

Social Media for Psychiatrists

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INTRODUCTION

The internet and social media have transformed the way people live, learn, communicate, and make choices; even deciding on their healthcare professionals. These websites and applications are used by people across age, gender, region, socioeconomic, and educational spectrums. Content is easily and speedily created and shared covering all topics from ideas, careers, news, information, and professional and personal networking. It allows expression of identities of individuals and communities.

SOCIAL MEDIA USAGE IN INDIAN POPULATION

India has approximately 450 million internet users (around 35% of the population), out of which around 260 million use some form of social media. Facebook is the leading social media platform in India with 241 million users followed by Instagram with 71 million users, LinkedIn with 42 million users, and twitter with 23.2 million users.¹

Facebook is expected to reach 319 million users by 2021, while Instagram is gaining popularity in the younger age group.

SOCIAL MEDIA AND HEALTHCARE

A growing number of people have been turning to the internet for their health-related queries. However, much of the information available online is unreliable² and non-research based. Social media streamlines these data and helps people sift through this vast amount of information. An article or patient information about mental health or disorders from a source shared by an acquaintance or more reliably a family member or friend who suffered similar symptoms in the past is perceived as more credible.

SOCIAL MEDIA USES BY PSYCHIATRISTS

Utility

Social media is a great tool to enhance a doctors' online presence. Networking with colleagues from psychiatry and other branches across the globe in formal and informal ways has become easier than ever before. Collaborating with other mental health professionals on academic programs, learning from each other, sharing events, and creating opportunities for spreading mental health awareness campaigns.

Increasing migration of the younger demographic (rural to urban or urban to urban) for academic, professional, or personal reasons means that the friendly neighborhood family physician is no longer the referral source to a specialist resulting in a surge in the utilization of the internet to find healthcare providers.

Potential patients may use the search engine of the social media platform to learn more about their disease or healthcare provider

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which may lead them to discover new healthcare providers; a positive, prominent social media presence helps generate more referrals.

In the age of online shopping, where purchase is made on the basis of reviews/references, consumers follow a similar selection process for their doctor, conducting an online search of his/her doctor before approaching for treatment.

On a social media platform, a psychiatrist may begin by following other mental healthcare providers or by writing on mental health topics themselves. This in turn also provides an extensive amount of information to patients.

Effective Use

Different social media platforms have their own strengths for disseminating information.

While twitter works best for sharing news and tweeting during live events, Facebook is better suited for longer, more in depth discussions and provides more ways to connect with followers.

Social media users scan posts rather than read them. Hence, information in posts must be presented in such a way that it stands out and grabs the viewer's attention. In order to make an effective post, the American Psychiatric Association suggests that posts on any platform should possess the following characteristics:

- Brief: So users can quickly scan for keywords (e.g., depression) and main ideas.
- Relevant: So users can quickly see how topics relate to them or current events.
- Visually appealing: So it will stand out from the text and catch the readers eye.

To maximize the spread, posts must be curated to fit the format used by the respective platform.

Some examples of posts to be used in the more prominent social media are described below:

- Facebook, with 2.4 billion, monthly, active users worldwide,³ is the most popular, free social networking sites in India. It allows registered users to create their profiles to stay in touch with family, friends, colleagues, and communities. Users can upload photos and videos, send messages, post their ideas and articles, create groups, events, and polls.
- Twitter allows users to read and post microblogs through their profiles. These posts limited to 280 characters are called tweets. Members can broadcast tweets, follow other profiles, and like and comment other tweets. To increase visibility of tweets, users can use trending “hashtags” and also tag other profiles related to the posts.
- Google+ (Google plus) is a networking project developed by Google and is designed to replicate off-line interactions more closely than other social media services. Its slogan is “Real-life sharing rethought for the web.”
- LinkedIn, launched in 2003, is created to suit businesses to establish network between employers and employees, and vendors and collaborators. Registered members can connect with trusted professionals from all sectors including health.
- Instagram may be considered a simplified version of Facebook. Content uploaded on Instagram consists exclusively of pictures and recently short videos. Like other social media platforms, one can interact with other users on the app by following other users, liking or commenting on their posts, sending direct messages, tagging people, and even saving photos. Users can post a story that will can be viewed by followers for 24 hours.
- Pinterest is a very popular site and app for curating images to be shared with others. The main focus on Pinterest is on visuals and the images are categorized with a brief description to create a “board” for easier search. Clicking on an image can take you to the related source for more detailed information.
- YouTube has, as of 2018, 245 active users in India as video content consumption grew due to increase is better and cheaper access to internet. Online videos especially in vernacular languages are growing in popularity. Content can be educational, instructional, creative, and promotional, etc. Users can start their own channels and upload videos of their preference. The number of likes, shares, and subscriptions to a video/channel further increases cross sharing to other sites.

Protecting Privacy

A very crucial component of using social media is safeguarding one’s privacy. Not all content uploaded to a social media profile might be intended to be seen by everyone on the internet. Some have sensitive information that can be viewed only by close friends and colleagues such as pictures of family members while some are even more sensitive such as mobile numbers and home addresses.

In order to safeguard your data, most social media platforms provide customizable privacy settings. This enables users to restrict the viewership of their content to only those they deem to be an appropriate audience.

Most every social media have three privacy settings

- Public—all content shared under this setting gives public access to it for viewing, commenting, and sharing.
- Friends/followers—posts under this setting allow those on the friends and followers list to have access to the private information listed on the profile.
- Locked—it means that all privacy settings have shut the page and the user “manages permission” on a case-by-case basis.

Some sites keep the privacy options flexible. Each post can have a different privacy setting allowing public, friends, or limited access. It is important to understand the different combinations of settings and applying them before posting content to avoid unintentional oversharing.

Ethical Considerations

The internet and social media expansion has extended ethical deliberations to the virtual world. The global, mutual information exchange that has achieved a hitherto unprecedented level of dynamism and pervasiveness.⁴

It would be prudent for a psychiatrist to separate personal from professional profiles. The use of business accounts encourages more trust by the viewer regarding the authenticity of the source and the material.

Since a psychiatrist must take all precautions to safeguard a patient’s confidentiality in identity and communication, social networking that might involve patients does not have utility in clinical settings. Many patients invite their doctors to connect on a social media platform. If the clinician accepts the invitation, it is by definition not confidential.⁵ Psychiatrists being able to access the digital footprint of their patients also raises the question of intrusion by the therapist, on areas of their lives that they may consider off limits or might not choose to disclose. Though posting said information on widely viewed and unrestricted sites and apps might be considered public behavior, people often share or exchange information online with a particular audience and time period in mind⁶ making this a breach of privacy.

Posting of content by healthcare professionals on social media too can pose problems. A study of blogs by healthcare providers found that 42% described patients and 18% described them negatively. Seventeen percent of posts describing patients were judged to contain sufficient related data in them that patients could identify themselves or their doctors and some blogs even included recognizable pictures of patients.⁷

Unreflective and excessive self-disclosure by psychiatrists, especially when they are engaged in psychotherapy, is another concern inherent in their use of social media. The model of the therapist as a “blank slate” dates back to Freud and Strachey, who depicted the ideal analyst as “opaque to his patients and, like a mirror, (showing) them nothing but what is shown to him.”⁸

When clinicians accept the request of a patient to become their online “friend,” the boundaries between the personal and professional become blurred which can contribute to a breakdown of boundaries in the doctor–patient relationship.⁹

At times, psychiatrists may outsource their social media management to commercial digital marketing teams in which case the psychiatrist may not double check all the content posted on various platforms the consequences of which could be disastrous to the individual psychiatrist and or to his/her institute.

Healthcare providers need not shun social media if they learn to use them judiciously.¹⁰ This should become easier for doctors as time goes on, since use is common among medical students and psychiatry residents, with a predicted six-fold increase in social media use by next generation physicians.¹¹

CONCLUSION

Considering the burgeoning presence and its expanding utility in our everyday lives, the contemporary psychiatrists must improve their social media literacy. They must acquire skills to use this

medium for mental health awareness, attention, and advocacy, while being alert to possible legal and ethical challenges. Irrespective of a desire to have a social media presence, our digital footprint is well-established; it is now time to own our virtual space and identity.

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