NETWORKS OF ADVOCACY & INFLUENCE

Peer Mentors in beyondblue’s Mental Health Forums

Anthony McCosker, Swinburne University of Technology
Networks of Advocacy and Influence: Peer Mentors in beyondblue’s Mental Health Forums is a project commissioned by beyondblue and supported by a Research Development Grant Scheme, Faculty of Health Arts and Design, Swinburne University of Technology.

For inquiries, contact the Chief Investigator for the project, Anthony McCosker (amccosker@swin.edu.au).

Dr Anthony McCosker is Senior Lecturer, Media & Communications, Faculty of Health Arts and Design, and Program Leader, Participation & Inclusion, Social Innovation Research Institute, Swinburne University of Technology, Melbourne.

Special thanks to Michael Hartup for his research assistance and input into the project, and to Rowan Wilken for input in the early phases. Thanks to the team at beyondblue, particularly Christopher Banks, for assistance with recruitment and data gathering. And heartfelt thanks and appreciation for the Community Champions who participated generously in the interview phase, along with all those involved in the forums for their input as it has fed into and informed this project.

This report is released subject to a Creative Commons BY-NC-ND license (License). This means, in summary, that you may reproduce, transmit and distribute the text, provided that you do not do so for commercial purposes, and provided that you attribute the text as extracted from Networks of Advocacy and Influence: Peer Mentors in beyondblue’s Mental Health Forums, Swinburne Social Innovation Research Institute, Melbourne, 2017. You must not alter, transform or build upon the text in this publication. Your rights under the License are in addition to any fair dealing rights which you have under the Copyright Act 1968 (Cth). For further terms of the License, please see http://creativecommons.org/licenses/by-nc-nd/3.0/

© Swinburne Social Innovation Research Institute, July 2017

# Table of Contents

1. **Summary & Key Findings** .................................................................................. 3
2. **Introduction** .................................................................................................... 5
   2.1 Study Design ............................................................................................... 6
   2.2 Methods and Data ....................................................................................... 6
3. **Background & Analytical Approach** ............................................................. 8
   3.1 Analytical Approach ................................................................................... 9
   3.2 Forum Context ............................................................................................ 10
4. **Forums as Platform for Mental Health Engagement** ..................................... 12
   4.1 Forums Complementary to Professional Support ......................................... 13
   4.2 Forums vs Other Social Media Platforms .................................................. 15
   4.3 The Role of Anonymity ............................................................................. 17
5. **Establishing Expertise & Authority as Intermediaries** .................................. 20
   5.1 Introducing the Champions ....................................................................... 20
   5.2 Motivations, Transitions, Starting Points .................................................. 25
   5.4 Drawing on Personal Mental Health Experiences ....................................... 30
   5.5 Making Connections, Building Relationships ............................................. 32
6. **Framing Mental Health Issues & Recovery Practices** ..................................... 34
   6.1 Framing Mental Health and Illness ............................................................... 34
   6.2 Framing Recovery Practices and Strategies ............................................... 36
   6.3 Re-framing Experiences and Actions ......................................................... 38
   6.4 Challenging Stigma .................................................................................... 39
   6.5 Framing Resources and Formal Support .................................................... 40
   6.6 Empathy Practices ...................................................................................... 41
7. **Impact & Influence** ........................................................................................ 43
   7.1 Cycles of Feedback and Validation ............................................................ 44
   7.2 Actioning ..................................................................................................... 45
   7.3 Challenges, Conflict and Disagreement ...................................................... 46
8. **Discussion** ..................................................................................................... 49
   8.1 Key Findings ............................................................................................... 50
9. **References** ..................................................................................................... 53
1. Summary & Key Findings

This report sheds some light on the activities that take place on *beyondblue’s* mental health support forums. Around 88,000 people visit the forums per month (6,800 posts per month at 10 a month per active user). Given the forums are restricted to people in Australia, this is a high level of engagement, and a reminder of the importance of digital tools for addressing mental health issues in the community.

Through analysis of forums and in-depth interviews with Community Champions – peer mentors who provide crucial support networks within the forums – this report focusses on the crucial work and clear impact of key peer mentors who operate as ‘intermediaries’, bridging a gap between professional mental health or organisational moderators, and the day to day support needs of those dealing with mental illness. It provides a corpus of interactions and experiences in the words of those who use the forums, and presents a qualitative analysis that focusses on the benefits of the forum platform for facilitating online mental health support, and highlights the individuals and practices that make a difference there.

Two samples of forums, threads and posts extracted in December 2016 and May 2017 were analysed qualitatively and quantitatively. The qualitative content analysis covered 5 Forums, 14 Threads and 1140 posts. Quantitative analysis drew on 2 Forums and 300 Threads. In-depth interviews with 10 Community Champions were conducted between February and April 2017. The findings of the analysis explain the forum context and online environment for mental health support, and draw out the processes through which key intermediaries, the peer mentors and Champions, are able to provide effective networks of support.

1.1 Platform factors

A number of platform or technical factors, distinguish the forums’ value for mental health support. These include the requirement for anonymity, which encourages participation and open engagement; moderation processes that maintain the forums as a safe space for participants; the dedicated mental health focus of the forums and specific categories of mental health problems addressed and supported.

Participants are clear about the complementarity of the forums with professional mental health support and therapy, emphasising their accessibility and no cost, along with the distinct benefits of being able to connect with those who share lived experiences of mental illness. Participants are also less likely to use dominant social media platforms like Facebook for this kind of support and interaction.

1.2 Forum topics and interests

Comparison of the topics addressed by members posting Threads in the two most popular Forums – Depression and Anxiety – shows how the forums meet individual needs by their focus attention to a wide range of different mental health issues and concerns.


By comparison, for the Anxiety forum, topics concentrated on issues of: ‘symptoms’, ‘employment and work’, ‘need help’, ‘panic’, and ‘physical symptoms’.
1.3 Characteristics of peer mentors as mental health intermediaries

The core findings reveal how they construct value, by facilitating and moderating activities, but also by affecting others’ orientation toward their mental health issues, their access to the resources and strategies available to alleviate problems and find professional help.

a) Establishing expertise & authority as mental health intermediaries

Prominent peer mentors, (Community Champions and other intermediaries) develop and display authority and influence through:

- Personal mental health and life circumstances, in conjunction with education and work experiences (Champions are likely to have experience in community health, social work and health leadership roles throughout their lives).
- Transitions toward successful coping strategies and recovery practices (even if relapse and acute health episodes persist)
- Taking on responsibilities in supporting others, and develop and ability to draw on and discuss personal mental health experiences in a way that builds trust, enables connections and relationships to develop and as a supportive or explanatory mechanism.
- Establish, build and maintain connections with others in the forums, particularly new posters who are posting in a crisis state.

b) Establishing expertise & authority as mental health intermediaries

Champions and other intermediaries achieve effective mental health support and leadership by framing and re-framing mental health issues and recovery practices. The research identified Champions’ and other intermediaries’ significant role in:

- Framing mental health and illness, by providing articulate, evocative, experience-oriented accounts of the symptoms and effects of particular mental health problems in ways that other members understand, relate to and respond to.
- Re-framing others’ experiences and actions, particularly where negative accounts are presented by members. This skill involves re-orienting negative experiences and helping other members to think more positively and strategically in redressing their particular circumstances and problems.
- Modelling skilled empathy practices in responding to others. This skill involves using those techniques to develop connections and build trusting and supportive relationships.
- Intermediaries develop strong networks and close bonds with others acting in those roles, through the closed Champions’ forum, as well as in supportive replies and reinforcement across the forums, to effectively support others.

c) Establishing expertise & authority as mental health intermediaries

Champions and other intermediaries achieve demonstrable impact and influence with other members of the forums. This impact and influence is evident in the forums ranging from simple acknowledgement of others’ responses, more detailed acknowledgement of the ideas, choices or strategies others have put forward, or lengthy and specific expression of appreciation of the contribution or guidance given by others.
2. Introduction

Talk, conversation, support, advice, social connections are simple things we often take for granted and yet are essential for dealing with mental health problems ‘in the community’. The fact that so many people turn to online forums, to supportive strangers like White Rose and others like her to find help or simply company says something about the powerful role our digital tools continue to play in managing the day-to-day challenges of living mental illness.

In 2014, the *Report of the National Review of Mental Health Programmes and Services* emphasised the importance of online forums and peer support platforms for addressing mental health issues in the community. Recommendation 11 stressed the need to: ‘Promote easy access to self-help options to help people, their families and communities to support themselves and each other’ (Vol 1, p. 87). More recently, a report by Mind and the University of Queensland studied the economic value of informal mental health care in Australia, finding a significant hidden cost ($13.2 billion) to substitute professional services for the 240,000 Australians who care for an adult with a mental illness (2017, p. 16). That report did not examine the informal care undertaken through online platforms and other peer-mentor programs, and hence there is a pressing need to explore the value of forums like *beyondblue*’s and the work of volunteers online where they are able to reach more people right across the country.

Online forums have been an organic source of community support for health issues since the early days of the internet, and well before the development of web 2.0 and social media, and they continue to be a key form of community engagement with mental health and wellbeing. This report sheds some light on the activities that take place on *beyondblue*’s mental health support forums. Building off base level data provided by previous survey research, it focuses on the role of the forums’ volunteer peer mentors, its Community Champions and other mental health intermediaries.

There are many factors shaping the specific kinds of mental health support made possible through forums like *beyondblue*’s, including the technical platform structures, moderation processes, the insistence on anonymity, and the application of community rules and restrictions. Through an exploratory, descriptive analysis of content and activity within the forums and in-depth interviews with Champions, the report shows the crucial work and clear impact of key peer mentors who operate as ‘intermediaries’, bridging a gap between professional mental health or organisational moderators, and the day to day support needs of those dealing with mental illness. Findings emphasise the social value of the forums’ Champions, their role in driving participation, framing wellbeing and recovery practices and their influence in reframing mental health problems and stigma.
The research also provides a useful corpus of interactions and experiences in the words of those who use the forums and some of the prominent Community Champions who do so much to respond to the under-serviced day-to-day needs of people struggling with mental health related issues. Results of the forum content analysis and in-depth interviews with Champions are synthesised in the body of the report. This provides qualitative evidence for by identifying and detailing the social value of the forums and the crucial role played by the Champions in driving and shaping participation there.

2.1 Study Design
With a dual focus on the technologies and the people driving online support, the research sought to fill an important gap in understanding the content, participants and activities within beyondblue's forums. The three primary aims were to:

- Identify and examine the role of intermediaries, or key actors, in facilitating engagement within the forums
- Understand the way platform features mediate and shape forum activity
- Characterise the value and influence of technical and individual intermediaries within the forums

To address these aims, a quantitative and qualitative content analysis was undertaken, with a focus on the platform features, people and activities taking place across the forums. The research was structured around the following questions:

- How do participants understand the value of the forums and activities and interaction taking place there as a form of mental health support?
- What role do community champions play in driving, moderating and shaping activities in the forums?
- What are the characteristics and core practices of those who take on a champion, or champion-like, peer mentoring role within the forum?
- How does the platform (the forum structure, moderation processes and programmed ‘architecture’ of the forum) contribute to the way people experience and use the forum?
- What are the signs of the impact that champions and peer mentors have in the forum?

2.2 Methods and Data
A mixed methods approach was used to address the research questions and extract insights from the forums and some of the key members who provide day to day support for members there. This consisted of two phases: a) a qualitative and quantitative content analysis of two defined samples of the forums, b) interviews with 10 Community Champions. This provided the basis for a cross-validation process for analyzing forum content against the reflections of Community Champions through in-depth interviews, and using the interview participants’ reflections to refine the analysis of the forum content.

Firstly, a systematic analysis of a targeted sample from the forums was undertaken and themes were extracted in relation to the establishment of expertise, practices and approaches to framing mental health issues and positive responses to them, and signs of impact or influence and the importance of cycles of validation in the forums. A comparative overview of
Networks of Advocacy & Influence

topics was extracted from a sample of threads from the prominent Depression and Anxiety forums to provide a top level view of activity there.

Secondly, this analysis was used as the basis for developing questions for in-depth interviews with 10 Community Champions. The interview data was at first open coded, meaning common themes and categories were identified as they emerged through the discussions. In addition, categories relating to those identified in the analysis of the forums – the establishment of expertise, practices and approaches to framing, and signs of impact and influence – were also explored in relation to the interview responses. This two-phase analysis is synthesized in the main section of this report to show evidence and examples responding to the research questions.

**Forum Content:** Two samples of forums, threads and posts were taken in December 2016, and May 2017.

Quantitative data was drawn from a sample taken from two main forums: Depression and Anxiety. The sample extracted 150 threads from each forum (n=300) to survey topics posted and the extent of interaction taking place within them. Threads were extracted in May 2017 and represent the 150 most recently posted-to threads (these are organised by the software to be listed first according to time and date of post). The quantitative sample serves as a base to categorise and compare some of the core activity taking place on the two main forums, and to establish a data set to explore the way activity occurs within threads, interactions between participants and the way impact and influence is expressed.

Qualitative analysis was derived from a broader sample of forums and threads. The selection is broadly representative of the main forum activity, with three people-oriented forums that focus on the forum Champions, young people, and partners and carers:

<table>
<thead>
<tr>
<th>Forum</th>
<th>Thread</th>
<th>Posts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome &amp; orientation</td>
<td>1</td>
<td>120</td>
</tr>
<tr>
<td>Depression</td>
<td>4</td>
<td>390</td>
</tr>
<tr>
<td>Anxiety</td>
<td>4</td>
<td>360</td>
</tr>
<tr>
<td>Young people</td>
<td>1</td>
<td>60</td>
</tr>
<tr>
<td>Supporting family and friends (carers)</td>
<td>4</td>
<td>210</td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td>14</td>
<td>1140</td>
</tr>
</tbody>
</table>

**In-depth interviews:** In-depth interviews were conducted with ten Community Champions. Interviews were conducted by phone between February and April 2017, and were around one hour long on average. Analysis was undertaken through NVIVO qualitative analysis software. As with the qualitative forum content analysis, the interviews are re-presented in the main sections of this report to draw as much as possible from the forum participants and Champions ‘in their own words’. The ten Champions involved in the interviews are identified by their forum usernames (as are other members of the forums quoted in this report):

White Rose, Kazzl, Wednesday, white knight, Just Sara, Starwolf, geoff, MarkJT, Croix, Gruffudd
3. Background & Analytical Approach

The role of communication in acknowledging and acting on mental health problems is well recognised in mental health research. White Rose, a participant and one of the forums’ tireless volunteer Community Champions, articulates this imperative well:

*I remember when I first had depression, getting to work, putting my shoulders back, taking a deep breath, and pasting a smile on my face before I keyed the code into the office keypad. … This is where depression is such a killer. We need to talk to each other in general and even more when we are locked into our own prisons, and that is what depression prevents. It’s a catch 22. The less we talk the more power it gives the Black Dog and results in us talking less. But like anything we do to break the depression cycle, it’s jolly hard work and requires constant practice.*

(White Rose, CC, Forum: ‘Anxiety’, Thread: ‘No good at small talk’).

From the early days of the internet, online forums, bulletin boards, email lists and other platforms for interacting and sharing information online, have provided an opportunity for addressing health issues through peer-to-peer interaction (Baym 2015; Lovatt et al. 2017). While social media platforms and apps have evolved with the mobile and web 2.0 era, dedicated health forums have retained a strong relevance as an effective form of online support through the personal connections they enable, information sharing practices and even therapy. Research to date has emphasised some key elements to health forums’ place in the public health ecosystem: they provide a tool for participation and inclusion in health and wellbeing processes and information gathering, generate network expansion, offer anonymity for stigmatised and vulnerable populations, increase access to support mechanisms particularly for those isolated or of restricted mobility (e.g. Tanis 2008; Bauer et al. 2013; Nimrod 2013; Lupton 2014).

One under-researched part of online health forums is the role played by peer mentors, and influential members of forums who take on formal or informal roles in community management, moderation and support. Seeking to understand the importance of the role of Community Champions in beyondblue’s forums, this report takes an analytical approach based on ‘cultural intermediary’ theory, an approach drawn from consumer culture and communications research that can shed light on the work of those who facilitate support and frame mental health issues, and who are also members of the forums attending to their own recovery practices (Smith Maguire and Matthews 2012; Moor 2012). While ‘community health champions’ have been studied, mostly through qualitative research and evaluations in relation to community health programs and interventions (Woodall et al. 2013), there is a need to better understand their place within online health support programs.

Some long-term members of health forums, like White Rose quoted above, play a significant part in framing and re-framing the problems shared by forum members. These members, while still dealing with their own ongoing mental health issues, provide effective support to others, respond to and build connections with new members and facilitate activity over time. They develop and are recognised for their ‘expertise’ and have a notable influence among others. An area of social research originating with French sociologist Pierre Bourdieu in the 1970s and 1980s has conceptualised this kind of role as the work of ‘cultural intermediaries’ (Featherstone 2007).
In sociology and organisational research, the concept of cultural intermediaries has been used broadly to understand social influence, or ‘cool culture’ and ‘taste making’, as well as in mediating services and public communication. While these roles are conceptualised in a number of ways in health research through terms like peer mentors, patient navigators, brokers or boundary spanners (e.g., Long et al. 2013), this report works with the concept of Cultural Intermediaries because of its grounding in communication and media contexts. Intermediary research traditionally concerns those who facilitate and influence ‘authentic’ communication and cultural exchange in a non-professional, unpaid capacity in creative industries and public or health service contexts. The approach provides a useful base and analytical schema to explore the activities of Champions and other intermediaries in the beyondblue forums.

3.1 Analytical Approach

The primary aim of the research is to identify cultural intermediaries in the forums, define their role and characterise their approach, activities and impact. The analysis is based on Smith Maguire and Matthews’ (2012) analytical breakdown of cultural intermediary research, targeting three key aspects of intermediaries and their practices. Around these points of analytical focus, key themes were extracted from forum data and interviews:

**Establishing expertise**: Cultural intermediaries are distinguished from others by their implicit or explicit claims to expertise (Smith Maguire and Matthews, 2012, p. 556). Studies of cultural intermediaries in a range of cultural, economic and organisational contexts emphasise an ‘asymmetry of influence’, where certain individuals attain a status or level of influence based on factors such as knowledge and insight, length of participation, social capital or network size, and acknowledged skills, capacities or proximity to service providers.

**Framing practices**: The actions and practices of cultural intermediaries are exemplary in many ways and involve several key elements that are useful for the analysis here. Notably, cultural intermediaries are involved in framing ideas, behaviours or ways of thinking about, in this case, mental illness and effective recovery practices. They are skilled in making their choices credible to others, and are implicated in providing legitimacy to best practices (Smith Maguire and Matthews, 2012, p. 557); in the case of the forums, to the framing and re-framing of experiences and strategies associated with mental illness.

**Impact or influence**: One of the main aims of analysis of cultural intermediaries and the practices they are involved in is to identify influence and impact within economic and social systems. In these settings influence and impact are not easy to quantify. However, feedback cycles afforded by the interactive features of forums, do provide a basis for identifying the characteristics and qualities of impact and influence. These can be identified in explicit acknowledgement of ideas, choices or advice, or in more involved expressions of appreciation and behaviour change attributed to forum activity.

The ‘cycles of effective online support’ diagram below emerged was developed in relation to cultural intermediary theory, but also in response to the practices and environmental factors observed in the forums and discussed in the interviews. It is presented here as a guide to the analysis in the sections that follow.
3.2 Forum Context

*beyondblue*’s support forums have existed in a range of formats since around 2003 and is supported by a small team of staff as a core support mechanism among others offered by the organisation. Its current iteration embeds structure and rules such as a requirement for anonymity and restrictions on posting of personal details and identifiers, a limit to 2,500 characters per post as well as organisational features such as the foregrounding of recently posted to threads. There is no editing facility, and posts are purely text-based, with no emoji or images. Posts are publicly accessible and searchable through search engines; however, membership through a sign-on process is required in order to post, and membership is restricted to those located in Australia.

A number of other rules are applied by the moderators such as not mentioning drug names, or discussing details of suicide and self-harm methods, posting links or advertising as safeguards on abusive interactions and so on. An automated, three-tiered filtering system assesses posts for levels of risk on the basis of language used, with about 20% of higher risk posts held back for review. These community guidelines help to shape interactions on the forums to achieve positive outcomes for participants.

This detailed content analysis of *beyondblue* forums builds off and fills in gaps in the survey work undertaken by Hall & Partners | Open Mind on *beyondblue*’s behalf in 2015 and 2016. Some relevant highlights from those reports are as follows:
Around 68,000 people visit the Forums per month (an average of 5,300 posts per month - 5 or 6 posts per month on average per person). In 2017 this has risen to 88,000 unique monthly users, 6,800 monthly posts at 10 posts per active user. In addition to Gender being skewed 33% male and 66% female, two demographics of note. First, the split between metro vs. regional/rural participants is 56%/44%, which is a significant regional skew given the Australian population split of: 65% metro, 35% regional/rural (Hall & Partners | Open Mind 2016).

The top reason for accessing the forums according to the 2016 survey are also telling, and are reflected in the qualitative analysis presented in this report:

- Felt depressed or anxious and I wanted support (55%)
- Wanted to connect with others anonymously (33%)
- Felt suicidal (26%) (higher for 18-24 y/o (36%)
- Didn’t want to let family/friends know… (20%)
- Wanted to provide help (18%)

Emphasised here are the expressed needs for support, anonymity and to connect with others (we can infer due to isolation, whether geographic or social). But also significant is the 18% who explicitly want to help others; and this figure could be higher if this was counted in addition to other factors. Most participants (85%) report a diagnosis for a mental health condition, and over half of these (55%) have been living with their condition for more than 10 years. (Hall & Partners | Open Mind 2016, p. 13).

The analysis that follows focusses more specifically on the characteristics and role played by Champions and other intermediaries, but also highlights some of the Platform features that shape activities and modes of support.
4. Forums as Platform for Mental Health Engagement

It is well understood that different digital platforms shape and organise social connections and interactions differently (Baym 2015). As a dedicated space for discussing mental health issues, the forums differ from Facebook, for instance, in focus and purpose and the community of interest that develops. This is important for participants who are able to separate off their engagement with the forums from other social media activities. It also provides a very different but complimentary space for support from professional and clinical contexts. Interview participants provided insights into the significance of these differences, and these insights are captured in the following sections.

To provide some context of activities within the forums, an overview analysis of the content and engagement within the two main forums – Depression and Anxiety – was conducted. This overview provides a comparative sense of the core activity, interests, concerns and topics as they are initiated by forum members and discussed by participants. It shows that there are notable differences across the various sub-forums, associated with factors like the specific mental health condition involved. The number of threads created between over a short period was surprising. The vast majority were created by un-badged members, many posting for the first time when creating the thread.

![Figure 1. Thread categories in the Depression forum (n=150)](image-url)
4.1 Forums Complementary to Professional Support

Interview participants described the key points of difference and complementarity they saw between the mental health support provided by the forums and professional and clinical support. It is noteworthy that, as Kazzl puts it, ‘they’re complimentary’ (Kazzl, Interview). She goes on to emphasise that ‘it doesn’t replace having good psychologists, doesn’t replace your doctor, it’s an additional avenue and because it’s anonymous and because it’s well moderated it’s a safe avenue for people to have discussions that they might not have otherwise’ (Kazzl, Interview). Starwolf agrees, noting that the forums are ‘a terrific complement to whatever therapy, whatever treatment you’re undergoing’ (Starwolf, Interview).

Relationships with Psychologist are varied, often delicate and important in a different way to those on the forum. Professional support for mental health is understood to be stretched and to some extent limited in dealing with day-to-day struggles. The cost and time constraints with health professionals contrasts with the forums’ accessibility to participants.

Well doctors are expensive, this doesn’t cost anything. And this you’ve got more time on, I suppose you know if you see a psychologist you’ve got your you know 15 minutes. And yeah, I think everybody’s really good on the side of – well not everybody but you know a lot of people are really good at sort of saying it’s absolutely normal to see a psychologist or a psychiatrist. (Wednesday, Interview)

Several points of difference and complementarity are noted by the interview participants. They emphasise the forums’ role in: a) finding someone else to talk to with shared experiences and to share experiences; this emphasised by each interview participant in
different ways; b) finding friendship and connection due to loneliness and isolation, for example in regional or remote locations with a ‘dearth of services for them, so even if they wanted to find a counsellor or mental health worker or whatever they can’t, they’re not there, they reach out that way too’ (Kazzl, Interview).

Yes, you can talk to a psychologist, you can talk to a psychiatrist but many of them haven’t had that personal experience, true they know the mechanics of it but it’s just not something not only going through trauma and through illness, it’s just the response, personal response to those things – which are very personal things but also much in common. (Starwolf, Interview)

...in a lot of cases people just simple want someone else to talk to that they can tell their experiences to and who will understand them because they’ve had similar experiences, it really is that pool of peer support I think. (Kazzl, Interview)

There are perceived benefits to having anonymity in the forums. This facilitates connections based on shared experiences and helps to address issues of loneliness and isolation felt by lack of understanding of those issues by friends and family. These are factors that mental health professionals and care workers cannot easily address. The relationships that develop through the forum are different to those in closer everyday personal networks. Gruffudd explains this well:

I think the big thing is breaking the isolation of experiencing depression and anxiety. That experience does change the relationships that you’re having in your life, and it can be very isolating for people. Their friends get sick of them and family moves away a bit. And it is at least one space where people are going to respond, they’re going to listen through the story again however many times, which is something that I think, particularly people where it has been long-term, find to be different to everyday life. (Gruffudd, Interview)

And so, friendships and connections in the forums are built around shared understanding or familiarity with mental health problems, as well as a willingness to listen and respond.

There are a lot of people join looking for friendship, just people to talk to who understand because they don’t have people in the family or in their lives that either understand or are interested in the experience of anxiety or depression or whatever. And we get an awful lot of lonely people, people whose part of what they’re experiencing is depression because of loneliness and isolation. (Kazzl, Interview)

The forums allow members to deal with the ‘dailyness’ of living with mental health issues, complicated contextual, feelings and life factors that are not addressed by professionals who are focused on acute issues or symptoms and management strategies.

Because there’s all sorts of nuances and it’s the big dramatic things that present to clinicians, we don’t go to the doctor when we’re just feeling a bit crap or we’re having minor side effects of drugs or whatever. So often that sort of dailyness is not seen but it’s experience, as soon as you start to talk to someone else with the same sort of condition or background as yourself, it’s clear that other people experience it as well. (Kazzl, Interview)
4.2 Forums vs Other Social Media Platforms
Trust and authentic interaction and connections are key issues for members of the forums. Some of the features that distinguish the forums from other social media platforms as a site for online mental health support help to engender trust and engagement. Moderation through the automated filter and by the community moderators at beyondblue to some extent shapes what can be discussed and posted (e.g., no links or product or service promotion, restricted discussion of suicide and medications). This capacity of the forum platform plays a part in generating trust. As Kazzl explains:

*There is that backend or backroom support ... But what that means is that even if we, we the champions, or other members are dealing with or commenting on a post from someone who is clearly suicidal we know that it’s already been seen and where necessary the moderators will escalate it to the support services then in turn might escalate it to a CAT team or to the police if needs be.* (Kazzl, Interview)

Nearly all of the Champions interviewed had used other social media platforms such as Facebook, but have either reduced or ceased that activity. When asked about whether they would discuss their own mental health issues, or mental health in general on other social media, all but one were strongly opposed. They see that Facebook could have a great capacity for addressing mental health issues publicly, but aspects of that publicness can be problematic. Personal connections on Facebook are too open, so discussion of mental health issues is likely to cause friction or problems with family and friends. Public perceptions and stigma regarding mental illness remains a hurdle for using social media to discuss mental illness openly.

Just Sara notes the potential Facebook has for addressing mental health issues publicly. But she also relates her personal wellness or illness with her capacity to engage publicly with mental health issues through social media: ‘Facebook has the capacity to be an amazing platform, but unfortunately, it’s not like beyondblue, where everybody understands everybody else. On Facebook, you still have stigma, you still have society’s beliefs and values, and priorities.’ (Just Sara, Interview). The difficulties discussing mental health through Facebook are symptomatically related to the isolating effects of mental illness and breakdown more broadly. Just Sara explains this:

*I used to be on Facebook a lot, before my breakdown. After the breakdown, I probably didn’t get on there as much as I wanted to, because I isolated myself quite a bit. But I did start to engage again probably about eight months ago, and every few days I’d pop in and see whose birthday it was and so forth. But I did make a comment - I didn’t know how to inform people that I wasn’t well, because I didn’t want people to think whatever of me, for not messaging as much as I would have liked to. And I did make one little comment to say that I haven’t been well, not dealing with things too well, or some generic comment like that. My Aunty wrote back and blurted this big spiel about having a mental illness isn’t a bad thing, and just went on and on ... and I was so put back by it, I haven’t posted since, I haven’t put a message in there since.*

*For me personally, if I was well and I was coping a lot better, I would use that as a platform to say I’ll take you on, come on, give me the best you’ve got. I’d love to talk about it, have a debate, have an open-air conversation, where other people can join in.*
And I’d love to do that, but I just don’t have the cognitive ability and coping skills to do it.

I guess I just steer clear of Facebook. It’s a scary place for me, and I know that sounds a bit cynical for someone my age, with my background, but it’s personally scary, so public. (Just Sara, Interview)

There are temporal aspects to the choice to engage with mental health issues online through the forums for the interview participants. The inbuilt filter, buffer or lag-time of the forums allows slower thinking and deeper responses. Facebook is too immediate and to identity driven:

...the expectations are different. I find that the text base of the forums is, not just for me but for a very large body of people, the ideal way to communicate. It has got an inbuilt filter, obviously. ...the fact that it is text-based, and the fact that it is completely anonymous are two of the major aces in the hole for the system. (Croix, Interview)

Unlike increasingly ephemeral and fragmented social media interactions on platforms like Facebook or Instagram, the forums offer contributors (and readers) an archive or repository of experiences, feelings, thoughts, strategies and conversations. This also sets up a self-educational capacity not so readily available through other platforms. The importance of the archive of discussions and posts is emphasised by Kazzl:

...people can come back and have another look at what’s been said which is a benefit say over a session with a psychologist where depending on how you are at the time you might not even really take in much or recall what’s been said to you. ...A lot of people just read and sometimes we tell them to go and read or we suggest to them that they go read other threads, through that they can see how other people have dealt with things and its self-learning then, its self-education. (Kazzl, Interview)

Standing out from the other Champions, MarkJT is highly active on Facebook, and founded and runs a closed Facebook Group for mainly Victorian police and emergency services professionals on the issue of PTSD. He talks publicly and within the police force about the effects of PTSD and recovery, and has recently made an open public Facebook Page on this issue.

So, I basically set up the page, I tagged all my friends, copper mates and then they tag a few of their other mates and so on until we’ve got nearly 900 coppers in there now. So, at the start my thought was I’ll just have this page just to let people know the times, dates, locations of where we’re going to meet. But it’s probably turned around. We meet in Melbourne and Geelong once a month, thinking maybe 10, 12 come to the Melbourne meet and 5 or 6 to the Geelong, which is great. We have a really good night but a lot more people get more out of the page than they do the actual group meetings. They don’t come to the meetings, they just on the page looking for advice and things like that. (MarkJT, Interview)
For others, while there are many other avenues for engaging with mental health issues online, there is a necessity to prioritise, and a strong desire to concentrate on just one site and engage fully with it. For instance:

*I’m on Facebook. I use it mainly to spy on my kids and that’s really bad but I don’t really use a lot of other social media. I do look at other sites; I look at SANE Australia and Black Dog. There’s a couple of really good bipolar blogs that I read. But my involvement with any of those sorts of things and there’s millions of those sorts of sites around is only to read I don’t get involved.* (Kazzl, Interview)

The platform-wide trust engendered by the *beyondblue* forums contributes greatly to its ability to offer a unique and effective form of mental health support. Many factors contribute to this, and understanding the reasons would require further research.

### 4.3 The Role of Anonymity

The emphasis placed on maintaining anonymity within the forums plays a significant role in structuring the kinds of participation, interaction and support offered.

Anonymity is complicated, but a very important part of how the forum works. To begin with, the sign-up process requires only a name, email address and date of birth. Other information is captured such as IP address, but these requirements for personal identification are minimal. While forum members understand this as anonymity, it is more a process of pseudonymity and is practiced and contingent on complicated technical and personal identification processes. Choices are made constantly after the point of registration about personal and intimate disclosure. Many posts are highly personal and intimate, often with reference to age, town or suburb, first names, musical tastes, hobbies and so on. Members have a unique username, but many also sign-off posts with an alternative name, or simply their first name. Some of the Champions and other intermediaries and Blue Voices members have a photo of themselves as their profile image, but it’s less common than other symbols or non-referential images.

These factors balance the separation of personal and family environments with the intimacy, connections and friendships afforded by the forum as a national platform for engaging with others through mental health issues.

*There’s also the benefit of anonymity and we get people coming on who will open up about all sorts of things that have occurred in their lives and all sorts of things that they’re struggling with that they won’t even tell their own families and that’s the benefit of anonymity, they can do that.*

*…the option of being anonymous is an enabler, it allows people to post openly and honestly without fear of being identified.* (Kazzl, Interview)

The forums play a significant role, therefore, in disconnecting these discussions from names and other important personal identifiers. Hence participants emphasise the importance of this kind of control: ‘I’m quite an open person but I want to choose who I open up to’ (Starwolf, Interview). And separation between connections made through the forums and
one’s immediate personal life is important to many contributors. Moreover, this separation is understood to be crucial to what happens in the forum and how. For most people, anonymity allows them to open up, says Starwolf:

I think anonymity is actually a necessity. That’s what allows people to open up and it’s so much easier to talk to a stranger as long as this stranger understands and has empathy. You deal with this all the time via the forum, trying to convince people to go and seek medical help. It’s so difficult for them to have that face-to-face conversation, there are so many who have said yeah, I made an appointment but never went as far as reception. (Starwolf, Interview)

In some ways counter intuitively, anonymity is seen as important for establishing trust and building confidence:

I think it’s important for trust and confidence, at first, for people. Only, it’s usually the case that when people find the forums, life isn’t great. They have relatives or employers giving them a pretty hard time. And they are a little bit worried about that conversation being shared with those people. Yeah, so having that anonymity or privacy is a very important thing for people and enables them to talk more about what’s going on. (Gruffudd, Interview)

It helps some deal with the fear of opening up and communicating with others about their mental health problems. white knight explains how this unfolds with first time posters:

...anonymity is essential for a lot of members, because you get a lot of them that will say – and I had one last night – “this is the first time I’ve ever posted, and I’m scared.” So, they wouldn’t have posted if they weren’t anonymous. And for us to go in there and say, “Look you’ve got nothing to be scared about, because no one knows who we are” and so on and so forth, “you can open up here,” and I could even mention that I’ve been crying most of my life, so don’t be upset about crying. You can get to a common ground with them, you know? But not anonymous, I think most of them won’t post at all. (white knight, Interview)

Anonymity is more important for the interview participants than normalizing and destigmatising mental illness and so dealing with it openly and in an identifiable way:

...the aim of the forum is to help people who are experiencing a mental illness, if we are able to reduce stigma in the process that’s a bonus but that’s not what it exists for. Because if we were to say you must put up your photograph, you must identify we wouldn’t help anyone because no-one would post or very few people. So yes, it’s good to champion the sort normalising of it as I do but it’s got to be optional. (Kazzl, Interview)

Geoff might be a little unusual, or in the minority in having a photo of himself and his dog, but photos are more common among Champions than other Members.

I thought I had to put my photo up because I’d been responding, my post number was pretty high, and I think it would be unfair if people didn’t know what I looked like. … I think I was one of the first that put my photo up, trying to encourage others to do it.
Because it may be embarrassing for the person, but, I think when you’re talking to someone, you need to know who you’re talking to, really. (Geoff, Interview)

There is, however, some trade-off with making personal connections:

But my regret was also that there is not that potential for mentoring people, some people, a little bit further. That has been also, there have been quite a few complaints about that from forum members who feel sort of they can’t discuss things in depth with one person but not really make it public on the forums. (Starwolf, Interview)

There is no direct messaging or direct mentoring capacity, and this is a deliberate limitation of the forum as a platform with the aim of making all interactions public and hence available to others to read and benefit from. This is a distinguisher against other forms of support, or professional support and one-to-one mentoring provided by other programs.
5. Establishing Expertise & Authority as Intermediaries

In any social system, especially ones that deal with services, or consumption, there is commonly an asymmetry of influence, and this holds true in forums generally (Baym, 2015), and across a range of social media platforms where ‘influencers’ and ‘power users’ command more attention, carry more sway and connect to larger networks than others (Senft 2012). Influence is difficult to predict and difficult to impose or manage externally or through technical mechanisms or by organisations. Impact and influence is not completely within an organisation’s sphere of control, for instance), and this is where peers or intermediaries play a significant role.

As noted earlier, Cultural intermediaries are distinguished from others in their implicit or explicit claims to expertise (Smith Maguire and Matthews 2012, p. 556). Certain individuals attain a status or level of influence based on factors such as knowledge and insight, length of participation, social capital or network size, and acknowledged skills, capacities or proximity to service providers. Research in this area notes that: ‘Claims to expertise distinguish cultural intermediaries from others involved in the framing’ of ideas or behaviours and in the ‘formation of value’ (Smith Maguire and Matthews 2012, p. 556). Intermediaries are different to professionals, professionals within institutions of public health, policy makers, but also other participants or forum members.

Beyondblue’s forums explicitly structure an asymmetry of influence among members through markers of expertise and experience underpinning a profile image or symbol and username, and uses this to extend its support and grow activity across the forum. But the expertise established by Community Champions and other peer mentors, generates far more value than simply extending forum participants’ likelihood of seeing a response to their posts. This value can be understood through a number of elements that combine to develop, maintain and communicate peer mentors’ expertise. In previous research, this has been noted in the role of ‘opinion leaders’ and ‘experiential experts’ (Tanis 2008), or in the role of moderation generally, where moderators drive and shape activity within the forum.

5.1 Introducing the Champions

The thread ‘Introducing the Community Champions’ in the ‘Welcome and Orientation’ forum does a great deal of work to help Champions and other intermediaries establish their expertise and demonstrate their position as mental health intermediaries. Tellingly, contributors to this thread are not only Champions, but also many other intermediaries, and it has been moderated over time to remove input from other members who have used it as a space to explain their approach to participating in the forums. It is not the only part of the forums that this work takes place, and in fact to some degree, all exchanges that offer support or advice seek to establish its authority, legitimise choices or express the expertise of the person posting. However, the explicit act of establishing authority and expertise in the ‘Introducing’ thread presents a concise model for how this process happens.

On this thread, a common communication pattern emerges – partly in response to the aim of the thread – that works to establish expertise through accounts of both negative and positive experiences, histories, and motivations: a) individuality is expressed through
distinguishers such as age, gender, hobbies, interests; relevant professional qualifications or experiences b) personal approaches and strategies; c) transitional experiences – toward coping and recovery. To begin with, personal context is important, despite the pseudonymous structure of the forum, and a high proportion of public service, health and caring professions is evident:

*I'm Pat, I'm a 24 year old public health student hoping to work in mental health program planning, ideally in developing countries.* (PatT, YC, Thread: 'Introducing')

To ensure I stay on my path, I have embarked on a number of initiatives to further profile the importance of carers and their role in mental health. This includes - I am an expert panel member to establish guidelines for carers of people with major depressive disorder; an advocacy Member of Mental Health Carers Arafmi Australia and finally authoring a book which is a compilation of stories from ordinary Australians caring for a partner with a mental health disorder (Carmela, Carer Champion, Thread: 'Introducing')

Many others emphasise their aspirations or roles in caring professions, for example: Zeal (CC) is studying psychology, Doolhof (CC) works caring for the elderly, and has joined the Country Fire Service, romantic_thi3f (YC) is studying to be a counsellor. Pat (YC) is studying public health 'hoping to work in mental health program planning, ideally in developing countries', Starwolf works ‘as a remedial trainer for troubled dogs’.

As with those introducing themselves in the forum, interview participants described a mixed work history, often early retirement through ill health or numerous job changes, but emphasis is placed also on caring, community health and support roles. Common expression of long standing desire to help or provide public service of some sort, and often explicit emphasis on health and wellbeing. Professional roles recounted included: Aging Disability and Home Care, Criminal Justice, Churchill Disability Services, Department of Community Services, Human Resources, and various other volunteer roles such as with Anglicare. As with community health champions more broadly, Champions often provide health leadership in many spheres of their lives, through their paid work and other activities within local communities. White Rose, for example, talks about her Human Resources roles with the public service in Queensland, working with vulnerable people, people with intellectual and psychiatric disabilities, and in setting up networks of support.

Kazzl explains her situation: ‘I had always intended that when I left the public service which I had planned to be in about four years’ time then I would move into support work in the mental health sector, that’s what I wanted to do.’ (Kazzl, Interview). Kazzl is now working in community care mental health services, and is studying to do the Mental Health Certificate IV. Gruffudd has a social work degree, and continues to work at a community-based agency. He talks of the connections between that training and work and his work on the forum: ‘the trouble with social work is that it’s probably more of a vocation than anything. And it becomes part of you, in the end. And you do need to recognise what your purpose is and whether you’re acting within that or not’ (Gruffudd, Interview).
The ‘Introducing the Community Champions’ thread also provides consistent examples of the way personal mental health issues and difficult life experiences are put forward as markers of understanding, legitimacy, and knowledge – as a kind of expertise:

*I am 18 years of age … I have experience with depression and anxiety myself and if there’s ever a time when I can help another I will…* (Lori, CC, Thread: ‘Introducing’).

*I became depressed many years ago when I separated from my husband. I got over the depression after some years but I found I could easily slip back if I did not look after myself. About three years ago I became involved in a very distressing situation and found myself falling back into the pit called depression.* (White Rose, CC, Thread: ‘Introducing’)

Accounts of episodes and forms of mental illness experience are almost always discussed as integrated with life circumstances so that they are not easily untangled. And this includes accounts of hospitalisation and forced retirement. Being up front and honest about what’s happening, articulating those experiences for others is a key component of contributing to the forums. Being a Champion or Valued Contributor is not simply about recovery or overcoming the struggles others are facing, even if recovery and coping are part of the particular kind of expertise Champions offer the forum. For example:

*I’m 59yo and now forcibly retired due to my issues being bipolar 2, dysthymia, depression and anxiety. The anxiety has been licked after 25 years. [...] I was manic and it wasn’t detected. I was suffering from the dysthymia but I wasn’t diagnosed fully until 2009 at 54 years old. So I know the feeling of endurance with mental illness, the struggles and the plans to end my life.* (white knight, CC, Thread: ‘Introducing’)

The ‘Introducing’ thread also gives members a chance to outline their personal approaches and coping and recovery strategies, including approaches to medication, therapies, strategies and other resources, and personal achievements and contributions to mental health support. As explored below, personal experiences become devices used deliberately in responding to others across the different forums and threads, establishing expertise, but also developing trust and connections to encourage members to continue to open up. These are, ultimately, key indicators of personal ‘expertise’ in managing mental health problems. For example:

*I recently just started a meetup group for women in my local area to make new friendships with like-minded people. [...] I do Acceptance and Commitment Therapy, and often talk about my favourite book “The Happiness Trap”... I believe medication can help enormously, as mine does for me. I also believe firmly in positive lifestyle changes... All these things helped me recover from my illnesses.* (Beltane, CC, Thread: ‘Introducing’).

Youth Champion Pat describes various devices and resources including: physical exercise, reading, ‘a blog where I have written about my addiction and things that interest me’, meditation, DJ-ing and social life and family support (PatT, YC, Thread: ‘Introducing’). Julie offers the specific device of ‘schema therapy’: ‘For those who are interested about knowing
more about schema therapy I had a session yesterday. My therapist said the reason I’m having such a rough time at the moment is because I’m facing my schemas head on’ (Pelayn, Thread: ‘Introducing’). Narniakid offers her own techniques, and her willingness to ‘...share my tips and tricks to help people who are going through similar tough times’; for example: ‘I keep lots of diaries, and I express myself through crafting, drawing and writing, and I use a mental rewards system i.e. if I do this I will reward myself with that’ (Narniakid, CC, Thread: ‘Introducing’).

In interviews, the Champions explained their approaches to providing support in the forums. In asking the Champions about their approach, the intention was to draw out some of their explicit techniques reflections on how they make connections, build trust and influence others in the forums. Their approaches can be grouped into: experiential and empathy practices, affection, individualised focus, creativity, finding points of reference.

Geoff, for example, is direct in assessing a person’s situation and responding in a way that draws directly from his personal experiences and recovery practices:

> I don’t really beat around the bush. I sort of say what I want to, but say it as delicately as I can. The people I respond to, what they’re going through and what they’ve said, are exactly what I’ve been through, and so I know how they feel. And then it expands to what I did, or what did happen, or what could happen. (Geoff, Interview)

Just Sara describes the way she approaches supporting others as her ‘style’, and this really refers to her particular method for understanding others’ issues and then responding. She aims for an individual or personalized approach:

> I talk about style in my posts a lot. Because everyone develops their own style along the way. Some people have a generic approach, where that suits them because they feel that they’re running through the process so they don’t miss anything. My approach, and my style is about individuality. So, it’s rare for two of my posts to look the same. (Just Sara, Interview)

Several others talked about their approach as focusing on the individual and their unique circumstances and support needs. For Starwolf, this is also about her relating to people differently:

> I take everything on an individual basis. I relate to different people in different ways. I try to understand first where they come from and where they’re at, then I can get maybe a bit of an idea of where for them in particular they might want to head next just to make a tiny step forward. ... It’s all entirely dealing with the individual and trying to get to know them as a person. It’s sometimes difficult because what I’m searching for is the person underneath that emotional rubble. (Starwolf, Interview)

> I read the post and I imagine that person as an individual, and what their needs are. We all have our different approaches. For me, because I’ve worked with creating case management files and individual plans, I approach it like that. What is this person’s needs? (Just Sara, Interview)
This could be understood as a needs analysis and case management approach in almost a formal sense for some and Just Sara is quite explicit about this:

> I try to look at everything as an action plan, or an evaluation plan. Make a quick assessment, identify any obstruction to whatever ... Identify strategies that might work with that person, try one, try another. And then from there, you go on to the rest of the action plan process, looking at goals and outcomes and reviews, and I try to keep that in my mind. That works for me. (Just Sara, Interview)

**Imagination and creativity are involved for some.** Most of the interview participants talk about threads they have created and lead. Creativity also works as a point of connection and meaningful exchange, or coping strategy – as an approach to initiating and shaping conversations:

> I might get an idea from somebody who’s posted about their in-laws, for example, so they’ve had a problem with their in-laws. So I’ll then go away and think about it and then post a new thread on “in-laws, the best approach”.

> Well the creativity is very central, because I’m a poet, so I’ve written a lot of poetry and I’ve written a manuscript that I wanted to get published ... So poetry and the creative side is very much a part of the mental illness, and indeed one thread I wrote was “depression. Are there any positives?” and the positivity is that a lot of us are creative... (white knight, Interview)

**Finding points of reference and connection are important techniques.** For example, connecting through gardening, art, embroidery and especially music, in ways that can break down distances, age differences, location:

> Since being on the forum, I’ve found that it is surprisingly heavily music-oriented, and people are expressing themselves and their moods by saying something like, ‘I’m listening to xyz, I’m listening to it all the time. It exactly reflects how I feel,’ or whatever. And I’ve carefully listened to an enormous range of music since being on Beyond Blue and being a CC, stuff that I would never normally dream of listening to, even groups I’ve never heard of. Would you believe there’s one called Machine Gun Fellatio? (Croix, Interview)

In interviews, some Champions talked about their initial uncertainty in developing an approach, and learning from other Champions and long-term contributors:

> I was really hesitant to kind of give negative replies where you sit someone down and you go hey you’re wrong here, you need to do A, B, C. And then a couple of my posts, a couple of the champions that have been doing this for a fair while longer come in and they were posting and I just go okay, righto that’s good, I like that. Just getting the understanding, certainly in those early days of what – what’s acceptable and what isn’t sort of thing. (Mark JT, Interview)

Croix explains being highly conscious of his own approach and his strengths and weaknesses, as well as the way his approach has changed overtime:
My paramount concern was not doing any damage. ... I tend to perhaps be too much in the try to fix it area by providing not only sympathy and details from my own life - and some of them are highly detailed – but also try to provide avenues that they can go to that may be of some help.

It’s my nature to try and fix things. Some people’s nature is to be more caring, more supportive in an emotional way rather than the factual way. It doesn’t mean I don’t try. It just means I see it as a wish list. (Croix, Interview)

Underpinning the different personal approaches to providing support is the aim of gaining trust and building connections or developing relationships over time (especially with those who post for the first time or who are in a crisis mode).

Intermediaries develop strong networks and close bonds with others acting in those roles, through the closed Champions’ forum, as well as in supportive replies and reinforcement across the forums. The networks of support develop through back-channel communication (the Champions’ forum), but also through cycles of validation, affirmation and assurance (discussed further in Section 7.1) are vital to the provision of ongoing support. Because peer mentors continue to experience their own mental health difficulties, these support networks become essential at times of crisis or at low points.

As one example, when Wednesday (blueVoices member, and un-official Champion), posts the Thread ‘I’m not managing so well anymore’, detailing her physical and emotional desperation, newer members like radiojammer post their support and appreciation for the support Wednesday has provided them: ‘You’ve been great with replying to my posts so I just wanted to let you know that I’m thinking of you and am sorry to hear you’re feeling so down’ (radiojammer, Forum: ‘Depression’, Thread: ‘I’m not managing so well anymore’). But many Champions and other longtime members also step in. Blondguy acknowledges others who have replied and offered help, and affirms Wednesday’s contributions while addressing her current difficulties: ‘You have nothing to apologise for. You have entrusted us with exactly how you feel. That is a compliment. You have been on the forums for a long time now. … Here for you Wednesday and thankyou for the hugs. ... they are gift to me. I hope you find some peace on here xoo’ (Blondguy, CC, Forum: ‘Depression’, Thread: ‘I’m not managing so well anymore’).

5.2 Motivations, Transitions, Starting Points
It is useful to understand how Champions got started on the forum themselves, and how they moved into that role. Many Champions discuss their desire to give back and help others in relation to their own experiences. For example, Champion SeanM92 explains directly his motivations on the ‘Introducing’ Thread: ‘I want to help people because I’ve experienced so much (more than I’ve mentioned here) and I only want to help others in the times when I felt no one could help me when I needed it most’ (SeanM92, CC, Thread: ‘Introducing’).

Champions note the important transition that takes place from this kind of visceral need to having something to offer others. As Just Sara puts it:
when you first become a CC, there’s a transition that has to happen, and it’s going from a ‘needy’ Member to a Member with accountability and responsibility. And you sort of lose yourself a bit in that transition, because all your time is spent helping others, and you’re still going through your own stuff. ... You just can’t lose your own needs, you still have to find time for yourself. (Just Sara, Interview)

Transitions can take shape most notably in expressions of ‘translatable experiences’, where individuals will present their own difficult circumstances in relation to those points or practices that have made a difference to them and may do to others. It indicates a move toward the kind of self-reflexivity required in the Champion role, but is expressed by many participants, whether ‘badged’ or not. Here’s one example from Champion Blondguy:

_I had acute anxiety since 1983 and then the depression kicked in in 1996...I think we do ‘improve’ so the highs and lows aren’t as extreme. Just for me it was weekly therapy for months and reading books from Dr Claire Weekes (be gentle to yourself and calm & true acceptance of the illness). Just my 2 cents... I think that ‘hiding it’ is sweeping it under the rug. Exposing the illness renders it less powerful._ (Blondguy, CC, Forum: ‘Supporting Family & Friends’, Thread: ‘Need Advice On Depressed Partner’)

Interview participants emphasised **a number of key elements to their own transition from seeking help to supporting others and becoming a Champion**: **a)** An initial strong moment of connection with others on the forum, particularly in relation to specific mental health experiences; **b)** a relationship with one or more Champions, leading to involvement with providing support; **c)** deep personal need transitioning to seeing the benefits in supporting others; **d)** a dual benefit in receiving and providing support that remains strong and consistent to now; **e)** some have experience with other forums, others not, or talk about how the format or structure of the forum suits their personal needs and preferences for connecting with others around mental health issues.

Just Sara was typical in describing how she first started with the _beyondblue_ forum: ‘I think at the time I was looking for someone to talk with’ (Just Sara, Interview). Similarly, longstanding Champion white knight’s starting point was straight forward: ‘I just Googled a number of things about depression and things like that, and went on to beyondblue and have been there ever since. I was I think the third or fourth champion to be commissioned. ... I’ve never been tempted to expand my interest because the Beyond Blue forum actually satisfies me in all ways’ (white knight, Interview). White Rose notes that a psychologist colleague had suggested she explore the forum. MarkJT is succinct in his emphasis on the dual support offered by the forum, and his own Facebook group for emergency services people experiencing PTSD: ‘help others, and it helps me. I’ve always got to turn the negative into a positive. So what happened to me was the negative, so if I can give back and help others, well I’m turning that into a positive.’ (MarkJT, Interview).

The steps to posting and eventually becoming a Champion often take considerable time: for Croix, ‘I found that there were a couple of threads that had immediately useful information... For a couple of years or thereabouts, it was something I would visit maybe once a month, have a look-see what’s fresh in particular small areas, and other than that, it wasn’t terribly useful.’ However, this changed after reading a particular case:
There was one significant incident. The name of the poster was Navy Blue, and he recounted – he was in the PTSD section, and he recounted and was extremely concerned about some symptoms. And I realised that what he was talking about was exactly what I’d been through myself, which surprised me because I was a worker’s compensation case, and stress-related disorders was how my condition had always been called because it was on form one on day one and nobody would ever change it from then on… So, when this chappy came along and said he had PTSD, that he was having these flashbacks, that he was withdrawn, that he held a sense of failure, all those standard PTSD type things, and he was concerned about crying and things like that, I, along with a fair number of other people, was able to say to him, ‘Well, look. You’ve got to expect this. This is what happens. It has limits to it. It can get better. I’m now in a situation where such and such,’ and at that stage I identified with him and started posting. (Croix, Interview)

However, the transition that takes place is not limited to the badged Champions, and this is explained by some of the interview participants. On the ‘Introducing the Community Champions’ thread, and in his interview, white knight presents a translational narrative of his own recovery where he has found positive outcomes for his mental illnesses:

‘That’s what actually got me into posting in the first place. Seeing the desperation of some of these people who just couldn’t see a way out, I’m thinking from my own experience, hang on a minute, there is a way out. Yes, there is a light at the end of the tunnel but you can’t see it because you’re just down in a hollow there, you’re just down in a pit along the road.’

Starwolf, Interview

I may not be able to work but I have this information to spread and assist if I can. Having mental illnesses doesn’t mean it’s all bad news. Mental illness has provided me with empathy, kindness and care, these are the things I can do without feeling drained and tested. Yet if two bills come in at a time I am thrown overboard and need to overcome the stress which takes time (white knight, CC, Thread: ‘Introducing the Community Champions’)

Transitions often become visible for Members, especially within long threads where participants’ circumstances change overtime, often in response to different forms of support received. And transitions are visible in many threads and posts, where a member might move from crisis mode to demonstrating understanding or recovery, and responding to others. A good example of this transitional process can be seen in the thread ‘Need Advice on Depressed Partner’, in the forum ‘Supporting family and friends with a mental health condition (carers)’.

Networks of Advocacy & Influence
Pennywise is 27 and dealing with her own anxiety and her partner’s depression, suicidal thoughts and hospital admission. Both are receiving professional help, including couples counselling. Pennywise writes at length in her posts and starts by seeking help from the forum community, particularly in dealing with her problems with her partner. After some time Br1sbaneg1r1a, a new member, responds to her and expresses empathy and recounts her own difficulties with a similar situation. Pennywise’s posts transitions to providing her own systematic expression of expertise and advice, framing her own strategies and coping techniques: ‘I’m doing ok. I’ve managed to create a system that supports my wellbeing but also that of my partner while he finds his strength again. I have discovered a few things that make a BIG difference in surviving these journeys.’

She goes on to detail strategies in objective, clear, third person points that speaks to a wide audience. For example:

*You have to learn to separate the behaviours and reactions of your significant other from the person you know they are. Believe me when I say depression will turn them into someone you don’t recognise.* …

*Secondly, eat and exercise, or at least get outside in the sun and fresh air. Get the blood pumping. […] Lastly, time. Be gentle on yourself and forgive. You are just one person and it takes a very strong willed and courageous person to continue through these dark times…*

*Thirdly, research. I have read countless articles on line as well as *Depression for dummies* and *Overcoming anxiety for dummies*.*

*Lastly, time. Be gentle on yourself and forgive.* (Pennywise, Forum ‘Supporting family and friends with a mental health condition (carers)’, Thread ‘I Need Advice on Depressed Partner’)

While Pennywise may continue to struggle with the difficulties that drove her to begin this thread and other aspects of her mental health, the transition visible here also establishes her growing capacity to act in the role of intermediary, in shaping and framing (or re-framing) approaches to the difficult circumstances of mental illness.

### 5.3 Champions’ Understandings of Their Role

In interviews, Champions were asked to reflect on their official role, and what it means to them to be a Champion. All talked about the formal requirements of the role of Champion (responding to first time posters, posting a certain number of times a week etc), but each move on quickly to all that goes beyond the formal responsibilities. It’s clear that the role is imagined and understood to be deeply significant, a great honour and responsibility, indicating an acquired wisdom and coping capacity, and hence something that many aspire to. In Just Sara’s words, the Champion role is sometimes revered: ‘as a Member I just thought they were demigods, because they’d helped me so much, and I thought they were so deserving of being identified as more than just a normal member’ (Just Sara, Interview).
The responsibility that goes with the Champion role is understood with some nuance and interpreted broadly. Geoff explains the sense of responsibility he feels in relation to the complicated and varied needs of others posting:

*It means a great responsibility to be able to communicate with people, or to respond to people who are crying out for help just like I was, you know, ‘I want to talk to somebody about this and I can’t talk to my wife/husband/brother/sister/family, anybody, friends. All my friends have pissed off so I’ve got no one. I’ve got this problem, but I need to talk to someone.’* (Geoff, Interview)

As Starwolf is driven by a **conviction and commitment to providing understanding, personal insight and hope**:

...to say look, I understand where you’re at and relating to them on that level. I know where you’re at but I’m not there any longer, I’m no longer in that pit. In the hope that it gives them a little bit, a glimmer of hope. We’re all humans, we are nothing special, none of us. If somebody else can do it I hope it gives the hope that they can do it too. (Starwolf, Interview)

But it is very much a **two-way process** of providing support and insights, and being supported and continuing to learn from others:

*I’ve learnt an incredible lot just being around the forums too, not only directly but wanting to research things that I didn’t understand. It has been an incentive and sometimes to help some people a bit more just doing more personal research about things.* (Starwolf, Interview)

...people really learn those truths about themselves when they hear themselves say it.

And that comes back to a lot of what we do as champions. It’s giving people the opportunity to have the conversations where they can learn about themselves. (Gruffudd, Interview)

‘It basically has replaced my career. I’ve always been in the helping professions, in one manner or another... Becoming a Champ, although it was quite confusing in the beginning, because I went through a lot of emotional stuff, it has become my work, and very, very important to me. It not only is an avenue of doing something, having a productive activity, but I can give my experience and my knowledge, and support other Champs.’

Just Sara, Interview

In the forums, White Rose reiterates this idea to others: ‘I gain as much as the people I respond to, perhaps more, as I learn something new with each person. We are all different even when we have the same diagnosis.’ (White Rose, CC, Forum: ‘Welcome and Orientation’, Thread: ‘Introducing the Community Champions’)
As a Rainbow Champion, Gruffudd talks about his role in providing a safe place for LGBTI members to address issues specific to them:

I guess it’s a friendly face, more than anything. It’s to make it so that if someone from an LGBTI background is coming into the forums, that there’s someone else there that’s identifiable without having to ask. And then it’s okay and it’s clearly a safe place because that conversation is already there. (Gruffudd, Interview)

In the interviews, all Champions talked about the difficulty of making connections, gaining the trust of, and building the confidence and self-awareness of new members posting for the first time. These members are often posting in desperation or crisis. One thing that sets the Champions apart as a group is their ability to connect with others and build the trust and confidence that enables those in crisis modes or reluctant to talk about their problems to open up to others.

...this group of people who have demonstrated that they answer the person’s need without telling them what to do, or making comments like, ‘Pull your socks up.’ (White Rose, Interview)

What difference does the ‘Champion’ badge and other markers of expertise make? Several key devices help to signal and recognise the asymmetry of influence at work in beyondblue’s forum; particularly, badges noting role or recognising type of membership and level of participation, but also the number of posts shown beneath the profile image and username. However, expertise is established in practice and over time. Longer term and highly active Forum members are assigned badges signifying attributes as well as roles: Blue Voices member, Valued Member, Rainbow Champion, youth Champion or Community Champion, for instance.

Badges convey a capacity and role that is visibly distinguished against other members of the forum, and from time to time becomes competitive. They don’t all determine activity or expertise, but are visible markers of distinction that signals some degree of role differentiation. Badges have been a little contentious at times, ‘With all people, there are those who are competitive’ (Just Sara, Interview). Interview participants noted that they are always ‘deserved’, and emphasise their important role in conveying a sense of ‘reward’ for effort and involvement over time, ‘recognition’, ‘validation’, ‘acknowledgement’, and signaling the importance and esteem of the role.

5.4 Drawing on Personal Mental Health Experiences

One of the most consistent modes of communication throughout the forums, and one of its structuring features, is the translatable use of personal experiences as a tool for reframing ones’ own and others’ difficulties. Replies to initial posts are likely to use personal experiences as a lead for offering advice or support. It is a practice that Champions and other influential cultural intermediaries do very effectively. This is discussed further in Part Four in terms of the framing and reframing practices of Champions; however, it also contributes to the processes of establishing expertise that makes particular Members stand out.
Personal experience with mental health issues is understood by all of the interview participants as essential to the role, what makes it unique, and what makes it possible to provide the kind of support that the Champions and other peer mentors offer in the forums. The simple but powerful equation of sharing personal experience is explained simply by Pennywise in the thread ‘Need Advice On Depressed Partner’: ‘I hope I can share some things I’ve learnt from my journey that will help you with yours or at least provide some comfort in knowing that you’re not alone’ (Pennywise, Forum: Supporting Family & Friends, Thread: Need Advice On Depressed Partner). However, more than this, the role of shared or lived experiences is explained by interview participants in a number of ways involving, for instance, the establishment of ‘common ground’ and ‘credibility’:

I think it’s, what’s the word I’m looking for, credibility in what we say to people because by sharing our own experiences they can see the credibility in what we’re saying ... But suggestions and assistance and just sharing experiences, you can’t get that from a clinician or even a very empathic or sympathetic person who’s not actually lived it ... I compare it with having a man talk about childbirth, really only women can do that and only women that have children can do it with any kind of real credibility. (Kazzl, Interview)

Moreover, there’s a learned skill to drawing on personal experience in supporting others.

It’s very, very important. But more so in being able to express that, in a way that’s not going to alarm someone, or put pressure on them. I’ve made my mistakes and I’ve learnt from them, when I get too heavy or serious then I have to back off. So I’m still learning, I’m still learning. But personal experience is very important. I usually gauge whether or not to tell a little bit about myself. I used to, in the beginning, tell a lot about myself, and then I thought no, there’s too much redirecting there, so I usually just put a few statements about my experience if I need to. (Just Sara, Interview)

And some recognise and note that it is not always possible to address areas where one does not have personal experiences or lived knowledge.

...for other things like self-harm, although I’ve read the blurbs about it and I’ve seen other CCs who are familiar with it talk about, it’s not as good for me to try and bridge some of that memory than it is for me to talk to somebody where I’ve had the same experience. If it’s talking about being hospitalised, fine. If it’s talking about...
being suicidal, fine. Those sorts of things. Whereas some things are so alien that I really feel that it’s a last resort for me to do it. (Croix, Interview)

...there are some threads I won’t answer because I’m limited on my knowledge, like PTSD, for example. (white knight, Interview)

Perhaps most importantly, lived experiences with mental health issues allows for an implicit validation of others’ immediate (and often desperate) circumstances. As White Rose puts it: ‘we’re all in the same boat’ (White Rose, Interview). When new members are able to hear about the details of peers’ mental health experiences, especially those who have the authority, expertise and status of Champion, or other intermediaries, those stigmatized experiences are validated in important ways.

5.5 Making Connections, Building Relationships

One of the strongest affordances of the forums as a platform for mental health support, and a sign of both short-term and long-term impact, is the capacity to establish and maintain long-term connections and relationships. The asynchronous thread, post and reply structure enables the formation of communities of shared practices, experience, resources and support (Baym 2015). This happens despite, or in many ways because of the anonymity afforded by the forums, and achieves one of the key points of distinction that this kind of mental health support offers, as described above.

Status and expertise is very much tied to Champions’ ability to effectively facilitate connections and relationships, even though some do not see it as their explicit role. That is, when discussing this issue, the interview participants were divided – approaches go in two very different directions. One approach sees making deep, lasting and direct connections as vital to the forums, and perhaps the more minor approach emphasises the importance of maintaining a degree of distance and separation (even while engaging empathically and in terms of intimate experiences). Both of these perspectives are important to how the Champions operate in the forums and how their roles are enabled by the technical setup, which maintains publicness of exchange, anonymity and no direct means for making contact outside the forum.

Starwolf articulates the variation in how people approach personal connections and relationships through the forums through her own experiences with forum members. She sees personal relationships and mentoring as vital to her role:

There are always some of them that you can relate to more than others. Some of them you feel you can help more than others. Some of them actually crave a more personal relationship once they have actually opened up on the forums, you feel they would continue this privately and more face-to-face. (Starwolf, Interview)

However, developing close connections and relationships is a balancing act and double-edged sword as Gruffudd puts it:

I mean, it’s not intended to be a dating site or anything like that. And to bring that element [of direct personal connections through email or other means] in would take
away from its purpose, the support purpose, in the end. And then also, what is the fallout going to be as far as... relationships go through their cycles. (Gruffudd, Interview)

The **challenges and occasional conflicts that arise** in establishing connections and building relationships are discussed further in Part Five. It is worth noting here that some emphasise that direct personal connections ‘would be a big disaster’ (Croix, Interview), and ‘you can’t take on everyone else’s problems. That would be detrimental’ (MarkJT, Interview). The challenges and occasional conflicts that arise in establishing connections and building relationships are discussed further in Part Five.

Nonetheless, **long running conversations and close personal relationships** do forum between individual members and Champions and are discussed a celebrated by most of the interview participants. A **new forum for ‘Long term support over the journey’** was created to contain some of the longest running threads for the longer-term members of the community. Threads migrate there once they reach 100 posts, and the current number of posts in that forum is at 17,975.

Each of the Champions interviewed also described **one or more individual members they have connected strongly with** and felt they made a significant difference to. One of the key points made in different ways by the Champions in interviews, is the issue of being there for people overtime and breaking down issues of isolation.

‘Whether you’re in Strathbogie here or whether you’re in an outback sheep station, it’s not much different. You’re still isolated. So, I think it’s critical. It’s really critical, and that’s where it shines, because you know, if you’ve got a lonely housewife on a sheep station and her husband’s gone away for a few days and she’s depressed, we are gold to her.’

white knight, Interview
6. Framing Mental Health Issues & Recovery Practices

If we look at the forums as a socio-economic system, some members – by way of their location within the network and their established expertise and devices such as badges or number of posts – have a key role in framing mental health issues and coping and recovery practices. Cultural intermediaries play such a leading role in the forums. The Champions and other intermediaries are skilled in making their choices credible to others, and are implicated in providing legitimacy to best practices (Smith Maguire and Matthews, 2012, p. 557), in the case of the forums, to the framing and re-framing of experiences associated with mental illness.

One thing that is clear from both the interviews and the forums, Champions and others who act in a similar role do so in particular ways that distinguish them. There is clear evidence that they help to shape the conversations and frame mental health in certain ways, and put forward coping strategies that carry weight with others in the forum. That is, the ‘status’ of Champion even if shared by others not badged as such, is necessarily associated with certain practices and ways of communicating and affecting others. This section explores and outlines the key tenets of those practices.

The work of Champions and other intermediaries in the forums can be understood in terms of the intricate and significant ways Intermediaries ‘frame’ or ‘re-frame’ ideas, behaviours, practices, actions and engagement with resources, services and professional support. The Champion role in this sense, acts as cultural intermediary through a number of framing devices and techniques.

In the forums analysis, there were extensive examples of framing practices, behaviours and ideas about recovery practices. Along with expressions of transformational and translational experiences, and posts detailing mental ill-health circumstances and requests for help, framing and re-framing of mental illness and recovery practices are core to what the forums afford their participants. There is too much to capture in this account, but some key pressing themes were evident: C.I.s participated often in framing ideas about the nature and effects of mental health issues and particular illnesses or diagnoses, along with treatment, medication regimes, help-seeking behaviours, relationships with doctors, specialists, treatment institutions, and specific therapies and practices such as mindfulness.

This part draws on both activity and expression within the forums and the reflection of Champion interview participants to understand how Champions and others acting in that intermediary role frame and reframe mental health issues and recovery practices.

6.1 Framing Mental Health and Illness

Finding ways to articulate the effects of mental illness is one of the skills that sets Champions and other intermediaries apart as effective intermediaries. Where some are straight to the point, as Geoff and MarkJT have described of their approach, in the quote above, Blondguy uses evocative expression to frame the effects of depression, and explains depression as a kind of physical illness.
Mental illnesses are often discussed as physiological to counter stigma and misattribution of blame, as well as uncertainty about certain health effects. For instance, Wednesday and Blondguy respond to members distressed about personal circumstances by re-framing those circumstances and framing the physiological causes of mental health problems:

‘Depression can close in on us like a fog. It dulls or removes senses, short circuits emotions, makes thoughts all warpy and steals energy.’

Blondguy, Thread: ‘Need Advice on Depressed Partner’

It feels that way because the chemistry in your head is a bit out of kilter at the moment, it probably won’t be forever. But it does mean that your head is playing tricks on you making you think that you are alone and no one cares. Later you’ll realise that there were people around, you just couldn’t see them (Wednesday, CC, Forum: ‘Young People’, Thread: ‘I’m new here Depressed anxious and lonely’).

This is like a physical illness ... no different Winter. Depression also has some chemical imbalances happening too, which actually make it a physical illness. Your husband is wearing “crutches”, it’s just we can’t see the crutches (Blondguy, CC, Forum: ‘Supporting family and friends – Carers’, Thread: ‘Advice for family where Dad has depression’)

Cornstarch is one member who appears frequently across the forums, is un-badged, but possesses many of the attributes of the more established intermediaries. Cornstarch responds to another new member’s concerns with their spiralling anxiety with a non-medical framing of the effects of anxiety:

Anxiety is the pits. The mouse on the wheel around and around and around and around is the anxiety.

Everyone is different but I’ve realised that my personality and temperament is a "flusher". I have to flush stuff out to bring down my arousal and the only way I know how is to talk and tell.

I was a pressure cooker waiting to burst my entire childhood in a family that expressed zero emotion and never acknowledge my own internal landscape. (Cornstarch, Forum: ‘Anxiety’, Thread: ‘Anxiety issue’)

Self-reflection on the effects of diagnosed mental health problems is one way that some members are able to demonstrate their understanding and credentials as intermediaries and mentors in the forums. Doolhof (Mrs Dools) provides an example from her own diagnoses that is particularly reflective of their effects on her personal relationships:
Suffering from Depression and Borderline Personality Disorder, I quite often misinterpret what people mean when they are communicating with me, worry about why they have not called back and why some people receive more responses from others than I do. I need to keep reminding myself that it is okay if people do not behave or act as I wish they would. Communication is very important in any relationship. (Doolhof, CC, Forum: ‘Depression’, Thread: ‘how to move forward’)

Framing Mental Health & Illness

‘The worst part about all this is the way the Black Dog attacks our self-confidence, tells us the therapy isn’t working, our friends and family are fed up with us. This is your brain trying to stop you changing. It doesn’t matter if the change is good for you because the brain is lazy in this respect. It wants to maintain the status quo and if it means you are depressed, well too bad.’

‘We make new pathways in our brains all the time but it does take effort and practice. So if you have a bad day for some reason or get tired your brain will skip to the default path. Once you know this and realise you are in default mode it is easier to change to another pathway. It sounds as easy as changing lanes when you are driving, and essentially that’s what you are doing, but it’s not easy to do. It requires practice so the new pathway becomes the default path and the old path becomes a grass covered footpath.’

White Rose, CC,
Forum: ‘Depression’, Thread: ‘how to move forward’

6.2 Framing Recovery Practices and Strategies

Framing practices are bound to personal coping and recovery strategies, techniques and self-reflectiveness. This constitutes a large portion of what Champions and other peer supporters offer in the forums in responding to others, and goes beyond simply offering ‘advice’ to reconfigure ways of thinking about and responding to specific situations and personal mental health issues. There are many references to mindfulness practices or meditation as a way of achieving ‘health mental states’. MarkJT offers one example of how this is framed here:

Do you practise mindfulness? If not, start. It is awesome and one of three key subjects that I do daily to keep and continue to build my resilience. The other two are gratitude and empathy. When I get triggered and suffer flashbacks, I use mindfulness to ground myself. When I feel anxiety coming on, I use mindfulness to settle myself and when I feel low, I use mindfulness to level me out. (MarkJT, CC, Forum: ‘Depression’, Thread: ‘My Anxiety has turned into Depression. I don’t know what to do’)

Networks of Advocacy & Influence
Framing practices can sometimes take the form of problem-solving as a way of responding to a person’s circumstances. This post by forum Member BlueClues offers an example, and responds to some of the difficulties:

*If you can’t get out into the garden, why not bring the garden to you? I’m sure there are plenty of low allergenic indoor plants you can fill your space up with at home, and if getting out is problematic, online shopping is always an option, both for plants and solutions to how best to use your space (BlueClues, Forum: ‘Depression’, Thread: ‘I’m not managing so well anymore’)*

Below, in a Thread on ‘How to move forward’ with depression, replying to Peylan, White Rose has an exemplary, well-defined list of coping and recovery strategies.

**Framing Recovery Practices and Strategies**

1. ‘Sit outside and watch/admire my garden.
2. Meditate. I can also do this outside once general peace of the garden has settled me.
3. Phone a friend. No guarantee someone will be available so I tell myself I can talk later.
4. I like craft work, especially it needs a lot of attention. This stops me focusing on my misery.
5. One of the things I found I could not do was to read. Two pages and I was exhausted. Listening is a different experience. Try it some time.
6. My GP is always urging me to go for a walk, but to me this is a four letter word. I do attend an exercise class. For those who like walking it’s a good distraction and especially good for people with depression as your brain releases endorphins and help you feel better.
7. Projects are good. I don’t mean completely redecorating your home, just something small.
8. Make sure you have some regular activities to look forward to. I belong to a book club although there was a time I could not read the chosen book. I went for the company and my friends accepted this and cared for me in this way.
9. I made dresses for my grandchildren.’

*White Rose, CC,
Forum: ‘Depression’, Thread: ‘How to move forward’*
6.3 Re-framing Experiences and Actions

Relaying and re-framing others’ experiences and actions is a crucial practice of Champions and other intermediaries in facilitating effective support. It matches with key techniques from Cognitive Behavioural Therapy (CBT) in emphasising positive thought processes and ways of understanding personal circumstances. Many of the Champions in interviews see the key to connecting with people and offering effective support as looking at things differently, taking a different perspective, ‘re-framing’ a member’s thoughts and understanding of their situation. For example:

*I’m a bit outside the square and I go from the principle that okay, you can’t change the past, you can’t change the response you had to it but you can always change your perspective. I often have responses to my posts saying that I have never looked at it that way but it makes sense. People are actually willing to explore it a bit further and for many of them it’s a good step forward.* (Starwolf, Interview)

…it’s all too easy to get caught up in the negative and in the paranoid stuff, and it’s not helpful. … And they’re usually little things that don’t seem like much on the surface. You know, getting out there and going for a walk, getting into the garden, make a huge difference longer term. But unless people are valuing and prompting themselves to do it, they seem to do less and less. *(Gruffudd, Interview)*

Another approach I try particularly with people who are very depressed is to sort of ask them to think back to before they became so depressed and what kind of things they enjoyed doing because it’s something that we can forget that life can be actually pleasurable and then just to say to them what do you like to do and take it from there. *(Kazzl, Interview)*

Similarly, this kind of ‘re-framing’ work can be seen throughout the forums. Responding to Pelayn in the thread ‘How to move forward’, White Rose practices re-framing in a way that moves from recognition and acknowledgement of Pelayn’s difficulties, through an understanding of the effects of depression through to advice and strategies:

*One of the problems with depression is that roller coaster ride you speak about. And it’s frustrating that you believe you are doing well, something hits you from left field and it feels as you have gone back to the start. In reality I suspect you have not gone back to the start. Once you have started to make progress, especially when you can see the progress, a step backwards is just that, ONE step backwards.*

*The worst part about all this is the way the Black Dog attacks our self-confidence, tells us the therapy isn’t working, our friends and family are fed up with us. This is your brain trying to stop you changing. It doesn’t matter if the change is good for you because the brain is lazy in this respect. It wants to maintain the status quo and if it means you are depressed, well too bad.*

*We make new pathways in our brains all the time but it does take effort and practice. So if you have a bad day for some reason or get tired your brain will skip to the default path. Once you know this and realise you are in default mode it is easier to*
change to another pathway. (White Rose, Forum: ‘Depression’, Thread: ‘How to move forward’)

Sometimes it is a matter of framing or re-framing one’s own situation as James1 does: ‘I look at it as: I can only do the best that my health allows me. Yes, it’s limiting my ability to do certain things, but there’s still plenty I can do.’ (James1, CC, Forum: ‘Depression’, Thread: ‘I’m not managing so well anymore’).

Blondguy practices this re-framing technique often in the forums, and this is evident in this example in response to Winter, where he repeats phrases and re-frames them positively:

You have so much happening right now caring for the carer is crucial. I see that you have been doing some gardening too ... interesting how tending to mother earth can be so therapeutic :-( ... “I am accepting that he needs to be in the clinic as long as he needs to be in the clinic!” ... I just wanted to say well said to you. ... Your husband is one very fortunate fellow to have a wonderful and loving family 5 minutes away. You are a very kind and special person WF. (Blondguy, CC, Forum: ‘Supporting family and friends – Carers’, Thread: ‘Advice for family where Dad has depression’)

As well as trying to re-frame Moonstruck’s negative account of experiences and actions, particularly in his experiences with his psychologist, MsPurple also offers some framing of depression and its effects:

Moon I’m glad you went to the Dr today and I’m sorry it didn’t go so well (or you didn’t feel like it went so well). I find that after some appointments I feel so tired. I think it is normal to feel this way. Apparently depression can make you feel really tired. I know I feel this way some days when my depression is really bad. It kinda feels like there is no light at the end of a tunnel. But trust me there always is. And there is no such thing as a drama queen in therapy, because this is the one time you can let everything out. I like to think about is as intense venting. (MsPurple, CC, Forum: ‘Depression’, Thread: ‘My Anxiety has turned into Depression. I don’t know what to do’)

6.4 Challenging Stigma

A central aspect of framing and re-framing mental illness revolves around its persistent stigma and shame. Champions and other intermediaries who have established some expertise and status within the forums play a crucial role in challenging stigma through their participation and activities. One of the reasons for sharing often intimate details of personal difficulties with mental health, is to make the forums a space that breaks down the stigma and communication barriers associated with mental illness. Starwolf explains the role that stigma plays in making people reluctant to acknowledge, share and hence address their mental health issues:

I think for most of these people because of the stigma involved with mental illness, most of these people spend a lot of time and energy hiding all those feelings and that’s not good for them. Just being able to talk to somebody who is not going to judge but is also going to understand where they come from and how it has affected them. (Starwolf, Interview)
The anonymity of the forum helps to break down some of these barriers. As does the consistent openness in which participants, and champions present their experiences in replies and posts. MarkJT has a lot to say about this, from his experience in the Police force and working with PTSD sufferers from emergency services professions.

"There's going to be an element of society who will never accept it, who will never – who will always say that your weak and they would be the people who sit at home at night locked in their room in tears, but for one reason or another cannot face up to it. ... but the more you see people coming out on social media and talking about it, particularly people like Wayne Schwartz [former Australian rules footballer, The Sunrise Foundation founder] is doing a power of work." (MarkJT, Interview)

Key individuals, celebrities, such as the footballer MarkJT mentions, play this role of addressing mental health stigma by making their experiences public. This is, in effect, what the Champions and other influential Contributors are able to achieve by relating their mental health circumstances constantly throughout the forums. The validation that comes with relaying personal mental health experiences goes further than addressing stigma, and does so through intermediaries’ own framing practices, mentorship and guidance.

6.5 Framing Resources and Formal Support

There are many examples of people directing others to resources on specific issues. And many of the Champions suggest beyondblue’s resource pages: ‘There is some great info on caring for someone with depression, just scroll down the bottom of the page and click on “Supporting Someone”’ (Blondguy, CC, Forum: ‘Supporting family and friends – Carers’, Thread: ‘Advice for family where Dad has depression’). Carer Champion, Carmela, offers advice and resources on how to explain mental illness to children: ‘I turned to COPMI – Children of Parents with a Mental Illness. They are a not for profit and provide free resources. Type COPMI in Google to locate their site’ (Carmela, CarerC, Forum: ‘Supporting family and friends – Carers’, Thread: ‘Advice for family where Dad has depression’).

One constant throughout the forums, is advice to consult a good GP when problems seem particularly intense. Champions are effective at not only suggesting an appointment, but framing the benefits and often discuss how to approach or understand sessions with GPs and psychologists as well as medication as a mechanism for providing relief. For example:

*I would make an appointment with a good GP (that has an interest in anxiety) as soon as you can Jay. This is no different to a physical illness ....it does need treatment and the sooner you see the GP the quicker you will find some relief.*

*I tried natural remedies for years and nothing happened. The medications for anxiety are there to help you heal. They are not a total fix but will provide you will the relief you need as well as platform on which you can heal. (with regular visits to your GP tool)"* (Blondguy, CC, Forum: ‘Anxiety’, Thread: ‘Anxiety Issue’)
6.6 Empathy Practices

There are vast numbers of examples of empathic forms of communication at work in the forums. This is a device that when used well, connects and engages others in relation to their own circumstances, hence facilitating more genuine interaction over time. Champions and other influential contributors are highly effective in modelling empathy practices. This includes providing assurances, and finding ways to deliver emotional support, often through exhaustive forms of affective labour and direct engagement with others’ individual circumstances and needs.

I think at very first just making people understand that look, I know how bad this can feel... Empathy I think is the first step and this is what gives people gradually sometimes, the incentive to open up a little bit more. Feeling that they are not judged, they’re understood and somebody cares. It’s just a matter of building up a trust relationship. (Starwolf, Interview)

Most importantly, there is a difference between simply sharing one’s own experience and being empathic: ‘I’m very comfortable sharing my own experience but I do try to be empathic, you know, reflect back to them what they’re experiencing and say I can see how that would be hard for you that sort of thing’ (Kazzl, cc interview). The main aim for Gruffudd is not to insist on certain behaviours or changes, but to encourage and build confidence: ‘...it’s building the confidence just to be able to write whatever it is that’s on their mind, and for that to be accepted and valued and given a bit of credit’ (Gruffudd, Interview).

For Kazzl there are two important techniques in responding to others: first, using empathy, ‘reflect back to them what they’re experiencing’, and second, drawing them out:

...because I don’t think you can ever really resolve something that’s going on in one post, so I always try and get them to tell me more, draw them out though not please can you tell me everything. ... It’s about creating a conversation and continuing the conversation, a one-off response is generally not ever enough. (Kazzl, Interview)

This process of drawing out and using assurances to build trust is also something Geoff notes: They mention something along the sidelines until they feel as though they can trust you. And trust is a big word because that’s what we try and hope to get with them, gain our trust’ (Geoff, Interview).

When asked how he gets people to open up, how he breaks through the veneer, Geoff, like all the interview participants, highlights empathy. He proceeds by:

trying to put myself into their situation. Make them understand that I’ve been through it as well and come out the other end. Because a lot of people with depression, they never see that there’s a light at the end of the tunnel. It’s always negative thoughts, and I can well and truly understand that. Just trying to relay to them that what they’re going through is terrible, but then I try and think back to what I went through, then mention what I’ve been through, not as me saying it, but what they could do instead. (Geoff, Interview)

Affection and virtual material connections are important to some, but not at all the approach of others:
And the other thing I will say is, “I wish I could reach through the computer and hold your hand.” I don’t like to be too gushy, or all over them, but the holding your hand is acceptable I think. And people do say that really helps because we know you care. And I think a lot of other people do the same; but it’s also a balance of how much you can gush and how much you can talk about ways and means or just get alongside them.

(White Rose, Interview)

I try and be fairly friendly. And to sound supportive too you know like I’m quite an affectionate person anyway, sort of very huggy person so I think that probably comes through a little bit. (Wednesday, Interview)

Empathy Practices

‘I like to, where possible, empathise with them or simply say straight that, “I can imagine this is really hard for you but I haven’t experienced this. Perhaps you can tell me more about it.”

So, giving them the opportunity to teach me because I know I’m not that wonderful or clever, giving them the opportunity to tell me and help me understand where they are.

And if someone has been in a situation that’s similar to me, in some respects, then I will say, “This happened to me and I felt awful, and I’m sure you’re feeling awful as well.” So, I try and make some bridge between us that they can sort of hold on to. The other thing is I am more than happy to tell them how sad I am on their account.

And more than once I’ve shared things like, “I really wish I could be next to you to give you a big hug because I think you could do with that.” And mostly they come back and say, “Thanks for the virtual hug. That really meant a lot.”

White Rose, Interview
7. Impact & Influence

Previous survey research carried out with forum members and contributors sought to identify the benefits of participation in a number of ways (Hall & Partners | Open Mind 2016). Participants reported that the forums had a positive impact on their lives, encouraged them to seek other forms of support and make positive lifestyle changes, and provided a strong sense of community. The impact and influence of key intermediaries – Champions and other intermediaries – is equally important, though difficult to determine precisely. A more comprehensive social network analysis would be the most effective way of mapping those spheres and networks of influence. However, the research here focusses on delineating the kinds of influence identifiable through interactions and responses.

The scale of impact and sphere of influence can be individualised in many cases, but multiplied across the forums and threads, Champions and those acting in similar intermediary roles, can be broad.

Feedback cycles afforded by the interactive features of forums, do provide a basis for identifying the characteristics and qualities of impact and influence. These can be identified in explicit acknowledgement of ideas, choices or advice, through affirmation, providing assurances, or in more involved expressions of appreciation and behaviour change attributed to forum activity. For example: ‘Thanks for posting, I can relate to your post. I read through White Rose’s replies and I too got a lot out of it. Mary you have such a wonderful way with words, you explain things in a way that really helps. Thank you I will try some of your suggestions’ (OhMeOhMy, Forum: ‘Depression’, Thread: ‘How to move forward’).

Champions also provide very specific, detailed and individualised validation throughout the forums, while amplifying the impact of particular posts or replies. For example:

Hi Carmela! Thank you for replying too! What a wonderful and inspiration post. You are incredibly strong by being such an understanding and supportive carer. You have made so many great points I will quote one you mentioned “Only compassion and education will rectify how people treat others with mental illness” So very true and as you mentioned it’s great that BB is a great vehicle that can provide some clarity and reduce the ignorance where mental illness is concerned. (Blondguy, CC, Forum: ‘Supporting Family and Friends – Carers’; Thread: ‘Is your Partner Supportive of Your Depression Anxiety?’).

As discussed below, influence and impact can be seen and understood best in the many examples of ‘actioning’, or replies that convey actions taken on the basis of previous posts and interactions.
7.1 Cycles of Feedback and Validation

Feedback fosters a validation cycle that appears crucial to the Champion role, but also provides the impetus for further engagement and exchange. As Champion Kazzl puts it in her interview: ‘I mean that’s feel good stuff that makes us all feel really good and want to keep volunteering.’ (Kazzl, Interview). This goes both ways – it’s a cycle of validation: ‘When you see someone make a positive statement or a statement saying that they enjoy something or value something, repeating that back, summarising that back to them and letting them just see their own words and value that, it’s a powerful thing, really’ (Gruffudd, interview). In the forums, participants often state when they appreciate and are affected by others’ posts. For instance: ‘Thank you James. I’ll do the best I can. I think I’ve figured out it is about accepting the things I cannot change!’ (Wednesday, CC, Forum: ‘Depression’, Thread: ‘I’m not managing so well anymore’).

Cycles of feedback and validation also contribute to the way Campions might adjust their practices and approaches for individuals or as a whole:

Normally I’ll get some feedback to say you’ve been really helpful, or that’s not what I meant when I was talking. So there is feedback to give me an idea of my role. And that’s the important thing for me, that I have to take my role and give the best that that person needs of me. If I can’t give that, then I’ll either contact another Champion and say this is your area, can you help out here, or I’ll ask them what is it I can do for you? (Just Sara, Interview)

...if I had no success and I failed to relate to people and if I had a bad response to my post I would quit immediately. You can only do this if you feel that you are making a difference, however small it is. ... if you can have a small impact and sort of help people help themselves I think that’s the idea. (Starwolf, Interview)

Explicit feedback on the effectiveness of support is often given, and very important to Campions’ sense of value:

I know for sure that some people have told me in no uncertain terms that connecting with me and not only me but with other champions, you receive a post saying that helped, I’m feeling better now. That makes it all worthwhile. (Starwolf, Interview)
On a thread Wednesday (aka Ava) started about not coping, many of those she has supported and helped elsewhere respond with messages of appreciation, acknowledgement and validation.

_Ava, the support you provide here is quality. You are wanted and needed and indeed loved here. I hope you realise how much you offer others. I wish I could offer you more. You were right about me standing back and watching my children. It is still amazing to me to feel such love at their enjoyment of experiences. Thinking of you tonight lovely xx_ (LostGirl, Forum: ‘Long term support over the journey’, Thread: ‘I’m not managing so well anymore’)

**Signs of ‘success’ are always appreciated** and looked for by Champions, who don’t always receive replies and feedback. ‘I’ve had some really lovely successes along the way. And then you get times where people don’t respond, and they leave it at three posts and that’s it, they don’t come back.’ (Just Sara, Interview). For Croix also, ‘...it’s a mixed bag. In some cases, you get a personal reply, but in the case whether you’ve done any good or not, in other cases you get a more general reply that indicates a whole bunch of people have done some good’ (Croix, Interview).

**Long term interactions and change over time** presents its own rewards, and is one of the great achievements the platform is capable of facilitating and capturing.

...certainly, with long term members you see a change over time and we’ve got a few of those which I think’s wonderful, if you go back to when they first started posting and sort of trace them through to now 12 months later or longer you really can see an improvement in themselves, they gain confidence, they gain a sense of self that maybe they didn’t have. They’re not as lost as they were when they first joined and that’s really good to see. (Kazzl, Interview)

Some will notice specific signs of impact and connection unfolding: ‘...you notice it when they start entering into more playful type behaviour on there. And they start including you in the conversation, rather than it being all about them’ (Gruffudd, Interview).

### 7.2 Actioning

Another highly visible category of impact and influence throughout the forums is that of **actioning, a form of acknowledgement that lets others know the action a person has taken on advice given**, or ideas presented in discussion, or simply through relating to others’ situations and practices. Sometimes there is simple evidence that advice was taken, and this feeds into the cycles of feedback and validation discussed above. For example, MarkJT relays a conversation where the member came back to him to say “‘Thanks for that. I went and saw the GP and I got a referral for a psych...now I’ve got a diagnosis...’; ‘you sit back and go that’s pretty cool’ (Mark JT, Interview).

As a new member BballJ began posting about his anxiety spiralling out of control. He had seen a GP who proscribed medication and referred him to a psychologist. Unsure about the professional advice, BballJ was appreciative of the advice and support he received from members and Champions: ‘Again thank you for your very nice responses, you have no idea
how much it is appreciated to talk to people who have experienced what I am currently going through’ (BballJ, Forum: ‘Anxiety’, Thread: ‘Anxiety issue’). BballJ goes on to present updates and further questions, relaying his progress with professional support and recovery practices often responding to suggestions from the various Champions and other members posting to the thread. BballJ exemplifies the kind of response that notes specific actions, for instance in his response to the advice of Ava: ‘…I appreciate all your input and advice you give me :) I will do more research into CBT, Especially if your husband has found it to be beneficial, and also look into the other info you have given me :][ (BballJ, Forum: ‘Anxiety’, Thread: ‘Anxiety issue’). BballJ is now a Champion himself.

Replied after some time away from the thread she posted, Rachh1492 responds to Wednesday who encouraged her to open up to her parents about the severity of her depression, as well as seek professional support: ‘Hi, sorry, I haven't replied in a few weeks - Mum and Dad both know about my depression now. I have started a bit of breathing exercises and stuff, but I don’t know much’ (Rachh1492, Forum: ‘Young People’, Thread: ‘I’m new here: Depressed, anxious and lonely’). Though she continues to struggle, these positive actions are an important step for Rachh1492. For Winterfell, white knight’s suggestions act as a reminder and a prompt to focus on positive actions in supporting her husband and dealing with her kids’ responses:

Thanks Tony... Your point about praise I will definitely focus on, my husband is feeling quite low, he has battled depression on and off the last 2-3 years... I have been a bit anxious myself how to handle it with the kids so your advice is appreciated, I think he really needs to know that we can all manage and get through this patch and the kids will be okay with it too. (Winterfell, Forum: ‘Supporting Family and Friends – Carers’, Thread: ‘Advice for family where Dad has depression’)

Moonstruck responds directly to the advice of Geoff and Mary amongst other, noting the specific positive actions he has taken onboard:

Thank you all for responding so quickly. Geoff and Mary -I will try to not hang onto any self-control seeing the psych. I don’t put on a facade deliberately believe me -I don’t think I could tomorrow anyway, as I seem to cry at the drop of a hat. Mary that's not a bad idea about printing out my original post and taking it with me ... would she read it? I could read it out to her perhaps. (Moonstruck, Forum: ‘Depression’, Thread: ‘My Anxiety has turned into Depression. I don't know what to do.‘)

7.3 Challenges, Conflict and Disagreement

It is also important to explore the kinds of challenges that Champions face, and the hurdles to supporting others. Conflicts and differences of approach or opinion do occur among Champions, including through exchanges on the closed Community Champion forum. And lot of effort goes into overcoming those differences and conflicts. As Just Sara explains: ‘There’s been times where there’s conflict between the CCs, and this will come out in posts to each other.’ ‘It’s like any workplace, there’s conflict. The only thing is, that it’s in public, in front of the other CCs, and it can get out of hand’ (Just Sara, Interview). MarkJT also notes that there are different personalities amongst the Champions, adding: ‘but by the same token
though when you’ve got different personalities, which you’re always going to have in a group and you throw mental disorders in there as well, things can flare up pretty quick (MarkJT, Interview).

There are also hurdles in making connections or gaining trust with new members: ‘Sometimes some people are very difficult on the forums. Some of them as a champion I will have a try a few times and then just back off. I just think well this is not somebody I can help, somebody else hopefully will be better at this than I am’ (Starwolf, Interview). Starwolf goes on to explain:

You just try to feel who these people are and if there is a way you can actually connect with them. Some of them quite frankly I just feel that they are perhaps a minority but there’s quite a few people who don’t want help. There are a few people who are just quite satisfied with having somebody who cares. (Starwolf, Interview)

While for white knight, misinterpretation sparks tricky situations on occasion:

This person wrote back and said very bluntly, “I didn’t come on this forum in a reality check,” which is totally out of context with what I was saying. Then at that point champions have an opportunity of a choice, rather, to either just let it go or they can try to respond as nicely again – which some of them do – they’re always trying to be nice, which is their choice, but I think that sometimes you’ve got to roll, you’ve got to sort of be firm or firm on them to say, “Hey, that’s getting me totally out of context.” Otherwise they tend to try and control the thread, instead of getting advice. (white knight, Interview)

Personal circumstances, triggers or states of illness can sometimes conflict with other members’ support needs, and it can be personally distressing at times responding to others’ situations. For instance, Just Sara points out that she can’t always manage:

I’m still learning to find the boundaries that are best suited for me. It’s obvious I’ve got to help that person, but without having my own boundaries and keeping myself well, I can’t continue to do that right. (Just Sara, Interview)

I had one recently where I actually worried, nearly worried myself sick about a young girl. I guess in a way, sometimes we identify as Peer Supporters, with particular posters. Our stories can be very, very similar, and that’s what happened before, and so I became quite close and a little more deeply involved than I could have been. I did learn from it, because I ended up reporting one of my own posts. (Just Sara, Interview)

Kazzl also talks about particularly distressing interactions and her personal worries that continue for her beyond her engagement with the forums:

Sometimes there’ll be one poster that you get particularly worried about and I’ve lost sleep over a couple of people but as a matter of course no, you can’t really do it if it does distress you. But usually when that happens that’s where the champions forum comes in because we’ll post I’m concerned about so-and-so and just get different takes.
There are sometimes posts that, and I think all of the champions would say this, there are some posts we can’t answer because it’s too close to home. (Kazzl, Interview)

And the affective or emotional labour, and simply the time commitment in responding to others as a Champion or as a Member can take its toll. At times, many express their personal need to reduce their activity because of acute mental health issues, or hospitalisation. One or two champions, like Geoff are online late at night or through the early hours of the morning: ‘You’d logon and there’s people who have just posted a comment and there hasn’t been any replies, or whatever, it might have been too early. So yeah, there are. Look, by the time I get on at three o’clock and start posting, by the time six o’clock comes, or six-thirty, I don’t even notice it. It’s just like clicking the finger. It goes so quickly.’ (Geoff, Interview). These times are traditionally very difficult to staff for professional community moderators, but are often key times for mental health crises. The early hours suit Geoff, and in fact, are when many members are active on the forums according to the survey data (Hall & Partners / Open Mind 2016).

These challenges are mostly overcome through the effective practices detailed in the previous sections, but also through strong networked support among the Champions and other intermediaries both within the main forums, and in the dedicated Champions’ forum.
8. Discussion

There is an ongoing need to keep pace with platform developments as well as the needs and practices of those seeking support online. This will involve moving toward enhanced, next generation online support models – with new approaches to platform design, and where new technologies like Artificial Intelligence (AI) ‘chat bots’ may have a place. However, it is vital to retain the most successful aspects of established digital tools and practices. Ultimately, this report shows that peer mentors act as influencers and intermediaries and perform a crucial role in enhanced community-based, online mental health support.

The role of Community Champions within the beyondblue forums is formalised, is independently supported by the organisation, and is signaled to the 68,000 members through the use of badges attached to profiles. One of the key findings of this research project, however, is that it is not only Champions who demonstrate the effective support practices and take on those mentoring responsibilities. The role of champion (peer mentor or intermediary) is one that should continue to be fostered and supported for achieving scale in mental health support. The findings of this report provide insights into how intermediaries operate, what they do to effectively support and frame mental health, and the kinds of impact and influence they achieve.

In health contexts, peer mentors play an important role in mediating communication between health organisation and institutions and the communities they serve. They are understood to be highly effective in translating health messages, behaviours and actions for vulnerable populations and those who are hard to reach. This is one of the core benefits of mental health forums like beyondblue’s.

The concept of cultural intermediary can be used to consider the expertise, practices and impact of certain people and technologies placed within systems of consumption or service use. The key point is that often the most effective actors within public health services systems are peers or even programs, platforms and devices that do not fit neatly ‘within’ organisational boundaries and professional roles, and can work more effectively outside of them. One of the strengths of peer intermediaries is their ability to engage in ‘authentic’ communication and interaction. Within online mental health forums, or within Facebook friend networks, mental health intermediaries could be understood loosely to be those who formally or informally act to influence conversations, affect change (even at the micro, or interpersonal level), and offer support and otherwise advocate for mental health awareness and de-stigmatisation.

This project sought to identify and examine the role that Champions and other valued members play as ‘intermediaries’ or key actors in facilitating engagement and providing support within the forums. The qualitative methods and content analysis undertaken builds on previous survey work to help understand the way platform features mediate and shape activity in the forums, and characterise the value and influence of key individuals or intermediaries.

The individuals who take on these roles have often long histories of battling against the effects of mental health problems, including hospitalisation and suicidal thoughts or attempts. They are intrinsically motivated toward providing support to others, and report
the positive effects of doing so. And they are often leaders in community health in their own work histories or local communities.

There are particular skill sets that characterise the health champion or intermediary role within the support forums, and not been well recognised in research or national reports. As this report has detailed, effective online support and mentorship involves navigating the platform features that shape and often restrict communication processes. It also entails establishing expertise and validation, particularly through the sharing of embodied, lived experiences with mental health issues. Intermediaries are distinguished within the forums for their ability to navigate the space and establish expertise through their actions and interactions with others.

To achieve scale in online health support and reach often reluctant vulnerable populations, key individuals, intermediaries, have to take on the role of framing ideas of mental health and illness, recovery strategies and behaviours, and re-framing the negative thoughts and understandings of those in crisis states seeking help. As Smith Maguire and Matthews explain: ‘All cultural intermediaries are involved in framing’ services, ideas, behaviours, and making their choices and behaviours ‘credible to others’ (Smith Maguire and Matthews 2012, p. 555). In their study of Norwegian adolescents with a mentally ill parent, Trondson and Tjora refer to this as ‘sense-making practices’. They found that the forums’ sense-making practices involved: (a) recognisability (of shared experiences), (b) openness (commitment to discussing issues and problems openly), and (c) agency (enabling practices that encourage individual voice and choices) (Trondson and Tjora 2014). This might be observable in the activity and interactivity taking place within forums generally, but this research report has detailed the way cultural intermediaries are crucial to these processes.

What do cultural intermediaries, Champions and others acting like them, do within the forums? They construct value, by facilitating and moderating activities, but also by affecting others’ orientation toward their own mental health issues, to the resources and strategies available to alleviate problems and find professional help, and to provide authenticity and legitimacy of voice to those resources and strategies. This is reflected in the key findings of this report.

### 8.1 Key Findings

The analysis in this report shows the crucial work and clear impact of key peer mentors who operate as ‘intermediaries’, bridging a gap between professional mental health or organisational moderators, and the day to day support needs of those dealing with mental illness.

#### 8.1.1 Platform factors

A number of platform or technical factors, distinguish the forums’ value for mental health support. These include the requirement for anonymity, which encourages participation and open engagement; moderation processes that maintain the forums as a safe space for participants; the dedicated mental health focus of the forums and specific categories of mental health problems addressed and supported.
Participants are clear about the complementarity of the forums with professional mental health support and therapy, emphasising their accessibility and no cost, along with the distinct benefits of being able to connect with those who share lived experiences of mental illness. Participants are also less likely to use dominant social media platforms like Facebook for this kind of support and interaction.

8.1.2 Forum topics and interests
Comparison of the topics addressed by members posting Threads in the two most popular Forums – Depression and Anxiety – shows how the forums meet individual needs by their focus attention to a wide range of different mental health issues and concerns.

- By comparison, for the Anxiety forum, topics concentrated on issues of: ‘symptoms’, ‘employment and work’, ‘need help’, ‘panic’, and ‘physical symptoms’.

8.1.3 Characteristics of peer mentors as mental health intermediaries
The core findings reveal how they construct value, by facilitating and moderating activities, but also by affecting others’ orientation toward their mental health issues, their access to the resources and strategies available to alleviate problems and find professional help.

The analysis targets the role played by the forums’ peer mentors, Community Champions and other cultural intermediaries. The core findings reveal how they construct value, by facilitating and moderating activities, but also by affecting others’ orientation toward their mental health issues, their access to the resources and strategies available to alleviate problems and find professional help. This is reflected in the forum analysis and interviews:

a) Establishing expertise & authority as mental health intermediaries
Prominent peer mentors, (Community Champions and other intermediaries) play a significant role in shaping engagement and modes of support across the forums. Authority and influence develop through:

- Personal mental health and life circumstances, in conjunction with education and work experiences (Champions often having acted in community health, social work and health leadership roles throughout their lives).
- Personal transitions and demonstration of successful coping and recovery practices and strategies.
- Taking on responsibility and moderation expectations in the Champion role (whether badged as Community Champion or not).
- An ability to draw on and discuss personal mental health experiences in a way that builds trust, enables connections and relationships to develop and as a supportive or explanatory mechanism.
- An ability to establish, build and maintain connections with others in the forums, particularly new posters who are posting in a crisis state.

b) Peer mentors’ framing and re-framing practices
By way of their location within the forum networks and their established expertise, Champions and other intermediaries achieve effective mental health support and leadership
by framing and re-framing mental health issues and recovery practices. This takes place through practices and interactions overtime and in response to the individual needs of members of the forums. The research identified Champions’ and other intermediaries’ significant role in:

- Framing mental health and illness, by providing articulate, evocative, experience-oriented accounts of the symptoms and effects of particular mental health problems in ways that other members understand, relate to and respond to.
- Re-framing others’ experiences and actions, particularly where negative accounts are presented by members. This skill involves re-orienting negative experiences and helping other members to think more positively and strategically in redressing their particular circumstances and problems. This often includes an ability to re-frame their own situation and problems.
- Modelling skilled empathy practices in responding to others. Empathy, validation and assurances are key devices in effective support. This skill involves using those techniques to develop connections and build trusting and supportive relationships.
- Intermediaries develop strong networks and close bonds with others acting in those roles, through the closed Champions’ forum, as well as in supportive replies and reinforcement across the forums.

c) Achieving impact and influence
Through the establishment of expertise, and framing and re-framing practices, Champions and other intermediaries achieve demonstrable impact and influence with other members of the forums. This impact and influence is evident in the forums ranging from simple acknowledgement of others’ responses, more detailed acknowledgement of the ideas, choices or strategies others have put forward, or lengthy and specific expression of appreciation of the contribution or guidance given by others. Champions and other intermediaries are most commonly the targets of acknowledgement of these kinds of impact.

A key area of impact and influence that is evidenced in the forums is that of ‘actioning’. This is a form of acknowledgement that expresses the action taken on the advice of others. Signs of actioning are common throughout the forums, are feed the networks of support among peer mentors and other intermediaries.

d) Challenges, conflicts and disagreements
Challenges are also evident in the forums and recounted by Champions in interviews. Some of these are discussed by interview participants, and some were evident in the review of the forums:

- Conflicts and differences of approach or opinion among Champions do occur. However, this is understood as similar to any ‘workplace’, and is manageable with processes in place.
- Champions are sometimes confronted or triggered by individuals or particular posts, and have periodic difficulties in engaging with the forums due to health issues.
- These challenges are mostly overcome through the effective practices detailed in the previous sections, but also through strong networked support among the Champions and other intermediaries both within the main forums, and in the dedicated Champions’ forum.
9. References


