

Editorial

#BJPsych and social media – likes, followers and leading?

Judith R. Harrison, Joseph F. Hayes, James Woollard and Derek K. Tracy



Summary

This article explores the growing interface between social media and academic publishing. We discuss how the *British Journal of Psychiatry* (BJPsych) and other scientific journals are engaging with social media to communicate in a digital world. A growing body of evidence suggests that public visibility and constructive conversation on social media networks can be beneficial for researchers and clinicians, influencing research in a number of key ways. This engagement presents new opportunities for more widely disseminating information, but also carries risks. We note future prospects and ask where BJPsych should strategically place itself in this rapidly changing environment.

Declaration of interest

J.R.H., J.F.H. and D.T. are on the editorial board of the BJPsych. D.T. runs its social media arm.

Keywords

Social media; dissemination; public engagement; education and training.

Copyright and usage

© The Royal College of Psychiatrists 2019.

Judith R. Harrison (pictured) is a Wellcome Trust GW4 Clinical Academic Training Fellow at the MRC Centre for Neuropsychiatric Genetics and Genomics and the Cardiff University Brain Research Imaging Centre (CUBRIC), Cardiff University, UK, and is a Specialist Trainee 4 in Psychiatry. **Joseph F. Hayes** is a Senior Clinical Research Fellow in the UCLH NIHR Biomedical Research Centre, Division of Psychiatry UCL, and an honorary consultant psychiatrist in the Integrated Practice Unit for Psychosis, Camden and Islington NHS Foundation Trust, UK. **James Woollard** is a consultant child and adolescent psychiatrist and Chief Clinical Information Officer at Oxleas NHS Foundation Trust, and is a Senior Clinical Fellow in mental health technology and innovation at NHS England. **Derek K. Tracy** is a consultant psychiatrist and clinical director at Oxleas NHS Foundation Trust, and is a senior lecturer at King's College London, UK.

could also be employed for promotional and educational purposes. Comparatively, academic journals have often been more hesitant, or even reluctant, partners. Although there are certainly examples of some excellent early adopters, the Twitter 280 character limit and the lack of peer review potentially runs contrary to their standard communication methods and principles.

However, clinicians, like patients, can be unsure of which sources to trust. Medical journals on social media can play a positive key role in providing, curating and signposting authentic, evidence-based content. Further, social media can extend the reach of traditional publications and engage a readership in novel ways. Twitter 'tweet chat' sessions have been used to open up discussions with wide audiences, and many are also using blogs and podcasts to publicise their work and provide more accessible versions – both in terms of usage of a more lay language as well as typically being free to access for non-subscribers. A study published in *Journal of the American College of Radiology* compared the page views of two open-access journal articles and one blog on the same subject. The blog was viewed 32 675 times within the study period. This was six times more than both journal articles combined.² A randomised controlled trial of tweeting about Cochrane Schizophrenia Group systematic reviews found that tweeting led to three times the number of page visits at 1 week and more time spent viewing these pages.³ Other trials have been less positive, finding no difference in engagement if an article is the subject of tweets.^{4,5} However, these trials may have been limited by a small social media presence: at the time, the journals had only modest numbers of followers on Facebook and Twitter. A study published in *Journal of Medical Internet Research (JMIR)* found that the number of times a JMIR article is tweeted in the first 3 days after publication predicted how highly cited it becomes.⁶

Not just cat videos

For better or worse, social media has rapidly become a popular mechanism for propagating (mis)information. Science publishing and social media are inevitable but awkward bedfellows; both share a core principle of dissemination, but also tension through issues of provenance, authenticity and quality. We are all learning how to navigate these challenges. However, social media is only the latest disruptor in the history of medical and scientific communication.

The evolution of medical journals: *Index Medicus* to Twitter chat

The first medical journal, *Medicina Curiosa*, was printed in 1684. It was in English, rather than the traditional Latin, making it accessible to those without a university education.¹ Three hundred years later, the internet opened up medical literature to the world. Initially, this was a simpler and easier digitisation of print media: how many reading this recall thumbing through a bulky copy of *Index Medicus*, then walking around a medical library trying to physically find print copies of papers in journals from a handwritten list of citations? Few mourn the passing of that and, as the internet continued to evolve, many medical organisations and research institutes were quick to establish an online presence. It provided them an opportunity to connect with a broad audience in their own communities, among patient groups and with the wider interested public; it

The brave new world of scientific 'impact'

This raises the question of what we now mean by impact. The traditional 'impact factor' model for journals is an average of citations received over a given period. Although the validity of this as a marker of 'importance' has been increasingly challenged, it is widely taken as a proxy of significance or novelty of the work a journal produces. New methods have been developed to measure the online activity surrounding scientific literature, such as those

provided by the Altmetric API. These can provide quick, broad measures of public engagement, quantifying activity on social media platforms: if you are reading this (or any other paper) online, you will now see a tab opening up metrics data. It is unclear whether social media activity genuinely increases scientific awareness and citations, or simply reflects the public interest in the topic.⁶ For example, one of the most tweeted *BJPsych* articles of 2018 was based on mothers singing to their infants, a topic with an obvious wider appeal that was picked up by a large number of news agencies, leading to wide coverage on social media; will this be mapped by subsequent proportionate citations?

The challenges of engaging with social media

New doctors have established digital learning and communication habits which were unimaginable to their predecessors, sometimes described as 'Medicine 2.0.', and many academics and clinicians have begun integrating newer social media tools like Twitter and blogs into their professional communications. The benefits to scientists and doctors in using social media include significant engagement with a very wide network. Some use Twitter to disseminate and discuss their work, both within and beyond their fields, or to rapidly hear about novel developments of others. It allows them to act as a public voice for science and medicine, to promulgate research advances and public health messages. Some may also use it as a means of developing their own professional profile.

However, many doctors – younger and older – still feel uncertain about virtual communication online. Concerns that clinicians might breach patient confidentiality or share unprofessional content are common.^{7,8} Conversely, medicine, and psychiatry in particular, has often struggled with public visibility and constructive conversations with those who use services, with the common – if seemingly paradoxical – trope of the not-listening psychiatrist. Social media can facilitate communication and allows important exposure to dissonant voices. Many movements and groups are vocal on specific clinical issues and there has been hostility to research and researchers in specific fields, as well as conflict between professionals of different clinical orientations or perspectives. Perennial debates are re-enacted, such as formulation 'versus' diagnosis, medical model 'versus' social model and medication 'versus' therapy. The democratisation of voices is, in the round, welcomed. Reading accounts from those who have not had positive experiences in mental health services can be difficult, but it is undoubtedly important; some professionals may be less used to being challenged in so open a manner; some members of the public grateful for the opportunity to do so on a non-hierarchical playing field. However, this can add to confusion about 'what to believe', and one can sometimes feel there is more heat than light. The Royal College of Psychiatrist's Twitter chat organised in 2017 in response to the *Panorama* documentary on antidepressants may be a good learning point: a quick scan of its hashtag, #ADsMythBuster, will demonstrate both the desire for information and the variation in responses, some very hostile. Consider how an individual looking for reliable information on medication might feel wading through this.

Nevertheless, these conversations are ongoing, whether we engage or not. Observing, listening and reflecting on the distress and many opinions we see online, rather than shying from it, have to be the route to a better future for the art of psychiatry. There is a minority anti-psychiatry mindset; however, by far most people are primarily interested in improving services and care, and will put forth their own thoughts and experiences honestly. Our experience and perspective is that one can and should be positive and optimistic about this: we have had excellent, informative online discussions with patients, carers and relatives, interest

groups and colleagues. Indeed it can also be an excellent mechanism for linking with individuals from think tanks, charities, and those in senior National Health Service and other managerial roles that one might not ordinarily meet in everyday clinical life. The short, 'shouty' nature of Twitter can sometimes seem to almost provoke unnuanced fighting; our advice is recognising its inherent limitations, avoiding heated arguments and having acceptance of differences of opinion. The art of social media is, perhaps, knowing when not to respond.

The *BJPsych* is becoming digitally engaged: savvy or silly?

Recognising these opportunities and challenges, the Board of the *BJPsych* has decided to develop the following new ways to communicate using social media.

BJPsych and the Mental Health Foundation podcasts

The *BJPsych* is working in partnership with the Mental Health Foundation (MHF), a leading UK mental health charity and research organisation, to produce approximately bimonthly podcasts on research published in the journal (the archive is available at: <https://www.mentalhealth.org.uk/podcasts-and-videos/mental-health-foundation-british-journal-psychiatry>). The aim with these podcasts is to have discussions led by the MHF with patient and public involvement, and to make them more conversational, less focused on scientific methodology, with the anticipated modal listener being an interested member of the public.

BJPsych and Mental Elf blogs

The Mental Elf is a well-established and popular website that hosts blogs on various mental health and social care issues; it contains both free and subscription elements. The *BJPsych* is now contributing an approximately bimonthly open-access blog on a paper from that month's paper edition, hosted by the Mental Elf website. The aim here is somewhat different to the podcasts: although open to any interested reader on the internet, the blog styles follow a more traditional 'scientific paper' model, albeit in a less formal and more journalistic style. Readership will vary, but posts focus more on methodology and critiques of the work than the MHF podcasts. An archive of our blogs can be found at: <https://www.nationalelfservice.net/tag/bjpm/>. One particular goal is to encourage trainees and those who might not ordinarily write for the *BJPsych* to contribute. Details on how to so contribute can be found here: <https://www.cambridge.org/core/journals/the-british-journal-of-psychiatry/information/write-a-blog-for-the-bjpsych>. The *BJPsych* 'Highlights' section aims to link to this and, along with the podcasts, we cross advertise this with our third development, Twitter.



BJPsych Twitter

The *BJPsych* has established a profile on Twitter, @TheBJPsych. This allows the journal to share the articles, podcasts and blogs it publishes and engage in conversations with both members of the College and the wider public. Use of hashtags also allows us to aggregate tweets by topic, such as #dementia.

Future horizons

We hope the *BJPsych* can successfully navigate online platforms, creating synergy with the journal's traditional output, balancing the risks and benefits of an extended audience. Other platforms (as yet unexplored) exist, for example Facebook, LinkedIn and

Instagram. We aspire to create output that will be associated with the same authority and quality as the *Journal* it serves, even if each method has its own voice and unique style of contribution. The *BJPsych* is a publication of the College, and the College is its members. How we should proceed is a question for all of us, and undoubtedly one that we will need to refine with time: you have our Twitter handle – let us know, #BJPsychOnline.

Judith R. Harrison, MBChB, MRCPsych , Wellcome Trust GW4 Clinical Academic Training Fellow, Specialist Trainee 4 in Psychiatry, Medical Research Council Centre for Neuropsychiatric Genetics and Genomics; and Cardiff University Brain Research Imaging Centre (CUBRIC), Cardiff University, UK; **Joseph F. Hayes**, MSc, MB, ChB, MRCPsych, DLSHTM, PhD, Senior Clinical Research Fellow, University College London Hospitals National Institute for Health Research Biomedical Research Centre, Division of Psychiatry, University College London; and Honorary Consultant Psychiatrist, Integrated Practice Unit for Psychosis, Camden and Islington National Health Service Foundation Trust, UK; **James Woollard**, MA, MBBS, MRCPsych, FRSA, Consultant Child and Adolescent Psychiatrist, Chief Clinical Information Officer, Oxleas National Health Service Foundation Trust; and Senior Clinical Fellow in Mental Health Technology and Innovation, National Health Service England, UK; **Derek K. Tracy**, MB, BCh, BAO, MSc, FHEA, FRSA, FFFMLM, FRCPsych , Consultant Psychiatrist, Clinical Director, Oxleas National Health Service Foundation Trust; and Senior Lecturer, King's College London, UK

Correspondence: Dr Derek Tracy, Queen Mary's Hospital, Sidcup, London DA14 6LT, UK. Email: derek.tracy@nhs.net

First received 24 Mar 2018, final revision 14 Aug 2018, accepted 19 Dec 2018

References

- 1 Colman E. The first English medical journal: *Medicina Curiosa*. *Lancet* 1999; **354**: 324–6.
- 2 Hoang JK, McCall J, Dixon AF, Fitzgerald RT, Gaillard F. Using social media to share your radiology research: how effective is a blog post? *J Am Coll Radiol* 2015; **12**: 760–5.
- 3 Adams CE, Jayaram M, Bodart AYM, Sampson S, Zhao S, Montgomery AA. Tweeting links to Cochrane Schizophrenia Group reviews: a randomised controlled trial. *BMJ Open* 2016; **6**: e010509.
- 4 Fox CS, Bonaca MA, Ryan JJ, Massaro JM, Barry K, Loscalzo J. A randomized trial of social media from Circulation. *Circulation* 2015; **131**: 28–33.
- 5 Fox CS, Gurary EB, Ryan J, Bonaca M, Barry K, Loscalzo J, et al. Randomized controlled trial of social media: effect of increased intensity of the intervention. *J Am Heart Assoc* 2016; **5**: e003088.
- 6 Eysenbach G. Can tweets predict citations? Metrics of social impact based on Twitter and correlation with traditional metrics of scientific impact. *J Med Internet Res* 2011; **13**: e123.
- 7 Gholami-Kordkheili F, Wild V, Strech D. The impact of social media on medical professionalism: a systematic qualitative review of challenges and opportunities. *J Med Internet Res* 2013; **15**: e184.
- 8 The General Medical Council. *Doctors' Use of Social Media*. General Medical Council, 2013 (http://www.gmc-uk.org/Doctors_use_of_social_media.pdf_58833100.pdf).