



University of Wales Trinity Saint David (UWTSD)

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Task 1 Portfolio

**Designing and Validating a Strategic Marketing Framework for
Professional Mental Health Help-Seeking Intention among UK
Generation Z Adults**

Student: Ratchada Caliendo-Chan

Student ID: 1916134

Lecturer: Professor Alireza Nazarian

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1. Introduction: dissertation title, justification and contribution

The proposed final DBA dissertation title is: Designing and Validating a Strategic Marketing Framework for Professional Mental Health Help-Seeking Intention among UK Generation Z Adults. This title is deliberately narrower than the earlier topic of strategic marketing for mental health awareness because the doctoral problem is not simply whether young people encounter mental-health content, but how controllable communication factors may operate through psychological mechanisms in relation to professional help-seeking intention. Recent reviews make this mechanism gap current: campaign evidence remains uneven beyond knowledge and attitudes, while intervention research calls for theory-aligned mechanisms and standardised outcomes (Caliendo-Chan, 2026a; Caliendo-Chan, 2026b; Plackett et al., 2025; Bora et al., 2026).

The business and societal problem is a communication-to-action gap: organisations can generate reach and awareness but cannot yet identify which controllable message, source and platform features support professional help-seeking intention, for whom and through which mechanisms. The DBA contributes an integrated mechanism model, measurement-first validation and ethically bounded communication guidance. This portfolio makes the development traceable; Task 2 defends the same philosophical and methodological choices (Draganidis et al., 2024; Plackett et al., 2025; Bora et al., 2026).

The population boundary is UK-resident Generation Z adults aged 18–29. This boundary keeps the study close to the digital-native cohort discussed in the earlier coursework while avoiding the additional ethical and consent complexities of recruiting minors. It also aligns with the pilot study, which collected 126 valid responses from UK Gen Z adults aged 18–29 and tested early relationships among social media exposure, message authenticity, awareness, stigma and help-seeking intention (Caliendo-Chan, 2026c).

2. Project aim, objectives, research questions and provisional hypotheses

The aim of the proposed DBA is to design and validate a parsimonious Strategic Marketing for Mental Health (SMMH) framework that tests how perceived message authenticity, source credibility, narrative framing and platform-message fit are associated with professional mental health help-seeking intention among UK Generation Z adults, directly and indirectly through mental health literacy and perceived stigma. Exposure to mental-health content will be modelled separately as communication dose/context rather than conflated with message quality. The work is grounded in social marketing because it concerns planned communication for social benefit rather than commercial persuasion alone (Kotler and Zaltman, 1971; Grier and Bryant, 2005).

The objectives are as follows:

1. To critically synthesise literature on youth mental health help-seeking, stigma, mental health literacy, social media communication and strategic/social marketing, and use that synthesis to define the mechanism gap precisely (Gulliver, Griffiths and Christensen, 2010; Kutcher, Wei and Coniglio, 2016; Tam et al., 2024).
2. To specify the role of each construct in the model: message authenticity, source credibility, narrative framing and platform-message fit as primary communication predictors; mental health literacy and perceived stigma as primary mediators; professional help-seeking intention as the dependent variable; and communication exposure as a contextual predictor (Petty and Cacioppo, 1986; Powell and Pring, 2024; Kaňková, Binder and Matthes, 2025).
3. To refine and validate multi-item measures before testing structural paths, using expert review, cognitive pretesting, reliability assessment, confirmatory factor analysis, convergent validity and discriminant validity (Churchill, 1979; DeVellis, 2017; Fornell and Larcker, 1981; Henseler, Ringle and Sarstedt, 2015).
4. To estimate the pre-specified direct and indirect relationships using covariance-based structural equation modelling (CB-SEM), subject to measurement quality, model identification and estimator assumptions, without treating cross-sectional paths as proof of causality (Anderson and Gerbing, 1988; Kline, 2016).
5. To translate validated relationships, null findings and boundary conditions into ethical guidance for charities, universities, employers, public-health bodies and social enterprises deciding what message, source and platform strategies warrant investment (Tam et al., 2024; Draganidis et al., 2024).

The refined research questions mirror the model rather than mixing levels of analysis. RQ1: How are perceived message authenticity, source credibility, narrative framing, platform-message fit and mental-health content exposure associated with mental health literacy and perceived stigma among UK Generation Z adults? RQ2: How are mental health literacy and perceived stigma associated with professional help-seeking intention? RQ3: To what extent do mental health literacy and perceived stigma statistically mediate relationships between the primary strategic communication predictors and professional help-seeking intention? RQ4: Which supported relationships and boundary conditions can be translated into an ethically defensible SMMH framework for UK practice? These questions move the thesis from campaign description to explicit mechanism testing (Caliendo-Chan, 2026b; Caliendo-Chan, 2026c).

The provisional hypotheses are directional but remain subject to measurement validation: H1, more favourable evaluations of message authenticity, source credibility, narrative framing and platform-message fit will be positively associated with mental health literacy; H2, mental health literacy will be positively associated with professional help-seeking intention; H3, perceived stigma will be negatively

associated with professional help-seeking intention; and H4, the primary communication predictors will show indirect associations with intention through literacy and/or stigma. Exposure is retained as a contextual predictor because the pilot associated it with awareness, but it is not treated as equivalent to communication quality. Hypotheses will be revised only for theoretical or measurement reasons before confirmatory testing, not data-mined after observing the main-study results (Ajzen, 1991; Kline, 2016; Caliendo-Chan, 2026c).

3. Portfolio evidence map

The portfolio is built from prior DBA work, and a verified contemporary evidence update. Its value is not accumulation but traceability: each evidence item shows how the research plan has been narrowed, challenged and made more defensible (Booth, Sutton and Papaioannou, 2016).

Portfolio evidence	Function in the research journey	What it changed	Citation
Research Principles and Philosophy coursework	Established the philosophical base for the project.	Moved the project towards critical realism, post-positivism and quantitative framework validation.	Caliendo-Chan (2026a)
Critical Literature Review coursework	Mapped the field and produced a PRISMA-informed synthesis.	Identified the mechanism gap between help-seeking research and strategic marketing communication.	Caliendo-Chan (2026b); Page et al. (2021)
Pilot Study coursework	Tested an early framework with 126 valid responses.	Retained authenticity and awareness pathway; flagged weak stigma measurement and uncertain influencer credibility.	Caliendo-Chan (2026c)
Contemporary evidence update (2025-2026)	Tested whether the problem, outcome boundary and mechanism gap remained current.	Separated historical trend evidence from the current mechanism gap and distinguished professional intention from informal or online support.	Dyxhoorn et al. (2025); Plackett et al. (2025); Bora et al. (2026); Yuan et al. (2026)

Table 1: Portfolio evidence map (author synthesis based on Caliendo-Chan, 2026a, 2026b, 2026c; Dykxhoorn et al., 2025; Plackett et al., 2025; Bora et al., 2026).

4. Evolution of the research plan through the Kuhn cycle

The six-stage Kuhn cycle is used here as a reflective heuristic for making the project's evolution auditable. The stages trace how an initially broad problem was normalised through prior coursework,

destabilised by literature and pilot anomalies, and redesigned into the final doctoral plan. The mapping is analogical rather than a claim that one DBA constitutes a discipline-wide scientific revolution (Kuhn, 1970; McLeod, 2020).

Kuhn-cycle stage	Portfolio evidence and practical-guidance theme	Decision for the final DBA
1. Pre-science / inciting incident	The starting concern was UK Generation Z mental-health awareness, sharpened by evidence of substantial and unequal mental-health need.	Replace an awareness-only topic with a problem focused on professional help-seeking and the mechanisms that may influence it.
2. Normal science / rising action	The RPP and established literature supplied critical-realist, post-positivist and theory-led standards for credible investigation.	Treat constructs as fallibly measurable and pursue quantitative framework validation rather than campaign description.
3. Model drift / emergence of anomalies	The critical literature review exposed fragmented literatures, heterogeneous outcomes and weak links between communication design and help-seeking.	Integrate controllable message, source and platform factors with psychological mechanisms and a precise professional-intention outcome.
4. Model crisis / crisis	The pilot (n=126) retained useful pathways but produced an unreliable stigma scale ($\alpha=.205$), weak credibility evidence and sampling limitations.	Reject near-significance reasoning; treat measurement failure and null findings as anomalies requiring correction, not concealment.
5. Model revolution / scientific revolution / climax	The provisional model was redesigned through construct clarification, expert review, cognitive pretesting and measurement-first analysis.	Validate the measurement model through CFA before SEM; revise or remove constructs that fail explicit decision gates.
6. Paradigm change / new normal / denouement and next steps	The final plan is a mechanism-focused SMMH framework for UK-resident Gen Z adults aged 18–29, with ethical and causal claim boundaries.	Test the revised framework, report uncertainty and anomalies transparently, and establish a defensible new starting point for subsequent research.

Table 2: Applied Kuhn-cycle map of the research journey (author adaptation from McLeod, 2020, based on Kuhn, 1970; project evidence from Caliendo-Chan, 2026a, 2026b, 2026c).

The cycle changes the interpretation of the portfolio. The RPP, literature review and pilot are not independent coursework products; they are successive tests of what counts as a legitimate problem, evidence and solution. The pilot crisis is therefore productive: it converts weak measurement into a design requirement. At the wider disciplinary level, however, the DBA remains puzzle-solving within

critical-realist and post-positivist commitments rather than a claim to replace the field's paradigm (Kuhn, 1970; McLeod, 2020; Caliendo-Chan, 2026a, 2026b, 2026c).

5. Rising action: evidence analysis and research approach

5.1 Literature evidence: what is known and what remains weak

The literature establishes that help-seeking is not a single event but a staged and socially mediated process. Young people may recognise distress, disclose to peers, search online, evaluate formal services and only later contact professional support. Barriers include perceived stigma, limited-service knowledge, lack of trust, uncertainty about symptoms and concerns about disclosure (Gulliver, Griffiths and Christensen, 2010; Link and Phelan, 2001).

Mental health literacy is a necessary but insufficient mechanism. Literacy can support recognition, knowledge and support navigation, but better awareness does not automatically produce professional help-seeking. This is why the final DBA should model awareness as a pathway construct rather than the final outcome (Kutcher, Wei and Coniglio, 2016; Nazari et al., 2023; Yeo et al., 2024).

Digital environments are central to how young adults encounter mental health information. Social media is not only a channel; it is a sociotechnical environment in which platform affordances, creator credibility, peer norms and algorithmic exposure shape what becomes visible and believable. This makes generic measures of time spent online too weak for strategic communication research (Chhabra et al., 2025; Fassi et al., 2025).

The strongest gap is mechanism specification. Campaign studies often report awareness, attitudes or engagement outcomes, but do not consistently identify which message features produce the reported changes. Plackett et al. (2025) found that social-media campaign evidence was methodologically varied and that behavioural effects were inconsistent or short-lived. Across 54 recent randomised trials, Bora et al. (2026) likewise identified heterogeneous interventions, outcome definitions and measures, with insufficient attention to mechanisms and to the distinction between attitudes, intentions and behaviour. The current gap is therefore limited UK Generation Z-specific evidence explaining how modifiable source and message characteristics operate through psychological mechanisms to predict professional help-seeking intention (Tam et al., 2024; Draganidis et al., 2024; Kaňková, Binder and Matthes, 2025; Plackett et al., 2025; Bora et al., 2026).

5.2 Philosophical evidence: the paradigm underpinning the study

The paradigm discussion in the RPP coursework is useful because it makes the study's intellectual commitments explicit. Research philosophy connects assumptions about reality and knowledge to theory development and method; it is not a label added after selecting a survey. For this DBA, the relevant test is whether the philosophical position can justify fallible latent-construct measurement,

theory-led hypothesis testing, contextual mechanisms and bounded claims from a non-probability cross-sectional sample (Kuhn, 1970; Saunders, Lewis and Thornhill, 2023; Caliendo-Chan, 2026a).

The ontological commitment is critical realist: mental health difficulties, communication encounters, stigma and help-seeking processes are treated as real, but the mechanisms linking them are not assumed to be directly observable or invariant across contexts. Observed survey responses are therefore indicators of underlying constructs rather than the constructs themselves. This rejects naive realism and the assumption that a marketing message has a uniform effect across all Generation Z adults (Saunders, Lewis and Thornhill, 2023; Caliendo-Chan, 2026a).

The epistemic stance is post-positivist and fallibilist: theory can be tested against observable evidence, yet estimates remain probabilistic, measurement-error prone, sample-bound and open to revision. Critical realism and post-positivism are not treated here as interchangeable paradigm labels; the former states the ontological commitment to real but context-dependent mechanisms, while the latter describes the cautious evidential stance used to test propositions about them. This alignment supports deductive quantitative analysis while ruling out causal over-claiming from cross-sectional SEM (Saunders, Lewis and Thornhill, 2023; Kline, 2016; Podsakoff et al., 2003).

Kuhn's framework also clarifies the scale of the intended contribution. This DBA does not claim a scientific revolution or a wholly new paradigm. It works within established critical-realist and post-positivist commitments but addresses a neglected puzzle inside them: how controllable communication features may operate through psychological mechanisms in relation to professional help-seeking intention. The contribution is therefore evolutionary and problem-solving: it integrates partly disconnected literatures, improves measurement and tests a more explicit mechanism model while remaining open to anomalies and revision (Kuhn, 1970; Caliendo-Chan, 2026a, 2026b).

5.3 Pilot study evidence: what should be retained and what must change

The pilot study provides the most direct empirical evidence for the ADRS plan. Its 126 valid responses suggest that social media exposure and message authenticity should remain in the final model because both were useful predictors of mental health awareness. Awareness should remain a key pathway construct because it was associated with help-seeking intention (Caliendo-Chan, 2026c).

The pilot also identifies what must change. Influencer credibility requires sharper operationalisation rather than automatic removal. The weak pilot result may mean influencers are less important than message authenticity, or it may mean that credibility was measured too broadly. The final study should distinguish expertise, trustworthiness, relatability and lived-experience credibility rather than treating credibility as one undifferentiated construct (Petty and Cacioppo, 1986; Powell and Pring, 2024; Kaňková, Binder and Matthes, 2025).

The stigma measure must be repaired before the final DBA. Stigma is not merely an individual attitude; it is a social process involving labelling, stereotyping, separation and status loss. A short unreliable scale cannot support strong claims about stigma pathways, so the final study must either use a stronger validated measure or narrow the construct to a clearly defined perceived stigma dimension (Link and Phelan, 2001; DeVellis, 2017; Caliendo-Chan, 2026c).

5.4 Data collection planning evidence

The final DBA should use a deductive, cross-sectional online survey as the main design, preceded by expert review and cognitive pretesting. A qualitative design could explain lived meaning in greater depth but could not by itself provide the construct-level validation sought here; an experiment would strengthen causal inference but would answer a different question and would not repair weak measurement. CB-SEM is therefore the primary analytic strategy because the DBA is testing a theoretically specified latent-variable framework. This design choice earns credibility only if model identification, measurement validity, estimator assumptions and the limits of cross-sectional inference are reported explicitly (Anderson and Gerbing, 1988; Kline, 2016).

The target population is UK-resident Gen Z adults aged 18–29. The operational sampling frame is eligible adults reachable through university, employment, community, youth and online routes. Because no complete list-based frame exists, recruitment will use multi-channel non-probability quota sampling and will not be mislabelled as stratified random. Gender, ethnicity, region and student or employment status will inform feasible quotas. A working range of 400–600 usable responses will be confirmed through a priori power and model-complexity analysis, with recruitment source and quota deviations reported transparently (Wolf et al., 2013; Caliendo-Chan, 2026c).

The instrument should use multi-item measures for perceived message authenticity, source credibility, narrative framing, platform-message fit, exposure to mental-health content, mental health literacy, perceived stigma and professional help-seeking intention. The pilot's broad 'awareness' construct will therefore be refined into mental health literacy so that recognition, knowledge and support navigation are not collapsed into a vague outcome. Professional help-seeking intention will mean stated intention to contact a GP, an NHS psychological service or another appropriately qualified mental-health professional when professional support is needed. Informal and online peer support will be measured separately because it may complement, but does not replace, professional care (Kutcher, Wei and Coniglio, 2016; Yuan et al., 2026). Scale adaptation must be documented because modification can damage construct validity (Churchill, 1979; DeVellis, 2017).

6. Climax: critical evaluation and final doctoral research design

My most consequential correction was accepting that a theoretically important construct could not be defended when its pilot measure was unreliable. I initially expected stigma to explain professional help-seeking intention, but the pilot alpha of .205 required me to separate theoretical importance from measurement adequacy. I therefore do not treat the p-value of .053 as near-significant support; the coefficient is indeterminate because unreliable measurement weakens its interpretation. This changed the plan from path testing alone to a measurement-first design using expert review, cognitive pretesting, CFA and an explicit rule to revise or remove failed constructs (Caliendo-Chan, 2026c; DeVellis, 2017; Kline, 2016).

The final DBA design is a critical-realist, post-positivist, deductive quantitative study using survey data and CB-SEM. The design fits the research problem because the aim is to test a pre-specified framework of relationships among latent constructs, not merely to describe young adults' social-media experiences. The analysis will follow two-step SEM logic: the measurement model must be acceptable before structural coefficients, indirect effects or subgroup differences are interpreted (Anderson and Gerbing, 1988; Kline, 2016).

The study will proceed through six stages. Stage 1 will update the literature review, finalise construct definitions and freeze the primary model. Stage 2 will adapt the survey instrument. Stage 3 will conduct academic/practitioner expert review and cognitive pretesting with target respondents. Stage 4 will collect the main survey dataset. Stage 5 will test response quality, reliability, factor structure, convergent and discriminant validity, common-method risk and model identification. Stage 6 will estimate the pre-specified structural and indirect paths, conduct only theoretically justified conditional analyses, and translate supported and unsupported findings into the SMMH framework (Churchill, 1979; Fornell and Larcker, 1981; Henseler, Ringle and Sarstedt, 2015; Podsakoff et al., 2003).

Model role	Constructs to test	Analytical rule / theoretical purpose
Primary independent variables	Message authenticity; source credibility; narrative framing; platform-message fit. Content exposure is entered separately as communication dose.	Estimate message, source and platform relationships without equating exposure with quality.
Primary mediators	Mental health literacy (refined from pilot awareness); perceived stigma. Subjective norms / perceived behavioural control are Gate 1 candidates only.	Pre-specify the principal indirect pathways; prevent construct inflation.

Model role	Constructs to test	Analytical rule / theoretical purpose
Dependent variable	Professional mental health help-seeking intention; likely support route is contextual only.	Measure a proximal outcome without claiming observed service use.
Covariates / conditional factors	Gender; ethnicity; region; socioeconomic position; student/employment status; prior mental-health experience; digital-use context.	Pre-specify from theory; test moderation only when justified and powered.

Table 3: Proposed Strategic Marketing for Mental Health framework (author synthesis based on Ajzen, 1991; Bandura, 1986; Kotler and Zaltman, 1971; Petty and Cacioppo, 1986; Caliendo-Chan, 2026b, 2026c).

7. Denouement: resolving ethical, quality and practical challenges

The denouement resolves three planning tensions: critical realism with fallible post-positivist testing; feasible non-probability recruitment with quotas and transparent reporting; and professional help-seeking intention as a proximal outcome, not observed behaviour. These choices make the final proposal deliverable while preserving its claim boundaries (Kuhn, 1970; Kline, 2016; Caliendo-Chan, 2026a, 2026c).

The study concerns mental health and young adults, so ethics cannot be treated as a procedural appendix. The survey must include clear participant information, voluntary consent, the right to withdraw, anonymous data handling, distress minimisation and signposting to relevant support services. It should not collect unnecessary diagnostic details or encourage respondents to disclose more than the research needs (Murray et al., 2016; Smith, Thew and Graham, 2018).

Quality controls must be designed before data collection. The study should include attention checks where appropriate, transparent missing-data rules, reliability analysis, confirmatory factor analysis, convergent and discriminant validity checks, and careful reporting of common method limitations. If constructs fail, the final thesis should revise or remove them rather than hide weak evidence behind complex modelling (Fornell and Larcker, 1981; Henseler, Ringle and Sarstedt, 2015; Podsakoff et al., 2003).

The practical contribution is the DBA test. The thesis must not stop at statistical significance. It must translate results into campaign design guidance: what types of messages, source and platform alignment appear most strongly connected to awareness and professional help-seeking intention; where influencer strategy is useful or overstated; and which metrics organisations should treat as weak proxies for genuine support-related outcomes (Tam et al., 2024; Draganidis et al., 2024).

8. Challenges and limitations: stress-testing the final DBA plan

The first assumption is that strategic marketing variables can be meaningfully separated in respondents' minds. In practice, young adults may not distinguish source credibility from authenticity or platform fit. This is why the final DBA must test discriminant validity rigorously before interpreting structural paths (Fornell and Larcker, 1981; Henseler, Ringle and Sarstedt, 2015).

The second assumption is that professional help-seeking intention is an adequate outcome. Intention is ethically and practically easier to measure than actual service use, but it is neither behaviour nor a general measure of informal or online support-seeking. The thesis must state this boundary clearly and, where possible, include past professional help-seeking and likely support route as contextual variables (Ajzen, 1991; Gulliver, Griffiths and Christensen, 2010; Yuan et al., 2026).

The third assumption is that social media exposure is beneficial if associated with awareness. Exposure may increase awareness while also normalising distress, spreading misinformation, encouraging self-diagnosis or making mental health communication feel performative. The final thesis should therefore test communication quality rather than celebrating exposure alone (Chhabra et al., 2025; Fassi et al., 2025).

The fourth assumption is that authenticity is always positive. Authenticity can support trust, but it can also become a marketing performance. Young adults may reject content that appears emotionally manipulative, commercially motivated or insufficiently evidence-based. The final thesis should therefore treat authenticity as perceived by the audience, not as a claim made by the organisation (Petty and Cacioppo, 1986; Powell and Pring, 2024).

The fifth assumption is that a single Generation Z category is analytically sufficient. It is not: gender, ethnicity, socioeconomic position, education, region, prior mental-health experience and digital-media habits may shape message interpretation, while current UK cohort evidence also demonstrates substantial heterogeneity in young-adult mental health. These variables will not automatically be called 'moderators'. Covariates will be pre-specified from theory, and moderation or subgroup tests will be undertaken only when conceptually justified and adequately powered; otherwise, they will remain descriptive boundary conditions. This avoids universal claims from a narrow sample and post hoc segmentation disguised as theory (Wolf et al., 2013; Kelly and Fitzsimons, 2026; Caliendo-Chan, 2026c).

9. Next steps: research timetable and decision gates

The final DBA will be managed through decision gates as well as dates. Gate 1 is conceptual closure: each construct must have a definition, theoretical role and expected direction. Gate 2 is measurement

readiness: every construct must have defensible candidate items and an adaptation rationale. Gate 3 is ethical readiness: wording, consent, distress safeguards and signposting must be approved before recruitment. Progress therefore means passing evidence-based criteria, not merely reaching the next calendar month (Churchill, 1979; DeVellis, 2017; Murray et al., 2016).

Months 1 to 3 will update the PRISMA-informed literature review and freeze the primary construct map. The task is selection, not accumulation: decide which constructs are essential, which are contextual and which overlap too strongly to justify inclusion. This protects parsimony and model identification against construct inflation (Booth, Sutton and Papaioannou, 2016; Page et al., 2021; Kline, 2016).

Months 4 to 5 will develop the instrument, conduct academic/practitioner expert review and cognitively pretest it with target respondents. The pretest must establish that terms such as authenticity, source credibility, stigma and professional help-seeking are interpreted as intended. Ambiguity will trigger revision before the main survey, not statistical rescue afterwards (Churchill, 1979; DeVellis, 2017; Caliendo-Chan, 2026c).

Months 6 to 8 will cover ethics approval, recruitment preparation and survey launch. Recruitment will combine university routes with wider employment, community, youth and online channels so that feasibility does not silently become a student-only sample. Feasible quotas and recruitment-source reporting will be used to expose, rather than conceal, deviations from the intended UK Generation Z adult population (Wolf et al., 2013; Caliendo-Chan, 2026c).

Months 9 to 10 should focus on data cleaning and measurement validation. The analysis must begin with missing data, response quality, distributional diagnostics, outliers and careless-responding checks. CFA will then test whether the indicators support the pre-specified factor structure, followed by reliability, convergent validity and discriminant validity assessment. Estimator choice and any robust corrections will be justified from the data rather than assumed in advance. Structural paths will not be interpreted unless the measurement model is defensible, particularly because authenticity, credibility and platform fit may be conceptually close in respondents' minds (Fornell and Larcker, 1981; Henseler, Ringle and Sarstedt, 2015; Kline, 2016).

Months 11 to 12 will test the structural model. CB-SEM is valuable here only if it disciplines theory testing: estimate the pre-specified direct and indirect effects with uncertainty intervals, evaluate fit with multiple diagnostics, and resist post hoc paths added merely to improve fit. Because the design is cross-sectional, an indirect effect will be reported as evidence consistent with mediation, not proof of temporal causation. Persistent weak source-credibility evidence would be a substantive result, not an inconvenience to hide (Anderson and Gerbing, 1988; Kline, 2016; Caliendo-Chan, 2026c).

Months 13 to 15 will convert the validated model into the findings, discussion and practitioner framework. The discussion must explain why supported, weak and null relationships matter, not restate coefficients. For example, if authenticity outperforms source credibility, the practical implication is to test message quality before assuming creator partnerships add value; if literacy mediates associations with intention, the framework must specify whether recognition, support-route knowledge or navigation confidence is doing the work (Kutcher, Wei and Coniglio, 2016; Powell and Pring, 2024; Tam et al., 2024).

Before hand-in, the portfolio and thesis will receive a citation audit: every material factual or theoretical claim must be traceable to an appropriate source, every in-text citation must match the reference list, and the Harvard presentation must be consistent. This is a credibility control, not cosmetic formatting.

The final risk is overclaiming. Cross-sectional survey data and SEM cannot establish real-world service use or temporal causality. The defensible contribution is narrower: a validated model of associations among strategic communication perceptions, primary psychological mechanisms and professional help-seeking intention, translated into ethical campaign guidance with its uncertainty and boundary conditions visible (Ajzen, 1991; Podsakoff et al., 2003; Draganidis et al., 2024).

10. Conclusion: final topic, title and plan

The final research topic is the development and validation of a Strategic Marketing for Mental Health framework for professional help-seeking intention among UK Generation Z adults. The portfolio demonstrates a traceable evolution from a broad awareness problem, through philosophical positioning and critical literature synthesis, to pilot-based measurement diagnosis and a parsimonious mechanism-focused DBA plan. The critical shift is not simply a new diagram; it is a change in what must be demonstrated before a pathway is interpreted (Caliendo-Chan, 2026a, 2026b, 2026c).

The final title is: Designing and Validating a Strategic Marketing Framework for Professional Mental Health Help-Seeking Intention among UK Generation Z Adults. The final core model specifies perceived message authenticity, source credibility, narrative framing and platform-message fit as primary independent variables; mental health literacy and perceived stigma as primary mediators; and professional help-seeking intention as the dependent variable. Content exposure is modelled separately as contextual communication dose. Demographic and experiential variables are covariates or conditional factors only when theory and power justify that role. This explicit architecture makes the framework testable and prevents exploratory variables from being mistaken for confirmed mechanisms (Anderson and Gerbing, 1988; Kline, 2016).

The strongest assumption now rejected is that awareness alone is an adequate outcome. The stronger retained proposition is narrower: strategic marketing communication may contribute to professional help-seeking intention when theoretically specified message, source and platform factors operate through measurable psychological mechanisms. The DBA will therefore treat null, weak and partial findings as information about the framework's boundaries rather than forcing the data to confirm it. That combination of measurement discipline, claim restraint and actionable translation is the basis of the intended doctoral contribution (Tam et al., 2024; Draganidis et al., 2024).

References

Academic references below combine the strongest sources retained from the previously submitted Research Principles and Philosophy, Critical Literature Review and Pilot Study with a verified 2025-2026 evidence update. The researcher's prior DBA coursework is listed separately because it documents the development of the project rather than forming part of the external academic literature base.

Academic sources used in the portfolio

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Prior DBA coursework

- Caliendo-Chan, R. (2026a) *Research philosophies and methodological approaches in studies on mental health awareness among UK Generation Z*. Unpublished DBA coursework. University of Wales Trinity Saint David.
- Caliendo-Chan, R. (2026b) *A PRISMA-informed critical literature review of strategic marketing communication and mental health help-seeking intentions among UK Generation Z*. Unpublished DBA coursework. University of Wales Trinity Saint David.
- Caliendo-Chan, R. (2026c) *Testing a pilot strategic marketing framework for mental health awareness and help-seeking intention among UK Generation Z*. Unpublished DBA coursework. University of Wales Trinity Saint David.