

Possibilities of Psychological Intervention on Social Networks

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Abstract:

Introduction: Nowadays we are looking for help and answers to our questions more and more often on the Internet. People use social networks to search for communities or groups whose members experience similar difficulties. These are often online groups that focus on psychological problems, domestic violence, etc. Members receive instant feedback and at the same time, due to the online disinhibition effect, they do not feel the fear, shame or worries they would feel in personal contact (Griffiths, 2005). The content of such self-help groups is not always helpful, but may rather induce pathological behaviour. However, the group administrator can influence the atmosphere in the group and its content itself (Niwa & Mandrusiak, 2012).

Purpose: The purpose of this research was to find a space to perform professional psychological interventions inside online self-help groups on social networks. The concept of a field worker was used in this research. The field worker offers helping services to clients in an environment natural to them and where the worker can provide the client with emergency help during the crisis and prevent other clients from offering risk advices (Ambrózová, Vitálošová, & Labáth, 2006).

Methods: We have conducted qualitative research using the method of content-frequency analysis. The sample for this study consisted of 10 closed online self-help groups focusing on topics such as depression, anxiety disorder, domestic violence, self-injurious and suicidal thoughts and tendencies, etc. For the purpose of this research we created an online group moderated by professionals, focusing on similar topics of mental disorders.

Conclusions: The research results indicated that group members exchanged useful information (35.43%), described their current difficulties they were experiencing (32.33%), shared their own experiences (10.53%), and also published information on what had helped them manage the difficult feelings and situations they had been experiencing (6.39%). However, we also identified risky statements and threatening recommendations in posts and comments. Based on the results, we outlined the possibilities of online field worker interventions and described techniques of interventions that the professional can use for the benefit of group members.

Key words: online fieldwork, social networks, online communities, adolescent, psychological intervention.

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Introduction

The period of life of young people is sensitive to their development and mental processes themselves. Young people create their own identity, opinions, attitudes, values, convictions. Because of the difficult changes they experience, the risk of developing mental disorders is increasing (Rickwood, Deane, & Wilson, 2007), causing feelings of sadness, depression, anxiety. When adolescents are unable to cope with difficult situations, when they feel overwhelmed, they lose certainty and are stressed. These difficult situations can be, for example, caused by the parental relationship breakdown or by experiencing the feeling of loneliness, by the negativity of their thoughts and ideas about the future, but these challenging situations can be also caused by the feeling of mental or physical pain or suffering from health problems, and so on (Hanuliaková, Hasajová, & Porubčanová, 2016).

For this reason, it is necessary for young people experiencing difficulties to have an expert at their disposal, who can provide them with adequate and professional assistance in the case of difficulties or crises. Nowadays young people are increasingly looking for help on the Internet, and so it is essential for the expert to be available to them also in a virtual environment, where young people naturally talk about their lives (Madro, 2017). Similarly, Brignall & Valley (as cited in Juszczuk, 2015) report that adolescents use the Internet as an important form of social interaction. The reason why young people do not seek help from surroundings or do not visit an expert in person, is their fear of meeting the expert or lack of knowledge about the course of the meeting. Evans, Hawton and Rodham (2015) state that young people with self-injurious tendency need more help than their peers without the tendency. At the same time, they state, that less young people with the tendency to self-injurious behavior actually seek the help out.

Up to 38% of young Slovaks do not seek expert assistance not even in the case of thinking about suicide (Madro, 2016). They do not talk about their problems, they hold problems inside and stay with them on their own, or they look for answers on the Internet. They do so regardless of whether the found online content is useful and helps them to solve or manage their problems, or it is riskier to them (Whitlock, Lader, & Conterio, 2007).

Many adolescents seek help on suicide lines, in online groups or in various organizations. These are the possibilities of help, providing young people with a support system outside their social environment, where they seek help and support during challenging situations (Lenhart, Rainie, & Lewis, as cited in Juszczuk, 2015). However, these possibilities of assistance may also be threatening to them, for example, if there is a content that promotes dangerous or self-injurious behaviour, which may ultimately encourage this style of behaviour among young people (Juszczuk, 2015). Burnap, Colombo and Scourfield (2015) conducted a study in which they found out that people rather look for help from unprofessional sources, such as social network groups or various online discussion forums. They choose this kind of help mainly because they do not want to risk someone else being aware of their problems when visiting a professional service. Burnap et al. (2015) concluded that the Internet may be the first step to finding help personally.

In the first place, young people need to understand the problem they are experiencing or need to understand self-injuring specifically. The Internet provides them with this opportunity while also providing them with information on how and where to get professional help. They search for online communities and their members with intent to

gain emotional and social support, information, or support from someone more experienced than themselves or someone who experienced the same or similar problems as they did (Welbourne, Blanchard, & Boughton, 2009). Houston, Cooper and Ford (2002) state that sharing own experiences with problems they face, can have a positive effect by showing community members they are not the only ones experiencing similar problems. In these communities, they have also the opportunity to experience acceptance and understanding from someone who overcame similar life situation. This enables them to entrust their feelings and problems while acquiring new opinions, views and information on how to deal with their situation. However, there are two types of online groups. Boyd, Ryan and Leavitt (2010) report that there are groups in which the focus is on providing support in management and treatment, but there are also groups supporting self-injurious behaviour, such as content stating the pros and cons of different ways of committing suicide and self-injuring. Internet search for topics related to self-injury was focused more on sites with content supporting the treatment and management (Swannell, Martin, Page, Hasking, & St. John, 2014).

Based on the information above, we decided to conduct research with the aim to find space and a way for a psychologist to perform professional psychological interventions in such online self-help groups we can find on social networks.

1 Methods

1.1 Research sample

The research was conducted in 11 online self-help groups on Facebook social network. The members of these groups were Czech and Slovak users of this social network. Our goal was to bring the possibilities of using space of online self-help groups for professional psychological intervention. We identified the specifics of online support groups in Slovakia, and searched for possibilities of effective intervention in this space. At the same time, we wanted to identify changes in the groups after the interventions. We targeted 10 self-help online groups, content of which covered mental difficulties, their management and domestic violence, and we also founded our own moderated self-help group.

1.2 Measures

The research was carried out with the IPčko civic association. Qualitative research has focused on mapping the behavior of young people in online communities. The survey ran from June to September 2017. The conditions for group inclusion were that the group had to have at least 30 members and the groups had to be still active. We analyzed the group for 30 days, during which we were monitoring mutual interaction between self-help group members. The data received and stated in the research are fully anonymous. This means that it is impossible to identify specific individuals as well as groups to protect the group members. The total number of members in the groups was 7.873. Due to the anonymity of our research, we do not have the age and gender information of the members. To analyze the monitored posts and comments, we have chosen the content-frequency analysis conducted by two experts. The resulting categorization presented in the study was the result of their matching. Analyzed posts were public, which means they were visible to all group members, whether active or passive. An active group member is a member who actively publishes posts or comments

the posts. The passive member only watches the group and does not post or comment on the posts. Two main categories have been created, namely information and emotional support. Next we observed the frequency of occurrence of individual categories and subcategories in posts and comments. The main category of informational support consisted of the subcategories “Recommendations and Self-help advice”, “Drugs/doctors information” and “General information”. The main category of emotional support consisted of the subcategories “Emotional support” and “Valuation”. The other categories stated in our research are “Experiencing difficulties”, “Relationships with others”, “Work and finance” and “Managing”.

2 Results

There were differences in how members interacted with the groups. They also used them in different phases of their problem-solving. The groups featured posts where members wrote about their problem for the first time. This was often the case of them sharing their problems for the first time ever. They were looking for an answer to their question whether they needed a professional or other form of help with the problem, or they could manage the problem on their own. However, in the groups, there were also posts by members who solved their problem with an expert, but they wanted to find out how other members managed the problem, what helped them or only needed the support of other members. This means that these groups were also used as a resource of information, for example, about medicines, or to look for support in time between meetings with the experts. Groups also featured posts where members published their own story, problem, the way to solve it and they also included their current mood after solving the problem or situation in the post. In particular, they wanted to encourage other members to solve their problems or situations. Due to the content found in these groups, we can state that there is space and also necessary need for psychological professional intervention and help in self-help groups like these.

Table 1

Analysis and frequency of posts

Analysis and frequency of posts										
Group	Number of posts	Number of	Average number of reactions to a post						Number of	Period of
		comments under the posts	Mean	SD	Min	Max	Median	group members	observing the comments (days)	
1	73	1521	20.01	9.82	0	129	12	3234	30	
2	8	127	15.85	4.86	6	34	12.5	525	30	
3	12	132	11	12.5	0	32	7.5	250	60	
4	19	108	5.68	10.94	0	33	1	242	30	
5	58	714	12.31	15.19	0	46	8	2164	8	
6	20	142	7.1	7.35	0	57	1.5	657	30	
7	16	274	17.13	38.31	0	91	12	125	10 months	

8	8	181	22.63	2.17	0	158	4	308	30
9	31	446	14.39	10.65	0	79	8	275	30
10	5	9	1.8	1.92	0	5	1	30	90
<i>Moderated</i>	16	126	7.88	3.7	0	53	3.5	63	14

For clarity we also provide a table, which refers to posts divided by a topic. At the same time, it shows the intensity of comments in each category.

Table 2

Intensity of comments

<i>Topic</i>		
	<i>Least commented</i>	<i>Most commented</i>
1	Depression, information, support, family problems	Drug information
2	Depression	Looking for a psychiatrist
3	Help recommendation	Psychological abuse
4	Drug distribution, recommendations, information, acknowledgement, health issues	Physical problems
5	Animals as help, improvement of psychological condition, drug information, acknowledgement, seeking out help, work	Drug information + questions about experience and situations
6	Pleas for advice and conversation, acknowledgements for being accepted into the group, complaint, help recommendation	Pleas for advice/schizophrenia
7	Sharing own experience	Information
8	Self-injuring (picture of a member)	Group of suicides (creation of the group)
9	Support	Sharing own experiences
10	Drugs information	Anxiety, fear, worries
Moderated	Depression, information, support, family issues	Depression

Through the content-frequency analysis we found out that the topic associated with Information and recommendations was the most frequently reported in the posts (35.34%). The least reported was the topic Valuation/Support (1.50%).

Table 3

Categorization of posts

<u>Group</u>	<u>Information, recommendations</u>	<u>Own opinion/ Experience</u>	<u>Valuation/ Support</u>	<u>Experiencing difficulties</u>	<u>Relationships</u>	<u>Work, finance, disability</u>	<u>Managing</u>	<u>Other</u>	<u>Total number of comments</u>
1	22	1	0	32	1	0	13	4	73
2	2	0	0	6	0	0	0	0	8
3	2	0	0	0	9	0	0	1	12
4	9	0	1	5	0	0	0	4	19
5	19	3	0	26	2	1	3	4	58
6	7	0	0	5	0	0	0	8	20
7	6	10	0	0	0	0	0	0	16
8	0	0	0	7	1	0	0	0	8
9	18	12	1	0	0	0	0	0	31
10	1	2	0	1	1	0	0	0	5
Moderated	8	0	2	4	1	0	1	1	16
<i>Total</i>	94	28	4	86	15	0	17	22	266
	35.34%	10	1.50%	32.33%	5.64%		6.39%	8.27%	

In the comments, we found out that from the main category “information support” were Other information the most common comment (65.66%). It was mostly information about the course of doctor’s examination, and so on. We noticed the lowest number of comments in category Drugs/Doctor information (15.70%), most of which was to get information about specific medicines or referrals to doctor in their vicinity.

Table 4

Categorization of comments – information support

<u>Group</u>		<u>Information support</u>			
		<u>Recommendations and self-help</u>	<u>Drugs/Doctors information</u>	<u>Other info</u>	<u>Total</u>
1	Number	62	122	412	596
	%	10.40%	20.47%	69.13%	39.18%
2	Number	20	10	54	84
	%	23.81%	12.34%	64.29%	66.14%
3	Number	13	-	6	19
	%	68.42%	-	31.58%	14.39%
4	Number	20	14	15	49
	%	40.82%	28.57%	30.61%	45.37%
5	Number	73	75	58	206
	%	35.44%	36.41%	28.16%	28.77%
6	Number	13	4	55	72
	%	18.06%	5.56%	76.39%	50.70%
7	Number	19	-	101	120
	%	15.83%	-	84.17%	43.80%
8	Number	-	-	126	126
	%	-	-	100%	69.61%
9	Number	29	10	110	149
	%	0.19%	6.71%	73.83%	33.41%
10	Number	-	-	-	-
	%	-	-	-	-
Moderated	Number	30	-	46	76
	%	39.47%	-	60.53%	55.88%
Total	Number	276	235	-	-
	%	18.44%	15.70%	65.66%	39.48%

In the main category Emotional support, we recorded the highest values in support itself (85.59%). Users expressed support among themselves in their comments under the post,

whether to manage difficult period of life they were experiencing or not to be afraid to seek out a help. There was only 14.41% of Valuation in comments.

Table 5

Categorization of comments – emotional support

<u>Group</u>		<u>Emotional support</u>		
		<u>Valuation</u>	<u>Support</u>	<u>Total</u>
1	Number	76	253	329
	%	23.10%	76.90%	21.63%
2	Number	1	23	24
	%	4.16%	95.83%	18.90%
3	Number	5	38	43
	%	11.63%	88.37%	32.58%
4	Number	-	13	13
	%	-	100%	12.04%
5	Number	7	175	182
	%	3.85%	96.15%	25.42%
6	Number	-	22	22
	%	-	100%	15.49%
7	Number	5	50	55
	%	9.09%	90.90%	20.07%
8	Number	3	3	6
	%	50%	50%	3.31%
9	Number	-	24	24
	%	-	100%	5.38%
10	Number	-	2	2
	%	-	100%	22.22%
Moderated	Number	6	9	15
	%	40%	60%	11.03%
<i>Total</i>	Number	103	612	715
	%	14.41%	85.59%	18.86%

In the results of other categories, we recorded the highest values in the category of sharing own opinions and experiences (18.86%). Members shared their views and experience with different goals. They shared for example their experiences to support others to seek out the help, or to give them a hope they will overcome the difficult period of live, too. However, they also shared experiences with the medicine they had taken that were often followed by a call to drop the drugs arbitrarily out.

Table 6

Categorization of comments – other categories

<u>Group</u>		<u>Own opinion/ experience</u>	<u>Experiencing difficulties</u>	<u>Relationships with others</u>	<u>Work, finance, invalidity</u>	<u>Managing</u>	<u>Other</u>
1	Number	191	114	20	2	19	250
	%	12.56%	7.50%	1.31%	0.13%	1.25%	16.44%
2	Number	1	-	-	-	-	18
	%	0.79%	-	-	-	-	14.17%
3	Number	2	12	53	-	-	3
	%	1.52%	9.09%	40.15%	-	-	2.27%
4	Number	12	16	-	-	4	14
	%	11.11%	14.81%	-	-	3.70%	12.96%
5	Number	76	135	7	30	14	66
	%	10.61%	18.85%	0.98%	4.19%	1.96%	9.22%
6	Number	34	1	-	-	2	11
	%	23.94%	0.70%	-	-	1.41%	7.75%
7	Number	88	1	-	-	-	10
	%	32.12%	0.36%	-	-	-	3.65%
8	Number	35	-	-	-	-	14
	%	19.34%	-	-	-	-	7.73%
9	Number	249	6	-	-	-	18
	%	55.83%	1.35%	-	-	-	4.04%
10	Number	7	-	-	-	-	-
	%	77.78%	-	-	-	-	-
Moderated	Number	20	6	1		5	13
	%	14.71%	4.41%	0.74%		3.68%	9.56%
Total	Number	715	291	81	32	44	417
	%	18.86%	7.67%	2.67%	0.84%	1.16%	11%

In the groups we recorded total of 3,792 public comments, with the highest number of comments in the group focused on depression and other emotional difficulties. The total number of recorded comments is shown in the Table 7.

Table 7

The total number of comments

<u>Group</u>		<u>Total number of comments</u>
1	Number	1521
2	Number	127
3	Number	132
4	Number	108
5	Number	716
6	Number	142
7	Number	274
8	Number	181
9	Number	446
10	Number	9
Moderated	Number	136
Total	Number	3792

Questions in the posts and comments asked by members were predominantly those they were afraid to ask their doctors or relatives. These include, for example, questions about seeking medicine information, seeking information about professionals or other forms of assistance. For instance, if members asked questions focused on drug information, there were moments when they recommended each other to drop out the specific psychopharmacs on their own. Such advices on drug dropout may be threatening to the group members. The presence of an expert in such discussions could ensure users receiving relevant information, for instance, about treatment, medicines, or the risks associated with arbitrary drug dropout.

The second most frequent posts concerned the category of experiencing difficulties. Most of the difficulties were described by members while experiencing depression, anxiety, suicidal thoughts, and the like. Members also often described their fear of not being able to manage the difficult situation anymore. When we looked for the frequency of the “Experiencing difficulties” category in comments, we found it only in 7.67% of the comments. There were specifically comments containing information on difficulties they experienced, such as fear, but also including recommendations on how to deal with the difficulties. However, there were also posts where one member asked other members for suicide assistance or asked them for information on how to commit a suicide successfully. We even found a group called “Skupina Sebevrahů =P” (The group of

suicidals = P) where the title photo was a photography of wrinkled wrist and blood. This group was created by one member of the online group we were monitoring. This member posted information about existence of the group and urged other members to join. Comments to this post were mostly requests to join the group. There were also comments that sharply condemned such requests and aggressively encouraged members who were interested in joining the group to finally commit the suicide. Because of the sensitive nature of suicide topic, it is necessary to respond to such interactions highly professionally and sensitively, especially in such mutual interactions. In the research, we also watched another group focused on suicidal behavior. The group administrator posted his own pictures, for example, with a gun to his head. He also published a commentary on the picture expressing hostility toward people in general.

Another administrator of the group published photographs of hands after the fresh self-injurious behaviour sent to him by other group members.

To find out the psychological intervention possibilities on social networks, we have identified 5 forms of intervention:

- a) a link to the online counseling for young people IPčko.sk;
- b) providing correct information;
- c) use of systemic questions in the interview;
- d) offering a private conversation via Facebook messages;
- e) creating a moderated Facebook group – inviting members of other groups.

Given the results we can state, that publication of the link to internet counseling IPčko.sk is the most effective form of intervention. Through the analysis we found out that in the time of publishing the link and within 2 days since publishing this form of help, there were 74 views from Facebook page on the Internet counselling page and 38 sessions were made, which means they clicked somewhere on the page, read articles, information, and so on. Two chat consultations were conducted from this intervention.

Equally as successful was offering the opportunity to join the professionally moderated self-help group created for the research purpose. We noticed 11 new requests to join this group due to the announcement about possibility of membership in the group. The least successful intervention was offering a private conversation via private social network messages, as we did not notice any reaction to this intervention.

3 Discussion

Through our research we have been able to find out that members use space of online self-help groups during all phases of their problem-solving. It is used when the members want to entrust someone their problem for the first time ever, but also when they have solved their problem and want to encourage other members to solve their problem by their own story.

We assume that members have chosen the possibility to entrust their problems to total strangers for the first time because they did not fear the rejection of group members, felt safe, did not feel threatened by mockery or stigmatization. The Internet also provided them with the opportunity to stay as anonymous as they choose to. They also did not see the non-verbal reactions of people reading their post or comment, what could lead to a significant loss of fear of entrusting. However, as we were able to see in some of comments during the research, all of these reasons contributed to the fact that people also posted comments that were offensive, abusive and insulting.

“Information and recommendations” was the most frequent post topic and based on this finding we can claim that members use these groups to obtain various information, such as drug information, or information about professionals or mental life. According to the results of the content-frequency analysis we can conclude that the information requirement does not remain unresponded, as we recorded the highest rates in the Information support subcategory in the comments, too. In the comments, we have also recorded high number in the Emotional support, particularly when providing support itself. This suggest that members support and understand each other while experiencing challenging times. It also helps them to manage demanding period or feelings, too. Based on our findings we can assert that the presence of an expert in these online self-help communities can be useful to all members. Hatl (as cited in Mátel, 2013) states that the role of experts in such self-help groups can be also providing resources and consultations with aim to help other members to start over or rejoice in case of facing problems they can not overcome on their own.

There are more situations where a specialist in online field work can use the space of self-help groups to provide professional psychological intervention. In a group where members publish posts with topic of suicide, the expert can assess how risky the behaviour and symptoms of the user are and then can sensitively intervene in the way safe for the other group members with self-injurious and suicidal thoughts and tendencies, too. He can create helpful contact with them, provide crisis intervention, or motivate members to seek out professional help. He can also help to eliminate stigma between group members. Reduction of mental illness stigma is considered relevant in the prevention of various forms of mental disorders, including suicide (Niederkrotenthaler, Reidenberg, Till, & Goud, 2014). The specialist may also intervene in those situations where members advise one another on how to arbitrarily stop taking their medicine. In this case, the expert may provide correct information about the medicine, or correct information on what can happen if they drop their medication out without consulting a doctor who prescribed them. However, the expert has the ability to influence the group atmosphere. He can lead the group toward focusing posts on helping to cope with difficulties. This can be achieved by leading the discussion of threatening posts to managing the difficult situation, or by changing the group settings in the way that allows him to approve posts before publishing. This can lead to sorting out the posts with a pathological content. This is confirmed by the analysis by Fayard and DeSanctis (2005), in which they found out that the community of professionals with the same goal and interest in creating a certain rhythm of conversation, allows for the development of sustainable and meaningful online interactions while also revealing dynamics of the online forum. There are different ways for an expert to operate in such groups. He can remain in complete anonymity without using his real name. The expert can work using a nickname or a false name. He can also pretend to be a person with the same problem the members experience, not an expert. However, due to ethics, one can doubt the accuracy of this method. He can also appear in a partial anonymity, which means he presents himself as an expert, but keeps, for example, his name, surname, or nickname in secret. For instance, he can create an “avatar” to explain who he is and what is his purpose. His name can be, for example, Johny Psychologist. He can also use his real name or profile picture. In this case, however, it is necessary to gain trust of the group. It is also possible to create a new group, that gives members the opportunity to decide whether they want to join the group or not.

From the recorded intervention results, we can claim that it is useful to strengthen passive counseling content of helping pages for those seeking help. This includes, for example, articles, blogs, or videos used by experts to help clients. Not everyone has the courage to seek help actively. Therefore, we recommend publishing this form of help on the sites of the experts. We can also assume that an opportunity to entrust the problem anonymously, can contribute to finding the courage to solve problems in young people. This can help to overcome their fear of condemnation. Horská, Lasková & Ptáček (2010) report anonymity as one of the factors based on which a client decides for a certain type of counselling, because of the anonymity the client feels safer.

The fact that adolescent is experiencing a difficult period of life or facing a problem he can not handle himself, can be noticed by his environment. For example, people around can notice change in peer's behaviour. Adolescent might become detached on aggressive, even though he or she wasn't like that before. A teacher may also notice, for instance, the sudden deterioration of school performance. Often, it is a teacher or a school psychologist who can first notice that the adolescent needs help, while offering him the help. The teacher or school psychologist can together with the student create space for conversation and create the conditions for adolescent to entrust his problem. In that case, teacher should ensure young peer of trust. Teacher should not doubt or simplify what adolescent brings. He also should not judge or advise young person right away. In such conversation, teacher or school psychologist should not promise the adolescent nobody is going to find out what they were talking about, because if adolescent describes a crime to a worker and the worker has to report it, the young person who entrusted him can perceive this as a breaking his trust. In this conversation, the teacher has the opportunity to encourage an adolescent not be afraid to solve his problem, whether he can be a support or help to him in case of need to involve a law enforcement authority in situation solving. A social worker can also use the Internet for online fieldwork. On the Internet, users are often looking for information about different kinds of social facilities, such as where they can look for its help, or how does a facility like this work. On the Internet often look for help even users who need help or various information, for example, about financial contributions or other information about social counseling. A social worker as an online field worker also has the opportunity to provide such users with adequate and true information from the field of social counselling.

Finally, we recommend conducting more studies to address the issue of online self-help groups. Based on our research, however, we also recommend dividing categories according to whether their content was useful or risky to members. This could contribute to a better understanding the distinction of coping strategies, which can be useful in recommending the forms of intervention in these online self-help groups.

Online field workers from internet counselling IPčko.sk join online discussions and groups that can bring serious risks to sensitive people with their interventions, in order to help eliminate these risks and direct participants of online groups toward constructive problem-solving. These are the online groups focused mostly on self-injuring. Our task in these groups is to provide professional and relevant information on mental health and help possibilities so they are understandable to our target group. This gets workers of Internet counselling IPčko closer to young people who are afraid of seeking out professional help they do not trust, although they trust other strangers.

Conclusion

Young people are nowadays looking for help on the Internet in online self-help groups on social networks or discussion forum. Therefore, the presence of an expert in these online communities can be useful to troubled young people. In addition, an expert can provide them with not only safe and correct information in their natural environment, but may, if necessary, provide crisis intervention or expertly assess the risk of self-injurious or suicidal behavior. He can also contribute by helping people, who have not worked with a professional or are worried about seeking him out, to meet the expert and gain experience of cooperation with him, in an environment safe and natural to them. The fact that the Internet is a space for young people where they usually spend time, whether because of work, school, shopping or entertainment, can make it easier for them to entrust their problem to the expert right there.

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