

INFLUENCE OF SOCIAL MEDIA CAMPAIGNS ON KNOWLEDGE, ATTITUDE AND PRACTICE OF MENTAL HEALTH DISORDER PREVENTION AMONG YOUTHS IN IBADAN METROPOLIS

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ABSTRACT

The burden for mental health disorder in Nigeria is high with limited access to available and affordable mental health services, many cases of mental health disorder are being managed by psychiatrists (mainly consultants, residents and general physicians), nurses, social workers, occupational therapists, auxiliary staff on mental health, religious clerics and traditional care attendants leading to diagnosis, treatment and rehabilitation of patients with mental health disorders (G.M. Khalid et al, 2020). The study there, explore the influence of social media campaigns on knowledge, attitude and preventive practices of mental health among youths in Ibadan Metropolis. The study is anchored on Diffusion of Innovations Theory developed by E.M. Rogers, a communication theorist at the University of New Mexico, in 1962. The study adopted survey research design. The instrument of data collection for the study was self-designed questionnaire. The area of study was Ibadan South-West Local Government Area of Oyo State. Findings of the study shows that youths in Ibadan Metropolis often see mental health campaigns on social media and high numbers of the youths do see mental health campaigns on social media occasionally. Minority of the youths in Ibadan Metropolis often see mental health campaigns on social media platforms like Facebook, WhatsApp, Twitter and Instagram. Youths in Ibadan Metropolis are aware of their mental health status. Mental health disorder affects mood, thinking and behaviours. Everyone is exposed to mental health disorder. Mental health disorder is treatable. Mental health disorder cannot be cured. The study recommended that Government, Non-governmental organisations and health related organisations should tap into the opportunities provided by the social media to educate and inform youths on mental health and Government, Non-governmental organisations and health related organisations should employ proper channels which can cater to the youths' mental health.

KEYWORDS: *Social Media Campaigns, Mental Health, Mental Health Disorder, Knowledge, Attitude and Practice*

INTRODUCTION

Mental health is a factor of high importance in every phase of life, from childhood to adulthood. It becomes paramount for stable and balanced mental health everyone goes through various milestones and turmoil especially with the nature of challenges in a nation like Nigeria where nothing is assured. According to Murthy RS, (2017), mental health is the fifth greatest contributor to the global burden of diseases and stigma contributes to the huge burden of mental morbidity. Mental health is an integral part of health and well-being, and yet it's been neglected in this part of the world. Furthermore, the World Health Organization (WHO) estimates that worldwide, 450 million people have a mental disorder and 25% of the population will suffer from mental illness at some time in their lives.

UNICEF and Gallup global survey shows that in 21 countries of the world, roughly 1 in 5 young people between aged 15-24 said they often feel depressed or have little interest in doing things which is a sign of mental health disorder. More than 80% of people with mental disorder had not received treatment despite the presence of disorder for more than 12 months (Murthy RS, 2017).

Research has shown that government and organization invest little or nothing in promoting, protecting and caring for the mental health of children and young people and it is imperative to know the level of mental health literacy among youths. Mental health literacy is the knowledge and attitudes concerning mental health disorders, which helps in recognition, management, and prevention. Youths have much confusion regarding mental health information, which causes hindrances in mental health awareness (Salerno JP, 2016).

The burden for mental health disorder in Nigeria is high with limited access to available and affordable mental health services, many cases of mental health disorder are being managed by psychiatrists (mainly consultants, residents and general physicians), nurses, social workers, occupational therapists, auxiliary staff on mental health, religious clerics and traditional care attendants leading to diagnosis, treatment and rehabilitation of patients with mental health disorders (G.M. Khalid et al, 2020). Nigeria with over 190 million population has fewer than 300 psychiatrists accounting for a ratio of about 700,000 of the population per psychiatrist (1; 700,000), most of whom are urban based, and in view of poor knowledge of mental disorders at the primary health-care level, caring for people with mental illness is typically left to family members (The Lancet Global Health, 2020).

With the lack of knowledge of mental health disorder, one of the various alternative ways to address mental health disorder is through mental health awareness campaigns which can be done through social media platforms. Awareness positively impacts mental health outcomes (Clark JL, Algae SB, Green MC, 2018). Mental health campaign can lead to positive thinking about mental health among youths. Traditional media like television, radio and newspapers have access to evidence based data from reliable sources and are the cornerstones to spread mental health awareness as they have served as vehicles for delivering mental health campaign as a part of integrated primary care at the cutting edge of the public healthcare system. With high presence of youths on various social media platforms have become a more effective way to reach out to youths, Social media is a predominant element where human beings are involved and it is a space to connect people with common interests (Sharma S, Kilian R, Leung FH, 2014).

Social media platforms such as Facebook, Twitter, Instagram and WhatsApp offer great opportunities to understand public awareness and serve as information access regarding mental health (Saha K, WeberI, Birnbaum ML, De Choudhury M, 2017). Studies have shown that there are more than 2.1 billion users on Facebook, Instagram, WhatsApp, or Messenger every day on an average and with the continuous expansion of technology and other factors influencing social media, they are emerging as powerful tools in spreading awareness and education of various socially relevant concepts and conducting activities, online courses, and classes more effectively than the face-to-face direct communication.

STATEMENT OF PROBLEM

Research has shown that 1 in 5 youths are suffering from a diagnosable mental disorder (National Institute of Mental Health, 2020) and some certain mental health concerns are depression and suicide which have increased significantly among youths in recent years. Looking at the 6th edition of the Big Brother Niger (BBN), a house mate was forced to leave the house due to mental health issues and this has led to numerous prevention campaigns on mental health issues on different social media platforms.

Social media have become a universal feature of youths' lives, in Nigeria today many youths spend much time interacting on different social media platforms and this media environment and high level of media consumption has introduced numerous challenges and risks for youth mental health but social media platforms have served and are serving as vehicles for many campaigns on mental health and prevention of mental health disorders as most campaigns are targeted at youths aiming at creating awareness, building a positive attitude and engaging positive practices towards their mental health. Therefore, this study examines the influence of social media campaigns on knowledge, attitude and practices of mental health disorder prevention among youths in Ibadan Metropolis.

AIM/OBJECTIVES OF THE STUDY

The aim of this study is to explore the influence of social media campaigns on knowledge, attitude and preventive practices of mental health among youths in Ibadan Metropolis. Specific objectives are to:

- Identify social media campaigns on mental health that youths in Ibadan Metropolis are exposed to.
- Examine the knowledge and attitude of youths in Ibadan Metropolis about mental health
- Evaluate the preventive measures taken by youths on mental health based on Social media Campaigns

RESEARCH QUESTIONS

- What are the social media campaigns on mental health that youths in Ibadan Metropolis are exposed to?
- What is the knowledge and attitude of youths in Ibadan Metropolis about mental health?
- What are the preventive measures taken by youths on mental health based on Social media Campaigns?

LITERATURE REVIEW

Concept of Health Communication

Health communication is multidisciplinary and involves every personnel in the health delivery system and those who work to craft out messages based on the health information needs of the public. Health communication includes extensively the study and use of communication strategies to inform and influence individuals in a way that enhances their health. Health communication is generally a system where people are educated and informed about health issues surrounding their environments. Effective health communication can help raise awareness of health risks, provide the motivation and skills needed to reduce these risks, help in finding support from other people with similar situations and affect or change people's attitudes towards health issues(Oladimeji and Bello, 2020).

In today's media, the importance of research on health communication in mass mediated contexts should not be under emphasized, because mass media are very influential communication channels for propagating health education, disease prevention and also shaping public policy (Rukhsana Ahmed and Benjamin Bates, 2013). This explains the fact that the way people understand much of health and health policy is not from their direct experience, instead most of their understanding is gotten through media campaigns and public campaigns. Health communication helps in translating health messages in order for the target audience to understand the messages (Rukhsana Ahmed and Benjamin Bates, 2013). Health communicators have different variety of media from which to choose when attempting to influence health beliefs, behaviours and policies (Oladimeji and Bello, 2020).

Concept of Social Media

Social media developed through Web 2.0, a term coined to describe a new wave of Internet modernization that enables users to publish and share contents online. Social media involve a wide range of electronic fora, including blogs, microblogs (e.g., Twitter), social networking sites (e.g., Facebook), creative work-sharing sites (e.g., YouTube), business networking sites (e.g., LinkedIn), collaborative websites (e.g., Wikipedia), and virtual worlds (e.g., Second Life). Among these social media, social networks and microblogs are the most popular, accounting for 22.7% of all time spent online in the United States - ACNielsen (Kaplan & Haenlein cited in Amedu & Busari, 2020). Web 2.0 is the idea of a second generation Internet that is highly participatory, allowing users to advance it as they use it. Social media contents are primarily written and published by their users and not owners or employees of the site. For instance, most advertisements, videos and pictures on Facebook and Twitter are uploaded by visitors of the sites. Web 2.0 has been growing enormously as it facilitates the production and dissemination of information, allows for the involvements in participatory culture to share individual expressions or creations and bring people with similar interests and goals to connect with each other on blogs, social interactive sites and others Dominick, 2009 in Busari and Amedu, 2020).

Understanding the Influence of Social Media on Youths' Mental Health

Many researchers have been conducted on social media and youths' mental health have proliferated in recent years with a lot of mental health disorder among youths which has led to many studies exploring social media usage among youths whether more frequent consumption of social media contents is associated with various mental health concerns or disorders, including depression body image concerns and disordered eating and externalizing problems (McCrae N, Gettings S, Purssell E, 2017).

In general, findings from these studies have been mixed, with many revealing a small but significant negative effect of social media use on mental health. While some other studies now seek to build on previous studies with more nuanced investigations of how, why, and for whom social media use may have positive or negative effects on youth development (Jacqueline N, 2020). Social media comprises a vast array of digital tools, and thus characterizing its overall effect on youth remains challenging. First, it is important to understand individual strengths and vulnerabilities that may predispose certain youths to engage with and respond to social media in adaptive or maladaptive ways.

Potential Benefits of Social Media Usage among Youths on their Mental Health

While so many studies and much of the narrative surrounding social media usage among youths have emphasized risk and challenges, the unique features and peculiarities of the social media environment have also created new opportunities for promoting youths' mental health and necessary steps to take to prevent mental health disorder. Over-all, there is a range of potential benefits associated with social media usage among youths, including high level of humor and numerous entertainment, identity exploration, and creative self-expression and one of the most clearly established benefits of social media usage among youths is that of social connection that social media platforms create, with 81% of youths reporting that social media allows them to feel more connected to their friends (Anderson M, Jiang J. Teens, 2018).

Youths frequently cite connecting with friends and families as a primary positive aspect of social media and previous studies generally show that social media use promotes individuals' well-being when it is used to advance a sense of acceptance or belonging (Clark JL, Algoe SB, Green MC, 2018). Social media have also created a sign of control and

belonging looking at its public and highly accessible nature which has also created the possibility for establishing new connections online within the opportunity open to a particular youth at a given time. This may provide opportunities to receive online social support for certain youth, particularly those who may not readily have access to communities of similar peers. “The receipt of online social support may also play a protective role for youth with mental illness, including depression and sociality. Indeed, one study suggests that more than half (57.0%) of psychiatrically hospitalized youth report receiving social support or encouragement on social media during the two weeks prior to their admission” (Nesi J, Prinstein MJ, 2015).

The promise of social media for promoting youths mental health goes beyond its day-to-day usage among youths to include novel health care applications in screening, treatment, and prevention. On a larger scale, increasingly sophisticated machine learning algorithms have been developed to detect social media-based signals of mental illness, including depression, post-traumatic stress disorder, and suicidality (Guntuku SC, Yaden DB, Kern ML, Ungar LH, Eichstaedt JC, 2017.) “Social networking sites like Facebook and Instagram have already implemented screening and intervention procedures when users exhibit signs of emotional distress or suicide risk. Social media also presents unprecedented opportunities for increasing mental health awareness, and social media-based health promotion efforts have been tested for a variety of mental and behavioral health concerns” (Yonker LM et al, 2017.) The immediate accessibility and potential scale of social media offers exciting possibilities for youth mental health treatment, including the potential to serve hard-to-reach populations. While a large number of mental health mobile apps have recently been developed for youth, and initial evidence supports their acceptability, further research is needed to establish efficacy and effectiveness.

THEORETICAL REVIEW

Diffusion of Innovations Theory

The theory was developed by E.M. Rogers, a communication theorist at the University of New Mexico, in 1962. Integrating previous sociological theories of behavioral change, it explains the passage of an idea through stages of adoption by different actors. The diffusion of innovations theory looks at new technological and other advancements spread throughout societies and cultures, from introduction to widespread adoption. The theory seeks to explain how and why new ideas and practices are adopted, with timelines potentially spread out over long periods.

The way in which innovations are communicated to different parts of society and the subjective opinions associated with the innovations are important factors in how quickly diffusion or spreading occurs. Important to understand when developing market share, this theory is frequently referred to in the marketing of new products. The diffusion of innovations theory is also used to design public health programs. As, a set of people are chosen as early adopters of a new technology or practice and spread awareness about it to others. However, cultural limitations often impede such programmes from being successful. The study is anchored on this theory to see how the youths accept communication around mental health disorder and how the necessary practices on mental health are put into place.

METHODOLOGY

The paper used survey research design. The instrument of data collection for the study was self-designed questionnaire. The questionnaire had three sections in line with the research objectives and questions. The questionnaire was administered through goggle form. The area of study was Ibadan South-West Local Government Area of Oyo State with a total population of 282, 585 according to 2006 census. The simple random sampling was employed to select 100 residents

leaving around Ring-Road and Challenge areas of the local government to form the sample size for the study. After the administration of the questionnaire, 87 copies of the questionnaire were returned and found valid for analysis. The data generated was subject to analysis by the researchers and are presented below in simple percentage tables for easy understanding and simplicity.

DATA ANALYSIS & DISCUSSION OF FINDINGS

Q1: What is the level of Youths Exposure in Ibadan Metropolis to Social Media Campaigns on Mental Health Disorder?

Table 1: Responses on Youths Exposure to Social Media Campaigns on Mental Health Disorder

Items	SA	A	D	SDA
I often see social media campaigns on mental health disorder	6.3%	45.7%	38.5%	9.4%
I occasionally see social media campaigns on mental health disorder	8.3%	62.5%	21.9%	7.3%
I often see social media campaigns on mental health disorder through Facebook	3.1%	44.8%	38.5%	13.5%
I occasionally see social media campaigns on mental health disorder through Facebook	2.1%	49%	32.3%	16.7%
I often see social media campaigns on mental health disorder through WhatsApp	2.1%	25%	46.9%	26%
I occasionally see social media campaigns on mental health disorder through WhatsApp	3.1%	35.4%	40.6%	20.8%
I occasionally see social media campaigns on mental health disorder through Twitter	9.4%	40.6%	39.6%	10.4%
I often see social media campaigns on mental health disorder through Instagram	10.4%	41.7%	34.4%	13.5%
I occasionally see social media campaigns on mental health disorder through Instagram	8.3%	45.8%	35.4%	10.4%
I see social media campaigns on mental health disorder daily	7.4%	17	59.6	16
I see social media campaigns on mental health disorder weekly	2.1%	29.2%	54.2%	14.6%
I see social media campaigns on mental health disorder monthly	6.3%	50%	34.4%	9.4%
I see social media campaigns on mental health disorder annually	18.8%	42.7%	32.3%	6.3%

(Field Study, 2022)

Table 1 shows that 52.1% of the respondents affirmed that they often see social media campaigns on mental health disorder, while 47.9% of the respondents disaffirmed that they often see social media campaigns on mental health disorder. 70.8% of the respondents affirmed that they occasionally see social media campaigns on mental health disorder, while 29.2% of the respondents disaffirmed that they often see social media campaigns on mental health disorder. 47.8%, 27.1%, 13.1% and 52.1% of the respondents often see social media campaigns on mental health disorder on Facebook, WhatsApp, Twitter and Instagram respectively, while 51.1%, 38.5%, 50% and 54.1% of the respondents occasionally see social media campaigns on mental health disorder on Facebook, WhatsApp, Twitter and Instagram respectively. 52%, 72.9%, 86.9% and 47.9% of the respondents disaffirmed that they often see social media campaigns on mental health disorder on Facebook, WhatsApp, Twitter and Instagram respectively, while 49%, 61.4%, 50% and 20.8% of the respondents often see social media campaigns on mental health disorder on Facebook, WhatsApp, Twitter and Instagram respectively. 24.4% of the respondents affirmed that they see social media campaigns on mental health disorder on daily, while 75.6% of the respondents disaffirmed that they see social media campaigns on mental health disorder on daily basis. 31.3% of the respondents affirmed that they see social media campaigns on mental health disorder weekly, while 68.8% of the respondents disaffirmed that they see social media campaigns on mental health disorder on daily basis. 56.3% of the respondents affirmed that they see social media campaigns on mental health disorder monthly, while 43.8% of the

respondents disaffirmed that they see social media campaigns on mental health disorder monthly. 61.5% of the respondents affirmed that they see social media campaigns on mental health disorder monthly, while 38.6% of the respondents disaffirmed that they see social media campaigns on mental health disorder annually.

Thus, it can be said that just a little above average number of youths in Ibadan Metropolis often see mental health campaigns on social media and high numbers of the youths do see mental health campaigns on social media occasionally. Minority of the youths in Ibadan Metropolis often see mental health campaigns on social media platforms like Facebook, WhatsApp, Twitter and Instagram, while majority of youths in Metropolis occasionally see mental health campaigns on social media platforms like Facebook, WhatsApp, Twitter and Instagram and minority of youth occasionally see mental health campaigns on social media platforms like Facebook, WhatsApp, Twitter. Majority of the respondents affirmed that they do not see mental health campaigns on social media daily and weekly, while majority of youths in metropolis see mental health campaigns on social media monthly and annually.

Q2: What is the knowledge and attitude of youths in Ibadan Metropolis about mental health?

Table 2: Responses on Knowledge and Attitude of Youths about Mental Health

Items	SA	A	D	SDA
I am aware of my mental health status	15.8%	64.2%	15.8%	4.2%
Mental health disorder affects mood, thinking and behaviours	45.3%	50.5%	4.2%	-
Everyone is exposed to mental health disorder	14.6%	53.1%	25%	7.3%
Mental health disorder is treatable	16.7%	74%	8.3%	1%
Mental health disorder cannot be cured	31.4%	58.2%	7.3%	3.1%
Excessive anger, hostility or violence are signs of mental health disorder	1%	63.5%	11.5%	24%
Mental health disorder leads to problems with alcohol or drug abuse	21.9%	58.3%	10.4%	9.4%
Detachment from reality (delusions), paranoia or hallucinations are symptoms of mental health disorder	15.6%	68.8%	11.5%	4.2%
Sex drive changes due to mental health disorder	5.2%	58.3%	32.3%	4.2%
Suicidal thinking is a sign of mental disorder	26.3%	60%	10.5%	3.2%
Excessive fears or worries, or extreme feelings of guilt can be called mental health disorder	17.7%	57.3%	21.9%	3.1%
Significant tiredness, low energy or problems sleeping are symptoms of mental health disorder	16.7%	55.2%	25%	3.1%
Mental illness often runs in the family	14.6%	38.5%	39.6%	7.3%
Losing a loved one, or being in a car accident can lead to mental disorder	41.7%	51%	6.3%	1%
Not getting enough sleep, or not eating can lead to mental health disorder	11.5%	52.1%	30.2%	6.3%
Mental disorder involves an imbalance of natural chemicals in your brain and your body	10.4%	65.6%	22.9%	1%
ATTITUDE				
People with mental health disorder deserve respect	15.6%	68.8%	13.5%	2.1%
Learning about mental health is crucial	29.2%	61.5%	7.3%	2.1%
We must help people with mental health disorder for them to be better	40%	51.6%	6.2%	1.1%
I worry about my mental health status	16.7%	52.1%	26%	5.2%
I will be sad if I am diagnose of any mental health disorder	20.8%	59.4%	16.7%	3.1%
I will be willing to go for medical check-up on my mental health disorder	26%	61.5%	9.4%	3.1%
I am willing to tell someone if I am diagnosed of mental health disorder	6.3%	57.3%	29.2%	7.3%
I am scared when being approached by people with mental health disorder	10.4%	50%	34.4%	5.2%
if I have mental health disorder, I most likely do not tell my friends	4.2%	38.9%	48.4%	8.4%
It would be a shame if I had a mental health disorder	8.4%	36.8%	42.1%	12.6%
I run away from people with mental health disorder	8.3%	24%	51%	16.7%

(Field Study, 2022)

Table 2 shows that 80% of the respondents affirmed that they are aware of their mental health status, while 20% of the respondents disaffirmed that they are aware of their mental health. 95.8% of the respondents affirmed that mental health disorder affects mood, thinking and behaviours, while 4.2% of the respondents disaffirmed that mental health disorder affects mood, thinking and behaviours. 67.7% of the respondent affirmed that everyone is exposed to mental health disorder, while 32.3% of the respondent disaffirmed that everyone is exposed to mental health disorder. 90.7% of the respondent affirmed that mental health disorder is treatable, while 9.3% of the respondent affirmed that mental health disorder is treatable. 89.6% of the respondents affirmed that mental health disorder cannot be cured, while 10.4% of the respondents disaffirmed that mental health disorder cannot be cured. 64.5% of the respondents affirmed that excessive anger, hostility or violence are signs of mental health disorder, while 35.5% of the respondents disaffirmed that excessive anger, hostility or violence are signs of mental health disorder. 80.2% of the respondents affirmed that mental health disorder leads to problems with alcohol or drug abuse, while 19.8% of the respondents disaffirmed that mental health disorder leads to problems with alcohol or drug abuse. 84.3% of the respondents affirmed that detachment from reality (delusions), paranoia or hallucinations are symptoms of mental health disorder, while 15.7% of the respondents disaffirmed that detachment from reality (delusions), paranoia or hallucinations are symptoms of mental health disorder. 63.5% of the respondents affirmed that Sex drive changes due to mental health disorder, while 36.5% of the respondents disaffirmed that Sex drive changes due to mental health disorder. 86.3% of the respondents affirmed that suicidal thinking is a sign of mental disorder, while 13.7% of the respondents disaffirmed that suicidal thinking is a sign of mental disorder. 75% of the respondents affirmed that excessive fears or worries, or extreme feelings of guilt can be called mental health disorder, while 25% of the respondents disaffirmed that excessive fears or worries, or extreme feelings of guilt can be called mental health disorder. 71.9% of the respondents affirmed that significant tiredness, low energy or problems sleeping are symptoms of mental health disorder, while 28.1% of the respondents affirmed that significant tiredness, low energy or problems sleeping are symptoms of mental health disorder. 53.1% of the respondents affirmed mental illness often runs in the family, 46.9% of the respondents disaffirmed mental illness often runs in the family. 92.7% of the respondents of the respondents affirmed that losing a loved one, or being in a car accident can lead to mental disorder, while 7.3% of the respondents disaffirmed that losing a loved one, or being in a car accident can lead to mental disorder. 63.6% of the respondents affirmed that not getting enough sleep, or not eating can lead to mental health disorder, while 36.4% of the respondents affirmed that not getting enough sleep, or not eating can lead to mental health disorder. 77% of the respondents affirmed that mental disorder involves an imbalance of natural chemicals in the brain and the body, while 23% of the respondents disaffirmed that mental disorder involves an imbalance of natural chemicals in the brain and the body. 64.4% of the respondents affirmed that people with mental health disorder deserve respect, while 35.6 of the respondents disaffirmed that people with mental health disorder deserve respect, 90.7% of the respondents affirmed that learning about mental health is crucial, while 9.3% 90.7% of the respondents disaffirmed that learning about mental health is crucial. 91.6% of the respondents affirmed that the society needs to help people with mental health disorder for them to be better, while 7.4% of the respondents affirmed that the society needs to help people with mental health disorder for them to be better. 68.8% of the respondents affirmed that they worried about their mental health status, while 31.2% of the respondents disaffirmed that they worried about their mental health status. 80.2% of the respondents affirmed they will be sad if they are diagnosed of any mental health disorder, while 19.8% of the respondents disaffirmed they will be sad if they are diagnosed of any mental health disorder. 87.5% of the respondents affirmed that they will be willing to go for medical check-up on their mental health disorder, while 12.5% of the respondents disaffirmed that they will be willing to go for

medical check-up on their mental health disorder. 63.6% of the respondents affirmed that they will willing to tell someone if they are diagnosed of mental health disorder. 60.4% of the respondents affirmed that they will be scared when being approached by people with mental health disorder, while 39.4% of the respondents disaffirmed that they will be scared when being approached by people with mental health disorder. 43.1% of the respondents affirmed that when they have mental health disorder, they are most likely not to tell their friends. While 43.1% of the respondents affirmed that when they have mental health disorder, they are most likely not to tell their friends, while 56.9% of the respondents disaffirmed that when they have mental health disorder, they are most likely do not tell their friends. 45.3% of the respondents affirmed that it would be a shame if they have mental health disorder, while 54.7% of the respondents disaffirmed that it would be a shame if they have mental health disorder. 32.3% of the respondents affirmed that they will run away from people with mental health disorder, while 67.7% of the respondents disaffirmed that they will run away from people with mental health disorder.

Hence, it is said that youths in Ibadan Metropolis are aware of their mental health status. Mental health disorder affects mood, thinking and behaviours. Everyone is exposed to mental health disorder. Mental health disorder is treatable. Mental health disorder cannot be cured. Excessive anger, hostility or violence are signs of mental health disorder. Mental health disorder leads to problems with alcohol or drug abuse. Detachment from reality (delusions), paranoia or hallucinations are symptoms of mental health disorder. Sex drive changes due to mental health disorder. Suicidal thinking is a sign of mental disorder. Excessive fears or worries, or extreme feelings of guilt can be called mental health disorder. Significant tiredness, low energy or problems sleeping are symptoms of mental health disorder. Mental illness often runs in the family. Losing a loved one, or being in a car accident can lead to mental disorder. Not getting enough sleep, or not eating can lead to mental health disorder. Mental disorder involves an imbalance of natural chemicals in the brain and the body. People with mental health disorder deserve respect. Learning about mental health is crucial. The society needs to help people with mental health disorder for them to be better. Youths in Ibadan Metropolis are worried about their mental health status. They will be sad if they are diagnosed of any mental health disorder, they will be willing to go for medical check-up on my mental health disorder. They will willing to tell someone if they are diagnosed of mental health disorder. They will be scared when being approached by people with mental health disorder. When they have mental health disorder, they are most likely not to tell thier friends. It would be a shame if they have mental health disorder. Majority of the youths will not run away from people with mental health disorder. The findings can be supported with the work of Oladimeji and Bello, 2020 when they observed that health communication can, increase the intended audience knowledge of an health issue, problem or solution, influence perceptions, beliefs and attitude that may change social norms, demonstrate healthy skills and practices, rein-enforce knowledge, attitudes or behaviours, show the benefits of behaviour changes to public health outcomes, advocate a position on a health issue or policy, increase demand or support for health services, argue against myths and misconceptions concerning health.

Q3: What are the preventive measures taken by youths on mental health disorder based on Social media Campaigns?

Table 3: Responses on Preventive Measures

Items	SA	A	D	SDA
I will learn a new skill to prevent mental health disorder	4.2%	72.9%	9.4%	13.5%
In case I am diagnosed of mental health disorder, I am willing to go for further treatment	32.6%	60%	6.3%	1.1%
I will participate in health education programme related to mental health disorder practices	17%	74.4%	4.3%	4.3%
Through social media campaigns on mental health disorder, I am willing to tell someone how I am feeling about my mental health and ask for help	18.8%	70.8%	8.3%	2.1%
Eating well to feed my brain is one message I learnt from social media campaigns on mental health disorder	9.4%	62.5%	24%	4.2%
I started doing something I love to reduce stress as a way to prevent mental health disorder	20.8%	67.7%	7.3%	4.2%
Drinking sensibly to reduce mood swings help to prevent mental health disorder	12.5%	42.7%	33.3%	11.5%

(Field Study, 2022)

Table 3 shows that 77.1% of the respondents affirmed that they are willing to learn new skill to prevent mental health disorder, while 22.9% of the respondents disaffirmed that they are willing to learn new skill to prevent mental health disorder. 91.4% of the respondents affirmed that they will participate in health education programme related to mental health disorder practices, while 8.6% of the respondents disaffirmed that they will participate in health education programme related to mental health disorder practices. 89.6% of the respondents affirmed that through social media campaigns on mental health disorder, they are willing to tell others how they are feeling about their mental health and ask for help, while 10.4% of the disaffirmed that through social media campaigns on mental health disorder, they are willing to tell others how they are feeling about their mental health and ask for help. 33.4% of the respondents affirmed that eating well to feed the brain is a message they learnt from social media campaigns on mental health disorder, while 66.7% of the respondents affirmed that eating well to feed the brain is a message they learnt from social media campaigns on mental health disorder. 88.5% of the respondents affirmed that they started doing something they love to reduce stress as a way to prevent mental health disorder, while 11.5% of the respondents disaffirmed that they started doing something they love to reduce stress as a way to prevent mental health disorder. 24% of the respondents affirmed that drinking sensibly to reduce mood swings help to prevent mental health disorder, while 76% of respondents disaffirmed that drinking sensibly to reduce mood swings help to prevent mental health disorder.

Hence, it can be said that majority of the youths affirmed that they are willing to learn a new skill to prevent mental health disorder. Most youths will participate in health education programme related to mental health disorder practices. Through social media campaigns on mental health disorder, majority of the youths are willing to tell others how they are feeling about their mental health and ask for help. Most youths don't believe eating well to feed the brain is a message they learnt from social media campaigns on mental health disorder. Above average number of the youths started doing something they love to reduce stress as a way to prevent mental health disorder. Youths do not agree that drinking sensibly to reduce mood swings helps to prevent mental health disorder. The findings can be supported by the work of Rukhsana Ahmed and Benjamin Bates, 2013, when they stated that the fact that the way people understand much of health and health policy is not from their direct experience, instead most of their understanding is gotten through media campaigns and public campaigns as the media helps in translating health messages in order for the target audience to understand the messages.

CONCLUSION

Above average numbers of youths in Ibadan Metropolis often see mental health campaigns on social media and high number of the youths do see mental health campaigns on social media occasionally. The youths often see mental health disorder campaigns on Facebook, WhatsApp, and Twitter. Youths in the metropolis see mental health campaigns on social media monthly and annually.

Youths in Ibadan Metropolis are aware of their mental health status. Mental health disorder affects mood, thinking and behaviours. Everyone is exposed to mental health disorder. Mental health disorder is treatable. Mental health disorder cannot be cured. Youths in Ibadan Metropolis are worried about their mental health status. They will be sad if they are diagnosed of any mental health disorder, they will be willing to go for medical check-up on their mental health disorder. They will willing to tell someone if they are diagnosed of mental health disorder.

Majority of the youths are willing to learn a new skill to prevent mental health disorder. Most youths will participate in health education programme related to mental health disorder practices. Through social media campaigns on mental health disorder, majority of the youths are willing to tell others how they are feeling about their mental health and ask for help. Most youths do not believe eating well to feed the brain is a message they learnt from social media campaigns on mental health disorder. Above average number of the youths started doing something they love to reduce stress as a way to prevent mental health disorder. Youths do not agree that drinking sensibly to reduce mood swings helps to prevent mental health disorder.

RECOMMENDATIONS

Based on the findings and the conclusion of this study, the following recommendation are;

- Youths are presents on the social media and see mental health campaigns, Government, Non-governmental organisations and health related organisations should tap into the opportunities provided by the social media to educate and inform youths on mental health.
- The youths to a lager extent have good knowledge of mental health disorder, Government, Non-governmental organisations and health related organisations should focus their campaigns on building positive attitudes of youths about mental health disorder.
- With Youths willingness, to seek help and speak out about their mental health, Government, Non-governmental organisations and health related organisations should employ proper channels which can cater to the youths' mental health.

REFERENCES

1. *Amedu, A. &Busari, W.B. (2020). Influence of online advertising on audience patronage of Nollywood Movies in Ibadan. Crutech Journal of Communication, 2 (1) 70-84.*
2. *Anderson M, Jiang J. Teens, Social Media, & Technology. Pew Research Center website. <https://www.pewresearch.org/internet/2018/05/31/teens-social-media-technology-2018/>. Published May 31, 2018. Accessed January 10, 2020.*

3. Ayo, Ojebode, *Development communication*, (Ibadan: Distance Learning Centre University of Ibadan, 2006).
4. Busari and Amedu, 2020, *Agenda Setting Between Traditional Media and Social Media: A Discourse*
5. Clark JL, Algoe SB, Green MC. *Social network sites and well-being: The role of social connection. CurrDirPsychol Sci.* 2018;27(1):32-37. <https://doi.org/10.1177/0963721417730833>
6. Dominick, J. R. (2009). *The dynamics of mass communication: media in the digital age (10th ed.)*. New York: McGraw-Hill
7. G.M. Khalid, U.I. Idris, A.I. Jatau, Y.H. Wada, Y. Adamu, M.A. Ungogo, *Assessment of occupational violence towards pharmacists at practice settings in Nigeria, 2020 Oct-Dec, Pharm. Pract.* 18 (4) (2020) 2080, <https://doi.org/10.18549/PharmPract.2020.4.2080>. accessed 8th June 2021.
8. Guntuku SC, Yaden DB, Kern ML, Ungar LH, Eichstaedt JC. *Detecting depression and mental illness on social media: an integrative review. CurrOpinBehav Sci.* 2017;18:43-49. <https://doi.org/10.1016/j.cobeha.2017.07.005>
9. Jacqueline Nesi (2020) *The Impact of Social Media on Youth Mental Health: Challenges and Opportunities*, *North Carolina medical journal* vol 81, no 2 177-121
10. Kaplan, A. M. & Haenlein, M. (2011 b). *Users of the world, unite! The challenges and opportunities of social media. Business Horizons*, 53 (1), 59-68.
11. Latha K, Meena KS, Pravitha MR, Dasgupta M, Chaturvedi SK. *Effective use of social media platforms for promotion of mental health awareness. J Edu Health Promot* 2020;9:124.
12. McCrae N, Gettings S, Purssell E. *Social media and depressive symptoms in childhood and adolescence: A systematic review. Adolesc Res Rev.* 2017;2(4):315-330.
13. Murthy RS. *National Mental Health Survey of India 2015-2016. Indian J Psychiatry* 2017;59:21-6.
14. National Institute of Mental Health. *Mental Illness: Prevalence of Any Mental Illness. National Institute of Mental Health website.* https://www.nimh.nih.gov/health/statistics/menta_illness.shtml. Accessed January 13, 2020.
15. Nesi J, Prinstein MJ. *Using social media for social comparison and feedback-seeking: Gender and popularity moderate associations with depressive symptoms. J Abnorm Child Psychol.* 2015;43(8):1427-1438. doi: 10.1007/s10802-015-0020-0.
16. Rukhsana Ahmed and Benjamin Bates, *Communicating health through mass media: An overview*, (Power Publishing, 2013).
17. Saha K, Weber I, Birnbaum ML, De Choudhury M. *Characterizing Awareness of Schizophrenia Among Facebook Users by Leveraging Facebook Advertisement Estimates. J Med Internet Res* 2017; 19:e156. 7. Levac JJ, O'Sullivan T. *Social media and its use in health promotion. Revue interdisciplinaire des sciences de la santé-Interdisciplinary. J Health Sci* 2010;1:47-53.
18. Salerno JP. *Effectiveness of Universal School-Based Mental Health Awareness Programs Among Youth in the United States: A Systematic Review. J Sch Health* 2016;86:922-31.

19. Sharma S, Kilian R, Leung FH. *Health 2.0-Lessons Learned: Social Networking With Patients for Health Promotion. J Prim Care Community Health* 2014; 5:208-10
20. *The Lancet Global Health, The Time Is Now: Reforming Nigeria's Outdated Mental Laws, 2020, [https://doi.org/10.1016/S2214-109X\(20\)30302-8](https://doi.org/10.1016/S2214-109X(20)30302-8) accessed 8th June 2021.*
21. Umar Hajara, "Media awareness and utilization of ante natal care services by pregnant women in Kano State, Nigeria." *Journal of Social Science Studies*, 1, 2 (2014).
22. World Health Organization, *Depression and Other Common Mental Disorders: Global Health Estimates*, World Health Organization, Geneva, Switzerland, 2017 accessed 8th June 2021, <https://apps.who.int/iris/bitstream/handle/10665/254610/WHO-MSD-MER-2017.2-eng.pdf?sequence=1&isAllowed=y>
23. Yonker LM, Zan S, Scirica CV, Jethwani K, Kinane TB. "Friending" teens: systematic review of social media in adolescent and young adult health care. *J Med Internet Res.* 2015;17(1):e4. doi: 10.2196/jmir.3692

