ROLE OF SOCIAL NETWORKING IN MEDICAL AND PSYCHIATRIC SOCIAL WORK

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Abstract:
    The health care system is undergoing radical changes and for each and every service we have specialized personnel and departments available now. Medical social workers specialized in that area of social work and part of the multidisciplinary team usually work in hospital, nursing home or hospice, have a degree in the field, and work with patients and their families in need of psycho-social help. They assess the psychosocial functioning of patients and families and intervene as and when necessary. Interventions may include connecting patients and families to necessary resources and supports in the community; offering psychotherapy, counseling, or helping a patient to strengthen their network of social support. The core functions of medical social workers include: Psychosocial assessment, Family education and mediation, Counselling for individuals, couples and families, risk assessment, financial assessment and resource management, Discharge Planning, Information and Referral Services. They work in almost all the different departments and fields in a hospital and have large number of cases and have to meet tight deadlines for arranging necessary services. Medical social workers often deal with complex cases involving patients who come into the hospital with multiple psychosocial issues, all of which require assessment and treatment. The multiple problems of the patients and family can impede timely care services. Social networking has enabled different client populations to form online support groups with a worldwide reach. Many social workers and social service agencies use social networking to market their services and to educate clients and potential clients about topics such as mental health, substance abuse, and family dynamics. But questions have been raised about social net working's ethical use in social work. Although social networking can be a useful tool, social workers using it must think carefully about how their activities could violate boundaries with clients, lead to unrealistic expectations from clients.

Introduction:
    Social media is changing our world influencing people with health issues how to connect with each other, how health practitioners link up and how people who use health and care services and practitioners interact. It is changing how we think about health and health care and how we can go about improving things. In the olden days, each of us worked in our own (limited) fields of influence and built relationships with people we were in direct contact with. Now we can learn from, share with and build solidarity with others with the same interests or issues in our own localities or all over the world.

    Social networks are the number of social contacts that one has and the frequency of interaction with them. As such, social networks are objective and quantifiable. It is through such contacts and the ties or bonds that a person has with his/her friends or relatives one receives the help that he/she needs in times of crises. In contrast, social support is the perception that those in the network are concerned for the welfare of the individual. As a result, social support is more subjective and slightly less quantifiable. Social support acts as a coping resource and also reflects certain aspects of social and personality development. Social support is based on one's social network and is conceptually related to it. Patients have been active on social media to find health

International Journal of Current Research and Modern Education (IJCRME)
ISSN (Online): 2455 - 5428
(www.rdmodernresearch.com) Volume I, Issue I, 2016

information, find support through discussion groups and forums, and chronicle their illness journeys. Naturally, they are also interested in using social media to facilitate communication between themselves and their providers. In a survey of patients of an outpatient family practice clinic, 56% wanted their providers to use social media for appointment setting and reminders, diagnostic test results reporting, health information sharing, prescription notifications, and answering general questions.

Impact of Social Networking:

The health care system is undergoing radical transformation. For each and every service we have specialized personnel and departments available now. Medical social workers specialized in that area of social work and part of the multidisciplinary team usually work in hospital, nursing home or hospice, have a degree in the field, and work with patients and their families in need of psychosocial help. They assess the psychosocial functioning of patients and families and intervene as and when necessary. Interventions may include connecting patients and families to necessary resources and support in the community; offering psychotherapy, counseling, or helping a patient to strengthen their network of social support. The core functions of medical social workers include: Psychosocial assessment, Family education and mediation, Counselling for individuals, couples and families, risk assessment, financial assessment and resource management, Discharge Planning, Information and Referral Services. They work in almost all the different departments and fields in a hospital and have large number of cases and have to meet tight deadlines for arranging necessary services. Medical social workers often deal with complex cases involving patients who come into the hospital with multiple psychosocial issues, all of which require assessment and treatment. The multiple problems of the patients and family can impede timely care services. Social networking has enabled different client populations, such as those battling addictions, to form online support groups with a worldwide reach. Many social workers and social service agencies use social networking to market their services and to educate clients and potential clients about topics such as mental health, substance abuse, and family dynamics. But questions have been raised about social net working's ethical use in social work. Although social networking can be a useful tool, social workers using it must think carefully about how their activities could violate boundaries with clients, lead to unrealistic expectations from clients.

The referral function of social networks and social supports can be positive or negative in the effects on health care utilization. The positive referral effects occurs when individuals in the network recognize the symptoms of the individual and recommend him/her to seek treatment, provide guidance to treatment resources, and/or assistance in using the supports. The negative referral effect occurs when individuals in the social network react negatively to the symptoms, reflecting feelings of stigma about mental illness, or even when the individual, correctly or incorrectly, senses those feelings and resists seeking help. Positive referral is similar to the third hypothesis of services use outlined previously.

The stress-reduction function and the positive and negative referral functions may operate differently for different disorders. For example, depression may be perceived differently than panic disorder or generalized anxiety disorder by one's friends, relatives, and spouse/partner, and this might affect the way they interact with the person suffering the life event or the advice provided. Also these functions may operate differently for different sources of health care.

It is possible that for general medical services one's social networks and social support are more likely to suggest early consultation because it carries fewer stigmas

International Journal of Current Research and Modern Education (IJCRME)
ISSN (Online): 2455 - 5428
(www.rdmodernresearch.com) Volume I, Issue I, 2016

than formal psychiatric services. Also, when symptoms first appear, the cause of illness is often unclear and one typically assumes physical rather than psychological factors as the causal agent. However, once the cause is identified as related to mental health, the use of even general medical services to discuss the problem is reduced if one has good social support from relatives. It is concluded that this might be a reflection of the stigma associated with more formal mental health services and mental health in general.

A significant number of people with mental illness do not use mental health services to receive treatment for their symptoms. Increased contact with the social network and higher levels of social support were associated with greater use of general medical services. However, more social support was associated with use of fewer services within the specialty psychiatric sector. Increased contact with the social network and higher levels of social support were associated with greater use of general medical services. However, more social support was associated with use of fewer services within the specialty psychiatric sector.

Privacy:

It is important to remember that material (e.g. photographs) may be posted about a psychiatrist without their knowledge or permission. Psychiatrists and trainees need to be aware that privacy settings on many social media platforms, such as Facebook, constantly change and do not guarantee that all the information posted will remain private. Prior to joining a social media application and uploading information, psychiatrists and trainees should ensure they are aware of the application's privacy policies and the limitations of these. Many sites with privacy policies do not offer a guarantee that these will be failsafe. Psychiatrists and trainees must also respect the privacy of their patients and their families and care givers. By actively using the internet to look at patients' social media activities and online presence, psychiatrists and trainees are in danger of breaching the patients' and their families' and care givers privacy. There are circumstances where clinicians may need to use the internet to assist with emergency Position Statement - Psychiatry, online presence and social media however, this must be decided in consultation with other colleagues and determined by the context of the situation. Psychiatrists and trainees are responsible for ensuring that the doctor – patient relationship remains professional and meets professional standards.

Relevance of Networking in Interventions:

Interventions also include agency administration, community organization and engaging in social and political action to impact social policy and economic development. The holistic focus of social work is universal, but the priorities of social work practice will vary from country to country and from time to time depending on cultural, historical, and socio-economic conditions. Social workers attempt to relieve and prevent hardship and suffering. They have a responsibility to help individuals, families, groups and communities through the provision and operation of appropriate services and by contributing to social planning. They work with, on behalf of, or in the interests of people to enable them to deal with personal and social difficulties and obtain essential resources and services. Their work may include, but is not limited to, interpersonal practice, group work, community work, social development, social action, policy development, research, social work education and supervisory and managerial functions in these fields. Social networking has enabled different client populations to form online support groups with a worldwide reach. Many social workers and social service agencies use social networking to market their services and to educate clients

and potential clients about topics such as mental health, substance abuse, and family dynamics.

Professionalism:

Doctors are expected to display a standard of behaviour that engenders the community's trust and respect. Inappropriate use of social media can result in unintended harm to patients and the profession, particularly given the changing nature of privacy and the capacity for material to be posted by others. Harm may include breaches of confidentiality, defamation of colleagues or employers, violation of doctor–patient boundaries, and unintended exposure of personal information to the public, employers and universities. Once information is posted online, it is often impossible to remove and can be made public, despite methods to control distribution of information. Therefore, psychiatrists, social workers and trainees need to exercise extreme care concerning information they post online.

The internet and social media have enabled easier and faster interaction between friends, colleagues and acquaintances. Psychiatrists, social workers and trainees who are unprepared for the implications of social media may be at increased risk of boundary violations with patients or allegations of these. There have been recent cases where health practitioners have been found guilty of unprofessional conduct, which included maintaining inappropriate communication or unprofessional relationships via social media. Before posting to social media, psychiatrists and trainees should consider any access that a patient may have to that information, and whether they want or intend their patients to read any personal information they post (e.g. their relationship status, health status, mobile phone numbers, political opinions). They should also consider the effects this may have on current and future therapeutic relationships. Psychiatrists and trainees are reminded that their own understanding of the use of social media might be very different to that of their patients. Further, the ways that patients construe their psychiatrist's use of social media may have significant implications for the therapeutic relationship

Psychiatrists and trainees should be aware that the enormous reach and convenience of social media brings with it added challenges regarding the protection of patient confidentiality. For example, it is possible to consult colleagues from around the world about a particular patient dilemma (and receive answers within minutes) such wide dissemination of knowledge increases the risk that a poorly de-identified patient will have their confidentiality breached. Implications for employment psychiatrists, social workers and trainees should be aware that inappropriate online activity can have an adverse effect on career opportunities.

Code of Ethics is currently not helpful and may indeed be more confusing because the code does not explicitly articulate ethical standards for the use of social media. It therefore becomes challenging to navigate the increasingly complex ethical dilemmas inherent in social media use. Though the official standards of the social work profession may struggle to keep pace with the ever-evolving presence of social media in our lives, social workers must be proactive by being mindful of their ethical and professional responsibilities. It is therefore imperative that members of the social work profession engage in dialogue and necessary research that focuses on this topic in order to inform professional standards going forward. Until social workers have an adequate amount of scholarship to reference when ethically navigating social media, it is prudent to exercise caution in online activities. Social workers also need to be extremely mindful about their impulse to conduct online searches for any type of information related to their clients. Social workers and students may utilize search engines in their work

without thinking about the potential ramifications which may affect client privacy and potentially violate confidentiality

Conclusion:

Although social networking can be a useful tool, social workers using it must think carefully about how their activities could violate boundaries with clients, lead to unrealistic expectations from clients. There are social work entrepreneurs who have blazed the trail of using social work skills with various business models, from social entrepreneurism to corporate sector services to private practice. Increased contact with the social network and higher levels of social support were associated with greater use of general medical services. However, more social support was associated with use of fewer services within the specialty psychiatric sector.

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International Journal of Current Research and Modern Education (IJCRME)
ISSN (Online): 2455 - 5428
(www.rdmodernresearch.com) Volume I, Issue I, 2016

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