Social Networking for Psychiatric-Mental Health Nurses

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Disclosure

- The speakers have no conflict of interest, commercial support, or off-label use to disclose.
- Inappropriate language may be used for educational purposes in this presentation.
What is Social Networking?
(in the context of healthcare)

The use of Web 2.0 based media platforms to create personal and professional profiles as a means to forge connections for real-time information sharing among nursing professionals and health consumers.

Social networking is powered by social media

Social Media Outlets

- Lifestreams
- Blogs
- Microblogs
- Wikis
- Podcasts
- Content Communities
- Forums

(Boyd & Ellison, 2007)

Social Networking

is

- Conversation
- Commenting
- Community
- Collaboration
- Contribution
- Creative

is not

- Selfish
- Simple
- Secure
- “Set and Forget”
- Success by number
- Static

Understanding usage does not equate to understanding implications

(Touchette, 2010)
Social Networking in Healthcare

- 20% Americans use SM
  - 35 million in 2007; 89 million in 2010
  - Average age: 41
  - Household income: $75K +
- 25% influence health care decisions
- 32% report high level of trust
- 43% “millennials” want SM communication with providers
- Mobile SM use greater with minorities and youth
  - Social networking sites, video, Twitter, location services
  - Importance of SM for government outreach

Most Popular Sites by Use

- Facebook: 94%
- Twitter: 18%
- YouTube: 32%
- FourSquare: 2%
Healthcare Networking Trends

- Engaging e-patients
- PHRs (portable/personal health records)
- Recruitment and loyalty
- Mobile Technology
- Real-time dissemination and discussion
  - Among providers
  - Among patients
  - Between providers and patients

Nurses & Professional Networking

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<th>Platform</th>
<th>All Providers</th>
<th>Nurses</th>
<th>Students</th>
<th>Educators</th>
<th>Researchers</th>
<th>Leaders</th>
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Nursing Trends & Cautions

- Most Trusted = Higher Standard
- Job search: 22%
- From 2008 to 2010
  - Social networking up 4%
  - Professional use up 10%
  - Privacy concern up 8%
  - Report of consequences grew up 11%
  - Observed peer unprofessionalism up 5%
  - Believe in blocking access at work fell 3%
Should She Have Been Expelled from Nursing School?

ANA Principles for Social Networking

- Confidentiality
- Boundaries
- Access
- Presence and Privacy
- Vigilance
- Participation

Social Media Utilization for PMH Nursing is Unique... and so are the precautions
PMH vs “Real” Nursing

- Recruitment
- Physical environment
- Conflict between desire and reality
- Stress-Burnout-Retention
- Vicarious Trauma
- Compensation

(Hanrahan, Aiken, McClaine, & Hanlon A., 2010)

Therapeutic Alliance

- HIPAA
- Transference/Countertransference
- Compliance, continuity, transition
- Communication/Relationship skill of pt. population
- Stalking your patients
- Reportable findings
- Non/therapeutic use of self


Networking PMH Nurses

- Service Outreach and Follow-Up
  - Instant Messaging for TBI
  - Mobile CBT
  - Facebook for Grief Processing
- Psych/Primary Care Integration and Collaboration
- Clinical Insights
- Tailored Treatment Plans
- Feedback

(Pond, 2011)
“If we truly want to educate the public to understand that treatment for mental illnesses and addictions are effective and recovery is possible, we must be where our audience is—on Facebook, Twitter, and whatever the next wave is.” - Linda Rosenberg, M.S.W

“Veterans should have consistent and convenient access to reliable VA information real time using social media—whether on a smartphone or a computer. They also should be able to communicate directly with appropriate VA employees electronically.”

Secretary of Veterans Affairs Eric K. Shinseki on VA Directive 6515: Use of Web-Based Collaboration Technologies

Networking PMH Patients

- Decrease Stigma and Isolation
- Camaraderie Inspires Advocacy
  - PatientsLikeMe
  - Twitter #mhsm
- Finding the Elusive Normal
- “e-patient” Education and Empowerment

Peer Pointers for Policy

- British Medical Association (2011) - healthcare professionals should never friend patients as it “blurs the boundary”
- Canadian Medical Association (2011) - avoid online relationships with current or former patients.
- American Psychological Association (2010) - How does this particular relationship fit with the treatment relationship?
- Nursing and Midwifery Council (2011) - Nurses should decline friend requests from patients or clients on Facebook, even if they are no longer under their care, but should also avoid discussing work or colleagues.
In what situation is this Facebook post a problem?

What Goes Where?

Public
- Business contact
- Resume information
- Thoughts on health news, research, advocacy
- Professional photos
- Compliments

Private
- Home contact
- Family/Friend information
- Religious, political, social commentary
- Social photos
- Complaints
Mind Your Mind

- Know the Technology You Are Using
- Keep Up With Future Trends
- Office Boundaries/Hours and Web 2.0
  - Don’t go there if you wouldn’t go there
  - Know what you know from the office
- Social Media Policy/Disclaimer Statement
- Venting Online? Find Better Coping Skills!

Avoid Unintended Disclosure

- Do Not “Friend” Patients, Their Family, Unknown People
- Perform Routine Self-Audits
  - Internet Background Checks
  - Peer Review
  - Internet Reputation Management
- Maximize Privacy and Access Settings
- There is No Such Thing as Anonymity

Professional Utilization

- Know Your “Who” and “Why”
- Establish a Professional Identity
- Avoid Communication on 3rd Party Platforms
- Document Social Media Interactions
- Patient Update Options
  - Mobile reminders
  - Trusted sources for news, information (not advice!), referrals
  - Consents forms
. . . and now for a little more networking . . .

- www.Twitter.com/OneDNP
- www.Facebook.com/OneDNP
- http://gplus.to/onednp
- http://www.linkedin.com/profile/view?id=19012160&trk=tab_pro
- http://onednp.blogspot.com/ Click “APNA” for a resource list!

But what about . . . . . . ?

Share Your Thoughts: Take the Survey
https://www.surveymonkey.com/s/OneDNP