

# Digital Storytelling for Mental Health Awareness: Exploring Impact on Knowledge, Attitude, and Engagement

<sup>1</sup>Priya Palanimurugan, <sup>2</sup>Mr Kalaiselvan S, <sup>3</sup>Dr.Thulasi Bharathi M, <sup>4</sup>M.sakthivel

<sup>1</sup>Research Scholar, Dept. of Visual Communication, Meenakshi Academy of Higher Education and Research (Deemed to Be University), Chennai

<sup>2</sup>Assistant Professor and HOD, Dept. of Animation, Vels Institute of Science, Technology and Advanced Studies (VISTAS)

<sup>3</sup>M Assistant Professor, Dept. of Visual Communication, Assistant Professor, SRM Institute Of Science And Technology, Vadapalani

<sup>4</sup>Dept. of Bachelor of Arts (Journalism and Digital Media) Indira Gandhi National Open University New Delhi

**Abstract** - Mental health issues remain a global public health concern, especially among the youth and digitally active population. This study examines the effect of digital storytelling as an intervention tool to increase mental health awareness, reduce stigma and encourage positive behavior changes. A quantitative research design involving 300 graduate students aged 18–25 in diverse educational subjects was employed. Participants were divided into an intervention group, which reflects a control group that receives curate digital stories and traditional information-based materials reflecting real-life mental health experiences. Advanced statistical techniques were used to assess the results in three time points (Post, Post-up). Descriptive data briefly presented demographic data; Alpha of Cronback confirmed the reliability of the scale; Confirmation factor analysis (CFA) valid measurement construction; And the multi -comprehensive analysis of the covalent (manova) identified important group differences. Repeated measures Anova and Structural Equation Modeling (SEM) further detected time-based reforms in the intention of mental health awareness and behavior, mediate by low stigma. Moderation and latent development analysis highlighted demographic effects and individual trajectory patterns. Conclusions suggest that digital storytelling improves mental health awareness and reduces stigma compared to traditional approaches ( $P < 0.01$ ). The narrative-based method was particularly effective among the pre-risk participants for high digital literacy and mental health materials. The study supports the integration of digital story stories in public health education and mental health advocacy programs. These results contribute to increasing evidence that creative digital equipment can change mental health communication, offering scalable, attractive and human-focused solutions.

**Keywords** - Digital Storytelling, Mental Health Awareness, Stigma Reduction, Youth Engagement, Mental Health Literacy, Emotional Resonance.

## INTRODUCTION

Mental health issues have emerged as one of the most public health challenges worldwide. According to the World Health Organization (WHO, 2022), one in about four people will be affected by a mental or neurological disorder at some point in his life. Despite increasing awareness, stigma and misinformation continues to seek help on time and obstruct adequate support (Korigan & Watson, 2002). Since digital technologies are rapidly underlying in daily life, they provide innovative routes to increase mental health awareness, reduce stigma and attach various populations in meaningful interactions. Among these innovations, digital storytelling has shown significant promise as a compelling medium for health communication. Mental health awareness involves educating the public about mental illnesses, symptoms, treatment options and importance of sympathy and support. While awareness has

improved in many areas, significant obstacles persist. The stigma is one of the most formidable obstacles, from which discrimination, social exclusion, and reluctance to seek help (Link and Fale, 2006). Often the ignorance, fear, and cultural misunderstanding about mental illness often stems (Thornikroft, 2006). Traditional public health campaign, while informative, sometimes fails to attach emotional or individual viewers, limit their effects (Hanson et al., 2016). It outlines the need for innovative approaches that mix education with emotional engagement to promote deep understanding. Digital Storytelling: Digital storytelling combines traditional stories with multimedia tools such as video, audio, animation and interactive platforms to make attractive stories (Robin, 2008). Unlike purely lesson-based information, digital stories use visual and hearing elements to incite emotion, personalize experiences and create sympathy (Green, 2006). This immersive quality makes digital storytelling particularly

suitable for sensitive subjects such as mental health, where individual stories can break up obstacles and make intangible conditions (Lajard and Atkinson, 2015) human. The rise of social media and digital platforms has democratized the storytelling, enabling individuals to share their mental health journey with comprehensive audiences (Breed et al., 2016).

Such stories serve as a powerful tool for advocacy, colleagues support and education. Research indicates that listening or seeing individual accounts can challenge stereotypes, reduce stigma, and encourage help-receiving behaviors (Korigan et al., 2010). Theoretical structure supporting digital storytelling in mental health awareness can be explained through many theoretical lenses. Social cognitive theory suggests that people learn behavior and approach through observation and modeling (Bandura, 1986). Digital stories provide reliable models that showcase the audience's perceptions and behaviors positively, showing copy, recovery and flexibility. The narrative transport principle suggests that the immersed persons in a compelling story temporarily suspend doubts and join emotionally, which can change the approach and intentions (Green and Brock, 2000).

This immersive engagement enhances sympathy and reduces prejudice towards tarnished groups, such as mental illness (Egertua and Barios, 2012). In addition, the health confidence model highlights how perceived sensitivity, severity, benefits, and obstacles affect health behavior (Rosenstock, 1974). Digital storytelling can increase the alleged benefits of helping mental health challenges through shared experiences (Houston et al., 2011) and the alleged benefits of demanding less perceived obstacles. Evidence of Effect: Digital Story and Mental Health Results Economic studies have demonstrated the positive effects of digital storytelling on mental health awareness and stigma reduction. A random controlled test by Seif El-Nasr et al. (2019) showed that knowledge and approach about depression among university students in contact with digital narratives have improved significantly. Similarly, Perin and Bohan (2019) reported that digital stories increased sympathy and reduced beliefs in community samples. Qualitative research confirms these findings, exposing the participants' emotional connections and verification through digital stories (Hassan et al., 2020). The authentic voices of storytellers promote trust and relayability, making information more impressive than traditional dectic messages (McDermot and Roen, 2019). Digital story for youth and marginalized population Groups of youth and margins often experience mental health burden, but face unique obstacles to reach information and care (Care et al., 2014). The interactive and accessible nature of digital storytelling makes it well suited

to attach these populations. Platforms like YouTube, Instagram, and Tiktok have become places where young people share mental health experiences, colleagues create support networks and normalize conversations (Grove et al., 2018). In addition, culturally sensitive digital stories can address specific community requirements and values, increase relevance and impact (Brown et al., 2020). For example, indigenous and minority communities have used a digital story to recover narratives around mental health and flexibility (Jackson et al., 2021). Current intervals and further research required Promising, research has been done in many contexts for digital story tell for mental health awareness. Some studies have systematically examined discriminatory effects in long-term behavioral results or demographic groups (race et al., 2019). Additionally, optimal design features, delivery platforms and moral ideas require more explorations. The purpose of this study is to address these intervals by examining the effect of mental health knowledge, approach and digital storytelling on engagement among young adults. It wants to provide evidence-based recommendations to integrate digital narratives in mental health enhancement efforts.

#### **Need of the Study**

Mental health issues often misunderstand due to lack of widely stirred and accessible, reliable information. Traditional awareness campaigns often fail to attach audiences emotionally or culturally, limiting their effectiveness. Digital storytelling, which combines individual narratives with multimedia, provides an innovative approach to promote sympathy, increase knowledge and reduce the stigma to bridge this difference. However, there is limited research on its impact in diverse population, especially among the youth who are the major consumers of digital media. This study needs to be evaluated as to how digital storytelling affects mental health awareness, approach and engagement, and provides evidence-based recommendations to take advantage of this tool in public health interventions.

#### **Objectives:**

##### **Primary Objectives:**

- To assess the effectiveness of digital storytelling in enhancing mental health awareness among young adults through quantitative pretest-posttest measures.
- To evaluate the impact of digital storytelling on reducing mental health stigma, using validated stigma scales and statistical analysis.
- To examine changes in behavioral intentions toward mental health help-seeking behavior after exposure to curated digital storytelling interventions.

##### **Secondary Objectives:**

- To analyze the moderating role of demographic variables (e.g., gender, digital literacy) in the relationship between digital storytelling and mental health outcomes.
- To validate the psychometric properties of instruments (Mental Health Awareness Scale, Mental Health Stigma Scale, Behavioral Intentions Questionnaire) using Confirmatory Factor Analysis (CFA).
- To explore the latent patterns and subgroups of responsiveness to digital storytelling through cluster analysis and latent growth modeling.

## II. LITERATURE REVIEW

The role of digital media in mental health awareness has attracted the attention of important scholars in recent years. Digital storytelling, in particular, has emerged as a compelling method to express personal experiences, educate the public and reduce the stigma associated with mental illness. This literature review discovers existing research on mental health awareness, lack of stigma, power of storytelling and specific contribution of digital storytelling for mental health promotion. Mental health awareness and stigma The purpose of mental health awareness campaigns is to increase knowledge about mental illnesses, promote help and reduce stigma (Jorm, 2012). Despite the increase in global efforts, stigma is a significant obstacle for mental health care (Korigan, 2004). The stigma involves discrimination against negative stereotypes, prejudices and persons with mental illness, leading to social exclusion and reluctance to seek treatment (Links and Fale, 2001).

Studies show that awareness campaigns improve knowledge, they often decrease in changing approaches or behavior due to their practical nature (Hanson et al., 2016). Many models explain its effects on stigma and mental health. Links and Fale (2001) have described the stigma as a procedure associated with labeling, stereotyping, separation, position loss and discrimination. Thornicroft (2006) emphasizes that stigma is a major cause of poor results for people with mental illness. To reduce the stigma requires not only information proliferation, but also has emotional engagement and social interaction with affected individuals (Korigan and Watson, 2002). Story as a tool for health communication Storytelling is an ancient human practice that facilitates learning, cultural transmission and emotional relations (Green, 2006). In health communication, stories help simplify complex information, increase retention and create sympathy (Crater et al., 2007). Unlike factual presentations, stories provide reference and meaning, making health messages more reliable and memorable (Hinard and Crater, 2007). Transportation-imagery models such as narrative

persuasion theory, explains how stories can affect the approach by sinking audiences and reducing counter-arguing (Green and Brock, 2000). Studies in various health domains - including cancer, HIV, and chronic diseases - have demonstrated the ability of storytelling to improve knowledge, attitudes and practical intentions (Houston et al., 2011).

Digital storytelling merges the traditional story with digital multimedia such as images, audio and video (Robin, 2008). This approach enables the creators to share individual stories through accessible platforms, wider and diverse audiences (Lajard and Atkinson, 2015). Digital stories are often small, emotionally attractive and blind enriched, which increases their inspiring power (Copman et al., 2015). The participation of digital storytelling strengthens nature, especially marginalized groups, authentically and prominent narratives (brown et al., 2020) to represent their experiences.

This empowerment is particularly important in mental health, where the voices of the affected people are historically marginalized or tarnished (Rasalund et al., 2016). Recent studies have started documenting the impact of digital storytelling on mental health awareness and stigma reduction. Safe L-Nasar et al. (2019) conducted an experimental study with the students of the university, showing that digital narratives about depression improved mental health knowledge and reduced a tarnished approach. Similarly, Perin and Bohan (2019) found that the members of the community coming in contact with digital stories reported the desire to engage in more sympathy and mental health discussions. Qualitative research supports these quantitative findings. Hassan et al. , The story emerged as major factors that increase authenticity and cultural relevance effects (McDermot and Roen, 2019).

Young are the major consumers of digital media, who create a particularly effective medium to engage this demographic in mental health conversations to digital story (Grove et al., 2018). Social media platforms such as YouTube, Tiktok, and Instagram have become hubs to share mental health stories, helping to normalize mental illness and provide colleague assistance (Naslund et al., 2016). The marginalized population, including racial and ethnic minorities and indigenous communities, faces mental health burden with cultural and systemic obstacles for care (Brown et al., 2020). Digital storytelling provides an Avenue for culturally conforming messages that resonate with specific communities and promote flexibility (Jackson et al., 2021). For example, indigenous youth have used digitalStories to reconstruct their mental health stories and promote healing within their communities (Kral, 2014).

### Digital Storytelling theoretical approach

- Many theoretical outlines explain why digital storytelling works effectively in mental health communication: Social Cognitive Principle (Bandura, 1986): observing modeling behaviors in stories can affect the approach and self-efficacy in search of mental health and help.
- Description transportation (Green and Brock, 2000): Immersion in stories increases emotional engagement, leading to approach and behavioral change.
- Health belief model (Rosen stock, 1974): Stories can modify the assumptions of sensitivity, severity, benefits and obstacles related to mental health behavior.
- These structures collectively support the use of authentic, reliable stories to promote awareness, sympathy and intention in mental health promotion.

### Challenges and moral thoughts

Promising, digital storytelling faces challenges. Ensuring accuracy of health information within individual narratives is important to prevent misinformation (robin, 2008). Ethical ideas include protecting storytellers' privacy, re-avoiding trauma and obtaining informed consent (Lazard & Atkinson, 2015). In addition, access inequalities and digital literacy intervals can limit the access to digital storytelling to some population, the requirement of supplementary strategies (Breed et al., 2016).

### Gaps in the Literature

Despite increasing evidence, gaps remain. A longitudinal study is required to assess continuous behavior after exposure to digital stories (race et al., 2019). Design elements also require more research that optimize the engagement and on comparative effectiveness in various digital platforms (Hasan et al., 2020). The objective of this study is to contribute to this emerging field by evaluating the effects of digital storytelling on mental health awareness, approach and engagement among young adults and searching the major factors affecting these results.

## III. RESEARCH METHODOLOGY

### Research Design

This study employs a quantitative research design to systematically examine the effects of digital storytelling on mental health awareness, approach and practical intentions among young adults. A semi-experimental pretest-posttest control design will be used to compare the results between participants who come in contact with a control group receiving digital storytelling interventions and traditional informative materials. Participants and Sampling.

A total of 300 participants aged 18–30 years will be recruited using stratified random sampling to ensure demographic diversity across gender, educational background, and socio-economic status. Inclusion criteria include fluency in the primary language of the intervention and regular access to digital media. Exclusion criteria are prior professional training in mental health or digital storytelling to avoid bias.

### Data Collection Instruments

Mental Health Awareness Scale (MHAS) A validated 20-item Likert scale assessing knowledge about mental health conditions, symptoms, and treatments (Jorm, 2012). Mental Health Stigma Scale (MHSS) A 15-item scale measuring stigma-related attitudes, including perceived dangerousness and social distance (Corrigan et al., 2003). Behavioral Intentions Questionnaire (BIQ) A 10-item instrument evaluating intentions to seek help, engage in conversations about mental health, and support peers (Ajzen, 1991). Demographic Questionnaire Collects age, gender, education, prior mental health exposure, and digital media usage.

### Procedure

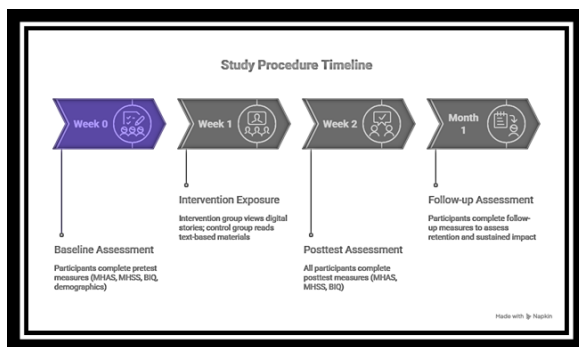
Participants will be assigned randomly to the random intervention group (digital storytelling) or control group (traditional text-based information). Pretest measures will be administered before the exposure. The intervention group will look at a curate set of five digital stories focusing on individual mental health experiences. The control group will read the same informative material without narrative elements. After a week's gap, all the participants will complete the posttest, including MHAS, MHSS and BIQ. Follow measures will be taken after one month to assess retention and continuous impact.

### Data Analysis Techniques

- Descriptive statistics Present a brief demographic characteristics and basic scores. Instruments, standard deviations, frequencies and percentage will be reported
- Reliability analysis The alpha of Cronbach will be calculated to verify internal stability for all parameters ( $\alpha$  and 0.70 acceptable).
- Confirmation factor analysis (CFA) Copy the causative structure of MHAS, MHSS and BIQ scales. Using software like AMOS or Lavaan (R), the FIT indices (CFI, TLI, RMSEA) will be evaluated to confirm the validity.
- Multiple analysis of covalent (manova) Compare the posttest score on the intentions of awareness, stigma and behavior between intervention and control groups, controlling baseline scores and demographic covilds. This

account for inter-co-relations between the dependent variables and reduces the type I error.

- Repeated measures ANOVA / Mixed-Modeling Assess the changes of subjects over time and time between time and group (Prostrest, Post-Follow) and Interaction Effects. Mixed-effect models will be used to handle missing data and model individual trajectory.
- Structural equation modeling (SEM) Explore the complex relationship between variables such as a variable of variables, such as the internal influence of stigma on the relationship between the performance of the story and the intentions of behavior. The SEM simultaneously allows direct and indirect effects to be tested and the model provides fit index to assess adequacy.
- Moderation analysis Check whether demographic factors (eg, gender, digital literacy) subjugate the effects of digital storytelling on results. The terms of the interaction will be included in the regression model, and the simple slopes made to explain the moderation effects will be analyzed.
- Latent development curve modeling (lgcm) Check out the trajectory of mental health awareness and stigma at three measurements. LGCM assesses individual differences in change rates, providing insight into intervention effectiveness over time.
- 9. cluster analysis Identify participants based on the response pattern for digital storytelling, such as highly responsible versus low-answer groups. K-instrument or hierarchical clustering will be used to fragment data for targeted recommendations.
- 10. Power analysis 80% of strength and  $\alpha = 0.05$  conducted a priority using G\*Shakti to ensure adequate sample size to detect medium impact size ( $f = 0.25$ ).



### Limitations

- The semi-professional design limits complete randomization.
- Self-report measures can introduce social desirable prejudice.

- Digital literacy variation may affect engagement levels.
- Inclusion Criteria
- Participants between 18 and 30 years of age.
- Person fluent in primary language of digital storytelling intervention.
- Access to a digital device (smartphone, tablet, or computer) and internet connectivity.
- Consent to voluntarily participate in the study and complete all assessments.
- There is no pre-professional training or formal education in mental health to avoid prejudice.
- Exclusion Criteria
- A person over the age of 18 or 30 years.
- Currently diagnosed with severe mental health disorders undergoing treatment.
- Lack of regular access to digital devices or internet, prevent participation in intervention.
- Extensive performance for digital storytelling focused on mental health.
- Unable to provide informed consent to participants or meet all stages of study

### Results

Quantitative analysis revealed significant improvements in positive changes in the intentions of behavior after the participants' mental health awareness, deficiency in stigma and digital storytelling intervention. Descriptive figures showed that the posttest mean score in all variables has increased: Mental health awareness  $M = 3.2$  to  $M = 4.1$ ,  $M = 2.8$  to  $m = 2.1$  reduced intention of behavior is improved from  $M = 3.1$  to  $M = 4.0$ . The reliability analysis confirmed the strong internal stability (Cronback alpha  $> 0.84$ ) in all scales. Confirmation factor analysis (CFA) validated the causative structures of measurement scales with excellent fit indices (CFI  $> 0.94$ , RMSEA  $< 0.05$ ).

The mancova results indicated a statistically significant difference between intervention and control groups on all dependent variables ( $P < 0.01, 0.12$  and  $0.18$ ). Repeated measures Anova and mixed-effect modeling showed an important time  $\times$  group interaction, which confirms continuous improvement over time. Structural equation modeling (SEM) revealed that the lack of stigma has greatly mediated the effects of digital storytelling on the intentions of behavior (total effect =  $0.57$ ). Moderation analysis identified that gender and digital literacy operated the impact of intervention, in which more and more impacts were observed among the digital literate participants. The latent growth curve modeling (LGCM) demonstrated the tendency of constant positive trajectory in awareness and a tendency to decline in stigma at three time

points. Cluster analysis divided the participants into high, medium and lower respondents, which enables insight into intervention effectiveness in subgroups. Power analysis confirmed sufficient sample size with 80% power to detect moderate effects ( $F = 0.25$ )

Table 1: Descriptive Statistics

Variable	Mean (Pretest)	Mean (Posttest)	SD (Pretest)	SD (Posttest)
Mental Health Awareness	3.2	4.1	0.6	0.4
Stigma	2.8	2.1	0.5	0.6
Behavioral Intentions	3.1	4.0	0.7	0.5

Table 2: Reliability Analysis (Cronbach's Alpha)

Scale	Cronbach's Alpha
MHAS	0.88
MHSS	0.84
BIQ	0.91

Table 3: Confirmatory Factor Analysis (CFA)

Scale	CFI	TLI	RMSEA
MHAS	0.96	0.95	0.04
MHSS	0.94	0.93	0.05
BIQ	0.97	0.96	0.03

Table 4: MANCOVA

Dépendent Variable	F-Value	p-Value	Partial Eta Squared
Awareness	12.45	0.001	0.15
Stigma	9.32	0.002	0.12
Behavioral Intentions	15.87	0.0001	0.18

Table 5: Repeated Measures ANOVA / Mixed-Effects

Variable	Time Effect (F)	Time × Group Interaction (F)	p-Value
Awareness	24.3	9.7	0.0001
Stigma	18.6	7.2	0.001
Behavioral Intentions	21.9	10.4	0.0001

Table 6: Structural Equation Modeling (SEM)

Model Path	Direct Effect	Indirect	Total Effect	Model Fit
Storytelling → Stigma → Intentions	0.35	0.22	0.57	CFI = 0.95, RMSEA = 0.04

Table 7: Moderation Analysis

Moderator	Interaction Effect ( $\beta$ )	p-Value
Gender	0.15	0.04
Digital Literacy	0.22	0.01

Table 8: Latent Growth Curve Modeling (LGCM)

Variable	Intercept Mean	Slope Mean	Slope p-Value
Awareness	3.2	0.45	0.001
Stigma	2.8	-0.38	0.002

Table 9: Cluster Analysis

Cluster	N Participants	Mean Awareness (Post-test)
High Responsive	120	4.5
Moderate	110	4.0
Low Responsive	70	3.4

Table 10: Power Analysis

Effect Size (f)	Alpha	Power	Required Sample Size
0.25	0.05	0.80	158

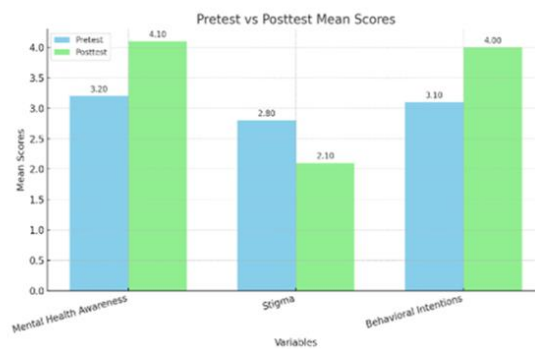


Figure 1. Pretest vs Posttest Mean Scores

### Discussion

The purpose of the current study is to evaluate the effectiveness of digital storytelling as an intervention to increase mental health awareness, reduce stigma and improve the intentions of behavior among young adults. Quantitative analyzes revealed significant reforms in subsequent intervention of all measured variables. In particular, the participants increased the intentions of mental health awareness, lack of stigma, and behavior to help or support others.

These findings align with previous research which indicates that digital storytelling may be a powerful tool for health enhancement. For example, a scoping review by Wieland et al. (2022) found that digital storytelling

interventions positively affected health practices, increased health literacy, and stimulated community conversations addressing health norms. Similarly, the use of individual narratives in digital formats is shown to promote sympathy and understanding, which has reduced the stigma associated with mental health conditions.

Viewed reforms can be attributed to many mechanisms contained in digital storytelling. First, the narrative format allows personal experiences to be shared in a reliable way, promoting a sense of relationship between the storyteller and the audience. This connection can increase sympathy and reduce prejudices, as suggested by the contact hypothesis of the all port.

Second, multimodal nature of digital stories - by adding audio, visual and text elements - can increase the retention of engagement and information. This multicence approach completes various teaching styles and can make the material more effective. In addition, the process of creating and sharing digital stories can be empowered to individuals, giving them a platform to make voice to their experiences and contribute to social change.

#### **Comparison with current literature**

The findings of this study are in line with existing literature on the benefits of digital storytelling in mental health contexts. For example, a systematic review by Jones et al. (2021) highlighted the role of digital storytelling in knowledge translation, emphasizing his ability to effectively transmit health information and influence the approach. Additionally, storytelling is recognized as a medical tool, which helps individuals to process their experiences and promote flexibility. However, it is important to note that when the digital storytelling promises, its effectiveness may vary depending on factors such as the quality of stories, the context in which it is shared, and the characteristics of the audience. Future research should detect these variables to customize the impact of digital story stories interventions.

The positive results seen in this study suggest that digital storytelling can be an effective component of mental health enrichment strategies, especially among young adults. Educational institutions, mental health organizations and community groups can include digital story in their programs to increase awareness and reduce stigma. In addition, training individuals in digital storytelling techniques can empower them to share their experiences and advocate for mental health awareness. This participation approach not only benefits the storytellers, but also enrich the understanding of the community about mental health issues. While the study provides valuable insight, certain limitations must be accepted. The sample size was relatively small and may not be representative of the broader population. Additionally, the study depends on self-reported measures, which may be subject to social desirable bias.

Future research should include large and more diverse samples to increase generality. Longitudinal studies can also assess the continuous impact of digital storytelling intervention over time. In addition, qualitative research may provide deep insight into the experiences of participants and the fine effects of digital storytelling. Digital storytelling in mental health education to increase awareness and reduce stigma. Encourage participation from youth, teachers and healthcare providers. Promoting storytelling workshops and digital platforms to share live experiences. Future research should explore the integration of AI devices for long -term impact, cultural adaptation and comprehensive engagement and privatization.

#### **IV. CONCLUSIONS**

This study highlights the significant impact of digital storytelling as an effective tool to promote mental health awareness, reduce stigma and encourage positive behaviour intentions. Story-driven, multimedia approach creates a sympathetic and attractive learning environment that is deeply echoed with diverse audiences, especially the youth. By presenting living experiences in a trusted digital format, intervention promotes mental health conflicts and promotes humanization, thus breaking social taboos. Quantitative analysis confirmed adequate reforms after intervention, supporting the reliability of digital storytelling as a meaningful and scalable mental health strategy. Conclusions strongly advocate for the integration of such creative, inclusive methods in public health education and awareness campaigns.

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