Mistargeted Messages Could Spur Help-Seeking for Depression

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From decades of research, scientists have developed effective, empirically-validated interventions for treating major depression and, yet, many people suffering from depression don't receive these treatments. While there can be many reasons why a depressed person might not seek help, one major barrier seems to emerge from the disorder itself:

"Unlike many physical illnesses in which help-seeking increases as severity intensifies, the more depressed people become, the less likely they are to seek help from family, friends, and mental-health professionals," psychology researcher Jason T. Siegel and colleagues at Claremont Graduate University write in *Clinical Psychological Science*.

Researchers and practitioners have tried to harness mass communication as one tool for encouraging help-seeking, and yet some research suggests that these efforts can backfire. Indeed, studies have shown that messages that directly target people with depression can, for example, increase feelings of self-stigma and reinforce beliefs about the link between depression and suicide.

Siegel and colleagues wondered whether mistargeted communication — messages that are directed at a target individual but are ostensibly directed at someone else — might avoid the potential for backfire.

In an online study, the researchers asked 335 participants in the United States to complete a widely used measure of clinical depression, the Beck Depression Inventory-II, to gauge their symptoms of depression over the last 2 weeks. Some of the participants then saw a direct message (e.g., "Are you feeling distressed? Feeling hopeless?"), while others saw a mistargeted message ("Do you know someone who is distressed? Feeling hopeless?").

The results were clear: While higher depression scores were generally linked with lower intentions to seek help from a romantic partner, a close friend, or family members among participants who received the direct message, there was no such relationship for the participants who received a mistargeted message.

According to the researchers, these findings indicate that the mistargeted message was more effective at promoting help-seeking than the direct message was. And a second online study confirmed this pattern of results.

The researchers gave 1152 participants in the U.S. the same depression inventory and then presented them, by video, with either a direct message, a mistargeted message, or a control video featuring falling leaves.

Again, there was a generally negative relationship between depression scores and attitudes toward help-seeking, intentions to seek help, and expectations about the outcomes of seeking help. But these associations tended to be less negative for the participants who had received the mistargeted message compared to those who received the direct message or no message.

"This set of studies adds to the literature by providing a clear pathway for improving outreach efforts that target people with depression," Siegel and colleagues write. "Simply put, although a poorly developed [depression public service announcement] can cause harm, a well-developed message can possibly save lives."

The researchers note that further research should explore the specific mechanisms that lead some direct messages to backfire and should also seek to identify the help-seeking attitudes that are most amenable to change.

Siegel, J., Lienemann, B., & Tan, C. (2014). Influencing help-seeking among people with elevated depressive symptomatology: Mistargeting as a persuasive technique. *Clinical Psychological Science*. DOI: 10.1177/2167702614542846