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College Students' Responses to Mental Health Status Updates on Facebook

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Abstract

Facebook is widely used by the college population, and previous research has shown that mental health references on Facebook are common. Focus groups of college students were held to determine their views of mental health references seen in their peers' Facebook profiles. Students' views of mental health references varied from being serious calls for help, to being jokes or attention-seeking behavior. Responses to mental health references depended on the participants' offline relationship with the poster. Students would contact close friends through a phone call or in-person conversation, but would not approach acquaintances. The prevalence of mental health references on Facebook, and the awareness of these references by college students, may present opportunities for future peer intervention efforts.

Mental illnesses, such as depression and anxiety, have a high prevalence among college students, but frequently are under-diagnosed and untreated. Although almost half of college students meet criteria for a DSM-IV psychiatric disorder, less than a quarter of these receive treatment (Blanco et al., 2008). Mental health screening in the college health setting is effective; however, the majority of college students do not seek health care and therefore are never screened (Arlington, 2004; Boynton Health Services, 2009; Chung et al., 2011). Previous work suggests that college students lack knowledge about available mental health services, are unaware of the need for treatment for a mental illness, and doubt the effectiveness of treatments (Eisenberg, Golberstein, & Gollust, 2007). Untreated mental illness in college students leads to poor health outcomes, including increased alcohol and substance use, risky sexual behavior, and suicide (Burris, Brechting, Salsman, & Carlson, 2009; Norton, Temple, & Pettit, 2008; Weitzman, 2004). Novel approaches for dissemination of information about availability and effectiveness of mental health treatments

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on college campuses, as well as approaches to identification and treatment of mental health disorders are clearly needed.

Social networking sites have surfaced as a form of interactive media frequently utilized by the college population. The most widely used social networking site in this population, Facebook (www.facebook.com) continues to expand in popularity with college students (Lenhart, Purcell, Smith, & Zickuhr, 2010). Facebook is used by greater than 94% of the college population, and the majority of students report daily use (Ellison, Steinfield, & Lampe, 2007; Lewis, Kaufman, & Christakis, 2008; Ross et al., 2009). Facebook allows college students to create online profiles to represent themselves through text and images, and to form online communities with friends. An important and extensively used feature of Facebook is the ability to post status updates, which are self-disclosed text descriptions written by the profile owner about current locations, emotions, or activities. Recent studies have examined Facebook for displays of mental illness symptoms in the college population. Over one-third of college freshmen reference stress on their Facebook profile, and one-quarter of college students display references to depressive symptoms, with 2.5% meeting DSM-IV criteria for major depressive disorder (Egan & Moreno, 2011; Moreno, Jelenchick et al., 2011). A pilot investigation has shown that college students who report higher levels of depression on a clinical scale are more likely to display references to depression on their Facebook profiles (Moreno, Christakis et al., 2011). As a topic of concern after media reports of suicide notes being posted on Facebook, Facebook has responded with several ways to report concerning posts seen by friends (CBS, 2011; Star-Ledger, 2010). Facebook is primarily a peer communication tool, thus peers are the most likely group to notice a college student's status update regarding depression or suicide. An understanding of peers' interpretation of these displayed symptoms or intentions, and what drives their willingness to act after seeing such displays, are critical gaps in our understanding.

Displayed mental health references on Facebook are of interest for two reasons. First, they provide an opportunity to understand the intent or meaning to the profile owner who posted the reference. Second, these peer-generated messages are viewed by online peers who may consider acting upon them by contacting the profile owner. Peers are willing to refer those who show signs of mental illness for treatment, especially after receiving training. Trainings, such as "Gate-Keeper" programs, which teach communication skills and provide information about mental illnesses and treatments, can further increase confidence and literacy about mental health resources (Bean & Baber, 2011; Pasco, Wallack, Sartin, & Dayton, 2012)

Although we are just beginning to understand the prevalence and validity of mental health status update references on Facebook, the views of college students who observe these mental health status updates is not yet known. The goal of this preliminary investigation was to conduct focus groups with college students to discuss their views on their peers' mental health status updates. In this study, mental health status updates were defined as referencing signs of depression or anxiety, as these are by far the most common mental health diagnoses in college students (American College Health Association, 2010; Boynton Health Services, 2009). The aims of the study also included exploring differences in perceptions of mental

health status updates by gender and the likelihood of college students to contact a friend or alert someone after viewing a mental health status update.

METHODS

Setting

The study was conducted between September 2010 and March 2011 and received Institutional Review Board approval from the University of Wisconsin—Madison. Focus groups of male and female college students were conducted at University of Wisconsin-Madison. Groups consisted of three to six participants and were held in on-campus locations chosen by participants, such as libraries, dorms, and vacant classrooms.

Recruitment

Participants were recruited through a convenience sample of student volunteers from university classes. All undergraduate students age 18–23 were eligible to be a group leader and form a group of his or her friends to participate in the focus group. All individuals who attended the focus groups were eligible for participation and engaged in discussion. Written consent was obtained from participants. Participants were provided with a meal during the group meeting and were given a \$5 gift certificate upon completion of the focus group.

Focus Groups

Focus groups are an ideal method to investigate this novel topic as they allow for discussion and encourage exchange of ideas. By promoting participant interactions, group members may build on each other's responses and encourage each other to further explain their thoughts (Glesne, 2005; Krueger & Casey, 2009). Focus groups encourage open and honest responses from participants by allowing them to feel relaxed and respected. Focus groups were conducted using a standard interview guide consisting of semi-structured, open-ended questions about experiences using Facebook. Examples of questions asked during the focus groups included: "Do you have any personal experience with seeing a friend's status update that talks about feeling depressed or anxious?" "Do you think there are differences between how males and females might talk about depression or anxiety symptoms in status updates?" and "If someone had a status update on their profile that suggested they were depressed or anxious, who would be the best person to contact them about this?"

Focus groups were conducted by a trained female facilitator and lasted between 45 and 60 minutes. To stimulate discussion, participants were asked to discuss their online experiences and to view hypothetical Facebook status updates that referenced feeling depressed or anxious. Hypothetical status updates, such as "Is feeling very depressed, and would be forever indebted to anybody willing or able to make him feel better," and "Definitely had at least one mental breakdown this week," were shown to participants. Participants were not asked to identify any of their own statuses or comments. Participants often chose to share anecdotal information with the facilitator. Follow-up questions about gender differences and contacting Facebook users about their status updates were then provided.

Analysis

All focus groups were voice recorded and fully transcribed by the focus group facilitator. Transcriptions were individually analyzed and independently coded by four raters: an adolescent health physician, a pediatric nurse, a mental health nurse practitioner, and an undergraduate student with training in communication and gender studies. In selecting these reviewers, our goal was to obtain a mix of established professionals and students who have direct experience in not only traditional counseling settings, but also in viewing mental health status updates. Because social media is a relatively new field of study, we felt that it was important to include individuals experienced in both this field and conventional research. Our goal was also to provide representation from both health and communication studies backgrounds. Raters were asked to analyze each of the focus group participants' responses to the focus group questions. Raters then independently sorted responses according to similarities in categories and themes that were noted. Using an iterative process, concepts noted by each individual were discussed to develop consensus. Themes with supporting data from the transcripts emerged as part of the grounded theory concept of analysis (Glaser & Strauss, 1967; Glesne, 2005).

RESULTS

Participants

A total of 34 participants were included in seven focus groups. Two focus groups were mixed gender, one focus group consisted of all male participants, and three focus groups consisted of all female participants. All participants contributed to discussions. Due to the potentially stigmatizing nature of the focus group topic and discussion, limited demographic data was collected on participants. Participants were all undergraduate students between the ages of 18 and 23. The majority of the participants were female (74%). Although our inclusion criteria did not require participants to be current Facebook users, 100% reported currently having a Facebook profile. Participants were asked how long they had maintained a Facebook profile. The average length of having a Facebook profile was 3.7 years, with the majority of participants having a profile for four years.

The majority of participants recalled having seen a status update that referenced mental health, such as depression or anxiety symptoms, on a Facebook friend's profile. Participants reported a range of topics they had seen related to depression or anxiety concerns including school and relationships, as well as deaths of friends or family. Participants described that mental health references may include song lyrics, as well as "emotion words" such as depressed or sad.

Themes that were identified through the analysis of the data included the following. Table 1 shows the categories identified that supported each theme.

1. Students' views of mental health status updates varied from being either a serious call for help or need for support, to jokes or attention-seeking behavior.
2. Very few gender differences existed in displays of mental health status updates.

3. Responses to mental health status updates by Facebook users reflected offline relationships.

Theme 1: Variation in Meaning of Mental Health Status Updates

Participants' interpretations of mental health status updates seen on Facebook differed from being "very serious" to "not serious at all." Participants who viewed status updates as serious reported that Facebook is used as a diary for many people and the anonymity of the Internet makes it easier for people to post a status update than to talk to a friend. These participants viewed mental health status updates as serious signs of mental illness. They stated that these individuals might be using Facebook as a call for help, to look for support, or to cope with feelings.

My cousin has gone through some really hard experiences and she posts a lot of her statuses about depression ... she has a way of kind of talking through her feelings without being face to face with someone. I think it helps her to cope with her feelings.

Sometimes I feel like it's weird how much people will divulge on Facebook. It seems like it's a diary to them but really anyone can read it. It's really surprising.

It's like they don't feel comfortable enough to say it in person, but they really want someone to reach out to them ... It's easier to talk about it on Facebook where you're not directly complaining to someone. And then if someone wants to help you they will.

That person doesn't have anyone to talk to. So Facebook is their last resort for someone to find out about it. A person can only handle so much. It's nice to have friends you can talk to, but if a person doesn't have anyone they really feel close enough to than Facebook is one way to express yourself.

Other participants viewed mental health status updates as attention-seeking behavior or jokes. These participants felt that it was "always the same people" who displayed mental health status updates, and that these individuals were looking for responses and attention from their peers. They also reported that people can be "dramatic" on Facebook and either overreact or joke about situations in their lives.

I think they just want people to see that they are struggling in a way just to get attention.

It depends on the situation. Some people seem to be really dramatic.

If people are open enough to post on Facebook it doesn't seem as serious. If they were truly having a tough time I don't know if they would want everyone to know about it.

Theme 2: Gender Differences in Mental Health Status Updates

Although focus group participants suggested that females are more active Facebook users and tend to display more status updates than males, participants noted very few differences

in how males and females display mental health status updates. Participants felt that males and females were equally likely to post status updates about their mental health, and that these status updates were viewed with equal seriousness when posted by either gender.

You know, I don't really know if there is a difference. I can't think of any.

I just think generally girls post more statuses than boys ... not really in the way they talk about depression, just the amount.

I've seen guys have depressing statuses, like indicating they're deeply depressed or distraught. But I've seen girls do that too.

I think it's pretty similar. Maybe a little more from girls, but it's more an individual thing and I don't think you can really classify it by gender. It depends on the person.

A few participants thought that although males and females both post status updates referencing mental health, these thoughts are expressed in different ways.

I had a friend who was really upset ... and his Facebook status was like, "So ready for this weekend, it can't come soon enough. I'm just going to get trashed," or something like that. And I feel like girls' would be more, "I'm so sad." Just different ways of dealing with it.

I say girls are more blunt about it. They will say 'Today is a bad day.' ... Guys are more the people who will put depressing song lyrics or something like that. A lot of my guy friends do that.

Theme 3: Responses to Mental Health Status Updates by Facebook Users Depend on Strength of Offline Relationships

A reflection of offline relationships arose in discussions of responses to mental health status updates. Similar to the spectrum of friendships seen in the offline world (acquaintances versus best friends), participants reported that there is a gradient of closeness in Facebook friendships. College students differentiate between profiles belonging to their "best friends and close friends" in the offline world, compared to profiles belonging to "distant friends or casual contacts" in the offline world. Participants noted that their response to mental health status updates often depended on the level of closeness of their friendship. Status updates containing mental health references posted by close or best friends would necessitate a contact to check on the well-being of this friend. Interestingly, most participants would respond to a mental health status update by calling a friend, sending them an e-mail, or talking to them in person. Few participants would use Facebook to respond to these Facebook-generated concerns.

More distant relationships made participants less likely to feel comfortable with contacting a Facebook friend about a mental health status update. Although participants may be concerned about status updates, they viewed talking to the person as an invasion of privacy if they were not close friends with the person. Several participants noted feeling more comfortable talking to a mutual friend or family member to voice concerns instead of talking

directly to the profile owner themselves. For status updates that suggested that a distant friend may be at risk for self-harm, participants reported they would talk to police, campus counselors, or dorm resident advisors.

I guess if it was someone you were just an acquaintance with then maybe you would want to let someone on campus know. I would look up a campus counselor or someone. I feel like it is awkward to confront someone you don't know if they are dealing with depression.

It depends. If it's someone I'm really close to and they're not on the verge of [suicide] I would ask them if everything was okay. But if it was more serious I would call student health or something.

If I was a close friend, I would definitely say something. But I know there are people that have all these friends on Facebook and talk to them maybe once a year. If they had something in their status update, I wouldn't really think anything of it because I don't really know them.

If it's someone you don't know very well, you don't think to deal with it. I would assume that their close friends would talk to them.

I would say close friends and family should talk to them about it. Anyone could, but it's better if it's someone they feel comfortable with.

DISCUSSION

Mental illnesses are prevalent and have an increasing incidence in the college student population (Blanco et al., 2008). Our previous work found that depression is often referenced on Facebook (Egan & Moreno, 2011; Moreno, Jelenchick et al., 2011). This study expands these findings to describe how peers view mental health status updates and how they would consider responding to these references. We found a spectrum of interpretations of these references, little gender differences in status updates noted by participants, and a pattern of online responses predicted by offline relationships. Many participants in this study reported past experiences of friends who had displayed references to mental illness in their Facebook profiles.

College students who participated in these focus groups frequently cited personal experiences when reflecting on the meaning of mental health status updates. Although some participants viewed mental health status updates as jokes or as not serious, many participants expressed genuine concern about occurrences of mental health status updates. These participants believed that mental health status updates could be calls for help. Additionally, mental health status updates made by both males and females were viewed equally as serious.

When mental health status updates are taken seriously by college students, willingness to act on concerns tends to parallel offline relationships. In general, students felt comfortable approaching a close friend to have an in-person conversation about a mental health status update. This conversation would express concern for well-being, but may include a referral to a mental health professional for serious concerns. Evidence has shown that intervention

by close friends is essential in suicide prevention (Shemanski Aldrich & Cerel, 2009). In contrast, most students would not feel comfortable confronting a casual acquaintance or distant friend about a mental health status updates. Students felt that these status updates were not intended for distant friends, and that it would be considered intruding on a person's privacy to contact him or her. These students felt that they would talk to a mutual friend who may know the distant friend better, or directly refer these students to a mental health professional or police for safety concerns. Young adults with mental illnesses often turn to peers, friends, and family as sources of support, and may use Facebook as a way to seek help (Alexander, Haugland, Ashenden, Knight, & Brown, 2009).

Limitations

This study has several limitations. Generalizability of this study is limited because of the small sample size and the use of a convenience sample of student volunteers. An effort was made to recruit a diverse sample of males and females that represented the selected university; however limited demographic data was collected on focus group participants. Females were overly represented in this focus group sample. This study recruited students from one university; thoughts of students in other campuses and young adults in other settings cannot be determined from this data. Additionally, students were asked only about Facebook, the most popular social media site used in this population. Other sources of social media may have varying responses. Despite these limitations, this preliminary study has revealed many valuable points that can be used as a starting point for further research.

This study examined only students' views of others' status updates. Future research should investigate the thoughts of college students who have, themselves, posted mental health status updates and their motivation for these posts.

Implications

Mental health status updates on Facebook may provide opportunities for peer interventions. Facebook presents opportunities to identify those at risk for mental illness and provide them with confidential, online resources or information about offline access to care. As depression and suicidal ideation in a young adult worsens, this individual is less likely to seek help (Wilson & Deane, 2010). Therefore, early recognition of symptoms on Facebook may be a key to preventing serious disease, disability, or death. The willingness of peers in this study to talk to friends or refer friends to mental health professionals suggests that students may be willing to provide links to information about resources to peers. Adolescents and college students often report a willingness to help their peers, and peer interventions in the college population have demonstrated success (Charandabi, Vahidi, Marions, & Wahlstrom, 2010; Marick, 2002; O'Grady, Wilson, & Harman, 2009). It is unknown if peer interventions involving social media would be successful or would differ in outcomes compared to in-person interventions; this would be a valuable topic for future research. Although students may be willing to refer close friends to resources, special attention should be merited to students who lack social networks or peer support. References made by these students may be ignored by peers and result in missed opportunities for benefits of peer referrals.

Training peer leaders about suicide prevention has been shown to greatly increase the likelihood of peers referring suicidal friends to an adult for help (Wyman et al., 2010). Universities and health service centers may consider providing additional training to peer leaders in identifying potentially serious online references and using these references to refer peers or facilitate conversations. Such programs may use leaders from various settings, including resident advisors in dorms or leaders of sororities, fraternities, or other student clubs and organizations. These individuals could be given resources to improve confidence in talking to peers about mental health and mental health resources.

The high prevalence of mental health references on social networking sites and the awareness of these references by college students may present opportunities for future peer intervention efforts on college campuses. Although social media may provide a new method to identify and intervene with students, challenges will be presented in developing these efforts and training programs. Challenges may include addressing the ethics of using social networking sites in reporting concerns, potential concerns about privacy, and language used in teaching about potential status updates seen on social networking sites. Further research should also explore using other modes of social media, including Twitter and blogs, to identify young adults at risk for mental illness or self-harm.

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TABLE 1
Categories Identified in Focus Group Transcripts that Support Overlying Themes of Focus Group Discussions

Views of Mental Health Status Updates	Gender Differences	Response Based on Offline relationship
Very serious warning	Females more active on Facebook in general	Facebook friends vary in "closeness"
Call for help	Males and females post same amount of mental health status updates	Response to status update depends on offline relationship
Need for support from friend or professional	Status updates by both genders are serious	Check on well-being of close friends
Joking	May express mental health status updates in different ways	Confront close friends in person about concerns
Attention-seeking behavior		Considered an invasion of privacy to voice concerns to distant friend
Used as diary		
Overly dramatic		Report concerns about distant friend to authorities
Patterns in who posts status updates		