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USING PHOTOVOICE TO EVALUATE A BEHAVIORAL HEALTH PROGRAM FOR TRANSITION AGE YOUTH IN GEORGIA

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BACKGROUND

Photovoice is a participatory research method often used to provide community members who have limited agency with a voice in decision-making processes that affect them.

System of Care (SOC) refers to a coordinated network of effective community-based services and supports for youth with or at risk for mental health or other challenges.

The Center of Excellence for Children's Behavioral Health at the Georgia Health Policy Center (GHPC) partners with the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) to evaluate multiple components of the state's SOC. In 2015, DBHDD supported the development of "clubhouses" for transition age youth (ages 15-24) with both mental health and substance use issues. These clubhouses provide a safe space for youth to socialize with peers and learn skills to help them transition into adulthood.

GHPC adapted Photovoice methodology to provide youth in the clubhouses with a venue for input into the larger program evaluation for the SOC. This poster illustrates learnings from this process to date in one clubhouse in rural Georgia.

PROCESS

Traditional Photovoice methodology calls for a series of learning sessions with participants that builds to a final session where they share their story with key stakeholders and decision-makers they have identified.

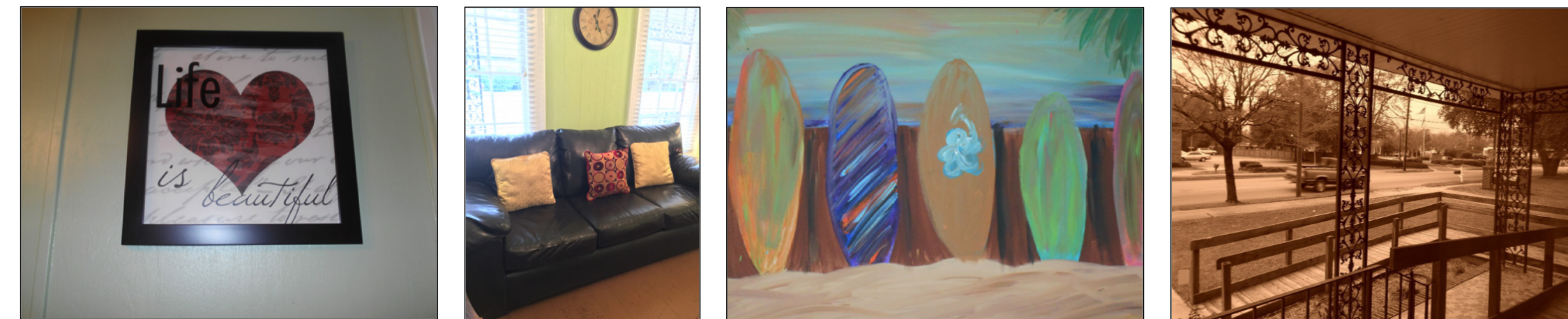
This process was outlined for the clubhouse youth as a five step process preparing them for a final sharing session focusing on the role of the clubhouse in their lives. Through the course of the first four sessions, the process remained adaptable to the fluidity of the clubhouse setting and the varying interest levels of the participants.

Sessions one through four occurred weekly through February and March of 2016, along with some recruiting trips earlier in the year to enroll participants and begin to establish rapport with the youth.

To the right are some photos taken by youth to guide the discussions in each session. Emerging concepts and themes are also summarized, but it should be noted that these do not represent the final stories from youth, which will be generated for a fifth session yet to be scheduled at the time this poster was prepared.

SESSION 1: IN-SESSION PHOTOS OF THINGS YOU LIKE OR DISLIKE AT THE CLUBHOUSE

Emerging concepts/themes: feeling good, comfort, lifestyle, getting away from people



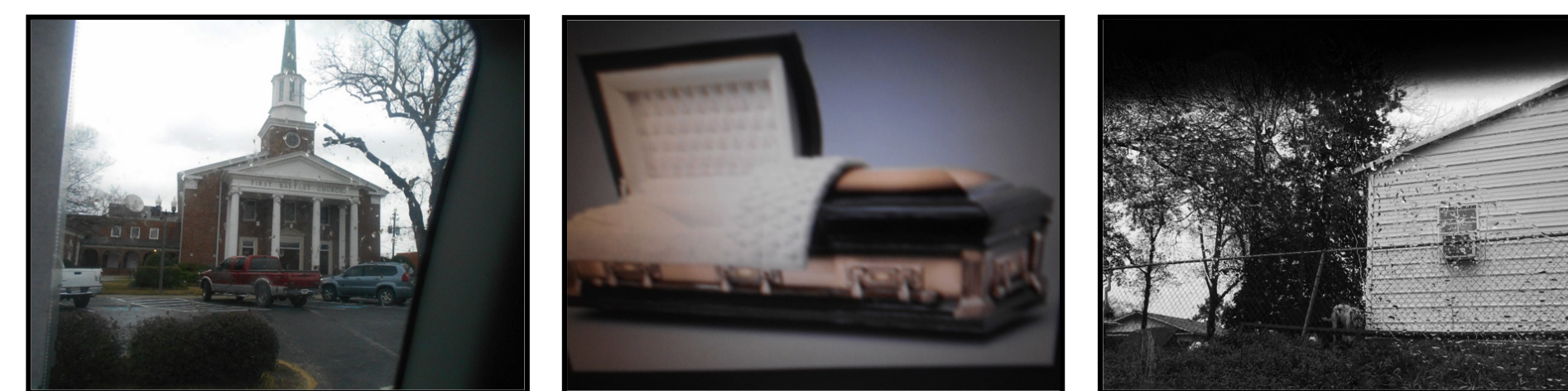
SESSION 2: ASSIGNMENT - PHOTOS OF THINGS YOU LIKE OR DISLIKE AT THE CLUBHOUSE

Emerging concepts/themes: emotions, shifting priorities, clubhouse activities



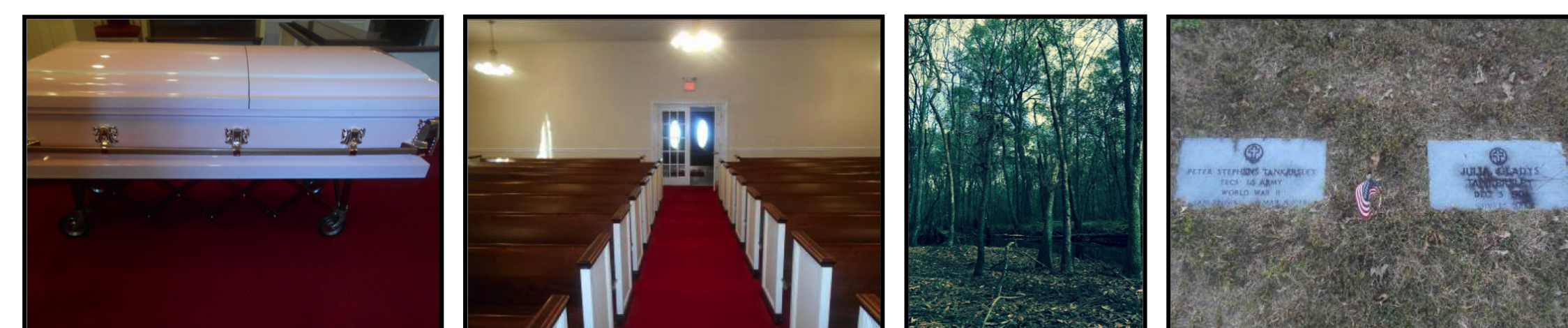
SESSION 3: ASSIGNMENT - PHOTOS OF THINGS YOU LIKE OR DISLIKE OUTSIDE THE CLUBHOUSE

Emerging concepts/themes: hanging out with non-clubhouse friends, career goals, school, stability, animals



SESSION 4: PHOTO FIELD TRIP AND WRITING

Emerging concepts/themes: nature, achieving goals, solitude, self control, serenity



SESSION 5: SHARING SESSION

Youth are currently working on their plans for sharing their stories with people that are important to them. This final step of Photovoice is intended to be youth-driven in that they choose the audience and format for sharing.

LESSON LEARNED

- Varied interest in taking photos, but meaningful discussions occur once we have images to consider. Inability to work with youth between sessions presents a challenge for maintaining interest in the project.
- Having individual sessions is a useful adaptation of the methodology. It gives each youth time to process and talk about the meaning of her/his photo(s) with the project team before talking about the photo with peers.
- Youth seem to have a generally positive perspective on the clubhouse and its role in their lives. There was little focus on "things you don't like so much," making discussions about what they would like to see changed difficult.
- Unrealistic to expect all the youth to participate in each session for a variety of reasons, including discharge before final session(s).
- Embrace the adaptability of the Photovoice methodology, and when using it in the context of a program evaluation ensure flexibility within that evaluation plan to maintain fidelity to the underlying values of Photovoice.

IMPLICATIONS

As public health institutes operate more frequently as agents bridging the various sectors of practice and policy-making that aim to improve health and well-being, collaborations with behavioral health agencies are likely to increase. This project represents a collaborative project that brings together representatives from the state behavioral health agency, their service providers, and a public health institute. As a participatory technique, Photovoice offers an interesting avenue for collaboration that reaches into the actual experience of people who are traditionally considered research subjects, providing a level of empowerment that other research methods do not. Other public health institutes can learn from Georgia's experience in adapting this methodology into an otherwise "standard" evaluation framework.



For more information, please contact the Georgia Health Policy Center at 404.413.0314 or visit us online at www.gsu.edu/ghpc.