Project 2: White Papers and Professional Research

GOAL:

To research, write, and design a white paper that proposes a new product or service, offered by your own company or organization/foundation, that solves a specific market problem or fills a market void. Let's imagine you forego the job market after you graduate and you decide to be your own boss by starting your own company, public organization, or non-profit foundation. (You choose.) Your company, foundation, or organization should be based around a single flagship product or service. But before you can start this new endeavor, you must conduct market and other applied research and establish the need for your effort. Remember, your white paper should demonstrate how you are solving some market problem by proposing a new product or service that you think consumers need —like a new dating app or a unique tutoring company. You should develop your own company name, logo, mission, and general branding; in short, a company ethos.

Task:

You will write a White Paper. As discussed in class, White Papers (also known as Backgrounders or Policy Papers) are a popular genre in the professional world. White Papers are primarily informative, but they aren't completely neutral. That is, White Papers are highly rhetorical documents that offer a specific solution to a problem, what the author believes is the *best* solution based on research—in this case, a consumer problem that a product or service can solve. White Papers traditionally consist of 6 broad sections: 1) a title page and table of contents; 2) an executive summary (a concise description of the main points); 3) an introduction to the topic; 4) a discussion of the background and larger context surrounding the topic; 5) a description of the problem and an articulation of the solution; and 6) a conclusion that makes some kind of call to action in response to the information provided in the White Paper.

Research

Remember: White Papers are researched documents, but they differ from academic research. Unlike academic research, the goal of a White Paper is not necessarily to measure the world in some way so that we can claim a capital-T truth about reality, but instead to offer a winning, sometimes temporary but still effective, solution to a particular problem. You will be required to conduct secondary and, if you feel bold, primary research to better arrive at a solution to your problem. You must cite a minimum of 12 sources, at least 2 of which must be academic, 1 of which must be print, and 2 of which must be empirical.

Document Design

White Papers are also visually rhetorical, much more so than traditional academic research papers, because often they are public-facing documents. Effective design can help persuade broad public audiences. We will spend time during this unit learning Adobe InDesign, which you will use to design your White Paper. I expect you to design your White Paper in a way that makes use of principles of visual rhetoric we discuss in class, which include the use of images, charts, tables, graphs, and similar, and you should also think carefully about typefaces, fonts, layout, typesetting, white space, color schemes, etc. Finally, have fun and be creative. Remember, you are developing your own company/product/service, which means you are also developing a brand. So think about what comes with a brand: logos, color schemes, slogans, mission statements, business philosophies, and more.

What You'll Turn In:

- 6-7 page (excluding cover page, table of contents, and references) single-spaced White Paper
 - You should draft the written portions in Word before importing them to InDesign
- Must include the use of at least 4 visual aids
- 2 progress memos—one to propose your topic (to me) and one for peer review (to your partner)

| Criteria | Excellent (22.5-25) | Satisfactory (19-22.5) | Needs Work (<19) |
|----------------------------------|---|---|--|
| Genre Components (8) | The white paper contains all 6 sections outlined in the prompt (cover page/table of contents, summary, intro, background, problem/solution, conclusion) and a references page, and each section is distinct and fully fleshed out; a problem is clearly defined and an effective solution offered, whether policy or product/service; the white paper concludes with a call to action. | The white paper is missing one of the 6 sections outlined in the prompt; the problem, whether consumer or social, is not articulated as clearly as possible and one or more of the sections are not fully fleshed out (e.g. there is little background information); the solution is not articulated as well as it could be or the solution deviates from the problem stated. | The white paper has no distinguishable sections; there is no problem and no solution, or the problem and solution have no discernable connection; or, all sections are present but the absolute minimum amount of content is featured. |
| Research (5) | The white paper meets the minimum requirement of 12 sources, at least 2 of which are academic, 2 of which are empirical, and 1 of which is print; the white paper draws on a variety of research, from quantitative to qualitative, experimental to observational, professional to popular; the research is of high quality, recent, and extremely relevant to the topic at hand; the research is incorporated into the writing seamlessly. | The white paper cites 10-11 sources, and does not meet the research type requirement; the research is somewhat relevant to the topic, but is outdated, of poor quality, or too much of a stretch to apply to your topic; the white paper has trouble incorporating research into the writing seamlessly or features minor citation errors. | The white paper features less than 10 sources, and does not meet the research type requirement; the research is irrelevant and of poor quality; the white paper features citation errors and ineffective incorporation of research into the written content. |
| Document Design (5) | The white paper design is rhetorically effective in terms of readability and professionalism; the minimum of 4 different visual aids is met (and exceeded, most likely); the design choices make clear that you considered your primary audience and tailored to their needs; the white paper makes effective use of headings, layout, fonts & typefaces, color schemes, and creative branding. | The white paper is easy to read but looks unprofessional, or vice versa; the white paper doesn't make use of 4 different visual aids; the white paper could use a better layout/arrangement, or better use of subject headings, bullet points, and text boxes; there is little to no effort in terms of individual branding. | The white paper shows very little attention to document design; the document is hard to read and looks unprofessional, not like a company produced it; the white paper lacks organizational logic and fails to meet the minimum of 4 visual aids; the color scheme is rhetorically ineffective based on the topic and other design choices; no effort to creatively brand. |
| Grammar & Style (2.5) | The white paper has minimal, minor grammar errors that don't affect clarity; the writing style and tone is appropriate for a professional setting. | The white paper features some major grammatical errors that prevent the reader from fully understanding the meaning; there are moments when the style and tone are somewhat inappropriate for a professional setting. | The white paper features many major grammatical errors that inhibit readability; the style and tone are flagrantly inappropriate for a professional setting. |
| Rhetorical Awareness (2.5) | The proposed solution is relevant to the problem and makes sense and is realistic; the reader can easily discern your target audience. | The solution does not follow from the problem identified, or is unrealistic; it's unclear who your target audience is based on the white paper presentation. | The solution is totally irrelevant to the identified problem; there is no obvious target audience. |
| Memos (2) | Graded for completion. | Graded for completion. | Graded for completion. |

Comments:



...Roleplaying Games for Mental Health

Purdue University October 25, 2018

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EXECUTIVE SUMMARY

The number of suicides has been increasing in the United States since 1979 (WHO, 2018). Although they are not fatal, mental disorders like depression and anxiety disorders have been negatively impacting years of people's lives more than any other disease (Kaiser, 2017). In an effort to improve mental health and decrease the number of suicides, I propose Play Personal, a company that provides roleplaying games for mental health betterment. This service promotes the development of supportive relationships through participation in tabletop roleplaying games like Dungeons & Dragons. Roleplaying games of its kind have proven to be effective tools in problem-solving skills training, as well as creating strong community bonds (Bowman, 2010). Fostering social support and skills based training are tangible steps towards improving mental health and decreasing the risk for youth suicide (WHO, 2018 & Gould, 2001).

| | ating strong community bonds (Bowman, 2010). |
|-----------------------|--|
| PROBL | EM-SOLVING SKILLS TRAINING |
| STRONG COMMUNITY BOND |)\$ |
| | IMPROVING MENTAL HEALTH |
| | |

...DECREASING THE RISK FOR YOUTH SUICIDE...



INTRODUCTION

As your friend's show comes to an end, you hurry to explain to the innkeeper that the closing verse was not meant to be offensive, and manage to persuade him that calling guards into the situation would only make him look bad. On Tuesday, you have an appointment with your therapist to discuss whether the new medication has made you less anxious when interacting with your peers. While the introductory line might be a real experience, it could also be that of someone playing a tabletop roleplaying game like Dungeons & Dragons whose reality looks more like anxiety filled days and therapy sessions. As of 2016, approximately 8.78% of the world population's total years lived with a disability were from depression and anxiety (Institute for Health Metrics and Evaluation, 2016). Mental illnesses include depression, bipolar affective disorder, schizophrenia, dementia, and generalized anxiety disorders, but depression and anxiety disorders make up a larger percentage of mental illnesses affecting lives overall. The World Health Organization (WHO) has recognized four major objectives in an action plan to improve mental health care, one of which is the implementation of "integrated mental and social care services in communitybased settings" (WHO, 2018). A tabletop roleplaying game (RPG) such as Dungeons & Dragons could fill that need through the facilitation of a shared social experience.

In accordance with the WHO's objective to improve mental health care using communitybased tools, I propose Play Personal. Put simply, Play Personal is about using RPGs to benefit players' mental health. As I will detail within the next pages, games have proven to be powerful educational tools and relationship builders. The service that I am proposing would bring people who are struggling with depression, anxiety, or other mental illnesses that might escalate towards attempted suicide together to promote the development of caring and supportive relationships through participation in roleplaying games. The impetus for this service now is that suicide rates in the United States alone have risen over the past 30 years (WHO, 2018). Beyond that, the tabletop RPG Dungeons & Dragons has made a resurgence in popularity since its humble beginnings in 1974 (Walden, 2015). This paper will outline the need for new and improved mental health care, and the benefits that gaming, specifically the tabletop RPG Dungeons & Dragons, can offer to better mental health.



A RISE IN MENTAL ILLNESS AND SUICIDE

According to the WHO, there are many different mental disorders, that might differ in presentation, but are usually characterized by abnormal thoughts, perceptions, emotions, behavior, and relationships with others. Although these diseases do not directly cause death, they are tangentially related to suicide and attempted suicide (WHO, 2018). For that reason, looking at data on the number of suicides as compared to other deadly accidents can provide insight into the magnitude of the problem that suicide has become within the last 30 years. The WHO provides a mortality database that provides metrics on the number of deaths for varying causes, one category of which is external causes. External causes of death include transportation accidents, falls, fires, drowning, assault, and intentional self-harm (suicide). Intentional self-harm accounted for more deaths than any other independent cause, the total number of deaths (from suicide) at 44,193 in the United States in 2015 [Figure 1]. This is up by nearly 50% since 1979, when the number of deaths from intentional self-harm was 27,206 (WHO, 2018).

| External Causes of Death in 2015, both sexes | | | |
|--|------------------|--|--|
| Cause of Death | Number of Deaths | | |
| Transportation accident | 39,675 | | |
| Fall | 33,381 | | |
| Exposure to smoke, fire, and flames | 2,646 | | |
| Intentional self-harm | 44,193 | | |
| Assault | 17,788 | | |

Suicide is consistently a leading cause of death in adolescents aged 10 to 24 in the United States. Attempted suicide, although it cannot be as easily measured because there are no death certificates, within the last two decades it has been estimated that approximately 20% of high school students express serious suicidal thoughts, while 8% attempt suicide (Gould, 2001).



Figure 1: Number of deaths from intentional self-harm in the United States since 1979 (WHO, 2018)

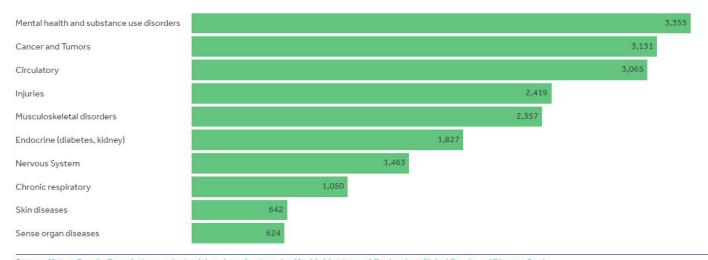


A RISE IN MENTAL ILLNESS AND SUICIDE

As mentioned, mental illness does not directly cause death, but it can negatively affect years of an individual's life, and at an extreme lead to attempted suicide. To get a better idea of how mental illness impacts an individual, there is a metric known as the disability-adjusted life year (DALY) and another called years lived with disability (YLD). The Kaiser Family Foundation defines the disability-adjusted life year as, "...a measure of burden of disease that takes into account years of life lost due to premature death as well as years of productive life lost to poor health or disability." To better understand the DALY, it is also necessary to understand disease burden, which measures the years of life lost due to premature death and the years of productive life lost due to poor health or disability. It is important to consider the DALY because it is more reflective of how disease affects life, not just what causes death. For instance, in 2015 the leading cause of death was circulatory diseases, but leading cause of disease burden was mental health and substance use disorders [Figure 2]. Similarly, the leading cause of YLD were poor mental health conditions (Kaiser, 2017). Depressive and anxiety disorders make up the majority of DALYs, most largely affecting individuals aged 15 to 49 of both sexes.

Mental health disorders are the leading cause of disease burden in the U.S.





Source: Kaiser Family Foundation analysis of data from Institute for Health Metrics and Evaluation. Global Burden of Disease Study 2015 (GBD 2015) Data Downloads |

Peterson-Kaiser **Health System Tracker**

Figure 2: DALY rate in the United States per disease (Kaiser, 2017)



A RISE IN MENTAL ILLNESS AND SUICIDE

The following graph represents the cause of DALYs for the global population aged 15 to 49, both male and female, as of the year 2016 [Figure 3]. It is split into 3 colored sections; blue represents non-communicable diseases, green represents injuries, and red represents communicable, maternal, neonatal, and nutritional diseases. Non-communicable diseases make up the largest portion of diseases affecting DALYs, and depressive and anxiety disorders make up approximately 5.23% of total DALYs, which is more than any other non-communicable diseases, excepting back and neck pain (IHME, 2016). In summary, mental illness is affecting more lives than some people may realize, alongside the fact that suicide rates have been increasing since 1979.

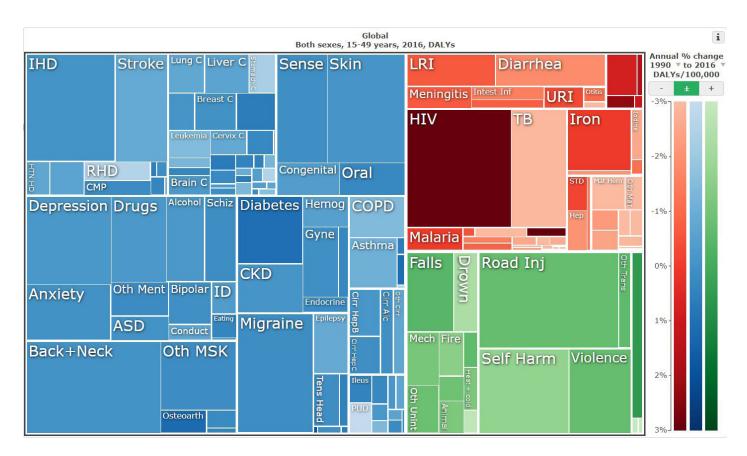


Figure 3: Relative percentages of total DALYs per disease/injury (IHME, 2016)



A BRIEF HISTORY OF DUNGEONS & DRAGONS

Dungeons & Dragons was created in 1974 by Gary Gygax and Dave Arneson in the midwestern United States – a fantasy roleplaying game that was the first of its kind. Their group of friends wanted to play in the fantasy worlds they had read about, so they invented a game that would take them out of the observer's chair and put them in the story. However, as so many innovations experience, Dungeons & Dragons was not picked up en masse, only selling 1,000 copies in the first eleven months after being privately published (Fine, 15). Forty years later, the 5th editions of the game's core rulebooks were released full of rules, game lore, artwork, and a preface by lead designer Mike Mearls that explains some of the reasons Dungeons & Dragons has survived for so long. Mearls articulates that all you need to play is a group of friends (or strangers who will become friends if you play together enough) and the willingness to use whatever imagination you have. He describes the game as one that can help players build confidence to create and share, while teaching them to search for clever solutions to problems and share them with others, rather than accept what is.

More practically, the game's structure is actually very simple at the root. One participant acts as the Dungeon Master, who leads the narrative, creates adventures, and controls the world, the ongoing combination of which is called a campaign. The other participants, typically anywhere from 3 to 8 of them, act as players who must react to the hazards and events facilitated by the Dungeon Master. Imagination is at the very core of Dungeons & Dragons because the usual limitations of reality are gone. Magic and dragons abound in most campaigns, and the players take on personas of their own creation who have their own unique histories and

skillsets. They might be an orphaned half-elf who turned to thievery to survive in the streets of a big city, or a secluded gnome wizard who is destined to fulfill an ancient prophecy – the possibilities are endless.

Gameplay follows this basic pattern: first, the Dungeon Master describes a situation, then the players describe what they want to do, and then the Dungeon Master explains the results of the players' actions - repeat until the game session ends. Actions in the game are determined by dice rolls, adding an element of unpredictability to the game that demands players to pivot and adjust plans when things go horribly wrong. All the while, players typically roleplay to some extent, meaning that they respond to events as their fictitious personas would respond, not as their actual selves (Mearls, 2014). While uncomfortable for some people at first, roleplaying can take away some of the pressure of a social interaction because ultimately, there are very low stakes since it is just a game.

More tabletop RPGs have been invented since Dungeons & Dragons, but it remains the game that changed the industry, even being called, "...the birth of a major popular art form" (Fine, 15).



Figure 4: The Dungeons & Dragons logo (Courtesty of https://rpg.rem.uz/Dungeons%20%26%20Dragons/Homebrew%20Design/Logos/5th%20Edition/)



THE PROBLEM: A LACK OF TREATMENT

Even though mental illness is negatively impacting lives more than almost any other disease or disorder, health systems have yet to provide the necessary amount of support needed to lessen the burden of mental disorders. In low and middle-income countries, 76 – 85% of people with mental illness receive no treatment, and in high-income countries it is 35 - 50%. When it is considered that depressive and anxiety disorders make up approximately 5.23% of total DALYs (IHME, 2016) alongside the fact that the majority of people struggling with mental illness are not receiving treatment, the estimate of suffering individuals is large. In 2018, WHO estimates that 300 million people are affected by depression to some extent. The fact that mental disorders and substance abuse make up the largest portion of years lived with disability (YLD) is also indicative that mental illness is not be treated quickly, if at all (Kaiser, 2017).

The greater problem here is that mental disorders, like major depressive disorder, can consequently lead to suicide. As seen in previous data, the number of completed suicides has been rising since 1979, while there is still a huge lack of treatment for people living with mental illness (WHO, 2018). In an article on youth suicide prevention, Gould cites multiple strategies that have been tried to reduce the risk factors for suicide, such as the restriction of lethal means, media education. crisis interventions, and skills based training for youth (Gould, 2001). Despite these attempts to reduce the risk of suicide, and therefore actual suicide, the number of deaths from intentional self-harm has still risen since their implementation (WHO, 2018).

Some of the determinants of mental disorders include individual attributes; ability to manage one's thoughts, emotions, interactions with others, and external factors; social, cultural, economic, political, and environmental (WHO, 2018). With such a wide array of contributing factors, Play Personal will seek to solve problems concerning a lack of social support and anxiety interacting with others. WHO confirms that people with mental illness need social support alongside health-care services. To work towards that goal, WHO has included the integration of mental health and social care services into their Mental Health Action Plan 2013-2020, which "recognizes the essential role of mental health in achieving health for all people (WHO, 2018). Play Personal holds that ideal at its core as it seeks to promote development of loving relationships through active participation in RPGs. In review, Play Personal is necessary because there is a lack of substantial treatment for people suffering with mental illness, which may be contributing to increasing numbers of suicides.

THE SOLUTION:

PLAY PERSONAL

Play Personal is a game service intended to foster caring relationships between people struggling with depression, anxiety, or other mental illnesses with the larger goal of reducing the rate of suicide, particularly in youths and young adults. Similar work has already been done on a smaller scale by Dr. Raffael Boccamazzo, the Clinical Director of Take This, a mental health non-profit serving the gaming community. He has used Dungeons & Dragons to help struggling teens develop hard to teach social skills like appropriate communication, forming friendships, and empathy among other social nuances. Instead of imitating a typical conversation like might be done in a therapy setting, players are immersed in a world with lower stakes for "failing," and are able to respond to situations more easily (Ashley, 2016). Play Personal will take this work and similar as an inspirational example to provide fun, therapeutic gaming sessions to the larger population of people struggling with mental illness.

PLAY PERSONAL PROMOTES THE DEVELOPMENT OF CARING AND SUPPORTIVE RELATIONSHIPS BUILT THROUGH PARTICIPATION IN ROLEPLAYING GAMES.



HOW DOES IT WORK?

Play Personal can be considered another resource, or maybe an alternative solution, for people struggling with mental illness to get help. All it will require us to provide is a trained or screened individual to act as the Dungeon Master to lead local games of Dungeons & Dragons for young people at risk for mental illness or suicide. Being a Dungeon Master for Play Personal would not be considered a full-time job because they would likely only be running a game or two which would not take more than 10 hours any week. Ideal candidates for the job would have an interest in RPGs and a passion for serving others. In terms of the service in action, it will employ the pre-existing tabletop RPG Dungeons & Dragons in a way that brings people together for treatment without making them feel like they're getting treated for some problem or deficiency. Instead, the hope is that they look forward to going to play a game with friends every week, month, or whatever frequency their group determines. Much like the game itself, how people experience Play Personal will largely be determined by what they decide to do. Once a Dungeon Master is registered with our company, we will notify therapists, counselors, schools, universities, psychologists, and any other relevant personnel in the area that Play Personal is another available resource for anyone they know struggling with mental illness. From there any interested persons can get in contact with a Dungeon Master to set up a meeting time and eventually start playing Dungeons & Dragons with a group. Ideally, the group as a whole will be able to organize a regular play schedule that works well with everyone's schedule, and they will determine their preferred meeting space together as well. This could be at a community center, a school once classes have finished if

the group is made up of students, public space at a university, or any other public space where the group feels comfortable playing and it is permitted. If having adequate space to play becomes a problem, Play Personal could establish their own simple venues that exist solely for playing RPGs. It is also important to note that Play Personal is intended to be a resource, not a requirement. If people feel uncomfortable after participating with our group, they will in no way be penalized for leaving.

The goal is not to tell them that they matter, but rather to show them, and let them discover it for themselves as they learn and grow with their fellow players.

WHY DOES IT WORK?

RPGs like Dungeons & Dragons will help people with mental illness and suicidal thoughts because they are powerful educators and provide a setting conducive to forging supportive relationships. As put forth by Sarah Bowman in her book, The functions of role-playing games: How participants create community, solve problems and explore identity, role-playing can provide various skills in the personal, interpersonal, cultural, cognitive, and professional dimensions, with purposes that may be educational and healthcare focused. She goes on to mention that the complex game structures of RPGs require players to solve elaborate puzzles, strategize, and carefully maneuver social situations, helping them develop problemsolving skills as they progress through the game. While those skills are developing, RPGs' potential for community building shines, as playing this type of game together helps people empathize and cooperate socially to achieve goals (Bowman, 2010).



EDUCATIONAL VALUE

RPGs can actually be considered a skills based training risk factor reduction strategy for minimizing the risk of suicide. Skills training programs emphasize the necessity of problemsolving, coping, and cognitive skills that may be deficient in suicidal youth. The idea is that teaching adolescents how to better cope with problems will decrease or even prevent self-destructive behaviors (Gould, 2001). It turns out that RPGs can actually be great tools for developing strong problem-solving skills. Granic, Lobel, and Engels outline some of the cognitive benefits of video game play, which can be translated to similar encounters in tabletop RPGs. They assert that games help develop

problem-solving skills through complex in-game puzzles that include very little instruction on how to solve the issue. This requires players to come up with their own methods of surmounting obstacles through trial and error, which in turn fosters enhanced creativity in players (Granic, 2014). Another evaluation of video gaming's instructional benefits considered how game elements overlap with the key elements of engaged learning. Engaged learning is beneficial because it promotes collaboration and requires students/players to take an active role (Dickey, 2005). The components of engaged learning each have mirrored elements found in both video games and tabletop RPGs, as seen in the following comparative table from Dickey's article [Figure 5].

Table 1 \(\subseteq \) A comparison of engaged learning and game design elements.

Engaged Learning Game Design · Focused goals · Focused goals · Challenging tasks Narrative · Clear & compelling standards Character roles · Protection from adverse consequences for ■ Interaction with NPC and other initial failures players Affirmation of performance Perspective · Affiliation with others · Challenging tasks · Novelty & variety · Setting Choice · Action hooks (choice) (Hall, 1998; Jones et al., 1994; Schlechty, 1997) Resource hooks (choice) o Tactical and strategic hooks (choice) · Time hooks Clear & compelling standards · Protection from adverse consequences for initial failures · Role-playing · Affirmation of performance · Hooks · Affiliation with others · Role-playing · Nonplayer character

Novelty & variety
Narrative arcs

(Howland, 2002; Rollings & Adams, 2003)

Choice

Figure 5: A table comparing elements of engaged learning and game design (Dickey, 2005)



Game design provides a basic structure for engaged learning that can be used to better understand the efficacy of instructional design, and has proven to be an effective teacher. Raph Koster furthers the argument that games are educational in his book on what makes games fun, because the question is not whether or not games are fun – we would not play them if they were boring – but rather what makes them so enjoyable. Koster hypothesizes that "the things that games teach us must reflect on reality." and that the underlying reason we have fun is to improve our life skills, calling back to how the earliest men learned through play (Koster, 2005). Dungeons & Dragons reflects reality in many ways, despite being its medieval fantasy setting. Though we cannot perform magic or wield flaming great-swords, many of the events of RPGs reflect modern day issues like talking your way out of a misunderstanding or dealing with the repercussions of war or natural disasters. If playing games necessarily corresponds to having fun, then RPGs present realistic situations with enough dressing to entertain while simultaneously teaching problem-solving and social communication skills.

SOCIAL AND EMOTIONAL VALUE

Besides the educational value of RPGs. they also offer social support that can be instrumental in improving mental health. In multiplayer games that reward cooperation, support, and helping behaviors, it has been found that players acquire prosocial skills that encourage positive, helpful social behaviors (Granic, 2014). If harmful social factors and difficult interactions with others can contribute to the severity of mental disorders (WHO. 2018), then it follows that prosocial behaviors can help ameliorate those feelings by putting an individual in a positive mindset and environment with other like-minded people. In more concrete example, one study found that of 51 male participants, approximately 60% of them felt that community was an important aspect of Dungeons & Dragons (Walden, 2015).



Furthermore, when asked "What impact has Dungeons & Dragons had on your life?" the emerging themes included encouraging learning, building community, coping, and creativity, among others which can be seen in the following table (Walden, 2015) [Figure 6]. Many of the associated words relate to themes that are important when considering how games can influence mental health, such as "analytical skills, social skills, creativity, dearest friends, connect, avoid suicide, coping, problem solving, stress reliever" (Walden, 2015). Building from that, many participants

indicated that Dungeons & Dragons allowed them psychological freedom, with some individuals even affirming that the game has helped them "avoid suicide" and "develop a sound and secure emotional coping capacity." These individuals are plain examples of the benefit a community-based game can have on mental health, as participants go on to describe their gaming communities as fostering friendships, camaraderie, comfort, and belonging.

| Table 5.5: | Themes of Impact |
|------------|------------------|
| Thomas | Associated Words |

| Themes | Associated words |
|----------------------------------|---|
| Encouraging education & learning | Curiosity, learning, inspire, reading, fiction, school, work, keep an audience interested, intelligent, academic life, vocabulary, intellectual pursuits, writing, storyteller, medieval history, career choices, analytical skills, creativity, interests, overcome challenges, math skills, social skills, imagination, collaborative storytelling, open-minded, historical knowledge, expanded horizons, learned a lot, real world, managing groups, [public] speaking, teach, motivate. |
| Relationships & community | Daughter, best friend, dearest friends, friends, life-long, people, connect, bond, co-workers, time, sustain, work collaboratively, [resolve] conflicts, met people, more open-minded, diverse group, managing groups, teach, motivate, lead, game night. |
| Coping | Avoid suicide, illness, adventure, passions, psychologically, emotional, coping, capacity, problem solving, stress reliever, happier, overcome challenges. |
| Creativity | Vital outlet, creative, adventure, writing, storyteller, organised imagination, honed imagination, release, valued, stimulation, flow, grow, designing dungeons, creating programs. |
| Addiction | Hooked, wasted\$1500 online, consumed free time, opportunity cost |
| Hobby | Time, money, friends, gaming, passions, big part of my life, general interests, favourite hobby, free time, just a game, immersing, painting minis [miniatures], designing dungeons, creating programs, game night, countless hours. |
| Nostalgia | Memories, enjoyment, fun. |

Figure 6: A table listing themes players associated with how Dungeons & Dragons has impacted their lives (Walden, 2015)



CONCLUSION

Ultimately, Play Personal seeks to reduce the number of suicides and improve mental health in youth through participation in classic tabletop RPGs like Dungeons & Dragons. The number of suicides in the United States has increased substantially since 1979, and still today the majority of people living with mental disorders do not receive treatment (WHO, 2018). Play Personal will integrate health care and social care services through community-based RPGs, in-line with WHO's goal to improve mental health care. RPGs can provide players with essential social skills and improve problem-solving capabilities (Bowman, 2010), which are skills that can help to reduce the risk of youth suicide (Gould, 2001). With that in mind, I encourage you to cast away any stigmas vou may have regarding two certainly stigmatized parts of modern life: role-playing games, and mental illness (Bowman, 2010 & WHO, 2018). Mental illness affects a larger population worldwide than some might think, with an estimated 300 million affected just by depression (WHO, 2018). Additionally, RPGs and other games are far more than strange fantasies used for escapism, but actually provide proven educational and social benefits to those who play them. To conclude, if you are someone struggling with mental illness and find friction with some of the traditional treatment methods, consider trying something new like joining a local game of Dungeons & Dragons. Perhaps we should all consider what we might learn from participation in a game of Dungeons & Dragons. Who knows what we might discover ourselves capable of?

USING ROLEPLAYING GAMES

TO IMPROVE MENTAL HEALTH

BUILD STRONG COMMUNITIES

...AND SAVE LIVES

References

Ashley, K. (2016, May 19). Dungeons & Dragons As Therapy. Retrieved from https://geekandsundry.com/dungeons-dragons-as-therapy/

Bowman, S. L. (2010). The functions of role-playing games: How participants create community, solve problems and explore identity. Jefferson, NC: McFarland &.

Dickey, M. D. (2005). Engaging by design: How engagement strategies in popular computer and video games can inform instructional design. Educational Technology Research and Development, 53(2), 67-83. doi:10.1007/bf02504866

Fine, G. A. (2002). Shared Fantasy: Role-Playing Games as Social Worlds. Chicago, IL: University of Chicago Press.

Gould, M. S., & Kramer, R. A. (2001). Youth Suicide Prevention. Suicide and Life-Threatening Behavior, 31 (Supplement to I), 6-31. doi:10.1521/suli.31.1.5.6.24219

Granic, I., Lobel, A., & Engels, R. C. (2014). The benefits of playing video games. American Psychologist, 69(1), 66-78. doi:10.1037/a0034857

Institute for Health Metrics and Evaluation. (2016). GBD Compare. Retrieved October 20, 2018, from https://vizhub.healthdata.org/gbd-compare/

Kaiser Family Foundation. (2017, May 22). What do we know about the burden of disease in the U.S.? Retrieved October 20, 2018, from https://www.healthsystemtracker.org/chart-collection/know-burden-disease-u-s/#item-start

Koster, R. (2005). "Theory of Fun for Game Design". Scottsdale, AZ: Paraglyph Press. [PRINT] Mearls, M., & Crawford, J. (2014). Dungeons & Dragons Players Handbook. Renton, WA: Wizards of the Coast.

Walden, C. R., & Piatti-Farnell, L. (2015). "A living and breathing world ...": Examining participatory practices within Dungeons & Dragons(Unpublished master's thesis). Auckland University of Technology. Retrieved October 20, 2018, from https://core.ac.uk/download/pdf/56365280.pdf

World Health Organization. (2018, May). WHO Mortality Database. Retrieved October 20, 2018, from http://apps.who.int/healthinfo/statistics/mortality/whodpms/

World Health Organization. (2018, April 9). Mental disorders. Retrieved October 20, 2018, from http://www.who.int/en/news-room/fact-sheets/detail/mental-disorders