



## Full length article

## Social media use, community participation and psychological well-being among individuals with serious mental illnesses

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## ABSTRACT

**Background:** Little research exists on social media (e.g., Facebook, Twitter, etc.) use among individuals with serious mental illnesses (SMI). One particular question of interest is the extent to which online social media use is associated with these individuals' community participation, civic engagement and psychosocial outcomes.

**Methods:** Two-hundred and thirty-two individuals with SMI receiving services at 18 mental health organizations throughout the continental U.S. completed questionnaires on their community participation, civic engagement, quality of life, loneliness, and psychiatric symptoms. They were also asked which social media sites they used; the duration, frequency and importance of, and reasons for, social media use; and the number of contacts they had on social media.

**Results:** Approximately a third of the sample reported having at least one social media account. Greater frequency, intensity and longevity of social media were associated with higher levels of community participation, and greater intensity of social media use was positively associated with civic engagement. For instance, those who used social media at least 30 min a day had 16.4 more days of participation and voting rates that were higher by 17.4%. Social media use was not found to be significantly associated with loneliness, psychiatric symptoms or quality of life.

**Discussion and implications:** Greater social media use appears to be associated with greater community engagement without negative repercussions on loneliness, symptoms, or quality of life. Interventions that support social media use among individuals with SMI could have important community integration benefits.

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## 1. Introduction

Studies examining computer use among individuals with serious mental illnesses (SMI) – conditions which include major depression, bipolar disorder and schizophrenia-spectrum disorders, and which have resulted in a substantial and persistent interference with the ability to participate in major life activities – began more than a decade ago with findings that these individuals use computers (Salzer, Simiriglia, & Solomon, 2003) and have attitudes towards computers that are similar to those of other groups (Salzer & Burks, 2003). Reasons for Internet use among persons with SMI vary, ranging from obtaining news to online shopping to

checking the weather, with some even using it to take online courses or make phone calls (Cook et al., 2005). Many go online to receive information about mental health issues and medication (e.g., Cook et al., 2005; Berger, Wagner, & Baker, 2005; Schrank, Sibitz, Unger, & Amering, 2010), and some have participated in the growing number of online interventions targeting the various needs of this population, such as parenting skills (e.g., Kaplan, Solomon, Salzer, & Brusilovskiy, 2014), peer support (e.g., Kaplan, Solomon, Brusilovskiy, Cousonis, & Salzer, 2011), and psychotherapy (e.g., Barak, Hen, Boniel-Nissim, & Shapira, 2008).

Individuals with SMI also use the Internet to access various social media platforms. Even though there is relatively sparse data on social media use and its health-related correlates among individuals with SMI, according to the Pew Research Center (2014), 74% of all U.S. adults have at least one social media account. There are seemingly widespread concerns, and some evidence, that in the general population, greater use of social media may undermine

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subjective well-being (e.g., Kross et al., 2013), enhance loneliness and depression (e.g., O’Keeffe & Clarke-Pearson, 2011; Yao & Zhong, 2014), and monopolize time that would otherwise be devoted to face-to-face interaction with others and to participation in meaningful community activities. However, while some evidence does point to a relationship between social media use and more clinical symptoms of certain psychiatric disorders, at least in some individuals (e.g., Rosen, Whaling, Rab, Carrier, & Cheever, 2013; Sidani et al., 2016), numerous empirical studies have found that the relationship between social media use and various health-related factors appears to be positive in the general population. A lot of people use social media because they enjoy it and find it useful (e.g., Lin & Lu, 2011). Social media appears to have positive effects on the maintenance of offline relationships (Burke, Marlow, & Lento, 2010; Ellison, Steinfield, & Lampe, 2007) and the development and cultivation of loose relationships (Steinfeld, Ellison, & Lampe, 2008; Shaw & Gant, 2002; Subrahmanyam, Reich, Waechter, & Espinoza, 2008; Kietzmann, Hermkens, McCarthy, & Silvestre, 2011) – that is, relationships that are not necessarily central to an individual’s life but which nonetheless provide support to promote a sense of belonging and social inclusion (e.g., Granovetter, 1973; Townley, Miller, & Kloos, 2013). Plausibly as a result of this, using social media is associated with lower levels of loneliness (e.g., Ryan & Xenos, 2011; Shaw & Gant, 2002; Burke et al., 2010), enhanced self-esteem (Barker, 2009; Shaw & Gant, 2002; Steinfield et al., 2008), and more frequent participation in the local community, institutions and spaces (Hampton, Sessions, Her, Rainie, 2009), including greater opportunities to identify available resources within the community (Kietzmann et al., 2011).

However, there is some literature which suggests that Internet and social media use in the SMI population may be lower than in the general population (e.g., Martini et al., 2013; Miller, Stewart, Schrimsher, Peeples, & Buckley, 2015). The reasons and motivation for social media use may also be different, with individuals with SMI often using this technology to connect to peers with similar conditions or to seek out information on their symptoms and treatment from professionals (e.g., Birnbaum, Rizvi, Correll, & Kane, 2015; Schrank et al., 2010). However, social interactions of individuals with SMI may be facilitated or enhanced online and in particular, on social media, because these individuals tend to have diminished social networks and limited availability of social support outside of mental health providers and family members (Highton-Williamson, Priebe & Giacco, 2015). This could be because online relationships do not require verbal communication or immediate responses, which may be more difficult due to the symptoms of mental illnesses; because social media interactions can often be anonymous; or because stigma and fear associated with mental illnesses might be less pronounced online than in face-to-face communication, enabling persons with SMI to interact with individuals from other social groups (Highton-Williamson, Priebe & Giacco, 2015; Naslund, Grande, Aschbrenner, & Elwyn, 2014).

Some apparent benefits of social media use, and the positive associations of social media use with various health-related outcomes in the SMI population, are also described in several empirical studies. For instance, in a study of 80 individuals with schizophrenia, 47% of participants reported having a social media account and 27% reported using social media daily, with many users indicating that social media helped them with interacting and socializing with their friends and family members (Miller et al., 2015). In another study of 140 young adults with SMI, it was reported that 93.4% of the sample used social media (Gowen, Deschaine, Gruttadara, & Markey, 2012). Ninety-four percent of these respondents believed social media use helped them feel less isolated, and that some of the most enjoyable features of social media included communicating with other users (usually via private

message or public posts), making new friends, and having shared interests. The study also presented desired features and topics to be included in a social networking site for young adults with mental illness, including independent living skills, strategies to overcome social isolation, and resources on transitioning to adulthood. Another study examining the use of social media for peer support among persons with SMI analyzed comments posted to 19 YouTube videos uploaded by individuals who identified as having schizophrenia, schizoaffective disorder, or bipolar disorder and who talked about their experiences with mental illness in the videos (Naslund et al., 2014). The authors reported four themes related to peer support: minimizing isolation and offering hope; finding support through peer exchange; sharing strategies for coping; and lessons from shared experiences of using medication and seeking mental health services. A study examining pathways to care for youth with SMI reported that nearly three-quarters of the surveyed youths supported the idea of receiving help or advice from mental health professionals via social media (Birnbaum et al., 2015). Furthermore, peer-led interventions have utilized social media to supplement mental health services and have been found to be associated with greater socialization and social connectedness (Alvarez-Jimenez et al., 2014).

Some studies also discuss the association between social media and psychiatric symptoms in the SMI population. For instance, in a sample of youths with schizotypal personality disorder, greater chat room participation was correlated with more psychiatric symptoms (Mittal, Tessner, & Walker, 2007). In semistructured interviews conducted with an Austrian sample of 26 individuals with schizophrenia or schizoaffective disorder, some individuals also indicated that certain online activities, such as reading information on illness, would increase their symptoms; however, this didn’t seem to be the case for the majority of the study participants (Schrank et al., 2010).

One understudied area is the extent to which social media use of individuals with SMI is related to their community participation, including their involvement in recreational, social, vocational, civic and other areas of community life. Among people with SMI, greater community participation is associated with better psychosocial outcomes, such as perceived recovery and quality of life (e.g., Burns-Lynch, Brusilovskiy, & Salzer, in press; Salzer, Baron, Menkir, & Breen, 2014). Numerous other studies have also discussed the psychosocial well-being and recovery-related benefits of working (e.g., Eklund & Hansson, 2001; Provencher, L., Gregg, Mead, & Mueser, 2002), attending school (e.g., Cook & Solomon, 1993), having social relationships (e.g., Yanos, Rosenfield, & Horwitz, 2001), and being actively involved in leisurely and recreational activities (e.g., Iwasaki, Coyle, & Shank, 2010) in this population. While some new literature suggests that social media can promote community integration of individuals with SMI (Snethen & Zook, 2016), and a handful of case reports have documented the positive effects of social media use on social interactions that have eventually led to substantially greater community participation in these individuals (Daley et al., 2005; Veretilo & Billick, 2012), there is a lack of larger empirical studies to assess these relationships.

The goal of this study is to extend our knowledge about the relationship between social media use and various psychosocial outcomes and community engagement among individuals with SMI. Specifically, the current study uses data from a national sample to test two hypotheses based on the aforementioned research results:

- H1.** Higher levels of social media use will be associated with better psychosocial outcomes, specifically lower levels of loneliness and psychiatric symptoms, and better quality of life.
- H2.** Higher levels of social media use will be associated with

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