

# Digital altruism: the motivators for, effects of and support received when moderating mental health online

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## Abstract

**Purpose** – The ever increasing prevalence of mental health disorders is subsequently resulting in an ever increasing burden on mental health services globally. Due to need outweighing capacity, many turn to, or are signposted to, online resources. Online mental health chatrooms are chat-based services that users can frequent to discuss their mental health, often with individuals experiencing similar issues. Most of these are moderated by volunteers. The purpose of this study was to explore the motivations for moderating, the positive and negative effects of the role and to identify current and required pathways of support.

**Design/methodology/approach** – This study used an online questionnaire design, disseminated via the online mental health community, 18percent. An open ended interview schedule was disseminated to eight volunteer moderators. Qualitative data was analysed using NVivo software and reflexive thematic analysis.

**Findings** – Moderators were motivated to engage in this role due to past experiences and to help others. The positive effects of moderating were engaging in digital altruism and improving one's personal mental health. The negative effects were personal triggers and role specific issues such as harassment and being unable to help people in crisis situations. For further support, moderators would benefit from refresher training sessions and further professional training in which they can proactively help when a user is experiencing suicidal ideation/behaviours.

**Originality/value** – The research highlighted the motivations for, positive and negative effects of and the current and further pathways of support required by volunteer moderators and proffers recommendations within the discussion.

**Keywords** Mental health, Moderators, Digital, Online, Motivators, Support

**Paper type** Research paper



## Introduction

### *Online mental health communities*

It has been estimated by the World Health Organisation (WHO) that one in every eight people live with a mental disorder (WHO, 2022a). This is not inclusive of individuals experiencing

mental health issues who are yet, or never to be, formally diagnosed. The ever-increasing prevalence of mental health disorders is subsequently resulting in an ever-increasing burden on mental health services globally (WHO, 2022b; Bower *et al.*, 2023). Due to need outweighing capacity, and spurred on in light of the COVID-19 pandemic, a plethora of digital interventional resources have been designed, and implemented, to alleviate the burden upon mental health services and increase access to support for those in need (Adans-Dester *et al.*, 2020; Cao *et al.*, 2022; Alam *et al.*, 2023; Lu *et al.*, 2023). A variety of interventions have proven efficacious, such as mHealth apps (Kruse *et al.*, 2022; Denecke *et al.*, 2022; Dufoe, 2023), online support groups (Bauman and Rivers, 2023; Sharma *et al.*, 2023), symptom checkers (Wallace *et al.*, 2022; Pairon *et al.*, 2023) and online talking therapies (Khan *et al.*, 2022) to name but a few. One online provision growing in popularity is the online mental health community (OMHC).

OMHCs are chat-based services that users can frequent to discuss their mental health, often with individuals experiencing similar issues, or having experienced them in the past (Prescott *et al.*, 2020a). Typically, user led facilities, OMHCs offer readily accessible, informal peer to peer support while maintaining an informative purpose in a safe place to communicate. Given that stigma surrounding mental health remains a prevailing factor in the decision to disclose or seek help (Gonzalez *et al.*, 2005; McSpadden, 2022), OMHCs are beneficial to those experiencing mental health issues as they aid anonymity and allow for discrete disclosure without judgement, and with immediate responses and advice (Prescott *et al.*, 2020a; Migliorini *et al.*, 2022; Bauman and Rivers, 2023).

### *Moderators*

OMHCs often appoint individuals to act as moderators to facilitate and monitor conversations, and to provide information to users (Huh, 2015; Rayland and Andrews, 2023). It is the moderator's responsibility to act in the best interest of the OMHC, combatting negative communications, such as cyberbullying, trolling and triggering content. Moderators often only receive basic training from the organisation for whom they volunteer and are not bound to engage in any form of clinical supervision. Evidence has suggested that unmoderated communities may experience negative effects such as distortion of information and negative social interactions (Kraut and Resnick, 2012; Young, 2013; Storman *et al.*, 2022). Previous research has suggested that OMHC users perceive the OMHC to give them a sense of community, allowing them to communicate with like-minded individuals (Rathbone *et al.*, 2020). This is akin to "universality", initially highlighted by Yalom in 1995 (Yalom and Leszcz, 2020). Within the realm of group therapy, universality refers to the ability of individuals to recognise the feelings and lived experiences of others (Joyce *et al.*, 2011). This form of altruism relates to OMHCs. Given that many OMHCs moderators are peers and/or volunteers, it is feasible to assume that the moderators appointed are active members of the community as opposed to inactive bystanders.

*Motivators.* Saha *et al.* (2020) interviewed 19 moderators, across 12 OMHCs on Reddit. Authors explored the role and perspective of moderators, how support is sought from and provided by moderators, and how OMHCs facilitate safe spaces for self-disclosure regarding stigmatised topics. Saha *et al.* (2020) found that the biggest motivator for engaging in a volunteer moderating role were purely altruistic, with some even describing the role as a form of "community service". Others were motivated to moderate due to their own personal mental health experiences. Being a moderator allowed people to provide the nature of support to others, that they themselves, had previously needed. Another motivator was the experience of the role itself, and how undertaking such responsibilities allowed them to showcase their leadership and management skills. Many appreciated the opportunity the role offered to spread awareness of both mainstream and alternative treatments and therapies. If

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a moderator had more in-depth experience or understanding of a specific mental health issue, they were motivated to engage in the role due to their increased topical knowledge.

Another study (Sundram *et al.*, 2018) reported that previous personal experiences of mental health issues, autonomy, flexibility, skills development and being present for another in distress were all reasons to undertake and sustain the role of moderator. However, factors triggering the intention to leave were those such as, organisational priorities, lack of organisational communication, technology issues, lack of recognition for their work and the lack of a sense of belonging on the [platform itself].

*Effects.* When exploring the effects of the moderating role, previous research has found that the moderator's presence encourages topically relevant, safe, supportive conversations, act as mental health counsellors and promote positive perspective changes in users (Wadden *et al.*, 2021). There is a plethora of research that explores the positive effects of moderator presence for users of social media sites or OMHCs (Cohan *et al.*, 2017; Smedley and Coulson, 2017; Milne *et al.*, 2019; Wadden *et al.*, 2021). There is evidence to suggest that crisis support line volunteers experience negative impacts such as compassion fatigue, secondary traumatic stress and burnout (Donnellan *et al.*, 2023). However, this research focused on text-based chat as opposed to OMHCs. To the authors' knowledge, there is minimal to no research exploring the effects that the role has on the moderators personally.

*Support.* Each OMHC offers moderators differing methods and avenues of support. However, as with the effects that the role has on moderators, again there is a dearth in research on the support they receive. Perry *et al.* (2021) conducted a scoping review to identify what is empirically known about moderators in online mental health forums, supporting individuals displaying suicidal ideation/behaviours. From 397 articles, only one was inclusive of a moderator who was a qualified health professional. The remaining had engaged in preservice training prior to engaging in the role. Perry *et al.* (2021) concluded that there is a cause for concern regarding the dearth in research and that future research should interview moderators about their practise. This will further the understanding of moderator response and identify support required by moderators when they are inevitably placed in such a position.

More recently, Li *et al.* (2022) highlighted that volunteer content moderators undertake a substantial amount of labour to ensure the sustainability of OMHC. The authors also bring attention to the fact that, while the larger mainstream platforms continue to focus on revenue generation and user engagement, moderators are left unsupported in their endeavour to manage these ever expanding communities.

### *Rationale*

The rationale underpinning this study was the dearth in research in the area. While there is an abundance of research surrounding users, moderators appear to be categorised as a benefit for said users and the respective platforms. Volunteer moderators relinquish their personal time to support users of OMHCs. To ensure that users are receiving the optimum moderating support, it is crucial to explore the motivations behind, effects of and support required, for moderating, so that volunteers may continue to do so, safely and effectively, with no personal detriment.

### *Aim*

This research aimed to build on the results of Saha *et al.*'s (2020) study, that reported reasons why moderators were motivated to engage in the role. It also built upon recommendations proffered by Prescott *et al.* (2020a), that suggested that future research should again, explore motivations for volunteering, but furthermore, also explore whether the role effects the

moderator's personal mental health. The study also aimed to identify avenues of support for moderators.

### *Research questions*

The research questions (RQs) for this study were as follows:

- RQ1. What are the motivations for moderating?
- RQ2. What are the positive effects of moderating?
- RQ3. What are the negative effects of moderating?
- RQ4. What support do moderators currently receive/require?

## **Method**

### *Design*

This study used an online questionnaire design, disseminated via the OMHC, 18percent and directed at volunteer moderators.

18percent is a free, peer-to-peer OMHC for those living with mental health issues. While based in the USA, the platform has a global reach. The ethos of the organisation is, "18%'s goal is for members to learn from valuable resources, make long lasting friendships and share their story. We aspire to be the largest online community for people struggling with mental illness, with a long-term mission to end the stigma of mental illness" (18 percent, 2019).

Initially, the participants were to be interviewed remotely. However, due to the time differences between the researcher and the participants, and furthermore, the outset of the COVID-19 pandemic, the design was altered. Participants were sent the initial interview schedule, reformatted into an online questionnaire design so that they were granted the flexibility to complete the questions at their own pace. Due to varying time zones and the impact of COVID-19, this was deemed the most appropriate design.

### *Recruitment*

The authors worked in conjunction with the co-founders of 18percent who acted as gatekeepers in this study. The gatekeepers informed the research team that they identified participants as being their most active moderators on the platform. The gatekeepers then provided the moderators with the researchers email address to contact if they wished to participate. When the moderators contacted the researcher, they were then provided with the participant information sheet and a consent form. If, after reading said documents, the moderators wished to participate in the study, they were then sent the initial questionnaire and the interview schedule. No time limitations were applied to recruitment; however, recruitment ceased upon no further moderators being referred by the gatekeepers.

### *Materials*

Initially, it was planned that the qualitative data would be collected via online interviews between moderators and the researchers. However, due to prior commitments and time zone differences, the interview schedule was emailed to the moderators in the form of a qualitative questionnaire.

Moderators were given an initial "Moderating Mental Health" questionnaire to collect demographics, such as, age, gender, location and employment status. Moderators were also

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asked to disclose whether they had any mental health diagnoses, what offline and online services (besides 18percent) they used and their length of time both, using and moderating 18percent.

The interview schedule consisted of open ended qualitative questions such as, “How did it feel to be asked to be a moderator for 18percent?”, “Why do you moderate?”, “Does moderating within 18percent ever become a personal trigger for yourself and your mental health?”, “What do you believe the benefits of moderating online are?”, “What do you believe the concerns of moderating online are?”, “What support is offered to you by 18percent?” and “What support do you feel is vital for moderators?”, amongst others (Appendix).

Both the Moderating Mental Health initial questionnaire and interview schedule were purpose written to explore the moderating role.

### *Participants*

Volunteer moderators of 18percent participated in this study. Engagement with this role was the only eligibility criterion to meet for participation. The role of the moderator within the OMHC is to instigate and engage in topical discussion, while protecting users from content that may be deemed distressing. This is achieved by flagging and removing any comments that breach the community guidelines and/or have a detrimental effect on user’s mental health. Moderators ensure the community members adhere to the code of conduct by adding trigger warnings to posts and removing potential trolls. Moderation is carried out by volunteers who are not mental health professionals, but people who are involved in the online community, and who have experienced mental health issues personally (Prescott *et al.*, 2020b).

Overall, there were eight participants in this study. Of the sample, four were aged 17–25 years, three were aged 26–35 years and one was aged 46–55. Two participants were male, and six were female. The majority were based in the USA ( $n = 7$ ). One participant lived in Asia. Most were employed full time ( $n = 5$ ) or self-employed ( $n = 1$ ). Two participants were seeking opportunities (Table 1).

There was an equal split of moderators who had mental health diagnoses and those who did not. Some participants listed mental health diagnoses such as complex post-traumatic stress disorder (C-PTSD), eating disorders (anorexia, bulimia, binge eating disorders etc.), depression and anxiety. Participant’s access, and engagement with, offline support consisted of daily journaling, therapy, support groups and medication. While all participants used 18percent, other online methods of support accessed were various social media platforms and peer reviewed publications.

Four participants had been users of 18percent for less than a month, three for less than a year and one for one to two years. Three participants had been moderating for less than six months, two for less than a year, two for one to two years and one for two to four years (Table 1).

### *Procedure*

All moderators included were contacted directly by the gatekeepers and informed of the nature of the study and the collaboration between the researchers and 18percent. They were then able to make an informed decision regarding participation. When moderators had completed the initial questionnaire and the interview schedule, they sent it directly back to the researcher. This process took place between January 2020 and May 2020.

### *Data analysis*

Qualitative data was analysed using NVivo software and reflexive thematic analysis (Braun and Clarke, 2012; Braun and Clarke, 2019).

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Demographics

*Age range*

17–25 years

*n* = 4

26–35 years

*n* = 3

46–55 years

*n* = 1

42

*Gender*

Male

*n* = 2

Female

*n* = 6

Other

*n* = 0

*Location*

USA

*n* = 7

Asia

*n* = 1

*Employment*

Full time

*n* = 5

Self-employed

*n* = 1

Unemployed

*n* = 2

*Mental health diagnoses*

Yes

*n* = 4

No

*n* = 4

*Length of 18percent usage*

Less than a month

*n* = 4

Less than a year

*n* = 3

More than one year

*n* = 1

*Time as 18percent moderator*

Less than six months

*n* = 3

Six to twelve months

*n* = 2

One to two years

*n* = 2

Two to four years

*n* = 1

**Table 1.**  
Participant  
demographics

**Source:** Created by the authors

To analyse the qualitative data, semantic reflexive thematic analysis was used (Braun and Clarke, 2019). This assured that the subsequent coding and development of themes was guided by the data. The semantic approach was deemed the most appropriate as questions posed related directly to opinions and personal experiences (Braun and Clarke, 2019).

Adhering to Braun and Clarke (2006, 2019) six recursive phases, the first and second authors began data familiarisation. Due to the iterative nature, initial codes were generated using the study objectives and research question as base themes.

*Ethics*

Ethical approval was granted by the University of Bolton ethical committee in January 2020.

**Results**

*Analysis*

Data were analysed by two researchers. This was to ensure that the subsequently reported results were not subject to singular researcher bias. Researchers considered the data both independently and collaboratively. Data were coded into the themes, Motivators, Positive effects, Negative effects and Identifying support. Following this, data were extracted which

answered the research questions relating to the base themes, subsequently becoming subthemes as displayed in Table 2.

Figure 1 presents the base themes and subthemes pictorially, by way of a thematic map.

*Motivators*

*Personal experiences.* As considered in the introduction, there are various reasons that motivate individuals to engage with the role of volunteer moderators. Having previous experience of mental health issues was reported as being a motivating factor:

I have lived through a lot of mental health issues myself and I wanted to pass on the knowledge and perspective I've gained. (Participant 4)

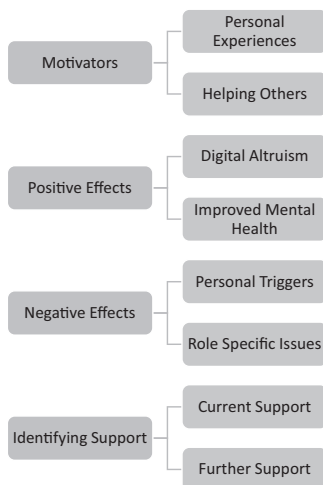
This was also true for those who were still experiencing mental health issues and actively seeking to educate themselves on the topic. Participant 1 explained:

I have come a long way in my own personal journey of learning to manage my anxiety and depression. I like sharing the things that have helped me with others. I have been through so many things and am still going through many things, and as I research and read about all my experiences and gain knowledge, I would hate to hoard that knowledge.

Research question	Base theme	Subtheme
What are the motivations for moderating?	Motivators	Personal experiences Helping others
What are the positive effects of moderating?	Positive effects	Digital altruism Improved mental health
What are the negative effects of moderating?	Negative effects	Personal triggers Role specific issues
What support do moderators currently receive/require?	Identifying support	Current support Further support

**Table 2.** Research questions, base themes and subthemes

Source: Created by the authors



Source: Created by the authors

**Figure 1.** Base themes and sub-themes thematic map

*Helping others.* The want to help others was another motivator. One participant reported that self-gain was of no interest to them, with their only goal within the role being to alleviate struggles experienced by others:

I'm personally not interested in self-gain in this aspect. I'm not doing it for myself. I just like to help people and feel like 18percent is something bigger than myself. I am able to use my knowledge and gifts to help others. That is all I'm after really. The end goal for me is to help give a little light to someone during the darkest times in their lives. (Participant 6)

While others reported the same motivations, they also explain how helping others, subsequently benefitted them personally:

I have always had that need to help others and was not allowed to, being a moderator allows me to practice love, compassion, and feel like I am making a positive change. (Participant 2)

### *Positive effects*

*Digital altruism.* The OMHC provided a platform for moderators to actively engage in altruism using a digital medium. Participants frequently described how 18percent enabled them to engage in altruistic behaviour fitting around other aspects of their life:

I feel like since 18percent is an online slack community, I can be there for people in times of great stress when they don't always have another place to turn. It is a great way for me to help others out, but it doesn't require many resources. This is important for me because I have a busy schedule, but still want to do something to help people. Short of giving money, this is a great alternative for me at this stage in life. (Participant 6)

Another participant explained how they aimed to create a safe space for those in need:

I like to help people. When it comes to seeing someone at their low, I like to help as much as possible. I also like to help make sure that a safe environment is created, so I like to help keep an already safe environment a continued safe space for people. (Participant 8)

Engaging in digital altruistic behaviour increased positive emotions experienced by the moderators:

I love to help others. It feels good. I like when others help me, so I like to give people that same feeling of being supportive and letting them know they're not alone. I get fulfilment from helping others. If I can make one person smile or stop one person from feeling less alone or self-harming, that is a great feeling knowing I can help others. (Participant 3)

Moderating an OMHC has the potential to improve the mental health of the moderator. One participant went into great depth to depict how being a moderator had been the causal factor for improvements in their personal mental health:

Being a moderator has really helped build my self-confidence. People asking me questions and me learning/figuring out the answers for them. People coming to me with problems or issues on the platform, being able to take the problem to the team and problem solve and team making me feel like my opinions are important and valid. Feeling like the people in the community trust me because they chose to bring the issue to my attention. Things like that have really built up my self-confidence over time. And this self-confidence translates into my daily life and my confidence in decision making as a newly single mom. I feel better about my choices. And I have a GREAT DEAL of social anxiety and very debilitating C-PTSD. Doing the monthly Skype calls was paralyzing at first. But they're getting better. And I'm getting a little more confident and active in my social life outside of 18percent since I started moderating. It has really helped me. (Participant 2)



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### *Negative effects*

*Personal triggers.* While moderating OMHCs can instigate positive effects, those who volunteer for the role often times experience negative effects. One salient concern is whether the material that moderators are met with is triggering to their own mental health, as evidenced by the following quotes:

Sometimes I need to take a break from the platform if I feel drained, misunderstood, or weighed down by another member's struggles. (Participant 4)

Sometimes someone will be extremely suicidal and there's nothing you can do for them but redirect them to 911 or crisis. And you have to take them out of the community channels because they're extremely triggering and you have a LOT of folks just really freaking out over suicidal messages. Sometimes I can handle that. Sometimes I'm not in a good headspace to deal with it. (Participant 2)

Conversely, responses from other participants suggested that they were equipped with the skills of separating themselves from the role and ensuring that their personal mental health took priority:

Taking care of your own mental health has to come first, as well as the time commitment of being there consistently for the members. (Participant 4)

Occasionally I have become overwhelmed, but it's a good sign to step back and ask, "why is this triggering me?" That's where the deeper learning happens. (Participant 5)

*Role specific issues.* As with any role, moderating is met with role specific issues. One reported repeatedly was that moderators had to remind users of their status and could not intervene further than their site role:

You kinda constantly have to remind people that you're not a healthcare professional (Participant 2)

There's the feeling that knowing when someone is suicidal and they join, you can't always help them and can never get them medical help if it's required. (Participant 8)

Another role specific issue was the aspect of anonymity. While this was an advantage for many users, others abused it to troll or harass the OMHC:

You never know who will join the community. It could be someone who really needs help, or a person that just wants to cause trouble and hurt others. We do our best to shield the community from the latter, but they sneak in sometimes. (Participant 6)

It depends entirely on the conversation and what's going on. (i.e. A user was a bit tough when he made many many accounts and messaged me, harrasing me quite a bit). (Participant 8)

One participant was concerned about the possibility that moderators may spend more time online and inadvertently neglect their social connections in real life:

When I first started moderating online I noticed that communication in person felt less needed. It's important that, while being an online moderator, moderators continue to have a social life outside of the computer screen. (Participant 7)

### *Identifying support*

*Current support.* All moderators included in this study were grateful of, and happy with, the support that 18percent had *in situ* for moderators. Throughout the data the provisos listed

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were team chats, training sessions, open access to the cofounders of the site and training sessions. Participants 2 and 8 described the high level of support and felt that current conditions were ample and conducive:

The Team chat is available 24/7 and includes every moderator, which is also the co-creators of the site. That's a TREMENDOUS amount of support. (Participant 2)

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In 18percent, I wouldn't change anything about how we do things now. This answer may be different for other mods, but I feel we have a good setup. (Participant 6)

*Further support.* While all moderators felt fully equipped to engage in the role by 18percent, suggestions for further support were proffered. One participant gave recommendations for further training:

It would maybe be nice to have mini-trainings included periodically. Maybe just going over our Code of Conduct. Another on Peer-to-peer Listening Skills. Some techy stuff might be a good training. Just like 15 minute trainings every now and then. (Participant 2)

Participants suggested that further professional training for those interested in a career path in the area, and for those who wanted to better understand crisis situations would be beneficial to the role:

I haven't found great peer support resources out there—training specifically for individuals who don't want to become licensed therapists, but want to be an effective support person for those struggling. We could use training on clear communication, de-escalation, etc. Sometimes I wish I had professional training so that I would have a better understanding of what to do in certain situations like a suicidal or disruptive member. (Participant 4)

## Discussion

Overall, this study explored the motivators for moderating, the positive and negative effects of moderating and avenues of support for moderators.

When considering the motivators to engage with the moderating role, personal experiences of mental health and digital altruism were prominent factors. Moderators with previous lived experiences of mental health issues had garnered insightful knowledge throughout their journeys (Donnellan *et al.*, 2023). Many used the role to disseminate information and techniques that they had deemed beneficial to their selves personally. This relates back to the theory of universality (Yalom and Leszcz, 2020). This was also true for those who were currently experiencing mental health issues. Both moderators and users benefitted from reciprocal learning. Some moderators found that helping others improved their mental health as their support had been pivotal in promoting positive change. The motivations to engage in the moderator role reported in this study were reflective of previous research (Saha *et al.*, 2020).

Digital altruism was also a notable motivating factor. Referring back to lived experience, researchers have previously suggested that empathy induced altruism may be responsible for pro-social behaviour (McAuliffe *et al.*, 2018). Furthermore, the online platform facilitates engagement with pro-social behaviours in current, technology driven societies. Many experience "business" within their day to day lives, whether they may be related to education, work/volunteering, family/friends, to name but some. However, the online platform facilitates ease of access to the preferred OMHCs, so that moderators may volunteer their support from a location that best suits them and at a suitable time. This allowed the moderators to allocate their time to the role, while still maintaining their daily offline routine. Online, moderators were especially eager to facilitate a "safe space" for

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others. They were able to encourage the development of, and engage with, an online environment that provided continuous safety for the users. Previous research has suggested that digital altruism is often displayed as a result of “nudging”, as opposed to “philanthropy” (Pettrakaki *et al.*, 2021). However, this research suggests that the moderating of OMHCs is undertaken benevolently. Through digital altruism, moderators were able to achieve fulfilment from knowing they were helping others, where and when they could (Prescott *et al.*, 2020a). Weinstein and Ryan (2010) suggested that an autonomous motivation to help others grants reciprocal benefits via increased needs satisfaction.

Alongside helping others and engaging with digital altruism, volunteer moderating reportedly had a personal benefit of improving one’s personal mental health. It was noted that engaging in the role may increase self-confidence, validate moderator’s opinions and possibly decrease anxiety. This supports a plethora of research that highlights the advantages of online peer to peer support, and the subsequent benefits to mental health following engagement (Naslund *et al.*, 2020; Prescott *et al.*, 2020a; Brown *et al.*, 2021; Pavarini *et al.*, 2023).

Some participants mentioned that their self-confidence was increased because of people confiding in them and trusting them as points of disclosure. There is a plethora of research supporting these results. Baumeister and Leary (1995) posited that simply being included in a group can be the causal factor for increased positive emotions and sense of self-worth. This phenomenon is similar to collective identity. Research has shown that gathering individuals who suffer from the same mental health issues in a collective group can increase self-esteem (Twenge and Crocker, 2002), subsequently, instilling a sense of belonging (Yalom and Leszcz, 2020).

Although there were several notable positive effects, moderators were also susceptible to negative effects associated with the role. Moderators were often met with content from users that acted as personal triggers for their own mental health. The role was often perceived to be emotionally draining. More resilient moderators were capable of effectively dealing with crisis situations such as suicide ideation or disclosures of life threatening behaviours. Some moderators were aware that said users were to be signposted to the relevant emergency or crisis services. Others, while still following policy and redirecting users in need to the relevant services, were overwhelmed by these disclosures and the inability to help the user in person.

This directly relates to the negative effects of role specific issues. Users tended to need reminding frequently that volunteer moderators were not health-care professionals. Moderators could not obtain medical help for users, they could only signpost to the relevant services, due to the right to anonymity. While anonymity was provided for both users and moderators to protect their identities, it encouraged the presence of trolls and subsequently, cyberbullying (Parveen *et al.*, 2023). Not only do moderators have to interact with fake accounts aiming to engage in digital aggression, but they are also susceptible to harassment from genuine users (Kim *et al.*, 2023). Due to the negative effects aligned with the moderator role, volunteers advocated for a health onus to remain on their personal lives offline.

Overall, moderators in this study were content with the support given to them by 18percent. Moderators reported receiving facilitated training sessions and team chats and direct lines of access to the cofounders of the site if further information was required. The team chats were accessible 24h, seven days a week. All moderators believed that they currently had optimum support in their role. In regards to further training sessions, some moderators suggested informal refresher sessions, to reiterate key points of policies and procedures. Others suggested that professional training would be beneficial, so as to be better equipped to handle crisis situations (Perry *et al.*, 2021).

### *Recommendations for the moderator role*

Overall, moderators of OMHCs tend to volunteer for the role due to past lived experience of mental health issue(s) and degrees of digital altruism. While moderators experience positive emotions from the role, they remain susceptible to negative effects. Due to this, it is recommended that platforms with volunteer moderators provide adequate training, refresher training and 24 / 7 lines of support. They should also ensure they conduct frequent, thorough wellbeing checks. This could ensure that if the moderator's personal mental health is being negatively affect by the role, then the platform can intervene and offer further support or a role hiatus. Said checks may also act as a mitigating factor in regards to the overexposure to negative personal experiences of others. While some individuals have the ability to dissociate from the information, others do not find it as easy. The concept of "switching off" should be incorporated into any future training. Moderators should have an upper time limit for engaging with the role to ensure that there is a minimal detrimental effect on their quality of life while offline.

### **Limitations**

One limitation of this research was the change from scheduling online face to face interviews to directly emailing qualitative questionnaires. This alteration was made to the study due to prior commitments and time zone differences. However, it is feasible to assume that the researcher may have been able to posit further questions to participant responses, essentially obtaining qualitative responses of greater depth. Another limitation may be the approach to recruitment. In this study gatekeepers were relied upon to facilitate participant involvement, as opposed to direct researcher contact.

### **Conclusion**

In conclusion, moderators were motivated to engage in this role due to past experiences and to help others. The positive effects of moderating were engaging in digital altruism and improving one's personal mental health. The negative effects were personal triggers and role specific issues such as harassment and being unable to help people in crisis situations. For further support, moderators would benefit from refresher training sessions and further professional training in which they can proactively help when a user is experiencing suicidal ideation/behaviours.

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### Further reading

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## Appendix. Moderating mental health

### *Interview schedule*

The research aims to explore the moderating role within an OMHC. The aim of the online interview itself is to explore moderator's perception of the role. This will not only provide the researchers with in depth qualitative data but it will also help the organisation evaluate this part of the service; potentially providing further development and support for moderators.

Please provide as much detail for each question as you can so we can fully understand your answers:

- What was your initial reaction when you were asked to moderate for 18percent?
- How did it feel to be asked to be a moderator for 18percent?
- Why do you moderate?
- Do you feel confident as a moderator for 18percent?
- What skill set/personality traits/characteristics do you believe are essential to effectively moderate?
- What do you feel you gain?
- Does moderating within 18percent ever become a personal trigger for yourself and your mental health?
- Why do you feel able to help others?
- What do you believe the benefits of moderating online are?
- What do you believe the concerns of moderating online are?
- What support is offered to you by 18percent?
- What support do you feel is vital for moderators?
- What improvements could be made for moderators and the moderating role as a whole?

Thank you for taking the time to participate in this research.

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