TITLE

"That makes all the difference": Aboriginal and Torres Strait Islander health-seeking on social media

AUTHORS

Bronwyn Carlson PhD

Ryan Frazer PhD

Terri Farrelly DHSc


INSTITUTIONAL AFFILIATION

Macquarie University, Macquarie Park, NSW, Australia


CORRESPONDENCE

Bronwyn Carlson

Indigenous Studies, Faculty of Arts, Macquarie University NSW 2109, Australia

Email: Bronwyn.carlson@mq.edu.au

CONFLICT OF INTEREST

The authors declare that there are no conflicts of interest in connection with this article.

ORCID

Bronwyn Carlson  https://orcid.org/0000-0002-3825-743X

Ryan Frazer https://orcid.org/0000-0002-8317-8036

Terri Farrelly https://orcid.org/0000-0002-3360-114X

Author Manuscript

PROFESSOR BRONWYN LEE CARLSON (Orcid ID : 0000-0002-3825-743X)

# "That makes all the difference": Aboriginal and Torres Strait Islander health-seeking on social media

## ABSTRACT

**Issue addressed:** Little is known about the complex relationships between Australian Indigenous people's use of social media and 'health-seeking'—seeking help for issues related to health and wellbeing. This paper has emerged from a broader sociological research project focusing on the help-seeking and help-giving practices of Aboriginal and Torres Strait Islander people on social media, specifically aiming to unlock its potential to create vital and creative connections between help-seekers and help-givers.

**Methods:** Semi-structured interviews were conducted with 52 Indigenous Facebook users from five sites across Australia.

**Results:** The use of grounded theory and Indigenous-centred methodologies for analysis showed clearly that users draw on the connections made possible through Facebook to health-seek. We identify five primary health-seeking strategies that differ in form, purpose and directness: soliciting health-related information, gaining emotional support, producing social health-seeking collectives, engaging in motivational and 'eudaimonic' content, and connecting with formal health sources.

**Conclusion:** While far from being a panacea to health disparities, these findings show that Facebook does provide unique opportunities for many Indigenous help-seekers and help-givers in times of need.

**So what?** Social media offers pathways for health-seeking both beyond and outside the dominant western biomedical models of public health promotion. These already-existing pathways should be considered by people working on social media public health promotion campaigns for Aboriginal and Torres Strait Islander people.

**KEYWORDS**

Aboriginal and Torres Strait Islander, social media, health, help-seeking, health-seeking, consumer health information, Indigenous populations

# 1 INTRODUCTION

## 1.1 Background

There has been significant scholarly interest in the opportunities social media provides for 'health-seeking'—seeking help for issues of health and wellbeing—particularly for marginalised or hard-to-reach populations, including youth, the elderly, and Indigenous people.[1,2,3] Online health-seeking is a complex phenomenon, however, often implicit rather than explicit, frequently difficult to identify or categorise, and often not resulting in clearly positive health outcomes.[4] Moreover, health-seeking practices are formed and informed by social norms of behaviour, which shape what is considered 'appropriate' online practice and what people feel safe or comfortable doing.[4,5] These practices are also shaped by the particular affordances of social media platforms, which enable or constrain different relational practices, including public posting, private messaging, tagging, sharing and commenting. This is further complicated by the fact that the benefits, barriers and dangers of using social media for health-seeking are differentially distributed across social groups. In particular, research has demonstrated that the nature and experiences of being on social media are different for Aboriginal and Torres Strait Islander peoples, hereon referred to as Indigenous Australians.[5,6,7] The ways in which these differences in online experience translate to health-seeking for Indigenous people are not well understood, however. Considering both its potential health benefits and harms, this paper aims to unpack some of the ways in which social media is already being used by Indigenous Australians to seek information, motivation and support around health and wellbeing.

## 1.2 Indigenous health and health-seeking

As a social group, Indigenous people in Australia have distinct health-related outcomes. Life expectancy for Indigenous Australians remains approximately ten years less than their non-Indigenous counterparts;[8] they experience a burden of

disease around two and a half times higher;[9] and have some of the highest rates of suicide globally, particularly youth.[10]

However, this dominant 'deficit-focused' health narrative[11] tends to pass over the complex political landscape from which these statistics emerge. There are broader political, social and historical forces mediating these health outcomes for Indigenous Australians.[6, 9, 12] Distinct barriers exist for Indigenous people accessing healthcare.[13]

Critical social scholars have documented the many lines between colonialism as a contemporary lived reality and these worse health outcomes for Indigenous people.[12,13] Perhaps most significantly, the ongoing impacts of intergenerational trauma resulting from ongoing racism and policies of child removal have recently begun to receive necessary attention in health literatures.[14] Colonial policies of eugenics were effected directly through settler institutions, including those ostensibly intended to 'care' for Indigenous Australians, such as child and family services, hospitals and medical research programs.[15,16] Other barriers to health-seeking include experiences of racism at the hands of healthcare providers,[17] intergenerational stigma and feelings of shame associated with health-seeking, particularly amongst Indigenous youth when related to mental health.[18] The monocultural approach of most mainstream health services,[19] which consistently fail to accommodate Australian Indigenous peoples' more 'holistic' conceptions of health, is a major impeding factor.[14]

Considered in this light, it is unsurprising Indigenous Australians often harbour what Taylor and Thompson[20] refer to as 'historical mistrust' of mainstream health services, and often remain reticent to seek help from them in times of need. Consequently, formal health-seeking by Indigenous Australians is significantly lower than the mainstream community,[21] and research reveals that Indigenous Australians are more likely to opt for more 'informal' sources of help, relying on the 'natural networks' of family, friends and kin for help, support and advice in times of need.[6,22] For these reasons, Sherwood[9] argues that colonisation itself should be considered a 'social determinant' of Indigenous health.

### 1.3 Problems and possibilities of social media

The incredible uptake of social media technologies—defined influentially by Carr and Hayes as "Internet-based, disentrained, and persistent channels of masspersonal communication"[23(p.50)]—has generated a wealth of research on its possible effects on health. On one hand, social media users are regularly exposed to harmful content, including expressions of racist, homophobic and misogynist hatred,[24,7] or direct attacks of bullying and harassment.[5] Research has found certain kinds of social media use can increase risk for pro-suicide behaviour among users,[25] and there have long been fears of 'suicide contagion' transferring through online platforms.[26] Moreover, social media often facilitates the spread of health mis/disinformation, particularly around vaccines, diet and treatments for chronic illness.[27]

However, a wealth of scholarship has also explored the possibilities social media provide in enhancing, improving and sustaining users' health, including marginalised or hard-to-reach populations, including youth, LGBTQI+, elderly people and Indigenous people.[28,29,30,31] They offer an accessible platforms through which to both source and distribute health-related information and support. Burns and colleagues[32] found that a large proportion of young people use the internet to seek information about mental health, regardless of whether they had a mental health issue themselves. Users can also produce or join more or less formalised collectives focused on achieving positive health and wellbeing outcomes, what Newman and colleagues[3] call 'Online Health Communities'. Their study found participants reached out to others for "motivation, accountability, and advice"[3(p.341)] around diet management. Greene and colleagues,[33(p.287)] exploring social media networking for people with diabetes, noted that "Patients with diabetes, family members, and their friends use Facebook to share personal clinical information, [and] to request disease-specific guidance and feedback". In these studies, social media acts as a conduit for health-seekers in directly accessing health information.

Another major positive health function of social media is its capacity to provide an avenue for forms of social and emotional support.[34] There is a considerable body of research which shows that social media, particularly for younger people, is an important source of support in times of stress and need.[35,36] Importantly, social media allows help-seeking practices that vary greatly in directness, from straight-up asking for help through direct messages or status updates, to what Buehler[4] calls

'vaguebooking': strategic ambiguity used on Facebook to both communicate and conceal sensitive affective content. This flexibility provides users great autonomy in their health-seeking practices. In a study on Australian women, for instance, Lupton found "The participants referred time and again to the capacities of agency and control that using digital health technologies afforded them".[37(p.8)] In these ways, social media opens opportunities to lower or avoid existing the barriers to health-seeking, providing other pathways through which to connect health-seekers with potential health sources.

## 1.4 Indigenous health-seeking on social media

As is the case with most scholarship on social media use, however, researchers have tended to focus primarily on dominant white populations,[4] and there continues to be a dearth of research on its implications for the health of Indigenous populations.[28] Indigenous people Australia-wide are enthusiastic users of social media, particularly Facebook for family and community and Twitter for research and activism.[38] But, tellingly, a recent comprehensive review paper by Walker, Palermo and Klassen[39] returned only five papers on the topic of health initiatives and benefits and for Indigenous people on social media. Considering the unique political context and complex health disparities faced by Indigenous populations, this is a significant oversight.

The small body of existing work has begun to unpack how social media can provide a platform for health promotion that more satisfactorily fulfils Indigenous principles of reciprocity, self-determination, relationality, cultural protocol, and cultural strength. Stand[40] describes the potential of mobile apps in addressing the low rates of access to formal mental health services by Indigenous people. In the context of tobacco cessation programs targeting Indigenous Australians, Hefler and colleagues found Facebook provided "a supportive online environment, which increased real-world social capital"[28(p.706)]. They argue that online health promotion for Indigenous populations is most effective when it builds on already existing offline relationships. McPhail-Bell and colleagues[41] described a study whereby Indigenous users chose the health content they felt most appropriate and effective, demonstrating an approach to online health that was more dialogical, reciprocal and strengths-based. Finally, a study conducted by Carlson and colleagues[42] identified Aboriginal use of Facebook as

a mechanism for help-seeking for suicidal behaviour. They also documented Aboriginal responses to such behaviour and methods of helping that intentionally exploit the speed of such communication, and the ability to recruit others within kinship and social networks, regardless of distance, to deploy both informal and formal help to that individual.

This research shows that in Indigenous health promotion, social media provides opportunities to integrate Indigenous understandings of health and wellbeing, rather than reproducing western biomedical models, leading to increased self-determination and empowerment. However, as Kariippanon and Senior[43] note, by and large, health promotors and providers have failed to effectively take advantage of these possibilities that social media affords, remaining steadfast within a western biomedical model of public health promotion.

## 2 METHODS

This paper has emerged from a sociological research project funded by an Australian Research Council Discovery Indigenous grant focusing on the help-seeking and help-giving practices of Aboriginal people on social media. Between February and July 2018, 52 semi-structured interviews were conducted with Indigenous social media users across five sites in New South Wales (Breewarrina, Dubbo, Illawarra), Queensland (Cairns) and the Northern Territory (Darwin). The research design and implementation was underpinned by the principles of ethical conduct in Aboriginal and Torres Strait Islander research outlined by the National Health and Medical Research Council[44,45] and the Australian Institute of Aboriginal and Torres Strait Islander Studies,[46] and was granted ethics approval from the Human Research Ethics Committee at XX University (ref:520170667).

Participants were recruited through community members at each site, who were each brought onto the project as casual research assistants and tasked with purposefully recruiting participants, organising interviews, and ensuring interviews were conducted appropriately at each site. The participant group ranged from 18 to 65 years old, was roughly gender balanced, and represented a broad cross-section of these communities: including university students, community workers, government employees, Elders, mothers and grandmothers. Participant sampling intentionally sought diversity of

experience rather than generalisability of results. Interviews lasted for between 35 and 90 minutes; participation was voluntary; and participant responses have been anonymised.

All interviews focused on unpacking the ways in which participants were using social media to improve the lives, health and wellbeing of both themselves and those to whom they were connected. Four main lines of questioning were included in the interview schedule: (1) the technologies and social media platforms participants used; (2) the online help-seeking activities in which they engaged, including, among other areas, for employment, parenting, education, and health; (3) the barriers they perceived in accessing help on social media; and (4) the online help-giving practices they engaged in to extend support to others in their networks.

Analysis of interview data was guided by principles from the constructivist, reflexive approach to grounded theory pioneered by Charmaz[47] and the Indigenous-centred methodologies of Rigney,[48] Nakata,[49] Tuhiwai-Smith[50] and Moreton-Robinson and Walter.[51] In practice, this involved one author engaging in a period of data immersion, where transcripts were read and reread to gain an understanding of the major themes across participant accounts. Then, using NVIVO, a more formal analysis was conducted, through which a set of codes were developed to analyse all interview data. Analytical rigour was enhanced by having a second author independently perform the same method of analysis on a quarter of interview transcripts, which resulted in a clear correspondence in major themes.

Through this analysis, participants were found to describe a broad range of help-seeking and help-giving strategies that varied considerably in form, purpose and directness. Participants discussed seeking help on social media for a wide variety of ends: to find work, keep up to date with community developments, seek relationship advice, and source furniture and homewares.

In this paper, the findings presented relate specifically to using Facebook to seek and provide help for health and wellbeing, which will be referred to broadly as online health-seeking practices. While interviews included discussion of a range of social media platforms—including, in descending order of frequency, Twitter, Instagram,

Snapchat and MySpace—all interviews focused primarily on Facebook. For this reason, the findings presented below relate to participants' experiences of and practices specifically on Facebook. Five distinct forms of health-seeking practice emerged from the interviews: soliciting information and support, direct messaging, joining health-seeking collectives, sharing 'eudemonic' (joyful and inspiring) content, and searching for formal sources of help. To close, some implications for promotion of health and wellbeing among Indigenous Australians are discussed.

## 3 FINDINGS: HEALTH SEEKING PRACTICES OF INDIGENOUS SOCIAL MEDIA USERS

### 3.1 Soliciting information and support

The most common form of health-seeking practice described by participants involved posting content to their Facebook profile, often explicitly soliciting advice from others for particular health issues. One participant noted the willingness of others to respond to her posts with advice, and her sense of trust in this advice:

> I might put a status up, maybe some problems with my gallbladder, and I've got stones, and when you put something like that, people seem to be eager to help. And they make all these suggestions. "Oh try this, try that." So they save the guesswork and these are people that… might have that experience of they've personally tried it. You know? Cause then you, you can trust that information, that sort of thing, rather than just reading something off the internet, and just taking that as gospel truth, you know? (C1: 55, Female, Torres Strait Islander)

Posts were also made with the intention of soliciting forms of emotional support. Participants reported that these posts were typically met with immediate responses from friends and family that were positive and supportive. One woman explained that she:

> …was going through a depression, this was a few years back. And the response was like, "Whoa, are you okay?" People tend to react immediately to your status… But Facebook, you can say stuff. You're not talking to anybody,

but you're putting that forward out there… "Feeling so depressed, I don't wanna come out of my room, I wanna stay in my room forever," or something like that. And people will respond, people do respond. They're very reactive to stuff like that…And when you see that collective support, that makes a difference…even if it's just one person that you can trust. But when there's lots of people coming on board and they say, "Are you okay? What are you doing? Give me a call." You know, people actually show that they care. That makes all the difference. (C3: 65, Female, Aboriginal and Torres Strait Islander)

Participants also described responding in kind to other people's posts that were similarly soliciting emotional support. One participant described her empathetic responses to friends in need:

I've got friends who respond like, "Aw, sis, I'm having a bit of rough patch." So I'll sort of just, "Yeah, I've been there." Or I'll say, "Sweet post, I can totally relate to that. I get it." Things like that. (D2: 20, Female, Aboriginal)

Another participant noted being more indirect in their posts, such as through sharing memes (that is, an idea, image or other medium, often humorous, that spreads from person to person through the internet). This was a strategy of signifying a need for support without expressly asking for it.

I might put a meme up or something about like struggles or something like that, but that's as far as it goes. Rather than being public about struggles. (D7: 35, Female, Aboriginal)

### 3.2 Inboxing and direct messaging

Many participants described using direct messaging to health-seek both from formal sources and informal (friends and family), often integrating it seamlessly into their connections with closest kin. This might involve simply venting to a friend about an unpleasant social encounter or asking a family member for advice around medication. The privacy of direct messages allowed some users to seek support without disclosing

it to others. For instance, one participant described their reluctance to publicly announcing their issues with health and wellbeing. The direct messaging feature of Facebook allowed them to sustain support from friends and family:

> I don't put up things when I'm feeling sad or anything like that. I message people—friends, close friends, friends of mine, when I'm feeling sad, through Messenger. But yeah, I don't put up posts when I'm feeling sad. (D1: 35, Male, Aboriginal)

Other times, direct messaging became a lifeline in critical health situations. One participant described a period in which he was seriously mentally unwell, withdrawing from drugs, and suicidal:

> I did have some friends on there that, instead of like going to say Lifeline [health services] for example, I was reaching out to friends on Facebook… But I was reaching out to friends via social media at that time… I've gone back through it and read it, and a lot of it's incoherent, but it did serve, like, a purpose in friends being able to, you know, call ambulances for me and that kind of thing. (D5: 35, Male, Aboriginal)

### 3.3 Joining groups and collectives

Facebook allows users to create or join groups, which can either be open entirely to the public or closed and accessible only to approved members. Participants described joining a wide range of health-related Facebook groups, including pages providing ideas for healthy and affordable children's lunches; support for managing anxiety; and children's health and parenting advice and reassurance. For instance, one young mother described seeking health advice for their child:

> I've gotten heaps of stuff like medical advice. I've honestly used Facebook medical advice heaps of times. And you'll see mums on there, like, "Oh my gosh, my son's just broken out in this rash". Take a photo of the rash, post it on the group discussion, and you've got instantly 20 other, you know, mothers' opinions and that comment on it straight away with their experience and stuff. It's quite useful. Straight away someone will be like, "Go straight to

emergency, it's this". You know, and you're like, "Oh wow". (W6: 30, Female, Aboriginal)

Several participants described pages that were established to provide forms of social and emotional support to groups facing particular health-related difficulties, including men's mental health groups and women seeking to lose weight:

> There's this men's [Facebook] group that I've been following that they always post in there. Where they get a group of men together and have coffee at a local coffee shop and just have a yarn and stuff. So I just kind of encourage more men to do that. Because my previous role in corrections was working with men, violent men. (D1: 35, Male, Aboriginal)

> I'm on the alliance of the weight loss surgery pages as well, so we all do Face-Off [no makeup] Fridays. You know, we just exchange of photos and stuff you like about yourself to the group. […] It's all supportive. Yeah, they're rarely negative towards anybody. (D11: 30, Female, Aboriginal)

While these groups and collectives provide an opportunity for active health-seeking, some participants also described how it enabled them to health-seek on a more passive basis. One young mother explained:

> I don't seek help, but I find it…I'm on a couple of different mums' pages… I've got a lot of advice off there that I'm like "Oh, I didn't ever think of that". I don't comment on anything or anything. I just have my own read and have my own thoughts about things. (DU5: 30, Female, Aboriginal)

Another young woman explained she had joined groups for gay woman and people with anxiety, which provided resources for both herself and that she could share with her family.

> I suffer with anxiety and there's a lot of groups on Facebook where you can go and read about other people, like their anxiety […] They give you little memes for the day, just little quotes […] And I'm gay as well, so I go on there and

there's a lot of gay people, and you just read their comments. (B6: 30, Female, Aboriginal)

### 3.4 Engaging in eudaimonic content

A small group of participants described their preference for sharing only 'positive' and hopeful content—a form of online expression Rieger and Klimmt[52] call 'eudaimonic' (i.e. meaningful, joyful, and inspiring). Through remaining upbeat, joyful and hopeful online, these users sought to sustain a positive health practices through difficult life circumstances.[53] One man explained that he liked to share new things he has done or learnt:

> I try and be positive on Facebook. So if I hear something or have participated in something and I feel like it—you know, I'm very community minded and I feel like it should be shared—I'll put up a post about that on Facebook. (D1: 35, Male, Aboriginal)

He had recently gotten into an active fitness regime, and by sharing his journey on Facebook, he hoped to provide encouragement to others while also keeping himself accountable to them:

> I like to go jogging in the mornings at sunrise, so I sometimes put that up. Just a nice picture of the sunrise. Just for the morning. […] I try to encourage other mostly Aboriginal people to come along and join me in those sorts of things. Because that, you know, the health benefits of it—we need that in our Aboriginal communities, there's a lot of health issues in Aboriginal families. So I do things like that in the hope that people would, you know, contact me and be like "Hey, can I come and join you on your bike?"

Similarly, another participant said she used Facebook only "as a positive tool" (C8: 45, Female, Torres Strait Islander). She described sharing on Facebook her own issues relating to health and wellbeing, and that this was meant to provide hope to others, while also sustaining her own hope.

I keep my messages upbeat. And I talk about the reality of things—that I do go through things too, but [I also explain that] this is what I do. Like I have to have faith. It gives me hope to get through the night, to see the next day, you know.

### 3.5 Searching for formal help sources

Finally, several participants described using Facebook and Twitter as a kind of service directory in finding relevant and accessible health services.

> Because a lot of organisations have Facebook, I look at organisations that I need support from. And I look at their contact details. (C8: 45, Female, Torres Strait Islander)

Another explained she followed local Aboriginal organisations on Facebook so she could keep up to date with the programs and events they were offering:

> I actually have the […] Medical Service on there. I scroll and I have a look at what they've put up. […] Like if there's no dental clinic walk in, they put that up. There's photos of days that they do special days, there's that mom's group, they put all that, they post all that up. So, I get to see that. (W3: 30, Female, Aboriginal)

## 4 DISCUSSION

The above accounts offer insights into how Facebook is already being actively used by Indigenous Australians to sustain their health and wellbeing. While some participants described using Facebook in a way akin to a service directory, in which they could seek health information from formal service providers, most online help-seeking practices could be categorised as 'informal'. Participants drew on the complex of social connections sustained through Facebook for a wide range of health-seeking practices that differed greatly in form and purpose: soliciting information and support from others, directly messaging contacts, joining health-seeking collectives, and sharing joyful and inspiring content. Participants described drawing on these connections to navigate a wide range of health-related issues: physical health

(gallbladder, weight), everyday emotional support, psychological help through periods of depressions, and drug withdrawal.

The findings presented above demonstrate clearly that Indigenous Australians are already using Facebook to sustain their own health. Among the participants in this study, Facebook is seen as a valuable resource through which they can have some control over their health and wellbeing. In addition to being a highly accessible source of health-related information, there are three affordances of Facebook that make it particularly popular for the participants above: flexibility, trustworthiness and cultural appropriateness.

First, and most prominently among participant responses, Facebook is framed as a highly flexible and accessible platform, allowing users to engage, communicate and connect with one another in myriad ways: both private and public, and grey areas between the two realms. On the one hand, many participants described reaching out for help from others by simply posting that they required information, support or resources. As one participant explained, "I might put a status up, maybe some problems with my gallbladder, […] and when you put something like that, people seem to be eager to help." For her and other participants, directly asking for assistance in this relatively 'public' way led to direct forms of support.

On the other hand, some participants described, for one reason or another, a hesitance to be quite so open with their health-related needs. One participant explained that "Rather than being public about struggles," she would put up a meme that covertly communicates her need for support; Buehler[4] describes this form of strategic ambiguity as 'vaguebooking'. Likewise, participants often turned to the more private connections available through the Messaging feature. As one participant explained definitively, "I don't [publicly] put up things when I'm feeling sad or anything like that. I message people".

Alternatively, participants described health-seeking practices that seemed to fall somewhere between 'public' and 'private' forms of communication. Many participants discussed various Facebook pages, groups and communities they had joined which focused on various aspects of health and wellbeing—what Newman and

colleagues have called 'Online Health Communities'[3]. In these spaces, participants solicited help identifying their son's a rash, sought resources to share with family about anxiety, and solicited emotional support through body positivity. They engaged with these pages in a variety of ways, ranging from active posting to more passive and covert consuming of content, in which "you just read their comments".

Secondly, the 'trustworthiness' of support and information on Facebook was important for some participants. Mainstream health services in Australia have often been sources of harm among Indigenous communities; for this reason, there is a widespread ambivalence towards and 'historical mistrust' of these forms of support,[20] and research shows many Indigenous Australian are more likely to opt for more 'informal' sources of help.[21] This evidently has translated into widespread, heterogeneous online health-seeking practices, in which participants could draw on what were perceived as the trustworthy relationships to the people to whom one was connected. As one participant explained, when she reached out to others for emotional support, "people will respond, people do respond. They're very reactive to stuff like that…And when you see that collective support, that makes a difference…even if it's just one person that you can trust." For her, being able to source these trustworthy, supportive connections "makes all the difference".

Finally, and following the above two points, Facebook offers Indigenous users opportunities to engage in health-seeking practices informed by Indigenous understandings of health, wellbeing and relationality. The participants in this study described drawing on the existing relationships with family, kin and community to gain the help they needed to stay healthy and happy. Moreover, Facebook does not necessarily reproduce the Western biomedical model of health, instead allowing its users to share, access and solicit heterogeneous and heterodoxic forms of support outside the dominant health paradigm in Australia.

While Facebook evidently offers the participants in this study many opportunities to solicit and access various forms of health-related support, there are potential dangers, too. Most worryingly, this includes the spread of health dis/misinformation. Participants described receiving parenting advice, opinions on treating physical health issues, and medical advice. The participants in this study were, on the whole, positive

about their experiences in accessing this support and information. But there is a real danger that the advice they receive is incorrect, not supported by credible research, or medically risky. Research has demonstrated clearly the widespread transmission of health disinformation through and fostering of dangerous 'health' communities on Facebook, such as 'anti-vaxxer' movements.[27] Fostering good 'health literacy' and ensuring that all populations, including Indigenous Australians, engage critically with health-related advice and resources shared through these 'informal' online networks remains a significant challenge for health professionals and promoters.

## 5 CONCLUSION

While research has yielded valuable insights into the possibilities social media affords in promoting good health among Indigenous Australians, it has largely focused on more formal public health campaigns, in which social media is reduced merely to "a one-way tool for health education".[28(p.2)] But social media is much more than a platform for circulating information. For many, if not most Indigenous Australians, it now constitutes a significant element of daily life. It is comprised of an incredible multiplicity of spaces, connections and relations through which people's lives play out: the formation and expression of identities and relations, the exchange and translation of cultural knowledges and practices, the development of economic, social and political capital, and so on. Almost every facet of life is now, in some way, mediated by social media.

Far exceeding its dominant framing in the literature as merely another platform for public health promotion, these findings show that users already draw on the connections made possible through social media to health-seek in heterogeneous ways. For many, it enables a sense of agency and control over their health; enabling them to form and participate in informal networks of support, seeking health information and advice, soliciting emotional and social support, accessing motivation and providing accountability, and connecting directly with formal health services, particularly when these services are not otherwise readily accessible.

These diverse, already-existing online health-seeking practices of Indigenous Australians need to be considered by healthcare professionals and public health promoters—both in the opportunities they offer and challenges they present. While

far from being a panacea to existing health disparities, these findings show that social media does provide unique opportunities and vital resources for many Indigenous help-seekers and help-givers in times of need. Rather than approaching social media as simply another avenue through which top-down public health campaigns can be delivered, the participants in this study demonstrate the diversity of health-seeking practices already taking place online. They draw on a range of informal, horizontal connections to friends, family and strangers to improve and sustain their health and wellbeing. This has significant implications for people seeking to promote health among Indigenous Australians. First, of particular interest is the potential to better skill informal help sources to respond to health-seekers, in ways that promote good health practice and avoid the spread of misinformation. Second, it makes clear the need to make formal help sources more accessible through social media. And finally, it demonstrates opportunities for formal help sources to venture outside of the monocultural, western biomedical model and reconceptualise how they are providing health and wellbeing services to Indigenous communities online.

While these findings suggest a wide variety of health-seeking practices on social media, we must also seek to understand the factors, processes and systems that work to mediate and mitigate the health-seeking behaviours of Indigenous social media users. At this level, individual social media users, despite their agency, are understood as already entangled in broader social, cultural and political systems—including racism, sexism, colonialism and economic inequality—that shape their health-seeking practices. These mitigating and mediating factors should be the focus of future research on the health-seeking practices of Indigenous social media users.

## REFERENCES

1. Ballantine PW, Stephenson RJ. "Help me, I'm fat!" Social support in online weight loss networks. Journal of Consumer Behaviour 2011;10(6):332-337.

2. Blight MG, Jagiello K, Ruppel EK. "Same stuff different day:" A mixed-method study of support seeking on Facebook. Computers in Human Behavior, 2015; 53: 366-373.

3.  Newman MW, Lauterbach D, Munson SA, Resnick P, Morris ME. "It's not that I don't have problems, I'm just not putting them on Facebook": challenges and opportunities in using online social networks for health. In Proceedings of the ACM 2011 conference on Computer supported cooperative work, 2011, March; pp. 341-350 ACM.

4.  Buehler EM. "You Shouldn't Use Facebook for That": Navigating Norm Violations While Seeking Emotional Support on Facebook. Social Media + Society, 2017;3(3) 2056305117733225.

5.  Carlson B, Frazer R. The politics of (dis)trust in Indigenous help-seeking. In S. Maddison S, Nakata S, editors. Questioning Indigenous-Settler Relations: Interdisciplinary Perspectives. Singapore: Springer, 2020: p.87-106.

6.  Campbell M, Cross D, Slee P, Spears B. Cyberbullying in Australia. Cyberbullying: A Cross-National Comparison 2010 January;1–22.

7.  Matamoros-Fernández A. Platformed racism: the mediation and circulation of an Australian race-based controversy on Twitter, Facebook and YouTube. Information, Communication & Society 2017;20(6):930–946.

8.  Department of the Prime Minister and Cabinet. Closing the gap report. Canberra: Commonwealth of Australia, 2019.

9.  Sherwood J. Colonisation – It's bad for your health: The context of Aboriginal health. Contemporary Nurse 2013;46(1):28-40.

10. Herring S, Spangaro J, Lauw M, McNamara L. The intersection of trauma, racism, and cultural competence in effective work with Aboriginal people: Waiting for trust. Australian Social Work 2013;66(1):104-117.

11. Fforde C, Bamblett L, Lovett R, Gorringe S, Fogarty B. (2013). Discourse, deficit and identity: Aboriginality, the race paradigm and the language of representation in contemporary Australia. Media International Australia 2013;149:162–173.

12. O'Sullivan D. Indigenous Health: Power, Politics and Citizenship. Melbourne: Australian Scholarly Publishing, 2015.

13. Paradies Y. Colonisation, racism and indigenous health. Journal of Population Research 2016;33(1):83-96.

14. Dudgeon W, Wright M, Paradies Y, Garvey D, Walker I. Aboriginal social, cultural and historical contexts. In Dudgeon P, Milroy H, Walker R, editors. Working together: Aboriginal and Torres Strait Islander mental health and

wellbeing principles and practice. Canberra: Commonwealth Department of Health, 2014:p.3-24.

15. de Leeuw S, Greenwood M, Lindsay N. Troubling good intentions. Settler Colonial Studies 2013;3(3-4): 381-394.

16. O'Donnell M, Talpin S, Marriott R, Lima F, Stanley FJ. Infant removals: The need to address the over-representation of T Aboriginal infants and community concerns of another 'stolen generation'. Child Abuse Negl 2019;90: 88-98.

17. Paradies YC, Cunningham J. Development and validation of the Measure of Indigenous Racism Experiences (MIRE). International Journal for Equity in Health 2008;7(1):9.

18. Rickwood D, Deane F, Wilson C. When and how do young people seek professional help for mental health problems? Medical Journal of Australia 2007;187(7):35-39.

19. Westerman T. Engaging Australian Aboriginal youth in mental health services. Australian Psychologist 2010;45(3):212-222.

20. Taylor KP, Thompson SC. Closing the (service) gap: exploring partnerships between Aboriginal and mainstream health services. Australian Health Review 2011;35(3):297-308.

21. Farrelly T. The Aboriginal suicide and self-harm help-seeking quandary. Aboriginal and Islander Health Worker Journal 2008;32(1):11-15.

22. Lumby B, Farrelly T. Family violence, help-seeking & the close-knit Aboriginal community: Lessons for mainstream service provision. Australian Domestic & Family Violence Clearinghouse 2009; Issues paper 19, September:1-24.

23. Carr CT, Hayes RA. 2015. Social media: defining, developing, and divining. Atl. J. Commun. 23:46.

24. Carlson B. (2019). Love and hate at the Cultural Interface: Indigenous Australians and dating apps. Journal of Sociology 2019;4(24):1440783319833181.

25. Luxton DD, June JD, Fairall JM. Social media and suicide: a public health perspective. Am J Public Health 2012;102(S2):S195-S200.

26. Silenzio VM, Duberstein PR, Tang W, Lu N, Tu X, Homan CM. (2009). Connecting the invisible dots: Reaching lesbian, gay, and bisexual adolescents and young adults at risk for suicide through online social networks. Soc Sci Med 2009;69(3):469-474.

27. Bode L, Vraga EK. See something, say something: Correction of global health misinformation on social media. Health Communication 2018;33(9):1131-1140.

28. Hefler M, Kerrigan V, Henryks J, Freeman B, Thomas DP. Social media and health information sharing among Australian Indigenous people. Health Promotion International 2018;34(4):706-715

29. Hefler M, Kerrigan V, Freeman B, Boot GR, Thomas DP. Using Facebook to reduce smoking among Australian Aboriginal and Torres Strait Islander people: a participatory grounded action study. BMC Public Health 2019;19(1):615.

30. Li X, Chen W, Popiel P. What happens on Facebook stays on Facebook? The implications of Facebook interaction for perceived, receiving, and giving social support. Computers in Human Behavior 2015;51:106-113.

31. Lupton D, Maslen S. How women use digital technologies for health: qualitative interview and focus group study. Journal of Medical Internet Research 2019;21(1):e11481.

32. Burns JM, Davenport TA, Durkin LA, Luscombe GM, Hickie IB. The internet as a setting for mental health service utilisation by young people. Med J Aust 2010;192:S22-S26.

33. Greene JA, Choudhry NK, Kilabuk E, Shrank WH. Online social networking by patients with diabetes: a qualitative evaluation of communication with Facebook. J Gen Intern Med 2011;26(3):287-292.

34. Burke M, Marlow C, Lento T. Social network activity and social well-being. In Proceedings of the SIGCHI conference on human factors in computing systems. ACM. 2010; April:1909-1912.

35. Chang PF, Whitlock J, Bazarova NN "To Respond or not to Respond, that is the Question": The Decision-Making Process of Providing Social Support to Distressed Posters on Facebook. Social Media+ Society 2018;4(1).

36. Frison E, Eggermont S. (2015). The impact of daily stress on adolescents' depressed mood: The role of social support seeking through Facebook. Computers in Human Behavior 2015;44:315-325.

37. Lupton D. 'I'd like to think you could trust the government, but I don't really think we can': Australian women's attitudes to and experiences of My Health Record. Digital Health 2019;5:8.

38. Carlson B, Frazer R. Social media mob: being Indigenous online. Sydney: Macquarie University; 2018.

39. Walker T, Palermo C, Klassen K. Considering the Impact of Social Media on Contemporary Improvement of Australian Aboriginal Health: Scoping Review. JMIR Public Health and Surveillance 2019;5(1):e11573.

40. Shand FL, Ridani R, Tighe J, Christensen H. The effectiveness of a suicide prevention app for Indigenous Australian youths: study protocol for a randomized controlled trial. Trials 2013;14(1):396

41. McPhail-Bell K, Appo N, Haymes A, Bond C, Brough M, Fredericks B. Deadly Choices empowering Indigenous Australians through social networking sites. Health Promotion International 2017;33(5):770-780.

42. Carlson B, Farrelly T, Frazer R, Borthwick F. Mediating tragedy: Facebook, Aboriginal peoples and suicide. Australasian Journal of Information Systems 2015;19:1-15.

43. Kariippanon K, Senior K. (2018). Re-thinking knowledge landscapes in the context of Grounded Aboriginal Theory and online health communication. Croatian Medical Journal 2018;59(1):33.

44. National Health and Medical Research Council. Ethical conduct in research with Aboriginal and Torres Strait Islander Peoples and communities: Guidelines for researchers and stakeholders. Canberra: Commonwealth of Australia, 2018a.

45. National Health and Medical Research Council. Keeping research on track II: A companion document to Ethical conduct in research with Aboriginal and Torres Strait Islander Peoples and communities: Guidelines for researchers and stakeholders. Canberra: Commonwealth of Australia, 2018b.

46. Australian Institute of Aboriginal and Torres Strait Islander Studies. Guidelines for ethical research in Australian Indigenous studies. Canberra: Australian Institute of Aboriginal and Torres Strait Islander Studies, 2012.

47. Charmaz K. Constructing Grounded Theory 2nd edition. London: Sage, 2014.

48. Rigney LI. (1997). Internationalization of an Indigenous anticolonial cultural critique of research methodologies: A guide to Indigenist research methodology and its principles. Wicazo sa review 1997;109-121.

49. Nakata M. Disciplining the Savages: Savaging the Disciplines. Canberra: Aboriginal Studies Press, 2007.

50. Tuhiwai Smith L. Decolonizing Methodologies: Research and Indigenous peoples. London & New York: Zed Books Ltd, 2012.

51. Moreton-Robinson A, Walter M. Indigenous methodologies in social research. Social Research Methods 2009;1-18.

52. Rieger, D., & Klimmt, C. (2019). The daily dose of digital inspiration: A multi-method exploration of meaningful communication in social media. New Media & Society, 21(1), 97-118.

53. Carlson B, Frazer R. "They got filters": Indigenous social media, the settler gaze and a politics of hope. Social Media + Society Forthcoming 2020.