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Article title

People of immigrant and refugee background sharing experiences of mental health recovery:

Reflections and recommendations on using digital storytelling

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Abstract

Ten individuals of immigrant or refugee background, who had experienced mental health or emotional issues, participated in an immersive workshop to create digital stories as part of a national multicultural mental health initiative. Known collectively as ‘Finding our way’, the stories combine the power of first-person narrative with digital technologies. Three years on, six workshop participants and two coordinators reflect on the project’s effects, and offer recommendations for conducting and evaluating similar projects in the future. Individuals experienced the project as personally empowering. The stories have been used to facilitate community and service-based conversations about diversity, mental health and recovery.

Keywords

Digital storytelling; mental health; recovery; immigrants and refugees; participatory methods

INTRODUCTION

When we share our own stories, it makes me feel better! I feel more power in telling my own story. It is not shameful (Kim, storyteller, ‘Finding our way’).

Immigrants, Salman Akhtar observes, ‘suffer considerable threats to their identity’ even though immigration can also lead individuals to become more aware of their identity (Galdi, 2004: 215). Keeping connected to one’s immigrant community may be very important for some. For others, immigration experiences or a cultural identity may be less important to sense of self and relationships than other factors such as their age, gender, ability, religion or sexual identity (Chen, 2017).

Commonly reported challenges for those making a life in a new country include communication barriers, worrying about family and friends, feeling homesick, financial problems and lack of employment opportunities. Feeling safe, close contact with supportive

family and friends, good living conditions and feeling welcomed by the wider community are associated with more positive settlement experiences (DoSS, 2017). Migration and settlement can be especially stressful and, for some, stress can lead to significant emotional and health issues. Refugees and asylum seekers, whose may be enduring violence, trauma, grief, displacement, forced exile, prolonged uncertainty and material deprivation, are at increased risk of developing severe and persistent mental health problems (Bhugra and Jones, 2001). Mental illnesses and all other expressions of emotional distress have their physical, psychological, cultural, moral and spiritual dimensions; for people of immigrant or refugee background, the dislocating experience of migration may be especially important (Galdi, 2004).

Health service providers are becoming more committed to ensuring mental health care is structured around individuals' 'recovery' goals. This involves understanding each person's experiences and supporting them to live full, satisfying and contributing lives (Roberts and Boardman, 2014). However, health providers in many countries struggle to sensitively and appropriately respond to the needs and preferences of culturally and linguistically diverse populations (NMHC, 2014; DeIVecchio Good et al., 2015). In Australia, people of immigrant or refugee background access mental health services at much lower rates than their Australian born counterparts (Minas et al., 2013) with social, cultural, linguistic and economic factors contributing to reasons for underuse (Whitely et al., 2006; Colucci et al., 2014; Colucci et al., 2015).

Digital story telling (DST) is a participant-generated visual methodology used in community development and health research (Guillemin and Drew, 2010), pioneered by Lambert and Atchley in California in the 1990s (Lambert, 2010). It has been used internationally to consider health promotion, sexuality and gender diversity (Vivienne and Burgess, 2013;

Gubrium, 2009; Gubrium et al., 2014), women and economic empowerment (Lewin, 2011), as well to explore issues of concern to racialised groups in urban settings (Dylan, 2011; Hull and Katz, 2006), indigenous communities (Cunsolo Willox et al., 2012; Were, 2013; Wexler, 2014), undocumented migrants (Alexandra, 2008), and young newly arrived migrants and refugees (Lenette et al., 2015; Bansel, 2016).

Since completing the project discussed in this article, literature about using DST with people who have experienced severe mental health issues has come to light, including: a review that identifies reasons for using DST in mental health settings (De Vecchi et al., 2016); a study that investigates youth perceptions of mental health (Hall et al., 2016); and La Marre and Rice's (2016) work with women who experience eating disorders. Very little of the information currently available on using DST in mental health contexts explores process considerations. The intersecting circumstances facing individuals from immigrant or refugee communities who have experienced severe mental health issues or suicidal behaviours have not been explored using visual methodologies.

Increasingly, people with lived experience of mental ill health and recovery are documenting their own stories on their own terms (Drake and Whitely, 2014). Consultations with culturally and linguistically diverse mental health consumers, including those who prefer to speak languages other than English, suggest DST is an effective way to facilitate conversations about mental health (Diocera et al., under submission). Furthermore, while progressive organisations, practitioners and researchers should pursue social justice on behalf of people affected by with mental health issues, lasting societal change requires more 'contact with people sharing stories of recovery' (Corrigan, 2016: 72) and more opportunities for people

with direct experience of mental health issues to lead ‘efforts to set policy and action that affect their lives’ (Corrigan, 2016: 72).

This paper describes the development of a DST-based community engagement project, ‘Finding our way’, that was conducted as part of a national multicultural mental health initiative. The project set out to offer mental health consumers from immigrant and refugee communities with an opportunity to represent their experience in a workshop environment that was supportive, and emotionally and culturally safe. Consistent with other DST health promotion projects, ‘positive health-bearing effects’ were anticipated for the participants (Gubrium et al., 2016: 1787). The project was designed to offer ‘participant-led and participant-created story-based’ ways for individuals to share ‘their myriad, rich, and nuanced lived experiences’ with a wider audience (Cunsolo Willcox et al., 2012: 130). This paper additionally documents a follow-up process, conducted three years after the original workshop, that aimed to describe the project’s effects and summarise lessons learned. Storyteller and coordinator reflections on this project and their collective recommendations for future work in this area are described.

METHODS

Design and preparation of the project

The project was designed for individuals, born overseas or born in Australia to overseas-born parents, with a strong interest in telling a personal story of mental health recovery. The two coordinators worked with an established provider of DST workshops to jointly conduct the project in Melbourne, Australia. The coordinators are mental health practitioners and researchers with experience in using visual methodologies as part of participatory community projects. Experienced film-makers facilitated the workshop. The coordinators recruited participants using a purposive sampling approach that was consistent with other community-

based health promotion DST projects (Gubrium et al., 2016). Specifically, mental health provider agencies were informed about the project's goals and asked to contact individuals who self-identified as being of immigrant or refugee background who might be interested in sharing their story. The coordinators then spoke with potential recruits, taking care to not pressure or coerce. Prior to commencing the workshop, participants were invited to attend information sharing meetings, involving coordinators, filmmakers, and other support persons.

Workshop and launch events

Ten individuals participated in the four-day workshop conducted over two weeks in 2014. It began with a 'story circle', where participants shared their initial ideas and plans. They prepared a script, brought in photos, artwork, and mementos, created new images, and wove their recollections and aspirations into narratives of three to four minutes duration. Sound files were searched to create special effects and soundtracks, and individuals assembled the voice, sound and visual elements using editing software.

The mental health coordinators monitored and supported the wellbeing of all present, and remained alert to situations that might cause participants distress, such as fatigue or working in the confined space of sound booth, and helped negotiate adjustments to the workshop program. Having scheduled frequent breaks and ensured breakout spaces were available, it was possible to accommodate individual needs and preferences and maintain workshop momentum. Coordinators also arranged individually tailored supports, including support workers, family members and interpreters.

The filmmakers finalised each story in the weeks following the workshop according to each participant's detailed editing instructions, and provided each person with a final copy of his or her own story. The mental health coordinators also arranged the design of a promotional

postcard (Figure 1), public screening events and media contact. The title of the collection, ‘Finding our way’, was generated by the storytellers.

[INSERT FIGURE 1 NEAR HERE]

Film title

Reflecting on impacts

In 2017, the mental health coordinators conducted a collaborative inquiry (Heron and Reason, 1997) to reflect on the long-term impacts of the project.¹ Workshop participants were invited via email to offer written comments or speak with one of the coordinators over the phone or face-to-face. Participants were prompted to i) describe aspects of the project that were especially important, meaningful or challenging; ii) suggest ways similar projects could be improved; iii) provide information about whether they have shared the story that they made; and iv) consider any positive or negative personal effects that they attribute to participation in the DST project. Detailed notes made of conversations and email text were analysed for significant themes. Individuals who chose to participate in this inquiry expressed their preference and gave permission for their real names to be used in this publication.

RESULTS

Immediate project results

All ten participants completed the workshop and created a digital story. While each story is unique, collectively, they explore core themes: displacement and belonging; recollecting periods of distress; regaining a sense of wellbeing; connecting with close family and friends; caring for oneself; and using creative or spiritual practices. Table 1 outlines the ten stories.

[INSERT TABLE 1 HERE]

¹ DST workshop agency individuals, who were involved in the project, did not contribute to this review due to staff changes.

Each story was structured around the audio recording of a brief narrated account. Three individuals narrated stories in a language other than English and added English subtitles to their storyline.

Table 2 presents two brief segments from Akeemi's story to exemplify the kind of material explored. Based on the analytic approach described by Liebenberg (2012) and colleagues, the codes combine storyteller and coordinator interpretations of the narrative, taking transcript, imagery and sound elements into account. Akeemi uses auditory and visual references to nursery rhymes, journeys, boats, and landscapes to evoke memories and atmospheres and present mental health recovery as a dynamic life-long process.

[INSERT TABLE 2 HERE]

In addition to selecting photographs depicting themselves, friends and family, participants made objects during the workshop, and inserted digital images of them into their digital story (Figure 2), and used technology to create short animation sequences (Figure 3). Other sources of visual imagery include images of storytellers' own creative work such as sculpture (Figure 4), drawings, paintings, and a graphic novel, and extant images, e.g. maps and affirmative statements, to represent important experiences or ideas (Figure 5).

[INSERT FIGURES 2 to 5 NEAR HERE]

Towards the end of the final workshop day, participants were offered a brief feedback survey in English (with questions verbally explained and transcribed by interpreters as required) that invited them to provide written comments and rate nine short statements, such as 'the overall project was a success' and 'I received enough technical assistance' using a five-point Likert

scale. In summary, their comments expressed gratitude for the opportunity and help received and no other themes. Nearly all rated the statements at the highest level, ‘strongly agree’.

‘Finding our way’, was launched at two events in the month following the workshop, each attended by over 100 individuals, including supporters of the storytellers, multicultural, mental health and research agency representatives, and the media. A television network featured the stories on a national day that celebrates multiculturalism and two storytellers were interviewed by other media agencies (Abo, 2014; Jovic, 2014; Price, 2014; Savino, 2014).

Coordinators and storytellers have also shown the stories at community development, health professional and social and cultural mental health conferences in Australia and internationally. Several stories were screened at a youth-focused multicultural film festival (Colourfest, 2015) attended by over 150 individuals, where two ‘Finding our way’ storytellers discussed their recovery journey and the making of their digital stories. The stories have also been integrated into cultural responsiveness learning resources for mental health practitioners; see, for example, VTMH (2015).

Results of the collaborative inquiry

Five out of the original ten storytellers responded to the collaborative inquiry request. Of these, one storyteller had come to Australia as part of a humanitarian refugee programme, two had chosen to migrate, and two were born in Australia to overseas-born parents. One told her

story in her preferred first language. One family member, who attended the workshop, also responded. The reflections they offered are summarised below.²

Activities undertaken during the planning phase helped create workshop conditions where individuals felt valued and supported. Monique, a support person, recalls the '*camaraderie of the group... as we worked together on the films and socialized over meals*' and Nevena, a storyteller, remembers a '*friendly atmosphere*'. Storytellers valued the offers of tangible assistance, as Akeemi states:

I think the support was good with taxi vouchers, and the food and having a lot of people there, to address each person's needs because a lot of us needed extras, and extra help. [It] definitely made a difference, a lot of people wouldn't even think about getting out of bed in the morning and going there, it's just too hard..., it helped and, in a way, it made it special. It made it seamless for everyone.

Reflecting on the experience of participation, Maria, a storyteller, recalls that she, '*enjoyed the workshop process*', and '*putting [her story] all together*'. Monique believes that '*the filmmaking task enabled us to connect with others over shared experience and learn from each-others' different approaches*'. Akeemi recalls:

I guess it was the first time that I've discussed my condition, with the general public without feeling awkward or judged... For a consumer, it's normal, but other people, not you guys [the mental health coordinators] because your trained with it, but the

² This review only includes the reflections of five of the original ten storytellers and one of the numerous support persons who attended the workshop. It does however reflect the views of half of the storytellers involved.

others [the DST agency filmmakers]. I guess in my mind they were, like, not really used to us... so there was a general feeling that I felt like I wasn't being judged and it was almost not hard to say what I feel. That was the thing that made a lasting impression for me.

Though participants endorsed the participatory approach of the DST workshops, some raised concerns. They explained that while they appreciated the attention of others, it was not easy to open up about deeply personal experiences. Listening to others' accounts was, at times, distressing. For Akeemi, preparing a script to narrate felt like *'internalizing everything again'*, including upsetting memories. Being part of a large group was challenging for another storyteller, who sometimes had difficulty coping with unexpected comments or the intensity of others' experiences, explaining:

Sometimes the group dynamic... I don't always fit very well with. But as time went by I relaxed about different people and came to understand... I have great empathy for people with mental health issues but I don't always get on very well with them.

In such emotionally challenging situations, participants found it helpful that other persons, including care workers, family members, and interpreters, were also present. Akeemi believes that having *'a lot of people there, to address each person's needs'* throughout the day, in the studio and at session breaks, helped a great deal, because there was *'always someone to talk to'*.

The multimodal approach and workshop processes helped individuals to explore experiences that, by their nature, are resistant to direct representation and very challenging to openly discuss and share. Kim comments:

The story is a record of my history. I love that. I have a record of my history. A lot of people around me don't know what I'm doing. A lot of people, still ask me – 'why you never sit down, you keep yourself so busy' – even my children ask me that. They don't understand, that these things make me stronger in myself.

Akeemi also found making a digital story enabled her *'to say something'*. Realising others may find her story *'a bit confronting'*, she explains: *'I'm standing by it, I feel like it is there in a nutshell – that's what I've been through – like I finally have something I can refer to.'*

James explains that a lot of people became really excited when they saw his digital story. He believes that making the story, gave him *'a kick along'* and a way to show people what he was *'on about'*.

Participants echoed each other on the lasting personal benefits of the DST experience.

Akeemi believes the project offered a *'way of empowering'* herself. On completing the workshop, she participated in two launch events, preferring at the first to let others introduce the story, and then make some brief comments herself at the second. Twelve months later she appeared on stage as one of four panel members at a youth focused multicultural film festival. She is now a regular contributor to the reference group that provides strategic direction to a state-wide mental health agency focused on culturally responsive service provision, practitioner education and community engagement.

After more than fifteen years of personal recovery work, and three years after the workshop concluded, Kim describes *'Finding our way'* as a *'changing point'* and *'a once in a life-time'* opportunity. She observes: *'after this project I felt a lot stronger about myself... I think I learnt, it's not that serious, you can learn to control yourself, you have to feel your strong*

mind and set a goal and you can recover.'

Other storytellers continue to show their story as part of their advocacy and education roles. Maria shows her story when talking to school and community groups about experiencing mental illness. She believes it '*adds to the personal story*' she is trying to tell. James sees his digital story and other creative work as ways to reach out to other people with schizophrenia, as well as the general public and practitioners who so often misunderstand the condition and people who suffer with it. Nevena, a storyteller, explains that she is pleased that '*a brief account of my life as a refugee*' has been published on prominent mental health websites, and hopes it will help understanding of people from vulnerable communities who have faced similar difficulties. She wants this collection and others like it to influence mental health policy.

DISCUSSION

Building self-belief and influencing community opinion

In recent years, DST has emerged as a means to empower individuals to embark on or deepen their commitment to collective action with others with similar life experiences. A study by Gubrium and colleagues (2016) about creative storytelling workshops for young women of Puerto Rican background living in the USA experiencing pregnancy and parenting, found participant benefits of DST arise from the chance to: tell one's own story; make sense of past memories and experiences; gain social acceptance and support; and feel valued by others. Producing DST stories as part of a collective project has the additional effect of presenting a 'tapestry of voices', situated in time and place (Cunsolo Willox, 2012: 132).

In a tangible way, presenting diverse accounts of mental health recovery works against the 'critical misunderstandings' and stereotypical assumptions that can arise from hearing 'only a

single story' (Adichie, 2009). Each story created as part of 'Finding our way' varies in the extent to which they emphasise being a 'migrant', 'the child of migrants' or 'refugee'. They show experiences of mental ill-health and recovery 'shaped by many factors interacting together' (Chen 2018: 6), across time and place. They explore emotions, relationships, gender, faith, art, learning, and occupation as well as family, neighbourhood and community connections.

When shown to wider audiences, DST stories can also be used to facilitate advocacy for improved community and organisational responses. De Vecchi and colleagues' review (2016: 189) identifies instances where digital stories have been used in mental health contexts in order to 'support the development of policy, practice and education that incorporates consumer perspectives'. Several of the authors that they cite also stress that it is important to consider whether a story's content and context is likely to perpetuate or challenge stereotypes and ensure that additional advocacy work is undertaken so that 'people in positions of power... understand and act upon the messages' these stories contain (2016: 189).

Findings of this retrospective review of the effects of 'Finding our way', resonate with other DST-based projects, in being similarly two-fold. When people of immigrant and refugee background with lived experience of severe mental health issues and recovery create and share their stories in a visual digital format, they are creating material that has the potential to: benefit themselves and others by building self-belief and community solidarity (Wiggins, 2012); and positively influence community opinion, service provision and policy discussions.

Considerations for conducting future projects

On reflection, four main processes emerged as important when conducting this project that have implications for future DST projects. These include: project design and resource considerations; identifying and supporting participants; offering a safe immersive workshop experience; and exploring options for self-disclosure and releasing content.

Attending to overall design and resourcing

Community-based interventions that explore mental health with people of immigrant and refugee background (Baker et al., 2016), recommend proactively accommodating participant preferences to include support persons and extended family members. Knowing that this meant that attendance numbers might swell at times to more than 20 individuals, sufficient workspaces and breakout rooms were allocated. Arrangements were also made so that, if the need arose, mental health coordinators could expedite participants' contact with qualified professionals at a suitable mental health service. Accommodating preferences for additional informal and formal supports contributed to ensuring a sense of security among participants.

Identifying participants and providing support

Several of the mental health DST projects included in the review conducted by De Vecchi and colleagues (2016) emphasise the importance of adequately preparing participants for the experience and providing an encouraging group environment. Similarly, Gubrium and colleagues (2014) also stress the importance of discussing the potential risks and benefits of participation. Guillemin and Drew (2010) note that the degree of openness achieved when using visual methodologies is closely related to the level of trust, rapport and safety that participants establish with those leading the project. The coordinators recommend promoting the project to service providers, practitioners and advocacy programs and inviting them to seek out individuals who might be comfortable discussing their experiences. This approach

was conducive to identifying individuals who were keen, emotionally ready and well supported in their daily lives.

The coordinators carefully considered the workshop setting and the processes involved. The value of doing so is borne out by participants' comments. Participants have identified some of the demands that this kind of project can place on individuals who are coping with mental health issues. They stress the importance of creating a friendly environment based on mutual respect.

Conducting the immersive workshop

DST participants should experience workshops as 'supportive, participatory and democratic'. These qualities are both conducive to participant wellbeing and necessary for stories to evolve (De Vecchi et al., 2016: 190). In the context of a safe, collegial and empowering project, participants can play 'a reflexive role in both generating and interpreting' stories (Guillemin and Drew, 2010: 184), which 'illuminate' life experiences that others – family and friends, mental health practitioners, researchers, services and policy makers as well as the general public – might otherwise overlook or ignore (Guillemin and Drew, 2010: 176). Workshop facilitators should also be prepared to adapt the structures that underlie digital storytelling to fit the narrative preferences of group members (Cunsolo Willox et al., 2012: 141).³

Participants recommend facilitators and coordinators explore each person's needs and preferences, e.g. whether they favour more or less autonomy, and regularly enquire about each participants' wellbeing. Facilitators should pro-actively moderate group discussions when deeply personal material is discussed and time-limit contributions to 'story circles'. As

³ Digital storytelling follows 'a very Western approach to storylines'; stories are usually told from the vantage point of a single person and 'wrap up' neatly within a few minutes (Cunsolo Willox et al., 2012: 141).

Cunsolo Willox and colleagues (2012) also recommend, all project staff – filmmakers, interpreters as well as those in support and coordinating roles – should be offered opportunities to debrief and reflect.

Discussing self-disclosure and seeking consent to share content

In relation to projects using visual methodologies, Guillemin and Drew (2010: 180) observe, ‘there are potential limitations in how ‘informed’ a person’s decision can be. One ‘cannot always predict how material may be taken up and used by others’ and that ‘[o]nce material is put out into the world, it does have the potential to take on a life of its own’. The implications for storytellers of publically disclosing personal information and giving consent to release content were important ongoing considerations throughout the project. The project prioritised supporting people to create and craft their own digital story. They were not expected to discuss any particular personal experiences, explore any particular topics or themes, or publically share their story in order to participate.

Participants discussed which experiences to explore and represent on several occasions, prior to and during the workshop, on an individual basis with coordinators, filmmakers or peers and in small groups, for example, as part of the ‘story circle’ activity. Participants chose each word, image and sound to include in their story, and whether or not to use their own name and image and those of others, e.g. family members. They were encouraged to consider implications for themselves and others over time, how others may interpret material, and to ask permission from individuals they wanted to feature in their story.

Consent to release content processes were consistent with those previously used by the DST agency when conducting community projects. Copyright for stories created in the workshop

remain with storyteller. Storytellers were each invited to sign a release form that authorised the DST agency and project partners to screen the content. This release does not ask for ongoing permission and allows storytellers to contact the DST agency and end the agreement. In practice, consent gives the DST workshop provider, and the consortium agencies involved, permission to screen the digital stories for promotional and educational purposes and make them available on agency websites.

Participants in the collaborative inquiry did not raise any concerns related to how they represented themselves or others in their stories, what they disclosed about themselves or the consent to release procedures used. DST project leaders should facilitate conversations about what experiences to share, ensure suitable consent procedures are followed, and respect storyteller rights and choices over time.

Considerations for mental health DST project evaluation and research

Visual methodologies offer a way to engage marginalised individuals from rarely consulted language and cultural groups (Colucci and Bhui, 2015). They can be used to explore experiences and help solve social problems (Pink, 2004). The insights included in this review draw on informal discussions between some participants and coordinators in the months and years following the workshop. They described feeling more personally empowered as a consequence of participating in the project and creating and sharing their story. They also described getting involved in other activities such as media, health promotion and other service-level consultations.

On the one hand, it is difficult to make strong claims about lasting impacts of this project. The larger national initiative that funded this project was time-limited to three years. The DST

project was conducted toward the end of this period with no provision for formal evaluation. Ideally, more information would have been gathered from participants, facilitators and audiences at key events and at critical time points. On the other hand, participants and coordinators believe that being involved in this project was transformative. It brought people together and gave them an opportunity to think, discuss, work and create. The stories have resonated with audiences and generated productive dialogues. These findings echo the conclusions reached by other DST projects conducted with a range of marginalised communities. Enhancing the sense of self-belief or empowerment of participants, raising levels of consumer involvement in service reform, increasing awareness health inequities – these themes could be evaluated in future mental health DST projects.

This would entail evaluating DST projects with a view to understanding ‘what works for whom, in what circumstances and in what respects, and how’ (Pawson and Tilley, 2004: 2). A Project evaluation planning should involve mental health coordinators, workshop facilitators, participant representatives with a lived experience of mental health recovery, DST and/or participation in community engagement projects. Participants’ low proficiency in written or spoken English and project coordinators’ lack of proficiency in the storytellers’ preferred language should not be barriers to conducting an evaluation; interpreters, bilingual practitioners and planning can address most communication issues. Methods used in collaborative community-based action research, including ethnography, conducting semi-structure interviews, focus groups and other creative methods, could be considered.

Information, about what happened, who was involved and how the project was experienced could be gathered during each project phase, from project design through to sharing content with a wider audience. Learning from this inquiry confirms observations noted in other DST

studies: sound processes that promote respect, safety, and creativity, facilitate meaningful outcomes (De Vecchi, et al., 2016). It is therefore important to seek feedback from participants about their experiences. For example, Miller (Bargmann and Robinson, 2012) asks individuals to rate ‘relationship’, ‘goal’, ‘approach’ and ‘overall’ elements of individual and group therapy sessions using standardised forms. Similar information could be gathered during a DST project in writing, conversation or through group discussion.

Film, and its related forms such as DST, have a particular capacity for conveying ‘personhood’ and the ‘structure of feeling’ (Wilson, 2018:12). This review has briefly outlined some of the mental health recovery that themes feature in ‘Finding our way’ which were identified through conversations between individual participants and coordinators, some years after the stories were created. The ‘meaning’ of a digital story, is however, produced and re-produced over time (Guillemin and Drew, 2010): in the period when individuals are working out which story to tell, choosing imagery and other sound elements, deciding what aspects of themselves to disclose, and considering the ethical implications of these choices; as the story is constructed and the storyteller imagines future audiences; and, how the storyteller and others interpret and respond to the story’s meaning once the story has been made. Any of these phases of ‘meaning-making’ could become the focus of study in a future project.

People controlling the stories that are told about their own experience of mental ill health or suicidal behaviour can be a basis for strengthening and broadening health promotion, advocacy and solidarity campaigns about mental health and cultural diversity (Lemelson et al., 2017; Ziebland and McPherson, 2006). Studies conducted in other community health, public health and health education settings (Gubrium, 2009; Stacey and Hardy, 2011; Lenette et al., 2015) show that DST can be a corrective to dominant mental health discourses and

practices: as a mental health promotion tool with underserved populations; as part of culturally responsive person-centred mental health practitioner education; and a strategy for influencing public health policy and service design. The risk, however, is that while deeply personal stories focus viewer attention on ‘individual determinants and responsibilities for mental health and well-being’ they may not highlight or challenge underlying systemic inequalities (McCabe and Davis, 2012). One cannot assume that people viewing engaging with stories, will notice these broader cultural, social and structural themes (Ida, 2007; Jacobson and Farah, 2012). The practical uses and policy implications of sharing digital stories could be the subject of further investigation.

CONCLUSION

Nine out of the original ten stories created in the workshop are still publically accessible and available to use as educational and advocacy tools (VTMH, 2017). Overall, the participants found the process personally empowering and safe. This reflective review indicates that participatory methods are particularly suitable for research with marginalised and vulnerable groups (Aldridge, 2017; Roberts, 2013).

Suggestions have been made about ways to approach similar future projects. They include the importance of careful design and planning, identifying people who are well supported, ensuring group processes enhance psychological and cultural safety, and taking a pro-active approach to exploring the implications of self-disclosure and consent to share content. In addition, we recommend mentoring and training people with lived experience to coordinate or lead future projects, and incorporating more opportunities for participants and facilitators to debrief as part of the workshop schedule. Future projects should also include long-term evaluation plans designed and implemented in collaboration with participants (Parr, 2007).

Amidst growing calls to place ‘recovery’ principles at the heart of all services for people experiencing mental health issues, using arts-based and visual approaches, such as DST, can help people explore their own life stories and migration experiences, enlighten others, build solidarity and positively influence community opinion and service provision.

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Declaration of Conflicting Interest

The authors declare that there is no conflict of interest.

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