#BJPsych and social media - likes, followers, or leading?

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**Summary**

This article explores the growing interface between social media and academic publishing. We discuss how the British Journal of Psychiatry (BJPsych) and other scientific journals are engaging with social media to communicate in a digital world. A growing body of evidence suggests that public visibility and constructive conversation on social media networks can be beneficial for researchers and clinicians, impacting research in a number of key ways. This engagement presents new opportunities for disseminating information, but also carries risks. We note future prospects and ask where BJPsych should strategically place itself in this changing environment.

**Not just cat videos**

For better or worse, Social media has rapidly become a medium for propagating (mis)information. Science publishing and social media are inevitable but awkward bed fellows; both share core principles of information dissemination, but issues of provenance, authenticity and quality arise with internet-based resources. We are all learning how to navigate these challenges. However, social media is only the latest disruptor in the history of medical and scientific communication.

**The evolution of medical journals: Index Medicus to twitter-chat**

The first medical journal, *Medicina Curiosa*, was printed in 1684. It was in English, rather than the traditional Latin, making it accessible to those without university education.¹ Three hundred years later, the internet opened up medical literature to the world. Initially, this was a simpler and easier digitisation of print media: how many reading this recall thumbing through a bulky copy of Index Medicus, then walking around a medical library trying to physically find print copies of papers in journals from a hand-written list of citations? Few mourn the passing of
that, but as the internet continued to evolve, academics and clinicians have begun integrating newer social media tools like Twitter and blogs into their professional communications.

The benefits of using social media are potentially significant. For scientists and doctors, social media offers a route to public engagement. Many use Twitter to disseminate and discuss their work, both within and beyond their fields, and to rapidly hear about novel developments of others. It allows them to act as a public voice for science and medicine, to promulgate research advances and public health messages. They may also use it as a means of developing their own professional profile.

Many medical organisations and research institutes were quick to establish a social media presence. It provided them an opportunity to engage a broad audience in their own communities and among patient groups and the wider interested public. It is often employed for promotional and educational purposes. Comparatively, academic journals have been relatively late adopters. Whilst there are certainly examples of some excellent early adopters, the Twitter 280 character limit and the lack of peer review potentially challenges their standard communication methods.

There is increasing evidence that social media can engage a readership and extend the reach of traditional publications. Twitter “tweet chat” sessions have been used to expand the audience of a peer-reviewed journals and many are also using blogs and podcasts to publicise their work. A study published in Journal of the American College of Radiology compared the page views of two open-access journal articles and one blog on the same subject. The blog was viewed 32,675 times within the study period. This was six times more than both journal articles combined.² A randomised controlled trial of tweeting about Cochrane Schizophrenia Group systematic reviews found that tweeting led to three times the number of page visits at one week and more time spent viewing these pages.³ Other trials have been less positive, finding no difference in engagement if an article is the subject of tweets.⁴ ⁵ However, these trials may have been limited by a small social media presence: at the time the journals had only modest numbers of followers on Facebook and Twitter. A study published in Journal of Medical Internet Research (JMIR) found that the number of times a JMIR article is tweeted in the first three days after publication predicted how highly cited it becomes.⁶

**The brave new world of scientific “impact”**
This raises the question of what we now mean by impact. The traditional “impact factor” model for journals is an average of citations received over a given period. Although this has been increasingly challenged, it is widely taken as a proxy of importance or novelty. It is unclear
whether social media activity genuinely increases scientific awareness and citations, or simply reflects the public interest in the topic. For example, some studies may be widely read and shared by the general public, but cited infrequently by scholars.

New methods have been developed to measure the online activity surrounding scientific literature, such as those provided by the Altmetric API. These can provide quick, broad measures of public engagement, quantifying activity on social media platforms: if you are reading this (or any other paper) online, you’ll now see a tab opening up metrics data. It remains unclear how these measures of visibility truly compare with previous impact measures and which is a better proxy measure for the ultimate goal: measuring scientific importance.

The challenges of engaging with social media
Social media has shifted the way that scientific knowledge is disseminated and translated into clinical practice. This further underscores the challenges to the meaning of ‘impact’; should it be citations or change to how we practice? New doctors have established digital learning and communication habits which were unimaginable to their predecessors, sometimes described as ‘Medicine 2.0.’ However, many doctors still feel uncertain about virtual communication. Concerns that clinicians might breach patient confidentiality or share unprofessional content are common. Moreover, the accuracy of information online is often questionable: clinicians, like patients, can be uncertain what sources to trust. Medical journals on social media can play a positive key role in providing, curating and signposting authentic, evidence-based content.

Medicine, and psychiatry in particular, has struggled with appropriate public visibility and constructive public conversations. Social media facilitates both, and allows exposure to dissonant voices. Many movements are vocal on certain clinical issues, and there has been hostility to research and researchers in specific fields. This is especially true in mental health, with many groups and loose associations of like-minded individuals represented on Twitter, engaging in perennial debates such as formulation “vs.” diagnosis, medical model “vs.” social model, and medication “vs.” therapy. The democratisation of voices is welcomed but, as we are witnessing in global politics, it can add to confusion about ‘what to believe’. Journals and public bodies, long-time providers of established fact can be undermined by a profusion of unreliable social media sources. The Royal College of Psychiatrist’s twitter chat organised in 2017 in response to the Panorama documentary on antidepressants may be a good learning point: a quick scan of its hashtag, #ADsMythBuster, will demonstrate both the desire for information, and the variation in responses, some very hostile. Consider how an individual looking for reliable information on medication might feel wading through this. Reading
accounts from patients who have not had positive experiences in mental health services can be difficult. However, these conversations are on-going, whether we engage or not. The question is not one of ‘allowance’ but of engagement, and how we might best do this. Observing, tolerating and reflecting the distress we see online, rather than shying from it, has to be the route to a greater future for the art of psychiatry.

The *BJPsych* is becoming digitally engaged: savvy or silly?
Recognising these opportunities and challenges, the Board of the *BJPsych* has decided to develop the following new ways to communicate using social media.

*BJPsych* and the Mental Health Foundation joint podcasts
The *BJPsych* is working in partnership with the Mental Health Foundation (MHF) to produce approximately bi-monthly podcasts on research published in the journal (the archive is available at: [https://www.mentalhealth.org.uk/podcasts-and-videos/mental-health-foundation-british-journal-psychiatry](https://www.mentalhealth.org.uk/podcasts-and-videos/mental-health-foundation-british-journal-psychiatry)). The aim with these is to have discussions led by the MHF, with patient and public involvement, and to make them more discursive, less focused on scientific methodology, with the anticipated modal listener being an interested member of the public.

*BJPsych* and Mental Elf blogs
The Mental Elf is a well-established and popular website that hosts blogs on various mental health and social care issues. It contains both free and subscription elements; the *BJPsych* is now contributing a monthly open-access blog on a paper from that month’s paper edition, hosted by the Mental Elf. The aim here is somewhat different to the podcasts; whilst open to any interested reader on the internet, the blog styles follow a more traditional ‘paper’ model, albeit in a less formal and more journalistic style. Readership will vary, but posts focus more on methodology and critiques of the work than the MHF podcasts. An archive of our blogs can be found at: [https://www.nationalelservice.net/tag/bjpme/](https://www.nationalelservice.net/tag/bjpme/). Most months, the *BJPsych* ‘Highlights’ section links to this, and along with the podcasts, we cross advertise this with our third development, Twitter.

*BJPsych* Twitter Profile
The *BJPsych* has established a profile on Twitter, @TheBJPsych. This allows the journal to share the articles, podcasts, and blogs it publishes and engage in conversations with both members of the College and the wider public. Use of hashtags also allows us to aggregate tweets by topic, such as #dementia.

Future horizons
We hope the BJPsych can successfully navigate online platforms, creating synergy with the journal’s traditional output, balancing the risks and benefits of an extended audience. We aspire to create output that will be associated with the same authority and quality as the Journal it serves. The BJPsych is a publication of the College, and the College is its members. How we should proceed is a question for all of us, and undoubtedly one that we will need to refine with time: you have our twitter handle – let us know, #BJPsychOnline.

References
8 Zahedi Z, Costas R, Wouters P. How well developed are altmetrics? A cross-disciplinary analysis of the presence of ‘alternative metrics’ in scientific publications 1. doi:10.1007/s11192-014-1264-0.
**Declaration of interest:** Judith Harrison, Joseph Hayes, and Derek Tracy are on the editorial board of the BJPsych. Derek Tracy runs its social media arm.

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