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Podcasts as a tool for enhancing mental health literacy: An investigation of mental health-related podcasts

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ABSTRACT

Background: Mental health-related podcasts are an increasingly popular medium, however, little is known about the influence of demographic and personal mental health characteristics on listeners' engagement and experiences. The present research seeks to explore the motivations and experiences of mental health-related podcast listeners.

Method: Data was gathered via an online survey ($N = 722$) and analysed to examine factors associated with participants' reasons for, and experiences of listening to mental health-related podcasts.

Findings: Results indicate that mental health-related podcast listeners' motivations and experiences are centred around developments in mental health literacy. Participants with the lowest levels of education and mental health literacy reported the most significant benefits from listening to mental health-related podcasts.

Conclusion: These findings provide evidence for positive outcomes of listening to mental health-related podcasts. Future research should aim to deepen our understanding of the medium, with emphasis on investigating their potential use as a psychoeducational tool for personal and/or professional development.

1. Introduction

Mental health-related podcasts are an increasingly popular medium which present a diverse range of topics, opinions, and perspectives to their audiences (Casares, 2022). To date, research indicates that a need for information (Tobin & Guadagno, 2022) and increased mental health literacy (Mumbauer & Kelchner, 2018) are amongst the motivations and benefits associated with listening to mental health-related podcasts. Casares and Binkley (2021) propose that podcasts may be an evolution of traditional forms of bibliotherapy and that mental health professionals could "leverage the educational nature of podcasts" and use them as a tool to affect positive change in the lives of their clients. That said, little is known about what role demographic and personal mental health characteristics have on listeners' engagement and experience. The study at hand seeks to gain a profile of the population in question by gathering and analysing data on their listening habits and motivations as well as their personal mental health and past experiences with services/resources. Furthermore, by adopting the recommendations for future research made by Casares and Binkley (2021), the study will investigate participants' listening experiences across 8 distinct statements, and seek to understand which factors, if any, influence their experience.

Mental Health Literacy has been defined as "knowledge and beliefs about mental disorders which aid their recognition, management, or prevention" (Jorm, 2000, p.396). Research has indicated that mental health literacy is positively associated with help seeking behaviours (Almanasef, 2021) and negatively associated with stigma (Villani, 2021), shame (Kotera & Maughan, 2020), and negative attitudes toward mental health (O'Keefe, 2015). Factors that are associated with higher levels of mental health literacy include female gender (Kim, Saw & Zane, 2015; Miles, Rabin, Krishnan, Grandoit & Kloskowski, 2020); younger age (Dahlberg, Waern & Runeson, 2008; Kaneko, 2007); and higher educational attainment (Miles et al., 2020). Furthermore, research has demonstrated that marginalised groups often have lower levels of mental health literacy and much higher levels of stigma around mental health, including amongst Irish Travellers (Villani, 2021); older individuals (Dahlberg et al., 2008); those with severe mental health difficulties (Clausen, Watanabe-Galloway, Bill Baerentzen & Britigan, 2016); those with lower educational attainment (Kusaka, Yamaguchi, Foo, Togo & Sasaki, 2022); and those from a lower socio-economic background (Noroozi, Khademolhosseini, Lari & Tahmasebi, 2018).

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Researchers have demonstrated that psychoeducational and bibliotherapeutic interventions can be used to increase mental health literacy, prevent mental health issues and treat a wide range of psychological disorders (Mumbauer & Kelchner, 2017). Thus, it is common for mental health services to adopt a stepped-care model, in which psychoeducational interventions are prioritised. Furthermore, this model allows for the effective management of resources, with the aim of increasing accessibility and uptake. However, lack of access to mental health services has become an increasingly prevalent issue. The World Health Organisation (2022) has stated that 80% of people experiencing mental health difficulties have no access to affordable and quality mental health services. Presently, the Irish mental health system is under immense strain, with wait times at their highest level since 2015 (Pollak, 2022). Recent literature has indicated that since the outbreak of Covid-19, the situation has worsened (Mc Nicholas et al., 2021). These patterns are also identified in the UK (Johnson et al., 2021); Belgium (Van den Cruyce, Van Hoof, Godderis, Gerard & Van Leuven, 2021); USA (Bojdan et al., 2020); and France (Antoine, Nicolas & Laurent, 2020) amongst others.

Given this lack of access to formal services, mental health-related podcasts may serve as a valuable alternative for promoting mental health literacy, particularly in areas where such services are inadequate. This notion is supported in the literature. Wills (2020) recognises the value of podcasts as a tool for promoting public education due to their accessible nature, and jargon-free style. Koepp (2021) writes that podcasts are an innovative tool for disseminating mental health and dementia information, particularly in the context of increased risk with regard to face-to-face interactions. Furthermore, podcasts provide listeners with access to a wide range of topics, often featuring experts in the field whose books and resources might have been otherwise unaffordable. These inherent advantages should not be understated but the medium is in need of further investigation.

"A podcast is a piece of episodical, downloadable or streamable, primarily spoken audio content, distributed via the internet, playable anywhere, at any time, produced by anyone who so wishes" (Rime, Pike & Collins, 2022, p.10). Podcasts are accessed through a variety of online platforms including Spotify, iTunes, and YouTube and generally vary in length between thirty minutes and two hours. In recent years podcasts have experienced a dramatic increase in popularity. The number of podcast listeners has increased from 332 million in 2020 to an estimated 424 million in 2022, with current projections indicating that this figure will surpass 500 million by 2024 (Gotting, 2023). Their uniquely free and accessible format means they are accessed by a wide range of individuals. "Mental health-related podcasts" have become more prevalent of late and have diversified with regard to the topics, perspectives, and professional expertise which they present (Casares, 2022). Examples of these podcasts include but are not limited to: *Hidden Brain, The Blindboy Podcast, The Two Norries, and Brené Brown's Unlocking Us*. Mental health-related podcasts typically feature informative discussions on mental health and psychology, perspectives from professionals in the field, and resources regarding evidence-based practices (Casares, 2022; Kaufman, 2019; Moe, Moos & Pease, 2018).

To date, research into podcasts and the experiences of their listeners is scarce. However, some studies have identified benefits associated with the utility and outcomes of podcasts. These include increased positive attitude towards mental illness (Nathan, 2018); an improvement in mental health literacy in children (Mumbauer & Kelchner, 2018); successful delivery of educational material to professionals (Davidson et al., 2019); positive addiction recovery outcomes (Shaw, Sivakumar, Balinas, Chipman & Krahn, 2013); promotion of physical activity (Mailey, Huberty & Irwin, 2016); delivery of interactive self-determination interventions (Mailey, Irwin, Joyce & Hsu, 2019); and the dissemination of educational content about diabetes (Johnson, Ross, Iwanenko, Schiffert & Sen, 2012) and obesity (Ko et al., 2012).

The research seeks to gain a profile of the population in question by gathering data on their listening habits and motivations as well as their personal mental health and past experiences with services/resources. Furthermore, by adopting the recommendations for future research made by Casares and Binkley (2021), the study will investigate participants' listening experiences across 8 distinct statements, and seek to understand which factors, if any, influence their experience.

The study is exploratory in nature and is guided by the following research questions: why and how often are people listening to mental health-related podcasts; what variables influence listeners' experiences and motivations? The study uses cross-sectional survey data to look at concurrent associations between individuals' mental health-related podcast use and their demographic and personal mental health characteristics.

2. Materials and methods

2.1. Participants

Participants ($n = 722$) were recruited through an online survey via Qualtrics.com. Participants aged 18+ who listened to mental health-related podcasts were included in the study. A mental health-related podcast was defined as any podcast "which deals with topics around mental health/psychology." The sample comprised 28.7% males ($n = 207$), 69% females ($n = 498$), and 1.9% non-binary ($n = 14$), while 0.4% chose not to disclose their gender ($n = 3$). The majority of participants fell within the 25–39 age bracket ($n = 318$, 44%).

2.2. Procedure

A survey was designed using Qualtrics.com. The survey link was shared on various social media platforms including the researcher's Twitter, Facebook and Instagram. The research team employed a purposive sampling technique to recruit a diverse range of participants from the global podcasting community. Specifically, over thirty podcast creators were contacted via social media, and were invited to share the survey link with their audiences. Data was exported to Microsoft Excel where it was collated, cleaned and coded. Level of education and household income were grouped into categories according to the Irish National Framework for Qualifications (NFQ) and the Irish Central Statistics Office (CSO) respectively. These categories were also assigned international equivalents. Mental health diagnoses were grouped into categories according to the DSM-V's diagnostic categories (DSM, 2014). Incomplete responses, defined as responses which did not proceed beyond the demographic questions, were removed. Data was transferred into IBM SPSS Statistics Version 23 (IBM Corp, 2015), where statistical analysis was conducted.

2.3. Measures

The online survey included demographic items such as age, gender, ethnicity, household income, educational level, and employment status. Participants were asked the following questions about their engagement with mental health-related podcasts: *'how often do you listen to mental health-related podcasts' and 'why do you listen to mental health-related podcasts'*. Participants chose from six 'reasons' and were permitted to choose more than one. Thus, responses were recoded as a multiple response variable. Some participants ($n = 72$) elected "other" and were prompted to comment. For the most part their responses did not differ from the options which were presented initially. Thus, they were recoded to adhere to the initial options, where the respondent had not already endorsed that option. Data related to participants' personal mental health was gathered in response to the questions: *"have you ever struggled with your mental health or had a mental health diagnosis?"; "if so, what diagnosis were you given?"*; and *"have you ever accessed any mental health services?"* Participants outlined 14 distinct issues pertaining to their mental health. Several participants indicated that they had not received a "*formal diagnosis*" but proceeded to list mental health issues.

To maintain these subjective appraisals for analysis, the issues outlined were classified according to categories of psychological disorder derived from the DSM-V (APA, 2013). Participants were then asked to rate (on a scale of 0–10) a number of services/resources in terms of how useful these services were in helping them *"understand mental health issues"*. These services included: General Practitioner (GP)/Medical Doctor (MD); mental health-related podcasts; mental health services (e.g., Irish Health Services Executive (HSE)/Government Services, Student counselling services, addiction support services, etc.); charity services; private counselling/therapy; and peer support. Finally, participants were asked to rate (on a scale of 0–10) several statements about podcasts. These statements were derived from a peer-reviewed article which discussed podcasts as "an evolution of bibliotherapy" (Casares & Binkley, 2021, p. 34). The statements were: "learn new information and skills"; "normalise problems and foster connection"; "reframe challenges and give me hope"; "process painful feelings and experiences at a safe distance"; "help acknowledge negative emotions within myself"; "increase understanding about myself and my circumstances"; "develop new ways of dealing with problems"; "consider making changes to my behaviour or circumstances".

2.4. Statistical analysis

All respondent data reflects participants who consented to participate in the study and includes participants who listened to mental health podcasts. Total sample size values differ across the analyses because infrequent response option endorsement (e.g., 'I prefer not to say') would not allow for several analyses to proceed and hence the cumulative total is not always 100% (e.g., for some cross tabulations cell counts below five make the analyses void and for purposes of these analyses responses were coded as 'system missing' and some participants did not respond to necessarily all questions). Data in the present study is at the ordinal level. Therefore, group differences were compared using Mann-Whitney U Tests and ordinal regressions (with gender, education, previous struggles with mental health, and previously accessing mental health services as predictors in each regression model). Preliminary analyses confirmed no multicollinearity concerns for the regression models. Significance values of 0.5 were used throughout the analyses.

3. Results

3.1. Demographics & personal mental health

The sample was a well-educated one, with the majority of participants (75.6%[$n = 546$]) reporting that they had achieved at least a level 7 qualification (Bachelor's degree). A majority (73.3%[$n = 529$]) of participants reported that they were employed. Also, 15.4%($n = 111$) of the sample reported that they resided within the lowest annual household income band, namely below €/$25,000. Most participants (68.4% [$n = 494$]) reported that they currently live in Ireland. The remainder of the participants lived across 20 other countries. Table 1 presents the demographic overview of the sample.

Descriptive results indicate that poor mental health and experience of accessing mental health services were prevalent. Most participants (81.41%[$n = 588$]) reported that they had struggled with their mental health, and almost three quarters (73.5%[$n = 531$]) indicated that they had accessed mental health services. By far the most prevalent first-mentioned self-reported mental health issues were depression (21.7% [$n = 155$]) and anxiety (24.2%[$n = 175$]).

3.2. Services and resources for understanding mental health

Participants rated private counselling and mental health-related podcasts highest in terms of how much they helped them understand mental health issues. GP/MD were rated the lowest. Table 2 showcases the results of the ratings awarded to each service/resource by participants. Given the ordinal measure of the scale, the mean, median and median absolute deviation (MAD) are presented. The mode is presented for completion's sake. It is noteworthy that ratings of mental health-related podcasts had the lowest levels of dispersion.

The regression model explained a moderate amount of variance; pseudo R-square = 0.029 (Cox & Snell). Gender (Wald = 1.34, $p = .247$), previous struggles with mental health (Wald = 0.11, $p = .743$), and previously accessing mental health services (Wald = 2.07, $p = .151$) were not significantly associated with perceived helpfulness. A significant association was observed for education (Wald = 16.82, $p = <0.001$), where those with lower educational attainment rated mental health-related podcasts higher in terms of how much they helped them understand mental health issues, relative to those in a higher educational bracket.

3.3. Engagement with mental health-related podcasts

Table 3 showcases the frequencies across the variables *Listen Frequency* and *Reasons for Listening*. The regression model explained a small amount of variance in listening frequency; pseudo R-square = 0.009 (Cox & Snell). Both gender (Wald = 0.02, $p = .881$) and education (Wald = 1.30, $p = .254$) were not significantly associated with listening frequency. Previous struggles with mental health was significantly associated with listening frequency (Wald = 3.96, $p = .047$), where those who had not previously struggled with mental health were more likely to listen more frequently. There was also a non-significant, though borderline association of previously accessing mental health services (Wald = 3.60, $p = .058$), where those who had previously accessed

Table 1
Demographic overview of the sample.

Demographic variable		%(n)	Demographic variable		%(n)
Gender	Male	28.7 (207)	Employment status	Employed	73.3 (529)
	Female	69 (498)		Unemployed	26.7 (193)
Age	18–24	14.5 (105)	Accessed mental health services	Yes	73.5 (531)
	25–39	44 (318)		No	23 (166)
	40–64	37 (267)	Struggled with mental health	Yes	82.3 (588)
Country of residence	Ireland	68.4 (494)		No	17.7 (127)
	All other	31.48 (227)			
Education level	NFQ 3–6	22.6 (163)			
	NFQ 7–10	75.6 (546)			
Income band in Euro	<24,999	15.4 (111)			
	≥25,000 <64,999	40.2 (290)			
	≥65,000	44.5 (321)			

Table 2
Usefulness of services/resources for understanding mental health: participant ratings.

Service/resource	N	Mean	Median	Mode	MAD
Mental Health Services	377	4.71	5	3	2
Private Counselling	489	7.31	8	8	2
GP/MD	421	4.19	4	1	3
MH Podcasts	525	7.31	8	8	1
Peer Support	510	6.05	6	6	2
Charity Services	194	4.74	5	1	3

Table 3
Participants' engagement with mental health-related podcasts.

Variable		%(n)
Listening Frequency	Rarely	5.7(41)
	Once a month	15(108)
	2–3 times a month	25.2(182)
	Once a month	28.3(204)
	2–3 times a week	21.1(152)
	Daily	4.6(33)
Reasons for Listening	Academic/Professional	11.6(184)
	Entertainment	20.7(328)
	Learn about Mental Health	27.6(437)
	Learn about Myself	30.4(482)
	Learn about Others	9.6(152)

mental health services were more likely to listen more frequently.

Participants with lower levels of education tended to access mental health-related podcasts more frequently than those with higher levels of education to learn about themselves and to learn about mental health. Those with higher levels of education tended to listen to mental health-related podcasts more frequently for entertainment than those with lower levels of education; $\emptyset$=0.2, $p < .001$. Participants who had accessed mental health services tended to listen to mental health-related podcasts to learn about themselves more frequently than those who had not; $\emptyset$=0.14, $p < .001$. These relationships were not significant for participants based on their gender, annual household income or whether they had struggled with their mental health.

3.4. Mental health-related podcast listening experiences

Across the eight statements, participants rated "learn new information & skills" highest (Mean=7.93) while "process painful feelings and experiences at a safe distance" received the lowest overall average score (Mean=6.07). Fig. 1 below demonstrates mean scores for each of the 8 statements.

Associations between the sample's demographic and mental health characteristics and their ratings across the eight statements assessing mental health-related podcast listening experiences are shown in Table 4. Females rated every statement higher than males on average, and gender was significantly associated with higher ratings for "learn new information and skills", "normalise problems and foster connection", "reframe challenges and give me hope", "process painful feelings and experiences at a safe distance", and "increase understanding of myself and my circumstances". The remaining three statements were not significantly different across males and females. Amongst men, the highest ranked statements were "acknowledge negative emotions within myself" and "consider making changes to my behaviour and circumstances". Education was also significantly associated with some higher ratings. Specifically, participants with lower levels of education provided higher ratings for "reframe challenges and give me hope", "process painful feelings and experiences at a safe distance", "help acknowledge negative emotions within myself", "increase understanding of myself and my circumstances", "develop new ways of dealing with problems" and "consider making changes to my behaviour or circumstances".

Participants who had previously struggled with their mental health were less likely to report learning new information and skills from podcasts, but more likely to report using podcasts to help acknowledge negative emotions within themselves. Participants who had accessed mental health services consistently and significantly rated the statement "reframe challenges and give me hope" higher than those who had not accessed mental health services. No other significant differences were found based on personal mental health characteristics.

4. Discussion

The study at hand sought to understand the motivations and experiences of mental health-related podcast listeners. The study was guided by the research questions: why and how often are people listening to mental health-related podcasts and what factors interact with listeners' experiences and motivations? Results indicate that a desire for and the acquisition of knowledge, were central to the motivations and experiences of mental health-related podcast listeners. Combined with the extant literature in this area, these results suggest that podcasts are an impactful medium for the promotion of mental health literacy. Additionally, significant associations between the sample's demographic and personal mental health characteristics and their listening motivations and experiences were observed. The results suggest that those with lower levels of mental health literacy and those with lower levels of education are in fact gaining the most from listening to mental health-related podcasts. Participants who had experienced mental health related challenges were significantly more likely to report that mental health related podcasts increased hope and reframed challenges.

Psychoeducation plays a pivotal role in mental health recovery and awareness. Specifically, psychoeducation facilitates the development of mental health literacy which prevents mental health disorders (Mumbauer & Kelchner, 2017), reduces stigma and shame (Kotera & Maughan, 2020), and changes attitudes towards mental health (O'Keefe, 2015). The present sample indicated that developments in their mental health literacy were core to the motivations and outcomes of listening to mental health-related podcasts. This result is consistent with the existing literature in the area (Tobin & Guadagno, 2022; Mumbauer & Kelchner, 2018). Participants rated mental health-related podcasts highest, alongside private counselling in terms of how much it helped them understand mental health issues. GP/MD and mental health services were rated lowest. This is a noteworthy contrast, given the current barriers to accessing formal services (e.g. access, affordability, waiting lists) (Pollak, 2022; World Health Organisation, 2022; and Mc Nicholas et al., 2021).



Fig. 1. Participants' listening experiences: Average ratings across 8 statements.

Table 4
Listening experience ratings as predicted by gender, education, accessed mental health services and struggled with mental health.

	Pseudo R Square (Cox & Snell)	Predictor	Estimate	Wald	Sig
Learn new information and skills	.03	**Gender**	−0.45	7.38	.007
		Education	0.30	2.79	.095
		Previous struggles with mental health	−0.53	5.87	.016
		Previously accessed mental health services	0.09	0.20	.658
Normalise problems and foster connection	.04	**Gender**	−0.70	17.45	<0.001
		Education	0.16	0.84	.361
		Previous struggles with mental health	0.12	0.29	.589
		Previously accessed mental health services	0.24	1.48	.225
Reframe challenges and give me hope	.06	**Gender**	−0.71	18.17	<0.001
		Education	0.53	8.48	.004
		Previous struggles with mental health	0.04	0.04	.839
		Previously accessed mental health services	0.43	4.95	.026
Process painful feelings and experiences at a safe distance	.05	**Gender**	−0.36	4.74	.029
		Education	0.73	16.74	<0.001
		Previous struggles with mental health	0.29	1.93	.165
		Previously accessed mental health services	0.27	1.98	.159
Help acknowledge negative emotions within myself	.05	Gender	−0.18	1.26	.262
		Education	0.51	8.04	.005
		Previous struggles with mental health	0.82	14.55	<0.001
		Previously accessed mental health services	−0.04	0.04	.836
Increase understanding about myself and my circumstances	.04	**Gender**	−0.42	6.26	.012
		Education	0.70	14.60	<0.001
		Previous struggles with mental health	0.02	0.01	.945
		Previously accessed mental health services	0.24	1.56	.212
Develop new ways of dealing with problems	.03	Gender	−0.29	3.20	.074
		Education	0.59	11.00	<0.001
		Previous struggles with mental health	−0.10	0.24	.628
		Previously accessed mental health services	0.16	0.67	.414
Consider making changes to my behaviour or circumstances	.03	Gender	−0.18	1.20	.274
		Education	0.57	10.05	.002
		Previous struggles with mental health	0.14	0.44	.508
		Previously accessed mental health services	0.25	1.68	.194

Significant differences were observed for participants with lower educational attainment and those who have accessed mental health services. These individuals were more likely to listen to podcasts for educational purposes, whereas those with higher educational attainment are more likely to listen for entertainment. These findings indicate that those who tend to have poorer mental health literacy (Kusaka et al., 2022; Miles et al., 2020) use podcasts as a psychoeducational tool. It could be hypothesised that physicians and mental health services most often respond to acute episodes of distress and thus interventions are constrained within crisis management, rather than an opportunity to build knowledge. These findings support the proposal that mental health professionals should "leverage the educational nature of podcasts" in clinical contexts (Casares & Binkley, 2021).

By measuring participants' listening experience across eight statements (Casares & Binkley, 2021), the current study gained a unique insight into the benefits of listening to mental health-related podcasts. Participants rated "learn new information and skills" and "normalise problems and foster connections" as most relevant to their listening experience. These findings suggest that the demand for psychoeducation is being met by mental health-related podcasts and improving mental health literacy while tackling stigma and promoting connection. That being said, a number of differences in participants' experiences were observed, based on demographic and personal mental health characteristics. Namely, significant associations were observed based on education, where individuals with lower educational attainment endorsed six out of eight statements significantly higher than those with higher educational attainment, suggesting that those with traditionally lower mental health literacy (Kusaka et al., 2022) gain more from listening to mental health-related podcasts. Conversely, females, who tend to have higher levels of mental health literacy rated every statement higher than male participants, with statistically significant results observed across five of the eight statements. However, the highest ranked statements amongst male participants were "acknowledge negative emotions within myself" and "consider making changes to my behaviour or circumstances". This result is particularly striking given that males tend to have poorer mental health literacy (Miles et al., 2020) and are less likely to seek help for their mental health (Liddon, Kingerlee & Barry, 2018). Participants who had struggled with their mental health rated the emotionally orientated statement ("help acknowledge negative emotions within myself") significantly higher than those who had not struggled. This difference is noteworthy and indicates that for predisposed audiences, podcasts are a tool for personal/emotional development.

In summary, these results provide evidence that listening to mental health-related podcasts is associated with a variety of reported benefits, including the development of mental health literacy. This may have important implications for those who tend to have poor mental health literacy such as older individuals (Dahlberg et al., 2008); males (Kim et al., 2015; Miles et al., 2020); those with lower educational attainment (Kusaka et al., 2022); those with severe mental health difficulties (Clausen et al., 2016); those with lower educational attainment (Kusaka et al., 2022); and those from a lower socio-economic background (Noroozi et al., 2018).

5. Limitations

This study was the first to use Casares and Binkley's (2021) eight statements to measure podcast listeners' experiences. Future research endeavours aimed at understanding the relationships between these statements and established psychological and social concepts will enhance our capacity to interpret these statements effectively. The present results highlight the role that mental health-related podcasts may play in reducing stigma, promoting help-seeking behaviours in men, and promoting mental health literacy in those with lower educational attainment. Future studies should concern themselves with expanding the knowledge regarding these topics. Furthermore, analysing the views of mental health professionals may provide insight into the potential for mental health-related podcasts' use as a tool in therapy and/or professional development.

While the study recruited a number of international participants ($n = 228$, 32%), the vast majority of the sample were Irish. Thus, results cannot be generalised to international populations without further research. That being said, this study is the first of its kind and its results offer future researchers clear directions to explore in an international context. Furthermore, participants were asked to rate services/resources as well as their experience of podcasts across 8 statements. It may have been beneficial to force participants to rank these items in order to gain an understanding of how each response option performs against others. This may have provided the research with clearer inferential statistical results.

6. Conclusion

To conclude, the present study, which examined the motivations and experiences of mental health-related podcast listeners, was the first of its kind. Results demonstrate that listeners benefit significantly from listening to podcasts, with their experiences differing based on their demographic profile and personal experience with mental health. The findings may have significant implications for the use of mental health-related podcasts as a psychoeducational tool for personal and/or professional development.

Ethics

Ethical approval for this study was granted by the School of Applied Psychology, University College Cork, Ireland ref EAMMH12132021725. Participation was anonymous and voluntary. Informed consent was received from all participants. Contact details for the researchers and a range of support services were provided in the information and debriefing statements.

CRediT authorship contribution statement

Naoise Ó Caoilte: Investigation, Methodology, Formal analysis, Data curation, Writing – original draft. **Sharon Lambert:** Conceptualization, Methodology, Supervision, Data curation, Writing – review & editing. **Raegan Murphy:** Formal analysis, Data curation, Writing – review & editing. **Gillian Murphy:** Formal analysis, Data curation, Writing – review & editing.

Declaration of Competing Interest

There are no conflicts of interests, this was an unfunded study.

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