



“Although the relative anonymity of SM may help bypass the considerable stigma still associated with mental illness, there are risks of misinformation and misdiagnosis when it is used in isolation.”

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GPs, mums, and the ‘Twittersphere’

The use of social media (SM) has exploded in popularity in recent years with 48% of adults and 87% of younger adults (16–24 years) in the UK using networking sites such as Facebook and Twitter.¹ GPs will be most familiar with platforms that allow them to share aspects of their personal life with friends and family and to express opinion or support for their chosen social, charitable, or political cause. Far fewer GPs feel comfortable engaging on medical matters with the wider public in these same arenas, with some justification due to the attendant risks of personal criticism, professional complaint, and intrusion on their private life. There is general consensus as reflected by the RCGP *Social Media Highway Code* that SM is an inappropriate arena for giving personalised medical advice. However, there is great scope in using SM for the exchange of ideas and innovation among healthcare professionals on a worldwide scale.² SM platforms also offer a relatively neutral space where the status of opinion is considered equal for all parties so those with specialist expertise may learn from those with lived experience, and vice versa. However, a lack of quality evidence inhibits GPs and other health professionals from exploiting the full potential of SM to improve health care.

SM is successful because essentially, it is about the human connection; the affirmation of someone’s place within their family, community, and society, which is an intrinsic part of mental health and wellbeing. It is well worth exploring the role that SM plays for women with mental health problems in the perinatal period (from conception until the child’s first birthday). Their use of smartphones is near ubiquitous and they share common characteristics in that they are all women and of childbearing age who are making the life-changing transition to becoming a mother. Mental health problems in this group are common (20%),³ but underreported (50%),⁴ and the negative consequences of untreated illness are significant not just for the woman, but her partner and child too.

SM offers women in the perinatal period a quick, cheap, and almost limitless resource to answer questions they have about their own mental health, as well as concerns about their baby. Although the relative anonymity of SM

may help bypass the considerable stigma still associated with mental illness, there are risks of misinformation and misdiagnosis when used in isolation. To some extent, these may be mitigated by the significant peer support available from women with lived experience who share blogs and vlogs (video blogs). These women are a valuable resource as they tend to be highly motivated to contribute to debate and policy discussion and to support others in the online community.

In an innovative example of how SM can improve collaboration between GPs, other health professionals, and the wider public, the RCGP, in conjunction with Sport Relief, took part in a day of raising awareness of perinatal mental health,⁵ and myself and Dr Stephanie De Giorgio hosted a live GP-led Q&A Twitter session entitled #MumTalk. The audience was diverse with contributions from women who have experienced perinatal mental health problems as well as GPs, specialist midwives, health visitors, psychiatry and psychology professionals, and third sector organisations. The hashtag #MumTalk was trending on Twitter and the RCGP twitter account had three times the usual tweet traffic that day. Many of the #MumTalk tweets had several hundred views, likes, and retweets. The *Storify* summary of the discussions has had over 405 views at the time of writing this article showing the impact of the event.⁶

The nature of the event proved also that it has significant advantages over more conventional communication (it was open access, free to view, patient participation was welcome, and it was available online afterwards). The universally positive feedback showed a clear appetite for further similar projects and illustrates the potential that SM can offer health care in the future.

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DOI: 10.3399/bjgp16X687457

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