

standards when considering a new app. The potential of smartphone apps for mental health is as bright as the authors allude to, but the challenges are turning out to also be greater than many realised.

John Torous, psychiatrist, Brigham and Women's Hospital, Department of Psychiatry, Harvard Medical School, Boston, Massachusetts, USA, email: jtorous@bidmc.harvard.edu

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Authors' reply: We are grateful for Dr Touros' interest in our article and his considered response.

Our article is a brief overview of a complex subject area which has scope for further detailed discussion. There is an emerging division between professional and patient-centred apps similar to that between prescribed and over-the-counter medications. As medical professionals we can make regulatory demands in our sphere of influence but apps for the general market will emerge independently of our influence; we will need an awareness of such apps to manage the complex issues that arise when patients raise questions about diagnosis and management after interacting with them.

We requested an update from NHS Choices and have been informed that the Health Apps Library is being upgraded following work on the assessment process by the National Information Board. The first apps are expected to have completed the new evaluation process in April 2016.

Declaration of interest

S.F. has developed an app called QDoc to assist self-management in psychiatric disorders.

Justin C. Marley, Consultant Older Adult Psychiatrist, North Essex Partnership University NHS Foundation Trust, Colchester, UK, email: justinmarley@nhs.net and **Saeed Farooq**, Clinical Senior Lecturer, Research Institute for Primary Care & Health Sciences, Keele University, Visiting Professor, Staffordshire University and Honorary Consultant Psychiatrist, South Staffordshire and Shropshire NHS Foundation Trust, UK.

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You too, YouTube?

The study by Gordon *et al*¹ looking at the portrayal of psychiatry in YouTube videos was novel, although it was disheartening to note their finding that our field is being depicted in a predominantly negative light.

In this context, I am writing to provide some details of my YouTube channel called 'Psychiatry Lectures' (www.youtube.com/channel/UCVZhg8unEqoOXUm8cHA1wbA/videos). This is a free-to-access educational channel featuring videos on psychiatry topics targeted at health professionals who see psychiatric patients. So far, I have uploaded 19 videos covering most of the major psychiatry topics, for example, schizophrenia, mood disorders and anxiety disorders. The average duration of the videos is 50 min and most videos end

with a set of five multiple choice questions. The videos are in the form of PowerPoint presentations with my narration.

YouTube has an analytics section that is accessible to the channel's creator and that provides detailed statistics about viewership. Until 31 December 2015 the 19 videos had garnered over 34 000 views in 160 countries, with the top 5 nations in terms of views being the USA, India, UK, Australia and Canada. Viewer demographic details show a male preponderance (65%). With respect to age, the 25–34 group had the maximum number of viewers, followed by the 18–24 group. This suggests – and is supported by feedback in the comments section – that medical students and postgraduate psychiatry trainees form the bulk of the audience. In total, the videos have received 210 'likes' and only 6 'dislikes', indicating a high degree of acceptability in a discerning, mainly professional audience.

My YouTube channel may be considered as part of free open access medical education (FOAM). The FOAM movement, pioneered by emergency medicine physicians in Australia,² aims to offer medical students and doctors free access to medical information online, delivered in a variety of formats such as videos, slideshows, podcasts, articles, blogs and Twitter (#FOAMed).

The paper by Gordon *et al*¹ is a timely reminder to the psychiatric profession that we have to battle widespread misinformation, whether deliberate or well-intentioned, about our specialty, not only in traditional, mainstream media such as print and TV, but also in cyberspace. Constructive criticism, both from within and outside the profession, is definitely valid and welcome. But biased and baseless distortions about psychiatry only reinforce the already entrenched stigma, with far-reaching consequences ranging from inadequate recruitment of psychiatrists³ to discrimination against patients.⁴ Gordon *et al*'s suggestions on how psychiatry can fight back against this misrepresentation are worthy of consideration.

Sundararajan Rajagopal, consultant psychiatrist, private practice, Chennai, India, email: rajagsr@hotmail.com

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No smoke without fire

In trying to explain why the portrayal of psychiatry on YouTube might be predominantly negative, Gordon *et al*¹ fail to consider the obvious – that the producers of negative videos may actually have a point.

It is hard to disagree with any of the accusations about overuse of drugs made by the lawyer featured in the first video on their list. Of the many speakers in the second clip, a couple make slightly exaggerated statements, but its main message,