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Exploring the experiences of people vlogging about severe mental illness on YouTube: An
Interpretative Phenomenological Analysis

Abstract

Background: Evidence suggests that, compared to the general population, individuals with severe mental illness (SMI) are more likely to engage in online social networking and share personal experiences through blogging. However, little is known about the impact of creating and publicly sharing mental health videos (vlogging) on individuals with self-identified SMIs. Aims: The present study aims to investigate the experiences of individuals with self-identified SMIs who vlog about their SMI on YouTube. Methods: YouTube was systematically searched using four key search items ("schizophrenia", "bipolar disorder", "major depressive disorder" and "schizoaffective disorder"). After manually screening approximately 50 channels, a set of 30 videos by individuals with self-identified SMIs discussing their experience of vlogging was selected and transcribed verbatim. An interpretative phenomenological analysis (IPA) was employed for the analysis of the data. Results: The analysis produced three global themes: Minimising Isolation; Vlogging as Therapy; and Fighting stigma. Limitations: The data collected was limited as regards depth of content by the inability to ask follow-up questions. Conclusions: The findings suggest that engaging in the act of vlogging about mental illness may benefit and encourage recovery in individuals with SMIs by providing them with peer support, enhancing self-efficacy, and reducing self-stigma. Future research should employ interviews to produce more robust data for analysis.

Keywords: Severe Mental Illness, Vlogging, Interpretative Phenomenological Analysis

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Many different stakeholders generate health related content within the realm of YouTube
(Lau et al., 2011), a user generated video-sharing website, including individuals with lived
experiences who publish videos about their illnesses (Syed-Abdul et al., 2013).
Despite the recent profusion in organisation and individual led health vlogs and literature in
support of their potential for improving patient wellness and illness management, the
literature examining this platform remains scanty and little is known about the gamut of
effects that vlogs have on both vloggers and viewers (Huh et al., 2014), particularly where
severe mental illness (SMI) is concerned. To that end, the present study aimed to investigate
the experiences of individuals with SMIs who vlog about their mental illness on YouTube.

SMI is an umbrella term which encompasses the most serious diagnoses that share a suite of
basic characteristics leading to severe psychiatric disabilities (Bond and Campbell, 2008)
which profoundly interfere with or limit an individual's optimal functioning as regards major
life activities (Whitley et al., 2015). This category of diagnoses typically includes disorders
that produce psychotic symptoms such as schizophrenia and schizoaffective disorder, severe
forms of depression (major depression) and bipolar disorder (NIMH, 1999). Given their
strikingly noticeable interpersonal difficulties (Hoertnagl and Hofer, 2014) and the stigma
attached to individuals with SMI (Whitley and Campbell, 2014), this population has been
found to be particularly interested in seeking information and engaging in social networking
activities over the Internet (Schrank et al., 2010). A growing body of research indicates that
people with SMI are increasingly turning to social media platforms to connect to individuals
with similar conditions and to obtain health-related information (e.g. Birnbaum et al., 2015;
Borzekowski et al., 2009; Khazaal et al., 2008), despite the fact that ownership of internet-
accessible technologies such as computers or mobile phones is considerably lower among this
population compared to the general population (Black et al., 2013; Ben-Zeev et al., 2013). In
a study involving people who had accessed a US mental health organisation's web-based
survey, Gowen and colleagues (2012) found that, compared to those without SMI, those with
SMI tended to engage in online social networking and share personal experiences through
blogging.
Of notable importance is the fact that the literature on the impact of social media platforms on

individuals with SMI is conflicting. On the one hand, studies suggest that online social networking can harm participants by exacerbating the symptoms of their mental illness and creating dependency (Takahashi et al., 2009). On the other hand, there is ample evidence that the Internet and social media platforms such as Facebook, Twitter and YouTube can create intimacies between strangers (Jian et al., 2011), fostering entirely transitory or more sustained forms of electronic relationships (Valentine, 2006) which have been found to minimise feelings of isolation (Naslund et al., 2016). This is of particular significance to individuals with SMI who frequently experience the mental and physical deleterious effects of chronic social isolation (Cacioppo et al., 2006; Cornwell and Waite, 2009) as an ongoing element of their everyday experience (Wright et al., 2000). Research also indicates that video-sharing websites such as YouTube are increasingly perceived as networking platforms, suitable for social interaction with others as opposed to merely a place for watching and sharing videos (Biel and Gatica-Perez, 2011). This type of online environment can provide particularly salient opportunities for peer exchange among those with stigmatising conditions such as mental illness due to their anonymity, ease of access (Berger et al., 2005) and lack of geographical boundaries (Stephens-Reicher et al., 2011). One particular question of interest regards the extent to which social media platforms such as YouTube can mediate or combat the effects of stigma associated with SMIs, as this has been linked to low self-esteem, poor self-care, and social withdrawal in the individuals affected (Thornicroft, 2006; Littlewood et al., 2007). Of notable concern is the fact that public stigma has not diminished during recent decades (Schomerus et al., 2012) and that people with mental illness still face prejudice and discrimination (Thornicroft et al., 2009). Notably, research has revealed that individuals living with a SMI are highly susceptible to endorsing stereotypes about themselves, resulting in self-stigma and self-imposed isolation (Corrigan and Rao, 2012), which have been linked with increased positive and negative illness symptoms in this population (Linz et al., 2013). Despite the fact that mental health is currently the fifth greatest contributor to the global burden of disease (Conway and O' Connor, 2016) and the rapid increase of popular social media platforms such as Facebook, Twitter or YouTube among individuals with SMI (Naslund et al., 2016), there is currently a paucity of research on social media use within this marginalised population (Brusilovskiy et al., 2016). Moreover, the literature to date has focused on text-based social media such as Facebook or Twitter, with YouTube remaining a particularly understudied platform, despite its current rank as the third most popular social media website worldwide after Facebook and Google+ (Kosner, 2013).

Within this space, the impressive rise in the popularity of health vlogs has afforded new opportunities for conveying knowledge, advice and support for individuals with a variety of health conditions (Liu et al., 2013), including those with a SMI (Naslund et al., 2014). Vlogging, in particular, is a relatively new phenomenon and as a consequence, the literature around it is not yet extensive. To date, research focusing on organisation-initiated vlogs indicates that health vlogs can impact patients' psychological health (Song et al., 2012) and improve health information literacy (Greenberg and Wang, 2012). Research also indicates that the ongoing process of self-disclosure that vloggers necessarily engage in with their subscriber base (Gibson, 2016) lends vlogs the ability to sustain electronic forms of intimacy (Rosen, 2012). This may be attributed to an important feature characteristic of YouTube and other similar video-sharing platforms. According to Liu and colleagues (2013), unlike traditional text-based social networking sites, YouTube has the potential for building richer rapport through the use of video, which allows vloggers to share a range of emotions and create richer connections with their audience by using nonverbal cues, thus emulating face-to-face conversations. In a qualitative study examining the act of health-vlogging among individuals suffering from highly prevalent chronic diseases (diabetes, cancer and HIV), Liu and colleagues (2013) found that vlogging was experienced as self-therapy and an opportunity to reduce the social stigma associated with these chronic diseases by promoting knowledge of the illness. This is in line with other research suggesting that vlogging, as a variation of text based blogging (Griffith and Papacharissi, 2010), can facilitate catharsis (Nardi et al., 2004), which can be particularly useful to individuals dealing with mental health issues because narrativising one's life experiences can help renew a sense of meaning and possibility (Ridgeway, 2001) through overturning socially constructed stereotypic accounts that typically stigmatise marginalised groups (Saleebey, 1994).

Purpose of the current study

Only a small amount of studies have investigated the use of YouTube for health-related purposes using a qualitative methodology (e.g. Naslund et al., 2016; Naslund et al., 2014; Huh et al., 2014; Liu et al. 2013), and none of them (to the best of the authors' knowledge) have examined the impact of vlogging on individuals with an SMI who upload mental health

videos. Exploratory work is crucial in a relatively new area of research in order to establish priorities and generate suitable measures for use in quantitative research. To that end, an interpretative phenomenological analysis (IPA) was employed due to its open-ended ideographic focus which allows for the generation of novel insights from the unique experiences and perspectives of the population being studied (Shaw et al., 2012). The interpretative aspect of IPA, which employs what is known as a "double hermeneutic", makes this methodology particularly suited to research questions focused on personal experience (Brocki and Wearden, 2006) such as the one in this study, as it engages both the participant and the researcher in a process of meaning-making (Smith et al, 2009).Thus, the scope of the present study was to explore the experience and the meaning of SMI vlogging from the vloggers' perspective.

Method

Sample and Procedures

After ethical approval was received, YouTube was systematically searched using the following search items: "schizophrenia", "bipolar disorder", "major depressive disorder" and "schizoaffective disorder". YouTube offers a variety of advanced sorting options, including a filter called "channel", which sorts content by channel names and descriptions. After the filter was applied, the resulting search yielded a combined total of approximately 1,228.400 videos. The first 10 pages for each search term were carefully screened for relevance by the first author. Company or professional channels were disregarded. Each channel was then manually screened for video titles indicative of the subject matter. "YouTube saved my life", "thank you", "social media", "why I make videos" are examples of the type of phrases included in the titles indicating that the video included content related to the vloggers' experience of being on YouTube. After screening approximately 50 channels per search term, the recommended "Other" video list (whereby YouTube suggests videos similar to the one watched) was followed. A similar methodology has been employed by Naslund and colleagues (2014). This resulted in an evaluation of a total of approximately 46 videos which were then speed watched (1.25x). Finally, the set was further narrowed down to 30 videos uploaded by 28 different individuals and chosen for their relevant content (videos where the vloggers elaborated on their experience of vlogging about their SMI). The total length of the videos was approximately five hours, with the mean length of approximately ten minutes per

video. The data was collected in the summer of 2017. A summary of the vloggers' self-identified SMI is available in Table 1.

Insert Table 1 here

Ethical Considerations

The analysis of social media retrieved data in research has been highly debated as it raises a number of ethical challenges with respect to privacy, consent, and confidentiality (Zimmer, 2010; McKee, 2013). According to Moreno et al. (2013), an observational study of YouTube videos does not require consent seeking from the participant if the videos are publicly shared. To minimise concerns, only publicly available videos were analysed in this study. The identity of the vloggers was concealed by anonymising their usernames, and video titles or demographic characteristics were not included in the results reported here. The study has also received ethical approval by a Psychology Research Committee.

Data Analysis Method

This study draws on and follows the guidelines for conducting IPA developed by Smith and colleagues (1999) to inform the analysis of the video transcripts, with the aim of identifying and comparing ways in which the vloggers understand their experiences of uploading mental health videos on YouTube. IPA was deemed the most suitable approach as this methodology is rooted in phenomenology, which engages with the way individuals reflect on life experiences which they perceive as significant thus allowing the researcher to examine their perspectives. A distinctive feature of IPA is its commitment to producing a fine-grained interpretative account that is grounded in each individual's unique lived experience (Smith and Osborn, 2015). This methodology has been gaining momentum in healthcare research due to its ideographic approach, which facilitates a rigorous exploration of how specific phenomena may impact patients (Biggerstaff and Thompson, 2008), but it has not yet been applied to the topic of mental health vlogging.

Firstly, the videos were transcribed verbatim. According to Smith and Osborn (2015) IPA does not require a detailed transcription of prosodic features such as intonation, ambiance, or pitch. Therefore, only spoken words, false starts and pauses were included in the transcripts.

Each transcript was read a number of times and notes and/or comments which appeared significant were recorded on the margins of the page. Then a more detailed line-by-line coding took place which resulted in the emergence of sub-themes. A list of sub-themes which reflected the vloggers' perceived experience was produced for each transcript and then for the study as a whole. These subordinate themes were then clustered to create superordinate concepts (themes, see table 2). The themes and sub-themes were discussed and agreed between the first two researchers. Repeated returns to the data were made in order to ensure that the vloggers' description of their experience was not skewed through the researchers' interpretation.

Analysis and Discussion

Overview

Three global themes emerged from the data in relation to the individuals' experiences of SMI vlogging. These will be explored henceforth along with their constituent subordinate themes (see Table 2) with each theme illustrated by verbatim quotes selected for their relevance relative to the research question. Minor changes were made to the extracts used in this section to improve readability such as removing utterances ("uhm") or discourse markers ("like", "you know") unless deemed integral to the communication itself. It is acknowledged that these themes are the result of a subjective interpretation of the vloggers' experiences.

Insert table 2 here

1. Minimising Isolation and Normalising SMI Through Vlogging

1.1 Giving and Receiving Peer Support

Engaging in online social networking in the context of a semi-protected and less prejudiced social milieu is particularly important for individuals with stigmatising conditions such as SMIs (McKenna et al., 2002). According to Corrigan (2016), online platforms can help this population to overcome some of the limitations arising from their psychological difficulties,

such as social anxiety or cognitive difficulties which significantly undermine personal goals. Our analysis supports these viewpoints and found that reducing social isolation and achieving a sense of community was highly valued by all vloggers who expressed their appreciation for their viewers and mental health community on YouTube. The analysis also yielded evidence in support of the view that the vlogger-viewer connection can be therapeutic and, hence, is critical in health vlogging (Tan, 2008). Vlogger 28 represents this:

"You can talk to others that are going through similar kinds of experiences to you [   ]. I put my story out there and a lot of you responded back to me saying 'I have schizoaffective too, I hear voices too, I go through the same experiences like you' and it's so good knowing you're not alone, so that's definitely a pro."

To a certain extent, creating and publicly sharing videos seemed to be employed as a tactic for reducing feelings of loneliness and isolation. Vlogger 9 gives insight into this:

"It's crazy that you can make a YouTube channel and you'll have a ton of people that will relate to you even with such a low amount of views on your channel [   ]. People in my real life don't understand anything when it comes to mental health, and the thing is I deliberately make these tags to attract people who think similarly to me, and also to help them, albeit, mostly to relate to me."

Similarly, Vlogger 6 reported making videos because she loved interacting with the mental health community on YouTube which allowed her to make friends with peers: *"It's so cool to make new friends who have similar interests to you and going through the same thing as you"* and lobbied for online social networking as a means of overcoming communication barriers which individuals with SMI typically face and which prevent optimal social functioning.

These accounts support the literature favouring peer over non-peer support interventions among individuals with mental illness (Simpson et al., 2014; Bouchard et al., 2010; Campos et al., 2014).

Further in line with Ziebland and Wyke's (2012) contention that online peer-to-peer support is one of the Internet's most valuable, yet unexplored features to have emerged in recent

years, Vlogger 28 shared a similar thought in relation to the importance of connecting to peers:

"*I am trying to create a community [ ] because, really, people that are suffering can help each other out. We can truly understand what each of us is going through and I'm trying to make that connection [ ] I feel like we can be better at explaining it than a doctor, instead of being categorised we have our own voices*"

The sense of valuing the 'lived experience' of psychiatric problems above knowledge was further expressed by Vlogger 13 and is consistent with the literature advocating the uniqueness of peer support in comforting and supporting individuals with mental illness (Corrigan et al., 2008; Sells et al., 2008):

"*Because I mean, you know, you can find tons of information. But, personal experiences are something that you're not going to be able to find anywhere else. Personal experiences are one of a kind*"

1.2 Normalising SMI

According to Gidugu and colleagues (2015), peer support plays a crucial role in the process of helping individuals normalise their mental illness. The benefits of connecting with peers and reducing feelings of social isolation through vlogging appeared to influence the vloggers' own conceptualisation of their SMI. Many discussed the importance of connecting, sharing and simply being aware of others with similar mental health struggles as a vehicle for de-stigmatising and normalising their own conditions:

"*I don't know about you, but when I first got out and I was able to comprehend what was happening to me, I finally got out of hospital and I got home, the first thing I did was go on YouTube and start watching people's testimony and videos and it really helped me, it gave me hope that I wasn't alone*" (Vlogger 7)

Social comparison theory, which centers on the belief that individuals self-evaluate across a variety of domains through comparison with others in order to establish a sense of normalcy

(Buunk et al., 2013), offers a useful perspectives on these findings. Solomon (2004) hypothesised that one of the mechanisms which makes peer support effective relates to social comparison theory in that individuals derive a sense of normalcy from both 'downward comparisons', that is the recognition that things could be worse, as well as 'upward comparisons', a process of self-evaluation against a superior example which can provide feelings of hope and optimism in recognition that others struggle with and successfully manage similar problems.

Vlogger 13 also illustrates this point:

"[   ] Just knowing that there are other people out there that struggle with some similar things as me, it's just a really amazing thing because I thought I was the only one in the world. I'm sure a lot of you people out there feel that way too because, when you don't, when you've never met anyone, never talked with anyone, and all of a sudden you know you're going online and you're like 'Wow! This person is saying a lot of the same stuff that I've been through' and then you leave a comment saying that you know how much you can relate to what I have to say and it's really nice to understand that there are other people out there who struggle with the similar things"

The resulting benefits of reconceptualising 'normalcy' appeared to spill into different facets of daily living, as evidenced by Vlogger 4:

"You guys have changed my life in terms of how I feel about myself, about my therapy, about my progress mental health wise, you've really made me feel like I can reach out and talk to you guys about what's going on in my life, and that you care, that you'll offer me good suggestions on how to deal with it, and just that I'm not alone"

2. Vlogging as Therapy

2.1 Helping others helps oneself

Many of the vloggers stated that they created videos in order to help others and themselves.

As regards helping others, the interpretation of what is helpful varied and included providing educational content in the form of informative videos, sharing footage of psychosis episodes or personal experiences, and medication reviews.

"*I'm trying to educate people who want to know more about it [bipolar disorder], have actual footage so people that either get manic themselves or with someone who they think is manic they can kind of look at what I'm talking about and how fast and what I'm doing and they can maybe relate to their own situation*". (Vlogger1)

Moreover, the notion of self-help appeared to be intertwined with that of helping others. Vlogger 11 illustrates this point:

"*I remember being really scared and just feeling alone, and like an absolute freak. So, in a way helping others is like me helping myself those years back*".

Similarly, although the high level of disclosure made her feel "*very vulnerable, putting all that online*", Vlogger13 persisted in creating videos in order to "*help anyone else who's dealing with that sort of thing, who can't go online or talk about their issues with anyone, like how [she] used to be*". Vlogger13 went on to explain: "*But, it's really, in the end, it's to help me*"

These statements could be interpreted through the perspective of the helper therapy principle (Riessman, 1965, 1990), according to which individuals who commit to helping others with a similar problem experience important gains such as a meaningful development due to increased commitment to a position through the process of advocating it, an improved self-image, as well as the benefits of distracting oneself from personal difficulties in order to help another.

For those who found themselves consumed with concerns about their mental illness, vlogging provided a means to minimise intrusive thoughts and anxieties by helping the vloggers shift focus from their illness to providing support to others. For example, Vlogger 9 spoke about how "*making a channel helped [him] in a lot of ways, it almost cured [his] obsession with schizophrenia*"

Vlogger 5 shared a similar experience: *"[ ] after a while though, it [vlogging] did the exact opposite it became less about my bipolar disorder and more about sharing and helping other people [ ]. So especially for those who are lost just starting or a family member, you know, it's become more about what I'm doing for other people, the giving, the helping the you know that thing"*

Krause and colleagues' (1992) observation that the act of providing peer support can be empowering provides a possible interpretation for the vloggers' shift in attention. According to Schwartz and Sendor (1999), the ability to reframe experiences of illness through providing peer support to others with similar conditions can enhance one's perception of their quality of life. Thus, the benefits of helping others experienced by the helper may be due to a changing self-evaluation, which is independent of objective circumstances (Schwartz and Sendor, 1999).

2.2 Empowerment: Regaining a sense of competence, purpose and positive self-regard

Rapp and colleagues (1993) describe empowerment as a multilevel concept that endorses health promotion, self and mutual help, and competence. Individuals derive empowerment from their perceived ability to make decisions and exert control over their lives, with an emphasis on developing an agentic, competent sense of self, and positive self-regard (Israel et al., 1994), both of which have been found to be central in the recovery of individuals with serious psychiatric disabilities (Mancini, 2007; Cohen, 2005). Vloggers frequently spoke about the impact of receiving positive feedback from their viewers, and reported deriving a sense of well-being and self-worth when their subscriber base commented that they felt inspired, less alone or that they obtained useful information and coping strategies from their videos.

"I get so many people saying how they look up to me and how they thank me so much for the videos I make and you have no idea how happy that makes me. "(Vlogger 14)

The importance of engaging in meaningful work was frequently mentioned as a key component of enhancing well-being. Research suggests that people with serious psychiatric

disabilities desire work (Rogers et al., 1991), and that meaningful work can act as a vehicle of self-transformation in recovery (Provencher et al., 2002) and have crossover effects to other non-vocational areas of life such as symptoms, self-esteem, social stability, and quality of life (Mueser et al., 1997). This is well illustrated by Vlogger 5 who compared the feeling of being useful through making YouTube videos to that which she used to derive from being an oncology nurse before her mental health circumstances forced her to seek disability benefits:

 "When you're on disability it's just gone [feeling useful], and so when I get messages that say you know your videos have really helped me, you've put into words things that I'm feeling you know it's going to help someone in my family understand, I feel useful to society as a whole, as a sort of Zen kind of I'm effective in nature as a human being I'm doing my part kind of thing do you get what I'm saying?"

Further in line with the notion that meaningful work is perceived as a means of coping with psychiatric disability and developing self-empowerment (Young and Ensing, 1999), as well as an opportunity to develop a positive self-outlook (Alverson et al., 1995), Vlogger 26 also spoke about the rewards of vlogging:
 "I'm doing a positive thing, yeah, I just feel a sense of purpose and I feel like it brings something rewarding to my life, something that I feel good about"

Other remarks portraying the perceived benefits of making videos included vlogging as a "*form of therapy*" (Vlogger 3), an opportunity to "*achieve better self-esteem and confidence*" (Vlogger 3), a "*coping mechanism*" (Vlogger 13), and a "*creative outlet*" (Vlogger 2). These results can be interpreted through the social cognitive theory of self-efficacy lens (Bandura, 1977), according to which self-agency represents a significant contributory factor in the recovery of individuals with serious psychiatric disabilities, and suggest that YouTube is a suitable platform for empowering individuals with a SMI, employed or unemployed, who experience creating mental health videos as meaningful.

3. Fighting Stigma

The importance of combating inaccurate stereotypes and misconceptions about SMIs by

promoting disclosure, providing educational content and positive role modelling stood out as a recurrent theme in many of the videos.

"Now, I have no fault and I do not blame anyone who feels shame over their illness. It took an adjustment period for me too. I don't think anyone should be ashamed of what they have. But, at the same time, if that's the way they feel that's their right and I hope they feel better about it. But I want people to see someone who's not ashamed of it, someone who is trying to make a bit of a difference if only because of what people see when they see these videos. And, overall, it helps me. It helps me knowing that maybe I'm putting out a little bit of information, a positive message, that it may help someone else." (Vlogger12)

The vloggers' decision to abandon secrecy and publicise their experiences indicates that coming out of the closet with mental illness was more valuable to them than maintaining secrecy. This is in line with research suggesting that broadcasting one's experience fosters a sense of empowerment over the experience of mental illness and stigma (Corrigan and Rao, 2012), and is associated with decreased negative effects of self-stigmatisation (Corrigan et al., 2010). This is further evidenced by Vlogger 21 who committed to keep creating videos despite being apprehensive about the potential detrimental effects these could have on her professional life as employers "*see mental illness as a weakness or something to be afraid of, or a liability*". "*In the meantime, like I said, even though it's stressful and risky to put myself out there and continue to make these videos, I will keep doing it [ ] I think it's important for people to be out there*"

Final remarks

While vlogging is a more common experience for individuals without a mental illness, the impact of YouTube on the SMI population may be a breakthrough. This study provided the first empirical evidence that engaging in the act of vlogging about mental illness may benefit and encourage recovery in individuals with SMIs. In line with Basset and colleague's (2010) findings that naturally-occurring peer support creates a sense of belonging and friendship, it was observed that YouTube facilitated an environment where people with serious psychiatric disabilities uploading videos about their condition could connect with viewers with similar illnesses thus validating their experience of mental illness, reducing feelings of loneliness, and reinforcing a sense of normalcy. As highlighted in previous research, obtaining

information about other people's experiences of illness can help allay anxiety and boost confidence (Lowe et al., 2009). Results also support Bracke and colleagues' (2008) findings that impacting the life of another peer, in this case through vlogging, can enhance feelings of self-worth and self-efficacy. It was observed that the perception of being helpful and useful to others through creating videos about mental health was empowering and augmented feelings of self-efficacy amongst the vloggers. Along the same lines, the act of disclosing one's SMI and fighting the stigma associated with mental illness through positive role modelling and providing educational content proved to override the potential disadvantages associated with self-disclosure. That vloggers chose self-disclosure in such a public manner suggests that they derived a sense of well-being from this act and that its perceived value outweighed the potential drawbacks of sharing their history and current experiences online. These findings support Bos and colleagues' (2009) view that selective disclosure optimises social support and reduces stigmatisation.

Lastly, according to Mancini (2007) engaging in a meaningful activity, giving and receiving peer support, and developing self-efficacy are all central aspects of recovery. Currently, there are numerous challenges to reaching and engaging this population from a clinical perspective (RachBeisel et al., 1999), including overcoming barriers such as social isolation, reluctance to seek formal treatment and challenging financial and family circumstances such as disruptive home environments (Hert et al., 2011). These findings suggest that, if used effectively, vlogging may offer novel approaches to supporting this high-risk population on a path towards recovery. Furthermore, vlogs could be a useful source of information for clinicians and prospective professionals, such as students, as they could enhance their understanding of their client base.

Limitations of present study and implications for future research

Undoubtedly, the observation of real world data without interference from the researchers was a methodological strength of the current study leading to higher ecological validity. Nevertheless, the data collected was limited, regarding depth of content, by the inability to utilise an interview schedule that would allow for an in-depth exploration and follow-up questions. As this is the first, to the best of our knowledge, study to explore the vloggers' lived experience of vlogging about their SMI, future research seeking to interview SMI

vloggers in order to extract more robust, in-depth data is essential.

Based on the results of our study, professionals supporting and encouraging the act of vlogging can help promote a form of self-therapy and social support among this already hard-to-reach population at no cost. Moreover, encouraging individuals with SMI to vlog could potentially increase the quality of self-management via the act of self-monitoring necessarily involved in the act of vlogging. Future research should seek to develop means of integrating this tool into existing programmes for patients and as educational tools for health professionals.

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Table 1: Vloggers' self-identified SMIs

Vlogger No	Self-identified SMIs
Vlogger1	Bipolar Disorder
Vlogger2	Bipolar Disorder, Major Depression
Vlogger3	Major Depression
Vlogger4	Major Depression
Vlogger5	Bipolar Disorder
Vlogger6	Bipolar Disorder, Schizoaffective Disorder
Vlogger7	Schizophrenia
Vlogger8	Schizophrenia, Major Depression
Vlogger9	Schizophrenia
Vlogger10	Bipolar Disorder
Vlogger11	Schizophrenia
Vlogger12	Schizophrenia
Vlogger13	Schizophrenia
Vlogger14	Schizophrenia
Vlogger15	Bipolar Disorder
Vlogger16	Bipolar Disorder
Vlogger17	Bipolar Disorder
Vlogger18	Bipolar Disorder
Vlogger19	Schizoaffective Disorder
Vlogger20	Schizophrenia
Vlogger21	Bipolar Disorder
Vlogger22	Bipolar Disorder
Vlogger23	Bipolar Disorder
Vlogger24	Bipolar Disorder
Vlogger25	Bipolar Disorder
Vlogger 26	Schizophrenia and Schizoaffective Disorder
Vlogger 27	Schizoaffective Disorder
Vlogger 28	Schizophrenia

Table 2 Global Themes and related Subordinate Themes

Global Themes	Subordinate Themes
Minimising Isolation and Reducing Feelings of Loneliness Through Vlogging	• Giving and Receiving Peer Support • Normalising SMI
Vlogging as Therapy	• Helping Others Helps Oneself • Empowerment: Regaining a sense of competence, purpose and positive self-regard
Fighting Stigma	