

## **Project Proposal - Your Story Matters!**

*A real-life stories based drama aiming to destigmatize depression*

### **1. Introduction**

#### **1.1 Stigmatization on depression in Hong Kong**

Depression has become a social issue with rising concern in Hong Kong, with 20% Hong Kong citizens suffering from it (Choi et al., 2020). For many individuals with depression, public stigma constitutes a psychological stressor that damages their daily functioning (Slopen et al., 2016). Public stigma refers to prejudicial attitudes from the general population with a discredited attribute (Chan & Fung, 2019). In a study conducted by the EOC (2010), over 50% of participants believed that people with depression would negatively influence others and avoids contact with them. In fact, depression remains largely misunderstood, with over 70% of participants describing individuals with depression as unpredictable, dangerous, and incompetent. Worse still, stigmatized individuals may integrate societal negative evaluations into their self-perceptions, resulting in self-stigmatization (Chan & Fung, 2019), believing they are incompetent and often perceive themselves as a burden to society (The Hong Kong Society for Rehabilitation, 2021). Consequently, individuals who suffer from stigmas may have damaged self-efficacy, elevated distress, and physiological changes such as insomnia (Chan & Fung, 2019). The impact is particularly detrimental due to the emphasis on social identities and face concerns in Chinese traditional beliefs.

University students in Hong Kong are an at-risk population for depression. According to the research done by Lun and others (2018), 68.5% of Hong Kong university students were found to have mild to severe depressive symptoms. Not only did the pandemic and social movement cause substantial disruptions to their daily life, they are also unaware of any university resources for supporting their psychological well-being (Kalkbrenner & Hernandez, 2017; Shek et al., 2022). Likewise, when they were young, they were also instilled with the value that some emotions are inappropriate and should be suppressed for social harmony (Li & Qin, 2021), which sows the seed of depression among them. Another trend that draws our attention is that, only 26% of individuals suffering from depressive symptoms has consulted any mental health services in the past year and less than 10% have once seek help from professionals such as general practitioners or family physicians (Lam et al., 2015). Researches have found that the greatest obstacle for individuals with mental illness to seek help is stigmatization from society or own self (Lam et al., 2015).

## 1.2 Rationale of the project

Acknowledging such prevalence of depressive symptoms amongst Hong Kong university students and the low tendency of help-seeking due to stigmatization, there is a need to educate the public and university students about depression issues. Thus, the objectives of this project are to destigmatize and raise awareness of depression, as well as increase people's willingness to seek and offer help.

## 1.3 Theoretical basis of the project

Drama is a common practice for raising awareness in public health and destigmatization since it can effectively convey public health messages in an informal but, interactive, interesting and reflective way (Burns et al., 2022; Gudyanga et al., 2021). According to the dual process model of entertainment, being a type of eudaimonic entertainment which leads people to think of deeper meanings through eliciting complicated social emotions such as empathy, feeling moved etc. (De Ridder et al., 2022), drama provides emotional and cognitive challenges to individuals, stimulating audiences to reflect and reappraise their own thoughts and perceptions (Bartsch et al., 2014; Hecht et al., 2022; Oliver & Raney, 2011). Eudaimonic entertainment was proven to be an effective intervention in altering the thoughts of audiences, with more than 90% of participants have increased understanding and reflective behaviors after cinema-education (Patel et al., 2022).

Intergroup contact theory suggests that meaningful contact (regardless of physical or non-physical) between groups, which provides chances to deepen the understanding among individuals in different ingroups, can effectively alter stigmatized and distorted thoughts (Gao & Ng, 2021; Pettigrew, 1998). Thus, using real-life stories to develop drama script can have a more promising effect in influencing and impacting audiences. For instance, research has found that listening to real-life stories of individuals having schizophrenia through drama has a more significant effect in moderating Hong Kong students' negative thoughts against schizophrenic individuals comparing to solely attending information sessions (Gao & Ng, 2021). Another Hong Kong-based study also suggested the significance of real-life stories, concluding that secondary students only showed significant attitude change towards depression and anxiety after listening to real life stories and meeting persons-in-recovery, but showed no change after listening to mental illness lectures (Chan et al., 2022). Furthermore, Das (2016) added that individuals have higher motivation to change their behavior when they understand the issue and impact of their actions. Through watching the drama, audiences can

have deeper understanding about depression stigmatizations and learn how they can help stigmatized individuals by listening to their stories.

## 2. Methodology

### 2.1 Project Description

The proposed project will produce a drama production about depression awareness with real-life story-based script. The drama will be uploaded to the internet and different social media platforms. The three goals of this project are:

- 1) Destigmatize patients with depression
- 2) Raise the awareness of university students about depression
- 3) Increase university students' tendency to seek help from professionals

### 2.2 Participants

Since uni-students from Hong Kong have the highest risks of suffering depression (Lun et al., 2018), the target audiences of this project will be uni-students from 22 tertiary institutions in Hong Kong. Audiences will be invited through social medias and email. The expected number of total audiences of the project is 360-440 (90-110 audiences per show).

As for the recruitment of real-life stories, regarding that life-stories with similar background could resonate and echoes the best among participants (Chan et al., 2022), life-stories about depression from which the script will be based on will be recruited from stories of university students in Hong Kong. Selection will be determined by the suitability of the participant stories and the participants' mental health status, as it is essential for the participants to be comfortable with recalling past life events for the script-writing process.

### 2.3 Implementation

#### 2.3.1 Preparation Period

Semi-structured interviews have been carried with university students suffering from depression or caregivers of depressed individuals to source personal life-stories concerning depression issues and experiences. A total of 30 participants have been recruited for the interviews, with 10 interviewees being uni-students who suffers from depression and 20 interviewees being caregivers (including parents, friends etc.) of depressed individuals.

The main topic of discussion focused on a specific life event domain or stressor, including but not limited to family, relationships, academics. Interview questions for the semi-structured interviews were referenced from the Semi-structured Interview Measure of Stigma (SIMS) (Wood et al., 2016) (See *Appendix 3*). Four main types of questions were

asked during the interview, situational, emotional safety, expression ability, and consent questions. Situational questions aimed to explore relevant experiences of the interviewee and elicit detailed elaboration. Emotional safety questions acted as a safety test to ensure the interviewees can share their story with minimal to no discomfort. An example is “What emotions do you feel when recalling this memory? Are you experiencing any shortness of breath, sweating, dizziness, nausea, or heart racing?”. Expression ability questions examined the interviewee’s self-awareness and ability to express their thoughts, feelings, and past behaviors experienced during the event. Finally, a consent question was explicitly asked once again to obtain permission from the interviewee to share their story with a wider audience and ensure the interviewee is aware and willing to participate. A debriefing session was held and consent form was signed before the start of the interview to reduce the possibility of any psychological harm being caused to the interviewees. The selection process was guided by relevance of the stories to the main theme, feasibility of adaptation and execution, extent of relatability and resonance with the public, and uniqueness.

### 2.3.2 Rehearsal Period

Ground theory was adopted as a method of generating themes for script writing. Ground theory is a research method employed to uncover social processes which is grounded in data gathered in a systematic way (Nobel & Mitchell, 2016). The script was created based on the 30 real-life stories selected during the interview process, with elements from different stories incorporated into one cohesive narrative. To ensure the resulting story is respectful to the original material and appropriate for public consumption, the script has undergone four stages of revisions based on feedback and consultations with mental health professors and the storytellers themselves before finalized. Permission from professors and the storytellers were sought before proceeding onto run-throughs. Run-throughs and rehearsals will begin after the script is finalized.

### 2.3.3 Show Period

The drama will be performed on 18/4, 19/4 20/4, with a post-performance discussion and briefing session held on 20/4.

## 2.4 Expected Manpower

*Appendix 2* displays the expected manpower for the drama production. Front Team includes director, co-directors, assistant directors and cast members. Masters mostly provide

technical support and help the designer execute their designs. Stage Management Team includes stage manager, deputy stage manager and assistant stage manager.

## 2.5 Expected Outcome and Evaluation Method

In accordance with the goals and aims, this project expects to raise awareness about depression, debunk myths and misconceptions about depression, and increase university students' help-seeking behaviours and awareness. For anyone who participates in this project, whether as an audience member, interviewee, or cast and crew member, this project hopes to increase participants' awareness and understanding of depression, and the importance of offering and seeking help from others, especially professionals. Finally, the use of relatable stories in eudaimonic entertainment, rather than hedonic entertainment, can encourage complex social emotions. Feelings of empathy and compassion evoked by the narrative of the drama can encourage higher-order reflective thinking and cognitive strategies such as elaboration and reappraisal, thus giving participants a chance to question and ruminate about existing conceptions and possible misconceptions held about depression (Hecht et al., 2022).

At the end of the drama performance on 20/4, there will be a post-performance session for obtaining the audience feedback, as the interaction between the production team and the audience is crucial for refining the production. Before and after the show, audiences and crew members will be invited to fill in a set of questionnaires including questions designed based on the Depression Stigma Scale (Griffiths et al., 2008) (See *Appendix 4*) and General Help-Seeking Questionnaire (Wilson et al., 2005) (See *Appendix 5*). Pre- and post-show responses will be compared to test the effectiveness and influences of the drama. The same set of questionnaire will be sent to participants once again three months later to test whether the impact of the drama is long-lasting. An online questionnaire will also be posted on social media for obtaining the responses from online streaming audiences.

## 3. Conclusion

The proposed project aims to raise university students' awareness towards depression, encourage help-seeking behaviours of university students, and destigmatize depression by producing an original drama based on real-life stories of university students in Hong Kong. With support from the Department of Psychology, The Chinese University of Hong Kong, and collaboration with generous organization, it is hoped this project will enhance public understanding and knowledge of depression in a society where emotional and mental health is still largely misunderstood and not prioritized.

## References

- Arowolo, O. (2017). An Exposition on framing theory. *Unpublished paper. Lagos State University*. Retrieved from: [https://s3.amazonaws.com/academia.edu/documents/53315173/Expository\\_Essay\\_on\\_Framing\\_Theory.pdf](https://s3.amazonaws.com/academia.edu/documents/53315173/Expository_Essay_on_Framing_Theory.pdf).
- ASCD. (2005, September 1). *Using theater to address bullying*. ASCD. Retrieved December 12, 2022, from <https://www.ascd.org/el/articles/using-theater-to-address-bullying>
- Bartsch, A., Kalch, A., & Oliver, M. B. (2014). Moved to think: The role of emotional media experiences in stimulating reflective thoughts. *Journal of Media Psychology, 26*(3), 125–140. <https://doi.org/10.1027/1864-1105/a000118>
- Burns, P. A., Klukas, E., Sims-Gomillia, C., Omondi, A., Bender, M., & Poteat, T. (2022). As Much As I Can—Utilizing Immersive Theatre to Reduce HIV-Related Stigma and Discrimination Toward Black Sexual Minority Men. *Community Health Equity Research & Policy, 0272684X221115920*. <https://doi.org/10.1177/0272684X2211159>
- Chan, A. K., Yeung, T. T., Sum, M. Y., Xiong, J. S., Chan, S. K., & Cheng, K. S. (2022). Mental health youth ambassador programme for anti-stigma among secondary students in Hong Kong: A pilot study. *East Asian Archives of Psychiatry, 32*(3), 57-61. <https://doi.org/10.12809/eaap2227>
- Chan, K. K. S., & Fung, W. T. W. (2019). The impact of experienced discrimination and self-stigma on sleep and health-related quality of life among individuals with mental disorders in Hong Kong. *Quality of Life Research, 28*(8), 2171–2182. <https://doi.org/10.1007/s11136-019-02181-1>

- Choi, E. P. H., Hui, B. P. H., & Wan, E. Y. F. (2020). Depression and anxiety in Hong Kong during COVID-19. *International journal of environmental research and public health*, 17(10), 3740. <https://doi.org/10.3390/ijerph17103740>
- Das, S. (2016). Television is more effective in bringing behavioral change: Evidence from heat-wave awareness campaign in India. *World Development*, 88, 107-121. <https://doi.org/10.1016/j.worlddev.2016.07.009>
- De Ridder, A., Vandebosch, H., & Dhoest, A. (2022). Examining the hedonic and eudaimonic entertainment experiences of the combination of stand-up comedy and human-interest. *Poetics*, 90, 101601. <https://doi.org/10.1016/j.poetic.2021.101601>
- DuO Lab. (2022). *DuO Lab*. <https://www.duolabhk.com/>
- Equal Opportunities Commission. (2021). *Baseline Survey on Public Attitudes towards Persons with a Disability 2010*. Retrieved December 11, 2022, from [https://www.eoc.org.hk/EOC/Upload/UserFiles/File/ResearchReport/201109/DisabilityReport\(eng\).pdf](https://www.eoc.org.hk/EOC/Upload/UserFiles/File/ResearchReport/201109/DisabilityReport(eng).pdf)
- Fox, J. R. (2015). *Beyond Theatre A Playback Theatre Memoir*. Tusitala Publishing.
- Gao, S., & Ng, S. M. (2021). Reducing Stigma Among College Students Toward People With Schizophrenia: A Randomized Controlled Trial Grounded on Intergroup Contact Theory. *Schizophrenia Bulletin Open*, 2(1), sgab008. <https://doi.org/10.1093/schizbullopen/sgab008>
- Goffman, E. (1974). *Frame analysis: An essay on the organization of experience*. Harvard University Press.
- Griffiths, K. M., Christensen, H., & Jorm, A. F. (2008). Predictors of depression stigma. *BMC psychiatry*, 8, 1-12. <https://doi.org/10.1186/1471-244X-8-25>

- Gudyanga, D., Palmer, T., Wright, N., O'Regan, E., Shonai, C., Mlambo, N., ... & Mangezi, W. (2021). Z Factor: Drama as a tool to tackle mental health stigma: study design and protocol for community and public engagement in rural Zimbabwe. *Wellcome Open Research*, 6. <https://doi.org/10.12688/wellcomeopenres.16262.1>
- Hecht, M., Kloß, A., & Bartsch, A. (2022). Stopping the Stigma. How Empathy and Reflectiveness Can Help Reduce Mental Health Stigma. *Media Psychology*, 25(3), 367–386. <https://doi.org/10.1080/15213269.2021.1963991>
- The Hong Kong Society for Rehabilitation. (2021). Hoeng1 gong2 fuk6 hong1 wui2 jin4 gau3 diu6 caa4 faat3 jin6 caan4 zat6 jan4 si6 zi6 gam2 bin1 jyun4 faa3 se5 keoi1 cit3 si1 mou4 zoeng3 ngoi6 cing4 dou6 bat1 zuk1 kei3 「 mou4 zoeng3 hang4 ze2 」 wut6 dung6 laai1 gan6 loeng5 ze2 keoi5 lei4. [The Hong Kong Society for Rehabilitation has found people with disabilities feel marginalized and accessibility of community facilities to be insufficient. It is hoped that the “Barrier-Free Walker” activity will close the gap between these two]. <https://www.rehabsociety.org.hk/zh-hant/survey2021/>
- Kalkbrenner, M., & Hernández, T. J. (2017). Community College Students’ Awareness of Risk Factors for Mental Health Problems and Referrals to Facilitative and Debilitative Resources. *Community College Journal of Research and Practice*, 41(1), 56–64. <https://doi.org/10.1080/10668926.2016.1179603>
- Lam, L. C. W., Wong, C. S. M., Wang, M. J., Chan, W. C., Chen, E. Y. H., Ng, R. M. K., ... & Bebbington, P. (2015). Prevalence, psychosocial correlates and service utilization of depressive and anxiety disorders in Hong Kong: the Hong Kong Mental Morbidity

Survey (HKMMS). *Social psychiatry and psychiatric epidemiology*, 50, 1379-1388.

<https://link.springer.com/article/10.1007/s00127-015-1014-5>

Li, J., & Qin, X. (2021). Efficacy of mindfulness-based stress reduction on fear of emotions and related cognitive behavioral processes in Chinese University students: A randomized controlled trial. *Psychology in the Schools*, 58(10), 2068–2084.

<https://doi.org/10.1002/pits.22578>

Lun, K. W., Chan, C. K., Ip, P. K., Ma, S. Y., Tsai, W. W., Wong, C. S., ... & Yan, D. (2018). Depression and anxiety among university students in Hong Kong. *Hong Kong Med J*, 24(5), 466-472.

<https://pdfs.semanticscholar.org/3d4e/f2677042bf7f1575a477d09440295ff0939a.pdf>

Noble, H., & Mitchell, G. (2016). What is grounded theory?. *Evidence-based nursing*, 19(2), 34-35. <http://dx.doi.org/10.1136/eb-2016-102306>

Not Alone Production. (2022). *Home* [Bat1 si6 jat1 go3 jan4]. Facebook. Retrieved December 12, 2022 from

<https://www.facebook.com/NotAloneProductionHK/?mibextid=LQQJ4d>.

Oliver, M. B., & Raney, A. A. (2011). Entertainment as pleasurable and meaningful: Identifying hedonic and eudaimonic motivations for entertainment consumption.

*Journal of Communication*, 61(5), 984-1004.

<https://doi.org/10.1111/j.1460-2466.2011.01585.x>

Patel, P. P., Gandhi, A. M., & Desai, C. K. (2022). Cinemeducation: a teaching-learning tool to teach professionalism and ethics in medical undergraduates. *International Journal of Basic & Clinical Pharmacology*, 11(2), 91.

<https://dx.doi.org/10.18203/2319-2003.ijbcp20220405>

Pettigrew, T. F. (1998). Intergroup contact theory. *Annual review of psychology*, 49(1), 65-85.

<https://doi.org/10.1146/annurev.psych.49.1.65>

Pirkis, J., Blood, R. W., Francis, C., & McCallum, K. (2006). On-screen portrayals of mental illness: Extent, nature, and impacts. *Journal of health communication*, 11(5), 523-541.

<https://doi.org/10.1080/10810730600755889>

Scheufele, D. A. (1999). Framing as a theory of media effects. *Journal of communication*, 49(1), 103-122. <https://doi.org/10.1111/j.1460-2466.1999.tb02784.x>

Shall We Talk. (2022, February 17). *Initiative Background*. Shall We Talk.

<https://www.shallwetalk.hk/en/about/background/>

Shek, Dou, D., & Zhu, X. (2022). Prevalence and Correlates of Mental Health of University Students in Hong Kong: What Happened One Year After the Occurrence of COVID-19? *Frontiers in Public Health*, 10, 857147–857147.

<https://doi.org/10.3389/fpubh.2022.857147>

Slopen, N., Lewis, T. T., & Williams, D. R. (2016). Discrimination and sleep: A systematic review. *Sleep Medicine*, 18, 88–95. <https://doi.org/10.1016/j.sleep.2015.01.012>

Vyncke, B., & Van Gorp, B. (2018). An experimental examination of the effectiveness of framing strategies to reduce mental health stigma. *Journal of Health Communication*, 23(10-11), 899-908. <https://doi.org/10.1080/10810730.2018.1538272>

Wilson, C. J., Deane, F. P., Ciarrochi, J. V., & Rickwood, D. (2005). Measuring help seeking intentions: properties of the general help seeking questionnaire.

<https://ro.uow.edu.au/hbspapers/1527/>

Wood, L., Burke, E., Byrne, R., Enache, G., & Morrison, A. P. (2016). Semi-structured Interview Measure of Stigma (SIMS) in psychosis: Assessment of psychometric

properties. *Schizophrenia research*, 176(2-3), 398-403.

<https://doi.org/10.1016/j.schres.2016.06.008>

CUHK PSY@2023

**Appendix**

*Appendix 1: Expected Expenditure*

<b>Item</b>	<b>Content</b>	<b>Expected Expenditure</b>
Venue Renting	/	/
Printing	- Crew Pass - Ticket	\$200
Props & Set	- Handheld props - Wood - Tools - Furniture	\$4,000
Image	- Costume - Cosmetics - Hair products	\$3,000
Promotion	- Online Promotion Materials	\$500
		\$7,700

*Appendix 2: Recruited Manpower*

Teams	No. of Designers	No. of Masters	No. of Assistants	Total Number
Producer	1	/	2	3
Front	1	/	1	2
Light	1	/	1	2
Sound	1	1	1	3
Set	1	2	4	7
Image	2	/	4	6
Stage management	1	1	3	5
Total:				28

*Appendix 3: Guiding questions for semi-structured interview*

1. Understanding of stigma: I was wondering if you would be able to tell me about your understanding of stigma? What does it mean to you?
2. Perceived stigma: How do you think a person with \_\_\_\_\_/ experiences of depression is viewed by society? Are they viewed differently from someone who does not have \_\_\_\_\_/ experiences of depression? In what way?
3. Experienced Stigma from Depression: Have you had any direct experiences of stigma because of \_\_\_\_\_/ you have experiences of depression?
4. Self-esteem: How do the public's views about people who \_\_\_\_\_-/ experience depression make you feel about yourself? How do your experiences of stigma/discrimination make you feel about yourself? Has it changed the way you think or feel about yourself?
5. Emotional responses: How does stigma make you feel? Have you experienced any difficult emotions over the past month as a result of stigma?
6. Safety behaviours/Avoidance: Do you think stigma has impacted upon your daily life? How so? Does it stop you from doing things?
7. Impacts on relationships: Do you think that your experiences of stigma have affected your relationships with others?
8. Impacts on experiences of (positive symptoms): Have your experiences of stigma impacted on your \_\_\_\_\_/ experiences of depression? Has it made your worse?
9. Impacts on Treatment and accessing services: Has stigma affected you accessing mental health services? Has it affected your relationships with mental health professionals /services? Has it impacted upon your treatment?
10. Positive impacts of stigma: Has stigma had any positive impacts on your day to day life?
11. Recovery: What are your hopes for the future/recovery? What are your recovery goals? Do you think experiences of stigma have impacted on your recovery? In what way / what aspe

*Appendix 4: Questions drawn from Depression Stigma Scale*

Personal Stigma items

1. People with depression could snap out of it if they wanted.
2. Depression is a sign of personal weakness.
3. Depression is not a real medical illness.
4. People with depression are dangerous.
5. It is best to avoid people with depression so you don't become depressed yourself.
6. People with depression are unpredictable.
7. If I had depression I would not tell anyone.
8. I would not employ someone if I knew they had been depressed.
9. I would not vote for a politician if I knew they had been depressed.

Perceived Stigma items

1. Most people believe that people with depression could snap out of it if they wanted.
2. Most people believe that depression is a sign of personal weakness.
3. Most people believe that depression is not a medical illness.
4. Most people believe that people with depression are dangerous.
5. Most people believe that it is best to avoid people with depression so that you don't become depressed yourself.
6. Most people believe that people with depression are unpredictable.
7. If they had depression, most people would not tell anyone.
8. Most people would not employ someone they knew had been depressed.
9. Most people would not vote for a politician they knew had been depressed.

*Appendix 5: Questions drawn from General Help-Seeking Questionnaire (GHSQ)*

1. I would seek help from my partner (boyfriend/girlfriend).
2. I would seek help from my friends.
3. I would seek help from my parents.
4. I would seek help from my family (non-parent).
5. I would seek help from mental health professional (e.g., psychologist, social worker, counselor).
6. I would seek help from mobile hotlines. (Need further definition)
7. I would seek help from doctors/ general practitioners
8. I would seek help from teachers
9. I would seek help from social workers
10. I would seek help from ministers or religious leaders (e.g., Priest, Chaplain, Monk)
11. I would not seek help from anyone

*Appendix 6: Content page of drama leaflet*

(i). Disclaimer:

- The portrayal of mental illness in the drama is not the full picture, merely a specific case
- Although the portrayal is based on research and real-life experience, it should not be held as an scale for determining depression or other mental illness
- all portrayal of medical procedure and medicine usage is of a specific case, not applicable in every situation

(ii). Plot of the drama

(iii). Facts about depression and stigma:

- Prevalence of depression
- Symptoms of depression
- Impacts of depression on individuals
- Stigma trend
- Common misconceptions and stigmatising thoughts about depression
- Impact of stigma on individuals with depression and caregivers

(iv). List of hotlines to be included:

- CUHK OSA 24 hours hotline(For CUHK students): 5400 2055
- The Samaritans 24 hours hotline (Multi-lingual): 2896 0000
- The Samaritans 24 hours hotline (Cantonese): 2389 2222
- 向晴熱線: 18288
- Youth Outreach 24 hours hotline (Cantonese): 9088 1023
- Social Welfare Department 24 hours hotline (Cantonese, English): 2343 2255
- Baptist Oi Kwan Social Service 24 hours hotline (Cantonese): 2535 4135
- Summary of links for different supports:

[https://eduhk.hk/sao/upload/custompage\\_article/556/self/62d8e86c1a00a.pdf](https://eduhk.hk/sao/upload/custompage_article/556/self/62d8e86c1a00a.pdf)