

## CASE STUDY TWO: THE MENTAL HEALTH SECTOR

### In which a writer and a comic artist help create a bridge between youth mental health workers and their clients

**Marc** has been making comics independently for many years, either self-publishing them or releasing them for publication in literary journals like *Overland*, *Going Down Swinging* and *The Lifted Brow*. In 2014 Marc founded Advicecomics, a cartoon advice column where readers can write in and ask for help from a range of cartoon columnists and receive their answers in comic form. Advicecomics modelled a way to discuss mental health that was accessible and popular.

**Penni** is a novelist, Ph.D. candidate, and creative writing teacher. Together, Penni and Marc are a graphic storytelling team who work collaboratively to create comics that creatively convey therapies and mental health concepts to young people.

**Mario** works for an organisation that provides specialist mental health services for people aged 15–25. Part of Mario’s job is to create online content that works as a kind of social therapy for young people. He employed Penni and Marc to help him develop the content.

This working relationship began when Mario had a problem that he needed to solve. His team, made up of psychologists, information technology specialists, and researchers, had created online content for young people that would help them better understand their mental health and develop strategies to help them maintain a good quality of life. The online content was text-based, with the occasional use of stick-figure drawings as ‘talking heads’. It was online and available to young clients. The problem was that the young people weren’t reading it.



After running focus groups, Mario identified the problems with the content. It was *'Too text-heavy, too cognitively demanding. It wasn't engaging. It wasn't appealing. They didn't see it as being relevant to their lives.'* Mario found that young people rarely looked at the therapeutic online content more than once and they often didn't remember it, even when the team branched out into other media such as audio or short animations. On Penni's recommendation of Advicecomics, Mario decided to introduce storytelling, graphic design and comics to see if they could be a solution to the problem.

The team began a new series of content by designing characters. In collaboration with the clinical staff, Marc developed four characters that would be recurring figures in a series of comics. Meanwhile Penni took the complex psychological concepts and therapeutic procedures and rewrote them into narratives with accessible language. Marc then created thumbnail drafts of the stories in comics form, which were tested with a focus group of young people. With their feedback, the comics were redrafted, Marc completed the finished art, and the result was uploaded into the system as content for users.

The process had some teething problems. At first the creative team felt like they were being pulled in two different directions. On the one hand they had to serve the young people who clearly wanted the stories to be accessible, funny, edgy and relatable. On the other hand, the clinical staff had their own set of concerns: they needed the content to be rigorously and scientifically evidence-based, and they needed to prove to their funding bodies that the therapy worked.

Marc, like many great alternative cartoonists, has an ability to depict everyday life honestly in all its fine details. At first, his drawing style was met with resistance from the clinical team: *'They were worried about the way I drew characters with dirty fingernails and slumped shoulders. They were worried that it was stigmatising and they thought it might be better to present cleaner, sort of aspirational characters to the young people. So in our first comics we developed a style that was kind of sanitised.'*

On reflection the team realised that while their goals were the same, there was a tension between the core values and working methods of the clinical staff and the creative team. Mario said: *'You get a psychologist, and they fixate on the evidence-based idea and on the other hand you have the creative team and they fixate on the readers' experience: "Does this make sense?", "Is it coherent?", "Is it appealing?" It can be stressful but I could tell that the motivations of the two parts of the team were so pure.'*

In this instance the graphic storytellers did much more than act as technicians working to execute the clinical team's plans. The creative team brought new values and new sensibilities into the collaboration along with their visual language skills.

The way the creative team simplified clinical concepts, and synthesised them into funny and memorable visual metaphors, allowed the therapeutic resources to be more impactful. Penni and Marc also brought a playful and honest tone to the material that helped with engagement. This ability to control and maintain a nuanced tone in a narrative, even a technical document or a story about highly sensitive material such as mental illness, is one of the graphic storyteller's key skills.

One thing that Marc and Penni realised is that the key to success was not to think about the work in terms of checking off tasks or delivering items to a brief. Instead the real value was created through the development of a working relationship with the clinical and research staff. The key ingredient here was time: to identify and discuss divergent interdisciplinary values, to test concepts on young clients, and to make progress with a sense of trust that each part of the collaborative team, including artists, could contribute significant expertise.

Marc is still making comics with the organisation. Mario says, *'The young people are looking forward to them. They want more of them. It's remarkable.'*