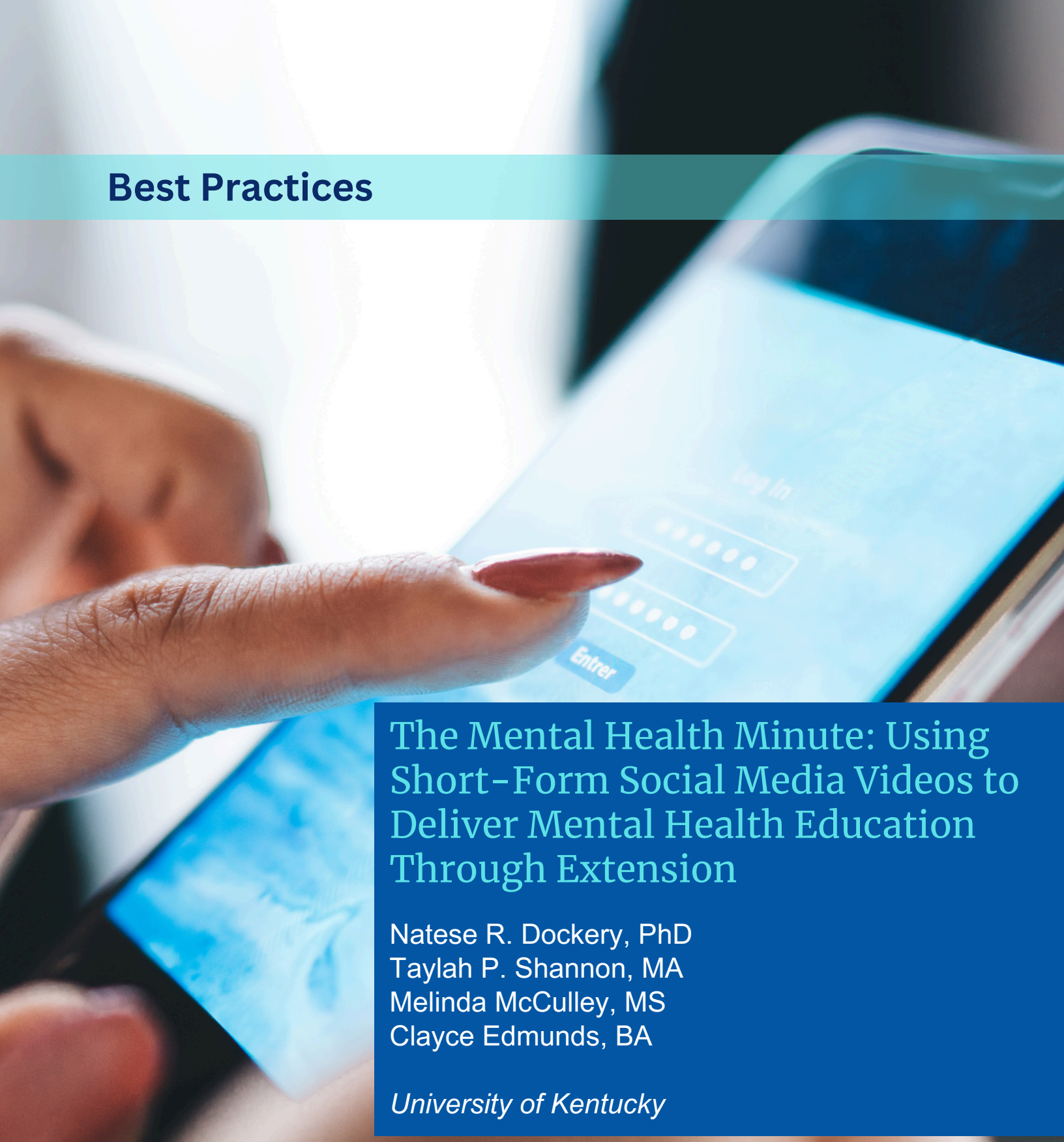

The Mental Health Minute: Using Short-Form Social Media Videos to Deliver Mental Health Education Through Extension

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Abstract

Mental health remains a significant public health concern, with many individuals facing barriers to accessing credible information. This paper describes the development and implementation of the Mental Health Minute series and identifies best practices for delivering mental health education through short form video within Cooperative Extension. The weekly, one-minute video series provides research informed content through social media platforms. Evaluation data from the first six months indicate strong engagement, with over 29,000 views. Findings suggest that brief, accessible, and research-based digital content is an effective and scalable strategy for expanding mental health education and reducing stigma.

Introduction

Mental health is a significant public health concern affecting individuals, families, and communities across all demographics. Recent data indicate that approximately one in five U.S. adults experience a mental illness each year, with estimates suggesting that more than 60 million individuals were affected as of 2024 (National Institute of Mental Health, 2024; Mental Health America, 2025). Additionally, the Centers for Disease Control and Prevention report that approximately 5% of adults experience serious mental illness that substantially interferes with daily functioning, with nearly one in five adults reporting a depression diagnosis at some point in their lifetime. Some of the most prevalent mental health conditions include anxiety disorders, depression, and substance use disorders, with anxiety affecting approximately 12% of adults (Centers for Disease Control and Prevention, 2026). Conversations surrounding mental health have continued to increase over the years,especially since the COVID-19 pandemic (Cai et al., 2026). Despite increased awareness and openness, there remains considerable misunderstanding related to mental health, as well as persistent stigma. At the same time, social media usage has grown substantially, becoming a primary source of information for many individuals. With this increase, there has also been a surge in misinformation shared across platforms (Suarez-Lledo, 2021).

The Mental Health Minute series was developed to normalize conversations about mental health, reduce stigma, and equip individuals with realistic strategies they can implement in daily life. By presenting content through short-form video, Mental Health Minute addresses common barriers associated with traditional educational programming, including time limitations, transportation challenges, and hesitation to attend in-person programs (Taylor & Hung, 2022; Wang et al., 2020).

Cooperative Extension is uniquely positioned to produce and deliver research-informed mental health and wellness information to communities across the Commonwealth. As a bridge between institutional research and community application, Cooperative Extension ensures individuals are well informed about important topics that support overall well-being. Traditionally, Cooperative Extension programming has been delivered through in-person formats, where research-based information is shared and applied through community engagement. Over time, Cooperative Extension services have expanded to include online outreach, increasing accessibility, and broadening audience reach.

A current trend in online information consumption is short-form content, typically consisting of videos under two minutes in length, allowing users to quickly engage with and retain key messages (Luo et al., 2025). In response, Cooperative Extension professionals are increasingly creating short-form content to present complex topics such as mental health in ways that are digestible, engaging, and non-intimidating for the community. In response to these needs, the Mental Health Minute series was developed to provide accessible, research-informed mental health education through short-form video.

Objective

The purpose of this paper is to describe the development and implementation of the Mental Health Minute series and to identify best practices for delivering mental health education through short-form video within Cooperative Extension systems.

Program Background

The Mental Health Minute was developed to address the need for accessible and engaging mental health messaging across communities in Kentucky. Launched in September 2025 through University of Kentucky Family and consumer Sciences Cooperative Extension outlets, the series consists of one-minute, research-informed videos distributed via Instagram, Facebook, and YouTube. Episodes address a range of relevant topics related to mental health and well-being, including stress management, boundary setting, and suicide prevention.

The videos are intentionally designed to be concise, accessible, and impactful, meeting individuals where they are within their daily use of social media. By utilizing short-form video, the series reduces common barriers to participation, such as time constraints and discomfort with in-person programming, while increasing the likelihood of engagement with key messages.

Methods

To evaluate program reach and engagement, data were collected across all three social media platforms and aggregated by episode. Audience engagement metrics were further categorized by platform reported age groups (18-24, 25-34, 35-44, 45-54, 55-65, and 65+). Descriptive statistics were used to identify the top-performing episodes, within the top 10 episodes determined based on total engagement across all age groups. To ensure a more meaningful assessment of topic-specific impact, the introductory episode (Mental Health Minute Introduction) was excluded from the top 10 rankings and replaced with the next highest-ranking episode. In addition to views and interactions, watch-time data provided by Meta were examined as an additional indicator of audience engagement. Watch time represents the cumulative amount of time viewers spent watching Mental Health Minute videos, including replays. Watch-time values were reported in seconds and converted to minutes for interpretation. Due to the metric including replays, watch time was not used to estimate the number of unique viewers who watched an episode in its entirety.

Results

Engagement and Reach. Within the first six months of implementation, the series generated more than 29,000 views across platforms, with additional interaction through likes, shares, and saves. These metrics demonstrate the reach of the

series and provide indicators of audience engagement. Watch time data available for 31 videos provided an additional measure of audience engagement. Collectively, these videos accumulated 660,584 seconds of watch time, which is equivalent to 11,010 minutes, or 183.5 hours of content viewed. Across the 29.405 views, an average of approximately 22.5 seconds of watch time per view was calculated. Further analysis revealed substantial variability in episode engagement across age groups, underscoring the importance of age-responsive mental health programming.

Audience Differences by Age Group. Distinct patterns emerged across age groups. Audiences under age 35 engaged most with motivation and coping focused content, while middle-aged adults (35-54) demonstrated stronger engagement with topics related to stress, anxiety, and cognitive or workplace-related challenges. Adults over age 55 showed higher engagement with content focused on depression awareness, grounding techniques, and suicide prevention resources.

When examined collectively, no single episode ranked among the top 10 across all age groups, indicating that engagement was driven by developmentally relevant topics rather than a universally dominant theme. These findings highlight the importance of tailoring mental health messaging to the audience's life stage while also identifying opportunities to prioritize broadly relevant topics for wider dissemination.

Based on these findings, the Mental Health Minute series demonstrates several best practices for delivering research-informed mental health education through short-form video in Cooperative Extension settings. Based on implementation and evaluation data from the first six months following launch, the following practices emerged as particularly effective.

Best Practices for Short-Form Mental Health Education

Best Practice 1: Deliver Concise, Research-Based Content in a Brief Format

Each Mental Health Minute video focuses on a single topic and is approximately one minute in length. This format aligns with current digital media consumption patterns, allowing viewers to access credible mental health information regardless of schedule, location, or prior knowledge.

Best Practice 2: Reduce Stigma Through an Approachable Tone

By adopting a non-clinical, supportive tone, the series emphasizes practical strategies like mindfulness and grounding. This reduces the “intimidation factor” of mental health education, encouraging viewers to view emotional wellness as a standard component of health (Li & Wang, 2024).

Best Practice 3: Use Multiple Social Media Platforms to Maximize Reach

Mental Health Minute is shared weekly across digital platforms, allowing Cooperative Extension programming to meet audiences where they already engage online. Cross-platform distribution, mobile friendly formatting, and shareable video design enable broader reach, including rural communities, working adults, and younger viewers who may not traditionally participate in Extension programs. Analytics indicate that the primary audience falls within the 18-34 age range, a group particularly

responsive to digital, short-form education (Luo et al., 2025).

Best Practice 4: Maintain Consistent Branding and Posting

A regular posting schedule builds audience familiarity and trust. Visual branding, consistent messaging, and clear Cooperative Extension identification reinforce credibility and differentiate content from non research-based sources. Archiving videos online provides continued access, allowing viewers to revisit content and share resources with peers, further amplifying program impact.

Best Practice 5: Use Analytics and Feedback to Inform Content

Evaluation data indicate strong engagement across platforms within six months of launch. Viewer interactions, such as likes, shares, and saves, indicate that the content is relevant and actionable. Extension professionals report that videos serve as effective teaching tools that reinforce mental health education and can be integrated into community programming. The program's adoption by internal partners as a recommended resource further validates the content's accuracy and utility.

Best Practice 6: Address Timely and Relevant Topics

Weekly production allows content to respond to emerging mental health needs and maintain audience interest over time. Topics include stress management, burnout prevention, communication skills, resilience, and recognizing signs of mental distress. By aligning content with audience needs and current public health concerns, the program demonstrates ongoing relevance and supports long-term engagement with mental health education.

Together, these best practices illustrate how Cooperative Extension can leverage short-form digital media to expand access to evidence-based mental health education, reduce stigma, and engage diverse audiences who may otherwise lack exposure to formal educational programming.

Discussion

The Mental Health Minute series demonstrates that Cooperative Extension can effectively use short form digital media to deliver research-informed mental health education to diverse audiences. By combining concise, accessible content with consistent branding and a focus on reducing stigma, the series engages both the general public and Extension professionals, expanding reach beyond traditional in-person programming.

Evaluation data and Extension professional feedback indicate that brief, practical videos addressing topics such as stress management, coping skills, and emotional wellness resonate with audiences and are easily incorporated into community education efforts. The program's ability to reach younger adults, rural communities, and individuals who might not otherwise participate in Extension programming illustrates the potential of digital formats to overcome traditional barriers to engagement.

Future Directions

While current evaluation data demonstrate strong reach and engagement, incorporating additional methods of assessing program impact could provide deeper insight into audience outcomes. Conducting focus groups or surveys with viewers would allow for the collection of qualitative feedback on knowledge gained, behavior changes, and perceived usefulness of the content. These approaches would complement existing

analytics and professional feedback, enabling Cooperative Extension to refine programming, measure outcomes more comprehensively, and inform replication across communities and Extension systems.

Findings further indicate that effective Extension-based mental health programming benefits from a diversified content strategy rather than reliance on universally framed messaging. The absence of a single episode dominating engagement across all age groups underscores the importance of tailoring content to lived experiences and developmental needs of specific audiences. At the same time, the identification of a subset of cross-segment episodes highlights opportunities to prioritize broadly relevant topics, particularly for large-scale dissemination or in resource-limited contexts. Balancing targeted, age-specific content with high-impact, cross-generational themes may enhance program relevance, maximize engagement, and strengthen outcome reporting for stakeholders, funders, and community partners.

Overall, Mental Health Minute illustrates how Cooperative Extension can leverage contemporary communication tools to address pressing public health concerns, increase access to credible information, and support community well-being. By meeting audiences where they are, delivering digestible and practical education, and normalizing conversations around mental health, the program serves as a replicable model for Extension systems seeking to innovate in public health outreach.

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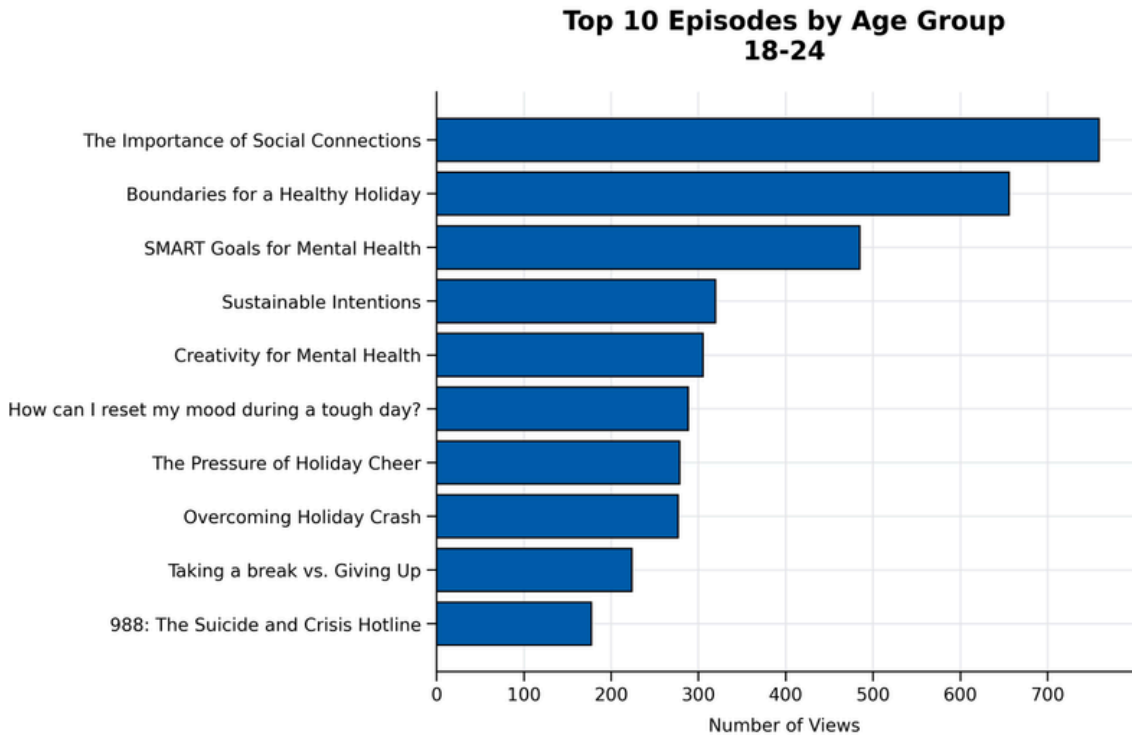
Appendix A

Mental Health Minute Episode topics

Episode #	Topic
1	How do we reduce the stigma around mental health
2	How can I reset my mood during a tough day?
3	How do I manage stress and anxiety?
4	What is the difference between stress and anxiety?
5	Suicide Prevention
6	Is it selfish to set boundaries?
7	Simple Grounding Techniques 5 4 3 2 1
8	Simple Grounding Techniques Box Breathing
9	Recognizing Cognitive Distortions
10	Understanding Depression
11	The Power of Self-compassion
12	Sleep Hygiene Habits
13	Social Media and Your Mental Health
14	Communication Styles
15	Boundaries for a Healthy Holiday
16	The Importance of Social Connections
17	The Pressure of Holiday Cheer
18	Coping with Holiday Grief
19	The Gift of Validation
20	Sustainable Intentions
21	Overcoming Holiday Crash
22	SMART Goals for Mental Health
23	Creativity for Mental Health
24	Seasonal Depression
25	Find Your Why
26	Fighting Back Against Imposter Syndrome
27	QPR
28	988: The Suicide and Crisis Hotline
29	Taking a break vs. Giving Up
30	Moving Out Anger

Appendix B



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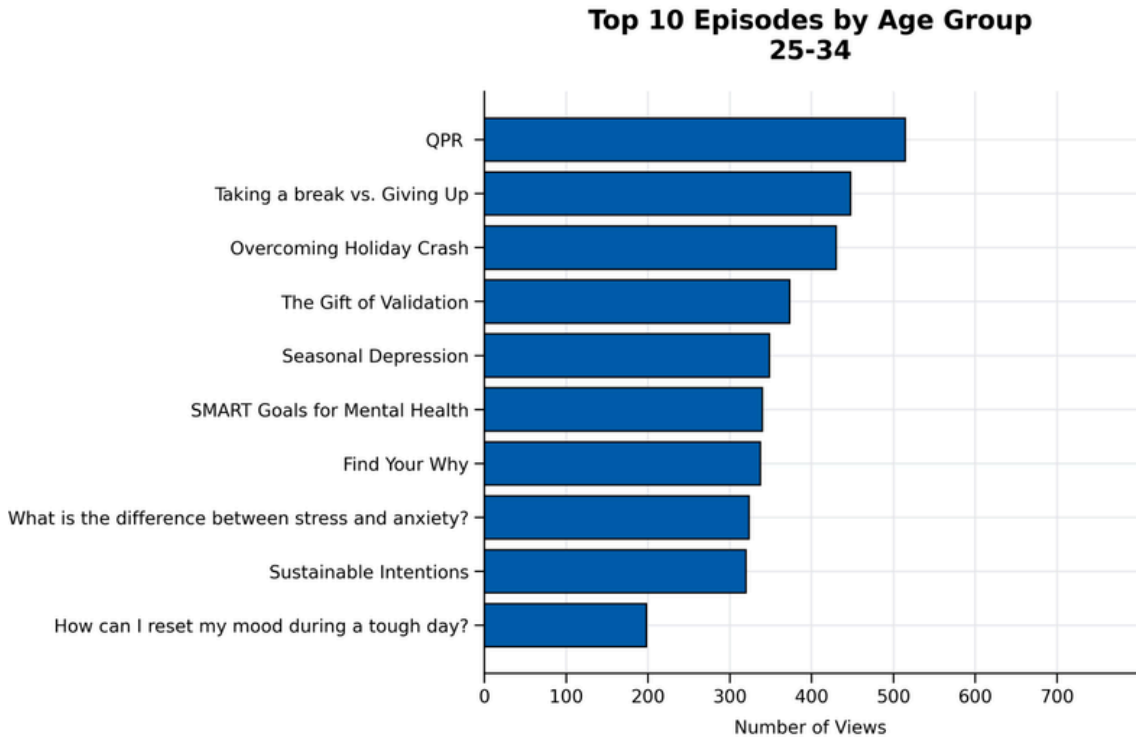

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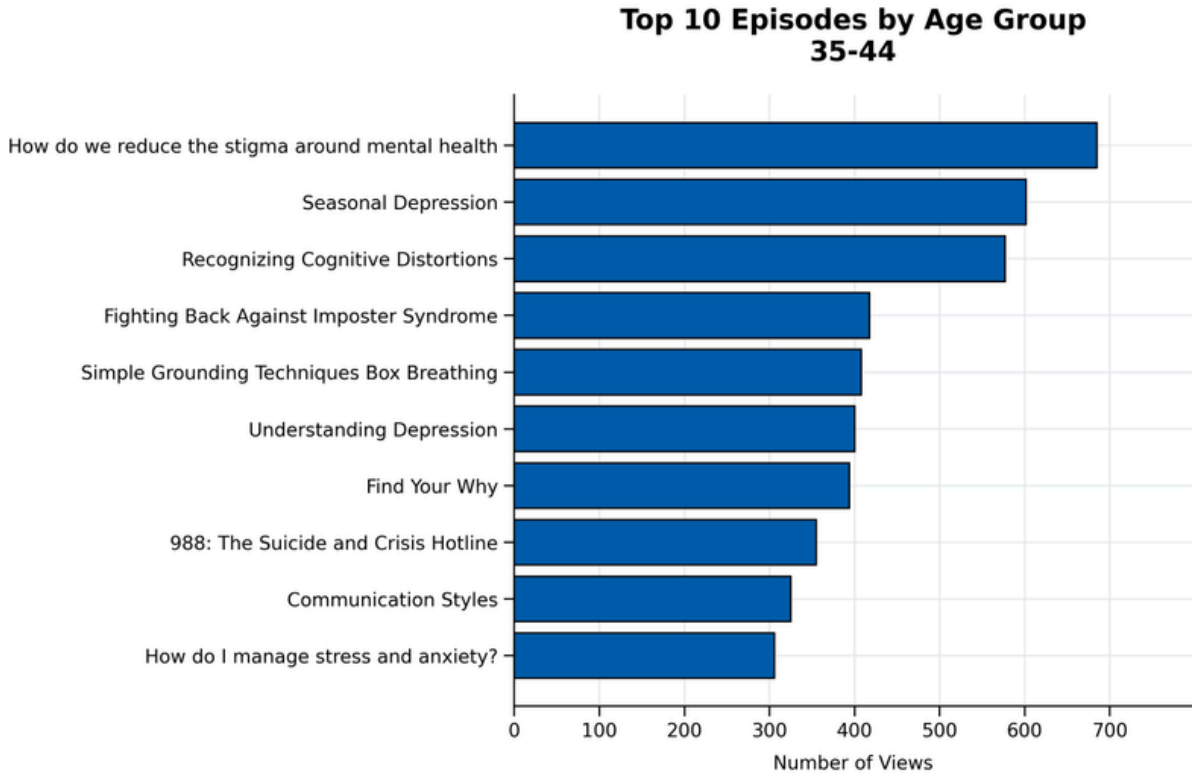

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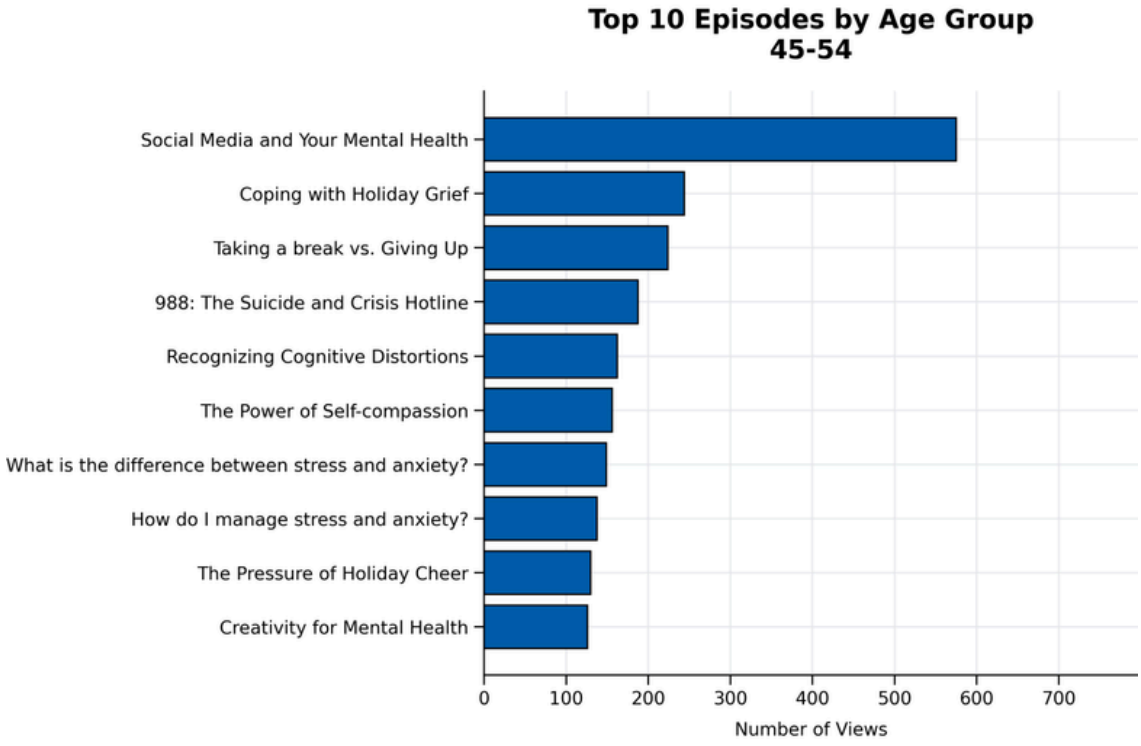

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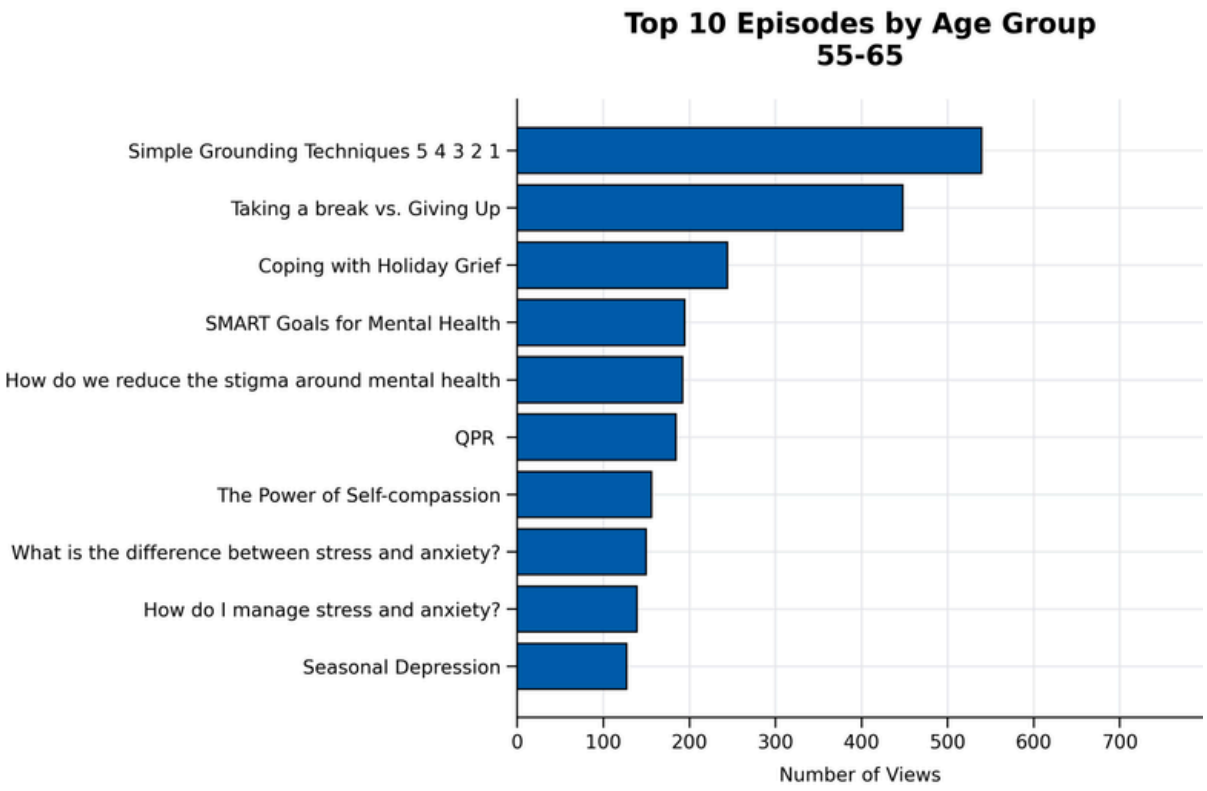

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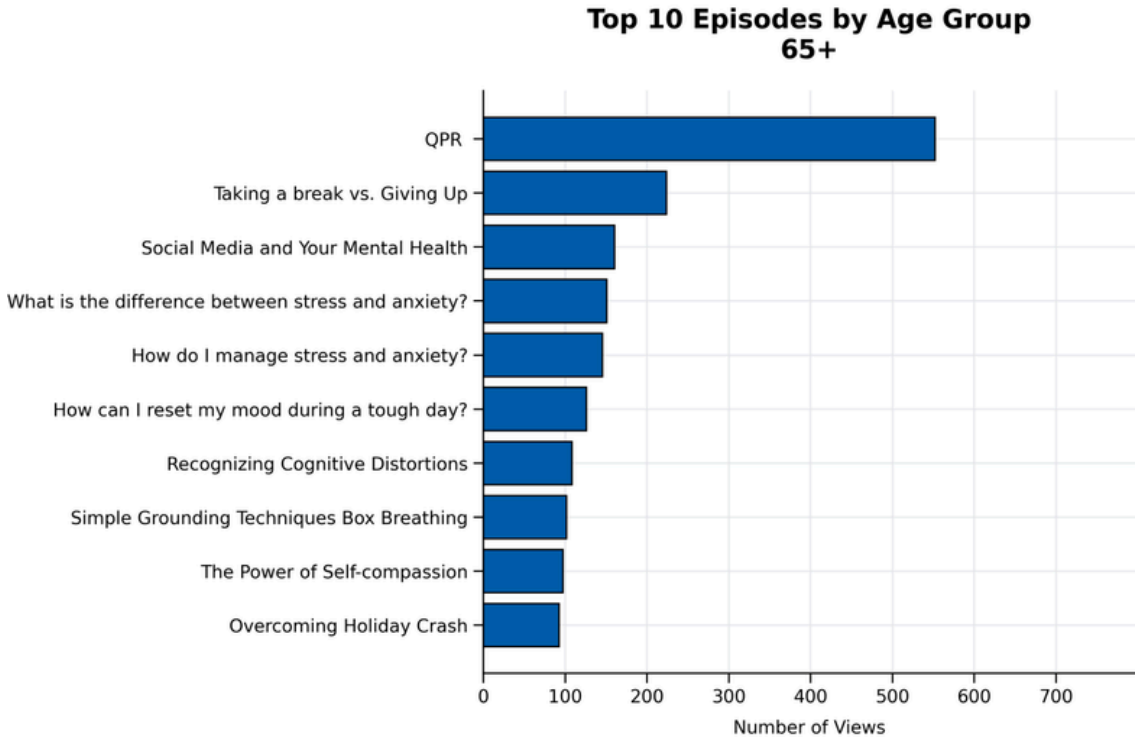

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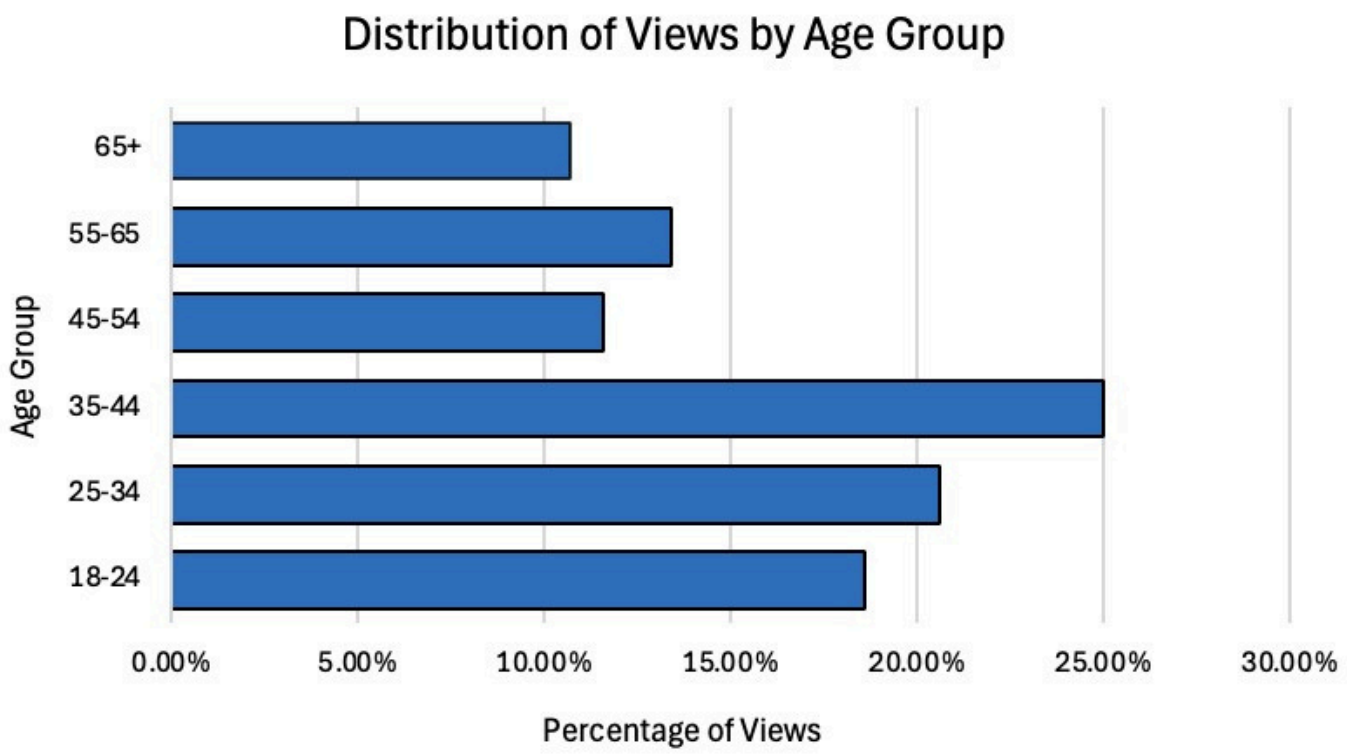
Distribution of Views by Age Group
65+
55-65
45-54
35-44
25-34
18-24
Age Group
0.00%
5.00%
10.00%
15.00%
20.00%
25.00%
30.00%
Percentage of Views