Happy Wednesday, everyone. We're so glad that you could join us for this final webinar on our topic of Recovery-Oriented Approaches to Treatment and Service Engagement.

My name is Melody Riefer, and I'm going to be the moderator for today's call. I want to give you a quick orientation to the room in case this happens to be the first Recovery to Practice webinar that you have joined.

We have on the screen several different boxes of varying sizes; and each box, or pod, provides a specific opportunity for you. I want to speak to a couple of these very specifically. If you would like to have closed captioning, please see the box that's labeled "Captioning Information." That will allow you to access the captioning in a separate window; that way, you can see the presentation and get the text in line translation.

We have a participant "Chat" pod that is open for everyone to use. I would invite you to greet one another. Let us know who you are, where you're from, maybe even what you do…especially share thoughts and ideas about the topic we're going to be discussing today.

However, if you have questions for the presenters, please put those in the box right under the PowerPoint slides. It's labeled "Text and Topic Questions." Of course, those would be questions related to the specific topic. We will hold those questions until the end of the webinar. We'll get to as many of them as possible.

You can get a Certificate of Attendance, or you can earn a continuing education credit for attending this webinar. At the end of the webinar, you will see the screen change; and there will be a link for accessing this information. There are some questions to answer. If you want to get the continuing education hour, you'll need to complete a very brief quiz; and I would encourage you all to do that. It's great to get three continuing education credits.

I also want to say as a part of the orientation that the views and opinions and content in this presentation are those of the speakers and don't necessarily represent the views and opinions or policies of SAMHSA or the Center for Mental Health Services or the U.S. Department of Health and Human Services.

Just a quick word…as I mentioned, this is the third in a series of three webinars where we've been looking at engagement and outreach. As I've seen people's questions in some of the discussion and then even to clarify for myself, I wondered…is there a specific definition that we can use in behavioral health for these terms because sometimes they feel like they're synonyms. Are they different tasks?

So I did a little bit of searching and came up with these, I think, pretty manageable definitions that outreach is the process of bringing in people who don't know about or haven't accessed services before. It's reaching out to people who don't have that connection and understanding. Engagement is kind of after you've made that initial connection; and it's the continuing development of rapport, offering support, making sure that folks continue to feel welcomed. Sometimes we do a good job welcoming people at the very beginning and then forget to check back in with them.

So outreach is the thing at the beginning...it's the host at the door of the restaurant; engagement is the wait staff continuing to pay attention to you while you're there. So that's the way that it made sense for me think about this.

We know that research around this particular topic that we're addressing with social media and technology is *really* changing rapidly. If you just look at studies around social media and technology alone…this is outside of the behavioral health, just in the world...things are changing quickly. When we do an overlay of the behavioral health system in that, all those changes mean that it's a little challenging to come up with "this is how things are," because it's rapidly evolving.

So research challenges actually provide ongoing opportunities for learning. And what you hear today is reflective of the past few years, is predictive of the next couple of years, and there can be some significant changes from that point on.

I think we're really lucky to have the presenter that we have today because he is someone who is, I think, a pioneer in really looking at the significant relationship that (inaudible) established in working alongside individuals living with serious mental illness and the community health providers *and* how technology and social media can be a tool for connecting.

So without further ado, I would like to introduce you all to John Naslund, who is a...I want to say this right…with the Department of Global Health and Social Medicine at Harvard Medical School.

John, thank you for doing this with us; and I'm very excited to learn from you today. Welcome.

Thanks so much, Melody, for the introduction and for the invitation to present to this webinar. I'm thrilled to be here, and I'm very pleased that so many people have joined and are interested in this topic. This is an area of research that I'm very passionate about, very interested in; and I'm looking forward to talking a little bit about it today with all of you.

What I'm hoping from this presentation is that I can highlight some of the research work that I've done in this area and some of the research that is ongoing and some of the new areas for development, and then also that I can learn from you. I hope to use this opportunity to get some questions from you in the question and answer period afterwards. Also, if anyone does have any questions for me, I'm always open to following up afterwards by e-mail. So, please, I think this is a great opportunity for all of us.

I'd like to just get started here. First, just to think a little bit about why this topic is important and why we do this work…one of the things I want to highlight is that according to the U.S. National Comorbidity Survey and the Epidemiological Catchment Area Survey, we know that fewer than half of persons living with serious mental disorders are engaged in treatment in the past year. That means that over half are not receiving treatment.

Yet we know that dropout from care is extremely high. We know for young people especially that over 80% of young people drop out of treatment; this would be the first episode of psychosis after the first year. So this really shows that poor engagement is a very serious concern. It can lead to worsening of symptoms, risk of hospitalization, and really not achieving the full benefit of treatment.

So when we think of engagement…you can see I have this slide here that highlights, again, kind of reiterating what Melody just mentioned with regard to outreach and engagement. But when we think of engagement, what exactly does this mean?

I like to think of this as a concept where we combine the views of the individual…whether it's a service user or a patient or someone with lived experience...and this includes this individual's knowledge, their skills, their culture, their abilities, and their willingness to manage their own care and also their willingness to be an active participant in their healthcare.

When we think of this, there are a number of causes that would contribute to poor engagement. The causes of poor engagement are multifactorial, and we have to think really carefully about that. We can't ignore that there's a legacy of mistrust. There are very serious social and life circumstances that can impact engagement. We can think of things like socioeconomic factors...things like poverty, homelessness, employment, and substance use disorders, et cetera.

We also have to think about the fact that maybe treatment isn't working for many individuals. That's another concern that's very real. Then there's also logistics; just traveling to get to treatment can be a major barrier for many individuals, as well as the cost in terms of lost time and the need to forego other priorities…whether they're family or work priorities.

So when we look at this diagram here...thinking about reaching engagement...I like to think of engagement as something that really brings all of these aspects together. The reason I'd like to think about it as something that involves empowerment, inclusion, involvement, building trust is because this really aligns very closely with the concept of recovery-oriented care. We know that when we think of recovery-oriented care, there's a process of change through which individuals improve their health and wellness, live self-directed lives, and can strive to reach their full potential; and this is the definition according to SAMHSA.

The reason that this is so important when we're thinking of engagement is that a successful engagement strategy really needs to prioritize things like economy, empowerment, and respect. I think all of these are brought together on this slide here.

So where does social media fit with in all of this, and why is technology something that we should be thinking about as a potential way to support engagement?

What I'm going to talk about in the next few minutes is really thinking about how social media, as well as other types of digital technology, can actually support these different aspects and engage them...whether it's empowerment or inclusion or building trust or increasing awareness.

Just to highlight some of the objectives for my talk today and what I'm hoping to cover with all of you, first is just trying to understand a little bit more about how social media can actually serve as an outreach and engagement tool; thinking a little bit about some of the examples of using social media for engagement. I will highlight an extensive body of works that I have been leading with colleagues at Dartmouth who leveraged different technologies for supporting outreach and engagement or health promotion in people with serious mental illness. Also then really importantly, recognizing some of the challenges and risks of using technology in this way, and then I will talk a little bit about some of the future opportunities and why I think this is a really exciting area both of research and then also a way of improving outcomes...I think, one of the goals we're all working towards.

So just again to highlight a little bit more about why I'm passionate about this work and why this is something I care about so much...I think we know that 1 in 17 Americans live with a serious mental illness…including schizophrenia and bipolar disorder and major depression. But what's really unique about this population group, and often why they're considered a group of population that is difficult to do any interventions…or there are challenges with engaging this group, is because of the very serious social determinants of health.

We can think of things like the impact of discrimination, the effects of poverty and disadvantage. I know I mentioned this a little earlier, but these are very important factors when we're thinking of engagement and can be especially difficult and challenging when thinking of trying to overcome challenges such as homelessness, unemployment, substance use.

Then also, back to the point I mentioned a little earlier about the few number of people who are actually engaged in treatment, it's also important to recognize that a very small portion of the treatment that individuals living with serious mental illness actually receive is considered adequate. So that is also a factor that contributes to a lack of engagement.

So I mentioned that when we are unable to engage these individuals in treatment, it can lead to a number of poor outcomes. But there are other factors that are really important to think about. This has been a real primary focus of my work for several years…really thinking of the early mortality disparity that exists in people living with serious mental illness. We know that this population group...they die considerably earlier than the general population, and we know mortality is largely due to preventable chronic health conditions. Things such as obesity and tobacco use are contributors to cardiovascular risk, and we know that these rates are far greater than in the general population.

Then some of the factors that contribute to this really high risk of mortality in this population group, again, are the impact of things like medications, lack of access to healthy foods, unsafe environments, but then also other barriers related to the actual mental health symptoms themselves and then just an overwhelming lack of control over life circumstances.

So I'm highlighting this picture here to begins to show why we've thought very carefully about how to use technology and social media to try to overcome all of these different challenges. So these challenges all can get in the way, but we have to think very creatively about how to overcome them. That's where social media could be a tool that we can use to help promote engagement in programs focused on health promotion.

I'm going to talk a little bit about health promotion because this is an area…as I mentioned, I've worked in this area for some time. Also, I was going to show a little bit about the existing health promotion program, some of the challenges with engagement, and then how we've used social media and other technologies to promote engagement and to encourage individuals to participate in these programs and then where I see this moving afterwards.

Let's start just quickly with some of the existing health promotion programs. I want to highlight this just to show that we're building on a very large evidence base. This is work that I was fortunate enough to contribute to through my dissertation work at Dartmouth, a project led by Professor Stephen Bartow. Here there's a health promotion resource guide that we were commissioned by SAMHSA to prepare. And really what I'm showing here is also some very large-scale randomized controlled trials. The reason I want to show this is that there isn't a strong evidence base showing that you can actually help individuals living with serious mental illness reduce the risk of early mortality...so really address some of the risk factors that contribute to this early mortality gap.

This work has also – I just want to acknowledge that there are research groups at Johns Hopkins. There's also one in California that has led similar large-scale trials, and really consistent results across all of them. This work has been replicated in a number of different settings with different racial and ethnic groups; and this is all, again, through community mental health settings.

But there are a number of challenges with actually getting individuals living with serious mental illness to participate in these programs. Part of it is the reach of the programs. You can only enroll a certain number at a certain time. Accessing the programs can be especially challenging. There are high costs associated with them at the community mental health setting level, and then engagement can be a challenge. So attendance is not always very high at these programs, and we want to think really carefully about how we can actually try to overcome these challenges.

That's where we have been moving towards the use of technology as a way to both get participants through the door and then also to try to keep them there, using the same analogy that Melody mentioned earlier.

I'm going to show an example of where we've taken some of these evidence-based strategies that are highlighted in the literature I showed on the prior slide and how we've incorporated the use of peer support and social media to support health promotion. This is on the second part of this arrow here. So you may be wondering…why would we have thought of this?

This work started several years ago now. This was right when smartphones were growing in popularity, and this was something that was very new at the time. It was something that was almost unheard of to use social media in a community mental health setting, let alone other types of cellphones or smartphones for *any* type of programming. So part of this comes from the fact there's just been absolutely rapid increase in the use and access of technology. This is a worldwide phenomenon; but especially locally, we've observed this very rapidly in the last few years.

We wanted to confirm this in the population group our research team was working with, so this happened really through a combination of interviews and surveys. We learned through the community mental health center that we were working with that access to Internet, use of cellphones, and use of social media was very comparable to nationally representative data; and for us, this was fairly promising. It showed that access was high. We also have seen in the literature that this has been confirmed by a number of other studies, and a number of other research groups have found this in different parts of the country. So this is pretty consistent in many settings.

We also talked with individuals...just talking with them and finding out what's something that you're often doing. I think overwhelmingly they're on Facebook; they're using their phones. And it just seemed like, well, if this is a place they already are, maybe we can try to leverage the fact that an individual is already using Facebook to help deliver some targeted content to support their engagement in the program in through the community mental health setting where they're seeking services.

Another factor too when we think about how we were integrating technology into the programs that we were working on delivering is I like to show this conceptual overview. I think of this as kind of a path to living a healthy lifestyle and what we hope it looks like. I show this on the left side...the straight arrow on your screen…as something that...that's how we hope changing health behavior is or how managing a chronic health condition or managing a mental health disorder, really any type of thing having to do with your own personal health, we always hope it looks like that. We hope that today we'll make a decision to make a change, and then tomorrow we'll get the outcome that we want.

The reality of that is not at all what any type of behavior change looks like...whether you're trying to help someone live a healthy lifestyle, address a substance use concern, or manage a chronic condition over time, we know there are a lot of ups and downs. That's why I have that squiggly line; really, that is the process that someone goes through, and it can be challenging at times. There are many areas; so you relapse back to the existing behaviors, it kind of goes around in circles...just really highlighting those challenges that come along the way.

When we think of how technology can play, it may be something that helps iron out those kinks. If someone is having challenges and they slip back, they have sort of a relapse or they fall backwards, maybe a very positive prompt on a mobile device that they already own and they're already using...maybe just getting that very carefully planned support can help get them back on the right track.

In the same way, we think of social media in this way. Is social media a way…you know, you're facing challenges…can I connect with someone or an online group and they're going to give me the support I need to overcome these challenges that I'm facing today?

So that's just conceptually how I think of using technology and social media in this way. Then also, just back to the same idea that we know that most of the individuals working with us are active online in some ways and how can we leverage those opportunities.

I'm going to present to you an example. This is called the PeerFIT Program. The PeerFIT Program is something that we've been working on developing. Kelly Aschbrenner is the lead investigator on this project, and I've worked very closely with her to engage consumers in the development of the program as well as peer support specialists. This work has gone on through a number of iterations and carefully involving individuals with lived experience at every step of the way and really learning from them about how they use technology, how they want to use it as part of this type of program, and also how they see this as something that can help promote a healthy lifestyle in managing both mental and those other physical health concerns that they may be facing.

So this project is very much based on experiential learning, the actual program. I'll just quickly give a description. It involves weekly group-based sessions, but then technology is a key component. And the technology piece is really aimed at promoting engagement in the actual content of the intervention. There are group sessions that are in-person; but then a lot of it is kind of all the hours of the day and all of the days of the week where someone cannot come into an in-person session because it's just quite simply

not feasible to do that. How do we support someone in those other times of the Day? That's really where technology comes in.

We've used technology in a few different ways to engage participants. One of the ways is through wearable devices. This is something that I've been very pleased at the levels of engagement with using wearable devices like activity trackers. This is something...they were very new when we started this work. Now, of course, they've been around; and they've gone through so many different iterations. But at the beginning, they were very simple. It's kind of like a high-tech speedometer in some ways, and participants were excited about this. This was something that was new to them, and it was easy to use and could help promote goal setting and help really encourage participants to be more active as part of the program.

Text messaging...again, that's a technology tool that has been around for some time now and is incredibly effective. It's very low-cost. When we used text messaging, it was really just around, first, reminders which are pretty benign and just helping the participants...reminding them about the goals that they set for themselves, to check out the Facebook groups to try to be active, and also to come to the in-person sessions...but also to provide motivation and encouragement. So providing just personalized messages reminding someone that we're happy that they're working hard; they should feel good about themselves; and ways to try to build confidence and self-efficacy and to help participants feel better about themselves as they are in the program and also a reminder that as we deliver this program that there's someone who cares.

Then the last thing is this private Facebook group that I'll talk a little bit about. Again, this comes back to the qualitative interviews that I was leading with participants and with consumers and really learning that pretty well all of them are active on Facebook in some way; and we learned that there was interest in having this type of program support through the community mental health center.

The Facebook group really was designed as a platform to facilitate interaction between participants. The primary goal was actually to allow participants to support each outside of the in-person sessions. It was also a way for us as lifestyle coaches...I was one of the lifestyle coaches in these early studies. It was a way for me to actually share content with participants and to post content that participants may have missed if they could not attend one of the in-person sessions. And we learned that oftentimes it was difficult to show up for an in-person session and someone might go online and find out what they missed through the Facebook group.

I'll just talk a little bit about what the Facebook group looked like. We used a secret Facebook feature, and this was really ideal because it was by invitation only. So I could serve as a gatekeeper and make sure that only participants in the program could join. Another advantage with this approach is that only participants in the program could see that the group even existed.

We made it very clear to participants what the goal of the Facebook group was. This was not used as a way to deliver medical treatment; it was really a way to support health promotion. Participants understand that, and we also made it very clear that this was a safe place where participants could share and interact with each other, and learn from and encourage each other.

We also made sure that we posted weekly content...again, just showing what types of content was covered in the group session. We also showed participants that there were ground rules for using the Facebook group. We tried to make sure that these rules were not too restrictive in any way, but we did have some very clear rules about what not to post; for example, personally identifying information. We also provided instructions since participants were new to social media because there were some who this was something they had not used before. And, just in general, instruction around how to faithfully use social media and really thinking...if you're going to use social media, make sure you're aware that what you're sharing online is really visible to the entire online environment.

I won't go into too much detail about some of the findings, though we had very, very high engagement in this group. Participants were very active. We found that many participants who didn't even show up to the in-person group sessions were very active on the Facebook group. I think what was most promising is that we had some participants who faced...well, *many* participants who faced a number of significant

challenges in their personal lives, whether they were health challenges or other types of challenges in their social lives. They would often not show up to the in-person sessions but would be very highly engaged on Facebook. So we felt that this was a way that we could maintain some connection with participants who were dealing with a lot of difficulties in their personal lives.

What we also found was I think most encouraging was that participants shared very, very personal things that they were facing…not personally identifying information, we made sure that that was one of the rules, but just some of the personal challenges. For example, I have these quotes here from the group whether it was expressing the loss of a family member; we also had some individuals who had substance use relapse. These were significant challenges that affected how they could participate in the program, but they could still maintain some level of engagement through the Facebook group.

I think what was most impressive is that other participants in the group responded with such encouraging comments, and we saw this community emerge where participants really supported each other. What was so important about this is that when participants posted personal stories or personal anecdotes...like this…that's what generated the most response from other participants. It was *my* post; it wasn't me posting as the lifestyle coach. When I shared information about program content and stuff like that, that was not all that interesting. But when participants shared their own stories, *that's* what generated the most comments and the most views.

We also found that when participants interacted more in the group, they actually did better overall in the program. They actually achieved better outcomes. Even the participants who didn't come to the group sessions, by interacting in the Facebook group, they did better overall in the program. So this stuff was very promising. Just to highlight, this program is now being evaluated in a large study in Boston and in New Hampshire; and there's work to move this to a mental health setting in Connecticut as well. So we are building on this work and moving it forward.

Now I'm going to just move into some of the new (inaudible) change for health promotion in thinking about the role of social media, and then I'll get into some of the risks as well.

This next slide here…this is an area of research I'm really very fascinated in. It's something that's been part of my research work for some time now. I like to show this slide because it does a better job of summarizing why this work is important than any slides with data or other things on it. I like to show this because we see that you have a situation where the health system fails someone. They're not able to access the treatment they need, or the treatment is not good enough; and we know that's true for many people living with serious mental illness.

This leads to significant frustration. Whether that's because of feeling alone or isolated with the mental health symptoms or whether it is just feeling uncertain or feeling that you have something you need to share with others, this is then where this digital world comes in...where this online environment comes in. And this is something in a study that I led several years ago, it was really aimed at looking at this...trying to understand these naturally occurring online interactions that happened among people who have very highly stigmatized mental illnesses...so what brings them together online, what are they sharing, what are the interactions like.

It was very clear that this is a form of peer support, where individuals actually are incredibly supportive of each other. They share their stories and personal challenges of living with people, and they share how they were able to cope. They provide encouragement. It's ways to feel less alone. So these are all incredible themes that emerged from this work.

But I wanted to learn more, so I really was keen to actually learn from these individuals and to find out, okay, so if you're going online and you have a stigmatized mental illness, you don't want to share this with anyone else but you're completely open about it online, what is it that motivated you to do that, and how do you feel you can benefit from that and it can benefit others?

So I initiated a study where I used Twitter to reach individuals living with mental illness. I searched through countless tweets for countless hours finding people who were talking about living with schizophrenia or talking about living with bipolar disorder, and I contacted them just directly through Twitter. For me, this was an interesting experience in that I was completely exposed. I used my own identity; I used my personal Twitter account; and I contacted them as myself.

You can see an example of what a tweet looked like. I would say I'm a student and this was while I was working on my dissertation. Part of why I did that is our Institutional Review Board insisted that I be completely transparent about who I am. And you know what...it actually worked out very well. At first, I think I was somewhat apprehensive. I was thinking of how I was exposing my identity online...what are people going to see. But then I got just got such an overwhelming response from individuals, incredible response rates. If anyone is familiar with surveys, it's almost impossible to get this type of response rate; it's almost a 50% response rate for this survey.

In fact, I first contacted people to complete a survey. The survey was even shared with others. Then among individuals who completed the survey, I invited them to participate in a brief interview either by Skype or by phone. What I learned from this sis that there was overwhelming interest among these individuals in actually having programs delivered through social media. So they really were interested in actually having programs to support their mental health, and I found that this was pretty consistent across age groups. I looked at whether it differed between those who were younger or older, and it was pretty consistent.

I will just mention that I really did not have any older adults who participated in my research study. No one was over age 65, but that definitely will be changing. There's no question...as the demographics shift with social media certainly moving upwards, there's no question.

Then in my interviews with participants... because now I wanted to find out so if they're online and they're talking about their mental illness and they're interested in programs, well, what would these programs look like. And this was really key for informing how we can use social media as an effective outreach and engagement tool. So I just want to talk a little bit about what I learned. This is coming from the interviews I had with participants. I wanted to find out from them what a program, or what an engagement strategy or something for outreach would actually look if it was delivered through social media.

This was quite interesting. This was in conversations with over 30 individuals. It's pretty clear that if you're going to use social media, it needs to have someone to moderate this who has clear credentials. It doesn't have to be a professional, but it has to be someone who has at least some kind of training or is a peer provider, but they make that very transparent and clear. And I thought that was very telling. So it can't just be a completely anonymous stranger who moderates or leads the group; it actually has to be someone who feels reputable in some way.

They have to be structured and organized. I appreciated that because I thought about how you would use social medial and thinking of how to structure and organize the content I thought was a very useful comment. There also needs to be ground rules...so thinking about if you have a private Facebook group, much like what we used in our work, that there needs to be some rules around how participants engage with that group.

Then there also have to be ways to promote safety and minimize risk. I'll talk a little bit about the risks as well in the next upload of slides; but this was something that I appreciated also because we do hear an awful lot about the safety and the risks, and I think it's something that we certainly cannot minimize or overlook in any way.

The last thing was the (inaudible) and ease of access. That was so overwhelming for many of the individuals I spoke to...it's that services are very expensive if they have to pay out-of-pocket, and they just could not think of something if they would have to pay. They really emphasized that it would have to be something that was easily accessible and that it's free and that they really wouldn't have to have that kind of concern, especially given the financial constraints in this population group most definitely.

Then through this work, I learned of some really exciting examples of successful efforts that have really leveraged social media to engage this population group. I met a number of individuals from NAMI through my interviews and surveys. They have a very active presence on a number of social media websites.

I learned of a (inaudible) campaign in Canada called the (inaudible). This involves closed online chat groups, and this had participants from really all around the world. These were moderated groups, exactly as some of the comments I received from participants.

I also learned of a really outstanding effort called "This is My Brave." This, again, is a very active presence on social media; and just really, again, the content that's shared among individuals who are part of these movements is really, I think, that I'd encourage anyone to look at and to see what types of topics they're talking about.

And then the It's Okay to Talk that was an effort from the UK. I'm going to just quickly mention the It's Okay to Talk program. This is something that I'm involved with. This is a project based in India that is focused on youth engagement and raising awareness around mental illness. This is something that employs much of the same ideas that I've mentioned using social media, but it's targeting youth in a lower-income setting. This is a platform I also encourage anyone to take a look at, but it's really received incredible response from young people who have shared their personal struggles with mental illness and also ways to fight stigma and raise awareness.

Now just for the next few minutes, I do want to really think carefully about the risks and talk to you a little bit about what I learned before I wrap up. Certainly in my interviews with participants and through the work that I've conducted, I've really tried to ask as much as possible about what the risks might be and what some of the perceived safety concerns might be.

I do want to highlight that participants certainly acknowledge that there are risks on social media. They certainly felt that way. Certainly with revealing their identity, for some it was concerns around whether an employer might see them online; others were concerned that actually a family member or loved one might actually find out what they're sharing with regard to their mental illness.

I also learned from participants that some of the hostilities that they may have experienced online, though it was very…I do have highlight there were very few instances where people did experience hostility though it did happen. Oftentimes, it was actually people that they knew and people that they knew in the offline world, the real world, who found them online talking about their mental illness and would sort of post comments that "That's not real, what you're experiencing," and things like that.

What I learned is these types of experiences, similar to the bullying, were perpetuated through social media. Those were things where participants would then really make sure to carefully navigate their identity online and offline to try to avoid these types of situations.

There are also a number of other types of things that were observed…things related to misleading information online, the risk of trolls. There are also discussions that are quite hateful or discriminatory and actually contribute to stigma. I think overall what I learned is that the benefits of connecting and reaching with others as expressed by participants far outweigh the potential risks, though there was strong recommendation that if you use social media in this way for promoting engagement and for reaching individuals living with mental illness, it's really clear that there needs to be ways to educate participants about what these potential risks may be.

So if this is through, for example, a program potentially through a community mental health center, then having some education for consumers about what the types of risks might be and safe ways to use online platforms…how to use them safely.

If it's online, I have a friend with lived experience; and she leads a very impressive Facebook group with hundreds of members from all around the world. She has very clear ground rules that are posted right at the top of the group that really highlight how to use the group safely and ways to ensure that everyone in

there is – it's a safe place. So they understand that they're part of the group and that there are ways that they can protect themselves from risks.

Just in wrapping up, I do want to highlight that there are some challenges that are important to consider. What I've shown you today is some work that is focused around health promotion...partly because that was an area that worked very well for using social media. Having said that, there are definitely other ways to use social media to promote programming through community mental health settings. So I do want to highlight that there really are not many large-scale studies to support how this would work.

What I think is really key is that we need to think about what types of research needs to be done. There needs to be larger studies, and there needs to be more work to carefully consider the risks...as well as the individuals who maybe still do not have access, and that really is key in thinking of those are in the most impoverished settings and most marginalized and disadvantaged.

I also think in closing on this last slide here, I really want to highlight how important it is in any time of engagement strategy or any type of work using social media, very much closely involve individuals that you're trying to target in the development process. I can speak to this with the work I'm doing now with young people with mental illness and really involving them in actually informing the design and content. I really think that these efforts cannot possibly be successful without involving individuals every step of the way. I think that's something that if I can leave one message from this talk, it's really to take the time to learn from these individuals; to ensure that they have a voice in how you're using social media or other technologies to reach them; and really to ensure that they're active members in every aspect of these types of strategies and how they're delivered.

I will wrap it up there for questions. Again, please do feel free to contact me. I'm happy to answer any questions you may have or just share some of the work or share some of the papers or publications with anyone who may be interested.

Should I send it over to you, Melody?

Yes, absolutely, you should send it over to me.

Right, okay.

John, that was excellent. I appreciate your...well, the depth of content given the constraints we have with time and, interestingly, technology. Both the participant chat and the topic questions have been just bouncing around, and folks are really very interested. I can say right now, we're not going to be able to get through every question. I think that we can pull together a brief kind of response sheet that can be made available when the recording goes out to everyone who attended. We may not be able to address every question then, but we'll try to get to as much as possible.

There are a couple of questions though that I said a number of people asked, so I want to start with those first. One is about for your research, do you prescreen the participants prior to involvement in the social media groups?

I'm not sure if completely understand the prescreening. I can explain that in the work that we've done in community mental health settings, both in Boston and in New Hampshire. Individuals are actively enrolled in care, so we know that they are receiving services. So one thing to point out is if they are receiving services, they may not be representative of individuals who are not involved in services. So I think it's important to point out they're already engaged to some extent. But having said that, they still are facing the types of challenges that those I think who are not in care face on a regular basis.

In terms of screening, we have no criteria around use of technology. The screening is typically based on these were adults, so they had to be 18 or older. They also had to have one or more risk factors for early mortality. So they were mainly clinical criteria, and they also had to have a confirmed diagnosis of a serious mental illness.

In terms of screening for whether they used technologies, that was not a requirement. We actually had some participants that were completely new to even using a smartphone. We had some who had higher levels of impairment, so a phone was something that was very novel; and they had never had it. We, through our study, were able to provide phones for these individuals. We also had some participants who had never used social media at all, but they were willing and interested to use it.

Just the last thing is everyone who participated was a volunteer. They consented; they completed informed consent, and they knew when they signed up that the program involved social media, the use of wearable devices, use of group sessions. They were all informed ahead of time, so they did make their own choice to enroll.

And so how were issue of anonymity or privacy addressed in those social media-based interactions?

That's a great question. For participants who had their own Facebook accounts already, we explained to them one-on-one and then also as a group about how the Facebook group would work. If they had their own account, they could use their own account; if not, they could create a separate account for the study. Having said that, that can be challenging with some of the Facebook rules now.

For participants who were new to the program, we helped them create an account if they were interested; and there were several who were, and we could help them make an account where maybe they didn't use their actual photo. We made sure to review things like the privacy settings to ensure that they were on the highest level of settings. Then we just really made it clear what the (inaudible) risks would be...so it was really a lot around education and helping participants understand how to use these platforms if they were new to them; and even if they weren't, we provided the same education to those who were already pretty savvy on social media.

Right, because some of us learned the hard way; and it could be helpful to get some of those tips.

Another question was: Given how social media is contributing to negative mental health outcomes for some, how can we do health promotions on social media responsibly?

That's an excellent question, and I think that it is true; there are a number of studies that have highlighted the connection between things like digital technology, smartphones, risk of increasing anxiety, or feelings of depression. Now, just to be clear, some of these studies are still very preliminary; they're in certain population groups. But I think it's safe to say that there *are* some potential risks with this.

What I think we need to think about as service providers and as researchers is how can we use social media knowing that these are possible risks because I think what we have to think about also is...I highlighted on those slides earlier that use of these devices is happening whether we're doing research or delivering programs or not. People are going to be on Facebook if we're using it or not for promoting wellbeing. What I think is important is if we can go into developing these programs knowing there *are* risks with using these platforms, but how can we use them in the best way possible.

So I think the best way to answer that is that we have to be very aware of how these platforms can contribute to mental health concerns. We have to recognize that people are going to be using them regardless. Then we have to just think that this is an opportunity for us to get very beneficial programs to people who need them most.

Yes, and I think that's an important acknowledgement...that behavioral issues don't exist in a cultural vacuum, that I as a person with a diagnosis and in recovery live in the big world; and the less services are involved with the big world, kind of the more at risk I am. So that's a great observation.

We're quickly running out of time, and I know that you had a "thank you" slide, John. I'm going to assume that these are some of your co-researchers and some of your co-authors on some of your publications?

Yes, that's right; these are current collaborators, and I certainly wish to thank all of them… especially Kelly (inaudible). She has led a lot of the work around the peer-to-peer intervention. I've worked with her for several years and continue to work on these efforts around engaging – we're working a lot now with younger populations…how do you use social media for engaging this very high-risk group. So it has been very fun work…and, yeah, thank you.

Super, I'm going to assume that as participants gain access to the slides through downloading that these might be some interesting names to google to look at other research and papers, just as an aside.

As we wrap up, I want to remind everybody that we would not be able to provide this and other webinars without the support of SAMHSA, both in funding and in directions and support. So all of that is driven by SAMHSA's recognition of recovery…the ten principles and four dimensions that informed healthier lives for us all.

Recovery to Practice is a project that will be wrapping up in September. We've been lucky enough to be funded through two grant cycles. There is a *lot* of information available on the SAMHSA website and on YouTube. I posted a link to our site in the Chat, and also you will be able to see it on the slides.

With every webinar, we provide additional opportunities for continuous learning. We can only give you a taste of any topic in these webinars because of the medium; and hopefully what it does is whet your appetite and make you curious and that you'll do some additional reading.

I would point out that I am No. 5 on this particular slide for additional journal articles and resources. Here's an article published by John and is about naturally occurring peer support through social media. So I know that will be of particular interest to a lot of people on this call.

We have a companion newsletter. I don't know if you've seen it yet. If you've not, be sure and download it. It is in the "Download Materials" box in your window.

Our next series will be two webinars addressing the role of medication in recovery. We have some excellent presenters who are going to provide information the end of June, the early part of July. We'll be providing those dates very soon.

Also, there are some online courses that are coming soon where you'll be able to take a deeper dive into issues related to integrated behavioral health and peer support for people experiencing homelessness.

Remember, if you want to get a continuing education credit or a Certificate of Attendance, follow the link that will be popping up in just one moment.

We thank you for attending. I appreciate your support and your participation today, and we hope to see you on further and future webinars. Have a great day. Thank you.