

DIGITAL PROMPTS, PROMOTION, AND UPTAKE OF MENTAL HEALTH CONTENT AMONG UNIVERSITY OF UYO STUDENTS

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Abstract

This study investigated how digital prompts, promotion and content influenced students' uptake of mental health information at the University of Uyo. It was guided by the Health Belief Model, which explains how individual beliefs affect health behaviours. The study used a cross-sectional survey research design. The population consisted of 29, 426 male and female undergraduate students. A sample of 375 respondents was selected using the Krejcie and Morgan (1970) formula. Data were collected using the questionnaire that measured awareness, usage, beliefs, and engagement with digital mental health content. The analysis was carried out using descriptive statistics, mainly weighted mean scores. Findings showed that students engaged more with mental health content shared through mobile apps and social media. Simplicity of message format and internet access were strong factors that affected their willingness to respond to digital prompts. While students believed digital tools were useful for managing stress, many preferred face-to-face counselling and had concerns about trust and long-term effectiveness. It was concluded that though digital platforms were helpful, issues of trust, design, and accessibility must be addressed. It was recommended that mental health campaigners should focus on using relatable digital tools, make content more interactive, and ensure easy internet access for students. School authorities and mental health promoters must also work to reduce stigma and make digital content more credible and user-friendly.

1. Introduction

The growth of digital media has transformed the way young people engage with information, health messages and social causes. With the rapid increase in internet access and smartphone ownership among students in Nigeria, the use of digital tools to promote mental health has become a key part of public health communication. At the centre of this trend is the use of digital prompts - strategic reminders, nudges or alerts delivered through mobile phones, social media, websites or apps to drive behaviour change. Digital prompts are often used in campaigns to remind people to check their mental well-being, take

mental health screening tests, attend online counselling, or simply to pause and reflect on their emotions. They have become useful tools in improving mental health awareness, especially among young people in universities.

Digital prompts have a history that dates back to the early use of mobile text messaging in health promotion in the late 1990s. At that time, simple SMS messages were used to remind patients to take their medication or attend clinic appointments. Over time, the technology advanced with the development of more interactive platforms, mobile health (mHealth) apps and integration with social media platforms. These tools allowed for personalised, timely and engaging communication. Today, they are designed with behavioural science principles to nudge individuals into taking small steps that can have long-term impacts on their mental health (Ferrari, Allan, Arnold, Eleftheriadis, Clark, Fairchild and Rose, 2022).

Mental health communication campaigns have followed a similar path. Historically, mental health campaigns were delivered through posters, radio announcements and community talks. However, these often failed to reach young people due to stigma, disinterest or poor access. In recent years, digital platforms have become a more effective way to talk about mental health with young people in Nigeria, where young adults are among the most active users of mobile and internet-based services. These campaigns aim not just to share information but to change attitudes, reduce stigma and encourage help-seeking behaviour (D'Adamo, Paraboschi, Grammer, Fitzsimmons-Craft, Wilfley and Taylor, 2023).

In Nigeria, mental health challenges among university students are becoming increasingly visible. Academic pressure, poor social support, financial struggles and lack of mental health services on campuses often lead students to experience stress, anxiety, depression and in some cases, suicidal thoughts (Udoudom, Igiri and Egere, 2025). However, stigma and misinformation still discourage many from seeking professional help. This is where mental health promotion and uptake become critical.

Promotion in this context refers to how mental health information, services, and interventions are shared and made attractive to university students. This could be through online campaigns, peer support, webinars, visual storytelling, or social media influencers who speak on mental health issues. A well-planned promotion increases visibility, changes how students think about mental illness, and opens the door for honest conversations.

Uptake, on the other hand, means the extent to which students actually engage with these digital mental health contents. It involves whether they click on a mental health post, download an app, join an online support group, participate in a virtual therapy session, or apply the advice in their daily life (Udoudom et al., 2025). Without uptake, even the best campaigns may have little real impact. Therefore, it is important to understand what drives students to respond positively to digital prompts and how promotional strategies can improve the adoption of these resources.

One major example of a successful digital mental health campaign in Nigeria is the Mentally Aware Nigeria Initiative (MANI). Founded in 2016, MANI has become the largest youth-run mental health organisation in West Africa. With over 1,500 volunteers across 18 states in Nigeria, the organisation uses both online and offline strategies to educate and support young people. Their activities include social media campaigns, conversation cafes, training sessions for teachers and students, and a toll-free helpline that offers psychological support. According to MANI's records, they have directly supported over 40,000 people in just four years, most of whom are between the ages of 10 and 25. This success can be largely attributed to their creative use of digital prompts, engaging content, and consistent presence across Twitter, Instagram, Facebook, and TikTok, where they have reached over 350 million people in six months (MANI, 2023).

The testimonial statements from MANI service users show the human impact of their campaigns. Young people say things like: “MANI played a huge role in my survival,” and “I had someone to talk to when I was isolated.” These highlight how effective digital campaigns can provide not just awareness but actual emotional support and a sense of community. Their recognition by The Elders as a global ‘Spark of Hope’, and the Nelson Mandela–Graça Machel Innovation Award in 2017, further underlines their role in shaping digital mental health communication in Nigeria.

Apart from MANI, other global examples like the #BellLetsTalk campaign in Canada and Time to Change in the United Kingdom have shown how digital platforms can shift public perceptions and promote help-seeking behaviour (Madrid-Cagigal, Kealy, Potts, Mulvenna, Byrne, Barry and Donohoe, 2025). These campaigns used hashtags, video stories, celebrity ambassadors, and interactive online spaces to encourage people to speak up and seek help for their mental health issues.

Previous studies have also examined the role of digital media in mental health promotion. For example, Udoudom and Batta (2025) found that Nigerian university

students were more likely to engage with mental health content when it was delivered through familiar platforms like WhatsApp or Instagram. Similarly, Eka, Onwurah, Ngozi and Emeagui (2020) discovered that youth mental health literacy increased when interventions were peer-led and supported by mobile phone prompts. Another study by Hu (2015) highlighted that stigma remains a strong barrier, but digital tools can offer anonymity and emotional safety, making it easier for students to participate.

Despite the growing awareness, a large number of students at the University of Uyo still face mental health challenges in silence. There has been a rise in discussions about stress, anxiety, and depression on campus, especially on platforms like Facebook and X (formerly Twitter), but few structured studies have examined how digital prompts and promotions influence the actual uptake of mental health resources among these students.

Hence, this study is carried out to investigate the relationship between digital prompts, the promotional strategies used, and the actual uptake of mental health content among students of the University of Uyo. The aim is not only to understand how these variables interact but also to provide practical insights for improving mental health campaigns within the university and similar institutions across Nigeria.

1.2 Statement of the Problem

Many young people in Nigerian universities today are facing mental health challenges like stress, anxiety and depression. Even though there is growing awareness and digital content about mental health, many students at the University of Uyo still do not make use of these resources. Social media, mobile apps and other digital tools now offer prompts and messages that can help students take action for their mental well-being. But it seems these tools are not reaching or influencing the students as much as they should.

The real problem is that we do not fully understand how digital prompts and promotions affect students' interest or willingness to engage with mental health content. This study, therefore, asks: Are digital prompts and promotions leading to better uptake of mental health content among University of Uyo students? If not, why?

1.3 Research Questions

This study set out to answer the following research questions:

- i. What is the level of students' engagement with digital mental health content promoted through digital platforms?
- ii. What types of digital prompts and promotional tools are used to share mental health content with University of Uyo students?
- iii. What are University of Uyo students' perceptions regarding digital mental health tools?
- iv. What factors affect students' willingness to respond to digital prompts on mental health?

2. Review of Related Literature

2.1 Mental Health Awareness and Challenges among University Students – An Overview

Mental health awareness among university students has become more important than ever. With rising cases of stress, anxiety, and depression, students often find it hard to cope with academic pressure, financial struggles, and social expectations. According to Duffy, Saunders, Malhi, Patten, Cipriani, McNevin, MacDonald and Geddes (2019), many students silently deal with emotional distress without seeking help. This silence is mostly due to fear of stigma or a lack of knowledge about mental health. Yet, awareness plays a big role in helping students understand their feelings and know when to ask for support.

Research shows that students who are more aware of mental health issues are more likely to talk about their problems and seek help early (Udoudom, Igiri and Egere, 2025). A study by Aluh, Anyachebelu, Anosike and Anizoba (2018) found that raising mental health awareness in Nigerian universities helps reduce negative beliefs and increases support for those struggling. Similarly, Su, Xu, Pathak, & Wang (2020) noted that campaigns, peer groups, and digital media can be powerful tools in promoting mental health education. These efforts not only improve knowledge but also build safer and more supportive school environments.

Despite growing efforts, challenges still remain. Many students face barriers like shame, poor access to mental health services, and cultural beliefs that discourage open discussions (Amone-P'Olak, Kakinda, Kibedi and Omech, 2023). Some students even confuse serious mental health problems with just being tired or "overthinking" (Gere and Salimi, 2025). For this reason, experts stress that awareness must go beyond surface-level

talks. It must include regular training, proper information, and open conversations that break old myths. As Ngugi and Nyaura (2025) pointed out, true mental health awareness empowers students to take charge of their well-being and support their peers with empathy and care.

2.2 Digital Prompts and Tools for Mental Health Communication

Digital prompts have become a new and helpful way to support mental health, especially among young people. These prompts are simple, short messages or reminders sent through digital tools like apps, SMS, or social media. They often encourage people to check in on their feelings, take a deep breath, or seek help when needed. According to Borghouts et al. (2021), digital prompts help shape healthy behaviours by reminding users to take action at the right time. They are also easy to access, which makes them useful for students who are always on their phones.

There are many tools used to send these prompts. Mental health apps like Headspace, Calm, and Mind Ease offer daily tips, mood tracking, and guided exercises. Some schools now use email and mobile apps to send mental wellness updates. A study by Kaur-Gill and Dutta (2021) showed that smartphone apps with built-in prompts helped reduce anxiety and depression symptoms in students. Social media platforms like Instagram and WhatsApp are also used to share relatable content, motivational quotes, and links to mental health resources (Dutta, 2024). These platforms make it easier to reach students in their everyday spaces.

Even though digital tools cannot replace real therapy, they still play a big role in supporting mental health awareness and self-care. They offer privacy and can reach large groups without stigma. However, for prompts to work well, they must be timely, personalised, and culturally sensitive (Adjekum, Blasimme and Vayena, 2018). Adebayo (2019) also stressed that students respond better when the messages are short, clear, and friendly. This shows that while technology is not a perfect solution, it can be a strong helping hand in promoting mental well-being.

Table 1: Digital prompts examples and tools

Organisation	Tool Used	Prompt Examples	Analysis
MindMate Nigeria – Daily Self-Care Reminders	Mobile App (MindMate)	“Hey! How are you feeling today? Don’t forget to take a moment for yourself.”	This app sends daily mood check-ins and self-care tips to young users, especially university students.
She Writes Woman – Mental Health	SMS / Text Messaging	“You are not alone. Text ‘HEL LO’ to 627	She Writes Woman uses SMS to send mental health awareness

Helpline SMS Prompts		to speak to someone who understands.”	prompts and offer emotional support services.
Mentally Aware Nigeria Initiative (MANI) – Instagram Mental Health Quotes	Social Media (Instagram, X)	“It’s okay to take a break. Your mental health matters.”	MANI shares daily motivational quotes, crisis number coping strategies through their popular Instagram and Twitter pages.
Stand to End Rape (STER) – WhatsApp Broadcast Prompts	WhatsApp Broadcast	“Feeling overwhelmed? Here’s a breathing exercise to help you reset.”	STER uses WhatsApp to send mental health prompts and trauma support information to young women and students.
Nigerian Health Watch – Mental Mondays Campaign	Email Newsletter and Twitter	“Start your week with a calm mind. Read 3 tips to manage school stress.”	This initiative uses weekly email prompts and social media posts to spark mental health conversations among young Nigerians.

Source: Digital archives, 2025.

2.3 Promotion Strategies for Mental Health Content in the Digital Age

Promoting mental health content in the digital age has become a key part of public health communication, especially for young people in universities. Today’s students spend a lot of time online, so digital platforms offer a great space to share helpful mental health messages. Social media, websites, mobile apps, and even emails are now used to send reminders, videos, and posts that support mental well-being. According to Ito-Jaeger, Perez Vallejos, Curran, Spors, Long, Liguori and Crawford (2021), digital promotion makes mental health content more visible, timely, and relatable to students.

Different strategies are used to grab students’ attention online. These include short videos, relatable memes, hashtags, and real-life stories shared by peers or influencers. Platforms like Instagram, TikTok, and WhatsApp have become powerful tools in this space. Research by Ngugi and Nyaura (2025) showed that students respond more to content that is simple, visual, and comes from people they trust. Another study by Ito-Jaeger et al. (2021) found that online mental health campaigns that use storytelling and humour tend to gain more engagement than formal messages.

Still, to make these promotions truly effective, they must be planned carefully. Mental health content should speak directly to students’ daily struggles, and the language must be clear and friendly. Essien and Asamoah (2020) stress that culturally sensitive messages work better in Nigeria’s diverse settings. Also, using local voices and languages helps students connect with the message. As highlighted by Ngugi & Nyaura (2025), digital promotion should not only raise awareness but also guide students toward real

support services like helplines or counselling. With the right mix of creativity, clarity, and care, digital tools can help students take mental health more seriously.

2.4 Student Engagement and Interaction with Digital Mental Health Content

Students today increasingly turn to digital platforms for mental health support, but their engagement with this content varies widely. Research suggests that while many students find digital tools like apps and online resources helpful, their interaction depends on factors such as personal relevance, ease of use, and cultural fit (Udoudom and Igiri, 2024). Many students rely on their phones and social media for information, so it makes sense that they come across mental health content online. This includes quotes, videos, chatbots, and posts about stress, depression, or how to cope. According to Bantjes, Hunt, & Stein (2023), students are more likely to read or watch content that is short, clear, and emotionally relatable. If it connects to their real-life struggles, they tend to pay more attention.

However, not all students engage in the same way. Some simply scroll past, while others save or share the content. A study by Mindu, Mutero, Ngcobo, Musesengwa and Chimbari (2023) found that students who had some level of mental health awareness were more likely to interact with posts or visit links shared in them. Others preferred private tools like mood-tracking apps or anonymous chat spaces where they felt safer to explore their emotions. Personal interest, level of stress, and trust in the source of the content all affect how students respond.

Digital interaction is not just about reading or liking posts. It also includes things like commenting, joining online support groups, or messaging mental health pages. Okeke and Lawani (2024) noted that students are more active when they feel the platform is youth-friendly and respectful. They also found that peer-led content, where students share their own stories, attracts more honest responses and helps others feel less alone. This shows the power of storytelling in student mental health engagement.

Still, engagement can be low if content feels too formal, too foreign, or hard to understand. Language, design, and timing all matter. As Okeke and Lawani (2024) explain, students ignore mental health posts if they look too academic or preachy. Likewise, Andersson and Titov (2014) observed that messages sent during exam periods got higher response rates than those sent randomly. For digital content to make a real

impact, it must match students' needs, speak their language, and show up when it matters most.

2.5 Barriers and Motivators to the Uptake of Digital Mental Health Support

The use of digital tools for mental health support is growing fast, but not all students are willing to use them. Some students are encouraged by the ease, speed, and privacy these tools offer. Apps, social media pages, and online chat services give them a chance to get help without leaving their rooms. According to Balcombe and De Leo (2022), digital platforms reduce the fear of judgment and help students feel more in control. The fact that most young people already use smartphones makes these tools easy to access at any time.

However, there are still barriers that stop many students from using digital mental health tools. One major issue is trust. Some students doubt if the information online is reliable or if their data will stay private. Amarnath, Ozmen, Struijs, de Wit and Cuijpers (2023) found that students are less likely to use mental health apps if they are unsure who is behind them. Others worry about being judged if their friends or family find out. Also, when the apps or messages are too foreign or use technical language, students feel left out and ignore them.

Cultural and religious beliefs also play a role. In some settings, mental health is still a taboo topic. A study by Udoudom and Batta (2025) showed that students from conservative backgrounds often prefer to "pray it away" rather than seek digital or professional support. Cost of data and poor internet access also affect students, especially in rural areas. These technical problems make it hard for them to stay connected with digital services, no matter how helpful they seem.

On the other hand, motivators include relatable content, peer stories, and support from student unions or campus influencers. When mental health messages come from people they know and trust, students are more open to listening. Mindu, Cele and Mutero (2023) noted that digital campaigns that use local languages and include emotional stories tend to spark interest and action. As Azizan (2024) added, gamified features, daily mood check-ins, and reward-based systems in apps also help keep students engaged. So, for digital tools to work, they must be easy, relatable, and respectful of the students' world.

2.6 Theoretical Framework

This study is anchored on the Health Belief Model (HBM). The Health Belief Model (HBM) was developed in the 1950s by social psychologists Godfrey Hochbaum, Irwin Rosenstock, and Stephen Kegels while working with the U.S. Public Health Service. They introduced the theory to help explain why people often refused to take part in free health services, even when those services were clearly beneficial. The model is built on six key ideas: perceived susceptibility (how likely a person thinks they are to face a health issue), perceived severity (how serious they think the issue is), perceived benefits (how much they believe taking action will help), and perceived barriers (what might stop them from taking action). Later, the model added cues to action (such as reminders or digital prompts) and self-efficacy (confidence in one's ability to act). Over the years, HBM has been widely used to understand behaviour in areas like vaccination, disease prevention, and mental health.

The HBM is especially useful for this study because it helps explain how digital prompts and promotions can shape students' mental health choices. A message sent through Instagram, WhatsApp, or a mental health app can serve as a cue to action, reminding students to pay attention to their emotional well-being. If the content highlights the seriousness of mental health struggles and shows that many students face them, it may help others see themselves at risk. When the benefits of seeking help are clearly shown and the content removes fear or confusion, students are more likely to take action. In the case of University of Uyo students, the model helps us go beyond asking if they use digital mental health content; it helps us explore why they choose to act or not.

3. Methodology

3.1 Research Design

This study employed a cross-sectional survey research design. The rationale for using a cross-sectional survey in the research design was that it allowed the researcher to collect data from a representative sample of the target population at a specific point in time. It enabled the examination of the relationships between variables without the need for long-term follow-up or repeated measurements (Sertia, 2016).

3.2 Population of the Study

The target population of this study comprised undergraduate students enrolled in the University of Uyo, during the 2023/2024 academic year when the study was conducted. The rationale for this selection involves the fact that undergraduate students typically represent the young adult population, ranging from late adolescence to early adulthood. This age group is often considered a critical target audience for health promotion and behaviour change initiatives, as they are in a transitional phase of life where healthy habits and beliefs can be established or reinforced. The population of this study therefore is, 29, 426 male and female undergraduates of the University of Uyo.

3.3 Sample Size/Sampling Procedures

The sample size was determined using the Krejcie and Morgan (1970) formula. Thus, the sample drawn from the population of twenty-nine thousand, four hundred and twenty-six (29, 426) was 375 respondents. The study utilised a multi-stage sampling procedure to select the participants. Firstly, a simple random sampling technique was employed to select three academic faculties out of the fourteen in the university. Faculties of Science, Communication and Media Studies and Education were selected to ensure a diverse representation of academic disciplines. Secondly, a stratified random sampling technique was used to select the required number of students from each of the three academic faculties. The strata were based on the departments within each faculty to ensure that students from various disciplines were included in the study. The number of students sampled from each stratum was proportionate to the size of the stratum in relation to the total student population of the institution. Finally, within each stratum, a systematic sampling technique was employed to distribute the questionnaire. Every n th student on the list of each stratum was selected until the required sample size was achieved. This process was repeated for all selected faculties to ensure a fair representation.

3.4 Research Instrument

Data were collected using a structured questionnaire measuring awareness, usage, beliefs, and engagement with various digital prompts as well as exposure to digital health campaigns. Out of the number of distributed questionnaire copies, 368 copies (96.5%) were retrieved and found valid.

3.5 Method of Data Analysis

The quantitative data collected were analysed using descriptive statistics (weighted mean scores).

4. Data Presentation and Analysis

Table 2: Engagement with Digital Mental Health Content

Statement	SA (4)	A (3)	D (2)	SD (1)	Total	Mean (WMS)
I regularly come across mental health content on social media platforms such as WhatsApp, Instagram, or Facebook.	93	125	81	69	368	2.66
I often read, watch, or listen to mental health content shared through digital platforms.	102	98	68	100	368	2.55
I have liked, shared, or commented on mental health-related posts online.	81	121	66	100	368	2.50
I follow at least one digital page, group, or app that promotes mental health awareness.	154	77	104	33	368	2.96
I have used information from digital mental health content to manage my stress or emotions.	169	44	101	54	368	2.89

Source: Survey data, 2025. Keys: SA – Strongly Agree, A – Agree, D – Disagree, SD – Strongly Disagree

Table 2 above shows that, the highest engagement was recorded on the item “I follow at least one digital page, group, or app that promotes mental health awareness” with a weighted mean of 2.96. This indicates that many students were actively connected to platforms that promote mental health content. Also, the item “I have used information from digital mental health content to manage my stress or emotions” scored a high mean of 2.89, suggesting that digital content is not only being accessed but also applied in real-life situations. However, the item with the lowest mean (2.50) was “I have liked, shared, or commented on mental health-related posts online,” which reflects a relatively lower level of interactive engagement with the content. This may imply that while students consume mental health content, fewer are publicly engaging with it due to stigma or privacy concerns. These insights highlight the need for more interactive, student-friendly mental health content and tools that encourage not just consumption but open participation.

Table 3: Types of Digital Prompts and Promotional Tools Frequently Used

Statement	SA (4)	A (3)	D (2)	SD (1)	Total	Mean (WMS)
I receive mental health reminders or tips through WhatsApp broadcasts or status updates.	74	119	103	72	368	2.53
I often see mental health awareness posts or videos on Instagram, Facebook, or Twitter.	126	88	54	100	368	2.65
I have used mobile apps that provide daily prompts or tips on mental well-being.	92	153	71	52	368	2.77
I have received mental health messages through emails or SMS from school groups or platforms.	64	100	100	104	368	2.34
I have come across digital posters, flyers, or infographics promoting mental health on campus-based platforms.	100	111	69	88	368	2.61

Source: Survey data, 2025. Keys: SA – Strongly Agree, A – Agree, D – Disagree, SD – Strongly Disagree

From Table 3 above, the item with the highest weighted mean score was the use of mobile apps for daily mental health tips (2.77), suggesting that this is the most common or engaging digital prompt tool among students. Social media platforms such as Instagram and Facebook (2.65) and campus-based infographics (2.61) also showed moderate levels of student exposure and use. WhatsApp broadcasts scored 2.53, indicating they were somewhat effective but less prominent than other tools. On the lower end, emails and SMS from school platforms scored the lowest (2.34), pointing to a possible disconnect between formal school communication channels and students' preferred digital habits. In summary, the data suggests that mobile apps and popular social media platforms are more effective channels for promoting mental health content, while traditional messaging methods may need to be improved or integrated more strategically.

Table 4: Students' Perceptions regarding Digital Mental Health Tools

Statement	SA (4)	A (3)	D (2)	SD (1)	Total	Mean (WMS)
I believe digital mental health tools are helpful in managing stress, anxiety, or depression.	122	185	18	43	368	3.05
I trust the information provided by digital mental health apps and online platforms.	100	90	103	75	368	2.58

I feel more comfortable using digital mental health tools than talking to a counsellor face-to-face.	124	63	81	100	368	2.57
I think digital mental health tools are easy to use and understand.	133	117	77	41	368	2.93
I believe using digital mental health tools can improve my overall well-being.	74	55	173	66	368	2.37

Source: Survey data, 2025. Keys: SA – Strongly Agree, A – Agree, D – Disagree, SD – Strongly Disagree

The item with the highest weighted mean score (3.05) in Table 4, suggests that a significant number of University of Uyo students believe digital mental health tools are helpful in managing stress, anxiety, and depression. This is followed by the perception that these tools are easy to use and understand (2.93), which implies a generally positive view of the user-friendliness of such digital platforms. However, lower weighted mean scores were observed in items related to trust in digital platforms (2.58), preference over face-to-face counselling (2.57), and belief in long-term well-being benefits (2.37). These scores indicate a moderate level of scepticism among students regarding the reliability and holistic impact of digital mental health tools. For mental health campaigns to be more effective, there is a need to improve the credibility, personalisation, and perceived therapeutic value of these digital resources.

Table 5: Factors Affecting Students' Willingness to Respond to Digital Prompts

Statement	SA (4)	A (3)	D (2)	SD (1)	Total	Mean (WMS)
I am more likely to respond to digital mental health prompts when they come from trusted sources.	94	166	74	34	368	2.87
Fear of being judged stops me from engaging with digital mental health content.	89	121	40	118	368	2.49
I am more willing to respond when the message is short, friendly, and easy to understand.	200	62	83	23	368	3.19
Cultural or religious beliefs sometimes discourage me from using digital mental health tools.	71	80	201	16	368	2.56
Poor internet connection or lack of data affects my ability to respond to digital mental health prompts.	176	92	50	50	368	3.07

Source: Survey data, 2025. Keys: SA – Strongly Agree, A – Agree, D – Disagree, SD – Strongly Disagree

The results in Table 5, indicate that the strongest motivator for engagement is the simplicity and friendliness of the message format (WMS = 3.19), suggesting that clear and concise communication plays a crucial role in students' responsiveness to mental health prompts. This is closely followed by the influence of internet accessibility (WMS = 3.07), highlighting infrastructural challenges as a significant factor in digital health uptake. The role of trusted sources (WMS = 2.87) also appears relevant, pointing to the importance of credibility in message delivery. On the other hand, fear of judgment (WMS = 2.49) and cultural/religious beliefs (WMS = 2.56) scored relatively lower, though they still show moderate influence. This suggests that while stigma and cultural perceptions are barriers, they are not as dominant as design and accessibility issues. For effective mental health campaigns, developers and promoters should therefore prioritize relatable formats and ensure accessibility, while still being mindful of socio-cultural sensitivities.

4.2 Discussion of Findings

4.2.1 What is the level of students' engagement with digital mental health content promoted through digital platforms?

The data in Table 2 answer this research question. The results show that students at the University of Uyo were generally engaging with digital mental health content, although their level of engagement varied by activity. Many students reported following digital pages, apps, or groups that promote mental health (Weighted Mean = 2.96), meaning they are connected to sources that share helpful mental health information. Also, the majority agreed to have used the information they got online to manage stress or emotions (WMS = 2.89). This suggests that the content was not only seen but also useful in improving their mental well-being. These patterns support the Health Belief Model (HBM), especially the idea of perceived benefits. Students were more likely to engage with mental health content if they believe it can help them feel better or reduce stress. However, not all types of engagement are strong. For example, students showed the least interaction in terms of liking, sharing, or commenting on mental health posts (WMS = 2.50). This low level of public engagement may be because of the fear of judgment or stigma, which also relates to the HBM's idea of perceived barriers. Students might see a benefit in using the content privately but are afraid of what others might think if they engage openly. The findings

reveal that while students were interested in and use digital mental health content, they did so more quietly than publicly. In summary, the study found that students mostly followed, consumed, and applied digital mental health content, but fewer were willing to publicly interact with it. This reflects a moderate level of engagement overall and suggests a need for more encouraging and less stigmatising digital environments.

4.2.2 What types of digital prompts and promotional tools are used to share mental health content with University of Uyo students?

The data in Table 3 answer this research question. The findings show that University of Uyo students were exposed to different digital prompts and tools used to promote mental health content. Among the tools, mobile health apps that sent daily tips had the highest weighted mean score of 2.77. This meant that many students relied on such apps for regular mental health updates, likely because they were easy to use and felt more personal. Social media platforms like Facebook and Instagram also ranked high (WMS = 2.65), showing that students often saw mental health content while browsing. Campus-based infographics or digital flyers had a moderate score (2.61), meaning they still played an important role in delivering messages, especially when posted on student pages or online forums. According to the Health Belief Model (HBM), people are more likely to take health actions when they feel the information is easy to access and useful to them. This explain why mobile apps and social media are more appealing. On the other hand, WhatsApp broadcasts or status updates (WMS = 2.53) were only moderately used, and school emails or SMS messages had the lowest score (WMS = 2.34), showing they were not as effective. This may have been because students often ignored formal messages or did not check those channels regularly. These findings supported the HBM idea of cues to action, which states that for students to respond, the message has to come from a platform they trust and use often. In summary, the study found that the most effective digital tools for promoting mental health content were mobile apps, social media platforms, and campus-linked infographics, while emails and SMS from the school were the least effective. Mental health campaigns, therefore, need to focus more on popular platforms and student-friendly tools.

4.2.3 What are University of Uyo students' perceptions regarding digital mental health tools?

The results from Table 4 show that many students of the University of Uyo saw digital mental health tools as helpful in managing stress, anxiety, and depression. This is shown by the highest weighted mean score of 3.05. The students also believed that these tools were easy to use and understand (WMS = 2.93), which suggests a positive attitude toward the design and accessibility of the tools. According to the Health Belief Model (HBM), people are more likely to use health services when they believe the benefits are clear and the tools are easy to use. This could explain why many students accepted and used digital mental health platforms. The tools served as helpful cues to action that supported students in managing their emotions privately. However, the study also reveal some doubts. Students showed less trust in digital platforms (WMS = 2.58), did not clearly prefer them over face-to-face counselling (WMS = 2.57), and were unsure about their long-term benefits (WMS = 2.37). These lower scores show a moderate level of concern or disbelief in the reliability and full usefulness of these tools. As the HBM suggests, when people doubt the effectiveness or trustworthiness of a tool, they are less likely to use it. In summary, the study reveal that University of Uyo students viewed digital mental health tools as helpful and easy to use, but some students doubted their trustworthiness, preferred in-person help, and questioned their long-term effects. Mental health campaigns need to build more trust and show clearer benefits to increase student use.

4.2.4 What factors affect students' willingness to respond to digital prompts on mental health?

The data in Table 5 show that the strongest reason why students responded to digital mental health prompts was the simplicity and friendliness of the message format (WMS = 3.19). This means that when the messages are clear and easy to understand, more students pay attention and take action. The next key factor was internet accessibility (WMS = 3.07), which reveal that many students relied on having good access to the internet before they could engage with digital content. Another strong motivator was the trustworthiness of the source (WMS = 2.87). This means students were more willing to respond when the content came from people or groups they trusted. According to the Health Belief Model, such factors can act as cues to action, helping people decide when and how to take positive health steps. On the other hand, the fear of being judged (WMS = 2.49) and personal,

cultural or religious beliefs (WMS = 2.56) had a lower effect on student behaviour. These two factors still matter, but not as much as how the message is presented or whether students have access to it. This shows that many students were not mainly stopped by stigma, but by how the message looks or how easy it is to get online. In summary, the study finds that simple and friendly message design, access to the internet, and trust in the source were the main things that make University of Uyo students respond to digital mental health prompts. Stigma and culture matter too, but they are not the biggest barriers. Campaigns need to focus more on good design and wider access to reach more students.

5. Conclusion

This study shows that students at the University of Uyo were open to using digital tools for mental health, especially when the messages are simple, clear, and easy to access. Many students use apps and social media to get mental health tips. They find these tools helpful for managing stress and emotions. However, trust in the source and good internet access also play an important role. While fear of judgement and cultural beliefs still affect some students, they are not the main barriers. To help more students, mental health campaigns should focus on making the messages friendly, easy to understand, and available through trusted platforms students already use.

6. Recommendations

- i.** University Counselling Unit and Digital Health Promoters should develop more engaging and interactive digital mental health content that encourages not just passive viewing but also active participation by students.
- ii.** Content Creators and Mental Health Advocates should prioritise the use of mobile apps, social media platforms, and campus-based infographics over less preferred tools like SMS and email when promoting mental health messages to students.
- iii.** Mental Health Educators and App Developers should make digital tools more trustworthy, easy to use, and relatable by simplifying the content and involving students in the design process to improve perception and usefulness.
- iv.** School Administrators should reduce barriers to digital engagement by improving internet access on campus and addressing stigma through awareness campaigns that are culturally sensitive and non-judgmental.

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