



Investigating the effects of disclosure of lived experience of depression by mental health professionals: a web-based randomized controlled trial

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Abstract:

Suicide prevention research found that disclosing personal experience with suicide (“lived experience”) by mental health professionals can elicit beneficial effects. Unfortunately, there is limited knowledge in the context of other crisis-related mental health issues such as depression. To test whether disclosure of lived experience of depression by mental health professionals elicits beneficial effects. Using a web-based randomized controlled trial, $N = 365$ adults were randomly assigned to read a news interview with a psychiatrist who disclosed that they 1) suffered from depression themselves (“direct lived experience”), 2) that a close relative of them suffered from depression (“indirect lived experience”), or 3) no disclosure of any forms of lived experiences (control group). The primary outcome was the reader's intention to provide help to others. Direct and indirect personal experiences both elicited a significant increase in the intention to help others. No significant difference between the two intervention groups was found. Disclosure of lived experience elicited beneficial effects. Even those without direct lived experience can elicit beneficial effects on others when openly talking about lived experience from relatives.

Keywords: Lived experience, Depression, Intention to help, Media, psychiatrist

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Introduction

The Institute of Health Metrics and Evaluation estimates the lifetime prevalence of depression to be around 5% among adults (IHME, 2019). Affected people suffer from various kinds of symptoms that differ in their perceived severity: emotional symptoms include a sad, depressed mood, feelings of hopelessness, and an inner emotional emptiness; cognitive symptoms include negative biases (Scherr, Arendt, Prieler & Ju, 2021), and physical symptoms can include loss of appetite. Importantly, depressive

symptoms have been associated with a preference for negative news, possibly contributing to a downward spiral, and—as the most severe outcome—suicide (Nowotny, Kern, Breyer, Bengough & Griebler, 2019; Scherr, 2016; Wassermann, 2011; WHO, 2021).

In addition to relatives, friends, or doctors, the media plays a key role in obtaining information on mental health (Zhao & Zhang, 2017). Since society and people's lives are more and more mediatized (Krotz, 2001), the media can be a powerful platform for experts to inform and educate the public about health topics (Leask, Hooker & King, 2010).

Importantly, experts including mental health professionals can reduce public stigma around mental illnesses not only in their workplace, but also in news interviews by sharing their own lived experience and mastery of mental health issues (Gilbert & Stickley, 2012; King, Brophy, Fortune & Byrne, 2020). The literature already shows that research on lived experience is of great relevance. For example, findings suggest that testimonials who communicate their personal experience of a health-related problem primarily appeal to recipients at an emotional level, and have the potential to increase involvement (Braverman, 2008). Conceptually, lived experiences are therefore set to break up the “us-vs.-them” dichotomy between health professionals and their patients potentially facilitating therapeutical progress. Instead, health professionals can act as role models for their patients (Adame, 2011) and reduce their distance from their patients and disidentification with them (Harris, Leskela & Hoffmann-Konn, 2016). Specifically for suicide prevention, the potential benefits of publicly sharing lived experiences by health experts who survived a suicidal crisis have been acknowledged (National Action Alliance for Suicide Prevention, 2014). Moreover, there is evidence that readers experienced reduced suicidal ideation after reading educative news articles featuring experts with lived experience (Till, Arendt, Scherr & Niederkrotenthaler, 2019) and that individuals with a recent suicide attempt seem to benefit from reading an article featuring a narrative with past suicidal ideation by describing their story of coping and recovery (Niederkrotenthaler & Till, 2020).

Unfortunately, much less is known about the effects of lived experiences on other mental health issues such as depression; previous research also mainly focused on the effects of lived experiences on the help-seeking of those affected (Cheesmond, Davies & Inder, 2020; Tay, Alcock & Scior, 2018) rather than on the help intentions of their relatives or acquaintances. Although suicide has a tremendously dramatic effect as involves the end of a person’s life, the concept of lived experience for depression deserves more attention as it certainly makes a difference in the perceptions, the course of the disease, as well as its therapeutical handling. Of note, depression is one of the single most relevant risk factors for suicide as well as a relevant early intervention factor with the potential to prevent suicides if detected and addressed adequately. Therefore, more attention should be paid to lived experiences in relation to depression.

The present study aims to fill this research gap by testing if news reports that include lived experiences with depression by an expert can increase intentions to help others with depressive symptoms among audience members. We manipulated news articles, in which a fictitious psychiatrist was interviewed as an expert on depression (see Wassermann, 2011). We hypothesized that individuals who read an article featuring a psychiatrist disclosing their lived experience of depression (relative to the same article without such disclosure of lived experience) will show a higher level of intention to help others (Hypothesis 1).

Literature Review

Direct and Indirect Lived Experiences

Previous research predominantly focused on the disclosure of one's own (direct) lived experiences with health-related issues (Till et al., 2019). However, lived experiences can also occur indirectly through others. For example, a psychiatrist may not suffer from depression themselves, but has experienced depression indirectly through a family member, close friends, or other (not further specified) patients. Therefore, we explored if communicating about indirect lived experiences can also yield beneficial health effects. This could be of great relevance, especially for clinicians, since psychiatrists can easily refer to other people who have indirect lived experience with depression. In line with previous findings, the effects of indirect lived experiences would give psychiatrists without direct lived experience the opportunity to also evoke beneficial effects on others, e.g., in therapy similar to the previously reported effects of direct lived experiences (Till et al., 2020). Importantly, the concept of lived experience has been applied in relation to health-related problems, but a differentiation between direct and indirect lived experience is still a research lacuna and should be researched more in detail.

However, consideration should also be given to how the effect or potential correlation between communication lived experience and intention to help arises. It is therefore interesting to find out and hypothesize which concepts or mediators explain how the effect of the independent variable on the dependent variable comes about. It has already been shown that lived experience or the communication of experts and testimonials can influence the involvement of

the recipients and address them on an emotional level (Döring, 2013). Hence the socio-psychological constructs such as social comparison, empathy and identification can be triggered in the course of reception. For example, it has been found in the past that social comparison processes mediated by the media can influence health-related factors (Festinger, 1954; Fahr & Ort, 2019). In addition, advertising campaigns can be more effective if the recipients can identify with the protagonists (Döring, 2013) and if empathy is triggered by personal messages or health-related messages, there is also the possibility that prosocial behavior will be initiated (Früh & Wunsch, 2009). Without going into more detail about these socio-psychological constructs, it is evident that lived experience has the potential to trigger a lot in the recipients. However, it is unclear whether the prosocial behavior is sufficient to evoke a change in the intention to help and whether the type of personal experience makes a difference.

Therefore, we formulate the following research question: Do indirect lived experience and direct lived experience elicit different effects (Research Question 1)?

Method

We conducted a web-based randomized controlled trial, in which adults were randomly assigned to read news articles featuring an interview with a psychiatrist (see Electronic Supplementary Material). This method makes it possible to present manipulated material, in this case, articles, to the participants and to determine the influence of the effect of the stimulus material in a subsequent survey. The data collection was carried out entirely online using the survey tool “SoSci-Survey” (Leiner, 2014). Articles were crafted following the study materials of Till et al. (2019) insofar that the interview questions were similar and were only slightly modified, also addressing depression. The structure and the appearance of the stimulus articles were virtually identical. Articles were manipulated and visually altered to appear as if they were copied from an actual published article in a newspaper.

Participants

In a convenience sample of $N = 365$ participants, $n = 218$ (60%) self-identified their biological sex at birth as female and $n = 147$ (40%) as male. Participants were between 18

and 76 years old ($M = 33.50$, $SD = 0.62$). Furthermore, $n = 175$ (48%) reported having a college degree, $n = 122$ (33%) a high school diploma, and $n = 68$ (19%) reported having no high school diploma.

Procedure and Stimulus Materials

Participants in intervention group 1 ($n = 118$) were exposed to a news interview article featuring a psychiatrist disclosing that they themselves suffered from depression (i.e., direct lived experience). Intervention group 2 ($n = 123$) was exposed to the same article, however, the same psychiatrist disclosed that a close relative suffered from depression (i.e., indirect lived experience). Individuals in the control group ($n = 124$) were exposed to the same interview featuring the psychiatrist who did not disclose any lived experience of depression. The gender of the psychiatrist was matched to the gender of the participant using their previously disclosed socio-demographic information at the beginning of the survey. This approach enables the participants to identify more easily with the interviewed expert as previously assumed (Till et al., 2020). Health messages have reportedly been more effective when recipients identify with the protagonist (Döring 2013) arguably enhancing processes of identification. In the interview, the psychiatrist talks about depression and provides helpful information about how to help. The psychiatrist also emphasized that help can also come from relatives, acquaintances, or friends. In order to increase salience, it was mentioned in the introductory lead of the article as well as in the course of one interview question presented as part of the news article whether and, if so, what kind of lived experience the expert (a psychiatrist) had.

Primary Outcome: Individual Help Intentions

We defined the intention to provide help to depressed individuals as the primary outcome. To measure this variable, we worked with a news vignette as did previous research relying on this outcome (Arendt, Scherr, Niederkrotenthaler, Krallmann, & Till, 2018). Individuals were instructed to imagine themselves in a situation of meeting a same-gender acquaintance, and realizing during the conversation that they may suffer from depression. Participants were then asked to rate 18 statements about possible reactions and how likely they would react that way.

The statements were both positively and negatively worded and included different possible courses of action in response to the fictional situation. Since Cronbach's alpha of these 18 items indicated a strong internal consistency ($\alpha = .89$), all items were transformed into a composite measure after recoding. The total score ranged from 1 to 7 ($M = 4.94$, $SD = 0.05$).

Procedure

After sociodemographic data was collected, individuals were randomly assigned to read one of three different news articles featuring an interview with a psychiatrist disclosing either direct lived experience, indirect lived experience, or the same article without disclosure of lived experience of depression. Immediately after exposure to the news article, the primary outcome was measured, and participants were then debriefed.

Ethics Statement

This study was approved by the IRB-COM of the Department of Communication, University of Vienna (ID: 20211011_081, dated October 15, 2021).

Results

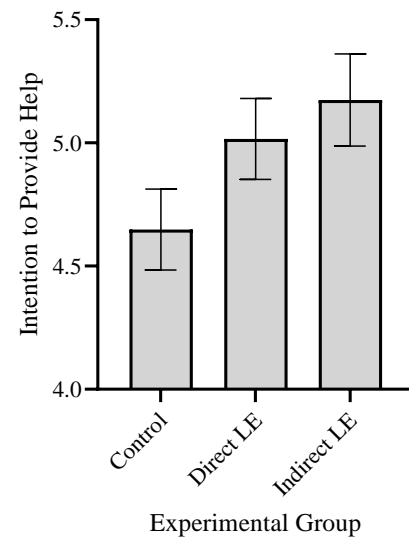
A one-way ANOVA revealed that there was a statistically significant difference between the experimental groups: intervention group 1 with an article featuring an interview with a psychiatrist disclosing direct lived experience ($M = 5.02$, $SD = 0.90$) and intervention group 2 with an article featuring an interview with a psychiatrist disclosing indirect lived experience ($M = 5.17$, $SD = 1.05$) showed a higher level of intention to help than the control group with an article featuring an interview of a psychiatrist without disclosing lived experience of depression ($M = 4.65$, $SD = 0.93$), $F(2, 362) = 9.73$, $p < .001$, $\eta^2 = .05$. These findings support hypothesis 1 (Figure 1).

A t-test for independent samples showed that there was no significant difference between intervention group 1 and intervention group 2, $t(239) = 1.25$, $p = .21$. This is also consistent with the descriptive statistics reported above showing only small differences between both intervention groups. This answers research question 1 as follows: Both

“disclosure of lived experience”-groups elicited similarly beneficial effects on the intention to provide help to depressed others.

Figure 1

Effects of Disclosure of Lived Experience of Depression by a Psychiatrist in a Newspaper Interview on Readers' Behavioral Intention to Provide Help to a Depressive Other



Note. Participants were randomly assigned to read a news interview with a psychiatrist who disclosed that they suffered from depression themselves (direct LE), that a close relative of them suffered from depression (indirect LE), or no disclosure of any forms of lived experiences (Control). Error bars indicate confidence intervals (95%).

Discussion

This study indicates that disclosing lived experience of depression by mental health professionals has a positive effect on readers' help intentions, consistent with previous research in the suicide prevention domain (Till et al., 2019). Participants showed a significantly higher level of intentions to help others after reading an article featuring an expert disclosing either direct personal lived experiences with depression or indirect lived experiences of close others. There was no difference between direct and indirect lived experience. A possible explanation of the underlying mechanism of this preventive effect is that the audience developed empathy, that the disclosure increased the level of trust (Cheesmond et al., 2020; Morris, 2017) and identification (Harris et al., 2016), leading to the observed positive effect. However, we did not investigate the underlying mechanism of this effect.

As already mentioned, the importance of the concept of lived experience has already been acknowledged in previous research. However, previous research either only put direct lived experience as their center of attention (Sprung, Janotha & Steckel, 2011; Reingle Gonzales, Rana, Jetelina & Roberts, 2019) or did not explicitly refer to the experience being indirect (Byrne & Wykes, 2020). The findings of the present study add to our understanding by showing that even those who had no own direct lived experience can elicit beneficial effects when overtly talking about lived experience from close relatives. This is an important finding with practical implications for mental health professionals as not all psychiatrists have their own personal experiences that they could disclose.

Limitations

This study has a number of limitations. The web experiment made it easy to reach a larger number of people. It is unclear how much motivation, effort and sincerity the individuals read the news articles and answered the questions. Furthermore, social desirability bias should be considered in future studies. This bias can occur when people are asked about sensitive and stigmatized topics including mental health and consequently respond incorrectly in a way to make them appear in the best light possible (Ford & Rubin 1970). Although this bias is most prominent in face-to-face interviews, it often occurs with potentially uncomfortable or personal topics. Moreover, we used a convenience sample which restricts the generalizability of our findings. However, we aimed to match the gender of the participant and news protagonist and ensured that there was a sufficient gender balance. Another limitation is that intentions to help do not automatically translate into prosocial behavior. Intentions to help were furthermore measured immediately after exposure to the news article, which means that we cannot speak to any long-term changes regarding intentions to help. We also focused only on intentions to provide help as our main outcome and did not investigate more on other potentially underlying mechanisms of this effect, which should be investigated by future studies more in-depth.

Conclusion and Further Research Directions

Despite these limitations, this study made an important

contribution by showing that news containing the lived experience of depression of an expert has the potential to increase audience intentions to help others with depression. This finding is particularly important for health media effects, but also for the clinical practice (e.g., in counseling sessions), and for creating health campaigns. As previously mentioned, psychiatrists can benefit from our insights by communicating indirect lived experience by referring to other affected people, since this can increase the recipients' intention to help. Furthermore, our study is relevant for media effects research, because it emphasizes that the reception of media content has an impact on behavioral intentions in the health domain. This also shows the power of media and how the public can influence the perception of a health-related problem through the targeted use of communication strategies. It would be interesting to find out not only the intention to help but also the actual behavior to help others. Although the methodological approach should be designed differently, it would turn out to be quite revealing to uncover a possible discrepancy between intention and actual behavior. A change of perspective could also be sought by focusing on those affected and examining the influence of communicating lived experiences with depression on help-seeking behavior. It quickly becomes clear that this study is only intended to be the starting signal for further efforts and that almost countless possible questions need to be answered scientifically.

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