Exploring Young People's Experiences and Perceptions of Mental Health and Wellbeing using Photography

Introduction:

The mental health of young people is a major global public health concern. A shift in focus towards children and young people's mental health in the UK has emphasized young people's voices, as of paramount importance in shaping the path for future quality care provision. The paper examines a study that aimed to explore young people's perceptions of mental health and wellbeing using photographs.

Method:

The methodology employed for this study placed young people at the centre of the research process by using photographs to capture their experiences. Ten young people who attended a youth group used disposable cameras to take photographs of their experiences and perceptions of mental health and wellbeing. Semi-structured interviews with the young people elicited their narratives behind the images. Data was analysed using photo-elicitation and thematic analysis.

Findings:

Young people's experiences of mental health and wellbeing were internalized, and located predominantly in the private and hidden regions of their everyday lives. Stigma, social isolation, and marginalization were prevalent whilst spirituality and connection with the environment expressed hope.

Conclusion:

Mental health appears to be firmly located in the private 'back regions' of young individuals' lives, demonstrating that young people conceptualize these experiences as a vulnerable and hidden part of their being. Understanding the needs of this new generation of youth including the prevalence of stigma, risk of isolation, and social exclusion are paramount. Future service provision needs to recognize the extent stigma impacts upon young people's experiences of mental health and wellbeing.

Key Practitioner Message:

- Mental Health Problems in Young People are increasing
- Adolescence is a key stage of transition presenting many challenges to maintaining positive mental health
- Photography provided an effective research strategy to give a tool to young people to represent their emotional and psychological experiences
- Mental Distress remains a stigmatized and hidden aspect of people's lives

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Background

The mental health (MH) of children and young people has become a major public health concern receiving recognition both nationally and globally (World Health Organization, 2014; Department of Health, 2011). With half of all lifetime cases of diagnosable mental illness beginning by the age of 14 and three quarters by mid-twenties, those aged between 12-25 are in a particularly vulnerable period in relation to their MH and wellbeing (Royal College of Psychiatrists, 2010; Kessler et al., 2007).

Despite increased recognition in policy (NHS England, 2016), levels of engagement amongst young people accessing specialist and traditional primary MH service provision remains a major issue (Issakidis and Andrew, 2006). Evidence shows those between the ages of 16-25 are the poorest of all age groups to access services (McGorry, Bates and Birchwood, 2013; Alonso et al 2004). Several reasons for this include; a high reliance on self-problem solving (Rickwood et al., 2007), a preference for self-reliance (Salaheddin and Mason, 2016), negative attitudes about seeking help from professionals, previous negative experiences of using services (Ford, 2005), and stigma (Gulliver et al., 2010; Young minds, 2015; Schnyder et al., 2018).

The longstanding difficulties in engaging with this particular population suggest that new ways of communicating with young people is crucial. The use of visual methods in research can provide an accessible means of collaborative and participatory communication, and is increasingly being used in MH research (Miller and Happell, 2009; Montgomery et al., 2008; Kloos and Shah, 2009), and with adolescent MH populations (Sibeoni et al., 2017). In psychology, it is proposed that images can be used to evoke emotions, speak to the unspeakable (Reavey and Prosser, 2012), and provoke participants to explain aspects of their embodied experience (emotions, identity, self-hood) (Brown et al., 2008) that are not immediately accessible (Radley and Taylor, 2003; Flick 2006). Visual methods have the potential to enable a more nuanced understanding of emotions including those associated with MH experiences (Mcgrath and Reavey, 2015).

In this study, photography was employed to provide an additional layer of insight into young people's lives, and to enable the researcher to view their everyday worlds through their eyes, and in doing so provide young people with a voice, control, and agency. The aim was to explore and understand young people's experiences of MH and well-being within the context of their own lives using photography.

Method

A qualitative approach was adopted as it is best suited to explore and understand participant's experiences of MH and wellbeing. Data was collected using cameras and semi-structured interviews. The objective was to create a dialogue between the researcher and participants, and collaboratively construct a meaningful interpretation of their experiences.

Using a purposive sampling approach, participants were recruited from a community action and participatory youth group. The nationally registered group was made up of young people aged between 18 and 25 years old. Individuals attended the group on a voluntary basis, and had either lived experience of mental illness; an interest or passion for improving MH and wellbeing; and some had previous or current contact with primary or secondary MH services. The research did not aim to seek out individuals with diagnosed MH problems, but the nature of this group meant the young people who attended were more likely to

have these experiences.

The study took place at the group's regular meeting place located in the charity's building. Ten young people aged between 18 and 25 were recruited. Participants were given a period of one week to take twenty-four photographs of how they visualize their everyday experiences of MH and wellbeing. They were given the creative agency to capture anything they considered meaningful including significant spaces, places, activities, and objects. The cameras were returned at the following group meeting.

After this period, semi-structured interviews were carried out with seven participants at the group meeting location. An interview guide was constructed (Figure 1.0), however, emphasis was placed on open-ended questions. This flexibility gave the researcher the freedom to probe beneath surface appearances, acquire further understandings, and explore new areas (Herbert, Rubin and Rubin 2012), using a more conversational style of interviewing, allowing a good rapport to be established.

Photo-elicitation was used when discussing the photographs to stimulate enriched storytelling. The images became a reference point throughout the interview allowing participants to reflect, interpret, represent, and articulate the meanings of their reality to the researcher (Pink, 2001; Croghan et al 2008). Each interview varied in length from ten minutes to half an hour. The timing was determined by participants and depended upon their decision whether to discuss certain images in greater depth.

Interviews were recorded and transcribed by the lead researcher (AC). The data was analyzed using a thematic analysis and an inductive approach. (Braun and Clarke, 2006). The six phases of analysis outlined by Braun and Clarke (2006) was used for analysis purposes. The first stage involved the researcher becoming familiar with the data by reading, re-reading the content, and taking notes. The second stage focused on generating initial codes across the entire data set, and searching for potential themes by collecting codes relevant to potential themes. In the third stage, themes were reviewed, and a thematic map of analysis was created. The process of refining themes then followed in order to piece together an overall story of the analysis. In the final stage, the researcher selected compelling extracts from both the transcripts and images to produce the final framework.

Ethical approval was obtained from a higher education institutions research ethics committee. Approval was gained from the charity's manager. It was identified that the study could potentially be unsettling for some participants. Possible risks to both participants and researcher's wellbeing was a vital consideration. The charity had trained youth workers in attendance throughout the study, who could support participants if needed, and established processes were already in place if issues arose or reporting was required.

Information about the study was disseminated to participants via a verbal presentation and written information (information sheet and study leaflet). The researcher attended a group meeting and explained in detail what the research entailed, and gave the participants the opportunity to ask questions. Study forms outlining important research information including the rights of participants, visual rights, confidentiality, and withdrawal from the study were given to those who expressed an interest for their consideration. Informed consent was obtained in both written and verbal form prior to data collection. The researcher went through the forms with participants to ensure they were fully informed about their participation and implications of this. All participants were over the age of 18.

Findings

The findings demonstrate how young people's experiences of MH and wellbeing are internalized and are located predominantly in the more private and hidden regions of their everyday lives. The following five themes were identified.

Strategies to promote and maintain mental health

This collection of photographs represented different methods young people utilize in order to relax, de-stress, maintain their wellbeing, and manage in their day-to-day lives. These images demonstrate a multitude of outlets young people employed to relieve, release, or express their emotions in their everyday worlds. These outlets were captured in various objects (a television, a bath, favourite foods, and drinks), places (a local pizza shop, the pub, community groups), and activities, (writing, volunteering, listening to music, and performing poetry). For example, a photograph of a cup of tea was captured and the young person explained; '*after I come home from a really long day that's the thing that cheers me up the most, I look forward to it…I just like to sit down and it's a release for me*' (Figure.1).

Figure.1

Another image-maker took a photograph of Netflix and said; '*what would I do without Netflix? Its escapism at its finest. If I've had a long day at college or even a long day with family or friends it' so nice to just wind down and forget about everything*' (Figure.2). Several young people took images of activities; '*I like Soduku, I find something really therapeutic about filling in blank spaces,*' and '*writing down your thoughts and drawing whatever to represent your thoughts, not always negative things because that can sometimes make you worse.*' One young person spoke about their daily routine to manage their MH; '*I do this thing called worrytime, just set a time like half an hour in a day where you get rid of your worries, otherwise you spend the whole day worrying.*' Managing MH and wellbeing was a priority for all young participants but was often accompanied with challenges; '*I'm abit all over the place person, I've got to maintain a really healthy lifestyle, which basically means I can't drink or take drugs or eat much junk food… if I start to lose this healthy lifestyle my mental health goes down and I don't have that good self-control sometimes.*'
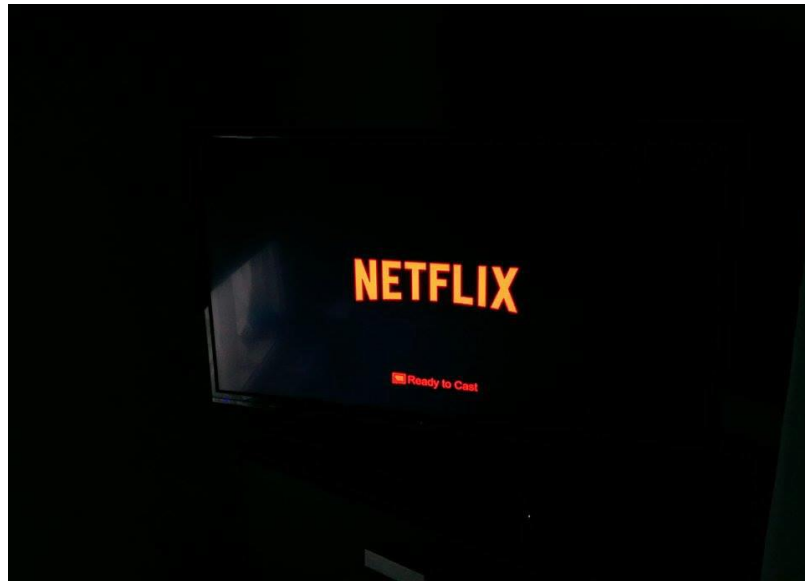
Figure.2

Images of community groups (voluntary, youth, and interest groups) were captured by several participants and they all expressed the importance of connecting with others who can; '*understand'.* For example; '*My poetry group I attend every Wednesday and it's for people with mental health problems, it's helped me cope with my mental health problems and I like it because there's no judgments and their nice people*'. A sense of belonging and feeling grounded within these groups also appeared to be essential to well-being; '*this group here is the best thing ever it gives me routine and something to look forward to… it's good because we all just get it,'* and '*volunteering is something I consider to be really helpful for me… it keeps me grounded.'*

Visual Representations of the internal world in the public space

This collection of images captured spaces, objects, and places within public and open spaces including roads, pavements, housing estates, and leisure environments. Photographs were taken in the outside realm, but depicted young people's invisible connections to these spaces or metaphors for their MH experiences. One young person took a photograph of their daily commute and being stuck in a traffic jam whilst sat in their car, and described the queue as; '*representative of the length you have to wait to access mental health support*' and expressed her '*frustration*' at this. Another image showed a council estate and it was explained how this space invoked memories of mental distress; '*it's representative of how your surroundings can reflect and effect your mental health, because the whole areas very much neglected and whilst I was living there I was probably pretty low, I had just come out of crises'*(Figure.3). An image of a doctor's surgery brought back memories for one image-maker; '*I went to see my doctor for the first time… I was having really low mood and I had booked myself an appointment online so my mum didn't know… I put on the note what I wanted to say but couldn't really put into words. I went in and they said what are you here for? I went back in 6 weeks later after being prescribed anti-depressants and I had the same doctor and they said what you want? I felt like do you not remember me at all*?'

Figure.3

Another image displayed the benches outside their college and the young person used this as a visual metaphor to describe their experience; *'although I've met some great people at college I do sometimes feel slightly excluded at times, I feel that the photo represents exactly how I feel when I feel like I'm on my own'* (Figure.4). Images of vacant college and work spaces were frequently captured and participants spoke openly about the pressures and expectations of being a young person; *'there are pressures to look a certain way, wear certain clothes, do certain things, along with college pressures it's hard to take it all in.'* Another participant explained; *'loadsa people I know are going to uni and doing higher up things and makes me feel s***, I don't feel good enough like there are people better than me and I'm abit lonely.'*

Figure.4

The use of visual metaphors in outside spaces is consistent with researchers who have drawn upon the purity of metaphors to explain the make-up of public spaces (Sibley, 1995). It is proposed that these spaces are 'purified' of individuals whom

signify difference or disruption (Douglas, 1966). For example, stigmatized groups in society including young people (Scheff, 1974) are placed in this symbolic role of 'out of place' or 'difference' (James 1902), and these can be uncomfortable or difficult spaces for some individuals (Hodgetts et al., 2007; Pinfold, 2000), which can further perpetuate the experience of feeling excluded or isolated. This is highlighted by one young participant; *'there was this guy on the bus… he wouldn't stop staring at my arms…I've got like scars on them, and I feel really judged and feel like I have to explain myself every day.'*

Visual Representations of the internal world in the private space

The photographs captured within this theme were taken within the private space of the home. The 'home space' was a re-occurring location for participant's image-taking. Previous studies, have found that the 'home' is a 'safe space' or 'haven' (Mcgrath and Reavey, 2015; Pinfold 2000), which can create a more concordant and stable experience of individuals mental distress, and a wider sense of self (Davidson, 2003). Several image-makers captured images of outside spaces within the their homes and this enabled them to express their emotion, for example; *'I saw some little birds out there feeding, it made me think they're free and made me want to escape from it all'*. Another image-maker took a photograph and stated; *'this is a brick wall, this was how I was feeling, a wall to stop myself from enjoying myself'* (Figure.5). The home space appeared to act as a symbolic location where participants attempted to stabilize their experiences of hidden emotion and engage in self-expression (Mallet, 2004; Curtis, 2010). One young participant described mental health as; *'a roller coaster of good and bad emotions, thoughts that sometimes you can control and sometimes you can't and then just a general weird experience in your head'* and another added; *'I suppose for me it's handling everyday life without being consumed by all your bad emotions.'*

Figure.5

The image-makers actively used home-specific objects (fridge, television, desk, or cutlery) to construct meanings of their ongoing experiences of MH and emotions in their worlds (Latour 2005; Cromby, 2004). One individual took a

photograph of their bed and explained; '*the photo is meant to be blurry, I wanted to show how I feel when I'm trying to sleep but I can't due to my own thoughts and anxiety*'. One image showed a television remote; '*sometimes I feel like I'm not in control and sometimes it feels like someone else is in contro*l'. Another young person spoke about control using a blurry image of a television; '*my head sometimes it can be like hallucinations it could be just my thoughts and not being able to control it is hard'*(Figure.6). An image of an empty fridge was described as; '*sometimes I feel empty, this shows times when I'm upset sometimes there's nothing there, nothingness, I try and feel something but nothing takes over'*. Several participants spoke about their psychiatric medications and took images of cupboards and boxes where these were stored, but also disclosed the difficulties associated with taking medication; '*they do keep me well… but gremlin she lives inside my head and she says stuff to me that's really mean and she sometimes stops me from taking my medication.'*

Figure.6

Images Representing Safety, Sanctuary and Protection

This collection of images showed objects located within the private space of 'the home' which appeared to create a sense of safety, shelter, and protection. When participants described intense emotions or MH distress, retreating to 'the home' as opposed to public spaces (McGrath et al., 2008), and seeking sanctuary from objects imbued with sentiment and meaning appeared to be important (Tucker, 2009). An image of makeup items was very significant for one image-maker; '*I like to hide behind my makeup, it helps me get on with my day, it's a protection. When I feel crap on the inside I like to look ok on the outside*' (Figure.7). Another, showed a dream catcher and the image-maker reflected upon their sentimental connection; '*this is my baby, I've had it since I was 5 years old, it's always there, a constant part of my life, it's very significant and important to me, it keeps me safe*'.

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Figure.7

An image of a pair of scissors, demonstrated the powerful feeling of safety and protection from items within the home; '*this is a collection of my self-harm stuff, there's scissors and other bits, it's always the same place so I know where it is when I need it to help me calm down. It's a constant safety to me, they shelter me from everything*' (Figure.8). Another image showed a MH first aid box; '*you're meant to have something in the box that stimulates each sense and grounds you. I've got a heat pad that is really fluffy to touch and a mood cube for sight and candles for smell... I have two I keep refreshing because I change*'. The 'home' and the objects that surrounded image-makers in this private space appeared to contribute to their sense of 'self' in relation to MH and well-being (Latour, 2005, Reavy and Brown, 2009).

Figure.8

Images expressing spirituality and hope

The final theme represented images that reflected young people's sense of spirituality and hope. Integral to this theme were places that had personal meanings for young people in their immediate natural surroundings including blue

(the sky, clouds) and green spaces (flowers, trees), and images that appeared to capture thoughtful moments of appreciation. Contact with natural environments including green spaces has been associated with perceived and objective wellbeing and health outcomes (James et al., 2015). For example, an image taken in green spaces captured a sense of a hope; '*this image was taken in the park behind the shop I work, it had just stopped raining, it was nice and fresh and it cheered me up a little bit*', and '*when it's raining I like it because it makes me feel cozy and safe as long as I'm not out in it*' (Figure.9). An example of blue spaces include; '*I took this picture of the clouds, I find it relaxing and nice to be outside in the open*' and another participant said; '*it reminds me of travelling because if you go away somewhere it puts your life in perspective*'. Several young participants spoke about going for walks, being in nature and '*exercising regularly especially outdoors even when it's Baltic*' as therapeutic.

Figure.9

Moments of appreciation took different forms including, one image-maker capturing their shoes whilst walking; '*I took this picture to represent trying to be in someone else's footsteps*', and another of a gift bag; '*I saw it and I really liked it, it's really pretty and glittery*'. Another showed a light; '*sometimes I have dark days, even though there is darkness represented in the picture I know there's always light at the end of the tunnel, there's always hope*' (Figure.10).

Figure.10

Discussion

The aim of this study was to explore how young people visualize their experiences of MH and wellbeing within the context of their own lives using photography.

Firstly, using photography surfaced complex observations, connections, articulations, and associations in young people's everyday lives that otherwise may have remained invisible, overlooked, or unexpressed. Powerful visual metaphors within the images represented young people's everyday lives but reflected a multitude of internal emotions, including emptiness, anxiety, entrapment, lack of control, and loneliness. The camera gave young people the opportunity to share the hidden 'back regions' of their worlds (Goffman, 1959). The findings suggest that young people internalize feelings associated with a negative emotional state. Consequently they locate these internally, and intentionally hide these from their outward sense of 'self' and identity. Therefore, suggesting MH can be viewed as a more vulnerable and hidden part of young people's identity, and further highlights the difficulties some young people face in voicing or expressing their emotions.

Secondly, young people's experiences of mental health and well-being appeared to be spatially distributed (at home, at college, in public spaces). Different self-identifications in relation to MH and well-being emerged in and across different spaces (McGrath, Reavey and Brown, 2008; Latour 2005).

Notably, a powerful commonality in all of the photographs was the lack of people present. The images represented a sense of observation rather than participation in the social world. This further reinforces understandings that some young people feel socially and emotionally isolated or excluded from wider society due to their MH difficulties (Shrivastava, 2012; Paolini, 2013). This is especially important in revealing the extent in which stigma remains a pertinent fixture in the lives of young people, and how communication continues to be a major barrier for young people engaging in an open dialogue regarding their MH.

The use of cameras proved a powerful tool in accessing the deeply embedded experiences of MH and well-being, and enabled the image-makers to generate and constitute a representation of their realities (Harrison, 2002). The methodological choice of photo-elicitation empowered the young image-makers, by asking them to use a tool they were familiar with and skilled at, to reveal their experiences, and in turn gave them a voice. One image-maker explained; '*I find it difficult to talk about my emotions, feelings and experiences, the camera gave me a way to express what I feel in my own way*'.

Visual methods is also used in Photovoice as an effective participatory tool where individuals use camera's to represent, identify, and enhance their community to bring about social change and social action (Wang et al., 1997). It is a successful technique for implementing public health related projects for marginalized individuals and groups in society including individuals with MH conditions (Erdner et al., 2009) and young people (Yates, 2010). Images and narratives enhance existing evidence in order to promote effective and collaborative means of sharing experiential knowledge to create public policy and improvements in healthcare (Papoulias, 2018) that are appropriate to those who it is intended to support.

In this study, photography allowed the participants to present their psychological, emotional, and social worlds in ways that were sensitive, and unique in the meanings they give to their MH and wellbeing, and the wider context of their

lives. This holistic view of MH is a concept underpinning the guiding philosophy of recovery which views MH as a unique and individual journey (McCormack, 2007).

The internalization of emotions demonstrated in this study suggests that young people are at a high risk of exclusion and potential marginalization from society due to the emotional and social isolation accompanying this experience. However, this study highlights how novel and creative methods such as photography may offer an alternative method for communicating with young people experiencing MH difficulties.

Limitations

The study was in a single location and recruited a small sample size of participants who were accessed via a group likely to be already experiencing difficulties. A further limitation, is the small number of interviews conducted, which may limit the breadth of experiences captured. Despite these limitations, the study provided rich and in-depth insights into young people experiences. The findings and the method of photo-elicitation may be meaningful and have utility to other youth populations.

Conclusion

This qualitative study has contributed towards understanding and addressing the MH experiences and challenges of young people. The use of photography allowed the participants to engage openly in a dialogue about their hidden and vulnerable experiences of MH using a tool that was familiar, engaging, and accessible. The study has highlighted the importance of understanding the needs of this new generation of youth including the prevalence of stigma, high risk of social exclusion, and potential marginalization from society. Considering different and potentially youth-friendly ways of communicating with this hard to reach group is crucial. It is only through listening and involving young people in the decisions affecting their lives that services will then be able to plan and deliver provision that holistically, meaningfully, and effectively engages young people suffering with MH difficulties.

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Figure 1.0 Interview Guide

Interview Guide

What are your experiences of taking photographs?

- What do photographs mean to you?
- What images do you take pictures of?
- How did you feel using the camera?
- How did you find taking photographs

What does this photograph show?

- What does this mean to you?
- How does it reflect your experience?
- How does it make you feel?

How does this relate to your personal experience of mental health?

- What does this image capture in relation to your mental health?
- Why did you choose this particular...? (Object/place/space)
- What does this mean to you?
- How does this capture your personal experience of mental health and wellbeing?

How has this photograph shaped your experience?

- How has this photograph shaped the way you think?
- How does this capture the way you see the world?