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Abstract

Mental-health difficulties among young people in England have reached historically high levels, with Generation Z (16-25) experiencing particularly high prevalence and uneven access to formal support. At the same time, this cohort is deeply embedded in social-media and influencer-driven environments, where strategic communication strongly shapes health-related attitudes and behaviours. This report explores how research philosophies and methodological approaches inform understanding of “Strategic Marketing for Mental Health Awareness among UK Gen Z”.

The report first conducts a critical literature review across three strands: epidemiological evidence on youth mental health; studies of social media, digital mental-health literacy and help-seeking; and research on mental-health campaigns, social/digital marketing and influencer communication. The review finds that the field is dominated by positivist and post-positivist paradigms, with heavy reliance on quantitative survey and experimental designs and limited explicit discussion of ontology, epistemology or axiology. Strategic marketing constructs such as segmentation, brand authenticity, narrative framing and influencer credibility are rarely modelled explicitly in relation to mental-health outcomes.

A detailed analysis of a focal systematic review of media mental-health campaigns for young people illustrates both the strengths of protocol-driven, post-positivist synthesis and the constraints imposed by weak primary studies, heterogeneous interventions and limited mechanism-focused analysis. On the basis of these findings, the report articulates a critical-realist, post-positivist stance for a future DBA study, proposing a deductive, survey-based design using structural equation modelling to develop and test a Strategic Marketing for Mental Health (SMMH) framework. Ethical considerations and alignment with United Nations Sustainable Development Goal 3 (Good Health and Well-Being) are emphasised, positioning the prospective DBA to make both theoretical and practical contributions to youth mental-health communication.

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1. Introduction

Rates of mental health difficulties among young people in England remain high, with widening inequalities and persistent barriers to timely support (NHS, 2025; Rethink Mental Illness, 2025; Office for Health Improvement and Disparities, 2025). Recent UK evidence focusing on 16-25 year olds also indicates substantial self-reported need and anticipated demand for support, alongside continued reliance on informal channels such as peers and family and mixed experiences of formal provision (UCL, 2025; Quinn, 2025).

Generation Z (Gen Z) is also the first fully “digital native” cohort, spending substantial time in platform-based media environments where mental health information, peer narratives and influencer content circulate at scale. This creates both risk (e.g., social comparison and anxiety amplification) and opportunity (e.g., supportive communities and credible signposting), but current work at the interface of youth mental health and digital communication remains methodologically uneven and often under-integrates strategic marketing theory and mechanisms (e.g., segmentation, positioning, branding and influencer strategy).

Within this environment, marketing and communication interventions have become key tools in attempts to improve mental health awareness, reduce stigma and encourage earlier help seeking. Systematic reviews of digital mental health literacy interventions and media campaigns show that well designed programmes can increase knowledge and, in some cases, shift attitudes and intentions (Nazari et al., 2023; Yeo et al., 2023; Tam et al., 2024).

However, these same reviews emphasise that the evidence base remains fragmented: many evaluations rely on small convenience samples, short term self-report measures and limited theoretical framing, with few studies explicitly grounded in strategic marketing concepts such as segmentation, positioning, branding or influencer strategy.

This report uses the emerging Doctor of Business Administration (DBA) topic “Strategic Marketing for Mental Health Awareness among UK Gen Z” as a vehicle to explore research philosophies and methodological approaches in this field. Substantively, the proposed DBA aims to understand how strategic and digital marketing strategies including storytelling, message framing, influencer credibility, authenticity and platform fit may influence mental health awareness, perceived stigma and help seeking intentions among UK Gen Z, and to develop a validated Strategic Marketing for Mental Health (SMMH) framework.

Methodologically, the project is positioned within a critical-realist, post-positivist tradition

that treats marketing influences as real but context dependent mechanisms operating through young people's beliefs, emotions and social networks.

The research problem underpinning this topic can be summarised as follows: mental health difficulties and demand for support are rising among UK Gen Z, yet formal help seeking remains uneven, and there is currently no validated, quantitatively tested strategic marketing framework to guide charities, public bodies and social enterprises in designing effective mental health communication for this cohort. Epidemiological data from National Health Service (NHS) England provide strong justification for focusing on 16-25 year olds as a high need population, while the UCL/YouGov survey highlights the centrality of communication channels such as peers, family and digital media in shaping help seeking pathways.

The topic also aligns with United Nations Sustainable Development Goal 3 (SDG 3) Good Health and Well-Being, particularly Target 3.4, which commits countries to reduce premature mortality from non-communicable diseases through prevention and treatment and to promote mental health and well-being (United Nations, 2025). Strategic marketing for mental health awareness can be understood as a contribution to SDG 3 by enhancing prevention, early intervention and equitable access to support among young people.

Within this context, the proposed DBA is framed by the following aim and objectives (developed earlier in the Topic & Philosophy Summary):

Aim: to examine how strategic and digital marketing strategies influence mental health awareness, stigma reduction and help seeking intention among UK Gen Z, and to develop and validate a SMMH framework.

Objectives: measuring current levels of awareness, perceived stigma and help seeking intention among UK Gen Z; assessing the influence of key marketing factors on these outcomes; developing and validating the SMMH framework using quantitative methods such as exploratory and confirmatory factor analysis (EFA, CFA) and structural equation modelling (SEM); and generating practical recommendations for organisations engaged in youth mental health communication.

The report does not present empirical findings from this proposed DBA. Instead, it evaluates how research philosophies and methodological choices in the existing literature can inform a rigorous, ethically grounded design for such a study. The philosophical stance guiding this evaluation is explicitly articulated:

Ontology: Critical-realist - mental health difficulties, marketing influences and help seeking behaviours are real but operate through mechanisms that are only partially observable and are contingent on context.

Epistemology: Post-positivist - knowledge about these mechanisms is probabilistic and fallible, best advanced through systematic, transparent and theory informed quantitative research complemented by critical reflection.

Axiology: A commitment to improving youth mental health outcomes and reducing inequalities, consistent with SDG 3 and with professional responsibilities in both marketing and public health.

Methodology: A primarily deductive, quantitative approach, likely operationalised through large scale survey research and SEM, while remaining open to mixed methods extensions.

The remainder of the report is structured as follows. Section 2 provides a critical literature review organised around three strands: (1) youth mental health and the UK Gen Z context; (2) social media, mental health awareness and help seeking; and (3) strategic, social and digital marketing, including influencer based communication. This section identifies dominant paradigms, theoretical frameworks and methodological patterns, highlighting gaps that motivate the proposed SMMH framework. Section 3 offers a detailed philosophical and methodological analysis of a focal article Tam et al.'s (2024) systematic review of media mental health awareness campaigns for young people interrogating its research philosophy, paradigm, ontology, epistemology, ethics, reliability, validity, reflexivity, strengths and limitations. Finally, Section 4 draws together the philosophical and methodological insights from the literature review and article analysis, reflecting on implications for the design of a future DBA study on strategic marketing for mental health awareness among UK Gen Z and for contributions to SDG 3.

2. Literature Review

The literature relevant to “Strategic Marketing for Mental Health Awareness among UK Gen Z” brings together three main strands: (1) youth mental health and the UK Gen Z context; (2) social media, mental health awareness and help seeking; and (3) strategic, social and digital marketing, including influencer based communication. Across these strands, most empirical

work is grounded in positivist or post-positivist assumptions, with a smaller but important body of interpretivist and critical-realist/pragmatist work. This section synthesises how mental health, Gen Z and digital marketing are framed; identifies the dominant philosophical positions; and highlights key gaps and debates.

2.1 Youth mental health and the UK Gen Z context

Official UK statistics provide a robust epidemiological foundation. The 2023/24 Adult Psychiatric Morbidity Survey (APMS) reports that the proportion of adults aged 16-64 in England meeting criteria for a common mental health condition (CMHC) has risen to 22.6%, up from 17.6% in 2007 and 18.9% in 2014. Young adults are particularly affected: prevalence among 16-24 year olds increased from 17.5% in 2007 to 25.8% in 2023/24, with higher rates among women and marked socioeconomic inequalities (for example, higher prevalence among those in problem debt, out of work, or living in the most deprived areas) (NHS, 2025; Rethink Mental Illness, 2025).

The Mental Health of Children and Young People in England 2023 follow up extends this picture across adolescence and early adulthood. Around one in five people aged 8-25 had a probable mental disorder in 2023 (20.3% of 8-16 year olds, 23.3% of 17-19 year olds and 21.7% of 20-25 year olds) (NHS, 2023a; NHS, 2023b; Okafor, 2023). These levels appear to have stabilised at a high plateau after earlier increases but remain a major concern for policy and services. At the more severe end of the spectrum, Near to real-time suspected suicide surveillance (nRTSSS) for England indicates that around 10% of suspected suicide deaths between 2023 and early 2025 involved people aged 10-24, highlighting the potential consequences of unmet need (Office for Health Improvement and Disparities, 2025a; Office for Health Improvement and Disparities, 2025b).

Focusing specifically on Gen Z (16-25), a 2025 YouGov survey commissioned by University College London (UCL) shows that 64% of young adults in Britain report current or past mental health difficulties, with the highest rates among those aged 20-21. Approximately 32% expect to need mental health support in the next 12 months, and women report substantially higher levels of difficulty than men. Although most respondents who had experienced difficulties reported seeking some form of help, many turned primarily to friends and family

rather than formal services, and satisfaction with NHS provision was mixed (Quinn, 2025; UCL, 2025).

Taken together, these sources frame UK Gen Z as a high need, high risk and high demand population for mental health support. This evidence base is firmly located within a realist positivist public health tradition, treating mental health conditions as measurable constructs and using probability samples, diagnostic instruments and statistical modelling to estimate prevalence and inequalities. This epidemiological framing supports a focus on early intervention and provides the backdrop for examining how communication and marketing might influence awareness and help-seeking in this age group (NHS, 2023a; NHS, 2025).

Critical reflections on epidemiological framing and diagnostic categories

While these epidemiological sources provide an important policy and service planning rationale for focusing on UK Gen Z, DBA-level analysis also requires scrutiny of the assumptions embedded in prevalence surveys. Reported rates are not direct observations of “mental disorder” as a fixed natural kind; rather, they are estimates produced through specific instruments, thresholds and diagnostic rules that may vary across time and contexts. Structured diagnostic interviews and screening tools necessarily simplify complex experiences into categorical outcomes, and prevalence estimates can differ depending on measurement choice, symptom cut-offs, recall periods and sampling/response patterns (Kessler and Üstün, 2004). From a critical-realist perspective, prevalence statistics can therefore be treated as fallible indicators of underlying distress and impairment, but not as transparent “mirrors” of objective reality; they should be interpreted as context dependent outputs of particular classificatory and measurement systems.

Relatedly, the diagnostic categories that underpin many surveys are themselves contested. Psychiatric diagnosis can be highly useful for communication, triage and service allocation, yet debates persist regarding validity (i.e., whether categories map onto coherent underlying entities) versus utility (i.e., whether categories are pragmatically helpful) (Kendell and Jablensky, 2003). For the present topic, this matters because strategic marketing for “mental health awareness” depends on what is taken to count as a mental health difficulty and how young people recognise, label and interpret distress. Over-reliance on diagnostic categories risks reifying labels in ways that may inadvertently shape stigma or self-understanding. Consequently, the proposed DBA should treat epidemiological evidence as essential context while also acknowledging that “mental health difficulty” is operationalised through socially

and institutionally mediated classifications, and that these classifications can influence both measurement and communication outcomes.

2.2 Social media, mental health and Gen Z

Alongside rising need, Gen Z's media environment is heavily shaped by social media and digital platforms. Reviews of youth social media use generally find associations between particular patterns of engagement and poorer mental health outcomes. Agyapong-Opoku et al. (2025), for example, report that passive consumption and problematic use are more consistently linked with depressive and anxiety symptoms among young people than simple time spent online measures. A systematic review by Purba et al. (2023) in *BMJ* similarly identifies links between social media use and multiple health risk behaviours in young people, including self-harm and disordered eating, although causal directions remain contested. Ahmed et al. (2024) highlight complex interactions between social media use, sleep quality and youth mental health, suggesting that digital exposure, sleep disruption and psychological distress may reinforce one another.

At the same time, recent work emphasises that social media can provide routes to positive mental health. Qualitative and mixed methods studies describe how online platforms facilitate connection, self-expression, peer-support and access to information that might be difficult to obtain offline, particularly for stigmatised identities or conditions (Chhabra et al., 2025; Fassi et al., 2025). This more nuanced framing social media as a space of both risk and opportunity underpins growing interest in deliberately designed digital interventions and campaigns aimed at mental health promotion.

Methodologically, these studies are predominantly quantitative (cross sectional surveys, longitudinal designs, meta analyses), with a post-positivist orientation that seeks to estimate probabilistic relationships between exposure and outcomes while acknowledging limitations and confounding (Agyapong-Opoku et al., 2025; Ahmed et al., 2024). Qualitative contributions adopt interpretivist or constructivist perspectives, focusing on young people's meaning making and contextualised experiences rather than generalisable effects (Chhabra et al., 2025; Fassi et al., 2025). Integration between these paradigms is still relatively limited; mixed methods work often presents quantitative and qualitative strands in parallel rather than as a fully integrated critical realist design.

2.3 Social media, mental-health awareness and help-seeking

A specific sub field examines social media and digital tools as channels for mental health awareness and help-seeking. Mohamad and Abd Mubin (2023) provide a systematic review of social media use for youth mental health awareness and help-seeking attitudes. The review concludes that social media can improve mental health literacy, normalise help-seeking and reduce stigma when content is credible, relatable and supportive, but it also notes significant methodological limitations, including small samples, convenience recruitment and an over-reliance on self-reported engagement.

A broader evidence base addresses digital mental health literacy interventions. Yeo et al. (2024) conduct a systematic review and meta-analysis of digital mental health literacy (DMHL) interventions, finding that such programmes can significantly improve knowledge and, to a lesser extent, help-seeking and mental health outcomes across diverse populations, although heterogeneity of interventions and outcomes complicates interpretation. Nazari et al. (2023) review web based educational interventions for young people, concluding that these interventions reliably improve mental health literacy but show weaker or inconsistent effects on stigma and help-seeking.

Historically, online campaigns such as ReachOut and similar initiatives demonstrated the feasibility of internet based mental health promotion for young people, with early evidence of improved awareness and increased help-seeking intentions (Burns et al., 2009; Hui et al., 2015). However, many of these interventions were not explicitly conceptualised in marketing terms and often pre-dated the dominant role of social media platforms such as Instagram and TikTok.

Collectively, this literature frames digital tools as potential enablers of mental health awareness and help-seeking, particularly when interventions are theory informed, sustained and user centred. The underlying philosophical stance is largely post-positivist, with constructs such as literacy, stigma and intention operationalised as measurable variables and evaluated through experiments, pre-post designs and meta-analyses (Burns et al., 2009; Hui et al., 2015; Nazari et al., 2023). Calls for more participatory, co-designed approaches reflect the influence of pragmatism and critical-realism, where knowledge is seen as fallible and context-dependent, and research is oriented towards “what works” for specific populations in real world settings (Mukhtar et al., 2025; Yeo et al., 2023).

2.4 Mental-health campaigns and social/digital marketing

A more directly relevant strand of research examines mental health campaigns that use mass media, social media or mixed channels. Tam et al. (2024) undertake a systematic review of the impacts of media mental health awareness campaigns on young people aged 10-24.

Across 18 evaluations of 15 campaigns in eight countries, the review finds that campaigns are generally associated with positive changes in attitudes, beliefs and intentions, including reduced stigma and increased help-seeking, although effect sizes and methodological quality vary. Most evaluations employ surveys and quantitative indicators, with relatively few long-term follow-ups or robust comparisons across sub-groups.

Draganidis et al. (2024) narrow the focus to social media delivered mental health campaigns and public service announcements, synthesising evidence on public engagement (likes, shares, comments) and help-seeking behaviours. The review concludes that social media campaigns can generate substantial engagement and may influence help-seeking, but it emphasises weak links between engagement metrics and concrete behavioural outcomes, and identifies widespread challenges around study design, sampling and outcome measurement.

Specific campaigns provide more detailed insights. Evaluations of the “What’s Up With Everyone?” digital mental health literacy campaign for 17-21 year olds suggest improvements in knowledge, confidence and reduced stigma following exposure to co-designed animated videos, though sample sizes are modest and designs often lack control groups (Booth et al., 2018; Curran et al., 2023). Other work describes youth-focused campaigns that combine online and offline elements, such as school-based workshops with social media promotion, again reporting short-term gains in knowledge and attitudes but limited evidence of sustained behaviour change (Nazari et al., 2023; Tam et al., 2024).

In terms of marketing framing, Tam et al. (2024) explicitly define mental health campaigns as marketing efforts that use an organised set of communication tactics, but most primary studies stop short of engaging with strategic marketing constructs such as segmentation, positioning or brand management. Instead, campaigns are typically conceptualised in health promotion or communication terms, and evaluation focuses on proximal outcomes rather than on how strategic design choices shape impact. This represents a significant gap for a DBA that seeks to integrate mainstream marketing theory with mental health communication.

Philosophically, campaign evaluation studies again sit mainly within a positivist/post-positivist paradigm, using standardised surveys, experimental or quasi-experimental designs and statistical tests to infer impact (Curran et al., 2023; Draganidis et al., 2025; Tam et al., 2024). Underlying ontological assumptions that attitudes, stigma and help-seeking intentions are stable and measurable constructs are rarely discussed explicitly but are evident in methodological choices.

2.5 Influencers, Gen Z marketing and health communication

Digital influencer marketing is central to how brands engage Gen Z, yet its application to mental health campaigning remains comparatively under-developed. Powell and Pring (2023) offer a systematic review of social media influencers and health outcomes, concluding that influencer effects can be both beneficial and harmful. Positive impacts are observed in some public health campaigns (e.g., hygiene promotion), whereas negative impacts are more consistently reported in domains such as body image, where exposure to idealised content is associated with increased dissatisfaction. However, the methodological quality of the reviewed studies is often limited, with heavy reliance on cross-sectional designs, small samples and self-selection.

Kaňková et al. (2024) conduct a scoping review of health related communication by social media influencers, highlighting that much of the literature prioritises content and audience perceptions rather than robust outcome measures. The review identifies credibility, authenticity, similarity and trustworthiness as salient perceived attributes shaping influencer impact, aligning with source-credibility theory and parasocial interaction models. Duffett (2025) similarly finds that Gen Z consumers are highly responsive to Instagram “mega-influencers”, with perceived expertise and relatability shaping favourable brand attitudes and behavioural intentions.

Beyond health, marketing scholarship on Gen Z emphasises preferences for short-form video content, visual storytelling, interactive formats, and brands that project authenticity and social responsibility. Prasanna and Priyanka (2024) report that this cohort favours platforms such as TikTok and Instagram Reels, values transparency and purpose, and expects dialogic, two-way communication rather than one-way advertising. Practitioner-oriented reports and industry analyses reinforce this picture, describing Gen Z as a highly connected, “always-on” audience

whose trust is often placed in influencers and peers rather than traditional celebrities or institutions (Digital Marketing Institute, 2024; Koflence, 2025; SalesHub, 2025). While these practitioner sources can usefully contextualise platform dynamics, they should be interpreted cautiously alongside peer-reviewed evidence.

In philosophical terms, this body of work is largely post-positivist. Influencer characteristics and message features are frequently operationalised as independent variables whose effects on attitudes and behaviours can be estimated statistically, while some content-analytic studies adopt more interpretivist approaches to examine meaning and discourse (Duffett and Mxunyelwa, 2025; Kaňková et al., 2024; Powell and Pring, 2023). Explicit discussion of ontology or epistemology remains rare; philosophical assumptions are typically embedded in experimental, survey and modelling designs that seek generalisable insights into how influencers shape behaviour.

For the proposed DBA topic, this literature suggests that constructs such as influencer credibility, authenticity and platform fit are both theoretically and empirically salient for Gen Z, yet they have not been systematically linked to mental health outcomes such as awareness, stigma, or help-seeking intention in the UK context.

Integrating landmark marketing and behavioural theories

Although the reviewed literature provides important insights into Gen Z's media consumption patterns and responsiveness to influencer based communication, many mental health campaigns do not explicitly draw on foundational marketing and behavioural theories. Integrating these theories strengthens the conceptual basis for explaining how communication mechanisms may influence awareness, stigma reduction and help-seeking intention.

The **AIDA model** (Attention-Interest-Desire-Action) offers a classic framework for understanding how audiences move from exposure to behavioural response. Originating in early advertising scholarship (Strong, 1925), AIDA suggests that campaigns must first capture attention often through emotionally resonant content or recognisable influencers before sustaining interest, cultivating desire for change, and enabling action. In a mental health context, this is relevant because help-seeking requires movement beyond passive exposure towards active behavioural engagement (Strong, 1925).

The **Theory of Planned Behaviour (TPB)** provides a well-established framework for predicting intention, including intentions to seek help (Ajzen, 1991). TPB posits that intention

is shaped by attitudes, subjective norms and perceived behavioural control, which aligns closely with key objectives of mental health awareness campaigns: shifting attitudes towards help-seeking, normalising supportive norms, and reducing perceived barriers (Ajzen, 1991). Within this framing, strategic marketing variables (e.g., influencer credibility, message framing) can be theorised as antecedents that shape norms and perceived control by modelling help-seeking as acceptable, feasible and beneficial.

The **Elaboration Likelihood Model (ELM)** is also highly relevant to Gen Z's digital engagement. ELM distinguishes between central processing (high elaboration) and peripheral processing (heuristic cues such as attractiveness, authenticity or relatability). Influencers can function as peripheral cues that increase message acceptance in fast-scroll, low-attention environments. However, when content is personally relevant or emotionally salient, central processing may occur, producing more durable attitude change (Petty and Cacioppo, 1986). ELM therefore provides a rationale for examining message framing, narrative quality and perceived authenticity as potential mechanisms.

Finally, **Social Cognitive Theory (SCT)** provides a mechanism for understanding observational learning and modelling within social media environments (Bandura, 1986). Influencers who share lived experiences, coping strategies or recovery narratives may shape self-efficacy and outcome expectations both central to behaviour change by demonstrating that help-seeking is possible and worthwhile (Bandura, 1986). SCT therefore supports the inclusion of constructs such as influencer credibility, similarity and authenticity as plausible determinants of mental health awareness, stigma reduction and help-seeking intention.

Together, these theories strengthen the underpinning conceptual architecture of the proposed SMMH framework by specifying behavioural pathways through which strategic marketing variables may influence mental health outcomes among UK Gen Z. Their integration also highlights a recurring gap in the existing literature: marketing techniques are often applied without being anchored in established theoretical models, limiting explanatory and predictive power.

2.6 Philosophical patterns, gaps and debates

Across the reviewed literature, several dominant philosophical positions and recurrent gaps can be identified.

First, most empirical studies operate within a positivist or post-positivist paradigm. Epidemiological surveys (for example, APMS and MHCYP) treat mental health conditions as real, measurable phenomena and use large-scale probability samples and diagnostic instruments to estimate prevalence and inequality (NHS, 2023a; NHS, 2025). Social media mental health association studies, digital literacy interventions and campaign evaluations follow a similar logic: constructs such as social media exposure, literacy, stigma and intention are quantified, and statistical models are used to estimate probabilistic relationships and intervention effects (Agyapong-Opoku et al., 2025; Nazari et al., 2023; Tam et al., 2024; Yeo et al., 2023).

Second, a smaller but important set of studies adopts interpretivist or constructivist approaches, exploring young people's lived experiences of social media, co-design processes and meaning-making around mental health and digital content (Chhabra et al., 2025; Fassi et al., 2025; Tam et al., 2024). These contributions foreground context, voice and power, and align with more critical-realist and pragmatist perspectives when they connect qualitative insights to practical design principles for digital interventions.

Third, across all strands there is limited explicit engagement with research philosophy. Ontological and epistemological assumptions are often embedded in methodological choices rather than being articulated and justified. For DBA-level work, a key requirement is therefore to interrogate the ontological status of the field's central constructs particularly "stigma," "mental health literacy" and "help-seeking." Stigma is not merely an individual attitude that people "have"; it can be conceptualised as a social process involving labelling, stereotyping, separation and status loss enacted within relationships and institutional contexts (Link and Phelan, 2001). This has implications for measurement: survey scales may capture proximate attitudes or anticipated discrimination but may under-represent structural or interactional dimensions of stigma that shape help-seeking pathways. Mental health literacy is similarly contested. It is often treated as a stable cognitive asset, yet it can be conceptualised as a socially distributed capability shaped by culture, platforms and trust in information sources; definitional debates persist regarding whether literacy is primarily recognition, knowledge, self-management competence, or navigational ability (Kutcher, Wei and Coniglio, 2016). Help-seeking, likewise, is not a single act but a multi-stage behavioural process (e.g., recognising a need, deciding to disclose, selecting a source, and sustaining engagement), with barriers potentially arising at each stage (Gulliver, Griffiths and Christensen, 2010). These conceptualisations reinforce the need to operationalise constructs

carefully (and transparently) to avoid treating them as simple, universally stable “things,” even when modelled as latent variables in SEM.

In addition, the marketing components in this domain can be integrated more deeply into philosophical analysis by acknowledging differences between commercial marketing epistemologies and health-communication epistemologies. Commercial marketing research often prioritises persuasion, attention capture and behavioural response (sometimes proxied by engagement metrics), whereas health communication prioritises harm minimisation, evidential robustness, and ethically defensible behaviour change under conditions of uncertainty. Social marketing explicitly attempts to bridge these traditions by applying marketing principles to social good, while retaining public-health commitments to equity and ethical risk management (Kotler and Zaltman, 1971; Grier and Bryant, 2005). Making these epistemic differences explicit strengthens the rationale for a post-positivist but philosophically reflexive DBA design: it clarifies why strategic marketing variables (e.g., credibility, authenticity, narrative framing, platform fit) should be theorised not only as persuasive levers, but also as mechanisms whose appropriateness and effects are ethically and contextually contingent.

This lack of philosophical reflexivity is itself a gap, particularly in relation to the Research Principles and Philosophy module, which explicitly requires mapping ontology, epistemology and paradigm. Beyond philosophy, several substantive gaps and debates are evident.

Strategic marketing under-integration. Social and digital mental-health campaigns seldom incorporate core strategic marketing tools such as segmentation, value propositions or brand positioning in a systematic way, even when they use digital channels similar to commercial campaigns (Curran et al., 2023; Draganidis et al., 2025; Tam et al., 2024). Marketing-oriented constructs (for example, influencer credibility, storytelling, brand authenticity and platform fit) are rarely modelled quantitatively against mental-health outcomes such as awareness, stigma and help-seeking.

Fragmented focus on Gen Z and UK youth. Many reviews and studies cover broad age ranges (for example, 10-24 or 12-30) and diverse countries, with limited disaggregation for Gen Z or UK-specific sub-samples (Mohamad and Abd Mubin, 2023; Tam et al., 2024; Yeo et al., 2023). The UCL/YouGov data on British 16-25 year olds provide strong, recent evidence of need and anticipated demand, but have not yet been integrated into models of strategic communication or marketing (UCL, 2025).

Engagement versus behaviour change. Social-media campaigns often report impressive engagement metrics (impressions, likes, shares), but robust evidence linking these metrics to behavioural outcomes such as help-seeking, service use or sustained reductions in stigma is scarce (Draganidis et al., 2025; Hui, Wong and Fu, 2015; Nazari et al., 2023). This gap reflects a tension between marketing practice, which can over-privilege engagement, and public-health priorities, which emphasise behaviour change and equity of impact.

Short-term, self-report-based evaluation. A large proportion of campaign and intervention studies rely on short-term, self-reported outcomes without control groups, limiting causal inference and understanding of long-term impact (Draganidis et al., 2025; Nazari et al., 2023; Tam et al., 2024). Systematic reviews repeatedly call for more rigorous designs (including randomised controlled trials, longitudinal follow-up and mixed-methods evaluations), yet such studies remain relatively rare (Sun et al., 2025; Yeo et al., 2023).

Against this background, there is a clear opportunity for a DBA project to adopt an explicitly critical-realist/post-positivist stance and develop a SMMH framework for UK Gen Z. Such a framework could model how specific strategic marketing variables (for example, influencer credibility, narrative framing, platform fit and brand authenticity) relate to mental-health awareness, perceived stigma and help-seeking intention, while acknowledging the complex, context-dependent nature of these relationships. A quantitatively driven design (for example, survey-based structural equation modelling) informed by this literature would also address the current lack of integrated, theory-driven models at the interface of marketing and youth mental health.

3. Article Analysis

3.1 Overview and relevance of the selected article

The selected focal article is the systematic review by Tam et al. (2024), “*A Systematic Review of the Impacts of Media Mental Health Awareness Campaigns on Young People*”, published in *Health Promotion Practice*. The review synthesises evaluation studies of media-based mental-health awareness campaigns targeting young people aged 10-24 years, focusing on outcomes such as knowledge, attitudes, stigma, intentions and help-seeking behaviours (Tam et al., 2024). This article is highly aligned with the topic “Strategic Marketing for Mental Health Awareness among UK Gen Z”, because it explicitly conceptualises mental-health

campaigns as marketing efforts using organised communication tactics, and because it concentrates on a youth audience comparable to the 16-25 age band at the centre of this coursework.

The article therefore offers an appropriate focal point for detailed analysis of research philosophy, paradigm and methodological choices in a field that sits at the intersection of mental health, public health and marketing. Insights from this analysis can inform the design of a future DBA study aiming to develop a Strategic Marketing for Mental Health (SMMH) framework.

3.2 Research philosophy and paradigm

Although Tam et al. (2024) do not explicitly label their research philosophy, the design and language clearly indicate a post-positivist paradigm grounded in a realist public-health tradition. The authors seek to establish “impacts” of media campaigns on young people by systematically aggregating evidence from evaluation studies, assuming that campaign exposure leads to measurable changes in knowledge, attitudes and behaviour that can be estimated probabilistically (Tam et al., 2024).

The post-positivist stance is evident in several features. First, the review uses structured, replicable procedures multi-database searching, predefined inclusion criteria, and quality assessment to reduce bias and approximate objective knowledge, consistent with mainstream evidence-based practice. Second, the article treats evaluation studies as sources of empirical data that can be weighed and synthesised to answer a generalisable question about “what works” in media mental-health campaigns for young people. Third, the authors acknowledge uncertainty and limitations, emphasising that their conclusions are constrained by the heterogeneous and often weak quality of the underlying evidence (Tam et al., 2024). This acceptance of fallibility, coupled with a commitment to systematic methods, is characteristic of post-positivism rather than naïve positivism.

The paradigm contrasts with interpretivist work that prioritises subjective meanings and lived experience, and with critical-theory approaches that foreground power and structural determinants. In the wider literature reviewed in Section 2, interpretivist and critical-realist contributions appear mainly in qualitative studies of young people’s social-media experiences

(Chhabra et al., 2025; Fassi et al., 2025), whereas Tam et al. (2024) remain firmly located within an outcome-focused, post-positivist evidence hierarchy.

3.3 Ontology and epistemology

Ontologically, the article assumes a realist position. Mental-health conditions (for example, depression, anxiety, suicidal ideation), attitudes, stigma and help-seeking behaviours are treated as real phenomena that exist independently of researchers and can be identified and measured, albeit imperfectly, through indicators such as diagnostic instruments, survey scales and behavioural records. Media campaigns are conceptualised as discrete, bounded interventions combinations of messages and channels that have causal potential to influence these phenomena among exposed audiences (Tam et al., 2024).

Epistemologically, knowledge is generated by systematically reviewing and synthesising empirical evidence. The authors use an explicit search strategy, predefined inclusion and exclusion criteria, and quality appraisal to construct a body of evidence and draw conclusions about campaign impacts. This approach rests on a belief that well-designed studies can yield approximate but useful knowledge about causal relationships between campaigns and outcomes, even though any single study may be biased or incomplete. In this sense, the epistemology is post-positivist: it recognises the impossibility of absolute certainty but nevertheless attempts to approach truth through rigorous, transparent procedures and critical appraisal.

Alternative epistemological positions are less visible in the article. There is little discussion of how young people interpret campaign messages, or how contextual factors such as culture, gender or socioeconomic status shape campaign reception questions that might be foregrounded in interpretivist or critical-realist approaches (Chhabra et al., 2025; Mukhtar et al., 2025). Instead, the synthesis focuses on measurable outcomes across studies, reinforcing a view of knowledge as predominantly quantitative and generalisable.

3.4 Methodological choices

Tam et al. (2024) adopt a systematic review methodology, which involves a series of structured steps to minimise bias and enhance transparency. This includes prospective protocol registration in PROSPERO, comprehensive database searching, screening of titles and abstracts, full-text assessment, data extraction, quality assessment, and narrative synthesis of findings. These steps follow internationally recognised guidance such as the PRISMA 2020 statement for reporting systematic reviews (Page et al., 2021).

The authors searched MEDLINE, EMBASE, PsycINFO, Web of Science and Google Scholar for peer-reviewed articles published between 2004 and 2022, reflecting the era in which contemporary social-media platforms emerged (Tam et al., 2024). Search terms combined concepts related to mental health, campaigns, media and young people. Studies were eligible if they evaluated existing media campaigns focused on depression, anxiety, self-harm or suicide, reported outcomes for participants aged 10-24 (or where at least three-quarters of the sample fell within this range), and assessed changes in awareness, attitudes, stigma, intentions or behaviours.

From an initial pool of 20,902 records, 18 evaluation studies of 15 campaigns in eight countries met the inclusion criteria (Tam et al., 2024). This steep attrition suggests that many campaigns either lacked formal evaluation or did not meet minimum methodological standards, reinforcing the authors' later conclusion about the weakness of the evidence base. Data extraction captured campaign features (target group, mental-health focus, media channels, message content), study design (e.g., cross-sectional, pre-post, controlled trial), sampling methods, and outcome measures.

Quality assessment rated each study on criteria such as clarity of aims, appropriateness of design, sample size and representativeness, validity of measures, and adequacy of analysis. Many studies were judged as moderate or low quality, particularly due to uncontrolled pre-post designs, convenience samples and short follow-up periods (Tam et al., 2024). Because of heterogeneity in interventions and outcomes, the authors opted for narrative synthesis rather than quantitative meta-analysis. Findings were grouped into proximal outcomes (e.g., knowledge, attitudes, stigma, intentions) and more distal behavioural outcomes (e.g., help-seeking, helpline calls, service utilisation).

This methodological choice is defensible given the variation across campaigns and the limited number of high-quality studies. However, it has implications: narrative synthesis introduces more interpretive judgement than meta-analysis and may obscure nuanced patterns (for example, which specific content or channel combinations are most effective). From a strategic-marketing perspective, the absence of fine-grained coding of marketing elements such as segmentation, branding, storytelling techniques or influencer use limits the review's capacity to inform detailed campaign design, although this was not its primary objective.

3.5 Ethics

As a secondary analysis of published research, the systematic review itself did not require ethics committee approval, and none is reported. This is consistent with common practice for reviews that do not involve direct contact with human participants or access to individual-level confidential data. Nonetheless, ethical considerations arise at several levels.

First, the review inherits the ethical quality of the primary studies. Many campaigns addressed sensitive topics such as suicide and self-harm among young people; ethically sound primary research would therefore require careful risk management, debriefing procedures and access to support (Hui et al., 2015). The review summarises methodological strengths and weaknesses but does not systematically appraise ethical safeguards in the included studies.

Second, by synthesising findings and making recommendations, the review has potential influence on policy and practice. There is an ethical responsibility to avoid overstating effectiveness or downplaying harms. Tam et al. (2024) respond to this by clearly acknowledging limitations, avoiding causal language where not warranted, and emphasising that more rigorous research is needed before definitive conclusions can be drawn.

Third, awareness campaigns themselves may have unintended negative effects, such as triggering distress, reinforcing stereotypes or reaching some groups more effectively than others. While individual evaluation studies occasionally note such issues, the review pays relatively little attention to adverse outcomes or equity considerations, focusing instead on positive changes in awareness and help-seeking (Tam et al., 2024). For a future DBA study concerned with strategic marketing and the UN Sustainable Development Goals, these ethical dimensions particularly equity and non-maleficence would merit more explicit treatment.

3.6 Reliability and validity

In the context of a systematic review, reliability and validity relate to both the review process and the underlying evidence.

Reliability of the review is enhanced by the use of multiple databases, clear inclusion criteria, dual-reviewer screening and quality assessment, and transparent reporting through a PRISMA flow diagram (Tam et al., 2024; Page et al., 2021). These procedures increase the likelihood that another team following the same protocol would identify a similar set of studies and reach comparable high-level conclusions. However, narrative synthesis inherently involves more subjective interpretation than quantitative pooling, so some aspects of the analysis such as the weighting of findings from stronger versus weaker studies remain reliant on reviewers' judgement.

Internal validity of the review's conclusions is constrained by the methodological quality of the primary studies. Many evaluations used uncontrolled pre-post designs or cross-sectional surveys, making it difficult to attribute observed changes definitively to campaign exposure rather than to secular trends or other influences (Tam et al., 2024). Measurement instruments for awareness, stigma and help-seeking varied across studies, and not all were validated, raising concerns about construct validity.

External validity (generalisation) is also limited. Most campaigns took place in high-income countries, and the review included only English-language publications, risking cultural and linguistic bias (Tam et al., 2024). Within youth populations, heterogeneous subgroups (for example, gender, ethnicity, socioeconomic status) were rarely analysed separately, so evidence on differential effects is sparse. This has important implications for campaigns that aim to reduce inequalities or target specific high-risk groups, as highlighted in Section 2 of this coursework.

From a strategic-marketing viewpoint, validity is further constrained by the lack of detailed analysis of how campaigns achieved their reported outcomes. Without systematic coding of message framing, tone, branding, use of influencers or platform strategies, it remains unclear which aspects of campaign design are most strongly associated with positive impacts. This absence of mechanism-focused analysis leaves a significant gap that a DBA project could address using more granular quantitative modelling.

3.7 Reflexivity

Reflexivity the process of examining how researchers' assumptions, positions and decisions shape their work is not explicitly foregrounded in Tam et al. (2024), which is unsurprising given the conventions of quantitative systematic reviews. Nonetheless, elements of methodological reflexivity can be inferred.

The authors recognise that their review is limited to English-language, peer-reviewed articles and that this may exclude relevant campaigns and evaluations, particularly in low- and middle-income countries or community settings where evaluations are reported in grey literature (Tam et al., 2024). They also acknowledge that their focus on depression, anxiety, self-harm and suicide means that campaigns addressing other conditions are outside scope, which shapes the evidence base and the types of messages considered. Finally, they reflect on the dominance of quantitative survey designs in the included studies and call for more qualitative and mixed-methods research to capture young people's perspectives, indicating awareness that current evidence provides only a partial view of campaign impact (Tam et al., 2024).

However, more explicit reflexivity about disciplinary backgrounds, value commitments or assumptions about what counts as "good evidence" is absent. Given that the authors are located in mental-health and health-services research institutions, there may be implicit prioritisation of clinical outcomes and help-seeking metrics over broader social-marketing goals such as empowerment or community-level change. For the purposes of LCDB7007, this highlights an opportunity: a DBA project could make such philosophical and value assumptions explicit, integrating them into research design choices.

3.8 Strengths and limitations of the article

A major strength of Tam et al. (2024) is the rigorous systematic-review methodology, which provides a transparent and comprehensive synthesis of an emergent field. The use of multiple databases, protocol registration and PRISMA-compliant reporting places the article at the higher end of methodological quality among reviews of mental-health campaigns.

A second strength is the youth-focused scope. By restricting attention to young people aged 10-24, the review offers insights directly relevant to Generation Z and emerging adults, rather

than diluting findings across broader adult populations. This is particularly valuable for the present coursework, given the focus on UK Gen Z.

Third, the review explicitly conceptualises media campaigns as marketing efforts, using language that bridges public-health and marketing domains. This conceptualisation resonates with the strategic-marketing perspective developed in the literature review and provides a foundation for developing a more detailed SMMH framework.

Finally, the article offers a clear and balanced discussion of evidence gaps, highlighting the need for better-designed evaluations, long-term follow-up, and more research on social-media campaigns and help-seeking behaviour (Tam et al., 2024). These observations provide concrete starting points for doctoral research.

At the same time, several limitations reduce the article's ability to inform strategic marketing design.

First, the review is constrained by the weak quality of many primary studies, including uncontrolled designs, small convenience samples and short-term follow-ups. This limits confidence in conclusions about campaign effectiveness and makes it difficult to identify robust causal relationships.

Second, substantial heterogeneity in campaign content, delivery mode, target populations and measurement tools prevents quantitative meta-analysis. While narrative synthesis is appropriately used, it cannot provide precise effect sizes or identify which campaign components are most influential.

Third, the review offers only limited engagement with marketing theory and research philosophy. Core concepts from social marketing, consumer behaviour or branding are not systematically integrated, and ontological and epistemological assumptions remain implicit.

Fourth, the absence of a detailed analysis of equity and potential harms is problematic in a context where mental-health inequalities are pronounced and where media content can sometimes exacerbate distress or stigma.

These limitations underscore the need for empirically rigorous, theory-driven, and philosophically explicit research on strategic marketing for mental-health awareness among young people exactly the gap the proposed DBA study aims to address.

3.9 Evaluation summary table (see Appendix A)

Appendix A provides a structured evaluation summary of Tam et al. (2024) against key criteria (philosophy/paradigm, ontology/epistemology, methodological choices, ethics, reliability/validity, reflexivity, and strengths/limitations). Overall, the review demonstrates high procedural rigour and transparent reporting consistent with a post-positivist evidence-synthesis tradition; however, its explanatory value for strategic marketing design is constrained by heterogeneity and weak primary studies and by limited mechanism-level coding of marketing variables.

Overall, Tam et al. (2024) constitutes a methodologically careful and substantively important synthesis of media mental-health campaigns for young people. Its post-positivist, outcome focused approach reveals both the promise of such campaigns and the current weaknesses in the evidence base. These insights directly inform the design of future research on strategic marketing for mental-health awareness among UK Gen Z.

4. Conclusion

This report has examined how research philosophy and methodology shape understanding of strategic marketing for mental health awareness among UK Gen Z. Using the proposed DBA topic as a guiding thread, the discussion synthesised prevalence evidence, digital and social media research, mental health campaign evaluations and marketing scholarship, and then interrogated these themes in depth through analysis of the selected article. Together, these strands demonstrate that youth mental health and digital communication are tightly intertwined, yet research at their intersection remains conceptually fragmented and methodologically uneven.

The literature reviewed in Section 2 indicates that common mental health conditions are highly prevalent among young people and that the burden falls disproportionately on certain groups, including young women and those experiencing socioeconomic disadvantage. At the same time, help-seeking patterns are mixed: formal services are often difficult to access, while peers, family and online spaces play a central role in how young people interpret symptoms, label their experiences and decide whether to seek support. This context places Gen Z in a position of both vulnerability and opportunity. On one hand, intensive exposure to

social media and online content may intensify anxiety, depression and social comparison; on the other, the same channels can be leveraged to deliver supportive messages, challenge stigma and signpost credible routes to help.

Evidence on digital mental health interventions and media campaigns suggests that well-designed programmes can improve knowledge, attitudes and more cautiously intentions to seek help. However, Section 2 highlighted several recurring weaknesses: over-reliance on cross-sectional and short-term pre–post designs; heavy dependence on self-report outcomes; limited attention to subgroup differences; and minimal integration of strategic marketing concepts. In many evaluations, campaigns are treated as generic information efforts rather than as carefully segmented, positioned and branded interventions tailored to specific audiences, platforms and behavioural goals. Engagement metrics (e.g., likes and views) are widely reported but are rarely linked convincingly to sustained behaviour change.

The detailed analysis of the selected article in Section 3 crystallises these patterns. The systematic review of media mental health campaigns for young people exemplifies a rigorous post-positivist approach: it is protocol-driven, transparently reported and explicit about limitations in the evidence base. The review offers valuable high-level conclusions that campaigns can positively influence awareness, attitudes and, in some cases, help-seeking. Nevertheless, its contribution is constrained by the methodological quality of underlying studies, heterogeneity in interventions and outcomes, and the absence of fine-grained analysis of mechanisms. Strategic marketing elements such as influencer use, narrative style, brand authenticity and platform fit are not systematically coded or examined, and the authors' philosophical assumptions remain largely implicit. The article therefore reinforces the need for future research that retains methodological rigour while being more explicit in theoretical and philosophical foundations and more directly focused on specific marketing mechanisms.

Across both the literature review and article analysis, a coherent philosophical stance emerges for the proposed DBA. A critical-realist ontology recognises that mental health difficulties, marketing influences and help-seeking behaviours are real phenomena, but operate through mechanisms (e.g., perceived stigma, norms and trust) that are only partially observable and context-dependent. A post-positivist epistemology accepts that knowledge about these relationships is probabilistic and fallible, but maintains that structured, transparent and theory-informed quantitative research can reveal useful patterns and inform practice. This worldview supports a deductive, survey-based design using SEM to test a SMMH framework.

Methodologically, the report points towards a future DBA study in which key constructs awareness, perceived stigma, help-seeking intention, and strategic marketing variables such as storytelling, message framing, influencer credibility and platform fit are operationalised as latent variables within an integrated model. Exploratory and confirmatory factor analyses would secure the measurement structure, while SEM would enable estimation of direct and mediated pathways, including potential differences across demographic subgroups within Gen Z. By addressing weaknesses in existing evaluations particularly limited theoretical framing, limited modelling of mechanisms and the absence of sophisticated quantitative analysis such a study could enhance both academic understanding and practical guidance.

Methodological blueprint (summary). Building on the critical-realist/post-positivist stance established in Sections 2-3, the proposed DBA would adopt a deductive, survey-based design to test a SMMH framework using SEM. The study would (i) define a UK Gen Z sampling frame (with an explicit justification for including 16-17 year olds or focusing on 18-25 year olds), (ii) develop or adapt multi-item measures for key constructs (e.g., awareness, perceived stigma, help-seeking intention, influencer credibility, authenticity, narrative framing and platform fit) using theory-driven item generation and content validation, (iii) conduct cognitive pretesting and a pilot study to refine items, and (iv) proceed through a transparent SEM pipeline (CFA for the measurement model followed by full SEM to test direct and mediated pathways, with group comparisons where relevant). Ethical risk mitigation (distress minimisation, signposting, and data protection) would be embedded at each stage. Full stepwise procedures and an operationalisation map are provided in **Appendix B** and **C**.

Ethically, the report has underlined that research into youth mental health and marketing must be guided by beneficence, non-maleficence and fairness. Surveys and campaigns concerning sensitive topics must minimise distress risk and ensure clear signposting to support. More broadly, there is an ethical imperative to generate knowledge that improves real-world interventions, particularly for groups experiencing the highest levels of need and the greatest barriers to care.

Overall, the report demonstrates that strategic marketing has considerable potential to contribute to mental health awareness and early help-seeking among UK Gen Z, but that this potential has not yet been fully realised or systematically studied. By adopting a critical-realist, post-positivist stance and drawing on robust quantitative methods, the proposed DBA can help fill this gap. The development and empirical testing of an SMMH framework would provide a structured way to understand how specific marketing levers operate in the youth

mental-health context and offer evidence-based recommendations for charities, public bodies and social enterprises seeking to design impactful, ethical and equitable campaigns for the mental well-being of Gen Z.

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6. Appendix

Appendix A:

Aspect	Evidence from Tam et al. (2024)	Critical evaluation
Research philosophy / paradigm	Uses systematic, protocol-driven review methods, emphasises bias reduction and probabilistic conclusions about campaign impacts.	Indicates a post-positivist paradigm within a realist ontology. Philosophy is implicit rather than explicitly theorised, which limits transparency for readers interested in research philosophy.
Ontology / epistemology	Treats mental-health constructs, attitudes and behaviours as real, measurable phenomena; conceptualises campaigns as discrete interventions; synthesises quantitative evidence to infer impacts.	Realist and post-positivist assumptions align with public-health evidence hierarchies but overlook subjective meanings and power dynamics that interpretivist or critical-realist approaches would highlight.
Methodological choices	PROSPERO-registered systematic review; multi-database search; 18 evaluation studies of 15 campaigns; quality assessment; narrative synthesis of outcomes.	Methodologically robust for a heterogeneous field, but lack of meta-analysis and limited coding of specific marketing elements constrain fine-grained insight into what works and why.
Ethics	No primary data collection; relies on published studies; acknowledges limitations and avoids over-claiming.	Ethical risk is low, but there is little examination of ethical safeguards or potential harms in primary studies, and limited consideration of equity or unintended negative effects of campaigns.
Reliability / validity	Dual-reviewer screening and appraisal; PRISMA flow diagram; transparent inclusion criteria.	Review process is reliable; however, internal and external validity are restricted by weak designs, heterogeneous measures and high-

Aspect	Evidence from Tam et al. (2024)	Critical evaluation
		income country bias in the underlying evidence.
Reflexivity	Notes language restrictions, topic boundaries and dominance of quantitative evaluations; calls for more qualitative work.	Demonstrates some methodological reflexivity but lacks explicit discussion of author positionality or assumptions about evidence, which would be valuable in a philosophically focused module.
Strengths & limitations	Youth-focused, marketing-aware synthesis of campaign impacts; identifies gaps in evaluation quality and scope.	Provides a strong platform and clear gaps for a DBA project but offers limited guidance on strategic marketing mechanisms or equity considerations.

Appendix B: Proposed stepwise methodological blueprint and operationalisation plan

To strengthen practical applicability and methodological transparency, the proposed DBA can be articulated as a stepwise blueprint that links theory to measurement and analysis.

Step 1: Sampling frame and recruitment strategy. The target population is UK Gen Z, operationalised as young people aged 16-25. Given the sensitivity of mental health research and differing consent requirements for minors, the study should explicitly justify whether it will (i) include 16-17 year olds with appropriate safeguarding/consent procedures, or (ii) focus on 18-25 year olds to reduce ethical risk and administrative complexity while retaining relevance to Gen Z. Sampling should aim for diversity across gender, ethnicity, region and socioeconomic background, using a defined sampling frame (e.g., stratified quotas via panels, universities/colleges, youth networks and targeted social advertising). For SEM, sample size should be determined with reference to model complexity and anticipated effect sizes, ensuring adequate statistical power and stable parameter estimation (Kline, 2016; Wolf et al., 2013).

Step 2: Instrument development (theory-driven item generation and content validity).

Each construct in the SMMH model should be defined conceptually (grounded in the landmark theories and marketing literature) and operationalised as a latent variable measured using multi-item scales. Item pools should be generated by adapting validated measures where available and writing new items only where a clear theoretical gap exists. Scale development should follow established guidance: (i) specify constructs and domains; (ii) generate an item pool; (iii) assess content validity through expert review; (iv) refine wording for the Gen Z context and platform vernacular while maintaining conceptual equivalence; and (v) pretest for clarity and comprehension (Churchill, 1979; DeVellis, 2017). A consistent response format (e.g., 5 or 7 point Likert-type scales) should be used, with attention to item wording balance, avoidance of double-barrelled items and minimisation of ambiguity (DeVellis, 2017). To reduce common method bias in a single-survey design, procedural remedies should be planned (e.g., separating predictor/criterion blocks, varying scale anchors, and using psychologically distinct item groupings) alongside diagnostic checks at the analysis stage (Podsakoff et al., 2003).

Step 3: Pilot testing and measurement refinement. Pilot testing should be treated as an explicit stage rather than an informal check. A two-step approach is recommended: (i) cognitive interviews or think-aloud testing with a small number of Gen Z participants to identify interpretive problems and refine language; followed by (ii) a pilot survey to examine item performance, missingness patterns and preliminary reliability (e.g., internal consistency) and to assess whether the expected factor structure is plausible prior to full data collection (DeVellis, 2017; Kline, 2016). Where appropriate, exploratory factor analysis can be used at pilot stage to screen items before confirmatory testing in the main study.

Step 4: SEM analysis plan (CFA → full SEM). The SEM pipeline should be specified transparently:

1. **Data screening** (missing data strategy, normality checks where relevant, outliers, multicollinearity).
2. **Measurement model (CFA)** to confirm latent structure and evaluate model fit using multiple indices (e.g., CFI/TLI, RMSEA, SRMR), consistent with established SEM reporting conventions (Hu and Bentler, 1999; Kline, 2016).
3. **Reliability and validity** checks, including composite reliability, average variance extracted (convergent validity), and discriminant validity assessment (Fornell and Larcker, 1981; Henseler et al., 2015).

4. **Structural model (full SEM)** to test hypothesised direct and mediated pathways linking strategic marketing constructs (e.g., influencer credibility, authenticity, narrative framing, platform fit) to outcomes (awareness, perceived stigma, help-seeking intention). Indirect effects should be tested with appropriate methods (e.g., bootstrapping).
5. **Group differences and invariance testing** (where relevant) to examine whether measurement and structural paths differ across key subgroups (e.g., gender), supporting claims about equity and segmentation relevance (Kline, 2016; Wolf et al., 2013).

Step 5: Ethical risk mitigation and safeguarding procedures. Because the topic concerns mental health and potentially vulnerable participants, the study should specify a risk-mitigation protocol. This should include: clear participant information and consent, the right to skip questions without penalty, content warnings for sensitive items, debriefing and signposting to support services, and a procedure for responding to distress disclosures (including immediate signposting rather than collecting identifiable crisis data). Data handling should follow UK data-protection requirements (secure storage, minimised personal data, anonymisation/pseudonymisation where feasible). If 16-17 year olds are included, the design must specify safeguarding and consent arrangements appropriate to minors and institutional ethics requirements. Explicitly integrating these safeguards strengthens the ethical defensibility of the DBA and aligns with the SDG 3 commitment to beneficence and harm minimisation.

Appendix C: Operationalisation Map (Template for SMMH Framework Measures)

Construct (latent variable)	Role in model	Theoretical basis	Conceptual definition (1–2 lines)	Example indicators / items (draft — refine after pilot)	Source / scale decision	Response format	Planned validity evidence	Notes (UK Gen Z adaptation / ethics)
Mental health awareness	Outcome	AIDA; mental health literacy literature	Degree of awareness/recognition of mental health issues and support options	Item 1: ... / Item 2: ... / Item 3: ...	Adapt validated scale OR develop items (justify)	5–7 point Likert	Content validity (expert review); CFA loadings; AVE/CR	Avoid diagnostic labelling; keep neutral wording
Perceived stigma	Outcome / mediator (if used)	Stigma as social process (Link & Phelan); TPB norms	Perceived stigma toward mental health/help-seeking (personal + perceived public)	Item 1: ... / Item 2: ... / Item 3: ...	Adapt validated stigma scale	5–7 point Likert	Convergent + discriminant validity; measurement invariance (gender)	Minimise distress; include “prefer not to answer”
Help-seeking intention	Outcome	TPB	Intent to seek formal/informal help if experiencing distress	Item 1: ... / Item 2: ... / Item 3: ...	Adapt TPB-intention items	5–7 point Likert	CFA; predictive paths in SEM; invariance tests	Specify “formal” vs “informal” help in items
Attitude toward help-seeking (optional)	Mediator	TPB	Evaluative belief about help-seeking (beneficial/harmful)	Item 1: ...	TPB attitude items	5–7 point semantic differential or Likert	CFA; mediation test (bootstrapping)	Keep short to manage survey length
Subjective norms (optional)	Mediator	TPB	Perceived social approval of help-seeking	Item 1: ...	TPB norm items	Likert	CFA; mediation test	Consider peer vs family norms separately
Perceived behavioural control (optional)	Mediator	TPB	Perceived ease/ability to seek help	Item 1: ...	TPB PBC items	Likert	CFA; mediation test	Link to access barriers realistically
Influencer credibility	Predictor	ELM; source credibility	Degree to which influencer is seen as expert/trustworthy	Item 1: ... / Item 2: ...	Adapt source credibility scale	Likert	CFA; discriminant vs authenticity	Avoid naming specific influencers; use vignette stimulus
Influencer authenticity	Predictor	ELM; influencer marketing	Perceived genuineness/transparency of influencer message	Item 1: ...	Adapt authenticity scale or develop	Likert	Content validity; CFA	Keep culturally appropriate language
Similarity/relatability to influencer (optional)	Predictor / moderator	SCT; parasocial/identification	Perceived similarity/identification with influencer	Item 1: ...	Adapt identification/relatability items	Likert	CFA; moderation analysis	Useful for segmentation hypotheses
Narrative framing / storytelling quality	Predictor	ELM; narrative persuasion	Perceived clarity/emotional resonance of the narrative	Item 1: ...	Develop items from literature	Likert	Content validity + CFA	Keep items about message, not diagnosis
Platform fit	Predictor	Digital marketing strategy	Perceived appropriateness of platform/channel for message	Item 1: ...	Develop items	Likert	CFA; predictive validity	Could vary by TikTok/IG/YouTube exposure
Brand authenticity (campaign/organisation)	Predictor	Brand authenticity literature	Perceived authenticity of organisation behind message	Item 1: ...	Adapt brand authenticity scale	Likert	CFA; discriminant validity	Important if charities vs NHS compared
Message engagement (behavioural proxy)	Outcome/indicator (optional)	AIDA (Action); comms effectiveness	Self-reported likelihood of saving/sharing/clicking	Item 1: ...	Develop short items	Likert or frequency	Criterion validity (links to intention)	Avoid over-weighting vanity metrics
Self-efficacy for help-seeking (optional)	Mediator	SCT	Confidence in ability to seek help	Item 1: ...	Adapt self-efficacy items	Likert	CFA; mediation test	Ensure supportive debrief/signposting