



Project Report: Media Training
to Empower Aboriginal and
Torres Strait Islander
Communities to Speak up
about Mental health and Suicide

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PROJECT BACKGROUND

Aboriginal and Torres Strait Islander voices are crucial to changing the media's narrative when reporting on issues facing Aboriginal and Torres Strait Islander peoples, and to ensure post-colonial truth telling and healing. Historically, and in contemporary times, the media has been responsible for perpetuating explicit and implicit racial biases against Aboriginal and Torres Strait Islander peoples, with negative impacts on health and wellbeing (Dudgeon, Bray, Ring, & McPhee, 2021; Fogarty, Lovell, Langenberg, & Heron, 2018; Larson, Gillies, Howard, & Coffin, 2007). For example, the 1987 Royal Commission into Aboriginal Deaths in Custody found that 'the racism, stereotyping of Indigenous peoples and inaccurate reporting of the media has a devastating impact on the lives of First Nations people and has caused distress and even suicide in some communities.' Today, much of the mainstream media coverage of issues facing Aboriginal and Torres Strait Islander peoples remains frequently skewed, downgrading, and ignorant (Thomas, Jakubowicz, & Norman, 2019).

As a result of colonisation, one of the key issues facing Aboriginal and Torres Strait Islander peoples is disproportionately high rates of suicide. Suicide rates for Aboriginal and Torres Strait Islander peoples are more than twice that of non-Indigenous peoples (Kreisfeld & Harrison, 2016), with evidence that this rate is increasing (AIHW, 2021). Aboriginal and Torres Strait Islander peoples and communities have the solutions needed for effective suicide prevention. For example, Aboriginal and Torres Strait Islander peoples have long advocated for community-led, place-based strategies which focus on strengthening social and emotional wellbeing (Dudgeon et al., 2016; National Inquiry into the Separation of & Families, 1997). Although these knowledges are starting to be incorporated into health policy (Commonwealth of Australia, 2017, 2021), Aboriginal and Torres Strait Islander peoples and communities receive little space in mainstream media to share their lived experiences as part of truth telling. When these issues are given space in mainstream media, they are usually covered negatively (Stoneham, Goodman, & Daube, 2014) or in ways that delegitimise Aboriginal and Torres Strait Islander perspectives (Thomas et al., 2019). Further, Aboriginal and Torres Strait Islander peoples report a lack of confidence and skills to have these conversations (Heard, McGill, Skehan, & Rose, 2022).

It is important that Aboriginal and Torres Strait Islander peoples are empowered to confidently talk to media about mental health and suicide as part of truth-telling, and to change the media's deficit-focused narrative. This is also particularly important from a suicide prevention perspective, given evidence that sharing experiences of overcoming a crisis can reduce suicide risk and that elevating the voices of lived experience can empower others to overcome difficulties (Niederkrotenthaler et al., 2022; Niederkrotenthaler et al., 2010), as seen in non-Indigenous contexts.

This report outlines media training aimed at increasing the confidence and capability of Aboriginal and Torres Strait Islander peoples when talking to media about mental health or suicide. The report makes recommendations regarding future work towards developing guidelines for the safe reporting of suicide with Aboriginal and Torres Strait Islander peoples. The development of the media training program and its delivery were led by Aboriginal media expert and social justice advocate, Megan Krakouer (Director of the National Suicide Prevention and Trauma Recovery Project), who was commissioned to work on the project. The project was led by the Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention (CBPATSISP), the leading voice on Aboriginal and Torres Strait Islander Suicide Prevention, with support from Everymind, a leading organisation in the safe reporting of suicide.

PROCESS

Following an Aboriginal Participatory Action Research (APAR: Dudgeon, Bray, Darlaston-Jones, & Walker, 2020) approach, this project occurred under Indigenous governance and promoted self-determination.

APAR empowers Aboriginal peoples to describe their own reality and promotes community ownership over research processes, ensuring that the research outcomes are relevant to Aboriginal peoples and communities. In line with this approach, the training aimed to focus on empowering Aboriginal peoples and communities to talk to media. This focus was identified as a priority by the Aboriginal peoples involved in the project. The project adhered to NHMRC principles for ethical research with Aboriginal and Torres Strait Islander peoples, and received ethics approval (HREC1144).

An experienced Aboriginal media expert was commissioned to co-design and deliver the training. As a first step, team members from the CBPATSISP and Everymind met with the media expert to discuss the project. The Aboriginal media expert then developed the training, drawing on their expertise and experience working with Aboriginal communities and media.

The training was delivered on Whadjuk Noongar Country (Perth), as a full-day event. The training focused on topics such as:

- Understanding the mechanics of media
- Ensuring the best possible advocates on suicide awareness and prevention
- Providing tools to fast-track skills to prepare for engagement with media
- Having confidence to build relationships with media

Eighteen Aboriginal community members (age range: 19 to 65 years) attended the media training. This was a very unique group, with deep knowledge gained through lived and living experience of mental health and/or suicide. Of those who attended, 13 people had never spoken to media (nor been approached), 1 had been approached by the media but decided not to speak, and 4 had spoken to media at least one time about mental health or suicide. The attendees were recruited by the Aboriginal media expert. The Aboriginal media expert was a highly respected and trusted member of community, with extensive experience working with Aboriginal and Torres Strait Islander peoples in a trauma informed way. They had personal connections and relationships with the community members, with trust built over several years. These characteristics were essential to convening the group, and ensuring the cultural safety of the attendees during the training.

Attendees provided informed written consent prior to participating in the training. Participants completed a short survey (pre- and post-workshop) and participated in a focus group yarn after the training. The aim of this focus group was to understand how attendees benefited from the training, and what other contents should be included in the training. The findings from the focus group can be seen as part of a co-design process, where feedback should inform future resources and/or the development of training programs. The survey and the focus group questions were co-designed between the Aboriginal media expert, CBPATSISP and Everymind. Attendees were each compensated \$100 for completing the training and another \$100 for completing the evaluation.

LEARNINGS

Written feedback: Prior to completing the training, we asked attendees about their biggest worry when talking to media about mental health or suicide. Attendees were worried about saying the wrong thing, talking about emotional topics, of media blowing what they say out of proportion, freezing up and feeling anxious. Participants also expressed uncertainty and distrust towards the media's intentions, and expressed a lack of confidence to say what they need to.

The attendees also completed a short survey pre- and post-training. These questions aimed to understand 1) whether attendees felt they knew how to engage with media, 2) how likely attendees were to engage

with media, and 3) how confident attendees were talking to media. Attendees responded to these questions on a scale of 1 (not at all) to 7 (very).

Overall, feedback from the training event was positive. After completing the training, attendees reported knowing more about how to engage with the media ($M = 4.1$) as compared to before the training ($M = 2.9$), $t = 4.1$, $p < .001$. Attendees also reported being more likely to engage with media after the training ($M = 4.1$) as compared to before the training ($M = 3.1$), $t = 2.9$, $p = .006$, and felt more confident to talk to media after the training ($M = 4.0$) as compared to before ($M = 3.1$), $t = 2.8$, $p = .005$.

Focus groups: Below is a narrative description of some key themes identified during the focus group yarning, which occurred immediately following the training.

1. **A distrust towards the media:** The group discussed a justified distrust towards the media. People shared stories of the media twisting the truth, being deficit-focused, not seeking permission before publishing their stories, not listening to community and families, and blowing stories out of context. When asked, 'what do you want to see in media reporting?', one person responded that the media '*need to tell the truth for a start*', and '*The sensitivity is no good.... They've got no respect...*'

The group expressed that the media did not understand cultural protocols, and did not work in culturally safe ways. For example, an attendee shared a story of the media posting photographs of a family member who had taken their life on the news, without permission. There are also cultural protocols regarding the use of names for those recently deceased, and permission should be sought from families to use names. These were not always followed. The media was also seen to violate the basic Human Right to 'do no harm'. Taking already traumatic events out of context and portraying these in sensationalizing ways contributed to re-traumatization. For example, a group member shared a story where they received >600 calls from media to talk about an emotional event, without any consideration of this impact on their grief and wellbeing.

The group discussed the need for a larger Indigenous workforce in the media, and more experienced non-Indigenous peoples who worked in culturally safe ways and who took time to understand the context of the stories. The media needs to be trained on how to work with Aboriginal peoples and get the story right.

2. **Speak up and speak out:** The group expressed a desire to build confidence through media training such as the workshop they attended, and expressed that this training should be available for community. It was felt that the community should be empowered to speak out and speak their truth. The group viewed it as important to have a wide range of Aboriginal voices, and saw the voices of many as powerful. For example, one attendee explained:

'A lot of people want to speak out, and need to speak out, but they don't have avenues and that... Everyone has stories that they need to tell'

'it's good for our community because not all our mob are able, capable... shy and shame, and all that stuff, to have people speak... We need a wide range of voices, because the voices of many is powerful. But our whole community needs people talking.'

There was also a particular focus on the need to empower young people to speak to media. Young people should learn how to speak their truth and share their lived experiences, to build their confidence for the future.

'They'll need to speak up for themselves one day.'

'When we are talking about issues that relate to young ones.. why are we talking about them all the time? We should elevate them to speak...'

Not speaking out was identified as having a negative impact on mental health. In contrast, attendees identified the process of talking about suicide and mental health, and sharing their lived experiences in a culturally safe space, as a healing experience. For example, attendees explained:

'A lot of our mob keep a lot of stuff bottled up, especially our young ones. And that's where we see suicide, suffering in silence.'

'I find, myself, talking about it, speaking about it as healing.'

'Needs to be talked about more.'

This empowered the attendees to speak to the media. Some attendees felt that during emotional events (e.g., during bereavement), the media should speak to an Aboriginal community spokesperson, rather than directly approaching family.

- 3. Practical recommendations for developing culturally safe resources:** When asked about resources which would be useful, attendees suggested a booklet/pamphlet that they could take home with them and share with communities. This resource should be eye-catching, colorful, and with artwork developed by community artists. This resource could contain tips for how to engage with media when truth-telling and sharing lived experiences, and include facts about Aboriginal and Torres Strait Islander mental health and suicide.

The group saw value in hearing stories, and learning from a range of Aboriginal people who have experience talking to the media. Some group members also spoke about the value of video resources, which would be particularly valuable for people with low English literacy skills (for example, if English was a second language). These videos should feature relatable people (of varied ages), speaking lay language, and sharing their stories about their engagement with the media. The group also spoke about the value of yarning circles, coming together, and sharing stories to facilitate learning as well as healing.

The group discussed the importance of the facilitator in creating a safe space where people felt comfortable sharing their experiences in media training. It would be essential to have a facilitator who is understanding and supportive, and who can break *'language down black fulla way and white fulla'*.

RECOMMENDATIONS

Based on these findings, CBPATISIP makes the following recommendations:

1. The development of resources which empower Aboriginal and Torres Strait Islander peoples to speak up to media about mental health and suicide, and engage in truth-telling. This resource should balance the need for truth telling as part of healing, with the need for safe reporting of suicide. These resources could include:
 - a. A Fact Sheet / pamphlet, co-designed with Aboriginal and Torres Strait Islander peoples, and developed under Indigenous governance.

- i. This resource should include tips on understanding the media, and how to confidently engage with media to share lived experiences and/or for advocacy purposes
 - ii. This resource should include current statistics/facts about Aboriginal and Torres Strait Islander mental health and suicide, which Aboriginal and Torres Strait Islander peoples can draw upon when talking to media
 - iii. This resource should be easy to understand, visually engaging, and strengths-based
- b. Videos co-designed with Aboriginal and Torres Strait Islander peoples, and developed under Indigenous governance.
 - i. Videos should feature Aboriginal and/or Torres Strait Islander peoples (of varied ages), sharing their stories about how they spoke to media about mental health and suicide, and providing tips on effective engagement and truth-telling
 - ii. This resource should be easy to understand, visually engaging, and strengths-based
- 2. The development and/or delivery of any future Indigenous media training should:
 - a. Empower Aboriginal and Torres Strait Islander peoples and communities, especially young people, to speak up to media when talking about mental health and suicide
 - b. Be developed under Indigenous governance,
 - c. Be designed by Aboriginal and Torres Strait Islander peoples,
 - d. Be delivered by a trusted and respected Aboriginal and/or Torres Strait Islander person who can work in a culturally safe way with communities
- 3. Non-Indigenous media workers need to be culturally responsive and receive training on how to work with Aboriginal and Torres Strait Islander people and communities, when reporting on Aboriginal and Torres Strait Islander mental health and suicide

SUGGESTED CITATION

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