Qualitative analysis of UK and USA open mental health Facebook groups for mental health support

Original Research Article
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Abstract
Background: Facebook is still the most popular social networking site in the world. A growing number of people with mental health issues are using open Facebook groups as a source of informational and emotional support, and to provide peer support to others with mental illness. Facebook groups specifically tailored for mental health can provide a safe, less stigmatised environment for people to share their personal experiences with others who understand, and gain information and advice from those with similar experiences. The peer support people gain from other group members can reduce feelings of isolation, helping them feel more connected and less alone.

Objective: The aim of the research was to gain an understanding of how people use open Facebook groups for their emotional and mental health needs, and to gain an insight into how they support each other through these groups. Specifically, the study explored the ways people in the UK and USA interact via open Facebook mental health groups about mental health issues, and how they sought, provided and received the support.

Methods: A systematic search of all mental health related open Facebook groups was conducted in January 2016 using mental health related keywords, which yielded a total of 158 groups. Only groups that had an administrator that was clearly based in the UK or USA, and displayed group member engagement through comments and posts were considered for analysis. This resulted in 14 UK Facebook groups and 11 USA Facebook groups appropriate for analysis. All posts over a three-month period were copied and pasted for analysis. The resulting data set consisted of 1,901 pages of UK Facebook posts and comments, and 1,900 pages of USA Facebook posts and comments. Thematic analysis was conducted to extract key themes from the data set using NVivo software.

Results: Findings support the literature that general online support is beneficial to those with mental illness. Using open Facebook groups specifically can provide people with informational and emotional support for their mental illness, increasing the perceived level of social support. Additionally, online support from Facebook groups can increase feelings of connectedness, reduce feelings of isolation, and provide a platform for comparison of perspectives relating to their own experiences. Furthermore, group membership may offer hope and increase feelings of empowerment in those using Facebook as a support mechanism for their mental illness.

Conclusions: This study adds to the current growing body of research examining how people with mental illness use open Facebook groups specifically to seek and provide emotional and informational support online. The study highlights the positive impact of shared personal experiences, and offers a greater understanding of the benefits of online peer support in relation to their mental health and wellbeing. Furthermore, it poses questions for group administrators and health professionals relating to their utilisation and moderation of such open Facebook mental health groups.

Keywords: Social Media; Mental Health; Qualitative research, Internet
Introduction

Online versus offline support for mental health

In Great Britain during 2017, 90% of all households had access to the World Wide Web, and almost three quarters of these (73%) accessed the internet via a portable device such as a tablet or smartphone [1]. Over the last decade, online social networking sites (SNSs) have become a significant feature in the daily lives of individuals. Usage of SNSs has increased tenfold between 2005 and 2015, with 69% of US adults [2], and 66% of adults in Great Britain [3] using online networking sites. Researchers are using SNSs such as Facebook increasingly for recruitment to health related studies [4, 5]. In addition, there has been an increase in the use of SNSs such as Facebook, Twitter, and YouTube for health related information seeking and sharing [6-11], for health related topics such as diabetes [12, 13], pregnancy [14], and asthma [15].

In addition to differences in characteristics, such as current health status and age, differences have also been found between those who seek support and information online and those who seek it offline [16], the support and information itself has been found to differ [17]. Those seeking information and support online, particularly through SNSs, are likely to be able to access a much higher number of sources and answers to questions than they would through face-to-face contact [18] due to having access to a larger pool of contacts [19]. Furthermore, the sources of information people access online may be considered more reliable, accurate or trustworthy by information seekers [20]. In addition, the internet offers easy, instant 24/7 access to information, even when away from a computer if using a mobile device [21]. The lack of temporal barriers when using contemporary technologies may help to reduce feelings of social isolation, particularly for older people [22], those with depression [23], and those with mental illness [24]. Seeking support and information online allows the individual control over anonymity [25, 26], which may reduce feelings of vulnerability relating to disclosure as there are no clear links between the information given out and the individual’s real-world personal life. This may increase the level of disclosure, which in turn could build trust and provide the knowledge that the online environment is a safe place, thus promoting group cohesion [27]. Other benefits of utilising online sources of support include reduced feelings of stigmatisation [28, 29], and the capacity of the internet to access hard to reach demographic groups [30], such as men [31, 32], young people [33-36], differing socioecnonimic groups [37], and ethnic minorities [38].
Issues with online support

Despite the previously mentioned benefits of using the internet for support and information, other research has found some disadvantages of online help-seeking. Firstly, communication without face-to-face contact may be interpreted out of context due to the lack of social cues and other non-verbal elements, which in conjunction with anonymity may create higher levels of disinhibition [39], potentially leading to socially inappropriate responses. Furthermore, concerns have been highlighted regarding information exchange; the absence of administrator moderation or professional input may lead to the dissemination of incorrect information [40, 41], internet users may be contacted by negative individuals or receive comments relating to the negative aspects of their health condition [40], and there may be incongruence between the perceived privacy of an online source and the actual level of privacy the site provides [42]. Lastly, reliance and overuse of the internet for information, support and social communication may lead to internet addiction [43], resulting in a decrease in face-to-face interpersonal communication [44] and a possible increase in social anxiety and depressive symptoms, particularly for adolescents [45].

Mobile Apps for Mental Health Support

The disadvantages of gaining information and support online notwithstanding, one tool individuals are using for health information seeking and support is the downloadable mobile application (App). The development and utilisation of mobile Apps and mental health Apps (MHapps) is increasing [46], Apps are increasingly used as mental and physical health interventions [47], and the use of health Apps has been linked to behavioural changes [48]. Professionals and services are using Apps for assessment and clinical decision making [49], diagnosis and drug referencing [50], and medical records access [51]. MHapps are aimed at promoting good mental health and wellbeing [52], and provide information and support without geographical constraints [53]. This potentially reduces barriers to mental health care [54], provides autonomy [55], and flexibility of use [32]. Despite the benefits and rising interest in the field [56, 57], many MHapps may lack robust scientific grounding [52, 58-60]. Similar trends in health information seeking may be observed with blogging [61, 62], and microblogging [25, 63]. The use of online blogging has been described as ‘an important part of patients’ health experiences’ [64], and provides a contemporary form of communicative interaction [65], and
meaningful social connections [66]. Blogging has been found to increase the likelihood of engagement with suicide prevention intervention [67], and to be an effective tool for engaging young people with mental health and substance use intervention programmes [68]. In spite of potential concerns relating to confidentiality and stigmatisation, people are using blogging as a way to reduce stigma through ‘defiant disclosure’ [69]. In addition, the availability of candid disclosures on blogs may offer professional health workers a greater insight into the requirements of those with mental illness [70], enabling them to tailor and refine services for the individual. Although professionals are showing an increased willingness to engage with online interactions relating to mental illness and other health concerns, specific guidelines and best practice needs to be established to ensure the support given is relevant, accurate and reliable [71].

**Social Networking Sites and Mental Health Support**

Facebook is still the most popular SNS in the world [72], and people are increasingly using the platform as a source of informational and emotional support. Studies have found several positive benefits of using Facebook and other SNSs for those with mental illness, such as an increase in perceived social support [73, 74], feelings of empowerment and hope [75], reduced feelings of isolation [74], and a decrease in depressive symptoms [75]. In addition, those seeking online support have reported a lower level of stigmatisation [76], and increased feelings of connectedness [77]. The efficacy of online support from SNSs for mental health has shown to be particularly salient for women during pregnancy [14], and those with mental illnesses such as Schizophrenia [78], Psychosis [79] and PTSD [80]. However, contemporary research also highlights some negative effects of using SNSs such as Facebook in addition to the potential negative effects of general internet usage [39-45]. Research has found that SNSs had a negative impact on both work-related performance and happiness [81], whilst other studies suggest that Facebook use may lead to social comparison and envy [82], increasing the likelihood of negative self-perception in some people [83]. Adolescents in particular who use Facebook and other SNSs excessively may develop a Fear of Missing Out (FOMO) [84], and more generally Facebook use may slow or impair stress recovery [85].

The literature examining the use of online sources and SNSs for health and mental health support is extensive, however few studies focus specifically on the utilisation of Facebook as a support mechanism through qualitative enquiry. The top three countries with the highest percentage of
their population actively using Facebook are Thailand (73.8%), the USA (70.3%), and the UK (66.2%) (Data calculated from population figures [86] and Facebook statistics [87]). Although research has been conducted comparing cultural differences in social media use between Western and East Asian societies [88], and regarding differences in general usage between five countries [89], there is no contemporary literature known to the authors which explores differences in the way people from two Western societies, the UK and USA, use Facebook for their mental health. Despite ethical considerations, which were considered at every level within this research, [90], the authors are in agreement with Golder, Amed, Norman and Booth’s recently stated viewpoint that ‘we cannot afford to miss the considerable potential of social media research and its unique contribution to knowledge’ [91]. The aim of the current research is to gain an understanding of how people use open Facebook groups for their emotional and mental health needs, and to gain an insight into how they support each other through these groups. In addition, the way people from the UK and US use Facebook groups in relation to their mental health is explored to highlight any similarities and differences. The data covers a three-month period, providing rich in-depth analysis on the ways people interact via Facebook mental health groups about mental health issues.

Methods
A systematic search of all mental health related Facebook groups was conducted in January 2016 using mental health related keywords. This search yielded a total of 158 Facebook groups; 38 by the keywords Mental Health, 38 Anxiety, 36 Depression, 16 Schizophrenia, 13 Stress, 8 Bipolar, and Psychosis yielded 5 results. A spreadsheet was created with the name of the group, number of likes, the number of visits, the location of the administrator (where the group was set up/based) and the URL. Group locations were world-wide, however the volume of data from the UK and USA sites outweighed data from other locations greatly. Therefore, only groups that had an administrator that was clearly based in the UK or USA was considered for analysis. This resulted in 26 UK based Facebook groups and 28 USA based groups. Data from the groups was copied and pasted into a word document, then converted to Pdf format. Each group was assigned a coded name comprised of the file number, whether it was UK or USA data, and the date of collation. All 54 of the UK and USA Facebook groups were then analysed for user interaction. Groups were excluded if they comprised mostly from likes and shares, with few user comments,
groups displaying a lack of engagement with no comments or posts over the two-month period prior to analysis were also discarded. This resulted in 14 UK Facebook groups and 11 USA Facebook groups appropriate for analysis. The Pdf files for these groups were then assigned new coded names comprised of a rank number between 1 and 25, based on the number of pages of data, and whether the data was from the UK or USA. The data was collected from posts between 26/10/2015 to 26/01/2016 (or the closest date if there were no posts for that particular date). The resulting data set consisted of 1,901 pages of posts and comments from the 14 UK Facebook pages, and from the 11 USA Facebook, 1,900 pages of comments.

Table 1. Groups in rank order based on number of pages of data.

Data Analysis
In total, the overall data set comprised of 2801 pages of Facebook posts and comments. All data was analysed using QSR NVivo v.11. The qualitative approach used was thematic analysis [92]. All authors reviewed the themes and discussed at length in order to refine the themes, the sub themes and the hierarchy. This refining process helps to demonstrate the overall trustworthiness within the data analysis [93]. In order to ascertain and increase inter-coder reliability and the reliability of the results, the raw data was read by all authors in order to develop a coding framework and code book. Once the code book was established, author MM, employed as a research assistant on the project, coded the data sets accordingly.

Ethical and Research Approvals
Approval for the study was received by University of Bolton Research Ethics Committee in November 2015.

Ethical Considerations
Although the information used in this study was in the public domain it is acknowledged by the authors that posts were not intended for research purposes, and that no informed consent was gained. In addition, the data was collated from open Facebook groups, therefore the source was considered to be in the public domain [94]. Quotes were gained via passive analysis and subjected to a Google search and a Facebook search to determine whether they could be traced back to the source. The searches yielded no results, however to further protect participants’ privacy and minimise the risk of identification, the names of the Facebook open groups were
removed from this publication [95]. In addition, some of the quotes were reduced in another attempt to limit the traceability of the text [96], and all quotes were anonymised.

**Results**
The top two open Facebook groups with the highest level of engagement were a UK group focussed on depression, which had 523 pages of comments and posts, and a USA page focussed on bipolar which had 515 pages of comments and posts (see Table 1). Both of these pages targeted a large audience on a national or international scale. In general, people communicate on Facebook open groups set up for mental health purposes to share their experiences of living with mental health, seek support and provide others support. Six main themes emerged from the data. Table 2 shows the main themes, topics and an example quote from both UK and the USA data sets. A range of issues were discussed which frequently, as might be expected, reflected the specific focus and target group of the Facebook group such as anxiety or depression. However, within the more generic mental health groups, a range of mental health issues including anxiety, depression, stress, panic attacks, eating disorders, suicide, self-harm, substance misuse and postnatal depression were discussed. It was also evident from the discussions that mental health impacted all aspects of people’s lives including family, friendships, social aspects and employment.

**Table 2.** Themes, topics and example quotes.

**Share Experiences**
There are a number of ways in which people use the open mental health groups on Facebook. One of the main features of these groups identified from the analysis of the posts and comments is that the groups allow people a place to share their experiences and stories. These stories came from those experiencing mental illness, as well as family and friends effected by mental illness, and this is true for the groups analysed from both the UK and USA. The stories often focussed on people’s experience of living with mental health issues and came from personal insights by people effected by mental illness (see table 2).

Some of the USA stories also came from people who volunteered with mental health services. There were several comments from people who claimed to have worked previously in the area of mental health, offering support in terms of the lack of services and the stigma surrounding men-
People discussed how their mental health had impacted their lives. In particular stigma was viewed as an issue and this was often discussed from a personal point of view in terms of how mental health and stigma surrounding it can affect people’s lives and experiences. The example quotes in table 2 emphasise this issue from the viewpoint of stigma in the workplace as well as in people’s private lives, and both the UK and USA data sets highlighted the pervasiveness of mental health stigma in very similar ways.

The stigma surrounding mental health was an issue that was frequently discussed in the UK groups in particular and there was frequent discussion and mixed opinion regarding media exposure of mental health and the role of celebrities in either helping or hindering mental health issues as shown in the following quotes;

*I wish society would stop romanticising it. It's often a horrible, embarrassing, identity-scrambling and debilitating experience and we're not all bloody high functioning celebrities with private healthcare.* (19UK)

*The more people are talking about mental illness and bipolar disorder the more chance is that people will be more understanding and stop the stigma of mental illness all over the world, it's good that the story is on TV.* (19UK)

Gender differences were often noted with users commenting about the lack of support available to men in regard to their mental health. This occurred throughout the UK and USA groups with many comments suggesting men need to seek support more and that it is not a sign of weakness. The following quote notes gender differences in terms of communication style in terms of men not talking about their feelings: 

*It's only thanks to (FB group) and other groups that those suffering, carer's and society in general gets any real support and education. WE need to keep putting our views forward, support campaign groups, write to MPs and hold these people to account.* (06UK)
"The thing is men don’t talk about those issues cause they can be embarrassing where women seem to talk about near enough anything Men shouldn’t be like that and I suppose other men should understand other men’s feelings or we’ll just have the stigma of this going crazy! (17UK)"

It was not just personal stories in terms of the condition that people shared, people also shared their encounters with, and the support received from, health services and professionals. This tended to be a way for people to vent their frustration with the mental health services they had encountered or difficulties in receiving appropriate treatment as shown in the quotes in table 2. In the UK there was a lot of negative discussion around people’s experience of CBT therapy. CBT was not an issue discussed in the USA data set and this may reflect a difference in therapeutic approaches towards mental health between the two countries. This quote expresses the individual’s discussion around CBT focussing on the fact that CBT tends to be the most widely available therapy provided by the National Health Service (NHS) in the UK.

"Fingers crossed this will give people who haven’t moved forward with CBT a feeling of hope. CBT doesn’t not work for everyone and hopefully the NHS will soon recognise this and start to fund other therapies! (18UK)"

As well as treatment issues, people shared their personal experiences of medications. The posts tended to be informative, including side effects, and they also highlighted difficulties faced by those with mental illness with regards to being unable to access the required medication, as shown by the example quotes in table 2.

**Seek support**

In terms of how people sought support, people tended to directly request advice either for themselves or for others; family and friends. This perhaps emphasises the importance of such online groups for people in need of support. Due to the affordances of the Web in terms of anonymity and accessibility, it may mean that people feel comfortable seeking support this way.

Although these groups are not officially moderated there are some instances of moderation from either the administrator or other group members. For instance, in both the UK and USA groups
there were a number of requests for personal messages. Interestingly, the following quote highlights the importance of moderation by page administrators;

\[I'm \text{ glad to see that no one responded to your request to message you. I have repeatedly said not to message with people until you have got to know them on the group. I hope you know what to do if someone shares very sensitive and personal information with you that could cause them to self-harm. I'm trying to keep you and the other people in my group safe. (01UK)}\]

Providing support: informational and emotional support

People provided others with both emotional support in terms of encouragement and empathy as well as with practical, informational advice.

Informational Support

The practical advice took the form of signposting to services, sharing web links, group information, and mental health related articles in the press. Throughout both the UK and USA groups there was information provided and discussion around local and national initiatives and the different support networks available, as shown in the following quote from the USA data;

\[If \text{ you feel like you’re experiencing something more pervasive than general sadness, make sure to see a physician before letting it get any worse… If you are depressed and want to seek treatment, there are plenty of websites, hotlines and other forms of professional help you can go to. Please do not wait to get the help you need! (04USA)}\]

Sharing practical advice and possible helpful solutions that had worked for the individual commenting was also popular throughout the groups, such as the discussion to help reduce social anxiety shown in the example UK quote in table 2.

In terms of the posts by the actual group administrators these varied greatly. However, they tended to post things in order to encourage discussion amongst the group such as mental health articles in the media. This was true of both the UK and the USA data. There are also a number of motivational pictures and quotes posted to provide support and encouragement to the group and perhaps to engage group members, spark off discussions and facilitate group cohesion. This was
particularly prevalent in the USA data, where groups would post several quotes or pictures throughout the day. Responses were similar in both the UK and USA, with higher levels of engagement observed when quotes, pictures or articles were linked to current or relevant real-world events.

**Emotional Support**

The emotional support theme includes responses such as; you are not alone, keep strong, don’t worry about what people say/think, empathising, sympathising and understanding. In addition, it was observed that in both the UK and the USA groups there was a lot of emoticons used which again could possibly suggest that commenters want to express a deeper level of affection and support.

Mainly people showed emotional support through encouragement, and there are many instances of people commenting on personal stories with encouragement. This was from both a directive and non-directive approach. The non-directive approach involves people sharing their own similar experiences to provide encouragement and support whilst the directive approach involves people providing support and encouragement by simply wishing the person well with no personal disclosure or insight into their experiences offered.

What is interesting is people used individual people’s names frequently to perhaps make sure their comment is directed at the right person, and this was true of both the UK and USA data. This approach could also be to give a more personal touch, especially when the comment is also signed off with a name as shown throughout the examples provided. What is interesting is the encouragement is frequently from someone who has themselves undergone the issue and they disclose their experience to encourage and perhaps highlight the person is not alone. This quote highlights both of these points well;

> I'm so sorry to hear that (Anon). I too have suffered with anxiety for many years. It's so debilitating isn't it! At the moment, I seem to have it under control instead of it controlling me and its wonderful not to feel constantly worn out and running on empty. I'm telling you this so you know they're is light at the end of the tunnel and I sincerely hope you find it too. Wishing you peace of mind. Take lots of care and be kind to yourself. (Anon). (22UK)
How support is received

The support, advice and information provided via the comments were mainly received with, as one might expect, gratitude and appreciation. There were also a number of examples in both the UK and USA data of people responding by not only thanking the person that provided the support but also by informing the person what action they planned to take based on the information provided. This adds to the support level as it can be observed that the information is valued and possibly also acted upon.

Although in the main information was received extremely positively there were some instances of group members intervening when viewing a response, they do not feel is helpful or supportive as shown in the following quote, which again suggests group cohesion and solidarity between members;

> If you had you would know that it's not that simple. I'd like to add that using such a negative word as "sulking" to describe being depressed is hurtful and damaging. Perhaps you don't realise that the head of a person who's depressed is already full of self-critical, self-hating words and voices? The last thing they need is another.... (16UK)

Benefits of Social Media

The benefits of social media were commented on in terms of the value of forums, the benefits of Facebook groups such as the ones the people were commenting on, and the benefits of Facebook for support more generally. The quote in table 2 in the benefits of Facebook highlights how this person benefits from writing, the therapeutic benefits of writing and the quote also shows how the responses the person receives helps them feel support and improves their situation. Again this highlights the importance of this kind of support for some people. What is interesting from the data is a number of people discuss the negatives of social media use and Facebook in terms of people not communicating face to face, that social media makes people lonely and also how people show off on Facebook which can result negatively for others. This is interesting since it is via Facebook that people are discussing issues and are ultimately connecting;
Social media made everyone lonely...no one goes out to meet up with friends any more...they would rather sit in looking at Facebook on their smart phones....very sad....

(17UK)

Discussion

Principle findings

The current study examined how people in the UK and USA with mental illness utilized open Facebook groups in relation to their mental health. Findings suggest it is a valuable platform for sharing personal experiences of mental illness, increasing the individuals’ perception of the level of social support they received [74, 75] in addition to support gained from family, friends and professionals. By sharing personal experiences of their mental illness, Facebook users provided informational and emotional support to other group members that may not be available from the receivers own social network or professionals, in line with previous research [18, 19, 34]. This form of support may lead to increased feelings of connectedness for the receiver [67, 78], and could potentially reduce feelings of social isolation [22-24, 74], and may offer hope to people using Facebook for their mental illness [76], thus empowering them to seek help or take positive action. From the findings, it was noted that the UK sample tended to show a slightly higher level of self-disclosure. However, those in the USA disclosed when commenting on current articles and news stories relating to mental health.

In addition, users made direct requests to other users and page administrators for information and advice for both themselves and close family members on both the UK and USA pages. The main topics of discussion related to medication and treatment, and group members tended to ask what other users would do if in a similar situation. Responses to comments tended to be empathetic yet constructive and informative, often offering practical advice and solutions, and again this was observed in both the UK and USA data. Whilst some open Facebook groups are run locally, many targeted a national or international demographic, and all groups allowed any person from any country to join. This may reduce geographical constraints [54] and provide access to hard-to-reach demographics [30-33, 37, 38], as individuals may join groups all over the world. Indeed this could limit social barriers often related to mental health care and support seeking [55], in particular feelings of stigmatisation [28, 29]. Thus the diversity of group membership may have
offered members alternative perspectives from individuals from other countries and cultures when seeking support and advice, supporting previous findings [19]. Individuals may be more inclined to trust information gained from such an extensive pool of information [20], however this may limit the ability to signpost to appropriate offline services. Having some trust that the information received is accurate may have promoted autonomy in the individual regarding choosing a course of action [56]. Facebook users in receipt of advice and information often expressed their gratitude toward both peers and pages, discussing their intended actions in relation to their mental health and wellbeing. This suggests that advice given may be followed, again highlighting the importance of providing accurate information [71], and the importance of moderation when information is sought online [35].

In contrast to prior research surrounding the negative impact of using SNSs for information and support [82-86], this study found that people using open Facebook groups felt, on the whole, that the support they received from online peers had a positive impact on feelings of empowerment and hope [76], their perceived social support network [74, 75], and feelings of stigmatization were reduced [77]. Based on the observable data from both the UK and the USA, stigma relating to mental illness was shown to be a pervasive factor in people’s lives, and both data sets highlighted the following points. Whilst opinion regarding how the media and celebrities portray mental illness was often conflicting, the general consensus from Facebook group users in this study was that there is a need for more open discussion relating to mental health to raise awareness and accurate information [72]. Administrators of the groups appear to be mainly individuals who have themselves experience of mental illness, rather than health professionals. However, ensuring that the correct information is available and eliminating stigma within the groups was found to be of great importance to people from both the UK and USA, and moderation of user posts was conducted by both administrators and other group users. This was particularly evident when examining how users received comments on fellow group member’s posts. Often the disclosures from group members were detailed and offered a lot of personal information, similar to recent findings relating to online blogs [70], indicating that the poster felt that they were in a safe place to discuss their experiences. This is indicative of a sense of group cohesion, and is supportive of further research findings [27, 34].
Overall, use of Facebook groups was found to be friendly, supportive and informal, with many comments containing tagged names and emoticons to reinforce the poster's message content [14, 34]. Instances of inappropriate responses may be posted possibly due to disinhibition [39], however group members were quick to respond to comments which appeared to promote misinformation and stigmatization in defense of the original poster. Again, this was true for both the UK and USA data. Group members and administrators on one particular page were united in their rebuttal of a group member’s comments suggesting that the symptoms of depression could be described as ‘sulking’. Again, this is supportive of the notion of cohesion within the group [27] possibly increasing feelings of connectedness [78], and perceived social support [74, 75].

People with mental illness engaging with the Facebook groups examined in this study were fully aware that the group discussions were in the public domain. Regardless, a high level of disclosure was evident, particularly in relation to personal experiences. That group members were willing to put their stories on an open source could imply that they wanted their voices and opinions to be heard. This was observed in both data sets, and was particularly salient in the USA data when comments and responses were in relation to current news articles or real-world events related to mental health. Conversely, despite open Facebook group members commenting on the benefits of using Facebook to gain support generally and for their mental illness, several interesting points were raised which highlight the negative aspects of online support. Future research might explore in more depth the attitudes and opinions of those Facebook users who view using Facebook negatively in terms of reducing face-to-face contact and increasing feelings of loneliness. Furthermore, additional research might explore how individuals use Facebook groups, and whether they use the groups in conjunction with any other online or offline mental health services. Additionally, utilization of closed Facebook groups could be explored and comparisons made with open groups to examine differences in moderation style, levels of disclosure, and overall engagement. This raises several implications for UK and USA group administrators, moderators, health professionals and service providers, in that possessing a deeper understanding of the way people are using Facebook could inform the way groups are administered in the future and it may help direct the development of professionally run online services.
Strengths and Limitations

Despite the growing body of literature relating to the use of online sources for informational and emotional support, little research is available which focusses solely on the use of Facebook as a support mechanism for people with mental illness. The current study utilized a large, rich data set of online interactions in open Facebook groups, and has provided a unique insight into how group members interact and support each other online. A deeper understanding of how non-directional support is provided through relating personal stories and experiences has been gained, and how both group members and administrators use directional and non-directional approaches to impart information and gain advice [34].

This insight again was unique since pages were analysed from both the UK and USA Facebook pages to ascertain differences and similarities in users approaches, needs and experiences. Interestingly the difference were limited and tended to focus around treatment. However in terms of the similarities a number of issues such as stigma, the lack of awareness, gender issues and barriers to accessing services were highlighted as concerns from both the UK and USA sample. It is apparent that the users of these Facebook groups in both the UK and USA found value in sharing stories, and viewed support from social media benefcial.

A particular strength of the study is that both the posts and comments, and the receiver responses were available for analysis. Receiver responses were openly available for analysis, and provided a depth of insight into how group members reacted to differing types of posts and comments, and also whether any action was intended in response to advice given. Unless posts and comments are removed by the poster or group administrator, they are available to read indefinitely, and therefore open to additional responses and the evolution of discussions over time.

Open Facebook groups are also open to comments from people who do not have a mental illness, and have little awareness or understanding of the impact specific mental illnesses may have upon the individual. Due to the nature of the groups, no demographic data is obtainable nor is any information about the mental health of the people who seek or indeed provide support via Facebook. Future analysis of closed Facebook groups with higher levels of privacy may provide an even deeper understanding of how these groups are utilised for mental health support purposes.
The data set is limited to a set time period, which for this study was three months. It maybe interesting to understand if people use online resources such as Facebook during particular periods of time or perhaps when a media article highlights an issue. Also, no data relating to whether the members of open Facebook groups sought support elsewhere, such as from professional services, was observed. Some groups specified age restrictions, therefore it may be assumed group members were adults, however platform providers cannot, and do not, deter younger people who do not meet the age criteria from adjusting their personal profile details, such as their date of birth. Therefore, the results of the study cannot be generalised to a wider demographic. Further exploration of such demographics would provide a greater insight into who is using Facebook and how they are using it as a support mechanism. This information could highlight valuable information relating to demographics which do not use open Facebook groups, providing useful information for administrators, professionals and service providers regarding hard to reach populations.

Conclusions

This study adds to the current growing body of research examining how people with mental illness access online peer support, and provides a unique and in-depth insight into how people with mental illness use open Facebook groups specifically to seek and provide emotional and informational support online. Despite some minor differences in levels of disclosure and types of posts by pages, the use of Facebook for support with mental illness was similar across both the UK and USA, with both societies highlighting the same issues such as stigma, lack of awareness, and barriers to accessing services. Moreover, the study highlights the positive impact of shared personal experiences, and offers a greater understanding of the benefits of online peer support in relation to their mental health and wellbeing. There is a clear requirement for further research into how people are using open Facebook mental health groups, particularly in relation to the demographics of users, and questions are raised for group administrators and health professionals regarding how they can best moderate and utilise the online Facebook platform to provide a safe environment and accurate information.

Declaration of competing interests

The authors declare that they have no competing interests.
Authors’ contributions
JP and GA were involved in the concept and design of the study. JP, MM and GA had major contributions to data analysis. All authors had major contributions to the write-up and editing of the manuscript. All authors read and approved the final manuscript.

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