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Building a Social Media Strategy  
for  
Frontenac Community Mental  
Health & Addictions Services  
(FCMHAS)

Karen Humphreys Blake, MCM, APR

McMaster University

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# Building a Social Media Strategy for Frontenac Community Mental Health & Addictions Services (FCMHAS)

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## Abstract

This case study focuses on how social media applications can assist a local community mental health and addictions agency, Frontenac Community Mental Health & Addiction Services (FCMHAS), in Kingston, Ontario to meet its public relations goals and objectives. It also reviews the potential for social media to be used in the treatment and recovery of clients. The paper features a broad review of relevant literature, a report on the findings of interviews with management staff, and input from clients. It discusses the benefits and risks of social media, how social media might be able to address mental health stigma, and organizational interest and readiness to engage in social media. A recommended social media strategy for the agency appears as an Appendix.

*Keywords:* health communication, employee communication, social media, strategic management

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Introduction and Case Study Problem Statement

The subject of this study is Frontenac Community Mental Health & Addiction Services (FCMHAS). This agency provides services to clients in the city of Kingston, Ontario and Frontenac County, who have mental health and addiction problems but can generally be cared for in the community rather than an acute health care setting. FCMHAS provides housing, vocational training, counseling and crisis services. The author had previously conducted a communications strategy review for this agency. The original consulting project involved more than 25 interviews with stakeholders in the community, interviews and a focus group with staff, and a survey of about 20 clients.

Currently celebrating its 40th anniversary, FCMHAS remains a relatively small organization with about 120 staff. However, its caseload and program offerings have recently grown considerably and it has been given greater responsibility (and associated funding) for dealing with clients with mental health and addictions issues by the Local Health Integra-

tion Network (LHIN). In order to respond to provincially-driven mental health policies, it has now begun taking on clients who have spent years within the walls of the former Kingston Psychiatric Hospital. Some of these individuals have been classified as "forensic" patients, those with serious issues that have resulted in criminal acts. These changes have resulted in transition from a relatively simple communications environment – internally and externally – to a more complex and challenging one. The agency knows it is not generally well known and thus not as well understood as it should be. As a result, it is not able to operate optimally within the regional mental health structure and is not reaching all the individuals who require its help. The LHIN also has expectations regarding the agency's communications and community engagement.

While the use of social media was discussed briefly in the course of the communications consulting contract, given the limited professional communication currently in place, this did not become a focus. The agency also had understandable concerns about confidentiality and there was a lack of knowledge on the part of management and staff as to how social media might be beneficial. Nevertheless, senior management has an interest in learning more about social media and how it might be used to build on public relations, communications and client service goals. Given recent high-profile cases of youth suicide in the Kingston community, at Queen's University, and nationally, the organization also recognizes the need to find better ways to reach out to this age group. There is recognition that social media may offer better solutions for the youth population and that similar agencies worldwide are also evaluating and implementing this option.

The timing of this social media review is good as work is now underway to develop a new agency website. This will raise questions about whether social media applications such as Facebook, Twitter, YouTube or other social media engagement tools may be beneficial and should be incorporated into the website functionality. In addition, because the agency

is currently focusing on its communications and engagement, and has indicated a wish to reach out to those with unmet needs, the ground is fertile for this discussion.

### Research Questions

*RQ1:* What are the relevant theoretical underpinnings for the use of social media by a mental health and addictions agency in reaching out to the community and clients?

*RQ2:* How are organizations similar to FCMHAS successfully using social media to support their communications and public relations strategies as well as client recovery programs and how are they evaluating the effectiveness of their programs?

*RQ3:* What knowledge, attitudes, staffing, information technology (IT), confidentiality and other issues would support or preclude FCMHAS from the successful use of social media in support of its communications and public relations strategies?

*RQ4:* In the context of the agency's strategic communications and public relations plan and ability to deliver, what, if any, social media strategies would prove useful in the short and medium term?

*RQ5:* Does FCMHAS face any risks if it does not implement a social media strategy at this time or within 3 years? If the answer is yes, what would these be?

### Review of Literature

#### *Theoretical Foundations*

While there are many communication theories that can apply to social media, several appear particularly applicable to this project, in particular: networking, the strength of weak ties and bridging social capital. These speak not only to person-to-person connections and the long-recognized power of word-of-mouth, but highlight conditions where new technol-

ogies can speed the spread of new ideas. The concept of media richness is another that may be useful given the socio-emotional capacity of computer-mediated communication. Attribution theory, which comes from the field of social psychology, is worth consideration in developing public relations and communications approaches to fighting stigma.

Considerable academic literature about social networking media points to the work of Mark Granovetter, who first put forward the concept of the strength of weak ties in 1973 (Granovetter , 1973). His conclusions, of course, pre-date social media, and point to the natural human behaviour of individuals and social groups. He notes that a person's close friends will mostly also be in touch with each other and form a dense clump of social structure. A person will also have a range of acquaintances, with few knowing each other. Each of those acquaintances, however, is likely to have close friends in his or her own right and therefore be enmeshed in a clump of close friends. Granovetter's key point is that the weak tie between the two groups is not just an unimportant acquaintance, but rather someone who forms a crucial bridge between the two densely knit clumps of friends. The fact that this bridge exists makes it easier to organize or integrate into political movements or organizations with specific mandates since membership in such groups typically results from being recruited by friends. One can see, therefore, why social media like Facebook and LinkedIn, where many opportunities are afforded to bridge across weak ties could have a pronounced impact on communication and action across social groups.

Social capital is defined broadly as the resources accumulated through the relationships among people. The concept of bridging social capital is, once again, based on the weak ties theory that loose connections between individuals lead to the provision of useful information and new perspectives. Ellison, Steinfield & Lampe (2008) noted that social capital has been positively linked with better public health and lower crime rates, among other things. The researchers found a "robust connection between Facebook usage and indicators

of social capital, "especially the bridging type" (Ellison, Steinfield & Lampe, p. 1164) and also that Facebook usage interacts with measures of psychological well-being, suggesting that it might provide greater benefits for users experiencing low self-esteem and low life satisfaction (p. 1143).

The literature on the socio-emotional impact of computer-mediated communication and the 'social presence' one might experience during online interactions, developed into the theory of media richness. In their research entitled "Mobile phone use among Alcoholics Anonymous (AA) members: new sites for recovery", Campbell and Kelley (2008) note the literature posited that the richness of a given medium is determined by "the extent to which it affords immediate feedback, non-verbal cues, a personalized focus and natural language to convey subtleties" (Campbell & Kelley, 2008, p. 918). By studying AA members' reactions to the use of the mobile phone, the researchers came to the conclusion that "expressive use of the mobile phone for social support and social connection – through the phone's contact list – plays a particularly important role" (p. 926) in recovery efforts. As key media richness aspects of the mobile phone can also be attributed to other social media channels, such as the "chat" function on Facebook or individual "tweets" on Twitter, it would be fair to conclude that other media rich channels would afford similar benefits.

One of the greatest challenges for those in the field of mental health and addiction is that of combating stigma. It is hard to assist those who require help in the presence of strong social compunctions. People with mental health and addiction concerns deny the problem or put off seeking help due both to embarrassment and the many societal implications of admitting to having mental illness. The serious implications of stigma were elucidated in a series of articles published by the British medical journal, *The Lancet*, in 2007 when the publication began a two-year campaign to make mental health a focal point. "The stigma attached to mental illness is the main obstacle to the provision of care for people with this

disorder,” (p. 2). The article concludes that successful action against stigma requires consulting people with mental illness and their families about targets for action and their involvement in relevant programs; and recognizing the fight against stigma as a long-term endeavour, (Sartorius, 2007, p. 2).

.....The Mental Health Commission of Canada has launched a major initiative under the leadership of Dr. Heather Stuart of Queen’s University to investigate ways to fight stigma nation-wide ([www.mentalhealthcommission.ca](http://www.mentalhealthcommission.ca)). The project is under way with numerous local pilot projects designed to provide guidance for a nation-wide approach. There is also recognition that there likely is not a one-size-fits-all strategy, and that local efforts tailored to local needs may actually work better.

One theory that might prove useful in fighting stigma is attribution theory. While this is a complex area requiring much greater detail than can be covered here, Patrick Corrigan notes that the literature describes attribution theory as a model of human motivation and emotion based on the assumptions that individuals search for causal understanding of everyday events. He also states that those with mental health issues signal their problems to others through various means ranging from inappropriate affect, to talking to themselves aloud, to deficits in eye contact, body language or choice of discussion topics. Members of the general public view persons with mental illness as potentially violent and fear them. Research into attribution theory and mental illness has found that “persons who believe that a mental illness is under an individual’s control (e.g., because they lack character) are likely to angrily respond to that individual and act toward him or her in a punishing manner,” (p. 53). On the other hand, they “pity persons who are believed to be victim to their symptoms and not in control (p. 55) and are more likely to display helping behaviour. Research that involved the strategic provision of information about mental illness to study participants and research that measured stigma following productive contact with someone who was mentally ill, demonstrated result-

ant changes in controllability attributions. Corrigan cautioned that measuring the impact of such measures might be particularly difficult.

#### *Growth in the Use of Social and New Media*

Shiano et al, (2002) noted that young people are the group within society that form the broad leading edge of social media users and will serve as the bellwether of future trends. Today, some universities are no longer issuing e-mail addresses to students as they use social media such as Facebook for all their messaging. In addition, there are reports that more and more young people use mobile smart phones for all their communication needs. It is becoming the communications connection of choice for those with limited means. For FCMHAS, the key message is that use of the new technologies and social media are increasing and growing at such a rate that they will soon become ubiquitous among the younger target populations.

#### *Use of Social Media in Mental Health and Addictions Field*

Of the academic literature, most salient for the purposes of FCMHAS is an article that appeared in the *Journal of Counseling, Psychotherapy, and Health* about an online initiative targeted at young people with mental health problems in Australia. The service, known as 'Reach Out', uses innovative technologies that are familiar to young people including: an online community with a moderated forum; an online interactive game based on cognitive behavioural therapy designed to develop resilience and positive coping skills; mechanisms that allow young people to express themselves and share personal experiences of how they made it through tough times; portable digital media including podcasts and short message service (SMS) message tips through mobile phones on managing stress during exam times, along with a series of 250 fact sheets vetted by young people providing information and

guidance on mental health issues. There is also a sister website called 'Reach Out Professional' which assists professionals in the use of technology when working with young people ([www.reachoutpro.com](http://www.reachoutpro.com)).

The 'Reach Out' article quotes earlier research that makes the argument that the Internet has particular advantages which increase its potential to deliver services to young people with mental health issues, a group traditionally resistant to seeking help. The article notes the benefits of linking knowledge from formal sources with the accessibility of informal, anonymous forms of help. Burns et al (2009) also quoted a survey of more than 45,000 young people aged 11 to 24 that found that after family and friends; young people turn to the internet for advice and support. The results of the same survey noted that young people are twice as likely to turn to the internet as to contact a counselor, community agency, teacher, doctor or minister -- and five to 10 times more likely to turn to the internet than call a telephone helpline. The information regarding helpline use is particularly important in the context of FCHMAS. The key public outreach services available through the agency or the Ontario government's ConnexOntario are heavily phone based.

As noted under the heading, *Theoretical Foundations* above, a study on mobile phone use by AA members found they derived considerable benefits from the use of mobile phones. It suggested that there might be benefits from incorporating mobile phone use in cognitive therapeutic approaches to drug and alcohol recovery. The Mental Health Foundation in Scotland and Wales ([www.mentalhealth.org.uk/publications/](http://www.mentalhealth.org.uk/publications/)) has noted that (the internet is providing a bridge between people who are frequently excluded or marginalized and could lead to a lessening of stigma for people with mental health problems and more societal openness about the causes and consequences of mental distress,"

### *Social Media “How To”*

Kaplan and Haenlein (2009) provides recommendations for businesses moving into the world of social media as follows:

1. Choose carefully which social media applications are best for your business so as not to become overwhelmed. Firms should be active where their customers are present.
2. Social media is all about participation, sharing and collaboration, rather than straightforward advertising and selling. Pick a suitable application and benefit from its popularity and user base – or make your own if nothing appropriate exists, as was done by Fujifilm for photo enthusiasts.
3. If you find that you must use a range of social media, ensure that the activities are aligned with each other. "One goal of communication is the resolution of ambiguity and reduction of uncertainty, and nothing is more confusing than contradicting messages across different channels," (Kaplan and Haenlein, p. 65).
4. Integrate across social media and traditional media. From a customer perspective, no matter where the messages appear, it all contributes to corporate image.
5. Ensure appropriate access for staff members, as they must have access to what the rest of the world can see. The best way to do this is to develop corporate guidelines for social media usage. This may require the designation of certain employees whose primary objective is the management of corporate social media; others are treated as occasional participants.

The authors also point out that in social media, you must act appropriately social. Their key recommendations regarding achieving this are: 1) be active; 2) be interesting; 3) be humble; 4) be unprofessional (in other words, there is no need for expensive design and production); and 5) be honest (Kaplan and Haenlein, p. 66).

In an article on health organizations' use of Facebook for health advertising and promotion, Park, Rodgers and Stemmler (2011), noted that while non-profit health organizations were making strategic use of social media for branding and advertising, there was room to take better advantage of a broader range of social media tools and consumer generated advertising and viral marketing. (p. 62). The key criticism was that health organizations were not taking full advantage of interactive features or other social media channels. They noted that distinguishing features of social media, as described by Mayfield in 2008, are participation, openness, conversation, community and connectedness. Other features of social media that can be useful for health care organizations are feedback mechanisms such as buttons or quizzes that facilitate more participation from users and feature relatively few access or content creation barriers, something suggested by Mayfield's research. They also point to the benefits of simultaneous and continuous exchanges which carry a social binding force, something noted by Nutbeam (2000). The benefits of interactivity are spelled out in that it can increase word of mouth among interpersonal networks (Kalichman et al, 2002) and improve consumer's self-management behaviours (Guendelman et al, 2002).

Regarding Facebook in particular, they noted that it offers a virtual social media platform that is an easy, cost-effective way to communicate health information, promote products and services and build brand communities. The article notes that an increasing number of health organizations have developed Facebook health applications that allow users to keep track of their exercise and diet goals and coordinate exercise plans, as noted by Donahue (2009) and Dugan (2010). The authors also note that health organizations should create a profile that helps users learn about their affiliations by posting specific, descriptive biographical information and using their logo as an avatar. They point out that Tuten (2008), asserts that building brand communities is an important step for an organization to increase brand awareness and enhance

customer loyalty. The authors contend that as health literacy awareness is low, such organizations can benefit their brands and the public by enabling people to increase their health knowledge and appropriate information-seeking skills. To accomplish this, the article suggests the increased use of interactive features such as videos and widgets to attract attention and drive web traffic to organizations' pages. The authors assert that organizations may need to invest in a wide range of social media sites to create an attractive social network identity and connect more users with their brand.

An article with the clever title, "Take two aspirin and tweet me in the morning: How Twitter, Facebook, and other social media are reshaping health care," (Hawn, 2009) provides interesting insight into how social media can assist in improving interactions with patients or clients and transform the health care delivery model. The article reveals how a primary care practice, Hello Health, in Brooklyn, New York, is reengineering the way doctors interact with patients through the use of web-based social media such as weblogs, instant messaging platforms, video chat and social networks. Some of the features of medical practices based include Facebook-like physician profiles, cyber visits, secure e-mail messaging, instant messaging with physicians, and physician-authored blogs. In addition, disease sufferers can compare care options and outcomes through social media platforms and doctors can participate in professional online chat rooms with their colleagues. Patients can also make medical appointments on line, refill prescriptions, communicate directly with their physicians, and see personal test results. The physician supporters of such systems note that these types of tools are ultimately empowering to patients because they are provided with what they need to take care of themselves (Hawn, p. 362).

#### *Risks and Downsides*

One of the key concerns regarding the use of social media in an organization like FCMHAS is the potential risk associ-

ated with its use. The key risks and downsides described in the literature for health care in general include: privacy, standards of care and costs (Hawn, 2009). For business in general, the concerns are raised about the ability of consumers "to speak so freely with each other" and the corporate loss of control of the "information available about them in cyberspace," (Kaplan & Haenlein, 2009, p. 60). Hawn quotes a representative of the Deaconess hospital system in the U.S. who said: "one reason the use of social media in health care hasn't taken off even more quickly" is physicians' concerns over complying with privacy legislation. He pointed out that if communicating with a patient on a secure e-mail on an open network, the physician must take the extra step of copying and storing the information in the medical record. A solution is for hospitals to use their own private portals where this will be done automatically. With regard to standards of care, the literature notes there are many unanswered questions. The emerging view seems to be that an entirely new regulatory structure is needed to support the high tech transformation that is taking place in health care (Hawn, 2009, p. 366). The other concern is cost. Hawn points out that physicians want to be sure that they are not taking on a huge financial burden. This has resulted in innovations happening only in large organizations that have the resources to manage the changes, or where a combination of insurance and other incentives drive efficiencies. One of the physicians quoted in the literature notes; however, that he believes the business case already exists. "Being able to communicate with patients electronically cuts down on phone calls, while other e-health technologies reduce such administrative tasks as dictation and records documentation. The Hello Health practice (described earlier) functions as an almost entirely paperless practice and has no administrative staff, sharply reducing its overhead,"(Hawn, p. 367).

## Methodology

In order to conduct research into a proposed social media strategy for FCMHAS, the following approach was taken:

- 1) A review of the academic, trade and clinical literature relative to the use of social media by health care and social service organizations including those serving sensitive groups such as those with mental health and addictions issues to determine what communication, engagement, customer service and health-related benefits may accrue from the use of social media as well as potential risks for the agency.
- 2) Interviews/information gathering with three members of the senior FCMHS team (Executive Director, former Head of Clinical Practice now leading a special project, Director of Human Resources) as well as with the head of IT, the Manager, Vocational Services and an interview with a client, arranged through the agency's client advisory committee. (See interview questions in Appendix 2)
- 3) A review and of the results of a survey of clients conducted as part of the communications and public relations study undertaken in 2011 as they relate to the use of social media.
- 4) Based on the above, the design and recommendation a of a short and longer term social media strategy for FCMHAS that is in keeping with its organizational, communications and community engagement strategies and includes recommendations regarding evaluation of the approaches taken.

## Primary Research Findings and Analysis

### *Benefits of Social Media*

FCMHAS staff with key responsibilities for clients (Executive Director, former Director of Clinical Services, and Manager of Vocational Services) had generally positive views towards the use of social media for public relations and client service as well as program activities. There is a strong awareness on their part, and supported by the results of the 2011 strategic communications study, that among the public generally, stakeholder groups and people in need of agency services, knowledge of what it does and what it can offer is very low.

One member of the group expressed the view that platforms such as Twitter, blogs and Facebook that provide opportunity for two-way dialogue could provide community partners (who may wish to refer clients or require a better understanding of how the system works) with more knowledge of what the others do, something that would have great value. The individual noted that given how busy professionals in the field are, social media might be able to get information out more quickly and effectively. Further, standard communications vehicles like newsletters no longer work well and reading them falls to the bottom of the “to do” list because of lack of time.

Social media was also seen as a means to reach out to those with mental health and addiction issues who may not be comfortable with the traditional ways of gaining access to service. This is especially the case with regard to young people. “There are too many young people dying of suicide. Maybe that would be a way to reach them.” Facebook was seen as a more relevant and immediate way of connecting with young people and possibly would be easier to manage than the old methods of communication such as by telephone or through the printing and distribution of brochures. Fur-

ther, updating information on Facebook would be a lot quicker than updating print material.

Another member noted that peer support has worked well in the agency's programs and online peer support could be beneficial for high school students. The individual noted that research done by Occupational Therapy Masters students recommended this for those in the educational system suffering from mental illness. It was also noted that some similar agencies around the world are using Facebook as a base for support groups where participants can chat back and forth about their issues. Some people respond better to this approach than to participating in a group.

### *Risks of Social Media*

As organizations that must take very seriously the protection of personal information, some of the key risks seen by agency leaders are the attendant risks to privacy and protection of personal information. Could this increase the risk of hackers obtaining personal information?

Another issue raised during these conversations is the potential for the erroneous spread of information via Facebook. There is a concern that if you "let people in" they might post inaccurate information that is then hard to correct. There is also concern about provision of information about mental health generally on the Internet and the challenges this poses for an agency in trying to find a balance regarding how much to provide. One participant noted:

"The wrong information can set people off. Part of the problem with the internet is that people research their illness and they get some medical information that is not appropriate. They may use this information incorrectly. It becomes a problem for the mental health professionals when patients become doctors overnight."

Another key concern regarding social media program is the need for human resources to keep on top of it. Staff need to be attentive to it and there are expectations that if someone messages or tweets, there may be an expectation of instantaneous response. One risk, for example, would be someone who makes contact when in a crisis. As it stands now, the agency's Crisis Line is sometimes challenged when all available staff are engaged in responding. "There is a concern that we may be setting ourselves up for failure," one person said. It's possible that something that happens on line could make recovery more difficult for an individual, one person said, but added that such things can also happen currently.

Those responsible for Information Technology and Human Resources have greater concerns about the adoption of social media. One individual said the agency simply does not have adequate staff to manage a social media program properly and does not see the business case or utility for the agency and thus could set itself up for failure.

One of the concerns raised is experience with staff use to date. Certain individuals within the organization were found spending huge parts of the working day engaged in personal activities on Facebook and so it is seen as a tremendous time waster. FCMHAS took the step of blocking social media sites on agency computers. In addition, some staff members have posted negative comments about others within the organization on their personal Facebook pages. This has then required follow-up by human resources.

### *Dealing with Stigma*

The key clinical leaders noted that one of the main advantages of social media use by FCMHAS would be its ability to better address the stigma and fear associated with mental illness. They mentioned opportunities to profile those who are making progress in their recovery through video, photos and the written word: "We need to do more to get the word

out. We need to get more people to engage. Think of the national campaigns for cancer. Twenty to thirty years ago you didn't talk about it. This is a way for people to get it out."

#### *Internal Interest in Social Media*

Management staff interviewed for this study expressed varying levels of personal interest in participating actively in social media as part of their work for the agency. The Executive Director was particularly open to mini-blogging on Twitter in order to reach out, engage and demonstrate leadership; one other saw it as the way of the future for agencies in terms of interacting with clients for both the purposes of affinity and relationship support – and ultimately for counseling; yet another recognized the potential professional value of LinkedIn for building networks and sharing practices. Several noted that a number of staff members had been advocating rather insistently that the organization become involved in the new technologies but that so far it had been necessary to be cautious due to potential risk, concerns about time wastage and questions regarding the true utility of social media for the organization.

#### *Client Viewpoint*

Only one individual responded to the invitation to clients to discuss the agency's potential use of social media. This client was a well-educated young woman who is a heavy user of social media and sees great potential benefit for clients. She was also aware of the potential risks of social media but had suggestions for strategies to overcome these.

The client's key recommendations were:

- 1) Use Twitter to communicate practical information for clients such as providing reminders for meetings and events or providing links to information relevant to their treatment and recovery.

- 2) Develop a full Facebook page for the use of clients and others as Facebook is seen as more friendly than a website (which is the professional face of the organization) and allows greater interaction through private messaging and the chat and event functions.
- 3) Look into the possibilities of setting up a Facebook group that would allow clients to interact with the agency and one another. This would provide someone for clients to chat with at any time, something the client felt would go a long way to providing the supportive options needed for recovery. She noted that while there is a Crisis Line, there are times when calling that line would seem an overreaction." Clients need options," she said. "Picking up a phone is seen as for more of a crisis. Also you can be overheard on a phone." She added that she already uses Facebook to be in touch with people when she needs support but they are not always on when she has a problem in the middle of the night.
- 4) Use YouTube to post videos that would serve as resources to those with mental health and addictions. The videos might include pointers from experts on how to manage day to day, how to go about finding a job or could feature stories about client success stories told in their own words. She said it is very helpful to her to know that there are others like her and that she is not alone.
- 5) As many people with mental health and addictions, concerns can benefit from writing reflections in a journal, consider forming a LiveJournal group where those interested can post, share, and receive comments.

### *Current Online Resources*

Background research for this paper revealed a provincial online service for those with mental health issues. It consists of both telephone and on-line chat services and is known as the Mental Health Help Line ([www.mentalhealthhelpline.ca](http://www.mentalhealthhelpline.ca)). This service can be an excellent resource for those with mental health concerns and can make recommendations to clients regarding local services like FCMHAS. Unfortunately, a search of the site revealed it was difficult to find information about such services. It is possible that an individual using the Mental Health phone line or online chat would be provided with better information. This is a service that FCMHS may wish to provide as a link for its clients.

Statistics provided by the mental health helpline operated by ConnexOntario upon request indicate that most users find out about the service through the telephone directory with only a small percentage finding the service through an online search and other means (Kirc Cobb, personal communication, September 30, 2011). Given the fact that young people today are less inclined to use telephone directories than in the past, one can assume a great deal more online and social media presence is required for those in need to find appropriate resources.

Various other searches for mental health services in Ontario revealed an extremely confusing array of resources, many of which were not targeted to individual clients in need.

### *Analysis, Conclusions and Path Forward*

It is apparent that Frontenac Community Mental Health & Addiction Services must move into the world of social media within the next few years if it is to remain a relevant force in the community it serves. The literature indicates a growing trend in the use of social media in all areas of business and the non-profit sector, and certainly among human care agencies. In addition, the enthusiasm of key stakeholders within

the agency indicates fertile ground for its development. Currently, without social media capacity, FCMHAS is not providing optimal service to the younger, 18-35 age group. However, projections in the literature strongly suggest that more and more people of all ages are coming to depend on social media for key information relative to their health and personal management. Not only will social media be used to gather basic information, the word-of-mouth recommendations it supports will become a prime source of trusted information for individuals. In a fast-changing world, an agency such as FCMHAS will need to depend on the speedy, dependable flow of information that social media provides. In addition, the approachability and trustworthiness attributes of social media are desirable for an agency like FCMHAS where highly sensitive emotional matters are at stake. The take-up of social media strategies by leading agencies serving similar populations and also in the primary health field demonstrates that social media will be incorporated into agencies engaged in caring endeavours. The move to social media is resulting in happier customers and happier patients and clients in the helping fields. It can help bring to life the much-vaunted goal of a customer service orientation in business and patient- or client-centred care in health and social service fields.

The fact that a survey of clients undertaken as part of the previous communications planning exercise identified social media as a desirable mode of communication bodes well for its usefulness with FCMHAS clients. Interest shown regarding incorporating the use of social media in agency practice by many staff members also indicates a core of organizational willingness to make the efforts required to incorporate these new approaches. Concerns raised by those in HR and IT regarding the potential risks, costs and resourcing issues is something identified in the literature. These concerns are not insurmountable. Much can be addressed through guidelines, policy and a step-by-step approach.

FCMHAS is well aware that it faces great challenges ahead. The ever-increasing burden of mental health disorders

on the population is well documented. The World Health Organization (WHO) devoted its *World Health Report* to mental health in 2001 and predicted epidemic proportions of mental health disorders to come with depression predicted to become the second highest cause of disability for all ages by 2020 (World Health Organization website, 2011). The WHO pointed out that barriers to effective care include lack of resources, lack of trained providers, and the social stigma associated with mental disorders including depression. Sustained local action is now seen as a wise course of action. A strong case can be made for the use of social media as the fastest growing and most pervasive means of communicating and engaging young people in the age groups most affected by mental health issues. In addition, a compelling argument can be made for local coordinated action so that groups of agencies with overlapping clientele and stakeholders can avoid individually reinventing the wheel and thus achieve efficiencies, simplify client access and reduce potential gaps in service.

From a practical perspective the agency's size and mandate is a major constraint. While it may seem desirable to jump headlong into social media using the full gamut of tools available for reputation-building, battling stigma, general communications and client service, this is likely not possible at the agency's current size, nor would it be sensible within its mandate. Also, given the fractured nature of the services available to those with mental health and addiction issues and the multiplicity of agencies involved in trying to meet growing needs, a more coordinated effort by local partners may be much wiser. The agency may wish partner with other local agencies and institutions, including Queen's University, to support a broader social media initiative in the field of mental health and addictions. FCMHAS may be better off to focus its use of social media in conjunction with other communications tactics identified for specific high-priority communications initiatives in its communications strategy such as building awareness of its services with the public broadly, building re-

relationships with other stakeholders in the field and taking leadership in addressing stigma in partnership with others in the community. There may also be appropriate applications for social media as part of the agency's peer support initiatives. Such an initiative should be explored in consultation with staff and clients.

The social media strategy outlined in Appendix 1 provides recommendations regarding a manageable approach.

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## Appendix 1

### FCMHAS Social Media Strategy – Recommendations

The following recommendations are practical ones. They are based on knowledge of FCMHAS, its strategic and communications objectives, the 2011 FCMHAS Communications Strategy and a limited number of interviews specifically on the topic of social media. The recommendations build on the literature in the field of new and social media, both academic and practitioner. They also take into account two pressing realities of today's society: the inexorable growth in the use and dependence upon social media and smart phone-type devices for information-seeking and relationship development by the younger and the more mature generations; and the growing seriousness of the global mental health problem along with the immense challenges to improved access and services posed by mental health stigma.

#### *Being Where the Clients Are*

One of the key drivers of any organizational communications or advertising strategy is that you must be where the customers or clients are. The literature demonstrates that people in the key age groups with mental health concerns are using social media more and more. Also, it is becoming less common for young people to seek information by phone. They are used to communicating on line and texting, and are uncomfortable picking up the phone in the first instance. There is anecdotal evidence to suggest that those with mental health issues may be even more reluctant to use the phone or seek help in person

## Recommendation 1

Put in place complementary social media tactics in addition to the other recommendations of the 2011 FCMHAS Communications Strategy.

.....As noted by Henry Jenkins, media guru and author of *Convergence Culture*, "every important story gets told, every brand gets sold and every consumer gets courted across multiple media platforms...Convergence represents a cultural shift as consumers are encouraged to seek out new information and make connections among dispersed media content."

As one FCMHAS manager stated: "I believe it's good to keep up with the times and social media is where things are going." Referencing Dr. Spencer Johnson's best selling book on change 'Who moved my cheese' the individual said: "It's good to be current and to "move the cheese" before you need to, whether you like it or not."

Support for a move to social media by agencies like FCMHAS was evident in the September, 2011 Globe and Mail series on mental health. The Jack Project, named in honour of Jack Windeler, an 18-year-old Queen's University student who took his life, is putting \$300,000 towards a project at Kids Help Phone that will allow anyone 20 or under to chat with trained counselors using their laptops or mobile devices. Jack's father is quoted as saying: "He told us in his note that he didn't know how to ask for help. But he was very proficient online. He was a gamer. I know for certain that he would never have picked up the phone, but an online resource might have made a difference." (Globe and Mail, September 26, 2011 p. A7)

### *Being Practical and Demonstrating Leadership in the Integration of Mental Health and Addictions*

FCMHAS is a small agency with limited resources. Currently, it would be beyond its reach to develop a full suite of social media applications to communicate information, partic-

ipate in a two-way dialogue with potential clients and those at risk on a 24/7 basis and provide online peer support and counselling. FCMHAS is seen as a leader in the community, however, and could take a leadership role by partnering with others with similar interests.

### Recommendation 2

To create efficiencies and maximize quality, consider partnering in a social media strategy with other local organizations that need to address mental health and addictions concerns. This could include Queen's University, Royal Military College, St. Lawrence College and the local boards of education and hospitals. (Note: Queen's University has recently announced the formation of an internal task force on mental health to address student issues following a number of suicides and fatal accidents related to drinking.) The Reach Out project may serve as a good example and modified for local adoption. The Local Health Integration Network (LHIN) should be approached to determine if seed funding might be available.

### *Start Slowly, Start by Listening and Never Stop*

Social media experts believe strongly that you must listen to your customers, clients, and stakeholders first and never stop listening (Kerpen, 2011, p. 13). This is in keeping with FCMHAS's values and the recommendations of mental health leaders worldwide who advocate that clients must be involved in solving mental health problems. Employees and the news media are key stakeholder groups.

### Recommendation 3

Begin by gathering information from the key stakeholders you wish to engage. A committee or project team made up of staff who are interested in using social media as well as those

who have reservations should be struck. This committee should then engage clients in the project work. This will help in ensuring that content is meaningful. This should include the news media, as it would be useful to understand reporters' preferences for receiving information and keeping up to date on mental health and addictions issues. *The Lancet* series on mental health featured an article on the role of the mass media. It noted that the media has a strong influence on public attitudes about mental health. (Miller, 2007, *The Lancet* series)

*Build on Your Strengths, Reputation and Interests*

FCMHAS Executive Director is highly respected in mental health and addiction circles locally and nationally. She has demonstrated an interest in blogging or mini-blogging on Twitter to share her views and engage in dialogue.

Recommendation 4

The Executive Director should launch a series of blog posts, perhaps monthly, when the new website is launched in 2012. Given her role in the field, this blog can be used to demonstrate leadership through the provision of innovative and challenging ideas. It could also be used to tell stories about successful client interventions. Recognize the power of Facebook: Facebook is used by many as an alternative to other online searches. It is seen as the "friendly" side of an organization, as opposed to the website which is more professional.

Recommendation 5

When the new website is being developed, start work on expanding the FCMHAS Facebook community page. Plan a Facebook communications strategy in advance in consultation with clients. When launched, ensure that the agency provides regular updates and that tweets are linked in to Fa-

cebook. Clients could be engaged in the ongoing management of the Facebook page as vocational training.

Post clear rules regarding what can and cannot be posted on Facebook and note the agency's right to moderate comments, disallowing those that can infringe upon privacy. Where complaints appear, be transparent in terms of taking the complaint off line and addressing it in the most appropriate and professional manner. Comment on both positive and negative posts.

Keep up to date on the most effective approaches to Facebook. Studies show that photographs are very effective. Pose questions in such a way that they prompt discussion.

#### Recommendation 6

Use Facebook ads to raise awareness and drive people who need help to your website. Facebook ads can be an effective and inexpensive way to reach people who need your services. Ads can be targeted locally to those in need or to family and friends. FCMHS might consider headlines for the ads such as: "Stressed out, depressed?" "Do you feel hopeless?" "Are you worried about a friend who is on drugs?"

#### *YouTube is Easy to Use, Very Effective*

YouTube is a powerful tool and easy to use. Videos should be short and professional quality is not required. The ideal length is 60 - 80 seconds but two to three minutes is not uncommon. They can be used to tell important stories about the agency. Seeing how things are done in the various agency program areas could inform prospective clients and put them at ease. In addition, videos can help address stigma.

## Recommendation 7

Engage the social media committee in planning YouTube posts. Staff and clients could work together to produce short videos. These should be promoted and linked across the other social media platforms such as Twitter and Facebook.

## An Option to Consider: Recommendation 8

*Explore the Use of LiveJournal as a Way of Providing Peer and Agency Support for Clients.*

In addition to many other services, LiveJournal acts as host to group journals, dubbed "communities". Anyone who joins a community can make posts to it as they would on a regular journal; communities also have "maintainers", ordinary users who run the community and oversee membership and moderation.

## Deal with Risks: Recommendation 9

Develop social media policies for your staff. As many organizations are now facing this issue, sample policies and suggestions for how to go about developing policies can be found online. Some of the concepts included in such policies are as follows:

- When online, your identity is associated with that of the agency so anything that can bring discredit to the agency must be avoided and can lead to disciplinary action.
- The employer is responsible for providing clear guidelines regarding staff assigned to engage on social media and training should be provided.
- Staff members who do not have social media responsibilities may take a few moments to review recent posts on a daily basis. The IT department will monitor social media usage and abuse of the policy may result in disciplinary action.

### *Measurement*

It is important that a measurement component be built in to determine you are having the intended impact. Ensure measurement is aimed at concrete actions, for example measuring the number of people who initially seek information on Facebook or the website and the actually see a professional.

### Recommendation 10

When developing the social media strategy, put in place as many evaluative tools as possible to measure the impact of your efforts. Seek guidance from the literature.

### A Final Note

As social media usage is only going to grow, it is important to look at it not as an add-on to what you do, but as a new way of doing things. More information provided online and through social media can cut down on phone calls and increase clarity. Social media can help the organization build relationships with other mental health care providers, and build reputation and support in the community.

There are several good books on social media that can be used to guide your efforts including: *Likeable Social Media* by Dave Kerpen and *Guerilla Social Media Marketing* by Jay Conrad Levinson and Shane Gibson.