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Analysis Of Mental Health Promotion Representation In Youtube Video Campaign: Primary And Secondary Prevention Perspectives

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Abstract

This study aims to analyze the representation of mental health promotion in YouTube campaign videos from the channel The Sound of Tirta, particularly through primary and secondary prevention approaches. By using thematic analysis methods on user comments on the video entitled "If you are depressed, don't keep it to yourself" This study explores how audiences interpret and respond to digital campaign messages. The results show that the videos not only convey empathetic mental health education but also trigger personal reflection and digital coping for viewers. Three main themes that emerged from audience comments include: emotional empowerment, expressions of distress and the need for support, and digital rituals as a form of coping mechanism. In addition to reflecting the success of preventive promotion strategies, these findings also reveal an urgent need for integration between digital campaigns and mental health service systems. This study recommends that digital mental health campaigns be developed in a more responsive and collaborative manner, by providing concrete access to professional support to create a safe, empathetic, and highly supportive digital space for the community.

Keywords: *Mental Health Promotion, Digital Campaigns, Primary And Secondary Prevention*

Introduction

Public awareness of the importance of mental health has increased in recent years, along with the opening of public discussion spaces and the expansion of social campaigns through digital media. However, stigma surrounding mental health issues, misunderstandings about psychological

disorders, and limited access to professional services remain major challenges in many countries, including Indonesia.¹Amidst this situation, various mental health campaign initiatives have emerged, seeking to encourage public understanding, empathy, and preventive action. One channel that leverages the power of visual narratives and broad reach is YouTube.

YouTube has become an effective communication medium in conveying social messages to the public in a broad and inclusive manner. With its audio-visual power that can arouse emotions and empathy, campaign videos on YouTube have the potential to be both educational and transformational.²One of the channels that produces mental health content is “SUARA TIRTA”, which publishes campaign videos that touch on psychological issues, stigma, and other issues.*mentalhealth*This video not only conveys a message to the audience, but also creates an interactive space through the comments column that allows users to respond, share personal experiences, or express their views on the campaign content.

In the context of mental health promotion, it's important to understand the prevention approaches used. Primary prevention aims to prevent the onset of mental disorders through education and raising public awareness, while secondary prevention focuses on early detection and intervention before disorders progress to more severe levels.³The messages in mental health campaign videos often reflect both of these approaches, either explicitly or implicitly. However, How audiences understand and respond to these messages has rarely been studied in depth, especially in the context of interactions in the comments column.

¹Hidayat, R., & Arifin, B. (2022). *Study on Stigma Against Mental Health in Indonesia*. Journal of Islamic Psychology, 7(1), 33–47.

²Naslund, J.A., et al. (2016). *The future of mental healthcare: Peer-to-peer support and social media*. Epidemiology and Psychiatric Sciences, 25(2), 113–122.

³Kisling, L. A., & Das, J. M. (2023). *Prevention Strategies*. Stat Pearls Publishing.

Through analysis of viewer comments on YouTube campaign videos, researchers can explore representations of public understanding of mental health promotion, including the extent to which audiences respond to the primary and secondary prevention approaches presented.⁴These comments can reflect forms of acceptance, emotional engagement, and even personal meanings arising from individual experiences. Therefore, examining these comments is a crucial step in assessing the social impact of mental health campaigns in the digital space.

This research is based on the idea that digital mental health campaigns conducted through the YouTube platform not only function as a medium for disseminating information, but also as a space for public participation that allows audiences to be actively involved in shaping the meaning of mental health issues. The primary and secondary prevention approaches serve as theoretical lenses used to understand the messages in the campaign videos, as well as to analyze how these messages are received and responded to by the audience.⁵

Primary prevention includes educational efforts and raising awareness of the importance of maintaining mental balance from an early age, while secondary prevention targets awareness of early symptoms and the importance of intervention before conditions worsen.⁶Through narrative and thematic analysis of comments in YouTube campaign videos, this study attempts to reveal the representation of public understanding of mental health issues, as well as how they interpret video content as part of their personal and social experiences. Thus, the framework This thinking connects mental health promotion theory and prevention strategies with the phenomenon of interactive and participatory digital communication.

⁴Fitriyah, L., & Cahyani, I. (2023). *Analysis of Audience Interaction in Mental Health Campaigns on Social Media*. Journal of Digital Communication, 5(2), 115–127.

⁵Glanz, K., Rimer, B.K., & Viswanath, K. (2008). *Health Behavior and Health Education: Theory, Research, and Practice*.

⁶Rachmawati, I.(2021). *Promotion and Prevention of Mental Health in Adolescents through Digital Education*. Indonesian Journal of Public Health, 16(3), 188–195.

Preventive health efforts, both physical and mental, are crucial not only in addressing disease but also as long-term, transformative interventions for society. Within the medical and public health framework, various levels of prevention are recognized: primordial, primary, secondary, tertiary, and quaternary, each with distinct goals and methods tailored to the stage of the disease or condition faced by an individual or community.⁷

Primordial prevention refers to efforts to prevent the emergence of risk factors before they develop in society. Examples include public policies that support mental well-being, such as regulating humane working hours, eliminating the stigma surrounding mental disorders, or developing healthy open spaces.⁸This prevention is carried out by institutions or countries to ensure that social and environmental conditions support overall mental health, even before individuals are exposed to specific risks.

Meanwhile, primary prevention aims to protect healthy individuals from experiencing mental health disorders. This approach includes health education, promoting healthy lifestyles, increasing self-awareness, and providing information about the early signs of stress and burnout.⁹Examples include online campaigns about the importance of maintaining a balanced life, healthy use of social media, and early education about emotions and conflict management in families and schools. Primary prevention is crucial because it is proactive; if implemented effectively, it can be effective.

⁷Kisling, L. A., & Das, J. M. (2023). *Prevention Strategies*. StatPearls Publishing.

⁸World Health Organization. (2021). *Health Promotion and Disease Prevention through Population-Based Interventions*.

⁹OpenStax. (2022). *Levels of Prevention in Public Health*.

consistent, it has the potential to reduce the need for medical or psychological intervention later in life.

Secondary prevention focuses on early detection and prompt intervention for individuals who already show early symptoms of a disorder. In this context, psychological screening, early counseling, and self-recognition of symptoms such as insomnia, loss of enthusiasm, and social withdrawal are important tools. The goal is to halt or slow the progression of mental disorders that can become more serious if left untreated.¹⁰ For example, students who experience prolonged stress and exhibit withdrawn behavior from social interactions can be detected and directed to counseling services before the disorder develops into severe depression.

Additionally, there's tertiary prevention, which aims to reduce the long-term impact of existing illnesses or disorders. This includes psychosocial rehabilitation programs, long-term therapy, and community support for survivors of mental disorders. Quaternary prevention, on the other hand, aims to prevent overmedicalization—a situation where individuals receive unnecessary treatment or therapy, potentially harming them psychologically and physically.¹¹

In analyzing individual behavior towards prevention, *Health Belief Model* (HBM) is a very relevant theory. HBM states that a person's decision to undertake a health action depends on their perception of vulnerability (*perceived susceptibility*), the seriousness of the condition (*perceived severity*), the benefits of the action (*perceived benefit*), and perceived obstacles (*perceived barriers*).¹² Additional components such as *cue to action* (signal or prompt to act) and *self-efficacy*

¹⁰Merck Manual. (2023). *Three Levels of Prevention*.

¹¹Jamouille, M., & Roland, M. (2015). *Quaternary Prevention: First, Do No Harm*. International Journal of Epidemiology.

¹²Rosenstock, I.M., et al.(1994). *The Health Belief Model and HIV Risk Behavior Change*. In *Preventing AIDS: Theories and Methods of Behavioral Interventions*.

(confidence in one's own abilities) also plays a big role in this decision-making process.¹³

For example, someone who feels that he is vulnerable to experiencing severe stress (*perceived susceptibility*) and understand that stress can have serious impacts on health (*perceived severity*) will be more motivated to seek psychological help if he also sees the benefits of consultation (*perceived benefit*), do not see major obstacles such as costs or stigma (*perceived barriers*), and get encouragement from outside, such as advice from friends or motivational videos on YouTube (*cue to action*).

When this theory is connected to a digital social context, motivational mental health videos like those produced by the Suara Tirta channel can serve as cues to action. Such content provides a space for viewers to reflect, identify with themselves, and be encouraged to take the first steps toward recovery, both preventatively and effectively.¹⁴

Result and Discussion

Based on the results of the analysis of the content of the YouTube video entitled *If You're Depressed, Don't Keep It to Yourself* A video uploaded by the Suara Tirta channel uncovered several key findings related to the effectiveness of narrative media in conveying mental health messages, as well as the emotional and psychosocial responses of its audience. These findings are organized into three main points, reflecting the role of digital content in preventive efforts, the need for further intervention, and the potential and challenges of utilizing social media platforms as part of the mental health ecosystem. The full details are as follows:

¹³Glanz, K., Rimer, B.K., & Viswanath, K. (2008). *Health Behavior and Health Education: Theory, Research, and Practice*.

¹⁴Verywell Mind. (2022). *Understanding the Health Belief Model*.

1. Narrative Audiovisual Media as an Effective Primary Preventive Tool

A six-minute video uploaded by the Suara Tirta channel entitled *If you are depressed, don't keep it to yourself* demonstrates the effectiveness of sound and music-based narrative content as a primary preventative tool in maintaining public mental health. The narrative, delivered with calm intonation, reflective language, and soft background music, creates a calming and emotionally profound viewing experience. This effect is evident in numerous viewer comments, who expressed feeling calmer, more understood, and helped to cope with psychological stress. One commenter wrote, *"Every time I feel like giving up, I come here and listen to this video. The sound is calming, and I feel less alone."*¹⁵ This shows that the video serves as *acue to action* or an initial trigger for individuals to begin to realize the importance of seeking help, as stated in *Health Belief Model* (HBM).¹⁶ In this context, the video is not only informative, but also forms a positive perception about the effectiveness of preventive measures in dealing with mental health problems.

2. Audience Emotional Responses Indicate the Need for Further Intervention

Although the content of this video generally has a positive effect, the findings Others indicated that most viewers were in more complex psychological conditions and required further attention. Some comments described a lack of support from their immediate social environment, such as family. One viewer wrote, *"I've talked to my parents, but no one cares. I feel exhausted and don't know what else to do."*¹⁷ This comment indicates that even though individuals have made preventive efforts by opening themselves up, the lack of response from the environment actually

¹⁵Anonymous user comments on the video "If You Experience Depression, Don't Keep It to Yourself", Suara Tirta YouTube channel, accessed June 22, 2025.

¹⁶Rosenstock, I.M.(1974).The Health Belief Modeland Preventive Health Behavior. Health Education Monographs, 2(4), 354–386.

¹⁷Ibid,

giving rise to feelings of despair. In the mental health intervention model, this situation marks a shift from primary preventive needs to secondary or even tertiary needs.¹⁸In fact, comments such as, *"I watched this because I didn't know who to talk to anymore. I felt so alone, tired, and afraid of my own thoughts."*¹⁹These comments indicate a psychological condition in crisis and require professional intervention. Therefore, this type of content needs to be supported by a system capable of connecting viewers to available psychological or counseling services.

3. YouTube as a Digital Coping Space and the Need for Emergency Services Integration

This content isn't just viewed once, but consumed repeatedly by viewers as a coping mechanism when they feel anxious, emotionally exhausted, or experiencing symptoms of depression. As one user wrote: *"I've played this so many times, and every time I listen to it, I feel calmer, even if only for a moment."*²⁰This shows that YouTube content can function as a form of informal digital therapy that has positive psychological impacts, even if it is not medically curative. However, comments were also found that implied a serious crisis, such as *"I can't take it anymore. If I disappear, please tell mom I love her."*²¹Statements like these indicate a real potential suicide risk and require immediate professional attention. Therefore, a strategy for integrating social media content with emergency support systems such as crisis hotlines, links to psychologists, or psychosocial support organizations is urgently needed. In this context, YouTube, as a platform, has both the potential and the responsibility to provide easy-to-use crisis support features.

¹⁸WHO.(2013). Mental Health Action Plan 2013–2020.World Health Organization.

¹⁹ Ibid,

²⁰Ibid,

²¹bid

Ibid,

directly accessed from this kind of content, as part of digital social responsibility towards the mental health of the community.²²

Based on the findings, it can be concluded that the video *If You're Depressed, Don't Keep It to Yourself*/Suara Tirta's channel is effective as a primary preventive media, providing emotional calm for viewers through empathetic narratives and soothing audio. However, the comments also indicate that some individuals are in serious psychological conditions and lack adequate social support, requiring secondary to tertiary interventions. In addition to being a useful digital coping space, these findings also emphasize the importance of integrating social media content with professional mental health services, such as crisis hotlines or referral systems, so that platforms like YouTube can contribute more optimally to supporting the overall mental health of the community.

An analysis of research findings focused on Suara Tirta's campaign video, "If You're Depressed, Don't Keep It to Yourself," shows that empathetic narrative-based digital content can be a crucial tool in mental health promotion, particularly in the context of primary prevention. The first finding revealed that short, emotionally intense audiovisual media can provide a viewing experience that is not only calming but also raises self-awareness. This effect is reflected in numerous comments that demonstrate how the video serves as a source of emotional reinforcement during critical moments. One wrote, "Every time I feel like giving up, I come here and listen to this video. The sound calms me down, and I feel less alone."

²² Naslund, J.A., Aschbrenner, K. A., Marsch, L. A., & Bartels, S.J. (2016). The future of mental health care: Peer-to-peer support and social media. *Epidemiology and Psychiatric Sciences*, 25(2), 113–122.

again”²³.Through the Health Belief Model (HBM) perspective, this content functions as a cue to action, namely an initial trigger that encourages individuals to realize the need for action regarding the psychological conditions they feel.²⁴In other words, this kind of content is not only normatively educational, but also touches the affective realm, namely forming the perception that preventive actions such as opening up or seeking help are something that is effective and worth doing. In the context of digital public health, the ability of content to build intimate emotional experiences like this is a very valuable asset in growing collective awareness about the importance of early mental health care.

However, a second finding indicated that while the video successfully elicited a positive emotional response in some viewers, a subset of viewers expressed a much more complex psychological state, indicating the need for further intervention. Comments such as, *"I've talked to my parents, but no one cares. I feel exhausted and don't know what else to do."*This indicates a failure of support from the immediate social system, so that video becomes a last resort when other help channels are unavailable. This indicates that the individual has crossed the threshold of primary prevention and entered a crisis phase that requires secondary or even tertiary intervention.²⁵The open expression of feelings in the online public space, as seen in another comment, "I watched this because I didn't know who to talk to anymore. I felt so alone, tired, and afraid of my own thoughts."²⁶, serves as a signal for the importance of early detection and responsive support systems. If left untreated, this condition risks developing into a more serious disorder. Therefore, such a campaign should not only educate; it needs to be designed with complementary systems, such as links to psychological services or emergency information easily accessible directly from the video platform.

²³Ibid,

²⁴Rosenstock,I.M.(1974).The Health Belief Model and Preventive Health Behavior. Health Education Monographs, 2(4), 354–386.

²⁵Ibid,

²⁶WHO.(2013). Mental Health Action Plan 2013–2020.World Health Organization.

Furthermore, the third finding highlights the phenomenon of digital rituals, namely the tendency of individuals to repeatedly re-watch videos as a coping mechanism. This is evident in comments such as, "I've played this so many times, and every time I listen to it, I feel calmer, even if only for a moment."²⁷ This shows that audiovisual content is not only informative or educational, but also functions as informal digital therapy, namely media that helps individuals calm down outside the clinical setting. Within the HBM framework, this behavior indicates perceived benefit and self-efficacy, namely the belief that a particular action (watching this video) can provide real emotional benefits. However, when this kind of media consumption becomes the only form of help that individuals access, concerns arise that they may become increasingly isolated and distanced from real support networks, such as family, friends, or professionals. This concern is further reinforced by extreme comments such as "I can't take it anymore. If I disappear, please tell mom I love her."²⁸, which is a real expression of suicidal potential and should be taken very seriously. In this regard, platforms like YouTube play a crucial role: not only as a content distribution channel, but also as a point of access to emergency assistance. Naslund et al. (2016) have emphasized that digital platforms have a social responsibility to provide psychosocial support features directly within their content ecosystems, such as crisis support tools or emergency redirect features.²⁹

Overall, these three findings suggest that the campaign video "*If You're Depressed, Don't Keep It to Yourself*" has transcended its function as an informative medium and moved toward social intervention. This content successfully creates a powerful emotional experience, encourages personal reflection, and shapes online interaction patterns that have the potential to be used as indicators of society's psychological state. However, the emotional responses that emerge from the audience also indicate that the media

²⁷Ibid,

²⁸Ibid,

²⁹Naslund, J. A., Aschbrenner, K. A., Marsch, L. A., & Bartels, S. J. (2016). The future of mental health care: Peer-to-peer support and social media. *Epidemiology and Psychiatric Sciences*, 25(2), 113–122.

Digital media alone cannot build a resilient mental health system. Therefore, active involvement from content creators, platform managers, and health institutions is needed to create a comprehensive integration—where content serves not only as a source of education but also as a gateway to more concrete and sustainable intervention services.

Conclusion

This study revealed that mental health campaign videos "*If you are depressed, don't keep it to yourself*" from the channel *The Sound of Tirta* successfully presented a mental health promotion approach that touched both informative and emotional aspects. The video not only conveyed an educational message as part of primary prevention, but also created a space that facilitated early detection through interaction in the comments section, which is the essence of secondary prevention. Audience responses reflected the high relevance of the content to the psychological conditions of the community, while also demonstrating the complexity of meanings formed by viewers based on their personal experiences.

An important reflection emerging from this research is that digital media such as YouTube no longer plays a limited role as a channel for disseminating information, but has evolved into an arena for public participation that is emotional, social, and even therapeutic. Campaign videos, initially intended as a preventative measure, have instead become an alternative space for individuals to seek recognition, emotional closeness, and support outside of formal institutions. Behind this, it is implied that there is still a large gap between the psychological needs of the community and the availability of easily accessible and socially accepted professional services. The public response recorded in the comments, ranging from expressions of gratitude and outpourings of deepest feelings to implicit requests for help, illustrates that such campaigns have a significant impact. However, ethical questions and moral responsibility also arise regarding the extent to which digital content can address these deep-seated needs. This is where the importance of designing digital campaigns that are not only emotionally arousing,

but also integrated with real support systems, such as links to counseling services, crisis hotlines, or support communities.

Based on these findings, the study recommends several things. First, mental health campaign content creators should consider collaborating with mental health professionals to provide concrete access to support within video descriptions or through comment pins. Second, digital platforms like YouTube are encouraged to develop systems that are more responsive to comments that suggest psychological crises by providing early detection and intervention features. Third, digital campaigns need to involve a cross-sector approach, including media, psychologists, educators, and communities, so that the messages conveyed have broad reach and a real impact at both the individual and social levels. Finally, this study reflects that mental health campaigns in the digital era require an approach that is not only preventative and informative, but also responsive, collaborative, and empathetic. Digital media is not just a communication tool, but a reflection of real and pressing social needs. Therefore, interventions developed through media must be able to bridge information with action, and emotions with solutions

References

- Fitriyah, L., & Cahyani, I. (2023). *Analysis of Audience Interaction in Mental Health Campaigns on Social Media*. Journal of Digital Communication.
- Glanz, K., Rimer, B.K., & Viswanath, K. (2008). *Health Behavior and Health Education: Theory, Research, and Practice*.
- Hidayat, R., & Arifin, B. (2022). *Study on Stigma Against Mental Health in Indonesia*. Journal of Islamic Psychology.
- Kisling, L.A., & Das, J.M. (2023). *Prevention Strategies*. StatPearls Publishing.
- Naslund, J.A., et al. (2016). *The future of mental healthcare: Peer-to-peer support and social media*. Epidemiology and Psychiatric Sciences.
- Rachmawati, I. (2021). *Mental Health Promotion and Prevention in Adolescents through Digital Education*. Indonesian Journal of Public Health.
- Jamoulle, M., & Roland, M. (2015). *Quaternary Prevention: First, Do No Harm*.

International Journal of Epidemiology.

Kisling, L. A., & Das, J. M. (2023). *Prevention Strategies*. Stat Pearls Publishing. Merck Manual. (2023). Three Levels of Prevention.

Naslund, J. A., Aschbrenner, K. A., Marsch, L. A., & Bartels, S. J. (2016). The future of mental health care: Peer-to-peer support and social media. *Epidemiology and Psychiatric Sciences*, 25(2), 113–122.

Open Stax. (2022). Levels of Prevention in Public Health.

Pew Research Center. (2023). Digital Mental Health Resources and Their Influence on Youth

Rosenstock, I. M. (1974). The Health Belief Model and preventive health behavior. *Health Education Monographs*, 2(4), 354–386.

Rosenstock, I. M., et al. (1994). The Health Belief Model and HIV Risk Behavior Change. In *Preventing AIDS: Theories and Methods of Behavioral Interventions*.

Verywell Mind. (2022). Understanding the Health Belief Model.

World Health Organization. (2013). *Mental health action plan 2013–2020*. Geneva: WHO Press.

World Health Organization. (2021). *Health Promotion and Disease Prevention through Population-Based Interventions*.

YouTube. (2025). If You're Depressed, Don't Keep It to Yourself [Video]. Kanal Suara Tirt

