



Gender Differences in Depression Literacy Among African American Young Adults

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Abstract

This pilot study used a coping framework to explore gender differences in depression literacy among African American young adults. A total of 38 female and 15 male young adults read a vignette about an individual with depression; completed a mixed-methods survey about what may be wrong with the person; identified strategies for coping with the issue; and reported the individual's prognosis with and without professional help. Analyses suggested gender differences in perceived depression and recommended coping strategies. Varied response patterns were also associated with the gender of the individual in the vignette. Implications of examining depression literacy through a gender-focused coping framework are discussed.

Key words: Depression literacy, Coping, Gender Differences, African Americans, Young Adulthood

Introduction

Young adulthood is marked by increased independence and changes in contextual and social roles [1-4]. During this period, young adults become more individualistic and begin to define their life purpose [5-7]. Young adulthood is also denoted by increased geographic mobility; pursuit of diverse opportunities; and completion of developmental milestones, including personal and professional goals [4, 8-10]. Due to the multiplicity and complexity of these changes, young adulthood is associated with greater mental health risks than later developmental stages [11-13]. Given that the manifestation of depression is common during this period, and research suggests that depression rates increase in a linear fashion as adolescents transition into adulthood [11, 12, 14], it is important to consider the depressive symptoms as they present during adolescence. It is estimated that 15% of adolescents experience depression, and the prevalence rises to greater than 20% among young adults over the age of twenty [14-16].

In 2015, approximately 3 million American youth between the ages of 12 and 17 had at least one major depressive episode during the previous year. This represented 12.5% of the U.S. population aged 12 to 17. Furthermore, extant research has documented gender differences in depression rates [17, 18]. Gender-related disparities begin to emerge during adolescence, with post-pubescent females being twice as likely to be depressed as their male counterparts [19-21]. Young adult African American women may be especially affected by depression. Recent empirical findings reveal African American females experience more severe and chronic depression than men or Caucasian women [22, 23]. However, mistrust of the mental health system often results in underreporting of depression among African Americans [24]; therefore, we know little about the depression experiences of young adults from the African American community.

Gender variations in depression are often attributed to sex-differentiated coping resources and strategies [21, 25-27]. Coping, or the extent to which an individual can manage emotions in accordance with the stressful demands of their environment, can influence one's risk of developing depression [18, 25, 28-30]. Males often believe they have more psychological and physical resources to cope with the environment and use problem-focused coping strategies (e.g., planning and active coping) to eliminate external demands. In contrast, females frequently view themselves as lacking the resources to cope with demands, and they use emotion-focused strategies (e.g., rumination, distraction) to moderate stressors in the environment [26, 27, 30-33]. Individuals experience a greater number of depressive symptoms when they perceive themselves as having limited coping resources and/or if they use emotion-focused coping strategies more often than problem-focused ones. Thus, it is argued that the presence of differences in coping processes between males and females leaves females at higher risk for developing depression [32-34]. However, there is a paucity of research on African American young adults that captures their literacy of depression and possible sex-differentiated in coping strategies.

Purpose

There is an inherent need to explore the impact of gender differences on individual level factors such as gender at the intersection of understanding depression and other mental health diagnosis among African American young adults in the United States. This study offers a preliminary investigation of the relationship between gender, coping and depression. Specifically, the goal of the present study is to investigate depression literacy in a sample of African American young adults. Furthermore, this study seeks to expand upon previous research, applying gender-focused coping framework to the exploration of depression literacy in African American young adults. Compared to African American young adult males, the hypotheses are that African American young adult females would: (1) be more depression literate; (2) label fewer mental health treatments as helpful coping resources; (3) more frequently rate emotion-focused coping strategies as helpful; (4) less frequently report task-oriented coping strategies as helpful; (5) more frequently recommend an emotion-focused “best” strategy; and (6) predict a poorer prognosis for a person with depression. We also hypothesized that depression literacy would vary by vignette assignment. This study focused on how African American youth described their depression and understanding of the diagnoses (literacy). In addition, the Mental Health Literacy Framework [35], sought to do the following: 1) recognition (of disorders and types of distress); (2) knowledge (of mental illness, self-help, professional help, and where to find information); (3) attitudes/beliefs (that promote self-help and may influence treatment outcomes). The research team specifically sought to evaluate a gender-focused coping framework to the exploration of depression literacy in African American young adults.

Depression literacy is the ability to recognize the signs of depression in another individual; rate specific depression interventions as helpful or harmful; recommend appropriate ways to manage symptoms; and predict an individual’s prognosis with or without professional help [35–38]. Young females appear to be more depression literate and suggest more interpersonal treatments for depression than young males [36, 39, 40].

Method

A total of 53 African American young adults completed a survey about depression literacy. Ranging in age from 18 to 24 years, the sample was comprised of 38 females and 15 males enrolled at a Pacific Northwestern university. Respondents were separated by gender and randomly assigned to one of four groups. Each respondent was provided with a vignette and completed measures associated with depression, coping, emotion and prognosis.

The mental health literacy survey consists of two vignettes from the original survey [41]. The vignette features either Tom or Mary, characters experiencing DSM-IV (APA, 2007) depressive symptoms, who were renamed Damon and Keisha to reflect common African American names. After reading the vignette, students answered two open-ended questions: (a) What would you say, if anything, is wrong with Damon/Keisha? and (b) with or without professional help, what do you think are Damon/Keisha’s chance of recovery? Researchers coded participants as those who identified depression

(ID group) and those who did not (No ID) based on the first question. Additionally, researchers coded responses to the second question into three categories: (a) will recover with professional help, (b) limited chance of recovery without professional help, and (c) will not recover without professional help. Respondents then categorized helping professionals (e.g., social workers, psychologists, and clergy) and interventions (e.g., antidepressants, vitamins, or admission into a psychiatric hospital) as helpful, harmful, or neither helpful nor harmful to the person in the vignette. Three additional questions, guided by work on mental illness in African American culture included: (a) Is there a stigma related to mental illness in the African American culture? (b) What is needed to reduce the stigma in the African American culture? and (c) Where can you find information on mental health?

Measures

Identified depression

Participants were randomly assigned to a culturally adapted vignette about depression and followed the procedure used by Jorm and colleagues [35, 41] to identify what was wrong with the individual in the scenario (Appendix A). Those who responded to the open-ended item with “depressed” or “depression” were categorized as identifying depression.

Coping resources

Young adults answered questions about the harmfulness or helpfulness of self-help interventions for the person in the vignette [35]. Responses were coded -1 for harmful; 0 for neither harmful nor helpful; and 1 for helpful. Total number of suggested coping resources was a sum score across all 27 items.

Emotion- and task-focused coping strategies

Of the aforementioned 27 items, emotion-focused strategies were those that would buffer the scenario in the vignette (e.g., talking to a friend, physician, counselor, family, naturopath). Task-focused coping strategies were those aimed at directly eliminating depressive symptoms (e.g., medication, vitamins/minerals, deal with it alone, physical activity) [27, 30]. We classified 13 of 27 items as emotion-focused strategies and 14 of 27 as problem-focused strategies. Responses were summed to compute total number of emotion- and task-focused coping strategies recommended to the person in the vignette.

Primary coping strategy

Participants responded to an open-ended item about how the person in the vignette would best be helped. Answers were entered verbatim, and content analysis was used to group suggested strategies into emotion- and task-focused responses [42].

Prognosis

Two items addressed the individual’s prognosis with or without professional help. After obtaining verbatim responses, responses were grouped into two themes: good prognosis (individual expected to recover) or bad prognosis (individual not expected to recover) [42].

Appendix A

Vignettes

Female: Keisha is 20 years old. She has been feeling unusually sad and miserable for the last few weeks. Even though she is tired all the time, she has trouble sleeping nearly every night. Keisha doesn’t feel like eating and has lost weight. She can’t keep her mind on her work and puts off making decision. Even day-to-day tasks seem too much for her. This has come to the attention of her professor, who is concerned about Keisha’s grades.

Male: Damon is 20 years old. He has been feeling unusually sad and miserable for the last few weeks. Even though he is tired all the time, he has trouble sleeping nearly every night. Damon doesn’t feel like eating and has lost weight. He can’t keep his mind on his work and puts off making decision. Even day-to-day tasks seem too much for him. This has come to the attention of his professor, who is concerned about Damon’s grades.

Vignette assignment

There were four groups of vignette assignments: Females with female vignette (n = 19); females with male vignette (n = 19); males with female vignette (n = 8); and males with male vignette (n = 7).

Results

Table 1 includes depression literacy survey responses by gender. In addition, participants overwhelmingly suggested that emotion-focused coping strategies would best help the person in the vignette.

A total of 46 of 53 (87%) of young adults said the individual would be best helped by “talking to someone,” like friends, family, and/or counselor. An additional 4 participants (3 female) suggested a combination of emotion-focused and task-focused coping strategies (e.g., “talk to someone and get a hobby”), and 3 participants (1 female) reported task-only strategies (e.g., time management (e.g., time management, “doing what makes them happy”) for helping the individual. Table 2 presents depression literacy survey responses by vignette assignment.

	Female(n = 38)	Male (n = 15)
Identified depression	71%	47%
Recommended coping strategies (M, SD)	9.81(6.43)	7.38(7.39)
Recommended emotion-focused strategies (M, SD)	7.22(3.47)	6.46(4.48)
Recommended task-focused strategies (M, SD)	2.59(3.97)	.92(4.23)
Good prognosis with professional help	76%	80%
Good prognosis without professional help	66%	80%

Table 1:Survey responses by gender

	Female, female vignette (n = 19)	Female, male vignette (n = 19)	Male, female vignette (n = 8)	Male, male vignette (n = 7)
Identified depression	79%	63%	38%	57%
Recommended coping strategies (M, SD)	9.82(7.20)	9.80(5.70)	10.00(6.07)	5.14(8.11)
Recommended emotion-focused strategies (M, SD)	7.29(3.74)	7.13(3.27)	8.33(4.18)	4.85(4.38)
Recommended task-focused strategies (M, SD)	2.53(4.20)	2.67(3.83)	1.67(4.27)	.29(4.42)
Good prognosis with professional help	84%	63%	88%	71%
Good prognosis without professional help	68%	68%	75%	86%

Table 2:Survey responses by gender and vignette assignment

Discussion

Echoing previous research results on gender differentiation in depression literacy, young adult females in our sample identified depression more frequently than young adult males [39, 40, 43, 44]. Greater knowledge of depression...

In contrast, possessing such knowledge promotes mental health stigma reduction, increased help-seeking behaviors, early detection, and positive treatment outcomes for mental illness. The likelihood of help-seeking is greatest among young adults who possess the ability to recognize symptoms of mental illness and have the knowledge and encouragement to seek help.

Contrary to the hypotheses, females labeled a greater number of self-help interventions as helpful coping resources than males. Females suggested a greater number of emotion-focused and task-focused help-seeking strategies to the person in the vignette rather than showing a preference for emotion-focused strategies. Nearly all young adults offered an emotion-focused coping strategy as the best way to help the person in the vignette. In fact, African American young adults uniformly rated emotion-focused coping as most helpful even when they could not identify depression in the vignette.

As expected, females predicted a poorer prognosis for a person with depression than males.

The gender of the vignette influenced the identification of depression, total coping resources, coping strategies, and prognosis. Perhaps most interesting were responses of male participants: Males assigned to the female vignette had the lowest depression identification rate, but they offered the best prognosis and recommended the greatest number of helpful intervention resources and emotion-focused coping strategies. Males assigned the male vignette also anticipated a good chance of recovery but rated the individual in the vignette as having fewest resources as compared to the other three groups.

Limitations

The most noteworthy limitation of this pilot study is the small sample size [45]. Future studies should replicate our findings in a larger sample, conducting gender-by-response inferential analyses and using statistical techniques to compare quantitative answers with qualitative response themes. Subsequent research should also extend the present study to assess the relation between depression literacy and individual and community depression rates.

Summary

Our study suggests that African American young adult females are more literate about depression than African American young adult males, but both groups lack substantial awareness about the signs and symptoms of the depression, appropriate help-seeking interventions, and expected prognosis with and without treatment. Future research and practice priorities include improving depression literacy for young adults in the African American community, with particular emphasis on teaching males about how to recognize the signs of depression in other males and about the benefits of emotion- and task-focused coping strategies.

Conflicts of interest/Competing interests: Authors report no conflict or competing interest.

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