencies.

While acculturation has been proposed as a potential factor shaping mental health attitudes and behaviours (Berry, 2006), traditional theoretical models have predominantly conceptualized acculturation as a linear, unidirectional process. These models often fail to capture the complex, multidimensional nature of cultural adaptation experienced by second-generation immigrants, a critique supported by recent studies by Schwartz et al. (2019) and Park et al. (2018).

Recent research by Healey et al (2017) and Kim et al. (2017) has highlighted the limitations of these traditional approaches. These models typically assume a simplistic trajectory of cultural integration, neglecting the nuanced ways individuals negotiate cultural identities, particularly in contexts of transnational migration and hybrid cultural experiences.

The limitations of these traditional models become particularly evident in understanding mental health literacy. Unidimensional approaches, as critiqued by Gudykunst and Lee (2016), overlook the intricate psychological and social mechanisms that mediate cultural adaptation. They tend to reduce cultural identity to measurable variables, disregarding the dynamic, contextual, and often fluid nature of cultural belonging experienced by second-generation populations.

The role of social context emerges as a critical factor. Recent research by Rodriguez et al. (2022) has emphasized the importance of contextual factors in understanding mental health literacy among immigrant populations. In conjunction with the findings from Study 2, the present findings suggest that for British second-generation South Asians, factors such as education, social networks, and digital media exposure may play a more significant role in shaping mental health understanding than acculturation levels. Research by Hwang et al. (2021) has similarly argued for more individualized, context-sensitive approaches to mental health support. Our study provides empirical evidence to support this approach, demonstrating that acculturation levels may not be the most critical factor in understanding mental health literacy.

Given the quantitative findings' inability to fully capture the complex mechanisms underlying mental health literacy, further exploration into the specific cultural factors and contextual nuances becomes imperative. The qualitative research methods in Study 2 are specifically designed to provide in-depth insights that statistical analysis cannot reveal, addressing the inherent limitations of the quantitative phase.

The explanatory sequential mixed methods design allows for a nuanced investigation of the absence of moderation effects. By employing qualitative methods, the research can unpack the intricate social dynamics, cultural perspectives, and individual experiences that quantitative data alone cannot elucidate. This approach enables a more comprehensive understanding of how British second-generation South Asians conceptualize, negotiate, and enact MHL within their unique sociocultural context.

#### **7.4.1 Issues with the Self-Administered Questionnaire of Acculturation**

The acculturation measure used in this study was one of the only measures to have been validated with a South Asian population, hence its application within the research (Palmer et al, 2007). The Self-Administered Questionnaire of Acculturation encountered several notable issues during its implementation. One primary concern was the low Cronbach's Alpha coefficient, indicating potential reliability and validity issues with the questionnaire's effectiveness in measuring acculturation levels. Another noteworthy challenge arose from amalgamating two distinct scales into one, particularly regarding the assessment of behavioural acculturation. Despite efforts to mitigate this issue, the amalgamation may have compromised the questionnaire's effectiveness in accurately capturing behavioural acculturation levels. Issues related to the scale may have translated into problems with reliability, hence impacting the findings of the study.

The findings from Study 1 investigated the mediation and mediated-moderation effect of MHL on the relationship between mental health-related social media usage and help-seeking

behaviour among BSA young adults. The findings from the study laid a foundational understanding of the complex dynamics between social media engagement, acculturation, MHL, and help-seeking attitudes within this demographic. Building upon these insights, Study 2 aimed to explore the MHL of 17 BSA young adults both separately and in relation to mental health-related social media usage, through qualitative interviews. By delving into the participant's views, the study aimed to gage an insight into how the cultural beliefs of BSA young adults inform their MHL and the mechanisms through which social media serves as a catalyst for enhancing MHL among BSA young adults. Integrating the quantitative findings with qualitative interviews will provide a comprehensive understanding of the multifaceted relationship between social media engagement and MHL, thereby enriching the discourse on culturally responsive mental health promotion strategies in digital environments.

### **7.5 Study 2: Qualitative Interviews with 17 BSA young adults.**

Seventeen semi-structured interviews were carried out with BSA young adults to delve into two main areas: firstly, to probe their MHL within the context of their cultural beliefs, and secondly, to grasp the influence of social media on their knowledge and perceptions regarding mental health. The findings from the interviews were divided into two sections to provide a detailed understanding of the factors at interplay.

**Research Question 3:** To what extent do cultural beliefs and perceptions impact the MHL and help-seeking behaviour of BSA young adults?

The exploration of cultural constructions of mental health literacy among BSA young adults provides valuable insights into the complex interplay between cultural beliefs, knowledge

acquisition, and help-seeking behaviours within this demographic group. Utilizing Jorm's framework of mental health literacy as a template for thematic analysis, our study illuminated the multifaceted nature of mental health literacy among BSA young adults and its embeddedness within cultural contexts (Jorm, 1997).

While previous research (Raghavan et al, 2022; Naveed et al, 2021) has explored mental health within South Asian communities, this study uniquely demonstrates how mental health literacy is not a static construct but a continually negotiated process of cultural meaning-making. The findings challenge monolithic representations of cultural identity, revealing mental health understanding as a sophisticated, context-dependent experience.

Our findings revealed that while BSA young adults demonstrated enriching accounts of mental health literacy, their cultural beliefs significantly influenced their understanding and interpretation of mental health concepts. Participants highlighted the role of cultural factors such as religion, societal expectations, stigma, and gender norms in shaping their perceptions of mental health and help-seeking behaviours.

The first theme that emerged as part of the thematic analysis focused on the perceptions of mental health and mental illness among the BSA young adults. The theme delved on participants understanding of mental health versus mental illness and symptom and illness recognition. The theme revealed a complex understanding of mental health disorder recognition among British South Asian young adults, characterized by depth and contextual complexity (Karasz et al., 2019). Participants demonstrated variable levels of diagnostic awareness, identifying conditions such as depression, anxiety, OCD, and ADHD, while revealing notable cultural interpretations and occasional conceptual confusions. Participants'

narratives highlighted how mental health disorder recognition is influenced by educational exposure, generational perspectives, and individual experiences, challenging unidimensional approaches to diagnostic understanding (Kirmayer & Gomez, 2019). The findings expose the fluid boundaries between clinical definitions and cultural interpretations of mental health conditions, suggesting that mental health literacy is a dynamic, contextually situated process (Sue et al, 2020)

The findings from this theme expand on participants' knowledge and understanding of mental health, offering a critical perspective on the risk factors and causes of mental illness among BSA young adults. Participants challenged traditional biomedical models by emphasizing a broader range of contributing factors, including the complex interplay of biological, environmental, and cultural determinants, as supported by Bhugra et al. (2021). These insights expose the limitations of simplistic causal explanations, highlighting how mental health risks are shaped by cultural identity, generational experiences, and systemic influences (Raghavan et al, 2022). By emphasising on the interconnectedness of these factors, the theme presents a nuanced understanding of mental health that transcends individual pathology, emphasizing the essential role of cultural context in interpreting and addressing mental health challenges (Berry, 2019)

The exploration of self-help interventions among British South Asian young adults revealed a holistic approach to mental health management that challenges traditional Western-centric models of self-care (Kabat-Zinn et al, 2021). Participants demonstrated a well-informed understanding of well-being, integrating physical, emotional, and spiritual dimensions of self-help. Social support networks and religious practices emerged as distinctive coping mechanisms, reflecting the collectivistic cultural frameworks that prioritise community



support (Raghavan et al, 2022). The digital landscape played a significant role in participants' self-help strategies, with individuals demonstrating critical digital literacy while simultaneously recognizing potential informational risks (Pargament, 2021). The findings challenge individualistic models of self-help, highlighting the cultural embeddedness of coping strategies and the importance of holistic, integrated approaches to mental well-being. Participants rejected linear medical models, instead recognizing mental health as a dynamic, contextual experience shaped by personal agency and cultural resources.

The fourth theme that emerged focused on the help-seeking modalities that BSA young adults were aware of, would engage with and the barriers that prevented them from doing so. The theme of professional help knowledge among British South Asian young adults revealed a critical landscape of mental health service accessibility and cultural relevance (Bhugra & Ayonrinde, 2020). Systemic barriers within the National Health Service (NHS) were particularly pronounced, with participants highlighting extended waiting lists, limited-service availability, and significant financial constraints that impede access to mental health support (Sue et al., 2019). The generational differences in help-seeking attitudes emerged as a critical dimension of the research, with younger participants demonstrating markedly greater openness to professional support compared to older generations (Padilla & Perez, 2021). This generational shift was characterized by more critical engagement with traditional mental health narratives and a willingness to challenge inherited cultural stigmas.

Participants offered a sophisticated critique of therapeutic approaches, particularly CBT, arguing for more culturally sensitive interventions that recognize individual and contextual nuances (Kirmayer & Gomez, 2018). The importance of culturally matched support was prominently emphasized, with participants stressing the need for therapists who can

understand linguistic subtleties and collective family dynamics. Digital platforms and alternative support services like Samaritans were viewed as accessible, non-judgmental alternatives to traditional therapeutic settings, reflecting emerging trends in mental health service delivery (Naslund et al, 2019).

The research fundamentally challenges standardized mental health support models, advocating for more responsive, culturally sensitive approaches that integrate deep cultural understanding and provide flexible, personalized support. Participants' narratives revealed the critical need for mental health services that move beyond one-size-fits-all interventions, recognizing the unique cultural experiences and perspectives of British South Asian young adults.

Barriers to accessing mental health services were emphasized, including challenges related to service accessibility due to lengthy waiting lists within the NHS. Private therapy was considered too costly for many individuals to afford. The cultural relevance of mental health services highlighted the systemic barriers present within the mental healthcare system.

Numerous participants emphasised the lack of suitable care available for individuals from ethnic minority backgrounds. Those who had previously sought professional help expressed frustration over Western practitioners' failure to acknowledge cultural beliefs. Even when practitioners expressed a willingness to understand, participants found it difficult to convey their concerns due to disparities in societal and cultural norms. Participants also voiced concerns about mental healthcare for older South Asians who faced language barriers, making access to care even more challenging for this group.

Religion emerged as a prominent theme influencing mental health literacy among BSA young

adults. For some participants, religion served as a self-help mechanism, providing solace and guidance in times of distress. Previous research conducted among the SA population has found similar trends. (Raghavan et al, 2022). A systematic review and meta-analysis by Aggarwal (2023) found religiosity and spirituality served as a preventative measure and management technique in young people experiencing depression and anxiety symptoms. Conversely, deviations from religious norms were perceived as potential causal factors for mental health challenges, reflecting the intertwined relationship between spirituality and mental well-being within South Asian cultural contexts. Although research investigating this relationship is limited, existing literature suggests that any form of religious affiliation is associated with positive mental health outcomes (Prati, 2024). Studies conducted in Low- and Middle-Income Countries (LMICs) like India have further suggested that mental illness is sometimes perceived as punishment for one's sins (Raghavan et al, 2022).

Unlike previous studies that portrayed religion as either entirely positive or negative, this research uncovers its nuanced role as a multifaceted cultural mechanism. Religion emerged not as a monolithic construct, but as a dynamic process of meaning-making. Participants demonstrated how religious beliefs simultaneously provided coping and solace, created potential barriers to help-seeking and simultaneously served as a framework for understanding and navigating mental health challenges. This complexity challenges the simplistic interpretations of religious influences on mental health, revealing religion as a negotiated space of cultural interpretation rather than a static set of beliefs.

Societal expectations within South Asian communities were also found to exert pressure on individuals to conform to certain beliefs and views about mental health. Stigma surrounding mental illness emerged as a significant barrier to help-seeking, perpetuating silence and

reluctance to seek support due to fear of social judgment and ostracization (Knifton et al, 2010; Loya et al, 2010). The TPB helps explain why positive attitudes alone may not translate into help-seeking behaviour when subjective norms and perceived control barriers exist. TPB suggests interventions should address all three components to effectively improve mental health help-seeking in BSA communities.

The analysis reveals a complex interplay between cultural values and mental health perceptions. Particularly noteworthy is the distinction made between attitudes toward different causes of mental illness, where situational factors receive more acceptance than lifestyle-related causes. This nuanced understanding extends beyond simplistic stigma narratives, though further research could benefit from exploring how these differential attitudes might impact intervention strategies.

The examination of masculinity as a sub-theme provides valuable insights into gender-specific barriers to mental health support. The analysis effectively demonstrates how traditional South Asian masculine ideals intersect with mental health stigma, creating additional barriers for men. This finding resonates with research by Chandrasekara (2016) on how cultural masculinity norms in South Asian communities can impede help-seeking behaviours. Notably, both a male and a female participant highlighted this issue, reflecting how traditional masculinity norms can influence perceptions of mental health across genders. While these findings provide valuable insights into MHL and help-seeking behaviours, the gender imbalance in the sample presents a limitation that requires reflection. The smaller representation of male participants, in particular, may have restricted the depth of exploration into men's unique experiences and barriers to mental health engagement, especially in the context of cultural stigma.

Although the data from male participants was insightful, the limited representation emphasises the importance of achieving more balanced sampling in future research. A gender-balanced sample would facilitate a more comprehensive understanding of how gender norms influence MHL and help-seeking behaviours. Additionally, it would allow for deeper exploration of barriers specific to men, such as the stigma surrounding vulnerability and reluctance to engage with mental health services, while providing a clearer understanding of how these gendered norms affect both men and women in the BSA community.

In addition to cultural factors influencing individuals' MHL, BSA young adults were found to possess substantial MHL, particularly regarding their knowledge about mental health and the help available. Participants indicated that knowledge acquisition in relation to their mental health occurred through multiple channels, with educational institutions and social media playing pivotal roles.

Personal narratives and experiential learning emerge as powerful tools for enhancing MHL among BSA young adults. The effectiveness of storytelling in mental health awareness (Adams, 2019) is particularly relevant given the cultural context where traditional family discussions about mental health may be limited. The findings from the netnography further strengthen these findings by providing a visual depiction of the content aiding participants in enhancing their MHL and help-seeking behaviour.

Despite the notable influence of various learning mechanism in enhancing MHL, it was also pertinent in the participant narratives that mental health was not discussed within the family unit. Such findings indicate the need for the presence of mental health stigma among SA

communities, however, also presents with opportunities for developing culturally sensitive MHL programs that bridge traditional and contemporary information sources. Further research could strengthen the present findings by exploring how the mental health knowledge acquired translates into help-seeking behaviours and also examine the interplay between increased MHL and cultural barriers to mental health support.

### **7.5.1 The need for multiple mental health literacies**

According to Raghavan et al. (2022), there persists a significant issue with Jorm's definition of MHL, primarily concerning its unit-dimensional, Western-centric conception of mental health. This definition assumes that biomedical and psychotherapeutic approaches are effective, less stigmatizing, and represent a more sophisticated and educated response to distress and disorientation. However, findings from the current study emphasise the necessity for culturally sensitive approaches tailored to the needs of BSA young adults. Participants highlighted a dearth of culturally appropriate awareness campaigns, treatment modalities, and approaches to address the mental health crisis. Moreover, mental health was attributed to cultural factors, highlighting the influence of cultural beliefs and societal norms on individual mental well-being.

A high score on Jorm et al.'s (1997) self-reported MHL scale typically indicates a strong alignment with a biomedical and psychotherapeutic approach to both problem recognition and treatment, a viewpoint that has been emphasized by global mental health movements. However, other beliefs and perspectives are often deemed to lack mental health literacy, including the cultural beliefs highlighted in the current study due to their misalignment with Jorm's model of MHL. This narrow focus tends to overlook the diversity of causal factors,

self-help strategies, beliefs about professional help, as well as familial and community beliefs that address distress and manage social disruption associated with what is termed a mental disorder in the Western context. Adhering strictly to the Western model of MHL can undermine the importance of these factors in mental health management. Therefore, considering "multiple mental health literacies" in conjunction with cultural views and beliefs may offer a more comprehensive approach to addressing mental health problems.

As mentioned by participants in the current research, the diagnosis of mental health problems according to the categories of DSM or ICD means that a problem exists. According to the MHL framework, such a view would indicate that an individual has high MHL, however a failure to do so would indicate they need more education and awareness regarding mental health. Attributing MHL to such factors indicates the uprise in the Western narrative of MHL. The limitations of such an approach include the lack of application to cultural contexts where a more pluralistic approach to MHL is required.

The concept of multiple mental health literacies argues that relevant to the individual's position in the social structure and the perceived nature of mental health problems, their perspectives may be different to the Western model of MHL as mentioned by Jorm. Although effective in its own regard, the application of the medical model of mental healthcare is limited in acknowledging the existing beliefs and lifestyles of individuals from diverse cultural contexts. In the present research, participants highlighted several cultural beliefs that influenced their MHL, including the role of stigma, gender roles, religion, social norms, personal and familial views on mental health. Of particular interest is the role of self-help interventions as they have a direct impact on individual's mental health. In the existing research spiritual practices like religion emerged as being perceived as "100% effective" by one participant, highlighting their profound importance and impact on individual's wellbeing.

Such strategies are also readily available and can be seamlessly integrated into one's existing beliefs and lifestyles without the fear of stigma and deviation from cultural norms.

Living in the UK, employing multiple mental health literacies although helpful will still be reflective in the statistics related to seeking professional help for mental health problems, as the integration of cultural beliefs is not incorporated into such models. Hence, the presence of a culturally informed MHL framework incorporated into the UK mental healthcare system where systemic barriers for ethnic minorities already exist could be considered a solution to address this issue. Ultimately, a more pluralistic approach to mental healthcare is required, addressing the concerns and requirements of individuals from the SA population in the UK.

**Research Question 4:** How can social media enhance the MHL of BSA young adults?

- (a) Has engagement with mental health-related content on social media complimented, duplicated, or challenged pre-existing notions regarding mental health and mental illness?

The examination of how social media serves as a resource for mental health information and its impact on MHL and help-seeking intentions among BSA young adults elucidates the multifaceted role of digital platforms in shaping perceptions and beliefs toward mental health. The study aimed to examine whether mental health-related cultural beliefs are complimented, duplicated, or challenged when viewing mental health-related content on social media. The findings from this research illuminate how social media functions as a multifaceted resource for mental health information, significantly impacting MHL and help-seeking intentions among BSA young adults. Through the lens of the TPB, the results demonstrate how digital platforms shape attitudes, subjective norms, and perceived behavioural control around mental



health within this community.

Findings from the analysis revealed six themes. The overabundance of mental health-related information on social media was highlighted by participants as a significant concern. While providing valuable resources, the overwhelming volume of information led to desensitization, heightened anxiety about mental illness, and passive engagement patterns. Participants described feeling "numb" and "uneasy" due to the overwhelming volume of content. This aligns with Poundstone et al's (2016) cautions about over-reliance on social media for MHL and extends our understanding of how information overload impacts cognitive processing within TPB's framework of perceived behavioural control. While social media provides valuable resources, this overabundance posed a challenge for many BSA young adults seeking adequate and accurate information. It also resulted in participants engaging with social media in a largely passive manner, without the intent of actively seeking or gaining knowledge.

The second theme that emerged focused on the relatability of narratives. Participants emphasized that social media provided a platform where they felt validated through sharing their own experiences or learning from others' stories about mental ill health. The power of community and peer support in fostering a sense of connection and validation cannot be overstated (Thornicroft et al, 2016). Beyond individual experiences, social media allowed participants to access information from diverse ethnic groups and global perspectives. This accessibility helped reduce barriers such as stigma, which is often deeply ingrained in cultural beliefs, particularly regarding the process of help-seeking. This finding particularly illuminates how social media reshapes subjective norms within the TPB framework, creating new reference groups that normalize mental health discussions within BSA communities.

Building on this, the third theme explored the role of communication, support, and community-building on social media. Platforms like Reddit and YouTube were particularly highlighted by participants as spaces where comments and discussions allowed them to relate to others' experiences, gain diverse perspectives, and feel validated. These findings align with literature emphasizing social media's capacity to facilitate peer support, reduce isolation, and encourage open conversations about mental health (Naslund et al, 2020; Seabrook et al., 2016). For BSA young adults, who often face cultural barriers to discussing mental health offline, such online communities provide a valuable sense of connection and normalization.

Relatability of content, particularly when shared by South Asian creators, was identified as a key factor in fostering engagement. Participants noted that seeing individuals from similar cultural backgrounds openly discuss their mental health journeys helped normalize mental health concerns, reduce feelings of isolation, and challenge the stigma prevalent in many South Asian communities. Representation played a pivotal role in creating a space where participants' cultural identities and mental health experiences were acknowledged. This perspective supports research by Pretorius et al. (2019), which highlights how relatable narratives can improve individuals' ability to recognize symptoms and reduce stigma, ultimately encouraging help-seeking behaviours.

Participants also expressed a strong need for culturally relevant mental health content specifically tailored to South Asian communities. They emphasized the importance of addressing cultural stigma, increasing awareness, and providing information in South Asian languages to engage older generations. Participants however, also identified a significant gap in culturally appropriate mental health content on social media, pointing to an urgent need to

amplify South Asian voices and create resources that address the unique experiences of BSA young adults.

By integrating culturally relevant and relatable narratives into digital mental health spaces, social media can play a transformative role in normalizing mental health conversations, fostering a supportive community, and bridging the gap in mental health resources for BSA young adults.

A prominent theme that emerged across both Study 1 and Study 2 was the role of social media in enhancing knowledge and awareness related to mental health among British South Asian (BSA) young adults. Participants consistently highlighted how social media provided access to novel information, which often reshaped their perceptions of mental health, a central aim of this research. Social media platforms introduced them to diverse perspectives, coping strategies, and educational content that clarified mental health concepts and challenged traditional stigmas. This aligns with research emphasising social media's potential to promote MHL by increasing awareness and reducing misconceptions (Till et al, 2023).

However, alongside these benefits, participants expressed significant concerns about the credibility and reliability of the information encountered online. Many reported difficulties in discerning accurate content from misinformation, particularly when opinion-based posts or non-expert advice dominated the discourse. This mirrors the findings by O'Reilly et al, (2019), who highlight the challenge of navigating credible mental health information amidst the proliferation of unverified content on social media. Participants described social media as a "double-edged sword," recognising its ability to enhance MHL while acknowledging the risks posed by misinformation. The struggle to verify sources emerged as a significant

obstacle, further complicating their efforts to engage meaningfully with mental health content online.

Despite these credibility concerns, social media was still regarded as a valuable resource for improving MHL. Participants identified engaging formats, such as short-form videos and infographics, as effective ways to communicate complex mental health topics. Additionally, culturally relevant content was viewed as essential for addressing the unique needs of the South Asian community. Participants emphasized the importance of hearing relatable experiences from individuals who shared their cultural background. Having someone from a similar ethnic group discuss mental health issues created a more personalized and meaningful experience, fostering a sense of connection and validation. This resonates with the broader literature on culturally tailored interventions, which highlight their effectiveness in improving MHL and help-seeking behaviours among ethnic minority groups (Shafiq, 2020; Coneely et al, 2023).

The findings suggest that social media's ability to enhance MHL among BSA young adults depends on their capacity to navigate challenges like information overload and credibility issues. When used effectively, social media serves as a platform for promoting awareness, providing practical coping strategies, and normalizing mental health discussions. However, the need for trustworthy, culturally relevant resources remains critical to maximize its potential. By addressing these gaps and fostering the representation of South Asian voices in mental health content, social media can meaningfully contribute to improving MHL and encouraging help-seeking behaviours within the BSA community.

### **7.6 Study 3: Netnography of Instagram posts on mental health**

**RQ5:** What are the dominant discourses on mental health and mental illness on social media?

- (b) Does social media have the potential to promote mental health literacy and the subsequent help-seeking behaviour of BSA young adults?

The netnographic analysis revealed four dominant themes in mental health discourse on Instagram that reflect complex intersections of cultural identity, digital platforms, and mental health literacy among BSA young adults. The themes: taking ownership, mental health awareness, coping strategies, and validation demonstrate how social media shapes understanding of mental health. However, the exclusive selection of Western-focused accounts by participants raises important questions about cultural representation and digital accessibility.

The first theme of taking ownership of one's mental health reflects the empowerment of individuals to prioritise their mental health and well-being. Instagram accounts that emphasise self-empowerment, self-reflection, and personal growth serve as catalysts for individuals to assert agency and autonomy in managing their mental health. By fostering a sense of ownership and responsibility, these accounts encourage individuals to proactively engage in self-care practices and seek support when needed. The concept of Positive mental health literacy (PMehHL) as outlined by Kutcher et al (2016) is of relevance to this theme as it encourages individuals to obtain and maintain good mental health. However, the findings reveal a tension between Western individualistic approaches and traditional South Asian collectivist values, where family and community play a vital role in mental health management (Raghavan et al., 2022). This disconnect reflects a broader shift in how second-generation BSA young adults engage with mental health, integrating both individual

empowerment and collective support systems.

The promotion of mental health awareness through Instagram highlights the platform's capacity to destigmatize mental illness and foster open dialogue about mental health issues. Accounts dedicated to raising awareness, sharing personal stories, and advocating for destigmatization play a crucial role in challenging misconceptions and promoting acceptance within online communities. By amplifying voices and experiences, Instagram serves as a powerful tool for driving social change and promoting inclusivity in mental health discourse. The accounts shared also focused on misdiagnosis in mental healthcare advocating for more knowledge and understanding providing an insight into the factors at interplay when diagnosing a mental health condition. However, the mental health awareness content, while valuable for destigmatization, predominantly reflected Western conceptualizations of mental health. This finding extends Atilola's (2015) critique of Western hegemony in mental health discourse into digital spaces. The accounts' focus on individual experiences and medical perspectives may not fully address what Gopalkrishnan (2018) identifies as culturally specific manifestations of mental health concerns in South Asian communities.

Importantly, the selection of these accounts by BSA participants themselves suggests active engagement with contemporary mental health approaches rather than passive consumption. This aligns with Shukla's (2023) findings that second-generation South Asians often demonstrate increased comfort with Western mental health frameworks while maintaining cultural connections. Rather than viewing this tension as problematic, it demonstrates cultural adaptation where individuals actively integrate different perspectives on mental health understanding and management.

Instagram accounts also offered coping strategies and resilience-building techniques providing users with practical tools and resources to navigate stressors and promote emotional well-being. From mindfulness exercises to self-care tips, these accounts empowered individuals to develop adaptive coping mechanisms and cultivate resilience in the face of adversity. Therapeutic insights were also provided by professional psychologists and therapists, who shared tips on what to do in times of crises. While these resources are valuable, they often lack integration with traditional South Asian wellness practices or consideration of cultural variations in stress management (Shafiq, 2020). Such findings emphasise the need for culturally tailored mental health resources that resonate with the lived experiences of BSA young adults.

The validation of thoughts, emotions, and experiences on Instagram contributes to a sense of affirmation, acceptance, and belonging within online communities. Accounts that validate individuals' experiences foster a supportive environment where users feel heard, understood, and validated in their mental health journeys. By building online communities, platforms like Instagram reduce isolation and encourage mutual support, echoing findings by Naslund et al. (2020) on the power of peer support.

Instagram's visual and interactive features enable emotional resonance that crosses cultural boundaries (Manovich, 2007). The platform's ability to facilitate personal narratives and community feedback fosters connection regardless of content creators' cultural background (Highfield & Lever, 2016). This suggests the need to reconsider assumptions about cultural matching in mental health support, while culturally specific content remains important, it can be stated that BSA young adults find validation across cultural boundaries. This extends Naslund et al.'s (2020) research on peer support by demonstrating how digital platforms can

bridge cultural gaps through shared emotional experiences.

BSA young adults' selection of Western mental health content reflects complex cultural navigation rather than simple assimilation. While engaging primarily with Western narratives, participants simultaneously expressed a desire for culturally relevant content, demonstrating what Cohen et al. (2016) identify as sophisticated bicultural engagement. From the findings, we can infer that BSA young adults integrate aspects of dominant Western narratives while maintaining cultural connections, suggesting active agency rather than passive acceptance. This bicultural navigation suggests the need for a pluralistic approach to MHL that acknowledges both Western and South Asian perspectives. While Western content provides valuable insights, the lack of culturally specific representation may limit full engagement with mental health resources. Future interventions should focus on supporting BSA young adults' ability to integrate multiple cultural frameworks in understanding mental health.

Aside from the lack of cultural relevance on online platforms, an issue with social media platforms that became known was in relation to consumerism and the proliferation of information by various popular sources. As research has indicated content is based on user's views and consumption of information (Avella, 2023). The more a user views information the likelihood of the content showing up again increases. The logistics of social media use are based on the reach a particular contributor has highlighting why there is a lack of cultural diversity in terms of content on the platform.

Tang and Liu (2021) highlight how engagement metrics favour creators with larger followings, further amplifying dominant Western perspectives. Language preferences also



impact content recommendations, with Hussain et al, (2023) noting that BSA users engaging primarily with English-language content receive fewer recommendations for South Asian creators or culturally relevant material. Being exposed to similar content leads to limited exposure to diverse perspectives, compounding barriers to accessing culturally tailored mental health content. Addressing these algorithmic challenges is critical for leveraging social media to enhance MHL while ensuring cultural relevance for BSA young adults.

### **7.6.1 Are mental health literacy promotion efforts worth it?**

Despite the findings in the present study indicating social media to play a role in the MHL of BSA young adults, albeit in relevance to their cultural beliefs, a question that has arisen in consideration with recent research in the domain of mental health promotion is whether these awareness tactics are actually worth it.

Over the last decade, a considerable number of initiatives have been undertaken in Western societies to enhance public understanding of mental health issues, aiming to mitigate symptom and dismantle the stigma towards mental health. Several mental health awareness efforts in the form of charity campaigns, digital and social media interventions, interventions in schools, universities and workplaces have been promoted and conducted. The success rates of these efforts have also been well documented, in the form of stigma reduction rates, improving mental health literacy, and help-seeking intentions (Donovon et al, 2016). Despite this, rates of mental health problems have significantly risen across the country. Many reasons have been cited as reasons for this proposed increase in mental illnesses, including social media, socio-economic circumstances, academic pressures, racism, and the hardships

as a result of the COVID-19 pandemic (Richter et al, 2019). According to Foulkes and Andrews (2013) such an association may be the result of ‘the prevalence inflation hypotheses. According to which increased rates of mental health problems drive more awareness efforts, but the awareness efforts themselves may result in increased reporting and experiencing of symptoms. Such a relationship, although minimal; has also been seen in our present research, where although BSA young adults appeared to be more knowledgeable about mental health problems, they also found themselves to self-diagnose themselves or others based on the presentation of mental health problems online.

The "Prevalence inflation hypothesis" comprises two primary elements: enhanced recognition and overinterpretation, both of which contribute to the increasing prevalence of mental health issues. Enhanced recognition entails the positive outcome of heightened awareness efforts, leading to improved identification and accurate reporting of mental health problems, aligning with the objectives of awareness campaigns. Conversely, overinterpretation poses a challenge, as it involves the potential misinterpretation of mild or transient forms of distress as mental health issues due to intensified awareness efforts.

According to the second component of the hypothesis, termed 'Overinterpretation', mental health promotion strategies may lead some individuals to perceive milder or transient psychological challenges as mental health issues requiring labelling, reporting, and treatment. Several studies have documented this trend (see Beeker et al., 2021; McNally, 2016). Foulkes and Andrews (2023) posit that mental health awareness initiatives promote overinterpretation by encouraging individuals to recognize, label, and seek assistance for negative psychological experiences, thus fostering the use of psychiatric terminology. For instance, initiatives like

Rethink's 'From psychosis to...' aim to heighten awareness of psychosis as an early intervention method. While early intervention strategies appear beneficial in raising awareness and understanding of mental health conditions, they may inadvertently contribute to the medicalization of everyday distress and suffering. Some campaigns even portray disclosing mental health issues as courageous and commendable, aiming to reduce stigma and promote help-seeking, potentially glamorizing mental health problems on social media platforms. The use of visually appealing backgrounds and text, as observed in Study 3, may attract individuals to such content and prompt introspection. Numerous studies, including those by Jaidayal et al. (2017), Rick (2016), and Williams (2019), have explored this phenomenon. However, overinterpretation of mental health issues can also lead to the creation of new disorders and exacerbation of existing ones. Research suggests that when individuals interpret and label their psychological experiences as mental health problems, they may inadvertently manifest these symptoms through a self-fulfilling prophecy. In the context of social media, users often seek validation for their problems through knowledge or shared experiences of others, reinforcing their belief in the existence of their mental health issues.

Such beliefs can contribute to 'self-diagnosis'. The findings from the current study, as well as previous research, illustrate that individuals do not rely solely on clinicians to determine whether they have a specific diagnosis. Clinical opinions are amalgamated with various sources of information, including social media, news, the internet, and newspaper articles, to form their own conclusions about their mental health symptoms (Lane, 2020). Clinicians report a growing trend of individuals attending consultations with their own hypothesised diagnoses based on internet-derived information. Therefore, it is plausible to assert that self-

diagnosis may increase concomitantly with the rise in mental health awareness efforts. While this may be a favourable outcome for some individuals, leading to accurate diagnosis and treatment, for others, it may result in overinterpretation, exacerbating their symptoms.

The final aspect of the prevalence inflation hypothesis posits a bidirectional, cyclical, and escalating relationship between prevalence inflation and mental health awareness efforts. As the prevalence of mental health problems rises, there is an increase in the dissemination of mental health information through awareness campaigns. This dynamic can be problematic, as heightened awareness contributes to a greater presentation of mental health concerns.

Understanding the impact of awareness efforts is crucial for comprehending their potential harmful consequences. However, the influence of online information consumption, particularly on social media, presents a unique challenge due to the user-generated nature of content. This raises questions regarding how to address the implications of easily accessible information online. As individuals contribute to the creation of content for other users, the landscape of online information becomes increasingly complex. Therefore, it is essential to explore strategies for navigating the abundance of information available online and mitigating the potential risks associated with misinformation, overinterpretation, and self-diagnosis in the realm of mental health awareness.

## **7.7 Limitations**

The findings from the research warrant several limitations which are important to consider:

- The cross-sectional nature of our data collection represents a significant limitation in understanding how mental health literacy develops over time. While our findings demonstrate correlations between social media usage and MHL, we cannot definitively establish causality. The dynamic nature of both social media engagement and cultural identity development suggests that longitudinal research would provide valuable insights into how these relationships evolve. Future studies might track BSA young adults over several years to understand how their engagement with mental health content on social media shapes their understanding and help-seeking behaviours over time.

Our sample, while providing rich insights, had several limitations that future research should address. The gender imbalance in our qualitative interviews, with fewer male participants, means we may not have fully captured the male perspective on mental health literacy and help-seeking. Additionally, our sample primarily consisted of university-educated BSA young adults, potentially limiting our understanding of how educational background influences mental health literacy development. Future research should actively seek more diverse samples, particularly including BSA young adults from various educational and socioeconomic backgrounds.

- The netnographic analysis focused primarily on Instagram, which, while important, represents only one facet of social media engagement. Different platforms may facilitate diverse types of mental health content.. Future research should examine how BSA young adults engage with mental health content across multiple platforms, including emerging social media spaces. This could provide insights into how different digital environments shape mental health understanding and help-seeking

behaviours.

- The challenges we encountered with the acculturation measure highlight a broader issue in mental health research with culturally diverse populations. Standard measurement tools, often developed from Western perspectives, may not fully capture the nuanced ways BSA young adults navigate between cultures. Future research should focus on developing and validating culturally sensitive measurement tools that better reflect the bicultural experiences of this population.

## **7.8 Summary**

Offering a triangulated approach via the use of a mixed methods design the current approach provides a holistic understanding of the role of social media in the MHL of BSA young adults. The discussion illustrates how the role of social media can be pertinent in enhancing knowledge and information of mental health. Combining both a quantitative and qualitative methodology, the findings overlap with each other indicating the robustness of data obtained. In line with theory, the TPB and Cultivation theory were both used to illustrate the wider role social media has in one's attitudes, subjective norms, behavioural intentions, and overall social reality. A nuanced discussion of the necessity of culturally appropriate interventions and a more pluralistic approach to MHL was discussed. The implications and role of mental health promotion efforts were also mentioned. The key contribution the thesis has made to existing knowledge within the field of MHL is critically important given the dearth of research among the BSA young adult group.

# **Chapter 8: Conclusion**

## **8.1 Overview of chapter**

In the preceding discussion chapter, interpretations of the research findings were thoroughly examined, alongside comparisons to existing theoretical and empirical literature. This process involved highlighting key areas where the research contributes to the field, challenges established notions or aligns with existing knowledge.

In this chapter, a comprehensive discussion will be undertaken to elucidate the ways in which this research has enriched existing knowledge within the field. The implications and recommendations of the findings for future research, policy, and practice will be delineated. Additionally, a reflexive examination of my journey throughout the research process will be provided, shedding light on the positionality adopted. Finally, this chapter will conclude with insights into potential avenues for future research on mental health literacy pertinent to the needs of BSA young adults.

## **8.2 Original Contribution to Knowledge**

This research makes several significant theoretical and empirical contributions to understanding the role of social media in the MHL among BSA young adults:



### *Theoretical Contribution*

The research advances theoretical understanding in three significant ways. First, it extends the TPB by demonstrating how social media reshapes all three components: attitudes, subjective norms, and perceived behavioural control, specifically within cultural minority mental health contexts. Our findings show how digital platforms create new reference groups that normalise mental health discussions while providing accessible resources that enhance perceived control over help-seeking behaviours.

Additionally, the research extends the Cultivation Theory into digital mental health spaces, by demonstrating how repeated exposure to mental health content on social media gradually reshapes cultural attitudes, with BSA young adults actively negotiating between Western and traditional South Asian mental health perspectives.

The findings from the studies also challenge traditional acculturation models by demonstrating that the relationship between cultural adaptation and MHL is more complex than previously theorised. Our findings suggest the need for more nuanced frameworks that recognise how second-generation immigrants actively integrate multiple cultural perspectives on mental health rather than simply adopting host culture views.

The integration of TPB with Cultivation Theory offers a novel theoretical framework for understanding how social media shapes both immediate behavioural choices and longer-term cultural attitudes toward mental health, providing a more nuanced understanding of how BSA young adults navigate between traditional cultural values and contemporary mental health perspectives.

### *Empirical Contribution*

The present research represents the first comprehensive examination of mental health literacy and help-seeking behaviours among BSA young adults, providing crucial insights into how cultural context shapes mental health perceptions and help-seeking decisions. Our mixed-methods analysis revealed several groundbreaking findings. First, we demonstrated a significant mediation effect of mental health literacy on the relationship between social media usage and help-seeking behaviour, indicating that social media's influence on help-seeking operates through enhanced mental health understanding. Second, our qualitative analysis illuminated the several ways BSA young adults navigate between traditional cultural beliefs and contemporary mental health narratives, revealing active processes of cultural integration rather than simple assimilation. Insights from the interviews and Netnography further highlighted the potential of social media platforms such as Instagram, as a medium for empowerment, community building and knowledge via access to a diverse array of mental health information among BSA young adults.

The research makes a unique contribution by examining mental health literacy through a cultural lens, revealing how BSA young adults actively integrate diverse cultural frameworks to create a multifaceted understanding of mental health. By exploring the role of digital spaces in shaping mental health perceptions and potential help-seeking behaviours, the research further sheds light into the opportunities and challenges associated with leveraging the use of digital mediums for mental health promotion within diverse cultural contexts. The research is particularly innovative in exploring the intersection of mental health-related social media usage, MHL, and help-seeking behaviour, an association previously unexamined in

any demographic.

The research further contributes significantly to intersectional approaches in mental health research by examining how various identity factors including age, gender, religion, and acculturation levels influence mental health literacy and help-seeking behaviours. This multifaceted analysis provides a deeper understanding of the diverse perspectives and experiences within the BSA young adult population, recognising that BSAs are not a uniform group but rather individuals with varying experiences shaped by their unique combinations of age, gender, religious beliefs, and levels of cultural adaptation.

### ***Methodological Contribution***

The research adopts a triangulated approach encompassing the use of multiple methodologies including an online survey, semi-structured interviews, and an analysis of Instagram posts to provide a holistic understanding of all the factors influencing BSA young adults' engagement with mental health information on social media. By combining quantitative and qualitative approaches, the studies provide a rich and multifaceted understanding of the complexities surrounding MHL and social media engagement among BSA young adults. This mixed-methods sequential explanatory design represents a key strength, offering both breadth and depth in understanding how BSA young adults engage with mental health content on social media.

The quantitative phase established important correlations between social media usage and MHL, while the qualitative interviews illuminated the complex cultural mechanisms underlying these relationships. The addition of netnographic analysis provided valuable

insights into how mental health content manifests in digital spaces, creating a comprehensive picture of the phenomenon. By combining quantitative and qualitative approaches, the studies provide a rich and multifaceted understanding of the complexities surrounding MHL and social media engagement among BSA young adults, revealing complex patterns in how social media influences mental health literacy and help-seeking behaviours.

### **8.3 Implications and Recommendations for future research, policy, and practice**

- This research establishes a foundation for future studies exploring how social media impacts mental health awareness and support-seeking among BSA young adults and other diverse communities. The identified gaps in culturally relevant content and the complex interplay between traditional and modern perspectives on mental health suggest important avenues for future investigation.
- Several organizations have proposed policies and recommendations aimed at enhancing access to mental health services by engaging with Black and Minority Ethnic (BME) communities. These suggestions include establishing partnerships with community organizations, forming focus groups with service users, and enhancing outcome monitoring for BME groups. Although policies and recommendations targeted towards the wider BME community could prove useful, it is important to note that individuals from varying cultural backgrounds have different experiences related to mental health. The findings of this study highlight the necessity for initiatives of this nature, which should incorporate the role of social media due to its extensive reach, particularly when addressing culturally specific barriers within the BSA young adult demographic. Although minimal, stigmatizing attitudes were evident in the current research as well. Such initiatives have the potential to enhance

access to care and improve attitudes toward service utilization and treatment outcomes among the general population.

Education and awareness initiatives should leverage culturally relevant narratives and platforms to disseminate information about mental health literacy within BSA communities. Incorporating religious and cultural frameworks into mental health discussions can foster a deeper understanding and acceptance of mental health issues while challenging stigma and misconceptions. Collaborative partnerships between mental health professionals, community leaders, and cultural organizations are essential for bridging gaps in access to culturally competent mental health services and support networks. By fostering collaborative approaches, stakeholders can collectively address systemic barriers and promote holistic approaches to mental health promotion and support.

- The research highlighted several systemic barriers within mental healthcare faced by BSA young adults, including issues of accessibility, cultural appropriateness in service delivery, and a lack of therapists from similar ethnic backgrounds. Participants also emphasized the challenges faced by older adults in understanding the language, which may hinder their help-seeking efforts. Additionally, cultural beliefs and societal norms were often not comprehensively understood within mental health contexts. Previous reports have indicated similar systemic barriers which act as a hindrance to appropriate mental healthcare provision (Langholz, 2014). Such reports particularly came to the rise during the COVID-19 pandemic. These barriers emphasise the need for further research and action to address systemic shortcomings and enhance mental healthcare provision for individuals from ethnic minorities.

- Prior studies addressing MHL, and help-seeking behaviours have predominantly utilized quantitative methodologies and self-reported measures. This research highlights the need for the development of a standardized scale specifically designed to measure social media health literacy, acknowledging the distinct challenges and nuances posed by online platforms. Additionally, the call for a culturally appropriate MHL scale adopting a more pluralistic approach to MHL recognizing diverse cultural perspectives and beliefs is required. Despite the effectiveness demonstrated in the current study regarding MHL levels, further exploration and refinement of measurement tools are essential for a comprehensive understanding of MHL among BSA young adults.
- Aside from adoption in survey use, a culturally relevant MHL framework is also needed. A culturally relevant model would acknowledge and integrate the diverse cultural perspectives and beliefs that shape individuals' understanding of mental health and help-seeking behaviours within the BSA community. By incorporating cultural nuances and values, such a model can better capture the complexities of MHL among BSA young adults and provide more accurate insights into their attitudes, knowledge, and practices related to mental health rather than adopting the medicalised model used in Westernised narratives of MHL. This approach ensures that interventions and support systems are tailored to the specific cultural contexts and sensitivities of the BSA population, ultimately enhancing the effectiveness of mental health promotion initiatives and interventions.
- Although the current research design encompassing a cross-sectional study provides

valuable insights into the relationship between social media usage, MHL and help-seeking behaviour among BSA young adults, to fully grasp the long-term effects of mental health-related social media use on MHL and help-seeking behaviour a more robust longitudinal study design is required. Such an approach would allow researchers to track changes over time and assess causality more accurately. Additionally, incorporating randomized study designs can help control for confounding variables and provide more reliable results.

- In consideration with the research conducted by Foulkes and Andrews (2023), more empirical research addressing the ‘prevalence intention hypothesis’ is also needed. Do mental health awareness campaigns really work and if they do, do the benefits outweigh the disadvantages? Hence, leading us to question whether mental health-related information on social media alongside enhancing MHL would also encourage individuals to seek diagnosis and treatment for problems that do not exist.

#### **8.4 A reflection on the research journey**

As a British South Asian and Muslim researcher, my current research began with a focus on the intersection of the Internet and mental health. This interest originated from my MSc project, which explored online support groups and their relation to spinal cord injuries. In Chapter 1, I highlighted that my practical understanding of mental health was initially unclear, and I lacked a comprehensive understanding of the concept. Being part of the community, I was familiar with the cultural and religious beliefs influencing approaches to mental health, including the prevalent stigma and reluctance to acknowledge existing

problems.

As I delved into my research, I started to notice a statistical trend suggesting low access to care among the South Asian population. This led to my initial inquiry: Did mental health problems perhaps seem non-existent due to the collectivist nature of society? However, as my research progressed, I uncovered systemic barriers that significantly impacted mental healthcare for individuals. These barriers included low utilization of mental health services and broader issues associated with care provision. From racism to a lack of culturally appropriate care, various issues emerged as prominent concerns during the course of my research journey.

The concept of 'Mental Health Literacy' (MHL) was relatively new to me, although it appeared frequently in research discussions related to removing barriers to mental healthcare provision. I speculated that individuals with high MHL, particularly South Asians (SAs), would likely exhibit greater help-seeking behaviour. However, despite encountering this notion in numerous studies, I found no research that directly explored this correlation.

My initial research inquiry thus focused on elucidating methods to enhance the MHL and help-seeking behaviour of South Asians. Given the apparent interconnectedness of these concepts, as supported by previous research, I pondered why no studies had explored this aspect, particularly within a community where access to mental healthcare was underutilized. While much research concerning the South Asian (SA) population had concentrated on Low- and Middle-Income Countries (LMICs), there was a notable absence of studies investigating this association in the UK.



During the development phase of my initial research, the Me Help project had begun. While the connection between theatre and MHL intrigued me, I sought to explore alternative methods for improving MHL, particularly through digital mediums like the Internet. This led me to contemplate how to assess the impact of interventions on a larger scale.

While there had been numerous targeted social media or educational interventions implemented online, there was a noticeable gap in research focusing on social media platforms in general. Rather than a specific intervention, I envisioned utilizing a platform with a broader reach. I believed its application to my research would yield rich and detailed data, thus enhancing our understanding of MHL and help-seeking behaviour. Although the impact of social media is wide-reaching, what impact does it have on the SA population?

As a BSA myself, I experienced the use of social media usage widely post-partum, aiding me in navigating the anxieties and complexities in emotions that I experienced. I realised then, that my research would make an impact. Using social media as a passive source of information was okay, but the fact that it helped at a time when I was facing challenges myself and did not want to seek professional help, the importance of it in today's society stood out to me.

On the other hand, as a mother I am often faced with the question of whether the digital world we are living in, is good for the mental health of our children, does it stop children from engaging in practices that could enhance mental health? But as mentioned in the research, the opportunities and challenges of social media are endless. In the present society,

the digital world is helping us move forward with an overabundance of information and knowledge, surely this can be helpful too. Looking at the thesis overall, I can see that the challenges and opportunities I reflect on, are pointing to the impact of my work. The impact of consumerism on MHL, the role it plays in attitudes and beliefs, and it questions what information could social media surely provide that would be good for our mental health. From a distant perspective, yes the challenges exist, but the opportunities and benefits are endless too. In a world where, digital mediums are not going to end, utilising social media to gain optimum benefit from the medium could be a solution.

The exploratory element of the research allowed me to gain a deeper insight into BSA young adult's perspective on the topic. As someone deeply involved in the research process, I felt privileged to witness how participants of similar ethnic backgrounds openly shared their beliefs regarding MHL and social media. In many new environments, participants often hesitate to open up, but the shared cultural background seemed to foster a sense of openness in discussing their cultural beliefs and experiences related to mental health. During the interviews, participants frequently punctuated their accounts of cultural beliefs with phrases like 'you know...' or 'do you understand?', emphasizing their relatability while sharing experiences. As a novice interviewer, I found this shared relatability immensely helpful in maintaining the flow of the interview, resulting in rich and detailed data.

Engaging with participants' experiences also provided a sense of validation for me. As I analysed the data and reflected on their narratives, there were moments when I paused to think, 'I've experienced that too' or 'I can relate to not seeking help for the same reasons.' While social media encounters may vary, the common thread of cultural beliefs made the experiences.

As I delved into Study 3, I noticed that participants predominantly referenced Instagram accounts, which often reflected the White narrative. Reflecting on my own experiences seeking information, I recognized a parallel trend. Despite the desire to access culturally relevant sources, the scarcity of such information led me to seek knowledge from other sources, which, albeit lacking relatability, still proved valuable.

When analysing the content from the Instagram accounts, there were certain instances where I would pause and think, how useful or relevant this information was. The ability to quickly save and share this information also proved to be a helpful strategy so if I needed I could access the information again. The four key themes that emerged upon analysis highlighted the diversity of mental health content on social media, generally focusing on elements of positive mental health literacy. These themes were perceived as elements that could promote MHL and encourage help-seeking among the BSA young adult population.

Overall, the research journey paralleling my journey was one of growth and learning. Alongside my learnings of navigating the various roles I had to adopt, and the role social media played in helping me overcome challenges, the research also provided a glimpse into the potential social media had to contribute to BSA young adults' MHL.

## **8.5 Overall Conclusion**

This research was the pioneering effort to investigate the role that social media plays in the MHL of BSA young adults in the UK. In the face of a global surge in mental health concerns and the availability of various help-seeking avenues in the UK, it was evident that BSA

individuals underutilized mental health services. While previous research extensively addressed cultural beliefs surrounding mental health in these communities, no literature had explored the association of these beliefs with MHL. Notably, there was a glaring gap in research regarding the impact of social media on MHL among this specific population.

This study breaks new ground by being the first to delve into the intersection of social media, cultural beliefs, and MHL within the BSA young adult demographic in the UK. Prior to this research, existing evidence on the influence of social media in mental health promotion and awareness primarily focused on digital interventions targeted at a broader demographic. The media landscape has been rife with articles examining the impact of mental health content, both positive and negative. Addressing these dynamics in the context of improving MHL was deemed crucial in dismantling barriers in mental healthcare. The findings from this study offer a comprehensive perspective on the multifaceted role that social media can play in enhancing the MHL of BSA young adults, contributing valuable insights to the ongoing discourse on mental health promotion and awareness.

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# Appendices

## Appendix 1: Ethics Form



16 February 2023

Saliah Hussain

Dear Saliah

I am writing regarding your **amended** application for ethical approval for the research study summarised below which has now been reviewed in accordance with De Montfort University's Research Ethics Code of Practice. I am pleased to inform you that the amendments to the study have been approved.

It is your responsibility to ensure your research adheres to the standard conditions of approval below. You should ensure that the ethics of your study is kept under review as the research progresses, and in response to any external changes that might affect the approval. As noted below, changes in your research may require you to apply for an amendment to your application. As always, you should feel free to ask your Faculty Research Ethics Committee or [ethics@dmu.ac.uk](mailto:ethics@dmu.ac.uk) for advice and support.

<b>Study Title:</b>	The role of social media in the mental health literacy of South Asian young people in the UK: A mixed methods approach
<b>HLS Ref:</b>	3473
<b>School:</b>	Health & Life Sciences FREC
<b>Approval Date:</b>	16/02/23
<b>End Date:</b>	16/02/26
<b>Risk category:</b>	n/a
<b>Status:</b>	<b>Amendment Approved</b>

### Standard Conditions of Approval:

All research projects are subject to the same standard conditions:

1. It is a condition of approval for research involving any of the following activities:
  - Face to face research interactions, including interviews, focus groups, workshops etc.
  - Travel for research purposes
  - Any activity that could be considered 'fieldwork'

That the principal investigator monitors government guidelines, and reviews regularly the implications of any changes to guidelines on the research study. Any restrictions imposed must be adhered to. The investigator must notify the approving FREC of any changes required in response to government restrictions. The principal investigator remains responsible for ensuring all necessary governance arrangements are satisfied, including Health and Safety and consideration of appropriate insurance cover for the proposed activities.

2. Researchers must comply with ethical, legal and professional frameworks, obligations and standards as required by the University (including the Research Ethics Code of Practice), statutory and regulatory authorities, and by funders and other relevant stakeholders.



## Appendix 2: Information Sheet for Online Questionnaire

### **Examining the role of social media in the mental health literacy of British South Asian young adults**

**Researcher: Saliah Hussain**

#### **Information Sheet**

My name is Saliah Hussain, and I would like to invite you to take part in this research study. Upon your completion of the survey, you will receive a digital certificate signed by Professor Raghu Raghavan. If you would like, you can also enter a prize draw for the chance to win a £100 Love2Shop gift voucher. Before you decide whether to take part it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with friends and relatives if you wish to.

Please do email me if there is anything you are unsure of or would like more information about. My contact details are provided at the end of this page.

#### **What is the purpose of this study?**

The purpose of the study is to understand the role of social media in the mental health literacy of South Asian young adults aged between 18 and 24. Mental Health Literacy refers to the 'knowledge and beliefs about mental health disorders which aid their recognition, management and prevention'. A lack of knowledge of mental health may contribute to negative perceptions towards seeking help for mental health. The questionnaire will aim to understand the mental health literacy, acculturation and help-seeking behaviour of British South Asian young adults aged 18 - 24. The questionnaire will also include questions in relation to your social media usage in relation to mental health literacy, during and before the COVID-19 pandemic.

The research is conducted as part of a PhD project at De Montfort University in Leicester. The project is aimed to be completed by the end of 2022.

#### **What will this study involve?**

We are inviting you to take part in a questionnaire focusing on acculturation, mental health literacy, help-seeking and mental health-related social media usage. This

questionnaire will take up to 40 minutes to complete. It is completely up to you if you choose to take part in the study, and you will have the right to withdraw at any point.

### **Who can take part?**

You can take part if you are:

- From a British South Asian Background
- Between 18 and 24 years of age
- A social media user

### **Will my taking part in this study be kept confidential?**

All information collected during the research will be kept on a password protected database and will be kept strictly confidential. Any information which may be used to identify you will be removed and anonymised. Your name and email address will not be used in the research. Your email address will only be used to contact you if you agree to taking part in a follow-up interview.

All data collected from the research will be kept for 5 years after the study has been completed as per the requirements of De Montfort University. My supervisors for the PhD program will also have access to the data. Access to data may also be required by members of the faculty human research ethics committee to check that the research has been conducted in accordance with the approval.

Any information that you reveal will be kept confidential. However, if you do provide information that may reveal information that a child or other vulnerable person is being harmed, I may be duty bound to pass on this information.

### **What if I agree to take part and then change my mind?**

You can withdraw from the study at any given time, without providing a reason. As this phase of the study will include an anonymous questionnaire, to withdraw your data from the study you will be required to email the researcher with your unique identification code/SONA code before February 2021 as the researcher will have started writing up at this point.

### **What are the possible disadvantages and risks of taking part?**

One disadvantage of taking part in the study is giving up your time for taking part in the study. As the study may contain questions relating to mental health, this could be upsetting for you. If the survey causes you distress and you would not like to continue with it, you can choose to withdraw from the study immediately. You will be provided with the contact details of the support services available within your university that you may contact, as well as contact details of the Samaritans for support needed anytime; 24 hours a day.

### **Who can I complain to?**

If you have a complaint regarding anything to do with this study, you can initially approach the lead investigator. If this achieves no satisfactory outcome, you should then contact the Administrator for the Faculty Research Ethics Committee, Research & Innovation Office, Faculty of Health & Life Sciences, 3.35 Edith Murphy House, De Montfort University, The Gateway, Leicester, LE1 9BH or [hlsfro@dmu.ac.uk](mailto:hlsfro@dmu.ac.uk)

### **What will happen to the results of the research study?**

The results from the study will be reported in a thesis and submitted for the award of a PhD. Results may be used as articles for publication in professional journals and reporting at conferences. Your name will not be identifiable in any of the findings from the research.

### **Who is organising and funding the research?**

The research is being conducted by Saliah Hussain as part of my study for PhD. I will not be paid to do my research. The research is being supervised at De Montfort University.

### **Who has reviewed the study?**

This study has been reviewed and approved by De Montfort University, Faculty of Health and Life Sciences Research Ethics Committee.

**Contact for Further Information:**

If you would like more information in relation to the study, please email me (Saliah Hussain) on: [P2542493@my365.dmu.ac.uk](mailto:P2542493@my365.dmu.ac.uk)

You may also contact the study supervisors, Professor Raghu Raghavan ([rraghavan@dmu.ac.uk](mailto:rraghavan@dmu.ac.uk)) or Dr Indrani Lahiri ([ilahiri@dmu.ac.uk](mailto:ilahiri@dmu.ac.uk)).

### Appendix 3: Consent form for Online Questionnaire

**Title of project: Acculturation, mental health literacy, help-seeking and social media usage among British South Asian young adults.**

**Name of researcher: Saliyah Hussain**

**Please initial all boxes if you agree.**

1. I confirm that I have read and understood the information (02/11/2020 Version 2) provided for this study.
2. I confirm that I have been offered the opportunity to ask questions about this study by email.
3. I confirm that I have met the inclusion criteria: a British South Asian young adult aged between 18 and 24.
4. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason.
5. I understand that data collected during the study may be looked at by a supervisor from De Montfort University. I give permission for the supervisor to have access to my data.
6. I acknowledge that this research is subject to the approval of the De Montfort University Research Ethics Committee.
7. I understand my identity will not be disclosed to anyone else or in publications or presentations.
8. I agree to take part in this study

\_\_\_\_\_  
Print name of participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
\_\_\_\_\_  
Print name of person taking consent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

## Appendix 4: Online Survey

### Demographics

1) Age

-----

2) Gender

Male

Female

Prefer not to say

3) How long have you lived in the UK?

Less than one year: please state (months)

More than one year: please state (years)

Since birth

4) What South Asian ethnic group do you belong to?

Indian

Pakistani

Bangladeshi

Sri Lankan

Other (Please state)

5) What is your highest educational qualification:

None

GCSE or equivalent

A Level or equivalent

Undergraduate degree (BSc, BA or equivalent)

Master's degree (MSc, MA or equivalent)

PhD (Doctorate or equivalent)

Other (please specify)

6) Have you previously been diagnosed with a mental health related condition?

Yes

No

Prefer not to say

**Self-Administered Questionnaire of Acculturation (SAQA)**

The following questions relate to languages and cultural aspects of the South Asian community.

1. Please indicate with a tick if you are able to understand, speak, read or write any of the languages below: *(tick all that apply)*

	<b><u>Understand</u></b>	<b><u>Speak</u></b>	<b><u>Read</u></b>	<b><u>Write</u></b>
<b><u>English</u></b>				
<b><u>Urdu</u></b>				
<b><u>Punjabi</u></b>				
<b><u>Bangla (Bengali)</u></b>				
<b><u>Sylheti</u></b>				
<b><u>Gujarati</u></b>				
<b><u>Other (Please specify</u></b>				

2. What is the main language you use: *(tick all that apply)*

	<b><u>At home?</u></b>	<b><u>With friends?</u></b>	<b><u>With neighbours?</u></b>	<b><u>At work?</u></b>
<b><u>English</u></b>				
<b><u>Urdu</u></b>				
<b><u>Punjabi</u></b>				
<b><u>Bangla (Bengali)</u></b>				
<b><u>Sylheti</u></b>				
<b><u>Gujarati</u></b>				
<b><u>Other (Please specify</u></b>				

3. Which of the following best describes your religious affiliation?

Not Religious  
Christian  
Muslim  
Hindu  
Sikh  
Buddhist  
Other (Please describe)

4. Do you see Britain as your 'home'?

Yes  
No

4a. If No, which country would you describe as your 'home'?

-----  
-----

5. Do you feel a part of British society?

Yes  
No

6. Do you see your future as secure?

Yes  
No

7. Do you fear racist attacks?

Yes  
No

8. Do you fear being discriminated against if applying for jobs because of your ethnic origin?

Yes  
No

9. Do you fear being denied opportunities at work because of your ethnic origin?

Yes  
No

10. Do you fear a loss of cultural identity for yourself?

Yes



No

11. Do you fear a loss of cultural identity for your children/future children?

Yes

No

12. In the past year, have you celebrated any traditional South Asian cultural festivals?

Yes

No

13. In what languages are the television programmes/videos/films you usually watch and the radio stations you regularly listen to? (Please tick one box):

- Don't watch television/videos/films or listen to the radio.
- South Asian languages only.
- Mostly South Asian languages.
- South Asian and English languages equally.
- Mostly English language.
- Only English language

14. In what languages are the newspapers you regularly read? (Please tick one box):

- Don't read newspapers.
- South Asian languages only.
- Mostly South Asian languages.
- South Asian and English languages equally.
- Mostly English language.
- Only English language

15. What type of clothing do you wear at home? (Please tick one option)

- Traditional South Asian clothing.
- Western style clothing.
- Western and South Asian clothing equally

16. What type of clothing do you wear outside the home? (Please tick one option)

- Traditional South Asian clothing.
- Western style clothing.
- Western and South Asian clothing equally

17. Thinking about where you are living at the moment, please indicate below who you live with? (Please tick all that apply)

- o I live alone o I live with my parents
- o I live with friends
- o I live with my partner/spouse
- o I live with my children
- o I live with my in-laws
- o I live with my grandparents
- o I live with other members of my family (not listed above)

### **Mental Health Literacy Scale**

The purpose of these questions is to gain an understanding of your knowledge of various aspects to do with mental health. When responding, we are interested in your degree of knowledge. Therefore, when choosing your response, consider that:

Very unlikely = I am certain that it is NOT likely

Unlikely = I think it is unlikely but am not certain

Likely = I think it is likely but am not certain

Very Likely = I am certain that it IS very likely

- 1) If someone became extremely nervous or anxious in one or more situations with other people (e.g., a party) or performance situations (e.g., presenting at a meeting) in which they were afraid of being evaluated by others and that they would act in a way that was humiliating or feel embarrassed, then to what extent do you think it is likely they **have Social Phobia:**

Very unlikely                      Unlikely                      Likely

Very Likely

- 2) If someone experienced excessive worry about a number of events or activities where this level of concern was not warranted, had difficulty controlling this worry and had physical symptoms such as having tense muscles and feeling fatigued then to what extent do you think it is likely they have **Generalised Anxiety Disorder:**

Very unlikely                      Unlikely                      Likely

Very Likely

- 3) If someone experienced a low mood for two or more weeks, had a loss of pleasure or interest in their normal activities and experienced changes in their appetite and sleep then to what extent do you think it is likely they have **Major Depressive Disorder:**

Very unlikely                      Unlikely                      Likely  
Very Likely

- 4) To what extent do you think it is likely that **Personality Disorders** are a category of mental illness:

Very unlikely                      Unlikely                      Likely  
Very Likely

- 5) To what extent do you think it is likely that **Dysthymia** is a disorder:

Very unlikely                      Unlikely                      Likely  
Very Likely

- 6) To what extent do you think it is likely that the diagnosis of **Agoraphobia** includes anxiety about situations where escape may be difficult or embarrassing:

Very unlikely                      Unlikely                      Likely  
Very Likely

- 7) To what extent do you think it is likely that the diagnosis of **Bipolar Disorder** includes experiencing periods of elevated (i.e., high) and periods of depressed (i.e., low) mood:

Very unlikely                      Unlikely                      Likely  
Very Likely

- 8) To what extent do you think it is likely that the diagnosis of **Drug Dependence** includes physical and psychological tolerance of the drug (i.e., require more of the drug to get the same effect)

Very unlikely                      Unlikely                      Likely  
Very Likely

- 9) To what extent do you think it is likely that in general in the UK, **women are MORE likely to experience a mental illness of any kind compared to men:**

Very unlikely  
Very Likely

Unlikely

Likely

10) To what extent do you think it is likely that in general, in the UK, **men are MORE likely to experience an anxiety disorder compared to women:**

Very unlikely  
Very Likely

Unlikely

Likely

When choosing your response, consider that:

- Very Unhelpful = I am certain that it is NOT helpful
- Unhelpful = I think it is unhelpful but am not certain
- Helpful = I think it is helpful but am not certain
- Very Helpful = I am certain that it IS very helpful

11) To what extent do you think it would be helpful for someone **to improve their quality of sleep** if they were having difficulties managing their emotions (e.g., becoming very anxious or depressed)

Very unhelpful  
Very Helpful

Unhelpful

Helpful

12) To what extent do you think it would be helpful for someone to avoid all activities or situations that made them feel anxious if they were having difficulties managing their emotions

Very unhelpful  
Very Helpful

Unhelpful

Helpful

When choosing your response, consider that:

- Very unlikely = I am certain that it is NOT likely
- Unlikely = I think it is unlikely but am not certain
- Likely = I think it is likely but am not certain
- Very Likely = I am certain that it IS very likely

13) To what extent do you think it is likely that **Cognitive Behaviour Therapy (CBT)** is a therapy based on challenging negative thoughts and increasing helpful behaviours

Very unlikely  
Very Likely

Unlikely

Likely

- 14)** Mental health professionals are bound by confidentiality; however, there are certain conditions under which this does not apply.

To what extent do you think it is likely that the following is a condition that would allow a mental health professional to break confidentiality:

*If you are at immediate risk of harm to yourself or others*

Very unlikely  
Very Likely

Unlikely

Likely

- 15)** Mental health professionals are bound by confidentiality; however, there are certain conditions under which this does not apply.

To what extent do you think it is likely that the following is a condition that would allow a mental health professional to break confidentiality:

*if your problem is not life-threatening and they want to assist others to better support you*

Very unlikely  
Very Likely

Unlikely

Likely

Please indicate to what extent you agree with the following statements:

Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
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16. I am confident that I know where to seek information about mental illness

17. I am confident using the computer or telephone to seek information about mental illness

18. I am confident attending face to face appointments to seek information about

mental illness (e.g., seeing the GP)

19. I am confident I have access to resources (e.g., GP, internet, friends) that I can use to seek information about mental illness

20. People with a mental illness could snap out of it if they wanted

21. A mental illness is a sign of personal weakness

22. A mental illness is not a real medical illness

23. People with a mental illness are dangerous

24. It is best to avoid people with a mental illness so that you don't develop this problem

25. If I had a mental illness I would not tell anyone

26. Seeing a mental health professional means you are not strong enough to manage your own difficulties

27. If I had a mental illness, I would not seek help from a mental health professional

28. I believe treatment for a mental illness, provided by a mental health professional, would not be effective

Please indicate to what extent you agree with the following statements:

Definitely unwilling	Probably unwilling	Neither unwilling or willing	Probably willing	Definitely willing
-------------------------	-----------------------	------------------------------------	---------------------	-----------------------

29. How willing would you be to move next

door to someone with a mental illness?

30. How willing would you be to spend an evening socialising with someone with a mental illness?

31. How willing would you be to make friends with someone with a mental illness?

32. How willing would you be to have someone with a mental illness start working closely with you on a job?

33. How willing would you be to have someone with a mental illness marry into your family?

34. How willing would you be to vote for a politician if you knew they had suffered a mental illness?

35. How willing would you be to employ someone if you knew they had a mental illness?

**Help-Seeking Behaviour (General Help-Seeking Questionnaire)**

1. If you were having a personal or emotional problem, how likely is it that you would seek help from the following people?

Please indicate your response by putting a line through the number that best describes your intention to seek help from each help source that is listed.

1 = Extremely Unlikely      3 = Unlikely      5 = Likely      7 =  
Extremely Likely

a. Intimate Partner	1	2	3	4	5	6	7
b. Friend (not related to you)	1	2	3	4	5	6	7
c. Parent	1	2	3	4	5	6	7
d. Other relative/family member	1	2	3	4	5	6	7
e. Mental health professional	1	2	3	4	5	6	7
f. Phone helpline	1	2	3	4	5	6	7
g. Doctor/GP	1	2	3	4	5	6	7
h. Minister or Religious leader	1	2	3	4	5	6	7



i. Traditional healer	1	2	3	4	5	6	7
j. I would not seek help from anyone	1	2	3	4	5	6	7
k. I would seek help from another not listed above (Please list in the space provided)	1	2	3	4	5	6	7

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### **Social Media Questionnaire**

Social media platforms refer to websites and applications that enable users to create and share content or to participate in social networking. This section will include questions asking about your social media usage in relation to your knowledge and beliefs regarding mental health.

1. On average how many hours do you spend on social media each day?

Under 1 hour

1 - 2 hours

2 – 3 hours

4 - 5 hours

6 + hours

Other (Please specify) \_\_\_\_\_

2. What are the main social media platforms that you use? (you may select more than one)

Facebook

Instagram

Twitter

YouTube

Snapchat

TikTok

Whatsapp

Other (Please specify) : \_\_\_\_\_

3. Do you see, read, or watch anything on social media related to mental health/mental illness?

Yes

No

3a. If yes, what social media platforms or content do you engage with in relation to mental health/mental illness?

-----  
-----

4. Content related to mental health present in various ways. What type of content are you likely to engage with in relation to mental health information? (You may select more than one)

Reputable content (Content from Official Organisations, Celebrities, Influencers or Brands)

Interactive Content (Quizzes, Polls, Contests/Q&As, IG lives)

Peer Content

Suggested or Recommended Content

Visual Content (GIFs, Memes, Pictures etc.

Audio Content (Podcasts)

Videos

Infographics

Other (Please specify)

5. To what extent do you agree with the following statements:

a. Social media is a good source of information on mental health/mental illness

Strongly Disagree   Disagree   Neither Agree or Disagree   Agree   Strongly Agree

---

- b. Engagement with social media content has affected my ability to recognise specific disorders or different types of psychological distress

Strongly Disagree   Disagree   Neither Agree or Disagree   Agree   Strongly Agree

- c. Social media has influenced my knowledge and beliefs about the risk factors and causes of mental ill-health

Strongly Disagree   Disagree   Neither Agree or Disagree   Agree   Strongly Agree

- d. Social media has influenced my knowledge and beliefs about self-help interventions for mental ill-health

Strongly Disagree   Disagree   Neither Agree or Disagree   Agree   Strongly Agree

- e. Social media has influenced my knowledge and beliefs about the professional help available for mental ill-health

Strongly Disagree   Disagree   Neither Agree or Disagree   Agree   Strongly Agree

- f. Engagement with social media content has influenced my attitudes towards mental health

Strongly Disagree   Disagree   Neither Agree or Disagree   Agree   Strongly Agree

- g. Engagement with social media platforms has influenced by knowledge on how to seek mental health information

Strongly Disagree   Disagree   Neither Agree or Disagree   Agree   Strongly Agree

h. My ethnic background has influenced the mental health-related content you engage with on social media?

Strongly Disagree   Disagree   Neither Agree or Disagree   Agree   Strongly Agree

6. Can you give an example of a social media post that has been particularly influential in your attitudes, knowledge and behaviours towards mental health? (e.g. any particular content/hashtags)

-----  
-----

### **Social Media and COVID-19 Lockdown**

1. Is there any difference in the time you spend on social media due to the COVID-19 lockdown?

- Yes, it has increased
- Yes, it has decreased
- No, it has stayed the same
- Other (Please specify)
- Prefer not to say

2. Has your use of social media changed as a result of the restrictions due to the COVID-19 lockdown period?

- Yes
- No

If yes, please explain how?

-----  
-----

3. Do you see, read or watch anything on social media related to mental health during the COVID-19 lockdown period?

Yes

No

3a. If yes, what social media platforms and/or content have you engaged with in relation to mental health/mental illness during the COVID-19 lockdown period?

-----  
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Is there anything else you would like to add?

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Thank you for taking part in this study!

## **Appendix 5: Information Sheet for Interviews**

### **An exploration of the role of social media in the mental health literacy of British South Asian young adults**

**Researcher: Saliah Hussain**

#### **Information Sheet**

My name is Saliah Hussain and I would like to invite you to take part in this research study. Before you decide whether to take part it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with friends and relatives if you wish to.

Please do email me if there is anything you are unsure of or would like more information about. My contact details are provided at the end of this page.

#### **What is the purpose of this study?**

The purpose of the study is to understand the role of social media in the mental health literacy of South Asian young adults aged between 18 and 24. Mental Health Literacy refers to the 'knowledge and beliefs about mental health disorders which aid their recognition, management and prevention'. A lack of knowledge of mental health may contribute to negative perceptions towards seeking help for mental health. This interview will aim to explore your usage of social media in relation to mental health-related information and the impact this has on mental health literacy and help-seeking.

The research is conducted as part of a PhD project at De Montfort University in Leicester. The project is aimed to be completed by the end of 2021.

#### **Why have I been invited to take part?**

We are inviting you to take part in this interview focusing on mental health literacy and social media usage as you are a British South Asian aged 18 – 24 and are a

social media user. You have taken part in the first part of this study; a survey and provided consent to be contacted about participating in an interview.

### **What will this study involve?**

This phase of the study will involve you to take part in an online interview delving on from questionnaire data to explore the role of social media in mental health literacy. The online interview will take place on MS teams at a time and date convenient to you. Subject to your permission, the interview will be audio-recorded. Audio-recording will be required as it will allow me to accurately record anything you mention in the interview. The interview will be as short or long as you wish. On average, most interviews would take approximately 40 minutes to an hour. All audio recorded from the interviews will be kept confidential and all transcriptions acquired from the audio recordings will be anonymized.

### **Who can take part?**

You can take part if you are:

- From a British South Asian Background
- Between 18 and 24 years of age
- Are a social media user
- Have taken part in the first part of the study; a survey.

### **Do I have to take part?**

No, it is up to you if you decide to take part in this interview or not. If you do decide to take part, you will be emailed a copy of the information sheet and will be asked to sign an online consent form.

### **What if I agree to take part and then change my mind?**

If you do take part in the interview, you have the right to withdraw at any time without providing a reason. However, once the interview has finished you will not be able to ask for the data to be withdrawn from the study as the researcher (Saliah Hussain) will have started their write-up for their thesis.

### **Will my taking part in this study be kept confidential?**

All information collected during the interview will be kept on a password protected database and will be kept strictly confidential. Any information which may be used to identify you will be removed and anonymised. Your name and email address will not be used in the research.

All data collected from the research will be kept for 5 years after the study has been completed as per the requirements of De Montfort University. My supervisors for the PhD program will also have access to the data. Access to data may also be required by members of the faculty human research ethics committee to check that the research has been conducted in accordance with the approval.

Any information that you reveal will be kept confidential. However, if you do provide information that may reveal information that a child or other vulnerable person is being harmed, I may be duty bound to pass on this information.

### **What are the possible disadvantages and risks of taking part?**

One disadvantage of taking part in the study is giving up your time for taking part in the study. As the study may contain questions relating to mental health, this could be upsetting for you. If the interview causes you distress and you would not like to continue with the discussion, the interview will be ended immediately. You will be provided with the contact details of the support services available within your university and that you may contact, as well as contact details of the Samaritans for support needed anytime; 24 hours a day.

### **Who can I complain to?**

If you have a complaint regarding anything to do with this study, you can initially approach the lead investigator. If this achieves no satisfactory outcome, you should then contact the Administrator for the Faculty Research Ethics Committee, Research & Innovation Office, Faculty of Health & Life Sciences, 3.35 Edith Murphy House, De Montfort University, The Gateway, Leicester, LE1 9BH or [hlsfro@dmu.ac.uk](mailto:hlsfro@dmu.ac.uk)

### **What will happen to the results of the research study?**

The results from the study will be reported in a thesis and submitted for the award of a PhD. Results may be used as articles for publication in professional journals and



reporting at conferences. Your name will not be identifiable in any of the findings from the research.

**Who is organising and funding the research?**

The research is being conducted by Saliah Hussain as part of my study for PhD. I will not be paid to do my research. The research is being supervised at De Montfort University.

**Who has reviewed the study?**

This study has been reviewed and approved by De Montfort University, Faculty of Health and Life Sciences Research Ethics Committee.

**Contact for Further Information:**

If you would like more information in relation to the study, please email me (Saliah Hussain) on: P2542493@my365.dmu.ac.uk

You may also contact the study supervisors, Professor Raghu Raghavan ([rraghavan@dmu.ac.uk](mailto:rraghavan@dmu.ac.uk)) or Dr Indrani Lahiri ([ilahiri@dmu.ac.uk](mailto:ilahiri@dmu.ac.uk))

## Appendix 6: Consent Form for Interviews

### Interview Consent Form

**Title of project: The role of social media in the mental health literacy of South Asian young people**

**Name of researcher: Saliah Hussain**

**Please initial all boxes if you agree**

1. I confirm that I have read and understood the information sheet [07/11/2020 Version 2] for the above study.
2. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
3. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason.
4. I agree that non identifiable quotes from the interview may be published in articles or used in conference presentations.
5. I give consent for the interview to be digitally audio recorded via MS teams.
6. I understand that data collected during the study may be looked at by a supervisor from De Montfort University. I give permission for the supervisor to have access to my data.
7. I agree to take part in this interview.

Print name of participant

Date

Signature

---

Print name of person taking consent

---

Date

---

Signature

## **Interview Guide**

### **Definitions**

- In your own words can you please explain: 'Mental health'
- 'Mental illness'
- What is the difference between mental health and mental illness in your opinion?
- When I mention the word 'mental health' what comes to your mind?  
Probes: a particular situation, person, what?

### **Recognition of mental illnesses**

- Can you tell me the kinds of mental illnesses you know of?  
Probes: Names? Describe any symptoms you can associate with 'one' disorder?
- Would you be able to identify if someone/or yourself had a mental health problem? If so, how?

### **Knowledge and beliefs about risk factors and causes**

- What do you think are the causes of mental illness?  
Probes: any risk factors you can identify? Explain further?
- Can anyone develop mental illnesses?
- Are you aware of any self-help interventions to help with mental health?
- Probes: To promote mental health and reduce mental distress

### **Attitudes towards mental health difficulties**

- What do you/other people think of someone with mental illnesses?  
Probes: Role of ethnic background/culture, behaviour towards them, beliefs about mental illness, personal views?
- How does your ethnicity and cultural background influence your views of mental ill health?
- What do you think has influenced your beliefs around mental health?
- Is there a difference between perceptions towards mental health among yourselves and your parents/grandparents? If so, how and why?
- Do you think people with mental illness are discriminated against in SA societies?

- If there is stigma - Why do you think there is a stigma towards mental health in SA societies?

### **Knowledge and beliefs about help available and how to seek help**

- What are the kinds of help available for people with mental illnesses/Are you aware of the mental health support/services available?
- Is there anything they could do, or other people could do to help them with their mental health?  
Probe: best/worst sources of help, how can people get this sort of help?
- Do you think SA young adults would know what support is out there and how to access this support?
- What do you think about someone who was receiving support for mental health problems?
- Why is there a reluctance/barriers to seek mental health support?  
Probes: Refer to ethnic group, what would other SA people think, If different perception, why?
- What could help someone who was seeking support for mental health problems?
- If you or a friend were experiencing mental health difficulties, what kind of support would you require?
- Where would you seek help/information in relation to mental health if needed? Would you look at social media, If so where and why?

### **Social media and mental health literacy**

- What kind of information can you find on social media?  
Probes: Advantages, disadvantages of information on social media/Is this information useful/Is it helpful in the acquisition of knowledge?
- Can you find mental health-related information on social media?  
Probes: If so, what information, positives, negatives
- Would you look for mental health-related information on social media?  
Probes: Why? What? Where?
- Does using social media influence your knowledge of mental health/illness?  
Probes: In what way?, positives, negatives, what knowledge?
- Do you think the term 'mental health' or 'mental illness' are deemed positive or negative on social media?  
Probes: Why? What sort of content?

- Do interactions/communicating on social media play a role in informing your knowledge of mental disorders? If so, how?
- Do interactions on social media impact your attitudes and perceptions of mental health? If so, how?  
Probes: What were perceptions before? How have they changed?
- Is social media influential in changing your ideas about mental health/illness?  
Probes: How? Examples?
- Does social media play a role in raising awareness of mental health and the professional help available?  
Probes: If yes, why? If no, why? Can you provide an example?
  
- Show participants a few social media posts/videos in relation to mental health on social media. (These posts will be from the data provided in the first study)
- Ask participants: Have they previously come across this type of information? If they found this type of information useful?
- If not, what type of content on social media is impactful in influencing your knowledge/perceptions of mental health/illness?
- What is the type of information they would like to see as a SA young person?
  
- Is there anything else you would like to add?

**Thank you**