Influencers and Mental Health Services-

Ethics Analysis #2 – Cooper Method

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20:831:515:90 ETHICAL CHALLENGES

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**Description of Facts**

Large organizations like the American Psychological Association (APA) ([Ethical principles of psychologists and code of conduct (apa.org)](#)) regulate and maintain ethical guidelines for mental health (MH) professionals to provide safe and appropriate services to people in need. They help ensure for example that a person's medical information is kept secured, that information provided is substantive to their patient's condition and health needs, and that the relation between provider and patient remains consistent so boundaries remain clear throughout therapeutic engagements. Online influencers undermine guidelines with justifications that they are providing "help" to many people across the world (Hunter 2020).

**Nature of Dilemma**

The dilemma lies in balancing possible benefits of MH support with ethical concerns surrounding credentials, privacy, & effectiveness of influencer-provided therapy (Triplett et al 2022).

**Ethical Question**

Are influencers justified in setting their own ethical standards for providing MH care on digital platforms, considering potential impact on well-being of their followers & quality of care provided?

**Alternatives for Consideration**

**Deontological—** In the case of influencer as therapist, this theory suggests that the influencer has self-ascribed a duty (Johnson 2018) to help their followers, that they have embellished observations to their liking, i.e., that they see many people suffer the way that they do and so justify a duty to not have them feel alone in their struggle. However, they disregard the professional boundaries that therapist and psychologists train to maintain with their patients to avoid harming their patients, to avoid other discrepancies within engagements.

**Teleological—** Arguably, the influencer does not document the impact (Sharp, Aguirre, Kickham 2017) or know the intricacies of documentation (style and format) to capture the reality of mental health diagnosis, thereby misleading their followers and themselves in the scope of their actions and consequence. Even if their followers note happiness in the span of their engagement, there needs to safeguards to protect both parties in this kind of engagement. MH

is life-long; platforms such as TikTok may not capture the truth of MH struggles and paths for healing. The influencer however recognizes the 'big impact' of their influence (Hunter 2020).

**Virtue-Based Ethical Theory**— The influencer as therapist perceives their followers' presented commentary as issues and finds their relation to be healing. But a line of framing issues exist that can blur the relationship, bring new insights to the 'issues', unbeknownst to both the influencer and follower that would make the therapeutic element of the engagement subpar, misleading, ultimately unethical. The virtue of knowing, having insight enough, to have the greater good beyond self-aggrandization (Cooper 2012) would put the influencer as therapist at a better stance in their practice to provide online therapy or engagement with the purpose of treating healing their followers.

**Justice as Fairness-** According to Hunter (2020), the influencer as therapist is often flooded with people seeking help, due to their wide influence and platform algorithms prompting continuous interest in the subject matter based on previous engagement and more. The influencers in the article gravitate to TikTok, for example, and note that their followers' (with over 8 million) average age range for instance is 14-18, disregarding major segments of the populations that may to a degree benefit from this form of engagement. Influencers should embody virtues – empathy, integrity, professionalism-- when engaging or treating people and conduct themselves in such a way that is culturally and ethically sound.

**Altruism-** The influencer as therapist finds that their online engagements are helpful despite "risks such as misinformation and harmful self-diagnosis" (Hunter 2020). This disregards the nature of their engagement, i.e., referencing MH, disordered thinking, and trauma all of which as mentioned earlier are addressed by the guidelines of the APA, and require professionals to provide adequate service for and evidence-based guidance.

**Best fit solution**

Creating a robust professional and ethical rule of conduct for digital MH service provision would satisfy deontological methods (Sharp, Aguirre, Kickham 2016; Johnson 2018) to achieving accurate and supportive information while minimizing harms to follower/patients, which would ensure a platform that enhances people's privacy while addressing their MH concerns and needs and ensuring that no conflict of interest exists in the provision of services, i.e., minimizing

the drive for clout on digital platforms or absolving engagement and interest prompted by algorithms (Hunter 2020). That continual education and training in providing online MH services remains in place for both for professionals and patients tailored to their specific platforms. The online forum is always changing and challenging service provisions cross sectors. Ultimately, the alternative embodies the collection of ethical principles as influencers are to embrace guidelines for the provision of MH support/treatment; gain a professional capacity to provide such services and continue to train to retain quality of services provided; this to ensure that no harm is being done to people far and wide.

**Davy Twist**

This case informs my personal leadership stance by presenting a perspective to institutional challenges: our modern ways undermine old practices and it happens continuously. Also, that our institutions need help too. So, to continuously elevate my leadership qualities it is best to remain informed about the changes to services such as in mental health treatment, how people are responding to institutional and social drivers of change, and how to remain ethical in the mist of it all.

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