Chapter 5

Insight Into Sub-Saharan African Discussions of Anxiety and Depression Online

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ABSTRACT

This chapter presents a brief review of past studies on the topics of stigma towards clinical anxiety and depression among populations of African descent in the US and Sub-Saharan Africa, as well as the efficacy of online searches for assistance and moral support. It also reports the findings of a study of nine African patients or survivors of clinical anxiety and depression who share their stories two online platforms, i.e., the website of the South African Depression and Anxiety Group (SADAG), and the www.depression-understood.org forum. Relevant themes are presented using Owen’s (1984) and Mitchell’s (2016) analytical frameworks.

INTRODUCTION AND BRIEF LITERATURE REVIEW

Over the past two decades, scholars have studied the existence of stigma and mistrust of professional intervention towards mental illnesses including clinical anxiety and depression among populations of African descent in the US and Caribbean, as well as Sub-Saharan Africa (SSA) e.g. Alvidrez (1999), Chamberlain et al. (2001), Diala (2001), Ojelade, McCray, Ashby, and Meyers (2011), Murry, Heflinger, Suiter
and Brody (2010), and Nicolaidis et al. (2010). This stigma and mistrust is often complicated or exacerbated by additional factors or situations such as other chronic illnesses like HIV-AIDS (e.g., Boyes and Cluver, 2015).

However, scholars, health professionals, policy-makers, and other parties have to take note of the nuances in the studies of this stigma and mistrust. For instance, research such as Alviedrez’s (1999) and Nicolaidis et al.’s (2010) has indeed revealed that white Americans (in particular, women) are more likely to seek (or desire to seek) professional mental health care compared to African-American and Latina women. And yet, other studies have shown that there are systemic attitudinal and structural barriers to minority groups’ and SSA-descent patients’ seeking and receiving professional mental health (e.g., Abera, Tesfaye, Belachew, and Hanlon 2014; Ola et al., 2014; Baron et al., 2016; Nakku et al., 2016). Also, some studies—e.g., Diala (2001)—have shown that African-American men are in fact likely to seek professional mental health help.

In light of the above challenges, vis-à-vis the provision of mental health care to SSA-descent populations, one can argue that scholars and mental health professionals should welcome supplemental or alternative ways of providing treatment and assistance to ailing or vulnerable individuals of SSA-descent. Among various demographic and ethnic populations, studies have shown that the search for assistance and moral support online from both health professionals and fellow sufferers can be efficacious. Further, the efficacy of online sources of support may be particularly beneficial among those who perceive stigma or other barriers surrounded mental health (e.g., DeAndrea, 2015).

Specific ailments for which anonymous and real identity-based online social support has been shown to be effective include cancer (Çobaner & Bek, in press; and Myrick, Holton, Himelboim & Love, 2016), major depression (De Choudhury, Gamon, Counts & Horvitz, 2013), and type 1 diabetes (Maki & O’Mally, this volume; and Huh, Neogi, Inkpen, & Pratt, 2014). The platforms on which this support is exchanged include Facebook, Twitter, and YouTube. Based on the research from the above-listed studies, it is important to note that the quality of the social support exchanged on these sites cannot be guaranteed, and it cannot substitute trained care from healthcare professionals. Scholars have also pointed out other drawbacks to online social support, compared to face-to-face support (e.g., Turkle, 2011).

In this chapter, we will demonstrate the efficacy of online platforms with which clinical anxiety/depression sufferers of Sub-Saharan African (SSA)-descent can seek and provide help and support anonymously, or using their real identities. In addition to highlighting some of the general ways in which these individuals seek and share advice and support via Owen’s (1984) framework, we will also make use of Mitchell’s (2016) analytical framework of authentic leadership online to
Directions for ICT Research in Disease Prevention
Marco Nalin, Monica Verga, Alberto Sanna and Niilo Saranummi (2013). *Handbook of Research on ICTs for Human-Centered Healthcare and Social Care Services* (pp. 229-247).
[www.igi-global.com/chapter/directions-ict-research-disease-prevention/77145?camid=4v1a](www.igi-global.com/chapter/directions-ict-research-disease-prevention/77145?camid=4v1a)

Health 4.0 in the i2i Era
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