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Assessing the Potential of Participatory Video as a Method in School Based Mental Health Research in India

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Plain English Summary

Participatory Video (PV) is a method where people create short films to share their own experiences, rather than being studied only through surveys or interviews. While PV is often promoted as a way to give communities a stronger voice, there is limited evidence about how well it works in low and middle-income countries, particularly with young people and sensitive issues such as mental health.

This study explored whether PV could be used in Indian schools to help evaluate *Project SAMA*, a school mental health programme co-designed with communities in Karnataka, India. In this context, young people are not always encouraged to speak openly, and mental health remains stigmatised. As a result, it was uncertain whether making and sharing films would be acceptable, useful, or safe.

Using a train-the-trainer approach, researchers supported 31 students aged 12-16 to learn basic filmmaking skills and create films about their school wellbeing and experiences of the SAMA programme. Four films were produced and screened in schools, at a public event, and online. Data came from audience feedback, group discussions with student filmmakers, and reflections from the research team.

The study found that PV was both feasible and helpful. The films revealed insights into students' school lives and mental health that were not captured by other evaluation methods. Participation also benefited students by building skills, confidence, self-expression, and reflection, and increased their sense of engagement with the programme.

Challenges remained, particularly around adult-youth power dynamics and limited understanding of the films' wider advocacy potential. Overall, the study shows that PV can be a valuable and engaging tool for school mental health research in India when used carefully and critically.

Abstract

Background: Although Participatory Video (PV) is heralded as a powerful form of public participation in research, evidence about its ability to support equitable and inclusive research in low-and-middle income countries is lacking. Our study investigated the feasibility of PV as a tool to support evaluation of a community co-designed, whole school mental health program (Project SAMA) in Karnataka, India. Cultural perspectives around youth voice and stigma related to mental health in India presented uncertainties about the acceptability of PV in this context. Our aim was to determine if PV was a feasible and helpful methodology for school mental health research in India and whether it benefits young people directly.

Methods: Thresholds for feasibility and helpfulness were established. Following a train-the-trainer model, we delivered filmmaking workshops to adolescents in school (n=87, 12-16y) and they were invited to make films about their wellbeing in school and their experience of the SAMA program. Four films were created and screened in the filmmakers' schools, at a stakeholder event and on the project's YouTube channel. Films were analysed via thematic analysis. Data was collected via audience feedback (n=40), focus group discussions with the filmmakers (n=31) and critical research team reflections.

Results: Four films were created and screened to n=286. Feasibility and helpfulness thresholds were met. Film analysis revealed participant perspectives on school wellbeing and the SAMA program not revealed in other forms of project evaluation. PV was found to benefit young people directly spanning skills development, confidence building and greater self-awareness. PV appeared to support school engagement and

ownership of the program. However, power hierarchies and understanding of the political or advocacy potential of PV remain critical issues.

Conclusions: Our study demonstrates the feasibility of PV to advance youth perspectives on adolescent and school mental health research in India. Our study showed that PV can support psychological ownership of interventions and could be considered as an intervention mechanism. PV for public mental health research should remain critically self-reflective and focus on generating evidence-based practice.

Keywords: Adolescent, Public Mental Health, School, India, Participatory Video, Interventions.

Glossary:

Research Team: Includes all researchers from Project SAMA (seniors and juniors).

Research Staff: The junior researchers based in India.

SAMA Lay Counsellors: Are the lay counsellors trained to deliver the intervention and coordinate various other project activities in the schools.

1 Background

There is growing recognition that adolescent mental health research requires approaches that move beyond traditional researcher-led models of knowledge generation. This is particularly important in low- and middle-income countries (LMICs), where young people are often excluded from decisions about research, services and policy that directly affect their lives. Participatory methods have therefore been increasingly advocated for in global mental health research and services because they seek to address longstanding concerns about the limited impact of conventional research and the marginalisation of community knowledge in favour of scientific expertise [1]. For adolescents, participation is especially important given the persistence of adult-centred approaches that can overlook young people's experiences, priorities and capacities to contribute as experts on their own lives [2, 3]. In India, where the burden of adolescent mental ill-health is substantial and opportunities for meaningful youth participation remain limited, the need for research approaches that centre young people's voices has become increasingly urgent [4, 5].

Poor mental health accounts for a substantial proportion of the disease burden among young people globally, with the greatest burden falling on adolescents in LMICs [6]. India is home to the world's largest adolescent population [7], almost one quarter of whom are estimated to experience a mental health condition [8]. Suicide remains a leading cause of death among young people [9,10]. Despite this, adolescent mental health services and research have often been shaped by adult-oriented medico-psychiatric models that inadequately reflect young people's needs and experiences [11,12]. Addressing this treatment and knowledge gap requires greater community engagement, youth

participation, co-design and early intervention [12]. While participatory mental health research is beginning to gain traction in India, it remains relatively uncommon [4, 5, 13]. Identifying methods that can effectively engage young people and generate insights relevant to their everyday lives is therefore an important research priority.

Participatory research is valued because it seeks to redistribute power within the research process, strengthen representation and support community-led change [2, 14, 15, 16, 17]. However, participatory approaches vary considerably in how they engage participants and the kinds of knowledge they generate. Our focus is on participatory filmmaking, more commonly referred to as participatory video (PV), in which participants collaboratively create films about issues that matter to them [18]. PV may offer particular advantages for adolescent mental health research because it enables participants to communicate experiences visually and narratively rather than relying solely on interviews, surveys or focus groups. This may be especially valuable when discussing sensitive topics such as mental health, where participants can experience discomfort in direct questioning contexts or may be influenced by social desirability concerns. The visual, creative and participant-led nature of PV can create opportunities for forms of expression that might not emerge through more widely-used qualitative methods, particularly among young people who are less comfortable with standard research formats or whose experiences are difficult to articulate verbally. Rather than merely describing their realities, participants can actively represent them through images, stories and performances that reflect their own priorities and interpretations.

The wider literature suggests that PV can generate new understandings, foster empathy and challenge assumptions about social issues [17, 19, 20, 21]. As audiovisual media are

often more accessible and engaging than written outputs [22], PV has also been viewed as a potentially powerful tool for communicating young people's perspectives to educators, policymakers and other stakeholders. The literature suggests that the process of creating films may further support participants to see themselves as agents of change rather than simply subjects of research [23], while the films themselves can provide a compelling vehicle for stakeholder engagement and dissemination [24]. These features have contributed to PV's reputation as a democratic, grassroots and potentially decolonising methodology [25-28].

However, claims regarding the transformative potential of PV warrant more critical scrutiny. Participatory methods in general are sometimes criticised for overstating their capacity to deliver empowerment, emancipation or social change in practice [29]. Similar concerns apply to PV, where evidence regarding outcomes remains uneven and where challenges related to representation, ethical risk, facilitation, power dynamics and the use of visual data are often underexamined. In the Indian context, additional uncertainties might arise from cultural norms governing youth participation, variations in digital access and literacy, and potential risks associated with publicly representing personal or community experiences of mental health, a topic that remains highly stigmatised in many settings. In this paper, we critically examine the use of PV within a co-design and feasibility study of a whole-school mental health programme in Bangalore, India, with particular attention to what PV enabled, what challenges emerged and what this method can realistically contribute to participatory mental health research with young people.

In India, a small number of PV projects have been conducted with children and adolescents including children with disabilities [30], street children [31], and youth at risk

of substance-use disorders [24]. There are no published studies on the use of PV in adolescent mental health research in India. We opted to use PV in our study, Project SAMA (Safeguarding Adolescent Mental Health in India), a Community-Based Participatory Research (CBPR) [32] study to co-design and feasibility test a whole school mental health intervention for adolescent wellbeing in Bangalore. We hoped to engage adolescents in PV as a platform for them to articulate what matters in terms of their wellbeing in school and their experience of our co-designed whole school intervention. We hoped that the created films would first be powerful and direct youth communication to decision-makers regarding mental health in Indian secondary schools and second, would provide additional research insights to supplement our standard intervention effectiveness data [13].

However, whether PV would be a feasible methodology in our context was unclear. While the tone of the literature on PV is overwhelmingly positive, PV does not always succeed. [33], for example, report on a failed attempt to use PV with a LGBTQIA+ community experiencing homelessness in New Zealand which reinforced rather than subverted power dynamics. One participant stated: “it doesn't feel like participatory or like a partnership at all. It feels like academics have chosen and stuck with a method that the community doesn't want” (p6). A further barrier in Fraser et al.'s study was that participants, who already felt stigmatised and vulnerable, sought invisibility not visibility via filming. This was pertinent to our project given the high stigma attached to mental health in India, and the vulnerability young people may feel in speaking ‘visibly’ [34]. A second uncertainty for us in using PV was that it could be perceived as a colonial practice encouraging western values around adolescent voice and agency that are inappropriate

in the Indian school system [35]. Risks are often intensified when PV projects are co-led across countries; in our case, the UK (a former colonial power) documenting youth mental health in India might be seen as a colonial gesture rather than one that served a true local appetite for participatory research [36]. Given the scarcity of youth participatory research in India, there were also risks that PV might be considered solely as a youth-development activity. Finally, when young people are invited to make films about their mental health, there is a risk of exposing systemic problems that are uncomfortable for stakeholders, creating tensions around reputational damage and who is held to account (as was experienced in [37]). PV cannot in and of itself escape established power dynamics and may even play out the very power dynamics the method ostensibly seeks to challenge [38].

Aims

To understand the potential and challenges of using PV in Indian school mental health research, (Project SAMA), we examined two interrelated questions:

1. *Is PV a feasible and helpful methodology for school mental health research in India?*

For PV to be considered feasible, we set a target (as is routine in feasibility studies, [39]) that we should be able to: train a core group of Indian researchers in PV to the level of being able to produce a basic film (constituting a new team with foundational PV skills in NIMHANS (SAMA Research Staff), who could then train others (lay counsellors), in sufficient numbers to support PV in the SAMA study; engage and get consent for at least two of the SAMA study schools and ten young people to make a minimum of two films; and secure permission to screen the films in those schools. For

PV to be considered helpful for intervention research, we wanted PV to generate new youth-centered insights on adolescent mental health in India and on our intervention.

2. *Does PV benefit young people directly?* The WHO's *Global Consensus Statement* defines meaningful youth participation in research as "an inclusive, intentional, mutually respectful partnership between adolescents, youth, and adults whereby power is shared, respective contributions are valued, and young people's ideas, perspectives, skills, and strengths are integrated into [outcomes]" [40]. We examined whether our use of PV could meet this standard.

2 Methods

PV was a workstream of Project SAMA which was a collaboration between the National Institute of Mental Health and Neurosciences (NIMHANS), and research institutions in the United Kingdom (UK). Whilst there are many school programs in India to support youth in life skills [41], there was no whole school program in India which worked across actors and systems to promote protective factors (e.g. positive relationships) and reduce risk factors (e.g. punitive teacher practices). The project's main aim was to co-design and feasibility test a whole school program to support adolescent wellbeing in secondary schools, with the primary aim of reducing symptoms of anxiety and depression.

Following a systematic review of global literature to identify candidate whole school programs for co-adaptation [42], we conducted co-design workshops with adolescents, educators, parents and mental health professionals in the state of Karnataka. The final intervention had components targeting adolescent mental health literacy and capacity for self-care, teacher mental health literacy and capacity for positive discipline practices, school climate) and parent mental health literacy [43]. SAMA lay counsellors (called

SAMA Sneitharus - the Kannada word for friends) were trained and embedded in study schools for 6-8 months to support intervention delivery. Our primary purpose was to examine intervention feasibility, and we tested this in five intervention schools and three waitlist schools [13].

Our plan was to use PV in the study schools to create adolescent-led films that highlighted participants' everyday experience of school, how it influenced their mental health and their experience of the SAMA intervention. The Research team included a highly experienced participatory filmmaker (PC) who has worked with adolescents globally on challenging issues, from the experience of undocumented children in South Africa to the impact of substance use on young people in India [24, 44].

PV Method

Our approach to PV was grounded in a method summarized in Shaw and Robertson [45-47] who provide four widely accepted ground rules for PV projects. These are that: all participants take turns in a variety of production roles and roles are rotated regularly; all participants who want to can perform in front of the camera each session; all video material is played back to participants after each session; and video recordings are confidential and only shown externally if all participants agree [46].

Step 1: Train the trainer model

We adopted a train-the-trainer model, cascading knowledge and capacity for PV across the research staff (based in NIMHANS, India), then to SAMA lay counsellors based in study schools and then to early career researchers (ECRs). As per global agendas for capacity building [48], our train-the-trainer model aligned with a project commitment to build in-country capacity for new research methodologies. Work began with a series of

train-the-trainer online workshops facilitated by PC for research staff in NIMHANS on the basics of film production (e.g. using the camera, framing shots, sound recording, telling a compelling story, and basic editing skills). Following training, the Research team developed a manual to guide their approach to working with adolescents (Training Young People in Filmmaking). This included plans for six workshops that take participants through the steps of developing, producing, and screening a film in, and with, their community. The manual built on one produced in an earlier project led by PC (Community Arts for Antibiotic Resistance across Nepal), which used PV to support communities in finding appropriate solutions to the misuse of antibiotics [24].

Step 2: Recruiting PV Participants

We recruited adolescents from schools participating in the SAMA intervention study via announcements made by lay counsellors. Teachers and other school staff were not involved in identifying, nominating, selecting or encouraging individual students to participate. Participation was voluntary, with interested adolescents opting in following the announcements. Adolescents were informed that taking part would: (i) require parental permission and personal consent, following reading of the full study information letter; (ii) involve attending film workshops on school premises with other young people, researchers and filmmakers to create short films to help viewers understand what affects adolescent well-being in school; and (iii) that they could decide if they wanted to use their own name and/or appear on camera.

Step 3: Creating films

Film workshops took place on school premises supported by two facilitators - a research staff member (trained in PV) and the SAMA lay counsellor embedded in the schools. The

film workshops were conducted over 1-2 days in the schools following the steps outlined in Table 1. Overall, the facilitators provided timekeeping and structure through creative filmmaking activities, supported group discussion to ensure inclusivity and shared decision-making, ensured safety (e.g., no exiting school grounds) and encouraged young people to share and test ideas.

Table 1: Steps in filmmaking in schools 1 and 2

Step	Tasks
Learning the basics of film production	Participants were taught to use the camera, frame shots, record sound, how to tell a compelling story, different modes of telling a story (documentary versus fiction filmmaking; animation versus live action) and basic editing skills. A 'learning by doing' approach was adopted: participants would try an activity and discuss what went well and what could be improved.
Collaborative script development	Facilitators made clear that the film should relate to their wellbeing in school and /or their experience of SAMA, but that they could choose their focus. Once chosen, work began on idea generation, thinking about the potential audience for the films and how they could tailor their story to reach this audience. This was followed by consensus-building exercises, storyboarding and possible scenes to shoot.
Implementation of the script	Input from each participant was sought to finalise the 'shooting script'. Participants selected locations. Trainers helped to ensure

	that the group remained silent when filming and facilitated the engagement of teachers and other staff as interviewees in some of the films.
Editing and reflective analysis of the films	After an hour of filming, each group watched what they had recorded on a wall in the classroom. Adolescents were asked to reflect on the content and shooting and what they would like to see in the final film and what kind of emotional 'feel' they wished to present. In school 1 there was limited availability of software on site for editing. Therefore, this was primarily undertaken by the research staff, in accordance with the adolescent-generated storyboards and shooting scripts. Participants were consulted on a rough cut and the final edit. In School 2, students edited the films on their own, with the rest of the group collaborating in discussion of the edit, as well as the use of music and the overall design of the film.

Step 4: Film Screenings

Each participating school screened their films with the permission of the filmmakers and the support of the SAMA Lay Counsellors and the research staff. The research staff facilitated the discussion post-screening. Films were also uploaded to our project YouTube channel and shown at a project impact event.

Data collection and analysis

We addressed our research questions by drawing on different data types as summarised in Table 2.

Table 2: Data used to address our research questions

Research Question		Data				
		PV completion rates	Film analysis	Impact event stakeholder responses	Focus groups (n=31)	Research team reflective practice
1	Is PV a feasible and helpful methodology for school mental health research in India?	✓	✓	✓	✓	✓
2	Does PV benefit young people directly?	✓			✓	✓

To examine research question one, we assessed outcomes against our feasibility targets. To explore whether PV was a 'helpful' methodology, we drew upon film analysis, adolescent focus groups, impact stakeholder responses and our team reflective practice.

Films were analysed using reflexive thematic analysis (RTA [49]). Step one of RTA involved multiple viewings of the films as a project team (n=9), spanning Indian and UK research expertise in psychology, clinical psychology, social psychiatry, film studies, PV and school mental health. A collaborative familiarisation approach was adopted to enrich early engagement with the data through the team's diverse insider and outsider positions (including experience with the young filmmakers, local school contexts, and mental health research) enabling a wider exploration of patterns, meaningful features, and possible analytic directions. We discussed scenes, characters and overarching narratives with a focus on what the films revealed about adolescent mental health and our school intervention. To attend to multiple dimensions of the films, we used a range of stimulus questions exploring: (i) the visual aspects of film (e.g. how the camera captured the environment); (ii) audio (e.g. what is the sound doing in the film: is it diegetic (originating from inside the fictional world of the story) or non-diegetic (things added for the audience that characters cannot perceive) and how does this change our understanding?), (iii) narrative (who or what is in the film, who is missing that we might expect, what are the possible latent and semantic meanings?); and (iv) editing (e.g. how is the story put together, what is the pace of the film and how do transitions shape the story?). We generated notes from Step 1 which helped orientation for Step 2 of RTA. This involved two researchers (SHJ, psychologist and PC, film studies) independently conducting line-by-line coding of the films as audio-visual 'texts' [50]. Through discussion, final codes were agreed and in Step 3, they generated initial themes collaboratively. These were brought for review by the project team involved in Step 1. Our aim here was to refine and define themes (Steps 4-5). We did not conduct member checking with regards to themes with the adolescent filmmakers.

We also examined research question one at a SAMA Impact event in India (2024) where we invited attendees to anonymously complete a questionnaire (Appendix 2) which asked: (1) According to you, was the film easy to understand?; (2) Did the film help you understand more about SAMA?; (3) What for you was the best part of the film?; (4) What for you was the key message of the film?; (5) What do you think could have been done differently in the film? Questions 1 and 2 had a five-point rating response option. Questions 3, 4, and 5 allowed respondents to provide detailed feedback (Appendix 1). Responses from all 40 respondents were reviewed and commonly occurring responses were identified and grouped into broad categories. The number and proportion of respondents providing each common response were then calculated.

To explore aspects of research questions one and two, we conducted focus groups with the adolescent filmmakers. School, parent and individual consent had been secured for this at the point of PV recruitment. Focus groups, reaching n=31 adolescents were conducted separately on site in the government and private school immediately after the film screening in their schools. The discussion was conducted by the research staff in the absence of the SAMA lay counsellors and scaffolded by a question guide (Appendix 1) designed to help adolescents share experiences, insights and challenges encountered during the PV process. The research staff members were mental health professionals and followed the SAMA Safeguarding Protocol for safeguarding any adolescents in need of support. Discussions were video recorded with consent, transcribed verbatim and subjected to a basic thematic analysis conducted independently by two research staff members (RN, Clinical Psychologist and Research Assistant, and SGP, Psychiatric Social Worker and Research Manager). Steps included data familiarisation, line-by-line coding, generating preliminary themes, and refining final themes.

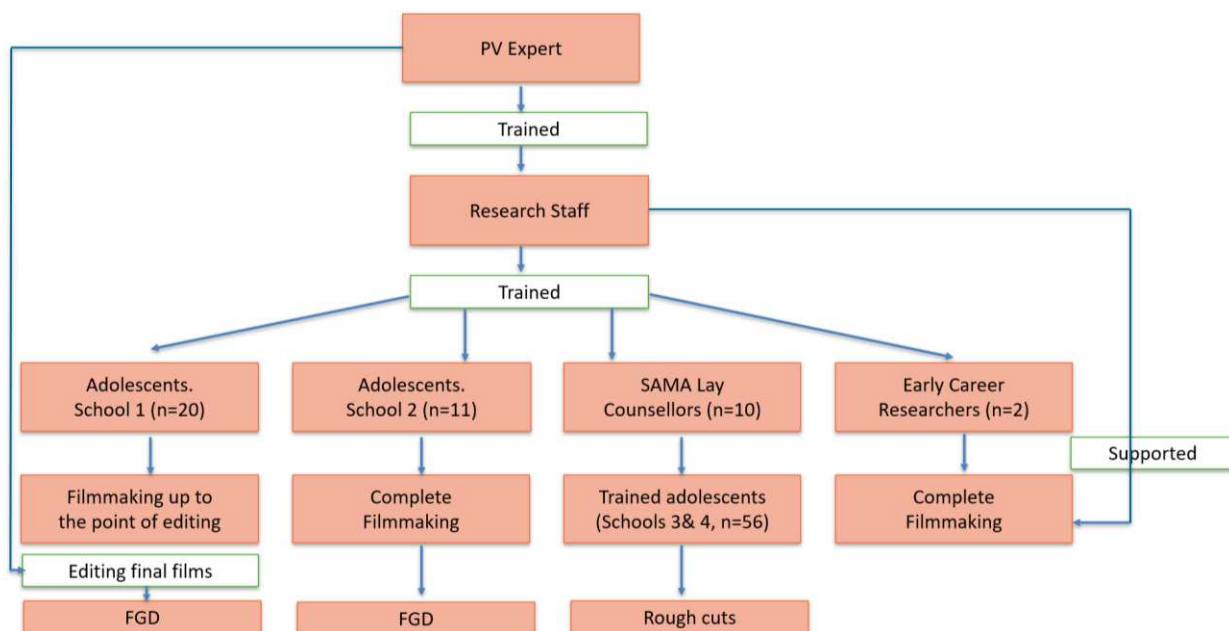
3 Results

We present the results of our study under our two research questions.

Question One: Is PV a feasible and helpful methodology for school mental health research in India?

Feasibility was established via a train-the-trainer model (Figure 1). We met our feasibility threshold of training a core group of Indian professionals (n= 17) which included the research staff (n=5), lay counsellors (n=10), and additional early career researchers (n=2) in PV to the level of being able to produce a basic film and use the SAMA manual to train adolescents. Four study schools consented to take part, exceeding our target of two. We initially worked with Schools 1 and 2: 20 adolescents were recruited from school 1 (rural government school, co-education, English medium of instruction) and 11 were from school 2 (urban private school, co-education, English medium of instruction). Ages ranged from 12-16 years (males) and 13-16 years (females). We did not collect demographic information about our youth filmmakers beyond school grade, age and gender. Both schools had completed the youth-focused, classroom component of the SAMA intervention but other intervention components (school climate, teacher and parent components) were ongoing when PV was initiated. Four films were produced, exceeding our target of two. The other two schools (n=56 adolescents) created only rough cuts. They could not complete the films as their academic schedule did not accommodate completion of films.

Figure 1: The administered PV train-the-trainer model and numbers reached



Note:

Research Staff (n=5): 2 Research Managers, 3 Research Assistants.

SAMA Lay Counsellors: Also called Sama Snehitharus (n=10).

Early Career Researchers (n=2): Post graduate researchers involved in policy advocacy components of the project.

We met our target of securing permission to screen the films in at least two study schools. School 1 screened the films in a special event attended by students, teachers and the headteacher (total n=80). School 2 screened the film in a school assembly attended by students, teachers and the headteacher (total n=150). Films were uploaded to our YouTube channel, accompanied by a question to help viewers reflect on the films and how they might relate to their own context. To date, films have attracted around 500 views.

Film analysis

That PV was a ‘helpful methodology’ (part of research question one) was established via six themes, generated from analysis of the four created films. Table 3 summarises the film content, linked to themes, which captured important insights about how the young people see mental health difficulties arising, their experiences of this and how they might try to find resolution of difficulties. Themes were: (1) *Trouble and stress leads to poor mental health*. Young people conveyed that feeling troubled and distressed as their phenomenology of mental health; (2) *It’s about what’s happened to me*. This conveyed that distress emerges from things that happen to young people and not from internal dysfunction or deficiency; (3) *Just cope alone*. Adolescents are likely to try to cope for a long time on their own without seeking help; (4) *Nothing can be done*. Films conveyed that adolescents often do not see anything obvious that they can do to overcome their difficulties; (5) *When others notice*. Other people noticing they are not okay is important; and (6) *Relational safety and validation*. Adolescents conveyed that they need a safe relational space, in which they are taken seriously, as a first step towards unlocking internal and external resources to cope. Validation comes with ‘help that helps’ and includes practical action.

Films also revealed youth perspectives on the SAMA intervention which differed from those of the research team in four main ways (Table 3). These allow us to examine how PV might be a ‘helpful’ methodology to enable our intervention development and school intervention research more generally. First, the intervention was perceived differently by adolescents compared to teachers or the research team as intervention designers. Adolescents focused on the need for ‘something’ in school to help them feel taken care of emotionally, whereas SAMA designers and school staff conceived of the intervention

as a way to advance students' mental health literacy and potential for self-care. We also observed an interesting variation in use of the idiom '*back on track*'. Adolescents (in 'Viona is Back on Track') and a headteacher (interviewed by students for the documentary). Although both groups referred to getting 'back on track' academically, adolescents described themselves as having been pushed 'off track' by challenging life circumstances, whereas the headteacher attributed this to student distraction, low motivation, and mobile phone use. The contrasting uses of the idiom not only invoke competing explanatory framing for poor youth wellbeing, but they also imply different roles for intervention (care vs educational rehabilitation).

Second, for adolescents, the lay counsellor component was centre stage in its importance and helpfulness. Although this role was planned-by-design, we did not anticipate this component trumping all others (e.g., psychoeducation, positive classroom practices). Sharing problems with a lay counsellor was presented as providing the relational space for empathy followed by practical guidance, formulated as the 'perfect mix' by students. Third, the quite simple Speak Out box was a more significant intervention component for adolescents than we anticipated; it provided easy, private access to a lay counsellor and removed the pressure from students to initiate contact via a face-to-face conversation. The films underscored the importance of enhancing this intervention element in future iterations. Finally, students perceived the intervention as giving them a platform for youth action, and the importance of this for peer-to-peer dialogue about things that are troubling them. Without the intervention, students did not see any other obvious form of, or route to encourage, youth-led action. We had envisaged the peer roles as an important way to liaise with the lay counsellor but did not anticipate they would feel empowered to act on

issues such as bullying. Further insights into the helpfulness of PV for intervention research are reported under the focus groups analysis in the next section.

Table 3: Details of the four films produced by adolescents and analysis of their representation of mental health and the SAMA whole school intervention.

Title	Duration and form	Description	What do the films tell us about adolescents' views of mental health?	What do the films tell us about adolescents' view of SAMA?
SAMA and Us	7min 56 sec Documentary	Adolescents were invited to make a film reflecting on SAMA in their school. They began with what they valued about the program before interviewing their lay counsellor, a teacher and the head teacher. They highlighted aspects of SAMA they considered to be the most important.	1. Poor mental health arises for adolescents from having many life problems (compared to teachers who feel adolescence as a problematic age). (Themes 1 & 2) 2. Not being able to share problems (because of the lack of empathic adults) gives rise to mental health difficulties [Scene from the film where an adolescent narrates that "Adolescents have many problems. They couldn't say to anyone, and they face mental problems."] (Theme 1)	1. Students have different views of the need for, and mechanisms of SAMA, compared to the research staff. 2. SAMA fills a need for adolescents to feel taken care of emotionally in school. (Theme 6) 2. The lay counsellor is the 'centre stage' element of SAMA for students. (Theme 6) 3. The Speak Out box removes the challenge of initiating a direct approach to a lay counsellor and is a critical mechanism to make help-seeking easier.
Viona is back on track	3 min 34sec Animation	Explores the stress felt by its protagonist, Viona, as she lives with serious difficulties at home. SAMA is presented as a useful programme to help her address this pressure, to overcome her mental health problems and to get "back on track".	1. Good adolescent mental health is indicated via relational, social and academic stability. 2. Adolescent mental health is affected first by external events which become internal events. (Theme 2) 3. Adolescents can pretend they are okay despite being 'broken' inside. (Theme 3) [Scene from the film where Viona was "portraying good to the outside world but broken into many pieces from within"] 4. Distress can take time to seep out and be visible to others in school. (Theme 5) 5. Adolescent distress needs a relational solution followed by a practical solution. (Theme 6) 6. There is often no obvious relationship for adolescents to experience help in school. (Theme 4) 7. A focus on 'what is happening to you' is important to adolescents (vs what is wrong with you). (Theme 2) 8. Via 'helps that helps', good mental health can be restored despite ongoing life circumstances. (Theme 6)	1. That SAMA was the only obvious form of help (to the story character). 2. There is tension between wanting and fearing help-seeking in SAMA due to potential stigma. 3. Having multiple ways to access help is important in school. 4. The Speak Out box was important for ease and privacy. 5. Lay counsellors are a relational space to provide empathy and guidance to handle emotions and situations. 6. Sharing problems with the lay counsellors stimulates recovery and problem resolution.
Aryan Vs the Bullies:	3 min 45 sec Animation	The impact of several months of bullying on quiet Aryan, who did not know how to handle this and	1. Bullying is a known harm in schools that affects vulnerable students in extreme ways. (Theme 2)	1. Peer mediators can take action for vulnerable students who may not be able to do so themselves.

		whose academic life and wellbeing was deteriorating rapidly. How SAMA peer and lay counsellor components provided a route to empower Aryan to address the bullying. Without this, his mental health trajectory would be 'ruined'	2. Adolescent mental health is affected first by external events which become internal events. (Theme 2) 3. Adolescent distress needs a relational solution followed by a practical solution. (Theme 6) 4. There is often no obvious relationship for adolescents to experience help in school. (Theme 4) 5. A focus on 'what is happening to you' is important to adolescents (vs what is wrong with you). (Theme 2) [Scene in the film where Aryan didn't want to come to school and started questioning why it was happening to him] 6. Bullying must be eradicated to protect adolescent mental health. (Theme 2) 7. Via 'helps that helps', good mental health can be restored and even enhanced. (Theme 6) 8. Restoration of mental health does not always need psychological input. (Theme 6)	2. When given power to influence, adolescents will take immediate action against bullying of their peers. 3. Routes to engage with adults in school are crucial to trigger helps that helps. 4. Being taken seriously and being involved in decisions are critical steps towards being empowered to address bullying 5. SAMA provided routes to being taken seriously and routes to action.
Handling stress	3 min 20 sec Live-action fictional film	Close up of the adolescent experience. The adolescents show how the academic journey of a student is often accompanied by the significant, but frequently overlooked challenge, of stress. Stress may appear in the form of academic pressure, social pressures or extracurricular overload. The film suggests that the stress faced by adolescents in schools can have profound effects on their mental health, academic performance, and overall well-being and how it is important to give students the support to overcome these challenges.	1. Stress emerges from pressure placed on adolescents in schools. (Themes 1 and 2) 2. Not taking adolescent stress seriously is a risk for their mental health. (Theme 3) 3. Mental health is supported by responsive action. (Theme 6) 4. With encouragement, students want to play a central role in promoting mental health in schools themselves. 5. Having strategies to manage stress can help mental health. (Theme 1) [Scene from the film where the mental health counsellor explains to students that it is essential to manage stress and prioritise good mental health]	1. The lay counsellor is available, open, validating and invited 'working together' on managing stress. 2. SAMA (via the lay counsellor relationship) gives students a platform to drive forward their own action on adolescent mental health in school. 3. Students involved in leading school mental health activities experience personal benefits and a sense of pride.

Question Two: Does PV benefit young people directly?

That we recruited participants identifying as male (n=18) and female (n=13) suggests the methodology appeals to both adolescent boys and girls. Collaboration and inclusive participation from all involved were evident, although boys tended to be more interested in technical aspects (e.g. handling the camera, editing) and girls more interested in writing scripts, acting or narrating. Analysis of the focus group discussions helped us to understand adolescents' experiences across three themes, summarised below with illustrative quotations tagged by school (S) and adolescent id (A).

Theme 1: Diverse positive experiences of filmmaking

The relatively short, basic training in PV provided by the research team, supported by SAMA lay counsellors, appeared fit-for-purpose, making them feel equipped to execute the filming relatively quickly. Adolescents described the training as “awesome” (A3, S2) and “very exciting” (A2, S2). Hands-on, interactive training was especially welcomed by the adolescents: “on the second day we had a recap of the parts of the camera and the tripod and stands. It was very helpful...it was very interactive, I loved it a lot” (A7, S2).

Taking part in PV was reported to be an extremely positive experience in four main ways. First, the experience was described as novel and “cool”: “We got opportunities to act and do new things and discover stuff.” (A7, S2) and “it was the first time I ever held a camera in my hand so that was like really cool.” (A9, S2).

Second, PV was consistently described as fun, often attributed to the fact that they were filming with peers (“It was fun shooting and acting with my friends” (A8, S2) and because they had freedom on the school site: “My favourite part honestly was running around the school...we all had a lot of fun!” (A10, S2). Fun was also reported because of a type of

flow or absorption in the task: “I forgot everything else. It was a fun experience.” (A10, S2); “I had fun editing also and the experience was so good” (A3, S2).

Third, several participants reported a positive experience because of new insights into themselves. For some, this was because they did things that they had not expected they could do (“the entire filming process helped us discover new things in ourselves” (A10, S2); “I had never expected that I would be on screen...that I would be able to contribute to mental health awareness” (A2, S2). A new awareness of personal competence was experienced by some: “I felt efficient” (A1, S2); “We came to know that we are good directors, and illustrators and can do so much more” (A10, S1).

Fourth, PV was described as positive because it was experienced as a unifying experience among the adolescents: “I like the way we all came together. All of us did teamwork and I really appreciate it” (A6, S2). They also felt that SAMA had “given each one of us a chance to voice out our opinions” (A6, S2). One participant reported a profound impact: “This filming workshop by SAMA helped me recognise who I am” (A2, S2), and another felt they were newly equipped to stand up to bullies “through the videos, SAMA has helped me a lot ... I never would be able to handle bullying, but this year because of SAMA I don’t easily back down now. This year I am stronger. Bullying is normal for people like me and this filming by SAMA had a huge impact on my life” (A7, S2). It is important to note that the SAMA lay counsellors were available to support students with regards to reported bullying or other issues arising from the filmmaking process, in line with the wider SAMA safeguarding protocols [43].

Theme 2: Pride from movie screening

Adolescents reported excitement and pride about the film screenings. Excitement was due to the shared viewing with people that mattered to them: “It was an amazing experience to watch the movie with everyone else present in the room including your classmates, your teachers and your headmistress” (A9, S1), and to the anticipation of seeing oneself “centre stage”: “I was extremely excited. I was excited to hear my own voice” (A11, S1). Pride was felt: “My first impression was that I was proud of myself” (A3, S2) as “I had never done anything this official in my whole life, and it was very exciting to see the edited version” (A7, S2). “When I saw the movie, I just felt one thing. Very proud” (A10, S1). The importance of being recognised also surfaced in talk of other films they would like to make: “I want to make a movie about me. I want the world to know that I am not an anonymous person, and no one here is an anonymous person. So, everyone should show up and not hide themselves from the world. So, this world is not just meant for rich people, the poor people also should get a chance to act.” (A2, S2).

Theme 3: Wider personal and school impacts of filmmaking

Adolescents reported multiple ways in which they felt the impact of the project on them individually and, on their school community. First, all students felt the films helped them to better understand the broad purpose and structure of the SAMA program, exposing how much the research team had misjudged what adolescents had grasped from the program launch: “Actually, it (the films) did help us understand more about SAMA... I think this movie was a very good method of spreading awareness of what SAMA is” (A6, S2); “Before coming to the filming group, I was not really very interested... Only after coming here (to the film screening), I got to know about SAMA and that there are workshops and sessions that are going on” (A1, S1).

Films also increased understanding of the SAMA lay counsellor role: “I used to think the role of the SAMA Snehitharus is just to listen to our problems and to give advice. But after seeing these films, I realised that they also help in getting solutions to the problems” (A2, S1).

Second, films “added to my understanding of mental health” (A2, S2) and were seen as an effective way to raise mental health awareness in school because it was students speaking to students: “this movie was a very good method of spreading awareness of how we can deal with stress and depression, how we deal with a lot of things in adolescence” (A6, S2). Critically, it was because the films were perceived as student-to-student dialogue that they had power to influence: “when students see these videos they may be able to think that these videos are created by students and if they could come out of their problem, so can I. They may also open their heart and talk to the SAMA Snehitharus” (A3, S1); “It’s a good way for people to relate that by seeing the film, people might...seek help and support” (A6, S2). Adolescents reported that the films helped to clarify and consolidate how the intervention might help them with specific problems: “I got to know that SAMA can be of help to you even if you are being bullied and you can come out of it as well” (A7, A15, S1).

Creating the films together also meant students shared mental health experiences with each other: “Also, I think being a part of SAMA (filming group) with my peers... all of us understood how well all of us can deal with stress and depression. Some of us might not have gone through it and some of us might have” (A6, S2). In discussion about what other films they might like to make, the participants also emphasised that they wanted to make more films about mental health and related aspects: “And I would also like to make a movie about bullying” (A8, S2). “I would also like to make a film on bullying, depression,

anxiety to highlight the problems and how they could be overcome” (A7, S2); “I would like to make something like about multiple personality disorder, something like a Marvel movie” (A10, S2).

Third, adolescents felt the films could be an important influence on teachers and parents who, after viewing the films, “might also think that ‘we should also bring SAMA to our school’”. Even parents may think that “even if our children hide something from us, they may share it with their teachers... the SAMA teacher” (A3, S2). The usefulness of the films to raise awareness in future imagined audiences was also noted: “a lot of times people will not listen to you. They might not have the time or interest. But filming is totally different. It’s so different so people will have interest to see this, try this and can even change by seeing this” (A3, S2).

Participants suggestions for future films also revealed which parts of the intervention the adolescents wanted to explore more: “We can shoot a narrative about how the SAMA Snehitharus will teach the students. Capturing sessions of the SAMA Snehitharus with the students” (A9, S1). Some wanted to make a film about the reality of school life: “We can show how sometimes teachers scold and that makes us feel bad. They might not have time to understand each student’s feelings” (A3, S2); “I would like to make a movie about the everyday life of a normal student...a message to the world about what are the difficulties that we go through or how we are sometimes ignored” (A8, S2).

Impact event: Screening feedback

The four films were screened at a SAMA in-person impact event (2024) in NIMHANS, India. Attendees (total n = 56) were education and mental health policy actors, NGO staff, headteachers and SAMA lay counsellors. Out of 56, 40 gave feedback. Most (97.5%,

n=39) reported the films were easy to understand with clear messages, and most (87.5%, n=35) felt the films helped them to understand the SAMA intervention study. When asked about the best part of the films, 42.5% (n=17) indicated this was the importance given to youth voice, their experiences and ideas. Others valued the creative / artistic output, the involvement of school staff (e.g. being interviewed by young people) and the way the films communicated how the SAMA whole school program could help young people. The audience's very brief analysis of the key message of the films were similar to those of the research teams' in-depth analysis and included: that young people want their experiences and needs to be acknowledged, and to have help that helps (30%, n=12); that SAMA elevates mental health awareness in young people and how lay counsellors can help (22.5%, n=9); and the importance of the Speak Out box (12.5%, n=5). Stakeholders felt the films could be improved by being longer but should continue to focus on how the intervention impacted young people specifically and how lay counsellors practically addressed issues.

4 Discussion

Our study established the feasibility of PV methodology for mental health research in India, working with adolescents and their schools. Relating to our first research question, we met our first feasibility threshold of training a core group in PV to constitute a new team with foundational PV skills in NIMHANS, who could then train others in sufficient numbers to support PV in the SAMA study. Starting from a position of one expert (PC, based in the UK), we trained the research staff in NIMHANS who cascaded this to 12 other researchers and lay counsellors in Karnataka. We exceeded the feasibility threshold for school and adolescent engagement for PV, and for films produced, by recruiting 4

study schools and 31 adolescents who produced four films. Setting of feasibility thresholds in our study was intended to help us understand the scalability potential of PV in any future trials of SAMA but also as a research methodology for use in Indian adolescent mental health research. Thus, our thresholds were meaningful to our project needs.

None of our four main concerns relating to feasibility were borne out. We did not encounter barriers associated with mental health stigma nor fears of school reputational damage if poor student mental health is documented, which is a widespread concern in India [36]. Our schools' positive engagement with PV may have been influenced by our use of the term 'wellbeing' rather than 'mental health', by the relationship building undertaken by lay counsellors, and by our working in partnership with schools who retained editorial rights on film outputs [34, 51]. We also did not see any evidence that PV was viewed only as a youth development activity, and we did not experience criticism of PV as a colonial practice imposing western values of adolescent voice and agency and stakeholders' responses at our impact event showed the potential of youth voice via PV films to land well with decision-makers in India. Less clear, however, was the extent to which schools and stakeholders felt held to account by the films – an issue raised by adolescent participants in [52]. As PV in our project was at an early stage, we could not track the longer-term impact of the films on those audiences.

Our second research question enquired into whether PV met the standards for meaningful research participation with benefits for the adolescents. In line with much of the literature on PV [53] and resonating with the WHO's global consensus statement on meaningful participation in research [40], PV was reported by our participants as an overwhelmingly positive experience that respected their skills, ideas, perspectives and strengths.

Participants described PV as enjoyable and empowering, reporting new skills, greater self-confidence, stronger peer connections, and increased capacity to address problems. There were, it should be noted, differences in the delivery of the workshops with regard to film editing. In school 1, participants engaged were not involved in the technical side of the editing process. They were, however, fully involved in making editorial decisions about the shape of their narratives. While we cannot assess how this particular group might have responded to the project if they been able to physically use the software there was no noticeable difference in the way this group responded to taking part in the project and their sense of ownership of the work produced versus the other group who were involved in the final technical step of putting film clips together. Film screenings fostered pride and challenged assumptions that discussing mental health is stigmatising for Indian young people.

Empowerment is widely cited as an outcome of PV with young people [54-57], yet it is rarely clearly defined or measured. One exception is [58], which defined empowerment as individuals' beliefs in their capacity to influence others and apply learning to their own health behaviours. Our findings support this conceptualisation. Adolescents described pride in learning more about mental health, sharing their perspectives and being taken seriously. Empowerment from PV also appeared to be an iterative process, shaped by whether young people felt facilitators were really handing over choice and control, a finding that resonates with other PV studies emphasising the importance of authentic power [56,59]. Consistent with [60], our participants also highly valued working alongside peers and combining their efforts.

With regards to the helpfulness of PV as a methodology in school mental health intervention research (part two of the first research question), we identified multiple benefits. We found that, within the rigid power structures of the Indian school system, PV provided students freedom to inhabit the school space in a very different way to how they experienced it normally, contributing to empowerment benefits. Most notably, the data also suggested that PV may have given adolescents an opportunity to build ‘psychological ownership’ (PO, the sense that something is ‘mine’ or ‘ours’) [61] of the intervention by documenting it and promoting it to their school community. Emerging from organisational psychology, the concept of PO has been extended to understanding if people feel ownership over their individual health and wellbeing programs [62, 63]. Theoretically, PO is supported via a sense of control, intimate knowledge of a program or approach, and personal investment in it [64]. However, PO has not been applied to understanding intervention ownership more broadly.

Whilst it is impossible to completely disentangle the influence of PV on such potential ‘ownership’ from other intervention components, the data suggests that PV helped build more intimate knowledge of the intervention, gave adolescents and schools a sense of control over how it could work in their schools, and welcome the intervention into their school more than was achieved (at face value) by the research team (increased investment). This is an important observed effect as ownership, or lack of it, can significantly influence an intervention’s acceptability and ultimately effectiveness [65] and may be one reason why, globally, school mental health interventions do not generally experience much success [66]– students feel ‘done to’ rather than ‘worked with’.

The films also allowed us to see adolescents’ perspectives on which intervention components were more or less important, which we could triangulate with post-

intervention process evaluation data [67] to inform which intervention components could be dropped or intensified. For example, we were struck by the attention the lay counsellors attracted in the films. By seeing how adolescents were explaining the intervention to each other in the films, we could also see where there were misunderstandings, assumptions, or false expectations, as well as what was working well, which we could respond to whilst the intervention was live. Such adaptive responses can support an intervention's success [68].

The use of PV in our study also helped us to understand adolescents' formulations of mental health and what responses they would like to see in their school. Notably, their formulations diverged from adult-centric, psycho-medical models of mental health which often situate poor adolescent mental health as a consequence of developmental changes, poor cognitive and emotional regulation, and engaging in risky behaviour [69, 70]. While our intervention had been informed by the few available studies on Indian young people's mental health [71, 72] some insights and emphasises in the films were especially helpful to us. The films reminded us that school mental health interventions should be applied to everyday, typical situations affecting youth wellbeing and should contextualise poor mental health in terms of problems that happen to young people, rather than as an inevitable outcome of the adolescent stage per se. Films also emphasised to us that adolescents want to get to know a person (e.g. lay counsellor) before approaching them for help in school. They also underscored the importance of the young person being taken seriously. Furthermore, films indicated that interventions should equip adults to deliver 'help that helps'. Particularly new to us was that interventions should support peer-led action for mental health, enabling adolescents to talk together about, and share strategies for, dominant concerns, especially bullying and managing academic stress. Such insights

will be triangulated with our intervention logic models to include what young people see as mechanisms of change. The films also gave us, as researchers (many of whom were based in the UK), a sense of the implementation conditions [73] in schools from the perspectives of young people, which will enhance our interpretation and understanding of outcomes.

Critiquing PV

While our focus here has been to document the feasibility and helpfulness of PV as a participatory method in our school mental health research in India, we simultaneously raise critical issues around this method. First, we are not sure how inclusive our PV project was, where inclusion refers to involving a diverse range of young people, especially those who are usually excluded [74]. This is a difficult criterion to evaluate. Although any young person could opt in to our PV project, it is possible that schools proffered their best students, or that only the most gregarious and creative young people opted in. As PV projects are limited in the number of filmmaking participants they can involve (due to the capacity of facilitators and/or the amount of equipment available), claims to broad inclusion can be difficult to substantiate. We have learned that we must find out more about who comes forward for PV projects in schools, and where greater effort is needed to support typically excluded young people.

Second, PV is not a liberating, participatory methodology. Rogers [75], who used PV with young people in alternative education settings in Canada on the topic of violence, argues that PV projects in schools can never be fully shielded from the infiltration of power inequity and dominant, privileged discourses. He was particularly troubled by the individualistic and deficit discourses which emerged from adults' reflections on the PV project as 'helping students better themselves'. In the films created in our projects, we

were similarly troubled by the 'back on track' idiom taken up by students in one film (*Viona is Back on Track*) and by a headteacher (in the *SAMA* documentary). Although both were referring to being 'back on track' in academic work, the students' position was that they were sent 'off track' by life circumstances whereas the headteacher attributed students going 'off track' to being distracted, with low motivation and mobile phone addiction – suggesting their need to be socially, morally and educationally reformed with an intervention like ours. The headteachers' blaming and perpetuation of 'individualist and deficient discourses' in the documentary film was problematic to us, yet young people did not edit out the headteacher (who was expecting to see themselves in the film). We did not raise this with either the filmmakers or the headteacher because our role was to support young people in making the films they wanted to make, rather than to challenge the content of those. Perhaps such improvement discourse is inevitable when PV is conducted in schools but it nonetheless shows how, even within projects designed to centre young people's perspectives on their own lives, PV can still be a platform for those with institutional power to reproduce deficit discourses about young people, mental health and educational success. As further evidence of the presence of power, none of the films produced by our young people challenged, or held to account, the harsh and demanding Indian education system which has been linked to high levels of adolescent stress, anxiety, depression and suicide [76]. This neglect was curious to us, as we had anticipated films about the culture of academic demand and expectation. It may be that such films were not made as this system is not visible to young people or because it is not a system that they feel they can speak about or have potential to impact – in which case, youth PV projects like ours may be inadvertently maintaining of oppressive structures. Of course, the lack of challenge about the oppressive education system may

simply be due to the fact that the young people wanted to make films which showed their teachers more of their unseen problems, rather than to use PV as we had imagined (i.e. PV as an individual rather than political tool). Thus, PV may be taken up by community filmmakers in ways that differ from the expectations of researchers.

Third, this then raised questions about how much we ought to have presented PV to the adolescents as a potential form of political and social justice action, in line with the method's traditional purpose. This was dilemmatic for us, i.e. how creative freedom in youth PV projects can be balanced with steering them to exploit PV for social action. Rogers [75] was left with similar questions. We concluded that the films made by our adolescents were indeed political in the sense that they challenged the individual deficit model of mental health and made calls for well trained, youth-centred relation-based support in schools. However, we have been left wondering if even more impactful films could have been produced had we framed the PV as political, although this may have been less palatable to recruited schools.

Strength and Limitations

A key strength of our study lay in the commitment to, and delivery of, equitable partnerships between the India-UK team, across our train-the-trainer model, and with schools and young people, meaning indigenous knowledge, values and practices shaped project delivery. We conducted close audio-visual readings of the films. This is a reasonably unusual approach as PV research does not typically attend to the 'types of film text such projects produce' and what these tell us about their producers' perspective [24]. We secured much needed evidence about young people's experience of this

methodology and showed how PV can be a novel and helpful method in a standard feasibility study design.

Our study was limited to four Indian secondary schools in one Indian state that had opted into Project SAMA; they are likely to have been particularly supportive of youth participatory research and welcoming of youth voice. The project could only support a small number of film crews, and the benefits of PV as reported by them may not be experienced other Indian young people with differing needs or barriers to empowerment. Lay counsellors were uniquely positioned to support the young filmmakers, but their connection to the SAMA intervention is likely to have shaped the narratives young people presented. When interpreting participants' accounts of the benefits of PV, it was not always possible to fully disentangle this from the effects of exposure to other intervention components where they may also have felt 'heard' in new ways. The depth of data sought from impact event stakeholders on the created films was necessarily constrained by the event and should be interpreted accordingly.

Implications

We offer three implications from our findings. First, PV should be explored not only as an evaluation method but also as a potential mechanism to support understanding, engagement, acceptability and ownership of school mental health interventions. Future research should examine whether these such participatory engagement could contribute to intervention effectiveness and sustainability. We are currently exploring ways to scale PV in SAMA rollout. Where resources are a barrier, alternative participatory approaches should be considered. Examples include shorter storytelling activities, student-produced

digital content or comics, and periodic participatory media projects embedded within interventions. Such approaches may preserve adolescent voice and the ownership-building functions of PV while increasing feasibility for larger-scale implementation.

Second, PV generated insights that are informing the refinement of SAMA prior to the planned randomised controlled trial and could inform other approaches to school mental health in India. Priorities we will address include easy and private access to empathic adults, practical support for everyday challenges and peer-led action for their own wellbeing in schools. Mental health training for school staff should include young people's perspectives and lived experience on their own mental health, which are often quite different to those held by those in power.

Third, young people's perspectives on the causes of distress and the forms of support they find helpful should be recognised as a critical source of evidence for policy and service design. Our findings support other calls for national and regional policies to support meaningful student participation in the development, adaptation, implementation, and evaluation of school mental health programmes [77, 78]. Policymakers should also move beyond individualised accounts of adolescent mental health to recognise the importance of relational, contextual, and school-climate factors in shaping young people's wellbeing.

Conclusion

In the context of school mental health research, our study supports the use of PV as a meaningful participatory research practice with Indian young people. We advocate for its wider use to advance youth perspectives on how to address the significant unmet need in relation to adolescent mental health in India. We also advocate for the use of PV as a

tool in intervention research, which can capture aspects of the intervention experience that are typically hidden or invisible to researchers. Our study showed that PV may support psychological ownership of interventions and, with further evidence, could be considered an intervention mechanism. At the same time, our study shows that PV may not be inherently emancipatory for young people when used in contexts similar to ours. All PV projects should be alert to whose voices and dominant narratives are amplified, how competing understandings of mental health are represented and subsequently negotiated.

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Declarations

1. **Clinical trial number:** not applicable
2. PPI is reported per GRIPP2-SF (Staniszewska et al., 2017)

Ethics approval and consent to participate

Ethical approval has been granted by the National Institute of Mental Health Neurosciences Research Ethics Committee (NIMHANS/26th IEC (Behv Sc Div/2020/2021)) and the University of Leeds School of Psychology Research Ethics Committee (PSYC-221). This research was conducted in full accordance with the ethical principles outlined in the Declaration of Helsinki for research involving human subjects. Informed consent to participate was obtained from all of the participants in the study and informed consent was obtained from the parents or legal guardians of participants below 16 years, prior to be included in the study.

Consent for publication

All participants and their legal guardians provided written consent for the publication of data, including anonymised quotes and film content. Where participants appeared on camera, explicit consent for public dissemination (e.g., on YouTube and during project events) was obtained.

Availability of data and materials

Available from the corresponding author on reasonable request

Competing interests

The authors declare that they have no competing interests.

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Authors' contributions

RN and SP: data collection, data analysis, writing - original draft; JN: supervision, writing-reviewing and editing; KH: writing-reviewing and editing; PC and SHJ: conceptualisation; data collection; data analysis; supervision; writing - original draft; writing-reviewing and editing. All authors read and approved the final manuscript.

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Supplementary Files

This is a list of supplementary files associated with this preprint. Click to download.

- [FGDQuestionnaireAppendix1.docx](#)
- [GRIPP2SF.docx](#)
- [AssessingthePotentialofParticipatoryVideoasaMethodtrackchanges.docx](#)