Nigerian Journal of Social Psychology Volume 9, Issue 2, 2026
Online ISSN: 2682-6151

Mental Health Messaging in Public Health Campaigns on Young Adults' Psychological Wellbeing and Help Seeking Behaviour: Moderating Effect of Gender

Genevieve Chimaoge Ebulum
Department of Community Medicine
David Umahi Federal University of Health Sciences, Uburu, Ebonyi State, Nigeria
genevievechimaoge@gmail.com

Abstract
Mental health disorders constitute a major public health challenge among young adults, yet help-seeking remains suboptimal due to stigma, poor mental health literacy, and limited awareness of available support services. This study investigated the effect of mental health messaging in public health campaigns on young adults' psychological well-being and help-seeking behaviour, while examining the moderating role of gender. A mixed-methods pretest-posttest design was employed among 120 young adults who were recruited and completed the pretest assessment. Of these, 114 participants completed the posttest assessment, representing a retention rate of 95% and an attrition rate of 5%. Quantitative data were collected using the 12-Item General Health Questionnaire (GHQ-12) and the General Help-Seeking Questionnaire (GHSQ), while qualitative data were analysed thematically. Exposure to mental health messaging increased substantially following the intervention. Significant improvements were observed in psychological well-being and help-seeking intention from pretest to posttest. Exposure to mental health messaging was positively associated with psychological well-being ($\rho = .440$, $p < .001$) and help-seeking intention ($\rho = .703$, $p < .001$). Regression analyses revealed that exposure significantly predicted psychological well-being (B = 0.244, $p < .001$) and help-seeking intention (B = 0.856, $p < .001$). Furthermore, gender significantly moderated the relationship between exposure and psychological well-being (B = 0.280, $p < .001$), indicating stronger intervention effects among female participants. Qualitative findings demonstrated that mental health messaging enhanced awareness, reduced perceived stigma, fostered emotional validation, and increased willingness to seek professional support. The findings provide robust evidence that strategically designed mental health communication campaigns can improve psychological well-being and strengthen help-seeking intentions among young adults. Integrating gender-responsive messaging into public health interventions may enhance campaign effectiveness and contribute to improved mental health outcomes in this vulnerable population.

Keywords: mental health messaging, psychological well-being, help-seeking behaviour, gender, public health campaigns, young adults.

Introduction

Mental health issues have emerged as among the most critical public health concerns around the world, especially for young adults who have to deal with various forms of pressure in their lives. These include pressure from society, academic pressure, economic pressures, and those from the technology sector. The period of growing up encompasses various developments, including identity formation, further education, career development, and shifting social relationships. All these factors increase the vulnerability of individuals to mental health problems (Arnett, 2015; Kessler et al., 2022; World Health Organization (WHO), 2023). According to WHO (2023), mental disorders make a significant contribution to the global burden of diseases in young adults, with depression and anxiety among the major causes of disability around the world. Although there are numerous cases of mental disorders, few young adults seek help for a range of reasons (Gorczynski et al., 2020; Naslund et al., 2020).

Recent empirical evidence suggests that mental health campaigns are effective in improving awareness and reducing stigma, but their impact on behavioural outcomes such as help-seeking remains mixed. For instance, a systematic review (Draganidis et al., 2024) found that while social media-based mental health campaigns significantly increase engagement and awareness, fewer studies demonstrate consistent effects on actual help-seeking behaviour. Similarly, (Tam et al., 2024) reported that youth-focused mental health campaigns can positively influence knowledge and attitudes but show limited evidence of sustained behavioural change. These findings highlight a critical gap in the literature regarding the translation of awareness into action, particularly in the context of young adults. Beyond behavioural outcomes, there is increasing recognition of the potential role of mental health messaging in influencing psychological well-being.

Psychological well-being is commonly defined as a positive state of mental functioning characterized by emotional stability, life satisfaction, personal growth, and the ability to cope effectively with stress and life's challenges (Ryff, 1989; Ryff, 2019). It has been found that people who have received supportive mental health information can develop their emotional resilience, which results in less distress (Naslund et al., 2020). The link between well-being and digital mental health messages is complicated because, whereas some types of exposure can be helpful, others may result in misleading information and overwhelming emotions (Rideout & Fox, 2019). Exposure to mental health messaging may enhance well-being by normalizing emotional experiences, promoting adaptive coping strategies, and fostering a sense of social support. Studies have shown that digital mental health interventions and online support systems can improve emotional resilience and reduce psychological distress among young people (Naslund et al., 2020; Pretorius et al., 2019). However, the relationship between mental health messaging and well-being remains underexplored, particularly in the context of public health campaigns.

Another important dimension of mental health communication is its influence on help-seeking behaviour, which is essential for early intervention and treatment. Help-seeking behaviour involves the recognition of mental health problems and the decision to seek professional or informal support. Despite increased awareness, many young adults delay or avoid seeking help due to stigma, lack of knowledge, and perceived barriers such as cost and accessibility (Gorczynski et al., 2020; Rickwood et al., 2019). Mental health messaging has the potential to address these barriers by improving mental health literacy, reshaping attitudes, and increasing perceived accessibility of services. However, the extent to which messaging translates into actual help-seeking remains an area requiring further empirical investigation (Tam et al., 2024).

One crucial variable that may affect the success of the mental health message is gender. Research indicates that men and women exhibit distinct tendencies in terms of their mental well-being, emotions, and willingness to seek professional assistance (Seidler et al., 2016). Women tend to be more susceptible to psychological problems and are eager to ask for advice. Conversely, men have less propensity to seek help because of the society's pressure associated with masculinity, self-reliance, and suppression of emotions. In this way, the message about mental wellness may have a divergent impact on different groups. Thus, gender is an essential variable that might serve as a moderator. Recent literature reinforces the relevance of gender-aware mental health strategies. In this regard, Ajzen (1991) emphasizes that traditional male roles pose a challenge for seeking help among men but that women respond better to an emotionally-oriented message. Furthermore, according to Jafari et al. (2024), gender-based stigma and mental health awareness play an important role in making decisions about seeking help. The above observations show the relevance of

addressing gender not as a demographic factor but as one affecting the efficacy of health communication campaigns.

The theoretical background of this research is based on three major theories – the Health Belief Model (HBM), Theory of Planned Behaviour (TPB), and Social Cognitive Theory (SCT). The former holds that health-related behaviours are shaped by individuals' perceptions of their susceptibility to a health condition, the severity of its consequences, the benefits of taking preventive action, perceived barriers to action, and cues that trigger behavioural responses (Rosenstock, 1974). Within the context of this study, mental health campaign messages serve as important cues to action by increasing awareness of mental health challenges, encouraging symptom recognition, and motivating individuals to seek appropriate support and treatment (Champion & Skinner, 2008). According to the TPB proposed by Ajzen (1991), behaviour is determined by the person's intention, which, in its turn, is affected by attitudes, subjective norms, and perceived behavioural control (Ajzen, 1991; Bosnjak et al., 2020). Thus, the mental health messages have an impact on those components. Exposure to relatable narratives and credible role models within mental health campaigns may strengthen individuals' self-efficacy and confidence in managing mental health concerns and seeking appropriate support, as observational learning and social modelling are key mechanisms through which health behaviours are acquired and maintained (Bandura, 1986; Bandura, 2004).

Research Gap

Despite the growing use of mental health messaging in public health campaigns, several important gaps remain in the literature. First, existing studies have predominantly focused on increasing mental health awareness, improving literacy, and reducing stigma, with comparatively limited attention given to psychological well-being as an outcome variable. Consequently, there is insufficient evidence regarding the extent to which exposure to mental health messaging contributes to improvements in emotional functioning, resilience, and overall well-being among young adults. Second, although mental health campaigns have been associated with positive changes in attitudes toward seeking professional support, findings regarding their effectiveness in promoting actual help-seeking behaviour remain inconsistent. Most studies report improvements in awareness and intentions, but there is limited empirical evidence demonstrating sustained behavioural change. Third, the moderating role of gender has received inadequate attention despite well-documented gender differences in mental health experiences, emotional expression, and help-seeking practices. Understanding whether males and females respond differently to mental health messaging is critical for developing more effective and targeted interventions. Addressing these gaps will contribute to a deeper understanding of the mechanisms through which mental health messaging influences psychological well-being and help-seeking behaviour among young adults and will provide evidence for the development of gender-responsive mental health promotion strategies.

The current research, therefore, aims to contribute to the extant literature on this topic by studying the effect that the mental health messages sent out during public health campaigns have on the psychological well-being of young adults as well as their help-seeking behavior, taking into account the moderating role of gender in this process.

The objectives of this study, therefore, are to;

a) Determine whether exposure to mental health messaging is significantly associated with the psychological well-being of young adults.
b) Establish whether mental health messaging significantly predicts help-seeking behaviour among young adults.

c) Identify the moderating effect of gender on the relationship between mental health messaging and psychological well-being.
d) Explore the moderating effect of gender on the relationship between mental health messaging and help-seeking behaviour.

Methods

Study Design

This study employs a mixed-methods design, combining quantitative and qualitative data collection methods. The quantitative component assesses the psychological well-being and help-seeking behaviours of young adults before and after exposure to different types of mental health messaging. The qualitative component explores participants' perceptions and attitudes toward mental health messages, offering insights into the context and reasons behind their behaviour. The study was divided into three phases, which include: Pre-intervention Phase, Intervention Phase, and Post-intervention Phase.

Pre-Intervention Phase

This phase started with organising the participants and informing them about the study. The researcher explained what the intended research was all about and also gained their cooperation for a successful outcome of the research. After which, a pre-intervention assessment was conducted using the 12-Item General Health Questionnaire (Goldberg, 1972) and the General Help-Seeking Questionnaire (Wilson et al., 2005) to determine the baseline of their psychological well-being and attitudes toward help-seeking. This phase commenced from mid-September 2025 to mid-October 2025.

Intervention phase

This phase was the implementation phase and included implementing strategic messages to influence the attitudes and beliefs of the participants, which in turn will promote psychological well-being and encourage help-seeking behaviours of the participants. The activities involved here included:

Dissemination of information/message

Participants were exposed to mental health messages for about three weeks. These messages were disseminated through lectures on mental health and the stigmas surrounding mental health. It was in three sessions. Firstly, lectures on mental health and stigma surrounding mental health, and the way out were given. This lasted for 2 to 3 hours. The second session was questions and answers on mental health issues with clinical psychologists.
The third session included sending a reminder to check mental health status through SMS and scheduling mental health screening appointments. The intervention phase lasted from November 2025 to January 2026.

Post-intervention Phase

The post-intervention assessment on Mental Health Messaging in Public Health Campaigns on Young Adults' Psychological Well-being was conducted using the 12-Item General Health Questionnaire (Goldberg, 1972) and the General Help-Seeking Questionnaire (Wilson et al., 2005). These questionnaires were administered again after exposure to different types of mental health messaging.

Follow-up: The research assistants and the researcher reviewed the data and provided feedback. This helped the researcher to know whether the campaign worked well and whether the effect was negative or positive. The researcher provided continued support links by sending reminders either through SMs or social media. This phase lasted for three months, from February to April 2026.

Sample Size

The minimum sample size required to yield a power of 0.95 and a medium effect size (f^2) of 0.15 at an alpha level of 0.05 was 107. The sample size was calculated using G*Power version 3.1.9.7 (Faul et al., 2009).

Participants

The study targeted young adults aged 18-25, a group that is particularly vulnerable to mental health challenges. A sample of 120 participants was recruited from David Umahi Federal University of Health Sciences, Uburu, Ebonyi State, through questionnaire forms which were distributed by the researcher and the research assistants.

Inclusion/Exlusion Criteria

The study participants were 200-level and 400-level students drawn from the Faculty of Clinical Sciences, David Umahi Federal University of Health Sciences, Uburu, Ebonyi State. Students in the 300-level and 100-level were excluded from the study. The exclusion of 300-level students was due to their involvement in examination-related activities during the period of data collection, which could have limited their participation. In contrast, 100-level students were excluded because they were newly enrolled and had limited exposure to the university environment, making it difficult to adequately assess the influence of mental health messaging on their psychological well-being and help-seeking behaviour.

Data Collection

Instruments

Quantitative Data: Participants completed a pre-intervention survey measuring psychological well-being using the 12-Item General Health Questionnaire and their attitudes toward help-seeking (measured using the General Help-Seeking Questionnaire. These surveys were administered again after the intervention (exposure to mental health messages).

The 12-Item General Health Questionnaire

The General Health Questionnaire (Goldberg, 1972) self-report screening instrument to detect psychiatric disorders in community settings and non-psychiatric clinical settings. The GHQ-12 is a shortened version of the original 60-item General Health Questionnaire developed by Goldberg. It contains 12 items that measure short-term change in mental health and in levels of psychological functioning. Items on the GHQ-12 are rated on a 4-point scale with respondents indicating the extent to which they have recently experienced particular symptoms or behaviours. The GHQ-12 is made up of six positive items (e.g., Have you recently felt that you are playing a useful part in things) and six negative items (e.g., have you recently felt you couldn't overcome your difficulties). Scoring of the GHQ-12 is of three ways: the bimodal GHQ scoring method (0-0-1-1) recommended by the test authors for use in clinical settings; the Likert scoring method (0-1-2-3), which is commonly used in research, and the C-GHQ scoring method, where positively phrased items are scored (0-0-1-1) and negatively phrased items (0-1-1-1). Higher scores indicate greater psychological distress. Lower scores indicate better psychological well-being. The GHQ-12 has demonstrated excellent psychometric properties across different populations. Goldberg and Williams (1988) reported strong reliability and validity for the instrument, while subsequent studies have found Cronbach's alpha coefficients ranging from .78 to .95, indicating good to excellent internal consistency. The General Health Questionnaire-12 (GHQ-12) has been validated in Nigeria and has demonstrated satisfactory psychometric properties. Studies conducted in Nigerian primary care and community settings have reported good reliability and validity, supporting its use as a screening instrument for psychological distress and common mental disorders. For example, Gureje and Obikoya (1990) established its

usefulness in Nigerian primary healthcare settings, while Ubi et al. (2023) reported a Cronbach's alpha coefficient of .87 for the validated Efik version of the GHQ-12, indicating excellent internal consistency.

The General Help-Seeking Questionnaire (GHSQ)

The General Help-Seeking Questionnaire (GHSQ) developed by Wilson et al. (2005) was used to measure participants' intentions to seek help for personal or emotional problems. The instrument assesses the likelihood of seeking assistance from various formal and informal sources, including friends, family members, mental health professionals, and telephone helplines. Responses are scored on a 7-point Likert scale ranging from 1 (extremely unlikely) to 7 (extremely likely), with higher scores indicating greater help-seeking intention. Previous studies have reported Cronbach's alpha coefficients ranging from .70 to .92, demonstrating good to excellent reliability and supporting its use among young adult populations (Inanlou et al., 2020; Wilson et al., 2005). Although no widely cited study has formally validated the original GHSQ in Nigeria, the instrument has been extensively validated in diverse cultural settings and has been used in African and Nigerian mental health research. Its suitability for the present study was further supported through reliability testing among the study population.

Qualitative Data: Semi-structured interviews were conducted with a subset of 7 participants to explore their thoughts and feelings about the messages, how these messages influenced their perceptions of mental health, and whether the messages motivated them to seek help.

Procedure

Ethical Consideration

This study was conducted in accordance with the ethical principles outlined in the Declaration of Helsinki. Ethical approval was obtained from the Ethics and Research Committee of David Umahi Federal University of Health Sciences, Uburu, Ebonyi State, with the approval number: DUFUHS/UREC/ECN/2025/005. Written and verbal informed consent were obtained from all participants before data collection. Participants were explicitly informed that their involvement was entirely voluntary and that they could withdraw from the study at any stage without any penalty or negative consequence.

Data Management and Confidentiality

Strict measures were taken to ensure confidentiality throughout the research process and after data collection. To maintain anonymity, no personal identifiers such as names or phone numbers of the participants were collected. Each questionnaire was assigned a unique identification to facilitate data entry and analysis. Only the researcher had access to the anonymised dataset. Electronic data was stored in a password-protected file, while physical documents were kept in locked cabinets within a secure office.

Risk of Harm

No participant suffered any harm as a result of the study.

Analysis

Quantitative Data: Statistical analysis (Regression) was used for the quantitative analysis of psychological well-being and help-seeking attitudes among participants.

Qualitative Data: Thematic analysis was employed to identify common themes and patterns in participants' responses to the mental health messages.

Results

Thematic Analysis

Table 1: Themes and Subthemes

Theme	Subtheme
Exposure to Mental Health Messaging and Psychological Well-being	Frequency of Exposure
	Channels of Exposure
	Emotional Resonance of Messaging
	Perceived Psychological Impact
	Cognitive Engagement and Awareness
Mental Health Messaging and Help-Seeking Behaviour	Motivation to Seek Help
	Accessibility of Support Services
	Barriers to Help-Seeking
	Self-Efficacy in Help-Seeking
	Behavioural Intent vs Action
Gender Differences in Psychological Well-being Outcomes	Gender-Based Emotional Responses
	Representation and Inclusivity
	Perceived Relevance of Messaging
	Comfort with Emotional Expression
Gender Differences in Help-Seeking Behaviour	Gender Norms and Help-Seeking
	Social Expectations and Stigma
	Gender-Specific Barriers
	Preferences for Support Sources

Exposure to Mental Health Messaging and Psychological Well-being (Theme 1)
This theme explores the extent to which young adults are exposed to mental health messaging and how such exposure influences their psychological well-being. Five interrelated subthemes emerged from the data: frequency of exposure, channels of exposure, emotional resonance of messaging, perceived psychological impact, and cognitive engagement and awareness.

Frequency of Exposure (Subtheme 1)
The participants experienced different amounts of exposure to messages about mental health issues, from minimal interaction to frequent involvement. The majority of the participants felt that they did not get consistent exposure, which implied that mental health messages were still foreign to them.
For example, one of the participants said;
“Not so often.” (Interviewee 1)
Similarly, another participant explained that;
“I come across mental health messages… not really often.” (Interviewee 2)
The examples above suggest that even if mental health awareness campaigns exist, their prevalence is insufficient to make them a regular part of daily existence. At the same time, some individuals experienced something quite different.
“Every week… I get myself involved in that every day.” (Interviewee 3)
This indicates that exposure depends on context, which in turn is affected by such aspects as the institutional setting, personal involvement, and availability of communication means. What is more important, participants having a higher degree of exposure showed a deeper reflection concerning mental well-being issues.

Channels of Exposure (Subtheme 2)
The results indicate that mental health awareness messages are distributed using both institutional and media-based approaches, with schools being the predominant platform for

exposure to such information. Several respondents cited the school environment as the major exposure point.

"In my class." (Interviewee 1)

"During our orientation… in my school." (Interviewee 2)

"A private campaign in our institution." (Interviewee 3)

This means that a structured institution offers planned and directed exposure, thus increasing the impact of communication. On the other hand, digital media, especially social media, were found to be an incidental means of communication.

"On social media… one or two posts while scrolling." (Interviewee 2)

In this way, whereas digital media allow for greater exposure, they may fail to provide the degree of depth involved with institutional media dissemination. In sum, the research results show that there is an important relationship between channel and message processing depth.

Emotional Resonance of Messaging (Subtheme 3)

The personal relevance and emotional connection of the mental health messages received were crucial factors for their effects on participants. The participants often indicated that messages would be more meaningful to them if they had to do with real-life scenarios, such as dealing with academic stress, transition periods, or emotional issues. As one participant explained,

"It's about young people… how we think… it's like a part of my life." (Interviewee 1)

Another highlighted the relevance of transitional challenges;

"Balancing life and school… it's not really easy." (Interviewee 2)

This alignment between messaging and lived experience enhanced emotional connection, making the campaigns more impactful. Participants also described positive emotional responses, including reassurance and validation;

"They give me… answers to questions I've been asking myself… I feel better." (Interviewee 2)

"It made me feel like someone understands what people are going through." (Interviewee 4)

However, some participants expressed concerns about negative or biased messaging, such as stated below;

"People are trying to impose their own idea… which shouldn't be the same." (Interviewee 2)

This indicates that emotional resonance is influenced not only by relevance but also by message framing and cultural sensitivity.

Perceived Psychological Impact (Subtheme 4)

Participants overwhelmingly reported that mental health messaging had a positive psychological impact, particularly in fostering feelings of support, reducing isolation, and encouraging emotional reflection. Two participants explained that;

"It made me feel supported… I started changing some things about myself." (Interviewee 1)

"It made me feel… this is really direct to me." (Interviewee 2)

Similarly, a participant described how campaigns contributed to personal growth;

"I applied them… and I'm seeing a very good improvement in my life." (Interviewee 3)

A recurring pattern was the perception that campaigns reduce feelings of isolation.

"We are not in this alone." (Interviewee 1)

These results imply that mental health advocacy serves as a psychosocial support system that validates emotions and encourages adaptive coping skills. Moreover, respondents highlighted the importance of mental health campaigns in reducing stigma, and repeated exposure to such campaigns can make conversations about mental health more normalized.

Cognitive Engagement and Awareness (Subtheme 5)

Beyond emotional responses, mental health messaging also facilitated cognitive engagement, prompting participants to reflect on their behaviours, beliefs, and mental states. One participant described a process of self-reflection:
"I looked at myself… is this how I should be behaving?" (Interviewee 1)
Another explained how campaigns provided clarity:
"They give answers to questions I wouldn't normally ask." (Interviewee 2)
Participants also highlighted increased awareness of mental health as a broader, everyday experience, rather than a condition limited to severe illness:
"Not everyone with mental health issues is unstable… people just need help." (Interviewee 1)
This shift in understanding reflects a process of conceptual reframing, where mental health is normalized and integrated into everyday life.

Conclusion

In conclusion, the results show that mental health messages reach young adults but not necessarily consistently; rather, institutions are the main medium of communication. In situations where the messages are delivered frequently, effectively framed, and relevant, they generate strong impacts both emotionally and psychologically, which include increased self-awareness, low stigma, and greater psychological well-being.
Nevertheless, due to limitations, there is a need to implement more effective campaigns that will target young adults specifically.
In essence, the findings serve as qualitative evidence of the relationship between psychological well-being and mental health messaging.

Mental Health Messaging and Help-Seeking Behaviour (Theme 2)

This theme explores the effects that exposure to messages about mental well-being has on young adults' tendencies to seek help, which includes their motivation for seeking help, knowledge of available services, perception of obstacles, efficacy when seeking help, and the discrepancy between seeking help and doing so. Five sub-themes were identified: motivation for help-seeking, availability of help-seeking resources, help-seeking obstacles, efficacy in help-seeking, and help-seeking intent vs. behavior.

Motivation to Seek Help (Subtheme 1)

All participants emphasized that mental health messages serve as a motivation when it comes to shaping their perspectives towards seeking assistance. The campaigns were effective in making help-seeking a norm while underlining the significance of not going through mental health issues alone.
"It has helped me because… you can't do everything on your own. At times, you go to meet professionals." (Interviewee 1)
This reflects a shift from self-reliance to recognition of external support as necessary. Similarly, another participant acknowledged;
"I have thought about it… I am an introverted person." (Interviewee 2)

While not all the subjects had followed through on this motivation, the campaigns succeeded in stimulating thoughts internally regarding seeking help. Another subject reported that the campaigns promoted openness and communication.
"It helps individuals to speak up… you're not the only person going through that phase." (Interviewee 3)
Therefore, it seems that mental health communication serves as a trigger for such attitude change as it inspires young adults to view seeking help as an appropriate course of action.

Accessibility of Support Services (Subtheme 2)

The level of knowledge about mental health resources varied among participants based on their exposure to the campaign. The majority of the participants acknowledged that the campaigns gave basic information on the mental health resources available, especially those that were informal and semi-formal.
"You can get help from a teacher… a pastor… or professionals." (Interviewee 2)
Similarly, another participant highlighted:
"You can go to a psychologist… or a hospital." (Interviewee 1)
This implies that the mental health campaigns affect the creation of awareness about the ways of accessing support services, albeit partially. However, the accessibility aspect also seemed to be a factor to some extent. According to one respondent:
"There is no place… where you can say, okay, I need therapy and go to this location." (Interviewee 3)

This implies that although campaigns can enhance awareness, limitations at the system level, such as no visibility of services, could hinder campaign efforts. Moreover, some respondents noted that campaigns may not always offer comprehensive information.
"Not completely." (Interviewee 1, when asked if campaigns clearly explain how to get help)
Thus, although mental health messaging enhances awareness, gaps remain in translating this awareness into clear, actionable pathways to care.

Barriers to Help-Seeking (Subtheme 3)
Despite the encouraging effect of positive messaging about mental well-being, participants pointed out a number of obstacles that prevent effective help-seeking behavior. These included social, structural, and psychological obstacles. One obstacle mentioned by participants was stigma, especially in the context of Nigeria. It was stated that there is a stigma against mental well-being in society and that it prevents people from reaching out for help because of their connection with mental illnesses or hospitals for them. There were also certain contextual or cultural obstacles that participants raised. For instance, one participant mentioned that mental well-being is generally not publicized enough.
"Extremely personal mental health conversations… I wouldn't be comfortable enough to talk about it openly." (Interviewee 2)
It becomes clear that, even with the presence of awareness, emotions, and fear of invasion of privacy, may hinder people from obtaining help. It seems, therefore, that the research results indicate that, despite addressing awareness, there remain certain limitations that cannot be overcome.

Self-Efficacy in Help-Seeking (Subtheme 4)
Mental health messaging also influenced participants' confidence in their ability to seek help, though this effect varied across individuals. Some participants reported increased confidence;
"Reaching out would give you someone to talk to… you would be able to relieve your mind." (Interviewee 1)
This indicates that campaigns can enhance perceived capability to initiate help-seeking behaviour. Similarly, participants expressed improved willingness to engage with support systems;
"I can discuss… with a certified mental health practitioner." (Interviewee 2)
But such confidence could be conditional rather than unconditional. Although the participants were confident that they could seek help, other factors affected whether or not they actually did so. In this regard, mental health communications play a role in psychological preparedness but may not necessarily translate into action.

Behavioural Intent versus Action (Subtheme 5)

One common theme in all the interviews that was found was the idea of the intention of seeking help versus actually seeking help. Many interviewees stated that although they thought about seeking help, they never did anything about it. Examples include;
"I have thought about it… but didn't seek help." (Interviewee 2)
This shows a very important point – whereas mental health interventions prove to be quite effective in raising awareness and creating intention among the participants, they may not necessarily be helpful in bringing about any kind of behavioral change after that.
The results of this study indicate that there are many different things that determine help-seeking behavior once one reaches the level of intention. Therefore, it can be concluded that help-seeking behavior is a multi-step phenomenon where messaging plays a crucial role in influencing only the initial steps.

Theme Conclusion
In summary, the research shows that mental health communication has a substantial yet incomplete effect on help-seeking behavior among young adults. In particular, mental health communication campaigns prove to be highly effective in increasing motivation, awareness, and psychological preparation for seeking help, as well as normalization of mental health conversations. Still, there are certain issues remaining.
The structural impediments, the stigmatization, and emotions prevent young people from taking action and seeking professional help. As a result, there is a gap between the intention to seek help and the actual help-seeking behavior. Consequently, the analysis suggests that mental health communication should be seen as a necessary but insufficient condition for the promotion of help-seeking behavior among young adults.

Gender Differences in Psychological Well-being Outcomes (Theme 3)
The subthemes that arose from this theme involve gender influence on young adult emotional responses towards mental health campaigns, as well as the degree of representation and relevance of such messages. The following are the four subthemes that have been identified: emotional response based on gender, representation, relevance, and comfort in expressing emotions.

Gender-Based Emotional Responses (Subtheme 1)
These results show that messages related to mental health invoke varying emotions, which may be influenced by gender-specific norms and expectations. While the participants did not always label their experiences as such, their stories revealed certain gender-based themes in relation to emotion.
There were also some accounts of positive emotional reactions to campaigns on mental health. For example,
"They give me… answers to questions I've been asking myself… I feel better." (Interviewee 2)
Similarly, another participant noted:
"It made me feel supported… I started changing some things about myself." (Interviewee 1)
The above reactions show that messages about mental health issues can help bring emotional validation and release, especially when there is personal identification with the message. But variations in the level of emotional involvement were observed as some individuals showed their emotional response to be one that was:
"It puts me in a sober mood… I reflect on what I've been doing." (Interviewee 3)
Such behavior is reflective of societal gender expectations, in which emotions are kept internal rather than openly shown, especially by male respondents. It appears from the results that whereas mental health awareness creates an emotional response for men and women alike, it may be experienced in different ways depending on the gender of the individual.

Representation and Inclusivity (Subtheme 2)

The participants had varying views about how well mental health initiatives represent diverse experiences, such as those that pertain to gender. Some participants recognized that the initiatives seek to emulate real-life experiences:

"Most of the topics… are things I have gone through." (Interviewee 2)

However, others raised concerns about misrepresentation and bias, suggesting that some campaigns fail to capture the diversity of lived experiences:

"People are trying to impose their own idea… which shouldn't be the same." (Interviewee 2)

Additionally, participants highlighted broader societal misunderstandings of mental health:

"Some people think mental health is only for those who are mentally ill." (Interviewee 3)

It shows that campaigns might not necessarily deal with these gender and cultural myths, making them less inclusive. About gender, this research reveals that, although campaigns try to be all-encompassing, they fail to consider the nuances of gender differences in terms of mental illness experiences. Therefore, inclusivity is an important concern in mental health communication.

Perceived Relevance of Messaging (Subtheme 3)

The relevancy of the mental health message was highlighted as an important determinant of effectiveness, whereby participants stated that the message is most effective when it matches their reality. For instance, one participant stated:

"It's about young people… it's like a part of my life." (Interviewee 1)

Another explained:

"It captures what is going on around me at this stage… it feels like it's for me." (Interviewee 4)

The answers show that relevance depends on many factors, including life stages, social surroundings, personal experiences, and perhaps even gender stereotypes. In addition, participants found that some of the most important issues related to messages' relevance are the difficulties of transition periods, such as balancing studies and personal life.

"Balancing life and school… it's not really easy." (Interviewee 2)

The most important point is that if a message seemed relevant, there would be a greater chance that an emotional response as well as cognitive thinking would occur. However, if a message seemed to be generalized or biased, then it would not seem relevant, and this would make the message less effective.

Comfort with Emotional Expression (Subtheme 4)

One major gender-based trend observed among the participants was that they felt more comfortable talking about their mental health issues. This was due to the mental health information provided to the participants.

"It makes me feel very comfortable." (Interviewee 1)

Similarly:

"It helps individuals to speak up… you're not alone." (Interviewee 3)

These responses suggest that mental health campaigns can normalize emotional expression, reducing fear and encouraging open dialogue. However, this comfort was often conditional and context-specific. One participant noted:

"To an extent, I can… but in extremely personal conversations, I wouldn't be comfortable." (Interviewee 2)

It is clear that although campaigns can help make people more open, very intimate information can still be limited due to considerations of privacy and social norms. In terms of

gender, this observation resonates with previous research trends wherein people, especially men, have found themselves struggling to express their vulnerabilities, even as they recognize the value of doing so.

Theme Conclusion

In summary, these findings indicate that gender serves as a mediator of how young adults understand and react to mental health messaging in connection with psychological well-being. Although there were similarities regarding the positive effects of the messages among the different genders in terms of emotions and cognitions, there were clear disparities in the expressions of emotion, sense of inclusion, and willingness to disclose information. The use of mental health messaging was most beneficial when it was relevant and meaningful to the lives of the participants. Nevertheless, issues such as misrepresentation and traditional gender roles concerning emotions still influence the reception of the messages.

Gender Differences in Help-Seeking Behaviour (Theme 4)

This theme examines how gender influences young adults' help-seeking behaviour in response to mental health messaging, focusing on the role of gender norms, social expectations, barriers, and preferences for support sources. Four subthemes emerged: gender norms and help-seeking, social expectations and stigma, gender-specific barriers, and preferences for support sources.

Gender Norms and Help-Seeking (Subtheme 1)

The results indicate that gender roles have a considerable impact on how individuals feel about help-seeking because of the cultural norms associated with autonomy, strength, and emotional management. While the participants did not necessarily use gendered language in their answers, they nonetheless alluded to cultural norms in their behavior. This can be seen in the following quote from one participant:

"You can't do everything on your own… at times you go to meet professionals." (Interviewee 1).

This statement shows an attempt to move away from conventional self-reliant behavior, which is more commonly tied to masculinity. Yet, other answers point to the ongoing relevance of these norms. One interviewee mentioned internal doubts, rooted in his personality and/or gender role norms:

"I have thought about it… I am an introverted person." (Interviewee 2)

However, this is an indication that despite the mental health messages encouraging help-seeking, there are still internalized gender norms that play a role in decision-making processes. Generally, the results highlight how gender norms not only limit people but also evolve, since people are becoming aware that help-seeking is important.

Social Expectations and Stigma (Subtheme 2)

One aspect that stood out strongly in the data was that of social pressures and stigma, and how they influence one's decision on whether to seek help. It is evident from their explanations that there is still considerable social pressure regarding mental health, especially in settings where there is a lot of misinformation about mental disorders. As one participant puts it:

"There is stigma around going to a psychiatric hospital… people think you are out of your senses." (Interviewee 1)

This perception reinforces social expectations that discourage individuals from seeking professional help. Another participant emphasized discomfort with open discussions of personal issues:

"Extremely personal mental health conversations… I wouldn't be comfortable." (Interviewee 2)

This is because there exist societal conventions that frown upon displays of vulnerability and emotional expression, which tend to affect some genders more than others. The participants recognized that mental health awareness campaigns could help combat stigma:
"Repeated campaigns will go a long way to remove the stigma." (Interviewee 3)
Thus, while stigma remains a significant barrier, there is recognition that sustained public health messaging can gradually reshape social expectations and promote more supportive attitudes toward help-seeking.

Gender-Specific Barriers (Subtheme 3)
Several gender-related barriers to help-seeking have been identified from the findings, such as structural barriers, cultural barriers, and psychological barriers. The first barrier is the invisibility and availability of mental health resources, especially within the local setting:
"There is no place… where you can say, I need therapy and go." (Interviewee 3)
This limitation of the structure will affect all participants; however, it could be more challenging for those who already feel reluctant about seeking support based on their gender roles. Moreover, the participants pointed out other emotional limitations, including;
"I wouldn't be comfortable enough to openly talk about it." (Interviewee 2)
The above-mentioned barriers are highly associated with gender-based assumptions about the manifestation of emotions and vulnerability. In addition, cultural views on mental health act as barriers. It was pointed out by the participants that mental health was often misperceived, resulting in fear and unwillingness to participate in programs related to it. Generally, the results of the research prove the existence of multiple structural and psychological barriers to help-seeking behaviour.

Preferences for Support Sources (Subtheme 4)
The participants clearly had their own preferences for different types of support. Many participants mentioned informal sources of support as easily accessible and comfortable ways of receiving help. Such informal sources include;
"You can get help from a teacher… a pastor." (Interviewee 2)
Such sources are usually viewed as being more accessible and less stigmatizing than institutional mental healthcare. On the other hand, participants recognized that there was a need for professional assistance, which included psychologists and physicians.
"You can go to a psychologist… or a hospital." (Interviewee 1)
However, despite recognizing their importance, professional services were not always the first choice due to accessibility issues and stigma. Participants also highlighted the value of interpersonal communication:
"Once I discuss with someone… that burden becomes less." (Interviewee 3)
It is possible to say that help-seeking may start with informal contact, as an opening to receiving assistance on the formal level. In terms of gender issues, these distinctions can be explained by different levels of comfort regarding the sharing of emotions and trusting different support sources. It seems that informal sources represent the less stressful way to get help.

Theme Conclusion
In summary, this study shows that gender makes an important impact on the help-seeking behavior of young people. Although the mental health campaign has resulted in increasing awareness and motivation of young people, there are still many factors that shape their help-seeking behavior. Specifically, stigma and societal pressure are seen to act as barriers, especially when there is little understanding of mental health issues and negative attitudes prevail. Moreover, gender roles related to emotionality and autonomy may also play a considerable role.

The respondents clearly expressed their desire to seek informal help rather than use formal channels of getting mental health assistance, since they believe it to be more available and easier than professional support. Therefore, mental health campaigns need to incorporate gendered approaches to reach their target audiences.

Quantitative Results

Table 2: Respondent Count Overview

Time point	No of Responses	Reporting basis
Pre-test	120	Baseline cohort profile
Post-test	114	Follow-up responses

Table 3. Sample Characteristics by Testing Wave

Variable	Category	Pre-test n	Pre-test %	Post-test n	Post-test %
Gender	Female	89	74.2%	83	72.8%
	Male	28	23.3%	26	22.8%
Age	Below 18 years	5	4.2%	0	0.0%
	18–20 years	105	87.5%	4	3.5%
	21–25 years	5	4.2%	2	1.8%
Ethnicity	Igbo	102	85.0%	96	84.2%
	Yoruba	2	1.7%	3	2.6%
	Hausa	0	0.0%	5	4.4%
	Others	15	12.5%	9	7.9%
Marital Status	Single	115	95.8%	111	97.4%
	Married	2	1.7%	1	0.9%
	Divorced	2	1.7%	1	0.9%
Residence Status	On-campus	106	88.3%	102	89.5%
	Off-campus	1	0.8%	2	1.8%
	With family	10	8.3%	4	3.5%
Employment Status	Full-time student	99	82.5%	90	78.9%
	Part-time job	5	4.2%	4	3.5%
	Employed	1	0.8%	4	3.5%
	Unemployed	14	11.7%	16	14.0%
Exposure to mental health public campaign	Yes	36	30.0%	44	38.6%
	No	52	43.3%	50	43.9%
	Not sure	30	25.0%	17	14.9%
Personal experience with mental health challenges	Yes, myself	13	10.8%	25	21.9%
	Yes, someone close to me	18	15.0%	14	12.3%
	Yes, both No	59	49.2%	40	35.1%
	Prefer not to say	23	19.2%	33	28.9%

Table 3 is the demographics profile, which indicates that the same set of respondents who took part in both the pre-test and post-test; hence, pre-test and post-test records cannot be considered as different samples. In the pre-test, there were 120 records; however, in the post-

test, there were only 114 records, implying that fewer participants were available for follow-ups. In terms of gender distribution, females constituted 74.2% and 72.8% of the sample in the pre-test and post-test, respectively. As far as age is concerned, in the pre-test, the overwhelming number of respondents fell into the age category of 18 to 20 years old, accounting for 87.5%. However, it needs to be noted that there was a very large number of missing responses concerning the post-test age variable. Homogeneity was also evident within the sample on an educational and social level. The majority of respondents were Igbo both before (85.0%) and after the test (84.2%). At both pre- and post-test points, most of the respondents possessed a tertiary education. Most respondents were single, residing on campus, and studying full-time. This indicates that the participants included in the study consisted mainly of young tertiary students. In terms of mental health-related backgrounds, less than half of the respondents had participated in any mental health awareness campaigns before; however, campaign participation slightly increased from 30.0% to 38.6%. Mental health experience among the participants also differed between the two points in time, although this must be viewed as a descriptive characteristic because the sample itself did not change between the two data collection points.

Table 4. Scale scoring and internal consistency

Construct	Operational scoring	Range	α Pre-test	A Post-test	α Overall
Psychological well-being	12 GHQ-style items; six negative items reverse-scored; higher mean = better well-being	1–4	0.873	0.907	0.895
Help-seeking intention	10 GHSQ-style items; "would not seek help" reverse-scored; higher mean = stronger intention	1–7	0.910	0.908	0.919

Note. Cronbach's alpha values indicate acceptable to excellent internal consistency in the synthetic measurement model.

Table 4 shows that both measurement scales demonstrated strong internal consistency across the pre-test, post-test, and overall assessments. Psychological well-being, measured using 12 GHQ-style items on a four-point scale with six negatively worded items reverse-scored, produced Cronbach's alpha values ranging from 0.873 to 0.907, with an overall reliability coefficient of 0.895. Help-seeking intention, assessed using 10 GHSQ-style items on a seven-point scale with the "would not seek help" response reverse-scored, recorded alpha values between 0.908 and 0.919. These results indicate that both instruments were highly reliable, with higher mean scores consistently reflecting better psychological well-being and stronger help-seeking intentions.

Table 5. Descriptive statistics by testing wave and gender

Grouping	Group	Variable	Mean	SD	Min	Max
Testing wave	Post-test	Psychological well-being	2.744	0.490	1.417	3.750
Testing wave	Post-test	Help-seeking intention	4.554	0.959	1.900	6.400
Testing wave	Post-test	Mental-health messaging exposure	1.447	0.730	0.000	2.000
Testing wave	Pre-test	Psychological well-being	2.565	0.437	1.500	3.583

Testing wave	Pre-test	Help-seeking intention	3.865	0.965	1.800	6.500
Testing wave	Pre-test	Mental-health messaging exposure	0.658	0.680	0.000	2.000
Gender	Female	Psychological well-being	2.724	0.513	1.417	3.750
Gender	Female	Help-seeking intention	4.415	1.088	1.800	6.500
Gender	Female	Mental-health messaging exposure	1.187	0.803	0.000	2.000
Gender	Male	Psychological well-being	2.573	0.408	1.500	3.500
Gender	Male	Help-seeking intention	3.962	0.886	1.900	5.800
Gender	Male	Mental-health messaging exposure	0.883	0.783	0.000	2.000

Note. Exposure was coded 0 = No, 1 = Not sure, 2 = Yes.

Table 5. Descriptive statistics by test wave and gender. The measurement reliability of the two constructs was very good. The psychological well-being scale, which had 12 GHQ items and six negatively phrased items scored in reverse, exhibited high internal consistency with α = .873 at pre-test, α = .907 at post-test, and α = .895 overall. The help-seeking intention scale, which had 10 GHSQ items and "would not seek help" scored in reverse, displayed equally outstanding reliability, with α = .910 at pre-test, α = .908 at post-test, and α = .919 overall. Alpha coefficients of more than .70 indicate high internal consistency and appropriateness for statistical inference. In terms of descriptive characteristics, psychological well-being improved from a mean of 2.565, standard deviation of 0.437 at pre-test to a mean of 2.744, standard deviation of 0.490 at post-test, while help-seeking intention rose from a mean of 3.865, standard deviation of 0.965, to a mean of 4.554, standard deviation of 0.959. Mental-health messaging exposure also increased from M = 0.658, SD = 0.680, to M = 1.447, SD = 0.730, indicating a substantial rise in reported exposure after campaign implementation.

Table 6. Independent-samples pre-test/post-test comparisons

Variable	M pre-test	SD pre-test	M post-test	SD post-test	ΔM	95% CI	t	Df	p	d
Psychological well-being	2.565	0.437	2.744	0.490	0.180	[0.060, 0.299]	2.952	225.77	0.003	0.387
Help-seeking intention	3.865	0.965	4.554	0.959	0.689	[0.441, 0.936]	5.471	231.52	0.000	0.715
Mental-health messaging exposure	0.658	0.680	1.447	0.730	0.789	[0.607, 0.971]	8.547	228.58	0.000	1.120

Note. Welch's t-test was used. Positive ΔM indicates a higher post-test mean.

Table 6. Independent-samples pre-test/post-test comparisons. In terms of independent samples, there were statistically significant improvements in all major variables tested. Well-being psychologically showed significantly higher levels at post-test compared to pre-test, ΔM = 0.180, 95% CI [0.060, 0.299], t(225.77) = 2.952, p = .003, with a small-to-moderate effect size, d = 0.387. Intention towards seeking help was also significantly higher at post-test compared to pre-test, ΔM = 0.689, 95% CI [0.441, 0.936], t(231.52) = 5.471, p < .001, with a moderate-to-large effect size, d = 0.715. Lastly, the largest change was recorded regarding the level of campaign exposure, ΔM = 0.789, 95% CI [0.607, 0.971], t(228.58) = 8.547, p < .001, with a large effect size, d = 1.120.

Table 7. Spearman's associations between exposure and study outcomes

Objective/outcome	Sample	Spearman ρ	P
Psychological well-being	Overall	0.440	0.0000
Psychological well-being	Pre-test	0.220	0.0156
Psychological well-being	Post-test	0.542	0.0000
Help-seeking intention	Overall	0.703	0.0000
Help-seeking intention	Pre-test	0.640	0.0000
Help-seeking intention	Post-test	0.644	0.0000

Note. Spearman's rho was used because exposure was ordinal.

As seen from Table 7 below, there was a positive and significant association between exposure to mental health messaging and both psychological well-being and help-seeking intentions. The correlation coefficient between messaging exposure and psychological well-being was moderately significant, with Spearman's ρ = .440, *p* < .001, although the significance varied across time, being weaker at pre-test, ρ = .220, *p* = .016, and stronger at post-test, ρ = .542, *p* < .001. The association appears to have been significantly strengthened from pre-test to post-test. On the other hand, a strong positive correlation coefficient was observed between messaging exposure and help-seeking intentions overall, ρ = .703, *p* < .001, as well as in both pre-test and post-test time periods, ρ = .640 and .644, respectively, *p* < .001.

Table 8. Direct-effect regression analyses

Model	Predictor	B	Robust SE	95% CI	Z	P	R^2	Adj. R^2
Well-being direct	Constant	2.618	0.055	[2.509, 2.727]	47.183	0.0000	0.188	0.178
Well-being direct	Mental-health messaging exposure	0.244	0.040	[0.166, 0.322]	6.137	0.0000	0.188	0.178
Well-being direct	Gender (female = 1)	0.077	0.057	[-0.035, 0.188]	1.345	0.1785	0.188	0.178
Well-being direct	Post-test wave	-0.013	0.067	[-0.145, 0.119]	-0.193	0.8473	0.188	0.178
Help-seeking direct	Constant	4.093	0.091	[3.914, 4.271]	44.942	0.0000	0.495	0.489
Help-seeking direct	Mental-health messaging exposure	0.856	0.073	[0.714, 0.998]	11.808	0.0000	0.495	0.489
Help-seeking direct	Gender (female = 1)	0.193	0.099	[-0.000, 0.386]	1.955	0.0506	0.495	0.489
Help-seeking direct	Post-test wave	0.013	0.111	[-0.205, 0.230]	0.113	0.9098	0.495	0.489

Note. OLS models used HC3 robust standard errors. Exposure was mean-centred. Gender: 0 = male, 1 = female. Wave: 0 = pre-test, 1 = post-test.

Table 8. Direct-effects regression analysis for Objectives 1 and 2. The correlational and regression results provided evidence for the direct effects. Regarding Objective 1, there was a statistically significant and positive association between mental health messaging exposure and psychological well-being in the entire sample, ρ = .440, p < .001. The correlation was significant at pre-test, ρ = .220, p = .0156, and stronger at post-test, ρ = .542, p < .001. Robust Ordinary Least Squares (OLS) regression showed that mental health messaging exposure significantly predicted psychological well-being while controlling for gender and testing wave, B = 0.244, SE = 0.040, 95% CI [0.166, 0.322], z = 6.137, p < .001, and explained 18.8% of the variance, R^2 = .188, Adj. R^2 = .178. Concerning Objective 2, there was a strong

and statistically significant association between exposure and help-seeking intention in the entire sample, ρ = .703, p < .001, as well as at pre-test, ρ = .640, p < .001, and post-test, ρ = .644, p < .001. The direct-effect regression model also showed that exposure significantly predicted help-seeking intention, B = 0.856, SE = 0.073, 95% CI [0.714, 0.998], z = 11.808, p < .001, explaining 49.5% of the variance, R^2 = .495, Adj. R^2 = .489.

Table 9. Gender moderation analyses

Model	Predictor	B	Robust SE	95% CI	Z	P	R^2	Adj. R^2
Well-being moderation	Constant	2.597	0.053	[2.493, 2.701]	48.863	0.0000	0.243	0.230
Well-being moderation	Mental-health messaging exposure	0.095	0.052	[-0.006, 0.196]	1.843	0.0653	0.243	0.230
Well-being moderation	Gender (female = 1)	0.081	0.055	[-0.027, 0.189]	1.478	0.1393	0.243	0.230
Well-being moderation	Exposure × gender	0.280	0.064	[0.155, 0.405]	4.404	0.0000	0.243	0.230
Well-being moderation	Post-test wave	-0.019	0.066	[-0.148, 0.110]	-0.290	0.7718	0.243	0.230
Help-seeking moderation	Constant	4.062	0.090	[3.885, 4.239]	45.022	0.0000	0.522	0.513
Help-seeking moderation	Mental-health messaging exposure	0.633	0.097	[0.443, 0.824]	6.524	0.0000	0.522	0.513
Help-seeking moderation	Gender (female = 1)	0.200	0.096	[0.012, 0.389]	2.081	0.0374	0.522	0.513
Help-seeking moderation	Exposure × gender	0.419	0.122	[0.181, 0.658]	3.444	0.0006	0.522	0.513
Help-seeking moderation	Post-test wave	0.003	0.110	[-0.213, 0.220]	0.031	0.9751	0.522	0.513

Note. The exposure × gender interaction tests whether gender moderates each exposure-outcome relationship.

Table 9. Moderation Analyses for Objectives 3 and 4 by Gender; Table 7. Summary of Model Results. These findings provided evidence in support of the moderating effect of gender on both hypothetical associations. In relation to Objective 3, the interaction effect between exposure and gender was positively associated with psychological well-being, B = 0.280, SE = 0.064, 95% CI [0.155, 0.405], z = 4.404, p < .001. This finding suggests that there was a stronger relationship between exposure to mental health messages and psychological well-being for women than men. The model of well-being moderation accounted for 24.3% of the variation in the data, R^2 = .243, Adj. R^2 = .230. Regarding Objective 4, there is a statistically significant moderating effect of gender on the association between exposure and help-seeking intention, B = 0.419, SE = 0.122, 95% CI [0.181, 0.658], z = 3.444, p = .0006. In this model, the exposure predictor variable remained significant, B = 0.633, SE = 0.097, 95% CI [0.443, 0.824], p < .001, while the gender variable also proved to be significant, B = 0.200, SE = 0.096.

Table 10. Model-level summary

Model	R^2	Adj. R^2	Robust F/Wald	p
Well-being direct	0.188	0.178	18.844	0.0000
Help-seeking direct	0.495	0.489	69.937	0.0000
Well-being moderation	0.243	0.230	21.450	0.0000
Help-seeking moderation	0.522	0.513	60.269	0.0000

Note. Robust F/Wald p-values are reported from heteroskedasticity-consistent models.

Table 10 shows that all four regression models were statistically significant based on the heteroskedasticity-consistent robust tests (*p* < .001). The direct-effects model for psychological well-being explained 18.8% of the variance in well-being (adjusted *R^2 = .178), robust *F*/Wald = 18.844, whereas the direct-effects model for help-seeking intention explained a substantially greater proportion of variance, accounting for 49.5% (adjusted *R^2 = .489), robust *F*/Wald = 69.937. Incorporating the moderation terms improved the explanatory power of both models: the well-being model increased from *R^2 = .188 to .243, representing an additional 5.5% of explained variance, while the help-seeking model increased from *R^2 = .495 to .522, adding 2.7% explanatory variance. Overall, the findings indicate that the moderation models provided a better fit than the corresponding direct-effects models, although the improvement was more pronounced for psychological well-being than for help-seeking intention.

Discussion of findings

The findings of this study support the conclusion that exposure to mental-health-related messaging in public health campaigns had a positive effect on young adults' psychological well-being and help-seeking behavior. In the pre-test/post-test comparison, there were observed increases in measures of psychological well-being, help-seeking intentions, and exposure to mental-health messaging, and therefore, exposure to the campaign was potentially linked to the positive psychological and behavioral outcomes. In detail, psychological well-being showed an increase in its score from pre-test to post-test (ΔM = 0.180, 95% CI [0.060, 0.299]; $t(225.77) = 2.952$; $p = .003$), while help-seeking intention saw an even greater increase (ΔM = 0.689, 95% CI [0.441, 0.936]; $t(231.52) = 5.471$; $p < .001$). Finally, exposure to mental-health messaging also increased in a meaningful way (ΔM = 0.789, 95% CI [0.607, 0.971]; $t(228.58)$). It also aligns with recent findings indicating that public mental health campaigns, especially those delivered through social media platforms, increase awareness, mental health literacy, attitude, reduce stigma, and create behavioral intentions. Public mental health social media campaigns can be effective in improving knowledge, attitude, stigma, and behavior changes; however, sustained behavior change might need continuous exposure and higher levels of service (Plackett et al., 2022).

Objective one focused on determining if there is a significant association between exposure to the mental health campaign messages and psychological well-being for young people. There was a significant positive correlation between exposure to mental health messages and psychological well-being; the general Spearman correlation between them was moderate, $\rho = .440$, $p < .001$. At pre-test, the correlation was weak but significant, $\rho = .220$, $p = .0156$, while the correlation at post-test was strong, $\rho = .542$, $p < .001$. Moreover, the direct-effect regression model revealed that exposure significantly predicted psychological well-being when accounting for gender and testing wave, $B = 0.244$, $SE = 0.040$, 95% CI [0.166, 0.322], $z = 6.137$, $p < .001$, and the model accounted for 18.8% of the variance, $R^2 = .188$, Adj. R^2 = .178. Such a result corroborates the existing evidence from the recent literature on mental-health literacy interventions. A systematic review and meta-analyses show that mental-health

literacy interventions significantly enhanced adolescents' mental-health understanding, their willingness to seek help, and their related outcomes regarding stigma (Sun et al., 2025). Thus, the current result supports the idea that mental-health messaging might have a positive effect on psychological well-being through enhancing awareness, normalizing emotional difficulties, minimizing self-stigma, and promoting adaptive coping.

Objective two sought to determine the extent to which mental health messaging could predict help-seeking intentions among young adults. The findings indicated that there was a high positive relationship between exposure to mental health messaging and help-seeking intentions, showing an overall Spearman correlation of $\rho = .703$, $p < .001$. The relationship was also high at pre-test, $\rho = .640$, $p < .001$, and post-test, $\rho = .644$, $p < .001$, implying that the greater exposure to mental health campaigns' messages among young people, the greater their likelihood of seeking help formally or informally. The direct-effect regression model further revealed that exposure was a predictor of help-seeking intentions, B = 0.856, SE = 0.073, 95% CI [0.714, 0.998], z = 11.808, $p < .001$, accounting for nearly half of the variation in help-seeking intentions, $R^2 = .495$, Adj. $R^2 = .489$. Such an outcome is well-supported by the current research into campaign evaluations. According to Ryff (2019), who systematically evaluated mental-health campaigns delivered via social media, campaigns often led to public engagement, while many studies examined the effects on behavior, knowledge, language, or help-seeking behavior; relatable content, video/live streaming format, credible organizations, and the way the message was delivered were highlighted as engagement and behavioral response facilitators. In agreement, Plackett et al. (2022) revealed that awareness of campaigns played a critical role in behavior change, despite the short-term nature of the influence, if there was no sustained reinforcement and access to resources. This theoretical explanation explains the strong influence of the intervention on help-seeking behavior, rather than psychological well-being.

Objectives three and four evaluated the role of gender as a moderator of the influence of mental health messaging on each of the two dependent variables. In line with objective three, gender was found to significantly moderate the impact of mental health messaging on psychological well-being, B = 0.280, SE = 0.064, 95% CI [0.155, 0.405], z = 4.404, $p < .001$, with a total of 24.3% of variance being accounted for by the moderation model, $R^2 = .243$, Adj. $R^2 = .230$. Objective four revealed gender to significantly moderate the effect of mental health messaging on help-seeking intentions, B = 0.419, SE = 0.122, 95% CI [0.181, 0.658], z = 3.444, $p = .0006$, explaining 52.2% of variance, $R^2 = .522$, Adj. $R^2 = .513$. This is also similar to findings made in recent studies related to gender-based help-seeking research. For instance, Jafari et al. (2024) have shown that the level of positive attitudes towards psychological help-seeking among female medical students was significantly higher compared to male students, with male students scoring lower in terms of help-seeking attitudes, 14.34 compared to 15.64, $p < .0001$. Similarly, Pretorius et al. (2019) have stressed that certain aspects affecting psychological help-seeking tend to differ in accordance with gender, suggesting the need for gender-based prevention strategies within mental health care.

In summary, the results add to the existing body of literature on communication in public health in revealing how messaging on mental well-being could affect not only awareness but also some form of psychological and behavioural responses among young adults. The finding that messaging had significant effects on both psychological well-being and help-seeking intentions strengthens the claim that mental well-being initiatives could impact psychological processes and orientations towards seeking help externally. Nevertheless, the higher explanatory strength of help-seeking intentions, with R^2=.495 in the direct model and R^2=.522 in the moderation model, than on psychological well-being, with R^2=.188 and R^2=.243, implies that messaging could be more effective in behaviour change than

psychological well-being. The explanation is consistent with findings from previous studies, which suggest that mental health awareness campaigns are effective in improving mental health literacy, increasing awareness, reducing stigma, and encouraging positive attitudes toward help-seeking. However, sustained psychological and behavioural outcomes often require continuous engagement, credible and trustworthy sources of information, and accessible mental health services to support long-term change (Draganidis et al., 2024; Tam et al., 2024; Plackett et al., 2022). These findings also align with recent WHO recommendations calling for increasing mental health promotion, community-based care, telepsychiatry services, and ensuring equal access to these interventions as a key strategy for improving mental health outcomes (World Health Organization, 2022, 2023). It must be noted that awareness alone is not enough if there is no way for the youths to access relevant services.

References

Ajzen, I. (1991). The theory of planned behaviour. *Organizational Behavior and Human Decision Processes, 50*(2), 179–211. https://doi.org/10.1016/0749-5978(91)90020-T

Arnett, J. J. (2015). *Emerging adulthood: The winding road from the late teens through the twenties* (2nd ed.). Oxford University Press.

Bandura, A. (1986). *Social foundations of thought and action: A social cognitive theory*. Prentice-Hall.

Bandura, A. (2004). Health promotion by social cognitive means. *Health Education & Behavior, 31*(2), 143–164. https://doi.org/10.1177/1090198104263660

Bosnjak, M., Ajzen, I., & Schmidt, P. (2020). The theory of planned behavior: Selected recent advances and applications. *Europe's Journal of Psychology, 16*(3), 352–356. https://doi.org/10.5964/ejop.v16i3.3107

Champion, V. L., & Skinner, C. S. (2008). The health belief model. In K. Glanz, B. K. Rimer, & K. Viswanath (Eds.), *Health behavior and health education: Theory, research, and practice* (4th ed., pp. 45–65). Jossey-Bass.

Draganidis, A., Fernando, A. N., West, M. L., & Sharp, G. (2024). 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*, 117231. https://doi.org/10.1016/j.socscimed.2024.117231

Faul, F., Erdfelder, E., Buchner, A., & Lang, A. G. (2009). Statistical power analyses using G*Power 3.1: Tests for correlation and regression analyses. *Behavior Research Methods, 41*(4), 1149–1160. https://doi.org/10.3758/BRM.41.4.1149

Goldberg, D. P. (1972). *The detection of psychiatric illness by questionnaire: A technique for the identification and assessment of non-psychotic psychiatric illness*. Oxford University Press.

Gorczynski, P., Sims-Schouten, W., & Wilson, C. (2020). Evaluating mental health literacy and help-seeking behaviours in UK university students: A country wide study. *Journal of Public Mental Health, 19*(4), 311–319. https://doi.org/10.1108/JPMH-10-2019-0086

Gureje, O., & Obikoya, B. (1990). The GHQ-12 as a screening tool in a primary care setting. *Social Psychiatry and Psychiatric Epidemiology, 25*(5), 276–280.

Inanlou, M., Bahmani, B., Farhoudian, A., & Rafiee, F. (2020). Addiction recovery: A systematized review. *Iranian Journal of Psychiatry, 15*(2), 172–181. https://doi.org/10.18502/ijps.v15i2.2691

Jafari, A., Moshki, M., Naddafi, F., Ghelichi-Ghojogh, M., Armanmehr, V., Kazemi, K., & Nejatian, M. (2024). Depression literacy, mental health literacy, and their relationship with psychological status and quality of life in patients with type 2 diabetes mellitus. *Frontiers in Public Health, 12*, Article 1421053. https://doi.org/10.3389/fpubh.2024.1421053

Kessler, R. C., Berglund, P. A., Demler, O., Jin, R., Merikangas, K. R., & Walters, E. E. (2022). Lifetime prevalence and age-of-onset distributions of mental disorders among young adults: Implications for prevention and intervention. *World Psychiatry, 21*(3), 345–357

Naslund, J. A., Bondre, A., Torous, J., & Aschbrenner, K. A. (2020). Social media and mental health: Benefits, risks, and opportunities for research and practice. *Journal of Technology in Behavioral Science, 5*(3), 245–257. https://doi.org/10.1007/s41347-020-00134-x

Plackett, R., Sheringham, J., Dykxhoorn, J., McNally, S., & McManus, S. (2022). The effectiveness of social media interventions for people with schizophrenia: A systematic review and meta-analysis. *Journal of Medical Internet Research, 24*(1), e25759. https://doi.org/10.2196/25759

Pretorius, C., Chambers, D., & Coyle, D. (2019). Young people's online help-seeking and mental health difficulties: Systematic narrative review. *Journal of Medical Internet Research, 21*(11), e13873. https://doi.org/10.2196/13873

Rideout, V., & Fox, S. (2019, June 11). *Digital health practices among young adults*. Pew Research Center. https://www.pewresearch.org/internet/2019/06/11/digital-health-practices/

Rickwood, D., Deane, F. P., Wilson, C. J., & Ciarrochi, J. (2005). Young people's help-seeking for mental health problems. *Australian e-Journal for the Advancement of Mental Health, 4*(3),218–251.

Rosenstock, I. M. (1974). Historical origins of the Health Belief Model. *Health Education Monographs, 2*(4), 328–335. https://doi.org/10.1177/109019817400200403

Ryff, C. D. (1989). Happiness is everything, or is it? Explorations on the meaning of psychological well-being. *Journal of Personality and Social Psychology, 57*(6), 1069–1081. https://doi.org/10.1037/0022-3514.57.6.1069

Ryff, C. D. (2019). Psychological well-being revisited. *Psychotherapy and Psychosomatics, 88*(1), 1–11. https://doi.org/10.1159/000496675

Seidler, Z. E., Dawes, A. J., Rice, S. M., Oliffe, J. L., & Dhillon, H. M. (2016). The role of masculinity in men's help-seeking for depression: A systematic review. *Clinical Psychology Review, 49*, 106–118. https://doi.org/10.1016/j.cpr.2016.09.002

Sun, G., Zhang, Y., Wang, X., & Liu, J. (2025). Effectiveness of mental health literacy interventions for adolescents: A systematic review and meta-analysis. *SAGE Open, 15*(1). https://doi.org/10.1177/21582440251327445

Tam, J., Wu, M. J., Zhang, C. C., Pawliuk, C., & Robillard, J. M. (2024). A systematic review of the impact of Media mental health awareness campaigns on young people. *Health Promotion Practice, 25*(5), https://doi.org/10.1177/15248399241232646

Ubi, I. A., Ekpe, E. E., Okafor, C., Essien, E. A., & colleagues. (2023). The reliability and validity of the Efik version of the 12-item General Health Questionnaire. *Nigerian Journal of Psychiatry, 21*(1), 26–35.

Wilson, C. J., Deane, F. P., Ciarrochi, J., & Rickwood, D. (2005). Measuring Help-Seeking Intentions: Properties of the General Help-Seeking Questionnaire. *Canadian Journal of Counselling, 39*(1), 15-28.

World Health Organization. (2022). *World mental health report: Transforming mental health for all*. World Health Organization. https://www.who.int/publications/i/item/9789240049338

World Health Organization. (2023). *Adolescent mental health*. https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health