Social media such as social networks, blogs, microblogs, and wikis have been around for some time now. Perhaps you have been making the most of social media to connect with ideas, information and people involved in the mental health field since Facebook launched in 2004, or maybe you are more like I was and don’t really know what it has to offer. Either way social media seems to be here to stay. Most NHS trusts now use a social media platform, it is no longer seen as an optional extra, and indeed it would now say more about an organisation if it didn’t use one. What about health professionals? Do you tweet, or have a health related mobile phone app, would you recommend a mobile phone app to patients? I am new to twitter and I have to admit that I dismissed it as a platform to follow celebrities and tell everyone how much you loved or hated Justin Bieber depending on your particular predilection- something I wasn’t particularly drawn to. However it makes sense that social media sites like Twitter are of particular interest to those involved in mental health as social media is about connecting with people and feeling connected is such a crucial factor in mental wellbeing.

Twitters’ Wikipedia web page [1] will tell you that in 2013 Twitter was one of the ten most-visited websites, so what is all the fuss about? I have to admit that, since joining, I have found it a rich source of education and mental health resource and I’ve been excited by the idea of connecting and exchanging ideas with a world-wide mental health community; it is a great work tool. In fact Wikipedia will also tell you that one of its founders, Evan Williams, observed that Twitter has changed from its origins and he now considers it more of an information network than a social network. I was keen to see what other

From Malcolm Sinclair @RMNBristol
I tweet personally on @RMNBristol and also am the main tweeter in a formal work account of @BristolMH

I started this less than a year ago after moving into a new role in Bristol in which the service needed to rebuild its connections and reputation across wider city communities. Most tweets relate to Bristol issues, community or health, or wider mental health news and views. There is so much on twitter to retweet about mental health and local developments, as well as sometimes announcing actions and improvements in local provision. On my personal account I include non work issues at times. I have gained 3500 followers on that account in about 10 months, with most being local or having similar health, societal or artistic interests in the UK and beyond. I also link twitter to my own, still developing, blog - Psychoculture.com

Malcolm Sinclair RMN
Managing Director
Mental Health Bristol

Helen Hutchings @teaandtalking
Mental Health Nurse with lived experience. Founder of Tea & Talk interests are recovery, stigma, & perinatal mental health. Work at @DorsetHealth. Boat rocker. Dorset.

Most recent tweet (a retweet) accessed on 6th May 2014:
mental health music @Markstorey65 @teaandtalking: : #iwilllisten http://youtu.be/9Im-FppGzeE #TimetoTalk make #mentalhealth what we are talking about

Helen replied to my tweet saying: Hi I tweet about MH to promote the positive aspects of staff with lived experience, to share my experience of mental health services, to network, reduce stigma and discrimination and raise mental health awareness Helen 😊
psychiatrists and colleagues in the South West make of it, Helen Hutchings, Malcolm Sinclair and Karl Scheeres have all been kind enough to share with us what they think.

Mark Brown has put a lot of thought into the role of social media in health and care. He tweets, writes and speaks at conferences on the topic and his thoughts come from his own experience of mental illness. He is Development Director of social enterprise; Social Spider CIC [3], where he specialises on the intersection between social innovation and mental health. He is also editor of “One in Four” magazine [4], a mental health magazine written by people with mental health difficulties, bringing some of the riches found in blogs, or the ‘madosphere’, as he calls it, to a non-internet audience. Most recently, Mark, who tweets as @markoneinfour, spoke on the topic at this year’s NHS England hosted Health and Care Innovation Expo [5] he also blogged about it, naturally [6,7]. He argues that social media can help to root the NHS in the fabric of communities. He equates tweeting with health professionals to getting to know your local community doctor in the village café; “social media is the new local pub or café, it’s the place where people check in to hear the latest news, catch up with friends, debate.....social media is where people are.” He calls health professionals who use social media to talk about their specialist area ‘public professionals’: “They help the public to understand the process, the practice and the limitations of healthcare... they also learn from the blogs, tweets, videos and discussions that they find themselves in and carry this understanding into their work....You don’t need to be a social media expert to do social media. You just need to know your subject and just need to be really, really passionate about discussing it.” He also reminds us that “It’s easy to forget just how much taxpayer funded knowledge and wisdom is currently sitting within the staff of the NHS. It’s awesome but it also ends up hidden from the people who paid for it.” He points out that the growth of mobile technology like smartphones and tablet PCs has had an important impact too; “social media feels less like a set of websites that we visit and more like a layer of communication, community and interaction that sits over our everyday lives.” He uses the term ‘Relationship value’ and says it is “...key to understanding the potential and actual benefits of social media. People who are engaged with social media are not passive recipients of information. They are people who are actively seeking relationships with those that they follow, be they individuals, institutions or organisations... people increasingly expect that organisations will speak back to them and listen to them. Many currently active on public social networking sites like Twitter are there precisely because Twitter throws up unexpected contacts and unexpected information.”

South west psychologist, Dr Phil Topham, visiting research fellow at the University of Western England and leader of the team that developed SAM, the "self-help for anxiety management” app, is also interested in the possible role of ‘relationship value’, in mobile technology [8]. He found emerging evidence pointing to the emotional connection that people have to their smartphones which could be important for the popularity of a self-help mobile app and likewise a social network app. Since launching the app they have found that the Social Cloud, a community forum where
users can support each other anonymously any time of the day or night has been a particularly popular aspect [9].

In its Social Media Strategy and Guidelines document [10] the College describes why it uses social media, saying “The College uses social media as a communications tool. Through our various accounts and blogs we aim to engage with the membership, medical students, journalists, patients and carers, and anyone with an interest in mental health or our work. We can use social media to have a dialogue with people, to share our views, promote our work and drive traffic to our website. The document rightly warns readers about a common problem with social media “Don’t forget - maintaining an effective social media presence is hard work and can be time consuming. Successful Facebook and Twitter pages need to be updated several times a day with a regular stream of fresh and original content. Stale or stagnating pages reflect badly on an organisation.” It also helpfully points doctors in the direction of GMC guidelines to assist in maintaining professionalism when using social media [11].

Has this feature encouraged you to explore social media more? The question is; what are you missing? Dr Emma Stanton was asked this in a recent e-Interview for The Psychiatric Bulletin [12]: What are non-tweeting psychiatrists missing? She said “You know how at conferences and presentations the most interesting bit is often during a ‘Q and A’ session at the end? Well, I think Twitter is a bit like that. Admittedly, there is a substantial amount of superfluous nonsense on Twitter but I think it is equally possible to tune in to some fascinating debates. If you are intrigued, I am @doctorpreneur.”

References: