

INTRODUCTION

Maternal mental health (MMH) conditions are the most common form of pregnancy and childbirth complications as well as the leading cause of death among pregnant people in the United States (U.S.).¹⁻⁴ MMH conditions encompass a variety of psychological disorders, and are broadly classified as perinatal mood disorders (PMDs). These include depression, anxiety, bipolar illness, obsessive compulsive disorder, post-traumatic stress disorder, and substance use disorder.²⁻⁴ These conditions present during the perinatal period, which includes both pregnancy and postpartum (defined as up to one year after birth).¹² One in five women, or 800,000 women in the U.S. are impacted by MMH conditions annually,²⁻⁴ though 75% of those affected do not receive treatment.⁵ While there has been increased public support for mental health services and education, the incidence of MMH conditions has been rising, with a 64% increase following the COVID-19 Pandemic in 2020.¹¹ History of mental illness, lack of partner or social support, unplanned pregnancy and pregnancy complications are all typical risk factors for women developing PMDs, but the COVID-19 Pandemic only exacerbated these stressors, and made women who may not typically be at risk more susceptible to MMH conditions.^{2,6,7,11}

In response, the House Energy and Commerce committee released a COVID-19 relief fund that incentivized states to expand Medicaid postpartum coverage for up to one year, a 10 month increase from the baseline of 60 days.¹³ Prior to this policy, women enrolled in Medicaid for pregnancy lost coverage after 60 days postpartum; however, the peak incidence of PMDs occur between 3-6 months after birth, and 12% of pregnancy related deaths occur after 60 days postpartum.¹⁴ Moreover, the Congressional Budget Office estimates that 45% of women enrolled in Medicaid for pregnancy become uninsured after the 60-day mandatory coverage ends.¹³ In the 14 states that have not expanded their Medicaid packages since 2021, women continue to lose

coverage during some of their most vulnerable months, especially Black women, of which 21% are on Medicaid.¹⁸

Pregnant and postpartum people who do not have health insurance are at an increased risk of developing PMDs, are less likely to receive treatment for their conditions, and ultimately are more likely to die of suicide or overdose than those with insurance.¹² As of 2019, the maternal mortality rate in the U.S. was 17.6 per 100,000 live births, and for Black women specifically, the rate is nearly 40 deaths per 100,000 live births.¹⁵ These deaths are largely caused by MMH conditions which are preventable with proper treatment.¹⁴

Aside from healthcare access, other social determinants of health play an important role as well; factors such as economic stability, lived environment and neighborhood, community support, and access to education all contribute to a wide range of health outcomes, functioning, and quality of life that may impact someone's mental health experience.⁸ While anyone regardless of race, age, income, or education level may be at risk of developing PMDs, Black people living on low incomes are disproportionately impacted by these social determinants of health and are more than twice as likely as white women to develop PMDs.^{9,10} In fact, nearly 50% of Black women will experience at least one MMH condition throughout their life.¹⁶

Systemic and interpersonal racism also act as barriers for Black women to receive mental health services, and even when they do, many report inadequate treatment and remain undiagnosed after multiple visits.^{16,17} Research explains that Black women, even when screened using validated tools, fall through the cracks because of a lack of cultural awareness and a different experience of depression and other MMH conditions.¹⁹ More specifically, the Edinburgh Postnatal Depression Scale (EPDS), the Beck Depression Inventory II (BDI-II), and the Postpartum Depression Screening Scale (PDSS) were all developed through research of

white individuals.¹⁹⁻²⁰ Research suggests that people of color often experience and describe depressive symptoms differently due to historical racism and other cultural factors; therefore, their symptoms are frequently missed during screening and they do not receive treatment.¹⁹⁻²⁰

Instagram (IG) is one of the most widely used social media platforms in the U.S., with as many as 168.8 million active users as of 2023.²⁶ Thirty eight percent of IG users are Black, and of those, 48.2% are female and 31.7% are between the ages of 25 and 34, the highest proportion of users compared to any other age group.²¹⁻²² Black women 18 years and older reportedly spend an average of 19 hours and 27 minutes per week on an app or web-based platform on their smartphones.²³ Given that the mean age of Black women at first birth is 25.9, it is suitable to assume that targeting 25-34 year olds via Instagram will be effective in reaching Black women who are at highest risk of developing PMDs.²⁷

Moreover, a 2021 study on the impact of social media on Black women's self-esteem examined the trending hashtag #BlackGirlMagic on IG and surveyed women's responses. In a sample size of 134 young Black women, 69% reported higher self-esteem due to exposure of and engagement with the hashtag, showing that targeted IG messaging can have a positive impact on mental health.²⁴ Additionally, there are a handful of organizations and influencers posting about the disparities in maternal mental health among Black women, and some have even shared their own personal stories of moving through various conditions.²⁵ Women are drawing awareness to MMH conditions and are attempting to normalize them; however, what appears to be missing is messaging around prevention measures. Because it has been found that Black women often are not screened properly for MMH conditions, the research question my proposal asks is, how can Instagram messaging educate young Black women (ages 25-34) on early signs of PMDs, where to seek help, and how to navigate the inevitable barriers they will face?

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RESEARCH STRATEGY

The research question that this study seeks to answer is *how do mental health influencers communicate about perinatal mental health on Instagram (IG)?* The eligibility criteria for this study are characterized by two definitions, an “influencer” and a “mental health practitioner.” In the digital marketing world, an “influencer” can be defined as someone who “has a large number of followers and high engagement rates...they can persuade others to buy something because of their authenticity and trustworthiness...their presence on various social media networks creates an impact on a market.”¹ This study will adopt these themes and specify the definition by three criteria: A. someone who has at least 2,500 followers, B. someone who is selling a service or product through the link in their bio, and C. someone who has at least four story highlights. These criteria underscore one’s likelihood of having a meaningful influence on a large audience of people. Furthermore, according to the National Alliance on Mental Illness, mental health professionals may be psychologists, counselors, therapists, clinicians, social workers, psychiatrists, mental health nurse practitioners, and more.² These practitioners, among others, can all offer specific services for perinatal mental health; however, for the purposes of this project, mental health practitioners will include anyone who holds a degree in counseling, psychology, or who holds the title “therapist.”

Through Instagram posts between 2020 and present day, I will examine three levels of domains to gain insight into how mental health influencers represent and communicate about perinatal mental health. The two primary domains are 1) Post Images, defined as the visual component of a post, and 2) Post Text, defined as the written and verbal components of a post. Within these two primary domains lay several secondary domains, and within those are subdomains to further describe the post. Within the domain *Post Images*, the secondary domains

are 1) body positionality (*subdomains: relaxed, coping, upset*), 2) displays of emotion (*subdomains: positive, negative, neutral*), and 3) type of image (*subdomains: graphic, photo, video, combination*). Under the domain *Post Text*, the secondary domains are 1) content topic (*subdomains: personal story, education, parenting and partnership coaching*) and 2) a call to action, or a “CTA” (*subdomains: get professional help, get community support, engage in coping strategies*). It is also important to define a few subdomains that may be subjective. Under the body positionality domain, a “relaxed” subdomain is characterized by the person appearing comfortable or neutral, while an “upset” subdomain is characterized by visible emotions (crying or yelling), or displaying posture that is closed off. A “coping” subdomain is characterized by engaging in a coping strategy (ie: meditation, napping, spending time with a support system).

These domains are supported by the Health Behavior Model, which proposes that individuals’ perceived norms regarding their beliefs may change, such as learning the signs and symptoms of perinatal mental health disorders and feeling validated in their experiences. Following this, they may change their behaviors, such as implementing coping strategies and seeking out support. Ultimately, their personal agency and beliefs around self-efficacy regarding their healing and recovery may also begin to change as a result.

In order to collect Instagram (IG) posts that depict communication around perinatal mental health, I will use a multi-staged sampling approach that will rely on both a purposive and convenience sampling strategy alongside a summative content analysis method. IG posts will be selected based on certain criteria (hashtags and eligibility), and I will only use the first nine posts that populate. The first step is determining which keywords would be most effective in my search. According to online metrics of the most commonly used hashtags for perinatal mental health, #mentalhealth appears in 30,142,670 posts, and others such as #perinatalmentalhealth,

#maternalmentalhealth, #postpartum, and #postpartumdepression are among the top five most commonly used hashtags for this topic on Instagram, Twitter, TikTok, and Facebook.³ I will begin the summative content analysis by utilizing these hashtags in the searchbar function of IG to gather samples of posts. Next, I will analyze posts that populate from the given hashtag and check the corresponding account for eligibility criteria (anyone who A. meets this study's definition of an influencer and B. anyone who meets this study's definition of a mental health practitioner). Once eligibility has been determined, I will save the post and the corresponding account in the codebook for further analysis. Selected accounts will be stratified by both audience size and type of practitioner. Audience size categories include micro-influencer (2,500 - 9,999 followers), mid-level influencer (10,000 - 20,000 followers) and verified influencer (anyone with a blue checkmark, regardless of audience size). Mental health practitioner categories will include psychologists, therapists, and licensed counselors.

I plan to use five hashtags (#mentalhealth, #perinatalmentalhealth, #maternalmentalhealth, #postpartum, and #postpartumdepression) to populate posts. I will then view the top nine posts from each hashtag to analyze eligibility criteria; if the post comes from an eligible source (mental health influencer), the post will be coded. Estimating that six out of the nine posts will be eligible for analysis, my goal is to code 30 posts (roughly six posts per hashtag). This will both be a realistic number of posts to code, as well as provide enough content to demonstrate meaningful analysis and identify common themes to draw conclusions.

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RESEARCH SUMMARY

Findings. The goal of this study was to analyze how mental health influencers, defined as mental health practitioners (therapists, psychologists, licensed counselors) with a large audience (2,500+), communicate about perinatal mental health on Instagram (IG). The study used a purposive and convenience sampling strategy and a summative content analysis to examine a sample of 14 Instagram posts that were generated from the following hashtags:

#perinatalmentalhealth, #maternalmentalhealth, #postpartum, and #postpartumdepression. Prior to the study, I expected the majority of posts to center around personal narratives and display real imagery of people experiencing mental health; therefore, I coded for body language/positionality and displayed emotion. Interestingly, the vast majority of mental health content analyzed focused on psychoeducation and utilized graphic imagery rather than real humans (SEE APPENDIX).

Results. The majority of mental health influencers represented in the sample were psychologists (42.86%), followed by therapists (28.57%), and licensed counselors (21.43%). Almost all of these influencers were verified on Instagram (92.86%), which may demonstrate a high educational credential. Most of the posts (85.71%) were graphics, which aligns with the content topic trend that 57.14% of the posts were educational or psychoeducational. While there were some personal stories (35.71%) and parenting/partnership coaching material (7.14%), most of the influencers that I examined were highly educated in the field of mental health, and in turn produced content that reflects that level of education. This is further represented in the content itself; 71.43% of posts displayed either a neutral or relaxed body, or none at all. The posts overall were much less emotional than expected, and included far fewer accounts of real people and their

experiences. The calls to action (CTA) varied, with 50% encouraging viewers to seek professional help, and the remaining 50% a mix. Notably, several of the posts with this CTA encouraged viewers to sign up for or purchase a product that the influencer was selling. I will discuss this further in the next section. Lastly, there was little variation in the racial and ethnic groups portrayed in these posts, which was indicative of the influencers themselves. Half (50%) of the posts portrayed white women, and only 7.14% portrayed either Black, Brown, people of color, or a variety of races. The remaining 35.71% of posts did not show people and thus did not display racial or ethnic demographics.

Discussion. While I was initially surprised that most of the posts were educational graphics and emotionally neutral, it makes sense due to a few key factors. First, a 2022 research study by Pretorius et. al. which examined if mental health influencers increased literacy through Instagram and TikTok found that credibility was an important factor in receiving engagement, and that psychoeducation was a common theme among their posts.¹ There is an emerging trend of mental health influencers taking psychoeducation that is typically taught within a therapy setting and distributing it to mass audiences through social media with the aim of both educating the public, and selling their services to expand their business and professional growth.¹ This is reflected in the frequency of the CTA to get professional help; mental health influencers provide education, but also want to build their business. Second, mental health practitioners may be more likely to use neutral language and imagery to avoid triggering their audience with an already emotionally-charged subject. Third, perhaps highly educated people utilize their intellectual knowledge and credentials in an effort to portray trustworthiness and distinguish themselves from the countless influencers talking about mental health who do not have official training. The expansion of mental health education is undoubtedly beneficial, and allows more people to

identify their own behaviors, build self-efficacy in coping skills, and confidence in seeking support. However, there are nuances to be considered. Pretorius et. al. discuss that psychoeducation outside of a therapy setting could have unforeseen consequences, and one that I saw in my analysis was a lack of racial and ethnic representation.¹ Most of the influencers in the sample were white middle-aged women, and the majority of their posts were also of white women, even in graphics. This is concerning from a health equity standpoint because Black women are more than twice as likely as white women to develop perinatal mood disorders, but are less likely to receive proper treatment and support.^{2,3} If educational content is heavily skewed towards white individuals, people of color miss out on content that focuses on their needs and experiences. I wondered if this was a limitation of the study, or a reflection of our society.

Limitations. The primary limitation of this study is that it is not generalizable. Due to the lack of racial and ethnic representation in the sample, it is difficult to determine if the trends I found are consistent themes across different communities. As mentioned, this could have been a result of the sampling strategy. The sampling strategy utilized hashtags to search for posts, rather than keywords to search for profiles. This posed a few issues. First, the plan was to view the first nine posts per hashtag to have randomization, but I often had to view the first 12 because it was difficult to find posts with proper inclusion criteria. Second, the hashtag #mentalhealth was not appropriate for analyzing perinatal mental health, because it was not specific to pregnancy and postpartum. Similarly, the hashtag #postpartum generated posts about fitness and postpartum body recovery rather than mental health. Additionally, many mental health influencers with large audiences do not use hashtags, and therefore were excluded from the study. This could have significantly altered the type of posts and content I was able to sample and analyze. These unforeseen difficulties resulted in a much smaller sample size than anticipated, with 14 posts

rather than 30. Future studies may consider these challenges in designing their sampling method; additionally, more research is needed to determine racial and ethnic trends and disparities in media discourse of mental health to ensure broader and more equal representation.

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APPENDIX

Sample Size	14 posts					
Source	Instagram	Type of Practitioner			Audience Size	
Hashtag Used		Psychologist	Therapist	Licensed Counselor	Macro-Influencer (20,000 +)	Verified-influencer (blue checkmark)
	#perinatalmentalhealth	40.00%	20.00%	40.00%	20.00%	80.00%
	#maternalmentalhealth	60.00%	40.00%	0.00%	0.00%	100.00%
	#postpartumdepression	0.00%	50.00%	50.00%	0.00%	100.00%
	#postpartum	50.00%	50.00%	0.00%	0.00%	100.00%
Total		42.86%	28.57%	21.43%	7.14%	92.86%

Sample Size	14 posts										
Source	Instagram	Image Type			Content Topic			Call to Action			
Hashtag Used		Graphic	Photo	Video	Education	Personal story	Parenting / partnership coaching	Get professional help	Engage in coping strategies	Get community support	More than one
	#perinatalmentalhealth	80.00%	0.00%	20.00%	80.00%	20.00%	0.00%	40.00%	20.00%	20.00%	20.00%
	#maternalmentalhealth	100.00%	0.00%	0.00%	40.00%	40.00%	20.00%	60.00%	0.00%	20.00%	20.00%
	#postpartumdepression	100.00%	0.00%	0.00%	50.00%	50.00%	0.00%	50.00%	50.00%	0.00%	0.00%
	#postpartum	50.00%	0.00%	50.00%	50.00%	50.00%	0.00%	50.00%	50.00%	0.00%	0.00%
Total		85.71%	0.00%	14.29%	57.14%	35.71%	7.14%	50.00%	21.43%	14.29%	14.29%

Sample Size	14 posts											
Source	Instagram	Body Positionality				Displayed Emotion			Racial/Ethnic Groups Represented			
Hashtag Used		Neutral / relaxed	Positive / coping	Negative / upset	N/A	Positive	Negative	Neutral	White	Black / Brown	Mixed-Race	N/A
	#perinatalmentalhealth	40.00%	20.00%	20.00%	0.00%	20.00%	40.00%	40.00%	80.00%	20.00%	0.00%	0.00%
	#maternalmentalhealth	0.00%	0.00%	20.00%	80.00%	0.00%	20.00%	80.00%	0.00%	0.00%	20.00%	80.00%
	#postpartumdepression	50.00%	0.00%	0.00%	50.00%	0.00%	0.00%	100.00%	50.00%	0.00%	0.00%	50.00%
	#postpartum	50.00%	50.00%	0.00%	0.00%	0.00%	0.00%	100.00%	100.00%	0.00%	0.00%	0.00%
Total		28.57%	14.29%	14.29%	42.86%	7.14%	21.43%	71.43%	50.00%	7.14%	7.14%	35.71%

AUDIENCE SEGMENTATION

In collecting and analyzing the data of 14 Instagram posts about maternal mental health (MMH), several themes began to emerge. Considering these themes, along with literature reviews from past studies, and theories like the Health Belief Model (HBM) and Socioecological Theory (SET), I saw three primary audience segments begin to develop. *The Relator* is someone who consumes content as a way to process their own feelings and experiences; they recognize aspects of themselves in posts and/or influencers, and seek comfort through relating to other people. *The Learner* is someone who consumes the content to gather information and knowledge to understand their personal experiences with MMH; they turn to Instagram posts for educational purposes, and may ask questions in the comments or use the content to inform their actions and behaviors. *The Advocate* is someone who may or may not have personal experience with MMH, but has professional knowledge and expertise in the field and seeks to uplift and support the community.

The Relator: Socioecological Theory (SET) proposes that health issues are impacted by multiple levels of influence; The Relator predominantly operates within the intrapersonal and interpersonal levels, which refer to individuals' characteristics that impact their beliefs, knowledge, attitudes, and behaviors, as well as working with family, friends, and peers to develop social identity and support.¹ Because the purpose of their content consumption (call to action/ CTA in codebook) is to process their experiences and learn how to engage in self-care and coping strategies, they tend to navigate their mental health issues through these levels, where they are able to pinpoint their own identities, and process that within the broader context of an aligned community. Relators understand themselves through witnessing others, therefore as seen in the data collected, they are more often drawn to content with personal stories, where they can

learn about MMH through hearing about others' experiences. Of the sample, 35.71% of the content was personal stories, the second highest content topic; furthermore, these stories tend to be told through videos/reels, or still-images of the influencer, which lends to a more intimate type of engagement from their audience.

Utilizing the Health Belief Model (HBM), which predicts how people navigate their health issues, The Relator is motivated to consume mental health content due to perceived susceptibility, perceived severity, and perceived benefits.¹ Essentially, they recognize their own potential risk factors for having or developing MMH issues, they are aware of the consequences and health implications of it, and they are interested in how different actions and behaviors may mitigate these outcomes. By analyzing the demographic representations of the influencers and their content, I deduced that The Relator is likely a new mom, middle and/or upper class woman, and likely has at least a high-school degree. Relators may represent a variety of racial and ethnic backgrounds. The Relator's takeaway message is, *"you are not alone in your experience, it is valid, real, common, and there are ways to cope."*

The Learner: The Learner is the information gatherer, someone who seeks to understand their experiences through understanding facts, science, and research. They are less motivated by relating to specific individuals, and more motivated by building their own knowledge about themselves through education, and therefore largely operate on the intrapersonal level of SET, with some engagement in the community level through education. The Learner consumes Instagram content on MMH to understand risk factors, psychological mechanisms, signs and symptoms to look out for, and how to take action to mitigate negative health outcomes. I did not have a CTA in my codebook that directly represents The Learner, but in hindsight it would have been "gain knowledge about MMH conditions." Due to The Learner's desire for information,

they are frequently drawn to educational content, which often manifests in graphic images or text-overlay posts. Many of these posts have statistics or research to validate their messages, and tend to provide psychoeducation that was once only available in the context of a therapy session. Within the HBM, The Learner is motivated to educate themselves on MMH due to perceived susceptibility, perceived benefits, and a cue to action, meaning they are exposed to messaging in the content that encourages them to make behavioral changes or take action to get support for their conditions. Their takeaway message is, *“there are specific psychological and physiological reasons for your experience, and specific steps to heal and move forward.”*

The Learner makes up a large portion of our audience as depicted in my codebook with 57.14% of posts coded as educational. They are likely new or expecting moms, middle and upper class women, with college and some graduate level degrees, and represent a variety of races and ethnicities, but are predominantly white. As we know, MMH impacts everyone, and while marginalized groups have higher risk factors and disproportionately worse health outcomes, it is still a health issue that may impact all new moms and birthing people. However, a 2015 SAMHSA study underscores a significant racial difference – 51.7% of white females reported utilizing mental health services in the past year compared to 32.2% of Black or African American females.² Of course, there could be many reasons for this discrepancy, but across the board, research indicates that people of color have less access and are less likely to seek out mental health services.

The Advocate: The Advocate is the “supportive professional,” operating mostly in the institutional and community levels of SET but also engaging in the interpersonal level. As a practitioner or mental health expert, they are motivated by content that both connects them with their community and peers (other mental health practitioners), and gives them an avenue to

support others in their mental health journey. In my codebook, this was reflected by the CTA “get professional support.” Because they are interested in spreading awareness, Advocates are drawn to educational and personal development/coaching content. These posts can take a variety of forms, including graphics, live-videos, images, or text, all with the underlying goal of providing education while generating audience engagement. Within the HBM, The Advocate is operating in the last stage – self-efficacy, which is defined as one’s confidence to perform an action or behavior.¹ The Advocate is always building their skills and knowledge in the field, but they are often already experienced experts, and are mostly there to lead, guide, and support other audience segments such as The Relator and The Learner. Their relationship with the content is much less personally-motivated, and much more professionally-motivated. They may use this expertise to both interact with members of the community, as well as engage in institutional change. Their main message is, “*mental health is important, and getting professional help is necessary and available.*”

The Advocate is a mental health professional with a graduate degree or higher, which also means they are likely middle-upper class women. Many of these professionals who have a niche in perinatal care are also moms, and can use their personal experience with motherhood to further engage and inform the community on MMH. The Advocate is overwhelmingly white; as of October 2023, 73% of therapists were white, and only about 4% were Black or African American.³ This is underscored in the data I collected where 100% of the influencers were white. While The Advocate can serve as a touchpoint for people navigating mental health issues and a voice for change in mental health policy and access to care, there is clearly a severe lack of representation of minority women and people of color. Given that these folks disproportionately

suffer the consequences of mental health conditions, The Advocate may carry that responsibility through their engagement with Instagram and other social media platforms.

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APPENDIX

Topic/Theory	The Relator	The Learner	The Advocate
Socio-ecological theory (SET)	Intrapersonal & interpersonal levels	Intrapersonal & community levels	Interpersonal, community & institutional levels
Purpose of content consumption (<i>codebook: call to action</i>)	Process their experiences & learn about self-care and coping strategies (<i>codebook: engage in coping strategies</i>)	Understand risk factors, psychological mechanisms, signs & symptoms of mental health issues (<i>learn about MH</i>)	Connect with their community & peers (other mental health practitioners), support others in their MH journey through professional support (<i>codebook: get professional support</i>)
Type of narrative drawn to (<i>codebook: content topic</i>)	Personal stories	Education	Education / personal-growth coaching
Type of content drawn to (<i>codebook: image type</i>)	Videos, real-images, mixed methods	Graphics / still-images	Mixed methods
Health Belief Model	Perceived susceptibility & perceived benefits	Perceived susceptibility & perceived benefits, cue to action	Self-efficacy
Message takeaway	You are not alone in your experience, it is valid and real	There are specific psychological + physiological reasons for your experience	Mental health is important, getting professional help is necessary and available
Demographics (<i>codebook: pulled from racial/ethnic groups represented, type of influencer</i>)	New moms, middle and upper class women, mixed races/ethnicities, high-school /or college-graduates	New or expecting moms, middle and upper class women, mixed races/ethnicities, college & some graduate level education	Moms, professionals, mental health practitioners, upper class women, mostly white, graduate-level education

When I began this project, I was intrigued by the growing market of online therapy and how mental health practitioners have begun providing psychoeducation through media platforms like Instagram (IG). Social media is a place where folks can build community with strangers about topics that are quite personal, and professionals have begun seizing this opportunity to both expand knowledge and build their businesses. Through my research, I expected to see a common theme: beautiful people with plenty of followers posting personal stories, and followers eating it up in an effort to heal. Really, I expected to see an incredibly important topic utilized as leverage for America's capitalist and idealist tendencies. However, what I found was much more nuanced and hopeful than my initial expectations. Throughout my analysis this quarter, I saw three distinct personality themes emerge, all who interact with one another in different ways to achieve different results, but with the common goal of healing. These personas are motivated by unique factors and are rooted in unique experiences; they provide us with a deeper understanding of where our mental healthcare falls short, how people search for and absorb psychoeducation, and what role social media can play in addressing the growing mental health crisis in the United States (U.S.) today. These personas are *Roe The Relator*, *Lu The Learner*, and *Ava the Advocate*.

Roe, The Relator: Some people process their feelings and experiences through acts of solitude, like writing in a journal or going for a walk. Others process their emotions through connecting to those with similar or shared experiences. Roe, The Relator, is someone who engages with mental health influencers on Instagram (IG) in order to recognize aspects of themselves and process their experiences with MMH through relating to others. Roe is compassionate, a care-giver at heart, quite talkative, often indecisive, and authentically relatable. They feel comfortable sharing intimate details with strangers in public settings, and are quick to post comments and interact with other IG users in the community. Roe is the first to celebrate

someone they've never met, or offer condolences when they identify with what someone is going through. They are the warm friend that gives you a big hug and lets you vent to process emotions. They may have some experience in therapy, but typically haven't experienced mental health issues prior to becoming a mom or parent. They're young, in their 20's or 30's and are juggling life as a newly married or partnered person with a new baby to care for. IG is their chosen platform because they've been using it for years and are comfortable with it; furthermore, it is where they find other young moms and parents navigating the same issues as they are.

Roe The Relator is only just beginning their career; they may or may not have completed college and live off a modest income, balancing work with caring for their child(ren). Mainly, Roe is motivated by building a community that mirrors their experiences. They are overwhelmed and burdened by their mental health and struggle to maintain it alongside caring for their baby; what's more, they want the support of others going through a similar experience to process their feelings. By engaging with mental health influencers, Roe gets to learn about MMH conditions and symptoms, and can adapt coping strategies and self-care practices to feel better. They also are able to see a path to healing: if the influencer can do it, so can they. Relators like Roe are a powerful persona for health education because they are the ones providing those personal stories and spreading discourse through the community. Typically the audience but at times the influencer, Roe talks in the first person about their own experiences, and their community is able to learn about themselves through relating to one another.

Lu, The Learner: Lu The Learner is almost the opposite of Roe The Relator. Lu seeks to process their experiences with MMH through gathering as much knowledge and information as possible, rather than talking through their feelings with others on IG. They are decisive and savvy individuals, often quiet and reserved, and a bit controlling. They are highly educated,

usually with college or some graduate degrees, and hold jobs that have developed their research skills. Lu is married or partnered and is in their 30's or 40's; they may have multiple children, and are usually pressed for time balancing work and caring for them. While they have family and friends, they may lack a support system or community to process their MMH experiences with, and as a result, they process their experiences largely alone. Lu is motivated to understand risk factors, symptoms, and psychological mechanisms of MMH conditions, and is the first to self-diagnose and attempt to treat themselves. Through interacting with mental health influencers on IG, Lu hopes to build knowledge through self-education and gather specific examples of behavioral changes or actions they can take to mitigate their MMH conditions.

Lu views their MMH experience like an obstacle they must overcome, and are equipped with the rigor and dedication to do so. Learners like Lu are private folks, typically uncomfortable in group settings and unwilling to discuss personal details with others in the community; however, they may at times send an influencer a direct message or post a comment with a specific question without providing personal information. Lu feels like they will not get better without fully understanding why they feel how they feel, and this ultimately drives them to loyally consume influencers' educational content and posts. Learners like Lu view Relators like Roe as living examples or confirmation of the knowledge they are gaining, and Relators often don't even notice the Learners are there.

Ava, The Advocate: While Roe The Relator and Lu The Learner typically emulate an influencer's audience, Ava The Advocate is likely the influencer themselves. Ava is a mental health professional and provides support and education to their audience and community on IG. They utilize the platform to connect with other mental health practitioners, build and expand their business and private practice, create a sense of community among followers experiencing MMH

issues, and expand access to psychoeducation and knowledge through their content. Ava has years of education and expertise, and lives a comfortable life with a high income. They are married or partnered and are mothers or parents themselves. Likely in their 40's, Ava has reached the point in their career where they are seasoned enough to provide comprehensive yet broad psychoeducation that can impact a variety of individuals.


Ava The Advocate posts on IG as part of their job and vocation; their posts, comments, and interactions are specific and separate from their own personal and emotional world. Their content is evidence-based, and intended for a specified audience of new parents and mothers. They are excellent at fielding questions from their followers and setting boundaries to maintain professionalism on their page. Ava talks to their audience as a narrator; their content is mostly clinical and educational, though they may occasionally offer a personal story to illustrate a point. Ava feels frustrated by the lack of access to mental health services, and is motivated to reach the masses and make a difference in addition to their work with individual clients. Ava speaks directly to the Learner, but is good at holding space for the Relators to convene and connect as well. While Advocates like Ava provide supplemental support through their IG content, many of them will also advertise private groups, courses, or programs that folks can purchase access to for greater support.

Ava, Lu, and Roe represent a multitude of people with various experiences, needs, and motivations, all of which can strategically inform maternal mental health educational campaigns. While everyone has unique needs, learning how these characters interact with one another and process their experiences can serve as a guide for meeting more folks' needs who experience MMH conditions. For more on each persona, see APPENDIX A.

APPENDIX A.

A note on gender: While most of the research on maternal mental health (MMH) issues use gender binary language to describe birthing peoples’ experiences, I recognize and celebrate that people of all gender identities may experience pregnancy and give birth. While the following personas were built based off of this research and what I saw presented in my analysis, gender-queer folks likely have different experiences with MMH conditions than cis-gendered folks. I did my best to build these personas in a broad enough way to encapsulate varying experiences, but likely fell short on gender, race, and sexual orientation diversity.

Roe, The Relator

Persona Profile	Persona Takeaways
<p><i>Processes experiences through relating to others</i></p> <p>Characteristics</p> <ul style="list-style-type: none">CompassionateTalkativeIndecisiveRelatable  <hr/> <p>Therapeutic background Mixed</p> <hr/> <p>Race/Ethnicity Various</p> <hr/> <p>Gender Female, gender-queer</p> <hr/> <p>Income \$85,000.00</p> <hr/> <p>Education High school graduate</p> <hr/> <p>Marital/family status Partnered, parent</p> <hr/> <p>Age 20's & 30's</p>	<p>Main Motivations</p> <ul style="list-style-type: none">Learn about MMH conditionsProcess experiences through others’ storiesBuild communityLearn coping strategies and self-care tools <p>Main Challenges</p> <ul style="list-style-type: none">Feels pressed for time and resourcesBusy juggling new baby and job/home lifeOverwhelmed and burdened by mental health conditions / mood disordersDoesn't have formal education or understanding of mental health conditions <p>Communication Attitudes</p> <ul style="list-style-type: none">Drawn to personal narratives of other womenComfortable in group settingsEnjoys talking about themselves with strangersLikely to post comments and interact with other IG users in the community

Lu, The Learner

Persona Profile



Processes experiences through gathering knowledge + information

Characteristics

- Decisive
- Savvy
- Quiet / reserved
- Controlling



Therapeutic background Some

Race/Ethnicity Various

Gender Female, gender-queer

Income \$100,000.00

Education High school / post-graduate

Marital/family status Partnered, parent

Age 30's & 40's

Persona Takeaways



Main Motivations

- Understand risk factors, symptoms & psychological mechanisms of MMH conditions
- Build knowledge through self-education
- Learn about behavioral changes / actions they can take to mitigate their MMH conditions

Main Challenges

- Feels like they can't get better without understanding their experiences
- Pressed for time / balancing baby and work
- Lacking support system or community to process experiences with

Communication Attitudes

- Private, but may ask questions in the comments
- Drawn to educational content, research, and facts
- Uncomfortable in group settings
- Unlikely to discuss personal topics with strangers

Ava, The Advocate

Persona Profile



Provides support + education to community members

Characteristics

- Professional
- Supportive
- Outspoken
- Leader



Therapeutic background	Yes
Race/Ethnicity	Mostly white
Gender	Female, gender-queer
Income	\$200,000.00
Education	Doctoral level
Marital/family status	Partnered, parent
Age	40's

Persona Takeaways



Main Motivations

- Connect with other mental health practitioners
- Build community and provide support to audience
- Spread awareness and knowledge through providing education
- Build their practice, audience, and business

Main Challenges

- Doesn't feel capable of reaching the masses through individual therapy
- Frustrated by lack of access to mental health services
- Doesn't make enough money through insurance

Communication Attitudes

- Professional and evidence-based
- Comfortable in group and individual settings
- Excellent at fielding questions and holding space
- Content is mostly clinical/educational, less personal