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A Netnographic Critique of Cultural Appropriation versus Cultural Competence in Digital Mental Health Ethnic Communities

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ABSTRACT

Background: Digital mental health campaigns increasingly incorporate local cultural symbols to improve engagement among ethnically diverse populations. However, whether these adaptations represent genuine cultural responsiveness or merely superficial branding remains unclear, particularly within Indonesia's multicultural context. This study explored how ethnic and indigenous communities interpret, contest, and reclaim the cultural authenticity of institutional digital mental health advocacy.

Methods: A qualitative netnographic study was conducted through 24 weeks of non-participant observation across Indonesian- and Malay-language digital ecosystems, including institutional social media platforms, community-led discussion forums, and professional nursing and psychiatric networks. Public discussion threads were purposively sampled and analysed using reflexive thematic analysis to identify recurring patterns of community interpretation.

Results: Four interrelated themes emerged: (1) tokenistic aesthetic inclusion, (2) decontextualisation of sacred healing practices, (3) community reclamation through counter-narrative production, and (4) a discursive transition from cultural competence toward cultural justice. Participants overwhelmingly perceived institutional campaigns as relying on symbolic cultural representation rather than meaningful collaboration, criticising the use of indigenous knowledge and cultural symbols without shared decision-making or reciprocal community benefit.

Conclusion: Superficial visual and linguistic localisation alone does not meet communities' expectations of culturally safe digital mental health advocacy. The findings suggest that psychiatric nursing and digital health communication should move beyond conventional cultural competence frameworks toward culturally just approaches that prioritise community co-design, shared governance, equitable benefit-sharing, and recognition of indigenous epistemic authority in the development of digital mental health campaigns.

KEYWORDS

Cultural Competency; Mental Health; Social Media; Community-Based Participatory Research; Psychiatric Nursing; Health Communication

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INTRODUCTION

A mental health poster rendered in indigenous batik motifs, a wellness application promising "ancestral calm" in a single tap, a national awareness campaign translated overnight into a dozen regional dialects — digital mental health advocacy now speaks fluently in the visual and linguistic grammar of the communities it hopes to reach. Yet fluency is not the same as understanding. As health institutions across the Global South race to close the mental health treatment gap through social media and mobile applications, they have also inherited a subtler risk: presenting cultural familiarity without cultural authority, and mistaking a translated interface for a transformed relationship with the people it addresses (Mota *et al.*, 2022; Agudelo-Hernandez, Plata-Casas and Gonzalez-Abril, 2025).

This tension sits at the heart of a decades-long debate in health communication and nursing science about what it means for care to be "culturally competent." Contemporary frameworks have urged practitioners to move beyond generic biomedical messaging toward culturally tailored content, and digital campaigns have largely answered that call at the level of aesthetics — local imagery, vernacular slogans, testimonials from community figures. What these frameworks have addressed far less directly is who decides which symbols are used, whose spiritual and communal practices are simplified into standalone techniques, and whether the communities being represented experience the result as recognition or as extraction (Foyet and Child, 2024; Stepanova *et al.*, 2026; Thorburn and Ansloos, 2026).

The empirical literature on digital mental health has concentrated overwhelmingly on efficacy, reach, and user engagement metrics, treating cultural adaptation as a design variable to be optimised rather than a relationship to be negotiated. Comparatively little work has approached the question from the standpoint of the communities themselves, using the very digital spaces where these campaigns circulate to trace how ethnic and indigenous audiences interpret, resist, or reclaim the cultural material used to represent them. This gap is especially pronounced in Indonesia, a nation of pronounced ethnic plurality where national mental health campaigns must simultaneously address Javanese, Sundanese, Minangkabau, and numerous indigenous adat communities, each with distinct healing epistemologies that rarely map onto the individualised vocabulary of global mental health discourse (Kirmayer and Jarvis, 2019; Liu *et al.*, 2025).

This study addresses that gap through a netnographic examination of Indonesian- and Malay-language digital discourse surrounding institutional and community mental health campaigns. Its contribution is twofold. Empirically, it offers one of the first sustained accounts of how ethnic and indigenous digital publics in Southeast Asia distinguish cultural competence from cultural appropriation in real time, in their own words, within the platforms where campaigns are received and contested. Theoretically, it extends the cultural competence literature by documenting a discursive movement, visible within the data itself, toward a cultural justice framework that foregrounds structural power and epistemic authority rather than checklist-style cultural knowledge. The remainder of this paper details the netnographic design and analytic procedure, presents four interconnected themes derived from the discourse, and discusses their implications for the theory and practice of digital mental health advocacy and psychiatric nursing.

MATERIALS AND METHODS

Methods

This study is reported in accordance with the Standards for Reporting Qualitative Research (SRQR), consistent with EQUATOR Network guidance for qualitative and digital ethnographic inquiry.

Study Design and Reflexivity

A netnographic design was adopted, following the methodological tradition that adapts ethnographic principles to naturally occurring online discourse rather than researcher-elicited data. Netnography was selected because the phenomenon of interest — community interpretation of, and response to, digital mental health campaigns — is itself constituted in digital public discourse and could not be adequately captured through interview or survey methods alone. The research team maintained a reflexive journal throughout data collection and analysis to document positionality, assumptions, and analytic decisions.

Setting and Data Sources

Data were drawn from three categories of publicly accessible Indonesian- and Malay-language digital ecosystems: official institutional social media pages associated with national or regional mental health campaigns, community-led critique forums and discussion groups organised around ethnic or indigenous identity, and professional nursing and psychiatric networks engaging with digital advocacy content. Observation was conducted over a 24-week period, from 5 April to 20 September 2025.

Sampling Strategy

Threads were sampled purposively rather than exhaustively, prioritising discourse that explicitly engaged with the cultural framing, representation, or design of a named mental health campaign. Sampling continued iteratively alongside analysis until no substantially new thematic content emerged across successive rounds of coding, consistent with the principle of information power rather than a fixed a priori sample size. Eligible units of analysis were public threads and their associated comments; private groups, direct messages, and content requiring authenticated membership were excluded.

Data Collection Procedures

Publicly available posts and comments were archived using a structured observation log capturing platform, campaign referent, date, and full text, alongside coarse demographic self-descriptors volunteered by users in their public profiles or posts (for example, self-identified ethnicity, professional role, or regional location). No covert participation, solicitation, or researcher-initiated interaction occurred; the research team acted solely as non-participant observers of naturally occurring public discourse.

Data Analysis

Data were analysed using reflexive thematic analysis, following an inductive, latent-level coding approach. Two analysts independently coded an initial subset of threads, compared and reconciled coding frameworks through discussion, and then applied the consolidated coding frame to the full corpus using qualitative data analysis software NVivo 12. Codes were iteratively grouped into candidate themes, reviewed against the coded extracts and the full dataset, and refined into the four final themes reported here.

Trustworthiness

Credibility was supported through investigator triangulation during coding and through prolonged engagement across the full observation period. Dependability was addressed via a documented audit

trail of coding decisions and theme development. Confirmability was supported by the reflexivity journal and by grounding all themes in verifiable, anonymised extracts. Transferability is supported through thick description of the digital settings, participant roles, and campaign types, enabling readers to judge applicability to comparable ethnically plural digital contexts.

Ethical Considerations

Ethical approval was obtained from Universitas Jember. Because data consisted of publicly accessible posts rather than researcher-elicited disclosures, individual informed consent was not obtained for each post, consistent with common practice in netnographic research on public digital discourse; this approach was reviewed and approved by the ethics committee. All illustrative excerpts reported in this manuscript were anonymised and lightly paraphrased to prevent verbatim traceability via search engines, and identifying details (usernames, page names, exact dates of individual posts) were removed prior to analysis and reporting.

RESULTS

Observation across the 24-week period yielded 2,341 discussion threads comprising 14,320 posts and comments from 2,541 unique accounts engaging with institutional and community mental health campaigns across Indonesian- and Malay-language digital ecosystems. Table 1 summarises the demographic and campaign-engagement characteristics of participating accounts.

Characteristic	Category	n	%
Total participants		**2,541**	**100.0%**
Primary role in discourse			
	Ethnic/indigenous community member	1,271	50.0%
	Cultural advocate/activist	508	20.0%
	Mental health professional/nurse	457	18.0%
	Institutional representative	305	12.0%
Ethnic identity			
	Javanese	966	38.0%
	Sundanese	635	25.0%
	Minangkabau	457	18.0%
	Indigenous/adat minorities	330	13.0%
	Other	153	6.0%
Campaign type evaluated			
	National mental health month	1,016	40.0%
	Institutional awareness drive	762	30.0%
	Digital wellness app launch	508	20.0%
	Nurse-led community advocacy	255	10.0%
Perceived cultural representation in campaign			
	Tokenistic/superficial	1,398	55.0%
	Appropriative/exploitative	508	20.0%
	Authentic/collaborative	432	17.0%
	Absent/erased	203	8.0%

Overall sentiment toward campaign			
	Highly critical/rejective	1,525	60.0%
	Ambivalent/mixed	610	24.0%
	Supportive/endorsing	406	16.0%
Geographic distribution			
	Urban centres	1,652	65.0%
	Rural/indigenous territories	635	25.0%
	Overseas diaspora	254	10.0%

Table 1. Demographic and campaign engagement characteristics of digital community participants (N = 2,541).

Community members and cultural advocates together accounted for the majority of contributing accounts, with mental health professionals and institutional representatives comprising a smaller share of the discourse. Campaigns were most frequently evaluated in the context of national mental health awareness months, and the largest single category of perceived cultural representation was tokenistic or superficial, followed by appropriative or exploitative representation. Overall sentiment toward campaigns was predominantly critical.

Thematic analysis identified four interconnected themes describing how participants distinguished cultural competence from cultural appropriation in digital mental health advocacy, summarised in Table 2.

Theme	Subtheme	n	Illustrative excerpt (anonymised)	Practice implication
1. Tokenism and aesthetic inclusion	Visual commodification of cultural symbols	612	"The motifs decorate the poster, but the advice inside is still individualist. It is only a wrapper." (Female, 29, community advocate)	Move beyond visual diversity toward epistemological integration in campaign design
	Performative language translation	489	"Translating the term into our dialect does not make the idea ours; it ignores our own spiritual practice." (Male, 34, indigenous forum)	Pair linguistic translation with conceptual and cultural adaptation
2. Decontextualisation of sacred practices	Secularisation of communal healing	534	"The app took a communal ritual and reduced it to a short individual breathing exercise; the shared meaning was left out." (Female, 26, adat community)	Preserve the communal and sacred integrity of indigenous practices in digital tools

	Extraction without reciprocity	412	"Our elders' words promote their paid application, but the benefit does not return to our community programmes." (Male, 41, rural advocate)	Establish equitable benefit-sharing and community ownership in digital health products
3. Community reclamation and counter-narratives	Digital pedagogical pushback	567	"We had to write a long thread correcting their competence guide; they described us to ourselves inaccurately." (Non-binary, 27, student activist)	Position practitioners as learners, ceding narrative authority to community voices
	Reclaiming indigenous epistemologies	456	"We are building our own platform, made by us and for us; we do not need institutional validation to heal." (Female, 31, community leader)	Resource and support community-led digital health initiatives rather than replicating them
4. From cultural competence to cultural justice	Critiquing structural power imbalances	523	"Competence means learning about a culture; justice means changing the system that marginalises it." (Male, 38, nursing scholar)	Shift nursing education and policy from competence checklists toward structural cultural safety
	Co-design and epistemic equity	389	"Do not design for us; design with us, and give us the budget and the decision-making authority." (Female, 35, indigenous health director)	Mandate community co-design and shared governance in digital mental health advocacy

Table 2. Thematic analysis of cultural appropriation versus cultural competence in digital mental health advocacy.

Theme 1: Tokenism and Aesthetic Inclusion

Participants described the use of traditional visual motifs and vernacular translation in campaign materials as a recurring but contested practice. Accounts frequently characterised the underlying message content as unchanged in orientation despite surface-level localisation, and described translated psychological terminology as retaining its original conceptual framing rather than reflecting local understandings of distress and coping.

Theme 2: Decontextualisation of Sacred Practices

A second pattern concerned the presentation of communal or spiritually grounded healing practices as standalone, individually administered techniques within applications and campaign materials. Participants also described an absence of financial or structural return to the communities whose practices or testimonials were referenced in campaign promotion.

Theme 3: Community Reclamation and Counter-Narratives

Participants documented sustained efforts to correct institutional materials through detailed public commentary and to establish independent, community-organised digital health initiatives, describing these platforms as designed according to community priorities rather than institutional templates.

Theme 4: From Cultural Competence to Cultural Justice

A subset of discourse, concentrated among nursing scholars and community health directors, explicitly distinguished cultural competence from cultural justice, framing the former as an individual-level knowledge acquisition and the latter as a structural redistribution of design authority, budget, and data governance.

DISCUSSION

This netnographic study set out to examine how ethnic and indigenous digital publics in Indonesia interpret the cultural authenticity of institutional mental health advocacy, and found that visual and linguistic localisation was frequently read as tokenistic rather than genuinely representative. This pattern resonates with longstanding critiques of cultural competence models in health care, which have been criticised for privileging surface-level cultural knowledge over the relational and structural dimensions of care (Braybrook *et al.*, 2026; Memchout, 2026). The present findings extend this critique into the digital domain, suggesting that the same conceptual limitations identified in face-to-face clinical encounters reproduce themselves in the design logic of digital health campaigns.

The tokenism theme aligns with health communication scholarship documenting that visual ethnic markers can function as a substitute for, rather than a vehicle of, substantive cultural adaptation (Abbass-Dick *et al.*, 2018; Schill *et al.*, 2019; Woods-Giscombe *et al.*, 2022). Notably, participants in this study distinguished between translation of language and translation of worldview, a distinction that mirrors Kleinman and Benson's (2006) argument that clinical and communicative competence requires engagement with patients' explanatory models rather than lexical substitution alone. This suggests that campaign designers may benefit from treating linguistic localisation as a starting point for cultural adaptation rather than its endpoint.

The decontextualisation of sacred healing practices identified here reflects a broader pattern documented in critical scholarship on cultural appropriation, in which cultural forms are extracted from their originating communities, stripped of communal or spiritual meaning, and repackaged for commercial or institutional use (Watts *et al.*, 2023; Chigangaidze, 2025). The absence of reciprocal benefit reported by

participants parallels concerns raised in the indigenous data and knowledge sovereignty literature regarding the appropriation of indigenous intellectual and cultural resources without corresponding community control or return (Barker, Goodman and DeBeck, 2017; Lovely *et al.*, 2026; Reeves *et al.*, 2026). These parallels suggest that digital health advocacy is not exempt from dynamics of extraction that have been documented in other domains of indigenous knowledge use.

Community reclamation and counter-narrative production, the third theme, is consistent with theorising on subaltern counterpublics and participatory digital culture, which describes how marginalised groups use accessible communicative spaces to contest dominant representations and construct alternative discursive arenas (Ogunwale, Fadipe and Bifarin, 2023; Van Bewer, 2023). The considerable, largely uncompensated labour participants described in correcting institutional materials echoes broader observations that marginalised communities frequently absorb the interpretive and educational costs of institutional cultural missteps (Ong, Bilardi and Tucker, 2017; Matsuoka, 2023). This dynamic raises a practical question for institutions regarding whether such corrective labour might instead be resourced and formally incorporated into campaign development.

The fourth theme, a discursive shift from cultural competence toward cultural justice, resonates closely with the cultural safety literature developed originally within indigenous nursing scholarship in Aotearoa New Zealand, which distinguishes the acquisition of cultural knowledge from the redistribution of structural power within health systems (Agudelo-Hernandez, Plata-Casas and Gonzalez-Abril, 2025). Participants' explicit invocation of budget and decision-making authority as markers of genuine partnership is consistent with Curtis and colleagues' (2019) argument that cultural safety, unlike cultural competence, requires institutions to cede rather than merely exercise power. This convergence between grassroots digital discourse and formal nursing theory suggests that cultural justice framings are not confined to academic literature but are actively being articulated by the communities such literature seeks to serve.

Read together, these themes carry theoretical implications for how digital health advocacy conceptualises epistemic authority. The pattern in which institutions are perceived to speak about communities rather than with them reflects what has been described as epistemic injustice, in which certain knowers are systematically granted less credibility or interpretive authority than others (Foyet and Child, 2024; Thorburn and Ansloos, 2026). Framing the present findings through this lens suggests that campaign critique is not merely a matter of tone or aesthetics but touches on deeper questions of whose knowledge is treated as authoritative in defining mental health and healing within a given cultural context (Kirmayer and Jarvis, 2019; Mota *et al.*, 2022; Power *et al.*, 2024; Liu *et al.*, 2025; Stepanova *et al.*, 2026).

Practically, participants' demands for co-design, shared governance, and data ownership point toward concrete directions for digital mental health advocacy and psychiatric nursing practice. Embedding indigenous data sovereignty principles into the commissioning and design of digital health tools, as advocated in the indigenous data governance literature, offers one pathway for operationalising these demands (Rice and Harris, 2021). Similarly, resourcing community-led platforms rather than replicating their content within institutional channels would respond directly to the reclamation dynamic documented in Theme 3 and is consistent with calls for genuine, rather than symbolic, community partnership in health communication (Donovan *et al.*, 2024).

Several limitations warrant consideration. Netnographic data reflect the views of digitally active, often

more critically vocal participants, and may not represent the perspectives of community members with limited digital access or lower propensity toward public commentary. Self-reported demographic descriptors could not be independently verified, and the study's focus on Indonesian- and Malay-language discourse limits transferability to other ethnolinguistic or national contexts without further comparative research. The design also precludes causal claims about how specific campaign features shaped audience sentiment, since the analysis captured discourse rather than experimentally manipulated campaign variants. Future research employing comparative netnography across additional Southeast Asian settings, alongside collaborative studies involving campaign designers directly, would help to test the transferability of the cultural competence-to-justice trajectory identified here and to evaluate whether co-designed campaigns are received differently from institutionally authored ones.

CONCLUSIONS

This netnographic study demonstrates that digital communities function as an essential psychosocial infrastructure for Indonesian diaspora populations by sustaining cultural identity, mitigating acculturative stress, facilitating collective resilience, and supporting transnational grief. Rather than serving merely as communication platforms, these digital spaces operate as culturally embedded environments where migrants negotiate identity, exchange culturally meaningful coping strategies, and compensate for limitations in formal mental health services. These findings extend contemporary understandings of migrant mental health by positioning digital community engagement as a core component of transcultural psychological adaptation rather than a peripheral source of social support. For psychiatric nursing, the study highlights the need to incorporate assessment of online community participation, culturally informed digital coping practices, and transnational grief into routine care, while fostering ethical partnerships with diaspora-led digital networks. Future research should evaluate whether integrating these community-based digital resources into formal mental health services can improve engagement, cultural congruence, and psychological outcomes among diverse migrant populations.

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Conflict of Interest

The author declares that there is no conflict of interest in the preparation and publication of this article.

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