How digital storytelling is used in mental health: A scoping review

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ABSTRACT: The creative arts can be used to support stakeholders of mental health services to communicate and share their lived experience. Digital storytelling is one method that has been used to capture people’s lived experience. In this scoping review, we were interested in mapping how digital storytelling has been used in mental health, and to identify gaps in the literature. Nine databases were searched to identify peer reviewed literature published between January 2000 and August 2015; 15 articles were included in the review. The articles were categorized across four broad areas: educational interventions, learning skills, learning about other people’s lived experience, and learning about personal lived experience. We identify that while digital storytelling has potential as a participatory process to promote mutual understanding of and empathy towards lived experiences in mental health, there is a dearth of research in this area. More research is needed on the use of digital storytelling in mental health to determine its effectiveness in progressing a recovery orientation in service provision that is built on solidarity and a social justice agenda.

KEY WORDS: digital storytelling, education, lived experience, mental health, review, stories.

INTRODUCTION

The purpose of this scoping review was to map the literature on the use of digital storytelling in mental health. Digital storytelling is a creative arts process that is used to capture personal stories, using images and sound in a three to five minute digital clip (Lambert 2010). While the creative arts have been used in mental health to capture the lived experience of mental health consumers and carers (Cobb & Negash 2010; Ricks et al. 2014), less is known about newer forms of creative arts such as digital storytelling.

Background

Consumers and carers of mental health services should be engaged in health service planning, design, delivery and evaluation (Australian Government 2012; Her Majesty’s Government Department of Health 2012; Le Boutillier et al. 2011; Mental Health Commission of Canada 2012), but identifying ways for this to occur is challenging. Systemic prejudice, within a healthcare system dominated by rationalist and objective forms of evidence can render the experiences of consumers and carers less important than the knowledge of health managers and those who deliver services (Holley et al. 2012; Kidd et al. 2014).

Within the literature, a range of creative art forms such as photography, visual art, writing, music, drama, and film have been deemed useful in capturing the lived experience of people who use mental health services (Cobb & Negash 2010; Ricks et al. 2014). In a study conducted in the USA, researchers used the Photovoice methodology to elicit emotionally laden stories from people with lived experience of long term mental illness to use in healthcare education (Thompson et al. 2008). Researchers in Sweden have developed a creative art activity where consumers of mental health services paint trees to symbolize and reflect on aspects of their past, present and future life stories to generate future possibilities (Gunnarsson et al. 2010). To communicate research findings from Canada that explored
the experience of people living with dementia and their daughters, Mitchell et al. (2006) developed a play that viewers living with dementia, carers and healthcare professionals found profoundly enlightening and reinforcing of their personal experience.

Within the creative arts space, storytelling has been used to capture lived experiences and to help people make meaning of their healthcare experiences (Frank 2013). Authors argue that the art of storytelling and the stories that are produced engage listeners in the personal experiences of others (Gidman 2013; Haigh & Hardy 2011). In mental health, there are suggestions that the use of storytelling can support people to articulate their thoughts and feelings in a creative and accessible manner (Clark & Rossiter 2008; White 2011); however, storytelling has seldom been used to access lived experience perspectives (Rigg & Murphy 2013).

Our interest in digital storytelling in mental health stems from the potential of storytelling to engage listeners in the personal experience of others (Gidman 2013; Haigh & Hardy 2011), but moves beyond traditional approaches of storytelling, to those that are framed within the digital space. It is argued that digital stories, produced within a workshop of several days through group creative processes, supports the production and sharing of “compelling accounts of experience” (Gubrium 2009, p. 186). Authors suggest that the process of digital story creation may support dialogue that enables deeper understanding and adoption of lived experience perspectives in policy making (Gubrium et al. 2014a). Researchers in other areas of healthcare have found that digital storytelling is a useful process for capturing the lived experience of people marginalized in healthcare services and society (Gubrium et al. 2014a; Harper et al. 2012; Hill 2008). Given the purported benefits of digital storytelling, we were interested in identifying how and in what areas it has been used in mental health.

METHODS

Study design

The methodological stages of scoping reviews outlined by Arksey and O’Malley (2005) guided this review. Researchers have identified several reasons for undertaking scoping reviews, including systematic mapping, and synthesizing and summarizing the broad knowledge base on a specified subject when little research exists (Arksey & O’Malley 2005; Levac et al. 2010). Given the emergent nature of digital storytelling in healthcare, it was deemed pertinent to map and summarize what was known about the use of digital storytelling in mental health, and identify gaps in the literature.

Consistent with recent recommendations on the conduct of scoping reviews, comment is made on the types and sources of literature reviewed, to clarify the gaps in knowledge and make recommendations for the future use of digital storytelling in mental health (Daudt et al. 2013; Levac et al. 2010; Pham et al. 2014). The first five stages outlined by Arksey and O’Malley (2005) were used to guide the scoping review because they support the conduct of a systematic, transparent and replicable approach and increase the reliability of the findings (Mays et al. 2001). The first five stages comprise the following: identify the research question; identify relevant literature; select studies; chart studies; summarize, collate and report the findings (Arksey & O’Malley 2005, p. 22).

Step 1: Identify the research question

The research question, “What is currently known about how digital storytelling is used in mental health?” was developed with a sufficiently broad scope to ensure a wide range of literature would be identified (Arksey & O’Malley 2005). Mental health was defined broadly, to include people experiencing a range of mental health conditions, including psychosis, complex responses to trauma, dual diagnosis, psychosocial disability, dementia and anxiety. Literature detailing the use of digital storytelling in therapy, mental health promotion, and for eliciting stories of resilience was included.

Step 2: Identify relevant literature

The search was performed in August 2015 with the assistance of a senior research assistant with expertise in conducting scoping review searches. The search terms were developed from key words in the research question and from relevant articles located in an initial Google Scholar search. The search terms are presented in Table 1.

Boolean strings were developed to include truncated words to broaden the search by including terms with the

<table>
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<th>TABLE 1: Search terms for digital storytelling in mental health</th>
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<td><strong>Population</strong></td>
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<td>&quot;health&quot; OR &quot;mental health&quot; OR &quot;psych-<em>&quot; OR &quot;mental illness&quot; OR &quot;therap-</em>&quot; OR &quot;resilience&quot;</td>
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same root words. Nine search engines were chosen as they
provided an extensive coverage of the health science literature:
Proquest Central, Medline, CINAHL, Expanded Academic,
SCOPUS, PsycINFO, PsycARTICLES, Web of Science and
Informit. Limits set included: the timeframe of January 2000
to August 2015, English language only and peer reviewed.
The timeframe chosen was based on the initial Google Scholar
search that identified a dearth of literature on digital storytelling
in (mental) health before these dates. This search was not included
in the review because of the difficulty in replicating searches using
Google Scholar (Gustini & Boulos 2013). Consistent with Arksey
and O’Malley’s (2005) approach, the team developed inclu-
sion and exclusion criteria and these are presented in
Table 2.

Step 3: Select studies

Applying the developed search strategy in the specified
databases identified 509 potential articles on digital story-
telling in mental health. After duplicates were removed,
657 articles remained. An initial reading of the title, key
words, abstract, and full text, when no abstract existed,
was undertaken. Reading the articles in this manner against
inclusion and exclusion criteria identified 39 potential arti-
cles on digital storytelling in mental health. Two authors
(NDV, SK) undertook an in-depth reading of the full text
of the 39 articles and discussed the relevance of the articles
to mental health. This resulted in the inclusion of 15 articles
in the scoping review.

Twenty four of the articles were excluded because they
did not meet the inclusion criteria. Of those excluded, 21
reported on the use of digital storytelling with Indigenous
people (10), populations marginalized by society (9), or in
online education of nursing students (2). While mental
health was referred to in all of these articles, their main
focus was in other areas of healthcare and education. In
the remaining three articles, authors mentioned digital
storytelling and mental health but did not focus on either
of these aspects within the article.

Step 4: Chart studies

Using a descriptive and analytical method recom-
ended by Arksey and O’Malley (2005), we charted rele-
vant information from the reviewed literature that best
answered the review question. The information charted
included: author(s), publication date and location; aim and
intervention; methods, design and sample; and key
findings/issues. Our data charting is presented in Table 3.

Step 5: Summarize, collate and report the findings

In this fifth step, Arksey and O’Malley (2005) propose
that findings are reported in a structured narrative format
that presents an overview of the reviewed literature in a
manner that answers the research question. In the results
below, the included articles are summarized into a report
that collates the location, dates, journals that published
the articles, population and settings, and types of articles
reviewed. In charting the key findings/issues of the
reviewed literature, common themes emerged on the use
digital storytelling in mental health. These common
themes were categorized across four broad areas that de-
scribed the current use of digital storytelling in mental
health: educational interventions, learning skills, learning
about other people’s lived experience, and learning about
personal lived experience.

DISCUSSION

Of the literature reviewed, most were sourced from Western
countries: Australia (2), Canada (3), New Zealand (1), UK
(4), the USA (4), with one exception from Zimbabwe. All
but one of the articles was published on or after 2010
(1), 2011 (3), 2013 (5), 2014 (3), and 2015 (2), the excep-
tion was published in 2008. The peer reviewed journals
that published articles on digital storytelling in mental
health were from a broad range of disciplines. These in-
cluded mental health services and mental health nursing
(4), qualitative research (3), psychology (2), and one each

| TABLE 2: Inclusion and exclusion criteria |
|-----------------|---------------------|-----------------|
| Criteria        | Inclusion           | Exclusion       |
| Language        | English             | Other           |
| Country         | All                 | None            |
| Focus           | Mental health: people experiencing psychosis, | Other area of health |
|                 | complex responses to trauma, dual diagnosis, |                      |
|                 | psychosocial disability, dementia and anxiety |                      |
| Digital storytelling included in title, | Included           | Not included    |
| key words, abstract or full text | Peer-reviewed       | Non-peer reviewed |
| Publication type |                     |                 |

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<td>1. Beltrán &amp; Begun 2014. New Zealand</td>
<td>Explores the lived experience of Maori people who participated in a digital storytelling workshop where stories of resilience amidst historical trauma were made.</td>
<td>Indigenous methodology. Six people were recruited from a university, and attended psycho-education and a digital storytelling workshop. Five were interviewed. Interviews were analyzed qualitatively.</td>
<td>Participants described the process as a medicinal transformative healing tool to reconcile present cultural issues in the context of past trauma. The group experience was safe, supportive and connected. Digital storytelling was a useful tool for protecting Indigenous cultural knowledge and promoting positive personal and group mental health. Important to consider confidentiality and safety with dissemination. Effect small but may have prevented increases in drinking by stabilizing attitudes towards drunkenness. Knowledge of binge drinking and effects of alcohol increased. Impacts of intervention short term not sustained long term. Digital stories should be considered as part of a long-term intervention with this cohort.</td>
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<td>2. Coleman et al. 2010. UK</td>
<td>Assesses the efficacy of using digital stories to express young people’s perceptions of the world and life to address binge drinking culture.</td>
<td>Quasi-experimental intervention study. Youth in three sites received intervention; fourth used as control site. Evaluated using questionnaire at pre, post and 6 months after.</td>
<td>Participants found digital storytelling a creative process, promoting sharing, exploration and dialogue about traumatic lived experiences. The process and stories supported healing and transformation. The audience can be transported into the storyteller’s world. Digital medium enhances connection across multiple stakeholders to preserve culture. Need to avoid the perpetuation of negative stereotyping to audiences. The digital storytelling process and sharing of stories was healing for consumers, carers and staff. Using technology is appropriate with younger people to elicit nuanced experiences. Conference people thought stories would be useful to educate healthcare students and providers, and children; technology supports wide distribution. Consent needs to be ongoing because people are identifiable. Digital storytelling used to transfer knowledge. Participants described the group process as safe and promoting connection with others. The process was experienced as a healing, therapeutic creative art form, promoting self-expression, reflection, sharing and release of troubling emotions. Ownership of personal stories was empowering.</td>
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<td>3. Cunsolo Willox et al. 2013. Canada</td>
<td>Examines Indigenous (mental) health and wellbeing in relation to climate change using digital storytelling as a data collection tool.</td>
<td>Community driven digital storytelling method. Case study where 26 digital storyteller’s and 10 viewers where interviewed about the process and the stories.</td>
<td>Participants described the process as safe and promoting connection with others. The process was experienced as a healing, therapeutic creative art form, promoting self-expression, reflection, sharing and release of troubling emotions. Ownership of personal stories was empowering.</td>
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<td>4. Evans &amp; Jones 2008. Wales, UK</td>
<td>Describes attending a conference with consumers, carers and staff of an early intervention service to show digital stories about experiences of psychosis.</td>
<td>Five consumers and one carer made stories. Describes reasons for making digital stories and the process of showing stories at the Network for Psychiatric Nursing Research conference.</td>
<td>The digital storytelling process and sharing of stories was healing for consumers, carers and staff. Using technology is appropriate with younger people to elicit nuanced experiences. Conference people thought stories would be useful to educate healthcare students and providers, and children; technology supports wide distribution. Consent needs to be ongoing because people are identifiable. Digital storytelling used to transfer knowledge. Participants described the group process as safe and promoting connection with others. The process was experienced as a healing, therapeutic creative art form, promoting self-expression, reflection, sharing and release of troubling emotions. Ownership of personal stories was empowering.</td>
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<td>5. Ferrari et al. 2015. Canada</td>
<td>Evaluates a digital storytelling workshop that made stories about pathways to care in early onset psychosis from consumers, carers and staff.</td>
<td>Qualitative research. 11 people responded to a survey that evaluated the digital storytelling workshop in terms of their healing potential identified in a prior showing of the stories.</td>
<td>The digital storytelling process and sharing of stories was healing for consumers, carers and staff. Using technology is appropriate with younger people to elicit nuanced experiences. Conference people thought stories would be useful to educate healthcare students and providers, and children; technology supports wide distribution. Consent needs to be ongoing because people are identifiable. Digital storytelling used to transfer knowledge. Participants described the group process as safe and promoting connection with others. The process was experienced as a healing, therapeutic creative art form, promoting self-expression, reflection, sharing and release of troubling emotions. Ownership of personal stories was empowering.</td>
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<td>6. Goodman &amp; Newman 2014. USA</td>
<td>Examines effects of digital and oral storytelling to reduce effects of stress, anxiety, depression and anger in young women.</td>
<td>Quasi-experimental intervention study. Two groups of adolescent women, n = 60. Evaluated using pre and post-tests of stress, depression, anxiety and anger.</td>
<td>Reduction in all measures from participation in the process of both storytelling groups. Creative forms of storytelling (digital storytelling, photos, oral) are useful tools to support adolescent women talking about and reducing their experiences of stress.</td>
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<td>7. Lenette &amp; Boddy 2013. Australia</td>
<td>Examines efficacy of visual methods in eliciting stories of resilience of single refugee women to support mental health.</td>
<td>Ethnography using intersectional approach. Three out of eight women consented to make digital stories and be interviewed.</td>
<td>Digital storytelling process enabled collaborative and authentic sharing of nuanced narratives of resilience. The process built strengths and illuminated abilities. Some women declined to participate because they found the process intrusive. Issues include ownership versus privacy.</td>
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<td>8. Matthews &amp; Sunderland 2013. Australia</td>
<td>Analyzes issues on the limited use of digital stories from people with disabilities as evidence in policy and healthcare.</td>
<td>Discussion paper that uses literature to support author’s contentions.</td>
<td>Digital storytelling supports people marginalized in society to challenge stereotype notions of disability. Process and product can be therapeutic, empowering and promotes connection, communication and social justice. Digital stories support sharing of and listening to others experiences, useful in education about reflective practice. Listening across difference is challenging and must be scaffolded.</td>
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<td>9. Rice et al. 2015. Canada</td>
<td>Discusses project Re-Vision that aims to use art-based research to advance a social justice agenda.</td>
<td>Uses embodiment theory to explore digital storytelling as a tool to change ideas about disability in policy makers, service providers and educators.</td>
<td>Digital storytelling supports a multiplicity of voices to be heard to expand and challenge singular narratives of disability. Healthcare providers and educators can be positively influenced by the new meanings of disability that emerge. The process supports healthcare providers to be open to change by promoting dialogue and understanding of others lived experiences.</td>
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<td>10. Sawyer &amp; Willis 2011. USA</td>
<td>Digital storytelling used as a reflective tool to address poor social behaviours in children.</td>
<td>Descriptive paper. 30 high school and counselling students made stories. Shared with children on social media to develop a dialogue.</td>
<td>No formal evaluation. Process may be a useful therapeutic tool in education to explore self-expression and experience to encourage healthier responses to stress.</td>
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<td>11. Spector et al. 2011. UK</td>
<td>Consumer experiences of making digital stories for a staff training module to improve understanding of the experience of inpatient care.</td>
<td>Qualitative research. Five consumers made ten digital stories, which were shown to staff. Consumers participated in a focus group.</td>
<td>Consumers described the digital storytelling process as therapeutic but support was needed because past trauma could be triggered. Authentic personal accounts that could advance staff understanding of the complexity of the lived experience of mental illness and promote discussion on difficult issues. Possible use in therapy for other consumers. Stories were valued by staff and enabled reflection on practice.</td>
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<td>12. Stenhouse et al. 2013. UK</td>
<td>Digital storytelling method with people living with early stage dementia.</td>
<td>Seven people and one carer made stories as a learning package for student nurses. Author reflections on the experience.</td>
<td>Consumers faced difficulty in developing a story, anxiety about using technology, reading and speaking. However, positive changes occurred over the workshop. Person centred facilitation important. Process supported engagement, achievement, self expression and built relationships.</td>
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<td>13. Weder 2011. USA</td>
<td>Describes data generation process</td>
<td>Community based participatory research.</td>
<td>Digital stories reflected on lessons from Elders/adults, and presented new personal,</td>
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for health promotion, media studies, storytelling in society, disability, alcohol and drug, and child services.

The reviewed articles included populations of people living with mental health issues in early psychosis intervention services (Evans & Jones 2008; Ferrari et al. 2015), an acute inpatient unit (Spector et al. 2011), a dementia unit (Stenhouse et al. 2013), and unspecified community settings (Matthews & Sunderland 2013; Rice et al. 2015). Three articles focused on the narratives of Indigenous Alaskan people (Cunsolo Willox et al. 2013; Wexler 2011; Wexler et al. 2013) and one with Maori people in New Zealand (Beltrán & Begun 2014). The remaining articles focused on populations marginalized in society, including school age children with social issues (Coleman et al. 2010; Goodman & Newman 2014; Sawyer & Willis 2011), young people with a diagnosis of HIV in Africa (Wills et al. 2014), and single refugee women living in Australia (Lenette & Boddy 2013).

Of the included articles, two used quasi-experimental research methods (Coleman et al. 2010; Goodman & Newman 2014). In eight of the articles, a range of qualitative research methods were used, including Indigenous methodology, case study, visual ethnography, community and narrative based participatory research, and unspecified qualitative approaches (Beltrán & Begun 2014; Cunsolo Willox et al. 2013; Ferrari et al. 2015; Lenette & Boddy 2013; Spector et al. 2011; Wexler 2011; Wexler et al. 2013; Willis et al. 2014). In two of the articles, authors stated that they were using digital storytelling as a methodology and method (Cunsolo Willox et al. 2013; Stenhouse et al. 2013). Of the remaining four, two were discussion papers (Matthews & Sunderland 2013; Rice et al. 2015) and two presented descriptions of projects with no formal evaluation (Evans & Jones 2008; Sawyer & Willis 2011).

Uses of digital storytelling in mental health

Educational interventions

In four articles, digital storytelling and digital stories were used as educational interventions in school settings with young people. In these studies, the process and product of digital storytelling supported young people to reflect on their lives, identify personal coping strategies and positive life experiences, and learn from their peers and personal perspectives. In two separate studies, digital stories made

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**TABLE 3:** (Continued)

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<td>14. Wexler et al. 2013. USA</td>
<td>Describes digital storytelling with youth from Northwest Alaska to promote wellbeing and as a suicide prevention tool.</td>
<td>Community based participatory research. 432 youths made 566 digital stories. Evaluated in exit survey and interviews with n = 27.</td>
<td>The digital storytelling workshops were meaningful; supported self-expression and reflection on life stories. Technological skills were developed. The digital stories showed positive aspects of Indigenous culture and personal relationships and strengthened intergenerational bonds. Showing stories locally and online promoted a cultural identity beyond stereotypes. Digital storytelling supported personal and cultural identity. Storytellers found the digital storytelling process therapeutic. It enabled reflection on their life experiences, transformation from negative to positive perspectives and an appreciation of the challenges the youth had mastered. Carers were able to understand youth life experiences on a profound level. Participants thought digital stories would be useful education and advocacy tools. Process is limited by time.</td>
</tr>
<tr>
<td>15. Willis et al. 2014. Zimbabwe</td>
<td>Evaluates digital storytelling as a therapeutic process and tool to support HIV positive adolescents to develop coping strategies.</td>
<td>Narrative participatory method. 12 youth made digital stories. Data collected in field notes, two youth focus groups and one with carers.</td>
<td>The digital storytelling workshops were meaningful; supported self-expression and reflection on life stories. Technological skills were developed. The digital stories showed positive aspects of Indigenous culture and personal relationships and strengthened intergenerational bonds. Showing stories locally and online promoted a cultural identity beyond stereotypes. Digital storytelling supported personal and cultural identity. Storytellers found the digital storytelling process therapeutic. It enabled reflection on their life experiences, transformation from negative to positive perspectives and an appreciation of the challenges the youth had mastered. Carers were able to understand youth life experiences on a profound level. Participants thought digital stories would be useful education and advocacy tools. Process is limited by time.</td>
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by older students were shown to younger people to teach them about the dangers of alcohol (Coleman et al. 2010) and appropriate social behaviour (Sawyer & Willis 2011). The purpose was to support young people in developing coping strategies and social skills. Reported outcomes stemming from the intervention in the quasi-experimental study by Coleman et al. (2010) were minimal and none were reported in the second pilot study (Sawyer & Willis 2011). However, the researchers concluded that digital stories were useful tools in long-term educational strategies with this cohort (Coleman et al. 2010; Sawyer & Willis 2011).

In another quasi-experimental study, researchers found that the participatory process of digital storytelling supported young women to learn to cope with individual experiences of anxiety and stress (Goodman & Newman 2014). Researchers, in a fourth study, found that digital storytelling was an appropriate technological intervention for Indigenous Alaskan youth and promoted understanding of positive life events and relationships. The digital stories were deemed useful in suicide prevention as “hope kits” (Wexler et al. 2013, p. 617). This was because when young people shared their digital stories with adults who were supportive, stronger protective intergenerational bonds developed (Wexler 2011; Wexler et al. 2013). The young people were also able to watch the stories when in a sad mood to remind themselves of “key reasons for living” (Wexler et al. 2013, p. 618).

Learning skills

The second broad area outlines the function of digital storytelling as a process of learning. During the process of making digital stories, people were enabled to gain skills in digital literacy, technology, film and photography, as well as story development and communication (Beltrán & Begun 2014; Cunsolo Willox et al. 2013; Stenhouse et al. 2013; Wexler 2011; Wexler et al. 2013; Willis et al. 2014). The acquisition of skills was described in three articles as improving people’s sense of connection to their community, self-confidence, self-efficacy and personal achievement (Stenhouse et al. 2013; Wexler et al. 2013; Willis et al. 2014). However, the process of learning was challenging and burdensome for some (Cunsolo Willox et al. 2013; Lenette & Boddy 2013; Stenhouse et al. 2013; Wexler et al. 2013). Stenhouse et al. (2013) described their process as person centred, focusing on the person and their needs. They stated that working alongside people in this way encouraged their learning.

Learning about other people’s lived experience

The third grouping was supporting people to learn about other people’s life experiences. In six of the included articles, the authors outlined the use of digital storytelling in the education of healthcare students, providers, educators and policy makers about the experience of living with a diagnosis of a mental illness (Evans & Jones 2008; Ferrari et al. 2015; Matthews & Sunderland 2013; Rice et al. 2015; Spector et al. 2011; Stenhouse et al. 2013). The process of making digital stories with consumers enabled healthcare personnel to develop empathy with consumers because they were able to share perspectives and connect on a universal emotional human level (Ferrari et al. 2015; Rice et al. 2015). Showing digital stories, that exemplified a range of consumer lived experience to this audience, was seen to challenge the societal stereotype that perpetuates the stigma and shame experienced by people living with a diagnosis (Matthews & Sunderland 2013; Rice et al. 2015), because the stories emphasized people’s shared humanity (Rice et al. 2015). Including digital stories on consumer lived experience in education was thought to support reflective practice, dialogue and an understanding of the complexity and diversity of the experience of living with a diagnosis (Matthews & Sunderland 2013; Rice et al. 2015; Spector et al. 2011).

It was argued that the effect of digital stories to momentarily transport the viewer into the lifeworld of the person and community (Cunsolo Willox et al. 2013, p. 137) could support the development of policy, practice and education that incorporates consumer perspectives (Matthews & Sunderland 2013; Rice et al. 2015).

In three articles, the authors described how these aspects of digital stories were used to advocate for community and organisational resources to support people’s mental health (Cunsolo Willox et al. 2013; Wexler et al. 2013; Willis et al. 2014). However, enabling people in positions of power to understand and act upon the messages contained in digital stories requires their listening to be supported, because the stories often challenge their world view (Matthews & Sunderland 2013). The ease of sharing digital stories to a local, national and international online audience was described in two articles as empowering, because people could communicate positive accounts of a particular culture to outside audiences that undermined stereotypes and was protective of Indigenous mental health (Cunsolo Willox et al. 2013; Wexler et al. 2013). However, the authors emphasized that caution must be exercised in what stories are shown to avoid perpetuating societal stereotypes (Cunsolo Willox et al. 2013).

In five of the reviewed articles, authors identified that sharing digital stories with carers and community members facilitated understanding of the suffering, resilience, and personal and community needs of the person that could promote mental health in both (Beltrán & Begun 2014;
Lenette & Boddy 2013; Wexler 2011; Wexler et al. 2013; Willis et al. 2014). The process of making and sharing digital stories with other consumers, significant others and healthcare professionals were described as therapeutic, healing and transformational (Beltrán & Begun 2014; Cunsolo Willoxo et al. 2013; Ferrari et al. 2015; Spector et al. 2011; Willis et al. 2014). This was because it provided a safe and creative opportunity for people to remember, reflect, discuss, connect and learn about personal lived experience. Watching digital stories made by others and discussing them in a group supported understanding of personal lived experience. Watching digital storytelling to enhance learning and understanding of personal lived experience was enhanced by people in their community and care (Beltrán & Begun 2014; Cunsolo Willoxo et al. 2013; Evans & Jones 2008; Ferrari et al. 2015; Rice et al. 2015; Spector et al. 2011; Wexler 2011; Willis et al. 2014). These aspects of the digital storytelling process enabled participants to empathize with others because they could identify with or relate to other people’s experience (Beltrán & Begun 2014; Cunsolo Willoxo et al. 2013; Evans & Jones 2008; Ferrari et al. 2015; Rice et al. 2015; Spector et al. 2011; Stenhouse et al. 2013; Wexler 2011; Willis et al. 2014). Gaining a deep understanding and recognition of the other person’s lived experience built and strengthened empathic relationships, social connections, community and solidarity between consumers, carers and healthcare professionals (Evans & Jones 2008; Ferrari et al. 2015; Rice et al. 2015; Stenhouse et al. 2013; Wexler 2011; Willis et al. 2014). An important factor in recovery oriented service provision (Evans & Jones 2008).

Learning about personal lived experience

Authors of 12 of the reviewed articles commented on the capacity of digital storytelling to enhance learning and understanding of personal lived experience. Watching digital stories made by others and discussing them in a group supported young people to understand their experience of excessive alcohol consumption (Coleman et al. 2010). Participating in a safe, supportive, participatory and democratic group was seen as important because it supported personal stories to evolve naturally (Beltrán & Begun 2014). Understanding of personal lived experience was enhanced because people could find and share their own story in their own time, and express and explore personal beliefs, values and experiences in relation to others’ stories and feedback (Beltrán & Begun 2014; Cunsolo Willoxo et al. 2013; Ferrari et al. 2015; Spector et al. 2011). The creative group process promoted reflection on lived experience, and different personal meanings were derived from the close re-examination, re-interpretation and re-framing of experiences (Beltrán & Begun 2014; Cunsolo Willoxo et al. 2013; Evans & Jones 2008; Ferrari et al. 2015; Spector et al. 2011; Willis et al. 2014).

People described the process as enabling them to view their own experience from a different, richer, and more personally capable position (Ferrari et al. 2015; Spector et al. 2011; Willis et al. 2014) because they could relate to other people’s stories (Beltrán & Begun 2014; Ferrari et al. 2015; Spector et al. 2011). Life events and experiences could be connected into a cohesive and understandable whole (Lenette & Boddy 2013), using multiple media sources to facilitate the process of re-construction (Evans & Jones 2008; Ferrari et al. 2015). However, support was needed because people could be re-traumatized (Spector et al. 2011). Facilitator and group support enabled people living with dementia to reveal their understanding of the impact of their decline on themselves, their carers, their independence and social relationships (Stenhouse et al. 2013). For Indigenous youth, learning stemmed from reflection on and a deep appreciation of self in relation to land and culture (Wexler 2011; Wexler et al. 2013).

When healthcare professionals and consumers made digital stories in a group, professionals were enabled to express and release traumatic, often unresolved work-related experiences (Ferrari et al. 2015; Rice et al. 2015). Their willingness to be exposed and vulnerable during the group process supported their understanding of and empathy towards their own and consumer lived experiences (Rice et al. 2015). Overall, seven studies from the included articles identified digital storytelling as a creative and therapeutic group learning process (Beltrán & Begun 2014; Cunsolo Willoxo et al. 2013; Evans & Jones 2008; Ferrari et al. 2015; Rice et al. 2015; Spector et al. 2011; Willis et al. 2014).

Implications for research in mental health

In this scoping review, we were interested in mapping the potential use of digital storytelling in mental health, and identifying how and in what areas it has been used. Digital storytelling in mental health provides opportunities for learning across several areas, including acquiring skills in digital literacy and communication, as an educational intervention learning tool, and in understanding other people’s and personal lived experiences of mental health and service provision. The value of using digital storytelling in mental health services has been in developing empathy and unity between stakeholders to strengthen a recovery orientation in service provision. However, in nine of the articles included in this scoping review, the authors focused on the mental health of people not involved with mental health services. The focus of these nine studies was on the mental health of Indigenous people, young people with social issues and other populations considered to be vulnerable within society.

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To date, there has been little research that focuses on the use of digital storytelling with stakeholders of mental health services, and only six were located to include in this study. Of these six, only three of the articles presented research findings from studies conducted in the area (Ferrari et al. 2015; Spector et al. 2011; Stenhouse et al. 2013). The remaining three offered a descriptive overview of the use of digital storytelling in policy-making (Matthews & Sunderland 2013) or a description of digital storytelling projects with people in mental health services (Evans & Jones 2008; Rice et al. 2015). These findings indicate that there is a gap in the literature pertaining to research conducted on the collaborative use of digital storytelling in mental health services with consumers, carers and healthcare professionals.

This is an important omission in the research literature, given the potential value of (digital) storytelling to progress the development of empathic relationships between stakeholders of mental health services through a mutual understanding and appreciation of different lived experience perspectives (Evans & Jones 2008; Ferrari et al. 2015; Gunnarsson et al. 2010; Gwinner & Ward 2015; Moran et al. 2012; Place et al. 2011; Rice et al. 2015; Sethi 2013; Spector et al. 2011). Scholars argue that the arts can be used to promote mutual respect for each other’s lived experience, which has the potential to promote culture change in mental health services towards a recovery orientation (Crawford et al. 2013). This gap in the literature represents a missed opportunity for using the process and product of digital storytelling to advance an agenda for service provision and recovery that is built upon community, solidarity and social justice. These outcomes have the power to undermine the divisive ‘us and them’ culture in mental health services and transform service provision. More research is needed in this important area of mental health service provision that uses the participatory process of digital storytelling to progress this agenda.

Several issues concerning the ethics of making digital stories with people considered vulnerable in society must be emphasized. An ethical tension exists between the need for ownership of voice and identification (Cunsolo Willox et al. 2013; Lenette & Boddy 2013; Spector et al. 2011), and the need for confidentiality and non-exploitation of people represented in digital stories (Cunsolo Willox et al. 2013; Evans & Jones 2008; Lenette & Boddy 2013; Willis et al. 2014). These factors become important if showing digital stories in public media and online platforms. There is a need to initiate ongoing discussion about the ethics of representation and consent with storytellers to protect the privacy of people featured in digital stories (Cunsolo Willox et al. 2013; Evans & Jones 2008; Gubrium et al. 2014b), while not undermining autonomy, and the pride people experience in sharing a digital story of importance to them (Cunsolo Willox et al. 2013; Lenette & Boddy 2013; Spector et al. 2011).

Limitations of the study

While a number of search terms and databases were used in the scoping review, it is possible that using different search terms and databases may have identified different articles on the use of digital storytelling in mental health, leading to different results. It is also possible that researcher fatigue resulted in relevant articles being missed in the initial search. However, using two researchers to review and select the articles to be included in the review is a strength of the study, consistent with recommendations from recent methods outlined by scholars on the conduct of scoping reviews (Arksey & O’Malley 2005; Levac et al. 2010). The relatively small number of articles identified as relevant to the review, makes it difficult to make strong recommendations on the use of digital storytelling in mental health. However, these findings are consistent with the uses of digital storytelling in other areas of healthcare. The use of the methodological stages of scoping reviews, as outlined by Arksey and O’Malley has contributed towards the replicability and reliability of the findings.

CONCLUSIONS

Digital storytelling is an emerging method in mental health research, education and practice as exemplified in this scoping review of articles published in peer reviewed journals. The importance of digital storytelling in enabling learning across a range of areas important in mental healthcare cannot be underestimated. The potential power of the digital storytelling process for enabling consumers, carers and healthcare professionals to work together to learn about, understand and empathize with each other’s lived experience has implications for the development of recovery oriented mental health services. However, the lack of uptake of this method in research in mental health services represents a potential missed opportunity for progressing these important relational, dialogical and solidarity building aspects of the process and product of digital storytelling. More research is needed that explores the potential of digital storytelling to foster a recovery orientation that is based on empathy, community and solidarity between stakeholders to progress a social justice agenda in mental health service provision.

DISCLOSURE STATEMENT

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