

**An exploration of South African university students' utilization of and engagement with  
mental health-related information on Instagram**

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I am thankful to God, whose presence and guidance remained a light throughout the process of achieving this goal.

To my grandparents and those who have gone before me, who shattered glass ceilings so I could stand on the floors of the rooms I now occupy.

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## **ABSTRACT**

Mental health difficulties are prevalent among university students in South Africa and globally, but help-seeking is low due to a variety of structural and attitudinal barriers. It is therefore important to find novel ways of offering mental health information and support through modalities that are both accessible and acceptable to students. Although there has been much concern about the role of social networking sites (SNS) in creating risk for mental health difficulties, SNS are also increasingly being utilized by young adults to access mental health-related content for purposes of education, awareness, and support. However, there has not been any research to date on how university students in South Africa use and engage with mental health-related content on SNS. The current mixed methods study explored South African university students' experiences of accessing and using mental health-related information on Instagram.

In the first phase of the study, an online survey was administered to Psychology students ( $n=335$ ) at a South African university, exploring use of Instagram to access mental health content. A content analysis was then performed on the ten most commonly accessed mental health-related Instagram accounts listed by survey participants. Finally, seven participants who completed the survey took part in semi-structured interviews to further explore their experiences of using Instagram to access mental health content. A combination of descriptive statistics and thematic analysis was used to analyze data across the three phases. The most common types of mental health content accessed by participants included mental health awareness and psycho-education, inspiration, coping strategies, as well as memes and humour. The most significant qualitative themes from the findings included using Instagram to improve awareness and management of one's own and other people's mental health symptoms, develop better coping mechanisms, find self-care tips, experience connectedness

and social support, normalise mental health difficulties and validate and alleviate negative feelings. A small minority of participants reported that accessing mental health-related content on Instagram was unhelpful or triggering. Overall, the findings indicate that Instagram offers an accessible and acceptable source of mental health information, coping strategies, connectedness and validation for participants struggling with mental health issues. Limitations of the study and directions for future research are discussed.

Keywords: Social networking sites, Instagram, mental health, university students

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## **CHAPTER 1: INTRODUCTION**

This chapter presents a background and rationale for the current study, in light of the existing mental health needs of university students, barriers to accessing mental health support, and the potential beneficial role of social networking sites (SNS) in providing access to supportive mental health content. The aims of the study and the structure of the thesis are also presented.

### **1.1. Mental Health in University Students**

Mental health disorders have been identified as significant contributors to morbidity and disability in the global population (World Health Organization, 2018). There is evidence that a substantial portion of university students globally have mental health difficulties: an International College Student Project by the WHO found a lifetime prevalence of common mental disorders of 35.5%, and a 12-month prevalence of 31.4% in students across eight countries, including South Africa (Auerbach et al., 2018). Similarly, in a study with first-year students at two South African universities, the 12-month prevalence of a common mental health diagnosis was 31.5% (Bantjes et al., 2019), higher than the 12-month prevalence rate in the general South African population (Williams et al., 2008). These studies point to the alarming prevalence of mental health challenges amongst university students. Research has further found that the mental health difficulties faced by students have increased in prevalence and severity over time (Oswalt et al., 2020;).

The years that young people spend in university are part of emerging adulthood, which is marked by increased yet not complete autonomy from parents, and marked shifts in social roles and relational instability, which all have potential mental health implications (Auerbach

et al., 2018). Moreover, there are psychosocial factors that are unique to students living in the current age, including ever-growing dependence on technology and an increase in the presence of students of colour from low socioeconomic backgrounds who are often first-generation students or are from immigrant families, and thus struggle with a sense of belonging and adjusting to university (Stebleton et al., 2014; Watkins et al., 2011). In South African universities, financial difficulty has been recognized as a prominent stressor in the state of the mental health of students, and first-generation students are at an elevated risk of academic failure and, subsequently, mental health challenges (Bantjes et al., 2020; Van der Walt et al., 2020). Other contextual factors that have been found to influence mental health difficulties amongst South African university students are increased competition amongst university students, studying in a second language, cultural alienation and being underprepared for higher education (Van der Walt et al., 2020).

A recent challenge that university students have faced is carrying out their studies amid the COVID-19 worldwide pandemic. This global pandemic necessitated a rapid and unprecedented transition in teaching and learning, that led to students experiencing anxiety and fear about the pandemic itself, as well as anxiety, uncertainty, stress and sleeping problems in response to having to adjust to new learning environments (Drissi et al., 2020; Jiang, 2020; Lai et al., 2020; Son et al., 2020). In a study conducted in the United States, 71% of students reported that their stress and anxiety had increased due to the COVID-19 pandemic and only 5% reported using mental health counselling services in response (Son et al., 2020). In a study in Switzerland, 85.5% of students reported symptoms of anxiety during the pandemic (Lischer et al., 2021), while a study with international students studying in the UK or USA found that 80% had moderate-to-high perceived stress during the pandemic (Lai et al., 2020). Moreover, a study evaluating the mental health impacts of COVID-19 found significant mental health consequences in the South African population, as well as a variety

of stressors that triggered a deep sense of anxiety, worry and rumination in 20% of adults (Kim et al., 2014).

Thus, it is evident that a greater number of university students need mental health services that cater to their unique challenges, now more than ever.

## **1.2. Treatment Access and Help-Seeking in University Students**

Numerous studies have found that untreated mental disorders are highly prevalent in student populations globally. For example, a World Health Organization survey initiative found that only 16.4% of students with 12-month disorders received treatment, signaling a high unmet need amongst student populations globally (Auerbach et al., 2018; Bruffaerts et al., 2019). In Portland State University, it was further found that 89% of students who had never used on-campus services were unsure about how effective these would be (Beebe, 2017). Moreover, a study exploring the underutilization of mental health services among college students reported that less than half of the students who needed such services utilized these, despite their being available on-campus (Marsh & Wilcoxon, 2015). Untreated mental disorders are highly prevalent in university students in South Africa too: only 28.9% of first-year university students with a common mental disorder receive treatment, with the likelihood of receiving treatment being lower for students who identified as black, and in this way historical inequities in treatment access are still being perpetuated (Bantjes et al., 2020).

There are numerous barriers to university students accessing mental health treatment.

Research has shown that stigma is one of the greatest barriers to help-seeking for people with mental health difficulties. Stigma has been characterized as a social construct, with categories such as culture, ethnicity, and the norms and societal beliefs associated with said categories affecting how people with mental health difficulties are received by their families, peers and communities (Corrigan et al., 2014). Stigmatized beliefs about mental health difficulties are

associated with lower help-seeking behaviour in university students (Hunt & Eisenberg, 2010). In universities, the pressure to thrive academically has been identified as a factor in the belief that having mental health issues is an indication of the failure to succeed in the academic world (Wada et al., 2019).

Other treatment barriers found in the South African population are a lack of knowledge about mental illness symptoms, the belief that recovery is possible without treatment, not knowing where to go for help, as well as feeling embarrassed for needing help (Sorsdahl et al., 2010). A lack of knowledge and awareness in university students has also been identified as a factor that further perpetuates stigma, often leading to students choosing to remain quiet instead of seeking help (Wada et al., 2019). Students have also reported not having enough time to factor in mental health care, as well as being nervous about speaking to a therapist, as further barriers to help-seeking (Beebe, 2017). Young people and university students have further specifically been evidenced as being self-reliant, ultimately choosing to rely on themselves or even their peers as opposed to seeking external help for their difficulties (Ebert et al., 2019; Gulliver et al., 2010). Finally, it has been noted that although services exist on campus, they have waiting lists for individual counselling, which can stretch to be indefinite waiting periods for students (Beebe, 2017).

In the South African context, the high treatment gap in the general population has also been attributed to interventions that are not culturally sensitive and relevant to the local population as well as a lack of resources and adequate staff training in primary healthcare facilities (Lund et al., 2012; Vergunst, 2018). These contextual treatment barriers add to those already faced by university students.

Therefore, despite the high prevalence of mental health difficulties amongst university students, there remains low utilization of campus mental health services (even though these



are often free or very affordable) and of other treatment services. There is therefore an urgent need to identify alternative sources of mental health information and support that overcome some of the barriers of traditional mental health support and that are likely to yield better utilization by university students.

### **1.3. Social Networking Sites and Mental Health**

One of the novel ways that mental health information has recently been shared is through online platforms and social media networking sites. With the increase in smartphone and internet usage, SNSs have amassed large followings. SNS can be defined as “web-based services that allow individuals to...create a public or semi-public profile, communicate with a list of other users with whom they share a connection, and view their list of connections and those made by others within the system” (Boyd & Ellison, 2008, p. 112). Such platforms have been identified as an important space for self-expression and self-presentation, as well as a platform for connecting with people without having to meet them in person (Hene, 2015). SNS include sites such as Facebook, Twitter, Instagram and YouTube. SNS have attracted over 2.89 billion users thus far and are therefore a potentially powerful site to disseminate mental health information and support (The London School of Economics and Political Science, 2017). Instagram is the third leading SNS with over a billion people using the platform globally and it centralizes images rather than text, in comparison to sites such as Facebook and Twitter (Mosseri, 2020; Trifiro, 2018).

There has been concern about the negative mental health impacts of SNS (Pantic, 2014), however SNS can also potentially offer positive support to those struggling with mental health difficulties. Instagram is one of the SNS that have been found to have a strong presence of communities and support for people with mental health difficulties and active usage of Instagram has been linked to enhanced subjective well-being, as well as greater

social connectedness when a healthy pattern of usage is present (Trifiro, 2018). Thus, with the following Instagram has from young adults and the access to information that it grants to a wide population, it could be a powerful medium for the dissemination of information and support to aid people with mental health difficulties.

Finally, instances such as the COVID-19 pandemic have shown that there is a need for mental health support systems that can exist even without face-to-face interaction, and SNS are already-existing platforms that can bridge the gap when traditional mental health services are challenged. Although they may not offer the equivalent of a counselling or therapy process, they can potentially offer valuable mental health support in other ways.

There is therefore a need for understanding the kind of mental health information and support that is accessible on SNSs , so that the mental health risks that have already been identified in relation to SNS can be weighed alongside their possible benefits.

#### **1.4. Study Aims**

The aim of the current study was to explore the kind of mental health-related content that South African university students access on Instagram and how they use and experience this content. This was achieved through exploring frequency and patterns of use of mental health-related content on Instagram in a sample of South African university students, characterizing the type of mental health content that is being accessed by students, as well as exploring reasons why South African university students seek mental health-related content on Instagram and how they engage with this content.

## **1.5. Thesis Structure**

Chapter 2 will present a review of the relevant research on the topic of social media, its effects on mental health and how different SNS have been used for sharing mental health-related content.

Chapter 3 presents the methodology of the study, including research aims, study design, sample characteristics, data collection and analysis as well as the ethical considerations.

Chapter 4 presents the findings of the three phases of the study. Finally, Chapter 5 considers how the findings from the current study contribute to the existing literature and the limitations of the current study and recommendations for future research.

## **CHAPTER 2: LITERATURE REVIEW**

The purpose of this chapter is to review the relevant literature concerning mental health-related content on SNS. The chapter begins by giving an account of how social media came to be used for mental health-related information. It then presents the adverse and positive effects of social media on mental health. The chapter continues with presenting the mental health aspects of specific social networking sites (SNS) as well as a South African perspective on SNS and mental health, and ends with a conclusion concerning the relevant literature presented.

### **Literature Sources and Searches**

A search was conducted using Google Scholar as well as EbscoHost and Proquest databases to access research papers for the period 2010-2021 with the following keywords:

- University student, mental health, barriers, help-seeking, stigma, South African, mental health services, experiences
- Social media, mental health, content, Facebook, Instagram, Pinterest, Twitter, TikTok, YouTube, effects, South Africa

These were combined using “and”. Reference lists of the identified articles were also read through to identify other articles which may have been missed in the original search that seemed relevant to the current study. In total, 155 articles were identified. Of these, 73 were considered eligible after perusing each article, and used in the literature write-up.

## **2.1. The Genesis of Social Media Usage for Mental Health-Related Information**

One of the novel ways that mental health information has recently been shared is through online platforms and social media networking sites. The advent of social media has brought about innovative and unprecedented means of communication amongst users. Before the presence of social media, media communication was conducted through public broadcasting media which include television, newspapers and the radio (Miller et al., 2016). The rise of the internet brought about more private ways that information could be shared, using media of communication ranging from blogging to e-mail (Miller et al., 2016). More recently, SNS have grown increasingly popular and fall on different points of the spectrum ranging from private to public (Miller et al., 2016). Moreover, it has been argued that SNS differ in their target group, with some such as Facebook appealing more to older people in comparison and other such as Instagram appealing more to younger people (McIntyre, 2014; Miller et al., 2016).

Social media has increasingly become a preferred mode of human engagement, which many access through mobile devices or 'smartphones' that offer ease and immediacy in engaging with others (Wardi-Zonna et al., 2020). Beyond this, SNS have been used for shopping, romance-seeking, and discussion of hobbies and politics, amongst other uses (Wardi-Zonna et al., 2020). SNS have also become a medium through which a wide range of mental health information from professionals and laypersons has been shared and engaged with (Wardi-Zonna et al., 2020).

SNS have been identified as an important space for self-expression and self-presentation, as well as a platform for connecting with people without having to meet them in person (Hene, 2015). Through SNS, users can share their opinions, beliefs, personal anxieties and desires in ways they would not be given the opportunity to in real life (Kaluzeviciute, 2020).

Moreover, the usage of SNS by professionals has recently boomed, with many professionals and service users utilising them as platforms for professional communication (Wardi-Zonna et al., 2020). Mental health professionals have specifically begun using SNS to offer psycho-education and promote their services (Kolmes, 2012). This has been welcomed by many as it has offered different ways of delivering psycho-education and therapy information in innovative ways that are relevant to the digital age (Creaner, 2015). Phenomena such as the Insta-therapist (mental health professionals who use Instagram to share mental health information and resources), therapy influencers (individuals who share easy-to-digest mental health information on SNS and have access to a wide range of followers) and therapy-speak (the language of psychology making its way into everyday language, eg, mass adoption of terms such as trauma, depression, and others) are increasingly flooding SNS (Li, 2019; Waldman, 2021). While some of this content is posted by people sharing their personal experiences with mental health difficulties, other content is posted by licensed mental health professionals offering easy-to-digest information that debunks therapy myths, offers tips for self-care, and shares affirmations that users can apply in their own lives (Li, 2019). The utilization of SNS by mental health professionals for such efforts aligns with the current digital culture, with the presence of social media being a critical part of people's daily lives (Nelson & Nelson, 2010).

## **2.2. Adverse Effects of Social Media on Mental Health**

To date, most of the research conducted on psychological aspects of SNS has focused on the adverse effects of social media usage.

It has been found that social media usage can be associated with lower self-esteem and feelings of depression, as well as other general mental health problems, possibly due to comparing oneself unfavourably with others (Pantic, 2014). A focus group study on social

media and adolescent mental health conducted in the United Kingdom found that social media usage resulted in low self-esteem and fear of missing out (FOMO) in some adolescents (O'Reilly, 2020). The adolescents in the focus group mentioned that bullying and trolling (personal attacks on social media) contribute to the 'ugly' side of social media (O'Reilly, 2020). A different study concerned with social media screen time and poor adolescent health found that greater time spent on social media was associated with lower self-esteem, especially in females (Barthorpe et al., 2020). Similarly, a United Kingdom millennial study found an association between high social media usage and low self-esteem, with low self-esteem being linked to higher body weight dissatisfaction (Kelly et al., 2018).

Another aspect of the adverse effects of social media on mental health has to do with the time spent on social media. Extensive and prolonged usage of SNSs has been linked to increased feelings of loneliness as social media replaces face-to-face interactions with people (Naslund et al., 2020). A review concerned with digital-media usage and mental health further highlighted that more frequent usage of digital-media has been found to be associated with lower well-being among adolescents and that more frequent digital-media usage disrupts the face-to-face social interactions that adolescents would otherwise be able to partake in (Twenge, 2019). Thus, it has been suggested that restricting the time spent on digital-media may be beneficial for the mental health of those who use digital-media (Twenge, 2019). A questionnaire-based study examining the outcomes of problematic Instagram usage found that problematic Instagram usage was associated with symptoms of depression and anxiety and elevated body image dissatisfaction (Yurdagul et al., 2021). As such, the literature suggests that it is not SNS usage, but problematic SNS usage that has adverse effects on the mental health of users.

Much of the existing research on the relationship between SNS and negative mental health is cross-sectional and correlational in nature and unable to demonstrate a clear causal relationship between social media usage and negative outcomes (Pantic, 2014). A review of the influence of social media on the mental health of adolescents additionally found that, although there was a general correlation between social media use and mental health problems, there are various mediating and moderating factors such as insomnia and sleep-related factors, perceived social support and rumination, amongst others (Keles et al., 2020). It was further suggested that it may be that particular attitudes and behaviours such as social comparison and motives for SNS usage have a greater influence on psychopathological symptoms than SNS usage patterns and popularity (Keles et al., 2020). The current state of literature on adverse effects of social media therefore suggests that the relationship is complex and the factors that may contribute to or exacerbate the relationship between social media and mental need to be further investigated (Keles et al., 2020; Sharma et al., 2020).

Despite the possible adverse effects of social media on mental health, there are also possibilities for SNS to offer mental health benefits, as will be discussed below.

### **2.3. Positive Effects of Social Media on Mental Health**

Mental health benefits arising from SNS range from belonging to online communities that are independent of geographical location, access to psycho-education and to mental health professionals, as well as the presence of mental health promotion.

SNS offer the unique opportunity of belonging to a community that reaches beyond one's geographical location. Users, especially those without social networks in real-life, use SNS to build online relationships (Sharma et al., 2020). The support of online communities on SNS such as Reddit, a content rating and discussion-based platform, has been reported as empowering and social media has been recognized as being a resource that enables people to



understand illnesses from a patient's perspective (Gkotsis et al., 2016). This was identified through the analysis of subreddits, which are communities on Reddit that are topic-specific, and user engagement concerning mental health-related content on said subreddits (Gkotsis et al., 2016). Online communities also allow for the visibility of the experiences of those with mental health difficulties, which are often unseen (Feuston & Piper, 2018).

In several studies, SNSs have been used successfully as platforms for disseminating knowledge about mental illness, such as the usage of a Facebook advertisement to disseminate information about first-episode psychosis as well as the usage of YouTube as a tool to deliver information about schizophrenia, which were both found to reduce stigma (Lam et al., 2017; Woo, 2019). Moreover, in a study exploring possible opportunities to support mental health care through social media, 85% of the young adults sampled expressed interest, showing that young adults are indeed open to accessing evidence-based mental health services through social media (Naslund et al., 2020).

A review of the benefits, risks and best practices for health care professionals who use social media for networking, education, health promotion and patient care and education highlighted that Instagram has been used by mental health professionals to share evidence-based information with users, while allowing the users to participate (Ventola, 2014). An example of patient participation is that of joining online communities, participating in discussions, making posts, etc, in response to or based on the evidence-based information shared by mental health professionals (Ventola, 2014). Through the dissemination of mental health-related information on SNS, practitioners and organizations can reach larger audiences through cost-effective means, and more instantaneously than other methods (Neiger et al., 2012).

A systematic review of evidence regarding SNS usage in supporting the mental health of young people aged up to 25 years old found that there was positive feedback concerning peer-to-peer support on SNS, with users expressing that their most valued aspect was the ability to connect with others who were of a similar age, with whom they had shared challenges, backgrounds and experiences (Ridout & Campbell, 2018). The review also found evidence for the potential of SNS-based mental health interventions ranging from online social therapy to a mobile app that provided peer-to-peer support and psycho-education (Ridout & Campbell, 2018). Although most of the interventions reviewed had a high level of engagement and positive feedback from the users that took part in them, the most preferred interventions were ones with expert moderators who had clinical experience present (Ridout & Campbell, 2018). Based on such findings, it has become increasingly evident that SNS have played a significant role in the newer ways that individuals communicate about mental health (Record et al., 2020). However, the efficacy of the mentioned interventions in reducing mental health symptoms remain unknown and consequently, more research is needed to examine how helpful the interventions are (Ridout & Campbell, 2018).

It is evident that social media usage can be both negative and positive. The literature on social media and mental health thus far demonstrates that it can be beneficial and that there is potential for it to be used in ways that are helpful, while also demonstrating that there increased SNS is associated with negative mental health. The findings related to mental health aspects of specific SNS are reviewed below.

#### **2.4. Mental Health Aspects of Specific SNS**

##### **Facebook**

Facebook is a social networking platform that enables social connectedness through user-generated content such as pictures, status updates that follow a micro-blogging process, the

ability to comment on said pictures and updates, as well as joining groups where individuals can connect over shared interests (Köbler et al., 2010). Although the intention behind Facebook is to foster connectedness, it has been found to have some adverse mental health effects.

One of the adverse effects of Facebook is on user self-esteem. Facebook has been associated with dissatisfaction with life as users tend to perceive the lives of others as better than their own and other users as happier than them (Chou & Edge, 2012). However, this was found to be true only for individuals who had more Facebook friends that they did not know personally (Chou & Edge, 2012). Facebook has further been associated with body image concerns, as there are opportunities to make comparisons against the idealised images that users post on Facebook (Tiggeman & Slater, 2017). Facebook use has also been associated with developing eating disorders and an increased pressure to maintain idealised weights and body shapes (Mabe et al., 2014). However, it has been found that in some instances, the selective self-presentation that enables users to carefully pick which aspects of themselves they want to emphasize through the content they share that is offered by Facebook enhances the self-esteem of users (Gonzales & Hancock, 2011).

Individuals with high social anxiety have reported more problematic use of Facebook (Lee-Won et al., 2015; McCord et al., 2014). Problematic Facebook use is characterised by users using SNS as coping mechanisms so as to escape their reality (Yurdagul et al., 2021).

Moreover, a study investigating associations between internet usage, depression and Facebook intrusion, which is characterised by individuals' Facebook usage being disruptive to their day-to-day lives and interpersonal relationships, found that depression can be a predictor of Facebook intrusion (Błachnio et al., 2015). Problematic Facebook use and

Facebook intrusion often have adverse effects on users, affecting real-life relationships, sleep, eating patterns and day-to-day responsibilities (Yurdagul et al., 2021).

Finally, SNS such as Facebook and Twitter have been associated with adverse mental health in black women, especially concerning the endorsement of the strong black woman ideal on SNS (Stanton et al., 2017). The strong black woman ideal emphasizes constant strength and resilience in black women which black women are expected to live up to (Stanton et al., 2017). Black women who were more accepting of the strong black girl ideal, seen in hashtags such as #BlackGirlMagic and #CarefreeBlackGirl, alongside black-oriented content, were found to be at a greater risk for depression and negative mental health symptoms (Stanton et al., 2017).

Conversely, Facebook has been found to have some positive effects, such as social connectedness and the sharing of mental health-related information. In a study that investigated the helpfulness of Facebook support groups, participants highlighted that they valued opportunities to interact with each other outside of in-person support groups and that they found the content posted by other participants to be helpful (Naslund et al., 2016). This was also true for adolescents in a separate study, who found Facebook support groups helpful for connecting with others with similar experiences and exchanging information about mental health resources (Lerman et al., 2017). A study comparing university students' emotional connection to, and time spent on, Facebook found that students' emotional connection to Facebook became more positive in their later college years when used to connect with peers, (Kalpidou et al., 2011). Moreover, Facebook has been found to have different psychological effects across generations, with younger people (18-29) scoring higher on a negative Facebook body image scale, having more difficulty controlling Facebook use and being more socially fulfilled by Facebook use in comparison to older people (50+) (Hayes et al., 2015).

## Twitter

Twitter is a social networking platform characterised by the posting of brief messages called ‘tweets’ of up to 280 characters in length (McClellan et al., 2017). Individuals can read and respond to tweets using the comment and quote tweet functions, users can repost others’ tweets to their own Twitter feed through the retweeting function, and Twitter hashtags (topics or names preceded by a “#”) can be posted alongside a tweet (McClellan et al., 2017). The hashtag function allows users to view all the posts related to a particular subject, for example, a #MentalHealth hashtag would pull up tweets made by users across the platform with the #MentalHealth hashtag attached (McClellan et al., 2017). Tweets are visible to the public unless marked as private by users, or unless users have made their accounts private (McClellan et al., 2017).

Twitter is further characterised by user-generated content, which enables users to express themselves on their terms. A study analysing the discourse around mental health on Twitter found the discourse to be more diverse and less stigmatised than the discourse that can be found in traditional media (Pavlova & Berkers, 2020). The discourse was inclusive and concerned mostly with creating awareness and encouraging conversations about mental health (Pavlova & Berkers, 2020). A similar study analysing the tweets attached to a depression-related hashtag, #MyDepressionLooksLike, found that the conversation about depression was somewhat normalised on the Twitter platform (Lachmar et al., 2017). The hashtag revealed seven themes: “dysfunctional thoughts, lifestyle challenges, social struggles, hiding behind a mask, apathy and sadness, suicidal thoughts and behaviours, and seeking relief” which all spoke to the realities faced by those struggling with depression (Lachmar et al., 2017, para. 11). Thus, Twitter users are comfortable enough on the platform to discuss their mental health struggles and engage in general mental health-related discourse.

Research has also explored the use of Twitter as a platform through which feedback on users' experiences of mental health care can be received. A study by Shepherd and colleagues (2015) found that individuals were open to discussing their experiences, with individuals highlighting the features of mental health care that they find important, which included understanding what a diagnosis implies for the individual as well as the importance of therapeutic relationships (Shepherd et al., 2015). It has been suggested that because it does not require face-to-face interaction, the conversations unfolding on the Twitter platform buffer the fear otherwise associated with social interaction and foster support for those experiencing depression (Lachmar et al., 2017).

## **YouTube**

YouTube is a video-sharing social networking platform on which users can upload and view videos posted by others. As mentioned, YouTube has been used to deliver information about schizophrenia that was found to reduce schizophrenia-related stigma (Lam et al., 2017). User-generated videos representing perspectives, personal experiences and videos sharing expert mental health-related knowledge have also been identified on YouTube, where videos sharing stories and knowledge engaged more views than those sharing personal experiences (Choi et al., 2021). A study investigating the presence and contents of non-suicidal self-injury first aid videos on YouTube found that such videos did not encourage nor discourage non-suicidal self-injury and that they may be contributing to the reinforcement of it (Lewis & Knoll, 2015). Although there isn't a wealth of literature on YouTube and mental health-related content, what is clear is that in the instances that it has been used for such content, users have welcomed and viewed the content.

## **TikTok**

TikTok is a relatively new video-sharing social networking platform on which users can upload short videos that can be liked, shared and saved by other users (Zenone et al., 2021). TikTok has been used for health information dissemination under multiple circumstances and more recently, it was used by China during the COVID-19 outbreak to share information concerning the virus (Qiu et al., 2020). Tiktok has previously been used for the sharing of diabetes-related videos and the uploaders were found to range from health professionals to non-profit organizations (Kong et al., 2021). As such, the platform has been employed for more than the sharing of personal videos and challenges. Mental health-related videos on the platform can be found through searching hashtags such as #MentalHealth, which received over 17 billion views from 2021, showing that mental health-related stories and information receive significantly high engagement and viewership from users (Zenone et al., 2021). As such, TikTok seems to be a viable platform for the dissemination of mental health-related information but there are concerns around who is sharing such information and whether the information shared is credible (Zenone et al., 2021).

## **Pinterest**

Pinterest is an image and video-based SNS that enables users to save and discover information through what is called 'pinning', which is when users save the information they access on virtual pinboards (Eyre et al., 2020). Pinterest allows users to search for 'pins' relating to the themes they want, save them to their pinboards and click on a 'pin' if they want more information (Eyre et al., 2020). There is mental illness related content present on Pinterest but there has been less research conducted on mental health-related content on Pinterest in comparison to other SNS. One study investigating how depression is portrayed and spoken about on Pinterest found that the content reflected coping strategies that are

dysfunctional as well as content highlighting the seriousness of depression (Guidry et al., 2016).

Pinterest has recently received recognition for being an example of responsible innovation in mental health. In response to users searching for pins related to mental health difficulties, Pinterest introduced evidence-based practices which ‘pop-up’ for users to access (Eyre et al., 2020). The privacy of users was ‘honoured’ by not linking the interactions they had with their accounts, not tracking their usage of the practices and anonymously storing records of user activity related to the practices (Eyre et al., 2020). Pinterest has claimed that these practices were introduced to make for a more compassionate and actionable user experience on its platform (Ta, 2019). Pinterest has further put certain practices in place for its employees, hosting expert-led talks such as ‘Ask a Therapist About Therapy’ and closing its offices down on certain days so employees can practice self-care while disconnected from work (Greenwood, 2021).

## **Instagram**

Instagram is an SNS whose main ‘selling point’ is enabling users to take photographs and videos, share them on the platform, and have others on the platform engage with their posts (Frommer, 2010). Like Twitter, Instagram enables users to use hashtags, which are topics or names preceded by a “#” and can be posted as part of a picture caption (McClellan et al., 2017). Instagram, like Twitter, makes photos and videos visible to the public unless users have made their accounts private (McClellan et al., 2017). A study aimed at understanding why individuals use Instagram found that motives such as documentation of moments in people’s lives, watching what others are doing, being on a forum that is popular and relevant, as well as sharing one’s creative talents with others were driving forces behind Instagram usage (Sheldon & Bryant, 2016).



Much of the research around SNSs has highlighted its adverse effects. These include studies that have found that the usage of SNS, including Instagram, can be associated with the triggering of depressive symptoms, increased feelings of loneliness and general mental health problems (Keles et al., 2020; Naslund et al., 2020; Pantic, 2014). There have also been concerns around users consistently posting content about mental health difficulties. The main concern is that consistently posting content about mental health difficulties on Instagram could become an identifying characteristic for the individual, and that getting social support in the form of positive feedback could inadvertently encourage the individual to remain in a negative state simply because it is “on brand” (Andalibi et al., 2017). Moreover, McCosker’s and Gerrard’s (2021) study on hash-tagging depression on Instagram found that content on self-harm and eating disorders may normalise harmful behaviour.

An investigation of the link between social media use and an unhealthy focus on eating healthily, conducted by means of an online survey of social media users following health food accounts, found that higher Instagram usage is associated with a greater tendency towards an unhealthy focus on eating healthily (Turner & Lefevre, 2017). Similarly, an analysis of images which depict and promote eating disorders and self-harm on Instagram further found that there exists an online Instagram community that promotes eating disorders and shares self-harm images, which has been suggested to glamourize self-loathing (Tanner, 2015). Another study found that photo modification (re-touching selfies before sharing them to create a more idealised version of oneself) may increase the risk of eating disorders as a result of ruminating on eating, body shape as well as body weight in female Instagram users with fixed mindsets about how they ought to look (Lee-Won et al., 2015). As such, the research that has been conducted thus far highlights body image issues as one of the possible adverse effects of Instagram use.

Instagram users have further been found to be prone to social comparison. A survey study investigating the impact of Instagram social comparison on depression found that Instagram use in and of itself does not increase depression, but that greater Instagram social comparison is associated with depression (Hwnag, 2019). This echoes the findings from a different survey study exploring the effects that Instagram can have on mental health, in which participants who were high users of Instagram reported being less depressed, showing that Instagram itself does not necessarily trigger mental health difficulties (Carr, 2020).

While there are adverse effects of using Instagram, there are positive uses for the platform as well. As is true of the previously mentioned SNSs, Instagram also offers learning and increased access to information (Goodyear et al., 2019). This ranges from the sharing of helpful information such as coping strategies to health care professionals sharing evidence-based information (Ventola, 2014). Thus, health care professionals can utilize social media to share health information and increase awareness around health issues for the benefit of the global community, or they can utilize social media to disseminate research, share ideas and network with fellow health care professions (Ventola, 2014).

Instagram further allows for the visibility of the experiences of those who live with mental health difficulties, which has increasingly normalised mental health difficulties and seeking help for such difficulties (Feuston & Piper, 2018; Record et al., 2020). Alongside this, Instagram has been found to have content that promotes positive mental health. A semantic analysis of content tagged with the #MentalHealthArt hashtag on Instagram found that this artwork promotes mental health awareness through drawings and paintings (Griffith et al., 2021). A study assessing how university students use Instagram for mental health disclosure further found that in the United States, students prefer not to post mental health disclosures on Instagram, but the same participants reported that their Instagram posts are reflective of

their lived experiences, and some reported having second anonymous Instagram accounts on which they disclose their mental health difficulties (Budenz et al., 2020).

Instagram also offers communities that can be found through hashtags. Where mental health difficulties are concerned, communities such as the #selfharm and #depression communities are some that have been analysed (Andalibi et al., 2017; Record et al., 2020). It has been found that the people using these hashtags share their lived experiences with mental health difficulties and receive social support that communicates that they are cared about and valued by others (Record et al., 2020).

The literature on SNSs and mental health-related content reflects possible adverse effects of such sites on user mental health but also that SNSs are increasingly being used to facilitate online communities through which, amongst other things, strategies for coping with mental illness and seeking support or information can be shared (Lal & Adair, 2014; Naslund et al., 2014). Much of the suggestions by researchers have echoed the concept of responsible innovation, which is concerned with “meeting ethical and social principles, by designing products and services to identify and manage risks to sustainably address the needs of, and challenges faced by, users” of SNSs (Eyre et al., 2020, p. 728). It is thus evident that while there are positives to the presence of mental health-related content on SNS, there remains a need for SNS to be safer for users and for there to be ways of ensuring that SNS contain credible information.

### **2.5. Social Networking Sites and Mental Health: A South African Perspective**

The literature around SNSs within the South African context is quite limited. One study reviewed the opportunities and challenges of social media usage for health promotion in South Africa and found that social media has great potential of being effective as a medium for health promotion (Mwaura et al., 2020). The review found that SNSs were found to be

important sources of information during the COVID-19 virus outbreak as well as the Ebola outbreak (Mwaura et al., 2020). Moreover, the review suggested that the high number of cell phones in South Africa, which influences how many people have access to SNSs and, consequently, information shared on SNSs, shows the potential of SNSs to share correct health information as well as to encourage behaviour change in individuals (Mwaura et al., 2020). There is, as yet, no research on how mental health-related content on SNS is used in South Africa.

## **2.6. Conclusion**

While there is a wealth of literature exploring cyberpsychology, which is concerned with how the internet has transformed how we interact, communicate, and perceive ourselves, as well as how mental health interventions can be delivered through e-health (electronic methods) and/or m-health (mobile technology,) , the current study is concerned specifically with social media and how it is utilized for accessing mental health related information. Although the current literature relevant to social media and mental health weighs in on both the adverse and positive and sometimes beneficial effects of social media usage, what seems to be a widely agreed upon is that an increasing number of people are using SNS to access information that they are curious about. Moreover, the consensus is that there ought to be further research on this, especially given that current culture is largely technology-based.

Instagram is the third leading SNS with over a billion people using the platform globally, and is set apart because it centralizes images and not text, in comparison to sites such as Facebook and Twitter (Mosseri, 2020; Trifiro, 2018). Previous studies have looked mostly at the effects of Instagram usage on the psyche, but little remains known about the actual mental health related content that is disseminated through Instagram. Thus, there is room to explore

how individuals interact with the information they access on Instagram, how they use it and how they are affected by it, which the current study sought to do.

## **CHAPTER 3: METHOD**

This chapter describes the method employed in conducting the current study. The research aims are described and the mixed method study design used to achieve these aims is outlined. Details of sampling are then provided. The methods of data collection and analysis for each of the three stages of the study are described. The chapter then closes with a discussion of the relevant ethical considerations.

### **3.1. Research Aims**

The study had the following specific aims:

- 1) To explore frequency and patterns of use of mental health-related content on Instagram in a sample of South African university students;
- 2) To characterise the type of mental health content that is being accessed;
- 3) To explore the reasons why South African university students seek mental health information and advice on the Instagram platform and how they use and experience this content.

### **3.2. Study Design**

As there is little existing information on how young adults in South Africa use Instagram for mental health purposes, this study adopted an explorative approach. A sequential mixed methods approach was used to collect both quantitative and qualitative data on use of mental health content on Instagram (Creswell, 2009).

When selecting a mixed methods procedure, timing, weighting and mixing are three key aspects that are taken into account. Timing is concerned with whether the data collection phases will happen at the same time (concurrently) or with either the qualitative or quantitative phase happening first (sequentially) (Creswell, 2009). In the current study, a

sequential approach was taken, with the quantitative phase being followed by the qualitative phase of the data collection. Moreover, weighting is the priority given to either qualitative or quantitative data in a study (Creswell, 2009). In the current study, the qualitative data collected was prioritized, as the key was to unpack individuals' experiences by generating themes. Finally, mixing refers to how the qualitative and quantitative data in a study are combined (Creswell, 2009). In the current study, the two methods of data collection were connected, as the quantitative data was used for, amongst other things, identifying Instagram accounts and general patterns of Instagram use. As such, the quantitative data was critical in the unfolding of the qualitative phase of the study.

A mixed-methods approach was ideal for this study as it sought not only to explore the kind of content that South African university students access on Instagram but how it is used to inform their mental health knowledge and behaviours as well. A mixed-methods approach was moreover helpful when unpacking the complex and layered aims of the current study as a quantitative approach allowed for the collection of frequency or descriptive data from the sample about how SNS relates to mental health, while a qualitative approach allowed for the in-depth exploration of lived experiences of the mental health aspects of SNS. A mixed methods approach thus allowed for the prioritization of both quantitative and qualitative data, which consequently allowed for the understanding of different facets of mental health-related content on Instagram.

### **Phase One: Online Survey**

An initial phase of collecting basic quantitative and qualitative data via an online survey was followed by a deeper qualitative exploration of data yielded by the survey. The survey explored frequency and patterns of using mental health content on Instagram and the type of content accessed by participants and also gathered qualitative data on whether, and how, the

accessed content is experienced as helpful or unhelpful. A survey was used because surveys are an efficient method of collecting data that describe a large sample in a relatively quick manner (Ponto, 2015). An online survey was selected for the study primarily because the study was conducted during the COVID-19 pandemic with the student population in which the study was conducted was attending lectures virtually, so an online survey granted the researcher access to a large sample of individuals in different geographical locations (Wright, 2005).

### **Phase Two: Instagram Content Identification and Analysis**

The most commonly used Instagram accounts identified by the survey participants were subjected to a content analysis to identify the main types of mental health-related content being posted on selected Instagram accounts. The process of content analysis is concerned with finding and describing meanings within texts and in this instance, the meanings within the content being posted on the identified accounts were explored and categories of the most commonly appearing types of content were established (Hsieh & Shannon, 2005).

### **Phase Three: Semi-Structured Interviews**

Semi-structured interviews were conducted with a small sample of students who use Instagram to access mental health-related content. The interviews allowed for a deeper qualitative exploration of the reasons and motivations for using Instagram for mental health purposes and of how the participants experience and engage with the content available on Instagram accounts related to mental health. The methodology of each stage is further described in subsequent sections of this chapter.



### **3.3. Sample**

#### **Stage 1: Online Survey**

A non-probability convenience sampling method was used for the online survey. An advert was circulated to all Psychology students from first year through to Honours through the first semester online learning sites for each course. The advert invited students who have an Instagram account and have used it to access any mental health content to take part in a brief survey (See Appendix A). The survey was only offered in English, as English is the medium of communication and study at the University of Cape Town. As such, it was assumed that students could understand the survey and give satisfactory responses. Students could earn a course credit for research participation by taking part in the study, through the UCT Psychology Department's Student Research Participation Programme (SRPP). Students who volunteered to participate had to complete an online consent form (see Appendix B) before accessing the survey content.

The demographics of the sample are presented in Table 3.3.1 below. There were a total of 335, of which 79% were female, 17% were male and 3% identified as non-binary. The majority of participants were English speakers, followed by African language speakers and then a minority of Afrikaans speakers. "Other" language was indicated by 4.5%, which included a combination of Shona, Portuguese, French, Mandarin, Swahili, Otjiherero and Gujarati speakers. Half the sample was in their first year of study, a third were in their second year, followed by third-year and then a minority of postgraduate students.

**Table 3.3.1.***Descriptive Statistics for Sample Demographics (n = 335)*

Variable		Frequency	%
Gender	Female	266	79.4
	Male	57	17
	Non-binary	9	2.7
	Prefer not to choose	3	0.9
Home Language	Afrikaans	7	2.1
	English	199	59.6
	IsiZulu	37	11.1
	IsiXhosa	37	11.1
	IsiNdebele	0	0
	SeSotho	11	3.3
	SeTswana	4	1.2
	XiTsonga	7	2.1
	XiVenda	4	1.2
	Swati	6	1.8
	Other		4.5
Missing	1		
Year of Study	First year	168	50
	Second year	104	31
	Third year	51	15
	Fourth year undergraduate	9	2.7

Post-graduate	0	0
Other	3	0.9
Missing	1	

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The mean age of the sample was 19.8 years. The youngest student was 17 years old while the oldest student was 39 years old.

### **Stage 2: Content Analysis of Instagram Accounts**

Information from the online survey was used to identify the ten most commonly accessed mental health-related Instagram accounts among the survey sample. The ten most recent posts from each of these accounts, dating until the 25<sup>th</sup> of May (ie, 10 posts on each page with the last one being that which was posted on the 25<sup>th</sup> of May), were selected for analysis and a total of 100 posts were therefore included in the selection process. From the 100 posts that were selected, ninety-seven of the posts were mental health-related and were consequently used in the analysis phase. Three of the posts were miscellaneous and were excluded from analysis.

### **Stage 3: Interviews**

At the end of the survey, students were requested to email the researcher if they were willing to take part in an interview later in the semester for another SRPP credit. The inclusion criteria for the semi-structured interviews were having an Instagram account and being an active user who accesses mental health-related content on Instagram.

Nine students, all of whom all met the inclusion criteria for the study, emailed the researcher. Of these, one was interviewed. The remaining eight students were sent a consent form with a request to choose a day and time for the interview to be conducted but they did not respond.

An advert was then sent out through the Vula student sites to recruit more participants (see Appendix D). Forty-three students responded to the advert. The researcher then sent consent forms and requests to choose a day and time for the interview to be conducted to the first fifteen students who responded to the advert and met the inclusion criteria. Of these fifteen, only six responded with signed consent forms and all six were interviewed. Therefore, in total, seven participants were interviewed, of whom one was male and six were female.

### **3.4. Data Collection**

#### **Stage 1: Online Survey**

The online survey was developed for this study. A series of questions exploring how individuals interact with the information they access on Instagram, how they use it and how they are affected by it was developed by the researcher and supervisor. The survey can be viewed in Appendix C. Participants were first asked to provide some demographic details, including age, year of study, gender and home language. The survey then asked participants questions about how active they are on Instagram and whether they access mental health-related content on Instagram. If they responded yes to the latter, they were asked a series of closed-ended and open-ended questions. The closed-ended questions with set responses included what kind of mental health content they access, how they access mental health-related content on Instagram and how helpful they find the mental health-related content they access. The open-ended questions in the survey included listing the Instagram accounts they access, describing mental health content they access that was not listed in the response options of the previous survey item, and explaining why the content they access is helpful or not helpful. They were then asked to email the researcher should they be interested in taking part in the interview phase of the study.

## **Stage 2: Content Analysis**

All of the Instagram mental health accounts listed by the survey participants were extracted, listed on a separate spreadsheet, and then tallied. The ten accounts that were listed with the greatest frequency were selected for the content analysis. The researcher then used Instagram to access each of these sites and select ten of the most recently posted posts on each account. A screenshot of each of these posts was taken and stored on the researcher's laptop for analysis.

## **Stage 3: Interviews**

Participants who volunteered to be interviewed contacted the researcher via email. The researcher then emailed each volunteer a consent form containing information about the study, the interview, what the data from the interview will be used for and any risks and benefits related to the study (see Appendix E). Once participants were confirmed, Zoom invitations were sent for a date and time convenient for the participant. As interviews were conducted virtually, the researcher recorded them using the Zoom platform and a separate device when some technical challenges were experienced. The recorded material was later transcribed by the researcher.

The interview schedule can be viewed in Appendix F. The main areas explored in the interview were the types of mental health-related content that the participants access and why, what messages they think the content that they access relays to users, how the content they access makes them feel, how they use the accessed content in their daily lives, and what kind of mental health-related content they would like to see more of on Instagram.

All the interviews took place on Zoom. In preparing for the interview process, the researcher ran a test Zoom interview with an individual who was not part of the study to ensure that the

platform was working efficiently. The researcher also ensured that the setting was comfortable, free from disruptions, and private, as the information shared by participants was confidential.

At the beginning of each interview, the researcher reminded each participant that, as per the consent form, the interview would be recorded. The interviews were recorded using a phone voice recorder separate device as the researcher experienced technical difficulties with her Zoom application. The researcher then introduced herself and reiterated the aims of the study, what the information would be used for and the format of the interview. The researcher then asked if participants had any questions before beginning the interview and none of the participants had questions. The researcher then began asking questions guided by the interview schedule. Some of the questions asked were unique to each participant and arose from the responses given by the participants. Upon completing the interview, the researcher asked each participant if they had any questions, asked participants to share their SRPP information so they would be awarded their participation point and went on to stop and save the recording. The researcher then emailed the recordings to her secure UCT email account, deleted them from the separate device they were recorded on, and saved them on her password-protected laptop.

By the seventh interview, there were no new themes emerging. As such, the researcher did not see it necessary to recruit more participants for the interview phase of the study.

### **3.5. Data Analysis**

#### **Stage 1: Online Survey**

Descriptive statistics were used to describe the demographics of the sample, as shown in Table 3.3.1 above. Descriptive statistics were also used to describe the frequency of Instagram usage, type of mental health content accessed, Instagram accounts most frequently

accessed by participants, and perceived helpfulness of mental health-related Instagram content, according to the response options selected by participants for each of these items on the survey. The mental health-related Instagram accounts listed by participants were tallied and organised by frequency to allow for selection of accounts to include in the subsequent content analysis stage.

The open-ended responses regarding why content was viewed as helpful or unhelpful were coded using an inductive content analysis process. Inductive content analysis is a form of content analysis, which is a process of analysis that allows the researcher to describe phenomena at the theoretical level in an objective and systematic manner (Kyngäs, 2020). Content analysis can be used to describe different types of text, such as interview transcripts and speeches, and extends to images (Kyngäs, 2020). Moreover, content analysis is often used to describe individuals' experiences and perspectives (Kyngäs, 2020), which is a characteristic that the researcher found fitting for the current study.

Inductive content analysis is thus a method that allows the researcher to describe phenomena when the method of data collection is open and follows themes that gradually get defined as analysis continues (Kyngäs, 2020). It is suitable for studies where there is little previous research on the topic, which is the case regarding research on mental health-related content on Instagram (Kyngäs, 2020). The ultimate outcome of inductive content analysis is to produce main themes and categories that summarise the data collected, and identify potential theoretical relationships therein.

The process of content analysis began with generating initial codes describing each response, followed by generating sub-themes that emerged from the grouping together codes with similar meanings. The original data was then compared to the coding schedule to see if new

codes needed to be added and finally, broader categories of themes that emerged from the grouping of sub-themes with similar meanings were generated.

### **Stage 2: Content Analysis of Instagram Accounts**

Rather than having a pre-set list of categories against which the Instagram posts were compared, an inductive content analysis approach was again used, given the lack of previous research examining mental health content on Instagram.

Each of the ninety-seven posts selected for analysis was assigned an initial code describing the content of the post, for example, uncommon manifestations of anxiety attacks. Posts were then grouped into themes based on similarities in initial codes. For example, the aforementioned quote was. The categories were then developed into broader themes that were used to describe the data (Drisko & Maschi, 2016). An example of this is the initial code of uncommon manifestations of anxiety attacks, which was grouped under the sub-theme of addressing misunderstood mental illness symptoms. The sub-theme was then grouped with other sub-themes such as demystifying myths about mental illness under the broad theme of mental health awareness and psycho-education.

### **Stage 3: Interviews**

The interview length ranged from 7 minutes to 18 minutes, and the transcripts were analysed using Braun and Clarke's (2006) phases of thematic analysis. The researcher transcribed and read the data, noting down initial ideas emerging from the interviews so as to familiarize herself with the data (Braun & Clarke, 2006). This was followed by re-reading the transcripts and generating initial codes that stood out during the familiarization phase and described the data in a succinct manner (Braun & Clarke, 2006). The researcher then sorted the different codes into potential themes through grouping codes with similar meaning together using



Microsoft Excel spread-sheets (Braun & Clarke, 2006). After establishing potential themes, the researcher reviewed the themes with the aim of identifying which themes had enough data to support them, whether the data was accurately reflected by the themes and which themes might not have enough data to support them. The themes that did not have enough data to support them were excluded and the themes that had sufficient data supporting them were further defined and named (Braun & Clarke, 2006). Finally, a write-up of the thematic analysis results was produced, including extracts from the interviews that captured the essence of the themes (Braun & Clarke, 2006). An example of how Braun and Clarke's (2006) thematic analysis were used to move from initial ideas to themes is presented in Table 3.5.1.

**Table 3.5.1.**

*Thematic Analysis of Mental Health-Related Content Interviews*

Initial ideas	Codes	Theme
There are other people navigating similar mental health difficulties	Finding individuals who also struggle with their mental health	Connectedness and social support
Feeling less alone and like one belongs to a community of people with similar struggles	Feeling connected to individuals who like, comment and share mental health-related content	
Relating to personal testimonies of how individuals overcame mental	Belonging to a network of others with similar experiences	

health difficulties		
Content influencing the daily practice of having a schedule and lists to reduce feeling overwhelmed	Useful information and ideas that suggest courses of action for one's well-being	Coping mechanisms, self-care tips and recommendations
Practical and helpful tips for navigating mental health difficulties	Actions taken in improving mental well-being and alleviating symptoms of mental health difficulties	
Recommendation of writing in journal easing stress	Resources and contacts to use in navigating mental health difficulties	

### 3.6. Reflexivity, Rigour and Trustworthiness

Building on their thematic analysis approach, Braun and Clarke recently stressed the importance of reflexivity in their analysis approach, as summarized in Byrne (2022). In essence, it has been highlighted that the codes and themes generated from the data analysed by a researcher are uniquely reflective of the researcher's interpretations of the patterns of meaning across the data collected (Byrne, 2022). As such, codes and themes interpreted by one researcher may not be reproduced by another researcher, given the same data (Byrne, 2022). The emerging codes and themes are thus a unique output of the researcher's engagement with the data collected, as well as the process of analysis of said data (Byrne, 2022).

Analysis of the data in the current study was a collaborative effort between the researcher and her supervisor, which yielded rich interpretations as more than one perspective was taken into

account in the process of making meaning of the data, and deciding on relevant codes and themes that best summarized the data.

Where qualitative research is concerned, trustworthiness has been identified as a critical aspect of the research. Trustworthiness can be defined as the extent to which the reader has confidence in what the researcher has reported, and it has been suggested that this can be achieved through credibility, transferability, dependability and confirmability (Stahl & King, 2020).

Credibility, which is concerned with how congruent the findings of the research are with reality, was promoted through the use of multiple methods of data collection, i.e., survey data and interview data (Stahl & King, 2020). Credibility was further promoted through the researcher's supervisor checking and offering feedback on the researcher's data collection and analysis process. Dependability, which is concerned with the constancy of the data collected and how it is consequently analysed and interpreted, was promoted through the researcher's supervisor concurring with the decisions made for each step in the research process, as well as through the usage of coding schemes used to keep track of the data and the emergence of interpretations made (Cloutier & Ravasi, 2021; Cope, 2014). Finally, confirmability, which is the researcher's ability to demonstrate that the data and the interpretations thereof reflected the participants' responses, was promoted through a thorough coding schemes and a detailed description of the analysis process, as well as by providing direct quotes from the interviews conducted with participants (Cope, 2014).

The current study did not aim towards transferability of findings. The study was conducted within a specific higher education setting in South Africa, with a sample of Psychology students. It is possible that findings would not be reproduced in a different higher education setting or a different population of young South African adults. It is important for future research to conduct context-specific data collection to explore the extent to which the findings from the current study are replicated or whether there is divergence across different samples.

### **3.7. Ethical Considerations**

The study received ethics approval from the Faculty of Humanities at the University of Cape Town (reference number PSY2021-007). The ways in which ethical issues were addressed are described below.

#### **Informed Consent**

There was a consent form for the survey and a consent form for the interview. In each form the participants were informed of the aims of the study, what their participation would involve, what risks and benefits may be involved, what rights they have and how anonymity and confidentiality would be maintained. They were also provided with the researcher's information for any questions or concerns they had after the interview. The consent forms stated that participation was entirely voluntary and that the participants may withdraw from the interview at any point or refuse to answer a question if they prefer. They also informed the participants that the interviews would be recorded for research purposes.

For the content analysis of Instagram accounts, the accounts that were analysed were public accounts where the content was visible to everyone, such that it can be shared and reposted. Consent was thus not required.

## **Anonymity and Confidentiality**

The survey was completed anonymously online. Students were then directed to a completely separate Google form to provide their names, student numbers and the courses they wanted their participation point to be attached to. Their identifying details were totally de-linked from their survey responses.

For the content analysis of Instagram accounts, no credentials or identifying information of individuals who posted content was used in the analysis process, as only the posted images were analysed for their content. The identities of those who posted the analysed posts therefore remained anonymous.

For the interviews, only the researcher and supervisor knew the identities of the individuals being interviewed. Pseudonyms were used in the analysis and results write-up. All devices used for the recording process were password-protected, so recordings and transcriptions were accessible only to the researcher and her supervisor. In addition to this, the transcriptions were stored on a password-protected USB stick as a back-up, to minimise the risk of losing information due to technical faults or other factors such as theft. Only the researcher and her supervisor had access to both the recordings and transcriptions. When the study is complete, the data will continue to be stored on the password-protected laptop for five years, after which it will be deleted.

## **Risks and Benefits**

Although the online survey and individual interviews study drew participants from the general Psychology student population at UCT, it's possible that those students who volunteered to complete the survey or to be interviewed were accessing Instagram mental health resources due to their own mental health difficulties. As such they potentially

constituted a vulnerable group. However, both the online survey and individual interviews posed a minimal risk as participants were not asked to disclose information about their own specific mental health difficulties were free to not answer a question if they chose and could withdraw at any point without penalties. Some participants chose to share information about their own mental health during the interviews, but this was entirely their own choice and they were not asked to do so by the researcher. All survey and interview participants were provided with a list of mental health support resources currently available to UCT students.

All the participants in the survey and interviews had the benefit of earning 1 SRPP point if they were registered for a course requiring SRPP credits. As such, participants benefited from participating in the study.

## CHAPTER 4: FINDINGS

The results yielded by the data analysis are presented in this chapter. Descriptive statistics for frequency of Instagram use by the sample and the nature of mental health content accessed will first be provided. Reasons for finding Instagram mental health content helpful or unhelpful will also be analysed. Thereafter, the results of the content analysis of the most frequently accessed mental health accounts will be described. Finally, the thematic analysis of interviews with participants who use Instagram to access mental health content will be presented.

### 4.1. Survey Results

#### Frequency of Instagram Use

A summary of how often Instagram is accessed by the participants is presented in Table 4.1.1. A large proportion of the sample (78.4%) access Instagram several times a day. A significantly lower proportion of the sample access Instagram once to less than once a week, while 1.8% reported not accessing Instagram at all even though this was stated as a requirement for study participation. It is thus clear that the majority of this sample accesses Instagram frequently, and that, for most, it is a part of their everyday life.

**Table 4.1.1.**

#### *Frequency of Instagram Use*

	Frequency	%
Several times a day	262	78.4
Once a day	21	6.3
A few times a week	29	8.7

Once a week	4	1
Less than once a week	12	3.6
Other	6	1.8
Missing	1	

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### **Type of Mental Health-Related Content Accessed on Instagram**

The kind of mental health content that the sample accesses on Instagram is reflected in Table 4.1.2. It is important to note that for this question, participants were asked to choose all the options that applied to them. Thus, there were participants for whom more than one category applied. The most frequently accessed mental health content is content that contains tips for self-care and healthy coping mechanisms (accessed by 83% of the sample) and content that contains motivational and supportive quotes (83%). A majority of participants (66.2%) also used Instagram to access information about mental health difficulties. Almost a quarter of the sample used it to find information about how to access mental health services. The least accessed mental health content was information that helps participants with their Psychology courses and ‘other’ forms of content.

These results show that the participants are most likely to use Instagram to access helpful tips for self-care and coping mechanisms, as well as motivational content, as opposed to specialist mental health content or factual information that may aid them with their Psychology courses. Instagram appears not to be viewed by participants as a source of academic information and participants likely have other credible academic platforms through which they access this information.



**Table 4.1.2.**

*Type of Mental Health-Related Content Accessed on Instagram (n=331)*

Type of mental health content accessed	Frequency	%
Motivational or supportive quotes	277	83.7
Self-care or coping mechanism tips	275	83.1
Information about symptoms of mental health difficulties	219	66.2
Information on how or where to access mental health services	76	23
Journaling prompts	66	19.9
Information to help me with my Psychology courses	53	16
Other	33	10

\* *This was a “choose all that apply” question. Because there were 331 respondents to this item, each type of mental health-related content could go up to the frequency of 331.*

Of the ‘other’ mental health content, the most frequently accessed are religious or spiritual content as well as body positivity content. Furthermore, content that is related to eating disorder recovery and healthy diets appeared, as well as content where individuals share their personal experiences of having mental health difficulties. Although content relating to faith and spirituality was not listed as an option for mental health-related content, it is interesting to note that some participants (albeit being a small proportion of the sample) considered this type of content to be mental health-related content and actively accessed it on Instagram.

### **How Mental Health Content is Accessed on Instagram**

The different ways in which the participants access mental health-related content on Instagram is important to note. Here, participants were again asked to choose all options that apply to them. There were thus some participants for whom more than one option applied. A large proportion of the sample follows specific mental health-related accounts (71.4%) while another large proportion engages with the content that shows up on the explore page of the Instagram app (68.4%). A smaller proportion of the sample searches for mental health-related content using a hashtag (26.7%). Under the “other” option, finding the content in the posts that people share on their statuses and stories (2.43%) and searching for specific accounts on Instagram (1.82%) were listed.

Although most of the sample seem to actively search for information through hashtags, as well as following and searching for specific accounts, quite a substantial portion of the sample seems to engage with content as it shows up according to the algorithm on Instagram. Either way, it seems that the content is relatively easy to access.

### **Instagram Accounts Most Frequently Accessed by Participants**

Participants were asked to list the Instagram accounts they most frequently access for mental health content. The 10 accounts most commonly listed by participants are shown in Table 4.1.3.

**Table 4.1.3.**

*Top Ten Instagram Accounts Used to Access Mental Health-Related Content*

	Frequency	%
@selfloveblossom	57	21.51

@mentalhealth.q	54	20.38
@advocating.mentalhealth	41	15.47
@letstalk.mentalhealth	33	12.45
@mentalhealthza	23	8.68
@realdepressionproject	20	7.55
@wetheurban	19	7.17
@dlcanxiety	19	7.17
@howmental	18	6.79
@the.holistic.psychologist	17	6.42

These accounts were accessed by the researcher on the 25<sup>th</sup> of May, 2021 to obtain basic descriptive information. The nature of each account is described below, with each Instagram bio (a summary about the account) in quotes, along with the type of content that each account shares:

**Table 4.1.4.**

*Description of Instagram Accounts*

Instagram account	Instagram bio	Account content description
@selfloveblossom	“Inspiring, motivating and empowering. Healing. Growing. Self Loving.”	Motivational quotes and affirmations, filled with positivity and empathy towards the struggles people face.

<b>@mentalhealth.q</b>	<p>“We’re here to support anyone needing a little love and a reminder of how awesome you are! Mental health is our priority!”</p>	<p>The account offers multiple images in each post that break down a variety of topics, such as “ADHD contradictions” and “consequences of depression that shouldn’t be confused with laziness.”</p>
<b>@advocating.mentalhealth</b>	<p>“Serenity. Courage. Wisdom. Experience is a brutal teacher. But you learn, my god you learn. Your purpose is hidden within your wounds.”</p>	<p>The account offers simple motivational quotes such as “Keep going” and “Healing is not linear”.</p>
<b>@letstalk.mentalhealth</b>	<p>“Mental wellness awareness. An assortment of thought-provoking content for your mind. Not therapy.”</p>	<p>This account mostly offers images in which graphics (pie charts, tables, etc) are used to communicate reminders (such as the fact that what people share on social media is selective) and symptoms to look out for (such as “5 signs you’re mentally exhausted”).</p>
<b>@mentalhealthza</b>	<p>: “This channel is about</p>	<p>This account presents facts</p>

educating and supporting mental health wellness in the South African context.”

and symptoms to look out for through multiple images in each post. These range from posts such as “Suicidal warning signs” to “What to do when talking to a suicidal person”. Most of the posts on this account are about suicide ideation symptoms and facts about suicide.

**@realdepressionproject**

“Mental health service”.

The account addresses a series of difficulties relating to depression and anxiety. It offers information about symptoms, and has posts that highlight differences between difficulties that can easily be misunderstood, eg, “sadness vs depression” and “panic attack vs anxiety attack”.

**@wetheurban**

“Black-owned, celebrating inclusivity, self-love, & marginalized voices. Our posts have been proven to

This account offers affirmations, and each post has a theme that is unpacked in multiple posts that follow.

increase ones power by 1000%.”

An example is “It’s okay to cry about something you thought you healed from” followed by a series of quotes speaking to this, such as “Love yourself through it” and “Do what you gotta do to be happy”.

**@dlanxiety**

“Worlds largest anxiety support community”.

This account has videos where people share their experiences with anxiety and how their recovery journeys have been coming along, and multiple image posts with graphics that offer facts about mental illness, emotions and feelings, as well as tips on symptoms to look out for.

**@howmental**

“Get the right support for your mind. Care for the people you love most. Make mental health a global priority.”

This account has memes that offer humorous perspectives towards mental health difficulties, as well as affirmations and motivational

<b>@the.holistic.psychologist</b>	“Psychologist. I teach you to heal + consciously create a new version of yourself.”	quotes. This account addresses a series of topics related to healing, and has single-image posts with quotes such as “At the root of trauma was a lack of choice + a need to betray ourselves to cope” as well as image series posts such as “how to get back into your body”.
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### **Other Recurring Accounts Not in the Top Ten**

The review of Instagram accounts that the sample uses to access mental health-related content yielded other accounts that appeared less frequently than the ten accounts listed above, yet frequently enough to be noticeable. Twenty-two other accounts were noticeable, with the most frequently appearing one being @fightingthroughmentalhealth (n = 16; 6.04%) and the least frequently appearing one being @rupikaur (n = 2; 0.75%).

Accounts range from those such as @fightingthroughmentalhealth who share coping mechanisms and self-care tips, motivational quotes, and mental health awareness posts that normalise the lived experiences of those with mental health difficulties and @rupikaur, which is run by a poet who shares self-care and self-love centred poetry. Moreover, accounts such as @mentalhealthquotes, which share posts with a hint of humour were among these. Finally, accounts that highlight social issues and engage with progressive politics were listed as well

(@feminist, @girlsagainstoppression and @soyouwanttotalkabout and so on). These findings were consistent with the question inquiring about the type of mental health content accessed by the sample, as most of these accounts share motivational or supportive quotes and self-care or coping mechanisms. It is interesting to note the presence of accounts that highlight social or political issues, and that the sample considered these to be a type of mental health-related content. It seems as though the exploration and discussion of issues that speak to societal ills are perceived as somewhat alleviating the mental health difficulties that may arise amid societal and political turmoil.

### **Perceived Helpfulness of Mental Health-Related Instagram Content**

A large proportion of the sample found the mental health-related content on Instagram to be helpful to some degree. Almost half the sample (46.9%) found the content to be either “very helpful” or “extremely helpful. A similar proportion (43.6%) found it to be “somewhat helpful”. (43.6%) A small minority of participants (7.6%) indicated that the content is only “slightly helpful”, while less than 2% of participants reported it to be not at all helpful. It appears that the mental health-related content shared on Instagram is perceived to be of high value to almost half of the participants and of at least some value to most of the remaining participants.

**Table 4.1.5.**

*Helpfulness of Mental Health-Related Content*

	Frequency	%
Extremely helpful	48	14.5
Very helpful	107	32.4
Somewhat helpful	144	43.6



Slightly helpful	25	7.6
Not helpful at all	6	1.8
Missing	5	

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### **Reasons that Mental Health Content is Perceived to be Helpful**

A total of 311 participants provided specific reasons for why the mental health content they access on Instagram is either helpful or unhelpful to them. In aiming to understand why the sample found the content they access helpful or not helpful, responses were analysed using Braun and Clarke’s thematic analysis method (Braun & Clarke, 2006). The analysis produced six themes for why the content was found helpful and three themes for why the content was found unhelpful. These themes are presented in Table 4.1.6. and will be expanded upon below, with illustrative examples from the responses reported by the sample.

**Table 4.1.6.**

*Reasons for Perceived Helpfulness or Unhelpfulness of Mental Health-Related Content*

	Frequency	%
<b>Reasons for content being perceived as helpful</b>		
Motivational, comforting and affirming	60	19.29
Awareness and management of symptoms	55	17.68
Healthy coping mechanisms and self-care tips	51	16.39
Normalises lived experiences and reduces stigma	42	13.5

Social connection and support	41	13.18
Simple and accessible	14	4.5

**Reasons for content being perceived as unhelpful**

Only temporarily effective	16	5.14
Untrustworthy and unhelpful information	10	3.22
Triggering	4	1.29

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**Reasons for Content Being Perceived as Helpful**

**Motivational, comforting and affirming**

Many participants described that the mental health-related content they access on Instagram has served as a driving force for persevering and remaining resilient, as well as contributing to the easing of distress.

A: “At times when I am completely overwhelmed, I often turn to my phone for comfort - when I see inspirational quotes it often reminds me of my potential and calms me down. Seeing stories and knowing there is a whole community of people out there is very comforting. Often the mental health-related post I see online help me feel comfortable in my own skin.”

B: “The mental health content that I access on Instagram helps me stay positive. It also enables me to stay calm, it reduces my anxiety and it helps me maintain a positive self-esteem.”

C: “It is motivational and informative. It motivates me to be productive while also teaching me factual information about my health.”

D: “It serves as motivation on days when I’m not at my highest point.”

E: “As someone who struggles with anxiety, often I have bad days, so seeing the content motivating me and helping me get through it helps me a lot. It motivates me to keep going; everything only lasts for so long.”

Some of the content that participants access eases the overwhelming nature of their difficulties, which in turn provides comfort and calm that alleviates the initial overwhelming feeling experienced by participants. Other participants expressed that the content they access acts as a driving force behind their attitude towards their lives as well as their levels of productivity.

This content reportedly provides a boost in mood and offers a different perspective, often a lighter and healthier one than what participants were experiencing before accessing the content.

### **Awareness and management of symptoms**

The theme of mental health-related content on Instagram raising awareness regarding symptoms of mental health difficulties and how to manage them was a frequently appearing one for the sample.

A: “I believe it is helpful since it provides insight on what mental challenges are there, how to cope with them, how to know when your mental health is compromised and how to care and support people with mental health difficulties.”

B: “I have been feeling mentally unstable for a while and it has gotten worse. My friend suggested I look into ADHD as my symptoms correlate with it and suggested these accounts. The mental health content is helpful in teaching me about ADHD.”

C: “It gives me a broader understanding of what certain mental illnesses entail and thus helps me not only to better understand myself, but others as well.”

D: “The mental health content that I have accessed on Instagram ...has also helped me identify symptoms and treatments for myself as well as given me confidence to seek help and offer support and empathy to friends and family. It is however only helpful to a certain extent, these pages provide insight but require an active follower to seek professional help or support after viewing the page.”

E: “It is helpful because it brings awareness to things I simply dismiss as mood swings or classify as overreactions. It also makes me aware of possible things that make me anxious or sad. It also gives me signs to look for in my friends and family.”

Participants highlighted that the content accessed on Instagram provides insights on different mental health difficulties, which not only helps one be aware of when it is that one might need help but also when others who might be unaware of their struggles might need help as well.

Participants further expressed that the content accessed is specific enough that it speaks to particular disorders. ADHD was mentioned, and so were depression, anxiety and eating disorders. This content is thus helpful because it is not general information that is vague but contains information that is applicable in specific situations. Some participants expressed that even though the information is helpful, there remains a need for seeking professional help outside of the accounts they access on Instagram.

## **Healthy coping mechanisms and self-care tips**

A large proportion of the sample expressed the usefulness of the coping mechanisms and self-care tips offered on the mental health-related accounts they access. These are practical exercises and tips that they apply as they navigate their mental health difficulties.

A: “The content reminds me of ways through which I can cope with poor mental health, providing me with affirmations and general information about why I might feel the way I feel. Through this information, I understand myself a lot better and am able to manage and improve my mental health.”

B: “It provides me with insight on how to cope with my anxiety and stress as well as ways in which I can help my friends, family members and others around me who suffer from mental health issues.”

C: “The content that I follow is very helpful because I can identify when my mental health or some of my peers mental health is not stable and through some of the tips and mechanism mentioned I can help myself and others to balance and condition my mental health.”

D: “It’s helpful because it gives me self-care tips and how to stay strong.”

E: “It is helpful because when posts are uploaded related to mental health, it allows me to kind of just check in with myself if I see that I have not done so in a while and provides good questions for me to ask myself about my mental health or self-care and gives tips on ways I can improve either.”

Participants expressed that the content they access serves as a reminder to practice taking care of oneself, especially where one’s mental health is concerned. As they try different tips and practices, the participants grow increasingly aware of what is helpful for them and what is not. This all seems to help the participants grow in their self-knowledge and awareness.

In addition to finding tips and practices that are helpful for their difficulties, participants shared that they found these helpful for those around them. Thus, they can actively participate in the well-being of their loved ones.

### **Normalises lived experiences and reduces stigma**

Participants reported that the mental health-related content they access on Instagram tackles stigmatized beliefs around mental health difficulties by openly addressing difficulties that are regarded with a level of shame in society. Accessing this content made them feel like they are not the only ones facing these mental health difficulties. For example, participants wrote:

A: “It can be helpful as it makes me realise that what I am experiencing is completely normal and that I am not alone...Often I see posts that put what I am feeling into words that perfectly articulate what I cannot describe.”

B: “I have bipolar disorder and I appreciate learning how common the illness is and hearing other stories or seeing memes that normalise the condition. It helps me battle the stigma of having a mental illness.”

C: “It makes me feel like I am not alone and that there are so many other people out in the world that are happy to share their stories and help other mentally ill people with feeling seen.”

D: “It helps to spread information to the youth about mental health and inform them that it is an accepted topic and not a taboo subject anymore.”

E: “It is helpful because it helps normalise what I'm feeling and makes me feel like I'm not alone in my struggles. It also helps me recognise what I'm feeling and gives me tips on how to deal with those feelings.”

Participants highlighted how the content they access is helpful because it alleviates their perceived aloneness in the mental health difficulties they face as they realize that others are struggling too. With this, participants highlighted that feeling less alone also made them realize that their experience is not strange or uncommon and that their mental health difficulties are nothing to be ashamed about.

### **Social connection and support**

Relatedly, participants also highlighted how the mental health-related content they access on Instagram offers a sense of support and community, especially when exposed to a significant number of others who are facing similar difficulties.

A: “Social media can be a toxic and negative space however when it is used to spread awareness about important issues it is very helpful. Knowing that other people experience the same things I do makes me feel like I am not alone, and, people are often very supportive in the comment sections of these pages.”

B: “It’s helpful as you know you not alone as the comments is filled with people dealing with the same issues.”

C: “It is helpful because it makes me feel as if I am not alone, and also teaches me how others navigate similar mental health challenges that I do. It gives me tips and a sense of community.”

D: “I find it helpful as it helps me realise that millions of other people are going through the same things I am going through, so it shows I am not alone. Also the comments allow me to listen to other people’s stories and experiences.”

E: “Personally, I think mental health content is helpful because it gives you a sense of not feeling alone and it emphasises the fact that what you are feeling is justified. It’s an objective support system in a community of people who are all struggling with the same thing.”

A significant proportion of the sample highlighted the helpfulness of the comments sections for the Instagram posts they access. This seems to offer some reassurance in the form of virtual groups of people with whom they have not engaged in real life that they found they can relate to. Multiple participants reported feeling like they had shared experiences with those who comment on the posts they access on Instagram, the commonality across individuals being the mental health difficulties they are faced with.

This seems to offer participants a level of support that they do not have access to in their day-to-day life, allowing for a virtual connectedness that makes them feel like they belong to a community among whom their difficulties are understood and seen.

### **Simple and accessible**

Some participants expressed that they found the mental health-related content accessed on Instagram helpful because it communicates significant information in a way that is simple and easy to digest.

A: “The content is helpful, because it is explained using simple terms which often have cute illustrations. It is good at informing or making me feel more at ease, either way I find it helpful.”

B: “It gives me daily reminders and important information I wouldn’t normally look for/have access to and comes in a form that is comprehensive and fun.”

C: “Instagram allows for digestible information and awareness to be spread easily. Instagram mental health help is also free unlike seeing a psychologist which can be really inaccessible.”



D: “It's helpful because I can access mental health content in a place where I am more active and in a way that makes it easy to take in and is fun.”

Participants mentioned that the content they access is usually free of verbose language, which makes the content simple to understand and engage with. The information is not overly complex in how it is presented. Alongside finding content simple, participants further reported that Instagram offers content that they would otherwise not have access to in their everyday lives. This further highlights how the content accessed offers knowledge that is of value.

### **Reasons for Content Being Perceived as Unhelpful**

#### **Only temporarily effective**

Of those who did not find mental health-related content on Instagram helpful, a substantial amount of participants reported that although the content is somewhat motivational, the effect doesn't last very long.

A: “The motivational quotes for example, that I find, helps me to stay motivated for a short while afterwards, I go back to square one thus they are somewhat helpful.”

B: “When I am in a good state of mind, the content seems helpful but when I am feeling very anxious, it doesn't seem helpful but instead everything feels helpless because I feel hopeless.”

C: “Although you get motivation it disintegrates as time goes by. There's no solution to mental health concerns, you just hope to survive each day.”

Participants reported feeling motivated only temporarily. The content, in this case, seems helpful to an extent but ceases to be helpful amid the moments in which participants are overwhelmed by the difficulties they might be facing.

## **Untrustworthy and unhelpful information**

Some of the participants who reported finding mental health-related content on Instagram unhelpful expressed that they found the information lacking in credibility and accuracy.

A: “I prefer YouTube because Instagram's photos and shorter videos aren't as in-depth. The quality/reliability of the information on Instagram can be difficult to ascertain. Instagram tends to be a highlight reel which is a distorted view of the people that I follow and their struggles with mental health.”

B: “I wouldn't trust material on Instagram about mental health.”

C: “The information does not provide enough detail and depth about how to improve your overall mental health and wellness.”

D: “I often take comfort in knowing that I'm not the only one experiencing certain symptoms or feelings. I find it educational to understand how, for example, different symptoms of conditions are presented, to understand my own mental illnesses (anxiety and depression), and educate myself on other conditions. However, as these sources aren't always reliable, thorough, or consistent, it can become a bit hard to trust these sources. Furthermore, as the information is also limited, it can be quite reductive, and I often see the same basic content repeated without much depth or nuance.”

While some found the simplistic nature of the delivery of information helpful, others expressed that this simplicity diluted information and reduced information so much that it ceased to be clear and helpful. Other participants expressed distrust towards information shared on SNSs, finding it inaccurate in its representation of reality.

## **Triggering**

A small portion of the sample reported that they found the content shared on Instagram to be triggering feelings of distress and anxiety. As such, this content causes negative effects on those accessing it.

A: “It was rarely helpful, in the sense that it just triggered thought regarding my own mental illness without giving me anything more useful than what can be contained in an Instagram post.”

B: “Sometimes I find the content inaccurate. Sometimes it helps me but makes me more anxious thinking about it and seeing it so often when I’m trying to relax on social media.”

C: “I don’t actively access mental health content from Instagram, I would more readily use Pinterest or the greater internet. Instagram just seems to hinder my mental health more often than aid it so I try to avoid utilizing it more than necessary.”

Some participants thus found that when exposed to mental health-related content, they were affected by the content as it served as a reminder of the difficulties they were experiencing. The content, intended to be helpful, served the opposite effect to its intended purpose.

#### **4.2. Content Analysis of Mental Health-Related Posts on Instagram**

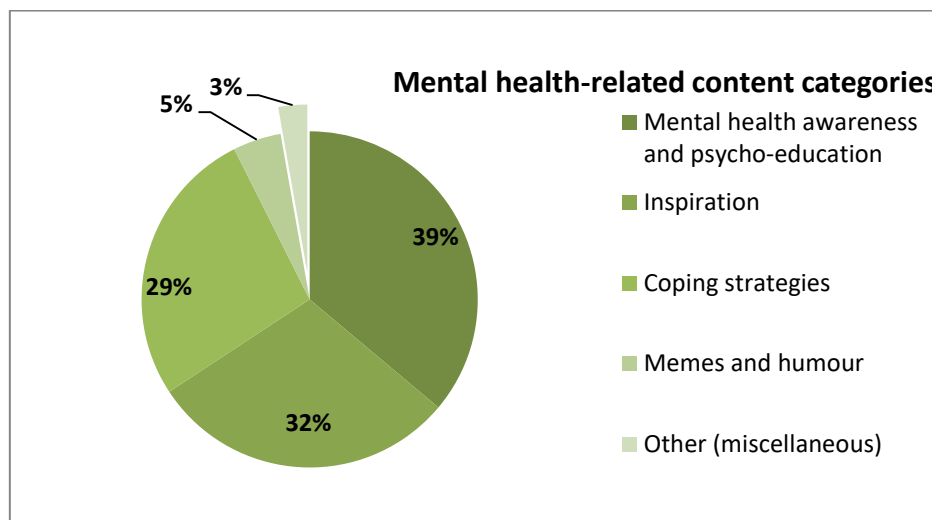
Ten of the most recent posts from the top ten recurring Instagram accounts were selected to undergo content analysis. The manifest content of the posts was analysed, and an inductive approach was taken in the analysis process. Open coding was followed by the generation of a coding sheet, which then yielded themes and sub-themes. Ninety-seven of the posts fit into these themes and sub-themes and three were miscellaneous. As such, the categories described speak to the ninety-seven posts. These are presented in Table 4.2.1.

##### **Table 4.2.1.**

*Mental Health-Related Content Categories*

Themes	Sub-themes
Mental health awareness and psycho-education	<p>Sharing mental illness symptoms</p> <p>Addressing misunderstood mental illness symptoms</p> <p>Demystifying myths about mental illness</p> <p>Sharing unseen struggles of mental health difficulties</p> <p>Social media appearance vs reality</p>
Inspiration	<p>Encouraging and motivational quotes</p> <p>Daily affirmations</p> <p>Self-love quotes</p>
Coping strategies	<p>Relational tips and advice (romantic, familial, friendships)</p> <p>Self-care tips</p> <p>Re-parenting yourself tips</p> <p>Tips for working through effects of trauma</p> <p>Mental health advocacy</p> <p>Tips for helping loved ones who are struggling</p>
Memes and humour	<p>Memes (images that are humorous in nature that are shared on SNS)</p> <p>Humorous content relating to mental health difficulties</p>

These posts were accessed and exported/taken from Instagram by the researcher on the 25<sup>th</sup> of May, 2021. As reflected in Figure 1, the most commonly appearing category of mental health-related content from the selected posts was mental health awareness and psycho-education and the least common was humorous mental health-related content.



*Figure 1: Illustration of key mental health-related content categories*

### **Mental health awareness and psycho-education**

This was the most common category appearing across the 100 posts included in the content analysis, with 39% of posts relating to this broad theme. This broad theme is oriented around sharing facts and realities concerning mental health difficulties. Most of these posts were shared as ‘threads’, which are multiple images in a single post that relay information related to the main message, which is often summarized in the first image in the ‘thread’ (for example, see Figure 2). Other posts shared what-to-look-out-for content, often in the form of

‘threads’ as well. These were topics such as “signs you’re mentally exhausted” and “signs it’s time to take care of your mental wellbeing”.



Figure 2: Example of mental health-related content posted as a ‘thread’.

A substantial amount of the posts accessed were posts sharing how different mental illnesses manifest, as well as what warning signs to look out for. While some of these discussed specific symptoms relating to psychiatric disorders (Figure 5), others clarified how to identify specific events, such as panic attacks and anxiety attacks (Figure 4).



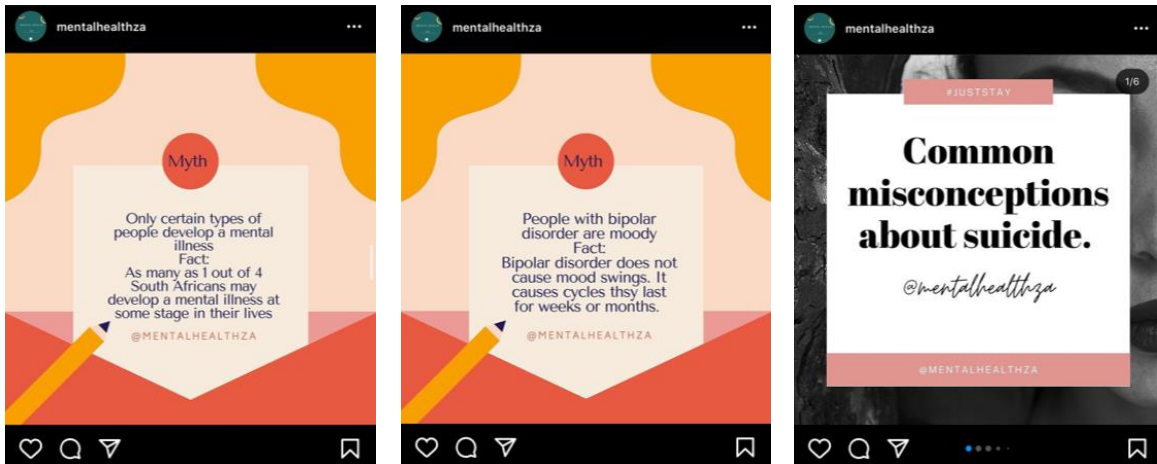
Figures 3, 4 and 5: Examples of posts concerning mental illness symptoms

Other posts were oriented around addressing misconceptions and easily misunderstood manifestations of mental health difficulties. These ranged from symptoms such as those for ADHD, where one can be hyper-focused with a certain task yet struggle to focus when completing a different task (Figure 6). Another example is of social anxiety symptoms that might be mistaken for rudeness, for example, when people struggling with social anxiety appear tense and unapproachable in a group setting, when they're just uncomfortable because of the social situation they find themselves in (Figure 7).



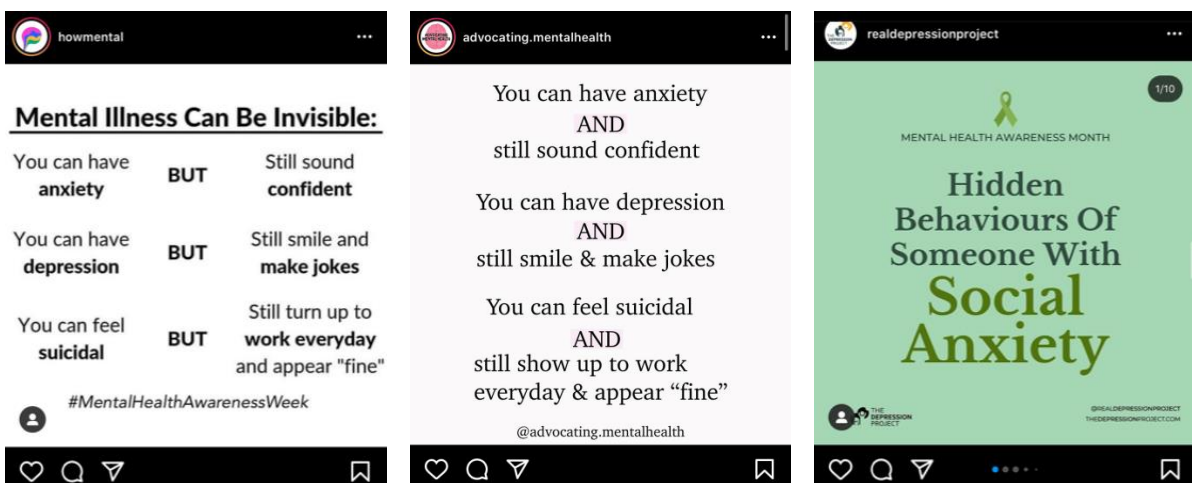
*Figures 6 and 7: Examples of posts addressing misunderstood mental illness symptoms*

A number of the identified posts contrasted myths about mental health difficulties with facts and truths. These posts make mental health difficulties clearer and easier to understand while eliminating the false narratives that have been perpetuated concerning these mental health difficulties. Examples of these include posts revealing that a substantial amount of people struggle with mental health difficulties (Figure 8) and those addressing misconceptions about suicide (Figure 10).



Figures 8, 9 and 10: Examples of posts that demystify myths and misconceptions about mental illness

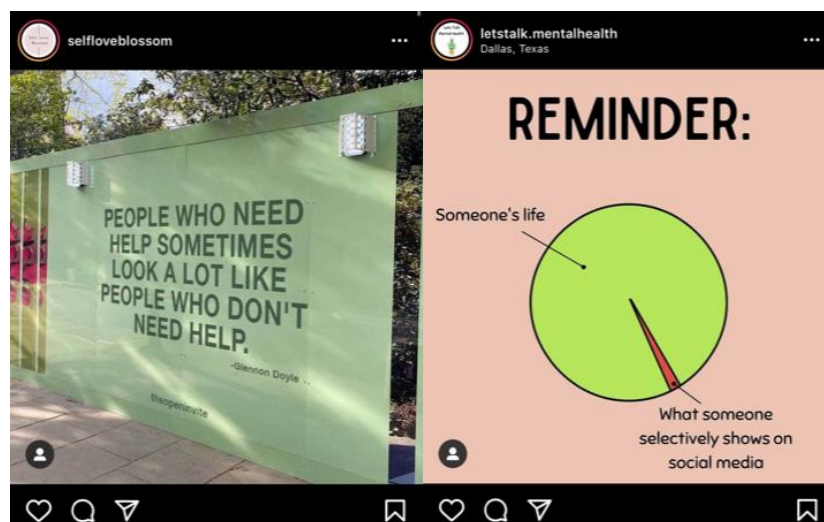
Some of the selected posts shared insights into people’s lived experiences with mental health difficulties, especially those that may be invisible to people without mental illness. These posts challenge how mental health difficulties are seen, raising awareness concerning the lived experiences of those who struggle with mental health difficulties. An example of this is a post that gave insight into how people can be faced with mental health difficulties while exhibiting seemingly ‘normal’ behaviour, such as appearing confident, making jokes and carrying out day-to-day tasks (Figures 11 and 12).



Figures 11, 12 and 13: Examples of posts that share the unseen struggles that people with mental health difficulties experience



It has been found that while social media has its positives, there are negative emotional consequences that can be attributed to the comparison that is triggered when the sharing of photo-shopped images and highlight reels is contrasted with people’s realities (O’Reilly et al., 2018). The posts, under the appearance vs. reality sub-theme, mostly served as reminders that what people share on SNSs is not a full, truthful reflection of their lived experience and that all may not be as it seems from the outside. An example of this is a post that highlighted, through a pie chart, that people show little of what they live through (Figure 15). Other such posts were also reminders in line with the adage: “don’t judge a book by its cover”.

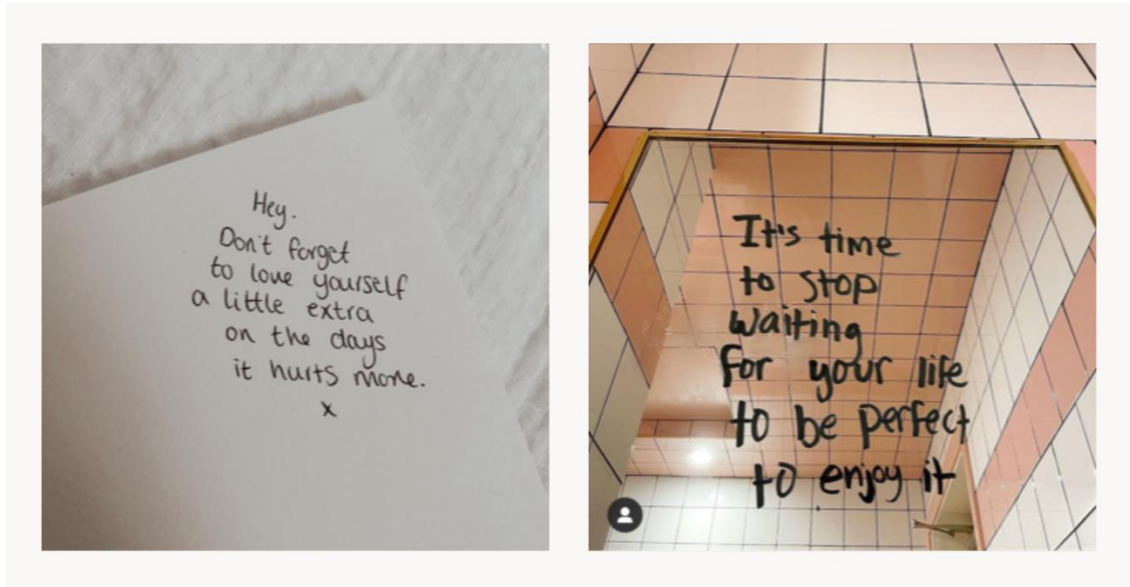


*Figures 14 and 15: Examples of posts that share how social media content does not reflect people’s realities*

## **Inspiration**

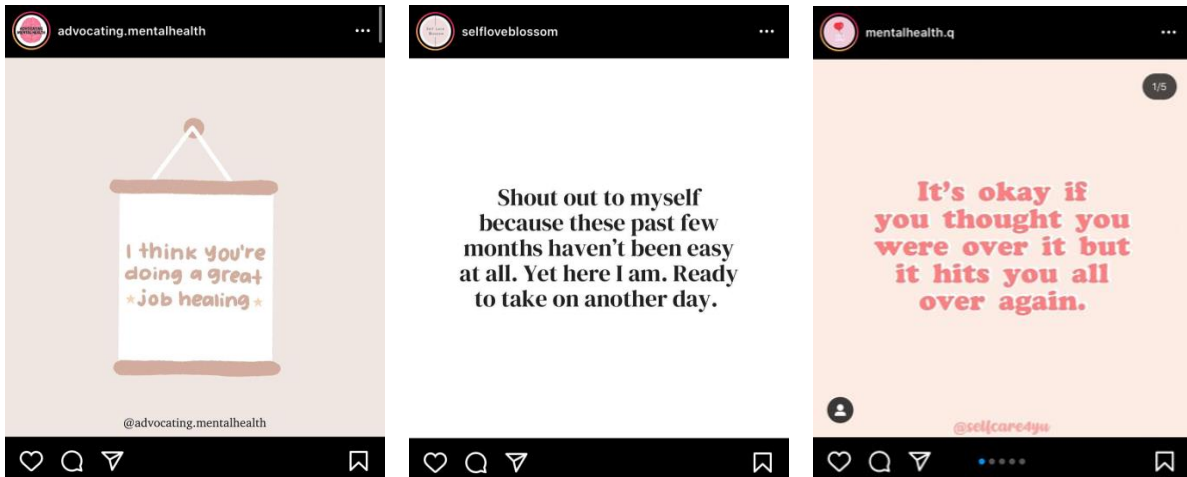
The second most common category of mental health content on the ten sites was inspiration (32%), with posts oriented around motivational and encouraging quotes, as well as positive affirmations. These posts were often shared as quotes on walls, mirrors, hand-written notes,

and more (Figure 16). Others, much like the previous category, were shared as ‘threads’, with each post centered on a quote relating to the main message of the post.



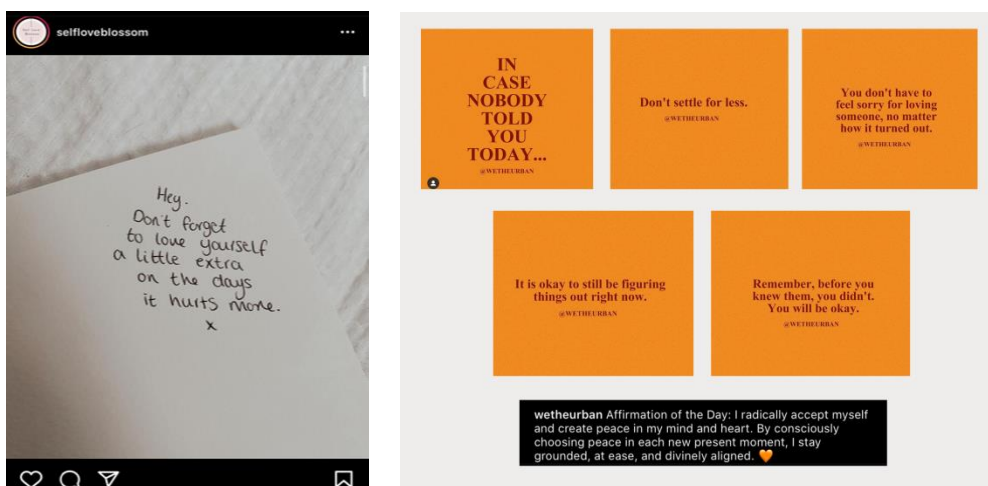
*Figure 16: Example of posts oriented around inspiration*

A notable amount of the posts were text-based posts expressing concise sentences that seem to be centred on motivating and inspiring the individuals that read them. These were often hopeful and reassuring, such as “I think you’re doing a great job healing” (Figure 17) and others with the general undertone of “keep going”. Some of these posts were invitations to start over when it seems like one has taken more steps backwards than forward, so the content spoke to positive experiences and negative experiences alike.



Figures 17, 18 and 19: Examples of posts that share encouraging and motivational content

Affirmations and self-love quotes were present in the selected posts too. These were positive statements that seemed to be aimed at challenging negative thoughts and emotions (Figure 18). Moreover, Figure 18 is an example of a thread, which is a series of posts with a central message or affirmation. In this specific instance, the central message as shared in the caption was “I radically accept myself and create peace in my mind and heart” (Figure 18). These spoke to different aspects of the human experience- healing, settling for less, creating healthy boundaries, etc.- and offered positive perspectives regarding these.



Figures 17 and 18: Examples of daily affirmations and self-love posts

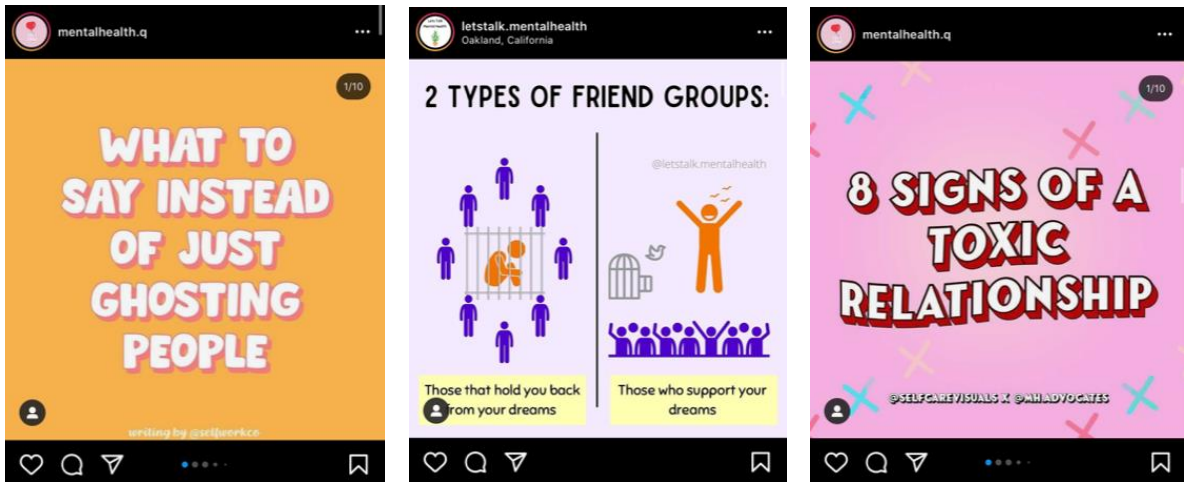
## Coping strategies

Coping strategies made up the third most common category (29%), with posts oriented around self-care tips, healthy coping mechanisms, tips for helping loved ones who are struggling as well as other mental health advocacy-related content (Figure 19). These were presented in simple terms, such that anyone taking in the information would not struggle to understand the concepts being shared.



*Figure 19: Example of posts oriented around coping strategies*

Some of the mental health-related content addressed what healthy relationships and inter-relational behaviour ought to be. This ranged from information on how to identify toxic relationships and how to manage these, to tips on how to grow relationally. One such post gave ideas on “what to say instead of just ghosting people” (Figure 20). These posts took into account the significance of others and how one relates to those around them, expanding the conversation around mental health such that it is inclusive of possible external factors.



Figures 20, 21 and 22: Examples of posts addressing inter-relational aspects of mental health

Self-care tips that gave suggestions on what to do to improve one’s overall health were also part of the content in the sample of posts. These were not portrayed as cures or ways to combat mental health difficulties, but as tips that may aid one in coping with mental health difficulties. These posts ranged from lists giving tips on how to carry out specific activities such as meditation (Figure 23), to general statements about taking care of oneself (Figure 24).

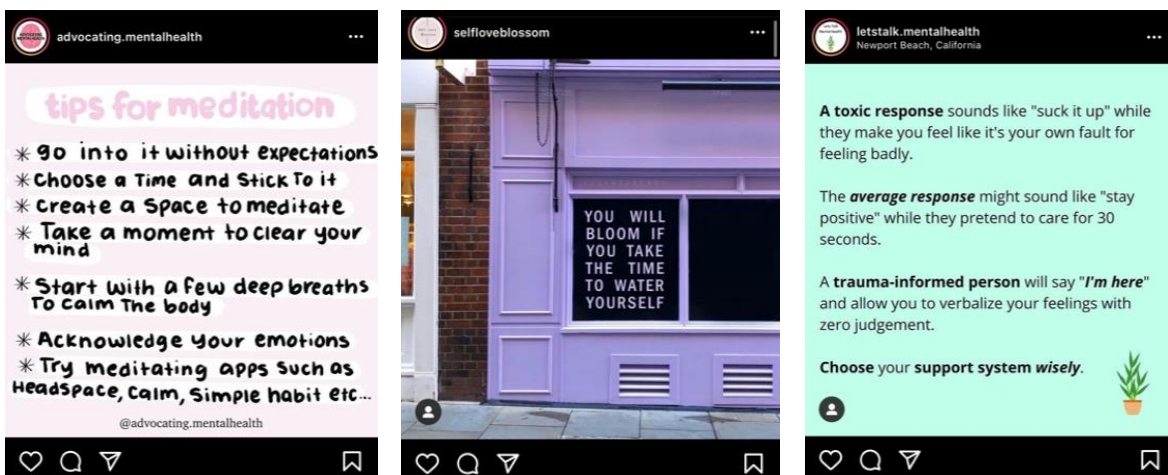
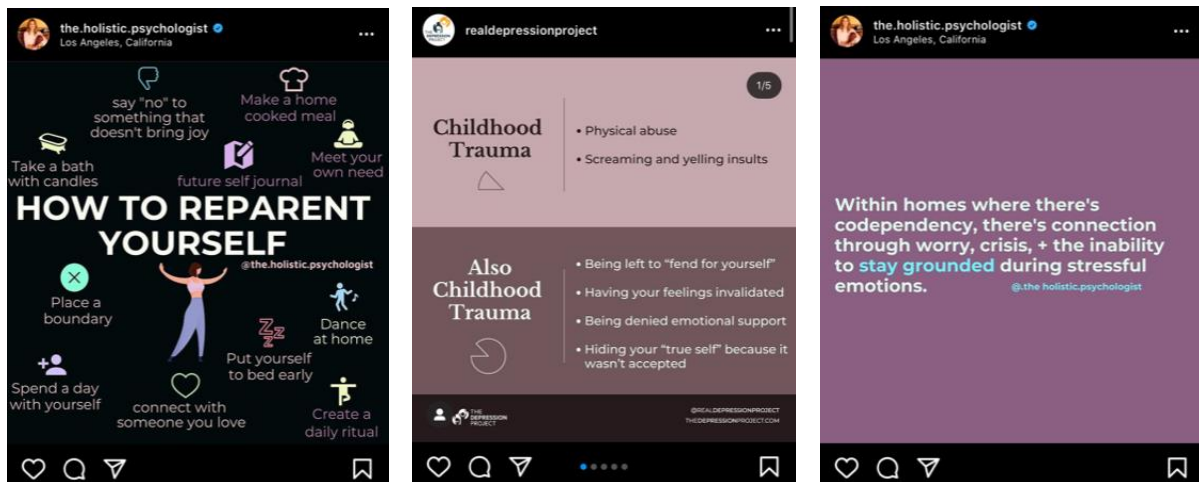


Figure 23, 24 and 25: Examples of posts sharing self-care tips

Where some posts shared mental illness symptoms, other posts highlighted the reality of childhood trauma and its different manifestations, offering insights into manifestations that

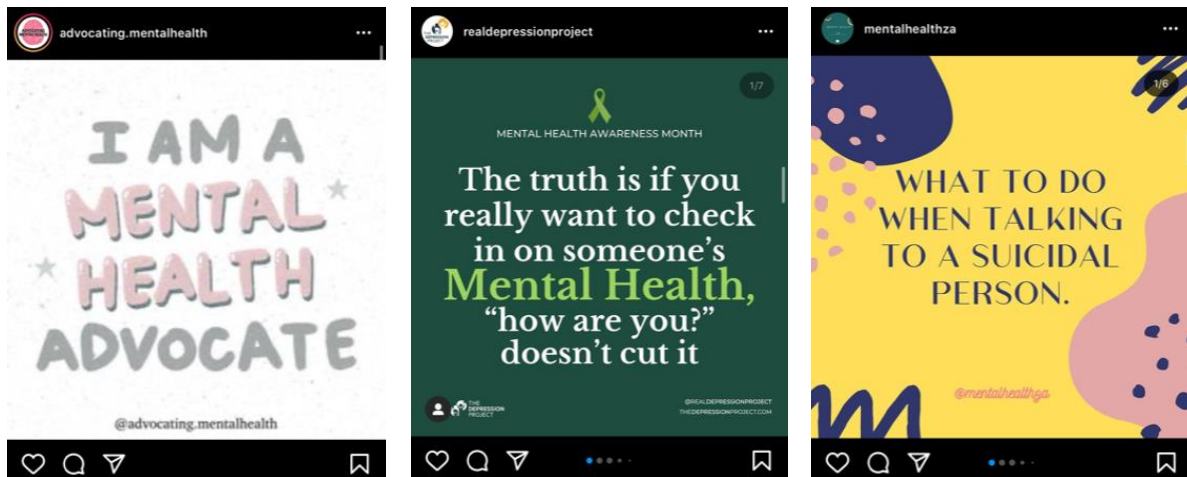


might not be widely perceived as traumatic (Figure 27). Moreover, these kinds of posts appeared on accounts that also spoke about re-parenting oneself as an adult, which @the.holistic.psychologist account defines as “giving yourself what you didn’t receive as a child”, with one such post including “saying ‘no’ to something that doesn’t bring joy” (Figure 26).



*Figures 26, 27 and 28: Examples of posts sharing tips for working through the effects of childhood trauma and re-parenting oneself*

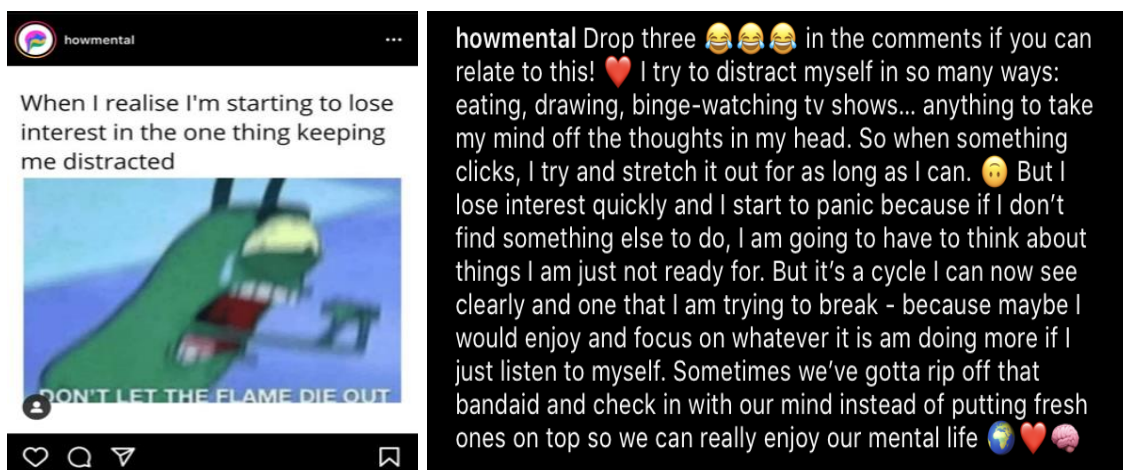
Two interlinked sub-themes that arose in the selected posts were those of mental health advocacy and helping loved ones with mental health difficulties. As defined by the World Health Organization, mental health advocacy encompasses “various actions aimed at changing the major structural and attitudinal barriers to achieving positive mental health outcomes in populations” (WHO, 2003, p. 2). In the selected posts, this was seen in posts that simply stated that those running specific accounts were committed to advocacy (Figure 29) to posts that drew attention to how to offer support to loved ones (Figure 30).



*Figures 29, 30 and 31: Examples of posts encouraging mental health advocacy and tips on helping loved ones*

### **Memes and Humour**

The final broad category that was highlighted was that of memes and humour (5%). The posts belonging to this category were oriented around approaching mental health difficulties through a humorous perspective. Albeit being humorous in nature, the memes carry messages that reflect real-life struggles that individuals with mental health difficulties may face, and thus communicate important information concerning the phenomenon of mental health difficulties. An example of this is in Figure 32, which humorously communicates using distraction as an avoidance technique. However, this also communicates the difficult reality of struggling with one’s mental health so much that one would have to employ avoidance techniques.



*Figure 32: Example of posts oriented around memes and humour*

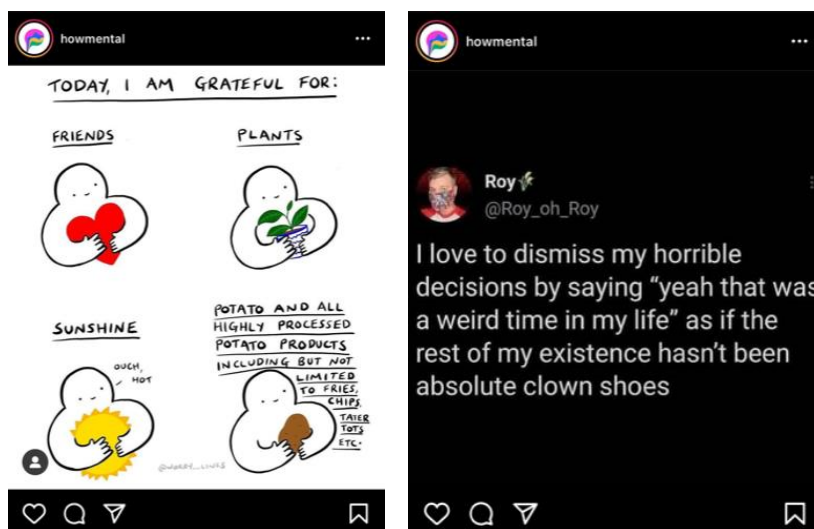
A specific account (@howmental) had content presented through a phenomenon that has gained popularity in digital culture: memes. A meme can be defined as “a piece of culture, typically a joke, which gains influence through online transmission” (Davison, 2012, p.122). These particular memes speak to mental health difficulties, offering a meme-styled approach to sharing mental health difficulties. The images used were from other sources, featuring characters such as Plankton from the *SpongeBob SquarePants* cartoon, and ‘remixed’ so the expressions exhibited by said characters reflect how individuals feel about the experiences they are sharing (Figure 32).



*Figures 33: Examples of mental health-related memes*



The final sub-theme that was noted was that of sharing humorous content relating to mental health difficulties, which was characterised by a humorous take on subjective negative experiences associated with mental health difficulties. Some of the posts in this sub-theme were graphic-based (Figure 34), while others were text-based, having been taken from other SNS such as Twitter (Figure 35). These further verbalized or visualized experiences of certain mental health difficulties and in contrast to those earlier mentioned as sharing facts and truths about mental health difficulties, expressed lived experiences in a not-so-serious manner.



*Figures 34 and 35: Examples of posts containing humorous content relating to mental health difficulties*

#### **4.3. Thematic Analysis of Interviews Concerning Mental Health-related Content on Instagram**

There were a total of 7 participants who volunteered to be interviewed about their Instagram use, of which 6 were female and 1 was male. All the participants indicated that they use Instagram multiple times a day, every day. Participants further mentioned that they all spend more than an hour on Instagram daily.

Where the mental health-related content participants access is concerned, all the participants expressed that they would recommend the content to others. Reasons for this ranged from the mere fact that the content is helpful and people might find it relatable, to the content giving people information and a sense of community. Participants further expressed that they would like to see more of mental health-related content that is more detailed in its description of mental health difficulties, exploring, for example, different types of depression, as well as lesser known disorders such as premenstrual dysphoria disorder. Moreover, some female participants expressed the desire to see more content that caters for men, as well as experiences and perspectives from the older generation.

In aiming to further understand how participants use the information they access through mental health-related content on Instagram, their responses were analysed using Braun and Clarke’s thematic analysis method (Braun & Clarke, 2006). These themes are presented in Table 4.3.1. and will be expanded upon below, with illustrative quotes from the interviews conducted.

**Table 4.3.1.**

*Main Themes from Interviews for Mental Health-Related Content*

Main themes	Times mentioned	Number of participants who mentioned theme
Awareness and management of symptoms	28	7
Coping mechanisms, self-care tips and recommendations	15	5
Connectedness and social support	12	6

Normalizing mental health difficulties	10	6
Validating	9	6
Alleviates negative feelings/emotions	8	5
Easily accessible but temporarily effective	8	6

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### **Awareness and management of symptoms**

The most frequently appearing theme across the interviews was that mental health-related content on Instagram helps to raise awareness regarding mental health difficulties, their symptoms and how to manage them.

Participants highlighted that the content accessed on Instagram brings awareness to specific mental illnesses and mental health difficulties, which not only enables one to be aware of what to look out for but does so in an open and transparent manner that directly contrasts with the pervasive silence around mental health issues in real life. It was mentioned that the content accessed on Instagram even mentions symptoms and presentations of mental health difficulties that might not be in ‘official’ manuals such as the DSM.

A: “...well the accounts that I follow, they cover a lot of, I mean there’s so many different aspects of mental health, so the accounts are quite general some of them, and some are very specific like, for anxiety or uhm mental disorders and then others are like, I think of friendship boundaries, being emotionally drained...so some of them cover general things where some of them are very specific.”

B: “Sometimes the accounts posts quotes or they’ll write quotes like “You shouldn’t blame yourself for your mental health”, how people around you can respond to you if you’re having

an episode- whether it's anxiety or depression- and then on top of that they also uhm discuss how to handle other people who have anxiety or depression or what to say when someone's suicidal. What to do when you go through an episode, to stay in bed or do comfort things uhm, so yah, it helps me develop a better understanding of the things I experience and how to cope with people around me who have the same issues or even different issues, where I'm not too sure how to handle them if they come to me for help."

C: "...I have a lot of friends who you know have been suicidal or depressed, so a lot of the pages I follow cater to that. And uhm understanding what the symptoms to look out for, or these are emotions you feel and they're totally valid, uhm, so a lot of it is pinpointing or making you aware of mental health issues and how it shows up physically because for a very long time, I had no idea that you could see signs of mental health problems in people."

Participants further highlighted that the manner in which mental health difficulties are approached on Instagram equips individuals with a greater understanding of what they are facing and provides insights on the behaviour of others, especially loved ones, who might be having mental health difficulties. This, in turn, enables individuals to help themselves as well as those around them. Moreover, it was mentioned that that the content accessed is specific enough that it speaks to particular disorders. Participants mentioned depression, anxiety and suicide ideation as some of the difficulties the content addresses.

However, some participants mentioned that the content could be more specific, for example, not only highlighting depression but different kinds of depression that exist. Thus, the content is helpful because it brings awareness and equips individuals with ways they can navigate mental health difficulties, but there remains a desire for the content to be more detailed than it already is.

D: "...more information on like, bipolar or borderline, schizophrenia, cause I also think those are things that are kind of like, not spoken about enough. As much as there's been a push to destigmatize mental health issues, uhm, and these accounts do help, I think they still touch the surface so like, I think there's still a whole iceberg of what mental health issues are that they haven't really [something] to."

E: "...I think the idea we have, the social idea we have of depression and the reality of how many types there are, are very different. Some people will have high-functioning, and they think well I don't feel as bad as what the usual people with depression feel. So I think we don't have enough information about the different types."

### **Normalizing mental health difficulties**

Relatedly, participants mentioned that the mental health-related content they access on Instagram openly addresses difficulties that are usually met with a level of shame in society. Accessing this content made participants feel less ashamed about having mental health difficulties, challenging harmful perspectives that participants previously held about mental health difficulties and helping them realize that their difficulties are not unusual.

A: "Uhm, cause I mean being raised in a family that doesn't really like, bring light or doesn't really believe you could say like, most of the things, it was really hard for me to accept that maybe I actually am going through something that, you know, that isn't mentioned a lot in the house. So, uhm, I actually started accepting that ok, you might actually have a problem."

B: : "For me, specifically I think, well in general it's normalised, I think, mental health and uhm prioritized it. So I think for me it's mainly the priority thing, it's prioritizing your mental health as a person."

C: "...and it's also like helped with opening up to people because I'm not one to open up like I've never opened up to anybody, so it's kind of helped taking small steps into like, getting my mental health stable."

D: "Don't feel guilty, don't feel weird, don't feel like you're a freak or weirdo or like. It's normal and uhm it's okay and you should get help yes but don't make yourself feel bad because you're going through something."

E: "I think it's made me realize how common it is. Uhm. I think we tend to think that someone being diagnosed with depression or anxiety is so, like, isolated. It's an extreme case, it's very clinical, it's processes, it's very like top-tier but it's just like. It's really not- yes all of us go through struggles and not every struggle leads to mental health problems, but there are a lot more people who go through mental health problems than you think and a lot of them are similar to you."

One participant expressed that content that normalises mental health difficulties has helped them is helpful because they grew up in a family that treats mental health difficulties as taboo.

F: "At first, honestly I didn't even know how to feel about the whole thing. Uhm, cause I mean being raised in a family that doesn't really like, bring light or doesn't really believe you could say like, most of the things, it was really hard for me to accept that maybe I actually am going through something that, you know, that isn't mentioned a lot in the house. So, uhm, I actually started accepting that ok, you might actually have a problem."

## **Coping mechanisms, self-care tips and recommendations**

The theme of mental health-related content on Instagram offering helpful coping mechanisms and self-care tips was another theme that was frequently mentioned in the interviews. These are practical tips and resources that are applicable in participants' lives.

A: "Uhm, I think it serves as a reminder. When people say, you know, like exercising or taking a breather or you know, maybe going to the beach to breathe just a little bit you know."

B: "It just kind of uhm it- obviously when you've had a bit of a episode or you've just had an anxiety attack, it helps like now I'm more informed on what I can do after instead of like. Being left in a confused state which [something] was. It also focuses a lot on nurturing yourself and being kind to yourself and I think we, when you go through mental health struggles you can forget to do that cause you kind of feel like guilty for going through it."

C: "Yah, basically like, they actually like give like daily tips and advice on how to improve everything. They actually suggest daily habits that you can actually like, uhm, put into your daily life so some of them I've started using in my daily life and it's been helpful. Like, it's helped me feel more in control of my life. So it's yah. And then with some pages they also offer contact information..."

D: "Well, nowadays I try to get changed first thing in the morning, make my bed, get some air into my bedroom. I had to start antidepressants, but it just helped me be aware that I did need them because I wasn't coping. Uhm, so now I found a way to have a time schedule of sorts, I wake up early in the morning when I have lectures, just to have a sort of schedule. I make sure I write lists so that I know what I need to get done and I'm not overwhelmed.

Uhm, I try to push myself to get things done at least a couple of days in advance... it's helped me find little techniques to help me adapt to make things a little bit easier.”

Participants expressed that the content they access has influenced their daily habits, helping them to practice self-care such that they feel more mentally and emotionally stable. The practices mentioned range from books, writing prompts and mindfulness techniques to putting self-care days in place when overwhelmed with the tasks at hand. Some of the mechanisms and tips that participants use are general, while some are specific, ie, helpful for navigating anxiety or academic stress. Participants further expressed that although small, the changes they have made in their daily habits as a result of the content they access have been significant, and have also brought some sense of control and agency to managing their mental health difficulties.

### **Validating**

Participants expressed that the mental health content they access on Instagram makes them feel that their mental health difficulties are valid. In a context where mental health difficulties are not always openly recognised and acknowledged, accessing this content made them feel like their difficulties are ‘real’, further helping them to accept and understand their mental health difficulties.

A: “That’s something that’s changed drastically for me because I remember a moment where I was feeling anxiety for quite some time but I didn’t know that this was the emotion I was feeling or the state I was in. and being able to put it in like, a name to it, then going forward with that is really really good. So I think that’s been my shift, has been prioritizing, so I like knowing that.”



B: “So, uhm, I actually started accepting that ok, you might actually have a problem. Well not like, a problem but like, you might actually be going through something that you can’t deal with alone. So like, it’s been helping me accept more of what I’m going through instead of like, denying it or just ignoring it flat out.”

C: “...understanding what the symptoms to look out for, or these are emotions you feel and they’re totally valid, uhm, so a lot of it is pinpointing or making you aware of mental health issues and how it shows up physically because for a very long time, I had no idea that you could see signs of mental health problems in people.”

D: “I think the most [something] one is that you’re not alone and you’re valid. It’s that you know you might feel very isolated going through, like, this mental health struggles but like you’re not. There’s millions of other people who are going through the same thing.”

Participants highlighted that the content made them realize that it the difficulties they are facing aren’t just ‘in their heads’, that they are real and legitimate difficulties, which helped them accept that they had things they were struggling with. Moreover, the content eases the participants’ insecurities about their difficulties, reminding them that their identity is not dictated by their difficulties as these are a small drop in the ocean that is their lives.

E: “That it’s okay to have mental health problems, that it doesn’t define you. Like, your mental health is one thing, it’s not all these other aspects of your life. It’s this tiny little, if there was a pie chart, it’s a tiny little aspect of the pie chart, the rest is filled with your likes and dislikes, your growth and like it helps me to remember that even though I have tough times, I’m not abnormal...”

### **Alleviates negative feelings/emotions**

Relatedly, the mental health-related content that participants access on Instagram helps to alleviate negative feelings and emotions that participants experience in relation to their mental health difficulties.

A: “It kind of tends to pop up at the perfect moments you know, uhm, you scroll on Instagram and then you feel like “Ah I actually needed that!”...and it does last.”

B: “Uhm, well usually it makes me feel a little better. But after that usually- like, I do keep a journal which I also started off like one of the recommendations on Instagram...uhm, right after that I usually write up in my journal which actually helps ease the stress and everything that happened, yah, so I would say I usually feel better after seeing some of the content and doing some of the recommendations and tips.”

C: “Some of them I feel good afterwards, if I’m like oh this is something new, maybe not just in relation to me but I’m like oh, a friend, I know she sort of goes through this so I can talk to her about it, or a cousin. But some of them it’s a bit sad, if I think specifically about mental disorders that I come across, uhm, and I think about how that impacts me personally or like, people I know that suffer from disorders. Then I have a better understanding and I feel more empathetic, uhm, once I do understand.”

Participants mentioned that the content they access eases their low mood when they are feeling down and eases feelings of anxiety when they are anxious. Other participants highlighted that the combination of seeing the content and putting tips into place is what alleviates their low mood, anxiety or stress. One participant further mentioned that memes and humorous mental health-related content are what alleviate their mood as these not only speak to their difficulties, but make them laugh as well.

D: “I follow a lot of feminist pages, I follow a lot of memes as I said like things to make me laugh. Because I feel like it helps me, just self-confidence and motivation and all of those things.”

### **Connectedness and social support**

Participants expressed how the mental health-related content they access on Instagram makes them feel like they are not the only ones navigating mental health difficulties as a result of seeing content that touches on their personal difficulties, as well as being exposed to individuals who share their own journeys of navigating mental health difficulties.

A: “...you feel like ok I’m not going through this alone, whatever panic I’m feeling whatever sadness, deep sadness I’m feeling right now, it’s not just me.”

B: “Oh there is actually an account that shares life stories of people and like how they overcome it, how they overcame it.”

C: “I’d say that uhm, that you’re not alone in feeling that way. I think that’s definitely the main aim. They provide a sort of community for people that feel that way, like the reason you’re on this page is obviously because you do relate to these posts and look at how many of us based on likes and comments feel the exact same way.”

D: “And like, for someone that really doesn’t like- like for example me- doesn’t like speaking up, it makes you feel like you’re not the only one going through it and like. There’s relatable content and there’s also like ways you can find to actually help yourself.”

E: “...yes all of us go through struggles and not every struggle leads to mental health problems, but there are a lot more people who go through mental health problems than you think and a lot of them are similar to you.”

This content seems to alleviate the loneliness that participants experienced prior to accessing the content, offering reassurance that they are not the only ones struggling. Participants highlighted how they realized that there are more people navigating mental health difficulties than what they were initially aware of. Moreover, the presence of virtual groups of people with whom they have shared experiences, even though they do not know them in real-life, made participants realize that their mental health difficulties weren't meant to be dealt with alone.

### **Easily accessible but temporarily effective**

Some participants mentioned that it is easy and simple to access the mental health-related content they access on Instagram. They further explained that the content is helpful because it is always available for them to return to at any moment in time.

A: "I prefer text. Like I like quotes, I really like quotes and stuff. I just feel like quotes, words just, they're more important like. Cause I feel like with a video I can lose interest quite quickly or I can forget about it but I feel like if I read a quote, it can really stick with me and I can literally put it as my wallpaper or there's so much you can do with a quote, whereas you can't really do much with a video."

B: "I prefer it [text and graphics] because of the access. I think when it's the time where you wanna, yah when you go and do a bit of an episode [something] a video's like you have to pause and wait and see where the perfect thing is. But with like, a slide show type of thing it's all there for you. And also it's very succinct, it's to the point and it doesn't feel like it's wasting your time or you're being overwhelmed with a lot of information. It's just like it's all there."

C: “Uh, IG [IGTV video] is a bit too long for me because it takes time but uhm, I like the text-based ones you sort of slide and it has points in them, sort of like number one, number two, and then they also have like. The caption is sometimes a bit lengthy or just sort of summarizes things nicely, or there’s something extra in the caption.”

D: “I do think it’s an in the moment like, “ah this is great”, but there are some things that stick where you’ll be thinking ah I remember seeing this or I saw that and maybe you recall it a bit later. But generally I think it’s more when you’re in the moment and you go “ah great” on something that was said. But in general I think it’s short-lived in that you don’t think about it the whole day or anything.”

Participants highlighted that the content is easy to find and return to, with text-based tips being easier to put into practice and easier to remember in comparison to videos and image-based content. Some participants mentioned that the content is more helpful in-the-moment or only lasts when it is relevant to personal experiences. Thus, albeit being helpful and easy to access, the content accessed by participants seems to vary in its effectiveness in different individuals’ lives. One participant mentioned that although they have access to the content, they have not applied it in their lives.

#### **4.4. Conclusion**

In the present study, the type of mental health-related content that South African university students access and how they engage with this content was explored. The findings from the three stages of the study were presented here, with similar themes emerging across all three stages. In the next chapter, the findings will be discussed in relation to previous research and the implications for future research will be considered.

## CHAPTER 5: DISCUSSION

This chapter will compare the findings of the present study with existing and relevant literature about mental health-related content on SNSs. The chapter opens with a discussion of students' frequency and patterns of Instagram usage, followed by a discussion of the type of mental health-related content accessed by students on Instagram and how students engage with mental health-related content on Instagram. Reflexivity is then discussed. The chapter then considers the limitations of the present study alongside recommendations for future research.

### **5.1. Frequency and Patterns of Use**

Over two thirds of the survey respondents access Instagram several times a day and Instagram is therefore an integral part of their daily lives.

Participants follow specific mental health accounts on Instagram, as well as new content generated by Instagram's algorithm through its "explore" function. Thus, although respondents follow and keep up with accounts that appeal to them, they also access different mental health-related content outside of the accounts they follow. There is therefore a wealth of mental health-related content for users to access on Instagram. Users are also open to accessing new and different content generated by Instagram's algorithm.

Most respondents found the content they access to be helpful to at least some degree, with almost half finding it very or extremely helpful. All of this indicates that Instagram is an accessible forum for users to find mental health content and that there is ample mental health content that they can access through different pathways on the app. Further, it appears to be an acceptable platform for accessing mental health content, as most participants feel they can

find helpful content there. The types of content that they access and the ways in which they find it helpful are discussed further below.

## **5.2. Type of Mental Health-Related Content Accessed on Instagram**

The survey responses from university students in the present study yielded a list of the most frequently accessed mental health-related Instagram accounts. A content analysis of the posts from these accounts showed that there are several types of mental health-related content that participants access. These are discussed in turn below.

### **Mental Health Awareness and Psycho-education**

The most common type of mental health-related content emerging from the data in the content analysis phase of current study was related to the sharing of helpful information and realities concerning mental health difficulties. A large proportion of respondents also mentioned this type of mental health content as one they access frequently. This ranged from describing the manifestations of different mental illnesses, misconceptions concerning mental illnesses, and lived experiences of people with mental health difficulties. This type of content seemed to be aimed at making users aware of what to look out for, encouraging them to seek further help if needed.

Studies such as McCosker's and Gerrard's (2021), on hash-tagging depression on Instagram, have previously characterized Instagram as a platform that normalises harmful behaviours such as self-harm and eating disorders. However, the content identified in the current study, while recognising that experiences of mental health difficulties are common, stressed the importance of seeing to it that said difficulties are attended to and not left to fester. This was also visible in the language used in such content, such as "suicidal warning signs", which positions suicide ideation as something to be concerned about. Moreover, such content has an underlying tone of helpfulness, highlighting what signs to look out for while encouraging the

individual experiencing these signs to take them seriously and seek help in whatever form it may be accessible to them. Thus, the data in this study supports research that has found that platforms such as Instagram enable individuals to anonymously access helpful mental health information (Record et al., 2020). This content also has the potential to counter-balance the heavy emphasis on Instagram on ‘living your best life’ (Weiderhold, 2018), recognising that for many people life entails real distress and suffering.

Moreover, the mental health awareness related content analysed in this study contrasted myths about mental health difficulties with facts and truths about them, actively challenging stigmatized beliefs about mental health difficulties. Thus, it provides a form of psycho-education. This is aligned with studies that have highlighted the role that SNSs have played in the newer ways that individuals communicate about mental health (Record et al., 2020).

Some of the mental health-related content that is shared on Instagram is by healthcare professionals and offers opportunities for health care professionals to disseminate evidence-based information while allowing the public to participate (Ventola, 2014). This can counter-balance false and potentially harmful mental health content, such as that posted by pro-anorexia and pro-self-harm communities (Ging & Garvey, 2018; Reid & Weigle, 2014; Tanner, 2015). It is important to note that the mental health awareness related and psycho-education content analysed in this study also included content that informed individuals on what to do when their loved ones exhibit mental health difficulties. As such, the information that the content offers was not only aimed at those with mental health difficulties but also at how to support people they care about.

## **Inspiration**

The second most common type of mental health-related content in the content analysis was related to posts oriented around motivational and encouraging quotes as well as positive



affirmations. It was also the type of mental health content most accessed by respondents, according to the survey responses. This type of content within the study did not speak to mental health difficulties exclusively, but to the general attitude with which individuals should approach their daily lives. This highlights the ways in which positive psychology approaches are also valued by participants in this study, in addition to content on mental health problems. The role of inspirational content on social media has received little research attention to date, but a few studies have documented that such quotes are very prevalent on social media and are experienced by consumers as providing meaningful moments of reflection and mindfulness in their daily lives (Dale et al., 2020; Rieger & Klimmt, 2019).

### **Coping strategies**

Respondents in the current study frequently used Instagram to access content on coping strategies, including self-care tips and healthy coping mechanisms. Moreover, a substantial amount (close to a third) of the data in the content analysis phase was related to coping strategies. Respondents in the current study valued having recommendations for active, concrete ways to manage their own mental health difficulties and to support others to manage theirs. Instagram has increasingly been used to connect people who are facing similar issues across different geographical locations, enabling them to support each other and share helpful information such as coping strategies (Mullis et al., 2021). It has been found that such content promotes the importance of alleviating the effects of mental health difficulties (Naslund et al., 2016). In South Africa, barriers such as a lack of resources and adequate training in primary healthcare facilities, as well as stigma and lack of knowledge about mental illness symptoms, complicate help-seeking and recovery for many who are living with mental health difficulties (Lund et al., 2012; Sorsdahl et al., 2010; Vergunst, 2018). The presence of self-care and coping mechanism tips on platforms such as Instagram offers access to helpful activities that

not only promote well-being but may reach a wider demographic, including those who may be reluctant to seek, or unable to access formal mental health care (Naslund et al., 2015).

### **Memes and humour**

The final type of mental health-related content identified from the data was related to approaching mental health difficulties through a humorous perspective. A very small proportion of the survey respondents mentioned this type of mental health content as content they access. This included the usage of memes that speak to mental health difficulties. Most of the memes identified in the current study involved individuals making fun of themselves or commenting on their mental health difficulties in an ironic/satirical manner. Memes can provide a moment of levity and relief for people struggling with depression or anxiety (Cuevas, 2021), but, beyond this, the sharing of such memes on SNSs can help to normalise and destigmatise mental illness by assuring people that others are facing similar difficulties (Cuevas, 2021). Ultimately, the presence of mental illness related memes can be beneficial to individuals with mental health difficulties, offering humour amid difficulty.

### **5.3. Engagement with Mental Health-Related Content on Instagram**

Data gathered from the online survey yielded reasons that participants found mental health content on Instagram to be helpful. Interviews with participants then allowed for more in-depth exploration of how South African university students engage with the mental health-related content they access on Instagram, including why and how they find this content helpful and how they then use it in their daily lives. The most significant themes included awareness and management of symptoms, coping mechanisms, self-care tips and recommendations, connectedness and social support, normalizing mental health difficulties as well as validation and alleviation of negative feelings.

#### **Awareness and management of symptoms**

SNSs have been increasingly used for positive discussions concerning different aspects of health, and it has been found that the sharing of information can be beneficial to the individuals with whom it is shared (Gupta & Ariefdjohan, 2021). Participants in the current study highlighted that the mental health content they access on Instagram raises their awareness concerning specific mental health difficulties, specifically relating to symptoms and how to manage them. These findings align with a previous study of a Facebook weight loss support group for obese adults with serious mental illnesses, in which participants expressed that they found the mental health awareness information shared on the group helpful and that such content provided a sense of safety on the platform (Naslund et al., 2016). It has been suggested that the usage of SNSs to access information about mental health difficulties and their management may reflect that many individuals with mental health difficulties have inadequate mental health care access in their lives (Naslund et al., 2017).

In the current study, mental health content on Instagram also helped participants navigate how to help loved ones having mental health difficulties. A study that sought to evaluate a social media intervention for raising mental health awareness found that there were improved attitudes towards mental health issues in those the intervention was targeted at but that the campaign was not as effective at providing the target population with the tools to help them help those who may be experiencing mental health difficulties around them (Livingston et al., 2014). However, participants in the current study indicated that they do find such content helpful, perhaps again pointing to the absence of such information elsewhere.

### **Normalizing mental health difficulties**

Relatedly, participants voiced that the mental health content they access on Instagram openly addresses difficulties that are usually met with a level of shame in society. This aligns with studies that have explored how mental health content on SNS normalises mental health

difficulties. One study analysing communication patterns in an online psychosis group found that such communication offered an understanding of the difficulties that those belonging to the group were experiencing (Chang, 2009). Another study, focusing on the positive effect of celebrities disclosing their mental health difficulties, found that such disclosure contributed to mental health awareness and the normalization of psychiatric illnesses, using celebrities such as Princess Diana, Lady Gaga and Demi Lovato as examples of individuals whose disclosure has impacted positive change (Calhoun & Gold, 2020). This is different to the negative and stigmatizing portrayals of mental health difficulties that are often found in media.

Participants highlighted that this content made them feel less ashamed about having mental health difficulties. Being embarrassed for needing help concerning mental health difficulties has been highlighted as a barrier for help-seeking in the South African context (Sorsdahl et al., 2010). The effect of making individuals less ashamed about having mental health difficulties may contribute to the building of positive help-seeking behaviour, although more effort would need to be put into understanding the extent to which mental health-related content on SNSs accomplishes this (Niederkrötenhaler et al., 2014).

### **Coping mechanisms, self-care tips and recommendations**

Participants highlighted that the mental health-related content they access on Instagram provides practical tips and resources that are applicable in their lives. They further added that these tips and resources influence their daily habits in a significant way, giving them a sense of agency in managing their mental health difficulties.

Social media has increasingly been used to facilitate changes in public health, thus being used as a tool for influencing health behaviour (George et al., 2013). The findings in the current study support this and contribute research showing that SNS are increasingly being used to facilitate online communities through which, amongst other things, strategies for coping with

mental illness and seeking support or information can be shared (Lal & Adair, 2014; Naslund et al., 2014). Although these are not formal psychological interventions, the findings from the current study point to the possibility that people with mental health difficulties feel comfortable accessing mental health-related information online, which would then speak to the potential of delivering mental health interventions through online communities (Naslund et al., 2016).

The coping mechanisms and self-care tips mentioned ranged from books and writing prompts to mindfulness techniques and establishing self-care days. Such strategies and tips have proven to have effects on the reduction of stress and low mood, as they embody positive themes and self-improvement in an achievable way (Mullis et al., 2021). However, there have been concerns around the credibility of such content, as some of the information shared may be inaccurate and misleading (Mullis et al., 2021). Moreover, it has been found that coping mechanisms and self-care content may trigger unfavourable social comparisons when related to body image, as this may make individuals feel pressured to look a certain way to show that they are taking care of themselves (Hackman & Pember, 2016). However, participants in the current study found coping strategies shared through Instagram to be very helpful and achievable and indicated that they had experienced significant positive changes in their daily lives by applying the coping strategies and self-care tips accessed on Instagram.

### **Connectedness and social support**

Participants in the current study expressed how the mental health-related content they access on Instagram makes them feel like they are not the only ones navigating mental health difficulties as a result of seeing content that touches on their difficulties, as well as being exposed to individuals who share their journeys of navigating mental health difficulties. This offers support through the presence of a network of people to whom they can relate. Multiple

studies have previously identified social connectedness and support as one of the main reasons that individuals with mental health difficulties use SNS (Highton-Williamson et al., 2014; Naslund et al., 2014; O'Reilly, 2020; Sangeorzan et al., 2019). This includes establishing and maintaining relationships with individuals experiencing similar difficulties and having access to online peer support (Highton-Williamson et al., 2014). For example, a study found that individuals struggling with psychosis used their online presence to network and establish new relationships, which they had few of in real life (Highton-Williamson et al., 2014). Moreover, the level of connectedness that individuals may experience with others is associated with the quality of the online connections they make (Elmquist & McLaughlin, 2018). As such, forming deeper online connections is associated with higher social connectedness.

## **Validation**

Participants expressed that the mental health content they access on Instagram makes them feel that their mental health difficulties are valid. This helped participants accept and understand their mental health difficulties, easing their insecurities and shame. A study investigating illness-related interactions with others on SNS reported that discussing experiences and trading information with peers contributed to self-esteem and reassurance in individuals with health difficulties (Schrank et al., 2010). It has further been found that younger people with mental illnesses are particularly drawn to SNS such as Facebook, Twitter and Snapchat as they can express themselves in ways they may not be able to in their everyday lives (Elmquist & McLaughlin, 2018). Thus, in line with previous studies, the current study found that Instagram is a safe space where individuals can not only express their difficulties but can also receive the reassurance and validation that they may be missing in their lives as they navigate their mental health difficulties.

Mental health-related content that incorporates storytelling is effective in educating individuals about different illnesses and making mental illness-related experiences more relatable and 'real' to the general public (Gray, 2009). The dissemination of mental health content in such a way has proven to be particularly validating for unrepresented/marginalized groups such as black women, as this can help make mental health and mental health difficulties more identifiable and relatable to different groups of people (Calhoun & Gold, 2020). The finding that mental health content on Instagram can be reassuring and validating runs contrary to an overwhelming amount of previous studies that have focused on the adverse effects of SNS on the individual's self-esteem and mental health, suggesting that the type of content accessed, rather than the platform itself, is part of what determines the mental health impact.

#### **Alleviates negative feelings/emotions**

Participants highlighted that the mental health-related content that they access on Instagram helps to alleviate negative feelings and emotions related to their mental health difficulties. Most of the research conducted on the psychological aspects of SNS has focused on the adverse effects of social media usage, with extensive and prolonged usage being linked to increased feelings of loneliness as social media replaces face-to-face interactions with people (Naslund et al., 2020). However, within this study, participants expressed that Instagram grants them access to content that alleviates their negative feelings/emotions.

Participants further highlighted that memes and humorous mental health-related content were amongst the types of content mentioned. According to participants, it is not only the humorous nature of memes and humorous mental health content that alleviates mood.

Participants further valued the relatability that is in the memes they find humorous, which is aligned with some studies that have explored why it is that the memes that gather a large

number of likes on SNSs such as Instagram do so (Kariko & Anasih, 2019). It has further been suggested that memes related to mental health, such as depression-related memes, “demonstrate that irony can be mobilised into authentic flows of intimacy in the context of certain dominant discourses” (Chateau, 2020, para. 19). Thus, while one side of the coin may suggest that mental health-related memes could be showing the repression of difficulties in exchange for humour concerning said difficulties, the other also shows that these memes may be an authentic albeit unorthodox means of talking about mental health difficulties (Chateau, 2020; Kariko & Anasih, 2019).

### **Easily accessible but temporarily effective**

Participants reported that the mental health-related content they access is easy to find and return to, with text-based tips being easier to put into practice and remember in comparison to videos and image-based content. A recent study found that ‘going online’ is a key means through which younger people engage with health information, as the internet SNS are part of their day-to-day experiences (Fergie et al., 2016). Moreover, the same study highlighted that users navigate the health-related information available to them online concerning their specific needs or interests, doing so to seek information that goes beyond evidence-based information and the dominant medical perspectives that make up much of the general discourse concerning health (Fergie et al., 2016).

Easily accessible mental health information has been especially helpful during the COVID-19 pandemic. The pandemic necessitated changes in everyday life, one of which was the shift from in-person to virtual events, gatherings and appointments. Within the medical field, delivering health care services using mobile, online or other devices has increasingly been used to take care of patients (Naslund et al., 2017). Moreover, there has been evidence pointing to the acceptability and effectiveness of online-delivered interventions for mental



health care, including chat rooms and discussion forums, which qualify as forms of social media (Naslund et al., 2015). The usage of digital technologies could improve both the quality and reach of mental health services (Naslund et al., 2017). The narratives of participants in the current study support this prospect.

It is, however, important to note that some participants highlighted that, albeit easy to access, some of the mental health-related content on Instagram is only temporarily effective. It has been recommended that SNS ought to be used in conjunction with professional health care, as an extension of mental health programs and services offered to individuals with mental health difficulties, rather than as stand-alone forms of support (Naslund et al., 2017).

Further, the accessibility of SNS is more limited in lower-resource contexts like South Africa, where both poverty and data costs are high, and for consumers with disabilities such as visual impairments who may not be able to access the image-based content of Instagram (Pereira et al., 2021).

#### **5.4. Reflexivity**

Reflexivity is concerned with understanding and reflecting on, as well as monitoring, one's thoughts and emotions while carrying out research (Corlett & Mavin, 2017). Reflexivity requires the researcher to have the ability to understand and reflect upon how their identity, status and biases may influence the research itself, as well as the researcher's interactions with the participants (Dodgson, 2019). As such, it was important for the researcher to take into account the influence that subjectivity may have had throughout the research process.

Characteristics such as age, gender, race and position can come into play when conducting a qualitative enquiry, as was done when semi-structured interviews were carried out in the current study (Corlett & Mavin, 2017). As a researcher, I noticed that as I was setting up times for interviews, I felt more comfortable with the idea of interviewing females than

males. However, this did not influence the process of selecting individuals to interview, as this was done based on who responded to the interview advert first. Of the participants, only one interviewee was male. However, upon beginning the interview, I felt much more comfortable than I had anticipated.

Conversely, as a young person who uses social media often, I was excited to interview other young people. The interviews flowed because we could relate to each other on that level. Even so, I remain aware of the power imbalance that existed between researcher and interviewee. The participants' perception of me as a postgraduate student and a researcher within the Psychology Department may have influenced them not to be as open and transparent as they could have been. The discussions were not limited to the pre-selected questions as these were used as a guide, so a myriad of topics was explored. In the analysis process, I interpreted the responses given by participants based on my understanding of them. My supervisor acted as my second set of eyes, so I was not the only individual who was monitoring the data analysis process.

### **5.5. Limitations and Suggestions for Future Research**

Although a substantial amount of Instagram posts were analysed, the researcher accessed mental health-related content unique to the current sample. As such, the posts analysed in the current study may not be representative of the mental health-related content that is on Instagram. Moreover, the analysis of this study included one researcher who was responsible for coding the posts accessed on the chosen Instagram accounts. Coding can be subject to bias and may differ across different coders. However, the researcher's supervisor also reviewed the results, and the content themes identified by the analysis had close parallels with the Instagram mental health content themes mentioned by participants in the survey and the interviews.

The study sample included only UCT Psychology students who volunteered to participate. This sample may not be representative of the UCT student population. For example, Psychology students may be more interested in mental health-related content or access more of it because they are more aware of mental health care than those who may not be studying Psychology. This sample may also not be representative of students at other South African universities. Although the survey sample was quite diverse with regard to socio-demographics, a large proportion of the sample was female. As such, the results of the current study may not reflect the experiences of people who belong to different genders.

Further, the number of interview participants may have been too small to ensure a representative distribution of the university student population.

With the surveys and interviews, the researcher relied on self-reported data. Such data cannot easily be verified and the interviewer had to take what they shared of their experiences at face value. It is possible that some of the responses may have been influenced by what participants perceived as being socially acceptable/desirable. There were also some instances where the participants' responses showed that the question asked was interpreted incorrectly, however, the researcher tried to correct this by clarifying what it is that the question sought to explore/understand.

The use of mixed methods, using open-ended questions in the survey and interview to supplement more quantitative information, is a strength of this study. Open ended survey questions and semi-structured interviews allowed participants to express their experiences and feelings in greater depth in comparison to closed-ended questions. The open-ended questions thus gave the researcher detailed data that included unique responses from each participant

Future research would need to recruit a larger sample that is more representative, particularly across gender and course of study, to explore how university students experience and apply the mental health-related content they access on Instagram in their daily lives. It may be helpful to further investigate how SNSs such as Instagram could be used to offer mental health promotion and support programs to university students with mental health difficulties. In general, more research needs to be conducted to explore and understand the usage of Instagram in accessing and applying mental health-related content in students' lives, as only a small body of literature was identified by the researcher. In developing a better understanding of the ways in which Instagram could support mental health, some longitudinal research (following up Instagram users over a period of time) would help to go beyond correlational findings and examine ways in which accessing mental health-related content impacts mental health over time.

## **5.6. Conclusion**

The current study explored South African university students' access to and usage of mental health-related information on Instagram. The most significant themes that emerged included awareness and management of symptoms, coping mechanisms, self-care tips and recommendations, connectedness and social support, normalizing mental health difficulties, and validation and alleviation of negative feelings. It is therefore evident that Instagram is used to access mental health-related content and could be a platform through which mental health-related information and care can be provided.

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## APPENDICES

### Appendix A: Online survey advert

Dear students,

My name is Lesego Lekgothoane and I am currently completing my Master's degree in Clinical Psychology at the University of Cape Town. I am interested in exploring creative ways to deliver mental health care support to students and other young adults. I am conducting a study exploring how university students make use of Instagram to access content related to mental health and how they use this content to inform their mental health care practices. **IF YOU HAVE AN INSTAGRAM ACCOUNT**, I would like to invite you to take part in a very short online survey asking about your use of Instagram to find information and support related to mental health.

#### **What can you expect from your participation?**

Participation in this study is completely voluntary. If you choose to participate, you will be asked to provide some basic demographic information (age, gender etc.) and to indicate how regularly you use Instagram. You will then be asked to list any Instagram accounts that you regularly use to obtain information or support regarding mental health issues. The survey should take no longer than 5-10 minutes to complete.

#### **Confidentiality and anonymity**

The survey is completely anonymous. You will not be asked to provide your name or any other details that could identify you.

#### **Potential risks and benefits**

There is no risk of harm from taking part in this survey. There is also no direct benefit from participating. The survey is too short to qualify for SRPP points. But at the end of the survey you have the option of volunteering for the next stage of this study, which involves online interviews, and if you are interviewed you will then earn 1 SRPP point for this. Your participation will help us understand whether Instagram could be used to share helpful mental health information to young adults, so please do consider giving a few minutes of your time towards this survey.

### **Questions**

If you have any questions or concerns about the study, please contact me on [lekgothoanelesego@yahoo.com](mailto:lekgothoanelesego@yahoo.com) or my supervisor, Dr Debbie Kaminer, on [debbie.kaminer@uct.ac.za](mailto:debbie.kaminer@uct.ac.za).

If you have any concerns about your rights as a research participant, you can contact Rosalind Adams on [Rosalind.adams@uct.ac.za](mailto:Rosalind.adams@uct.ac.za)

**Click below if you would like to take part in the survey:**

**(Survey link inserted here).**

## **Appendix B: Online survey consent form**

Thank you for your interest in participating in a very short online survey asking about your use of Instagram to find information and support related to mental health. Please note you should only take this survey if you have an Instagram account.

### **What can you expect from your participation?**

Participation in this study is completely voluntary. If you choose to participate, you will be asked to provide some basic demographic information (age, gender etc.) and to indicate how regularly you use Instagram. You will then be asked to list any Instagram accounts that you regularly use to obtain information or support regarding mental health issues. The survey should take no longer than 5-10 minutes to complete.

### **Confidentiality and anonymity**

The survey is completely anonymous. You will not be asked to provide your name or any other details that could identify you.

### **Potential risks and benefits**

There is no risk of harm from taking part in this survey. There is also no direct benefit from participating. The survey is too short to qualify for SRPP points. But your participation will help us understand whether Instagram could be used to share helpful mental health information to young adults, so please do consider giving a few minutes of your time towards this.

## Questions

If you have any questions or concerns about the study, please contact me on [lekgothoanelesego@yahoo.com](mailto:lekgothoanelesego@yahoo.com) or my supervisor, Dr Debbie Kaminer, on [debbie.kaminer@uct.ac.za](mailto:debbie.kaminer@uct.ac.za).

If you have any concerns about your rights as a research participant, you can contact Rosalind Adams on [Rosalind.adams@uct.ac.za](mailto:Rosalind.adams@uct.ac.za)

By clicking “NEXT” you will indicate that have read all the information above and are agreeing to participate in the study. If you do not want to participate, do not select “NEXT” and exit the survey.

## Appendix C: Online survey

Please provide us with some basic demographic information:

What is your age (in years)?

What year of study are you in?

First year

Second year

Third year

Fourth year undergraduate

Post-graduate

Other

What gender do you identify with?

Female

Male

Non-binary

Prefer not to choose

What is your home language?

Afrikaans

English

IsiZulu

IsiXhosa

IsiNdebele

SeSotho

SeTswana

Tsonga

Swati

Venda

Other

How often do you access Instagram?

Several times a day

Once a day

A few times a week

Once a week

Less than once a week

Other (please specify)

Have you accessed any mental health-related content on Instagram? (Mental health resources, self-care tips, motivational quotes, journaling prompts, etc).

Yes

No

If you have answered “yes” to 6, please list 5 of the Instagram accounts you access mental health-related content from (list them from the ones you use most often to the ones you use least often, if possible)?

(insert 5 accounts here).

How do you access mental health related content on Instagram? Choose ALL that apply.

I follow specific mental health related accounts

The content shows up on my explore page

I search for mental health related content using a hashtag

Other (please specify)

How helpful is the mental health related content you access on Instagram?

Extremely helpful

Very helpful

Somewhat helpful

Slightly helpful

Not helpful at all

Following on from the question above, please explain in your own words how the mental health content you access on Instagram is helpful, or why it is not helpful.

If you access Instagram at least once a week AND have accessed mental health content on Instagram before, would you like to participate in an online interview with the researcher?

This will provide an opportunity to explore how you have engaged with mental health content on Instagram and the potential for using Instagram to share mental health information and support among university students. Your name and identifying details would not be used in the research report or any publications arising from it. Participation will earn 1 SRPP point.

If you are willing to be interviewed, please email me at [LSGLES001@myuct.ac.za](mailto:LSGLES001@myuct.ac.za) and I will send you a consent form with further information.



## **Appendix D: Second interview advert**

Dear students,

**DO YOU USE INSTAGRAM TO ACCESS CONTENT RELATED TO MENTAL HEALTH? IF SO, YOU ARE INVITED TO TAKE PART IN AN INTERVIEW TO EARN 1 SRPP POINT.**

My name is Lesego Lekgothoane and I am currently completing my Master's degree in Clinical Psychology at UCT. I am interested in creative ways of sharing mental health information and I am currently conducting a study about how university students make use of **Instagram** to access mental health content. Last semester I conducted an online survey on this topic (you may have taken part!) and now I am following this up with some interviews to get more information. If you have used Instagram to access any content related to mental health, you are eligible to take part in my study.

### **What will participation involve?**

The interview will take place online at a time that suits you and should take no longer than half an hour. Data can be provided if needed.

### **Will my participation be anonymous?**

Names and other identifying information will not be used in the thesis write-up, so all participants will be anonymous. The interview will be recorded but all devices used for the recording process will be password-protected and the recordings will only be accessible to me. The recording will be deleted once the interview has been transcribed. No names or identifying information will be included in the transcripts.

I hope you will consider volunteering for this study!

If you have any questions or concerns about the study, please contact me  
on [LSGLES001@myuct.ac.za](mailto:LSGLES001@myuct.ac.za) or my supervisor, A. Prof. Debbie Kaminer,  
on [debbie.kaminer@uct.ac.za](mailto:debbie.kaminer@uct.ac.za)

If you have any concerns about your rights as a research participant, you can contact Rosalind  
Adams on [Rosalind.adams@uct.ac.za](mailto:Rosalind.adams@uct.ac.za)

## **Appendix E: Interview consent form**

My name is Lesego Lekgothoane and I am currently completing my Master's degree in Clinical Psychology at the University of Cape Town. I am conducting a study exploring how university students make use of Instagram to access content related to mental health and how they use this content to inform their mental health care practices. I would like to invite you to take part in a one-on-one virtual interview as part of this study.

### **What can you expect from your participation?**

I am asking you to participate in the interview because you are a university student who is an active Instagram user, and you have accessed mental health content on Instagram. If you agree to participate, you will be invited to a virtual one-on-one interview with me (the researcher). During the interview, I will ask you questions about your Instagram usage, the kind of mental health care content you access on Instagram, and how you use this information to inform your personal mental health care practices. The interview will be facilitated by me in English, and it is anticipated that it will last no longer than an hour. It will be scheduled for a time that is convenient for you. The interview will also be recorded for data analysis purposes.

### **Confidentiality and anonymity**

Your name, email and any other identifying information that you share with me will be kept anonymous in the write up for this study. No real names will be used in the research report or any publications arising from this. The recordings from the interview will be stored on a password-protected device that only I have access to and will be deleted as soon as the recordings have been transcribed. The transcriptions will also be stored in a password-protected file on a secure device that only the researcher has access to.

## **Voluntary participation**

Participation in this study is completely voluntary. Should you wish to withdraw from the study at any point in time, there will be no negative consequences. Should you wish to participate, you can refuse to answer a question if you so wish.

## **Potential risks**

It is anticipated that there will be minimal risk of harm to you if you take part in this study. It is possible that you may feel some discomfort talking about mental health issues. If this happens, you have the right to choose not to answer a particular question or to withdraw from the interview at any point.

## **Potential benefits**

If you require SRPP points for a Psychology course, you will earn 1 SRPP point by participating in the interview. Your participation will help us understand whether Instagram could be used to share helpful mental health information to young adults.

## **Questions**

If you have any questions or concerns about the study, please contact me on [lekgothoanelesego@yahoo.com](mailto:lekgothoanelesego@yahoo.com) or my supervisor, Dr Debbie Kaminer, on [debbie.kaminer@uct.ac.za](mailto:debbie.kaminer@uct.ac.za).

If you have any concerns about your rights as a research participant, you can contact Rosalind Adams on [Rosalind.adams@uct.ac.za](mailto:Rosalind.adams@uct.ac.za)

## Providing consent

By signing this form, I am stating that:

- I am satisfied with my understanding of the research study and all of my questions about the study have been answered.
- I understand that I am under no obligation to take part in this study and that I can refuse to answer questions.
- I understand that my participation in this research is voluntary, and that, after the study has started, I may withdraw my participation at any time without penalty.

**I hereby voluntarily consent to participate in the research study:**

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-----

Participant (printed name and surname)

Signature

Date

**I agree that the interview may be recorded:**

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-----

Participant (printed name and surname)

Signature

Date

**Researcher:**

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Person obtaining consent

Signature

Date

(printed name and surname)

## **Appendix F: Interview schedule**

Good morning/afternoon. My name is Lesego Lekgothoane and I am currently completing my Master's degree in Clinical Psychology at the University of Cape Town. As the consent form outlines, this interview will aim to gather insights into how you use mental health-related content from Instagram to inform your mental health care practices. I would like to remind you that participation is completely voluntary, and you are free to stop or withdraw from the interview should you experience any discomfort. Your identity will remain anonymous and any personal details will be confidential as only my supervisor and I will have access to these. If you have no questions, we can begin the interview.

### **Interview**

I would like to ask you some questions about your social media usage first, and then build on that with follow-up questions that are specific to mental health-related content from Instagram.

### **Social media usage questions**

1. How often do you use Instagram?
2. How much time, on average, do you spend on Instagram each day?
3. What kind of Instagram content do you spend most of your time looking through and why?

**Mental health-related content questions (note: the questions may be adapted slightly based on the results of the content analysis)**

1. In the survey, you indicated that you access mental health care content on Instagram.  
Can you tell me more about this? (a prompt here might be: can you tell me a bit about what led you to look for mental health-related content on Instagram?)
2. What are your favourite mental health/self-care accounts and why? (Prompts: what appeals to you about that? How has that been helpful to you? Do you like/comment, apply the content to your life, or use it in conjunction with other forms of mental health information?)
3. What messages about mental health does the kind of content you access on Instagram relay to users?
4. What kind of features do you prefer to see in the Instagram mental health content (text, images, videos, etc)? Why?
5. How do you feel immediately after accessing mental health care content on Instagram? How long does the effect last?
6. What has been the most helpful content you have found on Instagram about mental health? In what way has that been helpful for you?
7. Has the content you access changed your perspective on mental health care? In what way?
8. What kind of mental health-related content would you like to see more of on Instagram? Why is that?
9. Would you recommend the mental health-related content you access to others? Why?



10. What platforms or services, outside of Instagram, do you use to access mental health information or mental health care and support? How do these compare to what you get on Instagram?

### **Conclusion**

Thank you for taking the time to go through these questions with me. It has been really useful and informative for my study. If, at any point, you wish to withdraw your information from the study, please do reach out. Is there anything else that we didn't speak about that you think would be helpful for me to know?