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# Exploring the Role of YouTube in Disseminating Psychoeducation

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## Abstract

**Objective** Social media can bridge the gap between health care and ethnic minorities over cultural barriers. This study explores the role of YouTube in delivering schizophrenia education to individuals in the USA who are also fluent in Chinese.

**Methods** Three psychoeducational YouTube videos related to schizophrenia were uploaded. Data were collected for a 12-month period, and results were analyzed using descriptive statistics.

**Results** The videos recorded 4935 views with a total viewing time of 35,614 min. The first-episode psychosis video had the most number of views and shares, and the longest total watch time and average view duration. The targeted age group (< 34 years old) comprised about half of the total views and had a 14.4% longer average view duration compared to the overall average.

**Conclusion** YouTube is a useful tool that delivers schizophrenia education to Chinese-speaking individuals in the USA. It may also help alleviate the negative stigma regarding schizophrenia and other mental health issues.

**Keywords** Social media · Schizophrenia · Stigma · Communication · Mental health

E-mental health is a potentially transformative tool that can deliver a wide range of mental health services. In its aim to improve population mental health, e-mental health services target specific points in the continuum of health care, which include education, self-management, and support for both patients and caregivers [1]. In a web-based psychoeducation program for schizophrenia, Rotondi et al. [2] reported that the internet-based intervention group, when compared to those in the usual care group, had a significant reduction in positive symptoms and a significant increase in their knowledge about schizophrenia. Another internet-based self-help psychoeducation program has also been shown to provide effective delivery of mental health education and social support for caregivers of first-episode psychosis [3].

Motivating the increased use of e-mental health by health care providers are its convenience, lowered cost, and increased public engagement [1]. Many researchers believe that e-mental health could be particularly useful in bridging the gap between mental health services and subpopulations such as young adults and ethnic minorities over generational, cultural, and language barriers. For instance, a study reported that 85% of young adults diagnosed with first-episode psychosis agreed or strongly agreed with YouTube as the major platform for mental health services and support [4].

Additionally, subpopulations avoiding treatment due to cultural stigma could benefit from the anonymity in YouTube, and would allow them to more comfortably seek education via the Internet [1]. Chinese communities hold severely negative stigma towards mental health conditions, such as early psychosis and schizophrenia [5]. Studies have shown that Chinese people tend to perceive schizophrenic patients as threats for their safety, and would feel ashamed if their family members were diagnosed with schizophrenia [5]. Education via the media has shown some success in disseminating mental health stigma in the Chinese American community. For

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instance, Chinese newspaper has been used as a tool to educate Chinese Americans on psychosis [6]. Another study has also demonstrated promising impacts of a culturally tailored short film in modifying stigma towards dementia among Chinese Americans [7].

YouTube could be a significant outreach tool for individuals who may be experiencing early psychotic episodes and are trapped by the negative stigma in their community. It could also be a resource for their family members and caregivers who may be hesitant to ask for help due to cultural stigma and language barriers. Furthermore, YouTube could be used to increase early intervention in psychosis, as younger adults prefer using social media for mental health education, counseling, and support [4]. In this study, we compared and analyzed results from three YouTube educational videos related to psychosis and their roles in delivering psychosis-related education to individuals who are fluent in Chinese.

## Methods

### YouTube

Each video was a recording of a medical education talk show hosted by the radio station KMRB AM1430 in Los Angeles. For all three videos, a board-certified psychiatrist discussed mental health-related topics including schizophrenia, first-episode psychosis, and psychosis treatment. Each recording was conducted entirely in Cantonese. The recordings were then uploaded to YouTube separately.

### Contents

The three 48-min-long videos centered on the theme of psychosis. All video titles included a Chinese translation. The first video was titled “Schizophrenia (first-episode psychosis and mental disorders)” and discussed psychosis with an emphasis on schizophrenia. Its contents included statistics, causes, symptoms, the interplay between self-stigma and perceived public stigma, and advice for family members and caregivers [8]. The second video was titled “Early psychosis” and discussed psychosis with an emphasis on first-episode psychosis (FEP). It included contents similar to the first video, but stressed more on the importance of family members and caregivers and their roles in increasing early intervention among young FEP patients [9]. The last video was titled “Psychiatric emergency” and provided education on the different psychosis treatment options. Its contents included misconceptions about psychiatric emergency room, statistics, education on what to do at a psychiatric emergency situation, and the admission process of in-patient treatment [10]. The videos were posted on June 17, 2015, January 25, 2014, and

February 2, 2014, respectively. A brief content overview was included in the description of each video.

### Sample

The sample of this study included all 4935 viewers from the USA who have watched any one of the videos during the year of 2016 (12-month period). Since the videos were restricted to only viewers from the USA and were conducted entirely in Cantonese, we speculate that most of our viewers would be residents in the USA who are fluent in Cantonese.

### Statistical Analysis

Data for each video was obtained during the 12-month period and was limited to only traffic sources from the USA. Parameters such as watch time, average view duration, number of views, age and gender of viewers, number of likes/comments/subscribes, number of shares, traffic sources, and device types were recorded. According to current literature, first-episode psychosis and the emergence of psychotic symptoms are most prevalent in patients who are in their late teens to early 30s [11]. Therefore, we chose viewers who are younger than the age of 34 years old to be our target age group for delivering psychosis-related education. Results were analyzed using descriptive statistics.

## Results

During the 12-month period, the three videos had a total viewing time of 35,614 min, with 4935 views and 62 shares. There were 2463 (49.9%) female viewers and 2472 (50.1%) male viewers. Traffic sources included (1) suggested videos on YouTube (81.4%,  $n = 2026$ ), (2) YouTube search (15.8%,  $n = 565$ ), and (3) direct/unknown (2.8%,  $n = 102$ ). A majority of people viewed the contents using mobile phones (62.5%,  $n = 3053$ ), followed by computers (25.2%,  $n = 1231$ ) and tablets (12.3%,  $n = 601$ ).

The most popular video was on first-episode psychosis with 3058 views (62.0%), followed by schizophrenia with 1154 views (23.4%) and psychosis treatment with 723 views (14.6%). Compared to the videos on schizophrenia and psychosis treatment, the video on first-episode psychosis also had the longest watch time (25,546 vs. 6020 vs. 4048 min), the longest average view duration (8.35 vs. 5.22 vs. 5.58 min), and the most number of shares (43 vs. 15 vs. 4 shares).

The YouTube videos were appealing to the targeted age group of participants who were younger than 34 years old. The targeted age group (< 34 years old) alone made up 49.1% ( $n = 1503$ ), 43.6% ( $n = 651$ ), and 51.7% ( $n = 349$ ) of the total views for the first-episode psychosis video, the schizophrenia video, and the psychosis treatment video,

respectively. For the first-episode psychosis video, viewers who were between 25 and 34 years old had an average view duration of 9.55 min, which is 14.4% longer than the overall average view duration of 8.35 min.

## Discussion

Previous studies have demonstrated strong evidence for the feasibility of providing mental health service to young psychotic patients through social media and mobile phone devices [12]. However, there is little knowledge about the performance of popular social media (such as YouTube) in educating the ethnic minorities about schizophrenia. Our study analyzed three schizophrenia-related educational videos on YouTube and their performance in providing psychoeducation to individuals who are fluent in Chinese and are residing in the USA. Of the three videos, the video on first-episode psychosis was the most appealing video to viewers and had the most number of views, the longest total watch time, the longest average duration, and the most number of shares. The average viewing durations were 5.22, 8.35, and 5.58 min for the video on schizophrenia, the video on first-episode psychosis, and the video on psychosis treatment, respectively. These results coincide with the reported median engagement time of 6 min across online educational videos of variable lengths [13], suggesting that our videos were able to capture viewer's attention. The YouTube videos were also able to reach out to our targeted age group of viewers younger than 34 years old. Among the 4935 viewers, 2380 (48.2%) of them were at our targeted age (< 34 years old), and they made up of about half of the views for each video. Furthermore, viewers of the first-episode psychosis video who were between 25 and 34 years old had a longer average view duration compared to the overall average, demonstrating this group's interest in contents specific to first-episode psychosis. These results suggest that YouTube is an attractive format for disseminating schizophrenia educational contents to younger individuals.

The most common traffic source was through the suggested videos provided by YouTube. This shows that the viewers are actively seeking medical information online, and that YouTube is valuable in providing educational information related to the interest of its viewers. The majority of viewers accessed the videos through mobile devices, signifying that most viewers preferred using smaller portable devices.

Our results demonstrate that "first-episode psychosis," when compared to "schizophrenia," is a more appealing term to our audience, especially those younger than 34 years old, who are interested in learning about psychosis. The Chinese word for schizophrenia is a heavily stigmatized term that can be translated as "mind split disease," whereas the Chinese word of first-episode psychosis is a more neutral term

translated as "thought and perceptual dysregulation." A similar concept has been discussed in a study by Chen et al. [14], which suggested that when the less stigmatized term of schizophrenia was used ("thought and perceptual dysregulation" vs. "mind split disease"), Chinese people were more likely to learn about the mental condition and have a more positive and embracing attitude towards the disorder. This provides a basis for the discrepancy seen in the data between episodes and indicates that considerable attention should be paid in navigating cultural stigma when providing information on psychiatric disorders to Chinese-speaking individuals.

Thus, YouTube can be an educational medium for the younger generation who are more vulnerable to specific psychiatric disorders. Specifically, videos can be designed to explain the causes and symptoms of psychiatric diseases and encourage viewers or their peers to seek care. These videos can not only help to reduce the amount of time a psychiatric disease remains untreated but can also help to slowly overcome the stigma of the diseases.

Due to the method of data collection, a limitation to the study would be the relative lack of demographic data of each individual viewer aside from their gender, age, and location. For example, the study was not able to identify the race or ethnicity of the viewers. This study assumes that the viewers were Americans who are fluent in Chinese based on the fact that they were viewing from the USA, and that most viewers must be fluent in Chinese to obtain an average view duration of 5 min. Educators should also note that YouTube may not be the best communication tool for older age groups. For instance, a recent study has shown that, for dementia educational outreach, a talk-based educational workshop is more effective than YouTube. This is because dementia is most prevalent in individuals aged 65 years old or older [15]. Another limitation is the short average viewing time. All three videos lasted individually about 48 min; however, the average viewing durations were at most 8 min. It is important to address this short viewing time by lessening video runtime while incorporating more focused contents in formats that are most appealing to the target age group. Also, the study did not record participant's knowledge on schizophrenia before or after viewing the videos; hence, we cannot measure the effectiveness of our educational videos. Finally, our study only analyzed one of the many social media platforms and did not investigate whether participants preferred other methods of education aside from YouTube. Other online platforms such as Facebook and Twitter can also play significant roles in delivering schizophrenia education [16].

Effective communication is key in promoting early intervention for psychosis and schizophrenia. Negative public stigma towards schizophrenia continues to be a major barrier to seeking early treatment. YouTube is a significant avenue in not only providing educational information related to schizophrenia and first-episode psychosis but

also in disseminating common misconceptions and public stigma against schizophrenia.

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**Compliance with Ethical Standards** A waiver for Institutional Review Board exemption was obtained through the University of California, Los Angeles (UCLA) – Human Subjects Protection Committee.

**Disclosures** On behalf of all authors, the corresponding author states that there is no conflict of interest.

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