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“Just Talk to Me”: Communicating With College Students About Depression Disclosures on Facebook

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 A B S T R A C T

Purpose: To determine acceptability, preferred communication medium, and other key considerations for intervention by friends, professors or resident advisors, and strangers in response to college students' references to depression on the social networking site Facebook.

Methods: Facebook profiles belonging to 18- to 19-year-old students ($n = 60$) at a large public university were evaluated for references to depression. In-person, structured interviews assessed how students would prefer to be approached by a friend, professor or resident advisor, or stranger if that person saw displays of depression on the student's Facebook page. We coded interview transcripts for approach acceptability, communication medium, and emerging themes. We used chi-square tests to assess differences between depression displayers and non-displayers.

Results: The sample was 60% female with a mean age of 18.5 years. All students were accepting of intervention approaches by friends. Most (93%) were accepting of an approach by known adults. Approximately half would accept an approach by a stranger, but this proportion was 26% lower among those who had displayed depression references on Facebook than among non-displayers ($p = .072$). In-person communication was preferred for approaches made by friends and adults. E-mail or using a student's friend as an intermediary was preferred if a stranger were to intervene.

Conclusions: In-person communication from friends or trusted adults is the preferred means for raising concerns about a student's signs of depression displays on Facebook. Programs that encourage resident advisors and peers to respond in this manner and encourage treatment may represent a way to improve access to care for depression.

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 IMPLICATIONS AND
 CONTRIBUTION

College freshmen who displayed depression references on their Facebook page wanted friends to offer support, preferably in person. Communication from professors and RAs was also acceptable. Programs that encourage RAs and peers to respond confidentially and suggest treatment may represent a way to improve access to care for depression.

Mental health disorders are a leading contributor to the burden of disease among young adults [1]. Because approximately half of young adults in the U.S. attend postsecondary education [2], the college setting presents an opportunity to reach a large portion of the population during the age window in which most mental health disorders first appear [3]. Depression, in particular, is common among the college student population.

Epidemiological research suggests that 25%–33% of students report feelings of depression that interfered with their functioning at least once in the past year and 6%–10% report seriously considering suicide in the past year [4,5].

Many individuals who could benefit from evidence-based therapies do not receive services [6]. In one large survey of undergraduates, 28% of those with a positive screen for major depression and 49% of those with other types of depression (dysthymia or depression not otherwise specified) did not think they needed help [7]. Among students meeting criteria for major depression in the *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition, only 36% received medication or

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therapy/counseling, and among those with other depression types, only 16% received such services [7].

In an effort to identify individuals at risk for depression and other health problems outside the clinical setting, researchers have begun to investigate the relationship between the content posted on social networking sites (SNS) and user behaviors and characteristics offline [8,9]. SNS such as Facebook and Twitter are online environments in which users communicate with their network of friends and acquaintances. Over 90% of U.S. college students report having a Facebook profile [10–13]. On Facebook, users post “status updates” in which they share their thoughts, feelings, and ideas in real time. They can also post videos, audio, and links to news stories and other online content. Recent news stories have documented the presence of suicidal notes as status updates on SNS [14]. Because warning signs for a suicide may appear on Facebook, the company has recently developed a partnership with the National Suicide Lifeline that allows users who observe suicidal content on Facebook to report it directly to the National Suicide Lifeline via a page on Facebook’s website [15].

Prior studies have found that college students who displayed depression symptoms on Facebook had higher scores on clinical measures of depression [16]. This evidence suggests that SNS profiles may represent an opportunity to identify individuals experiencing depression symptoms. The next step is to determine the optimal way to provide intervention or resources to these individuals. Because of their high rates of SNS participation and the ease of linkages to university-based health services, college students are an ideal candidate population for such screening and intervention efforts. However, given the sensitivity and stigma regarding the topic of mental health, it is important that efforts to intervene be conducted in ways that are acceptable and comfortable to students.

First-year students face a unique set of challenges in accessing health resources as they transition from high school to college. Freshmen must navigate the new college environment and corresponding responsibilities, often in the absence of the friends and family who formed their support structure during high school. Therefore, this study sought to understand how first-year students would prefer to be approached about references to depression that they displayed on their Facebook profile. The research aimed to identify how approach acceptability and preferred communication medium might vary based on (1) whether the approach was done by a friend, a known and trusted adult (such as a professor or resident advisor [RA]), or a stranger; and (2) whether the individual had herself displayed references to depression on Facebook within the past year.

Methods

This mixed-methods study used content analysis of freshman students’ Facebook profiles and structured interviews with the same students. We carried out data collection and analysis between January 2010 and March 2012. We received institutional review board approval from the University of Wisconsin-Madison.

Setting and subjects

We identified participants for this study using Facebook (www.facebook.com), the most popular SNS among our target population of college students [17,18]. As part of a larger ongoing study investigating health behaviors and Facebook, we examined publicly

available Facebook profiles of undergraduate freshmen students within one large state university network on Facebook. There were 5,680 students in the first-year class [19]. All students who hold a Facebook account have the option to join the university’s Facebook network by providing a university-affiliated E-mail address. They can elect to display their graduation year on their profile. Because this study focused on depression screening approaches that could be applied to publicly available Facebook profiles, we excluded students maintaining profiles with private security settings. To be included in the study, profile owners were required to self-report their age as 18–19 years, have an e-mail address or phone number available on Facebook or in the university directory, show evidence of Facebook profile activity within the past 30 days.

Recruitment and data collection

We used the Facebook search engine to identify profiles within the university’s network listing a graduation year indicating the owners were first-year students. This search yielded 273 profiles, all of which we assessed for eligibility. Most ineligible profiles occurred because the content was kept private, ($n = 102$), the owner’s age was 18 or 19 years ($n = 27$), or there was no contact information (phone number or E-mail) listed within the Facebook profile or the university directory ($n = 60$). A total of 84 profiles met inclusion criteria. We contacted the owners of these profiles by phone or E-mail and invited them to participate in an interview about college student health.

Facebook profile coding. For the 84 profiles that met inclusion criteria, trained research assistants reviewed content posted in the past year and recorded demographic data and displayed depression symptom reference data, including verbatim text from profiles. When present, we removed identifiable information from text references. We defined references to depression symptoms using the *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition, symptom criteria for a major depressive episode [20]. Criteria for a major depressive episode included depressed mood, loss of interest or pleasure in activities, appetite changes, sleep problems, psychomotor agitation or retardation, energy loss, feeling worthless or guilty, and decreased concentration or suicidal ideation [20]. We considered status updates to be depression symptom reference when a keyword or a synonym fit one of the described depression criteria. For example, one symptom keyword of major depression is “hopeless”; therefore, a status update stating, “I feel hopeless” would be coded as a reference to depression. The term “giving up” is a synonym of “hopeless”; therefore, a status update disclosing “I feel like giving up” would be coded as a reference to depression. Status updates referring to a person other than the profile owner (i.e., “Bob is sitting next to me in class and he looks really sad”) or references to the common experience of having a bad day (i.e., “I’m having a terrible week”) were not coded as depression references.

We categorized profiles into one of two groups. Profiles with one or more references to depression symptoms were considered “depression displayers.” Profiles with no depression symptom references were considered “non-displayers.” Three research assistants evaluated a 20% random subsample of profiles to test interrater reliability. We used Fleiss’s kappa statistic to evaluate the extent to which there was overall agreement in coding of the presence or absence of depression references on a profile, as well as overall agreement among

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