

Stigmatisation of Mental Health on Social Media in Bhutan

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Introduction

In recent times, the connection between mental health and social media has received much attention in research and practice. Social media has been used to seek insights and help from people who have gone through similar experiences or from an online community with the know-how on mental health issues. It is regarded as a good platform for people with mental health problems to go to the public domain and seek help from a global community.¹ However, a study on attitudes towards mental health on social media reported that mental health conditions were more stigmatised (12.9%) and trivialised (14.3%) from a total of 1,059,258 tweets.²

In Bhutan, people increasingly use social media as a conduit to communicate information for various purposes, such as eHealth, eCommerce, and as a forum. The gradual digital transformation has required people to adopt social media to conduct work and life. However, the proper use of social media is a critical problem, especially for those who lack social media literacy. For example, the lack of social media netiquette and general awareness acted as an impetus for activities such as stigmatising mental health matters with inundated vile comments, impermissible shares, and unjustifiable likes on various social media outlets. This article explores the central problem of why people affirm such activities on social media and explores practical solutions to confront the challenges going forward.

Mental Health in Bhutan

Bhutan has come a long way in tackling mental health issues. It was viewed as an unfamiliar concept in the past, and support for healthcare services in mental health was relatively limited. Today, there is much-increased

¹ John A. Naslund et al., "Social Media and Mental Health: Benefits, Risks, and Opportunities for Research and Practice," *Journal of Technology in Behavioural Science* 5, no. 3 (2020): pp. 245-257, <https://doi.org/10.1007/s41347-020-00134-x>.

² Patrick Robinson et al., "Measuring Attitudes towards Mental Health Using Social Media: Investigating Stigma and Trivialisation," *Social Psychiatry and Psychiatric Epidemiology* 54, no. 1 (January 2018): pp. 51-58. doi: 10.1007/s00127-018-1571-5.

attention, articulation, and discourse on mental health. The establishment of The Pema Centre³ and Happiness and Well-being Centres⁴ across the colleges under the Royal University of Bhutan are tangible initiatives to support mental health and the well-being of communities in Bhutan. In addition, mental health shows such as “Mind Over Matter Bhutan” complement the collective endeavour to tackle mental health issues. The efforts to tackle mental health issues are hindered by serious impediments at the societal level. For instance, sociocultural beliefs and practices in the community impede how people perceive and proactively respond to mental health issues.

Sociocultural Beliefs Around Mental Health

The frame of reference around culture influences how one sees mental health and responds to challenges collectively. “Those dealing with the illness must confront not only the symptoms of the disease but also the social dynamics accompanying their problems”⁵ impacting how people perceive mental health. Some common challenges are linguistics stigmatisation and discrimination against people with mental health illness that often makes it difficult for them to seek treatment. In the past, most people used inconsiderate terms such as *choelom* “crazy”, and *lengo* “dumb” for people with issues around cognition, dexterity, and speech. The use of such disparaging terms to label a person generates a line of separation and even discriminates against mental health issues.

Even if they are unknowingly used without the intention of hurting, these words can be considered linguistic microaggression, which negatively affects a person’s identity in an increasingly intertwined digital ecosystem. Bhutanese names are deemed to have spiritual significance and are given with reference to notable Buddhist persons or spiritual figures.⁶ Derogatory labelling against people suffering from mental health issues tends to rip off their names by associating the condition as their defining personality, which subsequently leads to stigmatisation.

³ “The Pema Centre- a Hospital for Mental Health and Wellbeing.” *Kuensel*, November 14, 2021.

⁴ Dem, Phub. “RUB Colleges Establish Happiness and Wellbeing Centres.” *Kuensel*, September 28, 2021.

⁵ Dobransky, Kerry Michael. “Breaking Down Walls, Building Bridges: Professional Stigma Management in Mental Health Care.” *Society and Mental Health* 9, no. 2 (2019): 228–42, <https://doi.org/10.1177/2156869317750705>.

⁶ Phuntsho, Karma. “Naming Culture: Part 2 of 3.” Bhutan Cultural Library.

In some cases, mental health problems are considered incurable suffering fated for a person. Without a balanced approach to a traditional and modern understanding of mental health, such a belief system creates a sense of complacency in seeking scientific medical support. For instance, it was reported in the literature that the father of a boy who suffers from catatonia sought various rituals as a remedy. He brought his son to the hospital as a last recourse and did not seem to accept that the problem was due to long-term untreated mental illness.⁷ The negative connotation of being unable to control one's mind associated with mental health problems builds a barrier to openly talking about one's emotions. Even if they attempt, many end up making facetious remarks.

Social Media and Mental Health Stigma

Social media platforms play a significant role in communicating and collaborating, transcending geographical boundaries more than ever. Considering the power of social media and its implications on society, especially in a closely-knit society like Bhutan, it raises several questions on whether it builds a community or exacerbates social issues, such as health problems. Studies have found that passively following other people's news prompts a range of negative emotions, including envy, and identified a specific feeling called FOMO - Fear of Missing Out,⁸ which heightens the sense of anxiety and loneliness for people who excessively use social media. To look at the psychological impact of social media on mental health, a recent example is false information such as unprescribed treatment and pictures of the Covid-19 patient shared on social media platforms that negatively created confusion and anxiety among Bhutanese citizens during the pandemic. Some people accused the patients of bringing the virus into the country, and a few poured their frustrations on social media to people who contracted Covid by being careless. In a world of increasing virtuality, such appalling behaviour on social platforms would worsen the mental health of those patients through increased guilt and shame.

⁷ Joseph D Calabrese and Chenchu Dorji, "Traditional and Modern Understandings of Mental Illness in Bhutan: Preserving the Benefits of Each to Support Gross National Happiness*," *Journal of Bhutan Studies* 30 (2014), 9.

⁸ Edmonds, Rhys. "Anxiety, Loneliness and Fear of Missing Out: The Impact of Social Media on Young People's Mental Health." Centre for Mental Health accessed January 14, 2023, <https://www.centreformentalhealth.org.uk/blogs/anxiety-loneliness-and-fear-missing-out-impact-social-media-young-peoples-mental-health>.

In addition to creating a sense of division and anxiety, sharing unsolicited videos and memes of a person with mental illness for entertainment is deeply concerning. In an online group chat, users consider it normal to share TikTok videos of a mental-health-patient user who creates immodest content with racist remarks for humour. It should never occur at the expense of stigmatising an individual.

In general, offensive audio messages, textual comments, short-form videos on public social media groups and forums, and YouTube are some platforms people use to attack people with mental health issues. People generally find such content entertaining and acts as an agent of virality in the community. A woman believed to have antisocial personality disorder uploads social media content that concerns privacy, hate speech, and racism.⁹ A video where she sings a rap song later gets trolled by an anonymous content creator with the caption “She thinks she can rap” received 2,000 likes, 184 comments, 119 shares, and 18,000 views. Other anonymous social media accounts also actively share her videos for entertainment. The names of the content creator are avoided in the current study due to inappropriate social media handles. The video by social users suffering from mental health issues are viewed thousands of times with disturbing comments which read as follows:

Commenter A: “I am waiting to turn her to get ultra pro max psychom [an offensive word for feminine ‘psycho’ used locally]” (TikTok)

Commenter B: “Psycho no 1” (TikTok)

Commenter C: “She is a nuisance to society” (Facebook)

Commenter D: “Omg, she got mad” (YouTube)

Commenter E: “She is just acting” (Facebook)

Discussion

The stigmatisation of mental health issues on social media is a growing concern which needs academic discourse to confront the challenge. It was found that there is a general lack of social media literacy among Bhutanese citizens. It resonates with a report by Bhutan Media Foundation that social media ecology in Bhutan is highly vulnerable to negative experiences due to a lack of awareness of its ethical practices, safety, and privacy issues.¹⁰ It

⁹ Editorial, “Social Media and Us,” *Kuensel*, March 15, 2022.

¹⁰ “Social Media Landscape in Bhutan” (Bhutan Media Foundation, 2021), 48-49 .

was found that people normalised posting vile comments, impermissible shares, and unjustifiable likes on social media, especially content created by people with mental health issues.

The government stakeholders formulated various policies and guidelines such as “Social Media Policy for the Royal Government of Bhutan, 2016”, “Information and Media Policy of the Royal Government of Bhutan, 2016”, and “ECB Social Media Rules and Regulations of the Kingdom of Bhutan” to curb the irresponsible use of social media. Nevertheless, it has had little effect, especially on people with inadequate social media literacy and digital immigrants. Sociocultural beliefs and attitudes also affect effective responses to mental health in that some sections of society still treat mental health issues with a negative stigma. These beliefs and attitudes are reflected on social media, as in the comment on content created by a user with a mental health issue above.

Bhutan has a rich social media user base, which is ever more pervasive in society. Advocating social media as a virtual tool for building a healthy community would help users understand the need to respect and support mental health matters and the differences it makes in society. People with mental health conditions share the benefits of interacting with peers online, which leads to greater social connectedness, and sharing personal stories that subsequently help cope with the challenges of living with a mental illness.¹¹ For example, the social media handle “Humans of Thimphu” features narratives of Bhutanese people coping with diverse mental health issues such as anxiety, depression and self-harm that encourage people to participate in mental health dialogues. Such campaigns on mental health through social media could help destigmatise the concerns discussed in this article, thereby building a safe and inclusive society.

It also calls for adapting Bhutanese traditions that often discourage the display of emotion openly to changing space and time. Likewise, it is also imperative for people to be conscious of outmoded sociocultural belief systems and perspectives as it greatly impacts how one perceives mental health on social media. The derogatory language and vocabulary in the instance above reflect society’s perception of people with mental health

¹¹ Naslund, J A., Aschbrenner, K A., Marsch, L A., and S J. Bartels. “The Future of Mental Health Care: Peer-to-peer Support and Social Media.” *Epidemiology and Psychiatric Science* 25, no. 2 (2016): 113-112, <https://doi.org/10.1017/s2045796015001067>.

issues. As with all illnesses and societal support and care, people suffering from mental health also deserve the same care and treatment by adapting their perspectives and conscious use of language to describe others.

Conclusion

Social media has transformed many aspects of society, especially how people consume, perceive, and share information in Bhutan. However, a pertinent issue in Bhutan with social media is the stigmatisation of mental health. It was found that people casually use offensive language to comment, share, and like content created by users with mental health issues on social media platforms. Relevant stakeholders should support social media literacy for responsible use of social media to curb the issues such as stigmatisation of mental health on social media outlets. Doing so will provide an avenue for the destigmatisation of mental health conversations on social media.