Mindframe
National Media Initiative

SOCIAL MEDIA PROFILE ANALYSIS

Mental Health & Suicide Prevention Sectors

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Background to the study

The Australian Government's *Mindframe* National Media Initiative (*Mindframe*) is funded under the National Suicide Prevention Program. The Hunter Institute of Mental Health (the Institute) has been contracted by the Department of Health and Ageing to manage the *Mindframe* Education and Training program. The program involves building a collaborative relationship with the Australian media and other sectors to encourage responsible, accurate and sensitive media representation of mental illness and suicide.

To date, *Mindframe* has developed and disseminated resources and professional development for the news and entertainment media and for the undergraduate training of journalism and public relations students. The initiative has also developed resources and professional development for sectors that work with the media, such as the mental health and suicide prevention sector, stage and screen, police and courts. All of these sector resources were, however, developed before the rise and influence of social media.

Social media has become the most popular activity for Australians online[1] and many media outlets have entered the space to engage with and influence consumers. Media outlets have typically had a fast uptake of social media, but a generally lower rate of use as an engagement tool.

To better explore the nature and type of social media used by the traditional media, the Institute contracted *Dialogue Consulting* to complete two scoping studies investigating social media use in 2012. This report investigates and analyses the social media use of Australian mental health and suicide prevention organisations. It will be used in conjunction with an additional study investigating the social media use of mainstream media and media professionals in Australia to inform future strategies under the *Mindframe* National Media Initiative.

Section 1: Social media use

1.1 Aims and methods

Detailed analysis was conducted of the social media presences of 120 mental health or suicide prevention organisations or key stakeholders. Identification of organisations for analysis was compiled using the Mental Health Council of Australia's members and researcher knowledge (see Appendix A for full list). Searches were conducted to identify Facebook presences, Twitter profiles, YouTube channels and blogs. Data was collected on each presence, including analysis on how frequently accounts were updated and how successfully they engaged the social media community.

Personal mental health (consumer or otherwise) advocates were excluded from the study. A total of 203 accounts were included in the analysis (provided to the *Mindframe* National Media Initiative in a separate spreadsheet).

[1] ACMA (2011), http://acma.gov.au/webwr/_assets/main/lib410148/report2-convergent_comms.pdf

1.2 Results

The mental health sector has begun to embrace social media, with 70 per cent of organisations having a Twitter account and 60 per cent with a Facebook presence.

Many organisations underutilised Facebook as a potential medium to engage with key influencers and stakeholders by posting infrequently or failing to post engaging content. Blogs were generally not used by the organisations, and YouTube was used for content storage only

As shown in Figure 1, Twitter and Facebook were the two most popular networks for organisations to have a presence in, with 93/120 and 61/120 (excluding automatically generated pages) respectively. Many (55/120) organisations maintained a YouTube channel but this was often only for the purpose of content storage and hosting rather than for social purpose. A total of 34 blogs were also identified. Table 1 displays the average number of followers for each presence.

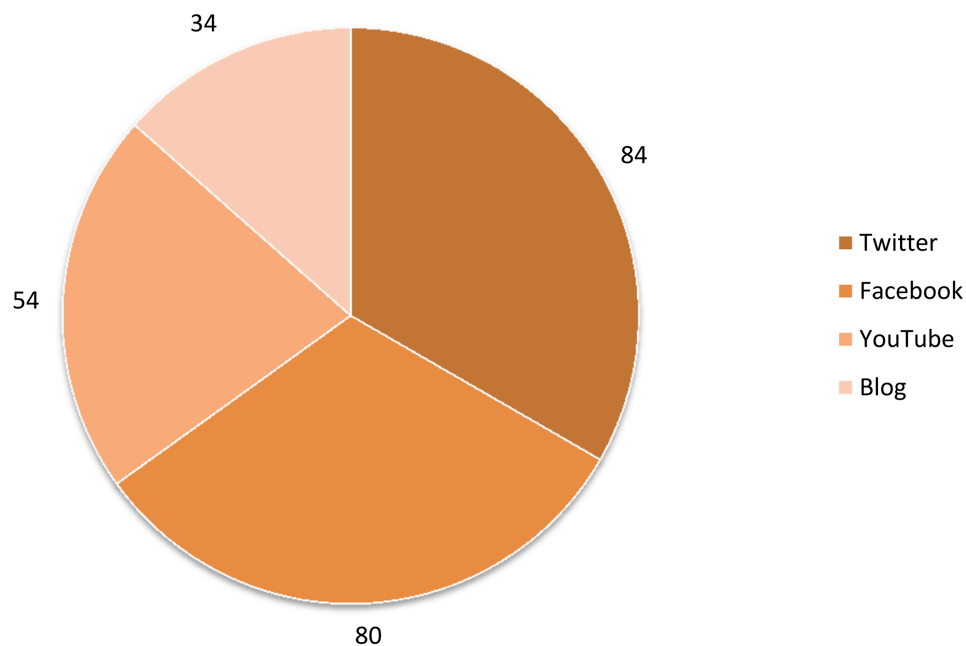

Figure 1. Number of presences identified for analysis.

*Table 1. Account follower overview[2] (*excludes auto-generated Facebook Pages).*

	Twitter	Facebook*	YouTube
N (Accounts)	84	72	54
IQR 25%	554.75	83	2
Median (IQR 50%)	1162	387	8.5
IQR 75%	2110	2419	41.5
Minimum	38	0	0
Maximum	20,764	210,220	578

Figures 2 and 3 display the frequency and engagement for each channel. Analysis of each channel is provided below. Tabulated data is available on request.

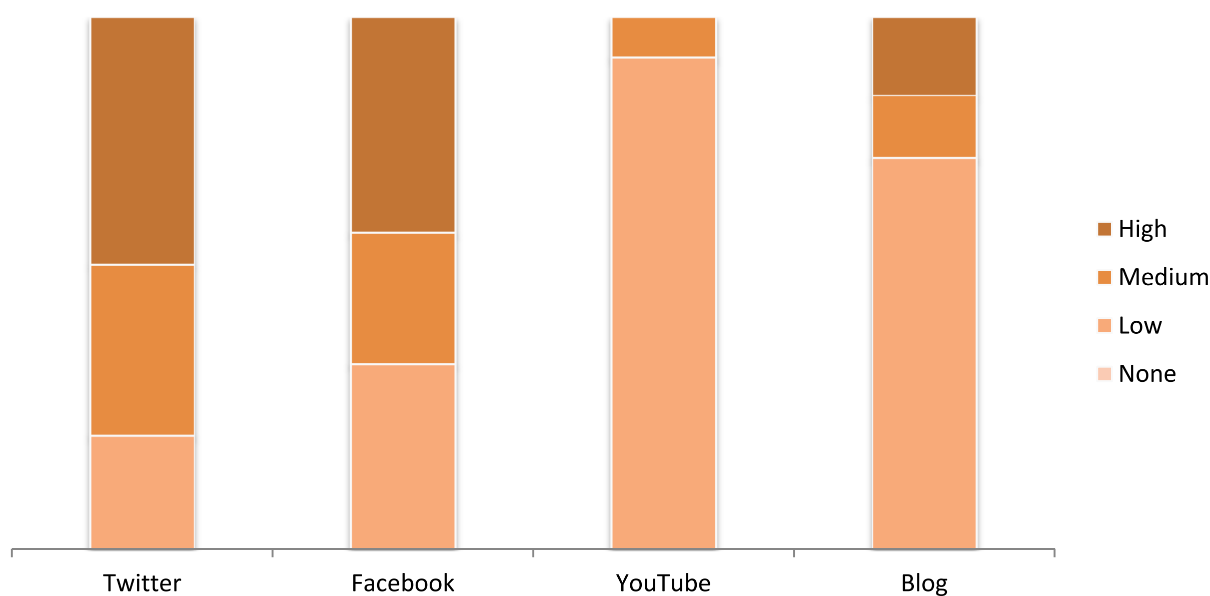

Figure 2. Relative frequency of posting on each social network.

[2] IQR: Interquartile range. The IQR represents a measure of variability, whereby the data is arranged in numerological order, and then separated into quarters. The range of the middle 50% (difference between 1st and 3rd quartile) of the data is used as an indicator of spread around the median.

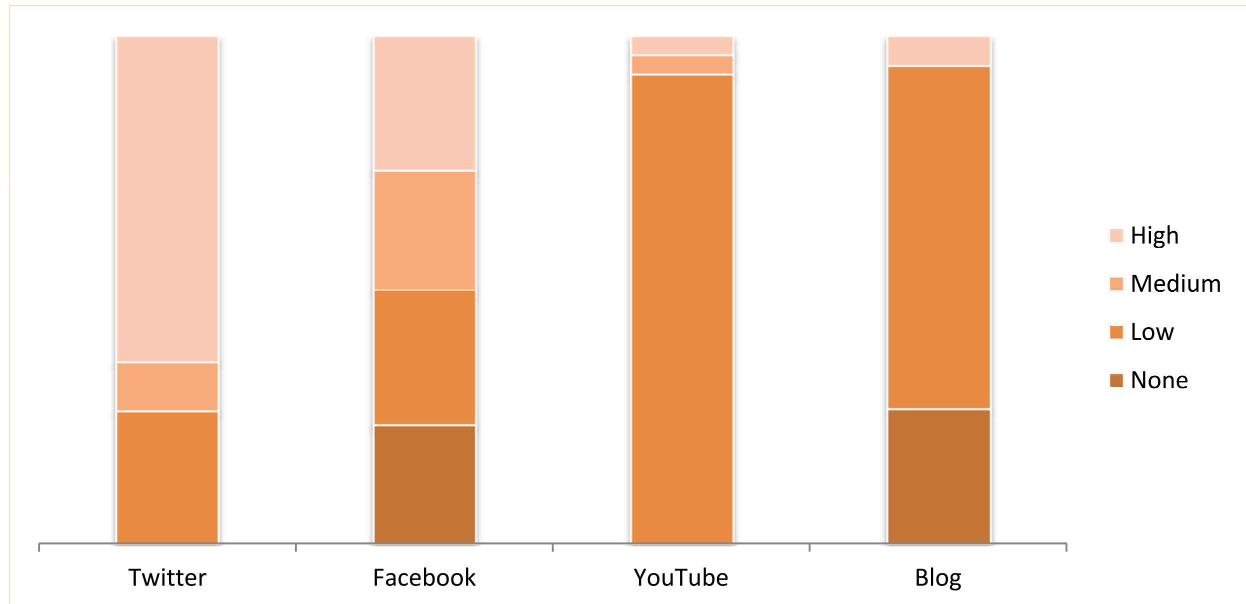

Figure 3. Level of engagement for each social network.

1.3.1 Twitter

There was a large range in the number of Twitter followers. Fifteen 'big players' including headspace, RUOK? Day, Mission Australia, Australian Institute of Professional Counsellors, Victorian Department of Health, and Lifeline had more than 3000 followers.

Considering the average Twitter user has 27 followers[3] (compared to an average of 130 Facebook 'friends'), the median of 1,162 indicates that there is significant interest in the mental health sector on Twitter. Organisations with more followers generally updated their profile more frequently.

1.3.2 Facebook

With Facebook, 19 of the 91 (total) presences identified were automatically generated pages populated with content from Wikipedia. Automatically generated pages are not owned by the organisation they represent and do not proactively engage with the Facebook community. Post frequency in the remainder was highly dependent on presence type.

There are three key presence types on Facebook – Profile, Groups and Pages.

- Profiles are designed for usage by persons only (use otherwise contravenes the Facebook Statement of Rights and Responsibilities[4]).
- Groups are designed to be a collaborative environment for a specific subset of people and may be 'open' (joined and found in search by anyone, public content), 'closed' (anyone can view members, anyone can find in search but you must request to join to view content after approval by administrator), or 'secret' (cannot be found via search, cannot see content or members unless member).

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[3] http://blog.hubspot.com/blog/tabid/6307/bid/12234/10-Essential-Twitter-Stats-Data.aspx

[4] https://www.facebook.com/legal/terms

- Pages are the most appropriate presence type for organisations and allow users to 'Like' the Page to follow the organisation.

Pages had the most frequently updated content by the organisation's moderators and Groups were often frequently updated by users/community members. A number of Groups and Pages were created by consumers or advocates, and were not controlled by the organisations themselves. One organisation[5] maintained a profile (accounts designed for personal use) which contravenes the Facebook Statement of Rights and Responsibilities, and has additional potential risk due to being able to see Friends' private content.

Page 'Likes' had a very broad variation, from 0 followers to R U OK? Day's 210,220 followers. Some profiles were associated with increased risk due to lack of post frequency or moderation (see section 2.2.5.).

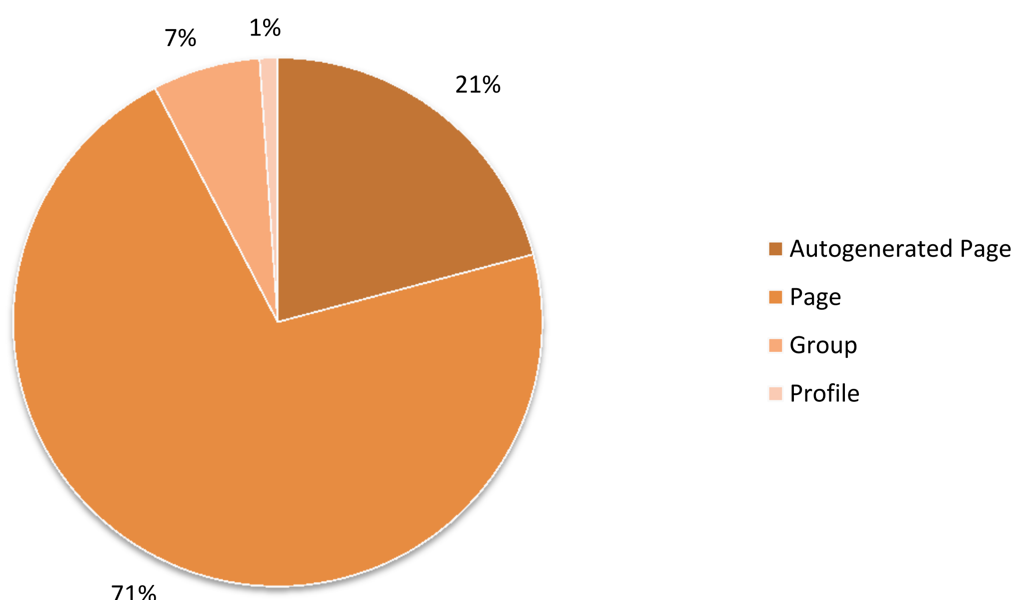

Figure 4. Types of Facebook presences identified in analysis.

1.3.3 YouTube

YouTube was usually used as a content host, with 91 per cent of accounts having minimal or no commenting. This is consistent with the standard use of YouTube in Australia as a content host rather than as an independent social network, with commenting and discussions generally occurring off-site (e.g. on Facebook). The median number of views for YouTube channels was 4,072 with a minimum number of 14 and maximum of 1,043,161.

Some organisations used YouTube for educational resources (e.g. Moreland Hall) and/or promoted their services or organisations (e.g. headspace). Median number of views was quite low, with several channels having fewer than 500 views. Some accounts had a high number of views due to providing educational

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5 Homelessness Australia, https://www.facebook.com/homelessness.australia

content for the mental health sector (e.g. the Australian Institute of Professional Counsellors channel) while others featured one video that had the vast majority of views – for example, one video by SA Health made up 95 per cent (247,268 of 259,366) of the total views for that organisation.

1.3.4 Blogs

Only 34 blogs were identified, with 70 per cent having a low post frequency. It was uncommon for blogs to have many comments – and in many cases, comments have been disabled. Blogs were generally used for 'latest news' or media updates, with the minority providing mental health or other educational information.

Prior analysis of blogs used by the sector (February 2012) identified fewer blogs (many were previously media release feeds or similar), but those identified in the previous analysis had a significantly higher post frequency, with only 30 per cent having 'low' post frequency.

Section 2: Use of channels and risks identified

2.1 Use of channels

Most organisations used the channels to engage with appropriate target audiences. For example, service providers such as headspace engage with consumers or potential consumers, whereas advocacy bodies engage with the wider public and mental health advocates. Furthermore, organisations use social media (particularly Twitter) to share, support and promote other organisations, both local and international. Blogs were usually used for providing updates about the organisation rather than providing information, support or educational resources.

Discussions about suicide occurred infrequently, and most discussions were initiated by users rather than the organisations. Most organisations with an active user base elected to remove posts that were overly graphic or promoted negative health behaviours. Some organisations with profiles that had not been updated in some time had a number of these posts still visible.

Twitter was more frequently used to discuss mental health-related topics and requests for help were less common. Twitter engagement is predominantly done by sharing articles or content (usually from news sources) about mental health issues, with organisations providing minimal commentary. While many consumers posted help-seeking content on Twitter, they usually do not mention or refer to mental health organisations.

As discussed previously, YouTube was generally used for storing content rather than engaging with consumers, and blogs usually provided updates about the organisation and had few comments compared to other services.

2.2 Potential risks identified

2.2.1 Duty of Care

The impact that social media has on duty of care is yet to be measured or discussed. Since proximity is the core concept that precludes a duty of care relationship[6], social media (and the wider internet) has the potential to make this proximity infinite. Until further legal guidance is provided, organisations can only adhere to best practice principles, whereby the assumption is such that an organisation owes a duty of care to a user who mentions, comments or otherwise engages with that mental health service in the social media space. This presents risks for organisations that do not control their presences or no longer monitor and moderate their presence.

Anecdotal research has found that organisations are concerned about hours of operation in relation to moderating social media sites. Organisations are concerned about the risk of a user posting content outside moderation hours that requires an immediate response (such as suicidal content). It is suggested that this is not a unique issue for mental health organisations and should be dealt with in the same way as mental health service phone numbers, where users should be informed of the hours of operation and provided with 24-hour crisis support help numbers for outside these times. At times of extended absence (e.g. public holidays), moderators may post an update telling users that the Page will not be monitored and provide contact details of relevant help services.

2.2.2. User-generated content

Content posted by organisations is generally appropriate and in line with *Mindframe* and other guidelines for the discussion of mental health, mental illness and suicide in the media. The main risks are associated with user-generated content posted to social media channels. This includes help-seeking content, graphical discussions about suicide and spam content (selling a product or service).

As a result of a recent ruling by the ASB (Advertising Standards Bureau) and ACCC (Australian Competition and Consumer Commission)[7], organisations are now responsible for the user-generated content that is posted on their Pages. Should the content be inappropriate, the organisation has a responsibility to remove it. Whilst this recent ruling is vague at best, there is a clear implication that the greater the resources of the organisation, the higher the level of responsibility and the smaller the expected turnaround time for content removal (no more than 24 hours was suggested for VB's Facebook Page).

Organisations can mitigate this risk through the monitoring and moderating of social media channels. For larger organisations (e.g. headspace and Lifeline), this is completed by a social media community manager or dedicated communications officer. Smaller organisations often share moderating responsibilities between staff members or incorporate moderating into one employee or volunteer's role.

For those organisations which do not have a formal policy or strategy in place that defines responsibilities for social media presences and appropriate content, ongoing or consistent moderation becomes difficult.

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[6] Stewart et al. The Australian Medico-Legal Handbook, Elsevier Australia 2008

[7] http://www.smh.com.au/digital-life/digital-life-news/watchdog-clamps-down-on-facebook-20120805-23nva.html

2.2.3. Confidentiality and privacy

Organisations should be aware of the potential to break confidentiality and privacy laws, policies or procedures through social media. While many users may self-identify as clients or consumers of a service, care should be taken to ensure that organisations do not provide or use any confidential information while interacting with users online. An appropriate legal service or lawyer should review any social media strategy or policy prior to it becoming practice to ensure compliance.

2.2.4. Personal and professional boundaries

One major risk in social media spaces is maintaining personal/professional boundaries. This is particularly the case with organisations that provide support services. Organisations that share employee content (e.g. a counsellor) or allow employees to 'Like' and interact with its brand's content have the potential to identify employees' personal accounts. Users are often then invited to 'Follow' or 'Friend' these employees. The onus is on the employee to firstly maintain appropriate privacy settings so that personal content is not public and also not to accept any 'Friend requests' from clients.

It is often the role of each organisation's social media policy to define these personal/professional boundaries. Networks such as Twitter make this difficult as most profiles are public and users cannot control who follows them beyond blocking, which is often too onerous to complete. Since the Twitter content from such employees is public, it is suggested that the content should be professional in nature regardless, and that employees are encouraged not to engage in identifiable clinical discussions through public accounts or forums (e.g. on Facebook Pages).

2.2.5. Ethics for health topic discussions

Due to the sensitive nature of many discussions occurring around suicide and mental health, and the potential to engage with at-risk persons (such as minors or people at risk of suicide), consideration should be made about whether ethical approval is required before engaging with audiences.

Best practice use of social media involves asking the community questions in order to encourage engagement around topics. This occurred more commonly on Facebook than Twitter. The feedback and engagement received from the community may be simply to encourage engagement and personal consideration of issues, or be used for more formal analysis and/or research.

Currently there are no guidelines around the ethical requirements for conducting discussions (for the purpose of research or otherwise) on social media to provide clarity about when ethical approval may be required.

2.2.5. Out-of-date presences

Some organisations had presences that had not been updated in some time, and were unlikely to be monitored. Several Facebook Groups were scheduled to be archived due to the lack of engagement, but the indexability of the internet potentially allows users to otherwise attempt to engage or interact with the organisation through an unmonitored channel. This potential risk is best mitigated by periodic searches for the organisation's name to ensure that old content can be identified and managed appropriately (deleted if possible or by posting a comment stating that it is an unofficial channel).

2.2.6 Inappropriate use of Facebook Profile/ Groups/ Pages

As discussed previously, one organisation maintained a Profile rather than using a Page or Group. While this is not an overly uncommon practice (many small organisations have not migrated across to a Page using the simple Migration Tool), it is against the Facebook Statement of Rights and Responsibilities and the account risks being closed.

The use of Profiles rather than Pages or Groups increases risk significantly. By 'Friending' users rather than having them 'Like' the Page or join the Group, the administrators of the Facebook profile are able to see the (usually private) Profiles of their 'friends'. This includes day-to-day status updates, photos, videos and more. As discussed in 2.2.1, there is not currently much guidance around the duty of care for health organisations using social media, and undoubtedly the matter would be significantly more complicated if the organisation were to have potentially seen a help-seeking status update (which would usually be on a private profile).

Additionally, whilst Groups work well for the purpose of having a number of people engaging in a closed conversation around a particular topic, many groups are being used to represent entire organisations. This is often problematic, as Groups do not have the tools required to engage with other users as an entity. If the organisation wishes to make a comment or respond to a question, it must do so through the use of a personal Profile belonging to a group member, again throwing into question personal professional boundaries, issues of privacy and duty of care.

Facebook Pages mitigate this risk by not having the ability to see users' status updates. Furthermore, whilst a direct message inbox now exists for Pages, users have the option of disabling it, decreasing the monitoring workload and arguably removing the added level of duty of care that comes from a direct messaging service. Pages are also given access to a wider variety of content tools that allow the organisation to engage with Profile users as a separate entity.

2.2.7. Brand risk and unofficial presences

Some organisations had no official presence, and so consumers/clients or stakeholders created a Group or Page in that organisation's name for the purpose of engaging with others. Since users may search for an organisation's name in order to engage and interact with them (potentially in a help-seeking or negative manner), this poses a brand risk and a risk to the duty of care of the organisation. Facebook presences often rate relatively high within Google searches, adding to the risk that an unofficial Profile might be regarded as legitimate.

In one identified example, the moderator/administrator previously posted content from their online store/business which also provides brand risk if it were to occur on an officially branded Page that was not controlled by the organisation.

Section 3: Emerging recommendations

Social media provides a new and unique avenue for organisations to engage and interact with a wide range of stakeholders, however a balanced approach must be taken. Mental health organisations have been relatively slow to begin using social media services (possibly due to perceived risk) and many have begun and continue to do so without adequate consideration and mitigation of potential risks.

The primary method of risk mitigation is in the development of an organisation-wide social media strategy and policy. These pieces of documentation will provide the foundations on which an organisation may construct a strong and lasting social media presence.

A social media strategy should cover aspects such as:

- How social media will fit into your organisations existing online presence;
- What you want to achieve through social media;
- Identifying goals that constitute success;
- Tactics to be used in achieving these goals;
- Information relating to your target audience groups;
- The key messages to be communicated through your content;
- How you will measure success;
- Timeframe for achieving goals;
- Measurement methodology.

A social media policy should cover aspects such as:

- Scope of the policy (to whom does it apply);
- Organisational issues: what content is allowed or forbidden to be shared, any general legal guidelines (e.g. confidentiality);
- Mitigating risks;
- How staff engage with the public;
- How employees engages with other professionals/themselves;
- What constitutes appropriate content;
- Personal/ professional boundaries;
- Incident response frameworks/flowcharts.

The policy should be as general as possible in order to maintain relevance as social media tools develop and change over time. A strategy should be general in its goals and overall aim, but tactics should be tailored from platform to platform. Organisations are suggested to engage with a professional body or company that specialises in the generation of social media strategy and policy in order to ensure bases are covered. Furthermore, all strategy and policy should be reviewed by an appropriate legal service prior to adoption.

In order for a policy or strategy to be effective, organisations should train staff in the use of social media tools in both personal and professional contexts. This should include discussion and analysis of potential risks and the procedures put into place to mitigate them, and provide an avenue for ongoing review.

Organisations should also periodically conduct searches for their name and other relevant terms (such as acronyms) in order to ensure that there are no unofficial or official presences that they are unaware of. This may be conducted through tools such as Google Alerts[8].

[8] http://www.google.com.au/alerts

Appendix A: Organisations included in analysis

- Adults Surviving Child Abuse
- Alcohol and Other Drugs Council (ADCA)
- Alzheimer's Australia
- AMA Council of Doctors-in-Training
- AMA President
- Annual International Mental Health Conference
- ARAFEMI
- ARAFMI Australia
- ARAFMI NSW
- ARAFMI QLD
- ARAFMI TAS
- Australasian Society for Psychiatric Research
- Australian & New Zealand Mental Health Association
- Australian Association of Developmental Disability Medicine
- Australian Association of Social Workers
- Australian Association of Social Workers - unofficial FB grp
- Australian Association of Social Workers SA
- Australian College of Mental Health Nurses
- Australian College of Psychological Medicine
- Australian Counselling Association
- Australian Drug Foundation (ADF)
- Australian General Practice Network (AGPN)
- Australian Healthcare & Hospitals Association (AHHA)
- Australian Infant, Child, Adolescent and Family Mental Health Association
- Australian Institute of Professional Counsellors
- Australian Medical Association
- Australian Psychological Society
- Australian Rotary Health
- Beyond Blue
- Black Dog Institute
- Black Dog Ride (Steve Andrews)
- blossomproject
- Brain & Mind Research Institute
- Butterfly Foundation
- Carers Australia
- Carers Victoria
- Catholic Health Australia
- Centre for Mental Health Research
- Chris Tanti, CEO, headspace
- Chris Wagner, Director of Communications and Government Relations, Lifeline
- COPMI
- Crisis Support Services
- Department of Health, Victoria

- Depression Bipolar
- Dietitians Association of Australia
- Domestic Violence Resource Centre Victoria
- ehub
- FARE
- GROW Australia
- headspace
- Healthscope
- Hello Sunday Morning
- Homelessness Australia
- IAIA Health Blog
- Inspire Foundation
- Institute of Australasian Psychiatrists
- Jane Burns, CEO, Young and Well Cooperative Research Centre
- Lantern
- Lifeline Australia
- Mark Butler MP, Minister for Health and Ageing
- Mental Health Association NSW
- Mental Health Coalition of South Australia
- Mental Health Community Coalition of the ACT
- Mental Health Coordinating Council
- Mental Health Council of Australia
- Mental Health Council of Tasmania
- Mental Health First Aid Australia
- Mental Health Foundation of Australia Victoria
- Mental Health Research Institute
- Mental Health Services Conference Inc (TheMHS)
- Mental Illness Fellowship of Australia
- Mental Illness Fellowship Victoria
- MHPN (Mental Health Professionals Network)
- Michael Coffey, CEO, Yfoundations
- Mission Australia
- Moreland Hall
- Multicultural Mental Health Australia
- National Aboriginal Community Controlled Health Organisation
- National Drug and Alcohol Research Centre
- National Rural Health Alliance
- NEAMI Limited
- New Horizons
- Northern Territory Mental Health Coalition
- NSW Centre for the Advancement of Adolescent Health (NSW CAAH)
- Oasis Youth Support
- ORYGEN Research Centre
- Ostara Australia
- OT Australia

- Pharmaceutical Society of Australia
- Pharmacy Guild of Australia
- Prevention and Treatment Health Support Network
- Private Mental Health Consumer and Carer Network
- Psychiatric Disabilty Services of Victoria (VICSERV)
- Psychotherapy and Counselling Federation of Australia
- Queensland Alliance
- Queensland Centre for Mental Health Research
- Ramsay Health Care
- Reach Out
- Reach Out Teachers
- Richmond Fellowship of Australia
- Royal Australian and New Zealand College of Psychiatrists
- Royal Australian College of General Practitioners
- R U OK?Day
- Rural Health Workforce
- SANE Australia
- SANE Australia
- Social Firms Australia
- Soften the Fck Up
- South Australian Department of Health - Mental Health Unit
- Stonetree
- Suicide Prevention Australia
- SuperFriend
- Tanya Plibersek, Minister for Health
- Tune In Not Out
- Victorian Alcohol and Drug Association
- Western Australian Association for Mental Health
- What works 4 u.org
- White Wreath Association
- Young and Well CRC