Understanding mental distress in young people from a migrant background in Australia through photo-interviewing

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Abstract

Young people from a culturally and linguistically diverse (CALD) background in Australia are reluctant to engage with formal support services when they experience mental health problems, and are under-represented amongst the users of such services. These discrepancies in service engagement may be the result of differences in how they identify and explain mental distress experiences in comparison with the prevailing perspectives within the Australian health system. Kleinman described this conceptually as a conflict between “the cultural construction of clinical realities”.

I had the following aims for this research project: to discover how young people from a CALD migrant background identified and described their experiences of mental distress, to identify the explanatory models and belief systems they utilised to understand these experiences, and to explore how their responses to these experiences – including any interactions with formal mental health services – were influenced by these understandings. Knowledge of these explanatory models and belief systems can inform the enhancement of existing mental health services, as well as provide fresh opportunities for the development of new services and programs with greater appeal and perceived relevance for this population.

Fifteen participants between 18-25 years of age from a CALD migrant background and residing in Melbourne, Australia engaged with ‘photo-interviewing’ to express personal mental distress narratives. They each created up to 20 photographs that represented their mental health and distress experiences, and discussed the meaning of these photographs within the setting of an open qualitative interview. This method encouraged rich descriptions, reflective interpretation, and a storied expression of their lived experiences. The interview transcripts were analysed for themes that were relevant to how they identified, explained, and responded to these mental distress experiences.

A variety of colloquial and psychological terms were used interchangeably to identify mental distress, as well as temporally situated accounts that did not utilise signifying terminology. Mental distress was explained as the result of disruptions to self-identity, social identity, and established social connections. ‘Self-identity’ referred to idealised
concepts of the self that participants had either lost, aspired to attain, or sought to escape; whilst ‘social identity’ referred to their value and status amongst peers, family, and the broader community. These notions of identity were influenced by archetypal social roles and values embedded within their cultural background, and were subject to challenges from their interactions with Australian society. Separation from trusted social connections due to their migration journey resulted in disruptions to their informal support networks and their established social identities. The participants favoured self-directed actions and receiving informal social support over the engagement of formal support services. These actions were directed towards the restoration of a spoiled identity and a sense of social belonging.

These findings suggest that young people from a CALD migrant background would benefit from multidisciplinary support interventions that address concerns related to disrupted identities, promote post-migration social inclusion, and build upon the capacity of informal social supports to facilitate their engagement with formal mental health services.
Declaration

I, Kelvin Wing-Kei Lau, declare that the PhD thesis entitled “understanding mental distress in young people from a migrant background using photo interviewing” is no more than 100000 words in length including quotes and exclusive of tables, figures, appendices, bibliography, references and footnotes. This thesis contains no material that has been submitted previously, in whole or in part, for the award of any other academic degree or diploma. Except where indicated, this thesis is my own work. Due acknowledgement has been made in the text to all other material used.

Signature:

Date:
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<tbody>
<tr>
<td>AOD</td>
<td>Alcohol and other drugs</td>
</tr>
<tr>
<td>ATAPS</td>
<td>Access to Allied Psychological Services</td>
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<tr>
<td>AU</td>
<td>Australia, Australian</td>
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<tr>
<td>CALD</td>
<td>Cultural and linguistically diverse</td>
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<tr>
<td>DSLR</td>
<td>Digital Single Lens Reflex</td>
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<tr>
<td>DSM</td>
<td>Diagnostic and Statistical Manual of Mental Disorders</td>
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<tr>
<td>GP</td>
<td>General Practitioner</td>
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<tr>
<td>ICD</td>
<td>International Classification of Diseases</td>
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<tr>
<td>PAR</td>
<td>Participatory Action Research</td>
</tr>
<tr>
<td>PDF</td>
<td>Portable Document File</td>
</tr>
<tr>
<td>PR</td>
<td>Permanent resident</td>
</tr>
<tr>
<td>RACGP</td>
<td>Royal Australian College of General Practitioners</td>
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<td>WHO</td>
<td>World Health Organization</td>
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Glossary of terms

Asylum seeker
“A person who has sought protection as a refugee, but whose claim for refugee status has not yet been assessed” (Refugee Council of Australia, 2016)

Culturally and linguistically diverse
“Born overseas and originating from non-English speaking countries” (Australian Government Department of Health, 2006)

Discourse
“The study of language, its structure, functions, and patterns in use” (Marshall & Scott, 2009)

Epistemology
“The philosophical theory of knowledge - of how we know what we know” (Marshall & Scott, 2009)

Informal support
Assistance derived from normative or voluntary interpersonal association (Litwin & Auslander, 1990)

Formal support
Assistance derived from formal legal mandates or publicly mediated financing mechanisms (Litwin & Auslander, 1990)

Hermeneutics
“The understanding and interpretation of linguistic and non-linguistic expressions” (Ramberg & Gjesdal, 2014)

Migrant
“A person who lives temporarily or permanently in a country where he or she was not born, and has acquired some significant social ties to this country” (UNESCO, 2014)
Mental distress
A subjectively unpleasant and undesirable state of mind and/or emotion

Mental disorder
“The existence of a clinically recognisable set of symptoms or behaviour associated in most cases with distress and with interference with personal function” (World Health Organization, 1994)

Mental illness
Disorders characterised by dysregulation of mood, thought, and/or behaviour, as recognised by diagnostic criteria outlined in the DSM-V and ICD-10 classifications (Centers for Disease Control and Prevention, 2011)

Narrative
A construction of events into a meaningful descriptive sequence for an audience (Riessman, 2008)

Ontology
A framework for understanding reality: “An inventory of kinds of being and their relations” (Marshall & Scott, 2009)

Refugee
“A person outside the country of his (sic) nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his (sic) former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it” (UNHCR, 1967)

Stigma
“An attribute that is deeply discrediting” (Goffman, 1968)
Young person

An adolescent or young adult. Definition varies across institutions. United Nations, 15-24 years; World Health Organization, 10-24 years; Australian Institute of Health and Welfare, 12-24 years
When you are doing something by yourself and you set a goal that no-one can understand, it’s like you are walking in a dark road. But your dream or your compassion or your love will become the light to lead you – maybe.

(Photograph and description by “Chun”, pilot study participant, 2015)
Prologue

I migrated to Australia from Hong Kong with my parents and older sister during the late
1970s when I was four years old. I remember my father, a surgeon by profession,
making efforts to fit into Australian society whilst we grew up in a new suburban
housing estate in western Sydney. Every weekend he would proudly mow the lawn
with his Victa push mower whilst wearing his Paul Hogan-style towel hat. He would
celebrate the completed yard work by admiring the garden from a fold-up banana chair,
drinking a cold can of KB Lager brought to him by my obliging mother. It was, in
retrospect, quite a comical sight.

My father eventually chose to work full-time as a general medical practitioner, or "GP",
in the western suburbs of Sydney. He would bring home all sorts of medical literature
and paraphernalia; he would talk (and complain) about the Chinese, Lebanese,
Vietnamese, and Indian patients he had seen that day during family dinnertime; and, on
occasion, he would take me to work during school holidays and let me play in his
consultation rooms. These early immersive encounters with the world of the medical
profession no doubt had influence on my eventual chosen career path as a doctor. I
eventually qualified as a GP at the end of 2006 after working at various country and
metropolitan hospitals as a career medical officer in New South Wales and Victoria.

Mental health was emerging as a key issue in the primary health care agenda during my
registrar training with the introduction of Medicare's Better Outcomes in Mental Health Care
program in November 2006. I experienced a growing number of patients
presenting to my clinical practice with mental health related issues, and responded to
my lack of confidence in managing these cases by participating in education seminars
and professional development workshops provided by institutions such as BeyondBlue,
Black Dog Institute, and the Royal Australian College of General Practitioners
(RACGP). At this stage in my career, my understanding of ‘mental illness’ as
diagnostic syndromes and biochemical disorders was strongly influenced by the
perspectives of the medical and psychological disciplines behind these institutions.

I started caring for more patients from a multicultural background when I moved from
regional New South Wales to metropolitan Melbourne in 2009. I had also become
involved in some part-time clinical work at the Asylum Seeker Resource Centre and a refugee health service in south-east Melbourne. My exposure to mental health issues in patients from culturally and linguistically diverse (CALD) backgrounds grew, some of whom reported experiencing significant distress and hardship in their lives. Many of these patients were not satisfied with my clinical diagnoses of "depression" or "anxiety", shied away from antidepressant or mood stabilising medications, and avoided or failed to maintain scheduled appointments with psychologists. The therapeutic interventions I was trained to 'dispense' also seemed woefully inadequate (and sometimes even absurd) when juxtaposed with the overwhelming stories of persecution, trauma, discrimination, social isolation, and economic hardship that many of these patients would share in their consultations.

I recall a singular memory from my childhood when I was casually flipping through one of the medical newspaper tabloids that my father would leave laying around the house – I had encountered a puzzling advertisement for a medicine used for "depression". At the time, I wondered what this strange condition was - did it have something to do with your blood pressure? Was it a type of heart condition? It was not until I had started my psychiatry rotation during medical school that I finally discovered the meaning of the term. Issues concerning emotions and mental health were hardly ever discussed at home – and despite having a parent from a medical background, terms that were used by health professionals never emerged on the rare occasions when it was discussed. I considered the experiences of happiness, sadness, anger, frustration, fear, and worry as normal emotional responses to the world. Having these experiences presented as an illness that was treatable with tablets seemed to me, at the time, completely nonsensical.

Perhaps many of my patients shared that same confusion over the medical reinterpretation of their distress, especially those who had grown up in countries and cultures that I was unfamiliar with. Convincing someone that their bone was broken is easy when they have a deformed arm, and you have an x-ray picture of their fracture. Telling someone that their sore throat originated from a germ invasion might be more challenging, but convincing them is relatively easy when you can poke their swollen lymph glands. What about a broken or heavy heart when someone has lost their job, or has been abandoned by a loved one? What business does a doctor have in such affairs if
the person has never heard of depression, mood disorder, psychotherapy, or antidepressants? “I thought these things were only prescribed for crazy people? Doctor, are you saying that I am crazy, that I am mad?”

This PhD research project was one of my responses to these seemingly frequent encounters in the consultation room. My personal and professional experiences motivated me to investigate the ways that people from different backgrounds interpret and understand mental distress; when and why they seek help for this from a professional service; what they expect from their interactions with their doctors and other health professionals; and why the current therapeutic approaches to mental disorder in primary health care do not seem to resonate with the overall CALD migrant population in Australia.

The opportunity to investigate this further as a research project emerged during 2013 in the form of a PhD scholarship at the University of Melbourne whilst I was completing a Master of Public Health. The research team behind this scholarship proposal was seeking a candidate to investigate the issue of mental health in migrant communities through the use “photo-elicitation”, a research method whereby participants in a study create their own photographs and talk about them in an interview. I enthusiastically applied because of my personal interest in both migrant mental health and photography, and was successful in securing the candidature and scholarship.

I chose to direct the attention of this project towards young adults from a CALD migrant background. I had made a professional transition to youth and adolescent mental health immediately after commencing work on this PhD by working part-time as a GP at a headspace [sic] youth health and wellbeing service in Melbourne. I was still working within this role at the time of writing this thesis. My experiences there with young people from a CALD migrant background bore similarities to my previous ones in general family practice. Young adulthood is a challenging time that is associated with the stresses of establishing self-identity, relationships, peer acceptance, financial security, and existential purpose. For many young people, it is the first time they leave the relative stability of a family environment, with an expectation from society to assume the personal responsibilities of an adult. It is challenging enough for those born in Australia, and perhaps it is unsurprising that the 16-25-year-old age group has the
highest rates of mental disorder compared with all other age groups in Australia. Those born overseas can face the additional challenges of adjusting to a new language and culture whilst carrying the burden of family separation and, on occasion, traumas past and present. There appeared to be little attention directed towards this population subgroup in the material concerning the wellbeing of Australian young people when I began a review of the academic literature to establish a scope for the project (something I outline in further detail within Chapter 2). It was, and continues to be, my intention to contribute to the overall understanding of the challenges faced by these young people, and to play my part in the overall efforts towards improving the quality of formal support that I consider every young person in Australia is entitled to receive.
Chapter 1: Introduction

This thesis is a comprehensive and definitive account of the research that I conducted between January 2014 and October 2017 as a PhD candidate with the Department of General Practice at the University of Melbourne’s Faculty of Medicine, Dentistry and Health Sciences. This research project focused upon addressing the following three questions:

1. How do young people from a culturally and linguistically diverse (CALD) migrant background in Australia identify and describe their mental distress experiences?
2. What explanations do they utilise to understand these mental distress experiences?
3. What actions are taken in response to these mental distress experiences?

‘Young people from a CALD migrant background’ is defined in this research project as individuals who are between 18-25 years of age, were born in a country where English is not the main language, and have resided or will reside in Victoria, Australia for at least 12 months. ‘Mental distress’ refers to any subjectively negative experiences in thought, mind, emotion, and behaviour that are analogous with, but not restricted to, formal concepts of mental illness or mental disorder. Previous research has indicated that fewer people from a migrant background utilise formal mental health services in comparison with the overall Australian population, and that this difference in service engagement is also reflected amongst adolescents and young adults from a migrant background (Rickwood, Telford, Parker, Tanti, & McGorry, 2014; Stolk, Minas, & Klimidis, 2008). This inequality in formal service engagement is at odds with evidence for a strong demand for mental health support within Australian migrant communities. This suggests migration-specific issues and cultural differences function as important factors influencing the engagement of these formal services (Colucci, Minas, Szwarc, Guerra, & Paxton, 2015; MIND Australia & Gippsland Multicultural Services, 2014; Straiton, Grant, Winefield, & Taylor, 2014; Terry, Ali, & Lê, 2011; Vatcharavongvan, Hepworth, Lim, & Marley, 2014). This information sets the scene for my choice of these three research questions for this research.
I wanted to find out why young people from a CALD migrant background did not engage with these services by providing them with the opportunity to express their own accounts of mental distress experiences, using their own words and forms of expression. My decision to use a more inductive and open approach was guided by Arthur Kleinman’s theories of the “illness narrative” and the “cultural construction of illness”. These conceptualised illness experience as a subjective social and cultural construct, and provided a framework for examining the problem of mental health inequalities and inequities as a difference in meaning, rather than resources (Kleinman, 1980, 1988). I utilised photo-interviewing, a ‘visual’ qualitative research method combining participant-generated photography and open interviewing, to explore this. This method encouraged young people from a CALD migrant background to share their own in-depth narratives of personal mental health and distress experiences – narratives that had the potential for revealing unexpected explanatory beliefs and illness models that would assist with understanding the lack of formal mental health service engagement in this population.

Thesis overview

I begin Chapter 2 by providing an outline of my primary research question and objective, and the overall circumstances of young CALD migrant mental health that pointed to the need for this research to be conducted. This is followed by a review of how past researchers had engaged with qualitative research methods to investigate the issue of young CALD migrant mental health, the theoretical perspectives they had chosen for their investigations, the relevant findings of these studies, and the remaining gaps in knowledge about subjective mental distress experience that are yet to be addressed by ongoing research.

Chapter 3 is an outline of the overarching theoretical and conceptual frameworks that I utilised to locate my perspectives of mental distress. I explore the origins and meaning of the terms "mental health", "mental disorder", and "mental illness", as used within the context of the Australian health system, and discuss the significance of these concepts for the engagement of formal mental health services by young people from a CALD migrant background. Kleinman’s notion of distress and illness experience as a “cultural construction” using cultural explanatory models and belief systems is outlined in this
section, followed by Williams & Healy’s concept of dynamic “exploratory maps” of illness models (Kleinman, 1980; Kleinman, Eisenberg, & Good, 1978; Williams & Healy, 2001). This is followed by an overview of Paul Ricoeur’s hermeneutic phenomenology, and an explanation of how it provided an ontological and epistemological foundation for using subjective mental distress “illness narratives” to explore and identify the explanatory models and beliefs being negotiated by these young people (Kleinman, 1988; Ricoeur, 1981; Tan, Wilson, & Olver, 2009).

In Chapter 4, I introduce ‘photo-interviewing’ as a method for encouraging the construction and expression of rich autobiographical mental distress narratives. I begin by challenging prevailing historical assumptions about the ontology of the photographic image as an objective visual document, and explore how the photographic medium has developed into a tool for subjective expression, narrative construction, participant empowerment, and phenomenological interpretation within contemporary art therapy, visual art practice, and photo-interviewing social research. A literature review of photo-interviewing studies with migrant populations and mental health issues is presented, followed by a discussion of the methodological limitations and knowledge gaps identified within this body of existing photo-interviewing research. I conclude the chapter by presenting two communication theories that offer an epistemology for a visual-textual hermeneutic: Peirce’s theory of signs (Atkin, 2013; Chandler, 2007), and Cohn’s theory of visual narrative (Cohn, 2013).

Chapter 5 is an outline of how I implemented the research ‘in the field’. I describe how I recruited participants for the study, how interviews were structured and conducted, and reflect upon some of the practical issues encountered during participant engagement. This chapter also provides an overview of how I managed and analysed the data obtained through the photo-interviewing process using thematic analysis, semiotic analysis, and visual narrative analysis.

Chapters 6 and 7 are in-depth accounts of the research findings. Photographs associated with key interview quotes are presented within these chapters to demonstrate the significance of visual images for their associated narratives within the interview dialogue. The thematic categories presented in Chapter 6 focus upon the explanatory models and beliefs for mental distress that were identified in the participant narratives,
how these beliefs influenced the responding actions of the participants, and how these beliefs were shaped by their cultural legacy and migration journey. Chapter 7 is a critical examination and explanation of how each participant used the photographic visuals to construct their distress narrative and engage in an interpretive ‘visual hermeneutic’ to express the meaning of their experiences.

Chapter 8 is a discussion of the implications that the findings have for future service delivery and academic research; the legal and ethical considerations that emerged from using photography to research a sensitive topic; and the potential limitations of this research. I also discuss how photo-interviewing may not have suited some of the participants as a research method. This is followed by a discussion of how the insights gained from this study regarding mental distress beliefs offer several practical opportunities for strengthening the informal support networks of these young people, and for optimising their engagement with existing formal mental health services.

In Chapter 9, I summarise the findings of this research project by directly addressing the primary research question outlined at the beginning of this thesis. I provide some conclusions about how mental distress was understood by the young people that participated in the research, and how these understandings shaped their personal actions and mental health service engagement. The remaining uncertainties, and opportunities for further research, are also outlined within this concluding chapter.
Chapter 2: Research objectives and context

Introduction

I conducted this research project to address the following questions:

1. How do young people from a culturally and linguistically diverse (CALD) migrant background in Australia identify and describe their mental distress experiences?
2. What explanations do they utilise to understand these mental distress experiences?
3. What actions are taken in response to these mental distress experiences?

I described some of the personal experiences that motivated me to focus on these topics of interest within the prologue of this thesis. This chapter situates this personal motivation for undertaking this research within the context of what is already known about the mental health of young people from a CALD migrant background, and to highlight the knowledge gaps I had identified within the existing academic literature.

I begin by presenting an exploration of the evidence concerning the existence of a hidden mental health burden amongst young people from a CALD migrant background in Australia, and the factors that could hinder their engagement with existing formal services tasked with providing mental health support. These identified concerns are then placed within the context of what was known within the existing literature about the mental health of the overall Australian migrant and adolescent / young adult populations at the time of conducting this review. This is followed by an exploration of the theoretical perspectives that other researchers utilised to understand the issues relevant to migrant mental health; a review of the published qualitative research that has investigated mental health concerns within young CALD migrant populations in Australia; and a summary of the gaps in knowledge that I encountered during the literature review that were relevant to my topic of interest.
Background: a hidden health burden, and barriers to accessing support

Adolescents and young adults (‘young people’) from a CALD migrant background – particularly those identified as refugees – are generally considered by health professionals and academics alike to be at greater risk of developing mental health issues than their locally-born peers, and to encounter greater difficulties in accessing and maintaining therapeutic engagement with mental health services (de Anstiss, Ziaian, Procter, Warland, & Baghurst, 2009). This issue has developed within a broader concern about the mental health and wellbeing of the overall Australian adolescent and young adult population, where prevalence rates of self-reported mental disorder and suicide are amongst the highest of all age group stratifications, and the utilisation of mental health services is amongst the lowest (Australian Bureau of Statistics, 2007, 2012; Lawrence et al., 2015). Considerable efforts have recently been made within Australia and other countries experiencing immigration growth towards improving the overall mental health of the young CALD population group, as well as their engagement with suitable support services (Colucci, Szwarc, Minas, Paxton, & Guerra, 2014).

Regarding the Australian context, there has been a steady increase in the proportion of young people with a migrant history, as well as a significant increase in the proportion of this population group migrating from a non-English speaking country, over the last two decades. In 2001, 16% of the Australian population between the ages of 15 and 24 years were born overseas, of which half were from a non-English speaking country; whilst in 2011, 20% were born overseas, of which three-quarters were born in a non-English speaking country (Australian Bureau of Statistics, 2017).

The presentation figures for various Australian mental health services, although limited, support the existence of a hidden mental health burden amongst young people from a CALD migrant background, and an inequality in their service utilisation and therapeutic engagement when compared with the general Australian population. Rickwood et al reported only 7% of presentations to headspace [sic] (a nationwide mental health program providing primary mental health support to young people between 12-25 years across Australia) during 2012-13 involved young people that were born overseas – a figure that is considerably lower than the previously mentioned 20% for the overall 15-24-year-old population in 2011. Most of these young people were also identified as
having migrated from the United Kingdom or New Zealand, rather than from a non-
English speaking country (Rickwood et al., 2014). Stolk highlighted a disparity
between the low rates of Child and Adolescent Mental Health Service (CAMHS) access
in Victoria by young people from refugee and migrant backgrounds, with “rates of
access per 10,000 head of population...one third of the Australian born community”, as
well as their higher rates of acute mental health inpatient unit admissions and longer
admission times between 2001 and 2002 (Centre for Multicultural Youth, 2008). In
contrast to this relatively low representation within ‘face-to-face’ primary care, the
yourtown [sic] Art Union reported between 20-23% of their 5-25 year old telephone
counselling contacts via their national Kids Helpline service had a CALD background
(yourtown, 2016) – a proportional figure that is much closer to the overall population,
and suggests a need or preference for crisis-focused and/or anonymised formal support.

These findings are mostly consistent with the larger body of data relevant to the overall
Australian adult migrant population (Australian Bureau of Statistics, 2007; Pirkis,
Burgess, Meadows, & Dunt, 2001; Stolk et al., 2008), but extrapolating the findings of
these larger studies as accurately representing the younger CALD population would be
speculative at best. Whilst the lack of epidemiologic al data concerning disorder
prevalence and overall mental health service utilisation has historically impeded a
population-focused approach towards the design, delivery, and evaluation of such
services for these young people (Colucci et al., 2014; Gorman, Brough, & Ramirez,
2003), other inductive forms of qualitative research have offered useful insights into the
importance of “cultural and contextual influences” upon their distress experience and
support-seeking (Cauce et al., 2002). Rickwood et al had made brief reference to the
importance of such influences; Antiss also supported an association between social
factors and help-seeking, and highlighted a persistent gap in knowledge regarding how
these young people experienced and conceptualised mental health, disorder, and illness
(de Anstiss et al., 2009; Rickwood, Deane, & Wilson, 2007).

**Subjective experiences of mental health and distress: a review of qualitative migrant mental health research**

My literature review focused upon the qualitative research that had been conducted in
relation to young CALD migrant mental health over the last 20 years in Australia. The
goals for this review were to ascertain how the overall Australian CALD migrant population had described their experiences of mental distress and well-being, to determine how relevant these accounts represented the experiences of the younger Australian CALD migrant population, and to investigate whether the subjective in-depth accounts of mental health and distress obtained via qualitative research methodology could facilitate a deeper understanding of the reasons behind differences in service engagement by the younger CALD migrant population. Qualitative research offers “understanding on a personal level the motives and beliefs behind people’s actions” (Taylor, Bogdan, & De Vault, 2016, p. 14), and seeks to establish contextual meanings attributed to phenomena (Silverman, 2011, p. 5); “in order to understand people’s behaviour, we must attempt to understand the meaning and interpretations that people give to their behaviour” (Liamputtong & Ezzy, 2009). Opportunities for discovering fresh perspectives on mental distress arise when participants are permitted to use familiar idioms and explanations drawn from personal belief systems to describe their distress experiences, rather than those selected by the researcher. In this regard, studies based around psychological and biomedical concepts of mental health may not account for the different understandings of distress phenomena in CALD migrant populations.

A comprehensive but non-systematic ‘scoping’ approach was adopted for this review to establish a contextual overview for further research (Kysh, 2013). My search strategy was guided by the “PIC” qualitative review framework: Population, Phenomena of Interest, and Context (University of Sydney Library, 2016). This is an adaptation of the PICO framework for quantitative evidence review (Cochrane Collaboration, 2011; Sackett, Straus, Richardson, Rosenberg, & Haynes, 2000, p. 16), and substitutes the abbreviated categories of “Population, Intervention, Comparison, Outcome” for ones deemed more appropriate for qualitative inquiry. Table 1 provides an overview of the keyword terms used in the search strategy. A variety of academic databases spanning the biomedical, psychology, and social science disciplines were utilised alongside general internet search engines to identify relevant peer-reviewed and grey literature articles.
Table 1. Literature review: qualitative migrant mental health (PIC framework)

<table>
<thead>
<tr>
<th>PIC framework category</th>
<th>Selected domain</th>
<th>Keyword search terms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>Australian residents from a CALD migrant background [Adolescent / young adult subpopulation]</td>
<td>Migrant, immigrant, migration, immigration, refugee, Australia [Youth, young person, young adult, adolescent]</td>
</tr>
<tr>
<td>Phenomena of Interest</td>
<td>Mental health, distress, and disorder</td>
<td>Mental health, mental illness, mental disorder, emotional distress, psychological stress</td>
</tr>
<tr>
<td>Context</td>
<td>Rich, in-depth, participant-driven accounts/descriptions</td>
<td>Interview, focus group, biography, autobiography, narrative, qualitative</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Year published 1995-2016</td>
</tr>
</tbody>
</table>

Articles describing original research from the last 20 years, involving adults and young people from a CALD migrant background living in Australia as participants, and using an inductive approach to research via participant-driven narratives and rich descriptions were considered relevant for the purposes of this review. These included studies that had semi-structured and unstructured interview, focus groups, and/or autobiographical narrative designs. Review articles and research using structured quantitative methods such as surveys and standardised psychometric assessment tools were excluded. Also excluded were qualitative studies that recruited experts such as health care providers for their key participants, and those assessing the mental health literacy of selected migrant populations via hypothetical case vignettes. These studies generally used psychiatric-psychological definitions of disorder as a conceptual reference point, and did not focus upon the perspectives adopted by adults and young people from a CALD migrant background.

Searches for peer-reviewed research articles were conducted in the following academic databases: Academic Search Complete, SocIndex, PsycINFO, Web of Science, Medline, PubMed, and Social Services Abstracts. Additional searching for peer-reviewed research and grey literature articles was conducted using Google and Google Scholar. The bibliographies and listed citations within the selected articles were
reviewed for any relevant published original research not identified through the academic databases and internet search engines. Any reference suggestions provided by academic and professional contacts that were relevant but not found via the database searches, such as service audits and unpublished academic dissertations, were considered eligible for the review.

A total of 37 research articles met the search criteria. 11 of these studies were specifically focused upon young CALD migrant populations. Table 2 lists the articles that met the required criteria via the search strategy; these are arranged chronologically, and stratified according to population characteristics and conceptual approach towards exploring mental health in Table 3.
Table 2. Literature review: qualitative migrant mental health (search results)

<table>
<thead>
<tr>
<th>Source (database, search engine, etc.)</th>
<th>Relevant articles</th>
<th>Authors</th>
<th>Young person specific articles</th>
<th>Authors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic Search Complete</td>
<td>7</td>
<td>(Brough, Gorman, Ramirez, &amp; Westoby, 2003; Coffey, Kaplan, Sampson, &amp; Tucci, 2010; Copping, Shakespeare-Finch, &amp; Paton, 2010; de Anstiss &amp; Ziaian, 2010; Rees &amp; Silove, 2011; Rees, Silove, &amp; Kareth, 2009; Vatcharavongvan et al., 2014)</td>
<td>2</td>
<td>(Brough et al., 2003; de Anstiss &amp; Ziaian, 2010)</td>
</tr>
<tr>
<td>Medline</td>
<td>2</td>
<td>(McCann, Mugavin, Renzaho, &amp; Lubman, 2016; Rees &amp; Silove, 2011)</td>
<td>1</td>
<td>(McCann et al., 2016)</td>
</tr>
<tr>
<td>PsycINFO</td>
<td>2</td>
<td>(Posselt, Procter, Galletly, &amp; de Crespigny, 2015; Wagner, Manicavasagar, &amp; Silove, 2006)</td>
<td>1</td>
<td>(Posselt et al., 2015)</td>
</tr>
<tr>
<td>PubMed</td>
<td>9</td>
<td>(Blignault, Ponzio, Rong, &amp; Eisenbruch, 2008; Khawaja, White, Schweitzer, &amp; Greenslade, 2008; Rees &amp; Silove, 2011; Rees et al., 2009; Savic, Chur-Hansen, Mahmood, &amp; Moore, 2013; Savic, Chur-Hansen, Mahmood, &amp; Moore, 2016; Vailbhy, Kaplan, &amp; Szwarc, 2016; Wynaden et al., 2005; Xu et al., 2013)</td>
<td>1</td>
<td>(Vailbhy et al., 2016)</td>
</tr>
<tr>
<td>Social Services Abstracts</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
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<tr>
<td>SocIndex</td>
<td>10</td>
<td>(Brough et al., 2003; Brough, Schweitzer, Shakespeare-Finch, Vromans, &amp; King, 2013; Coffey et al., 2010; Gale, Bolzan, &amp; Momartin, 2010; Kokanovic &amp; Stone, 2010; Lenette &amp; Boddy, 2013; Rees &amp; Silove, 2011; Savic et al., 2013; Thompson, Manderson, Woelz-Stirling, Cahill, &amp; Kelaher, 2002; Tilbury, 2007)</td>
<td>2</td>
<td>(Brough et al., 2003; Gale et al., 2010)</td>
</tr>
<tr>
<td>Web of Science</td>
<td>18</td>
<td>(Blignault et al., 2008; Brough et al., 2003; Brough et al., 2013; Coffey et al., 2010; de Anstiss &amp; Ziaian, 2010; Gorman et al., 2003; Khawaja et al., 2008; Kokanovic &amp; Stone, 2010; McCann et al., 2016; Nardone &amp; Correa-Velez, 2016; Ogunsiji, Wilkes, Jackson, &amp; Peters, 2012; Posselt et al., 2015; Puvinanasinghe, Denson, Augoustinos, &amp; Somasundaram, 2014; Rees &amp; Silove, 2011; Savic et al., 2013; Savic et al., 2016; Thompson et al., 2002; Tilbury, 2007)</td>
<td>6</td>
<td>(Brough et al., 2003; de Anstiss &amp; Ziaian, 2010; Gorman et al., 2003; McCann et al., 2016; Nardone &amp; Correa-Velez, 2016; Posselt et al., 2015)</td>
</tr>
<tr>
<td>Google / Google Scholar</td>
<td>2</td>
<td>(Earnest, 2005; McCann et al., 2016)</td>
<td>2</td>
<td>(Earnest, 2005; McCann et al., 2016)</td>
</tr>
<tr>
<td>Grey literature</td>
<td>3</td>
<td>(Bailes, 2005; Colucci, 2011; Saberi, 2014)</td>
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<td>(Colucci, 2011; Saberi, 2014)</td>
</tr>
<tr>
<td>Citation review</td>
<td>8</td>
<td>(Brough et al., 2003; Gorman et al., 2003; Jirojwong &amp; Manderson, 2001; Kiropoulos &amp; Bauer, 2011; Kokanovic, Dowrick, Butler, Herrman, &amp; Gunn, 2008; Kokanovic et al., 2010; Prasad-Ildes &amp; Ramirez, 2006; Tilbury et al., 2004)</td>
<td>2</td>
<td>(Brough et al., 2003; Gorman et al., 2003)</td>
</tr>
<tr>
<td>Total articles found</td>
<td>37</td>
<td>11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Year</td>
<td>Author</td>
<td>Key issue</td>
<td>Identity</td>
<td>Asylum seeker</td>
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<tr>
<td>------</td>
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</tr>
<tr>
<td>2001</td>
<td>Jirowong</td>
<td>Health general</td>
<td>Thai</td>
<td></td>
</tr>
<tr>
<td>2002</td>
<td>Thompson</td>
<td>Emotional health</td>
<td>Filipino</td>
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</tr>
<tr>
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<td>Brough</td>
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</tr>
<tr>
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<td>Gorman</td>
<td>DAS</td>
<td>CALD</td>
<td></td>
</tr>
<tr>
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<td>Tilbury</td>
<td>Depression</td>
<td>East African</td>
<td></td>
</tr>
<tr>
<td>2005</td>
<td>Bailes</td>
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<td>Somali</td>
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<td>Earnest</td>
<td>Psychosocial wellbeing</td>
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<td></td>
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<tr>
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<td>Wynaden</td>
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<tr>
<td>2007</td>
<td>Tilbury</td>
<td>Depression</td>
<td>East African</td>
<td></td>
</tr>
<tr>
<td>2008</td>
<td>Blignault</td>
<td>Mental health</td>
<td>Chinese</td>
<td></td>
</tr>
<tr>
<td>2008</td>
<td>Khawaja</td>
<td>Difficulties</td>
<td>Sudanese</td>
<td></td>
</tr>
<tr>
<td>2008</td>
<td>Kokanovic</td>
<td>Depression</td>
<td>East African</td>
<td></td>
</tr>
<tr>
<td>2009</td>
<td>Rees</td>
<td>Dua Sakit</td>
<td>West Papuan</td>
<td></td>
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<tr>
<td>2010</td>
<td>Coffey</td>
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<td>Middle Eastern</td>
<td></td>
</tr>
<tr>
<td>2010</td>
<td>Copping</td>
<td>Trauma</td>
<td>Sudanese</td>
<td></td>
</tr>
<tr>
<td>2010</td>
<td>De Anstiss</td>
<td>Mental health</td>
<td>Mixed</td>
<td></td>
</tr>
<tr>
<td>2010</td>
<td>Gale</td>
<td>Mental health / identity</td>
<td>Mixed</td>
<td></td>
</tr>
<tr>
<td>Year</td>
<td>Author</td>
<td>Key issue</td>
<td>Population</td>
<td>Main focus of inquiry</td>
</tr>
<tr>
<td>------</td>
<td>--------</td>
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<td>------------</td>
<td>----------------------</td>
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<td>Bosnian</td>
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<td>East Timorese, Vietnamese</td>
<td>Refugee</td>
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<td>2011</td>
<td>Colucci</td>
<td>Mental health</td>
<td>African, Middle Eastern</td>
<td>Migrant any</td>
</tr>
<tr>
<td>2011</td>
<td>Kiropoulos</td>
<td>Depression</td>
<td>Greek, Italian</td>
<td>Young persons</td>
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<tr>
<td>2011</td>
<td>Rees</td>
<td>Sakit Hati</td>
<td>West Papuan</td>
<td>Gender</td>
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<td>2012</td>
<td>Ogunsiji</td>
<td>Health general</td>
<td>West African</td>
<td>Social determinants</td>
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<td>Brough</td>
<td>Suffering</td>
<td>Burmese</td>
<td>Explanatory models</td>
</tr>
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<td>2013</td>
<td>Lenette</td>
<td>Well-being</td>
<td>Mixed</td>
<td>Informal support</td>
</tr>
<tr>
<td>2013</td>
<td>Savic</td>
<td>Mental health</td>
<td>Sudanese</td>
<td>Formal support</td>
</tr>
<tr>
<td>2013</td>
<td>Xu</td>
<td>Depression</td>
<td>Chinese</td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td>Puivirmanasinghe</td>
<td>Meaning</td>
<td>East African</td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td>Saberi</td>
<td>Mental health</td>
<td>Afghan Hazara</td>
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<tr>
<td>2014</td>
<td>Vatcharavongan</td>
<td>Health general</td>
<td>Thai</td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td>Posselt</td>
<td>Mental health / AOD</td>
<td>Mixed</td>
<td></td>
</tr>
<tr>
<td>2016</td>
<td>McCann</td>
<td>Mental health / AOD</td>
<td>African</td>
<td></td>
</tr>
<tr>
<td>2016</td>
<td>Nardone</td>
<td>Journey</td>
<td>Middle Eastern</td>
<td></td>
</tr>
<tr>
<td>2016</td>
<td>Savic</td>
<td>Trauma</td>
<td>Sudanese</td>
<td></td>
</tr>
<tr>
<td>2016</td>
<td>Valibhoy</td>
<td>Mental health</td>
<td>Mixed</td>
<td></td>
</tr>
</tbody>
</table>
A variety of population selection criteria were used, such as visa status, country of birth, cultural identity, age, gender, regional location, and pre-existing health service engagement. The complexity behind investigating mental health in CALD migrant populations is reflected by the heterogeneity amongst the participant characteristics across the identified articles, and how mental health issues were conceptualised in their methodology by the researchers. Roughly half of the research articles directed their attention specifically towards refugees, with the remainder involving participants from general migrant and asylum seeker backgrounds. Several studies selected participants based upon their country of origin or cultural identity, with three of them selecting a specific gender within a cultural identity. The majority involved participants from the Asian and African subcontinents, with the remainder coming from the Middle East, Eastern Europe, and Mediterranean regions. As shown in Table 3 under the column titled ‘key issue’, many articles framed mental well-being and distress from an open perspective, with the investigators seeking to discover how their participants defined and experienced concepts such as “health”, “mental health”, “mental illness”, “well-being”, “distress”, “suffering”, and “difficulties”. Others targeted more specific categories of psychological dysfunction such as depression, anxiety, trauma, and substance use for their focus of study.

Collectively, these researchers approached their qualitative investigations of mental distress from the perspectives of four major conceptual frameworks:

1. Circumstances - social determinants, risk, and adversity;
2. Causes - belief systems and explanatory models;
3. ‘Informal’ support engagement, coping, and resilience; and
4. ‘Formal’ support engagement and barriers to access.

The following sections provide an overview of how these conceptual frameworks have been used to understand various dimensions of mental health and disorder, and highlight the adoption of these perspectives by the researchers that specifically focused on young CALD migrant populations.
Circumstances: social determinants, risk, and adversity

Marmot defined “social determinants of health” as a concept whereby “the health of populations is related to features of society and its social and economic organization” (Marmot & Wilkinson, 2006). A total of 6 studies with a focus on social determinants were conducted with young people, of which 5 involved participants from refugee or asylum seeker backgrounds. Only Gorman (2003) recruited young people based solely upon CALD background. Qualitative research investigating the social determinants of mental health in young people migrating via non-humanitarian pathways to Australia is therefore lacking. A focus on social determinants was present in the 3 studies involving asylum seeker populations; all of them were interested in examining the impact of mandatory detention and policy-level social exclusion on the mental health of their given populations. These studies interpreted the accounts of their participants as revealing a strong association between prolonged mandatory detention and persistent dysfunction in the mental health of resettled asylum seekers (Coffey et al., 2010; Gale et al., 2010; Nardone & Correa-Velez, 2016). There was also a larger proportion of the refugee-specific studies investigating social determinants than those involving participants from general or unspecified migration pathways. Of those researching refugee populations, several sought to identify connections between specific social concerns and distress experiences, such as family separation (Savic et al., 2013), acculturation stress (Earnest, 2005), and broader socio-political structures (Brough et al., 2013; Kokanovic & Stone, 2010). The remaining studies were less specific in their intent, and generally sought to identify the “risk factors” perceived to be significant by their participants.

Social circumstances have long been considered by health sociologists as significant contributors towards the distribution of health and illness. Beginning with Engels and Virchow associating ill-health with the political oppression of the working class during the nineteenth century (De Maio, 2010), subsequent researchers have associated gender, occupation, housing, ethnicity, and other social considerations with various health inequities (Germov, 2009; White, 2009). This concept of the “social determinants of health” has been promoted by the World Health Organization as an important consideration for the development of mainstream health policy and practice (World Health Organization, 2010).
Various models for framing the role of social determinants in migrant mental health were identified within the general and reviewed literature. Bhugra et al outlined a model for its application by stratifying the “external factors” according to their temporal position along the migration journey, and categorising them as risk factors for disordered mental states (Bhugra, Still, Furnham, & Bochner, 2004). These structural risk factors are presented as negative and undesirable phenomena over which the individual has limited or no agency during their course of migration. “Stressors” encountered within the social environment are also identified as forms of adversity by researchers choosing to use ‘resilience’ as a conceptual framework for their research, “a dynamic process encompassing adaptation within the context of significant adversity” (Luthar, Cicchetti, & Becker, 2000). It is an approach that some researchers chose, as it offers a positive and hopeful way of framing mental distress within social disadvantage and hardship (Vanderbilt-Adriance & Shaw, 2008).

**Attributed causes: explanatory models and belief systems**

Several studies sought to identify relationships between the cultural background of their participants and the explanations they provided to account for their mental health experiences. 3 of the 11 articles involving young people investigated explanatory models and beliefs, of which 2 had participants from a refugee background. In these studies, mental health was conceptualised as a bipolar state of either “normal” or “crazy” (Colucci, 2011; de Anstiss & Ziaian, 2010), with mental illness being attributed to personal weakness, poor character, or mystical influences (Colucci, 2011; McCann et al., 2016). These perspectives were also present amongst several studies involving adult refugee and general migrant populations. Mental distress amongst adult populations was also frequently attributed to undesirable social circumstances such as family separation, domestic conflicts, loss of friendships, and economic hardship (Kiropoulos & Bauer, 2011; Kokanovic et al., 2008; Savic et al., 2013; Tilbury et al., 2004; Wagner et al., 2006; Xu et al., 2013); the experience and witness of past traumatic events (Kokanovic et al., 2010; Savic et al., 2016); physical ill-health (Kiropoulos & Bauer, 2011); and ancestral legacy (Wynaden et al., 2005). Several studies identified a lack of descriptive or conceptual equivalence within the language of their participants for conditions such as depression or anxiety, with descriptions of distress states such as “worry” intrinsically bound to the narrative of the associated social events and
normalised as a life experience to varying degrees (Kiropoulos & Bauer, 2011; Kokanovic & Stone, 2010; Savic et al., 2016; Wagner et al., 2006).

These research perspectives were based upon the concept of “explanatory models of illness”, whereby illness and distress experiences are given meaning and attribution according to dominant social conventions. Arthur Kleinman brought this concept to mainstream awareness with his book, titled “Patients and Healers in the Context of Culture” (1980), which was a published thesis of his anthropological research within the field of transcultural psychiatry involving psychiatric patients from Western and East Asian backgrounds. Kleinman was influenced by Byron Good’s concept of “semantic networks”, a dynamic system of symbols and experiences shared across the members of their society that are used by individuals to determine the meaning of their distress (Good, 1977), and reinterpreted them as cultural rules of “legitimated metaphor” connecting embodied illness phenomena, popular beliefs, and social interactions (Kleinman, 1977). He argued that mental disorders such as depression were “a cultural category constructed by psychiatrists in the West to yield a homogenous group of patients”; that “by definition it will find what is universal and systematically miss what does not fit its tight parameters” (Kleinman, 1977); and that clinicians needed to be aware of how their patients explained their illnesses in order to effectively care for them. He made a distinction between the disrupted biological processes of “disease” and the subjective meaning of personal suffering within “illness”, and attributed failures in therapy due to the clinician’s excessive focus upon disease at the neglect of illness experience. Lying embedded within the “illness narrative” are the beliefs, idioms, metaphors, and schemas that the sufferer draws from their social and cultural practice to make sense of their lived experiences of disease and distress (Kleinman, 1988).

Explanatory models and belief systems also emerged as considerations amongst several of the studies that examined the actions taken by migrants in response to mental distress. The relationship between explanations and actions is discussed further in the following section.

Responses to distress: informal and formal supports

Many of the articles identified in this part of the review examined how people from a CALD migrant background responded to mental distress, with several classifying these
actions as either ‘informal’ or ‘formal’ supports. Litwin and Auslander defined informal supports as “assistance derived from normative or voluntary interpersonal association”, in contrast with the “formal legal mandates or publicly mediated financing mechanisms” of formal supports such as primary health and psychological services (1990, p. 43).

15 studies, of which 7 involved young people, demonstrated that engagement with formal supports such as GPs, psychologists, and psychiatrists was problematic amongst migrant populations. These 15 studies collectively revealed a collection of perceived barriers to service use, including limited service awareness (Colucci, 2011; Gorman et al., 2003); language and communication difficulties (Colucci, 2011; Jirojwong & Manderson, 2001); a preference for traditional healing practices and peer support (Colucci, 2011; de Anstiss & Ziaian, 2010; Jirojwong & Manderson, 2001); limited trust in professional services (Blignault et al., 2008; Posselt et al., 2015; Saberi, 2014; Valibhoy et al., 2016; Wagner et al., 2006); differing beliefs in conceptualizing distress (Bailes, 2005; Blignault et al., 2008; Saberi, 2014; Wynaden et al., 2005); and general reluctance to report distress due to stigma (Blignault et al., 2008; Gorman et al., 2003; McCann et al., 2016; Saberi, 2014; Wagner et al., 2006; Wynaden et al., 2005).

17 studies examined the types of informal support that migrant populations engaged as alternatives to formal services, of which 5 involved young people. Peer support, such as friendship circles, featured prominently as the preferred support resource for younger CALD migrants (de Anstiss & Ziaian, 2010; Gorman et al., 2003; McCann et al., 2016). Community connectedness and extended family also featured strongly in those studies involving adult migrant populations (Jirojwong & Manderson, 2001; Kokanovic et al., 2008; Savic et al., 2016; Thompson et al., 2002). Institutions and institutional practices not usually considered part of the health system were reported as significant supports, such as the school environment (Earnest, 2005) and religious organisations (Prasad-Ildes & Ramirez, 2006; Puvimanasinghe et al., 2014; Vatcharavongvan et al., 2014). Altruism featured as a strategy for dealing with personal difficulties, particularly with regards to supporting others in similar circumstances (Prasad-Ildes & Ramirez, 2006; Puvimanasinghe et al., 2014). Substance use was mentioned as a support strategy in 2
studies specifically involving young people with a history of drug and alcohol-specific service engagement (McCann et al., 2016; Posselt et al., 2015).

7 studies involving adult migrants had integrated an exploration of participant explanatory beliefs at the same time as identifying their support-seeking actions; however, only 3 studies involving young people did likewise, and these lacked the breadth and depth of inquiry that accompanied the adult studies. Savic had observed amongst adult Sudanese refugees that “responses to refugee mental health are sensitive to the diversity of needs and mental health beliefs of refugees” (2016); Kokanovic et al described the difficulties experienced by adult East Timorese and Vietnamese refugees in engaging with their general practitioners as a dilemma in “integrat[ing] experiences grounded in one social context into the matrices provided by another” (2010, p. 524); and Wynaden identified the social stigma associated with the ‘personal fault’ explaining mental illness amongst adult Asian migrants as contributing towards their unwillingness to seek assistance (2005). Amongst the younger CALD migrant population, de Anstiss correlated causative beliefs amongst the African participants with their preferences for spiritual or “indigenous” healing over psychological or psychiatric services (2010) – a finding that was also mentioned briefly by Colucci, but was not explored in greater detail (2011); whilst McCann interpreted the normalizing of mental distress symptoms by African migrant youths and their parents as an important reason for why further support was not sought (2016).

How these responding actions were conceptualised depended upon the epistemological perspectives that the researchers had adopted for the phenomena of mental distress. Those that presented experiences of distress as discrete phenomena requiring effort to overcome frequently framed the sufferer’s responses as “coping mechanisms”, such as those in response to trauma (Khawaja et al., 2008; Puvimanasinghe et al., 2014), depression/anxiety (Gorman et al., 2003), and acute life stress (Brough et al., 2003). Researchers that framed distress in terms of broader social adversity, such as those utilising the concept of resilience, examined participant actions as an engagement of the social resources that facilitated positive adaptive functioning (Vanderbilt-Adriance & Shaw, 2008). These articles contextualised distress as de-pathologised forms by using labels such as wellbeing (Earnest, 2005; Lenette & Boddy, 2013), life journey (Lenette
& Boddy, 2013), and emotional health (Thompson et al., 2002). A few researchers used the terms ‘coping’ and ‘resilience’ interchangeably (Brough et al., 2003; Gorman et al., 2003).

**Knowledge gaps in young CALD migrant mental health**

This review identified that considerable effort has been made in prior research towards identifying the social circumstances that acted as determinants of mental health and distress in young CALD migrants in Australia, and towards discovering the forms of support these young people sought in response to such distressing experiences. In contrast, information on the types of explanatory beliefs and systems that young CALD migrants employed to understand their mental distress experiences was minimal. This did not match the scope of investigation that was covered by studies involving adult CALD migrant populations, where a range of explanatory beliefs and models had been identified and explored as influences upon choosing (and acting as barriers to accessing) the types of support that they subsequently sought.

This review therefore has revealed a knowledge gap with regards to the “beliefs, idioms, metaphors, and schemas” employed by young CALD migrants to interpret their personal experiences of mental distress and wellbeing, as well as understanding how these belief systems determined the actions they employed in response to such experience - whether ‘support-seeking’ or otherwise. As mentioned earlier, extrapolating the research findings from adult CALD migrant populations to represent the younger age group would only be speculative at best, and inaccurate at worst, given the difference in life circumstances accompanying younger age. Bashir considered this difference as sufficient justification for youth-specific research in the context of migrant mental health: “The adolescent years, in particular, are times of identity formation with identity resolution as a positive outcome, or ongoing identity diffusion with inner-directed conflict a negative outcome… The task of addressing the demanding developmental tasks of adolescence whilst living in two cultures – with not only two languages, but often very different behavioural patterns and social expectations – can be burdensome and distressing.” (Bashir, 2000, p. 65)
Given this gap in existing knowledge, I considered further exploration of the explanatory “beliefs, idioms, metaphors, and schemas” for mental health and distress utilised by young CALD migrants to be an appropriate direction for seeking an understanding of their limited formal mental health service engagement. Kleinman and others had taken an inductive qualitative approach towards eliciting these highly subjective beliefs, with Kleinman himself regarding the “illness narrative” as the means by which such belief systems could be discovered (Kleinman, 1988); likewise, I adopted a methodological approach that would encourage young CALD migrants to share personal accounts of their mental health and distress experiences in the form of in-depth personal narratives. I discuss my chosen theoretical framework and research methodology in more detail in Chapter 3.

Conclusion

There is room within the existing literature for discovering new insights into how young people from a CALD migrant background in Australia interpret and understand their experiences of mental health and distress. Currently available data, although limited, supports the notion that individuals within this population avoid or face barriers towards seeking support for such experiences from formal mental health services. The identification of the ‘explanatory beliefs, idioms, metaphors, and schemas’ negotiated by these individuals can provide a way to understand why they engage poorly with such services; it could also generate opportunities for addressing the perceived and actual barriers this population faces in seeking effective support for mental distress. These systems of interpreting distress experiences can be identified using qualitative research methods that facilitate the expression of autobiographical ‘mental distress narratives” by young people from this population group.
Chapter 3: Methodological framework

Introduction

Unlike height, weight, and blood pressure, distress of the mind cannot be easily measured using conventional physical methods. It is an intangible, yet deeply personal, experience requiring a different approach for its examination. I wanted to discover through my own research how young people from a CALD migrant background subjectively experienced and defined their mental distress, rather than determine whether their experiences correlated with a pre-existing categorical schema. I required a methodological approach that acknowledged the experiential ‘inner world’ of the individual as a valid entity for critical investigation. I sought to understand how these experiences of mental distress were made real within the lives of the participants, and to understand the meanings that these experiences held for them. My intention was to encourage an exploration and expression of their experiences through the telling of reflective personal descriptions that were rich in meaning. These were to be constructed via the processes of photographic image creation, autobiographical storytelling, and the dialogue of oral conversation.

In this chapter, I describe the methodology and underlying conceptual approaches utilised for the design and implementation of my research inquiry. Methodologies are “particular sets of theoretical assumptions which underlie the choice of data collection and analysis methods and processes” (Taylor, 2013, p. 3). They provide researchers with an ontological and epistemological foundation for exploring and understanding the world. I begin the chapter with an overview of Kleinman’s concept of explanatory models of illness, as mentioned in the previous chapter; his interpretive model of illness narratives; and William & Healy’s modelling of illness experience as interpretive “exploratory maps”. These concepts provided the core framework for my investigation into subjective mental distress experience. Accompanying this is an exploration of ‘mental health’ as a dominant explanatory model within the Australian mental health system, and a discussion of how discordance between this model and others used by young CALD migrants could account for the disparities in their formal support service engagement. This is followed by an overview of hermeneutic phenomenology, the ‘grand theoretical position’ that I chose as my overall methodological framework for
structuring my research, and describe how it shaped my method of investigating the explanatory models and exploratory maps negotiated by young CALD migrants for understanding their mental health and distress experiences.

**Explanatory models and the cultural construction of illness**

‘Explanatory models’ were defined by Kleinman as the “ideas about the cause of illness (as well as its pathophysiology and course)…linked to ideas about practical treatment interventions” (Kleinman, 1980, p. 91). Kleinman made a clear distinction between disease and illness, whereby ‘disease’ was a state of natural biological dysfunction, and ‘illness’ was the “psychosocial experience and meaning of perceived disease” (p. 72). He had presented this conceptual framework to understand the differences in symptomatology between patients with a diagnosis of major depression in China and in the United States, and accounted for these differences by describing illness as a cultural construction, “created by personal, social, and cultural reactions to disease” (p. 72). His case reports of depressed patients in China manifesting their affective distress as “somatisation”, the experience of physical symptoms, illustrated how the norms and values within Chinese culture could shape their interpretation and expression of an illness state. He considered explanatory models to be important as they directly impacted upon the interactions between sufferer and healer, with problems being encountered by either party when different explanatory models and beliefs conflicted at this therapeutic interface. Kleinman had also described the perpetuation of specific explanatory models of illness to be a “core clinical function” of a health system, as they allowed the standardisation of therapeutic practices to occur within a society (p. 82). This perspective extends the scope of exploring the health impact of differing explanatory models into a broader political dimension. In the next section, I discuss this in terms of how dominant explanatory models within the Australian health system have historically shaped the development and delivery of mental health services.

**‘Mental health’ as the dominant explanatory model in Australia**

In contemporary Australian society, ‘mental health’ is a term frequently used to describe a general state of wellbeing in mind, emotion, behaviour, and functional capacity. Although usage of the term has become part of the Australian vernacular, expertise in the identification and management of disordered mental health is generally
accepted to reside within the professional domains of psychiatry, psychology, and general medical practice. However, ‘mental health’ can be interpreted using Kleinman’s perspective as a model that only achieved dominance within Australian society through a historical process of Western cultural influence, and is only one model from many possible alternatives.

A concise history of Western mental health

The framing of mental and behavioural states as a ‘health’ issue reflected the growing influence of psychology and psychiatry during the 19th and 20th centuries over how deviant behaviours and affective states were framed in Western societies. Prior to this period, ‘sanity’ was the prevailing label for the possession of a functionally sound mind, with the converse labelled as ‘madness’ or ‘insanity’. Mystical attributions for deviancy, dominant in Europe during the Middle Ages and Early Renaissance, eventually made way for structured observation and inquiry during the Enlightenment period of the 18th century. The radical social transformations of this period rewarded scientific and humanistic research, and this extended into the field of madness and insanity (Weiner, 2008). Milestones were established during this period in the theorising and categorisation of the disordered mind, and these shaped the foundations for contemporary Western psychiatry and psychology. A modern nosology for psychiatric disorders as syndromes of disease evolved during the 19th century through the efforts of continental researchers such as Wernicke, Kraeplin, and Mendel (Berrios, 2008).

Whilst psychiatry evolved as a profession within the medical discipline and asserted its authority over biological theories of mind, the influence of applied psychoanalysis – which had emerged through the work of Freud, Jung, and Meyer – continued to grow in response to the traumas inflicted on the European population during the First and Second World Wars (Decker, 2008). The apparent success of applied psychodynamic theories during this period resulted in its eventual recognition by psychiatry, with psychodynamics accompanying biological psychiatry to become key models for how the profession framed disorders of the mind. Its acceptance within the United States resulted in the drafting of the first Diagnostic and Statistical Manual of Mental Disorders (DSM) by the American Psychiatric Association (APA) in 1952. This
document presented a comprehensive nosology of diagnostic categories, accompanied by an authoritative claim for scientific consistency (Kawa & Giordano, 2012). Although originally intended as a standardised research tool, the DSM and its future revisions became a document that significantly shaped the way disorders of the mind and behaviour were conceptualised as "psychopathology" at many levels of Western society. Transcontinental acceptance of the DSM's approach towards psychopathology was reinforced through the APA's collaboration with the World Health Organization during development of the 3rd Edition, and its influence upon health policy and clinical practice continues today in its current form as the DSM-5 (American Psychiatric Association, 2013; Kawa & Giordano, 2012, p. 4). The shift towards a medicalised classification of psychopathology, and the perceptions of "disordered mind" as "disordered brain", facilitated the growth of psychopharmacology, psychosurgery, and psychotherapies as therapeutic approaches for mental ill-health during the second half of the 20th century (Anleu, 2009; Eisenberg & Guttmacher, 2010; Engel, 2008; Healy, 2002, pp. 4-8; Mashour, Walker, & Martuza, 2005). From the 1960s onwards, the discovery and use of chlorpromazine - a drug used for treating psychotic disorders - combined with economic concerns and changing social attitudes to spur a shift from institutional to community-based mental health care in Western societies and their consequent perspectives on future service delivery (Eisenberg & Guttmacher, 2010; Healy, 2002).

**Australian mental health policy**
This concise historical journey reveals how insanity – the ‘unsound mind’ – was eventually pathologised into ‘mental illness’, and came under the professional jurisdiction of biomedicine and the behavioural sciences in post-war Western society. Australia’s health policies and services followed these historical trends in their approach towards the presentation and management of mental health issues, with the nation undergoing the same process of deinstitutionalisation and policy reform as other Western nations. This process eventually led to ‘mental health’ as a concept being legitimised at policy level as the first National Mental Health Policy in 1992 (Commonwealth of Australia, 2009; Whiteford, Buckingham, & Manderscheid, 2002; Whiteford & Buckingham, 2005). Psychiatrists, psychologists, general practitioners, and mental health nurses have begun to be recognised as core providers within the
Australian Government’s most recent “stepped care” model of proposed mental health reform, particularly amongst those experiencing significant distress and disability (Commonwealth of Australia, 2015, p. 9). Although some inroads have been made by broader ‘biopsychosocial’ models of mental health (Rickwood, 2006, p. 48), these professional disciplines share their approach in the assessment, diagnosis, and therapy of mental disorders from perspectives that are heavily influenced by the previously mentioned ‘medicalised’ model of mental health. Within this official policy, little mention is made about the nature of alternate modes of support beyond the labels of “publicly available information”, “self-help” and “low intensity services”. Current policy-level initiatives aiming to improve the mental health and wellbeing of the Australian population appear to focus upon improving access to the mentioned primary health services via programs such as Medicare Better Access, Primary Health Network Access to Allied Psychological Services (ATAPS), Mental Health Nurse Program, and headspace [sic] (Commonwealth of Australia, 2015, pp. 9, 11).

In the next section, I return from exploring how explanatory models have shaped health policy to discussing how they impact upon the illness experience of the individual.

**Illness narratives: revealing hidden explanatory models and beliefs**

Kleinman was clear in defining illness not as a syndrome of signs and symptoms, but as a meaningful experience for both the patient and physician. The meanings of illness, in terms of personal and social implications, were constituted through a process of “myth making” and storytelling using the explanations familiar to each agent. “Illness narratives” – storytelling about the illness experience – therefore functioned as the process by which patients could draw upon their cultural knowledge to structure and understand their distress experiences. Within the patient-physician interaction, he saw illness narratives as a method for identifying what those culturally shaped explanations were, so that a form of therapeutic engagement could be established. Once these “lay beliefs” were identified, a bridging of disparate models could occur within the therapeutic relationship between patient and physician – but only if the physician was aware of the influence of their own preferred models of clinical interpretation (Kleinman, 1988, p. 51).
“Meanings of chronic illness are created by the sick person and his or her circle to make over a wild, disordered natural occurrence into a more or less domesticated, mythologized, ritually controlled, therefore cultural experience… One of the core tasks in the effective clinical care of the chronically ill – one whose value it is all too easy to underrate – is to affirm the patient’s experience of illness as constituted by lay explanatory models and to negotiate, using the specific terms of those models, an acceptable therapeutic approach.” (Kleinman, 1988, pp. 48-49)

From this perspective, illness narratives offer the suffering individual a way to make sense of a distressing experience, and to respond to that experience. Within the context of this study, eliciting the mental distress narratives of young CALD migrants would provide an opportunity to investigate what these explanatory models could be – and whether the psychiatric-psychological models represented by formal mental health services feature within these interpretive narratives, or clash with these beliefs. The research method chosen for this project should therefore encourage the participants to voice their own ‘mental distress narratives’ using personal perspectives and forms of expression, with as little researcher influence upon their storytelling as possible throughout the process.

**Exploratory maps: negotiating multiple explanatory models and beliefs**

Individuals experiencing illness do not necessarily employ a single monolithic explanatory model throughout the course of their distress. Williams & Healy demonstrated how they were willing to move fluidly across a “map” of potential explanations familiar to them whilst seeking to interpret meaning from their illness experience. The explanations they employed would also vary depending upon the context of their interpretation, with beliefs “changeable” and “fluid” (2001). From this conceptual perspective, attributed causes for illness were not in themselves rigid explanatory models, but “a map outlining the avenues of thought which individuals explored when attempting to understand why they were currently experiencing particular psychological problems” (p. 470). A distinction between the concepts of “explanatory models” and “exploratory maps” is significant, since the latter accommodates for the emergence of multiple interpretations and meanings for a single
illness experience. Seemingly disparate explanations could co-exist within an illness narrative, as the narrative revealed an individual’s efforts to “actively make sense” of the experience. Kokanovic et al described exploratory maps as “a discursive train of thought touching on various explanatory possibilities…a variable journey”, with the function of the illness narrative being a method for an individual to “situate their illness accounts within the context of the specificity of their life” (2013, p. 117).

**Hermeneutic phenomenology: the epistemology of mental distress**

These concepts of explanatory models, illness narratives, and exploratory maps provided a framework for investigating the subjectivity of mental distress in young CALD migrants, but an overarching theoretical position compatible with such concepts is required to establish the ontology of what a mental distress experience ‘is’, as well as the epistemology of how such experiences are ‘known’. For this purpose, I chose to adopt phenomenology as the ‘grand theory’ underpinning my own research.

Phenomena are, at the most basic definition, simply “things” experienced within human consciousness (Moran, 2000, p. 4; Smith, 2016; Taylor, 2013, p. 77). Phenomenology is a philosophical tradition that frames the investigation of such things “without making any other assumptions about them” (Magee, 1998, p. 210) and free from “all misconstructions and impositions placed on experience in advance” (Moran, 2000, p. 4). Phenomenology as a philosophy and academic discipline originated in Europe from the written work of Edmund Husserl during the early 20th century. His theories had emerged from a dissatisfaction with rationalism and empiricism for establishing objective existence (Moran, 2000, pp. 91-105). He established a theory of ontology that was dependent upon individual human consciousness, whereby things – phenomena – existed solely as forms within conscious experience. Husserl’s phenomenology sought to identify the essence, or “eidos”, of such phenomena before they were attributed meaning and significance by the experiencer (Moran, 2000, pp. 132-136; Taylor, 2013, pp. 79-80). Within contemporary academic literature, this approach is usually labelled as “eidetic” or “transcendental” phenomenology (Taylor, 2013; Van Manen, 2011). The totality of phenomena encountered by an individual were unified to form the “lifeworld”, or Lebenswelt, of their conscious existence (Magee, 1998, p. 211; Moran, 2000, p. 181).
Husserl’s ontology of ‘existence through human conscious experience’ created opportunities for the development of branches within phenomenology - including hermeneutic phenomenology, the form with most relevance for my own research. This branch emerged from the work of Martin Heidegger, a student of Husserl, and was further refined through subsequent work by Hans-Georg Gadamer and Paul Ricoeur (Taylor, 2013; Van Manen, 2011, pp. 81-84). It integrated the practice of hermeneutics, a methodology for the interpretation and understanding of texts (Mantzavinos, 2016), into the ontology and epistemology of Husserl’s phenomenology.

Heidegger postulated that the state of phenomenological existence, or “Being”, was dependent upon ongoing self-questioning. Phenomena, from this perspective, came to Being through one’s conscious relationship with the world through time – “Being-in-the-world” - rather than via reduction to an essential object, as proposed by Husserl. Heidegger conceived the concept of the hermeneutic circle, whereby a phenomenon’s state of Being emerged through the experiencer’s questioning of its relationship to other phenomenological encounters within their broader lifeworld – and vice versa. Gadamer shifted phenomenology from an ontological to an epistemological perspective, and placed language and dialogue as critical to the process of how phenomena were to be understood by the individual experiencing that phenomenon. He introduced the idea of the “fusion of horizons”, an event where the interpretive perspectives of that individual are broadened through the sharing of different experiential viewpoints with others via dialogue. This sharing not only brought an awareness of fresh viewpoints, but also permitted the experiencer to identify their own prejudgments in their interpretations within the hermeneutic circle (Malpas, 2016; Taylor, 2013, pp. 82-84).

Whereas Heidegger and Gadamer respectively offered phenomenology a theoretical foundation in ontology and epistemology through hermeneutics, Ricoeur provided a practical framework for its application in understanding human discourse as text via the application of four functions within the hermeneutic process: distanciation, appropriation, explanation, and interpretation (Ricoeur, 1981).

He described the interpretation of text as “moving beyond understanding what it says to understanding what it talks about” (Geanellos, 2000, p. 114). “Distanciation” involved the separation of the text from its original form as spoken discourse, decontextualizing
it from the meanings specific to its original social interaction, and permitting its interpretation using perspectives that were from outside the discourse. He regarded the discourse of spoken conversation an important dynamic for meaning-making and the sharing of perspectives, but considered the meanings emerging through this dynamic as being specific to the interaction. Recording this discourse into written text would ‘distance’ the words from the social interaction. This separation from the interaction permits an interpretation of the text from new perspectives (Geanellos, 2000; Tan et al., 2009, pp. 7-8)

“ Appropriation” drew upon Gadamer’s concept of “fusion of horizons”; it involved the identification and acceptance of unfamiliar beliefs and understandings sourced from within the spoken dialogue and outside it, and to utilise these beliefs and understandings as guides for the interpretation of the phenomenon. Ricoeur described appropriation as Aneignen, “to make one’s own what was initially alien” (Ricoeur, 1981, p. 147). He was referring to a way of incorporating different phenomenological understandings into the interpretive processes of the hermeneutic circle from other sources, the “appropriation of meaning”.

“Description” involved allowing the written text to describe a phenomenon in its most superficial literal form, with as little interpreted meaning associated or expressed with the description. “Interpretation” occurred within the hermeneutic circle, where a deeper understanding of a phenomenon’s meaning emerged through the interplay of appropriated perspectives, specific explanations, interpretations of small textual segments, and the context of the written text as whole. Ricoeur described the interpretation of text as “moving beyond understanding what it says to understanding what it talks about” (Geanellos, 2000, p. 114).

This approach towards phenomenological interpretation has gained influence amongst qualitative research into “lived experience” within the health sciences, having been operationalised by various researchers in the field (Charalambous, Papadopoulos, & Beadsmoore, 2008; Geanellos, 2000; Tan et al., 2009). Figure 1 visually represents the logical relationship of these functions within the hermeneutic circle.
Ricoeur’s hermeneutic phenomenology informed the way I structured my research into mental distress. Van Manen summarised phenomenology as simply a way “to construct a possible interpretation of the nature of a certain human experience” (Van Manen, 1997, p. 41), with hermeneutics “[describing] how one interprets the ‘texts’ of life” (Van Manen, 1997, p. 4). He referred to the applied “phenomenology of practice” as something which “does not get trapped in dogma and over-simplifying schemas, schedules, and interpretations of what is supposed to count as ‘true’ phenomenological inquiry” (Van Manen, 2016, p. 17); in the context of my research interest, this could refer to the DSM-5 nosology of mental illness and the psychiatric-psychological model of mental health.
I deemed hermeneutic phenomenology to be relevant for my research as it provided an *ontology* for the conscious experience of mental distress to be examined as a subjective reality, as well as an *epistemology* for knowing how that distress was culturally constructed using a collection of interpretive models. The functions within Ricoeur’s hermeneutic circle are analogous to those with the conceptual frameworks of Kleinman’s “illness narratives” and “explanatory models of illness” (Kleinman, 1980, 1988); they also accommodate for the fluidity of Williams & Healy’s “exploratory maps” concept (Williams & Healy, 2001). Central to the process of hermeneutics is the establishment of a ‘source text’ from which interpretation could occur; within this study, this function is met by the mental distress narratives expressed by young CALD migrants. Embedded within these distress narratives are the names and situated accounts of distress experiences – the ‘descriptions’ of the phenomenon – as well as the explanatory models and beliefs that accompany these accounts – the ‘naïve and deep interpretations’ of phenomenological experience. Negotiating an exploratory map of varying explanatory models and beliefs is analogous to the ‘fusion of horizons’ achieved through encounters with other social agents. Table 4 is a summary of the equivalence between these phenomenological functions and the previously mentioned conceptual frameworks.
Table 4. *Equivalent hermeneutic functions and concepts within the "cultural construction of illness"*

<table>
<thead>
<tr>
<th>Function within the hermeneutic circle</th>
<th>Equivalent concepts in the “cultural construction of illness”</th>
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<tbody>
<tr>
<td>Text / dialogue</td>
<td>Distress narratives</td>
</tr>
<tr>
<td>Distanciation</td>
<td>Transcription</td>
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<tr>
<td>Description</td>
<td>The situated accounts and naming of distress</td>
</tr>
<tr>
<td>Interpretation</td>
<td>Explanatory models and beliefs</td>
</tr>
<tr>
<td>Appropriation / fusion of horizons</td>
<td>Exploratory map</td>
</tr>
</tbody>
</table>

I consider the hermeneutic circle to operate at two levels within the context of researching the “cultural construction” of mental distress experience by young people from a CALD migrant background. First, the individuals participating in the research engage in a personal process of interpreting their encounters with the phenomenon of mental distress; and second, the researcher interprets the ‘dialogue-as-text’ obtained through their interaction with the research participants via a process of ‘distanciation’ achieved through the transcription and subsequent analysis of their dialogue with the participants during fieldwork. I wanted to use a research method that would accommodate both these circles of interpretation. The results of my studies using this theoretical approach would be dependent upon the form and content of the narratives expressed by each participant, which in turn would be influenced by the degree of engagement each participant had with the hermeneutic process during the construction of their personal distress narratives. Figure 2 is a visual representation of the two interpretive hermeneutic circles occurring simultaneously in a research context, with the mental distress narrative functioning as the ‘mediator of meanings’ between both agents for the participant’s mental distress experience.
Encouraging narrative: choosing a method of phenomenological inquiry

Qualitative research methods that involve open or semi-structured interviewing techniques have traditionally been used for eliciting personal narratives in phenomenological experience-based research within the health and social sciences. The open dialogue facilitated by such interviewing approaches allow research participants to determine the content and direction of their stories (Liamputtong & Ezzy, 2009, pp. 43-44; Riessman, 2008, p. 50). Participants may, however, encounter restrictions in their capacity for expressing such in-depth reflective self-narratives in a strictly dialogue-based research setting, particularly if English was not their first language.

I wanted to explore the potential that qualitative ‘visual research’ methods might hold for encouraging participants from such backgrounds to engage with a deeper ‘hermeneutic’ self-awareness and self-interpretation whilst constructing their distress narrative. I was particularly interested in specifically exploring the engagement of participant-driven photography as the creative visual practice which enabled this hermeneutic, as I had a personal interest in the photographic medium. Enthusiasm for

Figure 2. Two hermeneutic circles in phenomenological research: participant and researcher
using “visual research methods”, especially photography, to explore personal and social dimensions of experience has grown significantly over recent years, with advocates for such methods claiming the techniques can “foster participatory and support collaborative processes of knowledge creation” (Rose, 2014; Warr, Guillemín, Cox, & Waycott, 2016). Previous researchers have incorporated photographic processes and images into their interactions with participants from differing cultural and language backgrounds, reporting empirical advantages over using spoken dialogue alone (Berman, Ford-Gilboe, Moutrey, & Cekic, 2001; Thomas, Roberts, Luitel, Upadhaya, & Tol, 2011). Sitvast had also explored the interpretive aspect of photography as a therapeutic practice in severe mental illness, calling his approach “hermeneutic photography” (Sitvast, 2014; Sitvast, Abma, Widdershoven, & Lendemeijer, 2008).

In the next chapter, I explore how other researchers have used photography with interviewing to research issues related to mental health. I examine whether the implementations of “photo-interviewing” documented within the academic literature support the use of this technical approach with my population of interest. I also discuss in this chapter some of the theoretical and ethical concerns that emerged from this literature review regarding the use of participant-driven photography as a creative visual practice in qualitative mental health research.

**Examining narratives: thematic analysis**

Explanatory models and beliefs for mental health and distress are not expected to be self-evident within the content of the narratives provided by research participants. Some form of analytical approach would be required for extricating these models and beliefs from their distress narratives. I chose to adopt a thematic analysis for this task, whilst using Kleinman’s concept of explanatory models and beliefs as the ‘a priori’ framework for identifying themes that were relevant to my research questions. Thematic analysis is a method used for identifying themes that have emerged inductively from a dataset, and are shared across the participant cohort (Braun & Clarke, 2006). It can be considered a practical application of the interpretive concepts that constitute the hermeneutic circle, as described by Ricoeur (Figure 1). Thematic analysis enables the identification of shared experiences and meaning; this differentiates it from the analytical perspectives of discourse and narrative analysis, which primarily focus on
examining how individual persons or institutions construct meaning through using language and narrative structure respectively (Bamberg, 2012; Riessman, 2008). Braun & Clarke structured the process of thematic analysis by defining six steps for its implementation (2006, p. 87):

1. Familiarity with the data;
2. Initial coding;
3. Searching for themes;
4. Reviewing potential themes;
5. Defining and naming themes; and

Themes provide a way to identify “a patterned response or meaning within the data set” (2006, p. 82). In thematic analysis, they represent the researcher’s interpretation from the perspectives of the theoretical and conceptual frameworks chosen for their research inquiry. Braun & Clarke explicitly defined themes as something constructed, rather than “discovered”, and to extend beyond the descriptive to reflect the outcome of a researcher’s hermeneutic process.

I chose to apply thematic analysis over these alternate forms of qualitative analysis as I was seeking to understand how the background of migration journey and cultural difference – characteristics shared within this population group – impacted upon their mental wellbeing collectively. A description of how I eventually applied thematic analysis to the participant distress narratives obtained in this study is outlined in Chapter 5, with the results of the analysis being presented in Chapter 6.

**Conclusion**

Phenomenology provides the theoretical foundation for my research into mental health and distress amongst young people from a CALD migrant background. I seek to establish an ontology of mental distress as a subjective experience, and an epistemology for investigating how these distress experiences are given meaning by using Kleinman’s concepts of the “cultural construction of illness”, “explanatory models”, and “illness narratives” alongside Williams & Healy’s “exploratory maps” as frameworks for applying Ricoeur’s theory of hermeneutic phenomenology. Narratives of mental
distress play a central role in the understanding of distress experiences for both participant and researcher alike; they represent a meaningful interpretation of the distress phenomena experienced by the participant, and potentially reveal to the researcher the explanatory systems they employed to interpret these experiences. I therefore seek to implement a research method that will encourage the expression of mental distress narratives and foster the hermeneutic process during a participant’s narrative construction, as this could maximise the opportunity for capturing the explanatory models and beliefs that they employ.

In the following chapter I provide an outline of how I used ‘photo-interviewing’, a qualitative visual method, to encourage the expression of these mental distress narratives by the research participants. I also describe two theories of visual communication that explain how visual images can be used to mediate the process of narrative construction and interpretation.
Chapter 4: Method – photo-interviewing

Introduction

In this chapter I discuss how using photography as a research tool can contribute towards the understanding of mental distress experiences in young people from a CALD migrant background. I begin by introducing photography as a creative process that enables self-reflection and interpretation of lived experience, and a medium for communicating such experiences. This is followed by an historical overview of photography’s role in the natural sciences and in anthropology; this provides a backdrop for understanding its usage in contemporary research. I discuss the recent popularity of combining photography with interview dialogues – ‘photo-interviewing’ – as a qualitative visual research method within the health and social sciences, and present a literature review that explored how it was implemented within studies about mental health and cross-cultural / migrant populations. I conclude the chapter by identifying the theoretical frameworks that guided my own implementation of photo-interviewing in this research project, explaining how they resolved some of the ontological and epistemological concerns that had emerged from the literature review, and describe how they influenced my own implementation of a photo-interviewing method in this project.

Utilising photography as an interpretive process

Using photography as a research tool for qualitative ‘experience-focused’ research fits well with a phenomenological methodology. Within the discipline of art therapy, creative practice has always been considered an interpretive and expressive process. Betensky considered the material engagement of art practice as essentially phenomenological; through the act of working with a sensory medium, phenomena are revealed to an artist’s conscious understanding (Betensky, 1977; Rubin, 2001, pp. 121-133). Engaging an art medium requires the artist to interact with their world and consciously reflect upon it. The phenomenological experience from this life-world subsequently undergoes a transformation into a material artwork, which could be a drawing, painting, sculpture, photograph, or numerous other creative forms. The artwork itself becomes a new phenomenon – a new ‘thing’ – as well as an interpretive medium that is distanced from the original experience. This mediated distancing facilitates deeper interpretation of the artist’s life-world within the hermeneutic
framework (Hagedorn, 1994). Asking research participants to ‘do photography’ is no different, even if their creative activity is to be conducted within an academic, rather than a therapeutic, context. Their interpretation of their experienced life-world begins even before the participant-photographer engages the techne, the ‘craft’, of the medium via the shutter release. In photo-interviewing, they are encouraged to direct their conscious awareness towards past and contemporary life experiences, reflect upon their relationships with it, and consider how they might want to tell an audience about the meaning of these experiences when they display and explain their photographs.

This perspective of photography as a reflexive process was provided by McNeil: “Modernist photography concentrated on the photographer’s body and his (often aggressive) relationship to the real world…the postmodern photographer sought to place the photographer him or herself within a wider network of social causation and epistemological restrictions…Photographic practice moved from being about reflexes and embodiment to a practice of scrutinising and questioning.” (McNeil, 2013, p. 21, emphasis by author) Rubin had also described the act of creating an artistic object as a pathway for “discovering previously unknown and usually unwanted aspects of the self”, with the “concrete and visual” nature of an artwork assisting in uncovering and discovering what was hidden within their unconscious (Rubin, 2001, pp. 18-25).

The power and versatility of photography as a research medium is, however, commonly considered to reside within its capacity as a form of visual memory and ‘truthful’ objective documentation, and not in its function as a creative and interpretive medium. Its use as a medium for phenomenological research within the health and social sciences did not occur until the ‘postmodern turn’ during the latter half of the 20th century.

**A concise history of photography in social research**

Photography’s potential as a tool for scientific inquiry was recognised almost immediately after its invention during the early nineteenth century. The photographic image plates created by Louis-Jacques-Mande Daguerre in 1837 were received with excitement, as they possessed a remarkable capacity for recording a visually “exact transcript” of the natural world. Henry Fox Talbot’s paper process, which had been developed independently but emerged almost simultaneously with Daguerre’s,
permitted the unrestricted reproduction of identical images with unprecedented fidelity (Clarke, 1997, pp. 13-15). Photography possessed an ability to faithfully record and capture images that appeared identical to those seen by the naked eye, with the image fixed on a stable physical surface permitting its detailed examination at one’s leisure. Daguerre himself had declared that his daguerreotype was “a chemical and physical process which gives her [i.e. nature] the power to reproduce herself”; Sir John Robinson, a contemporary of Talbot, wrote “the perfection and fidelity of the pictures are such, that, on examining them by microscopic power, details are discovered which are not perceivable to the naked eye in the original objects.” (Silverman & Kaja, 2015, pp. 26, 27)

Photography’s emergence into general public awareness during the mid-1800s coincided with the establishment of anthropology as a formal academic discipline (Pinney, 2011, p. 17). Anthropology, the study of “the natural history of man (sic)” (Pinney, 2011, p. 21), grew in popularity during this historical period of rationalism, industrialisation, and modernist thought. Early anthropologists such as Lewis Morgan wanted to understand the civilisation of humanity from a naturalistic and evolutionary perspective, and utilised the scientific approach of empirical observation to study peoples and societies from unfamiliar cultures and races to develop their theories (Eriksen & Nielsen, 2013, pp. 21-23). Photography’s apparent trustworthiness for objective visual documentation complemented the approach used in their investigations. Defining examples of early documentary anthropological photography include those curated by Thomas Huxley in *People of India* between 1868-75, and those created by Charles Woolley in *The Last of the Tasmanians*, published in 1870 (Pinney, 2011, pp. 22-24). Photographs continued to be made for ethnographic ‘data collection’ well into the 20th century, and generally with the researchers behind the camera. Archetypal examples include the ethnographic field work of Evans-Pritchard with the Nuer peoples (1940) and that of Levi-Strauss with indigenous communities in South America (1961), where photographs served an illustrative purpose in supporting the written text.

This understanding of the photograph as a trustworthy document continued within the natural and social sciences well into the twentieth century, but the ability of the photograph to record an objective vision of the world came under scrutiny after the end
of World War II. Whilst photographs continue to be handled as documentary evidence within positivistic scientific disciplines, researchers within the ‘human sciences’ questioned the assumption of impartiality in a photograph’s meaning. This doubt over photography’s epistemology coincided with a paradigm shift within the social sciences. American anthropologist John Collier wrote in 1957 about the epistemological crisis his discipline faced:

“We felt these queries struck at a major orientation of modern ethnography: its deep distrust of visual observation… a factor that has discouraged the use of photography is the trend in anthropology away from the study of the shell of society inward to the emotional, psychic, and intellectual expressions of man [sic].” (Collier, 1957, pp. 843-844)

A new generation of anthropologists began to challenge established modes of social research, framing them as a form of hegemony that “exoticised”, marginalised, and exerted forms of control over their populations of interest. This occurred alongside the emergence of new philosophical perspectives that considered the relationships between language, gender, and power. This collective shift in post-war thinking is commonly labelled as ‘postmodernism’, despite these emergent paradigms being diverse and, at times, conflicting (Eriksen & Nielsen, 2013). Social research shifted away from a search for ‘grand narratives’ and structured theories of social function, and moved towards an investigation of power within social discourse and of the subjective ‘internal’ realities of lived experience.

Photography continued to play a role in anthropology and other social sciences during the postmodern turn. Collier himself was an advocate for the use of photography as a tool for investigating social experience, and published details of a research method that he called the “photo-interview”. This involved a collaboration with field assistants and experienced documentary photographers to photograph locations and items connected with the communities of interest, followed by asking research participants recruited from those communities to talk about these photographs within an interview setting (Collier, 1957; Collier & Collier, 1986). The combination of dialogue and photography that he pioneered as a data collection method caught the attention of subsequent social researchers seeking deeper insights into the experiences of social phenomena. Photo-
interview methods have since grown in popularity, with many variations to its implementation emerging in the field (Rose, 2014). “Photo-elicitation” and “photovoice” are two names that are most commonly used to describe photo-interview methods within contemporary qualitative research literature, but other labels also exist – such as “autodriven photography”, “photostory”, “photonovella”, “reflexive photography”, and “hermeneutic photography” – and are used with varying degrees of consistency across the research community. The origin of “photo-elicitation” as terminology is unclear, but may have first appeared in two unrelated social research publications during 1986 – one investigating sports culture (Curry, 1986), and one investigating the social meaning of work (Harper, 1986). The 1997 publication of “Photovoice” by Caroline Wang and Mary Anne Burris (Bugos et al., 2014; Wang & Burris, 1997) introduced a method of participatory action research based upon photo-interviewing methods which continues to be popular amongst researchers, educators, and social activists. Interest in photo-interviewing as a research method has not waned, with Douglas Harper’s article titled “Talking about pictures: a case for photo elicitation” (Harper, 2002) mentioned as the “most read article” and “most cited article” on the home page of academic journal Visual Studies from November 2014 to April 2017.

**Photo-interviewing**

The titles given to various photo-interviewing approaches are used inconsistently by researchers, so it is best to explore how practical differences in photo-interviewing method might hold relevance to the methodological framework of the research. These differences can be grouped into two major considerations: the source of the photograph (as created by the researcher, the participant, or a third party); and the temporal relationship between the interview dialogue and when the photograph was made (either created prior to the research activity, or during the research).

Collier and Harper both made their own photographs whilst interacting with their participants in their social environments, and showed them to those same participants during subsequent interviews to discuss their significance (Collier, 1957; Harper, 1986). This approach bore similarity to how earlier anthropologists controlled the camera and edited the photographs, but differed in how the work of visual interpretation was shifted from the researcher to the participants. Researchers with a priority on 'participant
empowerment’ or ‘accessing the inaccessible’ also placed the camera in the hands of their participants. In photovoice, Wang focused on empowerment by handing participants the responsibilities for creating and selecting the images for discussion (Wang & Burris, 1997), whilst Packard and Bukowski gave cameras to homeless peoples to “make the invisible visible” (Bukowski & Buetow, 2011; Packard, 2008). Photographs that were selected by the participant from existing personal collections and family albums have also been used within the interview setting, such as the investigation of personal objects as embodiments of personal memory by Petrelli et al (2008), and the examination of individual identity, memory, and social “power relations” by Makiranta (2011).

These prior researchers had sought the creation of specific types of photographs to enable a deeper examination of past or recent experiences, and used photography with the intention of gaining access to secret or hidden worlds. Handing over control of the techne of image production to the participant was also considered analogous to having agency over the research discourse. Common to all forms of photo-interviewing are claims of deeper participant engagement with the research process, improved rapport building, and the bridging of perspectives between researcher and participant (Clark-Ibanez, 2004, p. 1512; Collier & Collier, 1986, pp. 102-103; Harper, 2002, pp. 21-22; Wang & Burris, 1997, p. 372). Torre reviewed how photo-elicitation had been conducted within education research, and identified the stated benefits of the method as its capacity to “empower participants, build trust, see diverse perspectives, manipulate photos, [and] increase validity” (Torre & Murphy, 2015); Van Auken et al similarly identified its advantages in producing “richer information than other techniques”, “help to reduce differences in power, class and knowledge between researcher and researched”, and “has unique potential to empower participants’ involvement in activities related to local planning” in their review of community-focused photo-elicitation research (2010).

**Photo-interviewing in mental health research**

This historical overview revealed how photography’s function as a research tool has depended upon the ontological perspective adopted by the researcher. The significance that was given to ‘photographic process’ and ‘photographic output’ also varied
according to the theoretical viewpoint of the researcher. In this thesis, I wanted to further investigate the suitability of employing a photo-interviewing method as a tool for phenomenological interpretation in my own research by examining how other mental health researchers had chosen to combine photography and interviewing; identifying the populations they had sampled for their studies; and highlighting the methodological positions that they had adopted for their research inquiry. I conducted two literature reviews on the use of photo-interviewing methods in mental health research during my PhD candidature – once during 2014 to determine the scope of my project in the lead-up to my confirmation of candidature, and finally in April 2017 to identify any new research which had been conducted since then.

Figure 3 is a visual summary of my literature search strategy. I sought peer-reviewed journal articles of original research that implemented a photo-interviewing method for investigating aspects of mental health, illness, and disorder. I considered a method as “photo-interviewing” if the collection of data involved some form of individual or group dialogue being conducted in combination with a display of photographic media. Articles not published in English were excluded. The abstracts and full texts of the initial results provided by each literature database were individually reviewed and sorted, with articles not meeting these requirements excluded from further review. The remaining relevant articles from each academic database were sorted into a final collection of relevant articles.
<table>
<thead>
<tr>
<th>SEARCH TERMS</th>
<th>SEARCH DATABASE</th>
<th>ARTICLES FOUND</th>
<th>RELEVANT ARTICLES</th>
<th>TOTAL RELEVANT ARTICLES</th>
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<td>(photoelicitation or “photo elicitation” or “photo-elicitation” or “photo novella” or “photo-novella” or “photo-story” or “photo-story” or “photointerview” or “photo interview” or “photo story” or “photo interview” or “photostory” or “photostory” or “photostories” or “photostories” or “reflexive photography” or “hermeneutic photography”) AND (mental illness or mental health or mental disorder or mental distress or psychiatric disorder or psychological disorder or depression or anxiety or bipolar or mania or schizophrenia or psychosis or trauma)</td>
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<td>19</td>
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<td></td>
<td>Web of Science</td>
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Figure 3. Literature search: mental health research that used a photo-interviewing method
34 relevant research articles published between 2008 and 2017 were identified in my search; these are listed in Table 5. These results revealed a growing interest in the engagement of persons with chronic and severe mental illness by using photo-interviewing methods (24 articles), especially when the conceptual framework of “mental illness recovery”, a multidimensional approach to understanding wellbeing (Whitley & Drake, 2010) was used to frame their research. Photo-interviewing was also used to evaluate and encourage the engagement of formal support programs in these populations, with several researchers utilising Wang & Burris’ formal method of “photovoice” as both participatory action research and therapeutic intervention (Wang & Burris, 1997). The remaining 10 articles described research involving children, young people, survivors of sexual assault, rural women, war veterans, and Latina immigrants as participants.
<table>
<thead>
<tr>
<th>Author</th>
<th>Population</th>
<th>Field of inquiry</th>
<th>Named photo method</th>
<th>Methodology</th>
<th>Intention</th>
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<td>Factors influencing recovery</td>
<td>Photo voice</td>
<td>Phenomenology</td>
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<td>Andonian (2010)</td>
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<td>Community access and participation</td>
<td>Photo voice</td>
<td>PAR</td>
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<td>Bruce (2009)</td>
<td>Children – attention deficit hyperactivity disorder</td>
<td>Perceptions of risk</td>
<td>Photo elicitation</td>
<td>N/M</td>
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<tr>
<td>Cabassa (2013)</td>
<td>Serious mental illness</td>
<td>Recovery dimensions</td>
<td>Photo voice</td>
<td>PAR</td>
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<tr>
<td>Cabassa (2013)</td>
<td>Serious mental illness</td>
<td>Health intervention engagement</td>
<td>Photo voice</td>
<td>PAR</td>
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<tr>
<td>Clements (2012)</td>
<td>Mental illness clubhouse consumers</td>
<td>Recovery – personal and local knowledge</td>
<td>Photo voice</td>
<td>PAR</td>
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<td>Erdner (2012)</td>
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<td>Personal life values and basic attitudes</td>
<td>Self-photography</td>
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<td>Fullana (2014)</td>
<td>Severe mental illness</td>
<td>Impact of work on social relationships</td>
<td>Photo elicitation</td>
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<td>Gamble (2012)</td>
<td>Mental illness clubhouse consumers</td>
<td>Clubhouse engagement and impact on recovery</td>
<td>Photo voice</td>
<td>Phenomenology</td>
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<td>Hill (2014)</td>
<td>Young people – autistic spectrum disorder</td>
<td>Experiences of secondary school education</td>
<td>Photo elicitation</td>
<td>Phenomenology</td>
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<td>Maniam (2016)</td>
<td>Young people – early psychosis</td>
<td>Experience of participating in photovoice</td>
<td>Photo voice</td>
<td>N/M Evaluation</td>
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<td>N/M Intervention</td>
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<td>Photo voice</td>
<td>Quantitative Evaluation</td>
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<td>Panazzola (2013)</td>
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<td>Perez (2015)</td>
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<td>Photo voice</td>
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<td>Discussion of photo method</td>
<td>Photo stories</td>
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<td>Silvast (2010)</td>
<td>Psychiatric patients</td>
<td>Facades concept – case reporting</td>
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<td>Silvast (2011)</td>
<td>Psychiatric patients</td>
<td>Moral learning concept – case reporting</td>
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<td>Silvast (2011)</td>
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<td>Silvast (2012)</td>
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<td>Silvast (2014)</td>
<td>Severe mental illness</td>
<td>Care professional – insight into life world</td>
<td>Hermeneutic photography</td>
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<td>Tang (2016)</td>
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<td>Thompson (2008)</td>
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<td>Photo voice</td>
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<td>Tran Smith (2015)</td>
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<td>War veterans</td>
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<td>Windhorst (2015)</td>
<td>University students</td>
<td>Natural places helpful for mental health</td>
<td>Photo voice</td>
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<td>Yates (2012)</td>
<td>Severe mental illness</td>
<td>Recovery – place</td>
<td>Photo voice</td>
<td>Grounded theory</td>
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I have grouped the reasons for using photo-interviewing, as given by the authors of the reviewed articles, into four general categories:

1. Photo-interviewing allowed researchers to ‘step into the shoes’ of the participant and gain insights into their lived experiences and understandings;
2. Photo-interviewing fostered participant self-reflection and meaning-making from past lived experiences, for both research and therapeutic purposes;
3. Photographs permitted the identification of physical ‘places and spaces’ with significance for the mental wellbeing of the participants; and
4. Photo-interviewing was used to evaluate and promote the engagement of formal support services.

These studies were conducted from a variety of methodological perspectives. They ranged from participatory action research and phenomenology to semiology, place/space, and grounded theory. Quantitative evaluative methods were also utilised in several circumstances where photo-interviewing was implemented as a therapeutic intervention (Mizock et al., 2015; Russinova et al., 2014; Sitvast & Abma, 2012).

**Photo-interviewing research with CALD migrant populations**

A literature review conducted during April 2017 assessed the scope of photo-interviewing research with migrant and CALD populations. I found it remarkable that only one of the articles in my previously mentioned search specifically involved migrant populations (the paper authored by Perez et al (2015)); therefore I was interested in discovering what other migration related-concerns were being investigated using photo-interviewing. A summary of this literature review’s strategy is represented visually in Figure 4.
Figure 4. Literature search: photo-interviewing and CALD / migrant population
77 original research articles involving photo-interview methods and CALD migrant populations were identified; these are listed in Table 6. The research activities described in these articles explored a broad range of issues concerning migrant health, wellbeing, social interactions, and resource engagement – but not ‘mental health’ as a specific focus for study. Photo-interviewing was also revealed as a method for both conducting academic research and stimulating social action, sometimes simultaneously.
Table 6. List of research articles identified in search: photo-interviewing and CALD / migrant population

<table>
<thead>
<tr>
<th>Author</th>
<th>Population</th>
<th>Field of inquiry</th>
<th>Named photo method</th>
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<tr>
<td>Adekeye (2014)</td>
<td>African immigrant youth and elderly in USA</td>
<td>Views on health resources &amp; access</td>
<td>Photovoice</td>
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<td>Amos (2014)</td>
<td>International students in Canada</td>
<td>Food experience</td>
<td>Photovoice</td>
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<td>Baquero (2014)</td>
<td>Latinos in USA</td>
<td>Sexual health assets &amp; barriers</td>
<td>Photovoice</td>
</tr>
<tr>
<td>Bender (2001)</td>
<td>Latinos in USA</td>
<td>Perceptions of prenatal care quality</td>
<td>Photo narrative</td>
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<td>Benza (2017)</td>
<td>Pakistani women in Australia</td>
<td>Meanings and experience of motherhood</td>
<td>Photo elicitation</td>
</tr>
<tr>
<td>Berman (2011)</td>
<td>Bosnian refugee youth in Canada</td>
<td>Explore everyday challenges/struggles</td>
<td>Photo novelia / phototalk</td>
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<td>Bishop (2013)</td>
<td>Refugees in UK</td>
<td>Value of horticulture group</td>
<td>Photo elicitation</td>
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<td>Castellanos (2013)</td>
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<td>Factors contributing to dietary change</td>
<td>Photovoice</td>
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<td>Rural migrant mothers in Shanghai, China</td>
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<td>Connect older Liberians with family</td>
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<td>Health related beliefs and coping behaviours</td>
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<td>Role of green spaces as therapeutic/restorative</td>
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<td>de Castro (2014)</td>
<td>Hmong refugee farmers in USA</td>
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<tr>
<td>Wells (2011)</td>
<td>Young asylum seekers and refugees in UK</td>
<td>Social networks</td>
<td>Photo elicitation</td>
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</table>
I found the terminology and definitions used for labelling the photo-interviewing methods to be inconsistent across the reviewed articles. “Photovoice” was the term most frequently used to label a chosen research methodology or method, but not all studies using this term followed the participatory action research (PAR) framework that was originally conceptualised under this title by Wang & Burris (1997). Researchers that implemented a PAR methodology generally identified “photovoice” as a tool for studying issues within a CALD migrant community whilst simultaneously encouraging participant engagement and stakeholder awareness to enable positive social changes; other studies used “photovoice” to describe any form of data collection method combining spoken dialogue with photographic visual material, even when not implemented within the PAR framework. Two examples of non-PAR research that labelled their photo-interviewing method as “photovoice” are the investigation of migration experiences by Asian international students in the United States by Cooper & Yarbrough (2016), and workplace discrimination experiences as faced by Latino migrant workers in the United States by Fleming et al (2017). Other researchers that used photo-interviewing methods to explore aspects of migrant lived experience described their approach as “photo-elicitation” (Benza & Liamputtong, 2017; Coughlan & Hermes, 2016; Due et al., 2016; Frohmann, 2005), “photo narrative” (Bender et al., 2001; Keat et al., 2009; Strickland et al., 2010), “photo novella” (Berman et al., 2001; Sampson & Gifford, 2010), “photo friend” (Oh, 2012), “photo sharing” (Postma et al., 2014), “hermeneutic photography” (Kanji & Cameron, 2010), or simply “photography” (Fassetta, 2016; Guerrero & Tinkler, 2010; Holgate et al., 2012; Lethborg et al., 2012), despite their general similarities in how participant engagement and data analysis was approached.

The review of these articles showed how researchers had utilised photo-interviewing with migrant populations for a variety of reasons. These ranged from subjective narrative-based research, to investigating environmental space/place interactions, and encouraging participant-led social activism. These studies explored various dimensions of subjective lived experience, social relations, institutional engagement, and environmental spaces – sometimes in parallel with other modes of research as a contribution towards a larger mixed-methods project. Photo-interviewing was presented as a useful way to promote dialogue between researchers, participants, and
other stakeholders, whilst simultaneously giving participants greater control over the research agenda. Photo-interviewing’s reputation as a useful method for revealing subjectivities within CALD migrant populations was reflected by 17 of the 77 articles using terms such as “experience”, “perceptions”, and “perspectives” in their titles; however, only three of the studies listed in this review used photo-interviewing primarily for researching this issue of ‘mental health’ with a selected CALD migrant population (Lenette & Boddy, 2013; Paraghamian et al., 2012; Perez et al., 2015).

**Knowledge gaps in photo-interviewing research**

Photo-interviewing methods have thus been used to study mental health issues; to engage CALD migrant populations in health and social research; and they have been implemented from an interpretive ‘hermeneutic’ phenomenological perspective – but not used in a way that combined all three concerns, which was what I intended to do in my own research. Little was also mentioned within these articles about the potential advantages that photo-interviewing offered the participants in facilitating reflection, self-interpretation, and the process of inductive narrative construction. Most of the articles concerning CALD migrant populations had focused instead upon the advantages photo-interviewing provided in terms of researcher ‘access’, and the empowerment of participants for social action, as described by Collier (“photo interviews’), Harper and Clark-Ibanez (“photo elicitation”), and Wang & Burris (“photovoice”) in their methodological frameworks (Clark-Ibanez, 2004; Collier & Collier, 1986; Harper, 2002; Wang & Burris, 1997).

**Knowing and telling: theories of visual narrative construction**

In this section I highlight some of the ontological assumptions about the photographic image that were implied by some of the reviewed articles, and explore two structural theories that offer a basis for understanding how the visual elements of the photograph are used in the construction of narratives expressed via spoken dialogue: Peirce’s semiotic theory of signification, and Cohn’s theory of visual narrative structure. These theories influenced my own choices in how the photographic medium was handled during the participant engagement phase of this study. This section is not intended to provide the reader with an extensive exploration of semiotics and communication studies – both of which are substantial academic disciplines in their own right – but is
meant to offer an overview of some fundamental concepts that I considered to be relevant for this research project.

**Challenging the photograph as a document**

Of photovoice, Wang explicitly stated that “historic and contemporary uses of documentary photography have informed the photovoice approach” (Wang & Burris, 1997, p. 371). Harper also stated that photographs functioned as objective “visual inventories” in photo-elicitation, as well as a medium for “depicting events that occurred earlier in the lifetimes of the subjects” and “portray[ing] the intimate dimensions of the social” (Harper, 2002, p. 13). These perspectives imply that photographs provide an objective depiction of the ‘subjects’ within the images, confirming the existence of the depicted items in the outside world. They imply that much of the power in photovoice and photo-elicitation methods originates from the assumed ‘truth in representation’ offered by the photograph, and how perceptions of photographic objectivity bestow validity and authority to the photo-stories constructed by research participants. Subjectivity in the constructed narratives is accounted for in how ‘subjects’ were selected and framed for photography.

I would argue that this positivist ontology of the photographic image creates limitations for its potential as a tool for interpretive ‘hermeneutic’ phenomenological research. It also creates potential problems by justifying the interpretation of visual material using approaches that separate the photograph from the participant-photographer’s intended meanings. This ontology of the photograph has faced considerable criticism by contemporary theorists within the visual arts, communication, and journalism disciplines, with the recent transition from analogue to digital processes providing incentive for a re-evaluation of the medium. Osborne described the photographed as a constructed “social form of value” (Osborne, 2010); Hainge considered the truthfulness, or indexicality, of the photograph as “the result of the normal usage and perception of the medium” (Hainge, 2008); and Edwards stated that “photographs cannot be understood through visual content alone but through an embodied engagement with an affective object world, which is both constitutive of and constituted through social relations” (Edwards, 2012). These theoretical perspectives present the interpretation of
Because of these theoretical considerations, I chose to direct my attention away from the use of participant-created photographs as ‘data’ and focus upon how the visual material was used as a medium for constructing spoken mental distress narratives. I identified two theories of visual communication that would provide me with a framework for understanding how the research participants might construct meaning into – and interpret from – their photographs: Charles Peirce’s theory of signs (semiotics); and Cohn’s theory of visual narrative structure. I selected these theories because they accommodated for subjective forms of representation that extend beyond the constraints of the realist photodocumentary ontology. This is explored with greater depth in Chapter 7, where I examine how the images created by the research participants mediated the resulting spoken ‘narratives-as-text’.

Peirce: theory of signs

*Semiotics* is the academic discipline concerned with the study and theorising of *signs*. Chandler defined signs as “words, images, sounds, odours, flavours, acts or objects, but such things have no intrinsic meaning and become signs only when we invest them with meaning.” (2007, p. 13). When examined from semiotic perspectives, photographs are not considered ‘truth-objects’ that contain intrinsic meanings that are independent of their audience; instead, the graphical elements of the photographic image perform as ‘signifiers’ for arbitrary meanings that are attributed by the viewer from “familiar systems of conventions” (Chandler, 2007, p. 13).

Charles Peirce’s semiotic theory, proposed during the early 20th century, offers an alternate constructivist ontology for the photograph – one more fitting for a hermeneutic phenomenological approach than the realist ontology mentioned previously. At its fundamental level, his theory considered objects as ‘signs’ when they comprised of three essential elements: the sign itself (or representamen), the object (or referent), and the interpretant, the “understanding that we have of the sign/object relation” (Atkin, 2013; Chandler, 2007, p. 32). Conceptually, the interpretant acted as a translation of a sign, such that its meaning was analogous to the object being signified, but the interpretant was not required to be directly determined by the nature of the sign or
object. He also located the interpretant as based within cognition, and was subject to further interpretation by acting as a sign itself, as a “thought sign” (as represented by Chandler in Figure 5). It was possible for a variety of interpretants to function for a single sign, and thus result in more than one object/referent being represented by that sign (Atkin, 2013). Peirce had also proposed a typology of signs based upon the strength of connection between the sign and the object. The indexical sign had some form of direct connection to the object, such as a footprint (for feet) and rising smoke (for fire); the iconic sign offered some form of “likeness” to the object but lacked a direct connection to it, such as a cartoon drawing (for a farm animal) or painting (for a person); whilst the symbolic sign had an entirely arbitrary connection with the object being referenced, such as scripts and colours signifying meanings that are determined by social convention (Chandler, 2007, p. 36).

![Figure 5. Peirce's successive interpretants (from Chandler, 2007)](image)

Peirce’s theory accommodates for a multitude of possible interpretations to emerge from a photographic image, without these interpretations facing the constraints demanded by a realist paradigm of being ‘right’ or ‘wrong’ in what meaning the image depicted. This perspective also returns the meaning of photographs back to the person who is ‘translating’ it, rather than locating it within the image itself. His notion of the interpretant as a “thought sign” also accommodates for the accompanying spoken narrative to expand beyond a purely descriptive function, allowing it to progress into a deeper and more active interpretive dialogue if the narrator so wishes. Visual elements
in the photograph provide the material for initiating this interpretive process by functioning as indexical, iconic, or symbolic signs – sometimes all three at once – whilst the participant composes the photograph and when they display it during the research interview.

Only one paper out of the 77 identified in my photo-interviewing literature review mentioned Peirce’s semiotic theory as a framework for their data analysis. Cabanes used it to identify differences in the meanings expressed within the photo-stories expressed by Indian and Korean migrants in the Philippines in comparison with the interpretations made by audience members at a public exhibition of their images (Cabañes, 2017). Cabanes observed how the photographs, when exhibited in isolation from the narratives of his participants, were unable to “fix meanings” and communicate them to their viewing audience because of the arbitrary nature of iconic and symbolic representation. These findings have implications for how I might eventually choose to publish the photographic outputs of the project if I want to preserve, rather than obscure, the intended meanings of their creators for an audience.

Narrative grammar: Cohn’s theory of visual narrative structure

Many of the photo-interviewing articles identified in the literature review presented their use of photographs as single-image prompts for establishing further interview dialogue. I consider this approach could limit the potential that photographs can offer participants in their narrative construction. Narrative storytelling is not limited to static descriptions – it is also a practice where “a speaker connects events into a sequence (emphasis added by author) that is consequential for later action” (Riessman, 2008, p. 3). Peirce’s semiotic theory is useful for understanding how individual photographs function as signs for specific meanings, but it encounters limitations when a group or sequence of photographs is used to construct a unified narrative.

Cohn presented a theory that could account for the epistemology of photographic sequences in the construction of a narrative. In his theory of Narrative Grammar, he differentiated “graphic structure” from “event structure”, and considered the meanings signified by the graphic content of a single image panel to be syntactic components for a larger narrative structure containing time shifts and paced events (Cohn, 2013). By using the comic strip as an archetypal example of visual storytelling, he demonstrated
how individual graphic images could be integrated into a cohesive narrative form, with each image—defined as a ‘panel’—serving the function as a signifier for a narrative unit. Rather than acting as standalone signifiers that lacked an intrinsic temporality, individual photographs connected meanings across the panels by serving as “establishers”, “initials”, “prolongations”, peaks”, and “releases” in the overall narrative structure. Some panels might also be re-used to serve multiple functions within a single narrative (Table 7).

Table 7. Visual narrative event categories (from Cohn, 2013)

<table>
<thead>
<tr>
<th>Narrative Category</th>
<th>Conceptual Structure</th>
</tr>
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<tbody>
<tr>
<td>Establishers</td>
<td>Introduction</td>
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<tr>
<td>Initials</td>
<td>Preparatory action</td>
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<td></td>
<td>Process</td>
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<tr>
<td></td>
<td>Path departing</td>
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<tr>
<td>Prolongations</td>
<td>Sustainment of a process</td>
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<td></td>
<td>Delaying</td>
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<td></td>
<td>Path position</td>
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<tr>
<td>Peaks</td>
<td>Culmination of event</td>
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<td></td>
<td>Termination of process</td>
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<td></td>
<td>Interruption</td>
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<td></td>
<td>Path end-goal</td>
</tr>
<tr>
<td>Releases</td>
<td>Wrap up narrative sequence</td>
</tr>
<tr>
<td></td>
<td>Outcome / reaction to event</td>
</tr>
</tbody>
</table>

This theoretical perspective has important implications for how photographs are handled within a study using photo-interviewing for narrative-based research. By allowing them to handle photographic hard-copy prints and spatially arrange them on a table during an interview, participants can construct a narrative ‘event structure’ that would be difficult if using a digital electronic device that only displays digital image files individually. It also impacts upon how photographs and narratives are presented to a public audience as supporting evidence for the research findings, since individual images separated from the context of their related panels could potentially misrepresent the meanings contained within the overall narrative.
Conclusion

Whilst photo-interviewing as a qualitative research method has not been used extensively within the field of CALD migrant mental health research, its potential as a method for facilitating phenomenological, narrative-based study was demonstrated in prior photo-interviewing research involving other populations and topics of social inquiry. However, ontological tensions between perceptions of the photograph as a trustworthy documentary medium, and how photographs were used within constructivist interpretive research paradigms, had emerged from this review of existing photo-interviewing research literature. This motivated me to establish a consistent theoretical perspective that linked the ontology of the photographic medium to the subjectivity of constructing personal mental distress narratives. Peirce’s theory of signs offers a theoretical perspective that accommodates for different modes of visual representation within the photograph, and the subjective interpretation of graphical elements expected from adopting a hermeneutic phenomenological methodology. Cohn’s theory of narrative grammar also contributes towards an understanding of how the presentation of groups and sequences of photographic images provide participants with additional opportunities for storytelling, and directly influences how photo-interviewing was implemented with the research participants in my study.
Chapter 5: Research design & approach

Introduction
This chapter provides an overview of the activities that I conducted during the implementation of this research project. I begin the chapter by describing the characteristics of the participants I intended to sample, the overall recruitment strategy, and the young people who took part in the study. This is followed by a description of how photo-interviewing was structured within this project, and how it was eventually implemented ‘in the field’ to facilitate the expression of personal mental distress narratives by the participants. I also discuss in this section some of the unexpected problems and difficulties that were encountered during fieldwork. I conclude the chapter by describing how I applied qualitative thematic analysis to the interview transcripts obtained via the photo-interviewing process.

Recruitment
Since I was seeking to understand the significance of cultural difference and migration journey in shaping the mental distress experience amongst young people from a CALD migrant background living in Australia, I sought to recruit young people with a history of growing up within a culture that was significantly different to mainstream Australian society, as well as having performed the physical journey of emigrating from another country to reside in Australia on a long-term basis. A purposive sampling approach was therefore employed; this is where a “deliberate selection of specific individuals…because of the crucial information they can provide that cannot be obtained so well through other channels” is undertaken (Liamputtong & Ezzy, 2009, p. 11).

Participants sought for the project were between 18 to 25 years of age; born in a country where English is not the main spoken language; had lived, or would be living, in Victoria, Australia for at least twelve months; and self-identified as having experienced difficulties related to mental and/or emotional wellbeing for the duration of at least one month either prior to, or during, the time of recruitment. A lower age limit of 18 years was chosen as this simplified the participant consent process, as well as correlating with a life stage where the transition from the social environment of secondary education to the adult workforce and/or tertiary education commonly occurred.
I engaged with a variety of advertising methods during the recruitment phase due to the range of social circumstances encountered by young people within this selected population. I sought to generate interest in the research project by promoting it within tertiary education institutions, mental health services providing support for young people, and organisations providing social support to migrant communities. This involved a combination of online promotion, postcard and flyer distribution within institutions and common meeting spaces, and face-to-face presentations of the research project at various youth and migrant-specific organizations (Appendix III). I also implemented opportunistic sampling (Liamputtong & Ezzy, 2009, p. 14), such as sharing e-mails and printed advertising material with academic and clinical colleagues who had regular contact with CALD migrant communities, and snowball sampling via the young people who had already been recruited into the project, when responses from these initial efforts in promotion had diminished.

Approval for proceeding with the research project was provided by the University of Melbourne Health Sciences Human Ethics Sub-Committee on 6 February 2015 (Ethics ID 1443294). An initial pilot study conducted with five volunteer participants during March 2015 provided useful experience and feedback on the recruitment and data collection process, resulting in several amendments to the participant recruitment and engagement methods subsequently employed for the main part of the study. These included the drafting of standardised introductory questions related to social background for the first interview, a modified consent form that was easier to understand and complete, and the omission of a reflective journal writing task which accompanied the photographic activity. These amendments were authorised by the University of Melbourne Health Sciences Human Ethics Sub-Committee on 17 March 2015 (Ethics ID 1443294.2). Efforts in participant recruitment for the study proper began in May 2015 with the goal of recruiting twenty participants, and are described in the following sections. Recruitment for the study concluded in October 2015.

Project website: brainsnap.org

A project website was created and published to function as a central information and communication hub for the recruitment strategy. This site, located at www.brainsnap.org, contained the Plain Language Statement (reformatted for Web
browser access), a web form that permitted the submission of general enquiries and expressions of interest, and placeholders for an image gallery and a project weblog (Figure 27, Figure 28, and Figure 29). Development of the website began in late 2014 with the assistance of a private graphic design consultant, and was eventually hosted on commercial Wordpress servers. Brainsnap.org was published online for general Web access in April 2015. Printed advertising material in the form of DL-sized postcards and A4-sized flyers accompanied this website. These contained brief overviews of the research project, the website address, and contact details for the research team (mobile telephone and e-mail).

Educational institutions

An advertisement for research volunteers was posted on the University of Melbourne’s online Student Portal Noticeboard on July 2015. This advertisement was visible to all enrolled students for four weeks, and coincided with the start of their second academic semester. This notice provided a link to the brainsnap.org website, a downloadable PDF of the Plain Language Statement, and the contact details for the research team (telephone and e-mail address).

Attempts at publishing similar electronic advertising notices at other Victorian universities were unsuccessful. I invited academic colleagues at these universities to share links to the brainsnap.org website with their contacts and on their social media as an alternate advertising method. Postcards and flyer posters were distributed in student common areas and public access noticeboards at several university and TAFE campuses. Table 8 provides a summary of my recruitment efforts via educational institutions.
Table 8. Educational institutions engaged during recruitment

<table>
<thead>
<tr>
<th>Organization</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>University of Melbourne</td>
<td>Advertisement on electronic student noticeboard; snowball sampling</td>
</tr>
<tr>
<td>University #2</td>
<td>Printed material in student common areas; snowball sampling</td>
</tr>
<tr>
<td>University #3</td>
<td>Printed material in student common areas</td>
</tr>
<tr>
<td>University #4</td>
<td>Printed material in student common areas</td>
</tr>
<tr>
<td>TAFE #1</td>
<td>Printed material in student common areas</td>
</tr>
</tbody>
</table>

Social & health-related support institutions

I had hoped that enlisting the help of professional mental health and community welfare services in the recruitment process would facilitate the recruitment of young people from a CALD migrant background who were not engaged in tertiary or vocational studies. The establishment of institutional and community contacts is also considered to be an effective method for recruiting participants from vulnerable populations (Marshall, 2007). I personally contacted the managers of several metropolitan and regional organisations to find out if they were interested in passively distributing the recruitment advertising material to their client base in their waiting areas, as well as sharing a link to the brainsnap.org website in their social media presence and/or electronic newsletters (Figure 27). I initiated contact with these organisations by sending an e-mail via the organisation’s official website, and followed this e-mail with a telephone call to a publicly-listed contact number within one week of sending the e-mail.

I succeeded in arranging face-to-face discussions with the representatives of 13 organisations to answer any questions, check for compliance with any of the organisation’s research ethics requirements, and to distribute the postcards and poster flyers. The organisations that agreed to assist with recruitment are listed in Table 9 and Table 10.
Table 9. Formal mental health organisations engaged during recruitment

<table>
<thead>
<tr>
<th>Organization</th>
<th>Engagement</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>headspace #1</td>
<td>Face-to-face</td>
<td>Printed material in waiting areas; social media web link sharing</td>
</tr>
<tr>
<td>headspace #2</td>
<td>Face-to-face</td>
<td>Printed material in waiting areas; social media web link sharing</td>
</tr>
<tr>
<td>headspace #3</td>
<td>Face-to-face</td>
<td>Printed material in waiting areas; social media web link sharing</td>
</tr>
<tr>
<td>Community Health Service #1</td>
<td>Face-to-face</td>
<td>Printed material shared with staff</td>
</tr>
<tr>
<td>headspace #4</td>
<td>Face-to-face</td>
<td>Printed material in waiting areas</td>
</tr>
<tr>
<td>Community Health Service #2</td>
<td>E-mail</td>
<td>Postcard &amp; flyer PDF forwarded to youth worker</td>
</tr>
<tr>
<td>headspace #5</td>
<td>Face-to-face</td>
<td>Printed material in waiting areas</td>
</tr>
</tbody>
</table>

Table 10. Community-based institutions engaged during recruitment

<table>
<thead>
<tr>
<th>Organization</th>
<th>Engagement</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Migrant Resource Centre #1</td>
<td>Face-to-face</td>
<td>Printed material in waiting areas</td>
</tr>
<tr>
<td>Migrant Resource Centre #2</td>
<td>Face-to-face</td>
<td>Printed material distributed to stakeholders</td>
</tr>
<tr>
<td>Youth Community Centre #1</td>
<td>Face-to-face</td>
<td>Printed material in waiting areas</td>
</tr>
<tr>
<td>Youth Community Centre #2</td>
<td>Telephone and e-mail</td>
<td>Printed material posted to staff</td>
</tr>
<tr>
<td>Settlement Advisory Committee #1</td>
<td>Face-to-face</td>
<td>Printed material distributed to stakeholders</td>
</tr>
<tr>
<td>Migrant Resource Centre #3</td>
<td>Face-to-face</td>
<td>Printed material shared with staff</td>
</tr>
</tbody>
</table>
Several organisation managers and clinical staff were enthusiastic about the project, and offered to provide the contact details of young people who they considered as eligible participants. These well-meaning offers were declined. I had intentionally chosen to advertise the study using a ‘passive’ approach, as I did not want any young people to feel pressured to participate in the study – even if this resulted in less responses from those within marginalised social groups. I anticipated a considerable amount of commitment being required for the photo-interviewing method; prospective recruits thus needed to demonstrate their motivation for participating in the study by initiating contact with the research team. Young people with mental health issues may also have already experienced disempowerment due to the stigma of mental illness (Barker, Olukoya, & Aggleton, 2005), and those who offered to participate in the research due to a sense of obligation to a third party - whether actual or perceived - could be at greater risk of dropping out of the study due to loss of interest. Active recruitment via clinical partnerships might also increase the risk of the recruit disengaging from established therapeutic relationships due to misunderstandings and a perceived loss of trust. Young people with a refugee or asylum seeker background may also have a history of experiencing the loss of personal agency through the exercise of institutional authority (Campbell-Page & Shaw-Ridley, 2013). I wanted to avoid reactivating or perpetuating this form of negative experience, regardless of whether this was perceived or actual.

**Social media: Facebook**

A Facebook organisation page was created at www.facebook.com/brainsnap to stimulate additional traffic to the brainsnap.org website (Figure 30). The Facebook page made it easier for organisations and individuals to assist with the snowball recruitment process by providing a platform for sharing ‘page likes’ and website page linking. Several organisations, including headspace [sic], shared a link to the project website on their Twitter feed.

**Reimbursement and equity: gift voucher**

A $100 gift voucher for Michael’s Photographic, a retail photographic store located in Melbourne, was offered as reimbursement for eligible young people to participate. A $2000 budget from the Melbourne Social Equity Institute’s Strategic APA scholarship support fund was set aside to cover the cost of these vouchers. I chose to implement
this reimbursement as it was unclear during the early stages of recruitment how many potential participants had access to their own cameras, and the $100 voucher value addressed equity concerns by covering the cost of a basic digital camera.

Recruitment outcomes

31 young people made contact during the recruitment period between July and November 2015 to express an interest in the research project. Most of them made initial contact using e-mail via the brainsnap.org website; one rang the contact telephone number; and one personally approached me at the end of a community organisation recruitment presentation. Basic screening for the inclusion criteria was conducted at this point, and 18 of these young people progressed to a face-to-face meeting and potential recruitment. An electronic PDF file of the consent form and Plain Language Statement was e-mailed to these young people prior to their scheduled meeting. More in-depth screening for eligibility was conducted during this meeting, with 2 of these young people excluded from the study due to not meeting the criteria of ‘mental distress’, which was defined as self-reported mental or emotional distress for greater than one month. 16 young people progressed to the first interview immediately after they provided informed consent for participation.

15 participants completed all their required activities for the research project. One participant was lost to follow-up after the initial interview. Figure 6 provides a visual map of the recruitment process and outcomes, whilst Figure 7 summarises the characteristics of these young people. Most of the participants were engaged in tertiary studies; many of these had emigrated to Australia under a Subclass 500 temporary student visa. Female participants outnumbered male participants by a ratio of 2:1, and most participants were born on the Asian continent. Only one participant identified themselves as having a refugee background. Their years of arrival to Australia ranged between 1993 and 2015.
Figure 6. Participant recruitment flowchart
Figure 7. Participant characteristics. AU=Australian; PR=permanent resident
Data collection

Data collection for the study involved two interviews and a photography task. All participants were asked if they preferred to conduct their interview at the University of Melbourne, or at an alternate location of their choice. Interviews at an alternate location needed to be conducted in a quiet and private space. All except one participant chose to conduct their interviews at the University of Melbourne; this remaining participant chose their local municipal council as the venue for their first interview, and an office at their workplace for the second interview. The process of data collection is visually represented in Figure 8.

Figure 8. Photo-interviewing data collection process

Initial interview
The function of the initial research interview was to establish research-participant rapport; establish the demographic and social background of the participant; initiate a discussion about prior or current mental distress experiences; and provide the participant with guidance for the subsequent photography task. This first interview was conducted using an individual, face-to-face, qualitative format that loosely followed a predetermined interview guide (see Appendix I). Light refreshments were provided to the participants. My approach towards these initial interviews was guided by Ricoeur’s phenomenological hermeneutic circle (Figure 1), whereby each participant was encouraged to express descriptive accounts of their social background and distress experiences. I made a conscious effort to avoid any interpretive reflections of their accounts at this point, focusing instead upon encouraging participants to talk about “what happened” rather than “why did it happen” (Seidman, 2005).

These interviews were recorded using a Sony ICD-PX312 digital voice recorder, in conjunction with the Voice Memo app on an Apple iPhone 6 for redundancy. Most of
these digital audio recordings were manually transcribed by myself using Olympus DMSS and Microsoft Word 2016 software, with several of the longer recordings transcribed by a professional third-party service (Digital Transcripts Australia) and subsequently checked for errors upon receipt.

**Participant-driven photography**

The participants were asked to create photographic images that represented their experiences of mental distress and well-being once their first interview had concluded. The following two suggestions were provided as a guide for how the participants could approach their photography:

1. Create photographs that communicate what it is like for you to be distressed and to be well.
2. Create photographs of things that contribute to your distress and your well-being.

They were informed that they could freely explore the medium as a means for expressing their personal experiences, and were not bound to these two suggestions in their photography. Any type of camera was permitted for this task, but it had to output its images either as digital files in JPEG format, or as a paper print that could be brought to the second interview.

A printed photography task instruction guide (see Appendix I) was given to each participant at the conclusion of their initial interview. This provided guidelines on issues relevant to personal safety and ethical considerations related to the use of cameras and the photographic image. The guidelines encouraged an awareness of the potential impacts that the photographic process might have on themselves and the people represented within the images, such as legal liabilities and breaches of privacy (Davison & Gattineau, 2011). Participants were told that they would retain ownership of all the images they created and that no restrictions were placed on how they wished to use them, but that they were responsible for their management when used outside the context of the research project, as consistent with Australian copyright regulations (Australian Copyright Council, 2014a). They were also encouraged to use a written journal to write down any ideas and reflections during the photography task.
The $100 gift voucher was issued after the initial interview ended. They were also informed that they would be contacted in two weeks to schedule the second interview.

Second interview

15 young people that participated in the first interview returned for a second interview with their photographs. One young person did not reply to follow-up telephone calls or e-mails. Despite the original plan of a two-week interval, all the participants required between 1-3 months to complete their photography task and return for the second interview. Study commitments, such as examinations and assignments, were the most common reasons for this delay. They were asked to select up to 20 of their photographs for discussion during the interview, convert them to JPEG format, and to bring them on a portable USB flash drive.

Table 11 summarises the equipment used by the participants for their photography. Smartphone usage was almost universal, and outnumbered the use of dedicated cameras.

<table>
<thead>
<tr>
<th>Device</th>
<th>Number of participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smart phone (iPhone, Android, Windows Phone)</td>
<td>9</td>
</tr>
<tr>
<td>Advanced (DSLR, mirrorless interchangeable lens)</td>
<td>5</td>
</tr>
<tr>
<td>Compact (fixed lens)</td>
<td>1</td>
</tr>
</tbody>
</table>

The second interview was scheduled to run for a maximum of two hours, with thirty minutes of this time allocated for printing photos as postcard-sized prints and the remainder to be used for the actual photo-interview. Photographs were printed out on paper to allow the participants to dynamically interact with the images as physical objects whilst discussing their meanings. Having photographs as tactile objects, rather than digitised graphics on an electronic screen, facilitated the arrangement of images into ‘visual narrative’ sequences and arbitrary thematic groupings that would otherwise be difficult to achieve using default imaging software (Cohn, 2013). Photo printing was performed as a single batch of up to twenty files using a Canon CP800 portable dye-
sublimation printer that printed one 4x6 inch colour print directly from a USB flash drive per minute. The participant was asked to sort through the prints and arrange them on a table for discussion during the ‘photo-interview’ once the batch printing was completed. I intended to utilise the delay caused by image printing to re-establish rapport with the participant prior to their discussion about the photographs. I had set the 20-image limit to accommodate for batch printing to be completed within 30 minutes, and a minimum of 3 minutes allocated per image for the participant’s descriptive and interpretive narrative.

In practice, the second interviews were more chaotic than I had expected. Many participants were late to the interview, and only a few of them had sorted their images onto a flash drive as instructed. Many had not downloaded their photographs from their smart phones nor made selections from their photo library – often from a library containing hundreds, if not thousands, of images – resulting in some of the allocated interview time being used to perform this task. Several participants had deleted or lost the original image files after uploading them to social media platforms, and needed to re-download them before the interview started. This had a significant impact on the quality and formatting of the files, with some files creating problems with the printer. Extracting image files from smart phones was also difficult because the security settings on most of them did not permit direct access from an unfamiliar computer via a transfer cable. Several participants ended up having to e-mail their images as unencrypted attachments to my e-mail address - an action that was both slow and potentially insecure. The remaining time left for the actual interview, once all the photographs were printed, varied between forty-five and ninety minutes.

The ‘photo-interview’ began once the participant had arranged their photographs on the table and was ready to talk about them. Each print was sequentially numbered with a marker pen as they emerged from the printer, and this number was spoken aloud when the participant was discussing them to its identification during transcription of the interview dialogue. A photograph of the print layout on the table was taken when this was convenient; this provided a visual reminder of how the participant had spatially arranged the photographs (Figure 9 and Figure 10). The interview was audio recorded
using the same equipment as the first interview, and I used the following questions to guide the interview once the recording had begun:

1. How did you find the experience of doing photography for this project?
2. Tell me about your photographs.
3. Were there any photographs you missed, but wanted to talk about?
4. Did completing the task affect you in any way?

The participants were permitted to discuss anything that arose from these initial questions, and were encouraged to freely associate the photographs with their emerging narrative. I tried to minimise the interruptions on my part as the interviewer; clarifying questions and prompting statements were only made when their narrative progress appeared to have stalled.

I manually transcribed most of these digital audio recordings from the second interviews using Olympus DMSS and Microsoft Word 2016 software, with several of the longer recordings transcribed by a professional third-party service (Digital Transcripts Australia). The professional transcriptions were manually checked for errors upon receipt.

![Photographic print spatial arrangement - example 1](image)

*Figure 9. Photographic print spatial arrangement - example 1*
Interpreting the text: implementing thematic analysis

The recorded interview dialogues, transcribed into written text, functioned as the ‘narrative data’ that was analysed using the thematic analysis framework outlined in Chapter 3. It is worth reiterating that, since I had adopted Ricoeur’s hermeneutic phenomenology as my theoretical perspective, I was interested in interpreting the text of the distress narratives as the source of understanding the experiences of the participants, and not through a visual analysis the images. Photography was considered a facilitating medium for the construction of a language-based distress narrative, rather than being the object of analysis. I will explore how each participant used photography to mediate their spoken narratives from the theoretical perspectives of Peirce and Cohn in a following section. I will also use examples drawn from one participant – identified with the pseudonym ‘Osman’ – to illustrate how thematic was applied.

Familiarity with the data: transcription

The process of becoming “familiar with the data” began with the task of reviewing and transcribing the interviews. Completed interviews were concurrently transcribed whilst I continued to engage the participant cohort with further interviewing sessions. Audio recordings of the initial interviews were also reviewed prior to the second interview sessions in circumstances where a full transcription had not been completed. Adopting this approach aided the identification of problems with my inductive interviewing technique - such as closed or leading questions, participant interruption, and missed opportunities for further probing enquiries. Concurrent transcription also facilitated for
researcher reflexivity, where underlying biases embedded within my line of questioning could be identified and avoided during subsequent interview sessions (Fischer, 2009; Tufford & Newman, 2012). Each participant was de-identified in their corresponding transcripts with a pseudonym that was either chosen by the participant, or allocated by myself when none was offered. Other potentially identifying information, such as the locations and names of third parties, were replaced with suitable de-identified substitutions.

I approached transcription from the perspective of preserving the informational content within the interview recordings for thematic analysis. Whilst efforts were made to preserve strong emotional responses, pauses, and grammatical errors by using annotations and punctuation choice, ‘conversation fillers’ (such as “um” and “er”) were largely omitted in the written transcripts. This approach towards transcription was informed by Sandelowski – who prioritised informational over discursive integrity in transcribing for comparative and thematic approaches (Sandelowski, 1994) – and MacLean, who suggested that the inclusion of filler contributed little towards the interpretation of the interviews, and could potentially “distort the process” of analysis when participants using English as a second language were involved (MacLean, Meyer, & Estable, 2004).

30 interview recordings – 2 per participant – were transcribed between July 2015 and June 2016. Two sequential interviews per participant were considered a complete dataset for analysis; the first interview with the participant that did not return for the second session was thus excluded from transcription and analysis. I manually transcribed all except 2 of the interviews. The transcription of these 2 particularly lengthy photo-interview recordings was expedited through the engagement of a professional transcribing service (Digital Transcripts Australia). These third-party transcripts were manually spot-checked for errors prior to their use for data analysis.

Hard copies of each de-identified interview transcript were printed and filed adjacent to the printed and numbered photographs used by each participant in their photo-interviews. Digital versions of the transcripts and photographs were imported into the NVivo 11 for Windows software package for coding and ongoing thematic analysis.
I began the formal process of data analysis by summarising the key demographic information each participant provided during their first interview on a single page. This aided the process of coding the transcript and identifying relevant themes by providing a basic overview of their social background and migration history. An example of this summary is shown in Figure 11.

```
“Osman”

Interview 1
18 y/o M
Egyptian
Arrived 2013
Permanent resident
University student—Science

Premigration:
None mentioned

Migration (transition):
English as second language
Supporting mother—limited English
Separation from childhood friends

Postmigration:
Lives with mother
Transition from high school to university

Formal help seeking:
Student counselling
```

**Figure 11. Example of demographic summary**

Initial analysis: coding

‘Codes’ are descriptors that “identify and provide a label for a feature of the data that is potentially relevant to the research question” (Braun & Clarke, 2012), and “naming segments that simultaneously categorises, summarises, and accounts for each piece of data” in a systematic fashion (Charmaz, 2006, p. 43). I chose to approach the initial
data coding descriptively, selecting words and phrases as close to verbatim as possible from the transcripts to preserve the language and meanings contained within the text. Minimal interpretation of the data was applied at this stage. Hard copies of the interview transcripts were printed for this task; phrases, sentences, or paragraphs that appeared relevant to the research question were highlighted and allocated a coding label using a pencil and sticky paper note on this hard copy. I conducted initial coding of a participant’s first interview before continuing the coding process with their second interview. I revisited the primary research questions repeatedly throughout this initial coding stage to be helpful for generating codes that were relevant to the inquiry:

1. How do young people from a culturally and linguistically diverse (CALD) migrant background in Australia identify and describe their mental distress experiences?
2. What explanations do they utilise to understand these mental distress experiences?
3. What actions are taken in response to these mental distress experiences?

For each participant I created individual summary sheets that grouped coded phrases from the transcripts with their corresponding images after this initial coding was completed. These sheets assisted with keeping track of the associations between the photographic images and specific codes and interview phrases. The interview summary sheet for Osman’s second interview is shown in Figure 12 as an example of this activity.
Figure 12. Example of second interview summary sheet (images and coded phrases)
Searching for themes

Themes are not merely descriptors of the information contained within the analysed text, but represent a researcher’s interpretation of the text through the theoretical and conceptual perspectives they chose for their analysis (Braun & Clarke, 2012). Gale et al called this method of qualitative analysis the “framework method”, describing it as an approach “that is helpful to summarise/reduce the data in a way that can support answering the research questions” (2013). In this study, this meant that Kleinman’s concepts of illness experience as a “cultural construction” using “cultural explanatory models and beliefs” (Kleinman, 1980), as well as Williams & Healy’s framework of pluralistic “exploratory maps” containing multiple explanatory systems for mental distress experience (Williams & Healy, 2001), were applied to the data as overarching ‘a priori’ frameworks for analysing the interview transcripts.

I began my search for themes and grouping them according to these chosen frameworks by clustering descriptive codes from each interview into three domains of interest: ‘distress’, how the mental distress experience was identified; ‘attribution’, the reasons given by the participant for their distress experience; and ‘actions’, their responses to the distress experience. These domains corresponded with concepts of phenomenological identification, explanatory models/beliefs, and support-seeking within the research questions. I had also added the fourth category of ‘wellness’ when this concept emerged within several participant interviews, but chose to merge the codes within this category with those categorised under ‘distress’ as I continued the analysis. Figure 13 illustrates how I implemented this grouping with Osman’s first and second interviews. I completed this process of grouping the codes into these specific domains with all the participant interviews before I progressed to the next stage of thematic interpretation.
Figure 13. Example of initial thematic grouping (first & second interviews)
Reviewing potential themes
The next step in analysis involved identifying coding trends that were present across the participant cohort, and seeking out relationships between the distress labels, explanations, and responding actions described by each participant. This stage of thematic interpretation was iterative in nature, and required frequent comparison between multiple interview transcripts, implementation of visual concept mapping, and a return to reviewing the academic literature to assist with understanding the themes that emerged from my interpretive efforts. My intention at this stage of analysis was to establish themes that were well-supported across the dataset; did not overlap in their meaning with one other; and remained relevant to the research question. Visual mapping was an important part of this process, as the meaning of several codes and early themes were dependent upon their relationship with other items; for example, food thematically represented opportunities for social activity within the ‘actions’ key category, as well as a source of anxiety within the ‘attribution’ key category. These maps enabled me to track the relationships between the various themes that were emerging within each domain. A total of four visual maps were generated from the codes and initial thematic groups collected from all the participant interviews – two concerning themes related to explanatory models (one map from the first interviews, and one from the second), and two concerning themes related to actions taken in response to distress. These visual maps can be reviewed in Appendix II.

Defining and naming major themes
The final stage of thematic analysis involved the identification of major themes that directly answered the research questions. I reached this point by iteratively combining the processes of interpretive visual mapping, regular cross-checking with the source transcriptions and code charts compiled on paper and within NVivo, and iteratively revisiting the research question. This analytical approach was effectively a practical implementation of Ricoeur’s hermeneutic circle within the researcher (Figure 1 and Figure 2), with the identified major themes representing the relative ‘endpoint’ of interpreting the text within the limits of my horizon of understanding.
The major themes that I had identified through engaging this analytical process are presented in Chapter 6. These themes are accompanied by supporting quotes extracted from the transcripts of the participant interviews.

Understanding the images: semiotic and visual narrative analysis

I also wanted to understand how the photo-interviewing process functioned as a tool for constructing mental distress narratives with participants from a CALD migrant background. Most of the research articles that I had previously reviewed did not explore the epistemological connections between the photographic activity, photographic visual content, and the narratives being expressed as interview dialogues. The opportunity to explore the connections between the visual content and the participant narratives emerged once I had recorded the image groupings and sequences applied by each participant (examples shown in Figure 9 and Figure 10), and had also linked the coded transcript sections to their associated photograph as summary sheets (such as in Figure 12). I applied Peirce’s typology of signs to interpret how the graphic elements of individual photographs signified the meanings expressed by the participant – for example, whether a sunset image represented a specific location, social event, or emotional state being discussed during the interview. Cohn’s theory of visual narrative also offered a way to understand how the selective sequencing of photographs by the participants contributed to the structure of spoken narratives that moved across multiple images. Individual images could be identified as panels having specific functions within the sum “event structure”. These categories of significiation and event structure are outlined in Chapter 4.

This approach towards visual analysis was not intended to be an in-depth theoretical examination of photo-interviewing epistemology, but was rather an exploration of how much influence a participant’s interaction with the photographic medium had upon the form and content of the narratives they expressed during photo-interviewing. This basic form of analysis was to contribute further to the existing photo-interviewing literature about how photographs functioned as a knowledge-generating tool. The theoretical perspectives of Peirce and Cohn provided me with a framework for determining whether photography was assisting the interview dialogue as a building block for
narrative structure, as an indexical ‘documentary’ form of visual memory, as a symbolic representation of abstract concepts, or a varied combination of these functions.

**Conclusion**

In this study, photo-interviewing was designed and implemented in a manner that was intended to encourage the creation and expression of meaningful mental distress narratives by the young people participating in the project. Whilst technical problems were encountered during the process of participant engagement and photograph management, the mental distress narratives that were eventually produced from the photo-interviewing method contained a wealth of descriptive detail and subjective personal meaning concerned with the naming, explanations, and actions of mental distress. Thematic analysis, as outlined by Braun & Clarke (2012), enabled the identification of major themes within the interview transcripts that were relevant to the explanatory models and beliefs utilised by the participants for understanding their mental distress, as well as their subsequent actions in response to these experiences. An understanding of how each participant used photographs to produce their distress narratives was achieved through the perspective of Peirce’s typology of signs for single images, and Cohn’s typology of visual narrative categories for image sequences. The application of this basic form of visual analysis offers some clarity on the epistemology of the photo-interviewing process, and challenges some of the theoretical assumptions that are made or implied about photo-interviewing methods by prior qualitative social research.
Chapter 6: Results

Introduction

Young people from a CALD migrant background understand and experience mental distress from perspectives that are considerably different to those commonly adopted by health professionals. Understanding how these differences influence the responding actions of these young people for their distress experiences was a key motivation conducting this research project. In earlier chapters I described how I utilised Kleinman’s “cultural explanatory models of illness” and Williams & Healy’s “exploratory maps” to provide a framework for understanding how different belief systems, cultural discourses, and shared social practices would determine the interpretation of distress phenomena as meaningful lived experiences. I also provided an overview of how I implemented the qualitative research method of “photo-interviewing” to discover how 15 young people from a CALD migrant background drew upon their explanatory models and belief systems to make sense of their own personal experiences of mental distress, disorder, and recovery.

In this chapter, I present the results of my engagement with these young people as participants in the research project. Their interview dialogue extracts are identified in this chapter by their chosen pseudonyms, age (year), and gender (M or F). I begin the chapter by discussing what mental distress subjectively meant for each of the participants in terms of common themes that were identified amongst their mental distress narratives. These themes are presented within three major categories: first, how the participants named or identified their distress experiences; second, the explanatory beliefs and models they negotiated to understand and explain these experiences; and third, the actions they subsequently made as a response to these experiences. Accompanying quotes from the interview transcripts that support the thematic findings are provided as examples to provide a situated context for the reader, along with any associated photographs that were being referenced at the time of the quoted dialogue. (Some of these photographs may appear more than once within this thesis, as they may contain multiple levels of thematic significance; re-presenting them minimises any disruptions to image-viewing for the reader. Photographs containing text are also enlarged for clarity.) This is followed with a discussion of how formal mental health
support services specifically featured within their distress narratives, and the connections between the explanatory beliefs and social circumstances of each participant with their engagement of formal supports.

**Identification, explanation, and action: empirical findings from the photo-interview dialogues**

This section is a detailed presentation of the major themes that I had identified amongst the mental distress narratives of the participant cohort by implementing the thematic analysis method described in Chapter 5. These themes are presented according to the three categories defined by the research question: ‘Identification’, how participants named and described mental distress; ‘explanations’, the conceptual models and belief systems they utilised to understand and explain their distress experiences; and ‘actions’, the activities they implemented as a response to their distress experiences.

**Identification: naming and describing mental distress**

I began my analysis of the interview transcripts by examining how each of the participants described and identified mental distress in their personal experiences. Description through language is considered the critical starting point for the interpretation and understanding of a phenomenological encounter; van Manen described “language [as] a source of meaning, it makes our experience recognisable” (Van Manen, 2011), whilst Ricoeur positioned meaning as emerging solely through the use of language (Langdridge, 2004). The naming and terminology used to identify an experienced ‘distress phenomenon’ potentially reflects the underlying explanatory models and belief systems that are being engaged by the sufferer. In this section, I present the main forms of distress identification that I had found within these transcripts, along with representative examples of participant interview dialogue and their associated photographs. They are summarised in Table 12.
Table 12. Forms of identification for mental distress

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<th>Forms of identification for mental distress</th>
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**Stress**

“Stress” was the most commonly used word for labelling mental distress. All the participants used this word at some stage when describing their distress experiences, particularly during their first interviews. “Stress” was used to identify an internalised state of being – “being stressed”; it was also a label for external agents that were considered responsible for causing distress – “stresses”. Stress was generally presented by the participants as something that was undesirable, and something they sought to avoid or remove from their lives. Despite being nonspecific, the term provided a starting point for further exploration within the interview dialogue.

These quotes from Daisy’s and Zhu’s interviews demonstrate the use of “stress” as a label for a personal state of being:

“I guess I’ve, um, the reason I didn’t really seek professional help for about the first year was because I couldn’t really label what I was feeling. Like I knew I was always tense and stressed – like I labelled it as stress, like I’m really stressed.” (Daisy, 21F, first interview)
“I guess it’s a place where I lose all my stress. You know, go to gyms and work out. So it feel it’s, you know, you don’t have to talk to anyone, you just working and then you can get rid of a lot of stress.” (Zhu, 20M, second interview)

Guo and Constance presented “stress” as an externalised agent in these statements:

“But back in high school you know I used to cut myself, something like that, because the high school study is really stressful.” (Guo, 22M, first interview)

“This is my desk at placement. I just remember feeling really overwhelmed one day and I thought yep, this is what causes me stress occasionally. It’s also what makes me really happy and fulfilled, but it causes me a lot of stress.” (Constance, 25F, second interview)

**Negative and activated emotional states**

Most of the participants had also identified mental distress as an undesirable emotional state during their initial and second interviews. Everyday language was frequently used
to identify negative emotions – words such as “sadness”, “unhappiness”, “crying”, “upset”, and being “down”, as shown in these quotes from the interviews with Ayu, Violet, and Xiaolong.

“Yeah sometimes I just sit down and cry for no reason, and I don’t know why. A lot of times I just felt really really unhappy and I felt like I was actually mentally tortured.” (Ayu, 20F, first interview)

“This is like one of the biggest I think. The feeling of like not knowing what to do. Like I’m actually confused I’m – when I was crying, like tears were streaming down my face, and I was like thinking “why am I crying?” And then I asked my boyfriend “why am I crying?” (Violet, 19F, second interview)
“That day I just feel very lonely and maybe something just stress me. I feel not so happy.” (Xiaolong, 23M, second interview)

Everyday terms for activated emotions such as “scared”, “annoyed”, “nervous”, and “fear” were also used to identify distressing experiences, although not as frequently as negative emotions. Osman mentioned annoyance as an emotional state to avoid:

“Yeah I still have to learn how to not get annoyed. Because I feel that my temper is, um, swings really fast, can change. Um, yeah. That fact hasn’t changed, it’s still, I have a really swinging mood.” (Osman, 19M, first interview)

Whilst Daisy considered fear as an emotion to be dealt with:

“I think I’ve also like accepted fear, like yes I feel fearful, it’s okay, but.” (Daisy, 21F, first interview)

For Wen, distress during her academic studies was identified as nervousness:
“This is final period of study during the semester. This one I need to pass the CPA exams, I told you last time, it’s quite hard. But now I pass it. And at that time when I saw those books I feel so nervous.” (Wen, 23F, second interview)

**Functional impairment**

Mental distress was also presented as a state of functional incapacity or disability, whereby the participant was unable to perform a desired task or activity. Tiredness and a lack of energy was the most frequently mentioned form of impairment, followed by sleep disturbance, inability to concentrate, indecisiveness, and disorganised thinking. A few participants interpreted their impairment as powerlessness or a loss of control. For Constance and Guo, this meant an inability to sleep:

“So maybe I’ll go for two days without sleep, be exhausted, but I still can’t sleep because my mind won’t shut off.” (Constance, 25F, first interview)
“I want to listen to some kind of music before I go to bed... I kind of have a sleep problem. You know, I can’t sleep well and wake up really early, maybe four or five in the morning. And when it’s kind of difficult to falling asleep I choose to listen to some classic music, like Chopin...” (Guo, 22M, second interview)

Ayu and Daisy defined their distress as an incapacity for decision-making and completing their scheduled tasks:

“I couldn’t organise myself. I couldn’t decide which ones to do first... I couldn’t make decisions, I couldn’t multitask, I can’t put my attention anywhere.” (Ayu, 20F, first interview)
“When I can’t reschedule things, I just shut down. I don’t do anything on the schedule. I just lie in bed and wait for the next day, for the next schedule.” (Daisy, 21F, second interview)

**Psychiatric terminology**

Terms with origins from psychiatric and psychological practice featured amongst the narratives of several participants, but these were not as frequent as everyday language for emotions or functional impairment. Of the professional labels used, “anxiety” and “depression” were the most common. There were, however, comparative inconsistencies in what the participants had meant when they used these terms to describe distress experiences. Some participants used them as synonymously for naming emotional states or functional problems, whilst others used them because they had encountered it through personal contact with a health professional, their academic studies, or a formal information source such as a health website.

Ayu described her “mental anxiety” as a thought blockage and physical discomfort:
"I feel like there’s a block, like there’s a brick wall in front of me, and I just can’t get past it. I feel like that’s what mental anxiety is to me...Whenever I’m feeling anxious I feel like my heart’s getting crushed, although your heart’s beating really fast it just feels like there’s a weight here and then it’s being crushed.” (Ayu, 20F, first interview)

Sarah and Daisy used “anxiety” to describe a distressing mood state in a manner that was close to its formal definition, whilst Osman used it in a way that was synonymous with worry.

“And then it was because I’m easily irritated and anxious.” (Sarah, 23F, first interview)

“I like to write self-help statements and rehearse them before facing a situation which I think will be anxiety-provoking. They help me calm down and feel empowered.”

(Daisy, 21F, second interview)

“I did not study that well last semester, I was really anxious about failing one of my subjects, but I passed it anyway, I was happy about it.” (Osman, 19F, first interview)
“Depression” was also used as a description for an emotional state, a “feeling” that could be interpreted as synonymous with unhappiness or sadness, as expressed by Constance and Citra.

“Yeah there’s the other side as well, which is feeling quite low and quite depressed, and that’s just a – I think that’s worse in some ways because you feel incredibly numb.”

(Constance, 25F, first interview)

“It’s like the beginning I would feel so depressed. And at the end I would feel better.”

(Citra, 20F, second interview)

The participant’s intended meaning when they used a formal label did not always match those defined by professional conventions. This was demonstrated by Guo’s use of “anxiety” to describe an experience which had more in common with the symptoms of a depressive episode, when interpreted from a psychiatric perspective:

“I somehow get very anxious, I just can’t get up, you know. I have to lie on the bed for really long time and just really sleepy and just don’t want to get up.” (Guo, 22M, first interview)

Participants who mentioned having encountered mental health services at some stage were likely to use formal terminology, particularly when such names had been given to them as a potential or confirmed diagnoses. In some circumstances, the participant demonstrated uncertainty over whether the term was appropriate for describing their experience; in others, the participant adopted the term and used it as their preferred
identifying label. Sarah described how her encounter with an internet self-assessment website introduced “depression” as a way to identify her experiences:

“Ever since I read things about like depression and stuff I’m like oh maybe I’m depressed, and stuff… that’s how I read this, like the list of things I’m like oh that matches me, oh that matches me. I’m like okay, maybe I’m depressed and then it was that self-assessment.”  (Sarah, 23F, first interview)

In her second interview, Sarah took ownership of the term to identify her experience, calling it “my depression”:

“I think he’s one of the most non-judgemental person when it comes to my depression and stuff.”  (Sarah, 23F, second interview)

In contrast, Constance mentioned being given a diagnosis of “bipolar” by her treating doctors, but never expressed ownership of this description in the remainder of her interview dialogue – preferring instead to name her experience as a “mental health condition”:

“Those were the first two episodes that I had experienced, and the doctors told me that I had bipolar, and I was medicated, and I was fine for a few years.”  (Constance, 25F, first interview)
“Over the course of the last seven or eight years since I first found out about my mental health condition I’ve lost quite a few friends.” (Constance, 25F, second interview)

No naming: distress as situated vignettes

A few participants, particularly those from a Chinese background, did not identify certain distress experiences using names or other discrete terms. Fan seemed to struggle with naming her experiences and describing what they were like. My attempts at eliciting a clearer description resulted in Fan discussing possible explanations for distress, rather than what it was like ‘being in’ distress.

Facilitator: Okay. I’m interested to know whether you, like when you get in those situations whether you – how you feel, whether you get upset, whether you get angry, or whether you cry or what kind of – what normally happens when you get like that?

Fan: Mean, like that feelings?

Facilitator: Yeah. I’m just interested to know what you feel like when you’re unwell, or when you’re stressed.

Fan: Sometimes when I call my parents. After the call, it’s like if I didn’t call them I won’t think about them. But after calling them I mean more homesicky. Yeah. And I’ll miss the, they even are
in China, when I got my friends, my relatives around me, yeah. And I will feel “why I come to Australia”.

Facilitator: Okay. When you say you feel stressed – what is it like to be stressed?

Fan: Like I don’t know what to do in the future. I don’t know what my future will be like. I can’t see the life after my graduating from uni. Yeah. And I start to be afraid of graduating, yeah. Because I was plan to, I did two subjects in summer. I was plan to reduce the study load and maybe I could graduate earlier. But because that feel very stressed I don’t know if I still want to graduate earlier. I don’t want to put me in a position I can’t see the future. So I may rather better stay at uni, yeah.

(Fan, 20F, first interview)

Ting also responded to questions about her personal distress experience in a similar fashion:

Facilitator: I guess I’m trying to, um, I’m trying to get a picture of what it was like to go through that. What it felt like to be you. Yeah.

Ting: So, you mean the, what kind of experience?

Facilitator: That’s right.

Ting: Um. I remember it’s, it was like the Easter holiday. At first, I planned to go to Tasmania with my friends, and we already booked the agent – travel agent, and give them money. But later I found that my exam is right after the Easter holiday and it is an actual exam, the CP exam, and so the fee is really expensive for one exam, so I – later I have to – because I still have a lot of things to do for the school subjects so later on I find that I have no time to prepare for this CP exam except for the Easter holiday. So just like 2 or 3 days before the Easter holiday, and I cancelled my trip to Tasmania. But so that will make my friends unhappy. And they complain a lot for that. But I had to cancel it, so I can have the time to study for my exam and so, actually there will – my friends still complain to me sometime for that.
And because she go there alone and without me because I cancel it just like 2 or 3 days before.

Facilitator: And what about for yourself? Have you ever considered yourself as being mentally or emotionally unwell?

Ting: Yes.

Facilitator: Okay.

Ting: Because in, at first when I came here and I, actually I had a boyfriend which is in China. And then because at first I was very busy when I come here, and so there was a lot of changes. And then, just we just broke up. And actually that affect me a lot. I was think is it all my fault, is it because I put most of my time in study and in meeting other peoples here? And just ignore him about that. So I will always thinking is it right for me to study that hard and so, actually after that it will change me and I, maybe I will not study that hard and I will pay more attention to my friends. And I will like go out a lot with my friends, and to just enjoy more about my life and don’t just think of, like, think of him or think of the bad things I had, so.

(Ting, 25F, first interview)

Like Ting, Wen had also identified her distress by describing external circumstances, rather than using a name or specific identifying term to signify her distress:

Facilitator: Okay. How were you feeling in those first 3 months? What was going through your mind and how was your mood?

Wen: It made me, how to say, it made me doubt about myself because before that I’m quite confident. But in first 3 months when I come here I just, I doubt about everything and I think it might be a wrong choice for me to get involved in this degree. And it, like, because I cannot find a – because I also got a friend who just find a job very, who find a good job after graduate, so I think it’s, I won’t go back to home and find a job rather than study.

Yeah.

(Wen, 23F, first interview)
These participants considered distress as inseparable from the specific circumstances of the experience, and appeared to struggle with signifying their distress as an experience that could be identified separately from their attributed cause. They presented distress in the form of ‘situated vignettes’ – small narratives of past events that lacked identifying language, but were accompanied by interpretive explanatory models. Using simpler terms, these participants did not describe what the distress ‘was’, but described ‘where’ and ‘why’ there was distress. I found this mode of identifying mental distress to be unexpected and intriguing, as it challenged my expectations of how participants would communicate these experiences. Identifying mental distress in terms of decontextualised emotional and functional states was consistent with how mental health professionals conceptually framed mental disorder, even if the language differed; but I was unfamiliar with identifying distress primarily through the expression of situated narratives. Kleinman had made similar observations in his anthropological research with Chinese psychiatric patients, describing it thus: “Many Chinese patients are unable to delineate the dysphoric affect they are experiencing and move directly from superficial and vague appreciation of the dysphoric affect to detailed analysis of the external situation that provoked and sustains it.” (Kleinman, 1980, pp. 149-150)

It should be noted that Fan, Ting, and Wen still used identifying names to describe other distress experiences, and did not exclusively use situated vignettes. Ting had mentioned feelings of unhappiness and worry when she showed a photograph of her friends, and Wen mentioned feeling “nervous” when interpreting a photograph of his textbooks. I interpreted this apparent inconsistency as evidence of some young discovering and negotiating differing modes of identification during their participation in the research project.

Explaining and understanding mental distress
This section outlines the explanatory models and beliefs negotiated by the participants in their efforts to understand their mental distress experiences - the “frameworks for the interpretation of symptoms, their organisation, cause and management or cure” (Williams & Healy, 2001, p. 466). These interpretive frameworks are presented within categories of thematic similarity that emerged during the final stages of thematic

The spoiled self
Explanatory beliefs concerning the ‘spoiled self’ directed the participant’s critical attention towards the self as an object of evaluation and disapproval. These beliefs attributed distress experiences to unmet ideals and standards that each individual had considered important for their self-identity. These included academic and vocational competency, confidence, physical appearance, and personality. Defects in mind, body, or character, rather than external agents, were blamed for the inability to attain these ideals. Moral values featured strongly within these explanations, with participants judging themselves as ‘good’ or ‘bad’ in the context of such ideals, and experiencing negative “moral emotions” of shame and guilt (Tangney, Stuewig, & Mashek, 2007).

Returning to Citra’s images and dialogue, I saw how she demonstrated the internalization that was occurring within her explanations for distress:

“Throughout the road trip I just kept quiet. It’s not like I kept quiet because I have nothing to say, it’s just like so many things going on in my head that I don’t want to start talking. Because if I start talking it’s going to be something that people wouldn’t want to hear.” (Citra, 20F, first interview)
a physical jail but it’s the mental one that you put and restrict yourself from.” (Citra, 20F, second interview)

“I wanted to make the word ‘why’ from the moon, but it turned out that way... That moment, it was like I was having conflict with myself, like my own thoughts. So it’s like why am I thinking like this, why am I behaving this way?” (Citra, 20F, second interview)

Osman had expressed disappointment in his own behaviour when his mother asked for help with a mundane task. The distress that he experienced in the following three days was attributed to his self-judgement as being “arrogant”.

“...”
“She found difficulty with understanding a few phrases. Yeah and she asked me about it but I think when I replied to her it was somehow – I remember being arrogant in the replying and she didn’t like it... I try not to be arrogant the whole time but in most cases I end up doing that... This time was somehow different because my mum also cried at that time so I just started questioning why am I doing this and it has to stop somehow.”

(Osman, 19M, second interview)

Several participants acknowledged the role that self-imposed standards had played in their distress, particularly in the context of study and work. Xiaolong and Violet considered them as cultural values that they had grown up with, and had personally accepted into their measure of self-worth:

“In China they only focus on the score... in China the teachers always say that ‘score is the life of the student’ ... My parents they always encourage me. But you know, they never give me pressure, but I always give pressure myself.” (Xiaolong, 23M, first interview)

“I was the first born, so I feel like I have the obligation to do well in school, especially with the notion ‘oh you do well, you go to a good uni, you get a good job, yadada’ and yeah I was, I put that pressure on myself.” (Violet, 19F, first interview)

Constance chose to present herself as ‘biologically spoiled’:

“Though they were physically there visiting me in hospital, I could tell that they didn’t, they weren’t completely on board with this idea that there was something, there was a chemical imbalance or some sort of psychological issue there.” (Constance, 25F, first interview)

Participants were effectively engaging in self-stigma by identifying undesirable attributes within their own identity. Goffman defined stigma as “an attribute that is deeply discrediting” (1968); however, rather than directing their disapproval towards other people, these participants directed it towards themselves in comparison to an idealised self-identity. For Constance, this manifest as self-identifying as a potential danger to others:
“I’m worried about how my inability or my lack of confidence is going to affect other people. I don’t want to cause any accidents and yeah I really don’t want to kind of endanger other people as well.” (Constance, 25F, second interview)

Social identity and worth

The theme of ‘social identity and worth’ covered explanatory beliefs that attributed mental distress or wellbeing to the participant’s perceived worth by their family, peers, and other members of society. This involved being respected and valued by others, gaining acceptance into a desired social group or institution, and attaining a select social identity or status. Distress was understood to emerge when specific ideals in social relationships and interactions were not established. The scope of an individual’s perceived social worth could range from individual interpersonal relationships, such as a friend, to social worth within Australian society in general. These explanations differed from those within the theme of the ‘spoiled self’ in how the determinants of worth were externally situated from the self.

The most frequently mentioned explanation that was related to social worth involved difficulties with establishing new friendships and peer acceptance. Many of the participants that arrived on temporary student visas described leaving established friendship networks behind, and having to establish new friendships. Their social isolation was associated with a transition in status from social acceptance to
marginalization. Difficulties with language and adapting to unfamiliar “Australian”
cultural practices were mentioned as barriers to establishing their desired recognition
and status within this new social environment. Participants frequently presented the
resolution of problems concerning social acceptance as the solution for escaping their
distress experience - as illustrated by Citra and Osman’s attribution of distress to social
isolation and loneliness:

“When I first moved to Melbourne I knew nobody there, so I was like entirely by myself
and yeah that’s when it got worse.” (Citra, 20F, first interview)

“I’m not sure what to expect when I get there. There’s a long day to go through and if
that was last semester it would be a long day of stress to go through but it isn’t the case
now which I’m happy about. Yes, it’s just mainly about not being sure what to expect.
Who are you going to meet? Is it going to be a boring day where I’m feeling alone or
will it be somehow better meeting other friends and people I know?” (Osman, 19M,
second interview)

Although differences in cultural practices were mentioned as a barrier for peer
acceptance, differences in values were considered equally significant, since this could
also occur amongst peers from a similar national origin. Guo did not always get along with peers from his country of birth:

“You know there’s a lot of Chinese people here, but some of them you know you just don’t get along with them. They spend a lot of time having fun, drinking, or you know playing video games. That’s just not my type.” (Guo, 22M, first interview)

Fan had conceptualised exclusion as a broader social experience in the form of racial discrimination - but was the only participant to do so.

“I don’t know these guys, and I think there is an event or something. They are promoting for that ... I find out when they are promote for them sometimes they may skip like Chinese or, I don’t know ... But I find out sometimes it may skip Chinese and they may go direct to local people. And even one time when I, on the tram, a man I think he want to ask for something, but he only ask for the local people around him, but I’m just in front of him. But he won’t ask me.” (Fan, 20F, second interview)

Explanations involving physical appearance overlapped the themes of ‘spoiled self’ and ‘social identity and worth’, as demonstrated by statements made by Nhu Quynh and Osman regarding their body self-image:
“I had a lot of body image issues, kind of reinforced by people telling me things I didn’t want to hear that was kind of negative, like ‘oh you’re fat’”. (Nhu Quynh, 20F, first interview)

“Probably 4 weeks into semester I started to be, like get stressed too much, like not that, not [unclear] stress that I’ve experienced before. And also becoming anxious, not only related to the studying, but generally about how I deal with people, how people view me. Just caring too much about how I would look, how I dress.” (Osman, 19M, first interview)

Attaining social worth also extended to an institutional context, where distressing emotional states were attributed to losing a respected leadership status within an organization – or a fear of acquiring a reputation for incompetence. For Ayu, this was within a university student organization, whilst for Daisy it was her competence at her job in a café:

“I had a plan, like, I was going to you know do this, I was going to be president of this organization and everything ... and May, April 2014 came and that was elections for the next presidential candidate, and I lost. And I think that really broke me ... hanging out with friends was really not enough, like I need to be, I needed to feel meaningful. I needed to have a purpose in life.” (Ayu, 20F, first interview)
“So I was really anxious about starting my new job which was at a café waitressing and I was really – I don’t allow myself to make mistakes at work because I want to be really professional and competent and I feel like any mistake or any emotional thing I have to do, I have to go home and do it. I don’t allow myself to be human at work.” (Daisy, 21F, second interview)

Osman felt judged by others if he did not perform his religious rituals to a standard that was expected by his community:
“I’m really aware when I pray maybe when I’m by myself it’s more free but when I’m in public you know people might be watching you. Not all people pray the correct way. You shouldn’t be looking at anything else, just looking at the ground. But then I start to pay too much attention of how I do I stand, how do I sit on the floor. It’s just feeling that people might judge me more than before. So I sort of feel that the gatherings or just seeing too many people at one time is not a pleasant experience.” (Osman, 19M, second interview)

**Externally imposed standards**

Explanations grouped under the theme of ‘externally imposed standards’ attributed distress to being imposed with the demands and ideals of other agents. Such distressing demands were considered difficult to avoid, with some participants believing that they were obligated to satisfy such demands. Such expectations were most commonly attributed to parents and extended family, followed by those of partners.

Nhu Quynh described her parents as having a “sense of entitlement” with dictating her life course because of their personal sacrifices in migrating to Australia as refugees.

“I guess like kind of being half Vietnamese and half growing up in Australia it’s a bit like hard for my family to accept the fact that I need freedom, I want to make my own choices, and to them they’ve made a lot of sacrifices to coming over here and bringing me over here. And they do kind of – I think they do feel a sense of entitlement to I guess make [unclear] my decisions for and they do feel like that’s the best for me, but I guess there’s like, oh, but I don’t want that, I want to make my own choices.” (Nhu Quynh, 20F, first interview)

Ray attributed a significant portion of his distress to the expectations placed upon himself by his parents. He was a recent university graduate that was actively seeking full-time employment, but stated that his parents placed significant pressure on him to find a job - yet simultaneously provide support for their property investment business. Ray was already feeling bad about himself for being unemployed, but believed that there was little sympathy and support from his parents.
“Every time I speak to them I try to explain something, I find I need to explain many things. So that’s my fault, that I stop the speaking, explaining things. So there are like condition problems, so sometimes they blame me that I didn’t tell them something. And sometimes they blame me like because they want me to have full time job ... There is a problem about selling, like. But this is our first project. I expected any bad things, like ‘cause it’s not selling well. But you needed to find like a solution to address the problem. But my friends – my mother just, like every time she hear bad news she just starts blame. Yeah.” (Ray, 23M, second interview)

Not all participants viewed the responsibilities of providing family support as an entirely negative situation. Zhu acknowledged the impact of helping his mother in her shop, but accepted this responsibility as normal for someone in his circumstances.

“This picture I take, 17, the one I take, I want to reflect on one thing on the, you know, because it’s working as immigrant. So I have to start a business with my mum and then working the shopping centre sometimes does not really easy ... sometimes I do feel hopeless because it’s only me and my mum here working the shop. And then I guess it’s
just helping each other, especially me supporting my mum ... she’s a bit more vulnerable mentally, so I have to support her a lot of times.” (Zhu, 20M, second interview)

Ayu attributed her deterioration in mental health since migration to her involvement with a partner that made her “become a terrible person”.

“It’s really surprising what a person can do to you, sort of emotionally, just the people you surround yourself with. I’m pretty sure this one was after a fight, this one we might be fighting. This one is just – I don’t know, I just really wasn’t happy whenever I’m around that person. Like I just became such a terrible person. And it took me so long to realise that just because I couldn’t let that person go.” (Ayu, 20F, second interview)

Day-to-day burdens
Most of the participants, particularly those who had recently arrived in the country, attributed some of their distress experiences to the demands of keeping up with the routine activities of everyday life. For many it was the constant pressure of impending academic assessments and examinations. Not only did they struggle with studying the content of their course material, but also coming to terms with an unfamiliar language and presentation styles. For several participants, the constant strain of adapting to their studies was regarded as the primary reason for their mental distress. This explanatory belief also interacted with beliefs of the spoiled self to contribute towards their distress state, when unexpected low grades resulted in self-doubt over their competency and self-worth.
“Stress from studying is always [unclear] most important part to student, I think. Especially for us we come from another country to this Australia and Melbourne to take up further education. We need to adapt to the language, we need to adapt to the lecture, talking English, and the lifestyles, and adapt to the shops closing very early.”

(Xiaolong, 23M, first interview)

“For some participants, life as a migrant student was never settled. They faced challenges including frequent housing relocation and overseas flights to visit family. Repeated cycles of face-to-face contact and separation from family members contributed to the strain they experienced in such circumstances – as exemplified by the accounts provided by Sarah and Wen:

“I’m stressed because I think I got some wrong direction talking about, you know, writing about the essay. So I kind of worried about the, you know, what kind of score I may get ... Actually life is kind of simple because I think all my stress come from the school work.” (Guo, 22M, second interview)
“This was again when I went back from Bali to Melbourne. I was actually numb. I think I travelled too much and then I say, like I meet my family or friends. And then I say goodbye again too many times.” (Sarah, 23F, second interview)

“This is a really hard day for me. I go back home by myself, and I carry of this by myself. So it’s hard. If I’m at home my parents will help me ... But here I’m alone – also I have some friends but it’s too – I’m afraid to bother them, because my friends
they don’t have car as well, I cannot ask them to drive me to the airport. Something.
   So this at the airport. It’s really mess.”  (Wen, 23F, second interview)

An accumulation of commitments, some of them made as an effort to resolve distress, were perceived to be contributing even further to the experience. Participants reported feeling conflicted about being in such situations.

“But I just don’t like people who whinge and complain. They are so bad in your life. It becomes so negative.”  (Ayu, 20F, first interview)

“Actually event management, because I’m involved in a few event organizing committees, so yeah. It’s been tough ... it’s pretty stressful, last month with events and volunteering and like work.”  (Violet, 19F, second interview)
“This is my desk at placement ... it’s also what makes me really happy and fulfilled, but it causes me a lot of stress.” (Constance, 25F, second interview)

Future uncertainties
Uncertainty about the future was a prominent explanation for distress amongst the participants – especially regarding their opportunities for employment and financial security. Some of them believed the opportunities of securing a satisfactory job in their home country was limited, and had chosen to migrate to Australia primarily for improving their future employment prospects. This resulted in greater pressure to succeed in their work or studies in Australia. Discussing their concerns with peers would, on occasion, amplify their concerns:

“I spend a lot of money on my tuition and I may not find a – I may just find the same job as I just graduate after my Bachelors degree, and it made me very confused about my future. I don’t know what to do, I even want to get back and just find a job and know what I need.” (Wen, 23F, first interview)

“And there’s the future career, of course. Recently we talked about with some other friends, and you know what kind of after graduate. Because some of my friends are in their maybe final semester. And they also struggling about what kind of internship, or trying to stay in Australia, or going back to China, or going back to some – one is from Korea, going back to Korea. It’s kind of, you know, we keep talking about this kind of stuff and no one is getting really good solution.” (Guo, 22M, second interview)

Ayu and Citra spoke about general uncertainty as a concern, and responsibility behind making decisions when faced with choices that had to be made alone:
“Maybe it symbolises like how I was afraid of possibilities.”  (Ayu, 20F, second interview)

“It’s like I would be happy because at that moment like I finally graduate it would be so sad because I don’t know what I’m going to do in the future.”  (Citra, 20F, second interview)
“I wanted to be an architect but I didn’t choose that path. So what if I chose that path ... what if I choose this path differently, what would happen?” (Citra, 20F, second interview)

Uncertainty over future residency status was also identified as a cause of distress. This was often in combination with other pressures and obligations, such as family demands and work restrictions.

“When I look at the job list their request will be Australian citizen or PR. Yeah. It makes me feel like what can I do for this? Yeah. It start to confuse about my future.”

(Fan, 20F, first interview)

“When I stand here and feel the sea wind from the sea and the waves are just [unclear] on the rocks I think it’s more than beautiful ... so at that time I think okay, Australia, maybe Australia is a really good place ... and I told this story, told this trip to my parents I think. And my parents just felt very nervous. My mum told me that ‘okay, so
that place is so great – so you cannot stay here because we are old. You must get back to China when you finish your course study.” (Xiaolong, 23M, second interview)

Actions in response to mental distress
In this section, I discuss the actions taken by the participants in response to their distress experiences. Kleinman had defined responses to negative affective experience as “coping strategies”, with such strategies strongly influenced by culturally shaped cognitive processes (Kleinman, 1980, p. 147). Actions in response to distress were grouped into four major themes: self-directed actions; social actions; avoidance; and seeking agency. These are summarised alongside their associated explanatory beliefs in Table 13.

I chose to label their responses to distress as ‘actions’, since ‘coping strategies’ implied a formal causal link between culture, beliefs, and response. Whilst there were associative trends between selected explanatory beliefs and actions, the relationships between the two categories remained fluid. This was perhaps a reflection of how participants dynamically negotiated different explanatory models over time to understand their experiences – something described by Williams & Healy as a “map of possibilities” (Williams & Healy, 2001, p. 473). Some activities also served multiple purposes, sometimes with the intentions behind their engagement evolving over time. For example, exercise and sporting activities were engaged for self-improvement, social connectedness, and avoidance by different participants in different contexts. Individual participants also engaged in a range of actions; they did not necessarily adhere to a single preferred mode of action.

Table 13. Explanatory beliefs and associated actions

<table>
<thead>
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<th>Explanatory beliefs</th>
<th>Actions</th>
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<tr>
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**Self-directed actions**

Several of the participants responded to distress by directing their efforts towards managing their own sense of self. These actions were generally associated with explanatory beliefs of the ‘spoiled self’, and were linked to the moral nature of such beliefs. They ranged from punishing and diminishing the self, to redeeming and improving the self. These actions were thematically differentiated from others by their focus upon self-identity, intrinsic self-worth, and the physical or biological state of in their body.

Withdrawal from the world and internalizing the experience were responses that reflected the guilt and shame associated with negative self-judgement:

“*It’s a battle you fight for yourself, not with other people.*” (Ayu, 20F, first interview)

“*I just wait for the emotion to pass. Yeah that’s how I react to my anxiety when I become anxious just being paralysed and not doing anything. And being quite mute, like I don’t talk to anyone when I’m anxious.*” (Daisy, 21F, first interview)

“I’m not the kind of person who would tell things to people. Like even if it’s my family I just don’t tell. So I just, yeah, I think I opt for cutting that time.” (Sarah, 23F, first interview)

“I stayed in my bed. I just couldn’t get out of bed at all ... I just stayed in my room for two weeks, just watching Korean shows. And then eating pizza. Very unhealthy, just
literally in the bed. For two weeks. I couldn’t even be bothered to meet people at all.”
(Sarah, 23F, second interview)

Citra, Nhu Quynh, and Osman responded to their own negative perceptions of body image with dysfunctional eating behaviours and exercise to ‘correct’ their embodied self.

“I ate less during the day, but I eat more at night. It’s like binge eating. And then threw up all the things I ate because I felt guilty about it.” (Citra, 20F, first interview)

“I had a lot of body image issues, kind of reinforced by people telling me things I didn’t want to hear that was kind of negative, like ‘oh you’re fat’. And so I guess I got kind of obsessed with food and exercise.” (Nhu Quynh, 20F, first interview)

“So it looked like something that I can stick to, not overdo it and still something that I’ve put a goal for just to get stronger, have more self-confidence ... I’ve always exercised by myself.” (Osman, 19M, second interview)

Improvement and maintenance of the ideal self was also reflected in healthy consumption - particularly with food and drink, as expressed by Guo, Constance, and Nhu Quynh:

“I quit drinking, you know, quit smoking, quit – trying to be, to make myself feel better.
Yeah. And live a healthy life, like that.” (Guo, 22M, first interview)
“I think it’s very important to take care of yourself. I think if you’re eating well sometimes you know, for me anyway, your mental health improves drastically.”

(Constance, 25F, second interview)

I was happy to purchase them because – and I felt like I was doing something good for myself, like looking after myself when I was stressed.” (Nhu Quynh, 20F, second interview)

Self-improvement extended into the spiritual dimension, with belief and religious practice offering a mechanism for redemption and healing. Spirituality was also a way
to relocate the significance of oneself within the context of a larger, more important, universe:

“Started experimenting with bad things like smoking, drinks, and like parties and stealing stuff ... and ever since then I found faith, so Christianity, I became a Christian and that really really healed me.” (Nhu Quynh, 20F, first interview)

“I’m grown up now, I should be doing it and there are a few times as a child where I was consistent with praying but then I left it and then went back to it ... I think having some sort of consistency during the time that I was feeling really down somehow just a method to make me feel better.” (Osman, 19M, second interview)
"'Christ is enough', it's a reflection of my beliefs, like Jesus is the only thing that is, it matters most. So no matter like if I get a bad grade it doesn't really matter because He matters more than that ... it's not about me, it's more for God. And so no matter what, Christ is enough, and he will make a ways for, yeah.” (Violet, 19F, second interview)

Normalising the distress experience was another form of self-directed action that was used by several participants. They reframed their distress experiences as a normal part of life by reinterpreting it using new or alternative perspectives. This included accepting the previously identified ‘flaws’ in one’s spoilt self to reshape a fresh self-identity, as demonstrated by the following statements from Citra and Daisy; or by adopting an alternate explanatory model, as demonstrated by Constance:

“Sometimes I thought that was just my personality and not something about like mental health that I should be taking care of. So it’s just the way I am ... just let it be this way.” (Citra, 20F, first interview)

“This when I first became anxious I used to think of it as like a foreign emotion, like possessing me. Or like a cancerous thing. But now I don’t think of it as an external thing. I try to sit with my anxiety, and I just say ‘okay it’s part of me’. And I feel fear, but I still have to go on with life.” (Daisy, 21F, first interview)
Constance had used the term ‘recovery’, a concept she encountered in her Social Work studies at university, to describe how she acknowledged her distress experiences as an accepted dimension of her life journey.

“When I think about it I think about my story of self, you know, having the agency to make your own decisions ... not really focusing on your symptoms but on strengths and how you can, what you want, working out what you want from like and how you would achieve that.” (Constance, 25F, first interview)

Social actions

‘Social actions’ were those enacted by the participants to establish and maintain social connections, and to restore or attain status within a social group or institution. These actions roughly corresponded with the explanatory beliefs concerning their social identity and worth. The state of social relationships was a significant theme within all of the participant narratives. Many considered friendships to be central to their mental wellbeing, with some defining their wellbeing as time spent with friends. There was a sense of urgency amongst those who had recently migrated into the country for establishing positive friendships within a network of peers.

I discovered that many of the participants did not intentionally seek peers from a similar national or cultural background to establish friendships. Several of them wanted more ‘local friends’, but believed that they ended up having friends with similar backgrounds because of shared language, familiar cultural practices, and similar life experiences.

“Because my previous roommates who also went through the same situation ... so that’s why we can always talk with each other.” (Ting, 24F, first interview)
“Our parents were migrants and we have similar family situations and it was really easy to understand each other.” (Nhu Quynh, 20F, second interview)

Xiaolong acknowledged difficulties with bridging language and cultural differences between himself and ‘local’ peers by utilising shared interests to connect socially, such as joining a photography club and a local basketball team. Sarah also used photography as a social bridging activity.

“I actually signed up for that group, the photo shoot, because I felt like I needed more friends. So I actually, it wasn’t because I wanted to be a model or anything, I just wanted to meet people.” (Sarah, 23F, first interview)

“I think maybe the culture is not different [sic], it’s very different, but I think hobby is not. We can find somebody just have the same hobby and him, same habits. So we can take some events, activities with them, and share some experience with them. Okay. So it’s really helpful for me.” (Xiaolong, 23M, second interview)

Cooking, dining, travel, sports, and music were frequently mentioned activities that played an important role in establishing and maintaining friendships. Some of these activities, such as cooking and photography, served dual roles as mechanisms for personal and social action. Ting presented cooking as a distracting activity and a social facilitator:
“Because I think cooking is quite a good thing for you to focus – only focus on cooking. And you have no time to think of other things, and other stresses. So, and it is – you can feel like, to finish one [unclear] thing after you cook a great meal. And if you share with your friends and they said it was good, so it will, it can make me feel like achievable? Or feel I can finish something good. And so I think cooking is a good way to relax and to get away from stress.” (Ting, 25F, second interview)

Fan sustained her social connection with family and friends living overseas by sharing her photographs with them online:
“I take this photo not only for the research, but also I can send it to my family, to my friends. It also a great way to share my life with others, and it makes me feel good as well.” (Fan, 20F, second interview)

Gaining acceptance within a peer group established a foundation of ‘personal resources’ for the informal peer support sought for distress experiences. This is discussed further as a separate theme later in this chapter.

Actions for establishing social connection, acceptance, and worth also extended into institutional settings such as religious organisations, volunteer groups, and the academic/vocational community. Finding acceptance and worth within religious organisations such as church and cell groups not only offered connections with peers, but also contained opportunities for addressing some concerns related to spoiled self-identity. Personal concerns about competency, existential purpose, and social worth were also addressed by getting involved with vocational organisations such as academic societies and volunteer groups. These institutional settings were presented as environments that enabled the enactment of moral ideals that reflected their values of self-worth, such as altruism and teamwork.

“We don’t have any religion back in China. I guess getting into society here probably just try couple of it. And then yeah, I guess it’s not just learning Bible, it’s more of communicating with another bunch of friends ... They come to your home occasionally and then teach you studying Bibles. And then you know you can share your experience
“Meeting those kinds of selfless people kind of make me realise oh I can be like them and it’s not just about me, it’s about, it’s more of you know, it more of people and yeah … Cell groups, church activities, dinners, like people would ask ‘oh how’s it going, how’s uni, how can I pray for you?’ And that is really encouraging for me whenever I felt stressed.” (Violet, 19F, second interview)

“I think volunteering is a really small contribution, a small way to change the world and make it a better and safer place and I like seeing people do that. I like helping people to find the right volunteer opportunity for them and also I think volunteering
makes people better human beings, more productive citizens...My supervisor is really happy with me so I'm happy.” (Daisy, 21F, second interview)

“Being in an organisation, it was – it helped me cope with my feeling of worthlessness. So I actually felt like I was doing something. I was making a change.” (Ayu, 20F, second interview)

Escape
Sometimes the participants simply wanted to get away from their distress, as well as the agents they believed to be causing distress. I chose to group under the theme of ‘escape’ the actions that participants took to distract their attention from their distress, as well as those taken to avoid the people and situations that they attributed as causes for their distress. These actions roughly corresponded with the explanatory beliefs thematically grouped under ‘externally imposed standards’, where the attributed cause was located outside the self. Unlike those directed at modifying self-identity, actions involving distraction and avoidance reflected a belief that the cause of distress was beyond the individual’s control and could not be directly resolved.

Distracting actions took a variety of forms, but all shared the same intention of diverting the participant’s attention away from distress and towards an alternate experience. Such alternatives were mostly, but not always, pleasurable. Frequent examples of pleasurable distractions included food, exercise, travel, shopping, television, movies, music, and video games. Several of these actions, such as sports and exercise, could also function as activities for self-improvement and social connection; but it was the participant’s
intent behind engaging a specific action that determined whether it corresponded to this theme.

Media consumption offered a method for escape into comforting alternate ‘realities’ that bolstered the participant’s ideals, as well as providing them with a sense of agency when their circumstances were disempowering. Ray chose to put on his headphones and play online computer games whenever his parents berated him for being unemployed and unhelpful, as it allowed him to disengage from their demands:

“Because my mother, like blaming me. I don’t know why. But like for every time that something she didn’t expected happen, then she likes to blame me or my sister ... But my mother likes blaming and it’s usually to last half an hour or more than half an hour, and then for that time I choose to listen to music and playing games. Like this is one of my favourite single, and I just turn up the volume, so I can’t hear my mother. And sometimes I play games, but you know my parents don’t want to, don’t like me, don’t want to see me playing games. Yeah. So every time I play games they blame.” (Ray, 23M, second interview)

Both Daisy and Nhu Quynh chose to re-watch old episodes of ‘Friends’ on television as familiar distractions.
“So it’s just me sitting on the sofa watching Friends. I like watching Friends because for me it’s like comfort food and I like how I remember all the dialogues and I feel like – I don’t know. I just feel really close to them. I’m sure a lot of people feel this way about this show and also I wrote down, ‘it is my escape into the ideal’. I do find this show really idealistic.” (Daisy, 21F, second interview)

“Number 8 is a photo of my favourite TV show. I was just relaxing that night. I was watching Friends. It’s a really good show, it makes me laugh. I watch it over and over again. I feel like they’re my friends.” (Nhu Quynh, 20F, second interview)

Travel was a popular action engaged by those participants with the means to do so, but its use as a strategy was limited by the resources available to the participant.

“I think travel is another way. It’s really helpful. But I cannot get a lot of time to do that.” (Wen, 23F, first interview)
“When I’m skiing it’s just make me, it’s easy for me to forget those things. Yes. And I can have the feeling of flying.” (Ting, 25F, second interview)

Avoidance of other people’s demands was perhaps at its most dramatic in the narratives shared by Ayu and Nhu Quynh. Ayu attributed most of her “mental anxiety” and feelings of “being tortured” to being in a bad relationship with her partner at the time.

“I think that person caused so much anxiety in my life I couldn’t even comprehend, I can’t even describe the extent I felt so useless and so worthless just being with that person. And I couldn’t tell anyone because it was shameful … like you’re not supposed to talk about bad things with your partner – I mean about your partner to other people … I felt like I lost everything because of this person.” (Ayu, 20F, first interview)

Ayu’s action for escaping the distress was to end the relationship.
“I was walking down the Yarra River ... I stopped by and I felt really peaceful, like really peaceful. It was as if like no-one was around me actually ... this was after I decided not to see him anymore.” (Ayu, 20F, second interview)

Nhu Quynh initially escaped her mother’s unmet expectations, authoritative control, and physical abuse by engaging in rebellious behaviour and moving out of the family home. She later described a babysitting experience as enjoyable because she did not have to interact with adults.

“It was like getting more angry with things really quickly ... I usually just like don’t fight, or I usually love school, um yeah so. [Unclear] stopped talking to people [unclear] which was my mum, her partner, and my brother. Started experimenting with like bad things like smoking, drinks, and like parties and um stealing stuff as well ’cause my mum never gave me money, and I was just like trying new things with not understanding the consequences. Had no fear, um, yeah. And I guess I moved out, yeah, um actually before I moved out I actually start working a lot ... my mum grew up in a family where they believed that hitting is the best form of discipline.” (Nhu Quynh, 20F, first interview)
“I feel like sometimes conversations are just information overload and it’s overwhelming ... I liked it because there weren’t any adults around. And I didn’t have to behave in a certain way, and when kids around you can just be yourself.” (Nhu Quynh, 20F, second interview)

Social activities involving friends were frequently mentioned as a preferred way to distract and escape from the demands of everyday life, even if only temporarily. Violet described her social time as a form of rejuvenating ‘time-out’ amongst others experiencing the same problem.

“We – I would ask them oh hey, yeah like can have dinner? Because everyone just needs that time to refresh. And we can’t just think about this all the time. But it gets like, our mind gets blocked somehow, like we can’t really think. If kind of know what I mean is like keep thinking but we can’t see what’s the problem. And so we would have a few socials – well it’s more like going out for dinner together. Like yeah, just put it
aside and let’s have fun. Like let’s continue tomorrow or next week.” (Violet, 19F, second interview)

Seeking agency
The final group of actions I shall discuss are those grouped within the theme of ‘seeking agency’. “Agency” was conceptualised by Giddens as “human action that has the possibility of transforming social arrangements, through the intended or unintended consequences of that action” (Lawson, 2012, p. 18), and implies the capacity for the human will to enact change within broader structures - whether social or otherwise (Scott & Marshall, 2009, p. 11). Agency was sought by the participants when they believed the social circumstances causing their distress could be contained or overcome by establishing control of the situation. Unlike those of acceptance and escape, such actions assumed the possibility of transforming the causes attributed to their distress. Such transformation was achieved either through their own efforts – ‘self-help’ - or by recruiting the assistance of others.

Self-help
Practical strategies for managing time and activities were used by participants who were overwhelmed with commitments. Checklists, timetables, and reminder notes were a popular method of containing the worry attributed to forgetting important activities. A sense of control over unavoidable tasks was also gained by constructing a hierarchy for the order in which these tasks were completed. Scheduling also provided a perspective of order for an otherwise uncertain and potentially chaotic future.

As shown earlier in this chapter, Daisy used written checklists and reminder notes to alleviate her “anxiety” by essentially providing a scripted performance for her upcoming day that could be rehearsed. The structure of these notes simulated the comfort of routine and predictability, and gave her a sense of control over the future. She showed a photograph of one of her notes as an indexical representation of this action.
“I like to write self-help statements and rehearse them before facing a situation which I think will be anxiety-provoking. They help me calm down and feel empowered.”

(Daisy, 21F, second interview)

Daisy also used written schedules in a diary format to structure her anticipated daily activities. These schedules eased her worry at the beginning of the day, but she reported that this strategy could sometimes backfire when she could not adhere rigidly to the structure as the day progressed. As mentioned earlier in the chapter, she demonstrated this visually in her photographic sequence as the scheduled activities being revised and crossed out by the end of the day. This emergent disorder was accompanied by her functional “shut down”.
1. Yeah, so I like having a routine and scheduling everything and having a timetable for everything down to the last – even like very trivial activities like taking a shower, I like to put them in my schedule because having a schedule gives me a sense of control over my life and if something disrupts my schedule like these photos trying to convey that, I become really anxious because I rely so heavily on my schedule and it keeps me calm when I follow it. I’m usually very good at following my schedule but sometimes things get in the way and I find that hard. You can read some of the activities. I’ll just read some of the activities on my schedule. So it was watch The Project, eat and ask family about their day, text friends to see how they are, emails, paperwork, browse the internet, chat to [partner], who is my partner. So I even write very small activities in there so I feel like I’ve done everything I needed to. I hate the feeling of leaving something uncompleted. I like closure and completeness and order.

2. For that day, my parents didn’t tell me they had organised a family dinner with someone, my auntie and stuff and then they were like, “Oh, you have to go” and then I was like, “But that’s not on my schedule” and they were like, “We don’t care. You have to come with us.” So by doing the arrows, I’m just kind of conveying how – I tried to reschedule stuff but then I couldn’t so I just put a big x. So when I can’t reschedule things, I just shut down. I don’t do anything on the schedule. I just lie in bed and wait for the next day, for the next schedule.

(Daisy, 21F, second interview)

Scheduling was also a way to manage the emotions attributed to an imposed scheduling structure. Osman attributed the distressing loneliness that he experienced at university to the presence of a large gap in his class timetable. He acted to resolve this by moving two classes on his calendar closer together.
“On these Thursdays I usually spent the time alone. I always didn’t find anyone to study with or to talk to and I can easily say that this was one of the reasons that I developed some anxiety because it was just such a long day. I was tired at the end of it…now my Thursdays – I intentionally made the Thursdays such a short day so it finishes at two o’clock instead of six.” (Osman, 19M, second interview)

The loneliness that Osman experienced because of this time alone on university campus also became associated with two popular music tunes that he listened to during those moments. He became distressed when they started to play spontaneously within his mind. His response was to acquire a guitar and learn how to play them, thus taking control of the melodies and disrupting their meaning and emotional impact. These photographs were presented to indexically identify the names of these songs.
“These two songs before coming to uni just like before starting uni I used to like them really much, and I did listen to them probably three or four times in my day, especially when I was spending my time at the ERC or in Union House library so usually when I'm just studying or spending some time to relax. But the problem is that they ended up just playing in my head continuously when I'm out of uni so whenever that I'm feeling anxious, feeling not so well they start playing. I can’t really stop them. That was the problem. I remember a few times it almost pushed me to cry and I think I did cry a few times. And the way they play in my head is just that the music is just so strong.”

(Osman, 19M, second interview)

“I just had an idea in my mind that if I try and break down the songs I could forget about them.” (Osman, 19M, second interview)

Ayu’s reaction to disempowerment within one social relationship – escape from a “bad” partner - was manifest through her pursuit of control within a different social context, by “joining an organization that really helps me”, and placing herself in a leadership role amongst this social group. This emerged in the dialogue following from the photo that signified her relationship breakup.
“Joining an organization really helps me. It reminds me of the things I used to do, and I realised that I would only be my best or I’m really happy when I am in some sort of like – when I have a sense of control over something ... I’m in a position where I can make decisions of my own, and where I have a team of people helping me.” (Ayu, 20F, second interview)

Citra, feeling worried about being lost in the dark during a bushwalk, placed the blame on a difficult friend. Like Ayu, she responded wilfully in acting as a “leader” in the situation to direct the outcome of the bushwalk, and thus demonstrated her understanding that it was within her power to change her social circumstances. She visually represented the darkness of her situation with this photograph of a wombat encountered in this moment.

“On the way back I just feel like ‘am I going to survive this?’ ... my friend was really draggy ... at that moment I feel like I have to be the motivator, I feel like I cannot be depressed any more. Like the one it feels like I was stress and everything. But that one I feel like I have to be the leader.” (Citra, 20F, second interview)
These examples of seeking agency via actions of self-help demonstrated a willingness on the participant’s part to act independently and to accept responsibility for achieving respite from their distress experiences. Such actions relied upon a motivated individual; but, as demonstrated by Daisy’s scheduling example, they were not always successful in achieving their intended goal. It was at this point where several participants sought the assistance of others – informal and formal supports - to not only gain social agency, but also as a way to overcome a perceived lack of personal willpower or capacity.

**Support from others: informal and formal**

Litwin & Auslander defined ‘informal supports’ as the “assistance derived from normative or voluntary interpersonal association”, and formal supports as individuals or institutions providing assistance via “formal legal mandates or publicly mediated financing mechanisms” (Litwin & Auslander, 1990). For most of the participants, informal supports meant peers, partners, and family members. They generally preferred these contacts as their preferred source of external assistance over the engagement of formal supports such as medical, psychological, and social work services.

Establishing peer support was considered a critical action for managing the problems attributed to daily demands and an uncertain future, particularly in circumstances where these problems were shared. This was frequently mentioned when participants discussed study commitments, job seeking, and difficulties with parents or relationships as causes for their distress. In this example, Nhu Quynh described her time spent with a close friend as an opportunity to share and resolve their personal issues.
“Number 14, it kind of captures how like how restless like me and my friend can become sometimes. And like we kind of, I don’t know, kind of pick and things and then like think over them. And during these sessions where we see each other we do talk about things like our thoughts, um yeah, we talk about our thoughts, and stuff. So good things. And then I would just try to be positive, yeah. A lot of these photos are positive. But that’s because we were trying to overcome the negatives.” (Nhu Quynh, 20F, second interview)

Sarah tried to manage her own mood by scheduling activities in advance that she could look forward to, but acknowledged that her motivation would frequently let her down when these activities were about to begin. She recognised the importance of having an encouraging friend help her with overcoming an initial apathy for participating in the activity, as demonstrated in her account of this fitness group.
“So he was actually leading us, like ‘do these sit ups’, blah blah blah. And again I have to drag myself. I almost cancelled it also because again I was fighting. So I only had like three hours sleep. I slept at like 7am, woke up at 10. So I felt like ahh I shouldn’t go doing jogging, ‘cause I’m like faint, ‘cause I don’t have enough sleep. I felt very tired ... so it was actually really nice to have that encouragement. Although like it was encouraging for the fitness, but it felt more than just encouragement for that.” (Sarah, 23F, second interview)

Supportive partners were considered helpful by offering a grounded and sensible perspective of their circumstances, thus helping the participant with containing their emotions and decision-making process. Whilst discussing what the written notes represented within this photograph meant, Violet described her partner as helpful in reminding her why she had originally decided to migrate to Australia.
“And so I called my boyfriend and he was like, he kind of remind me why I’m here. So yeah. It’s been that support.” (Violet, 19F, second interview)

Daisy saw her activity-scheduling as a collaborative effort with her partner. She valued his input as an important part of containing her uncertainty about both his and her future.

“Yeah, number 8. Like I said, on weekends me and my partner go to cafés and have lunch and then go to a park. So I like going to cafés on weekends. I like discovering new places and new places to eat. The reason I’m showing you this photo is because I don’t really like food courts. I think everyone hates food courts. So I like going to cafés on the weekend with my partner. This is where we talk about our week in-depth, I
guess, we talk throughout the week, and we plan a lot during this time on the weekend. We plan what our next goal is for our next week. We both make goals for the next coming week, what our goal is, and then we review last week’s goals. So it’s a very good constructive time.” (Daisy, 21F, second interview)

Parents and siblings were considered by some participants to be a useful source of support. Despite being demanding at times (as mentioned earlier with his photograph of the Great Ocean Road), Xiaolong found his parents helpful in providing a different perspective on his circumstances and reducing the distress attributed to his uncertainty over future employment.

“I think I’m a failure, I’m a total failure, so I don’t know what to do so I think maybe talk to my parents to [unclear] for some suggestion. And my father told me that okay so you are an adult now. And we do not want to put much stress or pressure on you. You just do what you want to do. And even though you cannot seek a job you can just seek for an ordinary one. And just live an ordinary life, we will not blame you. I think that really helps me.” (Xiaolong, 23M, first interview)

Wen also expressed conflicted attitudes towards her parents as both a source of distress and as a support. In her first interview, she avoided contacting her parents to prevent upsetting them; in her second interview, she acknowledged their good intentions in trying to offer support for her discomfort from settling into a new environment.

“I don’t want to report to my parents every time, because it’s not very helpful and it will make them feel stressful. They’ll worry about me, so I don’t want to talk with them every time.” (Wen, 23F, first interview)
“When I’m here I cannot talk … our connection is only through the phone. And they want to make me feel – I think I only talk me, want me feel better but they can only through the phone, they cannot talk face to face … when I’m in Melbourne I’m not confident enough to – because some friends around me, they already find a job. But I’m not. So the environment make me feel nervous. But then I go back to home, I got my support from my family, and feel not so stressful.” (Wen, 23F, second interview)

Overall, parents played a complex role within the explanations and responding actions for mental distress amongst the participant cohort. Whilst parents were considered by some participants (such as Ray and Sarah) to be a significant cause of distress, parents also played an important role as a gateway for engaging formal support services alongside their peers. Both peers and partners also played important roles as referrers for formal services.

Compared with informal supports, help-seeking from formal services did not feature as a prominent action within the participant dialogues. The circumstances of seeking external support via formal services were complex in terms of how they related to specific explanatory beliefs. They were not mentioned, briefly mentioned in passing whilst discussing another action, or identified because of seeking help with informal supports.
Formal supports: access and motivation

Despite the participants being aware of the research project as focused primarily upon the issue of ‘mental health’, very few of them brought up the topic of formal mental health supports without some prompting by the researcher during their interviews. This trend is reflected by the paucity of photographs within this chapter section, as little structured prompting occurred during the photo-interview. Approximately half of the participants acknowledged some form of contact with formal supports to assist with overcoming their distress. Most of them did not maintain an ongoing therapeutic relationship with these supports. Most of the information related to their interactions with formal supports emerged during the first interview when my questions followed a predetermined interview guide. Roughly half of the participants reported contact with such services during their first interview, and only three participants during their second photo-interview. The identified themes being presented in this section should therefore be read with this in mind.

The explanations provided by the participants for their engagement with formal supports came under four thematic categories:

1. Involuntary engagement;
2. Referred by informal support;
3. Ineffective self-help and/or informal support; and

Involuntary engagement

Two participants had contact with formal mental health services because the nature of their distress was considered to require mandatory external intervention. Constance was engaged with medical and psychological services on a routine basis, but was not responsible for initiating contact with them. Her parents had originally taken her to see their family GP because they had observed unusual and antisocial behaviour. The consultation with the GP resulted in a hospital admission, receiving the diagnostic ‘label’ of a mental illness by a psychiatrist, and being prescribed psychiatric medications. Constance reported experiencing disbelief during this distressing episode in her life, but chose to comply with the actions occurring around her.
“My parents noticed that I wasn’t myself. And so I went to a GP and he asked me a series of questions, and I went to a – they tried to admit me to a hospital ... and it basically culminated in an involuntary admission to a hospital for a good, I think, two weeks...There was another incident where my friend called to ask me if she could borrow my microeconomics book and I was quite rude to her, and she hung up on me. And then she visited me in person and with mum. These were my two closest friends at the time. They were just very upset and they could tell something was wrong and one of them started crying, my mum started crying, it was very emotional, and at that point I agreed to see a GP.” (Constance, 25F, first interview)

Nhu Quynh faced a similar situation after consulting a school careers advisor. She was required to see the advisor during a period of truancy. From this meeting emerged her personal account of family violence which resulted in a referral to see a psychologist.

“...I think it was towards the end when I didn’t want to [go to] school because I was like oh, the school’s not really helping me learn, it’s just making me stressed. So when I talked to my careers counsellor and opened up about my family situation she was quite surprised. And she referred me to the psychologist, um yeah.” (Nhu Quynh, 20F, first interview)

Referral by informal supports

Other participants received encouragement from informal supports to seek help from formal supports, but retained control over the decision to act upon their recommendations. For Sarah, it was her boyfriend and other friends; for Citra, her mother encouraged her to try a “meditation camp” to escape from her worries.
“My boyfriend’s been asking me if I’m ready to meet a doctor. And so is that friend.”

(Sarah, 23F, second interview)

“I went to like meditation camp, that sort of thing ... it really helped like some, yeah me with like emotionally and stuff like that, stability and things like that ... my mum is a big fan of this organization.” (Citra, 20F, first interview)

These accounts provided by Constance, Nhu Quynh, and Sarah highlight the importance of family and informal support networks in identifying a need for establishing formal mental health support, as well as their role as facilitators for linking these young people to formal support services.

Ineffective self-help and/or informal support

Several participants considered formal supports as a last resort for managing their mental distress. For some, it was sought when informal supports such as friends and family were believed to be insufficient; for others, it occurred if they were unable to resolve their situation by themselves.

Daisy preferred to manage her anxiety independently, and to speak with her friends and partner before engaging with a counsellor. Osman also adopted a similar approach of helping himself first, followed by speaking to his mother, and finally engaging the university counsellor.

“When I become really anxious I just like drink water and go out for a breath, listen to a podcast I like. Or call a friend. Like I try to do something that would distract me ... I
have a really supportive partner, so he really helped me. He’s been very accepting, like when I told him I have anxiety he wasn’t repelled by it, or even disturbed by it ... I’ve been to see a counsellor ... at uni, but I don’t really want to go again because I thought I was already trying like the relaxation techniques and stuff.” (Daisy, 21F, first interview)

“I decided to contact them because I didn’t think that anything I did actually helped. So trying to avoid these triggers. Like just don’t think about them, just didn’t work. And also talking with my mum, it did help to some extend but it didn’t bring me closure at all. So I thought oh why not contact them, there are psychologists, they can probably explain and make it, make somehow clearer for me how I can go about and try to fix this.” (Osman, 19M, first interview)

Sarah accessed structured formal supports to understand the distress experiences from a perspective of identifying faults with herself. She began by conducting an internet search to research her distress symptoms. This led her on a path towards trying to engage with a psychologist via a GP referral.

“The beginning of this year was sort of like... it spirals down, so then when I’m like ‘oh why do I feel like this?’ and then I’m just curious. And then I started finding things. And then you know those self assessment tests ... yeah on the internet, and I’m like ‘oh let’s just try this’, and depression [unclear] it’s like it scores really high, and I’m like ‘oh no.’ And then from then on I started like looking up things on Google.” (Sarah, 23F, first interview)

Nhu Quynh considered her engagement with formal supports as a strategy for bypassing the limitations that she had identified in her own capacity for understanding herself.

“I guess I just don’t really get in touch with my sad emotions much. So then like it’s kinda hard to open up and confide in them. I trust them, I just don’t feel comfortable talking, yep.” (Nhu Quynh, 20F, first interview)

Social stigma: fear of spoiled social identity

A reluctance to seek help from informal supports was also a motivator for engaging formal supports. Citra described how she only sought the assistance of a psychologist
when she thought that her friends could not help her, or would be upset if she openly discussed her distress with them. Nhu Quynh also hid her distress from her friends as she wanted to maintain her social identity as a “happy person”.

“I feel like I need to talk to somebody ... I didn’t want to go and – I was thinking should I go out and see a psychologist, but I’m like, I’m going to go like slowly and see if that work, if I talk to my friend it would work then, and then I have to go, yeah ... it’s just like so many things going on in my head that I don’t want to start talking. Because if it starts talking it’s going to be something that people wouldn’t want to hear. So I’m just like I’m going to like keep quiet. And I think like 2 days after that I went to student psychologist.” (Citra, 20F, first interview)

“When I was living at home with my mum and didn’t have money I would call Kid’s Helpline. That was free I think. And then in high school I sought help from teachers, and school counsellor. And psychologist. And then I guess as my relationship with my friends grew I seek help from them as well. But it’s still a bit of a struggle talking to your friends because they do perceive me as this happy person.” (Nhu Quynh, 20F, first interview)

These statements implied that seeking peer support, although desirable, could have undesirable consequences for their social identity and peer relationships. They expressed concerns that disclosing their distress could stigmatise them from their social group. Formal supports were framed as a resource for obtaining external assistance without their peers knowing about their struggles.

**Formal supports: ongoing engagement**

The level of ongoing involvement that participants had after their initial contact with a formal support varied, but most of them did not maintain engagement beyond their first or second meetings. The reasons for their engagement or disengagement followed four themes: practical barriers, conflicting models of therapy, conclusion of service, and normalisation. It is worth highlighting that few of the participants discussed their reasons for maintaining or discontinuing engagement, so these emergent themes may only be a superficial glimpse of the broader issues encountered by this population.
Practical barriers

Sarah and Citra ended their engagement with formal supports because using the service was inconvenient and troublesome. Difficulties with negotiating formal appointment systems, obtaining written referrals, coordinating appointments with their personal schedules, and the financial cost of consultations were cited as issues that discouraged ongoing contact with such services.

Citra was tasked with keeping a mood journal by a psychologist. She considered this task as a burdensome commitment, and attributed this as her reason for disengaging with them.

“Oh I’ve been, like one time. And then I sort of quit after that because she told me to keep a journal and I don’t want to keep, I don’t want to be committed to that.” (Citra, 20F, first interview)

Sarah made the effort to consult with a GP after her internet searching suggested that she was depressed. She found the experience of talking with the GP emotionally upsetting. This was followed by problems with handling the paperwork and paying for a consultation session with a psychologist.

“He was like okay, if you just stop that for a moment, and then you know talk things through, and then maybe from talking it could help. But I haven’t gotten to the psychologist at all ... because I was out of my mind on the tram from the way home from doctor, I was just like uhhhh. And then I forgot my referral letter.” (Sarah, 23F, first interview)

When I mentioned that many of the participants did not mention counsellors or doctors during their interviews, Sarah replied:

“I actually signed up. I asked for a meet up with a doctor in QV, I think was it? But it cost $200, I’m rethinking it. It’s super expensive for a student like me ... yeah I got the referral. I asked for it back, so I got it. But yeah now the problem is the cost of the session. It’s like $200. So I’m taking time – and I’m going to check my student insurance if it actually covers that.” (Sarah, 23F, second interview)
Daisy and Ayu expressed similar concerns about the referral process being too formal and intimidating.

“Recently I thought about going to a psychologist maybe, but then I called them and they said first you have to get a referral, and then you have to go. I don’t know, I feel like I didn’t want to do it because the whole thing sounded very serious.” (Daisy, 21F, first interview)

“I’ve booked a few appointments. I always chicken out in the end. I always – like the day before I’d just be like ‘I’m sorry I can’t go’.” (Ayu, 20F, first interview)

These perspectives framed formal support as another burden to add alongside other routine day-to-day burdens causing mental distress, instead of being a helpful source of aid. They also suggest that young people from a CALD migrant background prefer to engage with interventions that are physically convenient to access, are passive in their delivery, and involve minimal bureaucracy.

Conflicting models of therapy
Daisy disengaged from formal support when the delivered service did not meet her expectations for the counsellor to function as a proxy for an informal support. She was disappointed when their interactions during the session were more structured than she had liked. Daisy’s preconceived model of ‘talk therapy’ involved a conversational style of communicating shared experiences, rather than a directed clinical-analytical approach. There was no resolution in the conflict between two differing therapeutic models.

“When I went to the counsellor, I don’t really enjoy the experience. But that’s probably just like maybe it wasn’t for me, I’m sure she was a great counsellor. I feel like the things I don’t like about counselling is that it’s such a one directional relationship conversation. What I enjoy, what I find therapeutic in a conversation is when I tell someone this is how I’m feeling, then the other person gives their own experience on how they dealt with it ... I want like a more warm conversation about how they also had a similar experience.” (Daisy, 21F, first interview)
Formal service concluded

Engagement with a formal support also ended when the service was concluded by the service provider. Osman sought the assistance of a university counsellor to try and understand why he was experiencing problems with his concentration, memory, and mood. The counsellor provided him with a normalised perspective towards his distress, and directed him towards pursuing self-directed activities for ongoing management. Osman seemed satisfied with this outcome, disengaged from the service, and continued along the path of self-directed actions.

“I was really stressed and I had to, like as I said to contact the counselling office. And they did help, anyway. I would go there only two sessions, two weeks apart. I felt that I made some progress through talking what I was feeling, and like to have someone explain that what I’m going through and that many students could go through the same thing ... I remember them advising me to start doing exercising again ... and also start to like start conversations with people in my tutorials and maybe ask them to maybe have a coffee or something after the tute or just try to talk more with them, meet them more often. Yeah they suggest that as a solution.” (Osman, 19M, first interview)

Normalisation

The acceptance of ongoing formal support engagement as a routine life experience paralleled how mental distress experiences were normalised by some participants. Only one participant in the study, Constance, maintained regular contact over six years with a team of professionals as her formal support for mental health – a GP, a psychiatrist, and a psychologist. Constance considered their support and intervention as critical to achieving and maintaining her desired state of health.

“Ever since then I’ve been strictly adhering to my medication and everything ... I have a psychiatrist, a psychologist, and obviously my GP as well. And I’ve been seeing all of them, well my psychologist and psychiatrist for the last five or six years. And yeah they’re fantastic. They’re really really very good at what they do. I don’t see them very often, probably maybe two or three times a year now. So there’s not really a great need for it any more just because I’ve been quite stable and quite, I think quite healthy.”

(Constance, 25F, first interview)
One clue to why she had accepted their ongoing involvement was revealed in her explanation of how she described mental health as “on a continuum” – in other words, Constance framed her state of being as falling within a range of natural variance. Formal support services were perceived as a tool for achieving the form of “recovery” that she desired: a state of control and self-determination. She acknowledged the influence of her university studies in Social Work in shaping this attitude towards her mental health.

“My personal feeling about my diagnosis. Yeah. I think, given my exposure to this area, I think everyone has baggage. I think we’re – that, you know, mental health is on a continuum. And I’m not actually very concerned with what I do have. All I want to know is how I can manage it. And we’ve tried to do this in a very holistic way. Yeah the diagnosis doesn’t concern me very much at all. It’s not something I worry about.”

“Recovery is just a word that I first heard about when I was talking to my psychiatrist years ago ... when I think about it I think about my story of self, having the agency to make your own decisions. And I also think about some of the core principles of social work as well, self-determination so on so forth. Not really focusing on your symptoms but on strengths and how you can work out want you want from life and how you would achieve that.” (Constance, 25F, first interview)

Her incorporation of formal support as a component of her overall recovery can be understood as a widening of her personal horizon of understanding for mental distress, where new explanatory systems from medical and academic paradigms were negotiated and incorporated into her own model of interpretation.

**Cultural difference and migration in mental distress**

In this section, I explore how the explanatory models, beliefs, and responding actions contained with the mental distress narratives of the participants relate to their background of cultural difference and migration. I look at how cultural legacy potentially shaped their notions of identity, and how the journey of migration impacted upon the significance of social connections for their mental well-being.
Culture and identity

The impact of cultural background was strongest amongst the participants by way of its influence on their perspectives of identity. Cultural norms provided the conceptual models for understanding who or what they were, what others thought they were, what they thought they should be, and what others had expected them to be. Postmodern social theorists such as Goffman and Giddens challenged the notion of an essential ‘authentic’ identity that was intrinsic to the nature of the individual. They considered identity to be fluid and ever changing, the result of a ‘socialisation’ or ‘acculturation’ process whereby the values, social roles, forms of knowledge, and practices of a society become internalised and used by the individual to construct a sense of self during their course of personal development (Giddens, 2006, pp. 163-169; Goffman, 1959, pp. 44-46; Scott & Marshall, 2009, pp. 330-333). This model is also consistent with how Hardy described the influence of the family environment in defining the “moral prototypes” that become models for ideal “moral identities” (Hardy & Carlo, 2011).

This perspective towards identity is relevant in this study, since many of the participants expressed a moral dimension to the identities they had adopted, or had sought to attain. The significance of moral identities was also reflected in the actions some participants chose as a response to their distress, such as volunteering and religious participation.

One prominent example of an ideal identity, valued by participants and parents alike, was that of the successful student or professional – someone who had performed well in their academic studies, and had managed to secure employment within a socially respected and financially rewarding profession. Ray had expressed disappointment with himself when he was unable to find full-time postgraduate actuarial work, and highlighted the pressure his parents had placed upon him to achieve this goal. In contrast with this prestigious position, his part-time work with his family’s investment business was considered as morally undesirable by both Ray and his parents, despite the considerable labour that was required from him.

“I help my parents to do the business but I don’t, I can’t find an actuarial job so I still think this is not the right thing.” (Ray, 23M, first interview)
“Sometimes they blame me like – because they want me to have full time job. Currently I had like an intern in my uncle’s company. And I have like two days working every week. But my parents, like my mother want me to have more than two days, like three days...” (Ray, 23M, second interview)

The prestige behind academic and career success was also recognised by Violet as shared between herself and her parents. There was a sense of obligation in how she described the attainment of this goal, with her statement “make my mum and dad happy” hinting at the importance of their validation in determining her moral identity as a worthwhile individual.

“I want to make my mum and dad happy... I went back to Melbourne to study, and then it was when I felt my first ever homesickness. And so that is like okay, I have been given
this opportunity to study abroad. And so I will repay them back by like, make them happy, and yeah.” (Violet, 19F, second interview)

The importance of identifying with these social roles for some participants was demonstrated by how they hid their circumstances from others when things did not go according to plan. Sarah described how she felt ashamed about not being able to afford enrolment at university, had pretended to be studying when asked by her friends, and had chosen to direct the distress back towards herself.

“Like I pretend like ‘oh yeah I’m taking a year off to do photography class’ although it was actually because I couldn’t afford uni...I didn’t have anyone to talk, so I just locked myself in my room and then I’m like hmm, yeah, I think it’s the same as any other who would self-harm. That pain sort of took away the pain for a little while.” (Sarah, 23F, first interview)

Guo did not wish to share his concerns with his parents, since communicating with them would only generate more stress for them. Fan also did not consider being in a distressed state as an appropriate identity to present to others. They chose instead to internalise their distress experience.

“I cannot understand why they are worrying about, sometimes just make me stress for trying to explain the life here.” (Guo, 22M, first interview)

“It’s better to be the place on my own rather than maybe pretend to be another person, pretend to be unhappy, to get out with others, yeah.” (Fan, 20F, first interview)

The idea of culturally-shaped social identities as a determining factor in psychological disorder is not new. The concept of face, “the person’s social position or prestige gained by performing one or more specific social roles that are well recognised by others”, and the stigma associated with its disruption, has been explored as a critical consideration for the mental health of East Asian populations by researchers past (Kurasaki, Okazaki, & Sue, 2002, pp. 124-126; Yang & Kleinman, 2008). Yang & Kleinman had described the stigma of losing face as “fears of moral contamination [that] might lead to a social death”, and this description is consistent with how many the participants in this study - including those who were not from an East Asian background
– chose to frame their explanations for distress experiences. The influence of cultural archetypes upon self-identity seemed however to diminish over time, as they did not really feature within the explanations of participants such as Constance and Daisy, who had lived in Australia for several years. It was only in the context of discussing the legacy values held by their parents that these identities featured in their distress narratives. Nhu Quynh, one participant who had lived in Australia for 10 years, had chosen to actively reject these traditional moral identities by actively rebelling against her mother’s discipline – a decision that was facilitated by the actions of her friends and the teaching staff at her high school.

**Journey as a social disruptor**

Migration adversely affected the mental well-being of the participants through its disruption of existing social relationships and networks, along with the sense of collective belonging that accompanied these connections. This was more evident in the accounts of those that were more recent arrivals to Australia, where geographical separation from much-loved family members and friends accounted for loneliness and feeling like an outsider within Australian society. Whilst social membership was an important factor in shaping and developing self-identity, it also provided the environment for enacting mutual support between individuals within the group. Cohesive family units, proximity with partners, and stable friendships with peers were considered ideal circumstances by most participants. Distance also prevented the practice of social customs that were considered an essential part of maintaining these relationships, such as cooking and dining.

The impact of migration upon family networks depended upon the nature of the existing relationships that each participant had with their parents or siblings. For those who viewed their parents as primary supports and mentor figures, distance created practical barriers for making contact and receiving the support they were seeking. Participants that had already experienced family difficulties prior to migration perceived their separation from family as a further deterioration in the state of their family structures and relationships. The practice of mutual support, normally considered favourable when enacted locally amongst familiar surroundings, became burdensome when parents or siblings in need were overseas, or when parents that had migrated with the young
person were also struggling with resettlement. This was exemplified in the support that Osman, Ray, and Zhu provided their parents for their businesses and everyday transactions, Sarah’s concern for her mother’s failing business in Bali, and Xiaolong’s worry about his father’s health in China.

The significance of belonging within stable peer networks was revealed to some participants even before they had begun their migration journey, but it was experienced in full after they had moved to Australia. Citra had mentioned the beginning of her struggles with loneliness and body image when she began to move around different boarding schools from age 13, resulting in unstable peer relationships:

“It’s actually my parents’ plan to send me overseas at that age, but I also agreed with them because I thought I would want to see the world and stuff like that… it was okay, like I was a little bit, feeling like no sense of belonging or attachment to that place, yet for the first 2 years, 2 or 3 years, yeah. And then for the 4th year I start to make some really close friends and that made things better. Yeap. Oh and I also changed school quite a lot. That was like my parent’s plan that they want me to go into a better school. So I have like every year I have to score like in the top 5 in the school so that I can transfer to a better school. And sometimes I feel like I shouldn’t have transferred, because I have already made friends on the old school… at that age is like 13, 14, it just felt like – yeah I don’t want to just keep leaving people… it was like an up-down-up-down kind of emotional experience.” (Citra, 20F, first interview)

Leaving their established peer networks meant a loss of existing informal supports, and the need to seek alternate methods for managing distress. For most participants, this meant finding new peer networks upon their arrival, whilst others sought to sustain these older peer connections despite the practical difficulties involved. Perceptions of otherness and a lack of belonging were strongest during this period of social transition. Osman described the difficulties he encountered with sustaining old friendships from his time growing up in Egypt:

“I had many friends in Egypt which I’ve known since I was a child, like probably 5 years old. Most of them I’ve known for around 10-12 years. My only contact to them with through Facebook mainly. But it wasn’t that often so probably once every 2
Many of them were really close friends, like actually best friends, and not having someone here to be your best friend was a big difference because I did discuss many of my problems back then with them.” (Osman, 19M, first interview)

Managing personal relationships with life partners also became problematic after migration. The relationships of several participants fell apart after they migrated, whilst those remaining in long-term relationships experienced barriers with communication and intimacy due to distance. Sarah found her reunion and subsequent separation from her partner in Europe to be a distressing emotional rollercoaster. For Wen, cultural expectations and migration journey combined to eliciting distress in relation to loss of personal relationships and personal moral worth. Wen believed that her migration to Australia had hindered her chances for getting married – something her “best friend” had achieved by staying in China – which in turn meant that she had somehow let her parents down. This emerged in her description of her attendance at a friend’s wedding in China:

“It’s the rehearsal. But her father say some words and make me feel um… it make me cry. And her father gave her hand to her husband, and he said that. She will give her to him, and he will take the responsibility to take care of her. And like the first twenty five years of her life, she was take care of, by her parents, her father. But from now on another [unclear 45:48] take the responsibility. And make me want to cry. And of course I remember myself, she’s in China and like stay with her parents for quite long time. And me, I stay, I went to – I leave my parents at eighteen when I go to the
university. It’s my undergraduate school is quite far away from home, so I can, from eighteen to now I can only stay with my parents during the vacation. And when I came to Australia I stay last time with, I have last time to spend with. So they grow me up, and I don’t have time to be with them. It’s, and some day I’ll marry with someone, so I always – it’s a tough time, I think it will be tough time for my parents.” (Wen, 23F, second interview)

The impact of the migration journey upon the well-being of those participants who had lived in Australia for several years seemed to be minimal. These young people considered the social circumstances of their families to be relatively stable with regards to housing, employment, and their social links with local communities and extended families. They also had well-established peer connections that could be engaged as a source of informal support.

The ambiguity in naming distress

Mental health professionals are accustomed to identifying mental distress and disorder by using diagnostic names and symptomatic descriptors that consistently represent specific forms of distress phenomena. The meaning of descriptive labels such as ‘anxiety’ and ‘depression’ are clearly defined within the theoretical perspectives and clinical nosology of their disciplines. In contrast, the ways that the participants named and described their mental distress experiences were diverse, dynamic, and at times ambiguous. Even those who had previously been given a psychiatric diagnosis by a mental health professional did not take complete ownership of such terms as primary labels for identifying their mental states. Constance had only made cursory reference to her diagnosis of bipolar disorder during her first interview, and did not mention it by name during her later dialogue; Citra had considered depression as a possibility for her distress state, but only used the term within the context of discussing a counselling session.

“Those were the first two episodes that I had experienced and the doctors told me I had bipolar, and I was medicated and I was fine for a few years.” (Constance, 25F, first interview)
“That time I thought I had depression. I don’t know if it’s depression, but like I thought I had depression and then I went to her, I’m like yep, yeah we talked and then she was like – she said that she couldn’t identify what it is yet, but there’s definitely something going on.” (Citra, 20F, first interview)

The language of psychiatry and psychology was mostly used in an exploratory, rather than definitive, manner. The intended meaning behind their use of such terms was so dynamic at times that the words effectively functioned like “stress” and “unwell” as nonspecific identifiers. Many of the participants preferred to use everyday language describing emotional, moral, and functional ‘states of being’ for identifying their distress experiences, and would move between these different forms of naming throughout their interview. As mentioned earlier, some of the participants even omitted providing an identifying label for their distress, proceeding instead to describe a sequence of historical events as their distress narrative. Also of note was a lack of culturally-specific idioms, “alternative modes of expressing distress” (Nichter, 1981), emerging from the participant dialogues – although this may have been influenced by the interviews being conducted in the English language.

Leventhal & Nerenz suggested that naming an illness experience was only one aspect of the meaning-making process that individuals engaged with to reconstruct and understand such experiences. It also involved attribution with a perceived cause; a chronological timeline of events; clarifying the consequences of the illness; and establishing one’s controllability over the illness (1985). Perhaps the fluid way the participants had named their distress, as well as their tendency towards describing distressing events historically, reflected an incomplete conception of a definitive explanation for their experiences at the time of entering the study. This meant that their accounts supported Williams & Healy’s suggestion that the explanatory beliefs and understandings of individuals were not necessarily fixed, but were an ongoing negotiation of a “map of possibilities” in belief sets (2001, p. 473). The dynamic naming practices of the participants suggests that young people from a CALD migrant background are open to fresh explanations for their distress, and continue to re-interpret what the experience means from an everyday perspective.
Conclusion
The participants of this study demonstrated flexibility in how they defined and identified their mental distress experiences. They moved between using nonspecific descriptors, such as “stress” or “hard”, to describing specific emotional states and functional impairments. Formal psychiatric terminology was also used in an inconsistent manner – sometimes as a substitution for describing an emotional state, and sometimes as a formal diagnosis that was given by a health professional. Participants mostly avoided using these formal diagnoses as a definitive label for their mental distress experience, and would continue to negotiate a diverse collection of identifying terminology in their descriptive accounts. For some, the distress experience could not be identified as an abstract state of being with a single name or word, but could only be described within the context of a narrated situated event. The fluidity that was shown in these methods suggested that the meaning of their distress experiences was not ‘locked down’ to a single definition, but was subject to an ongoing process of re-interpretation.

Ideal social roles and self-identities were a central theme amongst the explanations for distress provided by the participants. These roles were subject to the influence of cultural values and conventions that defined what was desirable (and undesirable) in their personal characteristics and social worth. The participants attributed their distress to mismatches between their sense of self and the identities considered to be ideal; practical difficulties with attaining these identities; or being obligated by others to attain a certain identity or social role. These explanations overlapped with those related to the disruption of established social memberships caused by the migration journey, particularly amongst the participants who had arrived more recently. Family, partners, and established peer networks were considered critical to personal wellbeing, and distress was attributed to the separation of these valued social connections. Establishing new social memberships to replace those lost with migration was considered a priority by all the participants.

Formal mental health services did not feature as ‘first-line’ strategies for managing mental distress. Their responses were in line with their explanations of spoiled identity and disrupted social membership – with self-management being preferred over seeking external support, and informal peer or family support networks being engaged when this
was ineffective. Formal services were more likely to be engaged when peers or family encouraged service engagement or had made a referral to the service, and when participants were aware of such services and did not want their personal contacts to know about their distress.
Chapter 7: Translating images to text – how participants used photo-interviewing

Introduction
This chapter is a critical exploration of how the participants used photo-interviewing as a method for mediating a personal narrative of distress, and how their integration of photographic practice and visual interpretation with an interview dialogue contributed towards a deeper understanding of their distress experiences.

In this section I examine the images and interview transcripts of the participants to determine how the “particular form of representation” signified within their photographic sequences contributed to the content and form of their mental distress narratives. I discuss how they utilised their photographs as tools for storytelling with varying levels of sophistication in their presentation and interpretation, drawing upon Peirce’s semiotic theory of signs and Cohn’s theory of visual narrative structure to understand how mental distress meanings were expressed through their interactions with the photographic image (Chandler, 2007, pp. 29-45; Cohn, 2013). These theories provided the ontological perspective of photographs as visual signs and components of narrative syntax respectively. Several participant-created photographs are presented within this section to demonstrate how semiotic and visual narrative theory epistemologically connected the images with the spoken narratives – including several from Chapter 6, which focused upon my examination of the mental distress themes contained within the content of the participant narratives.

The single image as an indexical referent
The most frequent approach in visual interpretation that was adopted by the participants the use of individual photographs as indexical signifiers. Peirce considered a sign to be “indexical” when it had a direct connection to the object or phenomenon being represented, such as a footprint signifying a foot or smoke signifying the presence of a fire (Chandler, 2007, p. 36). Here the photographic image performed as a substitute for bringing the audience to the actual object, persons, or location being referenced by the image. Despite lacking a direct sensory connection to these objects within the interview setting, the participant brought the depicted objects into the discussion – as if a dog or a
cake were brought into the interview, or if the interview was conducted at a beach or a bedroom.

In these photographs, the represented object becomes the starting point for interpretation, rather than the photograph as an ‘object in itself’. The process of interpreting the meaning of an object also began prior to photography (in its selection as visual subject matter), and during the creation of the photograph (in its composition within the photographic frame). The relationship that these represented objects have with a mental distress experience may be direct (as causative agents) or indirect (as symbols or metaphors).

This photograph created by Constance directly referenced her bedroom in a depictive indexical manner. By selecting this image, she brought the private space of her personal world into the public space of the interview. The dialogue that emerged from her reflections about the bedroom provided insights into her perceptions of self and her social relationships.

“So number 7 is, yeah it’s in my room facing towards my, well my neighbour’s house I guess. I think I took it because, well first reason is probably because I spent a lot of time – I used to spend a lot of time in my room, just kind of, you know lying in bed thinking about things, making, just overanalysing a lot of issues that didn’t really exist, you know, I think when you have a mental health condition sometimes you can get quite paranoid about people and your relationships with them. And a lot of time was spent in my room just kind of analysing my relationships with people from very single possible angle. And as you can imagine it’s not very good for your mental health. Um and then also I guess there’s like a stark contrast between my dark room and the outside world
Osman used the photograph to indexically represent a dumbbell set in his ownership. He discussed the role that these specific physical objects played in his self-management of his tiredness. The photograph effectively brings the dumbbell ‘object-as-phenomenon’ into the interview. This allowed Osman to explore the meaning of, and his lived interactions with, these objects in relation to his distress and responding actions during the interview dialogue.

“So I might start with 12. It's just two dumbbells. I got those - it was actually not just two dumbbells, it's just a weight set. I got them in April which was just a month after starting my semester. I worked out for a month but then I hurt my shoulder and because of that I stopped doing them. I can say that when I stopped lifting weights, although I haven't done much before – like, I was just an amateur. Yes, when I stopped doing them because of my injured shoulder I started to feel worse because I didn't do any other exercise besides that. I didn't go to do running instead of something. I just stopped completely for the following two months. I'm pretty sure it was for the following two months that I didn't do any exercise.

“So that's when I stopped doing them but during the time that I was doing them I was feeling better, especially when I did them in the morning before coming to uni. It just makes you feel fresh if that's right? I didn't feel tired when I got to uni and finished my day. It's not like I completely forget that I've done exercise in the morning. It just
becomes something automatic to do. Instead of doing it after I finish - because I had it in my mind that if I do exercise after I finish my day I would be more tired and then I'll have it in my head for the whole day. But instead of that having it in the morning could make me feel better.” (Osman, 19M, second interview)

This photograph created by Nhu Quynh was used as an indexical signifier, but its meaning was both specific and non-specific in relation to time. Nhu Quynh interpreted the image as a literal description of events occurring at the time of its creation (“I was just relaxing that night. I was watching friends”), but also explained the meaning and purpose of the represented object – a television show – and how she engaged with it in terms of her wellbeing, independent of time (“it makes me laugh. I watch it over and over again”).

“Number 8 is a photo of my favourite TV show. I was just relaxing that night. I was watching Friends. It's a really good show, it makes me laugh. I watch it over and over again. I feel like they're my friends.” (Nhu Quynh, 20F, second interview)
The single image as an iconic and/or symbolic referent

Several participants used their photographs as visual icons to represent phenomena that visually resembled, but were not directly referenced, by the image. Peirce considered a sign as iconic when it resembled, but was not analogous to, what was being signified, and symbolic when its association with the signified was entirely arbitrary (Chandler, 2007, pp. 38-40). This widened the scope for subjectivity to shape their interpretation of the visual elements within the image, and created opportunities to utilise metaphors as a narrative tool. Iconic and symbolic representation also allowed participants to draw upon cultural conventions in representing ideas and experiences.

Daisy used this image to signify her worry about financial insecurity. The importance of the image’s function as an iconic representation of these concerns outweighed its function as an indexical representation of the actual cash bills, and Daisy continued the dialogue from this line of representation to explore the significance of financial security in the context of migration, settlement, and her experienced anxiety states.
“Financial problems are really predominant in our worries growing up as an immigrant in an immigrant family and they kind of dominated every conversation and all our worries were centred around it. Even now, I feel insecure about money because I don’t have a job – when I wrote that, I didn’t have a job – and Centrelink is not giving me youth allowance. The prospect of not having enough money makes me really anxious because money is really important in our society. I have this persistent fear that I won’t get a job after uni. Yeah, I’m scared I won’t get a job and then I’ll be poor. Being poor just seems disastrous. This is my pay though, because the first few weeks I got paid in cash.” (Daisy, 21F, second interview)

Constance also applied an iconic interpretation to the image previously discussed, describing it thus:

“Looks a bit like a prison, hey. That didn’t really occur to me before though.”
She mentioned this interpretation almost with surprise, suggesting that she had not intended to convey this meaning at the time of creating the photograph. This example demonstrated how the photo-interview dialogue could provide an environment for participants to reinterpret the meaning of their images and represented experiences.
“And so I took this photo because it’s more like the difference between the cage and the sunset. So it’s like being caged, but at the same time you look beyond there’s a sunset there. At that moment we went for like photo shooting and then it feel a little bit insecure about my body image. And I feel a little bit insecure about my body image, so it’s like that moment – but it’s like I’m doing a reflection in my head, like while being with my friend a sort of thing like um the [unclear] jail is like the jail you put for yourself. Like within yourself. That’s like the worst kind of jail you can put yourself into. It’s not a physical jail but it’s the mental one that you put and restrict yourself from, yeah, stepping out, that sort of thing.” (Citra, 20F, second interview)

Both Constance and Citra described their images as signifying something that is “like a prison/jail”, but Citra differed in her intentions behind the creation and selection of this photograph for the interview. The wire mesh fence in her image functioned as an iconic representation of an imagined physical imprisonment, even if the actual fence at the time of photography did not belong to a prison. Citra subsequently used this signified meaning as a symbolic representation of an abstract concept, her “body image”.

Constance’s interpretation of her photograph began as an indexical representation, and made a transition to an iconic representation in its meaning:
Citra used iconic representation as the first step towards identifying a symbol that conveyed the impact of her own body image on her wellbeing:

Ray used a similar approach to interpretation when he discussed the meaning of the following photograph.

Ray: *Number 10. I like dogs, I like cats. But my parents don’t like that. So if I live with them I can’t have a pet.*

Facilitator: *What attracts you to the idea of having a pet?*

Ray: *Don’t know. But I just find the pets are very cute, and lovely.*

Facilitator: *Why don’t your parents want pets around the house?*

Ray: *They think it’s not convenient, and they need to remember to give them food, and feed them, and take care of them. But yeah. They just think that’s not convenient.*
Facilitator: All right. So there’s something there that you’d really like but your parents can’t, sort of stopping you...

Ray: Yeah, but like they don’t think – like for the pets, I think they don’t believe in me, like, I will take care of them.

(Ray, 23M, second interview)

Ray wanted to talk about his desire to own a pet. His chosen image was an iconic signifier of pet ownership, and was used to initiate a discussion about what it represented for him. His initial interpretation of the photograph set the agenda for an interview dialogue that revealed much about his relationship with his parents, with the concept of pet ownership symbolically representing the moral values of competency and trustworthiness.

**Conveying temporality with the image sequence**

Single photographs provide a medium for the rich representation and signification of objects, activities, and ideas, as well as a wide scope for subjective interpretation. They are, however, limited in their capacity to convey the passage of time. Cohn differentiated “graphic structure” from “event structure” in his theory of narrative grammar, and considered the meanings signified by the graphic content of a single image panel to be syntactic components for a larger narrative structure containing time shifts and paced events (Cohn, 2013).

Several participants arranged and presented their images in sequence to demonstrate temporality and change within the events being described. This allowed them to create narratives of events that contained a beginning, an ending, and sometimes a transition in between. I will discuss how four of them used sequences with increasing sophistication to incorporate the dimension of time and to engage the audience.
Daisy used a simple two-image ‘before-and-after’ sequence to demonstrate her use of a diary as a structuring tool for managing her anxiety. This sequence was previously shown in Chapter 6. She began by showing an indexical representation of her diary at the start of the day, using this to explain her reasons for using the diary. The next photograph provided an indexical representation the diary at the end of the day, with the new graphic of the cross and arrows marked on the image indicating change over time. This second image allowed her to demonstrate how her diary use was not always effective as a self-help strategy – something which may not have been revealed if she had only used the first photograph.
1. “Yeah, so I like having a routine and scheduling everything and having a timetable for everything down to the last – even like very trivial activities like taking a shower, I like to put them in my schedule because having a schedule gives me a sense of control over my life and if something disrupts my schedule like these photos trying to convey that, I become really anxious because I rely so heavily on my schedule and it keeps me calm when I follow it. I’m usually very good at following my schedule but sometimes things get in the way and I find that hard. You can read some of the activities. I’ll just read some of the activities on my schedule. So it was watch The Project, eat and ask family about their day, text friends to see how they are, emails, paperwork, browse the internet, chat to [partner], who is my partner. So I even write very small activities in there so I feel like I’ve done everything I needed to. I hate the feeling of leaving something uncompleted. I like closure and completeness and order.”

2. For that day, my parents didn’t tell me they had organised a family dinner with someone, my auntie and stuff and then they were like, “Oh, you have to go” and then I was like, “But that’s not on my schedule” and they were like, “We don’t care. You have to come with us.” So by doing the arrows, I’m just kind of conveying how – I tried to reschedule stuff but then I couldn’t so I just put a big x. So when I can’t reschedule things, I just shut down. I don’t do anything on the schedule. I just lie in bed and wait for the next day, for the next schedule.

(Daisy, 21F, second interview)
Osman had also presented a ‘before-and-after’ sequence of photographs to share an account of a distressing interaction between himself and his mother, but used the images as symbolic temporal signifiers – ‘bookmarks in time’ – rather than indexical references of sensory encounters. The only connection between these two self-portraits and the accompanying narrative is Osman’s recollection of the events occurring at the time of their creation.

1. “So for number 4 this one I took before going to sleep at one night where my mum was upset with me and the reason for that was I remember she asked me about something related to - yes she was doing - she does English language now. She found difficulty with understanding a few phrases. Yeah and she asked me about it but I think when I replied to her it was somehow - I remember being arrogant in the replying and she didn’t like it, so she spoke to me why are you doing that and this shouldn’t be the way to talk to your mum. I know that all of what she’s saying is right but still I don’t understand why I did that...I try to not be arrogant the whole time but in most cases I end up doing that. It’s not just when she needs help with something related to English. It’s also when she needs help with other things. Maybe she needs me to help her with maybe looking something up on the iPad or general electronic like things and then I don’t feel that I’m as helpful and then it makes me upset to think about it.”

2. “I eventually got tired of walking and then caught the same tram back home and that was it. So I did leave the home thinking that well this could be it. I didn’t feel that there was much to do at that point, it was just blank. Feeling that there is nothing that I could do to feel better. Yep, so...I remember when I got home - well I was happy to be alive after all I think, because it made me feel that I’m back home and that means I’m somehow safe. Well I apologised to her a few hours later when she was back from the English school and she was okay with it. So I didn’t really feel much after that. I didn’t think about it till this happened again which was that photo. So she was upset with me and I went to sleep and then the next day in the morning - that one...I was going for a run and I think I was saying hi to her in the morning. She said hi back but she still was sad so I just didn’t know what to do. I know even if I tried to apologise at that point - and I think I did but she was still upset so I wasn’t sure what to do.”

(Osman, 19M, second interview)
Xiaolong shared a story about his fiancé moving from China to live with him and to study at university. The graphic structure of this story was evident in how he arranged his prints into stacks at the beginning of the interview.

(Xiaolong, 23M, second interview)

Three photographs grouped together were presented in a sequential order that demonstrated the passage of time in his accompanying narrative. He interpreted each individual image as indexical representations of persons, locations, and objects within single moments in time (his fiancé, the restaurant, the countryside, and the rental car), but used the sequence to convey a linear progression over time through the represented encounters. Xiaolong established the structure of his story, and established important relationships connecting meanings ‘across the frames’, by creating this visual sequence - just as Riessman had described narratives as “a speaker connect[ing] events into a sequence that is consequential for later action” (Riessman, 2008, p. 3), and a device that “constitutes past experience at the same time as it provides ways for individuals to make sense of the past” (2008, p. 8). This narrative allowed Xiaolong to identify the causes of his distress – his ‘explanatory belief’ – and to describe the specific actions he implemented to resolve these issues within a historically specific experiential context, rather than a nonspecific conceptual description.
1. "Okay finally about two months ago my girlfriend come here. Yeah, Number 7. Yeah. She come from China and get here to further Master of Accounting. Also in [university]. So at first time we get into a restaurant, little restaurant to share a lunch. But we have some troubles with our relationship because we have not seen for 3 months. So she just want to handle things in her style, but I think maybe I’m more experienced than her. So you should listen to me. Because I have been here for over 2 months, it’s 3 months is so. You can listen to me, I can you know give you some suggestion, and you should follow me and do something. I can help you. But you know, she just did not agree with that. So we have some quarrels and debates. Sometimes I even feel it’s a failure in relationship."

2. "So about 10 days we... so I planned a travel to Great Ocean Road, to get this, to you know, to get rid of our troubles in our relationship... I find that I get a trouble in our relationship, so I want to fix this. So I rent a car and go to Great Ocean Road.”

3. "So in that trip I think we are getting closer than before. So. And so many things we can stay together, we can share with each other, and we – I can accept that, you know, the [unclear 26:10] of somebody’s, you know, of her standing here. You know for example one people just, one person just live alone for a long time and another one just appear and get into his life and you know, a person just get some stressful. Because you know it’s my life, I don’t need to, I can share with you but I think you should be a degree, we shouldn’t have a rule. You should not get involved too much in my lifestyle. But you know as a couple we need to you know, spend more time to fix this, it’s very – it’s not so easy. But it’s necessary, okay.’”

(Xiaolong, 23M, second interview)

Sarah chose to present all her selected photographs in sequence as a single linear narrative. This sequence told the story of her holiday trip to Europe to visit her boyfriend, her return journey via Indonesia to visit her family, her distress upon returning to Melbourne, and her subsequent recovery from this distress. The unified form of her narrative was unusual when compared with the dialogue of other participants, and perhaps reflected Sarah’s background as a postgraduate student in media and communications. Sarah did not stack any of her photographs, but instead chose to sort them into a contiguous arrangement of 14 individual images.
Like other participants not utilising image sequences, Sarah interpreted the meaning of her images on a frame-by-frame basis; but unlike the participants revealing their encounters and experiences as discrete disconnected vignettes, Sarah’s ‘holiday story’ allowed her to embed these individual experiences within the context of an overarching life event. By skilfully arranging the sequence into a structure that respected narrative conventions, Sarah had presented her story in a form that I found more engaging and easier to follow during the interview than those of her peers. Her sophisticated narrative revealed the diversity within her distress experiences, as well as the complex interactions between the multiple explanatory models that she had negotiated for interpreting, and responding to, these experiences.
Sarah, 23F, second interview

Time progression

Holiday story

He remembers what I like, I feel good. We fight whenever we're in a distance, when I do meet him it's just like well okay let's stop fighting. I'm not going out today, this is too tiring. I actually had to force myself. I'm glad I drive myself, but it's exhausting. I usually have to have someone asking me. We were just passing and I'm like, I actually thought it would be nice to live there. I'm not happy. I like small houses better, it's more warm. When we flew back we fight, I have separation problem, he still didn't pay attention to that. I write diary or in my blog, it helps when I have too many things in my head and I can't tell it to anyone. I was numb, I say goodbye again. It's just so hard, so I started cutting again. For two weeks I stayed in bed, I just couldn't get out of bed at all. My housemate, we skip class together. We ordered that Korean chicken, talking, just catching up. Happy when I do go out, but I have to put an effort. The sunset and meeting people, it was good.

Establisher | Initials | Peak | Release

Narrative structure categories (Cohn, 2013)
Encounters with limitations in the method

Photo-interviewing was not universally embraced by all the participants. There was a wide degree of variation in the level of sophistication employed by each participant with using the photograph to mediate their accounts of distress. A few of them either struggled with harnessing the method’s communication potential, or demonstrated ambivalence about engaging with the research process, despite their initial enthusiasm when recruited into the study. These difficulties mirrored those encountered by Packard in his photo-interviewing study with participants experiencing homelessness (Packard, 2008).

Ting described her use of photography as a visual tool for augmenting her memory:

“Some of the photos I took just because I want to remember that moment. And some of them maybe because I will come to this research, so I will take some which related to my stress... Because after taking photos I will remember the moment and the story behind that photo. So later on, after I look at the photo I will remind those things, and it will be a valuable experience.” (Ting, 25F, first interview)

Ting’s accompanying dialogue for her selected photographs was relatively brief, compared with the stories of other participants. She utilised her photographs to signify things that made her feel good or bad, but did not reflect upon the meaning of these phenomenological representations with the degree of exploration that some other participants demonstrated during the photo-interview. This contrasted with her dialogue in the initial non-photographic interview, where Ting needed little prompting in explaining her experiences and understandings of mental distress.

Here is an extract from Ting’s initial interview. She attributes her distress to breaking up with her boyfriend. Ting reflects upon the possible explanations for the loss of this relationship, her role in this event, and her responses to her distress experience within this interview dialogue.

Facilitator: And what about for yourself? Have you ever considered yourself as being mentally or emotionally unwell?

Ting: Yes.
Facilitator: Okay.

Ting: Because in, at first when I came here and I, actually I had a boyfriend which is in China. And then because at first I was very busy when I come here, and so there was a lot of changes. And then, just we just broke up. And actually that affect me a lot. I was think is it all my fault, is it because I put most of my time in study and in meeting other peoples here? And just ignore him about that. So I will always thinking is it right for me to study that hard and so, actually after that it will change me and I, maybe I will not study that hard and I will pay more attention to my friends. And I will like go out a lot with my friends, and to just enjoy more about my life and don’t just think of, like, think of him or think of the bad things I had, so.

(Ting, 25F, first interview)

The richness of information within this interview dialogue contrasts with her accompanying description of several photographs in her second interview. Ting identified the impact of the weather on her mood and the role of shopping as a happiness-promoting activity in the following examples, but did not provide a situated context for how these things were connected to specific distress experiences.

Ting: Yes. Because those pictures are the scenario of Melbourne. And the weather here is quite good. So sometimes when I look at the sky and I will, it can just let me forget those stress because the weather is so good here. Yes. And the weather is good, can just give you a feeling of happiness. Yes.

Facilitator: Hmm. Okay so very much the weather and the environment is one way that affects your mood.

Ting: Hmm.
Facilitator: Yeah. What about when the weather’s not good? How do you feel? Like does that affect you much?

Ting: Ahh... it did. Because if it always rains I will maybe feel sad.

Facilitator: Okay. All right. And do you spend much time outdoors?

Ting: If the weather is good.

Facilitator: Okay. All right. And how does that – does that sort of affect the way you feel when you are busy, or when you’re stressed?

Ting: Hmm. Actually if the weather is good I will just not feel that stressed. Because yes... and I... is really hard to say why.

Facilitator: Sure.

Ting: Just like today if it rains, yeah, just make me not that happy.

(Ting, 25F, second interview)

Facilitator: Okay. All right. And what about this one here, Number 10?

Ting: I think it’s just a representative of all the other things I have bought during this time. Because I think shopping is another way for relieving from the stress.

Facilitator: Okay.

Ting: I just want [unclear 21:20].

Facilitator: So these are new sunglasses.

Ting: Yes. But I have bought a lot of things this time.
Facilitator: Okay. Can you give me some examples of other things?

Ting: I like shoes. And my new phone. And some clothes, that’s quite a lot, yeah.

Facilitator: Okay. How often do you go on shopping trips?

Ting: Because I think I have earned some money with some of this, so you know make me go shopping more often than before. Yes.

Facilitator: Okay. Have you noticed any difference in the shopping when you have a lot of assignments and stressful times, versus when you’re feeling quite relaxed? Any difference in how much you buy?

Ting: I think both. If you go shopping and you can, if you’re looking at clothes you can try it on. And if it looks good and you, yes, it will make me happy because I look good in. If I know that I will look good in some of the new dress and I can take on the new dress after I buy and I can show others that the new style of clothes or the new shoes or something new, yes, it makes me happy.

Facilitator: Okay. Where do you normally do your shopping?

Ting: And feeling of shopping is also good.

Facilitator: The feeling of shopping is good?

Ting: Yes.

Facilitator: Yeah? Okay.

Ting: When you buy something, when you pay, and yeah. It feels good.

(Ting, 25F, second interview)

All the participants were given the same preparatory guidance and resources for the photography task and for pre-interview editing, but differences in photo-interview dialogue structure and content were present across participants. This example demonstrated how photo-interviewing did not always reveal deeper insights to mental distress experience when compared with employing interview dialogue by itself. It
suggests that a participant’s pre-existing proficiency with the photographic medium can influence the effectiveness of the method for investigating subjectivities in mental health and distress, and that not all participants will engage with the method equally.

**Conclusion**

Photo-interviewing offered the participants additional tools for interpreting and signifying the phenomena considered to be relevant to their experience of mental distress. Their engagement with the photographic image provided opportunities to shape their own representations of distress experiences, as well as structure their narratives within the research dialogue through the grouping and sequencing of their photographic frames. The combination of arbitrary visual signification, panel-based sequencing, and dialogue that was both descriptive and interpretive, resulted in spoken narratives that revealed much of the subjective meaning and situated contexts for these experiences. Photo-interviewing seemed more effective as a phenomenological research method when engaged by participants already familiar with using the photographic medium and other modes of visual communication. These participants presented distress narratives with a greater level of depth and structural sophistication than those expressed by participants unfamiliar, or uncomfortable, with photographic practice. The implications of this potential limitation are discussed in the next chapter.
Chapter 8: Discussion

Introduction
The results of this study provided me with fresh insights into how young people from a CALD migrant background identified, understood, and responded to personal experiences of mental distress and disorder. In this chapter I discuss how the research findings can inform current and future mental health practice in the provision of formal supports for this population; the implications of these findings for future mental health policy; and the remaining knowledge gaps that could be addressed in future research. I also explore how the participants engaged with the photo-interviewing process, and highlight some of the methodological and ethical concerns that were encountered during this study. I also identify the limitations of this study in representing the mental health experience of the overall Australian young CALD migrant population. I conclude the chapter with a discussion of how these methodological considerations can inform future researchers interested in using photography-based qualitative methods for studying issues with CALD migrant populations and related to mental health.

Implications: supporting the mental health of young people from a CALD migrant background
Several opportunities for the improvement of formal support service engagement by young people from a CALD migrant background emerged from the results of this study. For most of the research participants, ‘mental distress’ was not considered a health issue. Instead, it was defined using arbitrary terms and understood as the product of a spoiled self-identity, the disruption of established social networks, and the influence of archetypal social identities that were considerably shaped by their cultural legacy. Their responses were made according to these understandings, with actions mostly directed towards rectifying or avoiding these circumstances. This was either through self-help, or by seeking the assistance of peer and family supports when their efforts in self-help were considered ineffective. Support strategies that acknowledge the significance of culturally-shaped archetypal roles and identities, and focus upon facilitating social connectedness, social belonging, and informal-to-formal support service referral, would complement those mentioned within previous research that tackle the practical “barriers for help-seeking” such as language proficiency, logistical difficulties, and social stigma
(Agu, Lobo, Crawford, & Chigwada, 2016; Dow, 2011; McCann et al., 2016; Selkirk, Quayle, & Rothwell, 2014). Whilst no single professional discipline covers all these dimensions within their expertise, services within the education, social services, and psychological professions all have something to offer with regards to delivering support within these identified areas of need.

Support through the transition of migration

Being part of a close-knit social network, whether peer or family, was considered an integral component of wellbeing by all the young people who had participated in the study. These networks were significantly disrupted by their migration, particularly when these peers and family members did not accompany them. The importance of local peer networks had been highlighted by Shoshani et al, who reported an association between peer support and lower mental distress symptoms amongst adolescent migrants in Israel (2014); by Wong et al, who reported improved life satisfaction measures being associated with strong social support amongst the children of rural-to-city migrants in China (2010); and by Aksel et al, who reported an association between small social network size, lower life satisfaction, lower self-esteem, and migrant status amongst adolescents in Turkey (2007). Recently-arrived young CALD migrants could potentially benefit from strategies that facilitated their establishment of social connections amongst local peers, institutional contacts, and community networks. Strengthening their social connections would foster the development of their informal support network, one with greater access to local resources than their disrupted pre-migration support links, as well as promote a sense of social belonging within the destination country – thus addressing some of their concerns related to social identity and self-worth.

Institutions within the education and social service sectors are optimally positioned to deliver services that could provide this form of socialisation support. This might include the engagement of community outreach strategies and “youth-friendly services” alongside appropriate training of the staff employed by these institutional environments with the appropriate skills for such engagement (Wong, 2000). The ad hoc peer groups that exist within tertiary educational institutions, such as social clubs and recreational interest groups (as featured within the dialogues of several of the participants in this
study), also provide partnership opportunities for educational staff to promote both social inclusion and formal support links within their enrolled students. Efforts can also be made towards minimising the work of adapting to new bureaucratic systems within such institutions by streamlining administrative processes at a policy level, and developing collaborative mentorship programs for individuals or groups in need (Chalupa & Lair, 2000; Thomson & Esses, 2016).

Opportunities also exist for identifying and assisting young people tasked with the burdensome aspects of providing mutual support for migrant parents at the point of resettlement. This period is when institutional contacts with health and social services are at their most frequent. These young people can be supported by improving the awareness, availability, and usage of formal interpreter services within the service setting; discouraging the use of the young person as an ad hoc interpreter; and referring struggling parents to services within their community that provide them with support for achieving independence with their language skills, employment, financial management, and social engagement.

Informal support: a bridge for engaging formal services

Formal therapeutic modalities such as these can only be delivered to young people from a CALD migrant background if they are aware of these services and feel comfortable whilst engaging with them. Amongst the research participants, self-stigma – the internalised form of stigma directed towards the self – was a more significant hurdle to seeking support than public or structural forms of stigma (Bos, Pryor, Reeder, & Stutterheim, 2013). For several participants, friends and family members had facilitated their utilisation of formal mental health services. This was a finding that is consistent with the observations reported by Kenny et al of young college students in Ireland (2016), and by Ben-David et al of young adults in the United States (2017). It suggests that informal support networks functioning as an important ‘bridge’ for engaging formal support is not necessarily limited to CALD migrant populations. Strategies that help with building the capacity for these peer and family networks to deliver mutual support therefore have the potential for improving their formal service utilisation.

Health promotion strategies that are specifically directed towards young CALD migrant populations may also improve their awareness of formal mental health services and
build their capacity for recognising peers who may require support. Programs that are either community-based or institution-based, such as schools, universities, or workplaces, might have a larger impact upon the mental health of these young people than broader strategies that are directed at the general population. Using liaison workers to collaborate with local communities to promote mental health awareness is part of the strategy that Foundation House uses to engage specific refugee communities (Foundation House, 2017), and is under trial by the South East Melbourne Primary Health Network to improve service engagement within their local Greek immigrant population at the time of writing this thesis (Foundation House, 2017; Tsirtsakis, 2017). Liaison workers have also been employed extensively to facilitate service access within Aboriginal and Torres Strait Islander communities (Andrews, Austin, Clarke, Goodman, & Miller, 1998; Buckskin & Larkin, 1995; McKenna, Fernbacher, Furness, & Hannon, 2015). This approach could be adapted for specific young migrant groups, such as international students based within university campuses and secondary schools, in collaboration with the pre-existing administrative structures and informal social groups of these settings.

Support services that offer convenience and the reassurance of anonymity may also help with overcoming both self-stigma and social stigma as an impediment for seeking support. As mentioned in Chapter 2, young people from a CALD migrant background were well represented amongst the 5-25 year old clients calling the yourtown Foundation [sic] Kid’s Helpline service during 2015, comprising 34% of their total contacts (yourtown, 2016). This indicates a hidden demand amongst these young people for mental health support that is not evident in the presentations to face-to-face services such as headspace (Rickwood et al., 2014), and suggests their preference for using anonymised services. Further promotion and support of such anonymised services may facilitate the identification and referral of young CALD migrants who would benefit from the assistance of appropriate services – a process which had been implemented with Nhu Quynh, one of the participants of this study. Emerging internet-based web and mobile platforms also hold promise as mediating tools for building informal support networks and improving both formal service awareness and engagement, given the ubiquity of such technologies in contemporary everyday life. Further exploration of this field of research is beyond the scope of this project, but it
holds considerable potential for the development of future mental health interventions that could benefit this population (Best, Gil-Rodriguez, Manktelow, & Taylor, 2016; Manicavasagar et al., 2014; Meurk, Leung, Hall, Head, & Whiteford, 2016; Younes, Chollet, Menard, & Melchior, 2015).

Addressing identity and cultural archetypes
As mentioned earlier, many of the participants explained their mental distress experiences in terms of disruptions to their subjective self-identity and social identity. Cultural archetypes, social role modelling, and moral ideals emerged as explanatory themes that shaped the responding actions of the young people concerned. Kurasaki et al and Yang & Kleinman had previously identified this belief as the loss of “face” amongst East Asian populations (2002; 2008), but this explanation was also used by the participants of this study who had not migrated from this region. Distress occurred when they were unable to attain or circumvent these ideals, and when their capacity to challenge them using alternate perspectives for interpretation was limited. Several participants reported the discovery of new modes of self-acceptance as effective ways to resolve the distress associated with a spoiled identity, especially after they became aware of how their expectations had contributed to this distress. This was expressed within Xiaolong’s account of discovering parental expectations following a conversation with his father, and in Violet’s account of her engagement with spiritual beliefs.

I’m a total failure, I cannot catch up with other people. So I saw that, that before my father told me that, so when my father taught me that there it is really helpful and make me comfortable and uh. I just decide to looking for another path, another road to get to success, so I want to, I want to see a job even if ordinary one – ordinary job, not a very good one, but I think it’s enough...my parents they always encourage me. But you know, they never give me pressure but I always give pressure myself. You know in China I, children always focus on their, how to say it, expiration... er... the sorts of their parents. For example, they’re always focus on the idea about how the parents will look at me. If I am doing well, my parents will be happy. They always think that. So Chinese children always focus on if I get a failed, maybe my parents will get down and maybe they will not talk to me that, tell me that. But I think it’s not so good. You know
in China we always, especially our generation don’t focus on their thoughts, on their parents’ thoughts, maybe.” (Xiaolong, 23M, first interview)

“So the first one, ‘Christ is enough’, it’s a reflection of my beliefs, like Jesus is the only thing that is – it matters most. So no matter like if I get a bad grade it doesn’t really matter because he matters more than that.” (Violet, 19F, second interview)

Whilst changes in peer and family interactions such as these can influence perceptions of self-identity in a positive manner, formal psychological services can also assist with supporting a transition towards more functional perspectives by recognising the significance of archetypal social roles and self-identity in mental distress presentations. Psychodynamic and schema therapies are therapeutic modalities within the psychology profession that provide opportunities for these young people to discover these ‘core beliefs’ concerning identity construction, as well as opening up their horizons of understanding with alternate frameworks for interpreting their experiences by facilitating a process of critical self-awareness. The potential for change within an individual’s sense of self-identity is acknowledged within cognitive schema theory and its associated therapeutic application in psychological practice (Riso, 2007). When understood from this ontological perspective, self-identity is not considered static, but is created through a dynamic negotiation between a social “higher-order identity salient” and their own “personal self-schema” (Onorato & Turner, 2004). Blakeslee
summarised the role of core beliefs in self-identity thus: “The important thing is to recognise that since our mind creatively constructs our reality around self-concept beliefs, these beliefs will always seem to be obviously true. The mind interprets and fills in as necessary to confirm them no matter what they are. Once the beliefs that constitute our self-concept are planted in our minds in early childhood, they tend to grow stronger with every year because they seem to be continually confirmed by experience. Only with great mental effort can we use our logic to see past these mental illusions and find and correct the errors in our self-concept.” (Blakeslee, 1996, pp. 108-109)

Professionals delivering these psychotherapies can facilitate this process of self-discovery in a therapeutic dialogue whilst introducing new forms of understanding to the young person’s range of explanatory beliefs. They do, however, need to be aware of their own assumptions concerning self-identity, and need to remain sensitive to unexpected belief structures emerging from their dialogue with the young CALD migrant client.

**Photography: encounters with ethical uncertainties**

This section is an exploration of the ethical issues that accompanied the use of photography as an integral part of the research method. The use and promotion of photography as a research activity was a drawcard which attracted many of the young people who eventually participated in the study; however, photography also introduced problems that would be absent in a study that only utilised spoken dialogue and text for data. Concerns of an ethical nature that were related to photography emerged throughout various stages of participant engagement, as well as during my preparations for presenting the findings of this research project to a public audience. Whilst some of these concerns were anticipated, others emerged unexpectedly. My intention behind writing this section is to describe how these ‘ethical encounters’ presented themselves during the research, how they impacted upon the practical implementation of photo-interviewing for researching a sensitive topic with a vulnerable population, and how they could be conceptualised within a broader framework for ethical practice in qualitative visual research.
I discovered a considerable amount of discussion over the ethics of implementing qualitative visual research methods when conducting my literature review during the early formative stages of this project. Much of this discussion was written from the academic’s perspective of conducting research in a manner that respected standard principles of ethical human research, such as those contained within the NHMRC National Statement on Ethical Conduct in Human Research (National Health and Medical Research Council, 2014) and the BPS Code of Human Research Ethics (British Psychological Society, 2010). Principles such as non-maleficence, informed consent, and confidentiality are generally considered to be cornerstone values for ethical research practice; but authors such as Cox et al (2014), Warr et al (2016), and Wiles et al (2008) explored how these values can become entangled with other concerns when the research involved the use of visual media. They also described how visual research methods can generate unique challenges that do not occur with methods relying solely upon ‘conventional’ numerical or textual data. Both Wiles and Warr identified issues related to copyright and the dissemination of visual material, as well as the legal boundaries for the visual content generated and published within the context of academic research. Cox also highlighted the blurring of roles and intent between researcher and participant when visual methods were involved – something Cox defined as the “fuzzy boundaries”.

What I encountered when photographic images were being created, handled, and prepared for publication during my research project was a dynamic tension between the ethical concerns of the researcher and the institutional structures providing them with oversight; the legal concerns incumbent with conducting photography within Australian society; and the individual rights, autonomy, and motives of the young people who had created the photographs during their participation with the project. Whilst some degree of overlap between the values and principles within each of these domains occurred, tension and uncertainty would emerge when these values and principles conflicted with each other. This interaction is visually represented in Figure 14.
Figure 14. Creative autonomy, legal obligations, & research ethics: overlapping and conflicting principles

Whilst the participants were creating photographs within the context of academic research for the purposes of generating new knowledge, they were also creating visual material for which they were entitled to hold legal and moral ownership, and to use as they wished outside the research setting. These photos were not merely research data; they also functioned as personal mementos, social facilitators, and creative works of artistic expression – as well as items of personal intellectual property. I sought to respect their rights of ownership by acknowledging this within the consent form and Plain Language Statement during their recruitment. No restrictions were placed upon how they wished to use their photographs outside the context of the research project. Australian copyright law states that “a photo is protected by copyright automatically from the moment it is taken”, and the copyright owner has “the exclusive rights to
reproduce the photos…publish the photo… and communicate the photo to the public” (Australian Copyright Council, 2014a); individual photographers are also entitled to the moral right of being “attributed as creator of your photos” and “take action if your work is falsely attributed, and…distorted or treated in a way that is prejudicial to your honour or reputation” (Australian Copyright Council, 2014a, 2014c).

Copyright and creative moral rights did not create any problems for conducting the photo-interviews, as the photographs were not displayed to anyone else outside the interview room during these sessions. It was only during my efforts to disseminate the research findings that I began to encounter tensions between these legal entitlements and my ethical responsibility to share the results meaningfully with a wider audience. When considered from a legal rights perspective, the permission obtained for the publication of participant photographs via the licencing terms formally outlined within the consent form (see Appendix I) appear to be sufficient for print, electronic, and live audio-visual formats (Australian Copyright Council, 2014b); but any publication of the photographs carte blanche, as permitted within the scope of the licensing terms, did not necessarily correlate with the accepted principles of ethical research practice.

Maintaining the anonymity and confidentiality of research participants is not only conventional practice within social research, but is of critical importance when the topics being researched may result in the participants being stigmatised by others within society. Liamputtong stated that “when participants reveal their private world to the researchers, they must make sure that this private world is protected as much as possible…the most disturbing and unethical harm in research is when the participants are damaged by the disclosure of their private world.” (Liamputtong & Ezzy, 2009, p. 36) Anonymizing the creative attribution of the photographs – as well as any persons identifiable within the photographic images – provides some protection for the individuals involved from such potential harms, but it also diminishes the capacity for the participants to receive due recognition for their creative works. Any personal stories accompanying such works that is presented within the research context can only be shared through the ‘procedural filter’ of the formal research process. Wiles had identified this conundrum by highlighting a sentiment amongst visual researchers and participants alike that “respondents often want to be seen, and should be able to be seen” (Wiles, Coffey, Robison, & Heath, 2010). Some of the participants wanted to be
associated with the research project, wanting to be visible as individuals exercising their voice within the broader public discourse concerning mental health. Many had already exercised their creative autonomy by publishing the photographs they had created during the research project on their personal social media accounts, blogs, and online sharing platforms before their photo-interviews had been conducted, along with accompanying stories as text. Some of these accounts were freely accessible online to the general public, and open to identification via search engines such as Google Image Search. ‘De-identified’ publication of their images in an academic context therefore only offered anonymity at a superficial level, and did not protect their identities from the dedicated internet searcher.

Deciding how to publish their photographs in a format and manner that respected legal and ethical considerations whilst accommodating the intentions of the research participants was a challenging task, as I anticipated the need to make concessions with at least one of these domains once a platform for public engagement was chosen. My initial plan to publish samples of the photographs on the “BrainSnap” project website in a de-identified format was met with enthusiasm by most of the participants; but concerns expressed by academic peers and supervisors over the risk of participant and subject identification, as well as the potential for unsanctioned duplication and misappropriation of the images by other internet users, resulted in these images being taken offline after several days of online publication. Tensions between the researcher’s ethical responsibilities and the participant’s intentions also emerged during my collaborative efforts with the Melbourne Social Equity Institute on developing a publication concerning socially engaged research. I had authored a draft chapter which discussed the process of engaging young people from a CALD migrant background in this PhD research project, and presented several photographs created by the participants to illustrate the results of social engagement. One of the editors wanted to use one of these photographs for the cover of the publication, and asked if I could obtain permission for its use from the participant who created it. Although a ‘licence’ for academic publication had already been received in the consent form during recruitment, the editor considered it preferable to have permission that was applicable for this specific publication. This photograph was created by ‘Trisha’, one of the young people involved in the initial pilot study.
When I contacted Trisha, she was excited to hear that her photograph might be featured on the cover of the academic publication. She provided permission for its use in this circumstance, and was keen to receive creative attribution within the publication credits. Given how this photograph was created within the context of the research, I was uncertain whether such identifying attribution was appropriate - even though it was created during the pilot study which was not included in the final study results. This was discussed at length with the publication editor, and a decision was made by myself and the editor to retain the participant’s pseudonym for the artist attribution. The editor had also selected the photograph because of its graphic simplicity (making it suitable for combination with a text overlay) and for its symbolic representation of “creating social links”. This interpretation was actually very different from the meaning provided by Trisha’s photo-interview description:

“We were taking photos like this, like couple-y photos, but we were actually arguing a lot. Then we had a whole talk about how it’s really fake, like what we were doing. Then yeah, so I broke up with him and we got back. We took a break for like two weeks. That obviously didn’t help the whole ‘I have no roots here’, because yeah.” (Trisha, 20F, second interview)

This example illustrates three ethical uncertainties emerging from the process of publishing participant photographs:
1. Is the permission obtained from the participants for image publication enduring in nature, if viewed from the perspective of ethical research practice?

2. Is it ethical to withhold creative attribution in image publication against a participant’s wishes due to researcher concerns over potential risk and harm, when it also diminishes their creative autonomy?

3. Published photographs can signify meanings to a viewing audience that are very different to those originally intended by the participant; to what extent should the researcher make efforts to preserve these meanings?

The publication of any photograph exposes it to decontextualisation and reinterpretation by an unfamiliar audience. Perhaps it is a futile exercise to try and fix the meaning of these photographs by dictating strict terms of their publication, given how they are ‘consumed’ differently according to the different way each participant chooses to publish their images outside the research project. Cabanes had observed how, even within the strictly controlled environment of a Photovoice gallery exhibition, that the audience’s interpretation of participant photographs can greatly differ from the photographer-participant’s intended meanings (Cabañes, 2017).

One significant consideration for the participant’s creative autonomy in the publication of their photographs is the requirement by several publishers of academic journals for the unconditional transfer of copyright or unrestricted usage rights for any published submissions. For example, Elsevier requires authors to “transfer copyright to the publisher as part of a journal publishing agreement” whilst retaining “patent, trademark, and other intellectual property rights (including research data)”, or to “licence exclusive rights in their article to the publisher” (Elsevier, 2017); Taylor & Francis requires submitting authors to either “assign copyright in your article to the publisher or society”, “grant the journal owner the right to publish your paper on an exclusive basis”, or provide the “non-exclusive right to publish the Version of Record of your article; you (the author) retain copyright” (Taylor & Frances Author Services, 2017). The terms of rights transfer can vary from full transfer of intellectual property rights, to author-retained copyright; but these terms generally refer to the submitted “article” rather than components of the article, such as graphic components (including photographs and
diagrams). Being mindful of the complexities of this academic endpoint does not make it any easier to inform the photo-interview participant of their implications during recruitment, and it is not always practical to renegotiate the terms of usage several months – if not years – after their involvement with the research.

Research ethics and legal obligations also exerted an influence over how the participants created their photographs. Each of them were given guidelines for conducting their photography in a safe and considerate manner at the end of their first interview; this included requesting permission before photographing other people, and the avoidance of conducting and photographing illegal behaviour. This instruction was informed by the legal position statements published by Davison (Davison & Gattineau, 2011), as well as several ‘best practice’ photovoice guidelines (Blackman & Fairey, 2014; Foster-Fishman, Berkowitz, Mortensen, Nowell, & Lichty, 2013; Palibroda, Krieg, Murdock, & Havelock, 2009). This resulted in several participants actively avoiding the creation and sharing of photographs containing faces, social activities, or any potentially identifying features within the content of their graphics, and substituting these with more abstract content. For example, Guo did not show any faces in his photographs (aiming his camera at the feet of fellow students in the example below), and had chosen to share a GPS screenshot of a training run with friends because he was concerned about revealing their identity.

(Guo, 22M, second interview)
The following phone screenshot provided by Guo during his second interview demonstrated how privacy concerns had resulted in his avoidance of presenting a photograph of an activity that he considered important for his mental wellbeing:

Facilitator:  *Can you tell me why you chose the screenshot?*

Guo:  *Because we usually took the photo with other friends, so you know, faces are showing.*

Facilitator:  *Okay, so you were a bit concerned about the privacy thing. Okay.*

Guo:  *Yeah. I have some photos, you know like we, about you know the MCG I think. We took a group photo. So yeah.*

Facilitator:  *Okay. No that’s all right. So it had to do with the privacy talk we had before.*

(Guo, 22M, second interview)

It is difficult to determine what impact this instruction had upon the narratives that were eventually shared by the participants during their photo-interviews. The importance of exercise within a social context for Guo’s mental wellbeing was evident in the dialogue accompanying his GPS screenshot, but perhaps other insights into his social interactions were obscured.
Substance use and illegal activity was noticeably absent in the distress narratives, and it is unclear whether this was influenced by the instruction provided for the photography task or because of the characteristics of the recruited population sample. It is nevertheless worth pointing out the potential for legal and ethical direction to somehow ‘sanitise’ the resulting distress narratives and, perhaps for some participants, create an impression of distance that did not genuinely reflect the realities of their social circumstances. This is a concern that has been mentioned in previous research by Chonody et al, Packard, and Prins (2013; 2008; 2010).

**Limitations of this research project**

There were two potential limitations to the transferability of the research findings for the broader young CALD migrant population: first, there is some uncertainty over how well the participants recruited for the study represented the characteristics of this overall population; and second, the potential for the photo-interviewing method itself to internally constrain the content of the mental distress narratives being expressed by the participants.

**Transferability of the study results**

Liamputtong defined the transferability of qualitative research findings to be based upon whether “the theoretical knowledge obtained…can be applied to other similar individuals, groups, or situations” (Liamputtong & Ezzy, 2009, p. 22). This study was primarily focused upon the significance of cultural difference and migration journey as differentiating characteristics for mental distress experience and formal service engagement by young people in Australia, since this was where the knowledge gap had resided within the existing academic literature. As mentioned in Chapter 5, these two considerations had therefore functioned as the key criteria that determined my approach to recruiting participants for this study. From a theoretical perspective, the purposive sampling implemented in this study was satisfactory, as it resulted in the recruitment of participants that were “information-rich cases for study in depth” in relation to the issues that were relevant for my research inquiry (Liamputtong & Ezzy, 2009, p. 11) and revealed themes that highlighted the relevance of cultural identities and the social disruption of migration for mental distress explanation and action.
There is, however, the potential for considerable diversity of other characteristics amongst individuals within a CALD migrant population such as country of birth, cultural identity, religious belief, English language proficiency, humanitarian status, gender, employment, and geographical location. Many of the published studies involving young people that I had identified in my literature had, in fact, recruited their participants according to such specific characteristics – particularly refugee or asylum seeker status (Brough et al., 2003; Colucci, 2011; de Anstiss & Ziaian, 2010; Earnest, 2005; Gale et al., 2010; Gorman et al., 2003; Nardone & Correa-Velez, 2016; Posselt et al., 2015; Valibhoy et al., 2016) and specific countries or cultural identities (McCann et al., 2016; Saberi, 2014). Interpreting the findings of this study from this perspective introduces problems with their transferability, as this was not my original intent when deciding upon my population sampling and recruitment strategy. Despite efforts being made during recruitment, none of the participants resided in a rural area, were homeless, were classified as asylum seekers, or were engaged in full-time employment. All of them were engaged in tertiary study or had recently graduated from such study; resided in the Melbourne metropolitan region; and most were born in an East Asian country and had migrated to Australia under a temporary student visa arrangement.

These same considerations for transferability also apply with regards to the characteristics of their mental distress experience. Participants were not recruited based upon a predetermined category or diagnosis of mental disorder, but were only required to self-identify as ever having experienced some form of “persistent worry, unhappiness, frustration, stress or mental illness”. This open definition of mental distress was specifically chosen because of my ontological perspective towards exploring mental distress experience as a subjective, “culturally constructed”, phenomenon (Kleinman et al., 1978). Most prior mental health research conducted using photo-interviewing methods selected participants based upon diagnostic categories such as trauma (Rolbiecki et al., 2016) and severe mental illness (Cabassa, Nicasio, et al., 2013; Thompson et al., 2008). If were to examine the characteristics of the research participants from a psychiatric perspective, most of them would be identified as having experienced ‘high prevalence’ mood and adjustment disorders, with
the remaining minority describing characteristics consistent with eating disorder, personality disorder, and chronic severe mental illness.

I do not consider these limitations for the recruited participants to represent all young people from a CALD migrant background in Australia to distract from the relevance of the study findings for mental health service providers and future academic research. These gaps in representation assist with identifying specific young CALD migrant subgroups that warrant closer attention in future research, such as those at greater socioeconomic disadvantage, residing in specific rural and regional locations, or with a given mental health condition.

Photo-interviewing as a limitation
I had chosen to implement photo-interviewing in this study because of its potential advantages for constructing, communicating, and interpreting rich narratives of mental distress experience. These expectations for the method mostly held throughout the process of participant engagement and thematic analysis. There were, however, situations where the use of photography might have hampered the process of narrative construction and created difficulties for maintaining engagement with the research participant.

In Chapter 6, I described my experience of interviewing Ting with her photographs, and how the narrative that accompanied her photographs in her second interview lacked the depth of her accounts during her first interview. Several participants had also delayed their scheduled second interviews because they felt that they had either not created enough photographs, or that their photographs were “not good enough”. As mentioned previously, some had also mentioned how the legal and ethical guidelines that I had provided for the photography task constrained their capacity for using photography to its full potential for representing their experiences.

My overall impression of photo-interviewing, as gained through its use in this study, was that its effectiveness as a reflexive and expressive research method depended upon the opportunity, intent, and pre-existing proficiency with the visual medium that each participant possessed during their allocated photography time (in this study, the interval between the first and second interviews). ‘Opportunity’ refers to the capacity for the
participant to engage with the task; this was dependent upon their available personal resources. ‘Intent’ refers to their motivation to express a predetermined distress narrative, or to seek out a means to construct one. ‘Proficiency’ refers to their pre-existing familiarity with using photographic and visual materials as a medium for self-expression and representation. In practice, the participant’s access to sophisticated cameras and editing tools was relatively unimportant in comparison to their proficiency with using visual media as an expressive tool. For example, Sarah – a participant who was also a postgraduate student in media and communications – appeared to skilfully construct a cohesive reflexive autobiographical narrative that contained a rich variety of depictive and symbolic visual elements; in contrast, Ting presented a relatively small collection of photographs that did not interconnect as narrative elements, nor did they extend beyond the depictive in their interpreted meaning. The sophistication that was demonstrated by the rest of the participants in their visual narratives fell somewhere along a spectrum between these two examples. Several of them had reported their experience of photography as an insightful and potentially transformative exercise, but others could not fully engage with the activity due to unfamiliarity with, or inconvenience from, practising photography. This suggests that the full potential of photo-interviewing as a reflexive interpretive method was not fully explored through its implementation within this study.

“It’s more like the process. Like how it’s – it’s more like the patterns that I recognised. Well like I mentioned before, like at the beginning of the trip and at the end, like when I observe and it’s more like – more observant about my own thoughts, yeah. Like seeing the patterns, how it always works, and things like.” (Citra, 20F, second interview)

“I think when the moment I take these photos it won’t have any help. But when I come back to see the photos I have a think about why I take this, what happened that time, what did I think about at the time. Sometimes it will help because I got a different – I mean different situation of thinking different ways sometimes. Maybe I don’t feel well at the time, after this I think why I feel that. And it will help me to go out of this and it wouldn’t, um, maybe not do this that way later.” (Fan, 20F, second interview)

The actual work of photography was also burdensome for several participants on occasion. The inconvenience of interrupting an activity to use a camera was frequently
mentioned, particularly amongst those who did not normally use photography as a routine daily practice, such as postings on social media. The reflective and interpretive processes that were promoted via photography as a creative practice also generated distress for some participants when they revisited unpleasant memories.

“It’s not too much work, but I still find it difficult to capture the moment, when you feel like, yeah...because most of the time you... think, yeah. It’s really really difficult to – when you feel stressed you don’t, you just don’t think about other stuff.” (Guo, 22M, second interview)

“Well I’m not going to lie, some, sometime – at some points I found it a bit difficult to reflect just because there are some, there are some wounds that are still a bit raw, um, just regarding that friend and what my family has been through. Um, but I’m really happy to discuss these things. I mean, you know, if they didn’t affect me in some way then it wouldn’t really be very authentic or it would be a very sincere representation of the journey that I’ve had, because it’s one that’s been filled with um a lot of I guess um, one that’s been filled with a multitude of you know different kind of experiences and emotions and yeah.” (Constance, 25F, second interview)

These methodological limitations could be overcome by incorporating more advanced technical training and theoretical instruction into the first interview, and implementing photo-interviewing as an iterative, multi-session process where critical feedback and support for creative photographic practice is provided to the participants. This form of activity is analogous to existing structured educational and therapeutic practices, such as visual arts education and art therapy, and are already incorporated into several formal Photovoice protocols (Blackman & Fairey, 2014; Foster-Fishman et al., 2013).

**Conclusion**

In Chapter 4, I provided an outline of the potential advantages that photo-interviewing offered for a phenomenological investigation of lived mental distress experiences by young people from a CALD migrant background. This chapter was a discussion about the applicability of the research findings for the overall young CALD migrant population in Australia, and an exploration of the problems and limitations that I had encountered whilst implementing photo-interviewing for this project. I discussed the
importance of informal supports as a ‘bridging’ network for connecting these young people to formal mental health services, the role that educational and community-based institutions can play in promoting formal service engagement, and how explanatory beliefs related to spoiled identity amongst the young people that eventually engage with a formal mental health service can be managed with specific psychotherapy modalities.

Limitations in the photo-interviewing method were encountered with participants that demonstrated an unfamiliarity with using photography as a medium for visual representation and storytelling. These limitations could be addressed in future photo-interviewing research by incorporating further technical/theoretical instruction and supervised photographic practice into iterative photo-interviewing sessions to foster the development of a personal ‘visual literacy’ with these participants. Difficulties were also encountered with reconciling the legal and ethical issues that emerged in relation to the handling and publication of photographic visual material provided by the participants, especially within the contemporary landscape of online digital publication. Several of these concerns remained unresolved at the time of writing this thesis. My experiences highlighted how early awareness of these legal and ethical issues during the formative stages of a photo-interviewing project can minimise the emergence and impact of these concerns.

Whilst all the research participants provided insights into the significance of cultural difference and migration journey for their mental distress experiences, their recruitment into the study was not based upon specific social characteristics such as cultural identity, humanitarian status, or pre-existing mental disorder diagnosis. The study findings should therefore be interpreted as representing issues that are present within migrant populations with similar characteristics to the young people that participated in the study. Further photo-interviewing research involving young CALD migrants from other social circumstances may provide additional insights into the roles of explanatory models and belief systems in their lived mental distress experience.
Chapter 9: Conclusion

I conducted this research project with the goal of addressing the following three questions:

1. How do young people from a culturally and linguistically diverse (CALD) migrant background in Australia identify and describe their mental distress experiences?
2. What explanations do they utilise to understand these mental distress experiences?
3. What actions are taken in response to these mental distress experiences?

The existing literature has demonstrated that young people from a CALD background are under-represented amongst the overall adolescent and young adult presentations to primary mental health support services; are more likely to present to these services in higher states of distress; are less likely to maintain therapeutic engagement, once contact was established; and have longer inpatient hospital stays if admitted to a mental health institution for severe mental disorder (Australian Bureau of Statistics, 2007; Centre for Multicultural Youth, 2008; de Anstiss & Ziaian, 2010; Lawrence et al., 2015; Rickwood et al., 2014). The existing research literature concerning the engagement of mental health services by young people from a CALD migrant background in Australia is relatively limited in depth and scope, and is mostly directed towards investigating the role of social determinants in the wellbeing of young people from refugee and asylum seeker populations. This research has predominantly focused upon the significance of resource limitations upon their use of mental health services, with relatively little attention being given towards examining the role of cultural background and difference in their engagement with such services.

I investigated how cultural difference could impact upon the way that young people from a CALD migrant background understood and responded to their experiences of mental distress. This investigation was conducted from the perspective of exploring the influence of cultural history and legacy upon their explanations and understanding of mental distress. Arthur Kleinman had proposed in 1978 that the understanding and meaning of an illness was not universal, but was a subjective “cultural construction”
based upon explanatory models and belief systems that were prevalent within the social and cultural practices of an individual (1978). Kleinman presented the emergence of problems within the therapeutic relationship as resulting from unresolved differences between the explanatory models used by to interpret the meaning of an illness experience by the sufferer and the therapist (1980). This theoretical perspective, along with Williams & Healy’s “exploratory maps” concept of dynamically negotiated explanatory systems (2001), enabled a deeper understanding of the narratives of mental distress and service engagement provided by the 15 young people from a CALD migrant background that participated in this study. The use of photo-interviewing, a qualitative visual research method, facilitated their expression of these detailed personal mental distress narratives.

Whilst ‘mental distress’ is generally understood within the Australian mental health system in terms of psychiatric and psychological disorder, the young people who participated in this study drew upon a variety of descriptions and concepts to identify their distress experiences. Many of them had demonstrated difficulty with establishing a definitive label for their distress, and presented a variety of nonspecific names, emotional states, functional incapacities, and situated narratives of distressing events to identify these distressing experiences. Psychiatric and psychological terminology occasionally featured amongst their descriptions; however, the nature of the distress phenomenon that was being signified by their use of such terms was indistinct and inconsistent. This diversity and fluidity in identification, even amongst those who had been given a formal diagnosis by a health professional, conveyed an ongoing process of interpreting and re-evaluating the meaning of their distress experiences.

Mental distress was explained by the participants as the result of disrupted self-identities and critical social relationships. ‘Self-identities’ referred to their subjective sense of self – who or what they perceived themselves to be, and who or what they aspired to become (Goffman, 1959). The characteristics of ‘ideal’ aspirational identities were largely shaped by the cultural values and archetypal social roles promoted by senior family members, peer groups, past and current educational environments, and other institutions such as religious groups and professional organisations. These idealised identities were either interpreted by the young person as a desirable goal for
self-attainment, or as an undesirable burden that was being imposed upon them by an external agent. Idealised self-identities that featured within the participant narratives included the moral self, such as religious piety or social altruism; the prosperous self, such as the attainment of academic success, or secure employment within a socially respected industry; the embodied self, such as physical appearance and physical health; and relational identities, such as ‘the good son/daughter’, ‘the respected leader’, or ‘the good partner/friend’. When desirable self-identities were difficult or impossible to attain, mental distress was explained using schemas of “self-stigma”, the discrediting of the self (Goffman, 1968; Hardy & Carlo, 2011; Tangney et al., 2007). Ideal identities were also attributed as the primary cause of distress when they were presented as a social or cultural obligation by parents, peers, or others.

Interwoven with these notions of self-identity was a sense of social inclusion and belonging. This was a critical dimension of their personal wellbeing; it was also reflected in their preference for seeking assistance from informal supports, rather than formal mental health services. Those who had recently migrated described their pre-migration circumstances with some degree of nostalgia, recalling a deep sense of warmth, familiarity, and mutual support amongst the social environments of their family and/or peer networks. For these young people, the journey of migration resulted in their dislocation from these valued social connections, and generated a need for re-establishing an appealing self-identity for presentation within their new social environment to avoid marginalisation as an outsider. Many of these recently-migrated young people expressed a strong desire to be noticed and accepted by “the local group” – referring to peers who were born in Australia – even when friendships had been established with others from a similar cultural or migration background.

By explaining mental distress in terms of spoiled self-identity and the loss of established social attachments, young people from a CALD background had responded with actions that were intended to either rectify or disengage from these disruptions. These actions manifested as self-improvement and transformation, moral redemption, avoidance, or other expressions of individual agency. They also gave priority to establishing and nurturing peer relationships that provided their desired sense of social belonging, and that would also enable the expression of mutual support. Those young people who were
yet to establish these types of peer connections turned instead to parents and partners for external support – many of whom were still living overseas and could only be contacted via telephone, internet, or by scheduling overseas trips. These “informal” support networks of peers and family members were their preferred source of external assistance for mental distress when self-directed actions did not achieve the outcomes these young people desired. “Formal” mental health services such as school counsellors, psychologists, and medical practitioners were only approached by these young people when their efforts with self-help were ineffective; when they did not want personal contacts to know about their distress experiences; and when friends or family made a referral to a formal service on their behalf, or had encouraged them to make contact.

This study has found that research should move beyond “cultural concepts of mental illness” (Colucci et al., 2015; de Anstiss & Ziaian, 2010), and examine the characteristics and themes contained within the explanatory models and belief systems of young people from a CALD migrant background. The findings of this research support the explanation of limited formal support service engagement amongst these young people as a difference in meaning, rather than resources. They highlighted several issues with regards to improving the relevance of formal mental health services for these young people: first, that they need to be aware of such services before they can engage them; second, that outside help is generally not sought by these young people, unless their efforts at self-help were considered ineffective; third, that informal supports such as family and peers perform the critical function of facilitating their engagement of formal mental health services; and fourth, that some degree of parity needs to exist between the understandings of mental distress within this population, and the types of support being provided by formal services. These services include the delivery of psychological therapies that address the influence of cultural values and archetypal social roles upon self-identity, and community-based interventions that encourage the development of informal support networks via peer linkage and social inclusion strategies. Such bridging interventions could take the form of young adult mentorship programs that are supervised by ‘mental health informed’ workers, and professional partnerships with peer-led social communities such as tertiary education student groups. Primary health care services such as GPs can play a role in supporting these young people by strengthening their links with the informal support networks of these young
people, by assisting them with the logistical difficulties involved in the engagement of secondary health services such as psychologists and psychiatrists, and by providing them with the opportunity to express their distress experiences in their own terms during the therapeutic engagement. Service awareness, and familiarity with the Western models of understanding mental distress that underpin such services, can also be fostered through targeted efforts in mental health promotion amongst young migrant populations and the individuals within their informal networks.

It is unclear whether these findings and recommendations are applicable for the overall Australian young CALD migrant population, as most of study participants were engaged in tertiary studies and had migrated from an East Asian country. Future research involving more specific young CALD migrant groups – such as those with limited English proficiency, residing in other Australian locations, and who emigrated from other non-English speaking countries – may provide further insights into the variety of culturally shaped explanatory models employed by this population, the dynamic “exploratory map” of explanatory systems being negotiated, and their specific impacts upon their engagement of formal support services.

Photo-interviewing, the visual qualitative research method that was utilised in this research project, demonstrated considerable promise as a process for engaging with participants from this population. The combination of interview dialogue, participant-created photographs, visual and spoken narrative construction, and reflective interpretation resulted in personal narratives that offered rich descriptions and situated contexts for their lived experience of mental distress. Participants with a pre-existing familiarity with photographic practice appeared to express narratives with greater depth and sophistication than those who were unfamiliar with the medium, suggesting that future implementations of photo-interviewing with young people from a CALD migrant background could benefit from greater instruction in the technical and theoretical aspects of image production. Combining such an approach with iterative cycles of photography and interviewing would also facilitate a ‘visual hermeneutic’ of visual representation and spoken narrative, resulting in further opportunities for discovering the mental distress explanatory models and belief systems within the participant’s horizon of understanding. Incorporating these processes into future photo-interviewing
research projects would require further work in addressing the procedural difficulties related to image management that I had encountered during this study, as well as the legal and ethical concerns associated with using photographic images involving participants from a vulnerable population. Further efforts in resolving the tensions between maintaining participant voice, respecting intellectual property ownership, and minimising the potential participant harms would assist future researchers and participants with utilising the potential that photo-interviewing promises as a tool for phenomenological mental health research.
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Appendix I: Participant engagement pack

- Plain Language Statement
- Consent Form
- Safe and ethical photography: a guide for participants
- Resources: where to find help
- Photography subject release form
Plain language statement

Project: Understanding emotional distress in young people from a migrant background in Australia through photo-elicitation interviews

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E-mail: j.furler@unimelb.edu.au

Introduction

You are invited to take part in a research project coordinated by Dr Kelvin Lau, a PhD student at the University of Melbourne. The project has been approved by the University’s Human Research Ethics Committee. Funding is provided by the Melbourne Social Equity Institute.

This research project asks the question: what role does cultural difference play in the experience of emotional stress in young people?

The project gives young people with a migrant background the chance to have a say about mental health in Australia. What we learn from this research will be used to inform health services on becoming more youth-friendly and culturally sensitive in the future. We also hope to learn what advantages photography can offer to mental health research in general.

Am I the right person for the project?

We are interviewing young people between 18 and 25 years old; who are living in Australia for at least another 12 months; were either born or have a parent born in a country where English isn't the main language; and you have experienced prolonged unhappiness, stress, worry, nervousness, grief, fear, or any other emotional difficulties at any time. You will need to be comfortable with speaking English, but an interpreter will be arranged if you prefer to speak a language other than English during the interviews.
What will I be asked to do?

There will be two interviews, each around 90-120 minutes long and about 1 month apart. I will ask you to talk about your family background and your experiences of stress in the first interview. I will then ask you to take photos from daily life over the next few weeks and talk about them in a second interview. More photo-interviews can be done if you wish to do so.

You will use the following questions as a guide for your photography:

- **What things (such as places, people, and items) and activities cause stress and make you unwell?**
- **What things and activities help you stay peaceful and well?**
- **What is it like when you are stressed / unwell?**
- **What is it like when you are peaceful and well?**

You will get some training on how to take good photographs and how to do it safely. You are welcome to use your own camera, but a $100 gift voucher for covering the cost of a basic digital camera will be supplied.

At the end of the project you will get the chance to work in a group activity with other young people to make something for public display so that you can share your photos and story. This could be a book, an exhibition, a video, or something else we haven’t thought of yet! The group will be guided, with the help of an experienced artist.

How will my privacy be protected?

We will hide your identity as best we can when dealing with the interview recordings (within the limits of the law). Your name and contact details will be kept separately from any of the interview data, and will only be linked to your responses by the researchers for contacting you later if needed. You will be given a ‘fake name’ in any final reports, which you can choose. We will remove any information in academic reports that might let someone guess who you are - but someone might still be able to identify you from these reports because the study is fairly small (twenty people). The recordings and written data will be kept securely at the General Practice and Primary Health Academic Centre (University of Melbourne) for five years after the first publication before being destroyed.

The photographs you create during the project will belong to you at all times, and won’t be published without your permission — you retain full copyright. We will ask at the beginning of the study whether you will allow us to keep a copy of your photos for our records, and whether they can be shown in public. You are free to use your photographs without any restrictions, but we will give you with some guidelines on how to use them safely.

If you take part in the group activity then other people will be able to identify you with your work. It’s up to you whether you want credit for your contribution in this final public work, but we cannot guarantee anonymity if you agree to this.

The researchers will ask you for permission to keep a copy of your photographs as reference points for the interview recordings.

Are there any risks involved?

We will provide you with some tips on how to take photographs safely. We will also be asking you some sensitive questions about difficult times in your life. This can be upsetting, so we will do our best to ask politely and in a sensitive way! The interviews are run by a trained professional researcher. We will give you contact details for people who can help you if needed, as the project is for research and not for therapy. Please speak with the researchers at any time if you have concerns.
How will I receive feedback?

We will give you a report of the research findings as a “community report” summary at the end of the project. The project’s website will also be regularly updated with information.

Will taking part in this study prejudice me in any way?

Taking part in this study is entirely voluntary. It is not linked with any health treatments or Centrelink benefits you might be getting. It will not affect your immigration status or student records. You are free to withdraw at any stage, as well as withdraw any unprocessed information that you’ve supplied (such as interview recordings and photographs) without penalty. Information, however, cannot be withdrawn once it has been analysed and published.

Where can I get further information?

Please contact any of the researchers listed above if you want any information at any stage of the project. You are welcome to contact The Manager, Human Research Ethics, The University of Melbourne, on 03 8344 2073 (voice) or 03 9347 6739 (fax) if you have any concerns about the project.

How do I take part in this project?

Please contact Kelvin Lau (0457 114 453 or kelvin.lau@unimelb.edu.au) if you are interested in taking part in this research project. He will arrange an interview time and location if you wish to go ahead. At the beginning of the meeting he will ask you to sign a consent form to show that you have read and understood the information in this document.
Consent Form

PROJECT TITLE:
Understanding emotional distress in young people from a migrant background in Australia through photo-elicitation interviews

Name of participant:

First Name __________________________________ Last Name __________________________________

Date of Birth _____ / _____ / ______

Name of investigator(s):
Dr Kelvin Lau (PhD student); Dr Victoria Palmer (academic supervisor); Dr John Furler (academic supervisor)

1. Initial interview

1. I consent to participate in this project, the details of which have been explained to me, and I have been provided with a written plain language statement to keep. (PLS version 24/08/2015)

2. I understand that after I sign and return this consent form it will be retained by the researcher.

3. I understand that my participation will involve recorded interviews and photography, and I agree that the researcher may use the results as described in the plain language statement.

4. I acknowledge that:
   
   (a) The possible effects of participating in the interview and observation have been explained to my satisfaction;

   (b) I have been informed that I am free to withdraw from the project at any time without explanation or prejudice and to withdraw any unprocessed data I have provided;

   (c) The project is for the purpose of scholarly research;

   (d) I have been informed that the confidentiality of the information I provide will be safeguarded subject to any legal requirements, but that due to the small number of research participants there remains a possibility that someone may still be able to identify me;

   (e) I have been informed that, with my consent, the interview will be digitally audio-recorded and I understand that the digital recording files will be securely stored at University of Melbourne and will be destroyed after five years;

   (f) My identity will be protected through the use of a pseudonym in any academic publications arising from the research;
I consent to all of my interviews being audio-recorded
(Complete before initial interview - required)
☐ yes ☐ no

I shall endeavour to adhere to the provided guidelines for safe and ethical
photography when conducting photography for this project
(Complete at conclusion of initial interview - required)
☐ yes ☐ no

Signature: __________________________________________________ Date: ____________________

2. Second interview

5. I acknowledge that:

(a) I will be asked for a copy of any photographs used in the research project for reference by the
researchers, and these will only be published with my permission;

(b) I have been informed that a copy of the research findings will be forwarded to me, should I agree to
this.

I consent to the research team storing a copy of my photos
(Required)
☐ yes ☐ no

I consent to having my photos used during interview being made public in
academic presentations and journals
☐ yes ☐ no

I am interested in taking part in the final group activity for publishing my
photos
☐ yes ☐ no

I wish to receive a copy of the summary project report on the research
findings
☐ yes ☐ no

Signature: __________________________________________________ Date: ____________________

PLEASE GO TO THE NEXT PAGE
3. Group photo-narrative activity & publication

1. I consent to participate in this facilitated group project activity, the details of which have been explained to me, and that I have been provided with a written plain language statement to keep. (PLS version 17/08/2015)

2. I acknowledge that:
   
   (a) The researchers have explained the risks of publishing my photo stories in print/material and electronic form, in a manner that I understand;

   (b) The researchers have explained the risks and benefits of either remaining anonymous (through the use of an alias/pseudonym) or using my real name in publishing my photo story;

   (b) My anonymity cannot be guaranteed if I decide to take part in the concluding group activity for publishing my photographs in print and/or online form.

3. I understand that I will need to obtain written permission (such as a signed release form) from any photographic subjects before I can publish photographs where they can be identified.

4. I understand that I will be participating in a face-to-face group environment with other people present.

<table>
<thead>
<tr>
<th>I wish to remain anonymous (with an alias) when publishing my photo stories</th>
<th>□ yes □ no</th>
</tr>
</thead>
<tbody>
<tr>
<td>I wish to use my real name when publishing my photo stories</td>
<td>□ yes □ no</td>
</tr>
<tr>
<td>I wish to publish my photo stories in printed / material form. The researchers have explained the potential risks and benefits.</td>
<td>□ yes □ no</td>
</tr>
<tr>
<td>I wish to publish my photo stories on the internet. The researchers have explained the potential risks and benefits.</td>
<td>□ yes □ no</td>
</tr>
</tbody>
</table>

Signature: __________________________________________ Date: ____________________
Participant details

Surname: ___________________________________________

First Name: __________________________________________

Address: ____________________________________________

____________________________________________________

Suburb / City: ________________________________ State: ________ Postcode: ________

E-Mail(s): ___________________________________________

Best phone number to use: (_____ ) ____________________

Alternate phone number: (_____ ) ______________________

Emergency contact: ________________________________ Relationship: _____________________________

Emergency contact number: __________________________

Date: _____ / _____ / _____

END OF FORM
Safe and ethical photography: a guide for participants

Kelvin Lau (kelvin.lau@unimelb.edu.au)
Department of General Practice, Melbourne Medical School
17 August 2015

Taking photographs can be a great way to tell a story and share your experiences with others. Here are a few tips on how to take your photographs courteously and without putting yourself or others at risk.

Don’t forget that there’s usually a way to tell the same story using slightly different photographic subjects and viewpoints. Be creative!

Stay safe
  • Don’t take photos in a way that could lead to physical injury.
  • Don’t take photos in unsafe or restricted locations.
  • Don’t take photos that might get you into trouble.
  • Don’t take photos of things and activities that might be illegal (such as drug use, speeding on public roads, trespassing, theft, and other criminal activities).

Be sensitive to others
  • Think about how you would feel if you were in the photo.
  • Don’t take photos that could be embarrassing or demeaning for the subject.
  • Don’t take photos that could get the subject in trouble.
  • Respect the privacy of other people.
  • Don’t misuse the photo.

Get permission whenever possible
  • Be clear in telling people why you’re taking photos.
  • It’s best to get spoken or written permission to take a photograph of someone whenever they can be recognized in the image.
  • You’ll need written permission from someone in a photo if you’re going to publish or sell the photo. This is usually done with a ‘release form’.
  • You’ll need permission to take photos on private property and some public spaces. This includes shopping centres and public transport.
  • Don’t take photos when you’ve been asked not to.
  • If in doubt, just ask!
Keep your photos under control!

- Don’t share the photo on the internet if the subjects didn’t give you permission.
- Don’t share photos that you don’t want copied.
- Assume that photos uploaded ANYWHERE on the internet are no longer private. This includes e-mail, social media, blogs, galleries – even cloud storage. “Once it’s online, it’s there forever”
- Back up your photos onto a computer or external hard drive as soon as possible.

Check out this web site for more detailed information on photography and the law in Australia:


Adapted from Photovoice: Using Images to tell Communities’ Stories (Foster-Fishman et al, Michigan State University 2013) and Photovoice: Social Change Through Photography (John Humphrey Centre for Peace and Human Rights)
Resources: where to find help

Kelvin Lau (kelvin.lau@unimelb.edu.au)
Department of General Practice, Melbourne Medical School
4 March 2015

Are you witnessing or experiencing problems during your involvement with the research project? This document lists the services that can provide help. Feel free to contact the researcher, Kelvin Lau, on 0457 114 453 if you need advice on which service to contact. Your local GP or usual professional healthcare worker (if you have one) is also a good point of contact for further support.

Alcohol and drug problems
Youth Drug and Alcohol Advice (YoDAA)
1800 458 685 (24 hours)
www.yodaa.org.au

DirectLine Victoria
1800 888 236 (24 hours)
www.directline.org.au

Asylum seeker & refugee support
Asylum Seeker Resource Centre
214-218 Nicholson St, Footscray (10-5 Mon-Fri)
179 Lonsdale St, Dandenong (10-5 Mon-Thurs)
03 9326 6066
www.asrc.org.au

Foundation House
4 Gardiner St, Brunswick
03 9388 0022
www.foundationhouse.org.au

Crisis – emotional/psychological
Kids Helpline
1800 55 1800 (24 hours)
www.kidshelpline.com.au

Lifeline
13 11 14 (24 hours)
www.lifeline.org.au

SuicideLine Victoria
1300 651 251 (24 hours)
www.suicideline.org.au

Domestic & intimate partner violence
Sexual Assault Crisis Line Victoria
1800 806 292 (5pm-9am w/d, all-day w/e)
www.sacl.com.au

National Sexual Assault, Family & Domestic Violence Counselling Service
180 737 732 (24 hours)
www.1800respect.org.au

Safe Steps Family Violence Response Centre
1800 015 188 (24 hours)
www.safesteps.org.au

Eating disorders
Eating Disorders Victoria
1300 550 236
www.eatingdisorders.org.au

Gambling problems
Gambling Help Online
1800 858 858 (24 hours)
www.gamblinghelponline.org.au

Men’s health
MensLine Australia
1300 78 99 788 (24 hours)
www.mensline.org.au
Mental health support
Headspace
1800 650 890
www.headspace.org.au

Beyond Blue
1300 224 636 (24 hours)
www.beyondblue.org.au

Queer support
Switchboard Victoria
03 9663 2939 or 1800 184 527 (6-10pm Mon-Thurs, 2-10pm Wed, 6-9pm Fri-Sun)
www.switchboard.org.au
Photography Subject Release Form

A copy of this form should be provided to the subject when requested.

Photographer’s name
________________________________________

Photographer’s contact details
________________________________________

Date of photography
________________________________________

Location of photography
________________________________________

I AGREE
☐

(Subject to tick box and sign below)

I permit the photographer named above to use the photographs containing myself and/or my property as a subject, either complete or in part, for all uses - including academic, commercial, publicity, and editorial purposes - in any country. No changes to the terms of this model release are permitted unless agreed in writing by the photographer, his/her assigned representatives, and myself.

I understand that I do not have an interest in the copyright to the photograph(s), nor shall I receive any further payment.

I am over 18 years old. (Models under 18 years of age must provide evidence of consent by a parent or guardian.)

Name of subject
________________________________________________________________________

Telephone of subject
________________________________________

E-mail of subject
________________________________________

Signature of subject
________________________________________

Date
________________________________________

Signature of Parent / Guardian (if under 18)
________________________________________

Date
________________________________________

Witnessed by
________________________________________

Date
________________________________________
Appendix II: Data analysis with NVivo

- Thematic grouping
- Concept mapping
Figure 15. Distress naming & identification (from all first interviews)
Figure 16. Distress naming and identification (from all second interviews)
Figure 17. Attributions for distress (from all first interviews)
Figure 18. Concept mapping: attributions for distress (from all first interviews)
Figure 19. Attributions for distress (from all second interviews)
Figure 20. Concept mapping: attributions for distress (from all second interviews)
Figure 21. Actions (from all first interviews)
Figure 22. Concept mapping: actions (from all first interviews)
Figure 23. Actions (from all second interviews)
Figure 24. Concept mapping: actions (from all second interviews)
Appendix III: Recruitment advertising media

- Recruitment poster
- Recruitment postcard
- Brainsnap.org website
- Facebook recruitment page
Figure 25. A4-size recruitment poster
Figure 26. DL-size recruitment postcard (front and back)
Figure 27. Brainsnap.org website (home page)
BACKGROUND

Emotional distress and mental illness are experiences that can be difficult to express and communicate. It can be hard to get other people to understand what you’re going through – especially when there is a language or cultural barrier.

Brainsnap is a research project that explores the use of photography as a way to improve communication when words alone fall short. It is designed to find out if using photography can help us understand why young people from a different cultural background experience high levels of emotional distress – yet are amongst the least likely group in Australia to seek help.

Figure 28. Brainsnap.org website (background)
Figure 29. Brainsnap.org website (registration page)
Figure 30. Facebook recruitment page
XXXIII

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Author/s:
Lau, Kelvin Wing-Kei

Title:
Understanding mental distress in young people from a migrant background in Australia through photo-interviewing

Date:
2017

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File Description:
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