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There may be some differences in the final published paper

Title: 'The Road We Travel': Developing a Co-Produced Narrative for a Photovoice Project

Abstract

Introduction: Photovoice is a participatory methodology in which marginalized communities represent their lived experiences through photography. While the methodology aims to foster partnerships throughout all phases, the literature suggests that in the field of mental health some phases are often completed without participant involvement.

Aims: This paper elaborates how the photovoice method was used to engage service users and family members around their experience of involvement in a co-produced and co-facilitated mental health education intervention, in order to enhance public and policy makers knowledge of the project.

Methods: Ten participants were recruited and trained in the photovoice method. Participants documented, through photography, their experiences of involvement in the education intervention. Following this, participants came together to co-produce and disseminate the photography exhibition to the public.

Results: Photovoice proved to be a flexible and creative method by which to include marginalized groups. By adhering to the collaborative principles of the methodology, service users and family members can retain decision making power from the project's inception to its conclusion.

Implications for Practice: Photovoice is ideal for use within mental health nursing as it coincides with the recovery principle of promoting collaborative partnership between service users, family members and clinicians.

Accessible Summary

What is known on the subject:

- Photovoice as a participatory methodology has been used within mental health to support marginalized communities in addressing the challenges they encounter.
- The Photovoice methodology aims to encourage and foster collaborative and equal partnerships. However, reports of previous projects highlight that not every stage of the process remains participant-centric.
- There is limited reporting on participant involvement in the latter stages of projects, such as exhibition design.

What the paper adds to existing knowledge:

- It provides a detailed description of the phases involved in planning and executing a mental health photovoice project.
- It provides an illustration of how collaborative partnerships can extend into the design and construction of a photography exhibition and its narrative.

What are the implications for practice:

- Photovoice is an ideal methodology for use within the field of mental health nursing as it promotes service user inclusion in research, places value on lived experiences and provides a creative medium through which service users and family members can advocate for themselves and others.
- Photovoice is an effective and creative methodology for disseminating and communicating both the individual and collective outcomes to the general public.
- When implementing this methodology, clinicians and researchers need to be cognisant of the necessity to include participants as equal partners at every stage, including in the design of photography exhibitions and disseminating the findings to academic and public audiences.

Relevance Statement

Mental health nurses work directly with service users and family members throughout their recovery journey. The photovoice methodology is coherent with the recovery principles of empowerment, collaboration and prioritizing the lived experiences of the individual. As such, this methodology has the potential to enhance greatly what mental health nurses can know and understand about the lived experiences of service users and family members. In turn, engaging with the photovoice methodology can provide a platform from which further

collaborative engagement between service users, family members and clinicians can take place.

Keywords: mental health, photovoice/photography; user involvement, advocacy, carers/families, alternative interventions

Introduction

Photovoice is a participatory action research methodology (Wang, 1999), first developed by Wang & Burris (1994). It has been widely used across a range of disciplines (Sackett & Jenkins, 2015; Ha & Whittaker, 2016; Anderson, Clarke & Warner, 2016; Herry, 2017; Jarldorn, 2019; Olausson, Danielson, Johansson & Wijk, 2019) to provide a creative and visual method by which members of marginalized communities can depict their lived experiences through photography (Wang & Burris, 1994). The Photovoice methodology is orientated around three main goals: a) to document and reflect marginalized communities' strengths and challenges b) to encourage critical dialogue and public discussion and c) to advocate for change at policy level (Wang, 1999). Unlike traditional quantitative and qualitative approaches, which promote the researcher as expert, the photovoice methodology fosters collaboration, empowerment and equal partnership amongst contributors, with a shared understanding that the expertise is located within individuals who possess the lived experiences of the topic at hand (Wang, Morrel-Samuels, Hutchison et al, 2004; Tang, Tse & Davidson, 2016).

Individuals who experience serious mental health problems are often marginalized, stigmatized and discriminated against not only by the wider community but by mental health professionals and even themselves (Becker, Reiser, Lambert et al, 2014). Equally, the families of those diagnosed with severe mental health problems can experience similar isolation and stigmatization (Larson & Corrigan, 2008). Increasingly, individuals and their families are demanding that their voices be heard and listened to through consultation, involvement and collaborative decision making in regard to the planning and implementation of mental health interventions and services (Cabassa, Percesepe, Nicasio et al, 2013). Within the field of mental health photovoice has found some traction (Fleming, Mahoney, Carlson et al, 2009; Becker, Reiser, Lambert et al, 2014; Tang, Tse, Davidson, 2016) as a means of depicting personal experiences of living with a severe mental illness (Sitvast, Abma & Widdershoven, 2010), exploring personal experiences of treatment interventions (Mizock, Russinova & DeCastro, 2015), promoting advocacy in mental health (Becker, Reiser,

Lambert et al, 2014) and examining the therapeutic benefits garnered from engaging with photovoice methodologies (Buchan, 2020).

A review of the photovoice literature, particularly in the field of mental health, demonstrates that although contributors of photovoice projects engage in collaborative relationships and partnerships, not every stage of the photovoice process remains participant-centric, especially in the latter stages of theme development and the design of photography exhibitions (Han & Oliffe, 2016). In the same review, Han & Oliffe (2016) found that of the nine articles included, few studies detailed their strategies to disseminate their findings, with only three studies (Clements, 2012; Cabassa, Percesepe, Nicasio et al, 2013; Cabassa, Nicasio & Whitley, 2013; Sitvast, Abma, Widdershoven et al, 2010) curating photography exhibitions. This may in part be due to difficulties encountered in securing funding, which can result in participant attrition and a lack of resources to curate photography exhibitions (Latz & Mulvihill, 2017; Halvorsrud, Rhodes, Webster et al, 2019). In addition, they noted that there was scant reporting on the strategies employed to engage the general public and policy makers (Han & Oliffe, 2016). Hence, the aim of this paper is to elaborate on the processes used to engage service users and family members in a photovoice project around their experience of involvement in a co-produced and co-facilitated mental health education intervention, called EOLAS. The paper discusses the entire process, including the co-production of a photography exhibition designed to communicate to the general public and policy makers about the EOLAS programmes and their impact.

The EOLAS Project

EOLAS, meaning *knowledge* in Irish, is the name of a suite of education programmes for service users and family members. The EOLAS programmes are co-designed and co-delivered by clinical and peer facilitators to provide information and understanding of the recovery journey from severe mental health problems, such as a diagnosis of schizophrenia and bi-polar (Higgins, Hevey, Gibbons et al, 2017a; Higgins, Hevey, Gibbons et al, 2017b). The emphasis within the EOLAS programmes is on providing detailed information about how mental health services operate and the rights of service users and family members. Furthermore, the EOLAS programmes aim to promote empowerment and to encourage and support individuals to take active and meaningful participation in the decision-making process about their own recovery, as well as learning how to be self-advocates. All EOLAS facilitators (clinicians, service users and family members) undergo training in co-facilitation

skills. The training programme as well as the service user and family member programmes are manualized and have been evaluated (Gibbons, Higgins, Hevey et al, 2016). From the outset, various aspects of the EOLAS programmes, including the facilitator training, the service user and the family member programmes have undergone evaluation using traditional mixed method approaches (Higgins, Hevey, Boyd et al, 2018; Higgins, Downes, Monahan et al, 2019a; Higgins, Downes, Monahan et al, 2019b). While utilizing quantitative and qualitative methods is of value in identifying impact, members of the steering group were conscious that the findings of the research were largely disseminated using traditional publication methods which limited services users' and family members' engagement in the dissemination process. As the photovoice method is closely aligned with the principles upon which the EOLAS programmes were developed, it was envisaged that photovoice was the most inclusive and user-friendly method by which to engage services users and family members in disseminating information about the programme to the policy makers and general public.

Aim

The aim of the EOLAS Photography project was to support participants to capture in pictures their experiences of the EOLAS education programme. Furthermore, it sought to increase the knowledge and awareness of the public and policy makers as to the impact that a co-produced and co-facilitated programme can have on the lives of those who participate.

Methodology

Funded by the Irish Health Research Board (<https://www.hrb.ie/>), the project comprised three phases: recruitment and training in the photovoice methodology; co-production of the photography exhibition; and knowledge dissemination. The following is a detailed description of these three phases.

Recruitment

To recruit participants a poster was sent to service user and family member EOLAS facilitators which outlined the purposes of the project and what involvement in the project would entail, together with an invitation for expressions of interest. Both written and verbal explanations were given to people who expressed an interest in participating in the project. Participants were also informed that their expenses including travel, accommodation and food would be covered for the duration of the project.

Ten participants agreed to participate. Of the ten participants, seven were female and three were male. All participants were Irish and over 18 years of age. Participants were four family member facilitators, four service user facilitators and two EOLAS researchers. All participants either had personal experience of a mental health issue or had a family member who experienced a mental health issue. One family member participant for personal reasons withdrew halfway through the first stage of the project. As PhotoVoice is a participatory methodology, and in keeping with the principles underpinning the overall EOLAS project, once recruitment was complete all who took part in the project were essentially positioned as co-researchers and worked collaboratively with the EOLAS researchers, during the decision-making process.

Ethics

Ethical approval for the photovoice project was granted by the University Ethics Committee. While participants gave written consent prior to commencing the project, consent was negotiated throughout each phase of the project, with participants retaining the right to withdraw at any time. Participants provided written consent for their photographs to be published in a variety of contexts from academic papers, to public presentations and online media platforms. In addition, time was spent discussing how to take ethical photographs, including how to obtain permission from any person who would be identifiable in their photographs. Participants who took photographs of individuals, were provided with a separate consent form, which the subject in the photograph signed, indicating their consent. When group photographs were taken to capture the photovoice process in action, participants also consented to these photographs being used on websites and academic papers.

Participants who were co-facilitators of the EOLAS programmes had previously identified themselves as either service users or family members in public fora. Nonetheless, how participants chose to manage and disclose their identities was discussed throughout the project. In particular, during preparation for the launch of the photography exhibition, the group discussed the potential impact of disclosing identities to members of the public. While respecting each person's right to be acknowledged publicly for their work, each participant made an autonomous decision around the extent they wished to be involved in any public event, including the launch, and how they wanted to be identified in any publication.

Training in Photovoice Method

The Photovoice training was outsourced to a photovoice company who had expert knowledge and experience of training both researchers and marginalized community members in using the photovoice methodology. The training consisted of a group session and one-to-one mentoring, delivered over a four-month period. Both sessions were facilitated by a photovoice trainer and all participants were provided with digital cameras, which they could keep after the project was complete.

The group session consisted of a three-day programme aimed at introducing participants to participatory photography, basic camera skills and ethical considerations when taking photographs of others. During the session participants were also encouraged to reflect on and discuss their experience of participating in EOLAS, following which they were afforded an opportunity to practice taking photographs of objects that symbolized their personal experiences. Subsequently, participants presented their photographs to the group and the trainer supported and encouraged each person to discuss the meaning, values and experiences they wanted to convey through their photograph. This in turn, prompted further dialogue about interpretations of the photographs and both the shared and individual meanings that EOLAS held for each participant. After completion of the three-day training, participants were asked to return home and reflect on their journey from the beginning of their engagement with EOLAS to the present day and to take photographs that captured this journey and its impact. To enhance confidence and support, the photovoice trainer was available to participants over the phone and by e-mail for a three-month period.

After the three-month time period participants engaged in one-to-one mentoring. The main goals of this mentoring was to work collaboratively with each participant to: i) review all the photographs they had taken and to choose three or four photographs that, in their view, most accurately reflected their experiences; and ii) support them to write a personal narrative explaining the meaning they attached to each photograph selected. To help participants reflect on their photographs and write the personal narrative, the trainer asked each participant open-ended questions about their personal experience of engaging with EOLAS and any impact that such engagement had on them, their families and their communities. Out of a total of seventy-one photographs captured during the three-month period that training took place, thirty-four were selected for inclusion in the final photography exhibition.

For this stage participants pre-arranged a time to meet with the photovoice trainer in the host University. Each session lasted between one to three hours during which time each participant selected up to four of their photographs to be included in the exhibition. It was during these meetings that participants provided written consent for their images to be used. Participants were also informed that they had the right to withdraw their consent at any point prior to the publication of their photographs, and that if consent was revoked, their photographs would be removed from the project.

Co-Production of the Photography Exhibition

The aim of this stage was to co-produce and co-design an exhibition of the participants' photographs that would enhance public engagement with and knowledge of the EOLAS programmes. To achieve this, a half-day workshop was organised to ensure that all stakeholders (participants and researchers) had the opportunity to work together to design the themes, title and overall narrative of the exhibition. The workshop was organised by one of the authors with expertise curating exhibitions and who was provided with sufficient information about the aims and objectives of the project. Eight project participants including two researchers, the principle investigator and an exhibition curator took part in the half day workshop. One participant who was unavailable to attend due to work commitments, was contacted following the workshop to elicit her views and input into the themes and title of the exhibition.

As the workshop was about creating an open discussion, a semi-circular seating layout was used to create an inclusive and relaxed atmosphere (Image 1). White boards for taking notes and displaying groups of photographs for discussion were arranged at the front of the room. Tables displaying all the thirty-four selected photographs, including their accompanying narrative, were set up at the back of the room. Prior to the workshop each photograph was given a random letter designation and loosely grouped into five sets by the exhibition curator.

Insert image 1

Upon arrival and following a welcome, the curator explained the room layout, emphasising that there was no significance to the letters or groupings assigned to photographs as they were merely a starting point for the discussion. Participants were then invited to walk through the collection of pictures and narratives and to use the letters to write down their initial impressions of how the pictures might be grouped. The purpose of this exercise was to give

participants the opportunity to: i) connect with all the selected photographs; ii) elicit their natural responses to viewing the images and reading the accompanying narrative; and iii) begin a discussion on how the images might link together to tell an exhibition story.

After several minutes of reviewing the images the first group of photographs were displayed on the boards at the front of the room. Based on their initial appraisal and notes, participants discussed if there was a connection and coherence between the pictures on display. As the discussion unfolded, participants rearranged pictures across and between groupings and noted any words that captured the essence of the group of photographs on display. Following this iterative process, consensus on which pictures to include and the provisional themes were agreed. This process was repeated until all pictures were grouped into five themes with a provisional title for each theme.

Once this process was completed, participants then reviewed all five groups of pictures in the context of the overall exhibition. Once reviewed, participants once again discussed the pictures within each theme and finalized the theme title, which consisted of: “*Where Do We Start?*”, “*Ways of Coping: The Struggles and the Rituals*”, “*What EOLAS brings*”, “*Finding your Way*” and “*Hope is Our Legacy*”. The final discussion centered on an overall title for the exhibition, namely “*EOLAS: The Road We Travel*” (Table 1 provides a brief summary of the essence of each theme and overall title).

Insert table 1

Once agreed, participants designed the layout of the exhibition to reflect the road that participants travelled, from their initial experience of distress to the hope that they found through participation in the EOLAS project. Once completed, participants selected a flagship image that best represented each theme and an overall image for promotion of the exhibition. The following images and accompanying narratives provide an example of the photographs included in each of the five themes.

Insert Images 2-11

Dissemination

The launch of the exhibition brought together service users, family members, academics, mental health clinicians, research funders, journalists, representatives from the national health service and the general public. In addition to displaying pictures, the launch also provided participants with a platform to engage attendees in a dialogue about mental health issues, the importance of service user and family engagement and the impact of the EOLAS programmes on the lives of all those who participated. Subsequent to the launch and in order to reach a wider public audience, the exhibition travelled to various other locations, including where participants lived. In each location the exhibition hosts, liaised with the participant who lived in that area to organize invitation lists, press releases and guest speakers. The travelling exhibition sought to engage the general public in conversations about mental health issues, the need to advocate for better mental health services, promote greater understanding of mental health issues and dispel the myths and stereotypes associated with serious mental health problems. To encourage the general public to reflect and provide comments on their experience of attending the exhibition, feedback boxes were provided at each exhibition location. Some of the feedback received included:

“The pictures are very aesthetic and put some clarity on the perspective of service users”

“Very powerful. Shows there is real people and real lives behind the illness. The social media picture is powerful as many people would laugh at the man without understanding his illness and just label him as ‘crazy’ or ‘psycho’”.

“An insight into the road travelled is interesting and beautifully expressed in each photo”

An additional strategy employed to engage both the general public and policy makers was the creation of a photovoice eBook, available at <https://nursing-midwifery.tcd.ie/outreach/eolas/>. The eBook includes the full catalogue of participants’ photographs with their accompanying personal narratives. In conjunction with the creation of the photovoice eBook, members of the EOLAS team launched an e-mail campaign to inform mental health organisations, charities, advocacy groups, the national health service and politicians, about the EOLAS photovoice project.

Discussion

Mental health policy recommends that the expertise of individuals (service users and family members) with lived experience of mental health problems should be acknowledged and included in any decision-making process in relation to the development, implementation and evaluation of mental health services (World Health Organization 2010; Health Service Executive, 2017). The EOLAS participatory photovoice project suggests that as a methodology, photovoice has the potential to be a powerful strategy within the mental health arena as it is an accessible methodology that most people can learn. While photovoice aligns with current recovery values in that it gives primacy to the person's perspective and is a method that promotes choice, creativity, partnership and cultural sensitivity (Repper, 2012; Slade, 2013; Higgins & McGowan, 2014; Stickley, Higgins, Meade et al, 2016), one of its core strengths is that it does not require or assume high levels of literacy or the ability to verbally articulate. Photographs can reveal meanings and emotions, including emotions and feelings, which are generally not tapped into in an interview situation (Sitvast, Abma & Widdershoven, 2010). In addition, methodologies such as photovoice democratizes the knowledge-generation process (Cabassa, Percesepe, Nicasio et al, 2013) and challenges the traditional "expert" researcher evaluation model. In the context of this project, photovoice proved to be an ideal methodology to support people to reflect and capture the impact of participation in the EOLAS programme, in a manner that moved beyond and transcended traditional evaluation methodologies and the limitations of researchers defining impact and community priorities. Photovoice also brought together people who had a shared goal of advocating for individuals who have largely been excluded from having an input into the development of services and enabled them to capture their lives and the impact of an intervention in a manner that gave voice to both the individual and collective experience. While numerous evaluations of psychoeducational interventions for people experiencing mental health problems and family member have taken place (Bond & Anderson, 2015; Brady, Kangas & McGill, 2017; Sin, Spain, Cornelius et al, 2017), this to our knowledge is the first project that captured the impact of a psychoeducational intervention using a photovoice methodology.

In addition to acquiring skills in photography and exhibition design, similar to findings from other studies (Buchan, 2020), the process helped to build connections and friendships between the participants which created an experience of solidarity around engaging with and advocating for improved mental health care. Participants also got to witness the tangible outcomes of their creative expression through photography exhibitions, which served to both

affirm and recognise their experiences as meaningful, important and of value (Latz & Mulvihill, 2017). By being present at the exhibitions, participants also had the opportunity to experience the impact their photographs had on others, as well as affirming and validating their contribution, as active agents, to the policy conversation on the needs and rights of those who experience severe mental health problems within a supportive environment.

While there is no one particular way of conducting a photovoice project as the methodology is inherently eclectic (Wang & Burris, 1997) and unlike other photovoice projects that became 'researcher-centric' in the latter stages of exhibition design (Han & Oliffe, 2016) participants in this project remained the decision makers throughout. Specifically, participants determined which of their photographs were included in the photography exhibition, as well as the overall design, layout and title of the exhibition. In addition, unlike previous studies which recorded group discussions for analysis (Fleming, Mahoney, Carlson et al, 2009; Sitvast, Abma & Widdershoven, 2010; Cabassa, Percesepe, Nicasio et al, 2013; Cabassa, Nicasio & Whitley, 2013) and used other research methods such as hermeneutics or grounded theory principles to analyse the photographs (Sitvast, Abma & Widdershoven, 2010; Cabassa, Percesepe, Nicasio et al, 2013), no formal analysis or interpretation of the photographs was undertaken by the EOLAS research team. Rather, the photographs retained the initial meanings that participants ascribed to them. By adhering to the collaborative principle throughout the project, participants not only maintained decision making powers in relation to the pictures included but they maintained ownership of the story told and the message communicated to the public and policy makers.

The reflective questions asked of participants about their pictures during the training sessions were very open and enabled the participants to think critically about if and how their lives, self-efficacy and locus of control had been affected by their involvement with the EOLAS programmes. In retrospect utilizing the SHOWED method (Wang, 1999) may have been more advantageous and enabled a greater degree of consistency between the questions asked during the training sessions and the final workshop. The SHOWED method is a semi-structured open-ended interview guide that employs a five-step questioning technique (Wang, 1999) and has been used in previous photovoice projects to facilitate more structured and focused group discussion (Cabassa, Percesepe, Nicasio et al, 2013) The questions are: i) What do you see in this picture?; ii) What is happening here (the problem)?; iii) How does this problem relate to our lives?; iv) Why do these problems exist?; and v) How can we

become empowered by our new knowledge and understanding of these problems, why they exist and what can we do to address these problems? (Cabassa, Percesepe, Nicasio et al, 2013, p. 621)

Unlike previously published PhotoVoice projects focusing on mental health (Sitvast, Abma & Widdershoven, 2010; Clements, 2012; Mizock, Russinova & DeCastro, 2015; Tang, Tse & Davidson, 2016) the photovoice training and exhibition workshop were facilitated by two independent facilitators, a photovoice expert and an exhibition curator. Our decision to consult with these respective experts was two-fold. First, our desire to impart the skills and techniques of the photovoice methodology to participants, so that they in turn would have the confidence to use the methodology in any future professional or personal endeavour. Second, the involvement of the exhibition curator ensured that the exhibition was designed and displayed to a professional standard, which further contributed to participants' self-confidence, self-worth and reaffirmed the values of their lived experiences. In more practical terms, the logistics of planning and executing a photography exhibition was a challenging process, in that, it was constrained by budget restrictions, venue and personnel availability and the time commitment was extensive. Nevertheless, these challenges were not entirely unexpected as they have been previously reported in the literature (Latz & Mulvihill, 2017; Han & Oliffe, 2016; Wang & Burris, 1997).

Although the team endeavoured to adhere to the principles of collaboration and equal partnership throughout, it must be acknowledged that the EOLAS research team retained control of the budget and therefore decisions, such as who would conduct the training, the length and original goals of the project were made at the beginning and participants were not part of this process. Nevertheless, service users and family members involved in the steering group of the wider EOLAS project had input into the application for funding for the photovoice project. To offset this power differential, the EOLAS team maintained regular e-mail communication with participants and endeavoured to question their decision making at each juncture to ensure that it aligned with the principles underpinning a collaborative methodology (Wang, 1999). Another challenge to the collaborative process was the inclusion of participants' photographs that did not necessarily cohere with the researchers own values in relation to recovery. Therefore, as part of the process the EOLAS researchers strove to critically interrogate their own beliefs and values in order to suspend their potential biases to ensure that every individual's perspective and experience of recovery was represented and

respected. Additionally, the topics participants were asked to reflect on throughout the project were personal, sensitive and emotionally charged. As such, it was incumbent upon the EOLAS research team to remain aware of the potential impact that engaging so extensively with the topic might have for participants and to offer support. As part of this, the team were very aware of the importance of ongoing communication around revealing personal information and managing identities in the public arena.

While our experience indicates that valuable insights into participants lived experiences of a mental health education intervention can be gained through the collaborative process of co-producing a photography exhibition with participants, the self-selection process may have biased the group towards more interested and outgoing people. Bias may also have been introduced during the preparation of the exhibition stage, as the photographs were pre-grouped by the exhibition curator. While participants did move photographs and arrive at a decision based on discussion, it is noteworthy that the final exhibition revolved around five main themes. Thus, it could be argued that the research team imposing a predefined structure on the outcome of the project and exhibition narrative.

Finally, further studies are needed to replicate the use of photovoice within the field of mental health and psychoeducational interventions. Studies are also needed to explore the processes by which this participatory approach enhances engagement and contributes to the development of self-efficacy and advocacy skills. In addition, studies into the impact of public and policy maker engaging with photographic exhibitions requires exploration.

Conclusion

This paper sought to address a gap in the photovoice literature by elaborating on the processes, methods and strategies employed to engage the general public and policy makers in a conversation about the EOLAS programmes and their impact, through a co-produced photography exhibition. The strength of photovoice as a methodology is that not only does it prioritize and elevate the lived experiences of individuals, but it does so in a manner that is less objectifying than traditional evaluation paradigms. In particular it offers a flexible and creative method by which to include marginalized groups and by adhering to the collaborative principles of the methodology, service users and family members can retain decision making power from the project's inception to its final conclusion.

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Figure Legends

Theme 1: Where Do We Start?

Image 2 (EOLASPhotovoice-2.tif)

Image 3 (EOLASPhotovoice-3.tif)

Theme 2: Ways of Coping: The Struggle and the Rituals

Image 4 (EOLASPhotovoice-4.tif)

Image 5 (EOLASPhotovoice-5.tif)

Theme 3: What EOLAS Brings

Image 6 (EOLASPhotovoice-6.tif)

Image 7 (EOLASPhotovoice-7.tif)

Theme 4: Finding Your Way

Image 8 (EOLASPhotovoice-8.tif)

Image 9 (EOLASPhotovoice-9.tif)

Theme 5: Hope is Our Legacy

Image 10 (EOLASPhotovoice-10.tif)

Image 11 (EOLASPhotovoice-11.tif)