13 Recovering from mental illness and suicidal behaviour in a culturally diverse context

The use of digital storytelling in cross-cultural medical humanities and mental health

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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)

People from immigrant or refugee background access mental health services at lower rates than the local population (Minas *et al*. 2013; Colucci *et al*. 2014); socio-cultural and economic factors appear to contribute to this underuse (Whitley *et al*. 2006; Colucci *et al*. 2017). Mental health providers are struggling to provide services that are appropriate and accessible to increasingly culturally and linguistically diverse populations (NMHC 2014; DelVecchio Good and Hannah 2015).

Despite this persistent gap, the voices of individuals and families with migration or refugee experiences, who identify with minority ethno-cultural or faith communities, or prefer to speak a language other than English, are rarely heard in local mental health service planning or represented in governmental system reform debates. Relatively few mental health consumer and carer advocates have personal or family experience of migration and are in a position to lead conversations about diversity and cultural safety.

These are the concerns that informed the development of the small-scale community engagement project described here, which was conducted as part of an Australian national mental health initiative. The project provided people, who identified with the groups that the national initiative was designed to 'represent', with an opportunity to explore their personal perspectives, create a lasting record and, if they so wished, share this with others. We theorised that people with lived experience of mental ill-health, suicidal behaviour or emotional issues could influence wider public discourses on diversity and service delivery, as well as community responses to mental health and well-being issues, by telling their own story on their own terms. These narratives would function like windows onto local worlds and invite others to explore the links between 'personal troubles' and

'public issues' (Mills 1959: 15). In consultations with mental health consumers and carers from migrant and refugee backgrounds for another project (Diocera, Colucci, Minas, submitted), visual tools such as digital storytelling were identified as an especially powerful and effective way to engage directly with wider community members who prefer to speak languages other than English. These considerations led the coordinators to explore the possibilities of digital storytelling (DST).

Ten people of immigrant and refugee background, with a lived experience of mental health or emotional issues, participated in a four-day digital storytelling workshop, to create a story that expressed something about their personal encounters with mental ill-health and recovery. As many other DST projects have done before, this project used the power of first-person narratives and provided an opportunity for 'unheard voices to be heard' (LaMarre and Rice 2016: 5). The storytellers were supported to create their own accounts, share their experiences (in mainstream media, in policy and service settings, and for practitioner education), grow in self-confidence, and develop other capabilities.

The project was conducted as part of Mental Health in Multicultural Australia (MHiMA 2014)[1] and was designed in consultation with members of national consumer and carer representative working groups. Individuals from diverse cultural and linguistic backgrounds were invited to participate and explore any aspect of living with mental ill-health and recovery of importance to them. Community mental health practitioners and researchers coordinated the initiative and supported the well-being of participants for the duration of the project. Filmmakers from the Australian Centre for the Moving Image (ACMI) in Melbourne facilitated the workshop that helped each participant make his or her story idea a reality.

Participants learnt the basics of DST and received a copy of their own story in digital format. In the months following the workshop, a compilation DVD, *Finding our way*, featuring all ten stories was released and launched at public events. A national television news programme featured the stories on the national day that Australia celebrates multiculturalism. Two storytellers were interviewed about the project and their personal experiences by print and broadcast media agencies (Abo 2014; Jovic 2014; Price 2014; Savino 2014). Within weeks of completing the project, nine storytellers chose to make their story available on websites (MHiMA 2017; VTMH 2017) and six uploaded their story to a YouTube channel. A year later, stories from *Finding our way* were screened at a multicultural film festival where two storytellers also featured in a panel discussion (Colourfest 2015). Since this time, project coordinators and storytellers have shared the stories at community development events, academic lectures and workshops, health professional and social and cultural mental health conferences. Some storytellers continue to show these stories as part of their mental health advocacy and community education work. The stories have also been integrated into mental health cultural responsiveness education resources (see VTMH 2018).

This chapter describes the DST process and discusses its impact from the perspective of the two project coordinators (EC and SMcD) in consultation with six participants, five as storytellers and one support person. It also provides the

perspective of a Mandarin-speaking participant in depth. The digital stories can be freely viewed at www.vtmh.org.au.

Visual methodologies, digital storytelling, and mental health

Visual methodologies offer a way to engage marginalised individuals from rarely consulted language and cultural groups (Colucci and Bhui 2015). DST is one of a range of participant-generated visual methodologies used in community development, health research, and service evaluation where participants are actively engaged in producing and interpreting the visual material that they create (Guillemin and Drew 2010).

The coordinators of this community engagement project wanted to offer people with personal or family migration and refugee experiences whose lives had been affected by mental health issues and emotional issues an opportunity to represent their experiences visually. We sought a personally empowering process that supported participants to produce accounts that could be used to inform conversations between service users, practitioners, and the broader community about diversity, mental health, and ways to support personal recovery.

DST is a well-established approach that has been shown to be an effective way to help individuals with few opportunities to be heard to explore intensely personal experiences and make meaningful multimedia presentations in a relatively short period of time. The DST method requires little or no pre-workshop technical know-how on the part of participants. Storytellers control every aspect of the stories that they create within a supportive workshop 'community' of other storytellers and story receivers.

The Digital Storytelling Program at ACMI uses an approach similar to the one pioneered by Lambert and Atchley in California in the 1990s. The methodology has seven core elements: identifying the story a person wants to tell; finding the emotional resonance of the story; describing a moment or moments when something changed; bringing the story to life in a visual way; exploring how voice and sound will enhance the story; and assembling the story (Lambert 2010). An editing software is used by the participants to create a story structure in a form that the creator may choose to share.

The priority placed on the person controlling how they present themselves, by organising their own ideas and directing the way the story elements are combined, is a fundamental tenet of the DST approach. Visual methods may provide a more effective way to tap the emotional aspects of a topic than verbal approaches alone. Images, especially ones created by participants, can evoke emotions and potentially facilitate the expression of personal feelings or attitudes (Pain 2011).

Hull and Katz argue that presenting one's own 'identities, circumstances and futures' in a digital story 'fosters agency' (2006: 44). As a method offering opportunities for self-expression and self-representation, DST is an especially effective way to reach 'traditionally powerless groups' (Kindon 2003: 115) and accessible to people who struggle to read, write or communicate using a dominant language.

Guillemin and Drew (2010) describe 'participant-generated visual methodologies', including DST, in terms of three production stages: before, during, and after. Conversations between facilitators and participants about protecting personal privacy and who owns any digital stories made in the workshop begin before image production. During the production phase, spoken words, images, music, and sound are arranged and edited. Audiences are already exerting an influence during this phase; workshop facilitators, fellow attendees, and the audience members whom the storyteller anticipates and imagines, all help to shape how the story is constructed. Finally, once the story is produced, the meaning that resides in the specific images and sounds, the narrative as a whole, the storyteller's circumstances, and the context in which the story was created becomes available for analysis and interpretation. This process may include participant-generated explanations, the interpretations of those who encounter the stories, and critical exploration of the knowledge perspectives 'deployed' and 'excluded' (Guillemin and Drew: 181–3). This chapter explores the ethical and practical considerations relevant to each of these phases.

A recent scoping review of 15 publications by De Vecchi and colleagues (2016) identified four broad ways in which DST has been used in mental health settings: as a mental health literacy intervention, e.g. with school students; as a way to teach interpersonal or technical skills to people who have experienced mental health issues; as a safe and supportive way to share personal lived experiences; or as a means of informing 'others', e.g. medical practitioners, by exposing them to stories that present the 'lifeworld' of persons 'living with a diagnosis of mental illness' (De Vecchi *et al*. 2016: 188–9). The latter two of these four ways resonate with the objectives of *Finding our way*. Drawing on our insights as project coordinators and participants, in the following section we describe the various steps of the project as well as explore the links between personal self-empowerment and capacity to contribute in public forums of advocacy and activism. Further information and reflections can be found in McDonough and Colucci (2019).

The project

Designing and developing the project

The project was designed and promoted as a participatory community project. Representing MHiMA, the project coordinators commissioned ACMI's DST Program to conduct the workshop in collaboration with them. This programme had conducted numerous community projects over many years, had the necessary facilities and equipment and could provide experienced filmmakers to facilitate the workshop and help edit the stories.

The agencies discussed ways to craft a culturally and emotionally safe, supportive, friendly workshop environment for storytellers, their support persons, the filmmakers/facilitators, and project coordinators where individual participants would take the lead in identifying what memories and experiences they wanted to represent and how. The usual workshop schedule was modified to four shorter

working days across two weeks, instead of three full days in one week. No fees were payable by individuals and support persons for participating in the workshop. Other costs, such as transport to the venue and meals, were met by the funding agency so that individuals who faced ongoing challenges with daily living e.g. using public transport, or were on low income would not be disadvantaged. A well-equipped studio space, with nearby group and quiet rooms, was identified.

Recruiting and preparing participants

The project coordinators wanted to reach individuals living and coping with long-term mental health issues and social exclusion, of migrant or refugee background, who wanted to document their stories. This could include people who prefer to communicate in a language other than English. We approached mental health advocates whom we thought might be comfortable with discussing their lived experience. We also used our connections with community mental health agencies, bilingual practitioners, and cultural portfolio holders based at mental health services, and asked them to approach clients or former clients who might be interested in taking part.

We began looking for participants three months prior to commencing the workshop. Confirmed participants and nominated support persons were asked to come along to a group briefing session or to have a conference phone call with project coordinators and workshop facilitators in the weeks just preceding the workshop. Expectations were discussed, examples of other digital stories were shared and individual supports, including interpreters, were arranged. Family and other support persons were welcome to attend for part or the entire workshop if that was what the participant preferred. Participants were encouraged to start preparing their story and consider the images and ideas they might choose to represent in their story. They were reassured that no pre-existing computer or filmmaking skills were required.

Coordinators accepted individuals onto the project who had direct personal experience of emotional or mental health issues; were born overseas or born in Australia to overseas-born parents; who expressed a strong interest in telling a personal story of recovery; had grasped what the DST workshop process would involve; could commit to the proposed workshop schedule; and indicated that they were likely to want to share the digital story they created.

Conducting the workshop and launching the stories

A small group of filmmakers facilitated the workshop, guiding participants through the story writing and technical process (ACMI 2010), while coordinators and other support persons helped out as needed.

The DST workshop approach seeks to create ‘transformative opportunities’ (Lambert 2010: 24) that encourage peer feedback and the ‘collective co-creation of individual narratives’ (Willox *et al*. 2013: 132). Each participant shares their initial ideas in a story circle, then continues to support and inspire the others as

their stories develop. It is this cooperative approach that helps to unite the distinct stories created by individuals as part of a single workshop and allows 'a rich, detailed, and nuanced tapestry of voices' to emerge (Willox *et al*. 2013: 132).

During the first day, each participant developed a script of about 300 to 500 words that they later read aloud and recorded. Most wrote and spoke in English. Two individuals drafted their story in English and then translated their own words into their preferred language. One wrote her first draft in her first language with the help of a family member and an interpreter. Three storytellers also added subtitles; this required filmmakers and storytellers and, in one case, an interpreter, to work together to align voice and text.

Participants found old photos, brought in artwork and mementos, created new images and short video sequences, and wove their recollections and aspirations into their narratives. They searched sound files for special effects and created a soundtrack. Using editing software they assembled voice, image, and music files and added titles and other credits to make their own stories. During the fourth workshop day *Finding our way* was proposed and chosen by participants as a fitting title for the project and the DVD compilation. Each person screened their story on the final day of the workshop and compiled final instructions for the filmmakers, e.g. to insert missing credits or improve image or sound transitions.

Forms giving permission to include the stories on a compilation DVD and licence ACMI to distribute and sub-licence the stories were discussed and signed before the end of the workshop. The filmmakers worked on each file and final versions were available within a few weeks. The coordinators worked with one of the storytellers to choose imagery which would subsequently be used to create a promotional postcard and DVD disc image (Figure 13.1). Each participant received a copy of their own story and the DVD. Participants who were interested attended some free media training sessions and the first launch event for agency staff, key stakeholders, and storyteller friends and families was held one month after concluding the workshop.

The following is an overview of considerations that emerged when coordinators and participants reflected on the *Finding our way* project in small and large gatherings, via phone calls, email, and face-to-face meetings, between 2014 and early 2017, that may help others embarking on similar projects. It is followed by a discussion of some of the effects that the project had, both anticipated and unexpected.

Storytelling

Generating the story

The DST process was used to support individuals to tell the story that they most wanted to tell (Lambert 2010). Digital stories 'and the voices and lived experiences within, are an important, rich, and powerful source of [information] that have not been written, pre-structured, or altered' by anyone else, whether a film director, service provider or researcher (Willox *et al*. 2013: 142).

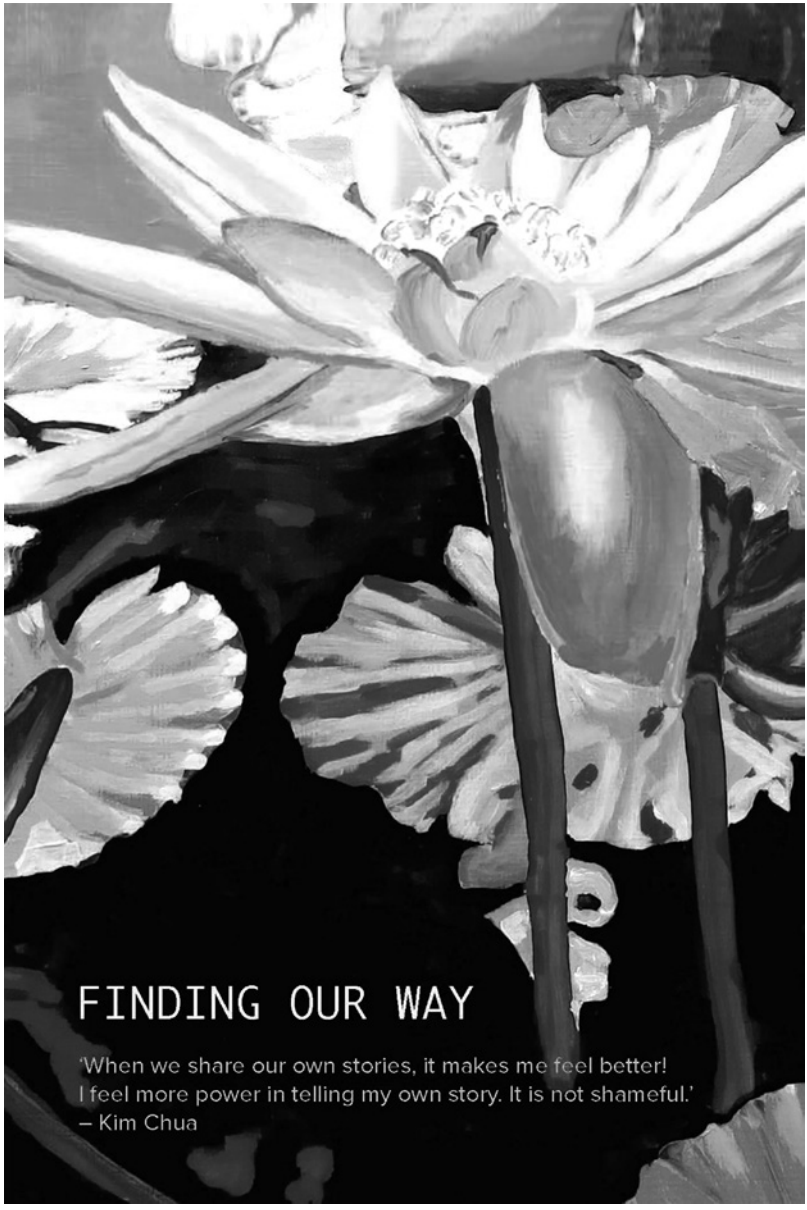

Figure 13.1 Postcard for the final DVD

While all group members all had some familiarity with 'migration', 'mental health', and 'recovery', participants were not expected to discuss any particular personal experience. The workshop facilitators informed the participants that they were interested to audio-visually explore the cultural nuances of the concept of recovery but did not suggest that participants should discuss any particular topics or themes. This project did not set out to document diverse beliefs about mental health and help seeking or to attribute explanations of these to a person's ethnic or linguistic background or migration history (Cooper 2016), or to promote any pre-determined issues or perspectives.

Coordinators and facilitators did not negotiate any formal personal goals with the participants. Participants were also under no obligation to complete the workshop or to share the story that they would create outside the confines of the workshop, although those who had previously discussed their experiences in public situations did help other group members to find ways to express theirs.

Conceptualising the story

Lambert's (2010) manual for DST encourages facilitators to consider a range of story types and notes that 'recovery stories' are among the kinds of 'personal stories' participants may want to tell. These include stories about 'overcoming a challenge' (Lambert 2010: 7) or, drawing on Bruner's theories about the narrative self, the 'turning points' or ways in which external events link up with internal awakenings and become tropes for how one thinks about one's life as a whole (Hull and Katz 2006).

The stories created as part of *Finding our way* contain elements of overcoming hardship, coping with illness experiences, and adjusting to changing external circumstances. Each story is informed by that person's particular circumstances and past experiences. Each storyteller chose how to represent him or herself and what experiences to share with others. Singly and as a collection, the stories are sad, hopeful, self-aware, and touching in their generosity and charm. The filmmakers and project coordinators took care to ensure that storytellers did not feel compelled to focus on any particular themes, yet some common and overlapping themes emerged.

As stories of recovery, however, *Finding our way* does not present the kind of 'recovery story' from 'descent, to crisis, to realization', that Lambert describes (2010: 7). Instead, they suggest possibilities for exploring contemporary discussions about mental health recovery that are beyond the scope of this chapter. However, we should state here that none of the ten *Finding our way* stories represent a single event, or experience that the storyteller had to 'overcome'.

DST, at its core, is a structured creative process. Participants in this project showed how *they* conceptualise deeply personal experiences of mental health, severe ill-health and emotional distress, and the growing sense of agency that recovery commonly involves (Drake and Whitely 2014). The storytellers chose to explore their own sources of suffering and fortitude. They explored challenges

related to experiencing mental ill-health and loss of life opportunities and social roles, alongside personal accomplishments and ways to live meaningful lives. Knowing that about half of the group had had some previous mental health advocacy or public speaking experience, we as project coordinators were hopeful that some individuals would want to engage with broader conversations – within communities and among mental health practitioners and researchers – about what mental health recovery might mean within a socially and culturally diverse society such as Australia (see also Whitley and Drake 2010; Virdee *et al*. 2017).

Owning and sharing the story

The DST process also provides participants with experiences of ownership; participants own their stories and claim the persona of a storyteller. However, many thoughtful commentators on the use of visual methodologies also point out that once stories become public, they take on lives of their own and many other factors outside the images themselves will influence how they are interpreted by others (Guillemin and Drew 2010; Willox *et al*. 2013; Phelan and Kinsella 2013; Gilligan and Marley 2010). Writers also suggest that using visual modes inevitably leads a person to reveal information about themselves that they might not have disclosed if they had simply recounted their own story or had been interviewed (Brushwood Rose 2009; Phelan and Kinsella 2013).

Guillemin and Drew (2010) discuss the example of a young woman who experiences chronic physical ill-health and the publication of an image that she created as part of a photo-elicitation project. They explain that she felt '[so] strongly about wanting other people to know about her experiences that she declined the opportunity to choose a pseudonym and was adamant that her own name be used' (Guillemin and Drew 2010: 181). They describe the actions they took – encouraging consultation with other family members, exploring with the individual how she might feel in future if her image became more widely known to the public – before proceeding to publish. A similar experience occurred in *Finding our way*, as all the participants opted to use their real names and make their faces visible, and wanted their stories to be shared. Participants also chose to use their own names in the project follow-up publications.

Interpreting and analysing the stories

Researchers have applied various theoretical frameworks and analytical approaches to participant-generated photographic and video material (Mason 2005; Hull and Katz 2006; Pain 2011), choosing variously to emphasise the contexts in which they are produced and viewed, their internal narratives, the knowledge they produce, and their social effects. We adopted the approach, consistent with that of Willox and colleagues (2013: 142), that ultimately DST viewers-listeners have 'the responsibility and the privilege of listening deeply' to creator-tellers and 'bearing witness to the stories'.

Effects of participating in the DST process

One of the ethical demands on those responsible for facilitating or producing digital stories, especially with individuals from marginalised groups, is to understand the opportunities and risks for individual participants and beyond. These stories can be avenues for voicing rarely heard perspectives (Willox *et al*. 2013) and 'speaking back to dominant discourses' (LaMarre and Rice 2016), but they can also be used to perpetuate unhelpful stereotypes that can 'lend fuel to damaging representations' (Willox *et al*. 2013: 140).

The following discussion draws mainly on the reflections of five storytellers and one of the support persons who also attended, almost three years after concluding the project, about the effects of participating in the workshop and creating these stories.

We start this sub-chapter with a section specifically dedicated to the story of one of the storytellers, Kim (who gave permission to share her experience and use her real first name). Kim's and the other stories can be watched in the MHiMA (2017) and VTMH (2017) websites and we recommend readers to watch the videos before continuing to read this chapter (See Appendix A for Kim's story).

Kim's story

It has been more than 15 years since, while struggling with depression and personal troubles, a conversation with a Buddhist nun set Kim on a path that would see her re-build almost every aspect of her emotional and personal life. For Kim, this encounter marks the beginning of her 'second life', the moment she realised that a focus on acceptance and gratitude offered an alternative to self-blame. She still draws on these values in her everyday life and in her commitment to helping her local community.

Kim was born in Malaysia, a part of its Chinese cultural community, lived in Hong Kong, and then migrated to Australia. She worked extremely hard, holding down multiple jobs, running a family restaurant business, and raising her children. But her life 'fell apart' following a car crash; the business closed, her marriage ended and she lost her comfortable house and lifestyle. Shame, fear, and isolation led her to hide her experiences from her family and friends.

She came to realize first-hand the difficulties local Chinese-speaking communities in Australia have in addressing mental health issues. She began her long association with mental health services, a local community health centre, and a bilingual community-based counsellor and slowly set about piecing her life back together.

In *Spreading Joy*, Kim's digital story, she recounts how she lost 'everything'. She finds solace in making origami fish, varying their colour and size, yet repeating the creative act hundreds of times (Figure 13.2). She is working her way out of her distress, using pockets designed for gifting money to make fish, a sign of good fortune. Kim then uses these fish-gifts to re-connect with others in her local world.

Figure 13.2 Kim's fish-gifts

Slowly regaining capacities that were lost to her, she also learns to become a 'laughter leader', rediscovering for herself how happiness feels and assisting others to laugh.

From there she also rediscovers her talent for cooking, starts a garden, and dedicates herself to community service. These interlinking tasks are ways to relate to others and express the gratitude that anchors her recovery and resonates with her Buddhist faith.

Her story ends with her own laughter, a key way to connect with feelings, spread joy, and care for herself.

Appendix A shows some extracts and interpretations of *Spreading Joy*.

Of *Spreading Joy*, Kim says, 'It's my story, so many people have been [like] me . . . people rescued my life, now it's my turn to rescue people. It's like karma, going in a circle. I don't want to waste the rest of my life. . . . The story is a record of my history, I love that'. Just recently, Kim was acknowledged in the state government volunteer awards for the way that she helps members of diverse communities to access and navigate health services.

By the time Kim learnt about the digital storytelling project and decided to participate, she was settled, had ongoing support in place, and was already well experienced in supporting others with personal struggles and advocating in her local community. She had become a 'laughter' exercise group leader, regularly prepared lunches at the temple, welcomes culturally diverse new arrivals to the housing estate where she lives, and tends her own vegetable plot.

Three years later, Kim describes the digital storytelling project as a 'once in a life-time' experience. At the time, she explains, it felt challenging.

> I never thought I could make it, especially when we started writing our stories. I started with 500 words then reduced it down. I'd never written a story

like that, write a script, short and still bring in the whole idea. I like doing that. I'd never done anything like that; write in English and then translate back to Chinese.

Kim recalls she did not initially plan to use Mandarin, her first language, but changed her mind when she realised the merit of making her account immediately accessible to local Chinese communities. Now she can see connections between participating in the digital storytelling project and her current roles, working at the local justice centre café and volunteering to support individuals attending the court. People tell her that they appreciate that she is willing to share her personal story with them and listen to theirs. Since the project, she explains, 'I can stand up, and tell people – you can stand up. I am the model that you can see. I can explain about myself, what happened to me, they say – 'nobody ever talks to me about this!'".

She also learnt that while it is hard to tell your own story in just a few minutes, succinctly communicating deeply personal and emotional experiences can mean that others pay more attention to your point of view. She shares this awareness, which she gained from the digital storytelling process, in conversations with people who are reluctant to accept the help of advocates in court.

Participation in the digital storytelling project has meant a great deal to Kim personally (Figure 13.3): 'I learnt that it's not only me, everyone [has] got their

Figure 13.3 Filmmaker and Kim editing her digital story

stories'. When you have a mental illness, 'you are blaming yourself, why me, why me?'. 'When everyone [is sharing their story] I started to think, oh no, not only me'. She was not only reminded that she is not alone in living with the struggles of mental illness; she appreciated that her current situation, compared with many others, was now quite good.

Knowing Kim's long and deep commitment to learning to live well again and to help others, as project coordinators we were curious about these comments. Kim had been very involved in her local community and in self-help and advocacy projects for many years and yet she singled out the digital storytelling project. She explained:

> this one is my highlight, and also my changing point. . . . After this project, I was much stronger about myself. . . . Before I blamed myself. . . . But after [the project] my mental [health is] more stronger. . . . It's not only me . . . I am very strong. [After the project] I got this kind of feeling . . . I had done other [related courses and work] before . . . But I didn't have that strong feeling that I got after doing this project.

Personal growth

In their reflections on using visual methodologies, Guillemin and Drew (2010: 184) wonder 'about the consequences for participants [of] expressing what are clearly difficult or distressing experiences'. As project leaders, we were also very sensitive to the possibility of causing emotional harm. However, all the storyteller contributors to this reflective review have stressed that *Finding our way* was very helpful for them personally. Akeemi recalls thinking at the time that 'they' (the filmmakers) may not be used to 'us' (people who had experienced significant and lasting mental health problems). But the only way to make her digital story was to discuss her condition with the filmmakers, 'with people who weren't trained health professionals'. Akeemi recalled noticing 'I wasn't being judged, and it wasn't hard to say what I felt . . . that was the thing that made a lasting impression on me'.

Two years after the project, Monique, a support person for James who took part in the workshop, believes that the project shows the powerful ways in which art making and storytelling can work in people's lives. Storytellers offered these insights and self-assessments:

JAMES: I didn't know that I had a voice like that, that it would record as well as it did. 'A lot of people got really excited when they saw it'. Making the story 'gave me a kick along because I could show people what I'm on about'.

AKEEMI: 'Making the movie kind of empowered me, I'm still not open about [my mental health issues], but it empowered me to say something'. 'My story is a bit confronting, but 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'.

New and challenging experiences were also empowering:

> Kim explained that she enjoyed expressing herself in two languages, translating her own words from English to Chinese and learning to write a short, succinct script that told her 'whole story'.
>
> Monique noticed that James was particularly challenged by working on the DVD cover, but he got through it with the support of the group and is 'particularly happy with the way his work is presented there'. 'He grew from what became a productive experience, even though it was challenging for him at the time'.

Some storytellers have shown their stories to family and friends and some have not:

> Nevena explained that her children have shared the story with others through their online networks. She sees it as a lasting record that has 'captured' her family and cultural history.
>
> Akeemi has shared her story with her counsellors and presented her story at a public event but not with many family members. She explained, 'Maybe when I'm a bit braver, I'll share it with other people who are close to me'.

Hull and Katz (2006) ask a somewhat different question. They ask, what kinds of claims can we make about the development of agency and identity that participants experience through DST? Pain (2011) recounts a study that demonstrates the 'transformative potential' of using video with young people affected by asthma, where their quality of life and confidence in managing their symptoms improved significantly as a result. The authors 'concluded that the visual method itself acted as a 'therapeutic intervention'. Hull and Katz (2006) suggest that engaging in the DST process helps people believe in their own present capabilities and imaged futures and facilitates a sense of readiness for other opportunities. It would be extremely valuable to see future research explore the personal effects of DST on individuals and groups from diverse populations who have experienced mental health and emotional issues.

Public dialogues

Advocates have used the *Finding our way* stories to stimulate discussions with community members and policy leaders. Educators are using the stories as part of mental health practitioner training. Engaging in the project was a way to build personal readiness for sharing lived experience and assuming advocacy and consultation roles. As discussed above, the act of telling one's own story can itself be empowering. For example, Akeemi came along to the workshop motivated by a personal quest to create a story and learn visual editing skills. Initially she was frightened but later she shared her story at public events and has recently been involved in other diversity related mental health consultations.

Participatory projects provide opportunities for personal reflection, skill building and connection with others, for example, peers, health professionals, filmmakers, and others. In this instance, participants created a digital story that they could use when telling their own story in other contexts. Some individuals, including Maria and James, were already using their lived experience to inform their mental health advocacy and consultation roles. The workshop was an opportunity to revisit lived experiences, and to create a visual story that made their accounts even more compelling, and elicited strong responses from others.

In James' case, the digital story was a way to connect with others who also live with schizophrenia and to promote his own artistic work and the role of creative practice. James indicated that he sees his story as reaching out to other people with schizophrenia and to the general public who so often misunderstand the condition and the people who suffer with it: 'One of my things is to feel their pain, to feel the pain of the mentally ill and make an effort to understand'. James has also shown his story to mental health clinicians. His sister Monique explained that James uses it as 'a kind of calling card' to introduce himself at conferences and when introducing his work to new audiences (de Blas 2017).

Maria uses her digital story as an adjunct to telling her own story in community settings and, for example, shows her story as part of talks to school and community groups about living with mental illness. She says, 'It adds to the personal story I'm trying to tell'.

To summarise these possibilities, DST could be explored as a long-term strategy within the medical humanities and social sciences for developing existing and new advocates, for creating content that contributes to the plurality of voices that people can either listen to personally or privately on line, and for use in more formal education and discussions (for example, the education of health practitioners, or discussions with communities).

Conclusion

Mental health service users and carers from culturally and linguistically diverse backgrounds should have opportunities to tell their own stories in their own way. The participatory approach used in this workshop and the visual story telling method were integral to achieving empowerment. The approaches used in this project appeared to be effective ways to engage a vulnerable population to tell their stories. Similar findings were previously reported by Parr (2007), Pfeiffer (2013) and Wexlar *et al*. (2014). The story of a Mandarin-speaking participant illustrated the potential uses of DST in applied medical humanities.

Some of the key considerations emerging from *Finding our way* for developing similar projects are the importance of careful recruitment through established networks, the use of validated workshop processes with experienced personnel, thoughtful project planning, coordination, and evaluation, and adequate project resources.

Moreover, while stories have been shared and used on various platforms, similar projects in future should carefully prepare promotion and distribution plans, especially if aiming to reach culturally diverse and marginalised communities.

Supporting people to create the story they want to tell and ensuring that they maintain ownership of their story are critical elements of the DST method. Running DST projects in mental health contexts is suggesting ways to identify and develop mental health advocates. This should include the promotion of self-empowerment and coaching people in how to use and communicate their own lived experiences. Based on this reflection, we added a media training to this project. Agencies considering similar projects could consider linking to other real-world opportunities for learning and networking.

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Appendix A

Kim's story

Story: Spreading Joy - Kim Ling Chua
Spoken in Mandarin, with English subtitles, accompanied by ethereal music, of middle to high range, that includes some transitions and connotes 'SE Asian' sounds.

Voice	*Visual*	*Codes**
00:00 [Opening credits. Title page]	Opening credits, 'Finding our way' Hand holding single gold fish on black background [Title] 'Spreading Joy'	
00:12 *After my mental breakdown, I found I was lost and couldn't concentrate on anything.*	Black screen Three red 'pockets' and a folded fish Two gold 'pockets' and a folded fish.	Feeling lost
00:22 *I started to make origami fish. I used red pockets to make fish to calm myself down. I started making fish whenever I could. I had made so many, maybe over three thousand of them.*	Two red pockets and two folded fish. Several images showing many pockets, silver, red, and green and folded fish made from each of these colours.	Finding a focus Making things to soothe self
00:38 *In the house there were fish everywhere, all over my table, chairs, and even the floor. Then I thought, where should they go?* *[Pace of voice quickens a little]*	Several fish, small and large. Image from past showing three people's hands, using scissors with materials spread over a tabletop. Stills in quick succession showing hands as they fold and cut the pocket fish.	Finding a destination, a purpose
00:53 *It was Christmas time, I took my fish and jumped on the city trams. I gave my fish to the tram drivers and passengers and said, "Merry Christmas".*	Continuing to show stills of hands cutting and folding a golden fish.	Connecting with others; giving as meaning-making

(*Continued*)

(Continued)

Voice	*Visual*	*Codes**
01:06 *They were all surprised. Then I also began teaching my neighbours to make fish*.	Two images of mobiles of pocket fish hanging from a stairwell.	Teaching neighbours
01:09 *In 2003, I learned to be a laughter leader. At that time, I found out this is the only exercise I can do at anytime, anywhere*.	Two portrait photo images of Kim (made during workshop).	Learning to lead groups Finding and developing a skill
01:22 *Even in my situation, I could still laugh. Laughing makes me happy and it also brings happiness to others*. *Now I still go to different communities to bring my laughter to both old and young*.	Image of photo from local newspaper clip – about laughter group. The camera zooms in over part of image.	Laughing as coping mechanism Bringing joy to others Visiting community groups
01:40 *Once a month I cook a welcome lunch for the new residents moving into the housing estate. They are from many different backgrounds, Chinese, African, Aussie*.	Photo image showing people, from local community, sitting at a table, or standing nearby. A huge display of food, constructed to represent city buildings at an outdoor community event at a local park.	Cooking for others Welcoming new and diverse residents
1:50 *I also cook for different community events and at the Chinese Buddhist temple. People say my KLC (Kim Ling Chicken) is better than K.F.C. I love to cook. Every time I see people leaving an empty plate, it gives me great pleasure and a big reward*.	Another image of this event, showing hundreds of people in attendance, with some looking at the feast from a bridge. A third image showing more food. Final image showing empty plates where there was once a banquet.	Cooking and devotion Taking care of others Feeling gratitude
2:11 *Recently I started learning to grow seasonal vegetables*. *It makes me very happy to share food that I have grown and cooked myself*.	Several images showing a vegetable garden, garden beds and seedlings of green leafy vegetables.	Growing vegetables Sharing with others
2:21 HO! HO! HA! HA! HA!	Images of women at community event wearing aprons, smiling, clapping their hands.	Laughing, at a community event

Voice	*Visual*	*Codes**
2:23 HO! HO! HA! HA! HA! HAHAHAHAHAHA	Complete image of news item about laughter group. Portrait image of smiling Kim.	Laughing, at a laughter group. Laughing for myself
2:30 – 2:47 [Closing]	"A digital story by Kim Ling Chua (Spoken in Mandarin)" Finding our way closing credit slides.	

* sets of codes relating to the combined effect of the narrative, visual imagery and sound of each segment.

Note

1 Between 2012 and 2015, Mental Health in Multicultural Australia (MHiMA) was funded by the Department of Health of the Australian Government, as part of the National Mental Health Strategy and operated as a consortium of four agencies – the Queensland Transcultural Mental Health Centre, the Centre for International Mental Health at the University of Melbourne, the School of Nursing and Midwifery at the University of South Australia and Victorian Transcultural Mental Health at St Vincent's Hospital Melbourne.

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