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Women's Depression Information Communities

INFO 200: Professor Stephens

Lisa Molson

San Jose State University

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Abstract:

Women who suffer from depression consist of a diverse group of individuals whom, likely because of the influence of the internet and technology, encompass a wide geographical range. Many members of this group flock to the web to share information and gain emotional support. Cohesiveness and camaraderie, nurtured in online communities, helps facilitate strong community ties amongst its members. This paper reveals a glimpse into the characteristics of women in depression information communities and examines their informational needs and behaviors and how these members seek out information, both in an informative and emotive help-seeking context. Current and older studies will be examined to uncover major topics of discussion and findings. Although most studies focus on virtual communities, individuals who live in underserved communities affected by the digital divide will also be considered. A look forward to ideas in which informational professionals can better help serve this community, especially as it relates to the outreach of women from socioeconomically disadvantaged backgrounds, will also be explored.

Introduction

By 2020 experts predict that depression will be the second-most diagnosed disability worldwide. It's the most common disability reported among women and they're more prone to depression than men (Stewart, 2008). Many women gravitate toward online communities to seek information about depression and gain emotional support from individuals also battling this disorder. Numerous studies consistently demonstrate that women are more inclined than men to seek refuge in mental health communities or research health information on the web (Fox & Duggan, 2013; Grosberg, D., Noviko, I., Ziv, A., Bergman, Y. S., Shani, M., & Freedman, L., 2015; Marton, 2010; Nimrod, 2012a). Pew reports that women outnumber men two-to-one in using the web to research information about their illnesses (Fox & Duggan, 2013).

Durrance and Fisher highlight several characteristics of an information community: the use of technology, especially the internet, the access of relevant and updated content, different focal points of interest, a reach that extends beyond geographical boundaries, and the option to remain anonymous (Durrance & Fisher, 2003). In line with the use of technology, Maloni, Przeworski and Damato (2013) found that as many as 90% of their study participants use the internet to gather information about Postpartum depression. As Maloni & et al., (2013) observe: "There is a community of women with PPD who are Internet accessible and who are reaching out to find information about depression" (p. 93).

An abundance of websites such as the NIH (National Institute of Health) <https://www.nimh.nih.gov/index.shtml> and Psych Central <http://psychcentral.com/> leverage technology

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to offer variances of interests for its members, and these technological platforms transcend geographical location, as members can access updated content from anywhere in the world on sites such as Women's Mental Health community's website or from their Twitter feed (womenmentalhealth.org) (<https://twitter.com/wmnmentalhealth>). Furthermore, in regards to the anonymous nature of the internet, it's understandable why members seek refuge in these online communities, given the stigma associated with depression and mental illness in general (Baker, Ferguson & Procter, 2015; Marton, 2010; Nimrod, 2012a).

Given the critical nature of the proliferation of women afflicted by depression, this paper will focus on characteristics of women depression communities and on their information seeking needs and behavior. Aside from online mental health seeking, importance will also be given to those women in underserved communities affected by the digital divide and how current studies reveal deficiencies and a need for improvement in this area. Lastly, this paper will explore how information professionals can better serve women in depression communities

Literature Review

Methodologies

In reviewing peer-reviewed sources, studies of women in depression communities focus on varying topics of interest which range from mental health-seeking online behaviors, etiological factors of why women are more prone to the disorder than men, and outreach efforts to those in underrepresented communities. Magnezi & et al. (2015), Maloni & et al., (2013), Nirmod (2012a), and Powell and Clarke (2006) all used questionnaires in their studies. Marton (2010) and Rothschild and Aharony (2016) on the other hand, focused on previous studies to

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establish behavior patterns and evaluate the qualitative content in online mental health communities.

Ngo & et al., (2016) performed a community-based study which was conducted through a group random comparative effectiveness trial that included recording results at two different intervals, one at six months and then again at 12 months. Baker & et al., (2015) also focused on community engagement and performed a literature review by combing through various health databases in EBSCOhost to extract peer-reviewed articles.

Nolen-Hoeksema (2006) in “The etiology of gender differences in depression” and Ussher, J.M. (2011) in “Gender matters” explore a plethora of epidemiological research literature to focus on possible causation factors of why women are more vulnerable to depression than men. Gardner (2007) also addresses gender by examining government mental health websites and hundreds of pharmaceutical ads from drug companies to uncover gender bias.

Topics

Gender: Why women?

Nolen-Hoeksema (2006) discovered some studies that suggest women are more prone to rumination, which is the process when one tends to fixate on their inner distress of depressive symptoms rather than take an active problem-solving approach. It's also thought that women who have been physically and/or sexually abused as children are more vulnerable (Nolen-Hoeksema, 2006; Ussher, 2011). Baker & et al., (2015), Ngo et al., (2016) and Ussher, (2011) raise the issue of social and racial inequalities. Ussher (2011) and Gardner assert that “political context” may be a key factor as well.

Internet mental health seeking and the digital divide

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Magnezi & et al.; 2015, Marton, 2010; Nimrod, 2012, found that the majority of women in online mental health communities have a strong tendency to gather information and seek emotional support. Powell and Clarke (2006) noted that almost a third of their respondents, who've had a history of a mental health disorder, used the internet for acquiring mental health information. Bonding with other members who share similar mental illnesses and gaining support was a huge draw (Magnezi & et al, Marton, 2010; Nimrod, 2012). According to Marton (2010), women are more inclined than men to seek emotional support for "health or personal problems" on the internet. But what about those who live outside the fray? Socioeconomic factors and gender negatively affect those seeking help for mental health issues. Patel & et al., note that such forces, "interact in a negative spiral, especially for low-income minority women" (as cited in Ngo et al., 2016). Ngo et al., (2016) and Baker & et al., (2015) both discovered in their findings that barriers range from lack of quality child care, language barriers, transportation problems, work-related issues and stigma concerns.

Weaknesses and Gaps

Given the feminist framework of etiological factors, studies and research concentrating on outreach and on how to bridge the digital divide, especially as it relates to low-income ethnically diverse women, warrants further attention to address these gaps. With the growing significance of libraries functioning as community centers in recent years, it would be ideal to add them to the mix of community involvement studies and research. Additionally, more studies focused on the inner dynamics of online depression communities and gender could further reveal the comparative and qualitative aspects of information seeking.

Methodology

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I explored numerous databases in my quest for locating scholarly sources for women depression community information. Some journals, among many, that were consulted for this study were, *American Journal Of Public Health*, *Archives of Psychiatric Nursing*, *Canadian Medical Association*, *Journal Health Communication*, *Health and Social Care in the Community*, *Journal Of Hospital Librarianship* and *Journal Of Medical Internet Research*.

Most of the articles were peer-reviewed and were retrieved from the EBSCO database from King Library's online catalogue in the (LIS) Library Literature and Information section. Additionally, I searched ProQuest and the PsycARTICLES database from King Library. I accessed San Jose Public Library's online card catalogue to locate academic books. Some of the keywords I used for the search were: *women and depression*, *depression and women and information-seeking*, *women and information-seeking behavior and mental health*, *women and mental illness*, *mental illness and help-seeking*, *women and depression and online*, and *women and depression and online communities*. The list was quite extensive and I think I probably tried every single keyword that I could think of. I also searched through Google Scholar with the same keywords. For community sources, I performed a simple Google search and from there I netted out the most reputable online mental health websites. I settled on the Psych Central [website] (n.d.) retrieved October 15, 2016, from <http://psychcentral.com/>, because the founder, Dr. John Grohol, is a mental health professional. Additionally, there are strict ethical protocols and the forums are heavily moderated.

Discussion

Why mental-health seeking online?

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Durrance, Fisher & Unruh (2003) stress that individuals come to an information community to seek information or to solve a problem. Likewise, women from depression information communities come to the web for a multitude of purposes, whether it is for searching for doctors, seeking second opinions, learning about other experiences from mental health members, or fact checking information about medications and side effects (Marton, 2010).

Marton (2010) cites a 2001 a study that demonstrated that 264 women, all who have some form of a mental disorder, used the web for health-seeking purposes. A web-tracker was used to view browser activity during their internet sessions; web activity showed a heavy emphasis on searching for medical care information.

Quality is important, however; one interviewee in the study noted that some important elements of online mental health websites are: “comprehensive, accessible, and particularly for health information, right up-to- date” (Marton, 2010, p. 15). Moreover, two main factors “belief in help-seeking in general and greater willingness to associate with peers who have mental health problems,” govern women's health-seeking process in online mental health communities (Marton, 2010, p. 4).

Benefits and needs of internet health-seeking

Online forums/bulletin boards are seen as advantageous for many reasons such as, “accessibility, anonymity, invisibility and status neutralization, greater individual control over the time and pace of interactions, opportunity for multi-conversing, and opportunity for archival search,” and may explain why those who suffer from a stigmatizing illness such as depression, flock to these online communities (Nimrod, 2012a, p. 425). Pohjanoksa-Mantyla & et al., claim that online mental community members felt seeking information online was productive. It

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enhanced their knowledge and self-sufficiency, helped with researching medication choices and left members feeling encouraged by the process (as cited in Marton, 2010). These findings align with Dervin's theory of "sensemaking," which refers to a "gap or uncertainty that is solved with an outcome" (Stephens, n.d).

Emotional support

Mo et al (2009) reported that women give preference to emotive issues, while men gravitate toward practical goals and information (as cited in Nimrod, 2012b). Rothschild and Aharony (2016) observed that 80% of opening posts in their control group consisted of members seeking emotional support. Powell and Clarke (2006) acknowledged that live chats were popular and they suggested that chatting among those who have mental health disorders would continue to increase in popularity. Dr. John Grohol, the founder of Psych Central claims that his online community is the ideal conduit for members to collectively share their diagnosis with others battling the same or similar mental illnesses (MacDonald, 2015). Psych Central has over 250 forums which are organized by disorders and other sub-topics such as "social chat," "work and career," "women focused" and "men focused". Dr. Grohol, it should also be noted, claims that most people were unaware of diagnostic criteria for diagnosing mental illnesses until his website surfaced.

Likewise, Nimrod (2012a) stresses the importance of community support and noted that members routinely engage in "communal coping," where they come together to problem-solve. In his book, *I Live in the Future and Here's How it Works* (2010) Bilton equates the idea of community problem-solving online to the theory of "swarm intelligence." He notes: "A group can consciously, but more often unknowingly, band together to solve vast and unmanageable

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problems” (p.121-122). Further, as Nimrod (2012a) observes, regarding online mental health communities: “participation may lead to empowerment, stress relief, and enhancement of general well-being” (p. 431). Powell, McCarthy and Eysenbach further suggest that these online communities may be instrumental in inspiring community members to seek help from mental health professionals (as cited in Nimrod, 2012b).

Credibility

Dr. John Grohol (MacDonald, 2015) of Psych Central also stresses the importance of websites that are more authoritative in nature and he insists mental health professionals (like himself) should manage them. Dr. John Grohol holds a doctorate degree and is a mental health professional. Marton's (2010) study lends support to his claim. Her findings determined that authority was a top priority for depression community members. These women preferred government health websites or those websites managed by health professionals. They found these sites trust worthier compared to sites managed by individuals, even if the writings were from personal experience (Marton, 2010). As one participant in the study pointed out, “because I know... I trust them [Health Canada] more to have... that they are only going to give me links to credible sites. And it's also more efficient than starting something like Yahoo!” (pp 14). Maloni & et al., (2013) likewise claim that the women in their study preferred chatting with authoritative experts in postpartum depression as opposed to other types of support methods such as blogging with other mothers.

Despite members' heavy internet usage, however, studies show that online sources didn't supplant members' reliance on more traditional resources such as print sources, family, and health professionals (Marton, 2010). (Interestingly enough, Marton's findings indicated that the

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study participants didn't consult health science journals.) Moreover, Powel and Clarke (2006) also note that although their participants' engage in mental health seeking online, they still preferred general practitioners and mental health professionals for help-seeking. (Participants ranked mental health professionals as number one for a resource in dealing with mental disorders, whereas the internet ranked lower, eighth on the list). A Pew research study corroborates these findings. The study revealed that internet health-seekers still preferred to speak with their own doctors regarding serious health conditions (Fox & Duggan, 2013).

The Digital Divide

What about those communities who live outside the fray and struggle from depression? It's important to consider the ramifications of the digital divide and those populations who can't take advantage of the multiplier effects of the internet. Durrance, Fisher & Uhrh (2003) even acknowledge the limitations of those individuals deficient in technological resources: "while technology holds significant promise for linking individuals with information and one another, they are accompanied by the potential for a deeper divide between the information rich and the information poor" (p. 302). It's worth exploring community in the context of those individuals living in these underserved communities. Elreda A. Chatman (1999) stressed the importance in examining those who live in "small worlds" and understanding their immediate needs, environment and methods of seeking information. To those outside of their small worlds, there was mistrust. As Chatman (1999) explains:

Understanding the workings of a community holds many benefits. For example, it can be used to explain the roles that others play in shaping an individual's world.

In a community, one's sense of self becomes clearer because others reflect the

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shared values of that world. Community in its most intrinsic sense is the most existential definition of who one is. Ultimately this means that the "stuff of one's world is made from such things as social heritage, language, and the myriad of social norms that govern collective behavior.... (p. 211)

Thus, delving into community studies may hold some suggestions for outreach to individuals in these environments. Both Ngo & et al., (2016) and Baker & et al., (2015) stress the importance of involving the community when treating women for depression from social-economically and ethnically diverse backgrounds. Ngo & et al., (2016) concluded that some improvements were made in their study, such as less risk of homelessness and better mental health quality, as a result of health care services and communities working in tandem. As Chaudhry et al.'s (2009) notes: "the importance of offering a welcoming environment which encourages interaction and the development of information networks cannot be under-emphasised" (as cited in Baker & et al., p. 393).

Similarly, Baker & et al.'s, (2015) noted that failure to incorporate cultural sensitivity into outreach programs was a huge barrier. They suggest that cultural and language considerations need to be given to those from CALD backgrounds (culturally and linguistically diverse communities). For instance, the authors cite a study that successfully deployed depression screening web tools that were tailored toward immigrant groups' natural language. They also offer suggestions for incorporating cultural sensitivity in ethnically diverse communities. In Latino communities, the inclusion of the entire family in a friendly setting may help encourage more participation from those members, for example. Nolen-Hoeksema (2006) also recommends

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early prevention and intervention methods that target ethnically diverse women afflicted by poverty.

Conclusion

Since libraries already engage in many facets of outreach to patrons, for instance, assisting the homeless, teaching digital literacy, holding immigration and ESL classes, helping individuals access mental health information and services makes logical sense. Crespo (as cited in Marton 2010) has suggested that librarians can help facilitate patron access to health information, by functioning as a focal point for informational resources and education. Imagine all the possibilities: workshops on mental health wellness and raising awareness to ease the stigma associated with mental illness. Privacy screens could be used to address concerns about stigma. Computers can be placed in more secluded areas of libraries, which would be more inviting to those embarrassed or concerned about privacy issues.

Santa Clara County Behavioral Health Services recently became involved with local libraries in the Silicon Valley area to promote outreach efforts. A specialist provides mental health education, resources and referrals to underserved and ethnically diverse community members. They also partnered with San Jose Public library to offer mental health training to its employees. These outreach efforts are encouraging. It's easy to envision what the future may hold: more community events raising awareness and educating the public, for example. Perhaps one day libraries can even offer mental health screening and/or mental health resources information online, so members know where to turn for help after hours.

These programs prove that libraries can serve to help bridge the digital divide within diverse ethnic and economically disadvantaged communities. Mental health computer stations

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can be set-up to provide resources on mental health literacy, screening, and information on where to get help (they already have family literacy and job-seeking stations in many libraries). Baker & et al., (2015) recommend using technology and alternative methods for outreach in treating individuals. As internet and technology costs decrease and more people access the internet in cafes and libraries, there is also the potential to help those in underserved communities with internet screening tools (Mitchell, Vella-Brodrick & Klein, 2010). Libraries, with free access to the internet, can naturally help in this endeavor.

Again, cultural sensitivity would need to be applied toward the homeless or non-native English speakers who may experience barriers in gaining library cards (since oftentimes libraries only offer resources to its patrons). Temporary cards could be considered in such a situation. It's worth noting a plea issued by Chatman (1999) to her colleagues a few decades ago: "We, as members of an information profession, have an obligation to continue to work to identify issues that examine the information needs of the poor, in particular, populations that have traditionally been overlooked...." (p.205).

Thus, the growing significance of women touched by depression and requesting information and support warrants further research and resources allocated to this very debilitating disorder. Libraries and informational professionals can play an instrumental role to ensure the information needs of women in depression communities are satisfied, by offering community workshops and/or by providing technical resources to its patrons. Employing cultural sensitivity in prevention and intervention measures can especially help those individuals in underserved communities who lack sufficient resources.

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