

University of Wales Trinity Saint David (UWTSD)

Doctor of Business Administration (DBA)



Testing a Pilot Strategic Marketing Framework for Mental Health Awareness and Help-Seeking Intention Among UK Generation Z

A Pilot Study

This coursework has been submitted in accordance with the requirements of the University of Wales Trinity Saint David for the DBA module *Converting Research into Practice* (LCDB7010_LON).

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Abstract

Mental health difficulties among young adults in the United Kingdom remain a persistent public health concern, while formal help-seeking continues to lag behind rising levels of need. At the same time, social media has become a dominant communication environment for Generation Z, creating new opportunities for awareness-building, peer influence and mental health messaging. However, the strategic communication mechanisms through which social media may influence Mental Health Awareness and Help-Seeking Intention remain insufficiently specified in the existing literature.

This pilot study develops and tests a strategic marketing framework examining relationships among Social Media Exposure, Influencer Credibility, Message Authenticity, Mental Health Awareness, Perceived Stigma and Help-Seeking Intention among UK Generation Z adults aged 18-29. Adopting a post-positivist, cross-sectional quantitative design, data were collected through an online survey, producing 126 valid responses. The data were analysed using descriptive statistics, reliability analysis, correlation analysis and multiple regression.

The findings indicate that Social Media Exposure and Message Authenticity significantly predict Mental Health Awareness, while Mental Health Awareness significantly predicts Help-Seeking Intention. Message Authenticity also showed the strongest positive bivariate relationship with Help-Seeking Intention. By contrast, Influencer Credibility did not significantly predict awareness in the regression model, and Perceived Stigma did not significantly predict Help-Seeking Intention, although the stigma scale demonstrated weak reliability and should therefore be interpreted cautiously. Open-ended responses further indicated a preference for authentic, experience-based, practical and informative mental health content. The study provides preliminary empirical support for integrating strategic marketing variables into youth mental health communication research and offers implications for organisations designing digital mental health campaigns for UK Generation Z.

Keywords: Mental Health Awareness; Help-Seeking Intention; Social Media Exposure; Influencer Credibility; Message Authenticity; Perceived Stigma; Generation Z; Strategic Marketing; UK

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1. Introduction

Mental health difficulties among young people in the United Kingdom have become an increasingly prominent social and policy concern. National evidence indicates rising levels of probable mental disorder among children, adolescents and young adults, while wider commentary continues to highlight growing demand for support services and concern about unmet need (NHS, 2023a; NHS, 2023b; NHS, 2025; Rethink Mental Illness, 2025). Yet the issue is not only one of prevalence. A persistent challenge is that many young people who experience psychological distress do not engage promptly with formal support, instead relying on informal networks, delaying help-seeking, or remaining uncertain about how and where to access services (Gulliver, Griffiths and Christensen, 2010; UCL, 2025; Quinn, 2025).

This challenge is especially important for Generation Z, a cohort that has matured in highly digital communication environments where information, identity work and peer interaction are deeply shaped by social media platforms. Social media is therefore not merely a communication channel, but a setting in which mental health narratives, support messages, influencer communication and lived-experience content are routinely encountered. Existing research suggests that digital environments may operate simultaneously as sources of risk and as spaces of awareness, peer support and resilience (Nazari et al., 2023; Yeo et al., 2024; Fadillah and Long, 2025). However, much of the literature still treats “social media use” in broad terms, without sufficiently examining the specific communication mechanisms that may influence mental health awareness and help-seeking openness.

This creates an important gap for business and management research. Organisations such as charities, universities, employers, public-health bodies and digital platforms increasingly invest in youth mental health communication, yet the evidence base remains under-specified in relation to strategic variables such as message authenticity, influencer credibility and communication design. Campaign studies often report awareness or engagement outcomes but give limited attention to the mechanisms through which communication may shape awareness, stigma and help-seeking intention (Curran et al., 2023; Tam et al., 2024). A more explicitly strategic framework is therefore needed to connect digital communication variables with behavioural and mental health literacy pathways.

In response, this study develops and tests a pilot strategic marketing framework examining relationships among social media exposure, influencer credibility, message authenticity, mental health awareness, perceived stigma and help-seeking intention among UK Generation Z adults

aged 18-29. The purpose is not to claim definitive causal effects at pilot stage, but to provide a theoretically integrated and empirically testable model that can support later DBA-level refinement. The study contributes by bringing together strategic marketing concepts and youth mental health communication within a single pilot framework.

2. Literature Review

2.1 UK Generation Z mental health and the persistent help-seeking gap

Mental health difficulties among young people in England and the wider UK remain a sustained public health concern (Okafor, 2023). Recent evidence indicates elevated rates of probable mental disorder among adolescents and young adults, with the burden particularly marked among younger age groups and uneven across gender and socioeconomic categories (NHS, 2023a; NHS, 2023b; NHS, 2025; Rethink Mental Illness, 2025). However, this evidence is largely epidemiological. While it shows the scale of the problem, it explains less about how communication environments, message design and organisational strategy shape awareness, stigma and support-seeking among young adults, especially as many delay or avoid professional help despite significant distress (Burns et al., 2009).

For business and management scholarship, this matters because organisations involved in youth mental health communication must make strategic decisions about audience targeting, message design and channel selection under uncertainty. Rising prevalence therefore creates not only a health imperative but also a managerial and communication problem: how to design interventions that are relevant, trusted and capable of influencing support-related attitudes among diverse Generation Z subgroups.

A recurrent finding is the mismatch between mental health need and formal help-seeking. Young adults often report psychological distress while relying mainly on informal support such as friends, family or online communities, with professional engagement delayed or inconsistent (UCL, 2025; Quinn, 2025). This should not be reduced to simple unwillingness. Help-seeking is shaped by anticipated stigma, confidentiality concerns, limited service knowledge, uncertainty about support pathways and doubts about the usefulness of formal help (Gulliver, Griffiths and Christensen, 2010). It is therefore better understood as a staged, socially

influenced process. Accordingly, the present study focuses on upstream mechanisms such as awareness, perceived stigma and openness to support rather than binary service use.

2.2 Social media and UK Generation Z: risk, opportunity and conceptual ambiguity

Generation Z adults are the first cohort to have matured in fully platformised communication environments in which social interaction, identity work and information exchange are deeply mediated by digital platforms. Social media therefore functions not merely as a distribution channel for mental-health-related messages, but as a social infrastructure through which narratives, peer norms and creator-led communication circulate continuously (Fassi et al., 2025). This makes it highly relevant to strategic marketing inquiry concerned with how message characteristics shape awareness and help-seeking intention.

The empirical literature, however, is mixed. Reviews and meta-analytic studies associate social media use with anxiety, depressive symptoms, sleep disruption and social comparison pressure (Purba et al., 2023; Ahmed et al., 2024; Agyapong-Opoku et al., 2025). At the same time, other studies emphasise supportive features of digital environments, including peer validation, informational access, reduced isolation and easier participation in mental health discourse (Nazari et al., 2023; Yeo et al., 2024). Fadillah and Long (2025) reinforce this dual perspective by arguing that hyperconnectivity can be both a source of psychological risk and resilience, revealing not only distress and self-presentation strain, but also peer support, coping strategies and digital wellbeing practices. This cautions against framing social media as either wholly harmful or wholly beneficial.

A central limitation in this evidence base is conceptual overgeneralisation. Social media is not a single homogeneous space; different platforms structure interaction, visibility and engagement in different ways (Chhabra et al., 2025). However, “social media use” is often measured as time spent, frequency of access or overall exposure, despite major differences in platform affordances, content formats, algorithmic curation and interaction styles. Such measures may be adequate for broad surveillance studies but are insufficient for strategic communication analysis. From a marketing perspective, the more relevant question is not simply whether young adults use social media, but what content they encounter, which sources

they trust, and how messages are framed. This supports models that move beyond generic exposure and include more meaningful communication constructs.

2.3 Mental health awareness, literacy and stigma as mechanisms linking communication to help-seeking

The mental health literacy literature provides an important bridge between communication exposure and behavioural outcomes because it focuses on recognition, knowledge, understanding and support navigation capacities that may shape help-seeking pathways (Kutcher, Wei and Coniglio, 2016; Nazari et al., 2023; Yeo et al., 2024). Digital interventions, including social-media-based initiatives, have shown potential to improve mental health knowledge, attitudes and, in some cases, help-seeking-related intentions (Nazari et al., 2023; Yeo et al., 2024). Emerging evidence also suggests that social media can support mental-health awareness and engagement when content is accessible, relevant and relatable to young audiences (Mohamad and Abd Mubin, 2023). However, effects remain inconsistent, partly because awareness and literacy are not always defined or measured consistently.

This inconsistency matters for strategic marketing research. In some studies, awareness refers to recognition of common conditions such as anxiety or depression; in others, it includes knowledge of support services, confidence in interpreting symptoms or broader navigational competence (Kutcher, Wei and Coniglio, 2016). The same issue applies to stigma. While many surveys treat stigma as an individual attitude captured through brief statements, classic conceptualisations emphasise stigma as a broader social process involving labelling, stereotyping and social exclusion (Link and Phelan, 2001). For the present study, stigma is treated as a proximal perception-based measure relevant to help-seeking intention rather than a full measure of structural stigma.

Help-seeking is similarly multidimensional. Gulliver, Griffiths and Christensen (2010) show that barriers can emerge at multiple stages, including recognising need, willingness to disclose and practical navigation of support. This supports the decision to treat awareness and stigma as mechanisms shaping openness to support. It also moves the model away from simplistic “exposure leads directly to behaviour” assumptions towards a more plausible pathway-based explanation.

2.4 Media mental health campaigns and social/digital marketing: evidence, limitations and managerial relevance

Media-based mental health campaigns targeting young people have expanded in visibility and sophistication, especially through digital and social channels. Systematic reviews suggest that such campaigns can improve awareness, knowledge and, in some cases, attitudes toward help-seeking (Tam et al., 2024). This matters because it indicates that communication interventions can contribute to public mental health outcomes and therefore warrant serious analysis from a business and management perspective.

However, the evidence base remains methodologically uneven. Short-term evaluations, self-reported outcomes, convenience sampling and non-controlled designs are common, limiting causal inference and cross-study comparability (Nazari et al., 2023; Yeo et al., 2024; Tam et al., 2024; Draganidis et al., 2025). Campaigns are also often treated as bundled interventions, making it difficult to identify which communication elements actually matter. From a managerial standpoint, this is a significant weakness. Organisations designing youth mental health campaigns must decide whether to prioritise narrative style, platform choice, creator partnerships, informational content or emotional tone, yet published studies often report only broad outcomes without specifying the mechanisms involved.

This problem is amplified by the frequent conflation of engagement and impact. Reach, views, shares and likes are often treated as indicators of success, yet they are poor proxies for behavioural outcomes such as sustained help-seeking or reduced stigma (Hui, Wong and Fu, 2015; Draganidis et al., 2025). Topic-close evidence from Modester (2025) is useful here because it suggests that content form and message qualities may influence awareness and help-seeking among Gen Z audiences, although the findings remain context-bound. Social marketing provides a useful bridge by offering a language of segmentation, value exchange, audience insight and behavioural barriers (Kotler and Zaltman, 1971; Grier and Bryant, 2005).

2.5 Influencer communication, message authenticity and strategic trust formation

Among the most visible developments in youth-oriented mental health communication is the use of influencers, creators and peer-like communicators to disseminate information, model

disclosure and normalise mental health conversations. In practice, these strategies are widely adopted because they align with platform cultures and audience attention patterns. In scholarship, however, influencer-led mental health communication remains under-theorised, especially in studies seeking to explain awareness and help-seeking outcomes rather than simply describe campaign activity (Curran et al., 2023; Tam et al., 2024).

From a persuasion perspective, source credibility and message relevance matter because they shape how audiences process and accept communication content (Petty and Cacioppo, 1986). Two constructs are especially salient in this context: source credibility and message authenticity. Source credibility is likely to influence message attention, trust and perceived relevance (Powell and Pring, 2023; Kaňková, Binder and Matthes, 2024). However, the literature rarely treats credibility as a stable or singular construct in mental health communication. Young audiences may evaluate credibility not only in terms of expertise, but also in terms of relatability, lived experience, motive and emotional appropriateness. This makes credibility context-dependent and difficult to operationalise consistently across studies. A communicator may be socially relatable but not perceived as sufficiently informed, while an institutional source may be technically accurate but lack social proximity or trust.

A similar problem exists with message authenticity. Although authenticity is frequently invoked in digital communication and influencer research, it is often used descriptively rather than defined precisely. In mental health contexts, authenticity may refer to candour, emotional openness, consistency, lived experience or resistance to overly polished and performative messaging (Curran et al., 2023; Tam et al., 2024). Nevertheless, the literature does not always distinguish clearly between these dimensions, making it difficult to determine which aspect of authenticity influences engagement, awareness or behavioural openness. Authenticity is therefore often treated as intuitively desirable without being rigorously conceptualised or measured.

This limitation has practical consequences. Organisations designing youth mental health campaigns must decide whether to prioritise institutional voices, expert communicators, lived-experience advocates or influencers, and whether communication should be informational, narrative or hybrid in tone. However, the current evidence base offers limited guidance because many studies remain campaign-specific, descriptive or short-term and do not isolate the independent contribution of credibility or authenticity to help-seeking-related outcomes. Topic-close evidence suggests that peer relatability and perceived sincerity may matter in youth engagement with digital mental health content, but such findings remain context-bound and are

not yet sufficient to establish robust generalisable effects (Modester, 2025). The literature therefore supports the inclusion of influencer credibility and message authenticity as strategically meaningful communication variables but does not yet establish clearly how these constructs should be conceptualised, measured or prioritised in mental health help-seeking models.

2.6 Theoretical integration and philosophical implications for a strategic marketing framework

A major limitation across the reviewed literature is fragmentation between behavioural health theory and strategic marketing concepts. Public health and psychology studies often examine awareness, stigma and help-seeking using established behavioural frameworks, while marketing-oriented discussions emphasise message strategy, audience engagement and source effects without integrating these variables into a coherent explanatory model. The result is a divided evidence base in which important concepts are identified without being systematically connected, weakening both theoretical clarity and managerial usefulness.

The Theory of Planned Behaviour (TPB) provides a useful starting point because it links behavioural intention to attitudes, subjective norms and perceived behavioural control (Ajzen, 1991). In the present context, perceived stigma can be interpreted as related to anticipated social judgement and normative pressure, while awareness, including knowledge of support pathways, may contribute to more favourable attitudes and greater perceived behavioural control. However, TPB does not specify how communication mechanisms in digital environments shape these determinants. It offers a behavioural logic, but not a strategic communication explanation.

Social Cognitive Theory (SCT) complements this by emphasising modelling, observational learning and self-efficacy (Bandura, 1986), all of which are particularly relevant in social media environments where peers and creators may normalise disclosure and support-seeking. However, SCT has a similar limitation. While it helps explain how visible behaviours and narratives may influence beliefs and intentions, it does not provide a sufficiently developed account of message design, platform fit or source positioning. It helps explain why communication may matter, but not which variables are most strategically important.

Social marketing provides the bridging logic. By conceptualising behaviour change as shaped through audience insight, segmentation, value exchange and strategically designed communication, it connects business and management concepts more directly to public health objectives (Kotler and Zaltman, 1971; Grier and Bryant, 2005). Within this integrated perspective, variables such as social media exposure, influencer credibility and message authenticity can be theorised as exogenous communication mechanisms that may influence awareness, stigma and help-seeking intention through attitudinal, normative and trust-based pathways. The value of this synthesis lies in addressing the explanatory gap left by using behavioural theory and communication strategy in parallel rather than in combination.

This synthesis also has philosophical implications. A post-positivist orientation is appropriate because the study tests probabilistic relationships among constructs using survey data while recognising that such constructs are imperfectly measured and context-dependent. Awareness, stigma, credibility and authenticity are therefore treated as operationalisations of complex social and psychological phenomena rather than fixed entities.

2.7 Synthesis, research gap and implications for the present pilot study

The reviewed literature demonstrates that youth mental health communication via digital and social media is both strategically important and empirically under-specified. Four interrelated gaps are evident. First, there is a mechanism gap: many studies evaluate campaign outcomes without modelling specific strategic communication variables, such as credibility and authenticity, as theoretically grounded constructs (Tam et al., 2024; Curran et al., 2023). Second, there is a measurement gap: awareness, stigma and help-seeking are often operationalised inconsistently, limiting comparability and cumulative theory development (Gulliver, Griffiths and Christensen, 2010; Kutcher, Wei and Coniglio, 2016; Link and Phelan, 2001). Third, there is a design-quality gap: the evidence base relies heavily on short-term, self-report and non-controlled designs, which constrain robust inference (Nazari et al., 2023; Yeo et al., 2024; Draganidis et al., 2025). Fourth, there is a context-specificity gap: limited evidence focuses explicitly on UK Generation Z adults aged 18-29 while simultaneously integrating strategic marketing constructs and help-seeking pathways.

These gaps justify the present pilot study's focus on a strategic marketing framework examining relationships among social media communication variables, including exposure, influencer

credibility and message authenticity, and mental health outcomes, namely awareness, perceived stigma and help-seeking intention, among UK Generation Z adults. The contribution is not to claim definitive causal effects at pilot stage, but to provide a theoretically integrated and empirically testable model that can inform subsequent DBA-level development and offer practical relevance for organisations designing youth mental health communication.

3. Conceptual Framework and Hypotheses

3.1 Conceptual orientation

The literature review identified a persistent conceptual gap in research on youth mental health communication. Although digital and social media campaigns are increasingly used to influence awareness and help-seeking, the strategic communication mechanisms underpinning these effects remain under-specified and only weakly integrated with behavioural theory. In response, the present study proposes a pilot conceptual framework linking strategic communication variables to Mental Health Awareness, Perceived Stigma and Help-Seeking Intention among UK Generation Z adults aged 18-29.

The framework is informed by three complementary traditions. First, the TPB proposes that behavioural intention is shaped by attitudes, subjective norms and perceived behavioural control (Ajzen, 1991). Within the present study, Perceived Stigma is conceptually related to anticipated judgement and normative pressure, while Mental Health Awareness, including knowledge of common conditions and support pathways, may contribute to more favourable attitudes and greater perceived capability to seek support. Second, SCT emphasises modelling, observational learning and self-efficacy (Bandura, 1986), which is especially relevant in social media environments where peers, creators and influencers may normalise disclosure and support-seeking. Third, social marketing provides a strategic communication lens through which audience relevance, message design and source selection can be examined in relation to socially beneficial outcomes (Kotler and Zaltman, 1971; Grier and Bryant, 2005).

Rather than treating social media use as a single undifferentiated predictor, the present framework distinguishes between Social Media Exposure, Influencer Credibility and Message Authenticity. This reflects evidence that source effects and perceived authenticity shape message reception in digital health communication (Kaňková, Binder and Matthes, 2024;

Powell and Pring, 2023). The framework therefore positions communication variables and behavioural mechanisms within a single pilot model.

3.2 Proposed conceptual model

The pilot model positions Social Media Exposure, Influencer Credibility and Message Authenticity as exogenous variables, with Mental Health Awareness and Perceived Stigma as proximal mechanisms and Help-Seeking Intention as the dependent variable. This structure reflects the role of awareness, stigma, credibility and authenticity in digital mental health communication (Gulliver, Griffiths and Christensen, 2010; Curran et al., 2023; Tam et al., 2024).

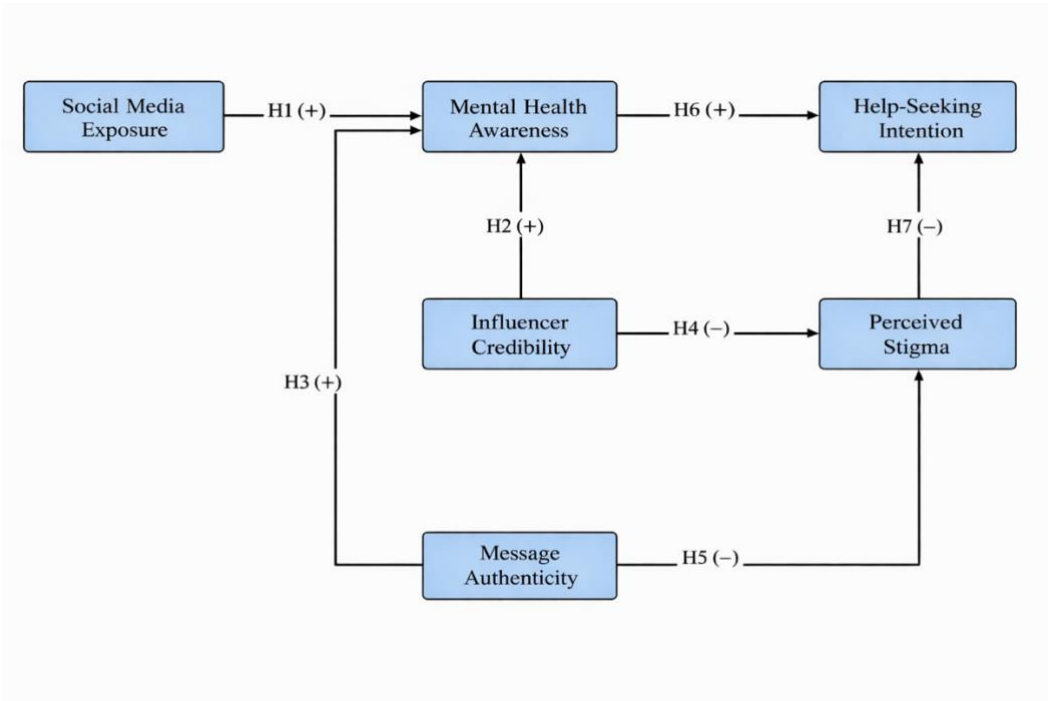


Figure 1. Proposed conceptual framework for Social Media Exposure, Influencer Credibility, Message Authenticity, Mental Health Awareness, Perceived Stigma and Help-Seeking Intention among UK Generation Z adults

Source: Author’s own elaboration.

3.3 Construct definitions in the present study

Social Media Exposure refers to self-reported routine engagement with social media and exposure to mental-health-related content, including the extent to which social media functions as a key information source.

Influencer Credibility refers to the extent to which participants perceive influencers discussing mental health as trustworthy, understandable and worthy of attention.

Message Authenticity refers to the perceived genuineness, honesty and believability of mental-health-related communication, particularly content framed through personal experience and open disclosure.

Mental Health Awareness refers to self-reported understanding of common mental health issues, awareness of support services and the perceived contribution of social media to mental health awareness.

Perceived Stigma refers to participants' perceptions of ongoing mental health stigma and anticipated social judgement associated with disclosure. Consistent with the literature, this is treated as a proximal perception-based construct rather than a full measure of structural stigma (Link and Phelan, 2001).

Help-Seeking Intention refers to participants' stated willingness to seek support, including professional help, if they were to experience mental health difficulties.

3.4 Hypotheses development

Strategic communication and Mental Health Awareness

Digital and web-based mental health interventions have shown potential to improve knowledge and mental health literacy among young people, although effects vary across contexts (Nazari et al., 2023; Yeo et al., 2024; Sun, Wang and Zhang, 2025). Within social media environments, repeated exposure to mental-health-related information may increase familiarity with key concepts and support pathways. Accordingly:

H1: Social Media Exposure is positively associated with Mental Health Awareness among UK Generation Z adults.

Source effects are also likely to influence whether messages are attended to and accepted. Influencers perceived as credible may function as trusted intermediaries, increasing engagement with mental-health-related content (Kaňková, Binder and Matthes, 2024; Powell and Pring, 2023).

H2: Influencer Credibility is positively associated with Mental Health Awareness.

Similarly, authenticity may enhance perceived believability and reduce resistance to health communication, particularly where audiences are sceptical of overly polished or institutional messaging (Curran et al., 2023; Tam et al., 2024).

H3: Message Authenticity is positively associated with Mental Health Awareness.

Strategic communication and Perceived Stigma

The literature suggests that normalised and relatable mental health discussions may contribute to reduced stigma, particularly where communication challenges silence, shame and stereotypes (Nazari et al., 2023; Tam et al., 2024). Within the present model, credible and authentic communication is expected to be associated with lower Perceived Stigma.

H4: Influencer Credibility is negatively associated with Perceived Stigma.

H5: Message Authenticity is negatively associated with Perceived Stigma.

Given the mixed and conceptually ambiguous evidence on general social media use, no directional hypothesis is specified between overall Social Media Exposure and Perceived Stigma in this pilot model; that relationship is treated as exploratory.

Mental Health Awareness, Perceived Stigma and Help-Seeking Intention

Mental health literacy research indicates that greater knowledge and awareness are associated with more favourable help-seeking attitudes and intentions, although the strength of association varies by setting and intervention type (Gulliver, Griffiths and Christensen, 2010; Nazari et al., 2023; Yeo et al., 2024).

H6: Mental Health Awareness is positively associated with Help-Seeking Intention.

By contrast, anticipated stigma and perceived judgement remain key barriers to disclosure and professional support-seeking (Gulliver, Griffiths and Christensen, 2010; Link and Phelan, 2001).

H7: Perceived Stigma is negatively associated with Help-Seeking Intention.

3.5 Analytical contribution of the pilot framework

The framework contributes by translating a broad strategic marketing agenda into a testable pilot model, integrating communication variables with behavioural and mental health literacy mechanisms, and providing a foundation for later DBA-level development.

4. Methodology

4.1 Research philosophy and design

This study adopted a post-positivist orientation. This was appropriate because the research sought to examine probabilistic relationships between communication variables, awareness, stigma and help-seeking intention while recognising that these constructs are socially shaped and imperfectly measured through self-report instruments. Survey responses were therefore treated as useful, but fallible, indicators of underlying attitudes, perceptions and intentions.

Methodologically, the study employed a deductive, cross-sectional quantitative design. Deduction was justified because the conceptual model and hypotheses were derived from prior literature and then tested empirically using structured survey data. A cross-sectional survey design was also appropriate for a pilot study because it allowed early assessment of construct clarity, scale performance and preliminary relationships within a manageable timeframe. Pilot-stage research is intended to support feasibility, instrument refinement and later model development rather than provide definitive causal claims (Ying et al., 2025).

4.2 Research setting, sampling strategy and participants

Data were collected through an anonymous online survey administered via Google Forms; selected screenshots of the online questionnaire are provided in Appendix B. The target population comprised UK Generation Z adults aged 18-29. The lower age threshold of 18 was selected to ensure independent informed consent and avoid the additional ethical and safeguarding requirements associated with surveying minors, while retaining relevance to Generation Z communication behaviours and mental health help-seeking contexts.

A non-probability purposive/convenience sampling strategy was used, supported by online distribution and network sharing. This approach is common in exploratory and pilot survey research where the main objectives are instrument testing, preliminary relationship analysis and feasibility assessment rather than population-representative estimation. The inclusion criteria were: (i) aged 18-29, (ii) currently living in the UK, and (iii) consenting to participate. Responses failing the screening criteria were excluded.

Although non-probability sampling limits statistical generalisability, it was appropriate for the present pilot because the study aimed to test a preliminary conceptual model rather than estimate nationally representative effect sizes.

4.3 Instrument design and operationalisation of variables

The survey instrument was structured into sections covering consent, screening/demographics, and six substantive constructs measured using five-point Likert-type items (1 = strongly disagree to 5 = strongly agree). The full survey instrument is provided in Appendix A. The design reflected established scale-development principles emphasising construct clarity, concise item wording and consistent response formats for pilot testing (DeVellis, 2017; Churchill, 1979).

The substantive constructs and item blocks were:

- Social Media Exposure (Q5-Q7)
- Mental Health Awareness (Q8-Q10)
- Perceived Stigma (Q11-Q13)
- Influencer Credibility (Q14-Q16)

- Message Authenticity (Q17-Q19)
- Help-Seeking Intention (Q20-Q22)

An optional open-ended question (Q23) captured participants' views on the types of mental-health-related social media content they found most helpful. The wording of this item is shown in Appendix A, and supplementary thematic coding with illustrative quotations is presented in Appendix C.

Composite scores were computed as mean scores for each three-item construct. To preserve directional consistency, Q13 ("Social media discussions are helping reduce mental-health stigma") was reverse-coded within the Perceived Stigma construct so that higher composite scores represented higher Perceived Stigma. The original wording of Q13 is provided in Appendix A.

4.4 Data collection procedure and ethical considerations

The survey began with a participant information and consent section explaining the purpose of the study, the voluntary nature of participation, anonymity, inclusion criteria and the academic use of the data. Participants were required to indicate consent before proceeding. The participant information, consent wording and questionnaire structure are provided in Appendix A, with selected screenshots of the online survey format shown in Appendix B. No personal identifiers or clinical diagnostic information were collected, and the questionnaire was designed to minimise burden through concise sections and brief item sets.

Given the sensitivity of mental health topics, the study incorporated basic risk-mitigation measures consistent with ethical guidance for mental health survey research and internet-based research involving potentially vulnerable participants (Murray et al., 2016; Smith et al., 2018). These included voluntary participation, the right to discontinue before submission, neutral wording of items, and avoidance of intrusive clinical questioning. Participants were informed that responses would be treated anonymously and used only for academic research purposes.

Because the survey was anonymous, post-submission withdrawal was practically limited once responses had been de-identified. Overall, the study was designed to balance accessibility, respondent protection and methodological feasibility within the scope of a pilot inquiry.

4.5 Data preparation and analysis strategy

The pilot data were screened for eligibility and completeness, composite construct scores were computed, and the dataset was analysed using descriptive statistics, Cronbach's alpha, Pearson correlation and multiple regression.

First, the dataset was checked to ensure that only eligible responses were retained. Composite scores were then computed for each three-item construct, with Q13 reverse-coded before the stigma composite was calculated. Second, descriptive statistics were examined to summarise central tendency and variation across the key variables. Third, Cronbach's alpha was used to assess the internal consistency of each scale. Given the brevity of the measures, alpha coefficients were interpreted cautiously but remained useful as pilot indicators of scale coherence (DeVellis, 2017).

Fourth, Pearson correlation analysis was conducted to examine bivariate relationships between the constructs. Finally, multiple regression was used to test the main predictive relationships in the conceptual framework. The first model examined whether Mental Health Awareness and Perceived Stigma predicted Help-Seeking Intention. The second model examined whether Social Media Exposure, Influencer Credibility and Message Authenticity predicted Mental Health Awareness. These procedures were appropriate for a pilot study because they allowed preliminary assessment of direction, strength and statistical significance without overstating the claims of a more advanced causal model. Selected SPSS output supporting the statistical analyses reported in Section 5 is provided in Appendix D.

4.6 Methodological rigour and limitations of the pilot design

Several limitations are inherent in the present methodology. First, the cross-sectional design precludes causal inference; observed associations cannot establish temporal ordering. Second, self-report survey data are susceptible to social desirability effects and common method bias (Podsakoff et al., 2003). Third, the use of non-probability sampling limits external generalisability, particularly given the likely concentration of participants within student and accessible online networks.

These limitations do not negate the value of the study. Rather, they define its scope as a pilot quantitative inquiry aimed at testing construct coherence, estimating preliminary relationships

and informing refinement of a larger DBA research programme. In that sense, the methodology represents a proportionate and theoretically aligned stage in framework development.

5. Results

5.1 Sample characteristics

A total of 126 valid responses were retained for analysis. All respondents met the inclusion criteria of being aged 18-29 and currently living in the UK. The largest age group was 21-23 years ($n = 72$, 57.1%), followed by 24-26 years ($n = 21$, 16.7%), 27-29 years ($n = 19$, 15.1%), and 18-20 years ($n = 14$, 11.1%).

The sample was predominantly female ($n = 82$, 65.1%), followed by male ($n = 40$, 31.7%), non-binary ($n = 2$, 1.6%), and prefer not to say ($n = 1$, 0.8%). One response was missing for gender. Most participants identified as university or college students ($n = 85$, 67.5%), followed by working full-time ($n = 22$, 17.5%), working part-time ($n = 11$, 8.7%), and other ($n = 8$, 6.3%). Full sample characteristics are shown in Table 5.1.

Table 5.1 Sample characteristics

Variable	Category	n	%
Age group	18-20	14	11.1
	21-23	72	57.1
	24-26	21	16.7
	27-29	19	15.1
Gender	Female	82	65.1
	Male	40	31.7
	Non-binary	2	1.6
	Prefer not to say	1	0.8
	Missing	1	0.8
Current situation	University/college student	85	67.5
	Working full-time	22	17.5
	Working part-time	11	8.7
	Other	8	6.3

5.2 Descriptive statistics

Composite variables were created by averaging the three items measuring each construct. For the stigma construct, Q13 was reverse-coded so that higher values represented higher Perceived Stigma. Respondents reported relatively high levels of Message Authenticity ($M = 4.03$, $SD = 0.92$) and Mental Health Awareness ($M = 3.71$, $SD = 1.04$). Social Media Exposure was also moderately high ($M = 3.71$, $SD = 0.97$). Help-Seeking Intention was moderately positive ($M = 3.49$, $SD = 1.07$), while Perceived Stigma remained moderate ($M = 3.33$, $SD = 0.80$). Influencer Credibility showed the lowest mean score ($M = 3.06$, $SD = 0.89$).

Internal consistency reliability was assessed using Cronbach's alpha. As shown in Table 5.3, most constructs demonstrated acceptable to good reliability: Social Media Exposure ($\alpha = .724$), Mental Health Awareness ($\alpha = .791$), Influencer Credibility ($\alpha = .804$), Message Authenticity ($\alpha = .843$), and Help-Seeking Intention ($\alpha = .846$). However, Perceived Stigma showed weak internal consistency ($\alpha = .205$), indicating that stigma-related findings should be interpreted cautiously.

Table 5.2 Descriptive statistics of study constructs

Construct	Mean	SD	N
Social Media Exposure	3.71	0.97	126
Mental Health Awareness	3.71	1.04	126
Perceived Stigma	3.33	0.80	126
Influencer Credibility	3.06	0.89	126
Message Authenticity	4.03	0.92	126
Help-Seeking Intention	3.49	1.07	126

Table 5.3 *Reliability analysis results*

Construct	Items	Cronbach's alpha
Social Media Exposure	3	.724
Mental Health Awareness	3	.791
Perceived Stigma	3	.205
Influencer Credibility	3	.804
Message Authenticity	3	.843
Help-Seeking Intention	3	.846

5.3 Correlation analysis

Pearson correlation analysis was conducted to examine relationships between the key constructs. As shown in Table 5.4, Social Media Exposure was strongly positively associated with Mental Health Awareness ($r = .658$). Mental Health Awareness was also moderately positively correlated with Help-Seeking Intention ($r = .464$). A notable finding is that Message Authenticity showed the strongest positive relationship with Help-Seeking Intention ($r = .600$), while Influencer Credibility was also positively associated with Help-Seeking Intention ($r = .493$). Perceived Stigma was positively correlated with Help-Seeking Intention ($r = .342$) and also showed positive associations with Social Media Exposure ($r = .467$), Mental Health Awareness ($r = .441$), and Message Authenticity ($r = .449$). However, given the weak reliability of the stigma scale, these stigma-related correlations should be interpreted cautiously.

Table 5.4 *Correlation matrix*

Variable	1	2	3	4	5	6
1. Social Media Exposure	1.000					
2. Mental Health Awareness	.658	1.000				
3. Perceived Stigma	.467	.441	1.000			
4. Influencer Credibility	.300	.271	.277	1.000		
5. Message Authenticity	.361	.406	.449	.540	1.000	
6. Help-Seeking Intention	.375	.464	.342	.493	.600	1.000

5.4 Regression analysis

Two regression models were estimated to examine the main predictive relationships proposed in the conceptual framework.

5.4.1 Predicting Help-Seeking Intention

The first model tested whether Mental Health Awareness and Perceived Stigma predicted Help-Seeking Intention. The model was statistically significant, $F(2, 123) = 19.30$, $p < .001$, and explained 23.9% of the variance in Help-Seeking Intention ($R^2 = .239$). As shown in Table 5.5, Mental Health Awareness was a significant positive predictor of Help-Seeking Intention ($B = 0.399$, $SE = 0.090$, $t = 4.435$, $p < .001$), whereas Perceived Stigma was not significant at the 5% level ($B = 0.231$, $SE = 0.118$, $t = 1.953$, $p = .053$). These findings support H6 but not H7.

Table 5.5 *Regression model predicting Help-Seeking Intention*

Predictor	B	SE	t	p
Constant	1.235	0.398	3.108	.002
Mental Health Awareness	0.399	0.090	4.435	<.001
Perceived Stigma	0.231	0.118	1.953	.053

Model statistics: $R^2 = .239$, $F(2,123) = 19.30$, $p < .001$

5.4.2 Predicting Mental Health Awareness

The second model examined whether Social Media Exposure, Influencer Credibility, and Message Authenticity predicted Mental Health Awareness. The model was statistically significant, $F(3, 122) = 35.44, p < .001$, and explained 46.6% of the variance in Mental Health Awareness ($R^2 = .466$).

As shown in Table 5.6, Social Media Exposure was a strong positive predictor of Mental Health Awareness ($B = 0.636, SE = 0.077, t = 8.235, p < .001$), and Message Authenticity also had a significant positive effect ($B = 0.227, SE = 0.092, t = 2.466, p = .015$). Influencer Credibility was not a significant predictor ($B = -0.016, SE = 0.093, t = -0.172, p = .864$). These findings support H1 and H3, but not H2.

Because the stigma-related paths from Influencer Credibility and Message Authenticity to Perceived Stigma were not tested as strong confirmatory regression models in this pilot, and because the stigma scale showed weak reliability, H4 and H5 remain inconclusive.

Table 5.6 Regression results predicting Mental Health Awareness

Predictor	B	SE	t	p
Constant	0.483	0.358	1.347	.180
Social Media Exposure	0.636	0.077	8.235	<.001
Influencer Credibility	-0.016	0.093	-0.172	.864
Message Authenticity	0.227	0.092	2.466	.015

Model statistics: $R^2 = .466, F(3,122) = 35.44, p < .001$

5.5 Open-ended responses (Q23)

The optional open-ended question generated 82 responses regarding the type of mental-health content participants found most helpful on social media. Supplementary thematic evidence and illustrative quotations are presented in Appendix C. A clear pattern emerged in favour of personal stories and lived experience, educational content, practical coping advice, and signposting to services or expert guidance. A further theme was authenticity and relatability, with respondents often preferring communication that felt genuine, transparent and grounded in real experience rather than overly polished or performative. Overall, the qualitative responses

reinforce the quantitative findings by indicating that helpful content is typically perceived as informative, authentic, experience-based and practical. Table 5.7 summarises the coded themes.

Table 5.7 *Thematic summary of Q23 responses*

Theme	Description	n	%
Educational / awareness content	Content explaining symptoms, stigma, conditions, treatment, or raising awareness through facts and information	22	27.2
Personal stories / lived experience	First-hand accounts, recovery narratives, and personal anecdotes	18	22.2
Practical coping strategies / self-help	Stress-management advice, breathing exercises, meditation, and coping tools	10	12.3
Authentic / relatable delivery	Honest, transparent, and relatable communication	8	9.9
Support signposting / expert guidance	Links to services, charities, experts, or support resources	8	9.9
Motivational / positive encouragement	Encouraging or uplifting content promoting hope and resilience	4	4.9
Other / unclear	Vague, unclear, or non-substantive responses	11	13.6

5.6 Summary of hypothesis testing

Table 5.8 summarises the hypothesis outcomes. Taken together, the pilot findings provide support for H1, H3, and H6. H2 was not supported, as Influencer Credibility did not significantly predict Mental Health Awareness. H7 was also not supported, as Perceived Stigma did not significantly predict Help-Seeking Intention. The stigma-related hypotheses (H4 and H5) remain inconclusive at pilot stage, primarily because the stigma measure demonstrated weak internal consistency.

Overall, the findings suggest that Social Media Exposure, and especially Message Authenticity, may shape Mental Health Awareness, while Mental Health Awareness appears positively associated with Help-Seeking Intention.

Table 5.8 *Summary of hypothesis outcomes*

Hypothesis	Outcome
H1: Social Media Exposure is positively associated with Mental Health Awareness	Supported
H2: Influencer Credibility is positively associated with Mental Health Awareness	Not supported
H3: Message Authenticity is positively associated with Mental Health Awareness	Supported
H4: Influencer Credibility is negatively associated with Perceived Stigma	Inconclusive at pilot stage
H5: Message Authenticity is negatively associated with Perceived Stigma	Inconclusive at pilot stage
H6: Mental health Awareness is positively associated with Help-Seeking Intention	Supported
H7: Perceived Stigma is negatively associated with Help-Seeking Intention	Not supported

6. Discussion

This pilot study examined whether strategic communication variables derived from social media environments are associated with Mental Health Awareness, Perceived Stigma and Help-Seeking Intention among UK Generation Z adults aged 18-29. Overall, the findings provide preliminary support for the proposed strategic marketing framework. Social Media Exposure and Message Authenticity emerged as relevant predictors of Mental Health Awareness, and Mental Health Awareness was positively associated with Help-Seeking Intention. By contrast, Influencer Credibility was less influential once other communication variables were considered, while Perceived Stigma did not significantly predict Help-Seeking Intention in this pilot.

A central finding is that Social Media Exposure was strongly associated with Mental Health Awareness. This suggests that social media functions as an important informational environment for mental-health-related messages and support narratives. The finding is consistent with prior research showing that digital interventions and online mental health

communication can improve awareness and mental health literacy, although effects vary across studies and contexts (Nazari et al., 2023; Yeo et al., 2024; Sun, Wang and Zhang, 2025). However, exposure should not be equated with behavioural change. Although it was strongly related to awareness, its association with Help-Seeking Intention was weaker, suggesting that visibility may increase awareness without necessarily increasing willingness to seek formal support.

A second important finding concerns Message Authenticity. Message Authenticity significantly predicted Mental Health Awareness and showed the strongest positive bivariate relationship with Help-Seeking Intention. This suggests that, for UK Generation Z, the perceived genuineness, honesty and emotional credibility of mental health communication may matter more than exposure alone. The open-ended responses reinforce this interpretation through repeated preferences for personal stories, honest disclosure and relatable narratives. The findings suggest that communication effectiveness may depend less on message volume than on perceived sincerity and usefulness. This aligns with wider literature noting that authenticity is often treated as important in digital communication but remains conceptually under-specified and under-tested empirically (Curran et al., 2023; Tam et al., 2024).

By contrast, Influencer Credibility did not significantly predict Mental Health Awareness once Social Media Exposure and Message Authenticity were entered into the same regression model. Although Influencer Credibility was positively correlated with Mental Health Awareness and Help-Seeking Intention, its non-significance in the multivariate model suggests that its apparent effect may overlap with broader perceptions of authenticity and message reception. This challenges the assumption that influencer-led communication is automatically persuasive in youth mental health contexts. The findings do not suggest that influencers are irrelevant; rather, they indicate that how the message is communicated may matter more than who communicates it.

The finding that Mental Health Awareness predicts Help-Seeking Intention supports the framework. Awareness was positioned as a proximal mechanism linking communication exposure to behavioural openness, and the results provide preliminary support for that assumption. Participants who reported greater awareness of mental health issues and support pathways were more likely to report stronger willingness to seek help. This is consistent with mental health literacy research suggesting that increased understanding and knowledge can positively shape support-related attitudes and intentions (Gulliver, Griffiths and Christensen, 2010; Nazari et al., 2023; Yeo et al., 2024). Within this pilot, awareness appears to be not simply an outcome of communication exposure, but a potentially meaningful pathway through which communication may influence readiness to seek support.

The results concerning Perceived Stigma require caution. In this pilot, Perceived Stigma did not significantly predict Help-Seeking Intention in the regression model, although the bivariate correlations were positive. Given the very weak reliability of the stigma scale, these stigma-related associations should be interpreted cautiously. A more defensible conclusion is that the pilot did not detect a reliable stigma effect using the current instrument. This is also consistent with the qualitative responses, where some participants still expressed discomfort, scepticism or resistance towards mental-health discourse. Stigma may therefore still matter, but its operation may be more socially embedded and nuanced than the present three-item measure could capture.

The open-ended responses add useful depth. Participants most frequently valued personal stories, educational content, practical coping strategies and support signposting. A clear preference also emerged for communication that was honest, transparent and actionable. These responses strengthen the quantitative interpretation by showing that respondents were not merely asking for more mental-health content, but for better designed content. This suggests that message design may be central to campaign effectiveness.

Taken together, the pilot findings provide preliminary support for integrating strategic communication variables into models of mental health awareness and help-seeking among young adults. They also suggest that authenticity may be a particularly important strategic mechanism and highlight the importance of measurement quality, especially in relation to stigma. For practice, the findings indicate that organisations designing mental-health campaigns for UK Generation Z should prioritise communication that is authentic, relatable and practically useful.

7. Limitations and Future Research

This study has several limitations. First, the pilot relied on a non-probability sample weighted towards university and college students, limiting generalisability to the wider UK Generation Z population. Second, the cross-sectional design does not permit causal inference about relationships between communication variables, awareness and help-seeking intention. Third, the study used self-report measures, which may be affected by social desirability bias and common method effects. Fourth, although most constructs demonstrated acceptable reliability, the Perceived Stigma scale showed weak internal consistency, so stigma-related findings should be interpreted cautiously and the measure refined before use in a larger study. Finally, as a pilot study, the research was exploratory and developmental rather than definitive.

Future research should address these limitations by using a larger and more diverse sample, refining the stigma construct, and testing the framework using structural equation modelling (SEM), which is more appropriate for examining relationships among multiple theoretically related constructs simultaneously (Kline, 2016). A larger sample would also be needed to support more advanced multivariate modelling, including SEM, for which sample size is an important consideration (Wolf et al., 2013). A broader study would also allow stronger assessment of indirect effects and provide a more robust basis for validating the proposed strategic marketing framework.

8. Conclusion

This pilot study examined how strategic communication variables within social media environments relate to Mental Health Awareness, Perceived Stigma and Help-Seeking Intention among UK Generation Z adults aged 18-29. The findings provide preliminary support for the proposed strategic marketing framework and indicate that Social Media Exposure and Message Authenticity are positively associated with Mental Health Awareness, while Mental Health Awareness is positively associated with Help-Seeking Intention. Message Authenticity also emerged as the strongest bivariate correlate of Help-Seeking Intention.

By contrast, Influencer Credibility did not significantly predict Mental Health Awareness once other communication variables were considered, and Perceived Stigma did not significantly predict Help-Seeking Intention in this pilot model. However, the weak reliability of the stigma scale means that this result should be interpreted cautiously.

The study contributes to theory and practice by showing that strategic marketing variables can be integrated meaningfully into models of youth mental health communication. As a pilot study, it provides an empirically grounded starting point for the wider DBA project. The next stage should refine the stigma measure, broaden the sample, and test an expanded model using a larger dataset and SEM.

9. Reflective Account

This reflective account is structured using the 5R framework of Reporting, Responding, Relating, Reasoning and Reconstructing (The University of Edinburgh, 2024).

9.1 Reporting

The pilot study examined how social media communication may influence mental health awareness and help-seeking intention among UK Generation Z adults aged 18-29. The topic was chosen because it aligns with my broader DBA interest in strategic marketing communication and mental health help-seeking, while also addressing a contemporary issue with practical relevance for organisations designing mental-health-related campaigns for young audiences.

The project began with a review of literature across youth mental health, mental health literacy, help-seeking, stigma, digital communication, influencer communication and strategic marketing. This was necessary because the topic crosses disciplinary boundaries. Existing studies often discuss social media and mental health from public health or psychology perspectives, but fewer integrate strategic marketing variables into models of awareness and help-seeking. Identifying this gap helped me refine a broad interest into a focused pilot research question and conceptual framework.

Following the literature review, I designed a short online questionnaire using Google Forms. The instrument included participant information and consent, demographic questions, Likert-scale items measuring six constructs, and one open-ended question on the types of mental-health content respondents found most helpful on social media. The survey was distributed online and produced 126 valid responses. The data were analysed using descriptive statistics, reliability analysis, correlation analysis and multiple regression, and the findings were developed into the journal-style article required by the module.

9.2 Responding

My immediate response to the project combined enthusiasm and pressure. I felt strongly connected to the topic because it reflects an area of real importance for both my doctoral interests and wider society. Mental health challenges among young adults are highly visible, and social media now plays a major role in how mental-health-related information is circulated and interpreted. This gave the study a strong sense of relevance and purpose.

At the same time, I felt uncertain during several stages of the process. One challenge was deciding how ambitious the pilot should be. My broader DBA project has greater theoretical ambition, yet this module required a study that could be completed realistically within limited time and resources. At times, I found it difficult to balance conceptual sophistication with methodological restraint.

The data collection stage also generated anxiety. Because the survey relied on digital recruitment and network sharing, participant responses depended on factors only partly within my control. I was initially unsure whether I would gather enough responses in time. When the number gradually increased, I felt relieved, but the experience reminded me that empirical research is shaped not only by ideas but also by access, timing and participant willingness.

The analysis stage produced mixed reactions. Some findings were encouraging, particularly the roles of social media exposure, message authenticity and mental health awareness. However, I was disappointed when the stigma measure showed weak reliability and did not produce the expected relationship with help-seeking intention. On reflection, this became one of the most useful outcomes of the pilot because it exposed a measurement problem that needs to be addressed before a larger study.

9.3 Relating

This experience relates closely to my wider doctoral development. My DBA interests already sit at the intersection of marketing, communication and mental health, so this module did not feel separate from my broader research journey. Instead, it provided a practical opportunity to test whether my larger research direction could be translated into a focused and feasible empirical study. In this sense, the pilot acted as a bridge between conceptual thinking and the more rigorous design work required at doctoral level.

The experience also relates to a recurring challenge in my academic work: moving from broad ideas to a structured, researchable design. I am naturally drawn to interdisciplinary topics, but this project required me to narrow the focus, identify measurable constructs and make defensible methodological choices. This was valuable because it forced me to think more precisely about what I wanted to test and why.

I can also relate this process to my developing understanding of quantitative research methods. Before undertaking the pilot, I understood the importance of reliability, validity, sampling and variable operationalisation at a theoretical level. Working with my own dataset made those issues more concrete. For example, the weak stigma scale was no longer just an abstract methodological concern; it became a real limitation affecting interpretation. In addition, the findings challenged a common practical assumption in communication work: that visibility or influencer involvement automatically improves effectiveness. The stronger role of authenticity suggests that message design and audience perception may matter more than surface-level visibility.

9.4 Reasoning

Looking back critically, the most significant lesson from the project is that effective research depends on balancing theoretical ambition, methodological feasibility and practical execution. Each stage involved trade-offs. The literature review established a credible theoretical foundation but also showed how fragmented the field is. Had I remained at the level of broad themes such as social media and mental health, the study would have lacked originality. The main contribution emerged when I distinguished between different communication mechanisms, especially exposure, authenticity and influencer credibility.

This distinction proved useful because the findings suggested that not all communication variables matter equally. Social media exposure strongly predicted awareness, indicating that digital platforms may be effective in building recognition and knowledge. However, exposure alone was not enough to explain help-seeking openness. The stronger role of authenticity suggests that the quality and perceived sincerity of communication may be more important than simple message presence. This shifts attention from communication reach to communication design and strengthens the strategic marketing relevance of the study.

The stigma result required particularly careful reasoning. At first glance, the non-significant finding might suggest that stigma no longer matters for this group. However, the reliability analysis showed that the stigma items did not form a coherent scale. The more reasonable conclusion is therefore not that stigma is unimportant, but that the pilot did not measure it adequately. This was an important intellectual lesson because it showed that interpretation requires caution and that findings must be considered alongside measurement quality.

The open-ended responses also strengthened my reasoning. Participants consistently valued personal stories, practical coping advice, educational content and signposting to support. This helped explain why authenticity emerged so strongly in the quantitative findings. It also reinforced the idea that strategic communication should be judged not simply by reach or engagement, but by how meaningfully audiences connect with the message.

9.5 Reconstructing

This experience has made the next steps in my research much clearer. First, I would revise the stigma measure. Before conducting a larger study, I would either adapt items more directly from established stigma or help-seeking scales or spend more time refining item wording so that the construct is measured more coherently.

Second, I would improve the survey design more generally. The consent and eligibility structure should be simplified so that participant agreement and screening are captured more cleanly. I

would also review the wording of several items with greater care, especially where constructs may be interpreted differently by respondents. The pilot demonstrated that even small wording decisions can affect data quality.

Third, I would strengthen the sampling strategy in the next phase of the DBA. Although the pilot sample was acceptable for exploratory testing, it was weighted toward students and accessible networks. A future study should involve broader recruitment channels to improve sample diversity and strengthen the credibility of the findings.

Fourth, I would manage the article structure more tightly from the outset. One practical lesson from this module is that article writing requires discipline in allocating words across sections. In future work, I would set clearer word targets earlier, especially for the literature review, so that later sections are not constrained.

Most importantly, I now understand the pilot study as a process of refinement rather than simply a smaller version of the final thesis. It has helped me identify which constructs appear promising, which measures need revision, and how the wider DBA project should be developed more rigorously. Overall, the process has been challenging but highly developmental and has provided a stronger intellectual and methodological foundation for the next stage of my doctoral research.

10. References

Agyapong-Opoku, N., Agyapong-Opoku, F. and Greenshaw, A.J. (2025) 'Effects of social media use on youth and adolescent mental health: a scoping review of reviews', *Behavioral Sciences*, 15(5). Available at: <https://doi.org/10.3390/bs15050574>.

Ahmed, O., Walsh, E.I., Dawel, A., Alateeq, K., Espinoza Oyarce, D.A. and Cherbuin, N. (2024) 'Social media use, mental health and sleep: a systematic review with meta-analyses', *Journal of Affective Disorders*, 367, pp. 701-712. Available at: <https://doi.org/10.1016/j.jad.2024.08.193>.

Ajzen, I. (1991) 'The theory of planned behavior', *Organizational Behavior and Human Decision Processes*, 50(2), pp. 179-211. Available at: [https://doi.org/10.1016/0749-5978\(91\)90020-T](https://doi.org/10.1016/0749-5978(91)90020-T).

Bandura, A. (1986) *Social Foundations of Thought and Action: A Social Cognitive Theory*. Englewood Cliffs, NJ: Prentice-Hall.

Burns, J.M., Durkin, L.A. and Nicholas, J. (2009) 'Mental health of young people in the United States: what role can the internet play in reducing stigma and promoting help seeking?', *Journal of Adolescent Health*, 45(1), pp. 95-97. Available at: <https://doi.org/10.1016/j.jadohealth.2008.12.006>.

Chhabra, J., Pilkington, V., Benakovic, R., Wilson, M., Sala, L.L. and Seidler, Z. (2025) 'Social media and youth mental health: a scoping review of platform and policy recommendations', *Journal of Medical Internet Research*, 27. Available at: <https://doi.org/10.2196/72061>.

Churchill, G.A. (1979) 'A paradigm for developing better measures of marketing constructs', *Journal of Marketing Research*, 16(1), pp. 64-73. Available at: <https://doi.org/10.1177/002224377901600110>.

Curran, T., Ito-Jaeger, S., Perez Vallejos, E. and Crawford, P. (2023) "'What's up with everyone?': the effectiveness of a digital media mental health literacy campaign for young people', *Journal of Mental Health*, 32(3), pp. 1-7. Available at: <https://doi.org/10.1080/09638237.2023.2182412>.

DeVellis, R.F. (2017) *Scale Development: Theory and Applications*. 4th edn. Thousand Oaks, CA: Sage.

Draganidis, A., Fernando, A.N., West, M.L. and Sharp, G. (2025) 'Social media delivered mental health campaigns and public service announcements: a systematic literature review of public engagement and help-seeking behaviours', *Social Science & Medicine*, 359, article 117231. Available at: <https://doi.org/10.1016/j.socscimed.2024.117231>.

Fadillah, D. and Long, B. (2025) 'Empowering Gen Z's mental health in a hyperconnected world', *International Journal of Social Psychiatry*. Available at: <https://doi.org/10.1177/00207640251384510>.

Fassi, L., Ferguson, A.M., Przybylski, A.K., Ford, T.J. and Orben, A. (2025) 'Social media use in adolescents with and without mental health conditions', *Nature Human Behaviour*, 9(6), pp. 1283-1299. Available at: <https://doi.org/10.1038/s41562-025-02134-4>.

Grier, S. and Bryant, C.A. (2005) 'Social marketing in public health', *Annual Review of Public Health*, 26(1), pp. 319-339. Available at: <https://doi.org/10.1146/annurev.publhealth.26.021304.144610>.

Gulliver, A., Griffiths, K.M. and Christensen, H. (2010) 'Perceived barriers and facilitators to mental health help-seeking in young people: a systematic review', *BMC Psychiatry*, 10(1). Available at: <https://doi.org/10.1186/1471-244X-10-113>.

Hui, A., Wong, P.W.-C. and Fu, K.-W. (2015) 'Evaluation of an online campaign for promoting help-seeking attitudes for depression using a Facebook advertisement: an online randomized controlled experiment', *JMIR Mental Health*, 2(1), p. e5. Available at: <https://doi.org/10.2196/mental.3649>.

Kaňková, J., Binder, A. and Matthes, J. (2024) 'Health-related communication of social media influencers: a scoping review', *Health Communication*, 40(7), pp. 1-14. Available at: <https://doi.org/10.1080/10410236.2024.2397268>.

Kline, R.B. (2016) *Principles and Practice of Structural Equation Modeling*. 4th edn. New York: Guilford Press.

Kotler, P. and Zaltman, G. (1971) 'Social marketing: an approach to planned social change', *Journal of Marketing*, 35(3), pp. 3-12. Available at: <https://doi.org/10.1177/002224297103500302>.

Kutcher, S., Wei, Y. and Coniglio, C. (2016) 'Mental health literacy: past, present, and future', *The Canadian Journal of Psychiatry*, 61(3), pp. 154-158. Available at: <https://doi.org/10.1177/0706743715616609>.

Link, B.G. and Phelan, J.C. (2001) 'Conceptualizing stigma', *Annual Review of Sociology*, 27(1), pp. 363–385. Available at: <https://doi.org/10.1146/annurev.soc.27.1.363>.

Modester, A.N. (2025) 'Role of short-form social media content in shaping mental health awareness and help-seeking behavior among Gen Zs', *International Journal of Research and Scientific Innovation*, XII(VII), pp. 1727-1737. Available at: <https://doi.org/10.51244/ijrsi.2025.120700175>.

Mohamad, I.N.F. and Abd Mubin, N.N. (2023) ‘Social media use for youth mental health awareness and help-seeking attitudes: a systematic review’, *EDUCATUM Journal of Social Sciences*, 9(2), pp. 1-12. Available at: <https://doi.org/10.37134/ejoss.vol9.2.1.2023>.

Murray, S.M., Kass, N., Mendelson, T. and Bass, J. (2016) ‘The ethics of mental health survey research in low- and middle-income countries’, *Global Mental Health*, 3. Available at: <https://doi.org/10.1017/gmh.2016.6>.

Nazari, A., Garmaroudi, G., Foroushani, A.R. and Hosseinnia, M. (2023) ‘The effect of web-based educational interventions on mental health literacy, stigma and help-seeking intentions/attitudes in young people: systematic review and meta-analysis’, *BMC Psychiatry*, 23(1). Available at: <https://doi.org/10.1186/s12888-023-05143-7>.

NHS (2023a) ‘Mental health of children and young people in England, 2023: wave 4 follow-up to the 2017 survey’. [online] Available at: <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2023-wave-4-follow-up?> (Accessed: 24 February 2026).

NHS England (2023b) ‘One in five children and young people had a probable mental disorder in 2023’. [online] Available at: <https://www.england.nhs.uk/2023/11/one-in-five-children-and-young-people-had-a-probable-mental-disorder-in-2023/?> (Accessed: 24 February 2026).

NHS (2025) ‘Adult psychiatric morbidity survey: survey of mental health and wellbeing, England, 2023/24’. [online] Available at: <https://digital.nhs.uk/data-and-information/publications/statistical/adult-psychiatric-morbidity-survey/survey-of-mental-health-and-wellbeing-england-2023-24/common-mental-health-conditions?> (Accessed: 24 February 2026).

Okafor, C. (2023) ‘The state of children and young people’s mental health in 2023’. [online] *Centre for Mental Health*. Available at: <https://www.centreformentalhealth.org.uk/the-state-of-children-and-young-peoples-mental-health-in-2023/?> (Accessed: 24 February 2026).

Petty, R.E. and Cacioppo, J.T. (1986) *Communication and Persuasion: Central and Peripheral Routes to Attitude Change*. New York, NY: Springer. Available at: <https://doi.org/10.1007/978-1-4612-4964-1>.

Podsakoff, P.M., MacKenzie, S.B., Lee, J.-Y. and Podsakoff, N.P. (2003) 'Common method biases in behavioral research: a critical review of the literature and recommended remedies', *Journal of Applied Psychology*, 88(5), pp. 879-903. Available at:

<https://doi.org/10.1037/0021-9010.88.5.879>.

Powell, J. and Pring, T. (2023) 'The impact of social media influencers on health outcomes: systematic review', *Social Science & Medicine*, 340, article 116472. Available at:

<https://doi.org/10.1016/j.socscimed.2023.116472>.

Purba, A.K., Thomson, R.M., Henery, P.M., Pearce, A., Henderson, M. and Katikireddi, S.V. (2023) 'Social media use and health risk behaviours in young people: systematic review and meta-analysis', *BMJ*, 383(8409), p. e073552. Available at: <https://doi.org/10.1136/bmj-2022-073552>.

Quinn, H. (2025) 'Third of young people expect to need mental health support in the next year'. [online] *Nursing in Practice*. Available at:

<https://www.nursinginpractice.com/clinical/womens-health/one-in-three-young-people-expect-to-need-mental-health-support-in-next-year/?> (Accessed: 24 February 2026).

Rethink Mental Illness (2025) 'Rates of people living with a common mental health condition on the rise in England'. [online] Available at: <https://www.rethink.org/news-and-stories/media-centre/2025/06/rates-of-people-living-with-a-common-mental-health-condition-on-the-rise-in-england/> (Accessed: 24 February 2026).

Smith, K.V., Thew, G.R. and Graham, B. (2018) 'Conducting ethical internet-based research with vulnerable populations: a qualitative study of bereaved participants' experiences of online questionnaires', *European Journal of Psychotraumatology*, 9(sup1), p. 1506231.

Available at: <https://doi.org/10.1080/20008198.2018.1506231>.

Sun, G., Wang, C. and Zhang, J. (2025) 'Effectiveness of mental health literacy interventions for adolescents: a systematic review and meta-analysis', *SAGE Open*, 15(1). Available at:

<https://doi.org/10.1177/21582440251327445>.

Tam, M.T., Wu, J.M., Zhang, C.C., Pawliuk, C. and Robillard, J.M. (2024) 'A systematic review of the impacts of media mental health awareness campaigns on young people', *Health Promotion Practice*, 25(5). Available at: <https://doi.org/10.1177/15248399241232646>.

The University of Edinburgh (2024) 'The 5R framework for reflection'. [online] Available at: <https://reflection.ed.ac.uk/reflectors-toolkit/reflecting-on-experience/5r-framework> (Accessed: 8 March 2026).

UCL (2025) 'One in three young people surveyed expect to need mental health support in coming year'. [online] Available at: <https://www.ucl.ac.uk/news/2025/sep/one-three-young-people-surveyed-expect-need-mental-health-support-coming-year?> (Accessed: 24 February 2026).

Wolf, E.J., Harrington, K.M., Clark, S.L. and Miller, M.W. (2013) 'Sample size requirements for structural equation models: an evaluation of power, bias, and solution propriety', *Educational and Psychological Measurement*, 73(6), pp. 913-934. Available at: <https://doi.org/10.1177/0013164413495237>.

Yeo, G., Reich, S.M., Liaw, N. and Yee, E. (2024) 'Systematic review and meta-analysis of digital mental health literacy interventions on mental health', *Journal of Medical Internet Research*, 26. Available at: <https://doi.org/10.2196/51268>.

Ying, X., Freedland, K.E., Powell, L.H., Stuart, E.A., Ehrhardt, S. and Mayo-Wilson, E. (2025) 'Determining sample size for pilot trials: a tutorial', *BMJ*, 390, p. e083405. Available at: <https://doi.org/10.1136/bmj-2024-083405>.

11. Appendices

Appendix A: Survey Instrument

Title: *Social Media Communication and Mental Health Awareness Among UK Young Adults (18-29)*

Section 1: Participant Information and Consent

You are invited to take part in a short academic survey exploring how social media and digital communication influence mental health awareness among young adults in the UK.

- Participation is voluntary and anonymous.
- You may stop at any time.
- No personal or clinical information will be collected.
- Data will be used for academic research purposes only.

To participate, you must:

- be aged 18-29;
- currently live in the UK.

By continuing, you confirm that you understand the information above and agree to participate.

Consent items

- I agree to participate.
- I confirm that I am aged 18–29 and currently live in the UK.

Section 2: Screening and Demographic Questions

Q1. What is your age group?

- 18-20
- 21-23
- 24-26
- 27-29

Q2. Do you currently live in the UK?

- Yes
- No (end survey)

Appendix A: Survey Instrument (cont.)

Q3. What is your gender? (Optional)

- Male
- Female
- Non-binary
- Prefer not to say

Q4. What best describes your current situation?

- University/college student
- Working full-time
- Working part-time
- Other

Section 3: Social Media Exposure

Response scale for Sections 3-8:

1 = Strongly disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly agree

Q5. I use social media daily.

Q6. I frequently see mental-health content on social media.

Q7. Social media is one of my main sources of information.

Section 4: Mental Health Awareness

Q8. I understand common mental health issues (e.g., anxiety, depression).

Q9. I know where to find mental-health support services.

Q10. Social media has increased my awareness of mental health.

Section 5: Perceived Stigma

Q11. There is still stigma around mental-health problems.

Q12. I would feel judged if I told others I was struggling mentally.

Q13. Social media discussions are helping reduce mental-health stigma.

Note: Q13 was reverse-coded during data analysis so that higher composite scores represented higher perceived stigma.

Section 6: Influencer Credibility

Appendix A: Survey Instrument (cont.)

Q14. I trust influencers who talk about mental health.

Q15. Influencers make mental-health topics easier to understand.

Q16. I pay attention to mental-health messages shared by people I follow.

Section 7: Message Authenticity

Q17. Personal stories feel more genuine than formal campaigns.

Q18. Authentic content makes mental-health information more believable.

Q19. Honest and open communication increases my trust in mental-health content.

Section 8: Help-Seeking Intention

Q20. I would seek professional help if I experienced mental-health difficulties.

Q21. Seeing others share their experiences encourages me to seek help.

Q22. Online information makes me more open to getting support.

Section 9: Optional Open-Ended Question

Q23. What type of mental-health content do you find most helpful on social media?

(Open text box)

Appendix B. Selected Google Forms Screenshots

Section 1 of 9

Social Media Communication and Mental Health Awareness Among UK Young Adults (18–29)

B I U

Participant Information & Consent

You are invited to take part in a short academic survey exploring how social media and digital communication influence mental health awareness among young adults in the UK.

- Participation is voluntary and anonymous
- You may stop at any time
- No personal or clinical information will be collected
- Data will be used for academic research purposes only

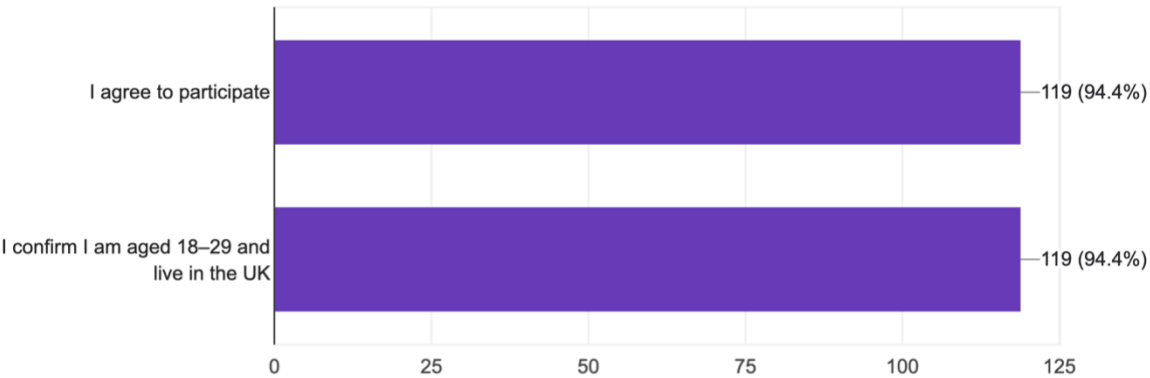
To participate, you must:

- Be aged 18–29
- Currently live in the UK

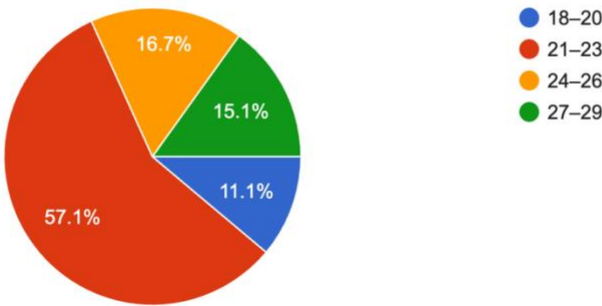
By continuing, you confirm that you understand the information above and agree to participate.

Appendix B. Selected Google Forms Screenshots (cont.)

Consent
126 responses



Q1. What is your age group?
126 responses

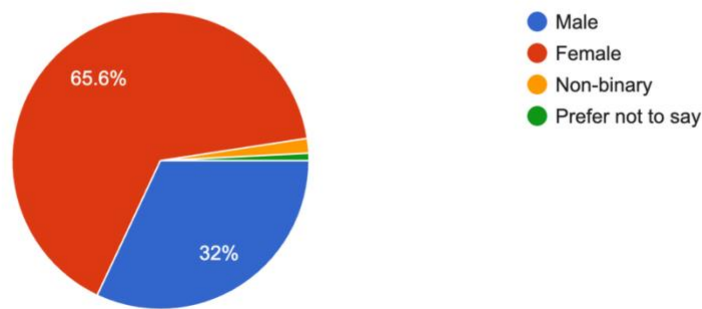


Q2. Do you currently live in the UK?
126 responses

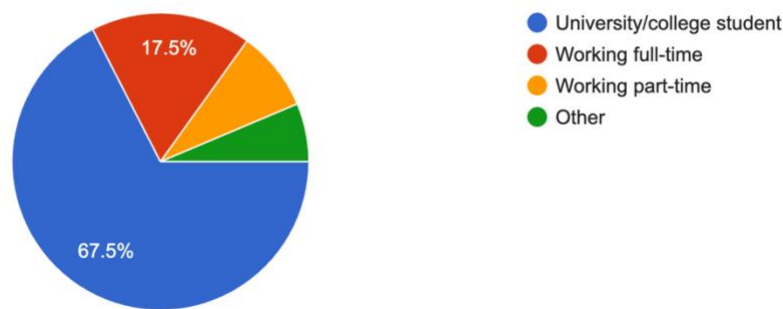


Appendix B. Selected Google Forms Screenshots (cont.)

Q3. What is your gender? (Optional)
125 responses



Q4. What best describes your current situation?
126 responses



Section 3 of 9

Social media use (3 items)

Scale: 1 = Strongly Disagree → 5 = Strongly Agree

Q5. I use social media daily *

1 2 3 4 5

☐ ☐ ☐ ☐ ☐

Q6. I frequently see mental-health content on social media *

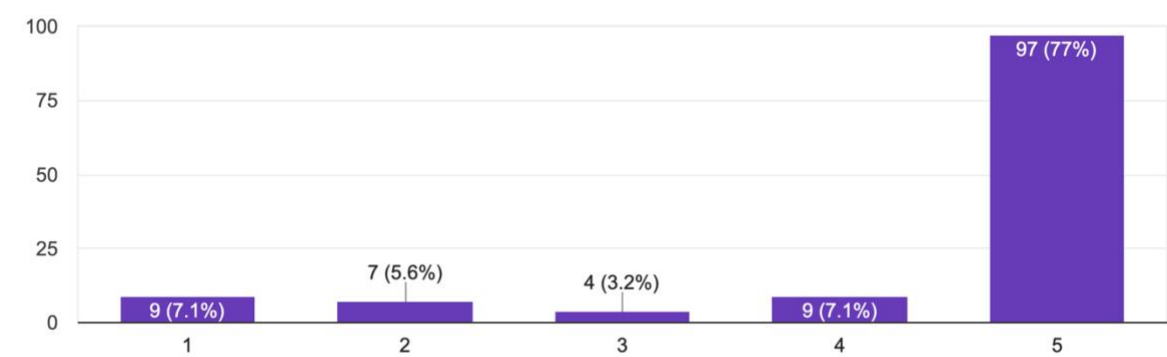
1 2 3 4 5

☐ ☐ ☐ ☐ ☐

Appendix B. Selected Google Forms Screenshots (cont.)

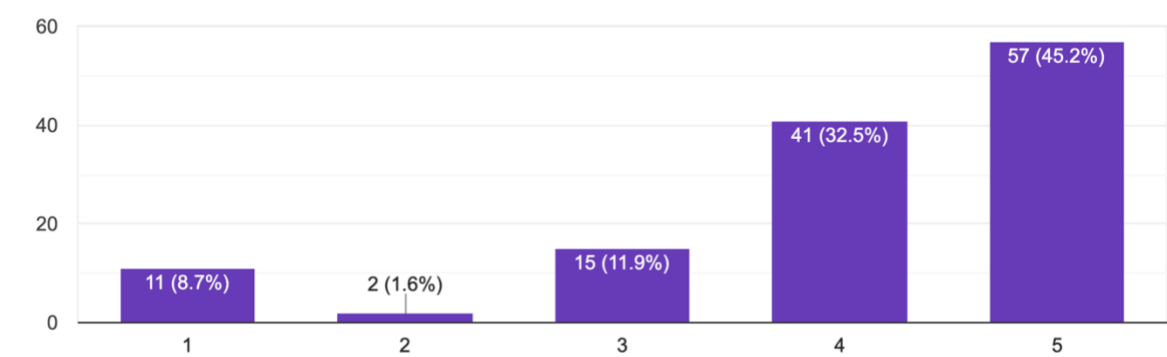
Q5. I use social media daily

126 responses



Q8. I understand common mental health issues (e.g., anxiety, depression)

126 responses



Section 9 of 9

Final question (1 item)

Optional: Please share any examples (posts, videos, advice, personal stories, etc.).

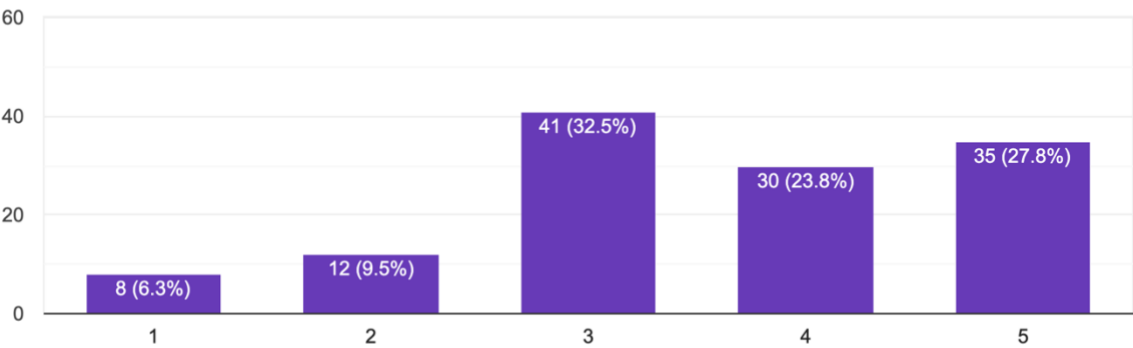
Q23.

What type of mental-health content do you find most helpful on social media?

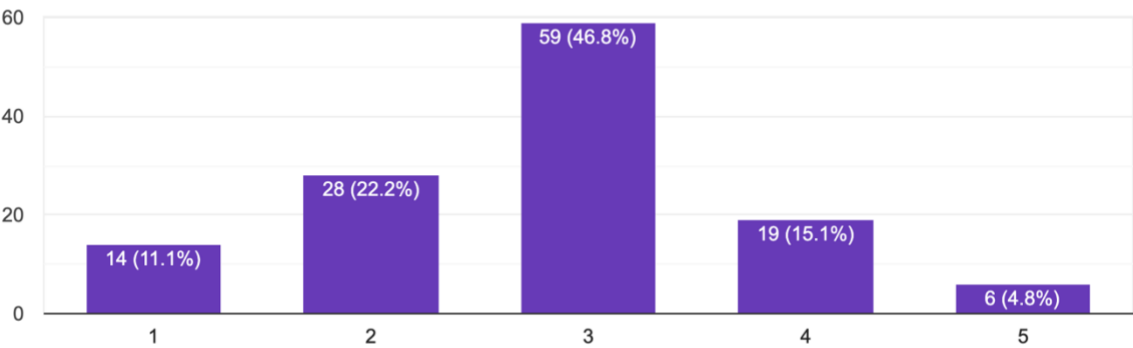
Long answer text

Appendix B. Selected Google Forms Screenshots (cont.)

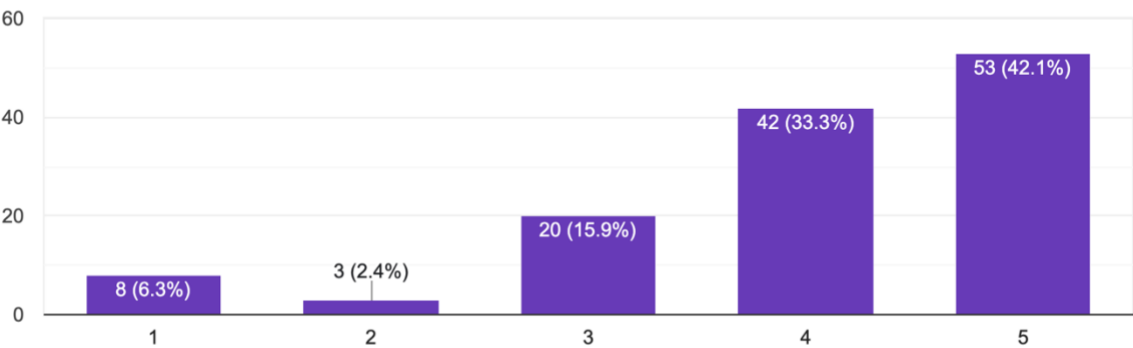
Q11. There is still stigma around mental-health problems
126 responses



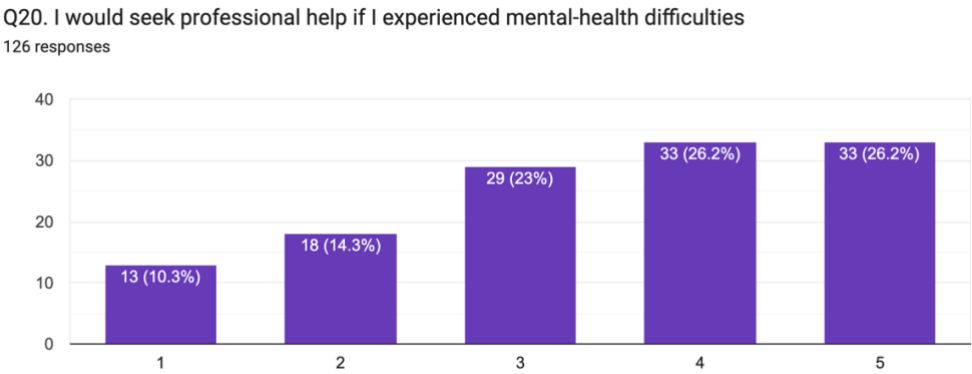
Q14. I trust influencers who talk about mental health
126 responses



Q17. Personal stories feel more genuine than formal campaigns
126 responses



Appendix B. Selected Google Forms Screenshots (cont.)



Appendix C: Thematic Coding of Q23 Responses with Illustrative Quotations

Theme	Description	Illustrative quotation(s)
Personal stories / lived experience	Recovery stories, personal anecdotes and first-hand accounts of struggle or coping.	“Those that share their own stories and how they recovered...” / “Hearing others’ experiences and how they managed to overcome difficulties.”
Educational / awareness content	Content explaining symptoms, stigma, treatment or conditions.	“In depth explanations of the topic, the treatments and the stigma surrounding it.”
Practical coping strategies	Advice, breathing exercises, coping tools and stress-management tips.	“Practical tips for managing stress and anxiety...” / “Calming ‘breathe with me’ videos.”
Authentic / relatable delivery	Honest, transparent and non-performative communication.	“Honest personal stories.” / “Open conversations.”
Support signposting / expert guidance	Links to services, professionals or guidance.	“Links to support services and information about coping strategies.”
Motivational / positive encouragement	Encouraging or uplifting content focused on hope and resilience.	“Motivational content...”
Other / unclear / sceptical responses	Off-topic, vague or resistant responses.	“None.” / “Not sure.”

Appendix D: Selected SPSS Output

Selected SPSS output is provided in Appendix D as supporting evidence for the statistical analyses reported in Section 5.

D1 Reliability analysis

D1.1 Social Media Exposure

Reliability

➔ Scale: Social Media Exposure

Case Processing Summary			
		N	%
Cases	Valid	126	98.4
	Excluded ^a	2	1.6
	Total	128	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics	
Cronbach's Alpha	N of Items
.724	3

D1.2 Mental Health Awareness

Reliability

Scale: Mental Health Awareness

Case Processing Summary			
		N	%
Cases	Valid	126	98.4
	Excluded ^a	2	1.6
	Total	128	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics	
Cronbach's Alpha	N of Items
.791	3

D1.3 Perceived Stigma

Reliability

Scale: Perceived Stigma

Case Processing Summary			
		N	%
Cases	Valid	126	98.4
	Excluded ^a	2	1.6
	Total	128	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics	
Cronbach's Alpha	N of Items
.205	3

D1.4 Influencer Credibly

Reliability

Scale: Influencer Credibility

Case Processing Summary			
		N	%
Cases	Valid	126	98.4
	Excluded ^a	2	1.6
	Total	128	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics	
Cronbach's Alpha	N of Items
.804	3

D1.5 Message Authenticity

Reliability

Scale: Message Authenticity

Case Processing Summary

		N	%
Cases	Valid	126	98.4
	Excluded ^a	2	1.6
	Total	128	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	N of Items
.843	3

D1.6 Help-Seeking Intention

Reliability

Scale: Help-Seeking Intention

Case Processing Summary

		N	%
Cases	Valid	126	98.4
	Excluded ^a	2	1.6
	Total	128	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	N of Items
.846	3

D2 Correlation matrix (SPSS output)

Correlations

		Correlations					
		Composite score: Social Media Exposure	Composite score: Mental_Health_Awareness	Composite score: Perceived_Stigma	Composite score: Influencer_Credibility	Composite score: Message_Authenticity	Composite score: Help_Seeking_Intention
Composite score: Social Media Exposure	Pearson Correlation	1	.658**	.467**	.300**	.361**	.375**
	Sig. (2-tailed)		<.001	<.001	<.001	<.001	<.001
	N	126	126	126	126	126	126
Composite score: Mental_Health_Awareness	Pearson Correlation	.658**	1	.441**	.271**	.406**	.464**
	Sig. (2-tailed)	<.001		<.001	.002	<.001	<.001
	N	126	126	126	126	126	126
Composite score: Perceived_Stigma	Pearson Correlation	.467**	.441**	1	.277**	.449**	.342**
	Sig. (2-tailed)	<.001	<.001		.002	<.001	<.001
	N	126	126	126	126	126	126
Composite score: Influencer_Credibility	Pearson Correlation	.300**	.271**	.277**	1	.540**	.493**
	Sig. (2-tailed)	<.001	.002	.002		<.001	<.001
	N	126	126	126	126	126	126
Composite score: Message_Authenticity	Pearson Correlation	.361**	.406**	.449**	.540**	1	.600**
	Sig. (2-tailed)	<.001	<.001	<.001	<.001		<.001
	N	126	126	126	126	126	126
Composite score: Help_Seeking_Intention	Pearson Correlation	.375**	.464**	.342**	.493**	.600**	1
	Sig. (2-tailed)	<.001	<.001	<.001	<.001	<.001	
	N	126	126	126	126	126	126

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

D3 Regression output: Model 1 predicting Help-Seeking Intention

D3.1 Model Summary

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.489 ^a	.239	.227	.94444

a. Predictors: (Constant), Composite score: Perceived_Stigma, Composite score: Mental_Health_Awareness

D3.2 ANOVA

ANOVA ^a						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	34.433	2	17.217	19.302	<.001 ^b
	Residual	109.711	123	.892		
	Total	144.145	125			

a. Dependent Variable: Composite score: Help_Seeking_Intention

b. Predictors: (Constant), Composite score: Perceived_Stigma, Composite score: Mental_Health_Awareness

D3 Regression output: Model 1 predicting Help-Seeking Intention (Cont.)

D3.3 Coefficients

Coefficients ^a											
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Correlations			Collinearity Statistics	
		B	Std. Error	Beta			Zero-order	Partial	Part	Tolerance	VIF
1	(Constant)	1.235	.398		3.108	.002					
	Composite score: Mental_Health_Awareness	.399	.090	.389	4.435	<.001	.464	.371	.349	.806	1.241
	Composite score: Perceived_Stigma	.231	.118	.171	1.953	.053	.342	.173	.154	.806	1.241

a. Dependent Variable: Composite score: Help_Seeking_Intention

D4 Regression output: Model 2 predicting Mental Health Awareness

D4.1 Model Summary

Model Summary				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.682 ^a	.466	.452	.77306

a. Predictors: (Constant), Composite score: Message_Authenticity, Composite score: Social Media Exposure, Composite score: Influencer_Credibility

D4.2 ANOVA

ANOVA ^a						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	63.531	3	21.177	35.435	<.001 ^b
	Residual	72.910	122	.598		
	Total	136.441	125			

a. Dependent Variable: Composite score: Mental_Health_Awareness

b. Predictors: (Constant), Composite score: Message_Authenticity, Composite score: Social Media Exposure, Composite score: Influencer_Credibility

D4 Regression output: Model 2 predicting Mental Health Awareness

(Cont.)

D4.3 Coefficients

Coefficients ^a											
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Correlations			Collinearity Statistics	
		B	Std. Error	Beta			Zero-order	Partial	Part	Tolerance	VIF
1	(Constant)	.483	.358		1.347	.180					
	Composite score: Social Media Exposure	.636	.077	.590	8.235	<.001	.658	.598	.545	.854	1.171
	Composite score: Influencer_Credibility	-.016	.093	-.014	-.172	.864	.271	-.016	-.011	.696	1.438
	Composite score: Message_Authenticity	.227	.092	.200	2.466	.015	.406	.218	.163	.665	1.505

a. Dependent Variable: Composite score: Mental_Health_Awareness