

Reducing Mental Health Stigma among Young People through Communication-Based Interventions

Wilfred Oritsesan Olley

Department of Mass Communication, Edo State University, Iyamho, Nigeria.

DOI: <https://doi.org/10.51244/IJRSI.2025.1215000115P>

Received: 12 February 2025; Accepted: 19 February 2025; Published: 26 August 2025

ABSTRACT

This study addresses the persistent challenge of mental health stigma and low awareness among youth in Edo State, Nigeria. The region grapples with a rapidly growing, youthful population exposed to multiple socioeconomic pressures. However, mental health remains underrecognized and highly stigmatised due to cultural misconceptions, inadequate healthcare infrastructure, and limited formal education on the subject. Mental health problems among youth are often misjudged as personal failings or spiritual afflictions, leading to underdiagnosis, poor academic outcomes, and social isolation. Despite the potential of communication-based interventions to bridge awareness gaps and foster open dialogue, there is limited understanding of their effectiveness in this specific context. The study adopts a mixed-methods design to assess the impact of communication interventions on mental health awareness and stigma reduction among youth aged 15–30 in Edo State. Quantitative data were collected from 384 participants using stratified random sampling and analysed with descriptive and inferential statistics. Qualitative insights were derived from in-depth interviews with experts, a health communication expert, and a clinical psychologist, to explore personal experiences, perceptions, and the effectiveness of interventions. Findings reveal that while 87.3% of respondents reported awareness of mental health issues, only 33.6% felt open discussion was common, indicating a gap between awareness and proper understanding. Communication-based interventions were effective, as 86.5% of participants reported a reduction in community stigma, and 87.3% felt more comfortable discussing mental health. Social media played a pivotal role, with 88% of respondents acknowledging an improvement in mental health literacy through digital content. However, qualitative data highlighted persistent superficial awareness, deep-seated stigma, and institutional barriers. The study concludes that culturally sensitive, peer-led, and sustained communication strategies are crucial for reducing stigma and improving help-seeking. Recommendations include integrating mental health education into school curricula, fostering grassroots campaigns, enhancing digital literacy, and strengthening institutional support to ensure lasting impact.

Keywords: Mental health, communication-based interventions, stigma, social media, young people, Edo State, Nigeria.

BACKGROUND OF THE STUDY

The issue of mental health is indeed a growing global concern with essential implications on the well-being of individuals, social cohesion, and economic productivity. Mental health problems have always been neglected in public policy and public discourse in Nigeria. Although mental health is gaining recognition in terms of its importance, with the increased global burden of mental health, awareness, education, and adequate resource allocations have taken a huge back seat (Oladipo & Alabi, 2016). However, it is a challenge becoming increasingly more difficult, along the continuum of stigma on mental illness, cultural myths, and the dearth of mental health support structures in so many parts of the country, like Edo state. Edo State is situated in Southern Nigeria – a region characterised by a rapidly growing and youthful population, many of whom are vulnerable to mental health problems owing to a set of socio-economic and cultural factors and scarcity of healthcare infrastructure. Mental health problems among young people in Nigeria are often not identified or misjudged as personal weakness or spiritual issues (Adeniyi et al., 2019). Like much of Nigeria, there is a societal stigma around mental illness that stands as a barrier to people going to get help in Edo State. Acknowledging that you might have a problem and seeking out a professional to help you takes courage. When stigma adds another layer

of difficulty to that already emotionally charged problem, it can make it impossible. Therefore, these individuals live in silence, and consequently, the negative impact on their academic performance, social interactions, and overall well-being is aggravated.

Additionally, little or no education concerning mental health exists within the school system, communities, and media, and for this reason, there is widespread misunderstanding among people. Edo State is one state where the educational system is stretched, and there is limited access to mental health resources. School counsellors or health professionals qualified to address such problems are in short supply. Young people also lack access to comprehensive mental health services, so they do not know whom to go to for help. Due to the lack of information and resources, young people have been plagued with a high level of anxiety, depression, substance abuse, and in extreme cases, suicide (Olatunji, 2020). Communication-based interventions have been suggested to be a solution to solving the awareness gap and building a culture of open documentation and open dialogue related to mental health in society. These interventions are based on various media platforms, ranging from social media to radio and community-based outreach programs, in order to reach the most vulnerable groups, particularly young people who are more likely to interact with digital tools and peer-led initiatives. Through research, it has been demonstrated that public health campaigns and communication strategies focused on mental health awareness result in a decrease in stigma, an increase in help-seeking behaviour, and improved mental health literacy among the population (Mojtahedi, 2019). Instead, the impact of communication-based interventions on their potential to improve mental health outcomes among young people in Edo State remains unexplored. However, they have proven promising in other parts of Nigeria. Because the majority of the population in Edo State, Nigeria, is under the age of 30, the realm of public health cannot be overlooked. Young people constitute the future leaders of the state and the nation, and the welfare of youth has significant implications for social stability, economic development and social cohesion. Another thing, mental health problems amongst youth in Edo State and Nigeria as a whole are generally under-recognised, misunderstood and thus under-addressed. Focusing on the key role that communication and communication-based interventions play in improving mental health outcomes, this study has the potential to make a significant contribution to the current discourse on mental health awareness and support in the region.

The unique challenges faced by them drive mental health issues in young people of Edo State. The challenges these include are academic pressures, family instability, unemployment, and other socio-economic problems that face a significant percentage of the population attending school. Moreover, the attitudes of the culture in many young people in the area stigmatise mental illness as a personal failing, or even a spiritual problem, and this makes the care and treatment of these patients very tough as it prevents them from seeking help (Mojtahedi, 2019). This in turn results in mental health ailments similar to depression, anxiety and even suicidal impulses, which are also common but neglected and therefore further worsening the harmful effect on individual and collective wellbeing. Research has shown that young people in their adolescence and early adulthood experience crucial periods for cognitive, emotional, and social development; therefore, good mental health is crucial for these stages (Patel et al., 2007). Moreover, if they neglect mental health issues at this stage, they will bear the long-term consequences, such as poor academic performance, substance abuse, and inability to cultivate healthy relationships. The importance of this study lies in its ability to provide a vivid picture of the crucial need for mental health awareness and support among youths in Edo State. This research is therefore focused on identifying effective communication-based interventions that increase mental health literacy among young people, reduce stigma, and promote healthier behaviours overall. Earlier studies have shown that increasing awareness and understanding of mental health issues can go a long way in reducing stigma, which is one of the significant barriers to help-seeking (González et al., 2010). Communication-based interventions like social media campaigns and community outreach programs have a significant role to play in changing people's sentiment towards mental health in Edo state, where traditional beliefs and misconceptions about mental illness are dominant.

Additionally, adequate provision of mental health support for young people can lead to better life outcomes. Mental health challenges may lead to improved academic achievement, higher employability and lower substance abuse and other harmful coping strategies; early addressing of such challenges, for example, may contribute to this end (Kieling et al., 2011). Edo State lacks sufficient mental health resources, meaning support of professional help for young people, when they need it, is not available. The study examines how

communication interventions can and should bridge this gap to inform policymakers, health practitioners, and community leaders about how to design initiatives tailored to the specific needs of young people in the region.

Statement of the Problem

The issue of mental illness among Nigerian youths has become distressing over the years, with mental health support systems barely developed in most Nigerian states, and even less in states like Edo State. Mental health is beginning to rise progressively, especially in anxiety disorders, depression, and suicidal intentions, with inaccessibility and scarce intervention for the same problem at an individual and societal level. Mental health problems among the youth in Edo State, as is common in other parts of Nigeria, are usually misdiagnosed, stigmatised and untreated because of the combination of cultural beliefs, inadequate healthcare infrastructure, limited education on mental health, among others. The problems lead to an uncomfortable chasm of youth support that can lead to severe psychiatric distress, poor academic outcomes, substance use, and social isolation amongst those affected by them. There is no awareness campaign on mental health, and young people in Edo state still stigmatise anyone who wants to go for help. A significant number of people, including adolescents and young adults, are unaware of the signs and symptoms of a mental health disorder, or cannot tell the difference between emotional distress and diagnosable conditions. Also, mental health struggles can be too difficult for people, even when they know that there is a problem, access to support can be so limited. Edo State does not have a well-equipped healthcare system to meet the population's mental health needs, with few trained professionals, resources, and the population has no access to specialised services from schools and communities (Olatunji, 2020). In addition, the cultural view of mental illness as a personal weakness or spiritual issue makes it so that many young people hide their problems, rather than seek out professional help and prefer traditional or spiritual cures.

In the case of mental health issues, communication strategies – media campaigns and community-based outreach- have been identified as essential tools in addressing the issue through raising awareness, reducing stigma and encouraging seeking help. The potential for communication-based intervention to enhance mental health outcomes among young people in Edo State is not known. National efforts to stem mental health issues have started, but they often fall on deaf ears with local populations because of cultural, linguistic, and message translation gaps. Little is known about how communication strategies tailored to the particular superficial and communal settings of Edo State can effectively raise awareness, educate young people on mental health, and support them. Additionally, although a handful of studies conducted elsewhere have demonstrated the capabilities of communication-based interventions to reduce stigma and increase mental health literacy, there is limited data on how such interventions can be applied in Edo State. Consequently, policymakers, health practitioners, and community leaders lack clear guidance on how to develop and implement strategies to engage youth, address local misconceptions about mental health, and provide practical solutions to improve mental health care in the area. Not knowing the distinctive needs and preferences of the youth of Edo State signals that communication campaigns may not be effective or even counterproductive.

Having identified a deficiency in communication-based interventions for disseminating awareness and support for mental health among young people in Edo State, this study aims to bridge this gap by investigating the effectiveness of communication interventions in promoting mental health awareness and support among young people in Edo State. This research addresses how and by whom interventions can be adjusted to the regional cultural, social, and economic context, in order to provide actionable insights into what communication strategies can do to fill the void and reduce stigma in mental health support systems, as well as help create the ideal support environment for young people dealing with mental health problems.

Objectives of the Study

1. To find out the level of awareness and understanding of mental health issues among the youths in Edo State.
2. To evaluate the power of communication-based interventions in minimising mental health stigma against the youth in Edo State.
3. To explore the role of social media and other communication channels in promoting mental health literacy among the youth in Edo State.

4. To examine communication strategies that would be employed to enable young people in Edo State to overcome barriers to accessing mental health support.

Research Questions

1. How much understanding and awareness is there among young people in Edo State of mental health issues?
2. What is the effectiveness of communication intervention in diminishing the stigma attached to the mental health of young people in Edo State?
3. How does social media help increase the mental health literacy of youth in Edo State?
4. What communication strategies can be used to support young people to access mental health support when faced with barriers in Edo State?

METHODOLOGY

The research employed a mixed-methods design to assess the impact of communication-based interventions on mental health awareness and service utilisation among vulnerable youth (ages 15–30) in Edo State, Nigeria. The quantitative strand aimed to evaluate the prevalence of mental health awareness and attitudes within a large sample of young people, using a stratified random sampling technique to ensure representativeness across age, gender, and education levels. Using Krejcie and Morgan's formula, 384 participants were selected from a population of approximately 1.4 million, and descriptive and inferential statistics (such as chi-square tests) were applied to analyse the relationships between demographic variables and awareness levels.

For the qualitative component, the study focused on an in-depth exploration of personal experiences, perceptions, and the broader social context influencing mental health stigma and intervention effectiveness. Two key informants, a health communication expert and a clinical psychologist from the University of Benin Teaching Hospital, were purposively selected for their extensive experience in youth mental health and communication strategies. Semi-structured interviews, each lasting about 45 minutes, were conducted in person, audio-recorded, and transcribed. The interviews explored themes including awareness, media influence, intervention effectiveness, barriers to help-seeking, and culturally relevant recommendations.

Thematic analysis, following Braun and Clarke's (2006) framework, was used to identify patterns and insights from the interview data, ensuring themes were grounded in participants' own words and contextual realities. This analysis was complemented by member checking and thick descriptions to enhance credibility and transferability. The combination of statistical and thematic approaches provided a comprehensive understanding of both the measurable impact of communication interventions and the nuanced, lived experiences shaping young people's engagement with mental health support in Edo State. Ethical approval was secured from the institutional review board, and informed consent was obtained from all participants.

RESULT

Table 1: Description of Study Sample

Age	Frequency (F)	Percentage (%)
19 -25	140	36.55
26 -35	121	31.59
36 – 49	122	31.85
Total	383	100
Marital Status		
Single	75	19.58
Married	140	36.55

Widow	20	5.22
Divorced	45	11.23
Separated	43	11.75
Co-habiting	60	15.67
Total	383	100

Source: Field Data (2025)

Table 2: Responses on Mental Health Awareness and Understanding Among Young People in Edo State

Mental Health Awareness and Understanding	F (%)					
	SA	A	D	SD	\bar{X}	Decision
I know about the different forms of mental health issues that children and youths can go through.	213 (55.50%)	122 (31.77%)	37 (9.64%)	12 (3.13%)	3.39	Accepted
I know that mental health issues can influence young people's overall well-being.	233 (60.73%)	103 (26.85%)	34 (8.85%)	14 (3.65%)	3.52	Accepted
I also know how to access information on mental health services in Edo State.	185 (48.22%)	130 (33.85%)	48 (12.50%)	21 (5.47%)	3.25	Accepted
There are many issues around mental health in Edo State, and something brought young people to talk about it openly.	115 (29.94%)	140 (36.46%)	83 (21.63%)	46 (11.98%)	2.85	Rejected
I think very young people do not take mental health issues seriously here in Edo State.	172 (44.79%)	106 (27.60%)	84 (21.88%)	22 (5.73%)	3.10	Accepted

Source: Field Data (2025)

Table 3: Responses on the Impact of Communication-based Interventions on Mental Health Stigma in Edo State

Item	F (%)					
	SA	A	D	SD	\bar{X}	Decision
My community's stigma about mental health has reduced after communication-based interventions (e.g. awareness campaigns).	198 (51.56%)	134 (34.90%)	36 (9.38%)	16 (4.17%)	3.34	Accepted
Communication-based interventions have been introduced, and as a result, I feel more comfortable discussing mental health issues.	215 (56.02%)	120 (31.25%)	35 (9.13%)	14 (3.65%)	3.40	Accepted
Moreover, in Edo State, I have noticed a decrease in the negative stereotypes about mental health	235 (61.23%)	100 (26.04%)	35 (9.13%)	14 (3.65%)	3.51	Accepted

with public awareness campaigns.						
Communication-based interventions in the community enable young people to seek help in case of mental health issues in my community.	225 (58.59%)	120 (31.25%)	30 (7.81%)	9 (2.34%)	3.47	Accepted
Although there have been communication-based interventions to mitigate stigma around mental health in Edo State, stigmatisation is yet to linger.	95 (24.74%)	140 (36.46%)	120 (31.25%)	29 (7.57%)	2.78	Rejected

Source: Field Data (2025)

Table 4: Responses on the Role of Social Media in Mental Health Education in Edo State

Item	SA	A	D	SD	\bar{X}	Decision
Mental health is an important topic that is taught in schools in Edo State, and social media extends that education to the youth.	188 (49.22%)	122 (31.77%)	51 (13.29%)	23 (5.99%)	3.25	Accepted
In Edo State, I have seen mental health content spread across social media.	204 (53.13%)	115 (29.95%)	46 (11.98%)	19 (4.95%)	3.32	Accepted
I reckon that social media is a good source of information regarding mental health problems.	190 (49.48%)	126 (32.81%)	50 (13.02%)	18 (4.69%)	3.28	Accepted
My knowledge of mental health itself has increased a lot, thanks to what I come across on social media.	217 (56.57%)	120 (31.25%)	32 (8.33%)	15 (3.91%)	3.45	Accepted
In Edo State, social media is frequently used to raise awareness about mental health support services.	180 (46.88%)	130 (33.85%)	55 (14.32%)	19 (4.95%)	3.23	Accepted

Source: Field Data (2025)

Table 5: Responses on Communication About Mental Health Support Services in Edo State

Item	SA	A	D	SD	\bar{X}	Decision
If I need it, I would be more inclined to seek help if there were mental health support services available.	215 (56.02%)	125 (32.55%)	35 (9.13%)	9 (2.34%)	3.43	Accepted
Better communication of the mental health support can take away some of the fear associated with seeking help.	230 (60.42%)	110 (28.65%)	30 (7.81%)	14 (3.65%)	3.47	Accepted
There are public campaigns about mental health services that make the process	210 (54.69%)	120 (31.25%)	35 (9.13%)	19 (4.95%)	3.35	Accepted

easier.						
There are strategies to tackle the misconception of mental illness treatment in Edo.	240 (62.50%)	115 (29.95%)	20 (5.21%)	9 (2.34%)	3.53	Accepted
If communication about services available to help with mental health issues is improved, I believe more young people in Edo State would seek mental health help.	225 (58.59%)	120 (31.25%)	30 (7.81%)	9 (2.34%)	3.46	Accepted

Source: Field Data (2025)

Presentation of Interview Data

This section presents a critical analysis of the thematic matrix generated from interview data in the study titled 'Reducing Mental Health Stigma Among Young People through Communication-Based Interventions.

Table 6: Thematic Analysis Matrix: Reducing Mental Health Stigma Among Young People through Communication-Based Interventions

Theme	Sub-Themes	Sample Codes	Illustrative Quotes	Insight
Inadequate and Superficial Awareness	Surface-level knowledge, Online buzzwords	"panic attack", "depression", "buzzwords"	"They know the buzzwords, but when you probe deeper..." – Frances "It is like knowing the titles of books you have never read." – Salome	Communication: Youth-friendly messaging must extend beyond awareness to comprehension, using real-life, relatable examples.
Deep-Seated Stigma and Cultural Misconceptions	Spiritual beliefs, Shame, Masculinity	"spiritual attack", "I no dey craze", "pray it away"	"Na spiritual attack." – Salome "Me, I no fit go see psychologist o." – Frances.	Cultural: Stigma rooted in religion, gender roles, and ignorance must be addressed through culturally sensitive outreach.
Demographic and Social Disparities	Urban-rural gap, Educational divide, Gender roles	"girls talk", "boys hide", "go to church"	"Girls talk, boys hide." – Salome "In rural areas, the conversation ends with 'Go to church.'" – Frances	Equity: Tailor interventions to suit different social, geographical, and gender contexts for greater impact.
Power of Communication-Based Interventions	Storytelling, Peer outreach, Radio/social media campaigns	"Healthy Minds outreach", "peer educators", "#NoShameIn Talking"	"A student got referred after our school session." – Frances "Over 40 corps members reached out after one NYSC campaign." – Salome	Evidence: Real-life stories demonstrate communication's power in reducing stigma and encouraging help-seeking.
Media as Both Opportunity and Risk	Awareness vs. misinformation	"self-diagnosis", "trauma content",	"They take what they see online as truth—even when it is harmful." – Frances	Digital Literacy: Build critical thinking and source verification skills in young people

	n, Emotional overload	"mental health TikTok"	"Some find identity in pain and stay stuck." – Salome	using structured media education.
Communication Barriers and Structural Challenges	Funding gaps, Institutional resistance, Literacy issues	"No professionals in rural areas", "campaign dies down", "principal refused session"	"Once the campaign ends, the momentum dies." – Frances "Some principals say it will corrupt the children's minds." – Salome	Systems: Sustainable programmes need government support, trained personnel, and cross-sector partnerships.
Need for Relatable, Grassroots Messaging	Local language use, Cultural analogies	"overthinking", "mind no dey rest", "mental wound"	"Say, 'You dey overthink tire' instead of 'burnout.'" – Frances "Compare mental illness to a wound, when you have a body wound, you treat it." – Salome.	Localisation: Speak in language and metaphors people understand; use humour, story, and familiar symbols.
Youth Engagement and Ownership	Peer-led content, Youth storytelling	"safe spaces", "own the message", "spoken word"	"Stop talking at them; start talking with them." – Salome "Youth who got help can spread the message." – Frances	Empowerment: Let youth lead the conversation; they are credible voices within their peer circles.
Call for Systemic Integration	Policy inclusion, Institutional reform	"mental health in NYSC", "not a side issue", "health clubs in schools"	"Mental health should be part of youth development policies." – Frances "It must be prioritised like HIV or malaria." – Salome	Policy: Mental health must be embedded into the state's youth health framework beyond occasional campaigns.

Source: Interview Data (2025)

The analysis of Table 6 draws on nine key themes, supported by sub-themes, sample codes, illustrative quotes, and practical insights. Each theme is critically interrogated to reveal underlying patterns, challenges, and the implications for communication strategies in mental health advocacy.

Inadequate and Superficial Awareness: This theme strikes at the heart of the awareness–understanding divide. Youths in Edo State are no longer silent about mental health, but their knowledge is shallow and media-fed. Terms like 'panic attack' and 'depression' have entered everyday vocabulary, yet with limited understanding of clinical meaning or proper management. Critically, this highlights the failure of formal education systems and health campaigns to keep pace with the increasing consumption of youth media. It reflects a tension between symbolic awareness and functional health literacy. Simply knowing the term 'depression' does not help if youths cannot distinguish between a bad mood and a mental health disorder, or worse, if they self-diagnose and suffer in silence.

Deep-Seated Stigma and Cultural Misconceptions: This theme reveals that stigma is not just a societal inconvenience; it is a structural barrier. Mental illness is still seen through the lens of spiritual warfare, shame, and weakness, especially for boys. The quote 'Me, I no fit see psychologist o' illustrates how deeply this fear of labelling is internalised. Such stigma undermines communication efforts from the onset, because no matter how effective the message, the receiver filters it through religious dogma, gender norms, and family pressure. This calls attention to the urgent need for culturally competent messaging, not simply Western models of mental health promotion transplanted into Nigerian soil.

Demographic and Social Disparities: This theme shows that mental health stigma is not distributed equally.

Geography (urban vs. rural), education, and gender all influence perception and access to resources. Salome's remark, 'Girls talk, boys hide', is especially telling, emphasising that even in awareness, there is a gender gap in vulnerability expression. A critical reading highlights how intersectionality should inform the design of interventions. Policies that ignore class, culture, and gender will always miss key populations, particularly rural youth who are disconnected from formal campaigns and steeped in tradition.

The Power of Communication-Based Interventions: The value of strategic storytelling, peer outreach, and multi-channel messaging becomes clear in this context. Real human stories have the power to shift perception and drive behaviour change, especially when shared in familiar spaces like NYSC camps or school assemblies. However, impact is not just about the message; it is about access and continuity. These interventions remain sporadic, often donor-funded, and rarely institutionalised, making their long-term effect difficult to measure. Success stories exist, but the scale and sustainability of these efforts are still in question.

Media as Both Opportunity and Risk: This is a double-edged theme. Social media has decentralised mental health communication, empowering influencers, survivors, and peers. However, it has also amplified misinformation, performative trauma-sharing, and shallow 'pop psychology'. The risk of self-diagnosis and emotional burnout from 'trauma content' should not be underestimated. This highlights the importance of digital health literacy. Youth must not just consume, but learn to evaluate mental health content, a skill that's rarely taught in schools.

Communication Barriers and Structural Challenges: This theme exposes the institutional fragility beneath even the most successful campaigns. With few trained professionals, limited funding, and resistance from some school and religious authorities, the work is often inconsistent, reactive, and unsupported. The quote 'Some principals say it will corrupt the children's minds' illustrates how gatekeeping by authority figures grounded in ignorance stalls progress. This is not just a communication issue but a policy and leadership problem.

The Need for Relatable, Grassroots Messaging: The data underscores that language matters. Tone matters. Cultural resonance matters. Mental health jargon often fails to resonate with everyday struggles. However, phrases like 'mind no dey rest' or 'you dey overthink tire' ground the issue in lived experience. This theme highlights the colonial hangover in our health communication systems, where we prioritise foreign terminology over local sense-making. It calls for a paradigm shift: from medical authority to community co-creation, from academic definitions to storytelling that feels familiar.

Youth Engagement and Ownership: This theme extends the conversation beyond targeting youth to empowering them as message bearers. When young people who have accessed care share their stories, the stigma cracks. When they lead clubs, produce content, or host dialogues, they make mental health a tangible reality for their peers. Youth participation must be central to the intervention strategy, not a token gesture. They are not passive recipients of information but cultural interpreters. Their lived experience is evidence, and their platforms are powerful vehicles.

Call for Systemic Integration: This final theme is a macro call to action. Mental health cannot be addressed solely by NGOs and health professionals. It must be embedded in school curricula, NYSC orientation, youth policy, and health systems, just like HIV or malaria. The critical takeaway is that mental health stigma cannot be isolated from governance, funding, and policy neglect. Integration is not an option; it is a necessity.

The matrix as a whole paint a picture of potential hindered by structural inertia. Communication works when it is authentic, culturally aware, and youth-led. However, its power is dampened by stigma, ignorance, and institutional gaps. The strongest interventions are not the loudest; they are the most consistent, empathetic, and context-sensitive. Ultimately, the matrix reveals that reducing stigma requires more than awareness; it requires a cultural, structural, and policy shift, and the voices of young people themselves must be at the centre of that revolution.

DISCUSSION OF FINDINGS

RQ1: How much understanding and awareness is there among young people in Edo State of mental health issues?

The results of this study suggest that while young people in Edo State demonstrate considerable awareness of mental health issues, their grasp of these matters is often superficial and varies markedly across social, educational, and geographic lines. Table 2 presents quantitative evidence that a significant majority of respondents profess familiarity with mental health problems affecting youth, with 87.3% either agreeing or strongly agreeing. Furthermore, respondents acknowledged the influence of mental health on overall well-being, as indicated by a mean score of 3.52. This implies that mental health has ceased to be a marginal topic among young people. However, a closer examination, both quantitative and qualitative, complicates this initial impression. Despite high levels of reported awareness, 33.6% of respondents either disagreed or remained neutral when asked whether young people openly discuss mental health issues in Edo State. The statement, “There are many issues around mental health in Edo State, and something brought young people to talk about it openly,” yielded a mean score of 2.85, falling below the threshold of general acceptance. This indicates that a certain reticence continues to characterise public discourse, even among those who claim awareness.

Qualitative interviews further illuminate the gap between awareness and proper understanding. Frances, a health communication expert consulted in this study, remarked, “They know the buzzwords, but when you probe deeper...” Similarly, Salome, a mental health specialist, compared this phenomenon to “knowing the titles of books you have never read.” These practitioner insights suggest that many young people possess only a superficial or performative understanding of mental health concepts, likely due to their cursory engagement with social media. This pattern is consistent with earlier research by González et al. (2010), which cautions that public health literacy must progress beyond mere symptom recognition to foster genuine comprehension, early detection, and help-seeking behaviour. Mojtahedi (2019) echoes this concern, highlighting the limitations of widespread awareness campaigns that lack educational substance, particularly in contexts where cultural misconceptions about mental illness persist. Stigma continues to exert a powerful influence, inhibiting deeper understanding. Many young people in Edo State still interpret mental illness as spiritual affliction or personal failure. One participant’s remark, “Na spiritual attack,” encapsulates how cultural and religious beliefs shape perceptions of mental distress. This observation aligns with Oladipo and Alabi’s (2016) assertion that stigma, rooted in spiritual and moral misunderstandings of illness, continues to stifle open dialogue about mental health in Nigeria.

Rural-urban inequalities and entrenched gender norms further accentuate disparities in understanding. Salome’s observation that “girls talk, boys hide” underscores the gendered nature of emotional expression and help-seeking behaviour. Educational and geographic factors also play a role. While young people in urban areas are more likely to encounter mental health information through social media, those in rural settings often rely on traditional responses such as “Go to church,” rather than seeking professional support or psychological intervention. The study’s theoretical framework, grounded in the Health Belief Model (HBM) and Social Cognitive Theory (SCT), helps explain these findings. According to the HBM, individuals are more likely to take health-related action if they perceive a genuine threat and believe that intervention will be effective (Creswell, 2014). However, if mental illness is viewed through a spiritual lens or dismissed as personal weakness, both the perceived threat and the perceived efficacy of intervention are undermined, discouraging proactive behaviour. Similarly, SCT suggests that observational learning, whether through social media or peer narratives, can drive behavioural change, but only if the content is credible and culturally relevant. The findings indicate that while social media has introduced mental health terminology to young audiences, it has not yet deepened their understanding or altered longstanding beliefs.

RQ2: What is the effectiveness of communication intervention in diminishing the stigma attached to the mental health of young people in Edo State?

The evidence presented in this study indicates that interventions grounded in communication have produced a discernible and substantial effect on diminishing mental health stigma among young people in Edo State. As illustrated in Table 3, a considerable proportion of respondents reported that stigma within their communities

had lessened following targeted communication efforts, such as awareness campaigns. Specifically, 86.46% of participants (combining those who strongly agreed and agreed) affirmed that community stigma had decreased as a result of these initiatives, with a mean score of 3.34. A similar proportion, 87.27%, expressed feeling more at ease when discussing mental health after exposure to such interventions (mean score of 3.40). The data further reveal that public campaigns have contributed to a shift in perceptions, with 87.27% acknowledging a reduction in negative stereotypes (mean score of 3.51) and 89.84% agreeing that young people are now more likely to seek help when faced with mental health challenges (mean score of 3.47).

Qualitative findings complement these results, emphasising the significance of peer-led advocacy, school-based campaigns, and youth-oriented storytelling. Salome, a mental health specialist, remarked that “Over 40 corps members reached out after one NYSC campaign,” demonstrating the tangible impact of focused interventions. Frances, a health communication expert, noted that following outreach sessions in schools, “a student got referred,” which further supports the idea that personal and contextually relevant narratives can break down barriers and encourage help-seeking behaviour. Theoretically, these outcomes align with Social Cognitive Theory (Bandura, as interpreted by Creswell, 2014), which proposes that behavioural change is shaped by observational learning and reinforcement. The communication strategies employed in this study provided relatable role models, fostered open dialogue, and contested prevailing norms, notably within schools, NYSC camps, and digital platforms. When young people witness peers openly addressing mental health and accessing support without fear of ridicule, the perceived risks associated with seeking help are diminished.

The findings also corroborate the assertions of González et al. (2010) that stigma represents a significant obstacle to mental health support. The evidence that communication strategies can mitigate stigma highlights the importance of targeted messaging in shaping public attitudes. However, the success of these interventions is not uniform. Table 3 also reveals a notable qualification: while 61.2% of respondents recognised that stigma persists despite ongoing efforts, only 24.74% strongly agreed with this view (mean score of 2.78, below the acceptance threshold). This suggests that, although interventions have made progress, the task is far from complete, and enduring cultural barriers continue to impede full acceptance.

Qualitative observations further illuminate these structural challenges. Frances remarked, “Once the campaign ends, the momentum dies,” highlighting a lack of sustained intervention programming. Institutional resistance also emerged as an issue, with one respondent noting, “Some principals say it will corrupt the children’s minds.” This suggests that stigma is not solely a result of misinformation among young people but is also deeply ingrained within authority structures and generational beliefs. The study’s theoretical framework, drawing on the Health Belief Model, posits that perceived benefits must outweigh perceived barriers for behavioural change to occur. Communication efforts in Edo State have begun to reshape these perceptions, enabling young people to recognise that seeking mental health support is not a mark of weakness but a step towards wellbeing. Nevertheless, where institutional gatekeeping and cultural orthodoxy remain unchallenged, the benefits of these interventions may not be fully realised across the entire population.

RQ3: How does social media help increase the mental health literacy of youth in Edo State?

The evidence from this study suggests that social media is assuming an increasingly prominent role in advancing mental health literacy among young people in Edo State. Mental health literacy, understood as the knowledge and beliefs about mental disorders that facilitate their recognition, management, and prevention (Jorm et al., 1997), appears to be increasing among youth, primarily due to their exposure to digital content across social media platforms. Quantitative data from Table 4 substantiates this trend. A large majority of respondents acknowledged encountering mental health-related content online, with 83.08% either agreeing or strongly agreeing that they had seen such material on platforms such as Facebook, Instagram, and TikTok. Furthermore, 88.02% reported that their understanding of mental health had improved due to social media exposure, as reflected in a high mean score of 3.45. In another related item, 82.29% of respondents agreed that social media serves as a valuable source of information on mental health problems (mean score of 3.28). These figures suggest that digital platforms are not merely tools for awareness but also serve as informal avenues for mental health education.

Thematic insights from qualitative interviews reinforce this observation. Both Frances and Salome, health and

communication professionals interviewed for the study, recognised the dual potential and risks of social media in shaping mental health discourse. Frances noted that “They take what they see online as truth even when it is harmful,” pointing to the tendency of young people to turn to social media as their primary source of information, regardless of its veracity. Salome added, “Some find identity in pain and stay stuck,” reflecting how emotionally charged mental health narratives online can both illuminate and entrap. This mixed effect aligns with earlier research. Mojtabedi (2019) argued that well-structured media campaigns can significantly enhance public understanding of mental health. However, Molfenter and Asch (2018) caution that inadequate content regulation on digital platforms may lead to misinformation or unhealthy identification with negative mental health narratives. Thus, while the internet has democratised mental health dialogue, it also necessitates careful moderation and media literacy education to prevent the reinforcement of harmful stereotypes or the spread of self-diagnosis.

From a theoretical perspective, Social Cognitive Theory offers a helpful framework for interpreting these findings. According to Bandura, individuals learn through observation, imitation, and modelling (Creswell, 2014). Social media provides a continuous stream of observational material, including testimonies, videos, infographics, and discussions, which influence how young people comprehend mental illness and interpret their own emotional experiences. Peer influencers and mental health advocates, many of whom are themselves young, serve as role models. As increasing numbers of young people observe these figures speaking openly about mental health, a gradual shift occurs in their perceptions of what constitutes standard, acceptable, and manageable experiences. The Health Belief Model further enriches this understanding. The model posits that individuals are more likely to engage in preventive health actions when they perceive a condition as serious, believe themselves to be susceptible, and consider that taking action will be beneficial. Social media content that contextualises mental health issues in familiar, youth-oriented language, such as “overthinking,” “mind no dey rest,” or “mental wound,” makes these issues more relatable and reduces barriers to engagement (Braun & Clarke, 2006). Such accessible language helps reframe mental health challenges from being taboo or spiritual failings to manageable medical or emotional concerns.

Nonetheless, the study reveals a notable structural gap. While young people are actively engaging with mental health content on social media, there is no comprehensive framework within the state for verifying, curating, or amplifying accurate information. There is a conspicuous absence of institutional campaigns that systematically harness the potential of social media. As Frances observed, “Once the campaign ends, the momentum dies,” indicating that while organic, youth-driven content persists, there is no sustained governmental or educational effort to integrate digital mental health education into broader public health strategies.

RQ4: What communication strategies can be used to support young people to access mental health support when faced with barriers in Edo State?

The findings of this study demonstrate that while awareness of mental health is steadily increasing among young people in Edo State, substantial obstacles to accessing support remain. These barriers are underpinned by a complex interplay of cultural stigma, misinformation, structural deficiencies, and insufficiently maintained communication efforts. Nevertheless, the data also indicates that specific communication strategies hold promise for narrowing the gap between awareness and actual help-seeking. Quantitative responses, as presented in Table 5, reveal a robust consensus among participants regarding the efficacy of communication in facilitating access to mental health services. For example, 88.57% of respondents agreed they would be more likely to seek help if support services were communicated (mean score of 3.43). Similarly, 89.07% believed that improved communication would mitigate the fear associated with seeking help (mean score of 3.47), and 93.75% agreed that existing strategies can help address misconceptions about treatment (mean score of 3.53). These figures underscore the extent to which clear, accessible, and sustained communication can counteract stigma and uncertainty surrounding mental health services.

Qualitative insights deepen this understanding. Interviewees emphasised the importance of grassroots and culturally resonant messaging. Frances, a communication expert, advised that mental health communication should employ “language and metaphors people understand,” recommending expressions such as “You dey overthink tire” as more accessible than clinical terminology. Salome, a mental health specialist, concurred, suggesting that likening mental illness to a physical wound, as in “when a body wound, you treat it”, renders the

concept less abstract and more actionable. These perspectives align with the study's theoretical framework. According to the Health Belief Model, individuals are more likely to take action when they perceive benefits in doing so and are prompted by clear cues (Creswell, 2014). Communication strategies that simplify medical language, incorporate local idioms, and present mental health services as practical and nonthreatening help to activate these cues. This echoes Bandura's Social Cognitive Theory, which highlights the importance of relatable models in shaping behaviour. When young people see peers discussing or accessing mental health support, they are more likely to follow suit. A key strategy identified in the study is peer-led outreach. Young people who have received support and subsequently share their experiences serve as credible messengers. As Frances noted, "Youth who got help can spread the message." This form of testimony, whether delivered in schools, youth clubs, or via social media, provides both information and reassurance. It personalises mental health and fosters safe environments for engagement. Another vital approach is the integration of mental health communication into established educational structures, such as incorporating mental health sessions into National Youth Service Corps orientation programmes or secondary school health clubs. Salome stressed that "Mental health should be part of youth development policies," rather than being addressed through ad hoc awareness initiatives. Institutionalising mental health communication ensures consistency, sustainability, and broad reach, including among youth in underserved rural areas.

The study also highlights the value of multimedia storytelling, utilising radio, social media, and community theatre. These channels offer repeated exposure to supportive narratives, reducing the sense of isolation often associated with mental health challenges. Digital platforms are particularly effective among urban youth, as evidenced in Table 4, where 88.02% reported improved mental health knowledge through social media. However, these efforts must be accompanied by digital literacy education, given the study's finding that misinformation and self-diagnosis are emerging concerns. The role of institutional advocacy cannot be overlooked. The study revealed resistance among some school administrators, who fear that mental health campaigns might "corrupt the children's minds." This resistance underscores the need for advocacy at institutional levels to challenge outdated attitudes among authority figures and secure lasting commitment to intervention. As Frances observed, "Once the campaign ends, the momentum dies." Achieving long-term change, therefore, requires structural commitment, rather than relying solely on well-intentioned non-governmental organisations or sporadic campaigns.

CONCLUSION

The study demonstrates that although young people in Edo State are now more frequently exposed to mental health concepts than in previous decades, their awareness remains entangled with misinformation, stigma, and cultural interference. This finding supports the argument advanced by Patel et al. (2007) that exposure to mental health discourse alone, without targeted education and community-level engagement, does not yield informed awareness or meaningful behavioural change. Consequently, current understanding among youth is present but fragile and is vulnerable to distortion unless bolstered by consistent, culturally literate, and youth-focused educational strategies. Communication interventions have shown themselves to be effective in reducing mental health stigma among young people in Edo State, particularly when the messaging is relatable, sustained, and driven by peers. These results echo previous studies, such as those by Mojtahedi (2019) and Molfenter and Asch (2018), which emphasise the importance of strategies that are both culturally contextual and tailored to specific communities in stigma reduction efforts. However, unless such interventions are systematically integrated into education policies, school curricula, and healthcare infrastructure, the progress achieved is unlikely to endure. The study thus makes a strong case for not only expanding communication interventions but also embedding them within the broader social and institutional fabric of Edo State.

Social media has emerged as a vital instrument in shaping youth mental health literacy in the region. It exposes young people to terminology, narratives, and discussions that normalise mental health issues and offer informal guidance on coping mechanisms. This observation aligns with earlier research by Patel et al. (2007), which identified adolescence and early adulthood as critical periods for mental health development, during which interventions can have lasting benefits. Nevertheless, without structured support, digital literacy initiatives, and robust policy frameworks, the potential of social media remains inconsistent. To consolidate the positive impact of these digital channels, social media interventions must be complemented by formal educational efforts, active

youth participation, and effective content regulation. Communication strategies designed to facilitate young people's access to mental health care in Edo State should be localised, culturally relevant, peer-led, and firmly embedded within existing institutional structures. They must use language that resonates with the community, harness both traditional and digital media, and involve young people not as passive recipients but as active creators of the message. This approach, supported by both quantitative and qualitative evidence, offers the most promising route for dismantling the complex barriers to mental health support in the region.

RECOMMENDATIONS

Arising from the findings of this study and flowing from the research questions, the following four recommendations are proposed:

Integrating Culturally Sensitive Mental Health Education into School Curricula and Youth Programmes.

To address the persistent gap between superficial awareness and genuine understanding among young people in Edo State, mental health education should be systematically embedded within school curricula and youth development initiatives. This approach should employ local idioms and culturally resonant narratives, moving beyond clinical terminology to ensure that concepts are accessible and relevant. Engaging both students and teachers in ongoing mental health literacy programmes will help to correct misconceptions and foster a more supportive environment for open discussion.

Developing and Sustaining Peer-Led, Grassroots Communication Campaigns.

Communication interventions should be designed to leverage the credibility of peer influencers and young people who have personal experience with mental health challenges. By empowering these individuals to share their stories and lead outreach efforts both in schools and through digital platforms, campaigns can become more relatable and effective in reducing stigma. Sustained, youth-driven initiatives, rather than one-off campaigns, are essential for maintaining momentum and embedding positive change within communities.

Enhancing Digital Literacy and Content Regulation on Social Media.

Given the prominent role of social media in shaping youth mental health literacy, it is essential to support young people in critically navigating digital content. Digital literacy programmes should be introduced to help users discern credible information from misinformation and to encourage responsible sharing. Collaboration with social media platforms to promote accurate, youth-friendly mental health content and to regulate harmful narratives will further amplify the positive impact of digital interventions.

Strengthening of Institutional and Policy Support for Mental Health Communication

To ensure that communication strategies translate into lasting impact, there must be a commitment from government and educational authorities to integrate mental health awareness into broader public health and youth policies. This includes allocating resources for training mental health professionals, supporting community-based initiatives, and addressing institutional resistance. By embedding mental health communication within the institutional framework, the benefits of interventions can reach all young people, including those in rural and underserved areas.

REFERENCES

1. Adeniyi, O. V., Akintoye, S. O., & Alabi, F. O. (2019). Mental Health Awareness and Help-Seeking Behaviour in Nigeria: A Review of Recent Trends. *Journal of Public Health in Africa*, 10(2), 45-50.
2. Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101.
3. Creswell, J. W. (2014). *Research design: Qualitative, quantitative, and mixed methods approach* (4th ed.). Sage Publications.

4. González, H. M., Tarraf, W., Whitfield, K. E., & Vega, W. A. (2010). The epidemiology of major depression and ethnicity in the United States. *Journal of Psychiatric Research*, 44(15), 1049–1056.
5. Jorm, A. F., Korten, A. E., Jacomb, P. A., Christensen, H., Rodgers, B., & Pollitt, P. (1997). Mental health literacy: a survey of the public's ability to recognise mental disorders and their beliefs about the effectiveness of treatment. *The Medical Journal of Australia*, 166(4), 182–186.
6. Kieling, C., Baker-Henningham, H., Belfer, M., et al. (2011). Global mental health and child development. *The Lancet*, 378(9799), 2185–2195.
7. Mojtahedi, M. (2019). Evaluating the Role of Media Campaigns in Improving Mental Health Awareness. *Journal of Global Mental Health*, 7(3), 123-135.
8. Molfenter, T. D., & Asch, D. A. (2018). Communication Strategies to Reduce Mental Health Stigma. *American Journal of Public Health*, 108(6), 734–737.
9. National Population Commission of Nigeria. (2006). 2006 Population and Housing Census of the Federal Republic of Nigeria: Population Distribution by Sex, State, LGA & Senatorial District. NPC.
10. Nowell, L. S., Norris, J. M., White, D. E., & Moules, N. J. (2017). Thematic analysis: Striving to meet the trustworthiness criteria. *International Journal of Qualitative Methods*, 16(1), 1–13. <https://doi.org/10.1177/1609406917733847>
11. Oladipo, S. E., & Alabi, F. O. (2016). Barriers to Mental Health Care and Stigma in Nigeria. *International Journal of Mental Health*, 45(4), 238–249.
12. Olatunji, B. O. (2020). Mental Health Issues among Youth in Nigeria: The Role of Social Media and Community Outreach. *African Journal of Psychiatry*, 18(1), 12–19.
13. Patel, V., Flisher, A. J., Hetrick, S., & McGorry, P. (2007). Mental health of young people: A global public-health challenge. *The Lancet*, 369(9569), 1302–1313.