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Comparing Organizational Mental Health Content on Instagram:
Cultural and Healthcare Factors in the UK, Germany and Croatia

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Table of contents

ABSTRACT	1
INTRODUCTION	3
LITERATURE REVIEW	5
Mental Health Organizations' Instagram Communication	5
Mental Health Portrayals in the Media	5
Mental Health Communication on Social Media	6
The Role of Mental Health Organizations on Social Media	8
Organizational Mental Health Content on Social Media	8
Communicative Purposes of Mental Health Content	10
Responsibility Attribution in Mental Health Communication	11
Mental Health Literacy in Online and Social Media Contexts	12
Cultural Factors	13
How Culture Shapes Mental Health Experiences	13
Hofstede's Cultural Dimensions Theory: Individualism and Collectivism	15
How Individualism and Collectivism Shape Mental Health Experiences	16
Cultural Differences in Online Mental Health Communication	17
Systemic Factors	19
Systemic Barriers to Mental Health Care	19
Bridging Mental Health Care Gaps through Social Media	21
Mental Health Landscape in the UK, Germany and Croatia	22
United Kingdom	22
Germany	24
Croatia	27
Comparative Summary of Key Differences	30
METHOD	31
RESULTS	36
DISCUSSION	47
Mental Illness Visibility and Diagnostic Framing	47
Communicative Orientation and Strategic Use of Instagram	48
Solution Framing and Responsibility Attribution	50
Organizational Approaches to Mental Health Literacy	52
Contextual Comparative Discussion	54
Limitations and Future Research	61
CONCLUSION	61
REFERENCES	63
Appendix A	88
Appendix B	91
Appendix C	97

ABSTRACT

Mental health has become a major public health concern and social media increasingly shapes how it's perceived. As credible sources, mental health organizations use social media to promote mental health, yet little is known about how national contexts influence the communication. Understanding these differences is important because online communication can shape public attitudes, stigma and perceptions of responsibility for mental health. Using a quantitative content analysis of 300 Instagram posts (100 per country), the study analyses how organizations portray mental health in the UK, Germany and Croatia. The content analysis is complemented by a contextual comparative approach that situates the findings within each country's cultural characteristics and healthcare structures. Across countries, organizations use Instagram mainly for education and promotion and mental health is often addressed in general terms. Solutions are mostly individual, emphasizing behavioural and lifestyle changes. Anti-stigma messages and guidance on maintaining good mental health are common. Although overall communication patterns are similar, cross-country differences emerged in emphasis. The UK prioritized anti-stigma and outreach, Germany foregrounded disorder-specific and treatment-oriented content and Croatia emphasized general mental health promotion and organizational visibility. The study highlights the importance of considering cultural and structural contexts when examining organizational mental health communication across countries.

Keywords: mental health communication; Instagram; cross-country comparison; cultural context; healthcare systems; content analysis

Zusammenfassung

Psychische Gesundheit ist zu einem zentralen öffentlichen Gesundheitsthema geworden, und soziale Medien prägen zunehmend, wie sie wahrgenommen wird. Als glaubwürdige Akteure nutzen Organisationen im Mental-Health-Bereich soziale Medien zur Förderung des psychischen Wohlbefindens. Bislang ist jedoch wenig darüber bekannt, wie nationale Kontexte diese Kommunikation beeinflussen. Die Analyse dieser Unterschiede ist bedeutsam, da digitale Gesundheitskommunikation öffentliche Einstellungen und Stigmatisierung prägt und beeinflusst, wem die Verantwortung für die mentale Gesundheit zugeschrieben wird. Auf Grundlage einer quantitativen Inhaltsanalyse von 300 Instagram-Beiträgen (100 pro Land) untersucht die Studie, wie Organisationen im Vereinigten Königreich, Deutschland und Kroatien psychische Gesundheit darstellen. Die Inhaltsanalyse wird durch einen kontextuell-vergleichenden Ansatz ergänzt, der die Ergebnisse in die kulturellen Merkmale und Gesundheitssysteme der jeweiligen Länder einordnet. Länderübergreifend nutzen Organisationen Instagram vor allem für Bildungs- und Promotionzwecke, wobei psychische Gesundheit häufig allgemein thematisiert wird. Lösungsansätze sind überwiegend individuell ausgerichtet und betonen Verhaltens- sowie Lebensstiländerungen. Anti-Stigma-Botschaften und Hinweise zur Aufrechterhaltung einer guten mentalen Gesundheit sind weit verbreitet. Trotz insgesamt ähnlicher Kommunikationsmuster zeigen sich Unterschiede in der Schwerpunktsetzung. Während im Vereinigten Königreich Anti-Stigma-Strategien und Outreach-Maßnahmen im Vordergrund stehen, legt Deutschland einen stärkeren Fokus auf diagnose- und behandlungsbezogene Inhalte, wohingegen Kroatien allgemeine Gesundheitsförderung sowie die organisationale Sichtbarkeit betont. Die Studie unterstreicht die Bedeutung kultureller und struktureller Kontexte für die Analyse organisationaler Kommunikation zur psychischen Gesundheit im Ländervergleich.

Schlüsselwörter: psychische Gesundheitskommunikation; Instagram; Ländervergleich; kultureller Kontext; Gesundheitssysteme; Inhaltsanalyse

INTRODUCTION

Mental health has become a prominent topic in recent years, driven by rising numbers of mental health challenges worldwide, especially following the COVID-19 pandemic (WHO, 2022; OECD, 2023). The media plays an important role in shaping the discourse on mental health, affecting societal understanding as well as policy development and funding priorities (Zhang & Firdaus, 2024). Importantly, the contemporary communication landscape has shifted significantly with the rise of digital platforms. Social media platforms serve not only as spaces for peer support and self-disclosure but also as environments where users share experiences, feel empowered, and challenge mental health stigma (Naslund et al., 2016). Among these platforms, Instagram is particularly relevant for mental health discourse, as its visual and interactive features facilitate self-disclosure, advocacy and the sharing of mental health-related content (e.g., Pretorius et al., 2022). Analyzing Instagram content, therefore, helps to understand how mental health is constructed in today's digital spaces. However, the growing reliance on social networking platforms for information brings both benefits and risks for mental health communication. On the one hand, social media broadens access to information, provides space for marginalized voices and encourages awareness and help-seeking (Bail, 2016; Betton et al., 2015; Martini et al., 2018). On the other hand, hate speech, cyberbullying, and misinformation can reinforce stigma, undermine critical thinking and promote harmful or misleading treatments (Beckman et al., 2020; Mackey & Schoenfeld, 2016; Quintero Johnson et al., 2017). Therefore, it is important to examine the content itself.

Given the risks of misleading information online, it is important to focus on sources that provide reliable mental health information, as those facing health-related concerns are more likely to turn to credible sources (Jia et al., 2023). In this context, mental health organizations represent trustworthy providers of accurate information online. They increasingly use social media to share information, offer guidance and make mental health resources more visible (Chung & Lim, 2020). Despite their relevant role, research on mental health organizations' social media communication remains limited. Existing studies primarily focus on engagement metrics (e.g., Yap et al., 2019; Jia et al., 2023), while the content itself receives far less attention. Therefore, a closer analysis of the messages shared by organizations is necessary.

Mental health communication is embedded in broader cultural and healthcare system contexts. Cultural norms and values shape how mental health is understood, expressed, and discussed, as well as how individuals respond to support and treatment (Adebayo et al., 2024;

Huang & Zane, 2016). Differences in stigma, help-seeking preferences and communication styles across societies further suggest that mental health messages may be framed and interpreted differently depending on cultural contexts (Jacob et al., 2025; Rao et al., 2025). Similarly, systemic factors shape access to care and the quality of mental health services (Carbonell et al., 2020; WHO, 2021). Because limited access to formal care leads individuals to seek support online (Naslund et al., 2016), variations in healthcare systems may shape how mental health is discussed on digital platforms. Overall, these cultural and systemic differences are likely reflected in how mental health organizations define problems, propose solutions and promote help-seeking behaviors in their social media communication.

While prior research has highlighted the importance of mental health organizations as online information providers, the content and framing of their social media communication remain insufficiently examined. Beyond this, organizational communication has rarely been analyzed from a cross-cultural perspective, despite evidence that cultural norms shape mental health discourse. Similarly, healthcare systems are seldom treated as a contextual factor that may influence how mental health is portrayed online. Existing research has yet to integrate cultural and systemic perspectives in the study of organizational mental health communication across countries. The present study addresses these gaps by examining both the content of mental health organizations' Instagram communication across the UK, Germany and Croatia and how cultural and healthcare system contexts shape these portrayals. These three countries were selected because they represent meaningful variation in both cultural orientation and healthcare system characteristics, while remaining comparable within a broader European context. To address these questions, the study uses a quantitative content analysis of Instagram posts by mental health organizations in the three countries. The content analysis is complemented by a contextual comparative approach that considers cultural orientation and healthcare system characteristics as macro-level factors shaping organizational communication.

This study contributes to the literature by shifting the focus from engagement metrics to the content of organizational mental health communication on social media. By integrating cultural and healthcare system contexts within a cross-national comparison, it provides a more comprehensive understanding of how macro-level factors shape institutional portrayals of mental health. The findings offer insights into digital mental health communication for organizations and policymakers seeking to develop culturally and systemically sensitive communication strategies that promote mental health and reduce stigma.

LITERATURE REVIEW

Mental Health Organizations' Instagram Communication

This chapter reviews literature on mental health communication in traditional and social media, with a focus on mental health organizations' use of Instagram. It first outlines mental health portrayals in the media and key characteristics of mental health communication on social media, before narrowing the focus to organizational communication practices. The chapter then examines organizational Instagram content in terms of communicative purposes, responsibility attribution, and contributions to mental health literacy (MHL), providing the basis for research questions 1-4.

Mental Health Portrayals in the Media

Mental health coverage in the media has been a focal point in research over the years, highlighting its significant role in shaping public perceptions and attitudes toward mental illness and people with mental health issues. The way mental health is portrayed in the media has the power to not only influence how people think about those issues but can also lead to policy debates and funding for mental health services (Zhang & Firdaus, 2024). Existing research highlights a dominant trend of negative and stigmatizing representations of mental disorders in the media, which contribute to public understanding and attitudes towards mental illness in different ways. Studies across countries have shown that media coverage often uses negative language and sensationalist approaches when reporting on mental health, contributing to the societal stigma surrounding individuals with mental disorders (Chen & Lawrie, 2017; Bilkay et al., 2023; Whitley & Wang, 2017). Additionally, the media also tends to neglect positive aspects of mental health, such as recovery or successful treatment, which further reinforces misconceptions and prevents the public from understanding that mental illness is treatable and that many people fighting those issues lead fulfilling lives (McCrae et al., 2019).

Nevertheless, several studies show improvements in the tone and content of mental health coverage in the media, making it more balanced. A notable shift toward more positive and supportive coverage has been observed, characterized by a greater emphasis on wellbeing and recovery, as well as an increase in voices from individuals with mental health issues, mostly thanks to the implementation of media guidelines (Chen & Lawrie, 2017). For instance, McCrae et al. (2019) found that media coverage in Saudi Arabia is increasingly focusing on advocacy and treatment, which helps reduce barriers to seeking help. Hildersley

et al. (2020) observed a decade-long improvement in the portrayal of mental health, with less stigmatized content. Gallagher et al. (2023) reported a positive shift in media tone, with more supportive and factual coverage of mental health issues in Irish news media. Additionally, sensitive and accurate reporting on mental health topics contributed to lowering stigma (Beeres et al., 2021). However, despite improvements, slow progress remains, and researchers suggest collaboration between mental health professionals and journalists is essential for ensuring responsible reporting (McCrea et al., 2019).

Mental Health Communication on Social Media

With the rise of social media, mental health discourse has expanded beyond traditional media. Information distribution methods in the digital era have changed the way people seek health information (Martini et al., 2018). As social media has become a more popular information source, it presents both opportunities and challenges for mental health discourse. On the one hand, access to information might help facilitate treatment, as research has shown that mental health issues “benefit from psychoeducational strategies” (Martini et al., 2018, p. 327). Furthermore, the opinions and experiences of those marginalized can be seen, embraced by the anonymity and acceptance of the online world. Their presence helps raise awareness and drives cultural change in a positive direction (Bail, 2016). Nonetheless, Quintero Johnson et al. (2017) suggest that personal stories or advice from individuals on social media based on their own experiences can lead to a less critical evaluation of the information source, which may make users more vulnerable to unverified or misleading claims. Additionally, even online discourse is found to be stigmatizing (Pavlova & Berkers, 2020). Research says the aspects of online hate speech and cyberbullying contribute to the stigmatization (Beckman et al., 2020). Stigma is intensified by the spread of inaccurate or misleading information across social media (Mackey & Schoenfeld, 2016). As a result, the way information is shared online can either support effective mental health treatment or hinder it by reinforcing stigma and suggesting unreliable or harmful treatment options (Martini et al., 2018). However, Thompson (2012) says users are moving toward more positive, health-focused content. Thus, social media has the potential to be an effective tool to promote help-seeking, with access to accurate mental health information being the first step into doing so (Betton et al., 2015; Ziebland & Wyke, 2012).

Research on mental health content on social media reveals diverse and complex portrayals across different platforms. On YouTube, research indicates that most videos related to mental health are negative, potentially contributing to stigma around mental illnesses

(Gordon et al., 2015). Moreover, YouTube videos often lack accurate depictions of mental health conditions like schizophrenia, raising concerns about the potential spread of misleading information and distorted understandings of mental illness (Nour et al., 2017). TikTok has emerged as a platform where individuals facing mental health challenges often use humor to build supportive communities (Schaadhardt et al., 2023). Studies on mental health content on Facebook did not focus on the content itself, but rather on the factors shaping it. For instance, Bazarova et al. (2017) found that higher psychological distress was linked to more frequent use of depressive language. When it comes to mental health content on Instagram, research on public mental health posts has revealed patterns in content and engagement. Lee et al. (2020) found that topics like wellness, anxiety, and depression were most common, and posts mentioning mental health received greater peer support. As one of the few studies that considered cultural variation, Bogolyubova et al. (2018) found that, compared to Anglophone users, Russian users were more likely to post object-based images rather than images where written text is the primary element (e.g., quotes or textual statements). Wu and Hong (2022) observed that posts with negative sentiment elicited more negative comments, demonstrating the emotional contagion effect in social media interactions and highlighting how affective dynamics can shape responses to mental health content, sometimes independently of its accuracy. Overall, these findings show that while social media can support mental health awareness, the risks of misinformation underscore the need for guidance from trustworthy and reliable sources to ensure accurate and helpful content.

Importantly, much of the existing research on mental health communication on social media is not explicitly country-specific but instead focuses on English-language content, resulting in a dominance of studies from the U.S. and other Anglophone contexts. While this body of work offers valuable insights, it often treats English-language content as broadly representative, potentially overlooking how mental health communication works in different national and cultural contexts. Even within Anglophone countries, country-specific research remains limited, with only a few examples such as Berry et al.'s (2017) analysis of Twitter discussions of mental health in the UK. Beyond Anglophone settings, only a small number of studies explored mental health communication in non-English contexts. For example, Arendt (2019) analyzed suicide-related Instagram posts tagged with a German hashtag (#selbstmord). For Croatian context, Karadžić and Ristić (2022) analyzed social media communication of mental health-related aspects of epilepsy. Overall, existing studies on mental health communication on social media have predominantly focused on user-generated content and

peer-to-peer interactions, while the communication practices of mental health organizations have received comparatively limited attention.

The Role of Mental Health Organizations on Social Media

The rising prevalence of mental health concerns (World Health Organization [WHO], 2022; Organisation for Economic Co-operation and Development [OECD], 2023) highlights the need for accessible online resources, with social media platforms being key tools for mental health organizations to share support and raise awareness (Chung & Lim, 2020). Ure et al. (2019) suggest that standardizing the presentation of mental health information can boost engagement and encourage treatment-seeking behaviors. Findings from Lee and Li's (2021) public health communication research during COVID-19 indicate that when organizations offer clear, complete, and accurate information, they increase public trust in government and health organizations. Higher trust then shapes how people assess health risks and perceive social expectations, and it increases their confidence in taking the suggested steps. These dynamics suggest that mental health organizations may similarly depend on transparent communication to foster trust and ultimately support engagement in suggested behaviors, their credibility and role in promoting mental wellbeing through education and advocacy. Because of their credibility, mental health organizations have a greater impact than some other sources (Ju et al., 2021). Thus, WHO has emphasized the importance of maximizing social media's potential among mental health organizations in promoting mental health and preventing illness (WHO, 2013). Many organizations are now using the benefits of social media to communicate health information (Welch et al., 2016). To successfully achieve these aims, mental health organizations must rely on communication strategies focused on advocacy and online engagement, ultimately promoting psychological wellbeing (Chung & Lim, 2020).

Organizational Mental Health Content on Social Media

Regarding organizational content on social media, Britt et al. (2024) analyzed organizations' messages on Twitter and found that tweets using positive emotion and cognitive language styles attracted higher engagement, emphasizing the importance of strategic language in promoting social support. On YouTube, Yap et al. (2019) discovered that sorrow appeals were most common among organizations' videos, but messages of hope and affiliation led to the most engagement. Finally, Jia et al. (2023) investigated Instagram posts from non-governmental mental health organizations, revealing that content promoting MHL

and using specific visual elements achieved higher engagement, offering insights into effective content strategies on image-based platforms.

While these studies give us a valuable understanding of what drives engagement with mental health content on social media, they often overlook the content itself. However, analyzing what mental health organizations are actually communicating is equally important. As these organizations are generally regarded as credible and trustworthy sources of health information, the messages they convey can have a significant impact on how the public perceives and understands mental health (Ju et al., 2023). Without examining the content closely, we overlook a crucial aspect of how their messages may influence awareness, attitudes, and behaviors regarding mental health.

Existing research on organizational mental health content on social media has predominantly focused on U.S.-based organizations or organizations situated in broader Anglophone contexts, often drawing on mixed samples from the U.S., UK and Australia (e.g., Britt et al., 2024). Outside of Anglophone contexts, analyses of organizational mental health communication on social media are rare and often addressed only indirectly. In Croatia, one study examined government health communication on Facebook, where mental health appeared as one of several thematic areas (Petričević & Mustić, 2023). In Germany a single study examined organizational communication around broader public health issues including mental health rather than mental health specifically (Olsacher et al., 2023). Consequently, how mental health organizations communicate on social media across different national and linguistic contexts remains underexplored.

Ju et al. (2023) recognized the importance of studying mental health organizations' content and have therefore conducted an analysis that combined both the characteristics of the content and audience engagement metrics. Their results on content showed that the majority of mental health organizations' tweets were not mental health-related, which is in line with the research on mental health discourse in traditional media (Miller et al., 2019). Instead, these posts mainly highlighted the organizations themselves and their visibility, promoted activities or events, and shared general or motivational messages (Ju et al., 2023). Even when they were about mental health, it was talked about in general terms, rather than mentioning specific mental illnesses. Those that did mention specific illnesses talked mostly about depression, anxiety and panic disorder, again in line with the research on traditional media. However, unlike traditional media, they found that the Tweets mentioned some less common mental illnesses that are rarely covered in traditional media. Nevertheless, it remains unclear whether these patterns are consistent on visual-centered Instagram or whether they vary

across different national and cultural contexts. In line with this, the present study examines the types of mental illnesses referenced in organizational Instagram posts, capturing both explicit mentions of particular disorders and more general references to mental health. This leads to the first research question:

RQ1: What types of mental health illnesses are most prevalent in Instagram posts by mental health organizations, and how do these differ between the United Kingdom, Germany and Croatia?

Communicative Purposes of Mental Health Content

In addition to identifying which mental health issues are most frequently addressed, it is also important to consider the intended communicative purposes behind these posts. Prior research has shown that mental health content on social media serves a range of functions, including education, support, promotion, and audience engagement. Regarding user-generated content, Lee et al. (2020) found that Instagram users often posted about depression and anxiety to offer peer support, sharing personal experiences and encouraging engagement. This suggests that these mental health posts aimed to foster connection and emotional support within the online community. However, organizations primarily use social media to share informational content about their activities, while posts aimed at strengthening the community or encouraging action are less common (Subramanian, 2023). Still, organizational mental health content on Twitter has been found to place a slightly greater emphasis on providing support and care rather than on educational aspects, such as facts and research (Ju et al., 2023). Nevertheless, mental health influencers on Instagram and TikTok share content with primarily educational intent and secondly for promotional purposes, especially on Instagram (Pretorius et al., 2022). Comparable findings appeared for organizational mental health content. According to Jia et al. (2023), most U.S. mental health organizations post their Instagram content to educate, more than to build community or call for action. Yet, the analysis of just the visual part of the posts, coded based on their connotative meaning, showed that the most common goals were to raise awareness, followed by promoting events or services, and providing mental health care support.

Building on these insights, this study seeks to explore the primary communicative purposes behind mental health organizations' Instagram posts and how these purposes may vary across different national contexts. Specifically, the second research question asks:

RQ2: What are the primary communicative purposes of Instagram posts by mental health organizations, and how do these purposes differ between the United Kingdom, Germany and Croatia?

Responsibility Attribution in Mental Health Communication

When focusing on the content characteristics of the organizational online communication, it is also important to investigate how mental health organizations attribute mental health responsibilities for several reasons. Public health discussions often center on the responsibility for both causes and solutions of mental health problems, questioning whether it lies more with individuals or with society. Zhang et al. (2015) argue that if the responsibility lies in individual actions, the solution focus should be on changing behaviors and getting treatment, but if larger social systems cause these problems, then society needs to fix them through policies and better healthcare. Scholars have often studied the role of news media in responsibility attribution by analyzing news framing. A systematic review by Temmann et al. (2021) demonstrated that responsibility frames in the media influence support for health policies, public attitudes and stigmatization toward numerous health-related matters. When it comes to health topics, research has shown that the media, especially in the West, often assigns responsibility to the individual (Zhang et al., 2016). The same applies for mental health topics, where media coverage emphasizes biological aspects and medical treatments over social causes and collective solutions (Zhang et al., 2020). Such framing is of great concern since the individualization of health and, particularly, mental health responsibilities has led to harmful outcomes like increased stigma or the creation of policies that disadvantage rather than support those affected (Frederick et al., 2016; Temmann et al., 2021).

This trend of responsibility individualization has also been observed in mental health coverage on social media. Zhang et al. (2020) have analysed social media communication from media organizations and mental health institutions and compared their content. They found that both prioritize individual solutions over societal ones on their social media platforms. Notably, for mental health institutions, there was no significant difference in how personal versus societal causes of mental health problems were discussed. Moreover, mental health institutions were focused less on causes compared to media organizations. Given the lack of emphasis on causal attributions Zhang et al. (2020) found in mental health institutions' online messaging, the present study limits its analysis to the solutions featured in organizations' Instagram content. Although mental health institutions and organizations differ, their roles in mental health support overlap, particularly in their shared focus on advocacy,

awareness raising and even providing services. Accordingly, this study examines only the solutions featured in organizations' Instagram content, rather than causal attributions. Interestingly, a study by Ju et al. (2023) on Tweets from mental health organizations showed that individual and societal solutions were mentioned about equally. Furthermore, most of the Tweets did not mention solutions at all. To explore the nature of Instagram content from mental health organizations and to determine whether it attributes responsibility to individuals or society, this study asks:

RQ3: What types of solutions to mental health issues are most frequently suggested in Instagram posts by mental health organizations, and how do these differ between the United Kingdom, Germany and Croatia?

Mental Health Literacy in Online and Social Media Contexts

Another aspect that online mental health content could affect is the public's MHL levels. Jorm et al. (1997) define MHL as "knowledge and beliefs about mental disorders which aid their recognition, management or prevention" (p. 182). Contemporary conceptualizations extend this definition to include knowledge on maintaining mental wellbeing, recognizing conditions, understanding treatment options, reducing stigma and navigating support services (Jia et al., 2023). As such, enhancing MHL is increasingly recognized as essential for effective mental health promotion (Zeng et al., 2024).

Higher levels of MHL are consistently associated with more favorable views toward seeking professional support (Kim, 2021), help-seeking intention (Özparlak et al., 2023) and greater confidence in managing one's own mental health (Beasley et al., 2020). Accordingly, low levels of MHL are associated with a persistent lack of service use (Bonabi et al., 2016) and reluctance to seek professional support (Bennett et al., 2023). Stigma plays a key role in this relationship, as MHL is negatively associated with both social and self-stigma, which partially mediate its effects on help-seeking attitudes (Kim, 2021). More broadly, the formulation of MHL as a concept has contributed to advancements in policy reform and the development of interventions (Jorm, 2015). However, evaluations of MHL interventions generally report moderate and context-dependent effects (Mills et al., 2023; Grosselli et al., 2025), highlighting the need for more effective approaches. Consequently, increasing attention has been directed toward digital and social media-based interventions as accessible means of improving MHL.

Online interventions have several advantages. They provide an affordable and easily accessible way to reach those with limited access to services, while offering personalized, interactive learning within a secure setting (Massoudi et al., 2019; Andersson et al., 2019). Chen et al. (2024) showed that online MHL interventions effectively enhance mental health knowledge, reduce stigma, and improve help-seeking attitudes and intentions, although these effects are primarily short-term. Beyond traditional online interventions, social media is increasingly used as a preferred source of support and advice, as it is easily accessible and enables interactions that feel direct and personal (Gere et al., 2020). Accordingly, social media is recognized as a relevant context for supporting MHL and help-seeking behaviors. Still, Pretorius et al. (2022) found in their study on Instagram and TikTok content of mental health influencers that follower engagement and promotion were prioritized over improving MHL. However, the authors note that, even if not directly aimed at education, mental health content on social media can help normalize conversations, increase access to professionals, and reduce stigma. Such effects may indirectly contribute to MHL and encourage help-seeking.

When it comes to organizational communication on social media, Jia et al. (2023) found that more than half of the Instagram posts by U.S. mental health organizations contained at least one element of MHL. The most commonly addressed element of MHL was the ability to seek information, which shows organizations are trying to guide the public in accessing appropriate support resources. The second most frequent MHL element in their content was practical advice on obtaining and maintaining good mental health. Notably, this category also generated high levels of audience engagement, indicating that practical guidance is particularly valued by audiences. Such findings emphasize the importance of providing useful and practical information in health communication on social media. To explore organizational content across European countries, the next research question was proposed:

RQ4: How do mental health organizations contribute to mental health literacy in their Instagram posts, and how do these approaches differ between the United Kingdom, Germany and Croatia?

Cultural Factors

How Culture Shapes Mental Health Experiences

Culture plays an important role in shaping how mental health is perceived, discussed, and addressed across societies. The complex “interplay between cultural norms, beliefs, and

stigma surrounding mental illness” (Adebayo et al., 2024, p. 432) significantly influences disorder rates, treatment perception and its success (Huang & Zane, 2016). The way people understand mental health and mental health challenges is closely connected to the cultural context. In their review examining cross-cultural perspectives on mental health, Adebayo et al. (2025) note that while many Western cultures explain psychological difficulties mainly through medical and psychological models, some non-Western societies draw on spiritual or supernatural interpretations. Next, cultural values shape attitudes toward help-seeking and actual service utilization (Shahid et al., 2021). Differences in mental health service utilization exist even when the access to the services is similar (Han & Pong, 2015), indicating that factors such as stigma play a key role in individuals' decisions to seek treatment (Krendl & Pescosolido, 2020). Mental health stigma varies across cultures and can significantly reduce quality of life and increase social withdrawal (Naslund & Deng, 2021). In Eastern countries, mental health stigma often involves moral attributions (e.g., social exclusion, perceived dangerousness), whereas in Western countries it more frequently manifests as prejudice and discrimination toward racial and ethnic minorities with mental illness, reflecting intersecting stigmas related to both mental illness and minority status (Naslund & Deng, 2021; Krendl & Pescosolido, 2020). Zay Hta et al. (2023) suggest that cultural factors significantly influence the prevalence and impact of mental illness stigma, which highlights the need for culture-specific interventions. Supporting this, Corrigan et al. (2014) found that in cultures with high mental health stigma, people often seek help from family or traditional healers rather than mental health professionals.

Cultural differences are also evident in communication around mental health. For instance, when talking to a professional, people in India often describe depression and other mental health disorders in terms of somatic symptoms, such as stomach aches or headaches (Shah et al., 2021), which are different from common expressions of mental illness in Western cultures. Culture's effects go beyond symptom expression, as it also impacts the treatment itself. Huang and Zane (2016) showed that cultural norms, such as “face concern”, affect how openly people disclose personal feelings in therapy. Furthermore, providing mental health care across cultures requires effective exchange of information, which can be complicated by language barriers and differences in communication styles. Limited language proficiency, reliance on interpreters and variations in non-verbal cues are some of the main challenges (Adebayo et al., 2024). Moreover, Huang and Zane (2016) note that treatments that align with clients' values, language and communication norms lead to better outcomes. They argue that overlooking cultural factors can hinder diagnosis and therapeutic engagement, emphasizing

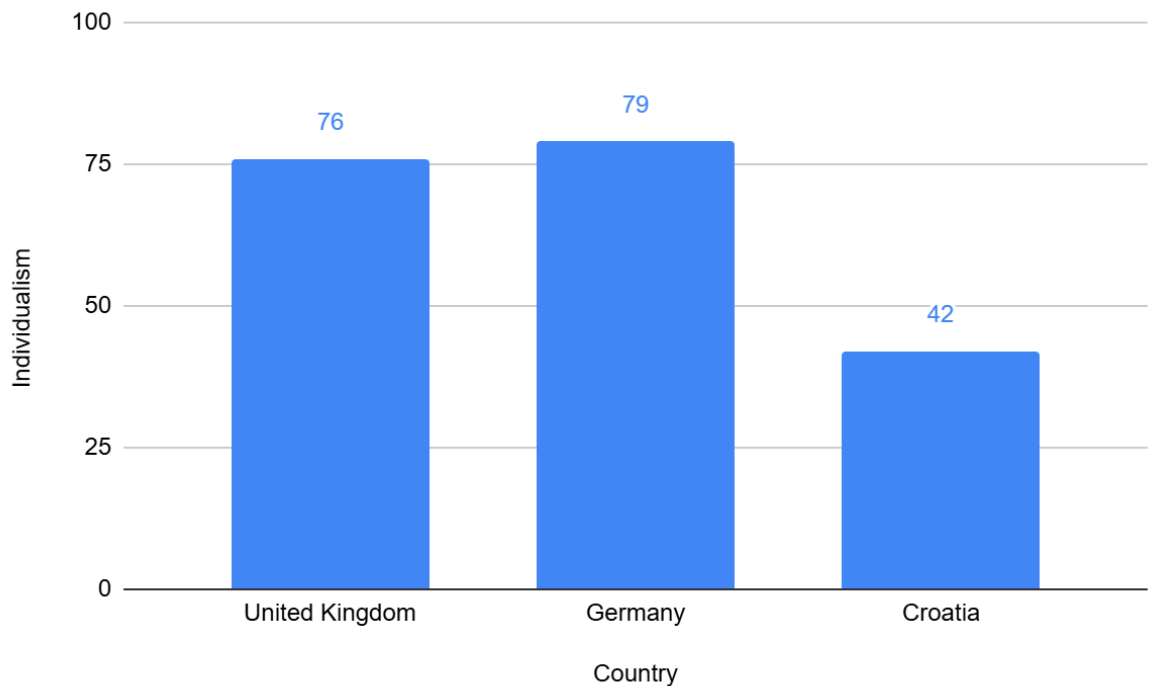
the importance of culturally adapted care. Such mental health care requires clinicians to integrate cultural context into assessment and treatment planning, ensuring that interventions are tailored to the client's social environment, family dynamics and culturally grounded understandings of mental health (Adebayo et al., 2024).

In sum, cultural beliefs, values, and norms shape not only how mental health is understood and expressed, but also how individuals seek help and respond to treatment. Recognizing these cultural factors is essential for providing effective, culturally sensitive mental health care.

Hofstede's Cultural Dimensions Theory: Individualism and Collectivism

Among cultural factors that influence stigmatizing attitudes are collectivism and individualism (Papadopoulos et al., 2013), which are the cultural dimensions I focus on in this study. To better understand how culture shapes mental health communication across different countries, this study draws on Hofstede's *Cultural Dimensions Theory*. The theory is a well-recognized approach for explaining a country's culture through its underlying cultural values (Ahmed et al., 2024). This study applies Hofstede's concept of culture at the national scale to investigate how cultural differences shape the organizational communication and portrayal of mental health on Instagram across three countries. Even though the theory includes five dimensions, because of the scope of this study, I focus on Individualism vs. Collectivism only. Individualism refers to the extent to which individuals consider themselves independent rather than connected to a larger group (Hofstede, 2025). In individualistic cultures, people emphasize independence, personal success, and individual rights and needs (Ahmed et al., 2024). Collectivism emphasizes strong social ties and a sense of belonging within one's community (Hofstede, 2011). As a result, people in collectivist societies depend on others for decisions, expect mutual support and show strong loyalty to their social group (Hofstede, 2011). However, collectivism does not mean mere closeness, but rather awareness of one's socially defined role, while individualism emphasizes personal choice without implying selfishness (Hofstede, 2025). Together with the other four dimensions, they explain how values, behaviors, communication styles, and ways people interact differ across cultures (Ahmed et al., 2024). As shown in Figure 1, Germany and the United Kingdom show a high degree of individualism (scores: 79 and 76), while Croatia has a significantly lower level of individualism (42), which makes it a more collectivistic country (Country Comparison Tool, 2025).

Figure 1. Individualism Scores in the United Kingdom, Germany and Croatia



Note. Individualism scores are based on Hofstede's cultural dimensions framework. Data adopted from The Culture Factor Country Comparison Tool (2025)

According to the scores, Croatia is considered a collectivist society, where strong loyalty to family and social groups shapes personal and professional relationships and social harmony often takes precedence over formal rules (Country Comparison Tool, 2025). On the contrary, the UK is an individualist society. In the UK, people are private, there is a growing focus on individual achievements and people are encouraged from childhood to think independently and pursue personal fulfillment. Germany is similarly individualist, with small, parent-child-focused families, a strong belief in self-actualization, and loyalty based on personal preference and professional duty. Communication is among the most direct in the world and is aimed to be honest, even if it causes discomfort (Country Comparison Tool, 2025).

How Individualism and Collectivism Shape Mental Health Experiences

Cultural beliefs shape understanding of mental health and illness and, in turn, influence broader public discourse on these issues (Adebayo et al., 2024). In societies where traditional norms and social expectations emphasise emotional restraint or the protection of family reputation, mental health problems are seen as shameful and potentially damaging to

the family's reputation (Adebayo et al., 2024). Collectivistic cultures prioritize social harmony and conformity and any deviations, such as mental illness, are perceived as a threat (Jacob et al., 2025). This perception also reflects in society's perceptions of the mentally ill. People in collectivist cultures show stronger tendencies to keep social distance from those with serious mental illness, which indicates higher stigma (Jacob et al., 2025). Rao et al. (2025) concluded that stigma strongly discourages people from seeking mental health support in collectivist cultures. In contrast, individualistic cultures prioritize autonomy and self-expression, which tends to reduce social distance (Jacob et al., 2025). Thus, Jacob et al. (2025) suggest that stigma is shaped by cultural norms and values rather than being solely an individual attitude.

Because of these cultural attitudes and stigma around mental health, people may prefer to address mental health problems privately within the family (Adebayo et al., 2024). Across cultures, the involvement of family and community in mental health differs. In many collectivist societies, mental health is seen as a collective responsibility rather than just an individual matter. Ahmed et al. 's (2024) systematic review on how Hofstede's dimensions shape mental health experiences highlighted differences in care preferences. Previous research has shown that people from individualistic cultures prefer personalized, patient-centered care and those from collectivistic cultures emphasize interdependence, with family playing a strong role in health decisions. This also influences help-seeking behaviors. Individualistic cultures value autonomy and openness in sharing personal information, while people in collectivistic cultures often hesitate to seek external help due to family dynamics and stigma. Thus, collectivistic individuals are more likely to seek informal support within family and friends than formal help (Altweck et al., 2015; Rao et al., 2025). Adebayo et al. (2024) further highlight the complex role of family in mental health, which can offer essential support but delay treatment, especially because of the fear of face loss in collectivistic cultures. These findings emphasize the need to consider and respect cultural values when developing mental health programs and public health initiatives.

Cultural Differences in Online Mental Health Communication

The influence of culture extends beyond offline contexts and is strongly evident in digital environments, where it shapes mental health communication. For instance, Pendse et al. (2019) found that, compared to users from Western countries, online mental health support forum users from Asian countries tend to mention their country of origin more often, use fewer clinical mental health terms, and preferentially give support to others from the same

national background. When it comes to social media, Chen and Wang (2021) in their review on health communication, note that Chinese platforms are characterized by collective sharing and community interaction, while Western platforms like Facebook and Twitter encourage more individual self-disclosure. Similarly, Pang et al. (2025) found that emotional expressions on the Chinese platform Weibo tend to be moderated and oriented toward maintaining social harmony, whereas on Facebook, they are more direct and self-expressive, reflecting collectivist versus individualist norms.

Previous research has shown that the influence is also visible in mental health communication across social media. On Twitter, De Choudhury et al. (2017) showed that cultural norms significantly shape the linguistic and emotional expression of mental-health disclosures. Majority-world users demonstrated more moderate and less negative expressions compared to Western users. Comparably, Reddit users from India and Western countries showed differences in what is discussed, emotional tone, temporal orientation and the kind of support sought (Rai et al., 2025). Compared to Western users, Indian users more often expressed sadness, used present-focused language rather than past-focused, talked more about family, work and achievement pressures than purely psychological symptoms and are more likely to seek advice/support, rather than just vent or describe symptoms (Rai et al., 2025). On the contrary, Li and Xu (2024) found that Reddit users from Western countries more often sought advice and information, while Chinese users on the platform Douban aimed more often at networking. Furthermore, they highlighted that users in Western communities were more likely to talk about anxiety in a personal and emotion-focused way, while those in Chinese communities framed their concerns around concrete social or workplace situations. Similarly, Bogolyubova et al. (2018) found that Russian and English Instagram users express psychological distress differently, reflecting cultural differences in signaling and coping.

These findings reflect the cross-cultural differences in social media use. Research indicates there are differences in the role social media plays for people from individualistic or collectivistic cultures and how they utilize it. People from collectivist cultures use social media mainly to maintain close relationships and foster group harmony, while those from individualist cultures use it more for self-expression and building their own image (Kim, 2024). Accordingly, a study analysing engagement of Instagram users from collectivistic Croatia in comparison to the individualistic U.S., found Croatians focused on social interaction, while Americans emphasized self-promotion and documentation, reflecting their cultural factors (Sheldon et al., 2017). These online behaviors reflect similar patterns observed in offline communication. For instance, Schinkel et al. (2019) found that individualistic

cultures favour direct, information-focused medical interactions with their general practitioner (GP), while collectivistic cultures emphasise warm, personal and relational interactions.

Because of these differences between individualistic and collectivistic cultures, Ahmed et al. (2024) suggest that digital support interventions should be culture-tailored to be effective. Digital support for individualistic cultures should focus on personal autonomy and direct communication, whereas for collectivistic cultures, it should emphasize social connection, collaboration, and community-oriented features. Despite evidence that cultural differences affect individual online communication, little is known about how institutions adapt mental health messages on social media to different cultural contexts. As the only study I identified that examines institutional communication in terms of individualism and collectivism, Pacheco Baldó (2023) explored communication on mental health centre websites across countries and found that each subtly communicated cultural values. Still, organizational support on social media remains underexplored, especially in a cross-cultural context. Given variations in cultural orientation, social norms and the way institutions traditionally talk about mental health, mental health organizations are likely to present their content differently across countries. This highlights the need to investigate how organizational mental health communication on social media varies across different cultures. Thus, this study asks:

RQ5a: In what ways do differences in cultural factors shape the portrayal of mental health in Instagram posts by mental health organizations between the United Kingdom, Germany and Croatia?

Systemic Factors

Systemic Barriers to Mental Health Care

When it comes to mental healthcare systems, a systematic review by Carbonell et al. (2020) demonstrated that these systems worldwide are hindered by multiple interrelated barriers, including structural barriers, cultural barriers, economic barriers, organizational barriers, dominance of the biomedical model and overreliance on families. Their findings support the view that cultural explanations alone are insufficient to understand disparities in mental healthcare. System-level factors must be considered as complementary determinants that shape access and quality of mental health services.

Carbonell et al. (2020) highlight several structural and systemic barriers that contribute to care insufficiency. Structural barriers like low prioritization of mental health, treatment gap,

inadequate policies, poor planning, and overall neglect of individuals with mental health issues by the public health system as obstacles that contribute to care insufficiency. According to the 2024 Mental Health Atlas (WHO, 2025), many countries have improved their mental health policies, adopting rights-based approaches and stronger emergency preparedness since 2020. However, spending on mental health has not increased since 2017, averaging at 2% of total health budgets.

Some of the systemic factors that hinder access to mental health services across countries are: workforce shortages, lack of community-based services, discontinuity of care, high treatment costs, unequal resource distribution and limited insurance coverage (Carbonell et al., 2020). Corrigan et al. (2014) further highlight geographic inaccessibility, fragmentation of services across multiple providers, poor communication among multiple providers and limited primary care capacity to treat mental illness. Country-specific research highlights how these barriers are experienced in particular sociocultural and service contexts. For instance, in Japan, Nakanishi et al. (2021) found that barriers such as a lack of trauma-informed care, limited advocacy support, and restricted access to psychosocial approaches hindered personal recovery within the mental health system. Radez et al. (2021) highlight the impact of logistical barriers, such as time constraints and transportation difficulties, as well as access-related obstacles, including limited availability and long waiting times, but also underscore the significance of the relationship between the professional and the patient. Gulliver et al. (2010) also emphasized barriers like trust and confidentiality, as well as the provider characteristics, which further implies that the mental health system should not only ensure service availability but also actively promote the quality of the professional-patient relationship. These challenges are less severe in high-income countries, which invest more in mental health and have stronger workforces and smaller treatment gaps (Patel et al., 2025). However, Carbonell et al. (2020) concluded that even high-income countries often have mental healthcare systems that are costly, but ineffective and inaccessible. Still, greater financial resources and political devotion are closely linked to better access to mental health services and smaller inequalities (Patel et al., 2025). Therefore, WHO's Mental Health Action Plan 2013–2030 (WHO, 2021) states that effective mental health care depends on coordinated system-level efforts, including governance, funding, trained personnel, community services, prevention, and research. A systemic approach is essential, as health systems shape the accessibility, quality and societal perception of mental health care. Thus, mental healthcare extends beyond service delivery as it also impacts the understanding and communication of mental health.

Bridging Mental Health Care Gaps through Social Media

These systemic disparities, especially in access, may drive individuals to seek alternative sources of information and support. Studies show that in contexts where access to mental health care is limited, individuals increasingly turn to digital platforms for information, emotional support and a sense of connection (e.g., Naslund et al., 2016; Naslund & Deng, 2021). Digital interventions in mental healthcare have the potential to improve access, enable early intervention, offer flexible, scalable and location-independent support, particularly for underserved or vulnerable populations (Löchner et al., 2025). Thus, it is not surprising that the number of such remote and easily accessible care solutions rose after the COVID-19 pandemic (WHO, 2025).

Among these tools, social media has emerged as especially impactful. Its widespread use and broad reach create opportunities to address gaps in mental health care by improving the accessibility and reach of resources (Naslund et al., 2020). Naslund et al. (2016) found that people increasingly use social media to share experiences, seek advice and connect with others facing similar conditions. They highlight that these peer-to-peer exchanges on social media can help people cope, reduce feelings of isolation, encourage treatment engagement, reach broader groups and help link online community support with professional care. However, the extent and nature of such online engagement are likely shaped by the healthcare system and its faults, just like cultural contexts influence them. Countries with more robust healthcare infrastructures and stronger institutional communication may foster different online discourses than those with fragmented or inaccessible care. Although some comparisons between countries with different healthcare systems exist (e.g., Rai et al., 2024), observed differences in online expressions and interactions are mostly analyzed through factors like language or demographics. Empirical research rarely treats the healthcare system as an independent factor shaping discourse, leaving a gap in understanding how systemic factors in healthcare may influence online mental health communication. Addressing this gap, the present study investigates:

RQ5b: In what ways do differences in healthcare systems shape the portrayal of mental health in Instagram posts by mental health organizations between the United Kingdom, Germany and Croatia?

In conclusion, the diverse cultural contexts and healthcare systems worldwide significantly shape mental health outcomes, as each country faces unique challenges regarding available resources, needs and priorities. Effective communication within specific cultures and mental health systems is important for helping shift policy frameworks, societal attitudes and power dynamics, ultimately working to eliminate the harmful and unwarranted stigma surrounding mental health (Schiavo, 2018). This underscores the need to explore organizational mental health communication across different cultural contexts and healthcare systems.

Mental Health Landscape in the UK, Germany and Croatia

This section outlines the mental health landscape in the UK, Germany, and Croatia, focusing on healthcare systems, mental health care, prevalence of mental health conditions, and public attitudes toward mental health. The aim is to establish the cultural and healthcare contexts used to interpret cross-national differences in the study's contextual comparative analysis.

United Kingdom

UK's Healthcare System

The UK has a government-funded healthcare system, the National Health Service (NHS). Private health insurance plays a relatively minor role in the UK and it is mainly used to access services not provided by the NHS or to receive care more quickly (Anderson et al., 2022a). Despite its universal coverage, the NHS faces persistent structural challenges, including chronic staff, hospital bed and diagnostic equipment shortages (Anderson et al., 2022b). These limitations have led to growing waiting lists, with more than six million people waiting for elective care in England alone in 2022 (Anderson et al., 2022b). Nonetheless, people in the UK pay less out of pocket for healthcare than in most of Europe (Dayan et al., 2024).

Mental Healthcare in the UK

Mental health care in the UK is primarily delivered through the NHS, with some services provided by local authorities and voluntary or private organizations (Anderson et al., 2022b). Mental health charities and community organizations have a growing role in providing care for those struggling with mental health challenges, particularly in areas where statutory services are limited (Newbigging et al., 2017; Troya et al., 2019). Access to

psychological services is publicly funded and there is no co-payment for therapy sessions (Bernardo et al, 2021). Patients are typically treated through “NHS Talking Therapies”, a programme designed to improve access to evidence-based psychological treatments for common conditions. The service offers interventions such as cognitive behavioural therapy and counselling, delivered in person, remotely, or through guided self-help (NHS, n.d.). People can self-refer or be referred by a GP (NHS, n.d.), which makes therapy significantly easier to access. The programme offers between 12 and 20 sessions, although the average number of sessions delivered was 6.9 in 2019/20 (Bernardo et al., 2021). Community mental health care in the UK includes crisis teams, early intervention, outreach and home support, often delivered by multidisciplinary teams that work closely with GPs (Anderson et al., 2022b). However, the UK faces staff shortages, with only 25 psychologists per 100,000 people (Bernardo et al., 2021). Despite national mental health strategies across the UK, service demand has increased significantly, especially following the COVID-19 pandemic (Anderson et al., 2022b), leading to long waiting times and staff pressure (Garratt, 2024). This might be why spending on private providers has grown most in mental health services (Anderson et al., 2022b). Other issues include regional funding disparities, inequalities in care, especially among Black and minority ethnic groups and concerns over patient safety (Garratt, 2024).

UK’s Mental Health Statistics

A considerable number of people in the UK are affected by mental health issues. Statistics from the Mental Health Report published by one of the UK’s leading mental health charities, *Mind*, show that around 1 in 4 people in the UK experience a mental health problem each year (Mind, 2024b). The newest results show that the mental health state is getting worse. The prevalence of anxiety and depression among 16- to 64-year-olds has risen steadily, from 15% in 1993 to 19% in 2014, and 23% in 2024, but their treatment use increased (Morris et al., 2025). The number of ADHD diagnoses among adults has increased. The situation is particularly urgent among children and young people, with 1 in 5 school-age children or young people facing a mental health difficulty, yet only a third accessed treatment in 2023 (Mind, 2024b). The number of ADHD diagnoses among adults has increased, while the prevalence of other conditions like personality disorders has remained stable (Morris et al., 2025). Suicide is a major public health concern, especially for men. The pandemic had a significant effect on mental health and wellbeing. According to a national survey conducted by the Office for National Statistics (ONS), the number of people experiencing moderate to

severe depressive symptoms nearly doubled after the pandemic began (Leach et al., 2021). Additionally, unemployment and debt are linked with increased self-harm and PTSD risk, highlighting how mental health problems remain linked to socio-economic disadvantage even in the Western context (Morris et al., 2025).

Mental Health Attitudes in the UK

A recent study shows that public attitudes toward mental health in England in 2023 were getting worse for the first time in over a decade (King's College London, 2024). The study investigated three key areas: knowledge, behaviour and attitudes and found a decline in all of them. It showed a decrease in people's willingness to live with or near someone with a mental health condition and behaviour scores are now back to 2009 levels (Mind, 2024a). The same goes for knowledge levels in 2023, with public understanding about recovery and how to support others also declining (Mind, 2024a). Fewer people believed that those with mental health problems can fully recover. Similarly, confidence in community-based care and the adequacy of mental health services has dropped, suggesting a decline in public trust in the mental health system (King's College London, 2024). On a more positive note, there are signs of greater social acceptance of people with depression and schizophrenia, especially in family and workplace settings (Mind, 2024a). King's College (2024) highlights the COVID-19 pandemic, the cost-of-living crisis and the end of the national anti-stigma campaign *Time to Change* in 2021 as possible reasons for the recent decline. In their 2024 Big Mental Health Report, Mind emphasizes racism and racial violence as significant factors reinforcing stigma and increasing discrimination (2024b). The report also shows strong evidence for stigma and discrimination in mental health services, especially by GPs and emergency services (Mind, 2024b). Reported issues include mistreatment, neglect and downplaying of symptoms (Mind, 2024b). Notably, according to a report published by YouGov (Smith, 2024), the UK stands out for its strong belief in the equal importance of mental and physical health compared with other major European countries. However, it is also the only country among those studied where more people believe physical health issues are more serious than mental health problems (Smith, 2024).

Germany

Germany's Healthcare System

Unlike the UK's National Health Service, where care is mostly delivered by public providers, Germany's system allows public and private providers to deliver care equally

within a shared framework (Federal Ministry of Health, 2020). Out-of-pocket payments in Germany are low, accounting for 12% of health costs, which is lower than the EU average of 15% (OECD and European Observatory on Health Systems and Policies [EOHSP], 2023b). Despite its strengths, Germany's healthcare system faces several challenges. High service volumes raise concerns about potential oversupply and inefficient use of resources. Structural issues include the fragmentation between inpatient and outpatient care, the dual system of statutory and private insurance, which may reduce fairness and a complex governance framework that makes reforms difficult to implement (Blümel et al., 2021). Additionally, persistent nursing staff shortages, especially in hospitals, have led to reforms in staffing and cost coverage (OECD and EOHSP, 2023b).

Mental Health Care in Germany

Mental health care is a crucial component of Germany's health system, accounting for 11-13% of total health spending in 2022 (OECD, 2021). Most mental health services in Germany, including outpatient therapy, are covered by public health insurance (Wiegand et al., 2025). Importantly, people do not need a referral from the GP to access therapy; they can instead visit a therapist directly (Institute for Quality and Efficiency in Health Care, 2022). If approved by health insurance, therapy is free and patients can even get reimbursed for private treatment if no public provider is available (Bernardo et al., 2021). This is a common issue in many regions with long waiting times and a shortage of therapists approved by SHI (Bundespsychotherapeutenkammer, 2019). Since the 1970s, Germany has shifted from large psychiatric institutions toward more community-based mental health services (Blümel et al., 2021; OECD and EOHSP, 2023b). Still, inpatient use remains high. When it comes to crisis services in Germany, they include government-funded psychiatric support and easy-access phone and in-person help in some regions (Wiegand et al., 2025).

According to Wiegand et al. (2025), several challenges persist. The absence of a central system to assess patient needs and assign treatment by severity leads to mismatched care, with severely ill patients under-treated and milder cases sometimes over-treated (Wiegand et al., 2025). Long waiting lists and limited access to outpatient psychotherapy are particularly affected by the region (OECD and EOHSP, 2023b). All of this, combined with a widespread problem of staff shortage, implies that even a well-developed mental health care system with significant financial resources faces certain challenges.

Germany's Mental Health Statistics

In Germany, about 31% of the population experiences a mental health disorder (AXA, 2024). Among young people aged 18 to 24, the number is even higher at 41%. Clinically representative data from Jacobi et al. (2014), conducted between 2008 and 2011, indicate that about 28% of adults aged 18-79 were diagnosed with a mental disorder, mostly anxiety disorders (15.4%), mood disorders (9.8%) and substance use disorder (5.7%). More recent estimates, based on less clinically validated methods, report lower rates. The most common mental health conditions in 2019 were anxiety disorders, depressive disorders and alcohol or drug use disorders (OECD and EOHSP, 2023b). Similarly, the German Burden 2020 project (Porst et al., 2022) reported that dementia, anxiety and depressive disorders, as well as alcohol-use disorders, rank among the leading diseases. Survey data suggest a far higher prevalence. A YouGov (2021) survey confirmed the prevalence of depression (59%) and anxiety (30%) disorders, but also highlighted some other conditions like sleep disorders and burnout. Although not clinically diagnosed, these figures reflect subjective mental health experiences and point to a broader psychological burden in the general population.

The COVID-19 pandemic further intensified these mental health challenges. During the first lockdown in 2020, half of those with depression experienced significant disruptions in their treatment (Reich et al., 2022), which likely contributed to the overall worsening of mental health since 2019. The number of people with depressive symptoms has almost doubled since 2019, while anxiety symptoms rose from 8% in 2021 to around 12-15% by the end of 2022 (Robert Koch Institut, 2024). There has also been a rise in suicide rates over the past ten years (Statistisches Bundesamt, 2024). Notably, less than 10% of those with severe depression received psychotherapy, even though treatment guidelines recommend combining therapy and medication (AXA, 2024; Stahmeyer et al., 2022). In 2024, 24% of those struggling said they are managing symptoms alone, up from 18% in 2023 (AXA, 2024). Similarly, the number of people who do not seek any treatment also increased from 21% in 2023 to 24% in 2024 (AXA, 2024). These trends reveal gaps in care utilization and a rising reliance on self-management.

Mental Health Attitudes in Germany

When comparing mental and physical health, 63% of Germans personally view them as equally serious (Smith, 2024). Yet, when asked what they believe society values more, a larger proportion said physical health is still considered more important. This gap between personal belief and perceived social norm illustrates an ongoing tension in public attitudes,

suggesting that mental health is still not seen as entirely legitimate in the public eye. Such tension often leads to feelings of shame, which makes it harder for people to talk about mental illness or ask for help. This is especially relevant for the workplace, considering the German cultural emphasis on work. In a 2023 survey, over 65% of employees reported feeling ashamed of having mental health problems (Sander et al., 2023). Furthermore, more than half (54.1%) stated they would continue working without discussing their condition with colleagues or supervisors. This tendency, known as “presenteeism,” is likely tied to German cultural values that strongly prioritize productivity and efficiency. Therefore, negative attitudes toward people with mental illness may stem from the assumption that they are less productive (Nething et al., 2024).

A longitudinal study showed that public attitudes toward mental illness have changed over time, with notable differences depending on the specific diagnosis (Schomerus et al., 2023). Depression is generally viewed with greater understanding compared to three decades ago, while negative perceptions and social distance toward schizophrenia have intensified. These differences in attitudes may be partly explained by varying levels of MHL across disorders. While MHL about common mental illnesses has increased, the overall level of mental health knowledge remains relatively low. A study by Kolpatzik et al. (2024) showed that 86% of the general population in Germany has a limited understanding of mental health issues. The study further showed that low MHL is closely linked to stigmatizing attitudes. Furthermore, people with personal experience of mental illness and those with higher education levels showed more positive attitudes and greater understanding (Kolpatzik et al., 2024). All these findings highlight the need not only for more education but also for structural change, especially in settings like work, where stigma can have direct adverse effects on people’s lives.

Croatia

Croatia’s Healthcare System

Croatia’s mandatory health insurance, run by the Croatian Health Insurance Fund (CHIF), provides universal coverage, with no opt-out option (OECD and EOHSP, 2023a; Džakula et al., 2024). CHIF also offers voluntary health insurance, used by over 60% of Croatians, either to cover co-payments or to access faster and higher-quality services (OECD and EOHSP, 2023a; Džakula et al., 2024). Croatia’s health expenditure remains below the EU average, with most spending directed toward outpatient care (OECD and EOHSP, 2023a).

Still, out-of-pocket payments remain low at 9% of total expenditure compared with the EU average of 15%.

Croatia's healthcare system faces several challenges. While Central Croatia has a higher concentration of health facilities and professionals, rural areas often face unmet medical needs due to long travel distances (OECD and EOHSP, 2023a). Although the number of doctors and nurses has grown, Croatia remains relatively understaffed compared to most EU countries, and regional inequalities persist (OECD and EOHSP, 2023a; Džakula et al., 2024). Additionally, patients often distrust primary care physicians and go directly to specialists, frequently via emergency departments, resulting in excessive referrals (OECD and EOHSP, 2023a). Lastly, long waiting times, exacerbated by the COVID-19 pandemic, and persistent access disparities, particularly affecting lower-income groups, remain significant barriers (OECD and EOHSP, 2023a).

Mental Health Care in Croatia

Croatia's mental health system continues to rely primarily on psychiatric hospitals, while community services are limited and mainly used post-discharge (Mužić et al., 2024). Access to mental health care varies by region (Džakula et al., 2021). About 80% of patients hospitalized for mental disorders are admitted through emergency care, reflecting poor recognition of mental health conditions and a lack of diagnostic and treatment services in primary health care (Mužić et al., 2024). However, the Government has begun implementing reforms to tackle mental health issues more effectively. The *Strategic Framework for Mental Health 2022-2030* aims to improve prevention, access, and treatment through community services, youth programs, and telemedicine (Banadinović et al., 2023). The COVID-19 pandemic and 2020 earthquakes further highlighted the need for strengthening telepsychiatry (Rojnić Kuzman & Medved, 2025) and community-based mental health services in Croatia (Stimac Grbic, 2022). A 2018 reform project introduced community mental health teams to shift care from hospitals to the community, proving successful even during the pandemic and earthquakes (Levaj et al., 2023). This led to changes to the Health Care Act in March 2023 that allowed mobile mental health teams across all levels of the healthcare system (OECD and EOHSP, 2023a). In addition, mental health organizations have supported these efforts by helping develop strategies and providing peer workers in mobile teams (Mužić et al., 2024).

Despite progress, Croatia's mental health system faces several challenges. Psychotherapy remains largely private and expensive. Affording a single session requires over 13 hours of minimum-wage work (Bernardo et al., 2021). Coverage via CHIF is limited and

slow due to required referrals and long waiting lists (Mužić et al., 2024). Staff shortages compound these challenges, as Croatia has one of the lowest numbers of psychologists in the EU, with only about eight per 100,000 people (Bernardo et al., 2021). There is also a need for clear hospital admission criteria, sustainable supported housing and employment for young adults with severe mental illness, and a transparent digital system to track care indicators and inform policy (Mužić et al., 2024).

Croatia's Mental Health Statistics

Croatia's mental health must be understood in the context of historical and socio-political factors, particularly the 1991–1995 Independence War, which led to a substantial increase in post-traumatic stress disorder (PTSD), especially among veterans. Jovanović et al.'s (2010) comparative study conducted in 2010 found that 78% of Croatian patients had been exposed to war trauma and 62% showed PTSD symptoms, rates far higher than those in Germany (6.8% and 30%, respectively). PTSD, therefore, remains a significant public health issue in Croatia, with war-related trauma continuing to affect mental health and overall wellbeing decades after the conflict (Gizdic et al., 2023).

As in other EU countries, the COVID-19 pandemic further worsened mental wellbeing in Croatia. However, the burden of mental health problems in Croatia had already broadened before the COVID-19 pandemic. In 2019, 11.6% of Croatian adults reported symptoms of depression, well above the EU average of 7.2% (OECD and EOHSP, 2023a). Depression was markedly more prevalent among lower-income groups and these socioeconomic disparities were larger than the EU average. During the initial wave of the COVID-19 pandemic, Croatia experienced a significant increase in mental health symptoms (Jokić-Begić et al., 2020). Individuals with prior traumatic exposure were especially vulnerable, a critical issue in a population already affected by war-related trauma and the 2020 earthquakes, which occurred at the onset of the pandemic (Gizdic et al., 2023). In 2023, the leading causes of mental health hospitalizations were alcohol use disorders, schizophrenia, and depressive disorders (Hrvatski zavod za javno zdravstvo [HZJZ], 2025). Among youth, self-harm is a growing concern, nearly doubling between 2016 and 2021 (Rezo Bagarić et al., 2023). Suicide remains a significant public health concern, especially among men. Although rates have decreased since 1999, male suicide remains above the EU average (HZJZ, 2025). Overall, mental health disorders continue to pose a substantial public health burden in Croatia, accounting for 5.2% of all hospitalizations in 2023 (HZJZ, 2025).

Mental Health Attitudes in Croatia

Compared to the United Kingdom and Germany, research on attitudes toward mental illness in Croatia is limited and often outdated. A 2002 national survey found overwhelmingly negative attitudes. Nearly half of the respondents reported fear of individuals with mental health conditions, and many were unwilling to hire, marry, or form any relationships with them. These attitudes were stronger among those with lower education levels (Filipic et al., 2002). A more recent study found that higher education was associated with more positive attitudes toward mental illness (Petak et al., 2021). A 2005 survey reported more positive attitudes toward mental illness at first glance, with 80% of respondents expressing willingness to socialize with individuals with mental health conditions (Jokić-Begić et al., 2005). However, acceptance declined sharply for closer social contact, as nearly half would not accept a person with a mental illness as a neighbor. Attitudes also varied by condition, with the greatest social distance toward individuals with schizophrenia or drug addiction and greater acceptance of those with depression, anxiety or PTSD (Jokić-Begić et al., 2005). Similar patterns were observed among Croatian youth, who showed lower stigma toward PTSD than toward schizophrenia (Arbanas, 2008). Negative attitudes are also present in the healthcare sector, where medical students and professionals demonstrate comparable stigma, particularly toward patients diagnosed with schizophrenia (Tremac et al., 2020). Research further indicates that self-stigma is a significant burden in the mental health experience in Croatia. In a cross-cultural European study, Croatia reported the highest level of internalised stigma, potentially linked to cultural dimensions such as power distance and collectivism (Krajewski et al., 2013). High levels of self-stigma may also reflect gaps in MHL in Croatia. Muslić et al. (2019) found that educational professionals in Croatia have moderate but uneven MHL, with limited skills in recognizing depression, providing support, and awareness of available services. In conclusion, high stigma and fragmented MHL pose a serious issue for mental health in Croatia, highlighting the need for education, open conversation and culturally sensitive approaches to reduce stigma and improve understanding.

Comparative Summary of Key Differences

Across the three countries, mental health constitutes a major public health concern, with rising service demand and shared challenges related to workforce shortages and waiting times. All three countries ensure formal entitlement to healthcare services across the population, yet they differ substantially in how mental health care is organized and prioritized. The UK is characterized by a centralized, publicly funded system in which mental health is

largely framed as a societal issue, emphasizing collective responsibility, advocacy and efforts to change public attitudes, despite recent declines in public trust in mental health services. Germany operates a well-resourced and highly structured system in which access to psychotherapy is regulated through formal diagnoses, insurance approval and clinical guidelines, reflecting strong reliance on professional expertise and standardized treatment approaches, while persistent work-related stigma remains. Croatia differs most clearly, as mental health has historically received lower institutional prioritization, with continued reliance on psychiatric hospitals, limited publicly funded psychotherapy and pronounced regional inequalities. At the same time, NGOs and civil society play a role in service development and reform, but stigma and self-stigma remain salient. Overall, the comparison demonstrates variation in mental health care systems and societal attitudes across national contexts.

METHOD

A quantitative content analysis was employed to answer the research questions about the specifics of Instagram posts (RQ1–RQ4). To address RQ5, which examines how contextual factors may shape these portrayals, the content analysis was complemented by a contextual comparative analysis. In line with Esser and Vliegenthart's (2017) conceptualization of comparative research, this study integrates contextual analysis to examine how macro-level factors, specifically culture (RQ5a) and healthcare systems (RQ5b), constitute the environments in which mental health communication on Instagram is produced. This approach has been applied in recent research on health (Rivera et al., 2022) and mental health (Rai et al., 2025) content on social media, highlighting its usefulness for situating social media portrayals within broader national and cultural contexts.

The study compares content from mental health organisations in Germany, the United Kingdom and Croatia. These countries were selected based on their distinct healthcare systems and cultural differences, offering a diverse context for comparing mental health content on social media. They vary in funding models, access to care, and cultural attitudes toward mental health, providing a rich foundation for cross-cultural analysis. Even though the three countries are Western countries and similar in that sense, content differences are expected, as research has found that, despite shared similarities, each Western nation has unique aspects of mental health concerns (Manago et al., 2019). As Heath et al. (2024) highlight, the cross-national comparative method in health research can generate insights

across individual, interpersonal, and institutional levels by encouraging critical reflection on societal norms within a country.

By combining quantitative content analysis with qualitative contextual interpretation, the study accounts not only for observable differences in social media content but also for the broader healthcare and cultural frameworks that shape mental health communication on social media.

Organization Selection

To generate a sample of the most prominent mental health organizations in each country, a purposive sampling strategy was combined with elements of snowball sampling. The goal was to have a diverse yet comparable selection of mental health organizations. A new Instagram profile with a newly created email address under a generic name was created to find organizations' accounts without potential algorithmic bias. The sampling started with a search for mental health-related keywords in the respective languages (e.g., *mental health*; *psychische Gesundheit*; *mentalno zdravlje*) on Instagram. An initial list of profiles was created. Further accounts were identified by examining the initial profiles' following and follower lists, mutual follows and Instagram's "Suggested for you" feature, thereby implementing a snowball sampling technique. All identified accounts were organized into a list, after which each profile and the organization behind it were examined and excluded according to the exclusion criteria.

Organizations' accounts were excluded from the sample if (1) they were inactive during the analyzed period, (2) had fewer than ten mental-health related posts within that timeframe or (3) posted exclusively in video format. Accounts that (4) used Instagram primarily for non-mental health purposes or as an internal communication tool (e.g., internal updates, administrative announcements) and those that (5) focused exclusively or predominantly on promotional content, lacking a consistent educational or awareness-raising element, were also excluded. Private practices, individual therapists and clinics offering primarily one-on-one services rather than emphasizing public mental health advocacy (6) were omitted. Finally, organizations' accounts lacking transparency about their affiliations (7) and private Instagram profiles were excluded (8). Organizations with a clear focus on specific age groups or particular mental illnesses were included, as long as their content aligned with the emphasis on public mental health promotion. After applying the exclusion criteria, a total of $N = 30$ organizations were included in the final sample (10 per country).

The final sample represents a balanced combination of non-profit organizations, public health institutions and mental health initiatives, ensuring comparability across countries. While most UK and Croatian organizations were non-profit or public-sector entities, the German sample also included private company initiatives, retained for their consistent mental health promotion. While comparability was prioritized, this variation reflects national differences in healthcare and civic society, which are considered in the analysis. The final list of organisations can be found in Appendix A.

Data Collection

Data was collected from Instagram profiles between November 1, 2023, and November 1, 2024. The web-scraping tool Apify was used for profiles with many posts to extract, gather and download posts. For accounts with a smaller amount of content, primarily Croatian organizations, posts were manually collected through screenshots. Following data collection, all datasets were cleaned in Excel to exclude posts in video format, posts shared by other users but appearing on the organization's profile due to tags and posts outside of the analyzed period. After data cleaning, random selection was done in Excel. Ten posts were randomly selected from each organization, yielding 100 posts per country and a total sample of $N = 300$ posts. After random selection, all sample posts were manually re-collected, including images in carousel posts and full captions.

The study analyzed publicly available Instagram posts published by mental health organizations. All data were stored on a password-protected personal computer and secure cloud storage, with access restricted to the researcher. This approach ensured that the entire dataset remained preserved independently of the Instagram profiles, in case of content changes or deletion. All data will be deleted upon completion of the thesis.

Coding

The unit of analysis in this study was an Instagram post, including both the visual component (image or all images in carousel posts) and the caption, including hashtags. Considering the nature of the data and the research questions, coding was conducted manually using a pre-defined codebook developed before the coding process, in line with social media content analyses in health communication (Fu et al., 2023). All coding was done in a structured spreadsheet format. The author, also a sole coder, is fluent in all three relevant languages, which enabled direct analysis and helped avoid the risk of translation errors.

A codebook (see Appendix B) consisting of four main categories was created: *Mental Illness Type*, *General Purpose of the post*, *Solution Type* and *Mental Health Literacy*. Each category was divided into several subcodes, allowing a detailed analysis. The codebook was developed by drawing on previous studies on related topics.

For variables where multiple codes could be applied in a single post (*Mental Illness Type* and *Solution Type*), the total frequency of mentions may exceed the number of posts per country. Although combinations were rare, this methodological feature is important to acknowledge when interpreting the data.

Intracoder Reliability Test

To ensure consistency and reliability in coding, an intracoder reliability test was conducted. A random sample of 20% of the posts ($n = 60$) was recoded by the same coder after three weeks. The average match scores ranged from 0.77 to 0.83 across variables. Cohen's Kappa values indicated moderate to substantial agreement (Landis and Koch, 1977) and therefore, all variables were kept in the analysis. Reliabilities are reported with each variable below.

Codebook Development

Mental Illness Type

The first coding category, *Mental Illness Type*, was adapted from Ju et al. (2023) and includes nine specific disorders: depression, anxiety, panic disorder, PTSD, schizophrenia, attention deficit disorder (ADD/ADHD), personality disorder, bipolar disorder, obsessive-compulsive disorder (OCD), eating disorder and social phobia. Additional codes for mental illness in general, other mental illness and no mental illness discussed were included. The only modification from the original classification was that depression, anxiety and panic disorder were treated as separate categories instead of being combined to reflect their popularity as distinct and commonly discussed topics in social media mental health discourse (Lee et al., 2020). In posts discussing several disorders, only the most prominent one was coded. Multiple codes could be applied if several types were equally emphasized in the post. ($\kappa = 0.70$)

General Purpose

The *General Purpose* category was inspired by a Pretorius et al. (2022) study with a similar topic. For this study, the categories were merged and simplified to:

Education/Research, Promotion, Engagement, Inspiration/Support, Personal Story, Humour, Outreach/Awareness and Other. Only the post's primary intent was coded. ($\kappa = 0.79$)

Solution Type

Solution type variable derived from Ju et al. (2023), which differentiates between individual and societal solutions, as well as no solution to mental health issues. Individual solutions were further categorized into Medical and Psychological, Behavior and Lifestyle and Spiritual Changes, following the example of Miller et al.'s (2019) study. Societal solutions subcategories included Changes in Family, School, and Community, Changes in Public Attitudes and the Public Health System and Changes in Culture and Society. Each post was coded for either a single or multiple solution categories. To help simplify the coding process and analysis, the variable *Solution type* was coded in two steps: first by identifying whether a solution was individual, societal or absent and then by specifying the subcategory. ($\kappa = 0.68$)

Mental Health Literacy

The last category concerned messages aimed at increasing MHL, an important factor in promoting awareness and understanding of mental health issues. Following the example of Jia et al. (2023), posts were coded into one of the categories: Maintaining Good Mental Health, Mental Disorders and Treatments, Anti-Stigma, Enhancing Help-Seeking Efficacy, Combinations of good mental health and efficacy, Disorder and efficacy, Stigma and efficacy or N/A. ($\kappa = 0.68$)

Contextual Factors

Following Esser and Vliegenthart's (2017) approach to comparative contextual analysis, the study systematically examined contextual factors, specifically cultural characteristics (RQ5a) and national healthcare systems (RQ5b), for the interpretation of cross-country differences in Instagram content. The contextual background is presented in the Literature Review chapter, *Mental Health Landscape* in the UK, Germany and Croatia, which provides an integrated overview of mental health environments. For each country, information was collected on healthcare systems, mental health services, prevalence of mental health conditions, and public attitudes toward mental illness. In addition, broader cultural value orientations were considered through a brief discussion of Hofstede's cultural dimensions, particularly individualism and collectivism, included in the Literature Review. Sources

included peer-reviewed academic literature, official government and public health reports, publications by established organizations and international institutions (e.g., WHO, OECD), policy analyses and representative surveys. Sources were selected based on their relevance to mental health care organization and cultural context, their credibility, and comparability across the three countries. Priority was given to sources published in the last 10 years, while older studies were included where necessary to capture historically relevant factors. This contextual information was used interpretatively to situate the content analysis findings within each country's healthcare and cultural environment.

RESULTS

The dataset was organised and analysed descriptively using Excel. Frequencies and percentages were calculated to summarise the distributions of variables across countries. Research questions 1-4 are addressed directly through the variables, whereas RQ5 is explored interpretively by relating cross-country patterns to cultural context (RQ5a) and healthcare systems (RQ5b). Results are presented by variable and country to allow for comparative interpretation aligned with the research questions.

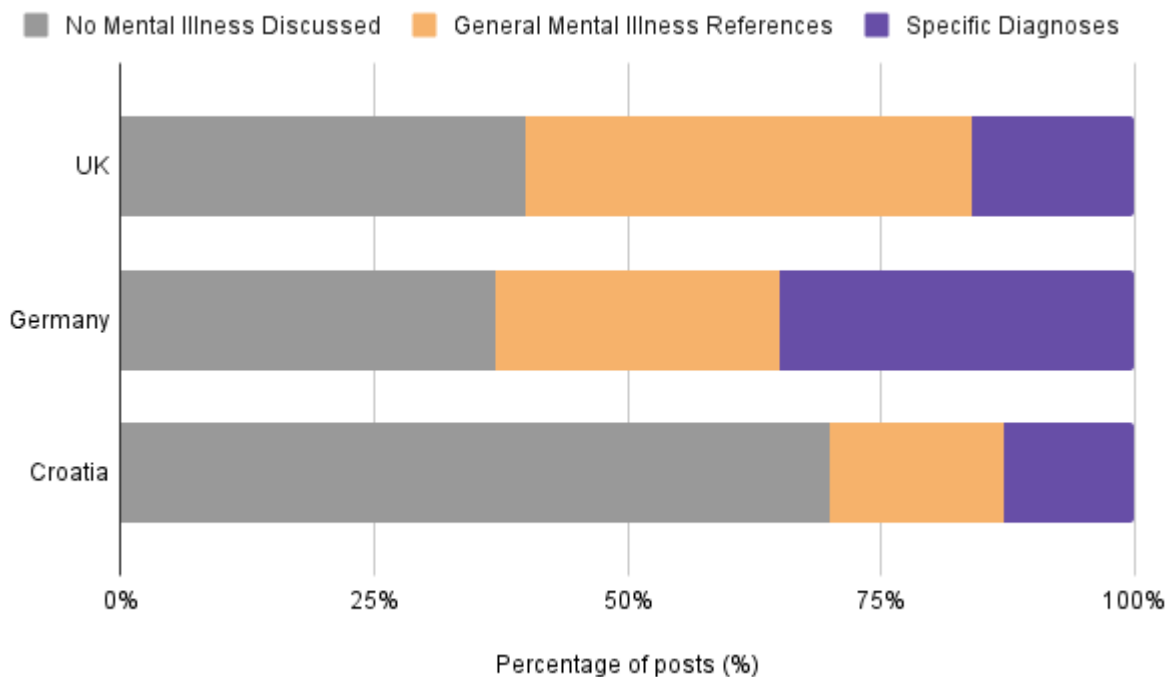
Mental Illness Type

RQ1 asked about mental illnesses discussed in the posts. Figure 2 illustrates the distribution of mental illness references in Instagram posts across the three countries. Nearly half of the posts ($n = 147$, 49%) did not mention mental illness at all. Croatia stood out with 70% of posts ($n = 70$) not mentioning mental illness, the highest among the three countries. When mental illness was mentioned, it was talked about in general references to mental illness the most ($n = 89$, 29.7%), with the UK showing the highest frequency ($n = 44$, 44%) compared to Germany ($n = 28$, 28%) and Croatia ($n = 17$, 17%).

Specific mental illness diagnoses were referenced in 24.7% of posts overall ($n = 74$). This category also includes posts coded as "Other Mental Illness", which covers specific mental health conditions not individually listed in the coding scheme. When calculated as a proportion of all posts per country ($n = 100$), Germany showed the highest share of posts containing specific diagnoses (35%), followed by the UK (16%) and Croatia (13%).

Figure 2

Type of mental illness references in Instagram posts by country (RQ1)



Note. Percentages represent the proportion of posts in each country sample. “Specific diagnoses” includes posts coded as “Other Mental Illness”.

Among specific mental illnesses, depression ($n = 16$, 5.3%), anxiety ($n = 11$, 3.7%), eating disorders ($n = 10$, 3.3%), OCD ($n = 10$, 3.3%) and AD(H)D ($n = 9$, 3%) were the most frequently mentioned across the entire sample. Notably, some disorders, such as PTSD or social phobia, were not mentioned at all. Detailed frequencies of specific mental illness types by country are presented in Appendix C.

In the UK, the most commonly referenced specific mental illnesses were eating disorders ($n = 6$, 6%), followed by depression ($n = 4$, 4%) and schizophrenia ($n = 3$, 3%). In Germany, OCD ($n = 10$, 10%), depression ($n = 10$, 10%) and AD(H)D ($n = 9$, 9%) were the most frequently mentioned. In the Croatian sample, other mental illnesses were mentioned the most often ($n = 5$, 5%), followed by anxiety ($n = 4$, 4%) and eating disorders ($n = 3$, 3%).

Combinations of multiple mental illness types within a single post were rare, occurring in only 9 posts ($n = 9$, 3%) of posts overall. Germany showed a slightly higher occurrence of combinations ($n = 6$, 6%) than the other countries. The most common combinations involved depression and AD(H)D, mainly in German posts. Interestingly, schizophrenia occurred only in the UK sample ($n = 3$, 3%) and it appeared more often in combination with other illnesses

than alone. Due to their very low frequency, these occurrences were not analyzed further, but are noteworthy as they suggest a general tendency to reference single diagnoses rather than combinations in a social media context.

General Purpose

As shown in Figure 3, the analysis of posts' purpose (RQ2) revealed both similarities and notable differences across the three countries. Across the entire sample, the most frequent purposes were promotion ($n = 93$, 31%) and education/research ($n = 82$, 27.3%), followed by inspiration/support ($n = 50$, 16.7%) and outreach/awareness ($n = 46$, 15.3%).

In the UK sample, the most common purpose was promotion ($n = 31$, 31%). This was followed by outreach/awareness ($n = 22$, 22%) and education-oriented content ($n = 17$, 17%). Personal storytelling was also notable in the UK ($n = 13$, 13%), a trend not observed as often in the German sample ($n = 4$, 4%) or not at all in the Croatian one.

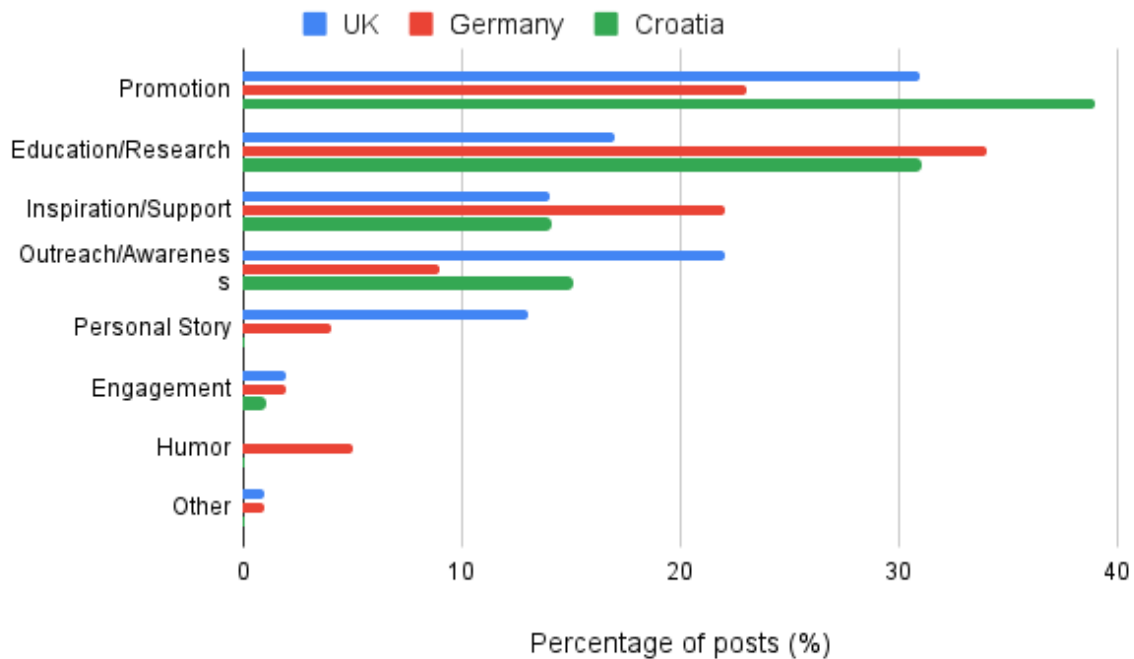
In Germany, the leading category was education/research, accounting for 34% of posts ($n = 34$), substantially more than both in the UK and Croatia. Promotion was the second most frequent purpose ($n = 23$, 23%), followed closely by inspiration/support ($n = 22$, 22%). Germany had the lowest number of posts with an Outreach/Awareness purpose ($n = 9$, 9%). Notably, humorous content was found only in the German sample ($n = 5$, 5%).

In the Croatian sample, promotion dominated as the primary purpose ($n = 39$, 39%), more than in both the UK and Germany. Education/research purpose followed ($n = 31$, 31%), while outreach/awareness was the third most frequent purpose ($n = 15$, 15%). Inspiration/support came close, accounting for 14% ($n = 14$). Engagement-related content was rare across all three countries.

Although promotional and educational content were prominent in all three samples, each sample revealed a distinct focus: German organizations emphasized educational content, Croatian organizations stood out for their strong emphasis on promotion and the UK showed a more even mix of purposes.

Figure 3

General purpose of posts by country (RQ2)



Note. Values represent the percentage of posts in each country sample. Categories are sorted by overall frequency in the total sample (highest to lowest).

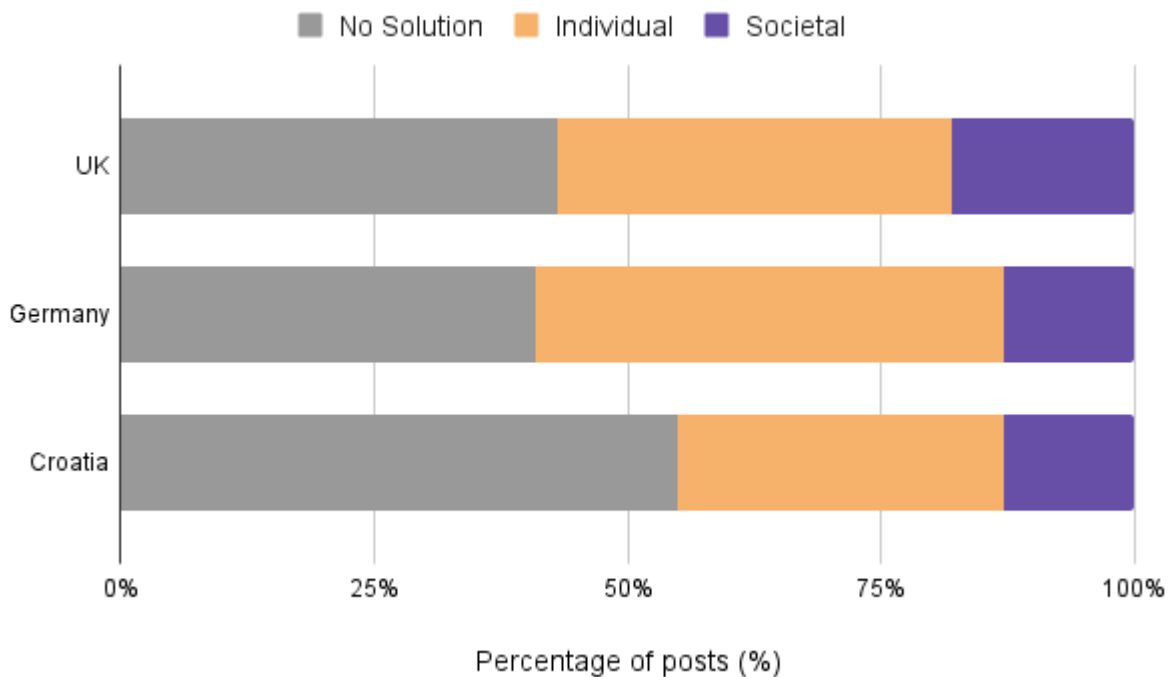
Solution Type

As described in Methodology, solutions (RQ3) were analyzed in two stages: first by general type (individual, societal or N/A) and then by specific subcategory.

Across the sample, the majority of posts did not propose any solution ($n = 139$, 46.3%), particularly in Croatia, where more than half ($n = 55$, 55%) of the sample lacked a specific solution mentioned (Figure 4). Posts proposed individual solutions ($n = 117$, 39%) more than societal solutions ($n = 44$, 14.7%). When comparing countries, Germany showed the highest number of posts with individual solutions ($n = 46$, 46%), followed by the UK ($n = 39$, 39%) and Croatia ($n = 32$, 32%). Societal solutions were most frequent in the UK sample ($n = 18$, 18%) and were equally frequent in the German and Croatian samples ($n = 13$, 13% each).

Figure 4

General solution type by country (RQ3)



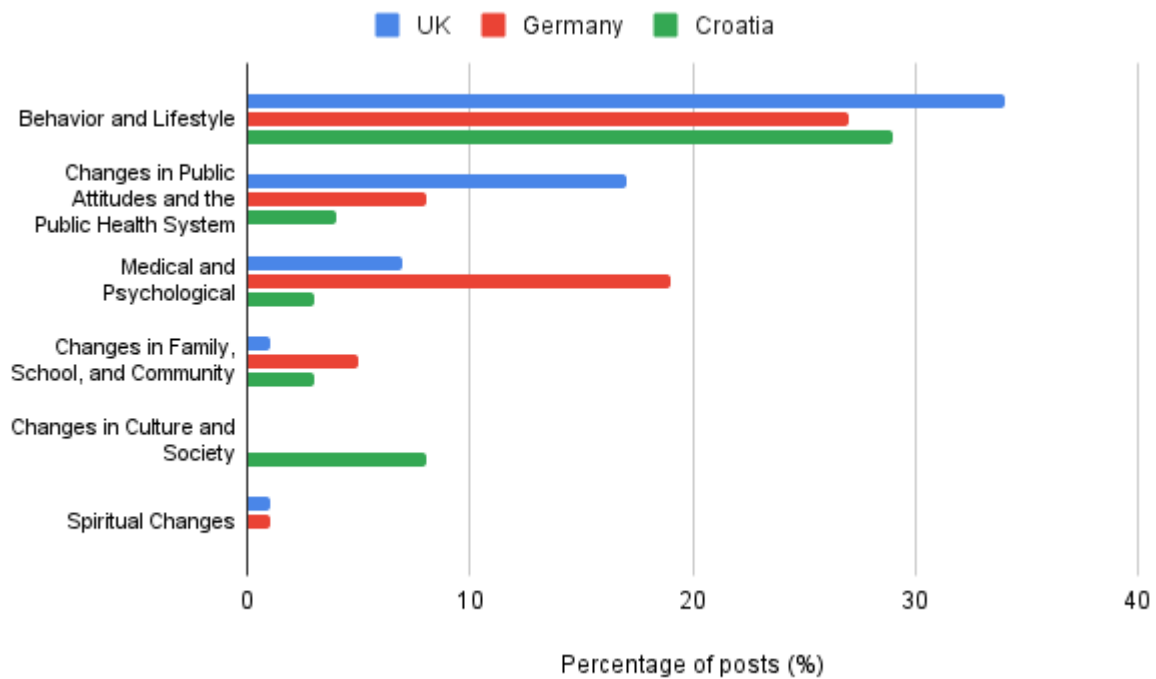
Note. Values represent the percentage of posts in each country sample.

As illustrated in Figure 5, when analyzing the specific types of solutions mentioned, either alone or in combination, the individual solution subcategory “*Behaviour and lifestyle changes*” was the most frequent type across all three countries, accounting for 30% of all posts ($n = 90$). This type was particularly prominent in the UK ($n = 34$, 34%) and less frequently in Croatia ($n = 29$, 29%) and Germany ($n = 27$, 27%). Medical and psychological solutions appeared more often in Germany ($n = 19$, 19%) than in the UK ($n = 7$, 7%) or Croatia ($n = 3$, 3%). Changes in public attitudes or the public health system were proposed most in the UK ($n = 17$, 17%) and less in Germany ($n = 8$, 8%) and Croatia ($n = 4$, 4%). Notably, only Croatian posts proposed changes in culture and society as a solution and ranked as the second most frequent solution category ($n = 8$, 8%).

Combinations of solution types in one post were rare ($n = 5$, 1.7%). The most common combination was a mix of medical and psychological changes along with changes in behavior and lifestyle, all found in UK posts ($n = 3$, 1%). Other combinations appeared once and in each country. Due to their low frequency, these combinations were not considered substantial for further analysis, but were noted as isolated cases.

Figure 5

Specific solution subcategories by country (RQ3)



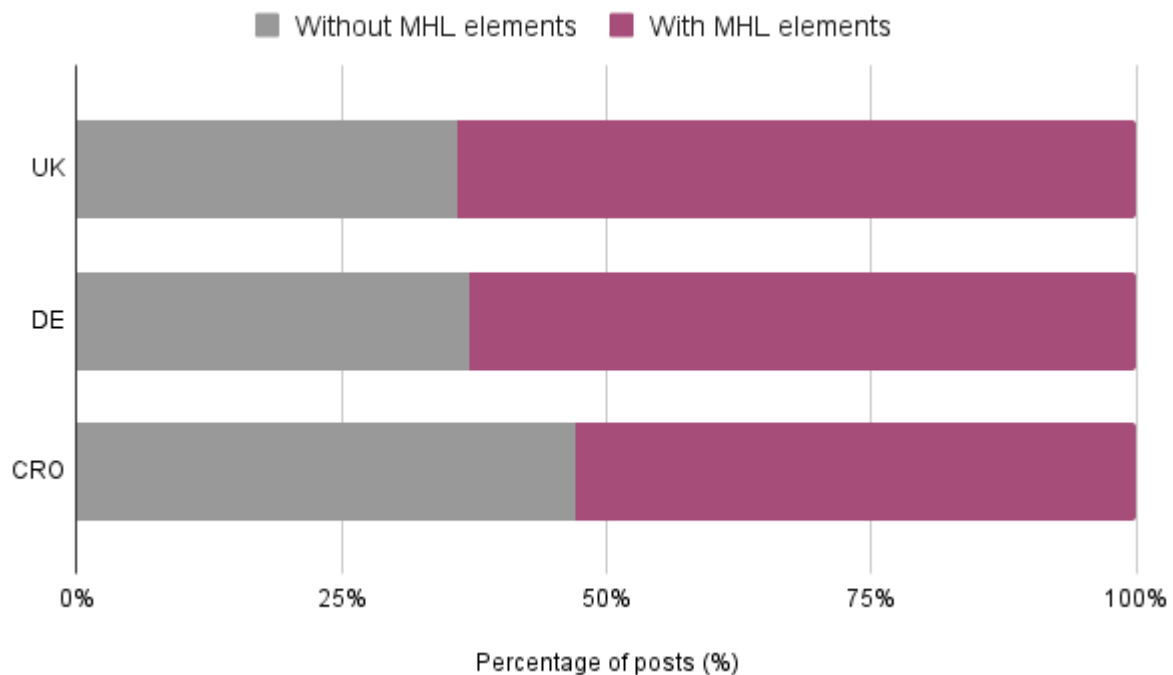
Note. Values represent the percentage of posts in each country sample mentioning each solution subcategory. Some posts included more than one subcategory.

Mental Health Literacy

RQ4 asked how mental health organizations' content contributes to MHL. As shown in Figure 6, 60% of posts ($n = 180$) contained some elements of MHL. The Croatian sample showed the highest number of posts without any contribution to MHL ($n = 47$, 47%).

Figure 6

Instagram posts with and without MHL elements by country (RQ4)

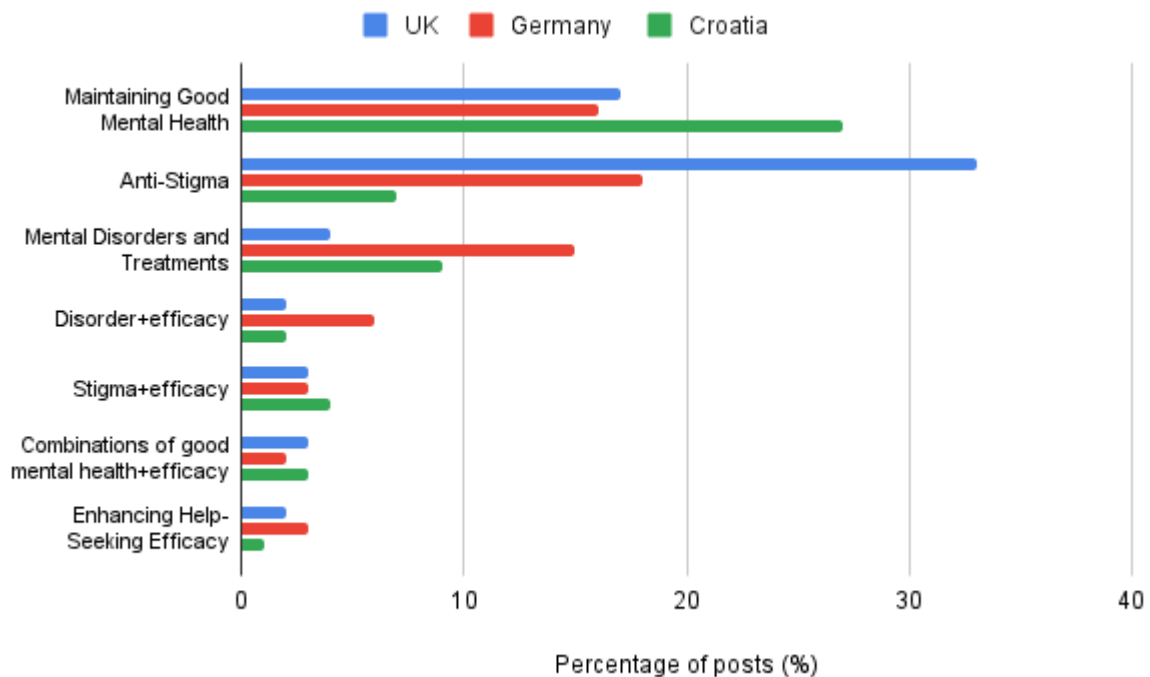


Note. “With MHL elements” indicates posts containing at least one mental health literacy element.

The most represented MHL component overall was maintaining good mental health, which appeared in 20% of all posts ($n = 60$). The distribution of specific MHL components across countries is presented in Figure 7. Croatia had the highest number of posts in this category ($n = 27$, 27%), followed by the UK ($n = 17$, 17%) and Germany ($n = 16$, 16%). The anti-stigma category was present in 19.3% of posts ($n = 58$), most of which were UK posts ($n = 33$, 33%) and German posts ($n = 18$, 18%), with notably lower frequencies in Croatia ($n = 7$, 7%). Content about mental disorders and treatments was the third most frequent category ($n = 28$, 9.3%). Germany stood out with the highest proportion of that kind of content ($n = 15$, 15%), significantly higher than in the UK ($n = 4$, 4%). Posts enhancing help-seeking efficiency were rare across all samples ($n = 6$, 2%). A small number of posts combined different elements of MHL. Combinations linking help-seeking efficacy with either mental disorder information or anti-stigma messages appeared in just over 3% of posts ($n = 10$ each), indicating that the majority of posts emphasized a single component of MHL at a time.

Figure 7

Mental health literacy components in Instagram posts by country (RQ4)



Note. Values represent the percentage of posts in each country sample coded for each mental health literacy category.

Results of Contextual Comparative Analysis

RQ5 examined how differences in cultural factors (RQ5a) and national healthcare systems (RQ5b) provide contextual insight into the portrayal of mental health in Instagram posts by mental health organizations in the UK, Germany and Croatia. Building on the descriptive findings from RQ1-RQ4, this section links observed cross-national patterns to relevant healthcare and cultural contexts.

Mental Illness Type in Context

Across the three countries, differences emerged in the specificity with which mental health conditions were addressed. German organizations most frequently referenced specific mental illness types, whereas Croatian posts most often avoided explicit mention of mental illness and UK posts primarily referred to mental health in general terms. These patterns align with differences in healthcare structures and communicative context. Germany's more institutionalized and diagnosis-oriented mental healthcare system may encourage more explicit and medicalized framing of mental health issues (RQ5b). In contrast, the higher share

of posts without specific mental illness references in Croatia coincides with a hospital-centered and resource-constrained system (RQ5b) and a cultural context characterized by lower levels of MHL and high levels of stigma (RQ5a). This context may favor general framing over explicit diagnostic labels, particularly considering more collectivistic cultural values, where mental illness may be perceived as threatening social harmony (RQ5a). In the UK, the preference for general mental health framing aligns with an emphasis on public mental health initiatives designed to foster normalization and openness in mental health discourse (RQ5b).

A closer examination of the specific mental illnesses referenced in each country further illustrates these contextual patterns. In the UK sample, depression was among the most frequently referenced mental illnesses, consistent with both its increasing prevalence and broad social acceptance (RQ5a). Schizophrenia was also referenced often, which may reflect ongoing anti-stigma efforts rather than prevalence alone. In the German sample, the prominence of depression-related content aligns with a sharp increase in depressive symptoms, growing social acceptance of depression, and a recent shift toward greater reliance on self-management, potentially encouraging organizations to address depression in their content more frequently (RQ5a). Notably, schizophrenia was absent from the German sample, consistent with documented increases in social distance and negative perceptions toward this diagnosis (RQ5a). Similarly, the absence of PTSD references in the Croatian sample, despite its epidemiological relevance, suggests possible selective avoidance of highly stigmatized mental illness types in organizational communication (RQ5a).

General Purpose in Context

Across all three countries, promotional and educational content emerged as the most frequent general purposes of posts. The prominence of promotional content reflects the role of mental health organizations operating under service constraints and increasing public demand for mental health support, where social media are used to maintain visibility, public presence and legitimacy across different national settings. At the same time, the consistent presence of educational content across all samples reflects the role of mental health organizations as information providers within broader healthcare and cultural contexts where gaps in MHL have been documented. Germany showed the highest share of educational posts. This pattern can be understood in relation to Germany's highly institutionalized mental healthcare system, which emphasizes expert knowledge, diagnosis, and guideline-based care, alongside

increasing reliance on self-management, potentially encouraging a stronger focus on informational content (RQ5b).

The comparatively high share of outreach-oriented posts in the UK sample mirrors a mental health context shaped by extensive public mental health initiatives and sustained anti-stigma efforts (RQ5b). These initiatives emphasize awareness and normalization, which is reflected in the use of outreach-oriented communication by organizations on social media. Furthermore, the higher share of posts featuring personal stories in the UK sample may also be linked to the anti-stigma strategies that promote openness and lived experience, within a highly individualistic cultural context that encourages self-disclosure (RQ5a). Personal stories were less common in the German sample, consistent with more formal health communication norms, and absent in the Croatian sample, possibly mirroring higher levels of self-stigma (RQ5a).

Lastly, Croatian organizations showed the strongest emphasis on promotional content. This pattern corresponds with the prominent role of non-governmental organizations and limited institutional support for mental health in Croatia, where organizations rely on promotion to sustain visibility and support resource mobilization (RQ5b). Cultural sensitivity and persistent stigma surrounding mental illness, characteristic of a more collectivistic context, may further contribute to a preference for promotional content over other types (RQ5a).

Solution Type in Context

When it comes to suggested solutions, individual-level solutions dominated across all samples. The dominance of individual-level solutions reflects healthcare contexts marked by service constraints, like long waiting and staff shortages found in all three countries. The particularly high share of individual solutions in the German sample, especially medical and psychological solutions, aligns with the highly institutionalized mental healthcare system that emphasizes professional, guideline-based treatment (RQ5b), as well as individualistic cultural norms that emphasize autonomy and individual responsibility (RQ5a).

The UK posts the most frequently proposed societal solutions, particularly changes in public attitudes or the public health system. This pattern corresponds with a mental health context shaped by strong public mental health initiatives and sustained anti-stigma efforts, which frame mental health as a collective public health issue (RQ5b). Therefore, organizations emphasize both attitudinal changes and the role of the public health system. UK organizations also more frequently proposed behaviour and lifestyle changes than Croatian

and German ones. This can be understood in relation to a prevention-oriented public mental health approach that promotes accessible, everyday strategies at the population level, particularly in light of documented pressures on formal mental health services (RQ5b). From a cultural perspective, while mental health is framed as a collective public health issue, the prominence of behavioural solutions aligns with an individualistic context that normalizes self-care and personal coping practices (RQ5a).

Croatian organizations showed the highest proportion of posts that did not propose any explicit solution. This pattern aligns with a mental health context characterized by limited institutional support and fragmented access to services, in which organizations may be cautious about proposing concrete solutions that are not widely available (RQ5b). High levels of stigma and especially self-stigma may further discourage directive or prescriptive solution framing (RQ5a). At the same time, Croatia was the only country in which posts proposed cultural or societal change as a solution, aligning with a collectivistic context in which mental health challenges are closely linked to social norms and public attitudes. Within such a context, organizational communication may emphasize societal change as a prerequisite for improvement (RQ5a).

MHL in Context

Across the entire sample, 60% of posts included at least one component of MHL. However, the Croatian sample showed the highest proportion of posts without any MHL component. This pattern is consistent with an environment with limited institutional support for mental health and a strong reliance on non-governmental organizations, where content may prioritize visibility and general engagement over literacy-oriented messaging (RQ5b). Nevertheless, when MHL was addressed, Croatian posts most frequently focused on maintaining good mental health, more frequently than posts in the UK and German samples. This pattern indicates that Croatian organizations aim to improve MHL through providing information on general well-being and everyday maintenance strategies. Within a context characterized by high stigma and fragmented MHL, such content represents a socially acceptable way of guiding without explicitly addressing mental disorders or treatment (RQ5a).

In contrast, the prominence of disorder- and treatment-focused mental content as a way to improve MHL in the German sample aligns with a healthcare system centered on formal diagnosis and structured treatment pathways (RQ5b), alongside cultural expectations of expert-driven and professional health communication (RQ5a).

Finally, in the UK sample, anti-stigma content was the most prevalent MHL category, occurring more frequently than in the German and Croatian samples. The prominence of this category reflects sustained public mental health initiatives that position stigma reduction as central to improving MHL (RQ5b).

DISCUSSION

Mental Illness Visibility and Diagnostic Framing

RQ1 examined which mental health illnesses were referenced in Instagram posts by mental health organizations and how these patterns differed across the UK, Germany and Croatia. Overall, explicit references to mental illness were limited. Nearly half of the posts did not mention mental illness, and when mental health was referenced, organizations most often used general terms rather than naming particular diagnoses. This pattern aligns with previous research on organizational mental health communication on social media. Ju et al.'s (2023) study of organizations' Tweets found that organizations frequently avoid diagnosis-specific references and instead emphasize broader mental health themes, a tendency also observed in traditional media coverage (Miller et al., 2019). The present findings suggest that this pattern extends to Instagram, despite differences between visual and text-based platforms. The limited use of diagnostic labels may reflect organizations' reliance on general mental health references to ensure inclusive communication and thereby reach broader audiences. This aligns with previous findings that mental health organizations on social media frequently employ low-complexity messaging (Ivic et al., 2025), which may partly explain their tendency to avoid more complex, diagnosis-specific references.

When specific mental illnesses were mentioned, depression, anxiety, eating disorders, OCD, and AD(H)D were most common. This mirrors earlier findings that depression and anxiety dominate mental health discourse across both traditional (Slopen et al., 2007; Rhydderch et al., 2016) and social media (Ju et al., 2023). The presence of conditions such as depression and anxiety is not unexpected, given that these disorders are among the most prevalent mental health conditions globally (WHO, 2025). However, the overall distribution of diagnoses was relatively even, suggesting that no single condition overwhelmingly dominated organizational Instagram content. More striking was the absence of several mental illnesses that were frequently discussed in both traditional (Miller et al., 2019) and social media discourse (Ju et al., 2023), such as PTSD or social phobia. This absence points to a selective representation of mental illness, in which organizational Instagram content tends to emphasize more prevalent and widely-recognized conditions,

while other disorders receive little or no attention. Thus, although prior research suggests that social media may allow greater visibility for mental health conditions that are less prominently covered in traditional media (Ju et al., 2023), the present findings indicate that such visibility remains selective. Furthermore, Miller et al. (2019) suggest that the visibility of mental illnesses in media often reflects communication priorities rather than their actual prevalence, which may help explain the absence of certain conditions in organizational Instagram content.

Interestingly, while Ju et al.'s study (2023) grouped depression, anxiety, and panic disorder into a single category, the present study coded these conditions separately. As a result, depression and anxiety remained among the most frequently mentioned disorders, whereas panic disorder appeared only rarely, suggesting that aggregated categories may mask differences in visibility of some conditions.

When comparing the three countries, clear differences emerged in the relative visibility of specific mental health diagnoses. German organizations referenced a broader range of specific mental illnesses than the other two countries, with depression, OCD, and AD(H)D appearing particularly frequently. This suggests stronger diagnosis-specific communication within German organizational Instagram content. In contrast, UK posts were characterized by a heavier reliance on general mental health terminology and fewer specific illness mentions overall. Conditions such as OCD and AD(H)D, which were among the most frequently referenced in the German sample, were absent from the UK posts. Anxiety was the most frequently addressed mental illness in Croatian posts, although most posts did not reference any mental illness. Overall, these findings indicate that while mental health organizations across all three countries draw on a shared set of commonly recognized conditions, they differ substantially in the relative emphasis placed on particular illnesses. Therefore, organizational Instagram content does not merely differ in how often mental illness is mentioned, but also in *which* illnesses are made visible across national contexts.

Communicative Orientation and Strategic Use of Instagram

Findings related to RQ2 indicate that promotion and education constitute the primary communicative purposes of mental health organizations' Instagram posts. The high prevalence of education-oriented content aligns with prior findings that mental health organizations frequently use Instagram for information-based communication (Jia et al., 2023). Furthermore, previous research suggests that psychoeducational content traditionally delivered in therapeutic contexts is increasingly being

reformulated for dissemination on social media, which may help explain the high prevalence of education-oriented communication observed in this study (Pretorius et al., 2022).

A notable contrast is evident when comparing the present findings with prior Twitter-based research. Whereas care and support slightly outweighed informational content on Twitter (Ju et al., 2023), educational content clearly predominated over support-intended content in the present study on Instagram. Furthermore, organizational mental health content on Twitter showed a relatively limited role of promotional content. Conversely, promotion content is the most frequent general purpose in the present study. Moreover, much stronger emphasis on promotion in Instagram mental health content was found in comparison with mental health content on TikTok (Pretorius et al., 2022). Taken together, these cross-platform differences suggest that Instagram is primarily employed as a tool for organizational visibility and information dissemination rather than for interactive or narrative engagement. This interpretation aligns with prior research indicating that organizations tend to use social media primarily for promotion and information sharing rather than to engage interactively with the audience (Lovejoy & Saxton, 2012). This might also help explain the relatively low frequency of content intended to engage the audience. Finally, the cross-platform differences suggest that mental health organizations adjust their communication approaches to the specific affordances of each platform (Treem & Leonardi, 2013). Inspiration/support and outreach/awareness appeared as secondary communicative purposes. While consistently present across the sample, their lower prevalence compared to promotion and education indicates that these categories play a supplementary role in organizational Instagram communication rather than defining its primary orientation. The comparatively limited emphasis on support-oriented communication is somewhat surprising in light of previous research indicating that social media users frequently seek mental health content to fulfil needs for community and emotional support (Pavlova & Berkers, 2022).

Across countries, promotion and education consistently emerged as the most prominent communicative purposes in all three countries, while variations were observed in the relative emphasis placed on inspirational and awareness-raising content across national samples. Overall, these findings suggest that mental health organizations share a broadly consistent communicative orientation on Instagram, while secondary purposes are prioritized to varying degrees across contexts.

Solution Framing and Responsibility Attribution

Findings related to solutions indicate that mental health organizations most frequently did not propose any explicit solution to mental health issues in their Instagram posts. Considered alongside the dominant communicative purposes identified in RQ2, this pattern is not unexpected. Posts serving promotional, informational, or awareness-oriented functions may not be structured around a clearly defined problem requiring a solution. The low prevalence of solutions may therefore reflect the communicative orientation of organizational Instagram use, prioritizing visibility and information dissemination over explicit problem-solution framing. This interpretation aligns with research showing that organizations primarily use social media for information and promotion rather than to encourage direct action (Lovejoy & Saxton, 2012), as well as findings that organizational mental health content on Twitter frequently lacks explicit solution framing (Ju et al., 2023).

When solutions were present, they were far more likely to be framed at the individual level than at the societal level. These findings are surprising, as previous research on U.S.-based organizational mental health communication on Twitter found a relatively equal distribution of proposed individual and societal solutions (Ju et al., 2023). In comparison, the present results are more consistent with those reported for Chinese mental health institutions on a social networking site, Sina Weibo (Zhang et al., 2020), where individual-level solutions predominated. Notably, Sina Weibo is often described as functionally similar to Twitter, yet the results differ from those found in U.S. organizational Twitter content. Given the differences in national context and in the types of organizations examined, these variations suggest that solution framing is influenced by more than platform format alone. The high prevalence of individual solutions aligns with the general tendency of the media and social media to individualize responsibility for mental health (e.g., Temmann et al., 2021; Zhang et al., 2020). The predominance of individual-level solutions may reflect a broader tendency in health communication to favor interventions that are more immediately actionable. In contrast, societal changes are more complex and harder to implement (Temmann et al., 2021).

The strong focus on individual solutions may also carry broader implications. Previous research indicates that emphasizing individual responsibility in mental health communication can reinforce stigmatizing attitudes, as internal attributions tend to increase blame and social distance (Zhang et al., 2020). Furthermore, the dominance of individual-level solutions suggests that mental health is primarily framed as a personal responsibility. Research on responsibility framing in the context of depression has shown that assigning responsibility at

the societal level rather than on the individual can elicit greater sympathy and stronger support intentions (Lee et al., 2019). These findings suggest that emphasizing societal responsibility in mental health communication more broadly may foster more supportive public responses. Therefore, the limited focus on societal solutions in the analyzed posts may reduce opportunities to position mental health as a shared social issue requiring collective engagement.

When examining specific solution types across the total sample, behaviour and lifestyle change solutions clearly dominated, followed by medical and psychological approaches, another individual-level solution category. Notably, changes in public attitudes and the public health system, a societal solution category, were equally represented as medical solutions, sharing second place. Other societal-level categories appeared considerably less often. The prominence of behavioural and lifestyle solutions aligns with previous research on organizational mental health communication on social media (Ju et al., 2023) and suggests a strong emphasis on individually actionable strategies. This pattern may also reflect the platform's affordances. As prior research on platform affordances suggests, social media structurally favor content that is concise, actionable, and directed toward the individual, which makes behavioral and self-management guidance particularly compatible with the platform's characteristics (Treem & Leonardi, 2013).

The substantial presence of medical and psychological approaches further indicates that organizations combine accessibility with references to professional support and formal treatment. Medical references in organizational content may reflect the institutional positioning of mental health organizations, which often include the provision or promotion of professional support as part of their communicative role. At the same time, the prominence of medical framing may contribute to the broader tendency to individualize and medicalize mental health issues in digital communication contexts, a pattern observed in previous research on organizational mental health content on social media (e.g., Zhang et al., 2020). However, the equal visibility of changes in public attitudes and the public health system as solutions suggests that responsibility is not framed exclusively at the individual level. When extended beyond the individual, it is mainly framed through institutional and public awareness change, while a more far-reaching societal transformation remains comparatively less emphasized. The relatively high visibility of such solutions aligns with previous findings in organizational mental health content on social media, where it was the most frequently proposed societal solution (Ju et al., 2023). This pattern may reflect the broader advocacy

focus of mental health communication, particularly its longstanding emphasis on public attitude change as a central strategy in stigma reduction efforts (Corrigan et al., 2012).

Across all three countries, behaviour and lifestyle changes emerged as the most frequently suggested solution type, indicating a shared emphasis on individually actionable and everyday-oriented strategies. However, the distribution of other solution types differed in meaningful ways. In Germany, medical and psychological solutions were comparatively more prominent, suggesting a stronger orientation toward professional support. In the UK, changes in public attitudes and the public health system were more visible than in the other samples, pointing to a broader institutional framing of responsibility. Croatian posts stood out for referencing changes in culture and society, a category that was absent in the German and UK samples. Taken together, these findings suggest that while mental health organizations across all three country contexts consistently prioritize individual self-management strategies, they differ in how and to what extent they frame solutions that move beyond the individual. The variation lies less in whether individual solutions dominate, and more in how societal responsibility is articulated once it is invoked.

Organizational Approaches to Mental Health Literacy

Results for RQ4 show that almost half of the posts were not designed to increase MHL, indicating that a substantial share of content focused more on other communication objectives like visibility, rather than on explicitly enhancing MHL. A similar share was observed by Jia et al. (2023) in their analysis of U.S. organizational mental health content on Instagram. Given that their findings show higher engagement for posts incorporating at least one MHL component than for those without, the relatively high proportion of posts without MHL elements in the present sample may suggest that organizations are not fully using the potential of such content. The most frequent MHL category referred to posts that guide how to obtain and sustain good mental health, such as stress management and other self-care strategies. Similar findings were reported by Jia et al. (2023), who suggested that this content reflects audiences' interest in practical and useful information. These findings are also consistent with findings for RQ3, where individual behavior and lifestyle solutions were most prevalent, suggesting a broader tendency to frame mental health primarily in terms of personal responsibility and self-management.

Given the well-documented role of stigma as a major barrier to help-seeking (e.g., Kim, 2021), the high proportion of anti-stigma elements in the sample may indicate that mental health organizations prioritize stigma reduction as a foundational step in advancing

broader MHL. Compared to Jia et al. (2023), the present findings indicate an even stronger relative emphasis on stigma reduction as a way to enhance MHL. This is especially relevant considering the consistent findings that anti-stigma content on social media evokes the most engagement (Jia et al., 2023; Pavlova & Berkers, 2022). In this context, the prominence of anti-stigma elements in the present sample may reflect organizational communication that both supports MHL and fits well with Instagram's affordances.

The third most prevalent MHL component includes posts that provide information to help audiences recognize mental disorders and understand available treatment options. Although not dominant, its strong presence suggests that clinically oriented knowledge remains an important element of organizational communication. This aligns with foundational definitions of MHL, which emphasize disorder recognition and treatment knowledge as key dimensions (Jorm et al., 1997). However, its position below other components indicates that organizations do not rely primarily on narrowly biomedical framing. Consistent with RQ1 and RQ2 findings, informational content appears to be framed in broader, non-diagnostic terms rather than focused on specific mental illnesses. Furthermore, given that perceived informational utility predicts engagement with health content (Cappella et al., 2015) and such content has been shown to generate high interaction (Jia et al., 2023), its prominence may also reflect engagement considerations.

Surprisingly, the least frequently addressed MHL element was about enhancing help-seeking efficacy. Contrary to U.S.-based findings (Jia et al., 2023), where help-seeking efficacy was the most prominent MHL component, it appeared less frequently in the present European sample. This divergence may indicate that organizational mental health communication is context-sensitive and shaped by broader structural or cultural environments. While enhancing help-seeking efficacy in social media posts may involve relatively straightforward strategies such as providing links or external resources, research suggests that influencing actual help-seeking behaviour is considerably more complex (Wright et al., 2023). This distinction may partly explain why such content appears less frequently as a standalone focus in organizational communication. Although posts exclusively focused on enhancing help-seeking efficacy were rare, it appeared more often in combination with other MHL elements. This may be intentional, as research shows that audiences respond more to posts that combine awareness, explanations and practical resources, because such content is perceived as more useful (Jia et al., 2023).

The cross-country comparison shows that mental health organizations in the United Kingdom, Germany, and Croatia use a largely similar approach to MHL on Instagram. In all

three countries, posts mainly focus on anti-stigma, providing information on mental disorders and their treatments, and promoting good mental health. Differences between countries are mostly about how strongly certain elements are emphasized, rather than about completely different approaches. The UK placed a stronger focus on anti-stigma, Germany emphasized mental disorders and treatments more and Croatia highlighted maintaining good mental health most prominently. Overall, this suggests that organizations across countries use a similar MHL approach, selectively foregrounding particular aspects rather than adopting fundamentally different models.

Contextual Comparative Discussion

This section comparatively discusses how cultural orientations and healthcare system structures shape organizational portrayals of mental health on Instagram. Moving beyond descriptive differences, the following discussion interprets national variations in light of their broader cultural and institutional contexts.

United Kingdom

The UK sample shows a clear emphasis on awareness and anti-stigma communication. Despite cultural individualism, UK communication frames mental health responsibility as both personal and societal, shaped by strong anti-stigma and awareness initiatives across government and voluntary sectors. Organizations in the UK sample most frequently referred to mental health in general terms rather than foregrounding specific diagnoses. Compared to Germany's higher diagnostic specificity and Croatia's cautious generalization shaped by stigma sensitivity, the UK's general framing appears less rooted in social caution and more aligned with normalization strategies. Interestingly, although the UK is highly individualistic like Germany, it relies more on general mental health references than both Germany and more collectivistic Croatia. This finding suggests that communication in the UK is not shaped only by culture. Such an approach to mental health can be understood in light of the UK's longstanding public mental health initiatives, in which stigma reduction and awareness have been central policy priorities (e.g., Time to Change campaign). Within such a system, using broad mental health language may serve as an inclusive strategy that makes the topic more accessible and places mental health within everyday public conversation rather than limiting it to strictly clinical terms.

Furthermore, the UK showed the highest level of outreach-oriented posts and the strongest focus on anti-stigma as a strategy to improve MHL. The continued prominence of

anti-stigma content in organizational messaging, even following the conclusion of major national campaigns, suggests that UK mental health organizations view stigma reduction not as a temporary campaign goal, but as an ongoing core responsibility. Rather than reflecting the healthcare system's structure, they position themselves as contributors to cultural change, who actively shape norms, normalize conversations, and address stigma as a structural barrier.

Interestingly, solution framing highlights the interaction between cultural and systemic factors. While individual-level solutions were most frequent, as in the other countries, societal-level solutions were comparatively more visible in the UK sample, particularly those calling for attitudinal change and improvements within the public health system. This dual emphasis reflects the UK's public mental health orientation, where responsibility is framed not solely as individual but also as systemic. While behavioural and lifestyle strategies align with individualistic norms that normalize self-care and personal coping, the stronger presence of societal solutions indicates that mental health is simultaneously positioned as a collective issue requiring changes beyond individual action. At the same time, the focus on attitudinal change further aligns with recent evidence of declining public knowledge and social acceptance of mental health conditions in the UK (King's College London, 2024; Mind, 2024a), indicating that organizational communication may resonate with current challenges in public perception. The UK showed a comparatively lower emphasis on medical and professionally delivered interventions than the German case. Given similar levels of individualism, this divergence is unlikely to be explained by culture alone. Instead, it is consistent with the broader tendency in the UK sample to frame mental health in general terms rather than through diagnosis-specific terms. Together, these patterns suggest a communication less centered on formal treatment pathways and more focused on awareness. However, in light of declining public trust in mental health services (King's College London, 2024), UK organizations may need to play a stronger role in rebuilding confidence in institutional care.

From a cultural perspective, high individualism is associated with self-expression and openness (Ahmed et al., 2024), which may facilitate the visibility of lived experience narratives and personal disclosure in the UK organizational communication. Although not dominant, personal stories appeared more frequently than in Germany or Croatia. Rather than reflecting individualism per se, these narratives might be seen as tools for normalization and public engagement, considering the UK's strong awareness focus. This discursive openness is further reflected in the visibility of schizophrenia in the UK posts, despite its absence in other samples. Given the historically high stigma associated with this diagnosis, its presence may

indicate a comparatively greater willingness to publicly address highly stigmatized conditions within organizational communication. This interpretation aligns with recent findings suggesting increasing social acceptance of depression and schizophrenia in the UK (Mind, 2024a). Taken together, the UK case constructs mental health as both an individual experience and a collective public health concern. Unlike Germany's clinically oriented communication and Croatia's more cautious and promotion-focused approach, the UK portrayal places greater emphasis on shaping public norms and sustaining collective awareness within the digital sphere. Accordingly, UK organizations appear less as extensions of the formal healthcare system and more as public communicators working to raise awareness, reduce stigma and shape social attitudes.

Germany

Germany's mental healthcare system is characterized by regulated access pathways, formal diagnosis, high insurance coverage and guideline-based treatment standards (OECD & EOHSP, 2023b; Wiegand et al., 2025). Within this system, mental health care is closely tied to professional expertise and medical classification. The communication patterns observed in the German sample appear consistent with that structure. German organizations showed the strongest emphasis on illness-specific communication and covered the widest range of illness types among the three countries. Moreover, they posted the highest share of posts with educational intent. At the same time, the proportion of awareness posts was comparatively the lowest. Rather than suggesting that awareness is less relevant, this pattern may reflect a context in which mental health is strongly embedded within formal healthcare structures, shifting organizational emphasis toward structured, expert-led informational content instead of campaign-style awareness messaging. In this sense, German organizations appear to position themselves primarily as expert knowledge providers aligned with the healthcare system. Additionally, the strong emphasis on educational content may also be related to increasing reports of self-management in Germany, suggesting a need for structured guidance alongside formal treatment pathways.

Consistent with the context in which expert-driven knowledge and guideline-based care are emphasized, Germany showed a comparatively higher proportion of posts providing information on mental disorders and their treatment as a means of improving MHL. Moreover, although direct references to where and how to seek professional help were relatively rare across all three samples, the German sample showed a somewhat stronger tendency to combine disorder-specific information with references to formal care. This

connection suggests that discussions of mental health are closely tied to formal treatment, reinforcing the central role of professional care in the German system. This alignment extends to the types of solutions promoted. Individual solutions were emphasized more than in other countries. While behaviour- and lifestyle change solutions remained the most prominent solution type proposed in all three samples, the German sample showed a comparatively stronger orientation toward medical and professionally delivered interventions. Unlike the UK, where both individual and societal responsibility are emphasized and Croatia, where self-management is more prominent, Germany presents individual responsibility primarily as engaging with professional care. Mental health is thus framed as an individual responsibility, but one embedded within clinically regulated treatment pathways rather than informal self-care alone. Furthermore, the emphasis on professional treatment may reflect organizations' awareness that an increasing proportion of people manage symptoms on their own or do not seek formal care.

Cultural factors further help explain these findings. Drawing on Hofstede's framework, individualistic cultures emphasize autonomy and personal responsibility in health-related decision-making (Ahmed et al., 2024). In the German context, high individualism appears to support the framing of mental health as an individual responsibility, while the structured healthcare system shapes how this responsibility is expressed, linking it to professional treatment. In this sense, cultural and systemic factors do not operate independently but reinforce one another. Individual responsibility is not framed as informal self-care alone, but as actively seeking and navigating professional care. The interplay between culture and system is further reflected in the low presence of personal narratives. Despite similarly high levels of individualism in the UK, German organizations relied less on personal storytelling. This suggests the influence of institutional norms. In Germany, individualism appears to be expressed more through structured, expert-led information than through first-person stories.

When extending responsibility beyond the individual level, German organizations most frequently point to changes in public attitudes and the public health system. This aligns with research highlighting a gap between personal beliefs and perceived social norms in Germany, suggesting mental health is personally valued but still seen as less legitimate in society (Smith, 2024). The emphasis on public attitudes may therefore indicate a perceived need for broader societal recognition beyond individual acknowledgment. This societal tension might also be reflected in the finding that anti-stigma emerged as the most frequent way to improve MHL in the German sample. Anti-stigma emphasis indicates that German

organizations prioritize the normalization and societal legitimization of mental health issues, similar to the UK. However, unlike in the UK, where anti-stigma functions as a primary communicative purpose, stigma reduction in the German case is predominantly embedded within educational and diagnosis-focused content. Normalization is pursued through structured information rather than through campaign-style messaging. Moreover, the German sample displayed a comparatively even distribution of MHL components, without a clearly dominant thematic focus. In contrast to the more pronounced patterns observed in the UK and Croatia, this balanced distribution in the German sample further reinforces a structured, system-aligned communication style.

Interestingly, although German organizations mentioned a wide range of disorders, not all disorders were equally visible. Depression was mentioned more frequently than in the other two countries, which aligns with both its increasing prevalence and reported disruptions in depression care during the COVID-19 pandemic. Culturally, this visibility aligns with the growing public recognition of depressive symptoms in Germany. At the same time, more highly stigmatized disorders were less visible. This pattern aligns with research showing increased public acceptance of common disorders alongside continued social distance toward more severe mental illnesses (Schomerus et al., 2023). Such selectivity implies that even within a diagnosis-focused communication style, the visibility of disorders reflects broader differences in social acceptance. Overall, the German case illustrates how a highly regulated healthcare system and comparatively high individualism jointly shape a communication style that prioritizes structured, professional and clinically grounded information that integrates stigma reduction within this educational intent. Thus, German organizations appear primarily as structured knowledge providers operating in close alignment with institutional care logics.

Croatia

In Croatia, the portrayal of mental health in organizational Instagram communication reflects the combined influence of a comparatively more collectivistic cultural orientation and a less institutionalized mental health system. Compared to Germany's diagnosis-specific and professionally structured communication and the UK's anti-stigma framing, the Croatian sample is more generalized, cautious and promotion-oriented. Although Croatia scores comparatively higher on collectivism, individualism and collectivism are not mutually exclusive orientations but may coexist within societies (Altweck et al., 2015). In combination with structural constraints, this coexistence may help explain the combination of social sensitivity and elements of individual self-management in communication by Croatian

organizations. Organizations in the Croatian sample most frequently discussed mental health without referencing specific disorders and showed the lowest level of diagnostic specificity among the three countries. Rather than foregrounding particular disorders, organizations more often relied on general references to mental health. Culturally, in a context marked by high levels of stigma and self-stigma (Krajewski et al., 2013), explicitly naming mental disorders may carry social sensitivity. In collectivistic contexts that prioritize social harmony and emotional restraint (Adebayo et al., 2024; Jacob et al., 2025), open public discussion of mental illness may be perceived as socially disruptive, thereby further discouraging explicit diagnostic labeling. Therefore, using broader, less clinical language may help reduce labeling and make communication more socially acceptable. Moreover, uneven MHL may further encourage organizations to use general rather than illness-specific language. This cautious framing extends beyond illness labeling. The Croatian sample had the highest proportion of posts that did not propose an explicit solution and did not include any MHL elements. Rather than consistently presenting mental health through structured guidance or literacy-oriented content, communication often remained at the level of general awareness and visibility. This communication pattern may be linked to a mental health context marked by historically lower institutional prioritization and ongoing structural reforms. In such a setting, maintaining organizational visibility may become a central priority. This is further reflected in the fact that promotion was the most frequent general purpose of the content in the Croatian sample and was higher than in the UK and Germany. Promotion can therefore be understood not only as branding, but as a way of maintaining organizational visibility and securing support within a resource-constrained context, although this remains an interpretation.

This systemic context also helps explain why medical and psychological solutions are less prominent in the Croatian sample than in the UK and Germany. In a mental health system characterized by limited publicly funded psychotherapy, regional disparities and long waiting times, strongly promoting professional treatment pathways may not align with actual service accessibility (Bernardo et al., 2021; Mužić et al., 2024). Rather than foregrounding formal care options that are unevenly available, organizations appear to rely more on general wellbeing messages and individually manageable strategies. This pattern is also reflected in the MHL categories, where the Croatian sample emphasized maintaining and improving mental health through self-management strategies more than disorder-focused, anti-stigma or help-seeking content, compared to the UK and Germany. Thus, structural constraints within the healthcare system not only limit the emphasis on medical solutions but also contribute to framing mental health primarily as a matter of self-management. From the cultural

perspective, the self-help reliance is also consistent with a context characterized by persistent stigma, where focusing on prevention and daily coping may be more socially acceptable than explicitly addressing mental disorders or professional treatment pathways. Given that individuals in collectivistic cultures are less likely to rely on formal support (Altweck et al., 2015; Rao et al., 2025), the comparatively weaker emphasis on institutional treatment pathways may also reflect culturally shaped help-seeking norms. In a context of higher collectivism, where public disclosure may carry greater social risk, the absence of personal storytelling in the Croatian sample may further reinforce this cautious communication style.

Interestingly, Croatia was also the only country in which organizations proposed changes in culture and society as a solution to mental health challenges and it ranked as the second most frequent solution category. In a more collectivistic context where mental health challenges are closely tied to social norms and shared expectations (Ahmed et al., 2024), framing improvement as requiring broader cultural change may resonate more strongly than exclusively individual or institutional solutions. Thus, unlike the UK case, responsibility appears less connected to the public health system and more to general social norms. Overall, the Croatian case shows how cultural norms and structural constraints together shape the way mental health is communicated online. Rather than emphasizing clinical authority or strong public advocacy, communication remains shaped by social sensitivities and focused on maintaining visibility. This suggests that national context influences not only what is discussed, but also how openly and directly mental health can be addressed.

Comparative Synthesis

Across the three countries, organizational portrayals of mental health reflect different combinations of cultural orientations and healthcare system structures. While Germany's organizational communication aligns with a highly structured mental healthcare system and frames individual responsibility through professional care pathways, the UK emphasizes awareness and stigma reduction within its publicly organized healthcare context, influenced by national awareness campaigns. In contrast, Croatia's organizational communication is shaped by structural constraints and more collectivist cultural sensitivities, leading to a generalized portrayal of mental health with a stronger emphasis on organizational visibility.

These differences suggest that neither culture nor healthcare systems alone determine communicative patterns. Rather, cultural norms and healthcare structures jointly shape how openness, responsibility, treatment pathways and MHL are articulated in organizational communication. Overall, mental health communication on Instagram reflects nationally

specific cultural and healthcare system contexts that influence how organizations position themselves in the digital public sphere.

Limitations and Future Research

While this study provides cross-national insight into mental health organizations' Instagram communication, several limitations define its scope and point toward directions for further research. First, the sampling strategy limits generalizability. The study relied on purposive and snowball sampling and examined a fixed number of posts per organization, which ensures comparability but does not allow for full representativeness. The inclusion of disorder-specific organizations and the absence of a systematic distinction between governmental and non-governmental actors may also have shaped content distributions. Future research could expand the sample size and differentiate organizational types more explicitly. Second, the analysis was restricted to Instagram posts and excluded video content, as well as other platform features. As communication practices are shaped by digital affordances, the findings reflect only one format within one platform environment. Multimodal and cross-platform analyses would provide a more comprehensive perspective. Third, although reliability testing showed satisfactory consistency, the coding was conducted by a single researcher. Additionally, the study did not examine audience engagement or reception. While cross-national differences in communication strategies were identified, no conclusions can be drawn regarding their effectiveness. Future research could strengthen methodological rigor by incorporating intercoder validation and by integrating engagement metrics to assess communicative impact more directly. Finally, cross-national differences were interpreted primarily through cultural orientations and healthcare systems. Although theoretically grounded, these associations remain interpretative rather than causal. Other intersecting social determinants of mental health, such as socioeconomic inequality, gender or migration experiences, were beyond the scope of this analysis. Expanding contextual indicators or incorporating more diverse national settings would allow for a more comprehensive understanding of how different contexts shape institutional mental health communication.

CONCLUSION

This study analyzed how mental health organizations in the UK, Germany and Croatia communicate about mental health on Instagram by examining mental illness types, communicative purposes, proposed solutions, and contributions to MHL within their cultural

and healthcare contexts. Across countries, mental health is frequently addressed in general terms, although Germany shows greater diagnostic specificity. Organizations primarily use Instagram for education, promotion, and awareness. When they present solutions, they are more often framed at the individual than at the societal level, most frequently emphasizing behavioural and lifestyle changes. At the same time, their content contributes to MHL through anti-stigma messaging, disorder-related information and guidance on maintaining good mental health. Although communication patterns are broadly similar, differences emerge in emphasis. The UK places a stronger focus on anti-stigma and outreach, Germany foregrounds disorder-specific and treatment-related content and Croatia more often centers on general mental health promotion and organizational visibility. Overall, these findings suggest that while organizational mental health communication on Instagram follows shared patterns, its focus and communicative priorities are shaped by national cultural orientations and healthcare structures.

REFERENCES

- Adebayo, Y. O., Adesiyan, R. E., Amadi, C. S., Ipede, O., Karakitie, L. O., & Adebayo, K. T. (2024). Cross-cultural perspectives on mental health: Understanding variations and promoting cultural competence. *World Journal of Advanced Research and Reviews*, 23(1), 432–439. <https://doi.org/10.30574/wjarr.2024.23.1.2040>
- Ahmed, N., Liu, X., Al-Hazwani, I., Huang, E. M., Sas, C., Mueller, F. F., Williamson, J. R., & Kyburz, P. (2024). Cultural Dimensions and Mental Health Technology: A Systematic Review of Hofstede's Dimensions in Shaping Mental Health Experiences. *CHI 2024 - Extended Abstracts of the 2024 CHI Conference on Human Factors in Computing Systems*, 92, 1–13. <https://doi.org/10.1145/3613905.3650842>
- Altweck, L., Marshall, T. C., Ferenczi, N., & Lefringhausen, K. (2015). Mental health literacy: a cross-cultural approach to knowledge and beliefs about depression, schizophrenia and generalized anxiety disorder. *Frontiers in psychology*, 6, 1272. <https://doi-org.uaccess.univie.ac.at/10.3389/fpsyg.2015.01272>
- Anderson, M., Pitchforth, E., Edwards, N., Alderwick, H., McGuire, A., Mossialos, E., & Hernández-Quevedo, C. (2022a). *United Kingdom: health system summary*. World Health Organization. Regional Office for Europe. <https://iris.who.int/handle/10665/364798>
- Anderson, M., Pitchforth, E., Edwards, N., Alderwick, H., McGuire, A., Mossialos, E., & European Observatory on Health Systems Policies. (2022b). *United Kingdom: health system review*. World Health Organization. Regional Office for Europe. <https://iris.who.int/handle/10665/354075>
- Andersson, G., Titov, N., Dear, B. F., Rozental, A., & Carlbring, P. (2019). Internet-delivered psychological treatments: from innovation to implementation. *World Psychiatry*, 18(1), 20–28. <https://doi-org/10.1002/wps.20610>

- Arbanas, G. (2008). Adolescents' attitudes toward schizophrenia, depression and PTSD. *Journal of psychosocial nursing and mental health services*, 46(3), 45–51.
<https://doi-org/10.3928/02793695-20080301-01>
- Arendt, F. (2019). Suicide on Instagram—Content analysis of a German suicide-related hashtag. *Crisis: The Journal of Crisis Intervention and Suicide Prevention*, 40(1), 36–41. <https://doi-org/10.1027/0227-5910/a000529>
- AXA. (2024). *Mental Health Report 2024*.
https://www-axa-com.cdn.axa-contento-118412.eu/www-axa-com/d41133bc-5fa9-4a5d-b664-316282190d78_axa_mind_health_report_2024
- Bail C. A. (2016). Cultural carrying capacity: Organ donation advocacy, discursive framing, and social media engagement. *Social science & medicine* (1982), 165, 280–288.
<https://doi.org/10.1016/j.socscimed.2016.01.049>
- Banadinović, M., Vočanec, D., & Džakula, A. (2023, June 13). *Strategic framework for mental health for the period 2022–2030* [Policy analysis]. European Observatory on Health Systems and Policies; WHO Regional Office for Europe.
<https://eurohealthobservatory.who.int/monitors/health-systems-monitor/analyses/hspm/croatia-2022/strategic-framework-for-mental-health-for-the-period-2022-2030>
- Bazarova, N. N., Choi, Y. H., Whitlock, J., Cosley, D., & Sosik, V. (2017). Psychological Distress and Emotional Expression on Facebook. *Cyberpsychology, behavior and social networking*, 20(3), 157–163. <https://doi.org/10.1089/cyber.2016.0335>
- Beasley, L., Kiser, R., & Hoffman, S. (2020). Mental health literacy, self-efficacy, and stigma among college students. *Social Work in Mental Health*, 18(6), 634–650.
<https://doi-org/10.1080/15332985.2020.1832643>
- Beckman, L., Hellström, L., & Kobyletzki, L. (2020). Cyber bullying among children with neurodevelopmental disorders: A systematic review. *Scandinavian Journal of Psychology*, 61(1), 54–67. <https://doi.org/10.1111/sjop.12525>

- Beeres, D. T., Andersson, F., Vossen, H. G. M., & Galanti, M. R. (2021). Social Media and Mental Health Among Early Adolescents in Sweden: A Longitudinal Study With 2-Year Follow-Up (KUPOL Study). *The Journal of adolescent health: official publication of the Society for Adolescent Medicine*, 68(5), 953–960.
<https://doi.org/10.1016/j.jadohealth.2020.07.042>
- Bennett, H., Allitt, B., & Hanna, F. (2023). A perspective on mental health literacy and mental health issues among Australian youth: Cultural, social, and environmental evidence. *Frontiers in Public Health*, 11, 1065784. <https://doi.org/10.3389/fpubh.2023.1065784>
- Bernardo, Á., Álvarez del Vayo, M., Torrecillas, C., Hernández, A., Belmonte, E., Gavilanes, M. Á., Tuñas, O., Cabo, D., & Laursen, L. (2021, March 9). *Pay up or put it off: How Europe treats depression and anxiety*. Civio: Medicamentalia. Retrieved June 23, 2025, from
<https://civio.es/medicamentalia/2021/03/09/access-to-mental-health-in-europe/>
- Berry, N., Lobban, F., Belousov, M., Emsley, R., Nenadic, G., & Bucci, S. (2017). #WhyWeTweetMH: Understanding Why People Use Twitter to Discuss Mental Health Problems. *Journal of medical Internet research*, 19(4), e107.
<https://doi-org/10.2196/jmir.6173>
- Betton, V., Borschmann, R., Docherty, M., Coleman, S., Brown, M., & Henderson, C. (2015). The role of social media in reducing stigma and discrimination. *The British journal of psychiatry: the journal of mental science*, 206(6), 443–444.
<https://doi.org/10.1192/bjp.bp.114.152835>
- Bilkay, H. İ., Yaman, Ö., Gürhan, N., & Yilmaz-Bingöl, T. (2023). A study on the representation of mental disorders in Turkish newspapers. *Journal of Mental Health*, 33(2), 185–192. <https://doi-org/10.1080/09638237.2023.2245908>
- Blakemore, J. K., Bayer, A. H., Smith, M. B., & Grifo, J. A. (2020). Infertility influencers: an analysis of information and influence in the fertility webspace. *Journal of assisted*

reproduction and genetics, 37(6), 1371–1378.

<https://doi.org/10.1007/s10815-020-01799-2>

Blümel, M., Spranger, A., Achstetter, K., Maresso, A., & Busse, R. (2021). *Germany: Health System Review. Health Systems in Transition*, 22(6), 1–272.

<https://iris.who.int/bitstream/handle/10665/341674/HiT-22-6-2020-eng>

Bogolyubova, O., Upravitelev, P., Churilova, A., & Ledovaya, Y. (2018). Expression of

Psychological Distress on Instagram Using Hashtags in Russian and English: A

Comparative Analysis. *Sage Open*, 8(4). <https://doi.org/10.1177/2158244018811409>

Bonabi, H., Müller, M., Ajdacic-Gross, V., Eisele, J., Rodgers, S., Seifritz, E., Rössler, W., &

Rüsch, N. (2016). Mental Health Literacy, Attitudes to Help Seeking, and Perceived

Need as Predictors of Mental Health Service Use: A Longitudinal Study. *The Journal of nervous and mental disease*, 204(4), 321–324.

<https://doi.org/10.1097/NMD.0000000000000488>

Britt, R. K., Carmack, H. J., Morris, A., Chakraborty, A. R., & Franco, C. L. (2024). Does

Organizational Messaging Make a Difference? Investigating Themes and Language

Style in Twitter Discourse and Engagement by Mental Health Organizations. *Journal of Health Communication*, 29(1), 1–8.

<https://doi.org/10.1080/10810730.2023.2278609>

Bundespsychotherapeutenkammer. (2019). *Paths to Psychotherapy*.

https://www.wege-zur-psychotherapie.org/wp-content/uploads/2019/09/2019-09_bptk_patientenbroschuere_englisch_web

Cappella, J. N., Kim, H. S., & Albarracín, D. (2015). Selection and Transmission Processes for Information in the Emerging Media Environment: Psychological Motives and

Message Characteristics. *Media Psychology*, 18(3), 396–424.

<https://doi-org/10.1080/15213269.2014.941112>

- Carbonell, Á., Navarro-Pérez, J.J., & Mestre, M.V. (2020). Challenges and barriers in mental healthcare systems and their impact on the family: A systematic integrative review. *Health & Social Care in the Community*, 28(5), 1366–1379.
<https://doi-org/10.1111/hsc.12968>
- Chen, M., & Lawrie, S. (2017). Newspaper depictions of mental and physical health. *BJPsych Bulletin*, 41(6), 308–313. <https://doi.org/10.1192/pb.bp.116.054775>
- Chen, J., & Wang, Y. (2021). Social Media Use for Health Purposes: Systematic Review. *Journal of medical Internet research*, 23(5), e17917. <https://doi-org/10.2196/17917>
- Chen, Q., Zhao, Z., Bao, J., Lin, J., Li, W., & Zang, Y. (2024). Digital empowerment in mental health: A meta-analysis of internet-based interventions for enhancing mental health literacy. *International Journal of Clinical and Health Psychology*, 24(3), 100489–100489. <https://doi.org/10.1016/j.ijchp.2024.100489>
- Choudhury, M.D., Sharma, S.S., Logar, T., Eekhout, W., & Nielsen, R.C. (2017). Gender and Cross-Cultural Differences in Social Media Disclosures of Mental Illness. In *Proceedings of the 2017 ACM Conference on Computer Supported Cooperative Work and Social Computing*. (pp. 353–369). ACM.
<https://doi.org/10.1145/2998181.2998220>
- Chung, M., & Lim, Y. Shin. (2020). When Health Organization Answers the Question: Differential Effects of Dialogic Messages in Website and Twitter through Social Presence and Psychological Distance. *Health Communication*, 37(6), 685–695.
<https://doi.org/10.1080/10410236.2020.1864098>
- Corrigan, P. W., Morris, S. B., Michaels, P. J., Rafacz, J. D., & Rüsch, N. (2012). Challenging the public stigma of mental illness: a meta-analysis of outcome studies. *Psychiatric services (Washington, D.C.)*, 63(10), 963–973.
<https://doi-org/10.1176/appi.ps.201100529>

Corrigan, P. W., Druss, B. G., & Perlick, D. A. (2014). The Impact of Mental Illness Stigma on Seeking and Participating in Mental Health Care. *Psychological science in the public interest: a journal of the American Psychological Society*, 15(2), 37–70.

<https://doi-org/10.1177/1529100614531398>

Country Comparison Tool. (2025, December 10). *Hofstede Insights*.

<https://www.theculturefactor.com/country-comparison-tool?countries=croatia%2Cgermany%2Cunited+kingdom>

Dayan, M., Kumpunen, S., Reed, S., & Richardson, E. (2025). *Health Systems in Action (HSiA) insights – United Kingdom, 2024*. Copenhagen: European Observatory on Health Systems and Policies, WHO Regional Office for Europe.

<https://iris.who.int/handle/10665/380273>

Džakula, A., Vočanec, D., Banadinovic, M., Vajagic, M., Lončarek, K., Lukačević Lovrenčić, I., Radin, D., & Rechel, B. (2021). Croatia: Health System Review. *Health systems in transition*, 23(2), 1–146.

<https://eurohealthobservatory.who.int/publications/i/croatia-health-system-review-2021>

Džakula, A., Vočanec, D., Banadinović, M., Vajagić, M., Lončarek, K., Lukačević Lovrenčić, I., Radin, D., & Rechel, B. (2024). *Croatia: Health system summary, 2024*. European Observatory on Health Systems and Policies. WHO Regional Office for Europe.

<https://eurohealthobservatory.who.int/publications/i/croatia-health-system-summary-2024>

Esser, F., & Vliegenthart, R. (2017). Comparative research methods. In J. Matthes, C. S.

Davis, & R. Potter (Eds.), *The international encyclopedia of communication research methods* (pp. 248–269). Wiley-Blackwell.

<https://doi-org/10.1002/9781118901731.iecrm0035>

Federal Ministry of Health. (2020). *The German healthcare system: Strong, reliable, proven*.

https://www.bundesgesundheitsministerium.de/fileadmin/Dateien/5_Publikationen/Gesundheit/Broschueren/200629_BMG_Das_deutsche_Gesundheitssystem_EN

- Filipeic, I., Marcinko, D., Grubisin, J., & Hotujac, L. (2002). The Croatian population attitudes towards the mentally ill via an anti-stigma questionnaire. *European Psychiatry*, 17(S1), S176–S176. [https://doi.org/10.1016/S0924-9338\(02\)80766-0](https://doi.org/10.1016/S0924-9338(02)80766-0)
- Frederick, D. A., Saguy, A. C., & Gruys, K. (2016). Culture, health, and bigotry: How exposure to cultural accounts of fatness shape attitudes about health risk, health policies, and weight-based prejudice. *Social science & medicine* (1982), 165, 271–279. <https://doi.org/10.1016/j.socscimed.2015.12.031>
- Fu, J., Li, C., Zhou, C., Li, W., Lai, J., Deng, S., Zhang, Y., Guo, Z., & Wu, Y. (2023). Methods for Analyzing the Contents of Social Media for Health Care: Scoping Review. *Journal of medical Internet research*, 25, e43349. <https://doi-org/10.2196/43349>
- Gallagher, M., O’Leary, C., McGreal-Ballone, A., & Duffy, R. (2023). The portrayal of mental health in Irish mainstream news media. *International Journal of Social Psychiatry*, 69(2), 467–475. <https://doi.org/10.1177/00207640221111756>
- Garratt, K. (2024, October 4). *Mental health policy and services in England* (Research Briefing No. CBP-7547). House of Commons Library. <https://researchbriefings.files.parliament.uk/documents/CBP-7547/CBP-7547>
- Gere, B. O., Salimi, N., & Anima-Korang, A. (2020). Social Media Use as Self-Therapy or Alternative Mental Help-Seeking Behavior. *IAFOR Journal of Psychology & the Behavioral Sciences*, 5(2), 21–36. <https://doi.org/10.22492/ijpbs.5.2.02>
- Gizdic, A., Baxter, T., Barrantes-Vidal, N., & Park, S. (2023). Social connectedness and resilience post COVID-19 pandemic: Buffering against trauma, stress, and psychosis. *Psychiatry research communications*, 3(2), 100126. <https://doi-org/10.1016/j.psycom.2023.100126>

- Gordon, R., Miller, J., & Collins, N. (2015). YouTube and 'psychiatry'. *BJPsych Bulletin*, 39(6), 285–287. <https://doi.org/10.1192/pb.bp.114.050013>
- Grosselli, L., Baumgärtel, J., Böhm, H., Hoyer, J., & Knappe, S. (2025). When knowledge falls short: A systematic review on the correlation of mental health knowledge with stigma and help-seeking. *Mental Health Science*, 3, e70022. <https://doi-org/10.1002/mhs2.70022>
- Gulliver, A., Griffiths, K. M., & Christensen, H. (2010). Perceived barriers and facilitators to mental health help-seeking in young people: a systematic review. *BMC psychiatry*, 10, 113. <https://doi-org/10.1186/1471-244X-10-113>
- Han, M., & Pong, H. (2015). Mental Health Help-Seeking Behaviors Among Asian American Community College Students: The Effect of Stigma, Cultural Barriers, and Acculturation. *Journal of College Student Development*, 56(1), 1–14. <https://doi.org/10.1353/csd.2015.0001>
- Heath, J., Moran, M., & Dowrick, A. (2024). Examining qualitative cross-country comparative analysis in health: Reflective insights and methodological considerations. *SSM – Qualitative Research in Health*, 5, 100416. <https://doi.org/10.1016/j.ssmqr.2024.100416>
- Hildersley, R., Potts, L., Anderson, C., & Henderson, C. (2020). Improvement for most, but not all: changes in newspaper coverage of mental illness from 2008 to 2019 in England. *Epidemiology and psychiatric sciences*, 29, e177. <https://doi.org/10.1017/S204579602000089X>
- Hofstede, G. (2011). Dimensionalizing Cultures: The Hofstede Model in Context. *Online Readings in Psychology and Culture*, 2(1). <https://doi.org/10.9707/2307-0919.1014>
- Hofstede, G. (2025). *6-D model of national culture*. Geert Hofstede. Retrieved December 10, 2025, from

<https://geerthofstede.com/culture-geert-hofstede-gert-jan-hofstede/6d-model-of-national-culture/>

Hrvatski zavod za javno zdravstvo. (2025). *Mentalni poremećaji u Republici Hrvatskoj*,

Zagreb, 2025 [Mental disorders in the Republic of Croatia, Zagreb, 2025].

<https://www.hzjz.hr/periodicne-publikacije/mentalni-poremecaji-u-republici-hrvatskoj-zagreb-2025/>

Huang, C. Y., & Zane, N. (2016). Cultural influences in mental health treatment. *Current opinion in psychology*, 8, 131–136. <https://doi-org/10.1016/j.copsyc.2015.10.009>

Institute for Quality and Efficiency in Health Care. (2022). In brief: *A guide to psychotherapy in Germany: Where can I find help?* InformedHealth.org.

<https://www.ncbi.nlm.nih.gov/books/NBK279513/>

Ivic, R. K., Ritchart, A., Kanthawala, S., & Carmack, H. J. (2025). Messaging and Information in Mental Health Communication on Social Media: Computational and Quantitative Analysis. *JMIR Infodemiology*, 5, e48230–e48230.

<https://doi.org/10.2196/48230>

Jacob, A., Lavidor, M., Igra, L., & Hasson-Ohayon, I. (2025). Cultural aspects of stigma toward people with serious mental illness: A meta-analysis of the association between individualism-collectivism and social distance. *Stigma and Health*. Advance online publication. <https://doi-org/10.1037/sah0000641>

Jacobi, F., Höfler, M., Strehle, J., Mack, S., Gerschler, A., Scholl, L., Busch, M. A., Maske, U., Hapke, U., Gaebel, W., Maier, W., Wagner, M., Zielasek, J., & Wittchen, H.-U.

(2014). Psychische Störungen in der Allgemeinbevölkerung: Studie zur Gesundheit Erwachsener in Deutschland und ihr Zusatzmodul Psychische Gesundheit

(DEGS1-MH). *Nervenarzt*, 85(1), 77–87. <https://doi.org/10.1007/s00115-013-3961-y>

- Jia, M., Ju, R., & Zhu, J. (2023). Understanding Mental Health Organizations' Instagram Through Visuals: A Content Analysis. *Health communication*, 39(4), 767–777.
<https://doi-org/10.1080/10410236.2023.2185350>
- Jokić-Begić, N., Kamenov, Ž., & Lauri Korajlija, A. (2005). Kvalitativno i kvantitativno ispitivanje sadržaja stigme prema psihičkim bolesnicima. *Socijalna psihijatrija*, 33(1), 10–19.
- Jokić-Begić, N., Hromatko, I., Jurin, T., Kamenov, Z., Kerestes, K., Kuterovac Jagodić, K., & Sangster Jokić, C. (2020). How are we? Life in Croatia in time of corona. In A. Bogdan (Ed.), *Koronavirus i mentalno zdravlje: psihološki aspekti, savjeti i preporuke* [Coronavirus and mental health: psychological aspects, advice, and recommendations] (pp. 415–460). Hrvatska psihološka komora.
<https://repozitorij.ffzg.unizg.hr/object/ffzg:1823>
- Jorm, A. F., Korten, A. E., Jacomb, P. A., Christensen, H., Rodgers, B., & Pollitt, P. (1997). "Mental health literacy": a survey of the public's ability to recognise mental disorders and their beliefs about the effectiveness of treatment. *The Medical journal of Australia*, 166(4), 182–186. <https://doi.org/10.5694/j.1326-5377.1997.tb140071.x>
- Jorm, A. F. (2015). Why We Need the Concept of “Mental Health Literacy.” *Health Communication*, 30(12), 1166–1168. <https://doi-org/10.1080/10410236.2015.1037423>
- Jovanović, N., Kuwert, P., Sarajlic Vuković, I., Poredos Lavor, D., Medved, V., Kovac, M., Spitzer, C., Dudeck, M., Vogel, M., Freyberger, H. J., & Grabe, H. J. (2010). Impact of war trauma and posttraumatic stress disorder on psychopathology in Croatian and German patients with severe mental illness. *Croatian medical journal*, 51(2), 131–136.
<https://doi-org/10.3325/cmj.2010.51.131>
- Ju, R., Jia, M., & Cheng, J. (2023). Promoting Mental Health on Social Media: A Content Analysis of Organizational Tweets. *Health communication*, 38(8), 1540–1549.
<https://doi.org/10.1080/10410236.2021.2018834>

- Karadžić, T., & Ristić, A. J. (2022). Epilepsy on social media in Serbian, Croatian, and Bosnian languages. *Epilepsy & behavior : E&B*, 136, 108912.
<https://doi-org/10.1016/j.yebeh.2022.108912>
- Kim, H. C. (2021). Mediating effect of stigma on the relationship between mental health literacy and help-seeking attitudes among university students in South Korea. *International Journal of Mental Health*, 52(2), 163–178.
<https://doi-org/10.1080/00207411.2021.1965397>
- Kim, S.-Y. (2024). Examining 35 years of individualism-collectivism research in Asia: A meta-analysis. *International Journal of Intercultural Relations*, 100, 101988.
<https://doi.org/10.1016/j.ijintrel.2024.101988>
- King's College London. (2024, October 10). *Public attitudes to mental health decline for the first time in 10 years*.
<https://www.kcl.ac.uk/news/public-attitudes-to-mental-health-decline-for-the-first-time-in-10-years>
- Kolpatzik, K., Fretian, A., Bollweg, T., & Okan, O. (2024). *Psychische Gesundheitskompetenz in Deutschland: Ergebnisbericht*. Technische Universität München, School of Medicine and Health, Department of Health and Sport Sciences, WHO Collaborating Center for Health Literacy.
<https://doi.org/10.14459/2024mp1764423>
- Krajewski, C., Burazeri, G., & Brand, H. (2013). Self-stigma, perceived discrimination and empowerment among people with a mental illness in six countries: Pan European stigma study. *Psychiatry research*, 210(3), 1136–1146.
<https://doi.org/10.1016/j.psychres.2013.08.013>
- Krendl, A. C., & Pescosolido, B. A. (2020). Countries and cultural differences in the stigma of mental illness: The East–West divide. *Journal of Cross-Cultural Psychology*, 51(2), 149–167. <https://doi-org/10.1177/0022022119901297>

- Landis, J. R., & Koch, G. G. (1977). The Measurement of Observer Agreement for Categorical Data. *Biometrics*, 33(1), 159–174. <https://doi.org/10.2307/2529310>
- Leach, C., Finning, K., Kerai, G., & Vizard, T. (2021). Coronavirus and depression in adults, Great Britain: July to August 2021. *Office for National Statistics*.
<https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/coronavirusanddepressioninadultsgreatbritain/julytoaugust2021>
- Lee, N., Buchanan, K., & Yu, M. (2020). Each post matters: a content analysis of #mentalhealth images on Instagram. *Journal of Visual Communication in Medicine*, 43(3), 128–138. <https://doi-org/10.1080/17453054.2020.1781535>
- Lee, Y., & Li, J. Q. (2021). The role of communication transparency and organizational trust in publics' perceptions, attitudes and social distancing behaviour: A case study of the COVID-19 outbreak. *Journal of contingencies and crisis management*, 29(4), 368–384. <https://doi-org/10.1111/1468-5973.12354>
- Lee, Y. I., Zhang, Y., Jin, Y., Kim, S., Martin, E. F., & Smith, J. J. (2019). Opening the Minds' Eye: The Pivotal Role of Sympathy in Depression Coverage Effectiveness. *Communication Studies*, 70(5), 633–653.
<https://doi-org/10.1080/10510974.2019.1650086>
- Levaj, S., Medved, S., Grubišin, J., Tomašić, L., Brozić, K., Shields-Zeeman, L., Bolinski, F., & Rojnic Kuzman, M. (2023). The impact of the COVID-19 pandemic and earthquake on mental health of persons with severe mental illness: A survey study among people receiving community mental health care versus treatment as usual in Croatia. *The International journal of social psychiatry*, 69(3), 653–663.
<https://doi.org/10.1177/00207640221130966>
- Li, H., & Xu, Y. (2024). Unraveling the Cross-Cultural Differences in Online Expression of Social Anxiety in Online Support Communities. *Cyberpsychology, Behavior and Social Networking*, 27(5), 328–335. <https://doi.org/10.1089/cyber.2023.0539>

- Looser, S. (2019). The Health Service in Great Britain a Comparison with The Swiss Health System. *Research and Reviews on Healthcare: Open Access Journal*, 4(2).
<https://doi.org/10.32474/RRHOAJ.2019.03.000183>
- Löchner, J., Carlbring, P., Schuller, B., Torous, J., & Sander, L. B. (2025). Digital interventions in mental health: An overview and future perspectives. *Internet interventions*, 40, 100824. <https://doi-org/10.1016/j.invent.2025.100824>
- Lovejoy, K., & Saxton, G. D. (2012). Information, Community, and Action: How Nonprofit Organizations Use Social Media. *Journal of Computer-Mediated Communication*, 17(3), 337–353. <https://doi.org/10.1111/j.1083-6101.2012.01576.x>
- Mackey, T. K., & Schoenfeld, V. J. (2016). Going “social” to access experimental and potentially life-saving treatment: An assessment of the policy and online patient advocacy environment for expanded access. *BMC Medicine*, 14(1), 17–17.
<https://doi.org/10.1186/s12916-016-0568-8>
- Manago, B., Pescosolido, B. A., & Olafsdottir, S. (2019). Icelandic inclusion, German hesitation and American fear: A cross-cultural comparison of mental-health stigma and the media. *Scandinavian journal of public health*, 47(2), 90–98.
<https://doi.org/10.1177/1403494817750337>
- Martini, T., Czepielewski, L. S., Baldez, D. P., Gliddon, E., Kieling, C., Berk, L., Berk, M., & Kauer-Sant'Anna, M. (2018). Mental health information online: what we have learned from social media metrics in BuzzFeed's Mental Health Week. *Trends in psychiatry and psychotherapy*, 40(4), 326–336. <https://doi.org/10.1590/2237-6089-2018-0023>
- Massoudi, B., Holvast, F., Bockting, C. L. H., Burger, H., & Blanker, M. H. (2019). The effectiveness and cost-effectiveness of e-health interventions for depression and anxiety in primary care: A systematic review and meta-analysis. *Journal of Affective Disorders*, 245, 728–743. <https://doi.org/10.1016/j.jad.2018.11.050>

- McCrae, N., Sharif, L., & Norman, I. (2019). Media portrayals of mental disorder in Saudi Arabia: a review of popular newspapers. *Transcultural Psychiatry*, 56(2), 428–442. <https://doi.org/10.1177/1363461518819117>
- Miller, A. N., Napakol, A., & Kujak, M. K. (2019). Representation of Mental Illness in Leading Ugandan Daily Newspapers: A Content Analysis. *Health Communication*, 35(14), 1782–1790. <https://doi-org/10.1080/10410236.2019.1663469>
- Mills, J., Cumbers, L., Williams, S., & Titley-Wall, H. (2023). The effectiveness of mental health literacy interventions in young people: a meta-analysis. *The Mental Health Review*, 28(4), 386–395. <https://doi.org/10.1108/MHRJ-07-2022-0052>
- Mind. (2024a, October). *Attitudes to mental illness: 2023 summary report*. Mind. <https://www.mind.org.uk/media/j0hpgbr0/attitudes-to-mental-illness-2023>
- Mind. (2024b, November). *The Big Mental Health Report 2024*. Mind. <https://www.mind.org.uk/media/vbbdclpi/the-big-mental-health-report-2024-mind>
- Muslić, L., Markelić, M., Vulić-Prtorić, A., Ivasović, V., & Jovičić Burić, D. (Eds.). (2019). *Zdravstvena pismenost odgojno-obrazovnih djelatnika u području mentalnoga zdravlja djece i mladih: Istraživanje prepoznavanja depresivnosti i spremnosti na pružanje podrške i pomoći* [Health literacy of educational staff in the field of mental health of children and youth: Study on recognition of depression and readiness to provide support and help]. Hrvatski zavod za javno zdravstvo. <https://www.hzjz.hr/sluzba-promicanje-zdravlja/zdravstvena-pismenost-odgojno-obrazovnih-djelatnika-u-podrucju-mentalnoga-zdravlja-djece-i-mladih/>
- Mužić, R., Žegrec, A., & Štimac Grbić, D. (2024). Re-building the network: mental health system reform in Croatia. *Croatian medical journal*, 65(1), 65–67. <https://doi-org/10.3325/cmj.2024.65.65>
- Nakanishi, M., Kurokawa, G., Niimura, J., Nishida, A., Shepherd, G., & Yamasaki, S. (2021). System-level barriers to personal recovery in mental health: qualitative analysis of

- co-productive narrative dialogues between users and professionals. *BJPsych open*, 7(1), e25. <https://doi-org/10.1192/bjo.2020.156>
- Naslund, J. A., Aschbrenner, K. A., Marsch, L. A., & Bartels, S. J. (2016). The future of mental health care: peer-to-peer support and social media. *Epidemiology and Psychiatric Sciences*, 25(2), 113–122. <https://doi.org/10.1017/S2045796015001067>
- Naslund, J. A., Bondre, A., Torous, J., & Aschbrenner, K. A. (2020). Social Media and Mental Health: Benefits, Risks, and Opportunities for Research and Practice. *Journal of technology in behavioral science*, 5(3), 245–257. <https://doi-org/10.1007/s41347-020-00134-x>
- Naslund, J. A., & Deng, D. (2021). Addressing Mental Health Stigma in Low-Income and Middle-Income Countries: A New Frontier for Digital Mental Health. *Ethics, medicine, and public health*, 19, 100719. <https://doi-org/10.1016/j.jemep.2021.100719>
- Netting, E., Stoll, E., Dobson, K. S., Szeto, A. C. H., & Tomczyk, S. (2024). Addressing mental illness stigma in German higher education: study protocol for a mixed-methods evaluation of a psychosocial setting-based intervention. *BMJ open*, 14(8), e084916. <https://doi-org/10.1136/bmjopen-2024-084916>
- Newbigging, K., Mohan, J., Rees, J., Harlock, J., & Davis, A. (2017). Contribution of the voluntary sector to mental health crisis care in England: protocol for a multimethod study. *BMJ Open*, 7(11), e019238–e019238. <https://doi.org/10.1136/bmjopen-2017-019238>
- NHS England. (n.d.). *NHS talking therapies*. <https://www.england.nhs.uk/mental-health/adults/nhs-talking-therapies/>
- Nour, M. M., Nour, M. H., Tsatalou, O. M., & Barrera, A. (2017). Schizophrenia on YouTube. *Psychiatric Services (Washington, D.C.)*, 68(1), 70–74. <https://doi.org/10.1176/appi.ps.201500541>

- Olsacher, A., Bade, C., Ehlers, J., Freitag, B., & Fehring, L. (2023). Messaging strategies for communicating health-related information in social media-a content and effectiveness analysis of organ donation posts on Instagram in Germany. *BMC public health*, 23(1), 867. <https://doi-org.uaccess.univie.ac.at/10.1186/s12889-023-15736-2>
- Organisation for Economic Co-operation and Development. (2021, June 8). *A New Benchmark for Mental Health Systems*.
https://www.oecd.org/en/publications/a-new-benchmark-for-mental-health-systems_4ed890f6-en.html
- Organisation for Economic Co-operation and Development. (2023). *Health at a glance 2023: OECD indicators*. OECD Publishing. <https://doi.org/10.1787/7a7afb35-en>
- Organisation for Economic Co-operation and Development / European Observatory on Health Systems and Policies, (2023a). *Croatia: Country Health Profile 2023: State of Health in the EU*. OECD Publishing. <https://doi.org/10.1787/8a7eadc9-en>
- Organisation for Economic Co-operation and Development / European Observatory on Health Systems and Policies, (2023b). *Germany: Country Health Profile 2023: State of Health in the EU*. OECD Publishing.
https://www.oecd.org/content/dam/oecd/en/publications/reports/2023/12/germany-country-health-profile-2023_2e55ab0e/21dd4679-en
- Özparlak, A., Karakaya, D., & Özer, Z. (2023). The association of mental health literacy with mental well-being and help-seeking in young people: A systematic review and meta-analysis. *Journal of pediatric nursing*, 73, e243–e250.
<https://doi.org/10.1016/j.pedn.2023.09.017>
- Pacheco Baldó, R. M. (2023). Cultural dimensions in the discourse of websites of mental health centres: Long-term orientation, individualism, and masculinity. An analysis of centres in Madrid and London, compared to Japan. *VISUAL REVIEW. International*

- Visual Culture Review Revista Internacional De Cultura Visual*, 14(3), 1–13.
<https://doi.org/10.37467/revvisual.v10.4615>
- Pang, D., Guntuku, S. C., Sherman, G., Liu, T., Rai, S., Cho, Y.-M., You, R., Bakker, A. B., & Ungar, L. H. (2025). Understanding gender and age differences in language use: cross-cultural insights from Weibo and Facebook. *Humanities & Social Sciences Communications*, 12(1), 1667–18. <https://doi.org/10.1057/s41599-025-05927-0>
- Papadopoulos, C., Foster, J., & Caldwell, K. (2013). 'Individualism-Collectivism' as an Explanatory Device for Mental Illness Stigma. *Community Mental Health Journal*, 49(3), 270-80. <https://doi.org/10.1007/s10597-012-9534-x>
- Patel, N. M., Savaliya, G. V., Mehta, P. J., & Kataria, L. R. (2025). Global Disparities in Mental Health Systems: A Comparative Cross-sectional Study of Ten Countries with Different Income Levels. *Indian journal of psychological medicine*, 02537176251379999. Advance online publication.
<https://doi-org/10.1177/02537176251379999>
- Pavlova, A., & Berkers, P. (2020). Mental health discourse and social media: Which mechanisms of cultural power drive discourse on Twitter. *Social science & medicine* (1982), 263, 113250. <https://doi.org/10.1016/j.socscimed.2020.113250>
- Pendse, S. R., Niederhoffer, K., & Sharma, A. (2019). Cross-Cultural Differences in the Use of Online Mental Health Support Forums. *Proceedings of the ACM on Human-Computer Interaction*, 3(CSCW), 1–29. <https://doi.org/10.1145/3359169>
- Petak, A., Narić, S., & Matković, R. (2021). Attitudes toward people with mental health difficulties. *Ljetopis socijalnog rada*, 28(1), 181–203.
<https://doi.org/10.3935/ljsr.v28i1.391>
- Petričević, S., & Mustić, D. (2023). Research on media presentation and public reaction to the first health digital assistant in Croatia. *The Eurasia Proceedings of Science*,

Technology, Engineering and Mathematics, 23, 151–164.

<https://doi.org/10.55549/epstem.1365751>

Porst, M., von der Lippe, E., Leddin, J., Anton, A., Wengler, A., Breitzkreuz, J., Schüssel, K., Brückner, G., Schröder, H., Gruhl, H., Plaß, D., Barnes, B., Busch, M. A., Haller, S., Hapke, U., Neuhauser, H., Reitzle, L., Scheidt-Nave, C., Schlotmann, A., ... Rommel, A. (2022). The burden of disease in Germany at the national and regional level- Results in terms of disability-adjusted life years (DALY) from the BURDEN 2020 study. *Deutsches Ärzteblatt International*, 119(46), 785–792.

<https://doi.org/10.3238/arztebl.m2022.0314>

Pretorius, C., McCashin, D., & Coyle, D. (2022). Mental health professionals as influencers on TikTok and Instagram: What role do they play in mental health literacy and help-seeking?. *Internet interventions*, 30, 100591.

<https://doi.org/10.1016/j.invent.2022.100591>

Quintero Johnson, J. M., Yilmaz, G., & Najarian, K. (2016). Optimizing the Presentation of Mental Health Information in Social Media: The Effects of Health Testimonials and Platform on Source Perceptions, Message Processing, and Health Outcomes. *Health Communication*, 32(9), 1121–1132. <https://doi.org/10.1080/10410236.2016.1214218>

Radez, J., Reardon, T., Creswell, C., Lawrence, P. J., Evdoka-Burton, G., & Waite, P. (2021). Why do children and adolescents (not) seek and access professional help for their mental health problems? A systematic review of quantitative and qualitative studies. *European child & adolescent psychiatry*, 30(2), 183–211.

<https://doi-org/10.1007/s00787-019-01469-4>

Rai, S., Shelat, K., Jain, D. R., Sivabalan, K., Cho, Y. M., Redkar, M., Sawant, S., Ungar, L. H., & Guntuku, S. C. (2024). *Cross-Cultural Differences in Mental Health Expressions on Social Media*. <https://doi.org/10.48550/arxiv.2402.11477>

- Rai, S., Shelat, K., Jain, D., Kishen, A., Cho, Y. M., Redkar, M., Hardikar-Sawant, S., Ungar, L., & Guntuku, S. C. (2025, January). *Cross-cultural differences in mental health expressions on social media*. In *Proceedings of the 3rd Workshop on Cross-Cultural Considerations in NLP (C3NLP 2025)* (pp. 132–142). Albuquerque, NM: Association for Computational Linguistics. <https://doi.org/10.18653/v1/2025.c3nlp-1.10>
- Rao, K. A., Cosmas, G. C. A. H. G., & Ading, C. (2025). Cultural differences in psychological help-seeking attitudes among Asian and non-Asian university students in Malaysia. *International Journal of Research and Innovation in Social Science (IJRISS)*, 9(04), 3510–3522. <https://doi.org/10.6007/IJARBSS/v15-i4/25213>
- Reich, H., Czaplicki, A., Gravert, C., & Hegerl, U. (2022). Negative Effekte der COVID-19-Maßnahmen auf die Versorgung depressiv Erkrankter: Ergebnisse einer repräsentativen Bevölkerungsbefragung. *Nervenarzt*, 93(3), 305–308. <https://doi.org/10.1007/s00115-021-01148-3>
- Rezo Bagarić, I., Sušac, N., & Rajhvajn Bulat, L. (2023). Self-injury and suicidality among high-school students prior to and during the COVID-19 pandemic. *Socijalna psihijatrija*, 51(1), 3–29. <https://doi.org/10.24869/spsih.2023.3>
- Rhydderch, D., Krooupa, A.-M., Shefer, G., Goulden, R., Williams, P., Thornicroft, A., Rose, D., Thornicroft, G., & Henderson, C. (2016). Changes in newspaper coverage of mental illness from 2008 to 2014 in England. *Acta Psychiatrica Scandinavica*, 134(S446), 45–52. <https://doi.org/10.1111/acps.12606>
- Rivera, Y. M., Moran, M. B., Thrul, J., Joshu, C., & Smith, K. C. (2022). Contextualizing engagement with health information on Facebook: Using the social media content and context elicitation method. *Journal of Medical Internet Research*, 24(3), e25243. <https://doi.org/10.2196/25243>
- Robert Koch-Institut. (2024). *Ergebnisse zur Entwicklung verschiedener Gesundheitsindikatoren in der erwachsenen Bevölkerung bei hochfrequenter*

Beobachtung, Stand Februar 2024.

https://www.rki.de/DE/Themen/Nichtuebertragbare-Krankheiten/Studien-und-Surveillance/Studien/MHS/NCD-Surveillance-Bericht.pdf?__blob=publicationFile&v=2

- Rojnić Kuzman, M., & Medved, S. (2025). Mental health services in Croatia-current perspectives and future challenges. *International review of psychiatry (Abingdon, England)*, 37(3-4), 221–228. <https://doi-org/10.1080/09540261.2024.2434576>
- Sander, C., Dogan-Sander, E., Fischer, J. E., & Schomerus, G. (2023). Mental health shame and presenteeism: Results from a German online survey. *Psychiatry Research Communications*, 3(1), 100102. <https://doi.org/10.1016/j.psycom.2023.100102>
- Schaadhardt, A., Fu, Y., Pratt, C. G., Pratt, W., Goyal, T., Peters, A., Mueller, S., Väänänen, K., Kristensson, P. O., Schmidt, A., Williamson, J. R., & Wilson, M. L. (2023). “Laughing so I don’t cry”: How TikTok users employ humor and compassion to connect around psychiatric hospitalization. *Conference on Human Factors in Computing Systems - Proceedings*, 1–13. <https://doi.org/10.1145/3544548.3581559>
- Schiavo, R. (2018). Turning the tide on mental health: communication professionals needed. *Journal of Communication in Healthcare*, 11(1), 4–6. <https://doi-org/10.1080/17538068.2018.1443716>
- Schinkel, S., Schouten, B. C., Kerpick, F., Van Den Putte, B., & Van Weert, J. C. M. (2019). Perceptions of Barriers to Patient Participation: Are They Due to Language, Culture, or Discrimination? *Health Communication*, 34(12), 1469–1481. <https://doi-org/10.1080/10410236.2018.1500431>
- Schomerus, G., Spahlholz, J., & Speerforck, S. (2023). Die Einstellung der deutschen Bevölkerung zu psychischen Störungen. *Bundesgesundheitsblatt, Gesundheitsforschung, Gesundheitsschutz*, 66(4), 416–422. <https://doi.org/10.1007/s00103-023-03679-3>

- Shah, F., Lakdawala, B. M., Vora, V. N., Jariwala, M. V., Patel, V., Grover, S., & Avasthi, A. (2021). Original Research Article_Functional somatic symptoms in patients with major depressive disorder in a tertiary care hospital. *Indian Journal of Mental Health*, 8(1), 50. <https://doi.org/10.30877/IJMH.8.1.2021.50-57>
- Shahid, M., Weiss, N. H., Stoner, G., & Dewsbury, B. (2021). Asian Americans' mental health help-seeking attitudes: The relative and unique roles of cultural values and ethnic identity. *Asian American Journal of Psychology*, 12(2), 138–146. <https://doi-org.uaccess.univie.ac.at/10.1037/aap0000230>
- Sheldon, P., Rauschnabel, P. A., Antony, M. G., & Car, S. (2017). A cross-cultural comparison of Croatian and American social network sites: Exploring cultural differences in motives for Instagram use. *Computers in Human Behavior*, 75, 643–651. <https://doi.org/10.1016/j.chb.2017.06.009>
- Slopen, N. B., Watson, A. C., Gracia, G., & Corrigan, P. W. (2007). Age Analysis of Newspaper Coverage of Mental Illness. *Journal of Health Communication*, 12(1), 3–15. <https://doi-org/10.1080/10810730601091292>
- Smith, M. (2024, October 9). *EuroTrack: Mental health attitudes in 2024*. YouGov. <https://yougov.co.uk/health/articles/50653-eurotrack-mental-health-attitudes-in-2024>
- Stahmeyer, J. T., Märten, C., Eidt-Koch, D., Kahl, K. G., Zeidler, J., & Eberhard, S. (2022). The State of Care for Persons With a Diagnosis of Depression: An Analysis Based on Routine Data From a German Statutory Health Insurance Carrier. *Deutsches Ärzteblatt International*, 119(26), 458–465. <https://doi.org/10.3238/arztebl.m2022.0204>
- Statistisches Bundesamt. (2024, August 19). *Suizide in Deutschland*. Retrieved July 11, 2025, from <https://www.destatis.de/DE/Themen/Gesellschaft-Umwelt/Gesundheit/Todesursachen/Tabellen/suizide.html#119324>

Stimac Grbic, D. (2022). Reform of the mental health care system in the Republic of Croatia.

European Journal of Public Health, 32(Supplement_3).

<https://doi.org/10.1093/eurpub/ckac129.611>

Subramanian, R., Xie, M., & Chao, C.-C. (2024). How Do Mental Health Non-Governmental Organizations (NGOs) in India Use Instagram? In *Mobile Communication in Asian Society and Culture* (Vol. 1, pp. 97–115). Routledge.

<https://doi.org/10.4324/9781003328896-9>

Temmann, L. J., Wiedicke, A., Schaller, S., Scherr, S., & Reifegerste, D. (2021). A Systematic Review of Responsibility Frames and Their Effects in the Health Context. *Journal of Health Communication*, 26(12), 828–838.

<https://doi-org/10.1080/10810730.2021.2020381>

Thompson, R. (2012). Looking healthy: visualizing mental health and illness online. *Visual Communication*, 11(4), 395–420. <https://doi-org/10.1177/1470357212453978>

Treem, J. W., & Leonardi, P. M. (2013). Social Media Use in Organizations: Exploring the Affordances of Visibility, Editability, Persistence, and Association. *Annals of the International Communication Association*, 36(1), 143–189.

<https://doi.org/10.1080/23808985.2013.11679130>

Tremac, A. P., Kovačević, D., Sindik, J., & Manojlović, N. (2020). Stigmatizacija psihičkih bolesnika—Znanje i stavovi zdravstvenih i nezdravstvenih radnika [Stigmatization of psychiatric patients—Knowledge and attitudes of health and non-health professionals]. *Socijalna Psihijatrija*, 48(3), 301–323.

<https://doi.org/10.24869/spsih.2020.301>

Troya, M. I., Dikomitis, L., Babatunde, O. O., Bartlam, B., & Chew-Graham, C. A. (2019). Understanding self-harm in older adults: A qualitative study. *EClinicalMedicine*, 12, 52–61. <https://doi.org/10.1016/j.eclinm.2019.06.002>

- Ure, C., Galpin, A., Cooper-Ryan, A. M., & Condie, J. (2019). Charities' use of Twitter: exploring social support for women living with and beyond breast cancer. *Information, Communication & Society*, 22(8), 1062–1079.
<https://doi.org/10.1080/1369118X.2017.1402943>
- Welch, V., Petkovic, J., Pardo Pardo, J., Rader, T., & Tugwell, P. (2016). Interactive social media interventions to promote health equity: an overview of reviews. *Health promotion and chronic disease prevention in Canada: research, policy and practice*, 36(4), 63–75. <https://doi.org/10.24095/hpcdp.36.4.01>
- Whitley, R., & Wang, J. (2017). Good News? A Longitudinal Analysis of Newspaper Portrayals of Mental Illness in Canada 2005 to 2015. *Canadian Journal of Psychiatry*, 62(4), 278–285. <https://doi.org/10.1177/0706743716675856>
- Wiegand, H. F., Hölzel, L., Tüscher, O., Lieb, K., Falkai, P., & Adorjan, K. (2025). Mental health services in Germany – Structures, outcomes and future challenges. *International Review of Psychiatry*, 37(3–4), 253–270.
<https://doi.org/10.1080/09540261.2025.2479601>
- World Health Organization. (2013). *Comprehensive mental health action plan 2013–2020* (Agenda item 13.3). https://www.who.int/mental_health/publications/action_plan/en/
- World Health Organization. (2021). *Comprehensive mental health action plan 2013–2030*. <https://www.who.int/publications/i/item/9789240031029>
- World Health Organization. (2022). *World mental health report: Transforming mental health for all*. World Health Organization.
<https://www.who.int/publications/i/item/9789240050860>
- World Health Organization. (2025). *Mental health atlas 2024*. World Health Organization.
<https://www.who.int/publications/i/item/9789240114487>
- Wright, M., Hochgatterer, L., Reitegger, F., Gasteiger-Klicpera, B., Patias, I., Peras, I., Veldin, M., & Vidmar, M. (2023). Enhancing help-seeking efficacy in a sustainable and

- adaptive digital environment. *European Journal of Public Health*, 33(Supplement_2).
<https://doi.org/10.1093/eurpub/ckad160.606>
- Wu, Jiaxi & Hong, Traci. (2022). The Picture of #Mentalhealth on Instagram: Congruent vs. Incongruent Emotions in Predicting the Sentiment of Comments. *Frontiers in Communication*. 7. 824119. 10.3389/fcomm..2022.824119.
<https://doi.org/10.3389/fcomm.2022.824119>
- Yap, J. E., Zubcevic-Basic, N., Johnson, L. W., & Lodewyckx, M. A. (2019). Mental health message appeals and audience engagement: Evidence from Australia. *Health Promotion International*, 34(1), 28–37. <https://doi.org/10.1093/heapro/dax062>
- YouGov. (2021, November 1). *An welcher psychischen Erkrankung haben Sie gelitten oder leiden Sie aktuell?* [Graph]. In Statista. Retrieved July 10, 2025, from
<https://de-statista-com/statistik/daten/studie/1276806/umfrage/umfrage-zu-vergangene-n-und-gegenwaertigen-psychischen-erkrankungen/>
- Zay Hta, M. K., Ting, R. S., Goh, P. H., Gan, Q. H., & Jones, L. (2023). A systematic review on the cultural factors associated with stigma during pandemics. *Current psychology (New Brunswick, N.J.)*, 1–32. Advance online publication.
<https://doi-org/10.1007/s12144-023-04509-0>
- Zeng, S., Bailey, R., Peng, S., & Chen, X. (2024). Defining mental health literacy: A systematic literature review and educational inspiration. *Journal of Public Mental Health*, 23(3), 189–204. <https://doi-org/10.1108/JPMH-04-2024-0055>
- Zhang, H., & Firdaus, A. (2024). What Does Media Say about Mental Health: A Literature Review of Media Coverage on Mental Health. *Journalism and Media*, 5(3), 967–979.
<https://doi.org/10.3390/journalmedia5030061>
- Zhang, Y., Jin, Y., & Tang, Y. (2015). Framing Depression. *Journalism & Mass Communication Quarterly*, 92(1), 99–120. <https://doi.org/10.1177/1077699014558553>

- Zhang, Y., Jin, Y., Stewart, S., & Porter, J. (2016). Framing responsibility for depression: how U.S. news media attribute causal and problem-solving responsibilities when covering a major public health problem. *Journal of Applied Communication Research*, 44(2), 118–135. <https://doi-org/10.1080/00909882.2016.1155728>
- Zhang, Y., Lu, Y., Jin, Y., & Wang, Y. (2020). Individualizing mental health responsibilities on Sina Weibo: a content analysis of depression framing by media organizations and mental health institutions. *Journal of Communication in Healthcare*, 14(2), 163–175. <https://doi-org/10.1080/17538068.2020.1858220>
- Ziebland, S., & Wyke, S. (2012). Health and illness in a connected world: how might sharing experiences on the internet affect people's health?. *The Milbank Quarterly*, 90(2), 219–249. <https://doi.org/10.1111/j.1468-0009.2012.00662.x>

Appendix A

Overview of Selected Mental Health Organizations

Organization	Country	Type	Focus	Instagram handle	Followers
Mind	UK	NPO	General mental health	@mindcharity	522,000
The Mental Health Foundation	UK	NPO	General mental health	@mentalhealthfoundation	218,000
YoungMinds	UK	NPO	Youth mental health	@youngmindsuk	188,000
The Campaign Against Living Miserably (CALM)	UK	NPO	Suicide prevention	@calmzone	184,000
Samaritans	UK	NPO	Suicide prevention	@samaritanscharity	108,000
Rethink Mental Illness	UK	NPO	Severe mental illness	@rethinkmentalillness	88,900
Shout	UK	Text Support Service (Charity-Powered)	Crisis support	@giveusashoutinsta	69,200
Beat	UK	NPO	Specific disorder	@beatedsupport	55,800
PAPYRUS	UK	NPO	Suicide prevention	@papyrus_talk	36,600
SANE	UK	NPO	Severe mental illness	@sanementalhealth	20,200
FIDEO X Deutsche Depressionshilfe	Germany	NPO project	Specific disorder	@stark_gegen_depression	78,400

Freunde fürs Leben e.V.	Germany	NPO	Suicide prevention	@freundefuersleben	28,500
Krisenchat gGmbH	Germany	NPO	Crisis support	@krisenchat.de	28,300
JugendNotmail	Germany	NPO	Crisis support	@jugendnotmail	23,800
Gemeinsam ADHS begegnen	Germany	Informational Portal by a company	Specific disorder	@gemeinsam_adhs_begegnen	16,100
OCD Land	Germany	Service by a company	Specific disorder	@ocdland	11300
Mental Health Crowd GmbH	Germany	Company	General mental health	@mentalhealthcrowd	8,964
peers.	Germany	Company	General mental health	@hello.peers	8,534
Nummer gegen Kummer e.V.	Germany	NPO	Crisis support	@nummergegenkummer_e.v	6,806
[U25] Deutschland	Germany	NPO service	Suicide prevention	@u25deutschland	5,985
Kako si?	Croatia	NPO	General mental health	@kakosi.hr	5,143
PsiHelp	Croatia	NPO project	General mental health	@psihelp.hr	3,532
Mentalisti	Croatia	Public Health Institution	General mental health	@mentalisti.stampar	3,132
Centar BEA	Croatia	NPO	Specific disorder	@centar_bea	2,426
Zagrebačko psihološko društvo	Croatia	NPO	General mental health	@zagrebacko.psihologskodrustvo	2,324

Promicanje mentalnog zdravlja – Pogled u sebe	Croatia	NPO project	Youth mental health	@pogledusebe	1,428
Udruga Igra	Croatia	NPO	Youth mental health	@udruga_igra	1,297
Plavi Telefon	Croatia	NPO	Crisis support	@plavi.telefon	1,151
Klub studenata psihologije Filozofskog fakulteta Osijek “Psihos”	Croatia	NPO	General mental health	@psihos.klub	972
CeZaM Zaprešić	Croatia	NPO	Youth mental health	@cezam.zapresic	794

Note. Follower counts were recorded at the time of data collection (April 2025).

Appendix B

Codebook for Content Analysis

Category	Code	Operational Definition
Mental Health Illness	Depression	Used when the post discusses causes, symptoms, treatments, or experiences related to depression.
	Anxiety	Used when the post discusses symptoms, causes, treatments, and experiences related to anxiety disorders, including generalized anxiety disorder (GAD) and excessive worry affecting daily life.
	Panic Disorder	Used when the post discusses panic attacks or panic disorder, including symptoms, triggers, or coping strategies.
	PTSD	Used when the post discusses post-traumatic stress disorder (PTSD), including symptoms, causes, or treatment.
	Schizophrenia	Used when the post discussed topics related to schizophrenia, including symptoms (incl. psychosis or mood disorders), diagnosis, treatment, and personal experiences.
	Attention Deficit Disorder (ADD/ADHD)	Used when the post discusses attention deficit disorder, with or without hyperactivity, including symptoms, challenges, or management strategies.
	Personality Disorder	Used when the post discusses any personality

		disorder (e.g., borderline, narcissistic, antisocial), including symptoms or related experiences.
	Bipolar Disorder	Used when the post discusses bipolar disorder, including manic or depressive episodes and treatment options.
	Obsessive-Compulsive Disorder (OCD)	Used when the post discusses obsessive-compulsive disorder, including symptoms, triggers, or therapeutic approaches.
	Eating Disorder	Used when the post discusses eating disorders, including anorexia, bulimia, binge eating disorder, or related conditions.
	Social Phobia	Used when the post discusses social phobia, including avoidance of social situations and related impacts.
	Mental Illness in General	Used when the post refers to mental illness broadly without focusing on a specific disorder.
	Other Mental Illness	Used when the post discusses a specific mental disorder not covered by the predefined categories.
	No Mental Illness Discussed	Used when no mental illness is mentioned or discussed in the post.
General Purpose	Education/Research	Used when the primary intent of the post is to provide factual information, research findings, statistics, or expert insights to

	educate the audience about mental health.
Promotion	Used when the primary intent of the post is to advertise or promote services, products, events, or initiatives related to mental health. Applied when the content is action-oriented (e.g., encouraging registration, purchase, or participation).
Engagement	Used when the primary intent of the post is to encourage audience interaction, such as through questions, polls, or discussion prompts.
Inspiration/Support	Used when the primary intent of the post is to provide motivational or supportive content, including quotes, spiritual or community messages aimed at encouraging individuals facing mental health challenges.
Personal Story	Used when the primary intent of the post is to share firsthand experiences or testimonials related to mental health.
Humor	Used when the primary intent of the post is to use humor, satire, or lighthearted approaches (e.g., memes) to discuss mental health.
Outreach/Awareness	Used when the primary intent of the post is to raise awareness, advocate for mental health issues, or reduce stigma (e.g., public service announcements). Applied when the focus is on awareness rather than direct promotion.

Solution	Other	Used when the primary intent of the post does not fit any of the predefined categories.
	N/A	Used when no solution related to mental health is presented.
	Individual Solution	Used when the post promotes solutions targeting individual-level change or action.
	Medical and Psychological	Used when the post promotes seeking professional treatment, such as therapy, counseling, psychiatric care, medication, hospitalization, or alternative therapeutic approaches. Also includes preventive medical strategies (e.g., screenings or consultation with professionals).
	Behavior and Lifestyle	Used when the post promotes personal choices, habits or self-help strategies that support mental well-being (e.g., healthy diet, exercise, stress management, avoiding addictions, maintaining social connections).
	Spiritual Changes	Used when the post promotes religious faith, spiritual beliefs, meditation, mindfulness, or other personal growth practices aimed at improving mental health.
	Societal Solution	Used when the post promotes solutions targeting broader social, institutional, or structural change.
	Changes in Family, School, and Community	Used when the post promotes creating

		healthier environments within families, schools, and local communities. Includes increased awareness, targeted prevention programs, support systems, and intervention strategies at these specific levels.
	Changes in Public Attitudes and the Public Health System	Used when the post promotes reducing stigma, improving public understanding of mental health, expanding mental health care services, increasing access to treatment, implementing healthcare reforms, enhancing mental health professional training, and developing public policies supporting prevention and intervention.
	Changes in Culture and Society	Used when the post promotes broader social changes that promote mental well-being, such as fostering a more supportive and inclusive culture, increasing social connections, building community support mechanisms, providing positive role models, and addressing socioeconomic factors that impact mental health.
Mental Health Literacy	N/A	Used when the post does not contain content aimed at increasing mental health literacy.
	Maintaining Good Mental Health	Used when the post provides information on how to obtain or maintain good mental health (e.g., stress management, sleep improvement, healthy lifestyle habits, emotional regulation).
	Mental Disorders and Treatments	Used when the post provides information to help identify mental disorders and understand

their treatments, including symptoms, statistics, or treatment options.

Anti-Stigma

Used when the post aims to reduce stigma toward mental illness by sharing personal stories, symbolic objects, awareness campaigns, or challenging misconceptions.

Enhancing Help-Seeking Efficacy

Used when the post provides strategies, resources, or guidance on how and where to seek professional mental health support.

Combinations of good mental health+efficacy

Used when the post equally emphasizes both maintaining good mental health and guidance on seeking professional support.

Disorder+efficacy

Used when the post discusses a mental disorder while equally emphasizing information on how to seek professional help.

Stigma+efficacy

Used when the post equally emphasizes stigma reduction and guidance on how and where to seek professional support.

Appendix C

Specific mental illness types referenced in Instagram posts by country

Mental Illness Type	UK (%)	Germany (%)	Croatia (%)	Total (%)
Depression	4.0	10.0	2.0	5.3
Anxiety	2.0	5.0	4.0	3.7
Obsessive-Compulsive Disorder (OCD)	0	10.0	0	3.3
Eating Disorder	6.0	1.0	3.0	3.3
Attention Deficit Disorder (ADD/ADHD)	0	9.0	0	3.0
Schizophrenia	3.0	0	0	1.0
Panic Disorder	0	2.0	0	0.7
Personality Disorder	1.0	1.0	0	0.7
Bipolar Disorder	2.0	0	0	0.7
PTSD	0	0	0	0
Social Phobia	0	0	0	0
Other Mental Illness	1.0	3.0	5.0	3.0

Note. Percentages are based on the total number of posts per country ($n = 100$) and the total sample ($n = 300$). As posts may reference multiple mental illness types, percentages across categories may exceed 100%.