

Promoting Mental Health Literacy through Digital Media: Prospects for Zimbabwe

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Abstract

Digital media has emerged as a promising tool for promoting mental health literacy, particularly among young people. With the widespread adoption of social media, online platforms, and digital broadcasting, digital media offers unparalleled reach and accessibility for mental health initiatives. However, its effectiveness in low-resource settings such as Zimbabwe remains understudied. This scoping review aimed to synthesize existing evidence on the potential of digital media in enhancing mental health literacy among young people, with a view to assessing its applicability in the Zimbabwean context. Guided by the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR), a comprehensive search of multiple databases yielded 40 studies that met the inclusion criteria. Data were analyzed using thematic synthesis, involving a three-stage analytical process, and interpreted through an interpretivist lens, recognizing knowledge as socially constructed and context-dependent. Digital media demonstrated potential in promoting mental health literacy, with social media and text messaging showing promise. Effective content creation and dissemination strategies, audience engagement, and addressing barriers were crucial for success. The study concludes that digital media can enhance mental health literacy among young people in Zimbabwe. However, addressing infrastructural, technological, and cultural challenges is essential for optimizing its potential. This review informs the development of evidence-based digital media interventions to support mental health promotion initiatives in Zimbabwe.

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INTRODUCTION

Mental health is a pervasive global health concern, affecting one in four individuals annually (World Health Organization [WHO], 2022). This alarming statistic highlights the urgent need for prioritized action on mental health worldwide. The WHO emphasizes the importance of addressing mental health issues among young people who are disproportionately vulnerable. As Gislason et al. (2021) note, there is a global rise in mental health distress in this population due to increased exposure to a myriad of environmental and social crises. According to Goodyear-Smith et al. (2017), while the high prevalence of mental health concerns among young people is a global challenge, the majority have no access to help, calling for improved strategies for screening for primary care in various contexts. In Zimbabwe, the situation is particularly dire, with a rising tide of mental health

concerns among youth, including depression, anxiety, and substance abuse, threatening the well-being and potential of this demographic (Doyle et al., 2023; Kidia et al., 2017; Langhaug et al., 2010; Maraire & Mariamdar, 2020). Neglecting this crisis has serious consequences, including diminished academic and vocational potential, increased risks of substance abuse and addiction, poorer physical health, strained relationships, social isolation, and higher rates of suicide and self-harm (Doyle et al., 2023). Although promoting mental health literacy is essential to addressing these challenges, awareness remains alarmingly low in Zimbabwe and other low- and middle-income countries in Sub-Saharan Africa (Jörns-Presentati et al., 2021).

Despite the widespread use of digital media among young people, its impact on mental health literacy remains underexplored (Bear et al., 2024; Doyle et al., 2021). Existing reviews of digital mental health interventions in low- and middle-income countries have largely focused on clinical outcomes, service delivery, and intervention effectiveness, often overlooking mental health literacy and the informal, everyday ways young people engage with digital media. These reviews also tend to generalize across diverse contexts, with limited attention to country-specific dynamics such as those in Zimbabwe. Available studies in Zimbabwe point mainly to negative outcomes, including impacts on adolescents' moral development (Museka & Taringa, 2014), sexual behaviour among university students (Kiwa et al., 2023), and youth involvement in violence and crime (Mugari, 2020). Consequently, the effectiveness of digital media for mental health interventions in this context remains unclear (Carter et al., 2021). This study therefore examines the complex relationship between digital media and mental health literacy among young people in Zimbabwe, considering both its potential benefits and risks.

Importantly, this scoping review differs from previous studies by specifically focusing on mental health literacy, rather than treatment outcomes, and by mapping the range of digital media platforms, content types, and engagement patterns that shape young people's understanding of mental health. It also foregrounds the Zimbabwean context to identify locally relevant opportunities, barriers, and gaps in the evidence base. Essentially, this review provides further understanding of how digital media can be implemented, not only for intervention delivery, but also for prevention, awareness, and empowerment. To achieve its objective, this study synthesizes existing evidence on the potential of digital media in enhancing mental health literacy among young people, with a view to assess its applicability in the Zimbabwean context. It addresses the research question: 'What is the potential of digital media in promoting mental health literacy among young people in Zimbabwe?'

Operational definitions & conceptual relationships: digital media & mental health literacy

Digital media encompasses a broad range of online platforms, tools, and technologies that facilitate communication, information-sharing, and social interaction by enabling users to create, share, and interact with digital content (Bonina et al., 2021). This encompasses various social media platforms, online forums, messaging apps, websites, multimedia platforms, virtual reality experiences, online gaming platforms, podcasting platforms, digital advertising platforms, and educational systems (Kusumastuti et al., 2022). These digital media channels enable users to engage in content creation and sharing, connect with others, access information, participate in online communities, and utilize online tools for productivity (Kusumastuti et al., *ibid*). Digital media has revolutionized communication, interaction, and access to information, transforming how individuals live, work, and play (Bonina et al., 2021).

The relationship between digital media and mental health literacy is complex and multifaceted. On one hand, digital media can promote mental health literacy by providing access to information, resources, and support networks (Rivera-Romero et al., 2022). Online platforms offer easy access to mental health information, opportunities for social support, and platforms for self-expression (Xu et

al., 2024; Cavanaugh et al., 2021). On the other hand, excessive digital media use has been linked to negative mental health outcomes, including increased stress, anxiety, depression, sleep disturbances, cyberbullying, and online harassment (Moroney et al., 2023; Salmela-Aro et al., 2017; Shutzman & Gershy, 2023). Furthermore, digital media can perpetuate mental health stigma and misinformation, hindering mental health literacy (Moroney et al., 2023). The spread of misinformation can reinforce negative stereotypes, provide inaccurate information, and encourage harmful behaviors (O'Reilly et al., 2018; Bauer, Glenn et al., 2017).

Evidence also reveals that in Zimbabwe where mental health concerns among young people are alarmingly escalating (Chidarikire & Chikwati, 2024), the dual impact of digital media on mental health literacy is a pressing concern. Similarly to other contexts, digital media offers unprecedented opportunities to promote mental health literacy, including access to mental health resources, online support groups, and burgeoning social media campaigns (Malik et al., 2021). However, digital media also poses significant risks to mental health literacy, particularly among young people, including exposure to cyberbullying, online harassment, and digital violence (Chawarura et al., 2022); unhealthy social comparisons, decreased self-esteem, sleep deprivation, and digital addiction (Kiwa et al., 2023); and misinformation, stigma perpetuation, privacy concerns, and data security risks (Carter et al., 2021). Given the escalating mental health concerns among young Zimbabweans, it is crucial to acknowledge and address the negative effects of digital media while harnessing its potential benefits. Adopting a multifaceted approach can help mitigate the negative impacts of digital media while harnessing its potential to enhance mental health literacy among young people in Zimbabwe, as highlighted in the discussion.

METHODS

Research design and review approach

This study adopted a qualitative scoping review design, guided by the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR). The decision to employ a scoping review rather than a full systematic review was prompted by the heterogeneousness of existing literature, variations in study designs, and the experimental nature of research on digital media and mental health literacy among young people in low and middle-income countries comparable to Zimbabwe. A scoping review was deemed methodologically appropriate as it enables the systematic mapping of existing evidence, identification of key concepts, dominant digital media strategies, contextual challenges, and research gaps, without imposing the restrictive inclusion criteria required for effectiveness-focused systematic reviews. The epistemological position underlying the study is interpretivist, identifying knowledge as socially constructed and contextually grounded, mainly in relation to youth mental health and digital media use in African settings. A formal protocol registration such as PROSPERO was not employed since it is primarily designed for intervention-effectiveness reviews. Nevertheless, methodological transparency was ensured through a clear documentation of all review stages in consistency with PRISMA-ScR guidance.

Data sources and search strategy

An in-depth and systematic literature search was conducted across several electronic academic databases including PubMed, Scopus, PsycINFO, Web of Science, CINAHL, EMBASE, ScienceDirect, SpringerLink, and EBSCOhost. Google Scholar was included as an additional source to capture possibly relevant peer-reviewed literature which is not indexed in conventional databases, particularly studies from Africa and similar contexts.

The search was conducted over six months and was concluded on 23 June 2025. Database-specific adaptations were applied to account for indexing variations. To enhance transparency, the

full search strategy was explicitly documented within the study, including the key search terms, Boolean operators, and truncations used across databases, with illustrative examples provided to reflect how queries were structured and adapted. Examples of the core Boolean search string used include the following: ('digital media' OR 'social media' OR 'digital technology' OR 'mobile health' OR 'online platforms') AND ('mental health literacy' OR 'mental health awareness' OR 'mental health communication') AND ('young people' OR 'youth' OR 'adolescents') AND ('Zimbabwe' OR 'sub-Saharan Africa' OR 'low and middle-income countries'). Where necessary, controlled vocabulary (for example, subject headings) and database-specific filters (such as publication date and language) were applied consistently, and all search iterations were recorded to ensure methodological clarity and reproducibility.

Search results from Google Scholar were limited to the first 200 records sorted by relevance. In addition, reference lists of included articles were manually screened to identify further relevant studies (snowballing). Study titles and abstracts were screened against predefined selection criteria. In instances where Zimbabwe-specific literature was limited, studies from comparable low and middle-income settings (defined as countries with similar digital infrastructure challenges, youth demographics, and mental health service constraints) were included to enhance contextual and conceptual relevance.

Inclusion and exclusion criteria

To enhance conceptual clarity and methodological precision, explicit inclusion and exclusion criteria were established. The inclusion criteria encompassed peer-reviewed academic books, articles, or reviews, published in English between 2000 and 2025, using qualitative, quantitative, or mixed-methods study designs, focusing on digital media, digital technologies, or online platforms. These studies were required to have explicit relevance to mental health literacy, mental health communication, or public mental health education, involving young people aged approximately 10-35 years, and conducted in Zimbabwe or comparable low- and middle-income countries. Studies that did not meet these criteria were excluded, such as non-peer-reviewed publications, research published in languages other than English, studies focused solely on clinical treatment outcomes without literacy or communication components, and studies conducted in high-income countries without transferable contextual relevance.

Study selection process

In consistency with PRISMA-ScR guidelines, this review employed a structured study selection process rather than sampling procedures. The selection process involved four successive stages; identification, screening, eligibility assessment, and inclusion. Initially, 231 records were identified through database searching. After removal of duplicates, titles and abstracts were screened for relevance, resulting in 117 articles retained for full-text assessment.

To enhance methodological rigor and reduce selection bias, the screening process was conducted by two independent reviewers. Study titles and abstracts were screened independently, and discrepancies were resolved through discussion and consensus. Where disagreements persisted, a third reviewer was consulted. During the eligibility stage, 77 studies were excluded due to misalignment with the review focus, lack of peer review, non-youth focus, or insufficient emphasis on digital media or mental health literacy. Ultimately, 40 studies met all inclusion criteria and were included in the final scoping review synthesis. Figure 1 presents the PRISMA-ScR flow diagram, illustrating the study selection process.

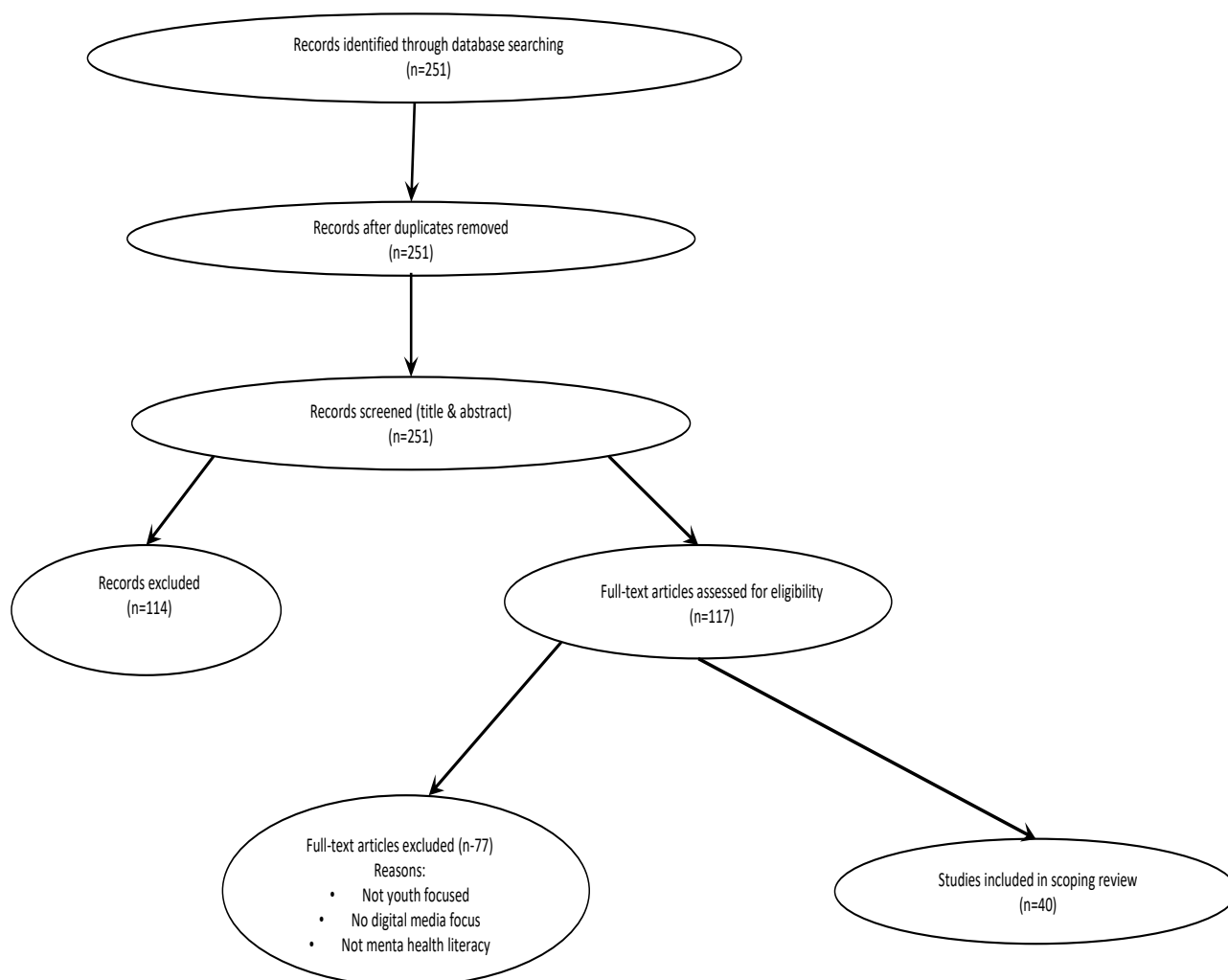


Figure 1. PRISMA-ScR flow diagram of the study selection process.
Source: The Author

Characteristics of included studies

The included studies were peer-reviewed articles published in English between 2003 and 2024, focusing on digital media and mental health literacy. They employed various research methods, including quantitative, qualitative, and mixed-methods approaches, allowing for an in-depth examination of the evolving relationship between digital media and mental health literacy. The characteristics of the studies are presented in Table 1.

Data extraction

Data extraction was conducted using a standardized extraction template developed specifically for this review. Extracted data included author and publication year, country of study, study design, research aims, digital media platforms examined, mental health focus, key findings, reported challenges, and recommendations.

The data extraction process was performed by one reviewer and independently verified by a second reviewer to enhance accuracy and consistency. To reduce researcher bias, data extraction was conducted in two phases. The primary stage completed the initial extraction, followed by a secondary verification phase in which the extracted data were reviewed for consistency and completeness. Any discrepancies between reviewers were discussed and resolved through consensus, with reference to the original articles.

Table 1. Study characteristics

No	Author and Publication Date	Study Type	Focus
1	Sood et al., 2014	Qualitative	Public health communication
2	Van Rossem et al., 2007	Mixed Methods	Public health communication
3	Bangure et al., 2015	Quantitative	Young people and public health campaigns
4	Chib et al., 2012	Qualitative	Digital media (text messaging) and HIV/AIDS
5	Mbunge et al., 2022	Qualitative	Digital health technologies
6	Oliver-Williams et al., 2017	Qualitative	Digital technology and health communication
7	Fayoyin, 2016	Qualitative	Social media and health communication
8	Oktay et al., 2021	Qualitative	Web-based health information
9	Comello et al., 2016	Quantitative	Infographics and health information
10	Jenkins et al., 2020	Qualitative	Social media and health communication
11	Wei et al., 2020	Qualitative	Mobile health interventions
12	Nabi, 2015	Qualitative	Public health communication
13	Salmon, & Atkin, 2003	Qualitative	Media and public health communication
14	Ramirez et al., 2016	Qualitative	Public health information and young people
15	Korda et al., 2013	Qualitative	Social media and health promotion
16	Sithole, 2013	Mixed Methods	Web-based technology, sexual and reproductive health
17	Chidhau et al., 2021	Qualitative	Digital health interventions
18	Dube-Chibangwa et al., 2022	Qualitative	Social media and public health communication
19	Doyle et al., 2021	Quantitative	Digital health interventions and young people
20	Mayingire et al., 2019	Mixed Methods	Information technology and youth counselling
21	Wang et al., 2021	Quantitative	Digital media and healthcare information
22	McGloin et al., 2015	Qualitative	Digital and social media health information
23	Mosa et al., 2012	Qualitative	Digital healthcare applications
24	Klasanja et al., 2012	Qualitative	Mobile phone health interventions
25	Qiang et al., 2011	Qualitative	Mobile applications for the health sector
26	Al Khasawneh et al., 2021	Quantitative	Social influencers and digital health promotion
27	Gupta et al., 2022	Qualitative	Social influencers and digital communication
28	Vrontis et al., 2021	Qualitative	Social influencers and digital health
29	Jörns-Presentati, et al., 2021	Qualitative	Mental health and adolescents
30	Carter, et al., 2021	Qualitative	Digital mental health interventions
31	Xu et al., 2024	Qualitative	Digital media and mental health literacy
32	Salmela-Aro, et al., 2017	Qualitative	Internet, mental health, and adolescents
33	West, 2015	Qualitative	Digital technologies
34	Kemp, 2024	Mixed Methods	Digital media and young people
35	Kilgour et al., 2015	Mixed Methods	Social media technologies and communication
36	Troise et al., 2021	Qualitative	Digital media and communication
37	Chikonzo, 2018	Qualitative	Digital media and health interventions
38	Bernhardt et al., 2012	Qualitative	Digital media and social marketing
39	Shahbaznezhad et al., 2021	Qualitative	Social media and behavior change
40	Pearce and Rice, 2013	Qualitative	Digital media and Internet access

Source: The Author

Data analysis and thematic synthesis

Data were analyzed using thematic synthesis, following a three-stage analytical process. First, line-by-line coding was conducted to capture key concepts related to digital media use, mental health literacy outcomes, and contextual challenges. Second, the resultant codes were organized into descriptive themes reflecting recurring patterns across studies. Finally, higher-order analytical themes were developed to interpret the broader implications of digital media for youth mental health literacy in Zimbabwean and comparable contexts. Analytical accuracy was enhanced through reflexive memo-writing, maintenance of an audit trail, and continuous comparison across studies. This approach strengthened the credibility and dependability of the findings by ensuring that interpretations were grounded in the reviewed data rather than researcher preconceptions.

Quality appraisal and bias considerations

Although scoping reviews do not traditionally exclude studies based on quality, a critical appraisal was conducted to enhance interpretive transparency. The Mixed Methods Appraisal Tool (MMAT) was applied to assess methodological quality across qualitative, quantitative, and mixed-methods studies.

Quality appraisal results were systematically incorporated into the synthesis by informing the weighting and interpretation of evidence. Studies assessed as higher quality were given greater emphasis in the development of analytical themes, while findings from lower-quality studies were interpreted with caution and used primarily to support, rather than drive, thematic conclusions. Study quality was not used as an exclusion criterion; however, appraisal outcomes informed the weighting of evidence during synthesis and interpretation. Further, potential publication bias was acknowledged, particularly the underrepresentation of unpublished African research and grey literature, which may limit the comprehensiveness of available evidence.

Ethical and transparency considerations

Ethical approval was not required for this study, as it involved secondary analysis of publicly available literature. Nevertheless, ethical research practice was upheld through accurate representation of original studies, transparent reporting of methods, and acknowledgment of limitations. Reflexivity was maintained by recognizing the researcher's interpretive role in synthesizing qualitative evidence within a Zimbabwean socio-cultural context.

RESULTS AND DISCUSSION

This review, examining the potential of digital media in enhancing mental health literacy among young people, with a view to explore its applicability in the Zimbabwean context, yielded interesting results. Four key themes emerged from the analysis, highlighting ways in which digital platforms can promote mental health awareness, education, and support among youth in Zimbabwe. As shown in Figure 2, the distribution of themes highlights that digital media effectiveness constituted the most prominent area of focus, followed by content creation and dissemination strategies, structural factors, and audience engagement.

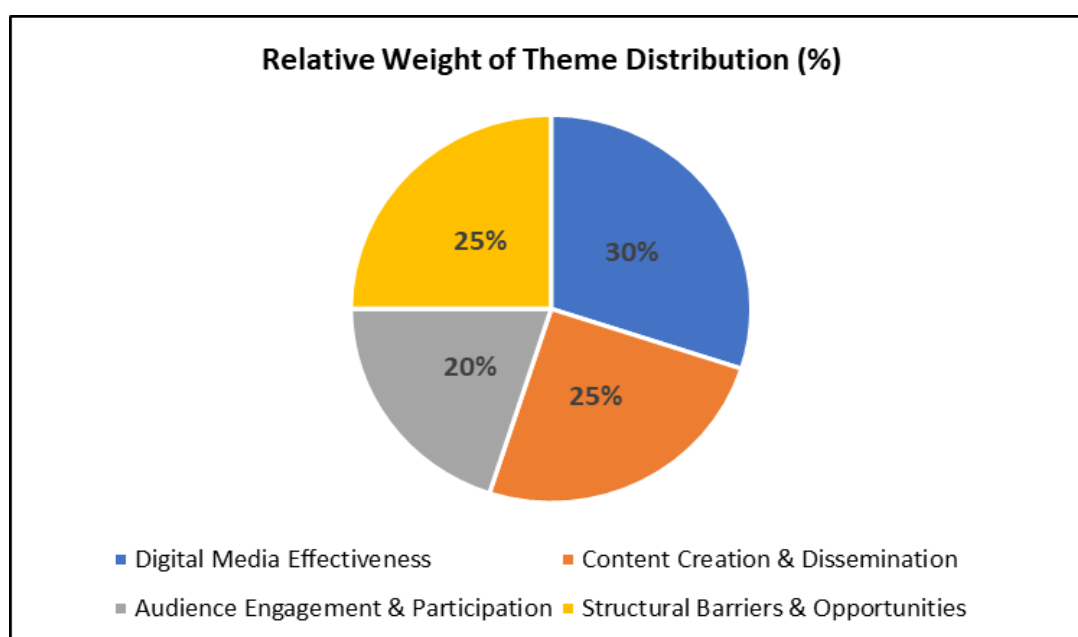


Figure 2. Frequency of emerging themes in Included Studies

Source: The Author

Digital media and their effectiveness

The first key theme concerns the effectiveness of digital media in health communication and the promotion of mental health literacy. The reviewed studies indicate that the use of digital media in health communication campaigns has gained significant momentum in recent years, particularly in developing countries (West, 2015; Sood et al., 2014). This growth is largely attributed to the capacity of digital media to enhance health literacy and raise public health awareness among diverse populations across Africa (Carter et al., 2021). Although challenges persist in the design, implementation, and evaluation of such campaigns (Sood et al., 2014), the overall evidence suggests that digital media contributes positively to health outcomes across various contexts. For example, mobile health (mHealth) interventions have been shown to increase vaccination uptake in low- and middle-income countries (Oliver-Williams et al., 2017). Similarly, Van Rossem & Meekers' (2007) study on reproductive health campaigns in Zambia underscores the important role of digital media in advancing health promotion efforts. In addition, short message service (SMS) applications have demonstrated effectiveness in providing mental health support in developing countries, including Zimbabwe (Carter et al., 2021), as well as in improving the uptake of childhood immunization programmes within the country (Bangure et al., 2015).

This is further supported by Chib's et al. (2012) study on text message HIV/AIDS campaign in Uganda, demonstrating the potential of mHealth tools in integrated mental health campaigns. At the same time, social media has transformative potential in health communication in Africa, but requires a pragmatic perspective on its functional and dysfunctional impacts (Fayoyin, 2016). This duality is echoed in Mbunge et al. (2022) study on virtual healthcare services in South Africa during the COVID-19 pandemic, which highlights both the successes and challenges of leveraging digital platforms for health communication and service delivery. From a digital health literacy perspective, the effectiveness of these platforms depends not only on access but also on users' ability to critically evaluate, interpret, and apply online health information in context (Fitzpatrick, 2023).

Given Zimbabwe's status as a low-income developing country, leveraging digital platforms presents a significant opportunity to address its mental health challenges. With 5.48 million internet users and 2.05 million social media users as of January 2024 (Kemp, 2024), the country has a sizable online population that can be reached through digital health initiatives. Evidence from Zimbabwe suggests that digital media has already played a crucial role in promoting health awareness and support among young people, particularly during public health crises. For instance, Mayingire's et al. (2019) study highlights its significance in this area, while the Government of Zimbabwe, in partnership with UNICEF, effectively utilized digital platforms to disseminate mental health information and strengthen the capacity of healthcare professionals to provide psychosocial support to children and adolescents (UNICEF, 2022). Chikonzo (2018) identified effective social media models for sharing HIV/AIDS information among young people, resulting in increased knowledge and positive behavioural changes, and Bangure et al. (2015) demonstrated the effectiveness of SMS reminders in improving children's health support in Kadoma, Zimbabwe. Collectively, these initiatives show how embracing digital media can enhance mental health awareness and improve health outcomes.

Nonetheless, theoretical tensions remain between technology-driven approaches and structural determinants of mental health such as poverty, stigma, and limited-service availability, which digital interventions alone cannot fully address. This suggests that while digital media can complement mental health literacy efforts, its effectiveness in Zimbabwe may further depend on integration with broader health system strengthening and context-specific strategies. Figure 3 presents a conceptual framework, derived from the reviewed studies, illustrating how digital media platforms interact with content strategies and audience engagement processes to influence mental health literacy outcomes, while also being shaped by contextual barriers and enabling factors.



Figure 3. Conceptual Framework: Digital Media → Mental Health Literacy Pathway
Source: The Author (2025)

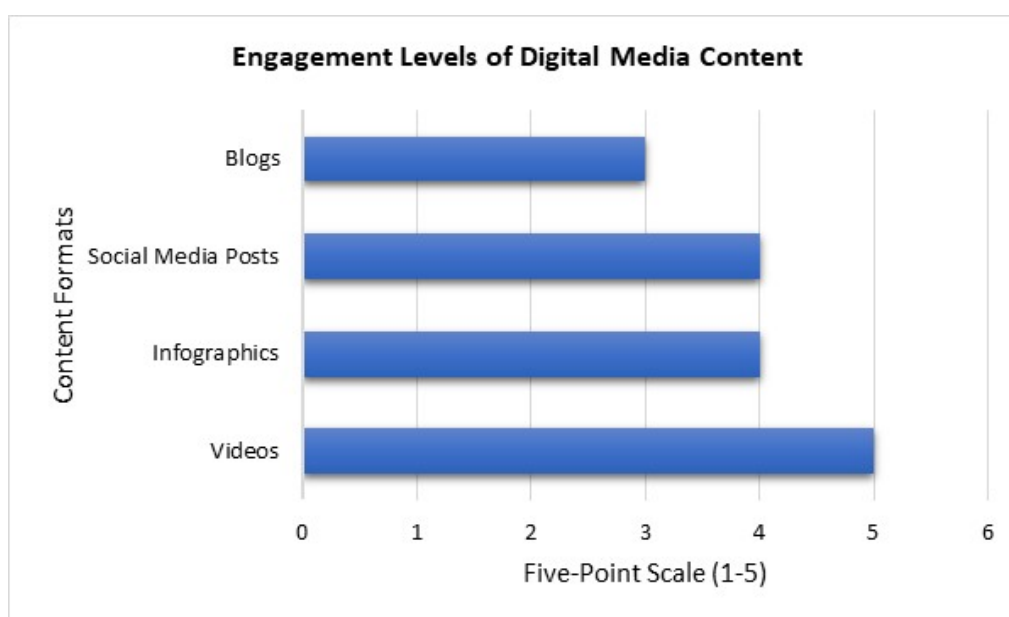


Figure 4. Digital Media Engagement by Content Type
Source: The Author

Content creation and dissemination strategies

The second key theme focuses on content creation and dissemination strategies for effective mental health literacy promotion. Evidence from the analyzed studies indicates that effective content formats are critical in enhancing information acquisition and improving knowledge retention. Infographics, for instance, can visually communicate complex mental health information, making it easily understandable and shareable (Comello et al., 2016). Videos offer immersive experiences, allowing young people to connect with personal stories, expert insights, and reassuring messages, while blog posts enable deeper exploration of mental health topics, facilitating reflection and self-

awareness (Chidhau et al., 2021). From a digital health literacy perspective, these varied formats support different levels of cognitive processing and user engagement, enhancing individuals' ability to access, understand, and apply mental health information (Mbunge et al., 2022). Figure 4 highlights studies' perceptions of the engagement levels of various types of digital media content in enhancing health literacy. The engagement levels were quantified using a five-point scale, where very high corresponds to 5 points, high to 4 points, moderate to 3 points, low to 2 points, and very low to 1 point.

As shown in Figure 4, video-based and infographic content demonstrate higher engagement levels compared to text-based formats such as blogs, highlighting the importance of multimodal communication strategies. Significantly, no studies reported a low or very low perception of the engagement capacity of digital media content. However, emerging evidence also points to potential limitations, including unequal access to digital technologies and varying levels of digital literacy, which may constrain the reach and effectiveness of such interventions among young people (Martini & Sgambato, 2025). To maximize engagement and relevance, studies emphasize the importance of effective content dissemination strategies in health interventions. Jenkins et al. (2020) identify personalization, emotional appeal, and consistency as key strategies to facilitate effective mental health promotion. Personalization involves using local language and culturally relevant examples, increasing engagement (Wei et al., 2020). Emotional appeal incorporates sharing personal stories and experiences, creating empathy and connection (Nabi, 2015), while consistency reinforces key messages across platforms (Salmon & Atkin, 2003). These strategies also reflect principles from digital health literacy scholarship, which emphasize the importance of culturally appropriate, relatable, and user-centered communication in enabling individuals to critically engage with and act on health information.

Digital media presents a profound opportunity for promoting mental health awareness among young people in Zimbabwe, building on broader evidence that highlights the effectiveness of digital platforms in disseminating health information. Leveraging its vast reach and accessibility, digital media can help combat mental health stigma and encourage help-seeking behaviour by transcending geographical and socio-economic barriers, ensuring that vital information reaches marginalized communities (Oktay et al., 2021). Accessible and engaging digital content can demystify mental health concepts, normalize discussions around mental wellness, and foster a culture of empathy and understanding (Wang et al., 2021; Xu et al., 2024). These functions align closely with core components of mental health literacy, including the ability to recognize disorders, reduce stigma, and promote appropriate help-seeking behaviours (Jorm, 2019).

In the Zimbabwean context, this potential can be further strengthened through the strategic use of user-generated content, content calendars, and planned dissemination approaches, which enhance engagement and social proof (Kilgour, Sasser & Larke, 2015). Digital media can also drive website traffic, amplify awareness campaigns, and support positive mental health outcomes (Troise & Camilleri, 2021), while fostering peer-to-peer learning, normalizing lived experiences, and reinforcing help-seeking norms among young people. However, despite these promising applications, caution is warranted regarding the transferability of evidence from broader low- and middle-income country contexts, as Zimbabwe's unique socio-cultural dynamics, stigma patterns, and health system capacities, may influence outcomes differently.

Audience engagement and participation in digital media

The third key theme concerns audience engagement and participation in digital media-based mental health interventions. A synthesis of the reviewed studies indicates that the emergence of digital media has fundamentally transformed how audiences interact with content, shifting from

passive consumption to active participation characterized by two-way communication and user-generated contributions (Kilgour et al., 2015). This shift presents a significant opportunity for enhancing mental health literacy among young people in Zimbabwe. Evidence suggests that digital platforms can cultivate interactive communities and enable dialogic engagement around mental health topics, thereby creating supportive spaces for discussion and shared experiences (Shawky et al., 2019). Given the widespread use of social media for accessing health-related information, these platforms are particularly well positioned to disseminate mental health content and encourage peer-to-peer interaction (McGloin & Eslami, 2015). Such participatory dynamics are critical for improving mental health literacy, as they promote open dialogue, reduce stigma, and facilitate help-seeking behaviours (McGloin & Eslami, *ibid*).

Furthermore, leveraging key affordances of digital media (including engagement and participation, audience research and segmentation, and broad accessibility) can enhance the effectiveness of interventions aimed at young people (Jörns-Presentati et al., 2021). To maximize impact, digital mental health initiatives should prioritize content that is interactive, informative, and entertaining, as these attributes have been shown to drive higher levels of audience engagement and emotional resonance (Kilgour et al., 2015; Shahbaznezhad et al., 2021). In this context, Figure 5 further highlights how interactivity, emotional appeal, and personalized content function as central drivers of audience engagement, strengthening participation and responsiveness among young people.

From a digital health literacy perspective, participatory engagement through digital media enhances young people's ability to access, interpret, and apply mental health information in meaningful and contextually relevant ways. This is particularly important in Zimbabwe, where mobile devices serve as the primary gateway to digital content, offering flexible and continuous access to information and support (Pearce & Rice, 2013). Evidence from multiple studies demonstrates the effectiveness of mobile-based interventions in promoting positive health behaviour change (Qiang et al., 2011; Mosa et al., 2012; Klasnja & Pratt, 2012). For instance, tailoring digital content to user preferences has been shown to increase reach, engagement, and perceived support, reflecting key principles of digital health literacy such as user-centered design and contextual relevance (Qiang et al., 2011). In the Zimbabwean context, this suggests that interventions must be designed with sensitivity to local realities, including language, cultural norms, and patterns of mobile usage, to ensure meaningful engagement and impact.

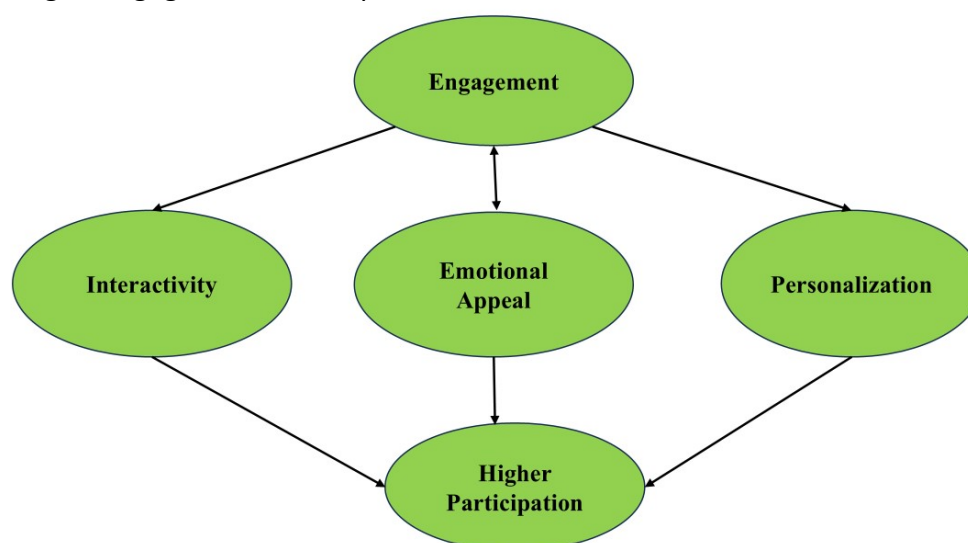


Figure 5. Factors Influencing Audience Engagement and Participation

Source: The Author

Consequently, promoting mental health through digital platforms requires recognizing the multifaceted nature of audience engagement, which is shaped by interactivity, informativeness, entertainment value, and the influence of trusted figures (Vrontis et al., 2021). Applying these insights to Zimbabwe highlights several practical opportunities, including collaborating with local influencers to enhance credibility, developing culturally relevant and relatable content, leveraging widely used platforms such as WhatsApp and Facebook, and expanding access to online counselling services (Al Khasawneh et al., 2021; Bernhardt et al., 2012). However, while these strategies show promise, their transferability must be critically considered. Structural and contextual factors such as unequal access to digital technologies, varying levels of digital literacy, and differing levels of trust in online information (Gupta et al., 2022; Chikonzo, 2018), may influence how young people engage with and benefit from such interventions. Therefore, while the reviewed studies provide a valuable framework, their application in Zimbabwe requires adaptation to local conditions. If effectively contextualized, digital media initiatives hold significant potential to strengthen mental health literacy and empower young people in Zimbabwe to actively manage their mental well-being.

Structural and contextual barriers and opportunities

The fourth key theme, derived from the reviewed studies, highlights the structural and contextual barriers, as well as enabling opportunities, that shape the effectiveness of digital media for promoting mental health literacy in Zimbabwe. The evidence indicates that the growing use of digital media among young people presents a valuable opportunity to enhance mental health literacy. However, the studies also point to several constraints that may limit its impact. As illustrated in Table 2, findings from the reviewed literature show that structural barriers, such as limited access to digital technologies and low levels of digital literacy, coexist with enabling factors, including anonymity, accessibility, and opportunities for peer support.

Evidence from the reviewed studies indicates that limited access to digital devices and reliable internet connectivity remains a significant structural barrier to the effective use of digital media for mental health literacy (West, 2015). This digital divide disproportionately affects developing countries, where poverty, limited digital skills, and infrastructural constraints restrict access to digital technologies (Touray et al., 2013). In the Zimbabwean context, the studies show that many young people lack access to smartphones or stable internet connections (Dube-Chibangwa & Chisita, 2022), thereby limiting their ability to engage with digital mental health resources. While mobile-based interventions are often identified as feasible alternatives, the evidence cautions that such approaches may inadvertently exacerbate existing inequalities if they depend heavily on internet access (Doyle et al., 2021). From a digital health literacy perspective, these structural challenges are further compounded by disparities in individuals' ability to evaluate and effectively use digital health information. The reviewed studies also highlight that limited digital literacy skills constrain meaningful engagement with digital platforms (West, 2015), reinforcing the need to incorporate skill-building components into interventions (Doyle et al., 2021). This aligns with digital health literacy frameworks that emphasize the development of competencies required to navigate and apply digital health information effectively.

Table 2. Structural Factors Affecting the Effectiveness of Digital Mental Usage

Factor Type	Key Elements	Impact Level
Barriers	Internet access, poverty, digital literacy	High
Barriers	Cyberbullying, misinformation	Moderate
Opportunities	Anonymity, accessibility	High
Opportunities	Social support, peer engagement	High

Source: The Author

Table 3. Implications for the Use of Digital Media in Promoting Mental Health Literacy in Zimbabwe and Recommendations

Domain	Key Focus	Implications for Zimbabwe	Recommended Strategic Actions
Policy and Practice	Integration of digital media into mental health systems	Digital platforms provide scalable opportunities to reach young people, including those in underserved and remote areas. They can enhance accessibility, reduce stigma, and support national mental health goals.	Prioritize digital media in national mental health strategies; Develop culturally sensitive and context-specific interventions; Integrate evidence-based digital therapies into existing services; Foster safe, moderated online communities; Collaborate with influencers and local celebrities.
Content Creation and Dissemination	Development of engaging, relevant, and accessible content	Effective mental health communication depends on content that resonates with Zimbabwean youth, reflecting their lived experiences, language, and cultural context.	Use indigenous languages and culturally relevant narratives; Leverage diverse formats (social media, videos, podcasts, and forums) (Korda & Itani, 2013); Ensure inclusive representation and relatability; Incorporate interactive and engaging elements; Disseminate via social media, schools, community organisations, and hybrid campaigns.
Audience Engagement and Participation	Enhancing interaction and community building	Engagement is central to improving mental health literacy, as it promotes dialogue, peer support, and active learning among young people.	Use interactive features (live streaming, forums, social media groups) (Ramirez et al., 2016); Encourage peer-to-peer support and community building; Apply gamification and polls to boost participation; Facilitate expert-led discussions; Use feedback mechanisms to refine interventions.
Structural and Contextual Factors	Addressing barriers and leveraging opportunities	Structural and socio-cultural constraints affect access, trust, and participation in digital mental health initiatives, requiring context-sensitive approaches.	Address infrastructure gaps (internet access, device availability); Improve digital literacy skills; Consider socio-cultural attitudes and stigma; Strengthen trust in digital health information; Design inclusive strategies that balance opportunities with limitations.

Source: The Author

The reviewed evidence further identifies socio-economic constraints such as limited funding, workforce shortages, and weak healthcare infrastructure as critical barriers to the implementation of digital health initiatives (Chidhau et al., 2021). In addition, the studies point to emerging risks associated with increased digital engagement, particularly cyberbullying and online harassment. In Zimbabwe, rising access to information and communication technologies has heightened young people's exposure to cyber bullying (Ponde-Mutsvedu & Chirongoma, 2022), which may discourage participation in digital mental platforms. These findings highlight an important dimension of mental health literacy: the capacity to safely navigate digital environments and critically assess harmful or misleading content (Jorm, 2019). Addressing these interconnected challenges is therefore essential for the effective use of digital media in promoting mental health literacy.

Despite these constraints, the reviewed studies consistently highlight several context-specific opportunities associated with digital media use. Easy and immediate access to information enables young people to engage conveniently with mental health resources (Mayingire et al., 2019). In particular, evidence from Zimbabwe demonstrates that platforms such as WhatsApp and Facebook can effectively support ICT-based health services for young people (Mayingire et al., *ibid*). The studies also emphasize the role of digital platforms in facilitating social connection and peer support, which

are critical for mental well-being (Wang et al., 2021). Notably, emotional support accessed through digital environments has been shown to contribute more significantly to well-being than purely informational support (Wang et al., *ibid*). These forms of peer and community engagement are central to mental health literacy, especially in promoting help-seeking behaviours and reducing stigma (Jorm, 2019). Furthermore, digital technologies, including the Internet and mobile phones, have demonstrated potential in reaching hard-to-engage populations such as young people (Sithole, 2013).

The reviewed studies also indicate that young people value the confidentiality, anonymity, and convenience offered by digital platforms (Sithole, 2013), which can enhance their willingness to engage with mental health content. Increasing broadband penetration in Zimbabwe as suggested by Kemp (2024) further strengthens the potential for scaling digital mental health interventions. These findings align with broader global evidence highlighting the effectiveness of digital approaches in addressing adolescent mental health challenges (Salmela-Aro et al., 2017). However, the studies emphasize that fully realizing these opportunities requires the integration of digital health literacy principles, ensuring that users are not only able to access information, but also critically evaluate and apply it in ways that support positive mental health outcomes. Overall, the evidence suggests that if appropriately contextualized, digital media can play a transformative role in bridging gaps in mental health service delivery and providing accessible, scalable support for young people in Zimbabwe.

Implications and limitations

The implications of the findings are multifaceted and are organised across four key areas, as presented in Table 3: policy and practice; content creation and dissemination; audience engagement and participation; and structural and contextual factors influencing the effectiveness of digital media for mental health literacy in Zimbabwe. Overall, the findings indicate that maximizing the potential of digital media for mental health literacy in Zimbabwe requires a holistic and integrated approach that brings together supportive policy frameworks, culturally relevant and context-specific content, active audience engagement, and targeted strategies to address structural and contextual barriers.

A major limitation of this literature review is its reliance on existing evidence, which may introduce methodological biases. Additionally, the study's analytical approach is subjective and may have contributed to researcher bias, potentially affecting the validity and reliability of the findings on the role of digital media in promoting mental health literacy among young people in Zimbabwe. Future research can mitigate such bias by involving multiple researchers in independent data review and analysis to enhance consistency and accuracy.

CONCLUSION

This study's comprehensive examination of digital media's potential in promoting mental health literacy among young people in Zimbabwe yielded critical insights across four thematic areas: digital media effectiveness, content creation and dissemination strategies, and audience engagement and participation, and challenges and prospects. A thorough review of existing literature unequivocally demonstrated that digital media can serve as a powerful tool in enhancing mental health literacy, offering unparalleled opportunities for engaging content creation and dissemination, active audience participation, and supportive community building. Notably, digital media's capacity to transcend geographical barriers, facilitate peer-to-peer connections, and provide accessible mental health information underscores its potential to address Zimbabwe's unique mental health challenges. However, the study also highlighted the imperative to address significant challenges and limitations, including infrastructural barriers, cultural sensitivities, and technological constraints. To optimize digital media's potential, initiatives must prioritize culturally relevant content creation, digital literacy

training, and strategic partnerships with local stakeholders. Furthermore, addressing systemic inequalities in internet access, data costs, and device availability is crucial for ensuring equitable access to digital mental health resources.

Conflict of Interests

The authors declare no conflict of interest.

Data Availability Statement

The data is available by request to the author.

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