










# No Dramas: Using applied theatre to explore youth health issues in regional Central Queensland

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## Abstract

**Introduction:** Young people in a regional Central Queensland community identified concerns related to their health and health behaviours, but have limited access to health information.

**Objective:** To explore the youth health perspectives and priorities of young people in regional Queensland and identify how young people prefer to access health information.

**Design:** A participatory action research approach, using applied theatre methods and technology.

**Findings:** The key challenges to youth health in regional Queensland identified by participants were substance use, in particular vaping, and bullying. Short-form social media videos are an effective channel for communicating youth health information, but to do so must closely align with the predominant formats and trends on social media platforms.

**Discussion:** Young people are not likely to read health information in printed form. Effective communication is the key to empowering young people to make decisions regarding their health behaviours. Our research shows that young people tend to share with other young people, and they are less likely to listen to older people and those in positions of authority. Health concerns raised ranged from cyberbullying and peer pressure to vaping, alcohol and chroming.

**Conclusion:** Young people are more likely to engage with information that reflects their lived experience. The research concludes that we need to reconsider how information is provided for young people. Ways to empower young people and their voices via their preferred genre and format, not only to inform their health behaviours but also other aspects of their lives, is imperative.

## KEYWORDS

communication, consumer issues and perspectives, mental health, rural health, youth health

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## 1 | INTRODUCTION

Supporting the physical and mental health and well-being of young people in regional, rural and remote areas of Australia is a complex and challenging task. Research data on regional youth health in Australia are limited. The research that has been conducted so far indicates significant challenges that require further enquiry to support youth health outcomes.

### 1.1 | Youth mental health

Youth mental health in regional areas remains insufficiently understood. The extent of what remains unknown is particularly significant because of what is known: That service delivery limitations and social pressures create significant barriers to young people seeking mental health support in Australian regional areas.<sup>1,2</sup> Incidence of mental illness among young people is higher in regional areas relative to metropolitan areas in Australia.<sup>3</sup> The impacts of this illness, such as through suicide, are also greater in regional areas in Australia.<sup>4,5</sup>

### 1.2 | Substance use

These challenges to youth health outcomes coincide with additional health challenges in regional areas. Compared with metropolitan populations, rural populations are at higher risk of alcohol abuse and alcohol-related harm. Canadian research has found that this risk ratio is highest for young adults.<sup>6</sup>

Young people experiencing mental health challenges living in regional areas are at particular risk of substance use behaviours that include alcohol but extend into other substances, in particular the use of amphetamines. The risk of engaging in amphetamine use is approximately three times higher for young people experiencing mental health challenges living in regional areas than for young people experiencing mental health challenges living in metropolitan areas in Australia.<sup>7</sup>

### 1.3 | Engaging young people

Prior research indicates strongly that youth health in regional Australia requires additional interventions to support improved outcomes. However, the complexities and experiences of youth health in regional Queensland remain under-researched. To support successful youth health interventions, an expanded research base is required. Engagement with young people, through a focus

#### What is already known on this subject?

What the state of the scientific knowledge was in this area and why did your study need to be done?

- Youth health in regional, rural and remote areas of Australia not only has poor indicators but is also poorly understood.
- Youth engagement with health issues is primarily through social groups rather than health practitioners or formal sources, leading to limited health literacy.
- Engagement to promote youth voices on health matters can support improved health outcomes.

#### What this paper adds?

What do we know now as a result of this study that we did not know before?

- Young people and their peers seek health information through social media.
- TikToks and other short-form videos stimulate conversation that can lead to help-seeking.
- Cyberbullying is an increasing youth health issue in regional Queensland, for which insufficient support and response networks are in place.
- Vaping is rapidly emerging as a key health challenge for young people in regional Queensland.

on their voices and first-hand experiences, can offer an effective route towards increased understanding of youth health priorities, challenges and routes towards improved outcomes.<sup>8</sup>

A focus on young peoples' voices can prevent marginalisation in the development of population health responses. The experiences of disadvantage or marginalisation in the community and in education systems of young people in regional areas are presently insufficiently understood or supported.<sup>8</sup> This marginalisation can have direct and immediate health impacts, as marginalised young peoples' perceptions and experiences of multiple forms of discrimination may result in them not obtaining appropriate care or support.<sup>9</sup> Speaking and listening with young people is essential to supporting the agency and literacy that is increasingly important due to the pressure placed on young people to become more responsible for their health and well-being and to embrace the 'discourse of healthism'.<sup>9</sup>

Young people's engagement with, and uptake of health care, is low in regional areas in Australia.<sup>10</sup> While health care services are provided in regional locations in Australia, inhibitors to young people's use of these services include

limited or no after-hours services, lengthy waitlists, difficulty maintaining confidentiality, travel and costs.<sup>1</sup>

This research aims to develop understanding of two key aspects of youth health in regional Australia: young peoples' health priorities and young peoples' health messaging preferences. It seeks to provide a platform for improvements in both young peoples' health literacy and in the inclusiveness of discourse on regional youth health. The *No Dramas* project integrated health research and community education strategies, by establishing a two-way conversation between information sources and the experiences of young people. Additionally, it adopts communication techniques inspired by and popular to Australian youth culture, drawing on social media communication practices, in particular short-form videos. The project recognises the important role the internet plays in youth people's lives as a source of information, support and peer engagement and leverages that role to increase bilateral understanding of youth health in regional Australia.<sup>11</sup>

## 2 | METHODS

This study's research objectives were twofold:

1. To explore the youth health perspectives and priorities of young people in Central Queensland and
2. To identify the communication preferences of young people in Central Queensland for health information messaging.

To achieve its research objectives, this study adopted participatory action research (PAR) methodology. Key to this project was the facilitation of youth voices to explore health priorities in Central Queensland from a decentralised perspective. This research sought to empower young people in Central Queensland to co-create solutions for improving youth health outcomes.

Participatory action research was identified as supporting these research objectives. PAR supports partnerships between researchers and research participants to interact as equal parties to the research.<sup>12,13</sup> It positions power within the research process with those who are most affected by the focus and aims of the research.<sup>14</sup> By using PAR, this study sought to support young people to share their own stories of health priorities, by viewing themselves and their experiences from a researcher's perspective.<sup>15</sup>

### 2.1 | Data collection

In line with PAR methodology, data collection was conducted through a process of co-creation with project

TABLE 1 Youth participants were recruited from four organisations.

Organisation	Number of participants
Organisation A	14
Organisation B	15
Organisation C	24
Organisation D	15
Total participants	68

participants. Young people in Central Queensland, aged 12–25, were contacted through community organisations and invited to participate in the project. The principal or leader of each organisation functioned as a 'gatekeeper'<sup>16</sup> through whom young people were invited to participate in this research. In total, 68 youth participants were recruited. Other parties to the research process were a creative team of five young adults and eight academic researchers.

The organisations from which youth participants were recruited are described but not named to maintain participant confidentiality (see Table 1). Organisation A is an alternative school for young people needing flexibility in their learning situation. Organisation B is a community service for Indigenous young people. Participation of young people from Organisation B was facilitated through consultation with Elders and community youth workers from Organisation B. Organisation C is a youth drop-in centre. Organisation D is a youth health reference group.

Participatory action research cycles were conducted through the iterative development of a series of short-form informational videos. The following process was adopted:

1. Youth participants identify priority issues and communication preferences;
2. academic researchers identify key substantive content relating to identified priorities;
3. creative team integrates youth participant priorities and substantive content into short-form videos;
4. youth participants review videos created, assessing their content and delivery format;
5. feedback and findings are integrated into a subsequent cycle of video creation.

Interactive in-person workshops, between May 2022 and March 2023, hosted this cyclical process. Youth participants attended applied theatre workshop sessions of approximately 90 min in duration. All organisations hosted 2–3 workshops, facilitating iterative PAR cycles and enabling the development of rapport between the creative team and youth participants.

To facilitate participation and facilitate communication of challenging and complex concepts, an abridged

drama spiral process was adapted from applied theatre methods.<sup>17</sup> The drama spiral is a practical decision-making tool designed to assist theatre practitioners to work with participants' personal stories. It provides guidelines that pay deliberate attention to group processes and dynamics. This approach was adapted by including only fictionalised and distant stories related to but intentionally not interrogating participants' individual lived experiences. The project's creative team were trained in the workshop approach and integrated interactive drama approaches to facilitate discussion. Following the guiding parameters of the drama spiral,<sup>18</sup> the creative team used ideas and suggestions from youth participants to develop routes into discussion and to develop video content.

The research was approved by the CQ University Ethics Committee (Ethics Approval 23681). Project implementation was overseen by a research reference committee.

## 2.2 | Data analysis

Data analysis was integrated within the PAR cycles of the study and incorporated into the project's video outputs. Two research assistants independently made observational field notes of the project's workshops at the four organisations. Audiovisual recordings of workshops were reviewed by the research team. These data were integrated and coded for thematic analysis using NVIVO qualitative data analysis software. The thematic coding of the collected data from the four organisations identified four overarching themes: substance abuse, police interactions, bullying (predominantly cyberbullying) and relationships. Each issue was raised to some degree by young people at each organisation. For the purposes of this article, the findings discussed focus on vaping and cyberbullying with particular attention to communication, that is youth health engagement through social media.

## 2.3 | Findings

Findings are categorised under three headings: the communication preferences of young people in Central Queensland, substance use and bullying. Within those categories, the project's key findings are threefold:

1. Vaping is rapidly emerging as a youth health issue in regional Queensland;
2. Additional social supports are required to respond to increasing cyberbullying; and

3. Short-form videos distributed via social media are an effective platform for youth health engagement.

## 2.4 | Communication preferences

At the outset of the PAR research process, youth participants explained that they find information by following a trend on social media. From this trend, they may identify content providers they like and continue to follow. At the time of this research, TikTok, Snapchat and Instagram were the most popular social media platforms young people from the four organisations in the study were using.

Youth participants expressed clear views regarding what does and does not attract audience to a short-form video on social media. Female youth participants were more actively engaged in learning dances through dance challenges on TikTok. Male youth participants sought humour and gaming connections. Youth participants also noted the 'duet' feature on TikTok, in which one person makes a parallel video clip of someone else's existing video clip. The parallel clips reply to and may mock or degrade the other person.

The youth participants identified the following conventions used in popular short-form videos such as TikToks:

- music (specifically rap)
- dance
- comedy
- use of relatable dialect
  - tones (prosody)
  - terms and phrases
  - symbolic gestures
- juxtaposition of one idea over something different:
  - putting on make-up/talking about murder mysteries (generally, girls follow)
  - online games/cars/football (generally guys follow)
  - cooking (nongender specific)
- imagery and visualisation (to avoid literacy issues with text on screen)
- caricature
- montage
- psycho-social characterisation
- personalised context—showing realistic people in an experience that the viewer could experience
- trending hashtags attract views

These communication preferences and conventions were integrated with the substantive findings of the co-research process regarding substance use and cyberbullying. These findings are articulated in the creation of, and

participant perspectives on, a series of short-form health information videos.

## 2.5 | Substance use

In Step 1 of the PAR process—the identification of priority issues—youth participants across all four organisations identified substance use as an important health priority area. Youth participants were aware of rules or laws pertaining to age and alcohol consumption and thought there may be laws around age and vaping just as there are laws about age and smoking. Many youth participants at each of the four organisations identified as a key priority the physical, emotional, social and mental effects of substances, specifically vaping.

The complexity of young people's exposure to substances involves experimentation within their peer or friendship groups. Youth participants explained that young people are 'very open about sharing their experiences' with each other. This is how they educated each other about the effects of substances. Within Organisation D, youth participants felt young people could 'just say no' to trying substances, although there was some peer pressure to participate.

### 2.5.1 | Vaping and smoking

Youth participants recognised that they did not know what chemicals were in vapes and saw notable changes in the behaviour of friends and peers who used vapes. One youth participant suggested regulation of vapes was required.

Of vaping in particular, youth participants from Organisations C and D explained that vaping in schools is 'getting pretty crazy' with some schools installing smoke detectors and cameras in the toilets. Youth participants reported that some of their schools were locking the toilets and requiring teachers to monitor students' trips to the toilets. One youth participant explained that the social implications of such restrictions meant that they, consequently, did not drink during the day to avoid having to ask permission to go to the toilet. Responding to these identified priorities and integrating health information, the creative team made three short-form videos in relation to vaping.

Video S1, 'Me trying to get anything done', introduced the idea of vaping. A teen girl is sitting on a lounge staring at her laptop. The on-screen text appears 'Me doing my homework at home'. The trending song lyric heard is 'If you want a little bit of company you met me at the perfect time'. On the next lyric, a teen male appears from behind the girl. He is lip-synching the next lyric 'you want me',

and the teen girl lip-synchs the reply 'I want you baby' at which point the male inhales from a vape. This clip uses the conventions of music, comedy and personalised context. These trending hashtags accompany the clip on TikTok: [#popcornlung](#) [#vapingdoesnotmakeyoucool](#) [#tiktokaustralia](#)

The clip uses juxtaposition. Craving a vape is inferred in the lyrics as we see the male and female characters' actions on the lyric 'you want me/ I want you baby'.

Video S2, 'Mother interferes', provides some facts about the effects of vaping through comedy, caricature and personalised context. The scene opens with two young people playing a game online. A male actor playing a caricature of the mother flings the door open and then stands in the doorway looking around the room. She asks 'Why does it smell fruity in here', to which the son replies 'juicy fruit', inferring chewing gum. The mother continues to talk as the gamers pay no attention. A hand behind the mother passes her a clipboard from which she reads facts about vaping starting with '80% of vapes contain nicotine even if it is not listed in the ingredients' and looks for reactions from the gamers. The mother leaves the room, and the gamers throw their vapes in the bin. The mother suddenly re-enters the room to comic effect, looks around, says 'Enjoy your Fork Knife' to which the son responds 'Fortnight'. This clip uses the conventions of caricature, comedy, personalised context and gaming. These trending hashtags accompany the clip on TikTok: [#mumandson](#) [#vapingdoesnotmakeyoucool](#) [#healthtips](#)

At Step 4 of the PAR cycle, youth participants from Organisations C and D reviewed Videos S1 and S2. These youth participants recognised that Video S1 caught their attention by being relatable and using current music. Video S2 was also relatable as youth participants recognised themselves in the young people gaming. However, the youth participants felt that while the mother caricature was comic the video was too long. Youth participants acknowledged that the mother shared some facts about vaping and restated that what they knew about vaping came from their friends and from social media.

A lot of things that you find or are given to you, you won't know what's in it. Especially vapes, because they're not regulated. It could have any number of substances in them, and it could cause real harm to you.

(Youth participant, Organisation C)

Recognising the prevalence of misinformation, youth participants said that short-form videos should contain factual information. At Step 5 of the PAR cycle, in response to youth participant feedback, the creative team developed Video S3.

Video S3, 'Anyone else heard of this?', provides facts about the ingredients of vapes juxtaposed on a popcorn vendor at a fair. The vendor spruiks 'Popcorn, popcorn get your popcorn', a young male approaches and asks 'Is it true that you can get popcorn lungs from popcorn?' The vendor replies, 'It's actually from diacetyl. It's a popcorn flavouring that they use in vapes which causes lung cancer. It stops the flow of air to your lungs'. The young male looks uncomfortable, says 'Thank you, Have a nice day'. The clip uses the conventions of juxtaposition and personalised context reflecting any young person who might be curious to know more about vapes. The clip uses trending hashtags [#popcornlung](#) [#vapingsbadforyourlungskids](#).

Upon reviewing Video S3, a youth participant at Organisation C stated that vapes 'were easy to get', and a youth participant at Organisation D commented 'addiction is very quick'. This youth participant felt that Video S3 might be more effective as it gave explicit and shocking information about the chemical content of vapes. The youth participant said they googled 'popcorn lung' as a result of the hashtag, 'popcornlung'.

## 2.5.2 | Alcohol

At Step 1 of the PAR cycle, youth participants reported that young people start drinking at a very young age. Participants from Organisation D were fully aware of the adopted behaviour of turning to alcohol, noting 'there's a bit more of a culture of, for example, heavy drinking, compared to [drugs] there's a bit more peer pressure...'. One participant talked about young people wanting to 'get absolutely hammered' that they turn to alcohol to 'feel better' about themselves and that alcohol gives them a 'newfound confidence'. The participants at Organisation C were conscious of 'being there for their friends' when they are drinking alcohol recognising that becoming drunk makes a person vulnerable. These youth participants stressed that they did not want 'anything bad to happen to them [their friends]'. The creative team discussed the youth participants' focus on caring for their friends and identifying substance use in caricatures in developing Video S4.

Video S4, 'With time', focuses on the relationship between two female friends over the course of a night getting drunk at a party and the social and emotional consequences of this. This clip appealed more to female participants. The clip uses the conventions of short sequences of action with timestamps to indicate the passing of time as each character get progressively drunk and their mobile phones run out of charge and stop working. The clip concludes with the following day at school with one

friend seeing the other then walking away, suggesting she felt the friend had abandoned her at the party the night before. The clip uses personalised context, psycho-social characterisation and relatable dialect and these trending hashtags [#party](#) [#friends](#) [#drinkless](#) [#dondism](#)

At Step 4 of the PAR cycle, youth participants at Organisation C reviewed Video S4 and recognised their own or their friends' experiences in the characters' story in Video S4 'With time' but said the clip was too long, at 1 min 21 s.

The creative team developed Video S5 in response to this feedback. The creative team also integrated observations from youth organisation workers that aerosol inhalation, locally known as 'chroming', was a major concern in the regional area. Perspectives on the prevalence and significance of inhalant use differed between youth support organisations and young people. Youth participants noted 'chroming' as a health issue but did not consider chroming a key issue for inclusion in the short-form videos. The creative team decided to refer to 'chroming' by including the 'Chromer' caricature in Video S5 'Who would you choose?'

Video S5, 'Who would you choose?', presents 'fighter' characters in the style of an online game: Alcoholic, Chromer, Vaper and Sober guy. Although brief and entertaining, the clip challenges the viewer to consider which is their character: Alcoholic, Vaper, Chromer and Sober guy. The clip uses the conventions of caricature, gaming and visualisation of text and a bar chart providing an on-screen scale of stamina, coordination, strength and health for each character with these trending hashtags: [#chooseyourcharacter](#) [#chooseyourfighter](#) [#chooseyourgame](#) [#fyp](#) [#alcohol](#) [#vaper](#) [#chroming](#) [#gaming](#) [#gamer](#).

Reviewing Video S5, the same youth participants who found Video S4 too long said they were amused by the caricatures and gaming style in Video S5 'Who would you choose?' which ran for 20 s. Youth participants recognised the substance portrayed by each character and suggested Video S5 could stimulate conversation about substance use.

## 2.6 | Bullying and relationships

At Step 1 of the PAR cycle, male participants from Organisation B talked about their experiences of physical or social bullying by being excluded from sporting activities. Youth participants from Organisations A and C talked about online or cyberbullying and the use of online profiles and posts to bully/manipulate others, notably female and LGBTQI+ individuals. At Organisations A, C and D. Female youth participants talked about the social and emotional impacts of bullying such as body shaming

saying, 'If you look girly – or if our bodies are more developed, you're called a slut'. They referred to 'slut-shaming' explaining, 'If you just wear make-up – slut!'. These youth participants explained that they tended to wear loose-fitting male clothes to avoid such comments.

Youth participants at Organisations A, C and D stated that rumour-spreading was common, with a significant impact on friendship groups and mental health. Youth participants at Organisations A and C recalled examples of cyberbullying. Youth participants at Organisation B identified physical and social behaviours and racism as types of bullying experienced by First Nations young people.

The creative team asked youth participants about young people's strategies for coping with online bullying. At Organisation C, one youth participant stated, 'I don't do TikToks, I delete that shit' and another said, 'I block them'. In the first workshop (at Step 1 of the PAR cycle), the creative team acted out a scenario in which one person wrote a note and passed it another who read a comment about another person in the group. The person in the group received the note, and then, the scene froze to ask youth participants to suggest what could happen next. Youth participants discussed the note-holder's choice, to pass the note or not, recognising the hurt which would be caused by passing the note. In relation to the final passer of note, youth participants stated 'he knew he was doing the wrong thing'. When asked, why did he pass the note? youth participants responded 'peer pressure made you pass it on'. Youth participants immediately identified the parallel with sharing online content. They appreciated the potential for harm and embarrassment to others by sharing their content online.

Youth participants reported that Snapchat is a key platform where bullying occurs and hurts them and their peers. Youth participants at Organisations A and C claimed cyberbullying may also occur via direct messaging and via video game chat functionality. The most common form of cyberbullying identified by youth participants was the dissemination of private information or images. One youth participant at Organisation C talked about 'people bagging people – saying someone slept with other people when it's not true'. Youth participants at Organisation C agreed that cyberbullying through impersonation, via fake online accounts, which damaged relationships and friendships was becoming more common. A further youth participant at Organisation C alleged that 'teachers can be like really racist to my friends'. She explained that her friend was 'doing welcome to country, the teacher said [my friend] was doing it really badly. It was really, really racist'. In response to this comment, another youth participant said they felt that 'racism is brushed over' at school.

At Step 3 of the PAR cycle, the creative team developed three clips in response to youth participants' commentary

on bullying and cyberbullying. Video S6, 'Bullying the different generations', shows the effect on one person when others in the group share an online post. The situation is repeated with the actual passing of a note. Both instances result in the youth receiving the message or note sliding down in his chair pulling his cap down over his face and pulling his shirt up to cover his lower face. The clips use the conventions of music, personalised context and an optional poll. These trending hashtags accompany the clip on TikTok: [#bullyingisnotokay](#) [#cyberbullyingawareness](#) [#socialmediatips](#). The full clip runs for 59 s.

The creative team noticed that female youth participants at Organisation B had been learning a TikTok dance challenge at the first workshop. This informed the content of Video S7. Video S7, 'RP\_Replay', showed two female characters learning a dance. One character says she is receiving nasty messages, and the other encourages her to turn social media off for a while. The clip uses the conventions of music, dance, relatable dialect and personalised context. The trending hashtags [#tiktokdance](#) [#friendship](#) [#socialmediatips](#) [#bullyingisnotokay](#) accompany the clip on TikTok.

Video S8, 'Footy TikTok', responds to the issues identified by male youth participants at Organisation B. It was made in response to the concerns identified by participants relating to the impact of being left out in football training. The clip is filmed outdoors at football training. One male character is having trouble catching the ball resulting in the other male character telling other players not to throw the ball to the first character. The clip uses the conventions of personalised context and relatable dialect. These trending hashtags accompany the clip on TikTok [#footytiktok](#) [#bullyingawareness](#).

At Step 5 of the PAR cycle, youth participants reviewed Videos S6–S8. A female youth participant at Organisation C watched all three clips and commented that each contained a very different situation experienced by a different group of young people. Male youth participants at Organisation B liked Video S8 and commented that they liked seeing their Brothers, referring to the two First Nations actors in the clip, telling their story. Youth workers at Organisation B commented that young people wanted to put a stop to racism so they could be proud of who they are. After viewing Video S6, youth participants at Organisations A and C again referred to Snapchat as the platform where most online or cyberbullying was experienced by them or their friends.

### 3 | DISCUSSION

Project findings provided new insights, which build on existing understandings, in relation to both substantive

health challenges in regional Queensland and communication strategies for addressing these challenges.

### 3.1 | Prevalence of harmful substance use

Youth participant perspectives demonstrate clear recognition by young people of vaping. Understanding of the specific risks of vaping was much lower. Regulatory responses to vaping are currently in development; the Federal Health Minister has instigated a campaign to regulate vaping.<sup>19</sup> At present, however, there is little awareness of the consequences of this loose regulatory environment, such as the ingredients of vape products.

Alongside vaping, other substances including alcohol continue to present health challenges to young people in regional Queensland. The differing perspectives on the prevalence and significance of inhalant use ('chroming') in regional Queensland, as between youth participants and the adults working in youth organisations, are notable. One possible reason is the potential impact of chroming on young people's attendance at the educational, community and support facilities that hosted *No Dramas* workshops. It may alternatively be the case that, though responses to inhalant use are significant within the workload of youth organisations, they are perceived as less important by young people to their lives, when compared to competing health challenges such as vaping and alcohol. Further research is required to identify both how nonengaged cohorts can be reached and what the underlying causes of this differing perspective are.

### 3.2 | Adequacy of social supports for bullying and relationship issues

The findings of this research reinforce the status of bullying as a significant youth health concern. Online or cyberbullying frequently occurs via Snapchat. The sharer of the 'snap', the content on Snapchat, can determine how long it is viewable for, and then it disappears.<sup>20</sup> Bullying additionally occurs across multiple environments online and in-person—this prevalence is recognised in the literature and was recognised by youth participants as a key issue.<sup>21</sup> First Nations young people raised the importance of connection to culture rather than the experience of disconnection from culture and family dysfunction as important to physical and mental health.<sup>22</sup> Also, the impact of bullying on a young person's identity and self-esteem may result in disengagement from education.<sup>23</sup>

The findings and recommendations of the 2018 Queensland Anti-Cyberbullying Taskforce Report sought

to increase understanding of cyberbullying and its prevalence and to support access to information for anyone affected by cyberbullying.<sup>24</sup> Currently, Australia does not have a cyberbullying-specific law, so any responses fall within a range of laws not developed with young people or the online world in mind.<sup>25</sup> Increased occurrence of victimisation including physical, social exclusion, verbal, rumour-spreading and cyberbullying increases the possibility of adolescent psychological and physical harm.<sup>26</sup> Cyberbullying is known to lead to youth suicide.<sup>27</sup>

Youth participants identified a need, and expressed a want, for relevant cyberbullying information to be provided. As part of ongoing initiatives to support young people with information on identifying and responding to cyberbullying, accessible, understandable and targeted resources are needed.

Youth participants did not identify solutions or responses to bullying other than disengagement. This project's findings regarding the prevalence of bullying indicate that greater social supports are needed to provide avenues for young people to respond to incidences of bullying.

### 3.3 | Digital communication strategies for youth health engagement

The young people participating in this study expressed strong preferences on methods of communication. They were avid users of mobile devices and social media.<sup>28</sup> TikTok was the platform of choice allowing users to create and view short-form video content all from a single mobile device. Snapchat was also a popular platform allowing users to share images, videos and text with a limited time for receivers to view the content.<sup>20</sup> Snapchat involves the setting up of contacts as groups of users who communicate with each other whereas TikTok is not based on followers rather it uses an algorithm to 'provide endless access to videos that TikTok believes the user would like'.<sup>29</sup> TikTok's ease of use and vibrancy with a stream of videos on screen upon opening the app, even without having signed onto the app, provides an 'instantaneous participatory mediascape'.<sup>30</sup>

Participants identified that they receive information by following a trend on social media. The combinations of the trend, the conventions used in social media videos and the provider all influence whether or not a young person may watch a short-form video. Through this process, young people identify content providers they like and consequently follow. At the time of this research, TikTok, Snapchat and Instagram were the most popular social media platforms used by young people.

Study participants were clearly expert on what does and does not attract audience to a TikTok. Female participants

were more actively engaged in learning dances through dance challenges on TikTok. Male participants sought humour and gaming connections. Both the creative team and the youth participants were aware of the 'duet' feature on TikTok, in which one person makes a parallel video clip of someone else's existing video clip that is mean, and may mock or degrade the other person. This feature deterred some users in Vaterlaus and Winter's<sup>28</sup> study of young people's uses of social media in the USA (discussed in Cyber/Bullying above). This feature was not used in this study.

### 3.4 | Benefits and complications of social media for young people seeking health advice

For young people, social media is easily accessible. Information is communicated using audiovisuals and in text in short-form videos such as TikTok, in essence communicating more information faster than via solely printed information.<sup>31,32</sup> TikTok is a prolific short-form video platform, which has fast become a mainstream life-sharing platform providing unique learning and information resources.<sup>33</sup> Any efforts to communicate with young people by health organisations and practitioners should be mindful that in addition to reaching young people on the communication platforms they use, conventions such as the dialect or language used by young people is in itself are legitimate communicative resources.<sup>34</sup>

However, as TikTok gains traction in the medical community, health organisations and practitioners must be alert to the dangers of misinformation on social media.<sup>35</sup> Furthermore, content censorship by social media platforms while intended for community safety can be discriminatory. Vaterlaus and Winter<sup>28</sup> reported that LGBTQI+ TikTok users recognised censorship by TikTok and stopped using the app. The same researchers found 'relational challenges' on Snapchat particularly 'snaps' expressing generational differences, best-friend or popularity groups, cheating, screenshot incrimination, sexting and cyberbullying.<sup>20</sup> Some youth participants in this study claimed to have stopped using these social media platforms for these very reasons.<sup>28</sup>

Young people tend to seek health information from friends and online before they might seek help from an adult or medical practitioner.<sup>36</sup> Young people share their concerns and seek information individually or together with their trusted friends. Some youth participants indicated that they would also talk to an adult if they were trusted, caring and understanding. Robards et al.<sup>37</sup> found that multiple forms of discrimination occur in the care of marginalised young people. Building trust and

demonstrating care were of paramount importance to this study's participants. Douglas and Jackson<sup>38</sup> found that at-risk young people were motivated by their own lived experience to help or mentor other at-risk young people, which could lead to prosocial behaviours.<sup>20,28-30</sup>

Health authorities need to listen to individual communities as the communication needs of each community are different. Many young people are habituated to video communication on social networks and are more likely to engage with information that reflects their lived experience. The research concludes that we need to reconsider how information is provided. This reconsideration will enable modes of empowering young people and their voices via their preferred genre and format, not only to inform their health behaviours but also other aspects of their lives. Furthermore, in relation to the law, the reality of cyberbullying young people experience is an emerging area, so more information and understanding is needed.

The use of online communication strategies for youth health engagement does, however, present significant complications and resource challenges. While short-form video social media is the most common information and entertainment source for young people, youth participants and the creative team in this study both noted that trends on TikTok are short-lived and consequently any videos, such as those made during this research, may well be 'out of date' within weeks or months. The challenge of attracting audiences and retaining relevance through changing trends requires resources to be directed towards both awareness of, and updates in response to, communication trends.

The recency of online short-form videos, and emerging discourse and policy relating to their use and availability, present additional challenges. Government policy regulations and decisions, such as the recent banning of TikTok on government organisation devices, are a further complication for health organisations considering using social media platforms to communicate with young people.

Cognisant of these challenges, this project has demonstrated the clear potential for short-form information videos, distributed via online social media platforms, to play a key role in youth health engagement strategies. Such an approach not only effectively disseminates information in formats and language that are understandable and appealing. It also invites young people to respond to health information materials, share their lived experiences and shape discourse and policy as participants.

### 3.5 | Limitations

This was a small study located in one regional centre. The time frame for the study was determined by the

requirements of the research grant, and also by school term dates, as the researchers could only communicate with youth participants through the youth organisations or schools with which youth participants were connected.

#### AUTHOR CONTRIBUTIONS

**Linda Lorenza:** Conceptualization; funding acquisition; investigation; methodology; project administration; resources; supervision; writing – original draft; writing – review and editing. **Vicki Pascoe:** Investigation; project administration; resources; visualization; writing – original draft; writing – review and editing. **Luke Price:** Conceptualization; funding acquisition; investigation; project administration; writing – review and editing. **Friederike McCartney:** Project administration; resources. **Alexandra McEwan:** Methodology; writing – original draft. **Corey Bloomfield:** Investigation; project administration; resources. **Masahiro Suzuki:** Writing – review and editing. **Deborah Power:** Data curation; formal analysis; investigation. **Luz Stanton:** Data curation; formal analysis; investigation.

#### 4 | LIMITATIONS

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#### CONFLICT OF INTEREST STATEMENT

There are no known conflicts of interest.

#### ETHICS STATEMENT

The research was approved by the University Ethics Committee (Ethics Approval 23681). Project implementation was overseen by a research reference committee.

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## SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

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