Chapter 6
Bridging the Digital Divide in Australia: The Potential Implications for the Mental Health of Young People Experiencing Marginalisation

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ABSTRACT

The rapid uptake of technology offers potentially innovative approaches to promoting mental health amongst young people, addressing a significant public health challenge. The advent of Web 2.0 has seen a shift from text heavy content to the development of communities that foster connectivity. This area of research, its potential to engage young people at risk of isolation, and the mental health benefits it may have, has received little attention. This chapter considers evidence regarding technology’s role in mental health promotion, particularly for marginalised young people. Results are presented from an Australian study, “Bridging the Digital Divide,” which investigated technology access and utilisation by young people experiencing marginalisation. Finally, Australian policy regarding the digital divide and Internet safety is reviewed. The authors conclude that policy responses should move beyond just access and safety and explore innovative ways of ensuring safe and supportive online communities accessible for all young people.

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INTRODUCTION

In Australia, 90% of 18 to 24 year olds and 92% of 15 to 17 year olds have used the Internet (Australian Bureau of Statistics, 2007), while 88% of 15-25 year olds own a mobile phone (Department of Communications Information Technology and the Arts, 2005). The impact of information communication technologies (ICT) and the role they play in young people’s everyday lives has been fiercely debated in international academia, the general community and the popular press. Take for example the Internet: on one hand it has been described as “Cyberia” a virtual wasteland that young people navigate without rules or regulations; a catalyst for bullying, suicide, and anti-social behaviours, including Internet addiction (Ha et al., 2007; Mitchell et al., 2007; Tam et al., 2007). On the other, it has been touted as a new community with potential to connect those experiencing isolation and marginalisation and as a tool that has the capacity to redefine the practice of relationships and diversify social interactions (Rideout, 2002; Valentine & Holloway, 2002).

Despite the debate regarding the influence of technology on society and its potential harmful effects on the wellbeing of young people there is no denying that the Internet is a dynamic evolving platform. Research exploring its capacity to engage with young people, particularly those who may be vulnerable or at risk of exclusion suggests:

- Young people feel empowered online and are provided a degree of anonymity which means they are more confident talking about sensitive or embarrassing issues, including mental and sexual health (Burns et al., 2007; Nicholas et al., 2004; Suzuki & Calzo, 2004; Valentine & Holloway, 2001);
- The Internet is accessible, anonymous, engaging, and informative and its interactivity allows the delivery of information, health interventions and services in a variety of formats, including traditional text based content, testimonials and fact sheets, both audio and visual podcasts, digital photography and storytelling, gaming, online forums and diagnostic screening with direct links to service providers, see for example (Burns et al., 2007; Baranowski et al., 2008; Christensen & Griffiths, 2000);
- The advent of ‘Web 2.0’ has blurred the boundaries of consumer and producer, enabling individuals to create and publish content themselves through applications such as wikis, blogs, social tagging and networking, aggregative content management and pod/vod-casting (Boulos and Wheelert, 2007); and,
- Open programming interfaces facilitate greater levels of flexibility, agency and democracy, thereby enabling new forms of social organisation while participatory content generation fosters increased collaboration, ownership, and empowerment (Christensen et al., 2002, Crespo, 2007, Wyn et al., 2005, Boulos and Wheelert, 2007, Lefebvre, 2007).

ICT provides multiple components and the possibility of multiple entry points enable individuals to tailor their online experience to suit their needs and learning preferences. This flexibility provides scope for reaching very diverse populations at low cost. It also raises the potential then, assuming access is available, for technology to assist young people experiencing, or at risk of experiencing, marginalisation to transgress the stigma and discrimination faced in their physical environments (Blanchard et al., 2007).

The 1986 Ottawa Charter, long considered a seminal document in the field of health promotion, argues that ‘settings’ are the cornerstone of successful health promotion initiatives (WHO, 1986). ‘Settings’ are defined as an environment in which interventions (including the development of healthy public policy, introduction of regulations or
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