




Quality of Mental Health Information amongst University Students in Zimbabwe

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Abstract

Approximately one in four people worldwide are living with mental disorders, prompting Zimbabwe to initiate awareness and education campaigns targeting young people. This study assesses the quality of mental health information among university students in Zimbabwe, focusing on its impact on literacy and help-seeking behaviours. A mixed-methods approach was employed, combining an online questionnaire survey with university students and content analysis of conveniently selected mental health fact sheets. The findings reveal that while mental health information in Zimbabwe demonstrates strengths in areas such as completeness, validity, and timeliness, it falls short in terms of perceived accuracy, uniqueness, and consistency, with a limited impact on behaviour change. The study also shows that mental health information has a positive impact on literacy among university students, emphasizing the importance of quality information in promoting mental health awareness. Highlighted is the need for collaborative efforts among mental health experts, researchers, and health information designers to develop creative, evidence-based, and culturally sensitive interventions that inform, motivate and empower individuals to prioritize their mental health. To improve the quality and impact of mental health information, recommendations include building credibility, prioritizing creative content design, developing national messaging guidelines, and creating interventions that promote health-seeking behaviours and action.

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Introduction

Mental health challenges have since become a public health concern, affecting individuals in both industrialized and developing worlds (Rudd & Beidas, 2020; Batada & Solano, 2019). Approximately one in four people worldwide are living with mental disorders (World Health Organization [WHO], 2022). This is alarming given the structural imbalance between the incapacitation by many governments to support affected individuals and the escalating rates of people requiring care (Batada, & Solano, 2019). Available studies progressively link the global increase in mental health problems to economic challenges, with the impact more concentrated in economically disadvantaged societies (Marazziti, Avella & Mucci, 2021; Wang & Fattore, 2020; Ng & Shanks, 2020). Unemployment, financial burdens, and increased workload constitute stress that has led to mental disorders and eventual suicides among middle-aged people (WHO, 2022). The mental health crisis in young people in Zimbabwe is particularly dire, threatening the well-being and potential of this demographic (Doyle, Bandason, Dauya McHugh, Grundy, Simms & Ferrand, 2023). As a proactive response, Zimbabwe has since taken an initiative to address this menace through awareness and education campaigns targeting the youth (Saruchera & Chidarikire, 2025).

As mental health awareness campaigns gain momentum, the significance of high-quality information becomes increasingly evident. According to Alshikhi and Abdullah (2018), information quality refers to "useful data that have been processed in such a way as to increase the knowledge of the person who uses the data" (p. 39). Thus far, limited studies have focused on mental health information quality in the African context, with previous research primarily conducted in developed countries, mainly evaluating online information quality in response to the emergence of digital health information. This leaves a significant knowledge gap in developing countries. For instance, Reavley & Jorm (2011) assessed the quality of mental disorder information on websites, concluding that limited understanding of this topic necessitates further investigation. Similarly,

Grohol, Slimowicz, & Granda (2014) investigated the quality of online mental health information retrieved through selected search engines, finding that while most health information online is of good quality, improving site readability is essential. More recently, Guo, Guo, Wang, & Hu (2022) examined the factors influencing the quality and helpfulness of online mental health information, determining that factors such as length, readability, and timeliness significantly impact information quality. Given the scarcity of research on mental health information quality in Africa, particularly in Zimbabwe, the effectiveness of such information in this context remains uncertain.

This study bridges this research gap by assessing the quality of mental health information among university students in Zimbabwe, examining its specific impact on mental health literacy and help-seeking behaviours. The research question guiding this study is: "What is the perceived quality of mental health information among university students in Zimbabwe, and how does it influence their mental health literacy and help-seeking behaviours?" 'Help-seeking behaviours' are understood through the lens of Cornally and McCarthy's (2011) definition, which emphasizes the ability to recognize a problem, articulate it, and actively seek assistance from healthcare professionals. University students are the focus of this study due to their vulnerability to mental health problems, which disproportionately affect young people, and may have a significant impact on their academic performance and overall well-being (Doyle et al., 2023). It is therefore imperative to understand the specific challenges and needs of this population, and to develop effective communication strategies for promoting mental health awareness, literacy, and support.

To achieve its aim, the study adopts a well-established model of information quality, comprising six essential dimensions: accuracy (the extent to which the information is correct and free from errors), validity (the degree to which the information is supported by evidence and reflects the reality it intends to represent), completeness (the extent to which the

information provides a comprehensive and thorough understanding of the topic), timeliness (the degree to which the information is up-to-date and relevant to the current context), consistency (the extent to which the information is consistent with other credible sources and internal logic), and uniqueness (the degree to which the information offers a distinct perspective or value) (Eronen, 2024). Several scholars have employed this model to evaluate information quality in the fields of organizational communication (Kluitmans, 2013; Arazy & Kopak, 2011; Lee & Haider, 2013; Eronen, 2024) and public health promotion (Juddoo, S., George, Duquenoy, & Windridge, 2018; Chen, Hailey, Wang, & Yu, 2014; Alipour & Ahmadi, 2017; Zhang, Sun, & Xie, 2015; Declerck, Kalra, Vander & Coorevits, 2024), demonstrating its applicability and effectiveness in assessing information quality across diverse contexts, including the current study's focus on mental health information.

Methods

This section highlights the research methods employed in this study, focusing on the research design, materials and sampling procedures, data collection and analysis methods, and ethical considerations, which collectively provide a comprehensive framework for investigating the study's research question.

Research Design

This study employs a quantitative-qualitative mixed-methods approach, utilizing an online questionnaire survey and content analysis to investigate the quality of print mental health information among university students in Zimbabwe.

Materials and Sampling Procedure

This study analyzed the quality of four mental health fact sheets produced by Zvandiri (As I am), a Zimbabwe-based community youth organization, in collaboration with the Ministry of Health and Childcare, PEPFAR, and USAID (see Appendix 2). These fact sheets address mental health awareness,

threats (depression, anxiety, trauma), and solution strategies. Due to the limited availability of mental health materials in Zimbabwe, convenience sampling was employed. An internet search identified Zvandiri's materials, including posters, comics, fact sheets, and videos. The fact sheets were selected for their detailed content, enabling an in-depth analysis of information quality, which aligned with the study's objectives. While convenience sampling proved efficient, cost-effective, and facilitated quick data collection, it is acknowledged that this method had limitations, including potential biases in sample selection, which may impact the study's overall validity (Golzar, Noor & Tajik, 2022). To strengthen the study's validity, the researcher supported the fact sheet data with existing literature, providing a more comprehensive discussion of findings.

To select the respondents for the online survey that evaluated the quality of the selected mental health materials, a random sampling approach was used, where the survey link was shared through various university students' social media platforms, including WhatsApp groups, Facebook and Instagram pages, and university online forums for students across Zimbabwe. This allowed any student who met the criteria to participate. The sampling criteria included being a university student in Zimbabwe, with no age or gender restrictions, or other social attributes, thereby ensuring a broad and inclusive pool of potential respondents. To ensure that only university students participated in the survey, the shared link was accompanied by an instruction that participation was voluntary and exclusively for university students in Zimbabwe, effectively minimizing the inclusion of non-target populations. Random sampling offered advantages such as reducing selection bias and increasing the generalizability of the findings to the broader university student population. However, it also presented challenges in reaching out to the total population of students in the country. Despite this limitation, the random sampling approach was deemed suitable for this study, given its aim to gather diverse perspectives from university students across Zimbabwe.

Data Collection Methods

To collect data to assess the information quality of the selected mental health Fact Sheets, two primary methods were employed; e-questionnaire survey and content analysis.

E-Questionnaire Administration

An online structured questionnaire was hosted on the Google Forms platform, assessing the respondents' demographics, perceived quality of mental health information (accuracy, validity, completeness, timeliness, consistency, uniqueness), impact on mental health literacy, and influence on help-seeking behaviours (see Appendix 1). A brief introduction was used to explain the study's purpose and importance, providing context for the research, and establishing transparency and trust. Prospective respondents were invited to complete the survey anonymously, which remained open for six weeks to allow sufficient time for responses and to boost response rates. Before answering the survey questions, respondents were prompted to review the attached mental health fact sheets (Appendix 2). The questionnaire was designed to enforce complete responses by requiring all questions to be answered before submission. A total of 568 questionnaires were successfully completed and submitted, yielding a substantial dataset that captures university students' perspectives on mental health information quality. The e-questionnaire enhanced flexibility of data capture, accessibility, convenience, and reduction of bias (Pitura, 2023).

Content Analysis Procedure

Secondary data was collected to support the e-questionnaire using a qualitative content analysis method to explore the content of the studied mental health fact sheets. A step-by-step content analysis procedure involved systematically coding and categorizing the written text and visual elements of the messages, to identify key messaging strategies and gaps. This process included: (1) familiarization with the Fact Sheets content, (2) identification of initial codes (in relation to messaging strategies), (3) categorization of codes into broader predetermined information quality themes (accuracy, validity, completeness, timeliness, consistency,

uniqueness), (4) analysis of the thematic data to determine how it contributed to the overall message quality, and (5) interpretation of findings to understand the effectiveness of the Fact Sheets in promoting mental health awareness.

Data Analysis Methods

Quantitative Data

Data from the questionnaire survey was analyzed using descriptive statistics to examine the frequency distributions of the respondents' views on mental health information quality, its impact on literacy, and influence on health-seeking behaviours. The Statistical Package for the Social Sciences (SPSS) was used to calculate frequencies and percentages, providing a numerical description of the data. The results were subjected to a comprehensive interpretative analysis. This analysis examined the perceived quality of mental health information, its impact and dynamics associated with influence on attitudes toward seeking help, the type of help sought, and the urgency with which help is acquired. Grounded in existing literature, interpretive analysis yielded rich insights into the dynamics underlying the quality and impact of mental health materials in Zimbabwe.

Qualitative Data

The qualitative content analysis findings were thematically interpreted under six information quality categories (accuracy, validity, completeness, timeliness, consistency, and uniqueness). This analysis assessed the effectiveness of messaging strategies, identified gaps, and explored more effective communication strategies. The findings were then compared with survey outcomes to reveal convergence and discrepancies, validating the study's conclusions. Integrating both datasets provided a comprehensive understanding of the research topic.

Ethical Considerations

This study was approved by the Zimbabwe Research Ethics Committee (ZREC) with approval number [ZREC/ MH/2024/008]. The research adhered to ethical guidelines, ensuring confidentiality, informed consent, voluntary participation of university students and implementation of data storage and security measures. In addition, the survey instrument was young people friendly and culturally appropriate.

Further, permission was granted by Zvandiri Organization to use their fact sheets for research purposes, falling under the category of non-commercial use, as stipulated on their website (link: <https://zvandiri.org/website-terms-of-use/>), which specifies that materials and tools can be used for "non-commercial or personal use" by the public. By adhering to these terms of use, the study ensures compliance and enhances its ethical integrity.

Results

This section presents the findings from a mixed-methods study, combining quantitative and qualitative data. The survey responses, collected from 568 participants, provide rich insights into the perceptions and experiences of university students regarding the quality of mental health messages circulated in Zimbabwe. Additionally, a content analysis of four mental health fact sheets thoroughly examines the messaging strategies and themes employed. Together, these two complementary datasets offer a comprehensive understanding of the quality and impact of mental health messages, shedding light on areas for improvement and opportunities for enhanced mental health promotion.

Quantitative Findings

Sociodemographic Information

The sample of 568 respondents who completed the online survey comprised male and female students, with various levels of education, age categories, and ethnicities, as captured in Table 1. Analysing the sample's

demographic characteristics, such as gender, age, level of education, and ethnicity, allowed for an assessment of the representativeness of the sample and facilitated the identification of potential differences in perceptions and experiences related to mental health information quality across these subgroups, thereby enhancing the study's generalizability and depth of insight.

Table 1. Respondents' Demographic Information

Demographic Traits	Categories	Frequency	Percentage
Age	20 years and below	336	59.2%
	21 years and above	232	40.8%
Gender	Female	355	62.5%
	Male	213	37.5%
Ethnicity	Shona	426	75%
	Ndebele	74	13%
	English, Indian, Coloured	51	8.9%
	Other	17	2.9%
Level of Education	Undergraduate Degree (Associate, Bachelor's)	279	49.1%
	Postgraduate Degree (Masters', Doctoral)	192	33.8%
	Other Postgraduate Qualifications (Certificates, Diplomas)	97	17.1%

Quality of Mental Health Information

The respondents had varied perceptions of the mental health information disseminated in Zimbabwe, with some finding it complete, accurate, and valid, while others had reservations. Figure 1 presents a statistical overview of the respondents' views about the quality of mental health information.

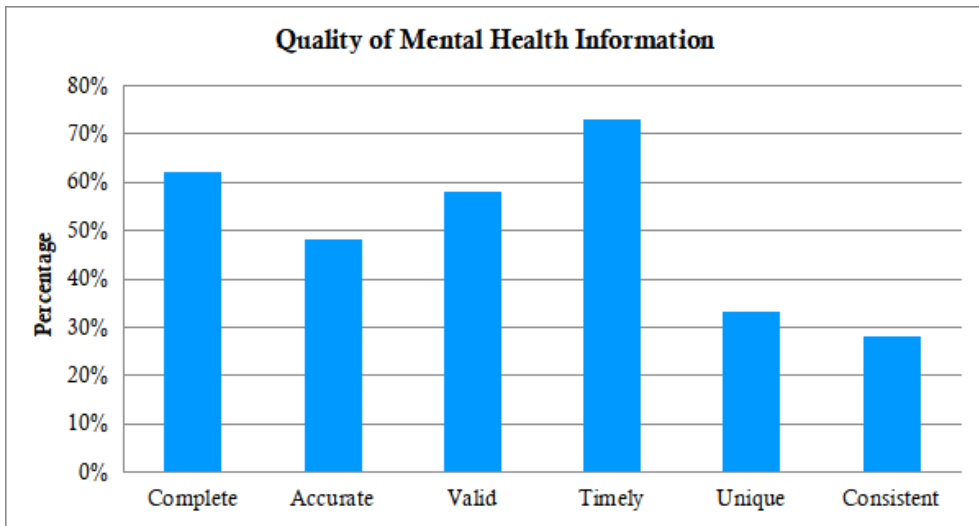


Figure 1: Respondents' Views about the Quality of Mental Health Information Impact on Mental Health Literacy

Scale-based questions were used to solicit the respondents' perceptions about the impact of mental health campaign materials on literacy (see section C of the questionnaire). The respondents generally believed that mental health campaign materials had a positive impact on literacy among university students. The majority felt that the information had a significant or extremely significant impact, while a minority thought it had minimal or no influence. Overall, the results suggest that mental health information is widely recognized as having the potential to educate and raise awareness. See Figure 2 for the snapshot of the results.

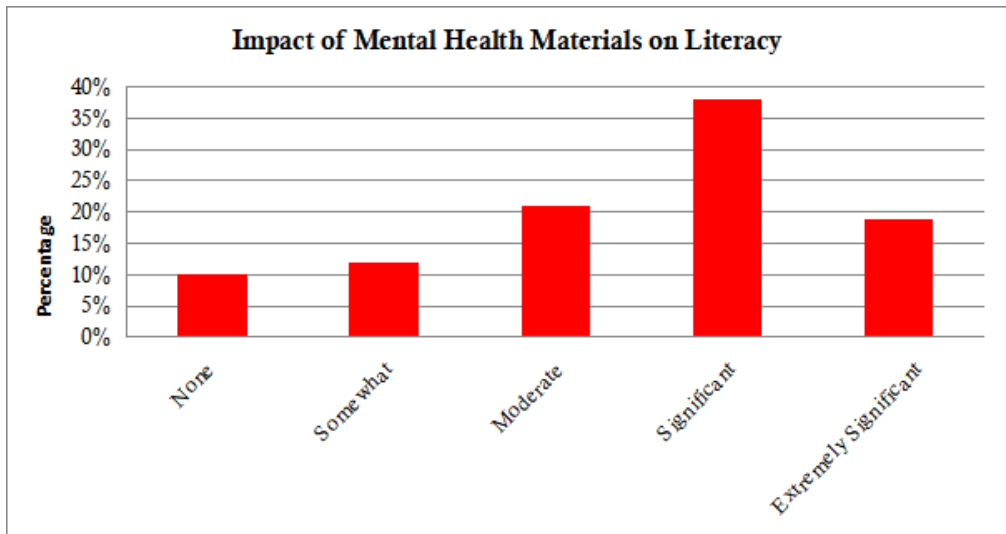


Figure 2: Respondents' Views about the Impact of Mental Health Materials on Literacy

Influence on Help-seeking Behaviours

The respondents had mixed feelings about the impact of mental health information on help-seeking behaviours. While some saw value in seeking help, others expressed no desire to take immediate action or any action at all. The findings reveal a notable disparity in perceptions, with some respondents indicating they would seek professional help or talk to someone, while others would consider future action or take no action. This highlights the complexity of how mental health information influences help-seeking behaviours.

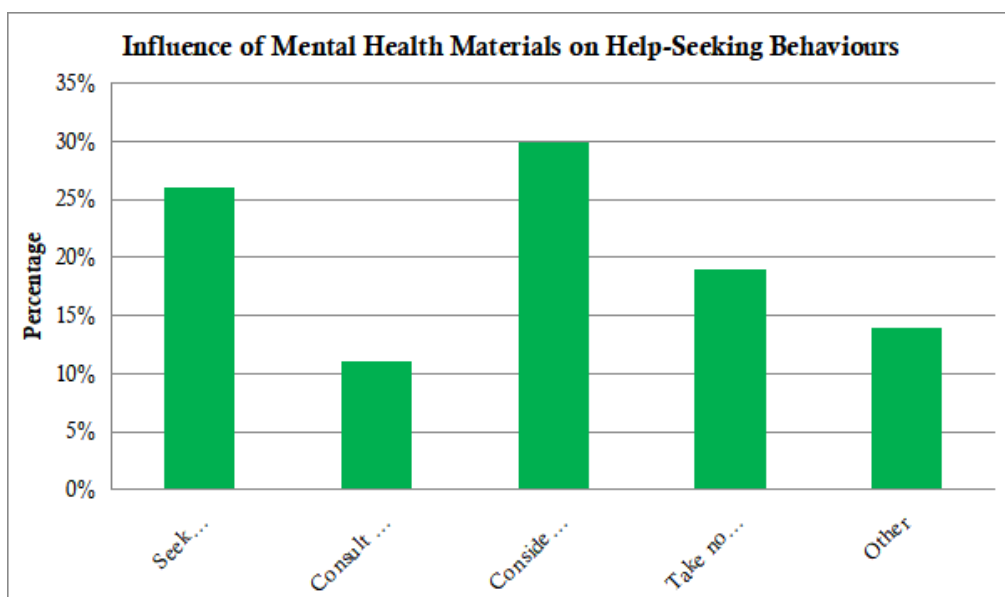


Figure 3: Perceptions about the Influence of Mental Health Materials on Help-Seeking Behaviours

Qualitative Findings

The researcher conducted a qualitative content analysis of the selected fact sheets to complement the quantitative data, specifically examining the communication strategies employed to enhance the quality of mental health information presented. Data revealed an alignment between the six information quality indicators and the messaging strategies used, citing communication gaps, as illustrated in Table 2.

Table 2: Information Quality Indicators, Corresponding Messaging Strategies, and Gaps

Information Quality Indicators	Messaging Strategies	Communication Gaps
Accuracy	Clear language, Factual tone, Simple definitions, Avoidance of jargon, logical structure.	Technical ambiguity (lack of clarity on technical content).
Validity	Research-based evidence; Authoritative perspectives, Expert endorsements.	Overreliance on emotional appeals, and use of fear tactics

Completeness	In-depth and comprehensive explanations, Engaging resources (colours, images, infographics), Innovative presentation techniques (counselling, question and answer, storytelling)	Limited solution diversity (messages provide similar solutions for various situations and demographics)
Timeliness	Time-sensitive calls-to-action (awareness calls and calls for help-seeking behaviours)	Limited message scope (not in sync with global treatment and eradication efforts)
Consistency	Repetition of information presentation styles, Branding consistency (logos, colour schemes, typography), Unified visual elements	Culturally inconsistent messages (reference to the taboo concept of mental illness in the public domain)
Uniqueness	context-specific experiences through storytelling narratives	Homogenous messaging (use of similar messaging frameworks), Limited visual engagement

Accuracy

The analysis of mental health fact sheets revealed that, to a large extent, the materials presented high-quality, accurate information. Specifically, the fact sheets used clear language, simplified definitions, and a logical message structure, including the use of headings, subheadings, bullet points and dialogue boxes to organize information, enhancing clarity and accuracy, and ensuring that the information is conveyed in a precise and understandable manner. For example, there was use of simplified definitions of key terms such as anxiety and depression:

Anxiety is worrying that something bad will happen or that something that matter will go wrong or not happen as you want it to. (fact sheet 3) Depression is having feelings of sadness, loss of hope, courage and being low in spirit. (fact sheet 4)

Subheadings in fact sheet 3 functioned to separate and effectively present ‘what’ information about anxiety disorder (“*What’s wrong with me? / What is it? / What causes it? / What can I do about it?*”). Similarly, fact sheet 4 engaged five subheadings to breakdown and accurately depict information about depression (*What’s wrong with me? / What is it? / What causes it? / What can’t I just get over it? / What can I do about it?*). Another example is fact sheet 1, where approaches to mental health were holistically presented in three dialogue boxes, each capturing facts about physical, psychological, and emotional strategies for mental wellness.

Despite the identified messaging strengths, data also revealed communication limitations on accuracy. The key accuracy limitation was technical ambiguity resulting from a lack of clarity on technical content such as medical and psychological concepts and processes. For example, the definitions of key terms such as mental health (fact sheet 1), grief (fact sheet 2), anxiety (fact sheet 3), and depression (fact sheet 4) were simplified for clarity, however, this simplification may compromise the accuracy and depth of these complex concepts.

Validity

The fact sheets presented information from an authoritative perspective, supported by research-based evidence on mental health issues. The information is factual and evidence-based, drawing on credible research to provide a reliable and trustworthy foundation for understanding mental health matters. In addition, guidelines on symptoms, behaviour and solutions to mental health challenges are provided, enhancing validity and credibility. Further, the fact sheets feature logos from reputable health organisations, including the Ministry of Health and Childcare, Zimbabwe, USAID, and U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) (fact sheets 3 and 4). These expert endorsements help reinforce credibility and build trust in the information presented.

However, the fact sheets revealed overreliance on emotional appeals to drive behavioural change messages, rather than logical reasoning, compromising validity. The designers of the materials arouse the audience's emotions through vivid imagery of mentally distraught patients and personal narratives to incite action. For example, fact sheet 4 depicts a young woman overcome with depression, fact sheet 3 shows a worried young woman in deep thought, and fact sheet 2 portrays a bereaved young man, all presenting stark and evocative representations of mental health issues. The materials also employ fear tactics by highlighting the severity of mental illness, aiming to evoke strong negative emotions such as fear and anxiety, to motivate behaviour change. This approach is associated with manipulative communication and can compromise information validity. For example, fact sheet 3 states that *“Serious anxiety can get in the way of everyday functioning / Anxiety can lead to a lack of self-confidence / It can interfere with relationships”*. Similarly, fact sheet 4 evokes fear by stating states that *“Depression is a real condition. You can’t just wish it away. Depression causes changes in the brain which affects how you feel and how you see things.”*

Completeness

In-depth explanations and comprehensive information on mental health was provided in the fact sheets to enhance completeness, covering awareness messages and support services. For example, the anxiety and depression fact sheets (3 and 4), cover key topics such as definition of concepts, symptoms, causes, treatment and approaches to therapy. This structured approach likely aims to educate readers about the conditions, their effects, and available support. The materials utilized engaging resources (images, infographics, colours) and effective presentation techniques (storytelling, question and answer, and counselling approaches) to effectively convey complete information, enhancing understanding and accessibility for the target audience. While the fact sheets were complete in terms of sufficient information, there was limited solution diversity, with messages often providing similar solutions, failing to account for individual

differences, unique circumstances, and diverse needs, creating an information needs gap within certain demographics, populations, and contexts.

Timeliness

The mental health fact sheets are timely, given research findings that mental disorders are an ongoing health crisis in Africa and globally, with increasing prevalence and significant impact on individuals, communities. In addition, time-sensitive calls-to-action, such as awareness prompts and encouragement for help-seeking behaviours were incorporated in the fact sheets. For example:

It is important to get into the habit of routinely practicing good self-care... (fact sheet 1)

Get support! Find someone to talk with who understands depression... (fact sheet 4)

This approach enabled the audience to engage with the information promptly, facilitating timely action and support. The timeliness of the information is in some way hindered by a limited scope, with a primary focus on public awareness and treatment efforts, overlooking prevention strategies. This is inconsistent with global trends, which are shifting towards mental health promotion and disease prevention, indicating a need to address this gap.

Consistency

The fact sheets employed consistent communicative strategies, including recurrent information presentation styles such as narration and storytelling, to enhance message consistency. Branding uniformity, for example, consistent logos, vibrant colour schemes, and typography, also contributed to a cohesive visual identity. The fact sheets also employed unified visual elements such as images featuring young people in various emotional states, to reinforce messages specifically targeting this demographic. For instance, fact sheet 1 depicts happy young people representing mental

wellness; fact sheet 2 shows a grieving young person being consoled by another; fact sheet 3 features a seemingly anxious young woman; and fact sheet 4 portrays a depressed young woman. This consistent visual approach was likely aimed at making the content more relatable and engaging for young audiences.

Despite the fact sheets' consistency in linguistic and visual elements, they exhibit notable contextual discrepancies that reflect cultural inconsistencies. Specifically, the materials openly discuss mental disorders and instability, which are culturally taboo topics in Zimbabwe. Publicly addressing these sensitive issues can be perceived as face-threatening and contradicts societal norms and expectations, potentially undermining the effectiveness of the messaging.

Uniqueness

The consistent narrative approach used in the fact sheets to discuss mental health issues added uniqueness by sharing context-specific experiences relevant to Zimbabwe, potentially enhancing relatability and memorability of the information. However, the materials' reliance on similar messaging frameworks, visual identities, and narrative structures as indicated earlier, limited their uniqueness. The repeated use of narrative strategies, while potentially effective, paradoxically restricted creativity and uniqueness by lacking diversity in presentation. Similarly, the lengthy and descriptive explanations of mental health issues came across as ordinary, unappealing, and less engaging, highlighting the need for more innovative, concise, and tailored communication strategies to capture the public's attention and interest.

Discussion

The survey results indicate a gap in the perceived accuracy of mental health messages, with below half 48% (n=273) of the respondents viewing the information as accurate, highlighting a need for improved credibility and trustworthiness in mental health messaging. Nonetheless, despite the

respondents' dominant view of mental health information in Zimbabwe as inaccurate, and technical ambiguity in some materials, textual analysis suggests that these messages demonstrate accuracy indicators through the use of clear language, factual tone, expert endorsements, and research-based evidence, highlighting that the campaigns prioritize credibility to establish public trust. This discrepancy points to a potential gap between intention and reception, where campaign creators may intend to convey accurate information, while the audience may fail to interpret or receive it as intended. In light of the above, Duplaga (2019) posits that message misinterpretation may stem from a mismatch between the audience's perceptions and reality, with personal experiences, biases, or preconceived notions influencing their evaluations of its accuracy. Aleksina, Akulenska, & Lubl6y (2019) add that such information interpretation gaps can lead to poor engagement and ineffective outcomes in public health campaigns, as audiences may not relate to, or act upon messages that are not reflective of their lived realities.

Another negative outcome of the study is the dominant view that mental health information lacks uniqueness, a significant trait of information quality. Only 33% (n=188) of the respondents reported that mental health messages are unique, implying a significant degree of lack of a distinct perspective or value, in alignment with Eronen's (2024) model of information quality. Similarly, qualitative analyses revealed that, although mental health materials use effective message strategies, the narrative approach across all materials without variation results in a lack of diversity and redundancy. Further, mental health information displays a limited use of innovative visuals, relying heavily on text-based content and static images, with a notable absence of interactive graphics, animations, infographics, and immersive multimedia elements, which could help to convey complex mental health concepts in a more engaging and memorable manner. This absence of uniqueness of mental health messages may lead to audience fatigue, decreased engagement, and demotivation to seek help.

Skliarenko, Gryshchenko, Kolosnichenko, Ostapenko, & Kolosnichenko (2023) emphasize, the impact of public health campaigns depends on creativity and innovation, highlighting the importance of innovative and creative messaging strategies in mental health campaigns, to better resonate with their target audience and promote positive mental health outcomes. To enhance uniqueness, campaigns should prioritize distinctive storytelling, diverse narratives, and visually engaging content to capture the public's attention and foster meaningful connections (Kechagia, Tsourvakas, & Piha, 2025). Thus, addressing lack of uniqueness in mental health information can increase its impact, resonance, and effectiveness among university students in Zimbabwe. It can lead to improved mental health awareness and increased help-seeking behaviours.

Further, the study's findings reveal a concerning uniformity between the survey outcome and the qualitative data, indicating inconsistencies in the content of mental health materials disseminated in Zimbabwe. Specifically, only 28% of survey participants perceived these materials as consistent, suggesting information discrepancies, contradictions, and lack of clarity. In relation to the information quality model which states that information should be consistent with internal logic, this outcome is particularly concerning, as it suggests that the fact sheets do not meet a fundamental standard of information quality. Similarly, the qualitative data revealed cultural inconsistencies in messaging, marked by visible contradictions stemming from public discussions of mental disorders, which are conventionally taboo topics in the Zimbabwean society. This inconsistency may lead to message mistrust and decreased audience engagement, potentially hindering the overall impact of mental health initiatives (Su, McDonnell, Wen, Kozak, Abbas, Šegalo, & Xiang, 2021).

Despite the negative outcomes, the findings of this study reveal a positive alignment between the survey results and qualitative data, indicating that mental health information consumed in Zimbabwe excels in three key areas of quality; completeness, validity, and timeliness. University students

generally reported high satisfaction with these information quality indicators, with 62% finding the messages complete, 58% perceiving them as valid, and 73% considering them timely. The qualitative findings echoed this sentiment, highlighting that the materials provided comprehensive information, in-depth explanations, and expert endorsements, and addressed contemporary health challenges. However, the analysis also revealed concerning trends; a reliance on emotional appeals and fear tactics that can undermine message validity, and a limited focus on awareness that overlooks ongoing global prevention efforts, limiting information timeliness. This suggests a need to re-evaluate these approaches in future mental health communications.

The positive outcome on information completeness, validity, and timeliness highlights that mental health campaigns in Zimbabwe are effectively disseminating quality information. It validates the information quality model which indicates that quality information provides a thorough understanding of the topic, is supported by evidence, and is up-to-date and relevant to the current context. Concurringly, Borah & Xiao (2018) posit that using expert endorsements and credible sources enhances the validity and trustworthiness of public health information, while regular updates ensure that the information remains relevant and effective. Consequently, the target audiences are likely to be more engaged and motivated to prioritize their mental health (Borah & Xiao, *ibid*). These findings highlight the importance of collaborations between mental health experts, researchers, and health information designers, which enhances information quality (Donovan, Furber, Cothren, Andrew, & Gwilt, 2022).

The study also revealed a promising outcome regarding the impact of mental health information on literacy among university students, with 78% of participants holding a predominantly positive view. Exposure to mental health information was found to significantly improve students' understanding of mental health concepts and increase awareness of available resources and services. This suggests that mental health

information plays a crucial role in enhancing mental health literacy among university students, empowering them to recognize signs and symptoms, and fostering a more supportive and inclusive environment. This outcome aligns with existing research highlighting the potential benefits of mental health information for young people. For instance, Nakarada-Kordic, Hayes, Reay, Corbet, & Chan (2017) emphasize the importance of engaging young people through creative activities and online resources, such as social media, to support their education and mental wellbeing. Similarly, Lee, Goh, & Yeo (2023), support the benefits of digital health interventions and online mental health information in improving mental health outcomes.

However, a somewhat paradoxical finding emerged regarding the impact of mental health information on health-seeking behaviours. Despite increased literacy, the study revealed a relatively low impact on encouraging audiences to seek help or engage in health-promoting behaviours, with only 31% indicating that they would immediately seek help after exposure to the materials. This discrepancy suggests that while the public is gaining knowledge and awareness, it may not necessarily be translating this understanding into action. Several factors may contribute to this gap, including persistent stigma, inadequate access to resources, or insufficient motivation, as highlighted by Foscolos (2024) and McKenzie, Oliffe, Black & Collings (2022). These findings are not unique, they are consistent with Yamaguchi's et al. (2011) study whose results show that despite improved awareness and knowledge, the actual utilization of mental health services and help-seeking behaviours among young people remained limited, signalling the complexity of bridging the gap between knowledge and action. Further, the study highlights the importance of moving beyond mere information dissemination and focusing on strategies that facilitate behaviour change.

Implications for Future Design of Mental Health Information

The findings of this study reveal critical areas requiring attention to enhance the quality of mental health information in Zimbabwe. To address

the gap between perceived and actual accuracy, mental health communication interventions should incorporate feedback mechanisms, ensuring that messages are relatable and resonate with audience experiences while remaining evidence-based and transparent. The lack of originality in mental health messaging highlights the need for creative approaches to content design. Incorporating diverse storytelling, culturally relevant narratives, and visually engaging formats can significantly improve audience engagement and mitigate the monotony of repetitive messages. Moreover, consistency emerges as a key area of improvement. Cultural inconsistencies in message design indicate the need for standardized national guidelines for mental health communication. Finally, since the study revealed that mental health information increases awareness and literacy, with limited impact on promoting health-seeking behaviours, future campaigns should prioritize interventions that motivate action, such as peer support programs, interactive workshops, and accessible counselling services.

Conclusions and Recommendations

The study concludes that while mental health information in Zimbabwe demonstrates strengths in areas such as completeness, validity, and timeliness, it falls short in addressing perceived accuracy, uniqueness, consistency, and behaviour change. These gaps underline the need for a shift towards audience-centred, innovative, and cohesive approaches in campaign design and delivery. Despite these challenges, the study highlights the potential of mental health information to significantly improve literacy among university students, laying a foundation for further enhancement of public health initiatives. It underscores the need for collaborative efforts among mental health experts, researchers, and health information designers to develop creative, evidence-based, and culturally sensitive interventions that not only inform but also motivate and empower individuals to prioritize their mental health.

To improve the quality and impact of mental health information, several recommendations can be made. First, focus should be on building credibility by using relatable testimonials, and ensuring transparency in message creation. Second, innovative messaging techniques, culturally resonant narratives, and engaging visual content should be prioritized to foster uniqueness and engagement. Third, national messaging guidelines should be developed to standardize content and address inconsistencies, alongside fostering stakeholder collaboration for cohesive communication strategies. Lastly, regular updates and evaluations of information will ensure that it remains relevant, credible, and effective in meeting the mental health needs of the target audience.

Study Limitations

The major limitation of this study rests in its limited focus on a specific set of mental health fact sheets, which may not be representative of all mental health communication materials in Zimbabwe, as the fact sheets' content, design, and target audience may differ significantly from other materials. This limitation highlights the need for further research to validate the findings and explore the effectiveness of diverse mental health communication strategies across various platforms and audiences in Zimbabwe.

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