

**“IT’S OK TO NOT TO BE OK.” FRAMES AND STIGMA
OF MENTAL HEALTH ISSUES IN USER-GENERATED
CONTENT ON INSTAGRAM: THEMATIC ANALYSIS**

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ABSTRACT

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Abstract <p>This study examined mental health related discussion in social media platform Instagram among Finns during mental health day 10 October 2021 and the following day. The aim of the study was to identify how mental health issues are framed in user-generated content on Instagram, and whether the stigma of mental health issues was addressed in the frames. The study was conducted as qualitative research. The data consisted of the Finnish description texts of 100 user-generated Instagram posts that were tagged with #maailmanmielenterveyspäivä, the Finnish version of #worldmentalhealthday. The data was analysed abductively through thematic analysis. The findings suggest 3 main frames and 9 sub-frames of how mental health issues are presented in user-generated content on Instagram. The first frame is a persuasive frame, including sub-frames that persuade individuals with mental health issues, their close ones or decision makers to talk about mental health and take action regarding it. Secondly, the interactive frame suggests that Instagram users utilise the social aspect of the platform when addressing mental health issues on Instagram: by searching peer support, showing gratitude to those who have helped them, and leading by example when talking about stigmatised issues in order to encourage others to do the same. Thirdly, the narrative frame consists of individuals revealing their personal life with causality stories, survival stories and behind the scenes stories that describe everyday life with mental health. All these frames could be identified including aspects of stigma, whether it was in the language use, latent attitudes, or the topic of the post.</p>	
Key words Mental health promotion, user-generated content, stigma, Instagram, framing, social media agenda setting, World Mental Health Day	
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TIIVISTELMÄ

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Työn nimi "On ok, että ei ole ok". Mielenterveyshaasteiden kehystäminen ja leimautuminen käyttäjien luomassa sisällössä Instagramissa: temaattinen analyysi	
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Tiivistelmä <p>Tässä tutkimuksessa tarkasteltiin suomalaisten mielenterveyteen liittyvää keskustelua sosiaalisessa mediassa Instagramissa mielenterveyspäivänä 10.10.2021 ja sitä seuraavana päivänä. Tutkimuksen tavoitteena oli selvittää, miten mielenterveysongelmat kehystetään Instagramin käyttäjien luomassa sisällössä ja käsitelläänkö mielenterveysongelmien leimautumista näissä kehyksissä. Tutkimus tehtiin kvalitatiivisena tutkimuksena. Aineisto koostui 100:n käyttäjien luoman Instagram-julkaisun suomenkielisistä kuvausteksteistä, joihin oli merkitty aihetunniste #maailmanmielenterveyspäivä. Aineisto analysoitiin abduktiivisesti temaattisen analyysin avulla. Tutkimuksen tulokseksi saatiin kolme pääkehystä ja 9 alakehystä siitä, miten mielenterveysongelmat esitetään käyttäjien luomassa sisällössä Instagramissa. Suostuttelevan kehyksen sisällöt joko taivuttelevat mielenterveysongelmista kärsiviä henkilöitä, heidän läheisiään tai päätöksentekijöitä puhumaan mielenterveydestä ja ryhtymään toimiin sen suhteen. Interaktiivinen kehys osoittaa, että Instagramin käyttäjät hyödyntävät alustan vuorovaikutuksellisuutta käsitellessään mielenterveysongelmia Instagramissa: etsimällä vertaistukea, osoittamalla kiitollisuutta heitä auttaneille ja näyttämällä esimerkkiä puhuessaan mielenterveysaiheista rohkaistakseen muita tekemään samoin. Narratiivinen kehys koostuu teksteistä, jotka paljastavat henkilökohtaisia elämäntarinoita kertomalla syy-seuraussuhteista mielenterveyshaasteiden taustalla, jakamalla selviytymistarinoita parantumisesta tai kuvailemalla jokapäiväistä elämää mielenterveyden kanssa. Jokaisesta kehyksestä voitiin tunnistaa merkkejä mielenterveyteen liittyvästä leimasta, joko kielenkäytöstä, piilevistä asenteista tai postauksen aiheesta.</p>	
Asiasanat Mielenterveyden edistäminen, käyttäjien luoma sisältö, Instagram, stigma, kehystäminen, agenda setting -teoria, Maailman mielenterveyspäivä	
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1 INTRODUCTION

Who has the power to decide which topics are important enough to be discussed in society? Traditional media has usually been seen as the gatekeeper of agenda setting. For example, journalists have to choose news topics at the expense of other topics because of the limited space in the newspaper. Even though agenda setting and framing have been studied for several decades (Tuchman, 1978; Entman, 1993), the research has concentrated on the role of mass media and journalists (Scheufele & Tewksbury, 2007). During the last decade, however, digitalisation and social media have changed the media environment. As a result, social media has brought new actors to affect the agenda of public discussion, like organisations, individuals, and social media influencers (Albalawi & Sixsmith, 2015). Therefore, it is important to study agenda setting and framing from the perspective of the changing media environment and the new actors in the agenda setting process.

Mental health discussion in social media is seen as a current topic among health promotion and communication scholars. In their critical debate, Jane et al. (2018) call for future research about the linkage of social media and health promotion. Other scholars agree: according to Meadows et al. (2020), there is yet little scholarly attention to social media content that addresses non-crisis health issues, like mental health issues (Meadows et al., 2020). To answer this need, Dadich and Khan (2021) have recently studied how Twitter can be used to promote mental health agenda among youth. According to them, social media can be a strategic channel for setting stigmatised issues on public agenda and to aim to diminish the stigma around mental health issues. However, they suggest that future research could analyse the issue in other platforms, such as Facebook or Instagram. (Dadich & Khan, 2021.) There are also other studies that have studied mental health and social media, but the emphasis of the earlier research seems to be especially on how social media can offer a channel to peer support for those with mental health issues. Young (2015) studied online health messages among peers and suggested more research on how these networks disseminate information, offer support, and encourage actions (Young, 2015). Furthermore, Fergie et al. (2016) studied the engagement with user-generated content and how it can

provide support to those with mental health issues. However, these studies do not offer insights on how stigma is addressed in the user-generated content.

Mental health issues are common especially among young people, but to get treatment for them is not as common (Dadich & Khan, 2021). Every fourth person worldwide experiences depression or anxiety during their lifetime (Cooper, 2011). In Finland, every year at least one in five experiences mental health issues, but only half of them get the treatment they need (MIELI Mental Health Finland, 2021a). Mental health has become an especially current topic during Covid-19 pandemic, as for example primary health care visits related to mental health issues among young people aged 15-29 years have risen during it in Finland (THL, 2021).

Even though mental health issues are rather common, the stigma of mental health issues seems to stay strong, creating a barrier for help-seeking. According to Finnish Mental Health Barometer 2021, the stigma around mental health issues has risen from the previous Barometer in 2019 (Mielenterveyden keskusliitto, 2021). In the barometer, 80 percent of those with mental health disorders reported stigma around mental health topics (Mielenterveyden keskusliitto, 2021). This could explain the above-mentioned low numbers of mental health treatment seekers (MIELI Mental Health Finland, 2021a), because perceived stigma is a barrier for help seeking (Barney et al., 2006; Clement et al., 2015; Gulliver et al., 2012; Kaier et al., 2015; Parcesepe & Cabasa, 2013). Therefore, reducing mental health stigma is crucial in order to increase the number of mental health issue treatment seekers.

One of the suggested reasons for rising mental health issues during the pandemic is the decrease in social contacts due to restrictions (Kortelainen et al., 2021). When the physical contacts with other people have lessened, social life has moved even more into social media. The number of social media users aged 16-89 years in Finland rose from 61 percent to 69 percent in the first Covid-19 pandemic year in 2020, whereas the number of users in previous years had stayed almost the same (Tilastokeskus, 2020). The number of Instagram users in Finland has increased to 3 million, making Instagram the most used social media platform in Finland (Tilastokeskus, 2021). 64 percent of Finns aged 16-74 use Instagram (Statista, 2021). Social media use is especially heavy in younger segments: 94 percent of 16-24-year-old Finns and 92 percent of 25-34-year-old Finns used social media in 2021 (Tilastokeskus, 2021).

According to these scholars and referring to the statistics about mental health, there seems to be a need for research about mental health issues and social media. The rising numbers of mental health issues, the still dominant stigma, and the help-seeking barrier that it creates, and the increase in social media use form the research problem of this thesis. What is the role of social media in mental health discussion and stigma? Based on this problem, the research questions are:

RQ1: How are mental health issues framed in user-generated content on Instagram?

RQ2: Is the stigma of mental health issues addressed in the frames, and how?

In other words, this thesis aims to shed light on the ways in which mental health issues are discussed on social media and to help understand what kind of role the stigma has on that discussion. This study is conducted as qualitative research, as it can be used to deepen understanding of interaction situations (Sandelowski, 2004), such as interaction in social media. Answers to the research questions are searched through examining mental health related discussion in social media platform Instagram among Finns during World Mental Health Day 2021, which was promoted by Finnish mental health organisation MIELI Mental Health Finland on social media. One of the hashtags MIELI used in promotion of this day was #maailmanmielenterveyspäivä (#worldmentalhealthday). The data consists of Instagram posts that were tagged with that hashtag on Mental Health Day on 10 October 2021 and the following day 11 October 2021. The data consists of posts that were published by private individuals rather than businesses or organisations, as the user-generated content is the interest of this study. The description texts of these posts are analysed through thematic analysis method in order to identify the frames that Instagram users use when discussing mental health issues. After these frames are identified, they are analysed in order to examine whether the stigma of mental health issues is addressed in them.

To sum up, this thesis contributes to the research of framing theory because the aim of this study is to identify how Instagram users frame mental health issues. Again, as agenda setting and framing processes are traditionally seen as news production processes (Scheufele & Tewksbury, 2007; Cobb & Elder, 1971), but meanwhile also social media users have become actors in that process (Albalawi & Sixsmith, 2015), this study can contribute to theory with a viewpoint of social media users creating frames. Understanding the ways how Instagram content is framed by its users can help organisations to create user-engaging health promotion campaigns similar to the World Mental Health Day campaign.

This thesis consists of six chapters. Theoretical background of the study is introduced in chapter two. The chapter includes an overview of relevant concepts and communication theories on the matter, such as agenda setting, framing and stigma. The third chapter gives an overview of mental health communication and aims to show the relation of mental health communication and the communication theories that were presented in the second chapter. In the fourth chapter, data, and methodology for conducting the study are introduced. Also, more information on the Mental Health Day is offered in that chapter. Findings of the study are presented in chapter five. These findings are discussed, and the study is evaluated in the sixth chapter. The limitations of the study are also acknowledged, and future research ideas are suggested in this last chapter.

2 AGENDA SETTING, FRAMING AND STIGMA

This chapter introduces the theoretical background of the study. This study is based on communication theories of agenda setting and framing. Some scholars divide agenda setting into three levels. The first level of agenda setting answers the question “what” - *what* is discussed, and which issues are raised in the media (Dadich & Khan, 2021). The first level of agenda setting is introduced in chapters 2.2 and 2.3 and referred to as *agenda setting* in this study. The second and third level of agenda setting affect *how* the public perceive the issue, through creating associations between attributes (Dadich & Khan, 2021). The second and third agenda setting levels are covered in chapter 2.4 and referred to as *framing* in this study. Other concepts, such as issues and stigma, are also discussed in this chapter.

2.1 Issues are socially constructed discussion topics

The world is full of conflicting interests or contentious problems. These are examples of issues. Issues are defined as conflicting interests (Vos et al., 2014) or controversial inconsistencies (Heath, 1998) between different individuals or between a stakeholder and an organisation. Issues are often related to socio-political questions that divide people, because there are no clear or easy solutions to those problems. According to Chase (1984), “an issue is an unsettled matter which is ready for decision”.

Issues are related to social aspects - there can be discussion or even heated arguments around an issue because they are controversial questions. As Madden (2019) states, issues are always socially constructed. That means that issues evolve in social context, including or affecting many people and potentially also organisations or other actors in society. The social construction of issues can also be seen in the use of language on social media. As Machin & Mayr (2012, 4) put it, “the use of language not only describes things but also always constructs reality”.

Discussions on issues can take place for example in social media, in news media or offline. Issue arena is the place or abstract space where the issues are debated (Vos et al., 2014). The exchange of views can take place physically or virtually (Luoma-aho and Vos, 2010), for example in face-to-face conversations, in traditional news media or in social media. Conversations in social media might nowadays spread to traditional media, and therefore at least popular social media users are said to have more influence on the issues that are publicly visible and largely discussed (Meriläinen and Vos, 2011). This phenomenon is discussed more thoroughly in the next chapter about agenda-setting.

2.2 Agenda setting affects which issues are seen as important

In this chapter, an overview of agenda-setting theory strives to offer some understanding why some issues seem more prominent than others. Agenda setting refers to the decision of what is discussed, written, or shown in media or public discussion, thus shaping public perceptions of the issue (McCombs et al., 1997). Traditionally it has been seen as a process where the media decides which topics are important enough to get space in mass media, like in newspapers (Entman, 1993; McCombs et al., 1997; Tuchman, 1978). Also other scholars agree that agenda setting research and theory has been rather strongly based on news production (Cobb & Elder, 1971; Scheufele & Tewksbury, 2007).

Even though news production has been emphasised in agenda setting research, nowadays agenda setting can be seen more widely as a process where competing issues and news topics are getting a certain amount of visibility in media and public discussion, whether in mass media, social media or offline (Albalawi & Sixsmith, 2015; Weaver, 2007). Agenda setting is about making choices: according to Weaver (2007), agenda setting concerns which issues are emphasised and what topics are covered, or on the other hand, which topics are not covered. From the point of view of the media, Ardèvol-Abreu (2015) suggests that the media selects the stories they think are important and interesting for their audience. In turn, this media's selection of issues influences the audience's perceived salience of those issues (Weaver, 2007), as it affects whether they actively think about an issue or not.

2.3 Social media users are new actors in agenda setting

Media environment has changed from the time agenda setting theory was first studied in the 1970s (see e.g., McCombs & Shaw, 1972; Tuchman, 1978), the emergence and development of social media being one of the biggest changes. Later, some scholars have added social media to the agenda setting model alongside with the three earlier existing components: media agenda, public agenda, and policy agenda (Albalawi & Sixsmith, 2015). Social media has been justified to be

its own component in the model because it is an independent issue arena that can affect and can be affected by other three components (Albalawi & Sixsmith, 2015). For example, research has shown that traditional media can affect what is discussed in social media, but also social media can affect news media agendas (Bekkers et al., 2011; Jones et al., 2005). Therefore, social media has become a component in the agenda setting process, influencing which issues are visible and discussed in society.

With social media, also social media users have gained a bigger role in the agenda setting process (Albalawi & Sixsmith, 2015). Before social media, mass media was argued to be the most powerful actor setting the agenda for public opinion, because individuals used to be rather dependent on the information it provided (Noelle-Neumann, 1974). Whereas traditional media has mostly relied on a one-way communication process, with individuals as passive receivers of information, social media is based on two-way communication, where individuals are interactive content creators (Albalawi & Sixsmith, 2015). This is argued to have enabled a shift in agenda setting process towards social media users, lessening the earlier rather authoritative power of mass media as agenda setters.

However, the agenda setting process within the social media sphere works differently than in traditional media. First reason is that it is constructed collectively and interactively between social media users (Albalawi & Sixsmith, 2015). This means that a single social media user might not be able to affect the agenda, but if an agenda spreads in social media and many users talk about the same issue, social media users might collectively have a bigger influence than a single user. In other words, in social media, a topic can become an agenda only through interaction between several social media users.

Another reason why the agenda setting process works differently in social media is that social media algorithms affect what content each social media user sees. These social media algorithms affect which content is shown more and which less, and what kind of content each user sees in their feed according to their earlier preferences and behaviour in social media (Albalawi & Sixsmith, 2015). The reason why these platforms show such content that matches with the preferences of the user is that the platform aims to maximise the user's time spent on the platform and thus increase the advertising revenues (Lutkenhaus et al., 2019).

This algorithmic personalisation results in filter bubbles, meaning that similar audiences are exposed to similar content and less exposed to content they are not interested in, or that they do not agree with (Lutkenhaus et al., 2019). Consequently, for the most part, only the like-minded interact with each other, strengthening their existing perceptions on the issue. This phenomenon is called an echo chamber. (Lutkenhaus et al., 2019.) To conclude, the algorithmic personalisation on social media may result in filter bubbles and echo chambers in which the like-minded discuss an issue, thus strengthening the perceived salience of an issue among that group but not among the larger public, as other people might not be exposed to that discussion at all in their own filter bubbles, and therefore might not perceive the issue salient. In other words, the agenda setting process

in social media seems rather fragmented and the potential of an individual social media user affecting the agenda might remain limited.

2.4 Framing affects how an issue is perceived

Whereas agenda setting affects whether people think about a certain issue or not, framing affects how they think about the issue and what is their opinion about it. Framing is a process where an issue is presented from a certain angle, highlighting some aspects, and leaving out others. Framing is a concept that has been studied by many scholars but is still missing a coherent definition (McCombs, 2006). However, many scholars agree that through framing, some aspects of reality are highlighted: frames make some aspects more prominent than others (Tuchman, 1978), give greater emphasis on selected aspects (Entman, 1993), and draw attention to some aspects of reality at the expense of others (Ardèvol-Abreu, 2015). This process is also known as second level agenda setting (Dadich & Khan, 2021).

Another way how framing can affect the individuals' perception on certain issues is through creating connections and associations between different aspects in the receiver's minds. This is also known as third level or network agenda setting (Dadich & Khan, 2021). First, adding different contexts can draw the attention of the message receiver to very different directions (Weaver, 2007). Second, different causal interpretations are also frames that affect the audiences' perceptions of an issue (Entman, 1993). Causal interpretation framing means that the message includes some suggestions of reasons or consequences related to the issue, or lets the receiver understand that the issue and the suggested consequence are related (Entman, 1993). Therefore, framing can be seen as a communicative or persuasive tool to affect the audiences' perceptions on controversial issues.

Frame is not only a lens through which a message is sent, but it is also a filter in the receiver's end (Scheufele, 1999). Framing helps people to understand issues in a meaningful way. In framing, pieces of information are structured in a way that the issue becomes interesting, coherent, and relevant for the audience (Scheufele, 1999). In other words, both the message sender frames the message in a way that it would be relevant to the audience, but also the message receiver interprets the message through their own frame, according to their earlier knowledge and experiences about the issue (Ardèvol-Abreu, 2015). Frames allow us to "structure the social world meaningfully" (Reese, 2001, 11) and understand a series of events as a logical continuum (Borah, 2011; Goffman, 1974). To conclude, in framing an issue might be presented through different lenses, showing different and partially limited pictures of the whole issue.

2.5 Selective attention affects how message receiver orients to issues

Agenda setting and framing do not occur in a vacuum, because selective attention also affects how individuals orient themselves towards certain content that they consider salient and suitable (Bulkow et al., 2013). When an individual is forming a coherent understanding of an issue and its interrelatedness with other issues and attributes, and need some more information to form an opinion, they are especially oriented to such content (Dadich & Khan, 2021).

Therefore, agenda-setting can be seen from two perspectives: as an issue selection and emphasising process by media, but also as an ongoing learning process in the public's mind weighing which issues are more important than others (Bulkow et al., 2013). Some studies suggest that this learning and evaluating process is automatic or unconscious (Marsick & Watkins, 1990; Wanta, 1997). A study conducted by Bulkow et al. (2013) discovered that there can be both superficial processing and active information seeking and evaluating depending on the audience's involvement on the issue. In other words, audience members with personal interest or experience on the topic may pay more attention to that content, whereas audience members with low involvement or perceived personal relevance on the topic consume the content more superficially.

However, strong media emphasis can balance the perceived salience of issues among low and high involved audience members as it increases the perceived importance among those who were not initially paying much attention to the issue (Bulkow et al., 2013). In the social media context, social media algorithms may affect this process as it creates echo chambers and filter bubbles, showing social media users the content that they were already familiar with and interested in (Lutkenhaus et al., 2019). If the aim is to raise awareness on a specific issue, the potential lies in those who are not yet aware of it. Therefore, it could be argued that the audience with low involvement should be exposed to strong media coverage about the issue so that their subconscious process activates, and they start perceiving it as a more important issue.

2.6 The effects of agenda setting and framing

The effects of agenda setting is argued to not have been emphasised as much as the process and message production in agenda setting theory (Scheufele & Tewksbury, 2007). According to Scheufele & Tewksbury (2007), agenda setting theory has not thoroughly interpreted the consequences that media causes when choosing certain issues on their agenda and leaving other issues out from the public discussion. The effects of agenda setting are discussed in this sub-chapter, which presents the spiral of silence theory and the effects of agenda setting on

attitudes. The next sub-chapter continues presenting these effects while defining stigmas.

Agenda setting, the formation process of public opinion, and stigmas can be seen as interrelated through the spiral of silence theory. According to Noelle-Neumann (1974), individuals tend to adapt to the public opinion even though they would not strongly agree with it, because they fear isolation if they disagree with the public opinion. In controversial issues an individual may gain self-confidence to express their views if their opinion seems to be the prevalent one, and at the other end they may lose self-confidence and keep silent if the opinion seems to be the unpopular one. This creates a spiral of silence, a distortion in which the prevalent opinion becomes more popular and the other one is less and less spoken about because of the fear of social isolation. (Noelle-Neumann, 1974.)

Agenda setting process can shape the attitudes of the public through affecting the perceived salience of an issue and through framing the issue in a certain way. Firstly, agenda setting affects how easily an issue can be recalled (Scheufele & Tewksbury, 2007). This is because the issues that are emphasised in the media are actively in memory. Consequently, this affects audiences' attitudes, because attitudes are based on the considerations that are active in memory and therefore are perceived as important (Hastie & Park, 1986; Tversky & Kahneman, 1973; Scheufele & Tewksbury, 2007). As attitudes precede behaviour (Ajzen, 1991), agenda setting can also be seen as one factor affecting people's behaviour. An example of this are stigmas, as they are negative attitudes that motivate to act discriminatively towards the stigmatised group (Corrigan & Penn, 1999). To conclude, it could be suggested that the actors influential enough to set the agenda have power to influence the audience's awareness about an issue, attitude towards it and even their behaviour.

2.7 Stigma consists of negative attitudes and causes discriminatory behaviour

In this chapter, the definition of stigma and different types of stigmas are introduced. Stigma can be distinguished through negative attitudes, discrimination, and social distancing from the stigmatised group (Corrigan et al., 2014). Link & Phelan (2001) define stigma as follows:

“a process involving labelling, separation, stereotype awareness, stereotype endorsement, prejudice and discrimination in a context in which social, economic or political power is exercised to the detriment of members of a social group” (Link & Phelan, 2001).

Scholars have divided the phenomenon into several different types of stigmas, public stigma being one of the most referred to (Corrigan, 2004; Corrigan & Penn, 1999; Corrigan et al., 2006). According to Corrigan and Penn (1999), public stigma refers to “a set of negative attitudes and beliefs that motivate individuals to fear, reject, avoid, and discriminate” against a group of people. Corrigan (2004) suggests that stigma can be divided into public and personal stigma that appear in

that order. First, public stigma is formed when an individual anticipates that their peers perceive something, like behaviour or a personal feature, as stigmatised. If that applies to the individual, the perceived public stigma affects in turn the personal stigma, which is the perception of oneself as a stigmatised person. (Corrigan, 2004; Corrigan et al., 2006.)

Stigma can be distinguished in several different ways, through observing the phenomenon from different angles. Clement et al. (2015) suggest that stigma can be observed at least from five different perspectives. This division of stigma types is introduced in table 1, including anticipated, experienced, perceived, internalised, and endorsed stigma (Clement et al., 2015). This categorisation shows that stigma can be detected 1) through the perceptions of the potentially stigmatised group, 2) through the perceptions of the public, and 3) through inspecting the discriminatory or negative attitudes of these both groups.

Firstly, stigma can be distinguished through the expectations of a group of people to be treated discriminatory (anticipated stigma), or their real experiences of being discriminated against (experienced stigma) (Clement et al, 2015). Secondly, stigma can be identified through inspecting the public's general perceptions of how extensively stigma takes place (perceived stigma). Thirdly, stigma can be distinguished through studying the discriminatory attitudes, either the individual's own negative perceptions of oneself as a stigmatised person (internalised stigma) or public's discriminatory attitudes towards a specific, potentially stigmatised, group of people (endorsed stigma). (Clement et al. 2015.)

Type of stigma	Definition	How to distinguish?
Anticipated stigma	Expecting to be discriminated due stigma	Inspecting the potentially stigmatised group of people (1)
Experienced stigma	The personal experience of being discriminated	Inspecting the potentially stigmatised group of people (1)
Perceived stigma	The perceived extent to which people in general hold stigmatising attitudes towards a specific group of people	Inspecting the perceptions of public (2)
Internalised stigma	Treating oneself according to the stigma	Inspecting the negative attitudes towards oneself (3)
Endorsed stigma	The discriminatory attitudes towards a group of people	Inspecting the discriminatory attitudes towards a group of people (3)

TABLE 1 Types of stigmas and how to distinguish stigma, according to Clement et al., 2015

However, the research around stigma has been missing a coherent use of concepts. For example, when Corrigan (2004) refers to personal stigma, Yap et al. (2017) refer to it as self-stigma, and Clement et al. (2015) refer to it as internalised stigma. Thus, there is no established conceptualisation of the phenomena around stigma and some of these concepts and their definitions are overlapping in the studies of Clement et al. (2015), Yap et al. (2017) and Corrigan (2004). However, what can be interpreted from these stigma categorisations is the following series of events: First, individuals are aware of prevalent stigma in society and fear discrimination due to that stigma. Consequently, the stigmatised group internalise the stigma and behave accordingly, for example keep quiet about the topic, thus strengthening the stigma. At the same time, the public (those who are not involved in a stigmatised group) act according to negative attitudes because they fear that challenging the stigma would result in their social isolation. (See Clement et al., 2015; Corrigan et al., 2004; Yap et al., 2017.) This series of events is in accordance with Noelle-Neumann's (1974) spiral of silence theory, where individuals keep silent if they fear their opinion is unpopular and would lead to isolation. It also explains why some individuals keep social distance to those who are stigmatised (Kim & Hong, 2021). It could be concluded that this phenomenon keeps stigma strong.

3 MENTAL HEALTH COMMUNICATION

This chapter gives an overview of mental health communication and aims to show the relation of mental health communication and the communication theories that were presented in the previous chapter. First, the relation of mental health issues to the theoretical framework of agenda setting and framing is presented. Second, stigma is inspected in the mental health context. Thirdly, approaches to challenge mental health stigma in social media are presented. Finally, some communicative strategies used in user-generated content about mental health are proposed.

3.1 Mental health issues

Mental health issues are a broad concept. Mental illness can affect a person cognitively, emotionally, and behaviourally (Manderscheid et al., 2010). Some examples of mental health issues are depression, anxiety, and eating disorders (Freeman et al., 2017). Mental health issues are rather common: every fourth person faces depression or anxiety during their lifetime (Cooper, 2011).

The concepts of *issues* and *mental health issues* should not be confused in this study. Here, *mental health issues* refer to mental health illness, problems, or challenges. However, in a larger sense, the increase in mental health issues and the need for prevention of mental health illnesses on a societal level can be seen as *an issue*. In other words, this study refers to both mental health issues and mental health as a societal issue.

The previous chapter presented the agenda setting theory. The effects of the agenda setting process are relevant in understanding the stigma of mental health issues and the attitudes towards them. One example of the effects of agenda setting could be the stigma of mental health issues - what is discussed about mental health issues affects the attitudes towards them (Scheufele & Tewksbury, 2007) and finally also the behaviour towards the stigmatised group, because attitudes are a precedent of behaviour (Ajzen 1991). In this thesis, social

media users and user generated content are studied as actors and factors potentially shaping the agenda of mental health issues.

3.2 Mental health stigma is a barrier for help-seeking

This chapter provides an overview of literature of mental health stigma and reasons why it should be reduced. Mental health issues are associated with stigma (O'Reilly et al., 2019), creating a barrier for mental health help-seeking (Corrigan, 2004; Parcesepe & Cabasa, 2013). According to Corrigan et al's. (2014) definition of stigma, mental health stigma consists of negative attitudes, discrimination and social distancing from those with mental health disorders (Corrigan et al., 2014).

There is rather strong consensus among scholars that reducing the stigma of mental health issues is crucial to increase treatment seeking, because perceived stigma is a barrier for help-seeking (Barney et al., 2006; Clement et al., 2015; Gulliver et al., 2012; Kaier et al., 2015; Parcesepe & Cabasa, 2013). Hainline and Rardon (2019) support this argument as they studied mental health issues among athletes and found out that stigma may hinder them from seeking help, whereas Cooper et al. (2003) support the claim with their similar findings among undergraduates.

Reducing the mental health stigma is important also for other reasons. In addition to the effects that mental health issues have on the quality of life as such, the stigma may amplify those bad effects (Corrigan, 1998). The stigma and as a result decreased self-efficacy and increased social marginalisation can lead for example to unemployment, poverty, and substance use (Naslund et al., 2016; Corrigan, 2004). These, in turn, can strengthen the stigmatised attitudes to mental health issues and amplify endorsed stigma (Clement et al, 2015).

According to Barney et al. (2006), the reason for not seeking help for mental health issues is the fear of rejection of peers and embarrassment. In line with this, Clement et al. (2015) suggest anticipated stigma, in which an individual expects to be treated unfairly because of stigma. Therefore, it could be interpreted that individuals refuse to seek help because they anticipate that it would affect their social life, even though they would not have experienced any discrimination yet. Other reasons for not seeking help for mental health issues include lack of awareness (O'Reilly et al., 2019). Awareness and stigma are correlated: the lower the awareness of mental health issues is, the higher the stigma (Lincoln et al., 2008).

3.3 Challenging mental health stigma

Scholars offer several approaches to challenge the stigma. Yap et al. (2017) emphasise the importance of open discourse, as it can raise awareness and correct misconceptions (Yap et al., 2017). Moreover, peer support and encouragement

can decrease treatment stigma and thus facilitate help-seeking (Vogel et al., 2007). For example, Harris et al. (2021) studied mental health related YouTube content and suggests that relatable social media content from perceived peers can help raise awareness of mental health issues and reduce stigma, and through that, encourage seeking help (Harris et al., 2021).

Betton et al. (2015) studied the role of social media in reducing stigma. They argue that organisation-led anti-stigma campaigns should harness the potential of individuals on social media, engaging the public into conversations on social media (Betton et al., 2015). Dadich and Khan (2021) agree that social media can be a strategic channel for setting stigmatised issues on public agenda and to aim to diminish the stigma around mental health issues. Some studies have shown promising results of social media campaigns increasing the awareness of mental health and diminishing the stigma (Livingston et al., 2014). Also combining the potential of mass media and social media together are seen as a possibility to change the attitudes towards mental health (Benbow, 2007). However, stigmatised issues might be more challenging to promote (Dadich & Khan, 2021).

The mental health stigma affects anonymous forum discussions and non-anonymous social media interaction in different ways. In general, social media is suggested to offer a channel for supportive and hope-giving interaction among those with mental health issues (Naslund et al., 2014). Anonymous social networking sites or health discussion forums have been studied to offer help and peer support in stigmatised mental health issues, because the interaction can happen in privacy and the fear of stigma is not hindering the discussion (Melling & Houguet-Pincham, 2011; Powell & Clarke, 2007; McCosker, 2018). However, in social media platforms like Instagram, where people publish posts usually non-anonymously, with their own name to their friends, the situation seems to be different. According to Kim and Hong (2021), the fear of stigmatisation hindered Instagram users from interacting with those who posted something stigmatised. They were afraid of being stigmatised also themselves and therefore rather maintained social distance to those with mental health issues (Kim & Hong, 2021).

3.4 Communication strategies in user generated content about mental health

Researchers suggest several communication strategies that can be used to promote mental health and to influence the attitudes towards mental health issues. First, a message can be framed in the form of persuasion or recommendation. Message framing can include some recommendations on how to treat the issue, i.e., how to act since the audience is aware of the issue (Weaver, 2007). Furthermore, it is reported that encouragement and persuasion from peers can increase help-seeking to mental health issues (Vogel et al., 2007).

Second, one way to frame a message is to create it in a form of narrative. Narratives are stories, a natural form of communication that people use in

everyday life and therefore understand easily (Shen et al., 2015). Narrative messages contain personal, engaging, and emotional stories or testimonials about mental health (Zou et al., 2021; Hinyard & Kreuter, 2007). Narratives are usually presented in chronological order with plot sequence, whereas non-narrative messages present arguments in logical order (Shen et al., 2015). Using narrative evidence as a persuasion strategy arouses emotional reactions (Kopfman et al., 1998; Shen et al., 2015) and as a result has an impact on behavioural intentions (Zebregs et al., 2015). Shen et al. (2015) argue that narratives are effective also because the target audience cannot disagree with something that really has happened to the person telling their story. In contrast, the reader concentrates on the plot of the story instead of thinking of counterarguments (Shen et al. 2015).

Third, a message can be framed through informative and statistical evidence. Informative messages share knowledge and strive to teach the public (Park et al., 2013). Education can be one way to challenge mental health stigma, as it challenges the stereotypes by offering accurate information (Al Ramiah & Hewstone, 2013). Statistical evidence, such as quantitative statistics about mental health, arouse cognitive reactions and affect attitudes (Zou et al., 2021). An example of statistical evidence is to share information of how common it is to have mental health issues.

Fourth, interaction can be another determining factor of message framing. The main aim of interactive message framing is to connect with others and create a common ground (Gao & Feng, 2016). One of the potential impacts of this kind of framing is that interaction can raise empowerment (Betton et al., 2015). For example, social media enables peers to meet each other online and to find someone with the same kind of struggles. In result, this might encourage an individual to speak out about the issue, because they understand that they are not alone with it and peers might offer some support once they share their story. This empowerment might even lead an individual to reveal some thoughts in social media that might otherwise remain untold (Betton et al., 2015.) There are two benefits of this empowerment: on the one hand, the peer-to-peer interaction and peer support can help individuals with their mental health, and on the other hand, this can raise awareness about mental health and reduce stigma. According to Al Ramiah and Hewstone (2013), personal contacts between a stigmatised group and others can decrease prejudice and stereotypes towards the stigmatised group.

To conclude, there are several ways to frame mental health issues, and this study aims to give insight on how they are framed in user-generated content on Instagram. Betton et al. (2015) have studied the role of social media in reducing stigma, and they argue that individuals have the power to bring stigmatised topics, like mental health, into public discussion. Social media enables individual stories to spread timelessly without spatial barriers. They also argue that public perceptions can be affected more effectively through the voices of peers than with a campaign of an organisation. (Betton et al., 2015). Also, other health promotion scholars report the advantages of peer-to-peer communication in social media, like challenging the stigma related to mental health, providing

support, and creating a sense of belonging (De Choudbury, 2013; Naslund et al., 2016). Therefore Betton et al. (2015) suggest that health promotion campaigns should concentrate on engaging individuals to create content about a topic in question, which is mental health in this case.

4 DATA AND METHODOLOGY

This chapter aims to demonstrate how the study was conducted and to justify why certain methods for data collection and analysis were chosen. First, the World Mental Health Day is introduced in order to offer background for the data. Second, the data and its collection in Instagram is explained. Finally, the six steps of thematic analysis method are demonstrated to offer transparency to how the data was analysed.

4.1 The World Mental Health Day on Instagram

This study is based on user-generated social media content around the World Mental Health Day, analysing the content with hashtag #maailmanmielenterveyspäivä (the Finnish version of #worldmentalhealthday). To understand the context in which the interaction and discussion in Instagram happens, the day and the organisation behind it is introduced next. The World Federation for Mental Health held the first Mental Health Day in 1992. MIELI Mental Health Finland promotes and organises the Mental Health Day in Finland in accordance with international themes. Mental Health Day is held every year on the 10th of October with varying themes related to mental health promotion and mental health issue prevention. (MIELI Mental Health Finland, 2021b.)

MIELI Mental Health Finland (later MIELI) is the world's oldest non-governmental organisation dedicated to mental health with 125 years of experience. It operates on national level and local operation functions through local member associations. MIELI promotes World Mental Health Day also on their Instagram account called @mielenterveys, which has around 44 000 followers. In their campaign material, they use hashtags #vihreävalo ("green light"), #kymppikymppi ("ten ten", referring to the date 10th of October in which the Mental Health Day is held), and #maailmanmielenterveyspäivä ("world mental health day") (MIELI Suomen mielenterveys ry, 2021). Every year they aim to raise awareness about a selected theme. In 2021, that theme was "Green light for equality".

Their campaign message was “Every young mind matter”. (MIELI Mental Health Finland, 2021b.)

MIELI publishes campaign content on Instagram usually during the week before the day and on the day itself. In 2021, MIELI encouraged their followers and member associations to arrange a green lighting, such as a green candle or shining green light on a building, and to post a picture about that on Instagram. Another option they suggested was to wear some green clothes and show that on Instagram with the campaign hashtags. In addition to visuality, they encouraged their followers to spread the message of the campaign and to share their experiences of being seen and encountered. (MIELI Suomen mielenterveys ry, 2021).

4.2 User-generated Instagram content as research data

The research questions are “*How are mental health issues framed in user-generated content on Instagram?*” and “*Is the stigma of mental health issues addressed in the frames, and how?*”. To answer these research questions, user-generated Instagram feed posts are collected as research data. Social media posts are a good source of data because user-generated content on social media has become a part of the agenda setting process, influencing which issues are visible and discussed in society (Albalawi & Sixsmith, 2015). Instagram represents a suitable channel for this study because it is the most popular social media channel in Finland with 3 million users, which is more than in Facebook or in Twitter (Tilastokeskus, 2021). There are several mental health related studies concentrating on Twitter (see e.g., Albalawi & Sixsmith, 2015; Lutkenhaus, Jansz & Bouman, 2019; Dadich & Khan, 2021), but in Finland it is relevant to study the phenomenon in Instagram due to its popularity among Finns. Dadich and Khan (2021), who have recently studied Twitter as a promotion channel for youth mental health agenda, suggest also that research is also needed in other platforms such as Instagram.

The data consists of 100 Instagram feed posts that are tagged with #maailmanmielenterveyspäivä (the Finnish version of #worldmentalhealthday) and are published on Mental Health Day 10th October 2021 or the following day, 11th October 2021. Posts from these two days are chosen because the first one is the main theme day, and the second day many posts might be inspired or encouraged by the earlier ones. This, in turn, describes the character of social media and how hashtags and agendas spread there. Only posts that are posted on public accounts could be collected as research data. If a post was on a private account or was deleted already the day the data was collected on 13th January 2022, it is not part of the study. Instagram Stories, Reels or videos were also out of scope of the study - only Instagram feed posts were chosen. Instagram stories are left out because they are visible only 24 hours and not accessible after that.

In this study, the text-based communication strategies in user generated content in Instagram feed posts are analysed. Even though Instagram is a visual and photo-based platform, the pictures are not analysed in this study. There are

several reasons for this. First, written text is the most used data source in content analysis (Krippendorff, 2012). Second, the language and metaphors that people use reveal how they frame the communication (Lakoff & Johnson, 1980). Third, when familiarising with the data, it was noticed that the description text was playing a big role in these posts, usually consisting of several sentences or even paragraphs. Furthermore, text as a research data simplified the ensuring of anonymity, as the description text of the chosen post was collected to a separate document, without the username or picture.

The ethics of data sampling from Instagram needs to be considered especially because the topic is sensitive. Instagram allows users to decide whether their account is public, and they can share content also privately in direct messages if they want to. According to Ravn et al. (2020), the basic rule is that researchers can use this publicly available content and Silverman (2007) adds that in this case informed consent does not need to be sought from users. However, a researcher should be careful of what the user has intended to be public. For example, it is argued that Instagram users might share some information inadvertently through visual material, like revealing something in the background they would not like to share publicly (Ravn et al., 2020). Therefore, this study excluded visual material completely in order to increase the ethicality, like suggested by Friedman (2018). To increase anonymity, of which importance was highlighted by Zimmer (2010), the citations and examples of texts are not presented in the original language Finnish, but only in English. In the translation process it was also ensured that citations do not include factors that could reveal someone's identity. Therefore, the original posts cannot be found even though the text excerpt would be searched through a search engine.

4.3 Content analysis and thematic analysis

This study was conducted as qualitative research. It aimed to shed light on how mental health issues are discussed and framed in social media platform Instagram. In qualitative research, a certain phenomenon is studied in order to understand and interpret that case (Tuomi & Sarajärvi, 2009, 85). The results are not for generalisation, but rather deepening understanding on a certain matter (Tuomi & Sarajärvi, 2009, 85). Qualitative research can increase understanding of human behaviour and interaction situations (Sandelowski, 2004).

In qualitative research, reality is seen as subjective rather than objective (Hirsjärvi & Hurme, 2009, 22-23). Subjectivity refers to the role of the researcher because qualitative research is conducted through immersing the data, making sense of it and interpreting it. Because qualitative research includes subjectivity and interpretation, researcher's thinking and the process should be opened thoroughly to increase the reliability and validity of the research. (Hirsjärvi & Hurme, 2009, 22-23). The process is introduced later in this chapter.

The research data was analysed through content analysis and thematic analysis. First, the content was analysed in order to understand what is said, and

second, these findings were thematised through thematic analysis in order to find patterns and to see the bigger picture. These analysis methods are introduced next.

First, content analysis aims to go beyond the physical level of content and what is said, to the symbolic level to understand the reasons, correlates, and effects of the content (Krippendorff, 1989). In other words, content analysis enables inferences of content that cannot be seen or read directly from it (Krippendorff, 1989). Content analysis treats the data systematically and may therefore reveal trends or patterns (Krippendorff, 1989; Stemler, 2015). It can concentrate on certain phenomena or to reveal attitudes or arguments (Krippendorff, 1989).

Second, the thematic analysis method was used to identify strategies and ways to frame the mental health issue in user generated content. According to Nowell et al. (2017) and Braun and Clarke (2006), there are six steps for thematic analysis: 1) immersing the data; 2) creating initial codes; 3) looking for themes; 4) reviewing themes; 5) defining and naming themes and 6) writing the report (Nowell et al., 2017) (see table 3). The analysis proceeded from a smaller picture to bigger one; from “individual findings to more general claims” (Eskola & Suoranta, 2005, 83). To create a bigger picture and deeper understanding of a phenomenon, patterns that derived from data were identified, and the findings were organised and described into themes (Braun & Clarke, 2006). However, the same steps could be done several times because thematic analysis is not linear but rather iterative in its nature (Nowell et al., 2017).

	Phase	Description (Braun & Clarke, 2006; Nowell et al., 2017)
1.	immerse data	Reading through the data in order to be able to find codes.
2.	create initial codes	Labelling pieces of text with codes. Codes are hints or initial notes that might help understand the phenomenon, reveal patterns and answer the research question in a later stage of analysis.
3.	search themes	Going through the coded excerpts in order to find repeating or distinctive patterns that might answer the research question. Grouping these into initial themes.
4.	review themes	Comparing the initial themes to each other, to data and to initial codes. Combining or separating themes and creating new themes if needed. Creating a hierarchy inside the themes (sub-themes).
5.	define and name themes	Giving names to themes and the sub-themes and describing them with the help of citations from data.
6.	write report	Creating a report of the findings, comparing to earlier literature and suggesting future research. Implications to practitioners.

TABLE 3 Thematic analysis phases according to Braun & Clarke (2006) and Nowell et al. (2017) and the chapters in which the phases are introduced and discussed

Qualitative research can be either theoretically or empirically driven, or something in between, combining these two (Stemler, 2015). In the beginning of the thematic analysis the data was analysed empirically based, which means that there were no existing themes or factors from literature that would have been searched for. Instead, the codes derived from the data. However, in the later stage, when the codes were thematised, theoretical reasoning was added in the analysis and the themes were categorised by themes from earlier literature. This kind of analysis method that is based on both data and earlier literature is called abductive reasoning (Tuomi & Sarajärvi, 2018, 110). According to Eskola and Suoranta (2005, 175), thematic analysis is indeed “dialogue between theory and research data”. On the other hand, thematic analysis is also dialogue between the researcher and the research data. As mentioned earlier, qualitative research includes subjectivity and interpretation (Hirsjärvi & Hurme, 2009, 22-23), because

the researcher needs to make decisions when coding and theming (Starks & Trinidad, 2007).

The first two steps of thematic analysis were immersing the data and creating initial codes (Braun & Clarke, 2006). Coding included classifying and labeling features of the text (Eriksson & Kovalainen, 2016, 141), like patterns and underlying meanings (Braun & Clarke, 2016). The codes were created inductively, meaning that they derived from data and not from pre-existing theories (Braun & Clarke, 2016). In the early stage, the codes were for example "personal story", "stigma", "encouragement to speak out", "gratitude", and "prejudices". These labels were attached to small sections of texts, varying from a pair of words to several sentences.

The first and second phases of analysis - immersing and reading through the data and first rounds of coding - were overlapping, because the coding was data-driven and therefore the potential codes were not clear from the beginning. On the one hand, according to Attride-Stirling (2001), codes should not be overlapping or interchangeable, but on the other hand, Nowell et al. (2017) suggest that the same extract of data could be coded in many different themes in the beginning and removed overlapping ones later on when the themes started to form. Iterative coding process enabled that in the beginning as many codes as needed could be created to ensure that nothing was left out, and overlapping ones were gradually removed or combined.

After coding, the next step was to draw some inferences (Krippendorff, 1989). In this step, the aim was to search for themes: to analyse how the codes helped to understand the phenomena of question in the research (Krippendorff, 1989). A theme brought single codes together to form a coherent whole, creating a meaning to otherwise individual occurrences (DeSantis & Ugarriza, 2000, 362). Braun & Clarke (2006) describe a good theme as something that identifies relevant aspects in relation to the research question. However, in this phase nothing was removed even though they did not seem to answer the research question but was rather set aside and reviewed later again (Nowell et al., 2017). This came to action in step four, in which the themes were reviewed (Braun & Clarke, 2006). In this phase, overlapping themes were combined and large themes were separated to new individual themes (Nowell et al., 2017). Reviewing included also looking back and returning to data in order to ensure that the themes actually derived from it (Nowell et al., 2017). On the other hand, in this phase the themes were also mirrored with the existing theory, as the analysis combined empirically and theoretically driven analysis methods. The themes were categorised according to communication strategies from theory, but the sub-themes consisted of data-driven findings. In the fifth phase, the themes were named and described (Nowell et al., 2017). The descriptions aimed to tell the story behind the theme, answering the research question at the same time (Braun & Clarke, 2006). These descriptions are introduced in the next chapter, which presents the findings of this study.

5 FINDINGS

In this chapter the findings of the study are introduced. The description texts of 100 Instagram posts with the hashtag #maailmanmielenterveyspäivä (the Finnish version of #worldmentalhealthday) were analysed with the six-phase model of thematic analysis suggested by Braun & Clarke (2006) and Nowell et al. (2017). The aim was to investigate how Instagram users frame the mental health issues in their content creation, and secondly, to find out whether stigma is addressed in these frames and if so, how.

The first research question was “*How are mental health issues framed in user-generated content on Instagram?*”. The findings to this first research question consist of three main frames and three sub-frames below each category. The main frames derive from earlier literature, as they are in line with some of the communication strategies introduced in chapter 2.7. These three frames are 1) persuasive, 2) interactive and 3) narrative frames. 91 out of the 100 posts contained one or several of these frames.

Each main frame consists of three sub-frames. The sub-frames are data-driven, and they are formed according to repetitive and distinct patterns that reflect and depict the main frame. The main frame is therefore an upper category to these sub-frames that are more specific and concrete. For example, there are several ways how mental health issues are framed in narrative form (*main frame*) in these Instagram posts: mentioning reasons of mental health issues in own life (*causality stories sub-frame*), revealing the everyday life with mental health issues (*behind the scenes sub-frame*) and looking back to own journey with mental health issues and reflecting how one has overcome the challenges (*survival story sub-theme*). All these three main frames and the sub-frames under them are introduced in this chapter along with examples and citations from the Instagram posts.

The most used main frame was the persuasive frame. Out of the 100 Instagram posts, 76 included one or more persuasive sub-frames. 54% contained interactive frames and 50% contained narrative frames. Each post could contain several main frames, and therefore the total sum of the main frames is more than

100. Table 4 presents the frames and their sub-frames, with the main frames on the first line and sub-themes below them.

PERSUASIVE, targeted to	76	INTERACTIVE	54	NARRATIVE	50
Individuals with mental health issues	37	Searching peer support	22	Causality stories	18
The close ones of those with mental health issues	43	Showing gratitude	24	Behind the scenes stories	47
Societal level	32	Leading by example	22	Survival stories	24

TABLE 4. Main frames and sub-frames of mental health issues on Instagram and their occurrence in the sample of 100 Instagram posts. Note that each post could contain several frames.

The most common sub-frame was “Behind the scenes stories” with 47 percent. This sub-frame is one of the three narrative sub-frames. It is notable that even though the narrative main frame was not the most common one, this sub-frame was the most used one out of the nine sub-frames under all three main frames. This finding reveals that almost every other user-generated Instagram post contained a personal narrative about everyday life with mental health issues. The second most common subframe was the persuasive frame targeted to close ones of those with mental health issues (43%), with the other two sub-frames of this category following closely: targeted to individuals (37%) and to societal level (32%). Finally, all the remaining three interactive sub-frames and the two remaining narrative frames occurred on average in one in five posts (the percentage ranging from 24% to 18%).

Table 4 presents how often each sub-frame occurred among these 100 posts. Again, it should be noted that each post can contain several sub-frames, regardless of whether they are under the same main frame or not. For example, an Instagram post could contain these four sub-frames: 1) Showing gratitude (interactive), 2) Behind the scenes stories (narrative), 3) Survival stories (narrative) and 4) Persuasion to individuals with mental health issues (persuasive). This explains why the total sum of the frame occurrences is more than 100.

The second research question was: “*Is the stigma of mental health issues addressed in the frames, and how??*”. The findings related to that research question are presented in chapter 4.4, after introducing the frames.

5.1 Persuasive frames

Persuasive messages include reminding, encouraging or even demanding that the target group of the message needs to do something. Persuasive messages can be grouped by the target audience, according to whom the message is intended. The three groups that were found in the thematic analysis are 1) individuals with mental health issues, 2) the close ones of those individuals with mental health issues, and 3) large public at the societal level.

76% of the posts included persuasion, using one or more persuasive sub-frame. This made the persuasive main frame the most common one out of the three main frames. Most commonly the posts aimed to persuade people to contact their close ones and support each other (persuasion to close ones, 43%). It was also common to remind the reader to take care of themselves and the close ones, thus combining two sub-frames, like in the first example below.

(1.) Let's take care of each other and especially ourselves.

Next, all three sub-frames in this category are presented with more detail.

5.1.1 Persuasion to individuals with mental health issues

The first persuasive sub-frame consists of messages targeted to individuals with mental health issues. These messages include encouraging and understanding tones. They remind that one is not alone and not the only one with mental health issues, and that everyone is important and precious. They often target the message directly to the reader by using the pronoun "you" (*see example 2*).

(2.) If mental health challenges affect you, I want to tell you: You are not alone. Don't give up. You are important.

Messages in this persuasive sub-frame aim to spread the word of treating oneself kindly and with compassion by saying that it is okay to not to be okay. Many of these messages included phrases like "it's ok to..." (*see example 3*).

(3.) It's ok to be tired, (...) it's ok to be exhausted, it's ok to lie in bed all day.

The next quote is an example of how these messages aim to encourage and empower those who have mental health issues. Phrases like "believe in yourself", "don't compare yourself to others", "don't give up" and "you are enough" were common in this subframe of persuasion to individuals with mental health issues (*example 4*).

(4.) Believe in yourself and don't compare yourself to others, because there is only one of you and you are good, and you are enough just as you are.

Furthermore, the messages tell that mental health issues are more usual and normal than it might seem, and therefore one should not feel ashamed to talk about their issues and seek help. Many posts reminded the reader that “it is not a weakness to seek help” or “there is nothing to be ashamed of when seeking help” (*see example 5*).

(5.) Remember to seek help! It might not be easy, but it is always worth it. Mental health problems are not a sign of weakness or a matter of shame.

Some posts did not only encourage seeking help, but also suggested ways to find it. These messages included phrases like “don’t hesitate to ask help”, “it might not be easy, but it’s worth it” or “if you don’t want to ask help from a friend, contact x...”, signalling that there are challenges in help seeking, probably because of anticipated stigma (*see example 6*).

(6.) Don't be left alone with your thoughts. Check out the services of @mielenterveys, they know how to help you find the right kind of help when you're not sure.

In addition to the fact that these messages are targeted to those with mental health issues, often also the message senders seem to have personal experience on the matter. Like the example below shows, these persuasive messages are often combined with a personal story (*narrative frames*), and with the emotionally appealing story they aim to convince the message receiver that they know what they are talking about. They spread such encouraging words they would have liked to hear themselves when suffering with mental health issues. This is an example of the use of several frames in the same Instagram post text. These messages contain phrases like “I try to remember that every day, you should remember it too” or “I know from experience that it is not easy, but believe me, you can do it”.

(7.) I have gone through different difficult phases, but I try to remember every day that I am important, and I will no longer neglect my mental health. You should remember that, too. Seek help.

To conclude, in this sub-frame category, the messages persuade individuals with mental health issues to treat themselves with compassion, to talk about their challenges to trusted ones, and to seek help. 37% of the posts included this sub-frame, making it the third most common sub-frame.

5.1.2 Persuasion to the close ones of those with mental health issues

The second persuasive sub-frame contains messages that aim to persuade everybody to keep in touch with their family and friends and take care of their close

ones. These messages remind the reader that taking care of each other can support the mental health and feeling of belonging of their close ones. This sub-frame was often used as a call-to-action in the end of the text, after a narrative story related to mental health. These call-to-actions were rather similar from one post to another. Two of the repeating phrases were “ask each other how they really are” and “let’s take care of each other and ourselves”.

(8.) Be present. Ask what's up. It is of huge importance.

Messages in this sub-frame suggest small actions that the message receiver should take to support the mental health of their close ones. For example, “cheer up with a phone call”, “ask what’s up”, “just listen” and “be present”.

(9.) So if you know that someone close to you is having a hard time right now, pick up the phone and arrange something to do with them. Even a phone call cheers up. Show that you care and are supportive if your loved one needs it. The ups and downs of life are easier to climb if you don’t climb them alone.

Whereas in the previous example the message was intended to those who know their close one is struggling with mental health issues, there were also persuasive messages that wanted to remind that being present to each other and treating each other kindly can strengthen everybody’s mental health or encourage someone to speak up their challenges.

(10.) You never know whose mental health you can support at that moment just by being truly present as yourself. You might help perhaps more than you could ever guess.

These messages persuade the message reader by targeting them with the pronoun “you”, like in previous examples. However, often also pronouns “we” or “us” and the prompt “let us” were used to show that “we can make a change together” and “this is our common challenge”.

(11.) Let's talk, listen, and understand, right?

To conclude, this sub-frame urged others to take care of their close ones. This sub-frame was the second most common of all sub-frames and the most common persuasive sub-frame, occurring in 43% of the posts.

5.1.3 Persuasion at the societal level

The third persuasive sub-frame raises societal issues related to mental health and demands societal change. These messages underline that some changes need to be done at the societal level to prevent mental health issues and to offer access to therapy for those who need it. Some of these messages talk about the challenges one faces when seeking help for mental health issues, like “getting help can be challenging” or “when a person seeks help it should be taken seriously”. The

feeling of injustice due to this was expressed through phrases like “I was outraged” and “it is wrong”.

(12.) We use mental health services in our household. Of course, they are not obtained automatically, and a warrior mentality is needed. (...) Getting things in order is not always up to you. Everything is not always reasonable, and it is wrong.

(13.) I called a psychiatric nurse who belittled my situation. "Sometimes you can just get a little anxious" was one of the phrases he said to me. I was outraged. Getting help is never easy and when a person seeks help it should be taken seriously.

Some of the messages expressed concern of young people and their untreated depression as an urgent societal issue. This persuasive sub-frame differs from the other two persuasive sub-frames in that it does not target the message to “you” or “us” but sees that the issue should be solved at the societal level. Whereas the other two sub-frames empathetically encourage to “take care of yourself and the close ones”, this sub-frame demands things like “we as a society really need to invest more in mental health work” or “mental health issues should be taken seriously”.

(14.) Young people have a huge load of things to deal with. (...) Untreated depression is a snowball effect, it grows and grows. That is why we as a society really need to invest more in mental health work. And soon.

Some of these persuasive messages addressed the stigma and urged for more public discourse about the issue. This can be reflected in quotes like “There is far too little discussion”, “I wish one day it would be acceptable to discuss these things normally” or “Why people with mental health issues are stigmatised?”. Many of the posts justified the need for more discussion by highlighting how common mental health issues are, like the example below shows.

(15.) Unfortunately, mental health problems are becoming more common, and yet I think there is far too little discussion about them. And what is more, getting the right kind of care can be really challenging, depending on the location.

In addition to the example above addressing the societal issue of stigma, another rather common way to frame the issue was to compare mental health and physical health and wonder why physical illness seems more acceptable than mental one.

(16.) Why is physical illness more acceptable in our society than mental one?

(17.) Why should one be ashamed when it comes to mental health? Nor is a person with a broken leg stigmatised, is he?

All in all, this persuasive sub-frame addressed mental health as a societal issue that needs to be solved urgently. It was included in every third post (32%).

5.2 Interactive frames

Next, the second most common main frame is introduced. Over half of the posts of this study used interactive framing (54%), meaning that every other Instagram user posting about mental health aimed to increase interaction on the matter and connect with others. Interaction is a natural part of social media, in contrast to traditional media, which disseminates information mainly one-way only. However, these messages relied on interaction more than others. This study identified three interactive sub-frames in mental health related Instagram posts: searching peer support, showing gratitude to close ones and leading mental health discussion by example. These sub-frames were all almost equally popular (22-24%). In contrast to persuasive strategies, these messages are not asking other people to do anything. They just aim to connect with others or lead by example.

These sub-frames differ from each other in how empowered the individual is to talk about mental health issues and how wide is the social circle they aim to interact. The order in which these sub-frames are introduced below reflects the level of empowerment from lower to higher and the scope of social circle from smaller to bigger. At the lower end, those who search peer support seem to have mental health issues, struggling with hopelessness and insecurities. Their motivation behind the interaction is to find support for themselves. At the higher end, individuals start conversations about stigmatised mental health issues, hoping to empower others and spread the discussion widely. In the middle of these extremes are those who show gratitude for being helped during difficult times of mental health struggles. To sum up, an individual who uses 1) the first sub-frame does the post to get help for themselves, 2) the second does it for the gratitude to close ones, and 3) the third one is empowered to help others and make a change on a larger societal level.

Next, the three interactive sub-frames are introduced along with citations from Instagram posts.

5.2.1 Searching peer support

The first interactive sub-frame utilises social media as an arena to find peer support. People tell about their feelings and insecurities, probably because they hope for comforting, encouraging, or understanding responses. This theme consists of messages from those who seem to be experiencing challenges with their mental health at the moment. The next example reveals the feeling of loneliness and hope to connect with others.

(18.) Being alone is terrible, let's be here together.

Some of the posts are even alarming and raise concerns, like the example 16 below. This individual reveals that they are not feeling good right now by saying "would prefer to lie hidden under a blanket" and "I feel like quitting my job and sleeping for a month". Even though they are not directly asking for help or

support, saying “I don’t even bother to open up myself” arouses reader’s curiosity and raises concerns. This post description was originally written without punctuation marks, capital letters or emojis which underlined the feeling of indifference.

(19.) Good mental health day from me who would prefer to lie hidden under a blanket. I don’t even bother to open myself but especially today it has been such a day that I feel like quitting my job and sleeping for a month, tomorrow maybe it’s different again.

Peer support was also searched in such posts that first disclosed personal thoughts and asked if it was ok to feel that way or say it out loud. This kind of insecurities both about own feelings and about what can be said out loud were common in this sub-frame.

(20.) Can these things be said out loud without sounding ungrateful?

However, it is notable that the hope for peer support was interpreted between the lines, as none of these messages asked help or support directly. Every fifth post included this interactive sub-frame (22%).

5.2.2 Showing gratitude

The second interactive sub-frame aims to show gratitude to other people. This theme consists of messages from those who tell they have overcome their mental health challenges or are on their way of healing. They express their gratitude for those people who have supported and helped them along the way, or as they say, “in difficult moments” or “when my own strength was running out”. Common phrases in this sub-frame were for example “fortunately, I got support” or “I am grateful for my friends”.

(21.) Fortunately, I got support in finding the right therapist when my own strength was running out.

Some of them seem to feel like they owe gratitude to those without whom they might not have survived, and therefore want to give something back and at least thank publicly. A common way to express that was a phrase like “I don’t know if I had survived without them”.

(22.) Fortunately, there are wonderful people around me who always manage to listen and support me in difficult moments. Without them, I wouldn’t be able to fight every day.

(23.) I am really grateful for them, without them I would not know if I would be here today to write this text.

These messages also show appreciation of how kindly and fairly people around them have treated them in spite of mental health issues, maybe in contrast to the expectations due to anticipated stigma.

(24.) None of those close to me condemned or belittled me.

Almost every fourth post (24%) used this sub-frame. However, signs of gratitude and reflections of looking back at the mental health journey can be found also from the narrative frame. For clarification, this interactive sub-frame only consists of messages that show gratitude to other people (interaction included), whereas appreciation towards oneself and grateful survival stories are categorised under the narrative sub-frame “survival stories” (see chapter 4.3.3).

5.2.3 Leading by example

The third and last interactive sub-frame is “leading by example”. In this theme, people aim to increase discussion and interaction around the topic by talking about mental health themselves. They might confess that it is not easy to share their personal story or to be the bold one to keep the stigmatised issue on the table, but that they are convinced that it is the right thing to do. The difficulty to talk about the topic was expressed by saying for example “this is a pretty sensitive topic for me personally to talk about”. One of the aims of the posts in this sub-frame is to encourage someone to seek help.

(25.) This is a pretty sensitive topic for me personally to talk about, but I think it’s good to talk about it openly. Maybe someone else gets the courage to seek help.

Another aim of the posts in this sub-frame is to increase interaction to challenge the mental health stigma, and these individuals say that aim out loud. This can be reflected in phrases like “I think it is good to talk about it openly” or “I will try to keep the issue on the table by telling my story”, like in next example:

(26.) There is nothing new in my words, I have told them many times. However, I will try to keep the issue on the table by telling my story, because only by increasing transparency can stigmas be broken.

This interactive sub-frame aims also to show support by talking about the individual’s own experiences and showing empathy. They want to give back the support they have got earlier.

(27.) I hope that through talking about this matter I can give something back, as I myself have gained so much support for my mental health issues.

This sub-frame might seem similar to the persuasive sub-frame of “persuasion at the societal level”, but this interactive sub-frame is mainly focusing on increasing interaction and connecting with others, whereas the persuasive sub-frame

addresses societal issues. In other words, these two sub-frames are on different levels: this interactive sub-frame is empathetic, showing insecurities and trying to find common ground. The persuasive sub-frame, on the other hand, is more demanding and problem-centred, targeted at the societal level to those who have power to make societal change.

To conclude, those who use this interactive sub-frame hope to lead by their example and even though they are not asking or demanding anyone to do the same, they hope to spark encouragement around them. The aim of these posts is to encourage someone to seek help, to challenge stigmas or to show support. This sub-frame occurred in 22% of the posts.

5.3 Narrative frames

The third main frame is the narrative frame. Half of the Instagram posts related to mental health included personal story and emotion-arousing elements (50%). This study identified three types of narratives. Firstly, *causality stories* tell the reasons that lead to mental health challenges (18% of posts used this sub-frame); secondly, *behind the scenes type of narrative* aims to describe their experience of what the everyday life with mental health issues is like (47%); and thirdly, *survival stories* are emotional or even surprising stories of fighting against mental health issues and what kind of effects the process of healing have had to them (24%). The “behind the scenes stories” sub-frame was the most common one of the all nine sub-frames. Causality or survival stories were almost always combined with the behind-the-scenes stories sub-frame, because one or several of the narrative sub-frames were used in 50 posts out of which 47 included the behind the scenes frame. To conclude, this narrative frame consists of stories that tell what lead to mental health issues, what it is like to live with them, and how the individual has overcome the challenges. What is common in all these sub-frames is that they disclose personal stories.

5.3.1 Causality stories

First, the causality stories sub-frame is introduced. Causality stories occurred in 18 percent of the posts. In this sub-frame were identified such narratives that reflect and explain why one has had challenges with mental health. Some have identified a concrete reason, like unfortunate life events or mentally demanding everyday life (*see examples 28-31*).

(28.) The school and the stress it caused really brought all the symptoms to the surface and now I have only tried to recover from total burnout.

(29.) Unfortunate life events, especially surprising ones, can break any of us, without previous diagnoses.

(30.) (The reason behind mental health issues was) a responsibility to take care of everyone else when I could barely take care of myself.

(31.) There are several reasons that lead to this situation (list of reasons). However, I am not sure if I have realised all the reasons yet.

Some wonder out loud that there is no clear reason why they faced mental health challenges, it just happened for them and might happen to anyone else as well. Signs of shame or feelings of failure can be seen in these examples, like one would feel that they should not have mental health issues if other aspects of life seem to be in order. For example, these posts revealed that if everything seems to be fine with the career, family, and personal economy, one might feel ashamed to have mental health issues (*see examples 32-34*).

(32.) But the mind is strange, and its illness does not look at a profession, status, knowledge, or one's own will.

(33.) I have a house, family, and friends - and I am still unhappy.

(34.) It is incredible that you have imagined that you are strong, have experienced a lot and have already survived many things - but then you lose your desire for life and feel like losing control of everything.

5.3.2 Behind the scenes stories

The most common sub-frame of this whole study is “behind the scenes stories”. Almost half of the posts (47%) included this narrative sub-frame. This sub-frame includes different ways of people describing their everyday life with mental health: physical symptoms, dark thoughts and ups and downs. Many of these narratives were long stories that use chronological order and build the story with plot, but here are only shorter quotes as an example.

(35.) My story in short: Sick leave due to burnout. Three months. Attempt to return to work part-time. Breakdown. A few more weeks of sick leave. Another attempt to return to work. Fight from day to day.

In this sub-frame the storytellers explain how the symptoms of mental health issues affect their behaviour in everyday life and how it could be seen from outside - or if it is not visible to others. For example, revealing that due to anxiety “I just have to get out where I am” explains to others why one behaves in that manner (example 36), whereas revealing that one has hidden the physical wounds of mental health symptoms might explain why others might not have known about them before (example 37).

(36.) For me, anxiety feels like my whole body goes into an emergency / fear state and I just have to get out of where I am.

(37.) My anxiety symptom was that I plucked my skin, but I photoshopped all those wounds from the pictures.

People use this sub-frame also to explain what it feels like to have mental health issues.

(38.) My chest is squeezed, I feel anxious, I want to cry and breathing feels heavy.

Some use the help of metaphorical language or lyrics of a song to describe intangible feelings. For example, the described the feeling as it was “a black mud”, “fog” or “state where colours disappear” (examples 39-41).

(39.) It was like black mud that I was slowly sinking into and taking to my breath as I sank.

(40.) I got pretty badly depressed and (...) I walked in that fog for quite some time.

(41.) Depression is a state of mind in which the colours around you disappear.

This frame seems to be used rather often to challenge the stigma around mental health. It is underlined that mental health issues are diverse and that they cannot always be seen from outside. Also, these posts give examples of what a person with mental health issues can do, like smile or go to work normally.

(42.) However, mental health problems are not seen from the outside. A depressed person can smile, go to work, and exercise normally.

All messages in this sub-frame aim to tell something that might not be seen from outside and what is often hidden - there also comes the name of this sub-frame “behind the scenes”. Some reveal that they have tried to hide the signs of mental health issues earlier, like photoshopping the wounds from pictures (example 37). Explaining what it feels like to have mental health issues aims to remove prejudices and increase understanding. Instagram seems to be a natural channel to share these stories, because pictures supported the storytelling in this sub-frame.

5.3.3 Survival stories

Third narrative sub-frame to talk about mental health in Instagram is to write a so-called survival story. Many of these posts look back to those times when one had hard times with mental health issues, revealing the truth now that everything is already better. Many of these messages use words like “fight”, “battle”, “achievement”, “progress” and “growing”, highlighting that the person has been an active player in their healing process, the protagonist of the survival story. Some of these stories show pride and gratitude to oneself - being proud that one has fought against their mental health struggles. For example, it is expressed in phrases like “I’m proud of everything I’ve achieved” or “I am proud of myself”.

(43.) There were times when a friend had to lead me to the store because I wasn't moving anywhere inside the four walls because of crying and feeling bad. That is no longer the case. Sometimes I look back and I'm proud of everything I've achieved despite all this and without which I wouldn't be this person today.

(44.) All these experiences have made me who I am now. (...) I can now say that I have "healed". I am full of joy in life, I love my life and everything in it, but still, I continue to work on my thoughts.

(45.) When I look back, I see that I have survived many things. I am proud of myself that nowadays I dare to discuss my challenges with my close ones.

These storytellers also tell to have made progress and after struggles, they have sought help or have started to feel better (*examples 46-47*).

(46.) The last few weeks have not been the easiest ones, but still so much easier than they would have been a year ago.

(47.) Now I have finally dared to seek help.

However, most of these messages see mental health as a continuous process and mental resource rather than something that can now be forgotten. They see that all those experiences have affected who they are today: "All these experiences have made me who I am now" (see examples 43 & 44). They also think that they have learned and grown during the process and continue to do so in the future (see example 48 below and example 44 above).

(48.) I have learned to say "no", to appreciate myself, and to rest when I need it. That is great progress!

There are, however, also those who simply and rather dramatically put it "I survived" (*see example 49*). This phrase was used as the only sentence of the description text, but also as the final sentence after a longer story, combining this sub-frame with the "behind the scenes" sub-frame.

(49.) Here is a picture of my tattoo. It reflects to me that everything can be overcome. I survived.

To conclude, it seems that many of these individuals want to celebrate their healing and share a story that has affected their life remarkably. This narrative sub-frame "survival story" occurred in 24% of the Instagram posts.

5.4 Mental health stigma in the frames

Now that the frames are presented, answering the first research question, the findings to the second research question can be introduced. The second research question is “*Is the stigma of mental health issues addressed in the frames, and how?*”. The findings to this question are based on the results of the first research question, which are the frames that are used in mental health issue related user-generated content on Instagram.

The findings are presented in three tables (see tables 5-7), one table for each main frame. The first column consists of the three sub-frames of each main frame. Next to each sub-frame is the analysis of how the stigma was addressed in these sub-frames, followed by an example. The examples are citations from the data. The last column aims to increase transparency to how the addressed stigma was distinguished from the data. This is done by referring to different ways how stigma can be reflected, addressed, or distinguished according to Clement et al. (2015), Yap et al. (2017), and Noelle-Neumann (1974).

The mental health stigma was addressed in all nine sub-frames. The *anticipated or endorsed stigma* was challenged through direct talk about stigma or challenging stereotypes (see Clement et al., 2015). Stigma was addressed also by *raising awareness and correcting misconceptions* about what it is like to have mental health issues (see Yap et al., 2017). Moreover, *internalised stigma* (see Clement et al., 2015) could be seen through word choices or showing insecurities of what can be said. Encouraging others to speak about mental health issues despite stigma aimed to challenge the *anticipated stigma* (Clement et al. 2015) and *the spiral of silence* (see Noelle-Neumann, 1974).

PERSUASIVE FRAMES			
Sub-frame	How was the stigma addressed?	Example	How was the stigma distinguished?
Individuals	Convincing that it is ok and common to have mental health issues	“It is ok to not to be ok” “You are not the only one”	Challenging anticipated stigma (Clement et al., 2015)
The close ones	Encouraging to speak with close ones about stigmatised topics	“Ask what’s up”	Challenging spiral of silence (Noelle-Neumann, 1974)
Societal level	Demanding for more talk about mental health in societal level Comparing physical illness with mental health issues	“There is far too little discussion” “Why is physical illness more acceptable in our society than mental one?”	Challenging the endorsed stigma (Clement et al., 2015) and spiral of silence (Noelle-Neumann, 1974)

TABLE 5. Analysis on how stigma was addressed in the persuasive frames in mental health related user generated content on Instagram.

INTERACTIVE FRAMES			
Sub-frame	How was the stigma addressed?	Example	How was the stigma distinguished?
Searching peer support	Being insecure what is "allowed" to be said and hoping for peer support	"Can these things be said out loud without sounding ungrateful?"	Challenging anticipated and internalised stigma (Clement et al., 2015)
Showing gratitude	Being grateful and surprised that one was accepted also with mental health issues	"None of those close to me condemned or belittled me"	Anticipated stigma was not met with experienced stigma (Clement et al., 2015)
Leading by example	Admitting that it was not easy to open up with the issue Hoping to lead with example Talking about the stigma	"This is a sensitive topic, but I think it's good to talk about it openly." "Maybe someone else gets the courage to seek help." "Only by increasing transparency can stigmas be broken."	Challenging anticipated stigma (Clement et al., 2015)

TABLE 6. Analysis on how stigma was addressed in the interactive frames in mental health related user generated content on Instagram.

NARRATIVE FRAMES			
Sub-frame	How was the stigma addressed?	Example	How was the stigma distinguished?
Causality stories	Reminding that everybody can have mental health issues	“But the mind is strange and its illness does not look at a profession, status, knowledge or one's own will.”	Challenging stigma through raising awareness and correcting misconceptions (Yap et al., 2017)
Behind the scenes stories	Raising awareness of the diversity of mental health issues Challenging prejudices of what it is like to have mental health issue	“Mental health problems are not seen from the outside” “A depressed person can smile, go to work and exercise normally.”	Challenging stigma through raising awareness and correcting misconceptions (Yap et al., 2017)
Survival stories	Admitting of being ashamed Revealing the attitude with word choices (dare) Challenging the stigma by saying that one is proud of oneself despite mental health issues	“I was ashamed of myself and my thoughts.” “Now I have finally dared to seek help.” “I am proud of everything I have achieved in spite of all this”	Internalised stigma (Clement et al., 2015)

TABLE 7. Analysis on how stigma was addressed in the narrative frames in mental health related user generated content on Instagram.

There were two sub-frames that addressed the stigma directly. The first one was “persuasion at the societal level” (persuasive sub-frame), that demanded more open discourse about the issue and wondered why it is not that acceptable to have mental health issues in our society. For example, several Instagram users

compared physical illness with mental health issues, asking “Why is physical illness more acceptable in our society than mental one?”. The second sub-frame that addressed the stigma directly was “leading by example” (interactive sub-frame). People who used that frame said that they feel uncomfortable sharing their personal story but that they want to lead by their example so the stigma can be challenged, like in this example: “This is a sensitive topic, but I think it’s good to talk about it openly”.

The stigma was addressed also indirectly between the lines. In narrative stories, people admit they feel ashamed they have mental health issues, which indicates they are prone to anticipated or internalised stigma. For example, someone admitted that “I was ashamed of myself and my thoughts”. The word choices also reveal the internalised stigma and negative attitudes towards oneself for example in narrative stories, where people tell how they finally “dared” to seek help or talk about the issue. Furthermore, this example could indicate that anticipated stigma has held them back before.

Expecting to be treated unfairly due to stigma can also be seen in interactive frames, where people seem to feel insecure about what they are “allowed” to say. For example, someone wondered: “Can these things be said out loud without sounding ungrateful?”. Also, some posts using interactive frames reveal that the individuals have anticipated the stigma and are surprised and thankful that they were treated kindly in spite of stigmatised mental health issues. One Instagram user shared gratefully that “None of those close to me condemned or belittled me”. These are examples of how stigma can be indirectly reflected in these frames.

The stigma is also challenged in these posts. 50% of the posts were narrative stories about personal mental health issue experiences, aiming to challenge the prejudices, to show how common it is to have mental health issues, and to remind that anyone can have those challenges just as physical illnesses. Majority of the posts (76%) aimed to persuade others to talk about mental health openly and to understand that they are common, thus challenging the stigma, too.

6 DISCUSSION AND CONCLUSIONS

In this chapter, the findings and their relation to earlier literature are discussed. The findings are evaluated and their possible implications to mental health promotion and stigma reduction are interpreted. Finally, the limitations of this study are acknowledged and topics for future research are suggested.

This study aimed to examine how Instagram users frame mental health in their posts and if the stigma of mental health issues is addressed in these frames. 100 user-generated Instagram posts with hashtag #maailmanmielenterveyspäivä (#worldmentalhealthday) were analysed, focusing on the text description. The aim was to find frames - repetitive and distinct patterns of presenting mental health issues from a certain angle. Framing, as scholars define it, is drawing the attention of the reader towards some aspects (Ardèvol-Abreu, 2015) or presenting the issue in a certain context in order to create associations in the receivers' minds (Weaver, 2007; Dadich & Khan, 2021). The frames in this study are derived from text-based data, whereas analysing the visuals, audio or engagement like comments were out of scope of this study.

This study identified three main frames and nine sub-frames in the mental health related Instagram posts: three sub-frames under each main frame. These frames were identified from the data through thematic analysis. The main frames were categorised abductively, meaning that preliminary codes derived from the data, but the final frames were thematised in line with the findings of earlier literature in the field. These main frames are persuasive, interactive and narrative frames. The sub-frames, however, derived completely from the data. These sub-frames are the core findings of this study, as they deepen the knowledge of these main frames and give insight on how these frames are used in the context of mental health issues. Even though these three main frame categories are distinct from each other, they could also appear in the same Instagram posts. Therefore, the frames can be seen as individual communication strategies of addressing mental health issues on personal Instagram accounts, and these strategies are combined in different ways depending on the Instagram user.

6.1 Discussion on persuasive frame

Next, the findings and their implications are discussed frame by frame. The first frame this study suggests is a persuasive frame. Messages in this frame are targeted to individuals with mental health issues, to their close ones or to decision makers. These messages are encouraging, reminding, or even demanding. What is common in all these sub-frames is that these messages persuade the message receiver to take action, which can be seen in the prompting language and command words like “don’t give up”, “ask what’s up” or “when a person seeks help it should be taken seriously”. To sum it up, this study suggests that one of the three frames Instagram users use in their mental health related posts is a persuasion to talk about mental health issues more openly, whether it is from the side of individuals with mental health issues, the friends and family of those individuals, or societal level. 76% of the posts of this study used persuasive framing, which was the most common main frame of this study. This finding, in turn, supports Albalawi and Sixsmith (2015) with their suggestion of social media having an increasing role in the agenda setting process today, because it seems that persuading others through Instagram is rather common. Furthermore, the generality of persuasive frames is a promising indicator of increasing help-seeking to mental health issues because persuasion from peers has been suggested to correlate with help-seeking (Vogel et al., 2017).

Mental health promotion campaigns and other organisational communication campaigns should utilise this Instagram users’ tendency to formulate Instagram posts that persuade their peers to speak up or take action. According to these findings, it seems that Instagram is not only a channel for sharing light-hearted and visual content about everyday life, but also a channel to speak up about issues that individuals perceive as salient. This could be considered also in communication campaigns such as the World Mental Health Day campaign. In 2021, MIELI Mental Health Finland encouraged their Instagram users for example to light up green candles and publish an Instagram picture about that in honour of Mental Health Day. However, it could be suggested that organisations could engage the audience even more and ask them to speak up about the matter.

6.2 Discussion on interactive frame

The second frame this study suggests is an interactive frame. Interaction is an integral part of social media, but in this study, it was discovered that some messages relied more on the interactive opportunities of Instagram than others. Three interactive sub-frames were identified: searching peer support, showing gratitude to close ones and leading mental health discussion by example. This frame differs from a persuasive frame in that it does not address the message receiver

with action suggestions, but rather opens discussion and aims for social connect- edness.

Interaction and empowerment to talk about mental health issues have been suggested to have at least two benefits. Firstly, peer support and social connectedness is said to help individuals with serious mental illness (Naslund et al., 2016; Fergie et al., 2016) Secondly, open discussion can raise awareness and correct misconceptions (Yap et al., 2017), resulting in decreased prejudices and stigma of mental health (Al Ramiah & Hewstone, 2013). Peer support in an online environment can be especially useful when the support is lacking in an offline environment (Fergie et al., 2016).

In addition, Betton et al. (2015) have suggested that connecting with peers on social media can create a cumulative effect of empowerment, because empow- erment can in turn encourage individuals to speak about their issues even more openly. This study adds to Betton et al's. (2015) views that the level of empower- ment seems to vary depending on the individuals' mental resources, and there- fore individuals might participate in the mental health related discussion differ- ently. The mental resources seem to be reflected in the three interactive sub- frames, where those who search peer support are less empowered, and those who lead the discussion by example are more empowered. In other words, it seems that individuals' readiness and level of motivation to take part in discus- sion varies depending on their situation with mental health issues; are they strug- gling with them right now or is it an experience of the past.

This inner motivation for interaction and level of empowerment of the tar- get group should be considered when organisations plan mental health promo- tion campaigns that aim to engage user-generated content in Instagram. For ex- ample, those who struggle with mental health issues might not have resources to join a discussion that aims to challenge stigma, but rather they just hope for a discussion arena where they can be seen and supported. On the other hand, those who have had challenges with mental health but are now empowered to support others may be a propitious target group to create user-generated content about mental health. Therefore, when planning a communication campaign that aims to harness user-generated content about mental health, the interaction level and the discussion topic of the campaign should be aligned carefully with the target group.

6.3 Discussion on narrative frame

Finally, the third frame this study suggests is a narrative frame. Showing pieces of everyday life on personal Instagram accounts is common, and thus also fram- ing mental health related messages in the form of narratives seems to be natural to many Instagram users of this study. The most common sub-frame of all the nine sub-frames was indeed the "behind the scenes stories" sub-frame, which was used to describe everyday life with mental health. This is supported by Shen

et al. (2015), who describe narratives as stories that people naturally use in their everyday life.

This study identified three ways of framing mental health issues in the form of narrative: causality stories, behind the scenes stories, and survival stories. The first one, causality stories, tell the reasons that led the storyteller to face mental health issues. Causal interpretation framing has been identified already by Entman (1993), who suggests that it is a tool of framing that makes the message receiver to perceive the suggested reason and mental health issues are connected. The second narrative frame, behind the scenes stories, share stories about everyday life with mental health issues, describing feelings and symptoms. The third one, survival stories, disclose how the storyteller has overcome the mental health challenges.

What all these narrative frames have in common is that they appeal to readers' emotions through disclosing sentimental and real-life experiences. This supports what many scholars have suggested about narratives arousing emotional reactions (Kopfman et al., 1998; Shen et al., 2015; Zou et al., 2021; Hinyard & Kreuter, 2007). In addition, these narrative sub-frames are stories with a plot sequence, like Shen et al. (2015) suggest. Also other scholars have seen frames generally as a tool to create coherent understanding of events - to understand a series of events as a logical continuum (Borah, 2011; Goffman, 1974).

Organisations could create communication campaigns that encourage individuals to share their stories, as narratives seem to be a natural way of joining the mental health discussion. However, anticipated stigma has been studied to hinder Instagram users interacting about stigmatised issues (Kim & Hong, 2021), whereas interaction can happen in privacy in anonymous discussion forums. Communication campaigns in Instagram could decrease this barrier of posting personal stories through utilising direct messaging. The organisation could offer an opportunity to share a personal story privately in Instagram direct messages, and then share the story to others to read and comment. This way, even more stories might be shared when those fearing stigmatisation will share their stories, too.

6.4 Discussion on the addressed stigma

This study aimed also to examine whether stigma was addressed in these user-generated Instagram posts about mental health. Cues of still existing mental health stigma can be reflected in all these frames. For example, stigma was addressed in the persuasive messages that aim to convince individuals that mental health issues are common or that encourage them to speak about the sensitive topic. In interactive frames, it can be seen in phrases that reveal that an individual is not sure what is socially accepted to say out loud, or in frames that express surprise of being treated emphatically when struggling with mental health issues. In narrative framing, some individuals admit to having felt shame about their mental health issues.

These findings confirm that there are stigmatised attitudes that hinder open discussion about mental health issues. This is in line with Clement's et al. (2015) definition of anticipated stigma and Yap's et al. (2017) perceived stigma, which suggest individuals to anticipate their peers to hold discriminating attitudes towards those with mental health issues. Thus, the individual feels ashamed of their mental health issues and aims to hide them from others, which in turn results in refusing to seek help (Barney et al., 2006). This is a problem yet to be fixed, because as mentioned earlier, it is estimated that only half of Finns with mental health issues seek help and get treatment (MIELI Mental Health Finland, 2021a). On the other hand, this study revealed that mental health issues are discussed in a rather stigma-challenging manner on Instagram. Persuading others to talk about mental health, leading the discussion by example and disclosing personal experiences are all examples of Instagram users as stigma challengers.

Influencer marketing could be another solution for organisations in their awareness-raising and stigma-challenging health promotion campaigns. Algorithmic personalisation of social media platforms affects what content each user sees, creating filter bubbles of like-minded social media users (Albalawi & Sixsmith, 2015; Lutkenhaus et al., 2019). However, social media influencers could leverage an agenda between different filter bubbles. Organisations could use influencers in their health promotion campaigns in order to raise awareness about the issue in such groups that are not as aware of the issue or do not perceive it as salient. Raising awareness is important to reduce stigma, because the lower the awareness of mental health issues are, the higher is the stigma (Lincoln et al., 2008). According to selective attention theory, people orient their attention to such content they already are involved and interested in, but strong media emphasis can increase the perceived salience of an issue also in the low involved audience (Bulkow et al., 2013). Through influencer collaborations organisations can target larger audiences than their own existing audience. Those influencers who are influential among several audiences, or filter bubbles, can enhance the interaction between these groups and act as bridge-builders (Lutkenhaus et al., 2019). For example, those who have mental health issues might be in their own filter bubble where also others talk about mental health issues. However, the larger audience might not see their persuasive, interactive and narrative messages in Instagram, due to algorithmic personalisation (Lutkenhaus et al., 2019). To raise awareness of the larger audience to reduce the mental health stigma, the issue should be visible for a larger audience.

6.5 Conclusion of the frames

It could be concluded that all these frames rely on personal experiences rather than statistical information or general facts. Scholars have suggested informative framing as one way to affect attitudes and reduce stigma (Park et al., 2013; Al Ramiah & Hewstone, 2013; Zou et al., 2021), but this study did not identify an informative frame as distinctively as the other three frames and cannot therefore

suggest that it would be a commonly used frame in this context in user-generated content. The three identified frames - persuasive, interactive and narrative - all strive to disseminate information and raise awareness and empathy, but through humane and personal frames rather than facts.

For example, the persuasive frame is used by saying that mental health issues are normal and no one should think they are the only one with those struggles, but it seems that statistical evidence is not much used to support this claim. Instead, it is persuaded that everybody should talk about the issue more openly so that it becomes visible how common these mental health issues are. Even though statistical evidence and educating might be effective frames for other actors like organisations (Park et al., 2013; Al Ramiah & Hewstone, 2013; Zou et al., 2021), user-generated content about mental health issues has its strengths in other frames.

6.6 Implications of the study

The findings of this study might assist health promotion organisations to harness the potential of user-generated content in their health promotion and awareness-raising campaigns, and in turn, help them to challenge the stigma. Firstly, the frames provide insight into the ways Instagram users naturally create content, especially about stigmatised and personally sensitive topics like mental health. This understanding of user-generated content is useful in the future in order to engage Instagram users in mental health campaigns or other similar campaigns related to stigmatised issues. Secondly, the findings give insights on how the stigma is addressed in user-generated content about mental health issues on Instagram. Understanding the role of stigma in user-generated content is the first step to planning actions to reduce it and harnessing the potential of social media user-generated content against stigma. According to Dadich and Khan (2021), social media can be a strategic channel for setting stigmatised issues on public agenda and to aim to diminish the stigma around mental health issues. As Betton et al. (2015) suggest for stigma-challenging campaigns, organisations should engage social media users to create content and generate conversations instead of launching organisation-led, one-way communication campaigns.

This thesis answers the call for research in this area, as Jane et al. (2018) proposed that the health promotion field would need more research about utilising social media in health promotion campaigns. This study contributes also in the traditional and long-studied theory of agenda setting (see e.g., Entman, 1993; McCombs et al., 1997; Tuchman, 1978), but in the point of view of the rather recent addition of social media as part of the agenda setting model (Albalawi & Sixsmith, 2015). The main theoretical implications of this study are the persuasive, interactive and narrative frames of user-generated content, adding new knowledge to the framing theory from the social media point of view. In addition, insights on how the stigma is addressed in user-generated Instagram posts are interesting from the agenda setting point of view, because what is discussed

about mental health issues affects the attitudes towards them and finally also the behaviour towards the stigmatised group.

6.7 Limitations and suggestions for future research

It is important to distinguish what this study proposes and what it does not. What is notable is that these results do not imply what is the most effective frame to address mental health issues or other stigmatised issues on Instagram, even though it identifies the most used ones. For example, this study did not study if interactive frames really raised interaction, because the comments or other engagement metrics were out of scope of this study. Instead, it revealed what kind of content Instagram users naturally create. What is more, these findings do not propose frames organisations should use in their content creation, as this study did not study Instagram content of organisations. However, these identified frames that Instagram users use should be considered when planning how an organisation could engage Instagram users to create content about specific topics. Therefore, future research could examine how an organisation can engage Instagram users to create content about stigmatised issues, maybe using the knowledge of frames that this study has proposed and combine them with existing literature of engagement theories.

Another limitation of this study is that it did not study audio-visual content or videos that are a prominent part of Instagram and other social media today. Instagram Stories, content that is visible only 24 hours, could be an interesting data resource as it is commonly used to share the content of others and have a conversation. Future research about this interactive nature of Instagram could offer new insights on how organisations could stimulate discussion and disseminate information using user-generated Instagram Stories content. On the other hand, future research could examine how mental health issues are framed in other audio-visual social media platforms such as TikTok, and thus examine the potential of the platform for health promotion campaigns. Furthermore, it should be taken into account that social media changes rapidly and new Instagram users register on the platform constantly, and thus also the usage habits might be in constant change, affecting what frames Instagram users prefer in the near future.

REFERENCES

- Ajzen, I. (1991). The theory of planned behavior. *Organizational Behavior and Human Decision Processes*, 50(2), 179–211.
- Albalawi, Y., & Sixsmith, J. (2015). Agenda setting for health promotion: exploring an adapted model for the social media era. *JMIR public health and surveillance*, 1(2), e5014.
- Al Ramiah, A., & Hewstone, M. (2013). Intergroup contact as a tool for reducing, resolving, and preventing intergroup conflict: evidence, limitations, and potential. *American Psychologist*, 68(7), 527.
- Ardèvol-Abreu, A. (2015). Framing theory in communication research. Origins, development and current situation in Spain. *Revista Latina de Comunicación Social*, (70). DOI: 10.4185/RLCS-2015-1053en
- Attride-Stirling, J. (2001). Thematic networks: an analytic tool for qualitative research. *Qualitative research*, 1(3), 385-405.
- Barney, L. J., Griffiths, K. M., Jorm, A. F., & Christensen, H. (2006). Stigma about depression and its impact on help-seeking intentions. *Australian & New Zealand Journal of Psychiatry*, 40(1), 51-54. doi: 10.1080/j.1440-1614.2006.01741.x
- Bekkers, V., Beunders, H., Edwards, A., & Moody, R. (2011). New media, micro-mobilization, and political agenda setting: Crossover effects in political mobilization and media usage. *The information society*, 27(4), 209-219.
- Benbow, A. (2007). Mental illness, stigma, and the media. *Journal of Clinical Psychiatry*, 68(Suppl 2), 31-35.
- 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* 2015, 206, 443–444. doi: 10.1192/bjp.bp.114.152835
- Beyond Blue (2015) Beyond Blue Information Paper: Stigma and Discrimination Associated with Depression and Anxiety. Retrieved 28 March 2022 from <https://www.beyondblue.org.au/docs/default-source/policy-submissions/stigma-and-discrimination-associated-with-depression-and-anxiety.pdf?sfvrsn1/40>

- Borah, P. (2011). Conceptual Issues in Framing Theory: A Systematic Examination of a Decade's Literature. *Journal of Communication* 61 (2011) 246-263. doi:10.1111/j.1460-2466.2011.01539.x
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3, 77-101.
- Bulkow, K., Urban, J., & Schweiger, W. (2013). The duality of agenda-setting: The role of information processing. *International Journal of Public Opinion Research*, 25(1), 43-63.
- Chase, W.H. (1984). *Issue management: Origins of the future*. Stamford CT: Issue Action Publishers.
- Clement, S., Schauman, O., Graham, T., Maggioni, F., Evans-Lacko, S., Bezborodovs, N., Morgan, C., Rusch, N., Brown, J.S. L., & Thornicroft, G. (2015). What is the impact of mental health-related stigma on help-seeking? A systematic review of quantitative and qualitative studies. *Psychological Medicine*, 45(1), 11-27. <https://doi.org/10.1017/S0033291714000129>
- Cobb, R. W., & Elder, C. (1971). The politics of agenda-building: An alternative perspective for modern democratic theory. *Journal of Politics*, 33, 892-915.
- Cooper, A. E., Corrigan, P. W., & Watson, A. C. (2003). Mental illness stigma and care seeking. *Journal of Nervous and Mental Disease*, 191, 339-341.
- Cooper, C. L. (2011) Untapping mental health capital. *Health Promotion International*, 26, i1-i3.
- Corrigan, P. W. (1998). The impact of stigma on severe mental illness. *Cognitive and behavioral practice*, 5(2), 201-222.
- Corrigan, P. (2004). How stigma interferes with mental health care. *American Psychologist*, 59, 614-625. doi:10.1037/0003-066x.59.7.614458. doi:10.1007/s10597-007-9084-9
- 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>

- Corrigan, P. W., & Penn, D. L. (1999). Lessons from social psychology on discrediting psychiatric stigma. *American psychologist*, 54(9), 765.
- Corrigan, P. W., Watson, A. C., & Barr, L. (2006). The self-stigma of mental illness: Implications for self-esteem and self-efficacy. *Journal of Social and Clinical Psychology*, 25, 875-884. doi:10.1521/jscp.2006.25.8.875
- Dadich, A., & Khan, A. (2021). Using Twitter to promote a youth mental health Agenda. *Health Promotion International*, 2021;36:235-249 . doi:10.1093/heapro/daaa016
- De Choudhury, M. (2013). Role of social media in tackling challenges in mental health. In *Proceedings of the 2nd international workshop on Socially-aware multimedia* (pp. 49-52).
- DeSantis, L., & Ugarriza, D. N. (2000). The concept of theme as used in qualitative nursing research. *Western journal of nursing research*, 22(3), 351-372.
- Druckman, J. (2001). The implications of framing effects for citizen competence. *Political Behavior*, 23(3), 225-256.
- Druckman, J. (2004). Political preference formation: Competition, deliberation, and the (ir)relevance of framing effects. *American Political Science Review*, 98(4), 671-686.
- Entman, R. (1993). Framing: toward clarification of a fractured paradigm. *Journal of Communication* 43, pp. 51-58.
- Eskola, J. & Suoranta, J. (2005). *Johdatus laadulliseen tutkimukseen*. Tampere: Vastapaino.
- Eriksson, P., & Kovalainen, A. (2015). *Qualitative methods in business research: A practical guide to social research*. Sage.
- Fergie, G., Hunt, K., & Hilton, S. (2016). Social media as a space for support: young adults' perspectives on producing and consuming user-generated content about diabetes and mental health. *Social Science & Medicine*, 170, 46-54.
- Freeman, D., Reeve, S., Robinson, A., Ehlers, A., Clark, D., Spanlang, B., & Slater, M. (2017). Virtual reality in the assessment, understanding, and treatment of mental health disorders. *Psychological medicine*, 47(14), 2393-2400.

- Friedman, M. (2018). Insta-judgement: Irony, authenticity and life writing in mothers' use of Instagram. *Interactions: Studies in Communication & Culture*, 9, 169-181.
- Gao, Q., & Feng, C. (2016). Branding with social media: User gratifications, usage patterns, and brand message content strategies. *Computers in Human Behavior*, 63, 868-890.
- Goffman, E. (1974). *Frame analysis: An essay on the organization of experience*. Cambridge, MA: Harvard University Press.
- Gulliver, A., Griffiths, K. M., Christensen, H., & Brewer, J. L. (2012). A systematic review of help-seeking interventions for depression, anxiety and general psychological distress. *BMC Psychiatry*, 12(1), 81. <https://doi.org/10.1186/1471-244X-12-81>
- Hainline, B., & Reardon, C. L. (2019). Breaking a taboo: why the International Olympic Committee convened experts to develop a consensus statement on mental health in elite athletes. *British Journal of Sports Medicine*, 53(11), 665-666.
- Hastie, R., & Park, B. (1986). The relationship between memory and judgment depends on whether the task is memory-based or on-line. *Psychological Review*, 93, 258-268.
- Harris, J., Atkinson, A., Mink, M. & Porcellato, L. (2021). Young People's Experiences and Perceptions of YouTuber-Produced Health Content: Implications for Health Promotion. *Health Education & Behavior*, Vol. 48(2) 199-207.
- Heath, R. L. (1998). New Communication technologies: An issues management point of view. *Public Relations Review*, 24, 273-288.
- Hinyard, L. J., and Kreuter, M.W. (2007), "Using Narrative Communication as a Tool for Health Behavior Change: A Conceptual, Theoretical, and Empirical Overview," *Health Education and Behavior*, 34 (5), 777-92.
- Hirsjärvi, S. & Hurme, H. (2009). *Teemahaastattelu*. Helsinki: Gaudeamus.
- Hirsjärvi, S., Remes, P. & Sajavaara, P. (2007). *Tutki ja kirjoita (13. osin uud. laitos.)*. Helsinki: Tammi.

- Jane, M., Hagger, M., Foster, J., Ho, S. & Pal, S. (2018). Social media for health promotion and weight management: a critical debate. *BMC Public Health*, 18, 1-7.
- Jones, R., Rogers, R., Roberts, J., Callaghan, L., Lindsey, L., Campbell, J., ... & Williamson, G. R. (2005). What is eHealth (5): a research agenda for eHealth through stakeholder consultation and policy context review. *Journal of medical Internet research*, 7(5), e456.
- Kahneman, D., & Tversky, A. (1979). Prospect theory: An analysis of decision under risk. *Econometrica*, 47(2), 263-292.
- Kahneman, D., & Tversky, A. (1984). Choices, values, and frames. *American Psychologist*, 39(4), 341-350.
- Kaier, E., Cromer, L. D., Johnson, M. D., Strunk, K., & Davis, J. L. (2015). Perceptions of mental illness stigma: Comparisons of athletes to non-athlete peers. *Journal of College Student Development*, 56(7), 735-739.
- Kim, T., & Hong, H. (2021). Understanding University Students' Experiences, Perceptions, and Attitudes Toward Peers Displaying Mental Health-Related Problems on Social Networking Sites: Online Survey and Interview Study. *JMIR mental health*, 8(10), e23465.
- Kopfman, J. E., Smith, S. W., Ah Yun, J. K., & Hodges, A. (1998). Affective and cognitive reactions to narrative versus statistical evidence organ donation messages.
- Korda, H., & Itani, Z. (2013). Harnessing social media for health promotion and behavior change. *Health promotion practice*, 14(1), 15-23. doi: 10.1177/1524839911405850
- Kortelainen, M., Hägg, M., Saxell, T., Sääksvuori, L., Valkonen, A., Siikanen, M., Rantakaulio, H., & Salo, J. (2021). Koronapandemia ja mielenterveyserot eri sosioekonomisissa ryhmissä. Helsinki GSE Tilannehuone. <https://www.helsinkigse.fi/corona/koronapandemia-ja-mielenterveyserot-eri-sosioekonomisissa-ryhmissa/>.
- Krippendorff, K. (1989). Content analysis. In E. Barnouw, G. Gerbner, W. Schramm, T. L. Worth, & L. Gross (Eds.), *International encyclopedia of communication* (Vol. 1, pp. 403-407). New York, NY: Oxford University Press. Retrieved from http://repository.upenn.edu/asc_papers/226

- Krippendorff, K. (2012). *Content Analysis: An introduction to its methodology* (3rd ed.). Thousand Oaks, CA: Sage.
- Lakoff, G., & Johnson, M. (1980). *Metaphors we live by*. Chicago, IL: University of Chicago Press.
- Lincoln, T. M., Arens, E., Berger, C., & Rief, W. (2008). Can antistigma campaigns be improved? A test of the impact of biogenetic vs psychosocial causal explanations on implicit and explicit attitudes to schizophrenia. *Schizophrenia Bulletin*, 34(5), 984–994. <https://doi.org/10.1093/schbul/sbm131>
- Link, B., & Phelan, J.C. (2001). Conceptualizing stigma. *American Review of Sociology* 27, 363–385.
- Livingston, J. D., Cianfrone, M., Korf-Uzan, K., & Coniglio, C. (2014). Another time point, a different story: one year effects of a social media intervention on the attitudes of young people towards mental health issues. *Social Psychiatry and Psychiatric Epidemiology*, 49(6), 985–990. <https://doi.org/10.1007/s00127-013-0815-7>
- Luoma-aho, V., & Vos, M. (2010). Towards a more dynamic stakeholder model: acknowledging multiple issue arenas. *Corporate Communications: An International Journal*.
- Lutkenhaus, R. O., Jansz, J., & Bouman, M. P. (2019). Tailoring in the digital era: stimulating dialogues on health topics in collaboration with social media influencers. *Digital health*, 5, 2055207618821521.
- Machin, D., & Mayr, A. (2012). *How to do critical discourse analysis: A multi-modal introduction*. Sage.
- Madden, S. (2019). The issue with issues management: Considering the emotional and gendered core of issues. *Public Relations Inquiry* 2019, Vol. 8(3) 299–317. <https://doi.org/10.1177/2046147X19872240>
- Manderscheid, R. W., Ryff, C. D., Freeman, E. J., McKnight-Eily, L. R., Dhingra, S., & Strine, T. W. (2010). Peer reviewed: evolving definitions of mental illness and wellness. *Preventing chronic disease*, 7(1).
- Marsick, V. J., & Watkins, K. E. (1990). *Informal and incidental learning in the workplace*. London, England: Routledge.
- McCombs, M. (2006). *Estableciendo la agenda. El impacto de los medios en la opinión pública y en el conocimiento*. Barcelona: Paidós.

- McCombs, M. E., & Shaw, D. L. (1972). The agenda-setting function of mass media. *Public Opinion Quarterly*, 36(2), 176–187.
- McCombs, M., Shaw, D. L., & Weaver, D. H. (1997). *Communication and democracy: Exploring the intellectual frontiers in agenda-setting theory*. Mahwah, NJ: Erlbaum.
- McCosker, A. (2018). Engaging mental health online: Insights from beyondblue’s forum influencers. *new media & society* 2018, Vol. 20(12) 4748–4764. DOI: 10.1177/1461444818784303
- Meadows, C. Z., Meadows III, C. W., & Tang, L. (2020). The CDC and State Health Department Facebook Messages: An Examination of Frames and the Extended Parallel Processing Model, *Communication Studies*, 71:5, 740-752, DOI:10.1080/10510974.2020.1819839
- Melling, B., & Houguet-Pincham, T. (2011). Online peer support for individuals with depression: a summary of current research and future considerations. *Psychiatric rehabilitation journal*, 34(3), 252.
- Meriläinen, N., & Vos, M. (2011). Human rights organizations and online agenda setting. *Corporate Communications: An International Journal*.
- Mielenterveyden keskusliitto (2021, November 22). Mielenterveysbarometri 2021: Sairaus leimaa vahvemmin kuin ennen. <https://www.mtkl.fi/tiedotteet/mielenterveysbarometri-2021-sairaus-leimaa-vahvemmin-kuin-ennen/>
- MIELI Mental Health Finland (2021a, December 16). Tilastotietoa mielenterveydestä. <https://mieli.fi/yhteiskunta/mielenterveys-suomessa/tilastotietoa-mielenterveydesta/>
- MIELI Mental Health Finland (2021b, November 10). Maailman mielenterveyspäivä 10.10.2021. <https://mieli.fi/yhteiskunta/kampanjat/kympypikymppi/>
- MIELI Suomen Mielenterveys ry [@mielenterveys] (2021, October 8). “Maailman mielenterveyspäivää vietetään sunnuntaina 10.10. Tänä vuonna kannustamme aikuisia kohtaamaan nuoria aidosti, arvostaen ja yhdenvertaisesti, koska jokaisen nuoren mieli on [Photograph]. Instagram. https://www.instagram.com/p/CUwcX-DutMI1/?utm_medium=copy_link

- 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.
- Naslund, J. A., Grande, S. W., Aschbrenner, K. A., & Elwyn, G. (2014). Naturally occurring peer support through social media: the experiences of individuals with severe mental illness using YouTube. *PLOS one*, 9(10), e110171.
- Noelle-Neumann, E. (1974). The spiral of silence a theory of public opinion. *Journal of communication*, 24(2), 43-51.
- Nowell, L. S., Norris, J. M., White, D. E. & Moules, N. J. (2017). Thematic Analysis: Striving to Meet the Trustworthiness Criteria. *International Journal of Qualitative Methods*, 16(1).
- O'Reilly, M., Dogra, N., Hughes, J., Reilly, P., George, R., & Whiteman, N. (2019). Potential of social media in promoting mental health in adolescents. *Health promotion international*, 34(5), 981-991.
- Pan, Z., & Kosicki, G. M. (2001). Framing as a strategic action in public deliberation. *Framing public life: Perspectives on media and our understanding of the social world*, 35-65.
- Pan, Z., & Kosicki, G. M. (2005). Framing and the understanding of citizenship. *The evolution of key mass communication concepts: Honoring Jack M. McLeod*, 165-204.
- Park, H., Rodgers, S., & Stemmler, J. (2013). Analyzing health organizations' use of Twitter for promoting health literacy. *Journal of health communication*, 18(4), 410-425.
- Parcesepe, A. M., & Cabassa, L. J. (2013). Public stigma of mental illness in the United States: A systematic literature review. *Administration and Policy in Mental Health and Mental Health Services Research*, 40(5), 384-399.
- Powell, J., & Clarke, A. (2007). Investigating internet use by mental health service users: interview study. *Studies in health technology and informatics*, 129(Pt 2), 1112-1116.
- Ravn, S., Barnwell, A., & Barbosa Neves, B. (2020). What is "publicly available data"? Exploring blurred public-private boundaries and ethical practices through a case study on Instagram. *Journal of empirical research on human research ethics*, 15(1-2), 40-45.

- Reese, S. D. (2001). A bridging model for media research (prólogo). In S. Reese, O. Gandy Jr. & A. Grant (eds.). *Framing public life: perspectives on media and our understanding of the social world* (pp. 7-31). Mahwah (New Jersey): Lawrence Erlbaum.
- Sandelowski, M. (2004). Using qualitative research. *Qualitative health research*, 14(10), 1366-1386.
- Scheufele, D. A. (1999). Framing as a theory of media effects. *Journal of communication*, 49(1), 103-122.
- Scheufele, D. A. (2000). Agenda-setting, priming, and framing revisited: another look at cognitive effects of political communication. *Mass Communication & Society*, 3(2 & 3), 297-316.
- Scheufele, D. A. & Tewksbury, D. (2007). Framing, Agenda Setting, and Priming: The Evolution of Three Media Effects Models. *Journal of Communication* 57 (2007) 9-20.
- Shen, F., Sheer, V.C. & Li, R. (2015) Impact of Narratives on Persuasion in Health Communication: A Meta-Analysis, *Journal of Advertising*, 44:2, 105-113, DOI:10.1080/00913367.2015.1018467
- Sickel, A. E., Seacat, J. D. and Nabors, N. A. (2014) Mental health stigma update: A review of consequences. *Advances in Mental Health*, 12, 202-215.
- Silverman, D. (2007). *A very short, fairly interesting and reasonably cheap book about qualitative research*. London, England: Sage.
- Starks, H., & Brown Trinidad, S. (2007). Choose your method: A comparison of phenomenology, discourse analysis, and grounded theory. *Qualitative health research*, 17(10), 1372-1380.
- Statista (2021). Share of Instagram users in Finland by usage frequency. Retrieved 27 January 2022 from <https://www.statista.com/statistics/560859/share-of-instagram-users-in-finland-by-usage-frequency/>
- Stemler, S. E. (2015). Content analysis. *Emerging trends in the social and behavioral sciences: An Interdisciplinary, Searchable, and Linkable Resource*, 1-14.
- THL (2021). *Kansallinen koodistopalvelu*.

Tilastokeskus, Suomen virallinen tilasto (SVT)(2020). Väestön tieto- ja viestintätekniikan käyttö [verkkajulkaisu]. ISSN=2341-8699. Helsinki: Tilastokeskus Retrieved 28 March 2022 from: http://www.stat.fi/til/sutivi/2020/sutivi_2020_2020-11-10_tie_001_fi.html

Tilastokeskus, Suomen virallinen tilasto (SVT)(2021). Väestön tieto- ja viestintätekniikan käyttö [verkkajulkaisu]. ISSN=2341-8699. Helsinki: Tilastokeskus Retrieved 28 March 2022 from http://www.stat.fi/til/sutivi/2021/sutivi_2021_2021-11-30_tie_001_fi.html

Tuchman, G. (1978). *Making news*. New York: Free Press.

Tuomi, J. & Sarajärvi, A. (2009). *Laadullinen tutkimus ja sisällönanalyysi* (6. uud. laitos.). Helsinki: Tammi.

Tuomi, J. & Sarajärvi, A. (2018). *Laadullinen tutkimus ja sisällönanalyysi* (Uudistettu laitos.). Helsinki: Kustannusosakeyhtiö Tammi.

Tversky, A., & Kahneman, D. (1973). Availability – Heuristic for judging frequency and probability. *Cognitive Psychology*, 5, 207–232.

Vogel, D. L., Wade, N. G., Wester, R., Larson, L., & Hackler, A. (2007). Seeking help from a mental health professional: The influence of one's social network. *Journal of Clinical Psychology*, 63, 233–245. doi:10.1002/(ISSN)1097-4679

Vos, M., Schoemaker, H., & Luoma-aho, V. L. (2014). Setting the agenda for research on issue arenas. *Corporate Communications: An International Journal*.

Wanta, W. (1997). *The public and the national agenda: How people learn about important issues*. Mahwah, NJ: Erlbaum

Weaver, D. H. (2007). Thoughts on Agenda Setting, Framing, and Priming. *Journal of Communication* 57 (2007) 142-147. doi:10.1111/j.1460-2466.2006.00333.x

Wright, A., McGorry, P. D., Harris, M. G., Jorm, A. F., & Pennell, K. (2006). Development and evaluation of a youth mental health community awareness campaign–The Compass Strategy. *BMC Public Health*, 6(1), 215.

- 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.
- Young, R. (2015). Source Similarity and Social Media Health Messages: Extending Construal Level Theory to Message Sources. *Cyberpsychology, Behaviour and Social Networking*, Volume 18, Number 9. DOI: 10.1089/cyber.2015.0050
- Zebregs, S., van den Putte, B., Neijens, P., & de Graaf, A. (2015). The differential impact of statistical and narrative evidence on beliefs, attitude, and intention: A meta-analysis. *Health communication*, 30(3), 282-289.
- Zimmer, M. (2010). "But the data is already public": On the ethics of research in Facebook. *Ethics and Information Technology*, 12, 313-325.
- Zou, W., Zhang, W. J., & Tang, L. (2021). What do social media influencers say about health? A theory-driven content analysis of top ten health influencers' posts on Sina Weibo. *Journal of Health Communication*, 26(1), 1-11.