

Part I: Preliminary Information

Title: Responding to Male Depression on College Campuses

Abstract:

Depression in men typically manifests quite differently than depression in women. Despite these differences, scholars have largely overlooked the differences in depressive symptomatology according to gender. While depression in women is often internalized, and is the basis for the common understanding of depression, males often demonstrate through externalizing behaviors, such as aggression and self-medication. On an individual level, this externalizing behavior can significantly impact a depressed male's personal relationships, life goals, academic performance, and life expectancy. At a community level, individual behavior is problematic because it sustains and spreads a culture of binge-drinking, excessive risk-taking, and sexual aggression. The aim of this project is to study the causes and manifestations of male depression, create engaging public resources and videos to raise organizational awareness, and develop a peer-to-peer program that effectively distributes relevant information across a college campus and provides targeted aid to male sufferers of depression.

Part II: Problem Description and Personal Statement

Part IIA: Problem Description

Depression and suicidality are serious issues that involve all gender identifications. Men, however complete suicide at a rate 350% higher than women (American Foundation for Suicide Prevention). Research differentiating the ways in which depression distinctly manifests in males and females is surprisingly difficult to find. In interviews with physicians and psychologists at Alamance Regional Hospital in Burlington, NC conducted in Fall 2015, providers described that they've noticed significant fundamental differences between male and female depression. Interviewees communicated that the lay understanding of what depression looks like- visible sadness, expressed loneliness, fatigue- is actually describing how depression more typically manifests in women. While this is likely understood within the mental health care community, it may be unknown to those in the broader community whom may be interacting with depressed and potentially suicidal peers. This may contribute to understanding why peers of male students who committed suicide are so perplexed by the action of their friends.

In 2015, Elon University Junior Dimitri Allison claimed his own life. The year before, Junior Trent Stetler took his. In interviews it quickly became apparent that none of their friends saw the suicide coming. The completed suicides of these two students may reflect deeper underlying issues related to the extent that mental health is discussed on campus, and how it may be a gendered issue. These suicides have a significant impact on a campus. As a student- it is almost impossible to focus on tests, homework or on a career when someone you saw every day, who might have waved at you, been your friend, or even just been a part of one of your many group projects is suddenly gone. Personally, even as a first-year, and again as a sophomore, I knew and still know the names of both students, and expect that I will remember their names for the duration of my own life.

A sense of comfort would be gained by claiming that these deaths were isolated incidents, but they were not. As students turn 20, they also enter a new demographic age range, where the suicide rate is increased by almost ten percent (AFSP, 2014). Numerous sources claimed that the notably higher male suicide rate was due to men choosing more lethal methods to kill themselves than women. There was no accurate data available on male vs. female suicide effectiveness,

however, since many attempts ultimately go unreported, but by taking CDC data from 2012 totaling the percentage of deaths by gender from various suicide methods and combining it with another study reported by Harvard University that detailed the success rate of these suicide methods, one is able to reasonably estimate how many men and women respectively attempted suicide that year. Comparing the two figures, men were successful around 1/9 of the time. Women were successful around 1/22 of the time. This statistic provides tragic support to the assertion that men are more violent when they attempt to kill themselves. Still, this does not come close to wholly accounting for the higher male suicide rate. That difference must continue to be explored if we plan to do those Elon has lost justice.

In addition to experiencing higher suicide rates, chronic depression in males, especially at colleges, often goes untreated. Generating and maintaining a support system, a group of family and friends that a depressed individual feels comfortable turning to for help, can be extremely difficult for men. The common image of what it means to be a man is almost synonymous with independence and emotional stability. Consequently, masculine gender norms aren't something men see the need to beat- in fact, most men see these stereotypical traits as a gold standard, something to strive for. But in times of crisis, men will struggle to find someone they can trust, or, seeing their failure to be self-reliant as a deviation from the cultural norm and as a weakness, allow their pride to get in the way of seeking help. In 2012, the CDC (2012), women reported that they felt sad nine percent of the time when asked. Men only claimed they were sad six percent of the time. Men are additionally less likely to seek help from a physician or therapist, trained to pick up on the symptoms of depression. In 2012, 26 percent of men reported that they hadn't visited a doctor within the year. Only 13 percent of women reported the same (CDC). Of women who complete suicides, 72-89 percent had contact with a mental health professional at some point in their lives. Only 41-58 percent of men had done the same (Kung, Pearson, and Liu, 2003).

One outlet that has proven to help men cope with their depression is a significant other. In a NAMI (National Alliance on Mental Illness) report, approximately 89 percent of depression sufferers with a significant other say they could rely on their significant others for support, and 75 percent say their significant other has significantly helped the individual dealing with depression. On a college campus however, a vast majority of students are without any kind of long-term significant other. In a study conducted on the separation of married couples, men are significantly more likely to develop suicidality from this breakup than women are, because significant others are typically the man's primary support mechanism (Kolves, 2010). That study illuminates the limited support networks males develop, and the significance of losing this limited support. Most students are all but entirely separated from their past support systems when they go away to college. At Elon in particular, only 27 percent of students are from North Carolina, leaving the majority at a great distance from the support they have historically relied upon.

Finally, male depression sufferers are significantly more likely to turn to self-medication and aggression to cope with their depression. Though there is a dearth of hard data studying these effects, there is significant anecdotal evidence from doctors and sufferers alike that men habitually try to "fix" their depression themselves. Of course, without a doctor, this trends towards alcoholism and drug abuse. Alcohol use and risk-taking is already a prevalent part of male culture: according to the CDC, 59 percent of percent of men say they regularly drink, while only 42 percent of women say the same (CDC, 2012). Substance abuse is a commonly accepted social norm on college campuses. At the same time that students are removed from their support systems, they are simultaneously introduced to binge-drinking and attempting to fit in. This culture makes it hard for friends to spot whether an individual is self-medicating, and easy for a self-medicating individual to hide. But this self-medication only serves to magnify depression: alcohol abusers experience 5

times greater risk of suicide than non-abusers (Pompili, Serafini and Innamorati, 2010). This cycle of self-medication and chronic depression can lead to poor school performance, lack of ambition, irritability and aggression. Especially if drinking is involved, belligerent aggression can lead to damaged relationships, severely injuring others, increasing violent behavior on campuses, and encouraging others to engage in abusive behavior or risk-taking. It is also worth investigating whether this aggression can turn to sexual aggression, as a means for men to regain confidence.

Part IIB: Personal Background and Motivation

My investment in this area of inquiry is an outgrowth of my own struggle with depression the second semester of my Freshman year. My roommate got arrested in front of me, with his accusers being mutual friends we shared, and I had to continue living in the same room with his belongings all around me for a month and a half after he was gone. Around the same time, I found out I didn't receive a bid from the fraternity I was rushing and began getting the sense that my internship plans for the summer were falling through. I remember how worthless I felt. It was the first time I'd ever felt depressed: I never expected it to happen to me, but it felt like everything I did, no matter how hard I worked, would result in failure. I felt as if some people were destined to be happy, and that I just happened to not be one of them. During that time, I didn't know who to turn to, or who I could talk to in order to make it better. I knew there were counselors, but I felt as if the counselors couldn't tell me something I didn't already know. I felt that if I told my friends they would see me as weak or needy and would abandon me. I lost interest in journalism and television, the thing I had been passionate about my whole life. Ultimately, it was only by leaving Elon for the summer and receiving tremendous support from my girlfriend that I made it through.

I returned to Elon and became a double major, adding Chemistry to my Journalism degree, and developed a passion for medical journalism. With the death of Dimitri Allison, the second student to take his own life in less than a year at Elon, I felt a responsibility to respond and contribute in a proactive way. For a final class project, I researched male suicide and depression. I interviewed doctors, psychologists, and sufferers in Raleigh and created new data. I left that research feeling unsatisfied, despite the project being substantive. I was all too aware that for any real work to be done, I was going to have to spend money, travel, and need the cooperation of an entity greater than myself. When I heard of Elon's Leadership Prize, I felt as if I had found my answer. This project calls upon the skills I have gained through my liberal arts education. As a medical and data journalist pursuing degrees in journalism and chemistry, I am ideal candidate to conduct this work. As a journalist, I am accustomed to working within a deadline, researching difficult topics, communicating with others to find hard answers, and using videos, websites, and graphics to maximize the impact of information. As a chemistry major familiar with academic writing, I am familiar with the medical field. I am comfortable interpreting scientific studies, spearheading scientific inquiry, and analyzing data in a way that survives scrutiny. As a past sufferer of depression, involved with both the communications and scientific communities, I am the ideal candidate to apply scholarship and experiences in pursuit of tangible solutions for a college environment.

Part III: Plan for Intellectual Inquiry

This proposal has five components split among three phases: Phase 1, Inquiry: (1.1) Review the state of the science through literature and consultation. (1.2) investigate new questions necessary to understanding collegiate male depression and its manifestations through surveys, focus groups, and individual interviews. (1.3) Investigate effective leadership techniques that reach collegiate males more effectively and investigate the feasibility of methods to combat male depression that can be readily implemented on a campus through examining other institutional

efforts, generating focus groups, and investigating the feasibility of program implementation at Elon. Phase 2, Dissemination: develop multimedia content including a website, short and long form videos that will draw attention to the research, create permanent visible benefits of the inquiry, and support phase three. Phase 3, Program Implementation- Based off of inquiry findings, develop and implement a program, possibly through partnerships with willing organizations like Alamance Regional or NAMI, that will educate students and provide aid to those that need support.

Phase 1: Inquiry

Since collegiate male depression is a complex issue, as medical and sociological as it is psychological, it is appropriate to collect data for the inquiry phase through multiple modalities.

Phase 1.1: State of the Science through Literature Review & Consultation

The inquiry will begin with a gathering of currently available data to assess the state of the science on these topics. Gender differentiation in depression research it is notoriously scarce, however this stage is crucial in determining which areas, such as male-specific depressive symptoms, sexual aggression, support systems etc., need significant study and which are adequately supported. I will conduct a comprehensive study of scientific journals, books written on the subject, government databases, and non-profit organization findings. I will also look at blog posts, anecdotal posts on social media, documentaries and films to find areas of research that may be promising, yet not substantiated. From this literature review, I will generate a master document outlining individual issues that involve depression in collegiate males, the level of intellectual study they've received, the level of anecdotal evidence that indicates there may be something more to study, as well as potential causes, manifestations of the problem, and solutions.

I will then cross-check this list and seek out other areas of interest during meetings with campus counseling, campus physicians, members of the public health advisory committee, students who have been open to me about their depression, several physicians/psychologists that I've worked with in the past at Alamance Regional, and organizational members of North Carolina's NAMI affiliate who have expressed interest in the project. Approaching this broad array of individuals with academic, personal, medical, or professional ties to this problem should present a broad array of questions I may not have asked, data I may not have seen, answers I may not have found and methodology I may not have considered. Additionally, these preliminary discussions will likely open doors to new contacts relevant to this research, especially important for finding case studies of depressed men willing to be interviewed later in inquiry. These contacts, findings, data points, and methodologies will all be added to the master document.

Phase 1.2: Investigation of New Questions

Once this information is gathered and centralized, my mentor and I, alongside any others that may emerge as significant contributors to the project, will discuss which areas we feel are under-investigated, are investigable, and whether the potential findings would have significant social impact or be relevant towards a solution. After these discussions, it will be evident which questions we intend to pursue, and how we will pursue them. Depending on the questions, the execution of these plans will vary in nature, and will likely require funds from the prize. This will include (1) focus groups targeted towards these questions, (2) surveys to gather information on substance, abuse, depression, and sexual violence as it pertains to the research and (3) numerous filmed interviews. The interviews will serve a dual purpose. First, they will serve to inform our inquiries and allow us to gather significant factual and anecdotal evidence that we can return to at

any time. Second, these recorded interviews will be an integral part of educational outreach, the development of multimedia, and program development later on in the project.

Phase 1.3: Investigation of Effective Leadership Styles and Solution Feasibility

After the inquiries are narrowed and answers beginning to be found, the project will also begin to research what kinds of leadership styles the male collegiate demographic responds to. This demographic can be notoriously hard to reach. Peer-to-peer education and aid is discussed frequently in this proposal, because knowing myself and other men, it is instinct to believe that education and support coming from your equal, instead of your superior which men are more likely to resist, will be more impactful. Additionally, it is my suspicion that that when a male student is truly in crisis, they are significantly more likely to go to a friend than they are a psychologist. In order to create an appropriate understanding not based off of assumption, this step will require conversations with several psychologists, ideally with specializations relevant to the male collegiate demographic.

I firmly believe, however, that we can't truly understand individuals or what they're feeling until we let them tell us their stories themselves. Assumptions, especially those based off of stereotypes, do not serve to aid scientific inquiry, or any inquiry for that matter, so they will not be acceptable as support during any stage of this research. Consequently, the bulk of the research that will inform the type(s) of leadership applied in the solution will be conducted in the form of focus groups. The focus groups should be of men from several different organizations, especially on small groups from fraternities. I would also be interested in seeing how the response differs in a group of men who don't know each other well, and a focus group where the genders are mixed. Once the responses from these groups are analyzed for positive and negative responses to discussion, we can more adamantly confirm which leadership style best lends itself to education and aid.

As a part of this process, we will also look at programs institutions like other universities or non-profit organizations have initiated and gauge their success. For successful programs, further analysis into their success is needed. This will incur travel costs, the cost of which depends on the value of the program(s) worth investigating. We will also investigate the effectiveness of current programs at Elon such as the "QPR" initiative counseling offers, and such as gauging student opinions after speakers that come and talk about suicide or depression.

The final part of this process is assessing the feasibility of different plans at Elon. Through discussions with counselors, religious advisors, administrators, Greek life officers and the office of student conduct, we will be able to strike down or promote various program solutions, and also discover how they could work within Elon's framework.

Phase II: Dissemination

Once research on the inquires determined to be worthy of investigation is sufficiently complete, the project will create educational resources to present the culmination of these findings, alongside all other credible information currently on the topic. This phase has three components. (1) All credible information discovered from this project and others will be placed on an easy to navigate website, so that individuals curious about the topic can easily find what they're looking for, and trust that the information provided is all substantiated. Factual and anecdotal evidence will both be included, but in different areas, as anecdotal information can be powerful as long as it is does not pretend to be otherwise substantiated. I can hire an advanced web design student at Elon to do this to give the student experience and keep costs low. I also have experience in web design, and could do this if the rest of the prize money was better spent elsewhere. (2) I will produce a

series of video stories such clips from interviews, PSAs, and a mini-doc. This will add content to the site, but beyond that, will gain the project significant exposure. By creating a combination of shareable and long-form content, individuals will be drawn to the site through YouTube, Facebook, or a friendly link. This will increase web traffic to the site, giving it more exposure, and causing it to return higher on google searches when any individual across the globe searches for help dealing with male suicide or depression. In addition, the videos can be used as an informational tool to raise awareness for significant discoveries resulting from the inquiry, and as an educational/motivational tool when recruiting individuals to assist for the solution program this project aims to develop.

Also included on the budget for this phase is prize money set aside to provide small, honorary stipends to speakers with personal connections to depression and suicide such as Dennis Gillan, who Elon invited to speak last year on how he lost two of his brothers, and almost himself, to suicide as a result of alcoholism. Speakers could also come from local non-profit organizations such as North Carolina's branch of the National Alliance on Mental Illness (NAMI)

Phase III: Program Implementation

Once a significant body of research is conducted, and supporting multimedia tools are created, an aid and education program will be developed based off of proven leadership practices and feasibility researched in the initial inquiry. The highest priority of this program is to offer support to male students that may already be suffering based off of substantiated evidence gathered during inquiry. Secondary goals, ideally stretching beyond the time frame of the prize and continuing beyond my graduation, include: (1) disseminating correct education about male depression and its manifestations, (2) sustaining funding, research, and content for the website generated in Phase 2 beyond the time frame of the prize, (3) continuing Elon's partnership with local mental health educators and providers- continuing to bring in speakers beyond the time frame of the prize, and four (4) encouraging further investigation.

To help ensure long-term effectiveness, it is likely that the formation of an on-campus organization will be necessary. In addition, I imagine this program would be most effective as a peer-to-peer program. This project could partner with willing local organizations like North Carolina's NAMI to educate students on how to be a peer mentor for their organization, and what leadership styles work best to stay approachable and effective as a peer mentor. Of course, until the research is done to demonstrate the effectiveness of different leadership styles, this solution is prone to change depending on the results of the project's inquiry.

Part IV: Feasibility, Budget and Timeline

Based off of preliminary research and personal experience with interviewing, storytelling, and dedicated study, this project is entirely feasible within the time constraint of three semesters. While depression itself is broad, male depression is relatively niche. Focusing on male depression on college campuses further narrows the range of inquiry. Furthermore, this project does not purport to solve male depression in its entirety, but to provide much needed research into the field, create reliable resources and videos so that education, awareness, and further inquiry is encouraged, and to create a program, potentially a peer-mentoring program, that can provide support for male students suffering from depression on campus.

This research is feasible because I am familiar with the resources and steps necessary to completing each phase of this project. For the inquiry phase, I have a network of individuals that are involved with, have seen, or are currently suffering from male depression who, like myself, have invested and expressed interest in contributing to this work. This is comprised of several

contacts at Alamance Regional Hospital, including the vice president of medical affairs, counselors within Elon's own student and religious community, fellow student leaders, and past speakers who have come to Elon. Additionally, my mentor Dr. Alexis Franzese is extraordinarily capable and excited to contribute to this work. As a sociologist and psychologist, she can provide this research with extensive sociological context and professional experience. As someone who has contributed to significant amounts of scientific inquiry. She is the ideal mentor to ensure that this project manifests itself in a professional and visible way. Additionally, I have several skills obtained through professional experiences that make me uniquely capable to spread this research in phase 2. broadcast journalism student, I regularly conduct interviews and quickly develop them into both visual and informative stories. I am very familiar with editing, shooting, and compiling educational and engaging resources. I also have professional experience in web design and will be able to oversee the creation of an online resource with familiarity and ease. Finally, from my conversations with faculty and students, I have been surprised by the quantity of support in creating a program that addresses the issue of male depression and its manifestations. It is within this Elon community and the support of my developing yet extensive research network that will give rise to an effective program during phase three, and hopefully continue contributing to the issue as a whole beyond my graduation.

Budget:

Phase 1

Sony A7S2 Camera and lens - \$3750

Additional Equipment (light panel, tripod, backpack, SD Card, boom mic, stands) - \$700

Focus Groups (stipends and/or food) - \$300

Surveys (gift card raffle incentives) - \$100

Individual Efforts (gift cards- as a thank you, not compensation): \$200

Phase 2:

Website Design/Maintenance - \$1500

Honorariums for guest speakers - \$600

Phase 3:

Promotional Efforts - \$200

Unforeseen Implementation Costs - \$200

General:

Travel (gas & food) - \$500

General Unforeseen Costs - \$500

Tuition - \$1500

Total: \$10,000

Timeline:

| <u>Spring 2017</u> | | |
|---|--|---|
| February - Early March | Early March - Mid April | Mid April - Mid May |
| <u>Phase 1 Begins;</u> Phase 1.1 Begins. Literature review complete by end of period. Consultation started by end of period. | Phase 1.1 (Consultation) continues and ends. <u>Phase 1.2 begins.</u> Questions found by end of period, investigations underway | Phase 1.2 (investigation) continues and is mostly completed. <u>Phase 1.3 begins.</u> Mostly completed by end of period. |
| <u>Fall 2017</u> | | |
| Late August - September | October - November | November - December |
| Remaining investigations from Phase 1.2-1.3 completed by end of period. Web designer contacted in preparation for phase 2 | <u>Phase 2 Begins.</u> Web designer begins work on site. Gathering and editing footage for site begins. | Phase 2 continues. Website finishes beginning to middle of this period. Gathering and editing footage finished by end of period. Conversations begin to prepare for Phase 3 |
| <u>Spring 2017</u> | | |
| February - Early March | Early March - Mid April | Mid April - Mid May |
| <u>Phase 3 Begins.</u> Program implementation begins. Focus on marketing new program. | Phase 3 continues. Marketing continues in background. Focus on developing program and identifying leaders for the program. | Phase 3 continues and ends. Leaders of program are chosen. Preparations begin for longstanding impact beyond project. Project ends. |

Part V: List of sources

- American Foundation for Suicide Prevention. *Suicide Statistics*. 2014. 4 October 2016.
- Center for Disease Control and Prevention. "Summary of Health Statistics for U.S. Adults: National Health Interview Survey." 2012. *National Center for Health Statistics*. 5 October 2016.
- Center for Disease Control. *Leading Causes of Death, United States*. 2012. 6 October 2016.

- Harvard University. *Lethality of Suicide Methods*. 2000. 6 October 2016.
- Kolves, K. "Suicidal ideation and behaviour in the aftermath of marital separation: gender differences." *Journal of Affective Disorders* (2010): 48-53.
- Kung, Hsiang-Ching, Jane Pearson and Xinhua Liu. "Risk factors for male and female suicide decedents ages 15–64 in the United States." *Social Psychiatry and Psychiatric Epidemiology* 38.8 (2003): 419-426.
- National Alliance on Mental Illness. "NAMI.org." 9 November 2009. *Depression Survey Initiative*. Harris Interactive. 1 October 2016.
- Pompili, Maurizio, et al. "Suicidal Behavior and Alcohol Abuse." *International Journal of Environmental Research and Public Health* 7.4 (2010): 1392-1431.