



Drawing Modes of Doing

Illustrating Stories of Everyday
Mental Wellness with Young Adults

Janette Ng

Attestation of Authorship

I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in the acknowledgements), nor material which to a substantial extent has been submitted for the award of any other degree or diploma of a university or other institution of higher learning.



29 June 2022

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29 June 2022





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Abstract

Advocates for young adult mental wellbeing are needed now more than ever. Improving mental health literacy and sharing hopeful recovery narratives can lead to better health outcomes for those experiencing mental distress. As visual communicators and storytellers, illustrators are well-equipped to make a meaningful contribution to this space. Previous research offers insight into how everyday activities can facilitate mental wellbeing for individuals in the process of recovery. This design-led research investigated how illustration could be used to make this knowledge more accessible and engaging for young adults within a healthcare setting. Specific focus was given to illustrating recovery-focused lived experience stories of mental wellbeing.

This study adopted a participatory action research and co-creative approach. Designers for health information, young adults with lived experience of using mental health services, and mental health clinicians were invited to take part in this research and inform a strengths-based inquiry. A collection of illustrated lived experience stories and creative prompts were used to support young adult participants to visualise their own definitions and stories of everyday mental wellness. This creative exploration was used to inform the development of an illustrated 'guidebook' (resource) designed to help young adults navigating mental wellbeing challenges.

From a design perspective, this study provides insight into how creative methods can be used to facilitate co-creative projects with young adults within a New Zealand healthcare context. In addition, the final design output proposes that illustration and drawing-based activities have the potential to complement traditional therapeutic approaches within mental health services.

Introduction



Positioning the Researcher

I am a firm believer that shared stories are powerful. During my undergraduate studies in communication design, I was fortunate enough to work part-time on illustration projects commissioned by a number of organisations. The clients I collaborated with, whether from large agencies or small businesses, all tasked me with visually communicating a story about ‘who they were’ and ‘what they did’. As I built relationships with clients, I drew inspiration from my understanding of the people, places, and events that were meaningful to their work.

With each project, I witnessed the real human impact my illustrations had in promoting a sense of connectedness among communities of like-minded people. I grew curious as to how else illustration could make a positive difference in the lives of others.

In my final year of undergraduate studies and over the summer of 2020, I began to work on illustration projects alongside the Good Health Design (GHD) studio at Auckland University of Technology (AUT). During this time, I realised the value of creatives who were passionate about listening to the stories of health service users and using them to inform design innovations. GHD’s mentorship started my journey in design for health and inspired me to undertake this Master’s project.

The Research Opportunity

During this project’s conception in 2021, I was introduced to Dr Daniel Sutton’s research and COE framework¹. Sutton’s work had a profound impact on my approach to navigating mental wellbeing challenges, and I found myself considering how I could make this knowledge more visible to other young adults. While reflecting on this, I came up short in my search for resources that captured the concept of the COE and struggled to effectively explain this knowledge to the people around me. Consequently, I developed a keen interest in exploring how illustration could help other young adults apply the knowledge to their own journeys to mental wellness.

Lead clinicians² from the Auckland DHB Hāpai Ora Early Intervention (mental health) Service expressed interest in supporting my research as part of their work with young adults navigating recovery from mental wellbeing challenges—specifically those with lived experience of psychosis. Early intervention services aim to provide support to individuals as early as possible in order to reduce long-term health problems that may be associated with their condition (Liberty, 2014). Hāpai Ora offers a range of services for clients up to age thirty (Healthpoint, 2022), as it is common for the first emergence of psychosis symptoms to take place in early adolescence or young adulthood (Ben-David & Kealy; 2019).

In my early consultation with lead clinicians at Hāpai Ora, it was proposed that co-facilitating a series of ‘co-design workshops’ involving a small group of clients could be mutually beneficial to both the clients and the research. The workshops’ intended purpose was to engage clients in the creative development of a resource for other young adults that depicted their lived experience stories of mental wellness in relation to the COE framework.

While co-designing a resource was the aspiration for the project, I needed to adapt to the compounding challenges and limitations that the re-emergence of Covid-19 in New Zealand imposed on the research. Extended periods of lockdown placed mental health services under extraordinary pressure due to the heightened mental wellbeing challenges that people within the community were experiencing. As a result, clinicians no longer had the capacity to respond to matters beyond their core business and the recruitment of young adult co-designers (service users) was halted. When necessary, I made significant changes to the proposed methodology and methods as the research progressed.

¹ A Continuum of Occupational Engagement” as described in Sutton, Hocking and Smythe’s “A phenomenological study of occupational engagement in recovery from mental illness” (2012).

² These lead clinicians were my two primary contacts at Hāpai Ora for the duration of my project.

Contextual Review

Part I: Perspectives on Mental Wellbeing & Navigating Challenges

A Need for Advocacy

Mental wellbeing challenges have reached new heights globally for young adults³ (Hides et al., 2020), and New Zealand is no exception (Hobbs et al., 2021). Over the last decade, worldwide rates of psychological distress and suicide rapidly and persistently increased for youth (Menzies et al.,2020). Furthermore, the rates of mental illness and distress nationally are more than double what they were two decades ago (Menzies et al., 2020). In recent years, the rate of adolescents⁴ in Aotearoa taking their own lives was one of the highest in the OECD (OECD, 2017).

Gluckman (2017) suggests a combination of social, emotional, and environmental challenges, in combination with how the adolescent brain develops into maturity, contributes to the noticeable patterns of mental wellbeing challenges in young people.

The picture painted by youth mental wellbeing research in Aotearoa reflects the prevalence of this current concern, only heightened by the serious and ongoing ramifications of Covid-19 and lockdowns measures (Every-Palmer et al., 2020; Menzies et al., 2020).

As Menzies et al. declare, the “protection and promotion of mental wellbeing for youth is now a matter of urgency” (2020, p.2).

³This study referred to young adults between the ages of fifteen and twenty-five.

⁴ This research referred to adolescents between the ages of fifteen and nineteen.

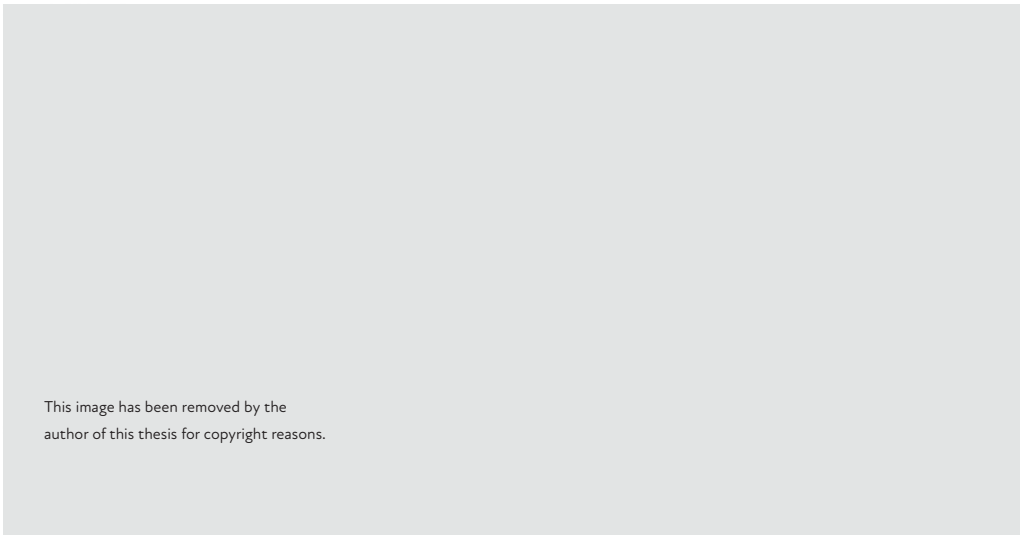
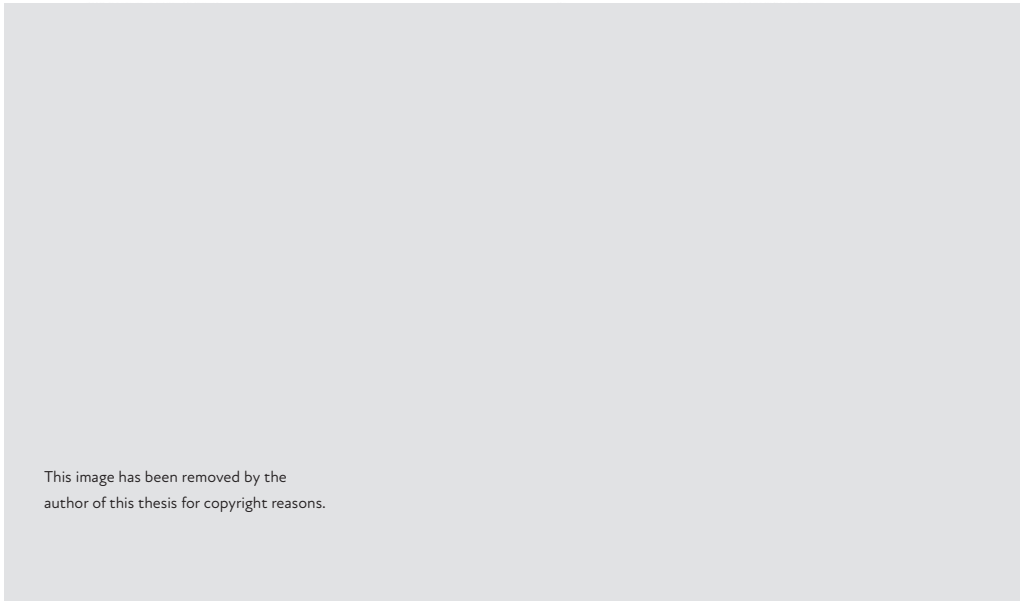
Promotion of Wellbeing in Healthcare

Historically, the medical model has dominated the healthcare sector of western countries (Ball, 2010; Freund et al., 2003). The medical model focuses on the physical presence of symptoms and the processes of having an illness (Ball, 2010; Freund et al., 2003). This perspective can be problematic. For example, as Purdy (2020) highlights, within a relationship between healthcare practitioner and health service user, the power is often placed with the healthcare practitioner. In addition to this, the medical model often fails to account for social or cultural considerations of providing care (Purdy, 2020).

Within mental health services, the medical model has been found to allow a person facing mental wellbeing challenges to perceive themselves as ‘ill,’ supporting a negative outlook on life (Beresford et al., 2010). This can be reflected in stigmatised socio-cultural ideas about mental illness (Beresford et al., 2010). Additionally, mental health service users have identified that the medical model often puts the ‘blame’ on the individuals facing mental wellbeing challenges and further contributes to feelings of guilt and shame (Beresford et al., 2010).

The “Constitution of the World Health Organisation” (WHO) defines health as “a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity” (2006, p. 1). Slade (2010) addresses the importance of distinguishing between the medical model view of health and the WHO’s definition of health. Slade (2010) also explains that mental health practitioners need to aim to reduce mental illness while simultaneously promoting wellbeing more holistically. The term ‘wellbeing’ encompasses not only positive mental health but also living well personally, interpersonally and professionally (Ruggeri et al.,2020).

Aotearoa’s bicultural foundation has positioned us well to incorporate a more holistic ‘wellbeing’ approach within early intervention services through Māori knowledge (Liberty, 2014). For example, Te Whare Tapa Wha is a Māori view of wellbeing that considers the spiritual, mental, physical and family (or social) dimensions affecting a person’s health, and Te Wheke acknowledges that an individual’s health intertwines with the health of the whānau and wider community (Purdy, 2020). Storytelling and situating people, place, and time through a pepeha and acknowledgement of a person's Whakapapa are also important cultural practices that can help build strong and lasting relationships where health clinicians can support clients and their whānau (Purdy, 2020).



Top: Figure 1. Te Whare Tapa Wha. From “Therapeutic Landscapes and Indigenous Culture: Māori Health Models in Aotearoa/New Zealand,” by J. McIntosh, B. Marques, R. Mwipiko. Retrieved from <https://www.emerald.com/insight/content/doi/10.1108/978-1-78973-365-520211016/full/html>. Copyright 2021 by Emerald Publishing Limited.

Bottom: Figure 2. Te Wheke. From “Therapeutic Landscapes and Indigenous Culture: Māori Health Models in Aotearoa/New Zealand,” by J. McIntosh, B. Marques, R. Mwipiko. Retrieved from <https://www.emerald.com/insight/content/doi/10.1108/978-1-78973-365-520211016/full/html>. Copyright 2021 by Emerald Publishing Limited.

Hāpai Ora’s approach as a public mental health service is a prime example of the inclusion of diverse cultural perspectives in the promotion of mental wellbeing. In addition to clinical consultation, they provide an array of services to support their young adult clients, including but not limited to: access to Māori and Pasifika cultural advisors, whānau-centred therapies, home visits, individual and group education, and access to community services (Healthpoint, 2021). As Liberty (2014) explains, “aspects of New Zealand early intervention services, such as strengthening the family and family relationships and focusing on wellbeing (rather than disability), have their foundations in Kaupapa Māori” (p. 116).

There remains an ongoing need to utilise Māori knowledge in order to build partnerships between clinicians, researchers, families and communities and organisations where the power is shared, goals are co-created, and cultural responsiveness continues to improve in New Zealand’s current healthcare and research practices (Hobbs et al., 2019; Purdy, 2020).

Recovery Factors & Positive Thinking

There is an abundance of literature that describes the complexity of recovery from mental unwellness. Recovery has been described as a deeply personal, highly subjective process of adjusting attitudes, feelings, goals, skills, and perspectives (Cripps & Hood, 2020; Shepherd et al., 2008; Slade, 2010; Sutton et al., 2012). Other descriptions also note that recovery is ultimately transformational for an individual and an ongoing process of deciphering what they find meaningful in life (Nurser et al., 2018; Sutton et al., 2012). While there is no one correct way for someone to undergo this journey, aspects of wellbeing such as acceptance, hope, and pleasurable life events, are enabling factors for recovery (Cripps & Hood, 2020).

The concept of recovery for many people who experience mental illness is centred around re-establishing control in their life rather than returning to a state of being without symptoms (Jacob, 2015). This approach is also referred to as the recovery model (Jacob, 2015; Oliver et al., 2020) and supports the idea that even with ongoing mental illness, people can manage symptoms and rebuild meaningful lives (even better than before they experienced the illness) (Oliver et al., 2020). Park and Chen (2016) highlight that hope is one of the most important factors of recovery and is directly related to one’s belief that recovery is achievable.

As a hope-inspiring approach, positive psychology offers one perspective on how mental wellbeing and recovery can be promoted within mental health services (Park & Chen, 2016; Slade, 2010). This field of knowledge—also referred to as “the science of what is needed for a good life” (Slade, 2010, p. 3)—focuses on the things that make people believe life is worth living (Park & Chen, 2016). This can be described using concepts such as finding satisfaction in the past, optimism for the future, and flow or happiness in the present (Slade, 2010). Positive psychology focuses on harnessing mental strengths from within each person to help them combat their mental wellbeing challenges (Park & Chen, 2016). Exercises, such as reflection on ‘three good things’ (each day or each week), can embody this approach by simply using optimistic thinking to create positive meaning from individual experiences (Park & Chen, 2016; Slade, 2010).

The Significance of the Stories We Tell

As commonly noted in international and New Zealand research, cultural attitudes and beliefs about mental distress are considerable factors on an individual's wellbeing. The stigmatisation of mental wellbeing challenges and help-seeking, embarrassment, and lack of mental health knowledge are the most significant barriers to young people seeking treatment and help (Radez et.al, 2021). Peterson et al. (2008) acknowledge that self-stigma is a concerning implication of negative cultural attitudes, and discouraging help-seeking is just one of the ways it can worsen symptoms of mental illness or impede an individual's recovery journey.

Self-stigma is internalised social stigma (discrimination) and has been found to contribute to a myriad of negative participant experiences, including hopelessness, social exclusion, low self-esteem, self-blame, and feeling rejected by family (Peterson et al., 2008). As Lapsley (2002) articulates, narrative psychology offers perspective into how our cultural environments and the stories we hear impose structures on the stories we tell about ourselves.

Public perceptions of mental health have a significant impact on the lives of those experiencing mental distress (Oliver et al., 2020). Additionally, mental health-related stories that circulate publicly have the power to either be harmful or helpful in influencing how mental wellbeing challenges are perceived (Oliver et al., 2020). Media experts, mental health professionals and mental health advocates have highlighted that within the current New Zealand news media, there is a lack of positive recovery stories featuring successful intervention from healthcare services as well as healthy ways to manage mental unwellness (Oliver et al., 2020). Furthermore, the Mental Health Foundation of New Zealand (2018) has emphasised a need to amplify positive and hopeful stories of people recovering and living well within the public eye.

Oliver et al. (2020) call attention to the power that personal recovery narratives can have in humanising mental wellbeing challenges by encouraging public acceptance rather than fear, providing hope and guidance, and combatting stigmatising myths about mental distress. "Ultimately, the social storytelling we engage in shapes how we understand ourselves and the events in our lives. As much as we are shaped by culture, so too are our stories" (Lapsley et al., 2002, p.3).

Occupation & the COE Framework

Stories can help us understand recovery processes as they unfold through the ‘doing’ of everyday activities (occupation), and it is through these everyday experiences that we structure and create meaning in our lives (Reed et al., 2018).

Sutton’s (2008) “Recovery as the Re-fabrication of Everyday Life: Exploring the meaning of doing for people recovering from mental illness” is a qualitative analysis of the lived experience stories of thirteen New Zealanders with diagnosed mental illness. This research further supports that a person’s occupational engagement has meaning for their mental wellbeing and can facilitate their recovery from mental wellbeing challenges (Sutton, 2008). The findings of this study are presented as “A Continuum of Occupational Engagement” (COE) (Sutton et al., 2012).

The COE framework (shown in Table 1) proposes how engagement with everyday activities—for people in the process of recovery—can be experienced in a range of modes along a continuum: Disengagement (non-doing mode), Partial Engagement (half-doing mode), Everyday Engagement (engaged doing mode) and Full Engagement (absorbed doing mode) (Sutton, 2008; Sutton et al., 2012). This study refers to these occupational states as ‘modes of doing.’

A Continuum of Occupational Engagement

Aspect of experience	Disengagement	Partial engagement	Everyday engagement	Full engagement
Body	Numb: body a sense-less dead weight, may be hy-persensitive to light, noise, expectation	Awkward: actions heavy, deliberate, reawaken physical senses, not pleasur-able but grounding	Responsive: actions skilled, goal directed, reawaken “social senses,” fatiguing but satisfying	Integrated: uncon-scious actions, no need to attend to body, energizing and pleasurable
Time	Static: endless present with no progression from past to future	Slow: progression of time drawn out, plod-ding	Synchronous: alignment of time with others, “clock” time	Infinite: time disap-pears, hours seem like minutes
Space	Oppressive vs. asylum: simultaneously enclosed/restricted and remote/distant	Isolated vs. respite: limited to what is of immediate concern in the world-at-hand	Public/Shared: engaging in public spaces with shared concerns, norms, goals	Boundless: freedom of being in one’s element, space opens up
Relationships with others	Disconnected: others a potential threat to asylum or a threat to everyday life	Uncomfortable: others a potential threat to respite or support for engagement	Comfortable: everyday interaction, attuned to others’ expectations and norms	Interconnected: one’s uniqueness creates deeper connections to others
Meaning	Existential struggle: poten-tial for re-connection with fundamental care and hope through withdrawal from everyday doing	Embodied struggle: potential for recon-nection with body and immediate world through familiar doing in the moment	Social struggle: potential for re-connection with social self, belonging and identity through doing with and for others	Transcendence: potential for reconec-tion with own most self and complete integration through doing

Table 1. The COE framework. Reprinted from “A phenomenological study of occupational engagement in recovery from mental illness,” by D.J. Sutton, C.S. Hocking and L.A. Smythe, 2012, Canadian Journal of Occupational Therapy, 79(3), p. 146. Copyright 2012 by the Canadian Journal of Occupational Therapy.

The framework demonstrates that in all states of occupational engagement, there are opportunities for an individual to meaningfully reconnect with a part of themselves in the journey of mental illness recovery. For example, although participants from Sutton’s study experienced guilt and the weight of expectations from others while in a non-doing mode, periods of non-doing can create the space for one to rest and reflect on their priorities and values—significant to the recovery process (Sutton et al., 2012).

Sutton et al. (2012) suggest that less focus on certain expectations or ideals of occupational engagement and more positive associations with alternative modes—such as withdrawal—can improve wellbeing. The authors’ stance is that experiencing different modes of occupational engagement is relevant to all (regardless of diagnosis), and “it is the loss of freedom to move in and out of different modes of engagement that is significant for people experiencing mental health problems” (Sutton et al., 2012, p.147). The authors suggest that better understanding of the dynamics at play between a person and their routine engagement through the COE can be valuable in enabling recovery.

As Sutton et al. (2012) acknowledge in the limitations of the study, there are stories from different age groups and cultural voices not represented. Furthermore, the COE framework remains primarily within academic texts and does not explicitly draw from or represent the voices of young adult lived experiences. From a design perspective, there was an opportunity to create a resource that communicates this body of knowledge and engages a target audience of young adults. In addition, there was a need to convey this information using a normalising tone as “different forms of occupational engagement are part of the human condition, experienced by people living with and without mental health issues” (Sutton et al., 2012, p.147).

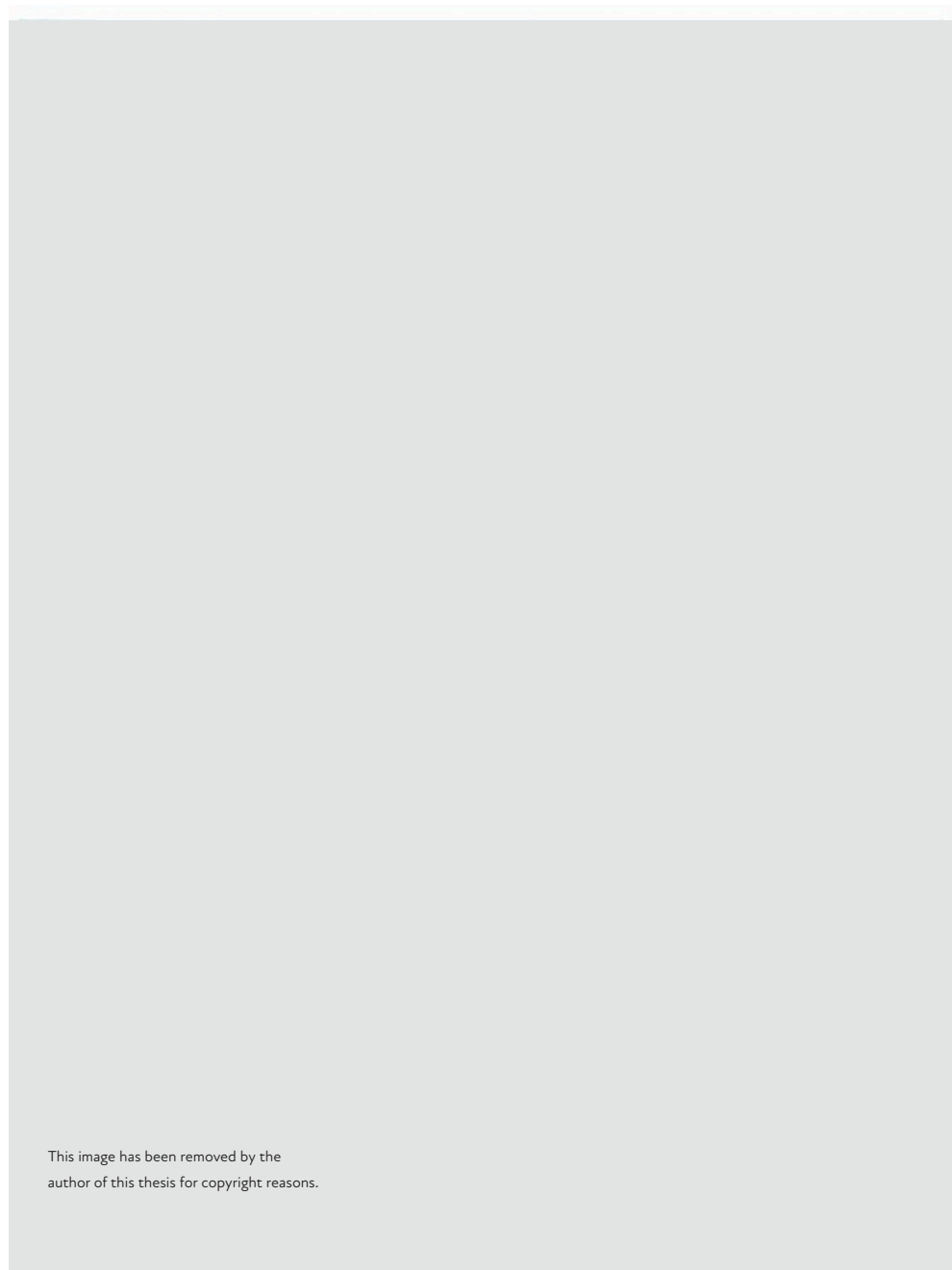
Part II: Creative Methods to Communicate Stories of Wellness

The role of Illustrators in Depicting Mental Wellbeing

Illustration has been referred to as “the people’s art” due to the accessible nature of visual language (Zeegan, 2009). The practice of illustration, in essence, can be applied to anything and has the potential to reach a global audience (Male, 2017). Interestingly, there is limited research that focuses on image-based depictions of mental wellbeing stories or concepts. Even so, a number of authors have supported the argument that illustration is an effective medium to convey these stories.

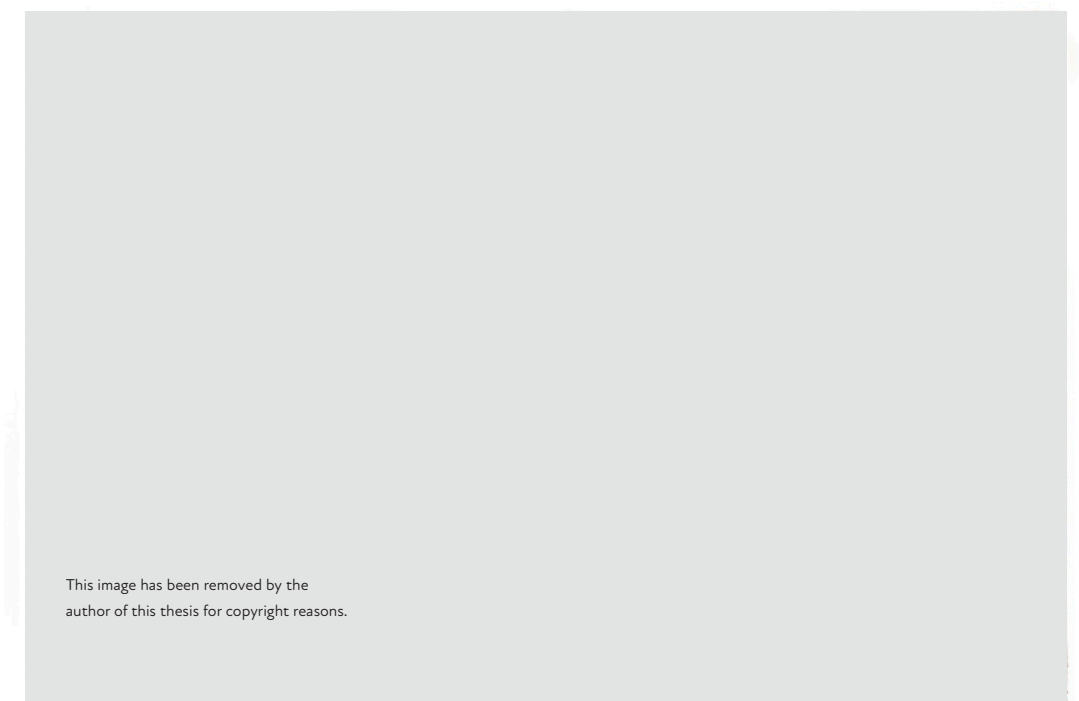
Male (2017) describes the complexity of illustration as a highly intellectual form of visual communication and problem-solving. The creative practice is “anything but straightforward” (Zeegan, 2009, p. 6). The illustrators of today have the challenging job of utilising creative conceptual thinking and personal flair to convey the nuances of complex concepts pictorially (Male, 2017; Zeegan, 2009).

Several researchers abroad have discussed self-authored works by illustrators who have depicted their personal mental wellbeing experiences. Venkatesan and Saji (2021) use examples of stories found in comics and graphic memoirs to argue that stylistic devices such as visual metaphors, sequencing, composition, and layout can meaningfully actualise such subjective experiences for audiences. The writers emphasise that illustrated narratives have the ability to express multi-layered, emotional, and understandable conceptualisations of personal realities, making the creative output well suited for the depiction of mental health and wellbeing stories.



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Figure 3. Sophie Standing graphic novel illustrations. From *Anxiety is Really Strange* (p. 4), S. Haines, S. Standing, 2018, Jessica Kingsley Publishers. Copyright 2018 by Steve Haines, Sophie Standing.



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Figure 4. Sophie Standing graphic novel illustrations continued. From *Discovering Dementia* (pp. 33-34), C. Craig, J. Killick, S. Standing, 2021, Lab4Living, Sheffield Hallam University. Copyright 2021 by Claire Craig, John Killick, Sophie Standing.

Sophie Standing is a UK-based illustrator whose practice is a testament to how graphic elements such as colour, character design, and visual metaphors can be used to elucidate mental wellbeing-related information. For example, in the graphic novel “Anxiety is Really Strange” (2018) (Figure 3), Standing visually guides the reader through a visual breakdown of facts about anxiety and the body through the use of illustrated graphic panels. This resource adopts a more methodical and scientific approach in comparison to “Discovering Dementia” (2021) (shown in Figure 4), which illustrates lived experience stories of dementia in a manner “more akin to visual poetry” (Craig & Killick, 2021, p.19). Standing’s work evidences how versatile illustration can be when directing visual commentary on narratives surrounding mental wellbeing. In addition, Standing’s work encouraged me to consider how I might illustrate Sutton’s COE framework in a way that could be both informative and visually poetic.

Batey (2020) describes how visually communicated narratives can be a means for young people to both express their mental wellbeing stories creatively and use their voices to create positive and supportive connections with others in the wider community. In one such study used by the researcher as an example, a student at the University of Portsmouth who published an illustrated zine (self-made magazine) about their mental wellbeing experiences, posted images of the publication on social media. After sharing their story, the student received an influx of messages from people who wanted to share their similar experiences and people who wished to re-share the images. This caught the attention of the UK campaign ‘Time to Change’ who then wanted to share the student's illustrations and comments to help others in a broader capacity than ever first imagined.

The power of the drawn image is in its ability to capture the intricacies of somewhat indescribable situations, moods, and thoughts, ultimately creating an emotional connection with the viewer (Batey, 2020). Green and Sarkar (2020) echo this and explain the benefits of using illustration to communicate narratives in a language that transcends words. The authors argue that illustration can provide a space for recovery and can be used as a tool to promote mental wellbeing through directing personal narratives. The authors suggest a framework that can help facilitate this in illustrated practice, which encourages taking ownership of narratives that can be hope-inspiring when depicted, as well as authentic and intentional storytelling that resonates with people. This framework is centred around creating “a seamless balance between using wellness as the foundation for the acceptance or promotion of one’s narrative, alongside authentic rawness being depicted as a way to provide a clear voice for those who need it” (Green & Sarkar, 2020, p. 199).

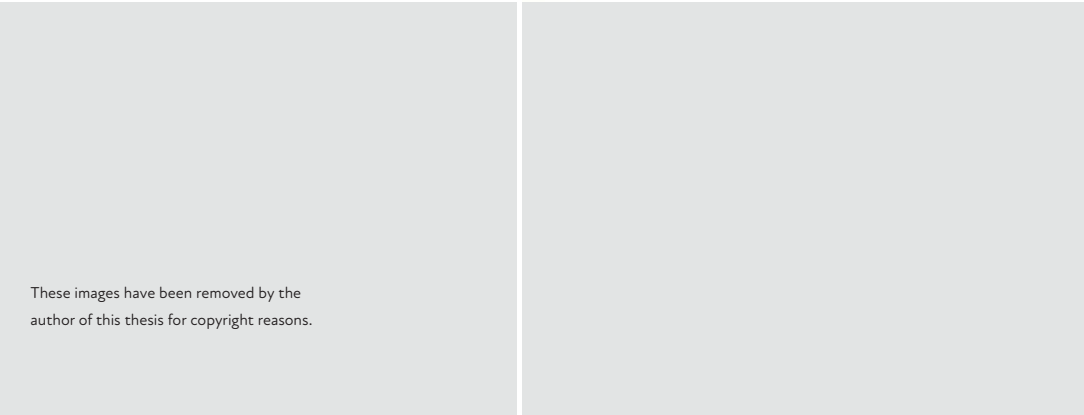
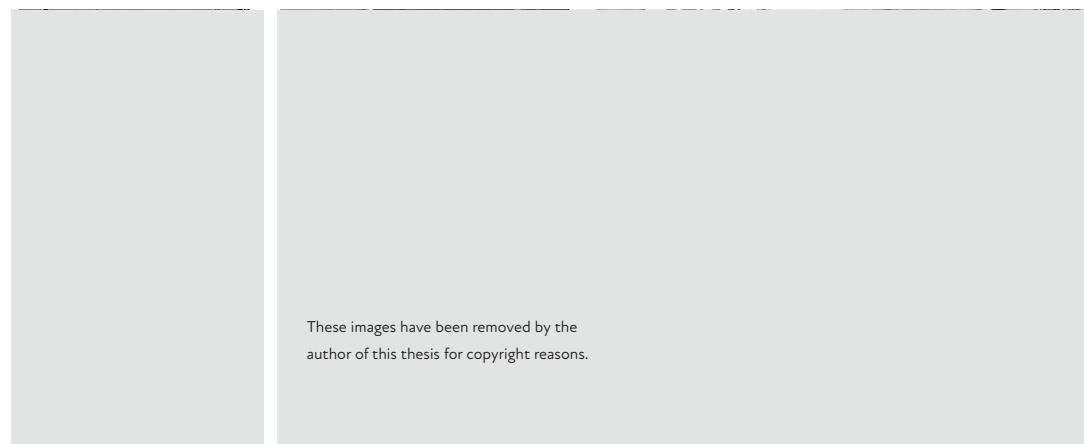


Figure 5. Illustrated zine on anxiety attacks. From Zineopolis. Retrieved from <http://zineopolis.blogspot.com/2013/01/panic.html>. Copyright 2012 by Riley James.

Figure 6. Illustrated zine on anxiety and stress. From Zineopolis. Retrieved from <https://zineopolis.blogspot.com/2019/12/sad-sack.html?m=0>. Copyright 2015 by Blair Roberts.



Left: Figure 7. Neil Bond illustration. From 'Where do we put them?' The story of New Zealand's mental health inquiry. Retrieved from <https://www.stuff.co.nz/national/health/108626334/where-do-we-put-them-the-story-of-new-zealands-mental-health-inquiry>. Copyright 2018 by Neil bond.

Right: Figure 8. Joseph Carrington illustration for Mental Health Awareness Week. From Strengthen your wellbeing. Retrieved from https://www.illustrationx.com/news/3949/strengthen_your_wellbeing. Copyright 2018 Joseph Carrington.

Interpretations of graphic depictions are usually culturally specific, and illustrators must therefore be “culturally and socially aware practitioners and commentators” (Zeegan 2009). When publicly sharing images that positively frame stories of those living with mental illness, the Mental Health Foundation of New Zealand (2018) has advised a number of guidelines. Some of the guidelines for challenging the harmful stigma around mental wellbeing challenges are as follows:

- Avoid the use of ‘head-clutchers’ or dark, disparaging, or distressing images. These reinforce unhelpful stereotypes.
- Where relevant and possible, use images that show people being supported and involved in whānau, work or community activities.
- Choose images that illustrate that many people live well with a mental illness or mental wellbeing challenges.

There is a stark contrast (Figure 7 and 8) between how illustrations found within the public domain (New Zealand media) approach mental health and wellbeing. In considering the Mental Health Foundation’s (2018) recommendations, my practice took inspiration from Joseph Carrington’s hope-inspiring approach to illustrating holistic wellbeing (as seen in Figure 8).

Collective Creativity in Healthcare

Illustration as a discipline is hard to classify. It is often situated in the realm of art and design, which is why many illustrators are also versatile multidisciplinary creatives or designers (Zeegan, 2009; Zeegan, 2020). With the exception of self-started projects such as zines and self-authored books, illustration practice is typically of a commercial nature and responds to a client-given brief (Zeegan, 2009). The creative process often undergone involves a relationship between the client and illustrator where feedback is taken on board as part of the design development (Male, 2017). An illustrator is, therefore, consistently engaged with the design process (Male, 2017). According to Zeegan (2009), it is the liaison and rapport fostered in this collaborative relationship that leads to “truly innovative solutions to visual communication ‘problems’” (p. 20).

As design solutions have become more complex and tailored for human needs, the adoption of “human-centred design” (IDEO, 2015) and co-creative methods have risen for designers internationally (Sanders & Stappers, 2008). Co-creation refers to the collective creativity of a group of people that can be achieved through a wide range of methods (Sanders & Stappers, 2008, Stock et al., 2021). A growing body of research exists in New Zealand around the use of co-creation and its value, particularly within the health sector, to better engage people who are most impacted by services (Mark & Hagen, 2020). Even so, literature that outlines co-creative projects within health services, particularly from a design perspective, is scarce (Mark & Hagen, 2020).

A notable benefit of collaborating with young adults when designing health service innovations is asserting the “rights of young people to define their own wellbeing goals and participate in their own care” (Mark & Hagen, 2020, p.14). Furthermore, the use of creative methods can enable young adults to actively engage with complex health topics and can help draw out their unique experiences, perspectives, and stories (Nakarada-Kordic et al., 2017).

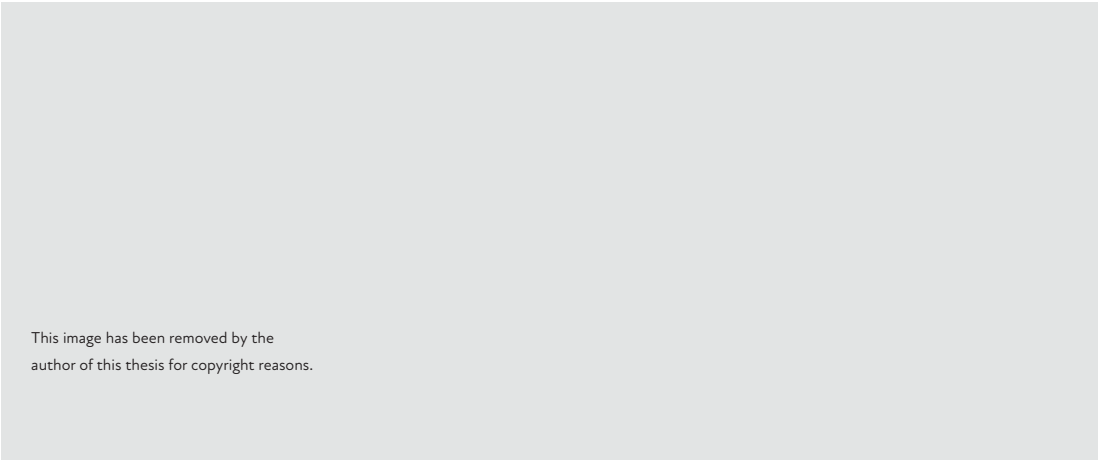


Figure 9. Emoji story. An example of a personal storytelling activity completed by a young adult participant in a ‘Talking Minds’ co-design workshop. From “Co-designing for mental health: creative methods to engage young people experiencing psychosis,” by I. Nakarada-Kordic, N. Hayes, S. D. Reay, C. Corbet, A. Chan, 2017, *Design for Health*, 1(2), p. 234. Copyright 2017 by Informa UK Limited, trading as Taylor & Francis Group.

Nakarada-Kordic et al. (2017) outline a project where young people were considered co-creative partners in the design and development of an online support resource advocating for mental wellbeing in Aotearoa (in Figure 9). This study suggests that designing “with rather than for” (p. 239) young people experiencing mental wellbeing challenges and the use of less traditional research methods was an effective and meaningful way to produce a suitable resource that meets the needs of its users (Nakarada-Kordic et al., 2017). Although there is recognised value in such an approach, it is not common practice (Nakarada-Kordic et al., 2017). The resulting output from this research—the interactive website www.talkingminds.co.nz—has subsequently been referred to as a key resource for young adults (and their whānau) that is well-used and frequently recommended by staff at Hāpai Ora.

Ku and Lupton (2020) assert that most people do not associate healthcare with creativity. However, “by actively applying a creative mindset to design and healthcare, we [design for health researchers] become inventors, makers and storytellers, equipped to help build a culture of wellness” (Ku and Lupton, 2020, p.11).

Conclusion

There is now more than ever a pressing need to advocate for the promotion of young adult mental wellbeing. With consideration of the aforementioned mental health statistics and the Hāpai Ora clientele, young adults are defined in this research as those aged between fifteen and thirty. An abundance of literature evidences the need to amplify lived experience stories of mental wellness and recovery—particularly in the pursuit of building a positive cultural environment for our rangatahi (youth). There is also a need to visualise and share stories of positive ways to manage mental wellbeing and navigate associated challenges. Illustration is a powerful form of visual communication and is well suited to communicate the intangible nature of mental wellbeing concepts. However, illustrators must also be aware of the cultural contexts of their work and how these may perpetuate or challenge the stigma around mental wellbeing challenges.

Despite a growing body of research in New Zealand evidencing that co-creative methods have multiple benefits for those most impacted by health services, there remains a lack of research surrounding co-creative health projects from a design perspective. Studies outlining mental wellbeing resources designed with young adult service users are even more scarce. This research identified an opportunity to co-create a resource that illustrates the knowledge within and surrounding Sutton’s COE framework to engage young adults in supporting their mental wellbeing journeys.

Project Aims

- Engage with experts (designers of health-related information and clinicians from mental health services) to identify important design considerations when illustrating wellbeing resources for young adult health service users.
- Explore how illustrated lived experience stories of mental wellness and daily occupational engagement can elucidate the COE framework in an accessible and engaging way for other young adults.
- Investigate how illustration can be used to help draw out young adults' lived experience stories of recovery (or stories of wellness).
- Illustrate insights from young adult co-creators in order to weave their lived experience stories into a design outcome for youth-oriented mental health services.

Research Question

How might illustration be used within a healthcare setting to communicate recovery-focused stories of everyday doing for young adults navigating mental wellbeing challenges?

Methodology

Participatory Action Research

Participatory action research (PAR) is used as an agent for change and helps researchers partner with communities and organisations to address their needs (Baum et al., 2006; Fassinger & Morrow, 2013; Gray, 2021). The creative process of PAR is a combination of action, reflection, theory and practice (Baldwin, 2012; Reason & Bradbury, 2008). With an emphasis on collaborative participation with others, my role as a researcher in PAR involved being the catalyst for change through facilitating relationships within a community of designers for health, mental health clinicians and young adults with lived experience with mental wellbeing challenges. Perspectives and knowledge from these participants were woven into an illustrated resource as the design outcome of this research.

With its roots in the field of social science (Gray, 2021), PAR is aligned with a social constructivist perspective (Baldwin, 2012). This stance affirms human experience as a basis for knowledge, and through PAR, researchers can make this knowledge accessible to others through practice (Baum et al., 2006; McTaggart, 1991). Therefore, an emphasis on social relationships and understanding the history, culture and local context is embedded in this research (Baum et al., 2006). As Lin (2019) explains, with a practice positioned within an art and design context, this approach combines the ‘two realms of knowing’—knowledge generated from creating and knowledge generated from collected data.

The action research (AR) process (within PAR) follows an iterative and cyclical pattern of planning, acting, observing, and reflecting (Swann, 2002) (See fig X). When action and reflection are done simultaneously, they feed both creativity and awareness, leading to further cycles of refined actions (Baum et al., 2006). Swann (2002) argues that an AR approach can be seamlessly and suitably adopted into intuitive design practices where the outcome is undefined. This form of inquiry enabled me to start with an initial hunch and craft illustrated outcomes alongside participants through cycles of refinements and reflection (Muratovski, 2015).

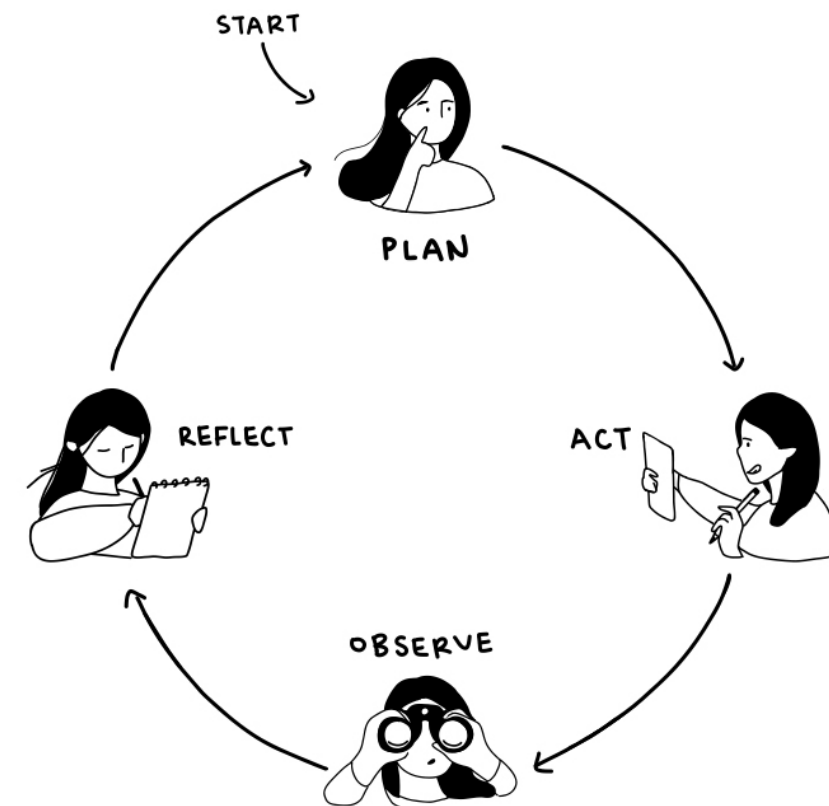


Figure 10. Cycle of action research.
Adapted from A conceptual framework for
Action Research (p.59), by J.W. Willis, 2014,
Information Age Publishing.

Ultimately, PAR is focused toward doing collaborative research with others rather than on others to inform solutions for the flourishing of people and their communities (Reason & Bradbury, 2008). Therefore, I focused on nurturing collaborative, genuine, and non-exploitative relationships in my research to enhance the lives of participants and embrace the community spirit (Gray, 2021). I also aimed to create a positive difference in the lives of participants (Swann, 2002; Baldwin, 2012). I attempted to balance the dynamic between myself and participants, making it clear that their role as co-researchers and co-creators meant that their experiences were of utmost value.

Participatory action research (PAR) is distinctive from other approaches used to conduct research within public health contexts as it involves participants taking action to improve their own health outcomes (Baum et al., 2006).

Participatory Design & Co-Creation as a Mindset

Definitions as referred to in this research:

Participatory Design: A collaborative design process where designers and stakeholders share control of the design outcomes.

Co-creation: The collective creativity of a group of people that can be achieved through a wide range of methods (Sanders & Stappers, 2008, Stock et al., 2021).

Co-design: A specific instance of co-creation where collective creativity is applied across the entire span of a design process (Sanders & Stappers, 2008).

Opportunities for Collaboration	Pre-Covid Restrictions	With Covid Restrictions
Engaging with participants during the design research process	Planned to engage with participants throughout all phases of the research	Bulk of the engagement happened in the later stages of the project
Participants recruited	-Mental health clinicians and designers for health information -Young adult clients from Hāpai Ora (current mental health service users with lived experience)	-Mental health clinicians and designers for health information -Young adult Youth Consumer Advisors working within NZ services with lived experience roles (advocating for or working directly with current young adult service users)
Methods used	-One round of expert interviews -Series of three co-design workshops	-Two rounds of expert interviews -Prototype testing, participatory drawing, and feedback
Activity-based 'making' with young adults	Making and creating during activity-led workshop series	Creative activities completed within a guidebook couriered to participants
Discussion with participants	Group discussion in workshop sessions following activities	One-on-one discussion with each participant over a 'Zoom' video call

Table 2. Participatory design and Covid-19 impacts. A comparison of my initial intentions for this collaborative project and how I adapted my approach in response to Covid-19 restrictions.

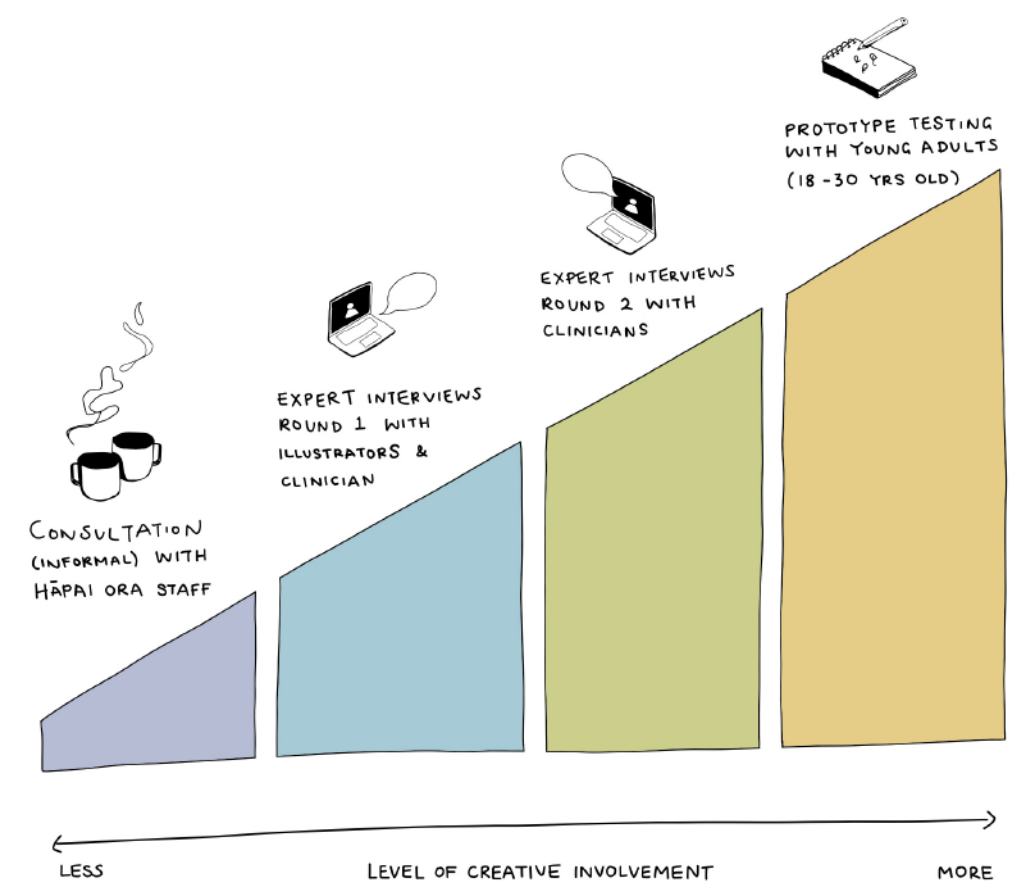
Participatory design (PD) is an approach that aims to actively involve participants (stakeholders and those people who may use a service or solution) in the design process (Dell'Era & Landoni, 2014; Sanders & Stappers, 2012; Vandekerckhove et al., 2020).

PD, co-creation, and co-design are, in general, homogenous approaches (Stock et al., 2021) and are sometimes used interchangeably (Langley et al., 2018). While having the early aspirations of a co-design project, this research slightly differed from a co-design approach as participants were not able to be recruited and involved throughout every phase of the design process (Sanders & Stappers, 2008). One of the challenges that the Covid-19 virus presented in this research was that it made it 'impossible' to access participants for the proposed co-design workshops during and after a four-month ongoing lockdown as a public health measure (as discussed in the Documentation of Research chapter).

Consistent with Sander & Stappers' (2012) descriptions, I switched from thinking about co-creation as a method (i.e., facilitating co-design workshops) to co-creation as a broader mindset in my practice that then shaped how the design research process unfolded. This mindset became a way for me to remain flexible and open to adapting the research methods used mid-pandemic, but also persistent in my aim to create illustrations for young adults that reflect the voices and experiences of those whom I worked alongside.

The people whom I collaborated with in my research had varying levels of involvement in shaping the design outcome, and some participants needed to be more creative than others (See Figure 11).

Figure 11. Participant levels of creative involvement



Consistent with a co-creative mindset, I carried out my research with the belief that everybody is creative. Sanders and Stappers (2012) argue that people are particularly creative when they are passionate about their experiences in things such as living, learning, and working.

A significant part of elevating people's lived experiences is creating the space and correct environment for their partnership, hopes, ideas and contributions (McKercher, 2020). In order for participants to embrace their role as co-creators in this research, my role as designer and researcher expanded to consider how to facilitate safe spaces for other people to be creative to help them better articulate their personal experiences (French & Teal, 2016; Langley et al. 2018). As such, I created ways to help them 'scaffold' their participation (Sanders & Stappers, 2008). For example, this included developing materials such as expert interview feedback templates and interactive drawing activities for young adults. When creating these, I acknowledged that people have different levels of creativity, and some participants may have had self-limiting beliefs or reservations about their ability to be creative.

In embracing a participatory outlook (as according to Sanders & Stappers (2012)), I valued everyone who was involved in the research as experts of their domain and respective experiences, and was eager to share control of the design process with them. This approach is becoming more necessary in healthcare (e.g., in health promotion research) as it allows for deeper exploration of the lived experiences surrounding health-related challenges, and empowers participants to advocate for transformative design initiatives that address their specific experiences (McKercher, 2020; Stock et al., 2021).

Appreciative Inquiry

The development of Appreciative Inquiry (AI) paralleled the emergence of its 'cousin'—positive psychology (Quinney & Richardson, 2014; Whitney & Trosten-Bloom, 2003). AI holds consistent values with the recovery model (Clossey et al., 2011) and is a way of using the strengths of people, their organisations and the world around them to bring about positive change (Cooperrider & Whitney, 2005). It's inclusive and flexible nature lends itself to building effective partnerships and collaborations, which is particularly useful when working within fast-paced environments, such as those found in healthcare (Trajkovski et al., 2013). Egan (2018) explains AI as a variant of Action Research. Thus, participatory methods of inquiry, such as semi-structured interviews and workshops, have been used in AI research within healthcare settings.

The topics people choose to focus on and the nature of the questions they ask themselves shape their relationships and realities (Cooperrider, 2012; Whitney & Fredrickson, 2015). AI operates on the basis that positive change is brought about by thoughtful inquiry and dialogue about things that are life-giving and affirming. Simply put, this approach asks 'what works well?' and 'how can we create more of it?'

Figure 12 depicts how I applied an AI lens to the sub-questions and contexts surrounding my research question in order to actualise strengths-based design outcomes. I aspired to keep the nature of the questions that framed my project aspirational and affirming, therefore designing from the root of what was found and considered to be successful (Whitney & Fredrickson, 2015).

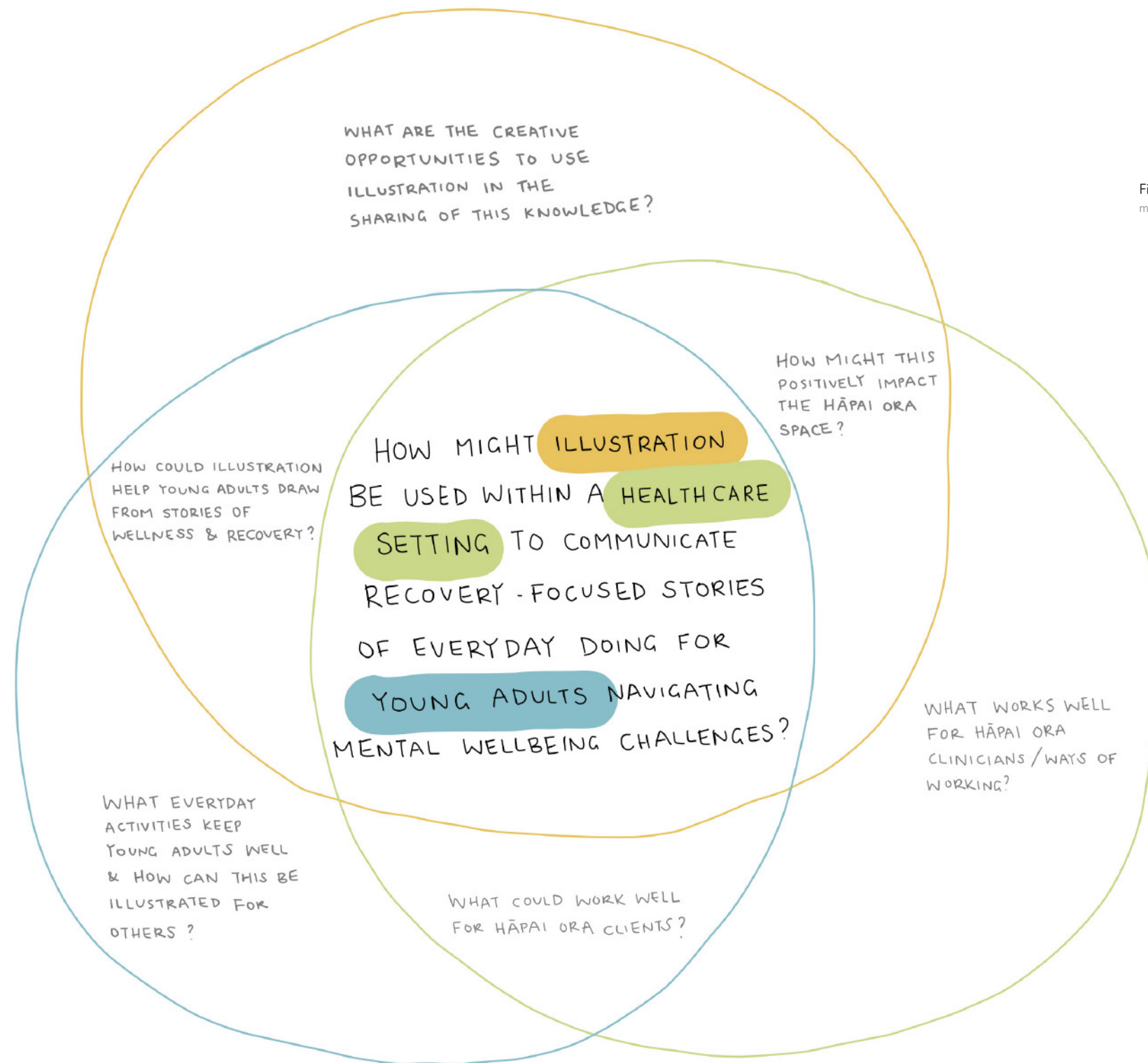


Figure 12. An appreciative inquiry approach to my research question and subquestions

AI typically follows a 4D model framework (Cooperrider & Whitney, 2005) outlined below (as described by Whitney (1998)).

- Discovery—appreciating what gives life
- Dream—envisioning what might be
- Design—determining what will be
- Delivery—planning what will be

The 4D model appears similar to the ‘double-diamond design model’ put forward by the British ‘Design Council’ in 2005 (Gustafsson, 2019; Zhang et al., 2019) (see Figure 13). The main difference between the two models appears to be that the 4D AI framework takes a strength-based approach rather than a problem analysis approach to the design process. My formal training in traditional ‘Westernised’ design means that I am accustomed to the broadening and narrowing phases of working towards a design solution. However, I am also biased towards assuming there is always a problem to be solved. AI approaches the idea of a ‘problem’ differently, by helping a researcher to ‘flip’ the focus from investigating what is not working well to asking what is wanted (Whitney & Fredrickson, 2015). Figure 13 shows how I consistently ‘flipped’ my thinking throughout my design research process to magnify what participants in my research considered valuable and desirable. Each of these phases in my design process are documented in the chapter that follows.

Given my research focus was communicating positive lived experience stories, adopting an AI approach to my practice was appropriate to lay a strong foundation for the participatory design process. In an AI approach, members of an organisation or community are invited to engage in storytelling—describing their “best of” experiences. These are then used to set the tone for positive intervention (Bushe, 2011, Whitney & Fredrickson, 2015). Humans, by nature, are curious and social beings that like to tell stories and listen to stories that communicate their values, beliefs, and wisdom (Whitney & Trosten-Bloom, 2003). People engage with what they can learn from to achieve their best, and AI focuses on the telling of such stories (Whitney & Fredrickson, 2015).

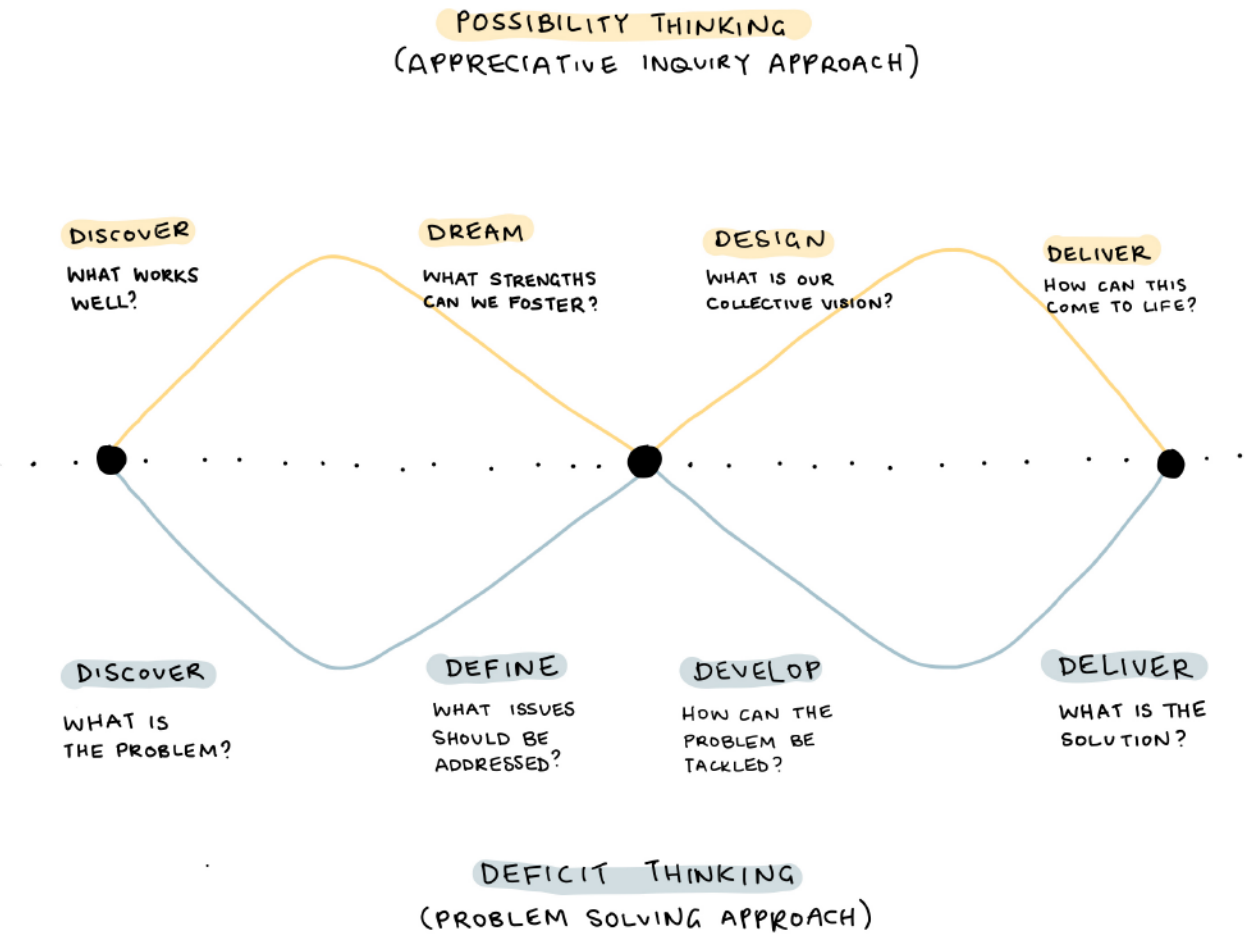


Figure 13. Diagram of how I switched from a problem-solving approach to an appreciative inquiry approach in my design process. Inspired by the 4D model of AI from (Whitney, 1998). Adapted from “A co-design approach to service improvement resulted in teams exhibiting characteristics that support innovation,” by D. Wolstenholme, C. Grindell, A. Dearden, 2017, Design for Health, 1(1), p. 45.

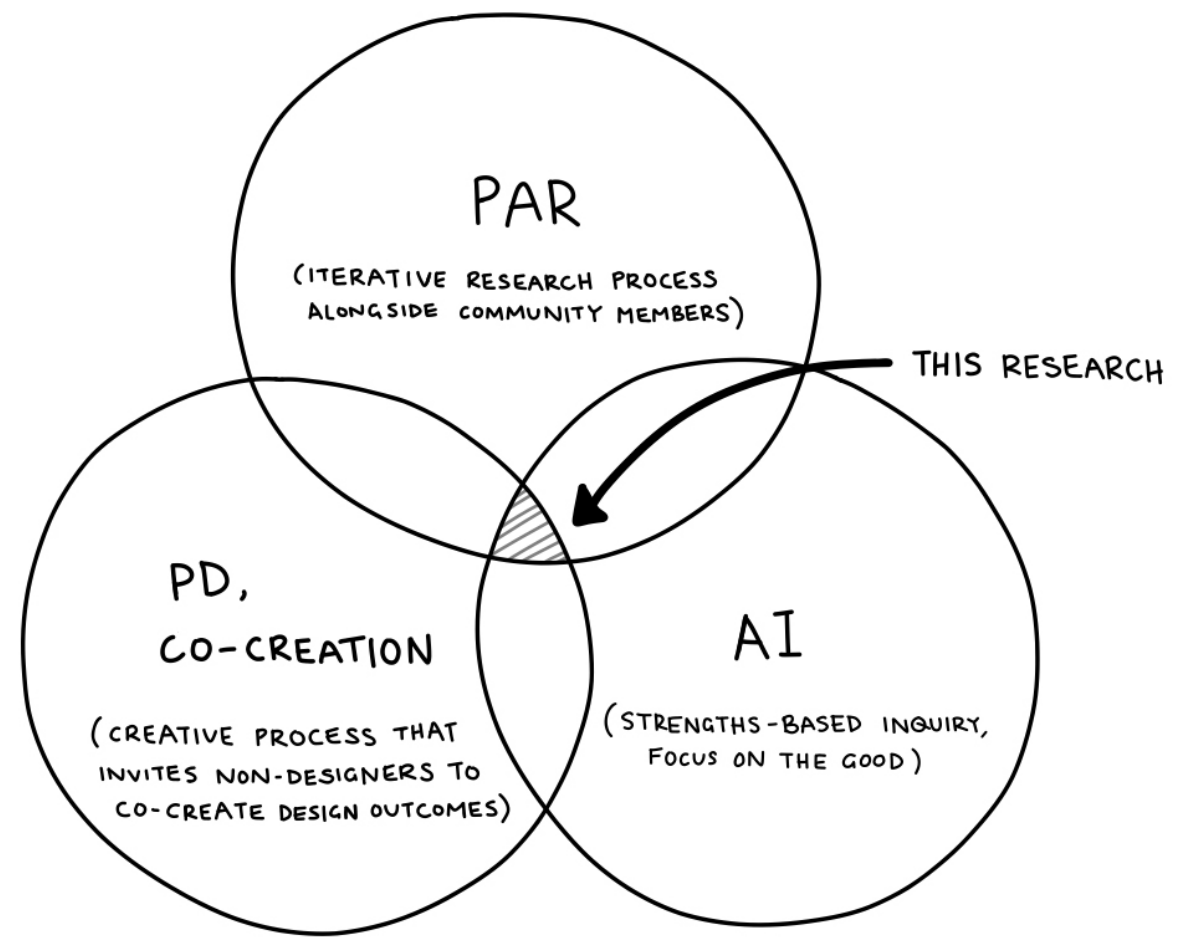


Figure 14. A combination of influences on my methodological approach

Ethical Considerations

It has become increasingly important for designers to embed empathetic approaches within participatory design research processes (working with people in real-life projects) (French & Teal, 2016). Designers in such processes require empathy to understand participants' diverse perspectives and needs, and co-create inclusive design outcomes (Fassinger & Morrow 2013; French & Teal, 2016). As I set out to recruit a diverse range of participants with different perspectives, factors of empathetic design—such as relationship-building and ensuring a safe space for the sharing of participant's lived experience stories (French & Teal, 2016)—were particularly crucial. As previously discussed, such empathetic considerations were embedded within my methodological approach (PAR, PD, and AI).

Methodological approaches to research are value-laden, and the attitudes, values, and worldviews that I adopted from PAR, PD and AI permeated my work from start to finish (Fassinger & Morrow 2013). As explained by Vandekerckhove et al. (2020), in the context of PD, the value-laden concepts of democracy, participation, empowerment, and empathy, are derived from values like inclusion and equality. Figure 15 shows key value-laden concepts that influenced my project.

Formal ethics approval was gained through the AUT ethics committee (AUTEC) on 6 September 2021 (number 21/281) (see appendix 1). As the research developed (in response to challenges resulting from Covid-19 restrictions), multiple ethics amendments were subsequently approved by AUTEC (appendix 2). The impacts of Covid-19 on this research meant that changes needed to be made to the research methods in order to adapt to the new challenges presented with accessing, recruiting and involving participants with public health restrictions in place. Some of the ethical considerations in the application and amendments included detailed informed consent processes, minimisation of risk to the participants, the right for participants to opt-out without being questioned, and ensuring participant privacy.

VALUE-LADEN CONCEPTS THAT INSPIRED MY PRACTICE

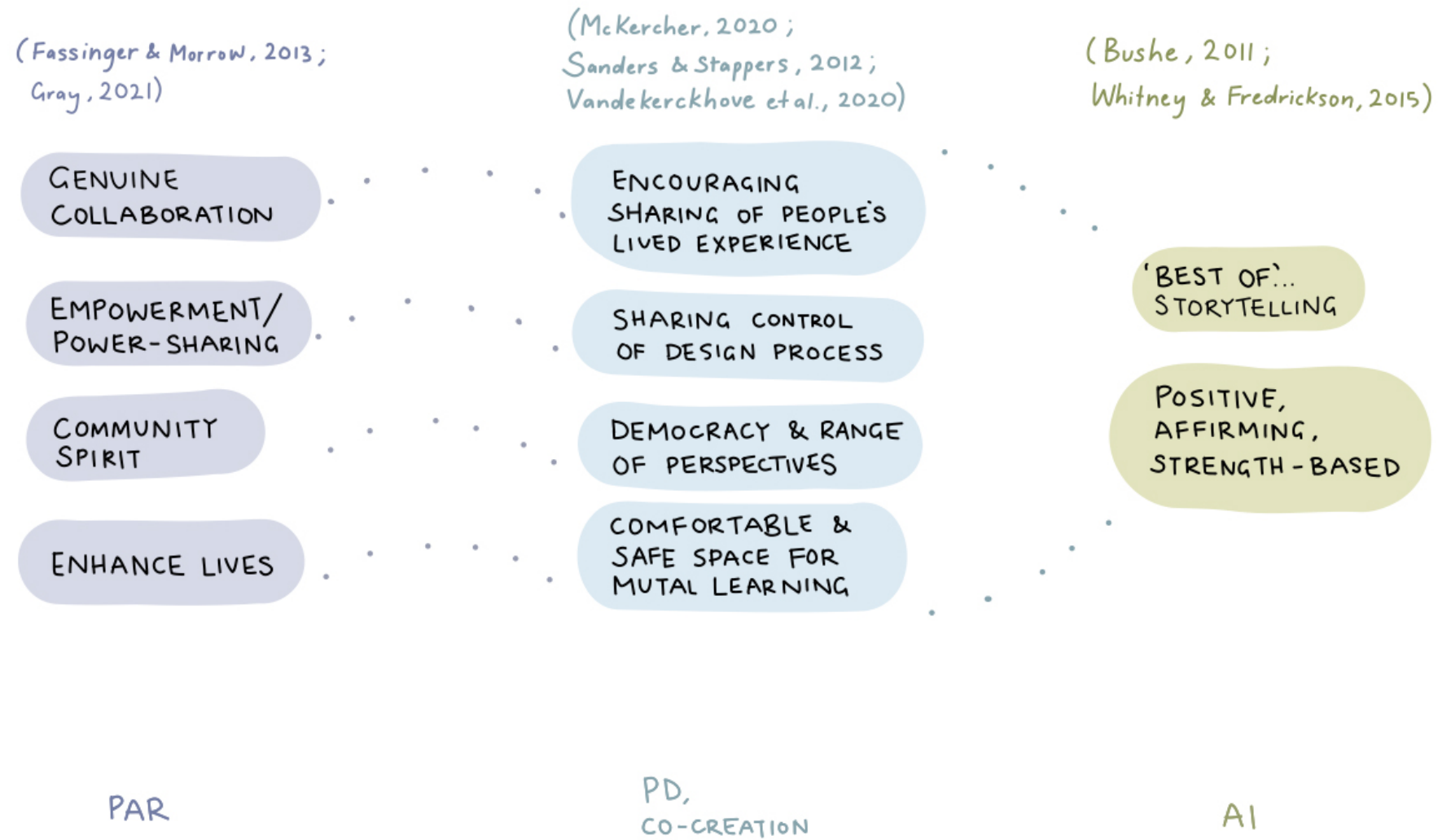
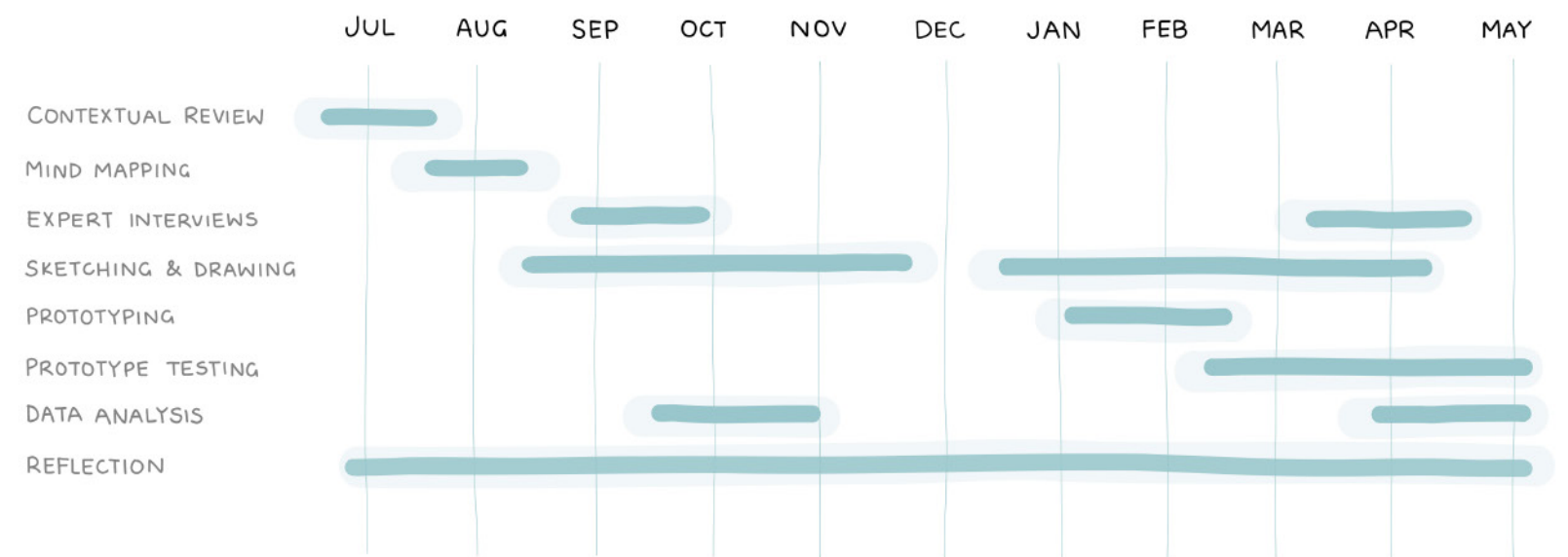


Figure 15. Value-laden concepts that inspired my practice

Methods



Contextual Review

A contextual review was used to define the scope of research inquiry and map the current state of existing knowledge on the contexts surrounding the research focus (Gray & Marlins, 2004). I examined a range of themes and perspectives across literature relating to young adult mental wellbeing and illustration as a tool for communication. These converging perspectives allowed me to identify opportunities to address gaps in available knowledge through further research (Gray & Marlins, 2004), while positioning myself and my practice within the domain of design for health and wellbeing.

Literature was sourced from Google Scholar, online databases from the AUT library, and on-campus AUT library collections. Key search terms relating to topics such as illustrating mental health, recovery from mental illness, occupational engagement, and collaborative design were used to locate a broad range of academic texts.

The contextual knowledge that I acquired surrounding approaches to the promotion of mental wellbeing within mental health services was significant in the early stages of my project, informing my methodological approach and ethical considerations. Particularly as my expertise lay within communication design rather than mental health, considerations such as the recovery model, cultural stigma associated with mental health-related challenges, and the importance of a holistic lens to wellbeing helped me to establish shared values and goals aligned with academically validated ways of promoting mental wellbeing.

In addition to insights gained from the literature, my observations from consultation with staff members on-site at Hāpai Ora were also documented and reflected on to inform my design practice.

Mind Mapping

Mind maps present complex information through a colour-coded network of keywords, branches and sub-branches that sprout from a central theme (Crowe & Sheppard, 2012; Rustler, 2012). As described by Rustler (2012), the strength of the mind map is in being a tool for visualisation as the more visual the information, the easier it is to absorb, store, and recall. Additionally, mind maps were used in this research as a free-flowing and organic method of organising data (Crowe & Sheppard, 2012). As a designer, visually organising information before beginning to sketch helped me to generate ideas to convey the essence of a range of stories and experiences that depict different modes of doing.

Expert Interviews

Interviews are considered one of the most powerful tools in design for health research as nearly every innovation requires speaking to a diverse range of people with different perspectives (Ku & Lupton, 2020). Experts in the following chapters of this research are considered as such because they possess valuable experience, skills, and knowledge as active members of their respective professional fields. Expert interviews were useful for collecting qualitative data and empirical insights into my research topic (Bogner et al., 2009; Döringer, 2021) and made specialised knowledge accessible that I did not otherwise have as a designer.

Potential experts were identified and contacted through information available in the public domain, supervisors’ professional networks, and through recommendations from other experts interviewed. An invitation to participate in the research was sent to potential experts via an email that included a participant information sheet (appendix 3) and a consent form (appendix 4). Those who accepted the invitation replied to the email directly, and upon receiving their signed consent form, an interview was scheduled at their earliest convenience.

Each expert was interviewed individually using a semi-structured approach in order to allow me to enquire further on participant responses and topics of interest. I used a series of pre-written open-ended questions as a loose guide to ensure that a range of topics was discussed. Using open-ended questions rather than yes-or-no questions helped to prioritise judgements based on the participants’ unique experiences and stories (Ku & Lupton, 2020). The duration of each expert interview was between forty and sixty minutes. Due to the increased health risks that Covid-19 created for in-person interviews and the fact that some experts were based overseas, expert interviews were conducted over pre-scheduled Zoom video conference calls. To help me focus on facilitating the discussion rather than detailed notetaking, a screen recording of the interview was taken with the experts’ consent. Following each interview, I created a summary document recording key quotes and discussion points, before analysing the data. With their consent, notes or images that experts shared with me during the interview were considered part of the data.

Round 1

Particularly in the early phases of ideation, experts can offer valuable insight, including recent successful innovations within their realm of expertise and specific technical advice (IDEO, 2015). In the first phase of this research, I wanted to gain practical advice and opinions about designing and developing an illustrated resource that would contribute to the promotion of young adult mental wellbeing. Because illustrating mental health and wellbeing concepts is a relatively niche terrain, ‘exploratory expert interviews’ (Döringer, 2021) were used to deepen my understanding of key considerations and used to help me to enrich my contribution to an area that does not appear to be extensively researched.

In round one, I conducted interviews with two designers (local and international) who had expertise in illustrating resources for the communication of health information within the public realm. I also interviewed a UK-based Occupational Therapist (OT) with expertise in developing resources and conducting research for adolescent and youth mental health. In applying an AI lens to the framing of the interview questions, I kept the focus of the questions strengths-based, investigating the things that they deemed significant, impactful or successful in terms of their work and their view of best practice. I created two separate sets of prompts for the design experts and the OT. (See appendix 5 for the indicative questions used). Discussions with both types of experts moved between the main themes of professional practice and practical advice, cultural significance and impact of health messaging, and characteristics of ‘successful’ projects.

Covid-19 presented numerous challenges to the recruitment and completion of expert interviews in round one. This meant it was no longer possible to interview clinicians from Hāpai Ora due to their rapid increase in workload and consequential communication breakdown. This required me to attempt to recruit new clinical experts from other external mental health services. These experts had their own difficulties in partaking in the research due to personal and professional factors linked to Covid-19. As a consequence, one OT was able to be interviewed. However, engaging with the three experts in round one allowed me to draw sufficient insights in the early stages of ideation, and I planned to keep the research momentum. A second round of interviews with clinicians at a later stage (when Covid-19 impacts were less restrictive) subsequently allowed for greater breadth and diversity of perspectives.

Round 2

In phase three of my design process, a second round of expert interviews was conducted to speak directly with experts within the communities that the design outcomes would serve (IDEO, 2015). Expert interviews were used to gather feedback from participants with clinical expertise on a prototype resource that was couriered to them prior to the interview. I conducted interviews with two mental health clinicians (an OT and a clinical psychologist) who were working directly with young adult clients from District Health Board-operated mental health services in New Zealand. These clinicians were also executive committee members of the New Zealand Early Intervention Psychosis Society.

Initially, I had hoped to receive feedback from both lead clinicians (clinical psychologist and OT) from Hāpai Ora who were my primary contacts and consultants for this project. During the recruitment process, one of the lead clinicians (clinical psychologist) was no longer able to participate due to personal barriers. Thus, feedback from Hāpai Ora was gathered from an interview with one lead clinician (OT). After reviewing the prototype with internal staff (including nurses, OTs and clinical psychologists), the lead clinician was able to offer their reflections on how the resource could be used within the service.

Topics for feedback discussed with round two experts included appropriateness of the resource content, how the resource might be implemented and used, the format and structure of the resource, and a comparison of the resource to existing resources (see appendix 6 for the indicative questions used). In considering an AI approach to framing the interview questions, I steered the conversation with participants towards unpacking what their vision for the illustrated prototype was within a mental health service context and how it could be strengthened as a resource. These insights supported me to further refine the guidebook prototype in phase four of the research with the participants' co-created vision in mind.

Sketching & Drawing

Visualisation

Visualising ideas is foundational to design practice (Ku & Lupton (2020). In this research, creating fully realised illustrations was a journey that evolved from stages of idea generation, research development, gathering inspiration, and iterative refinements (Zeegen, 2009). Sketching and drawing were the main methods used to visualise ideas and advance through the stages of this research journey. As much as these methods were used to articulate insights from the research process, the process of sketching and drawing itself also led to discoveries and insights about practice. As kinaesthetic forms of learning, sketching and drawing are an illustrator's fundamental processes for visual and critical thinking (Hoffmann, 2019; Ku & Lupton, 2020; Wigan, 2006).

Throughout the research, sketching and drawing were used as the primary methods for generating and connecting ideas as well as making ideas visible to myself and others (Ku & Lupton, 2020). The practice of sketching consisted of scribbling roughly outlined images and keywords using a pencil and paper (sketchbook). I used my sketchbook(s) to compile, juxtapose and explore a wide range of sketched ideas quickly and freely (Wigan, 2006). Most sketches used loose lines with minimal or no shading. Photographs or scans of sketchbook pages were taken and imported onto software that supported digital sketching and drawing with a drawing tablet and stylus. This occurred when grids were used to sketch, or when more detail and polish was required (drawings).

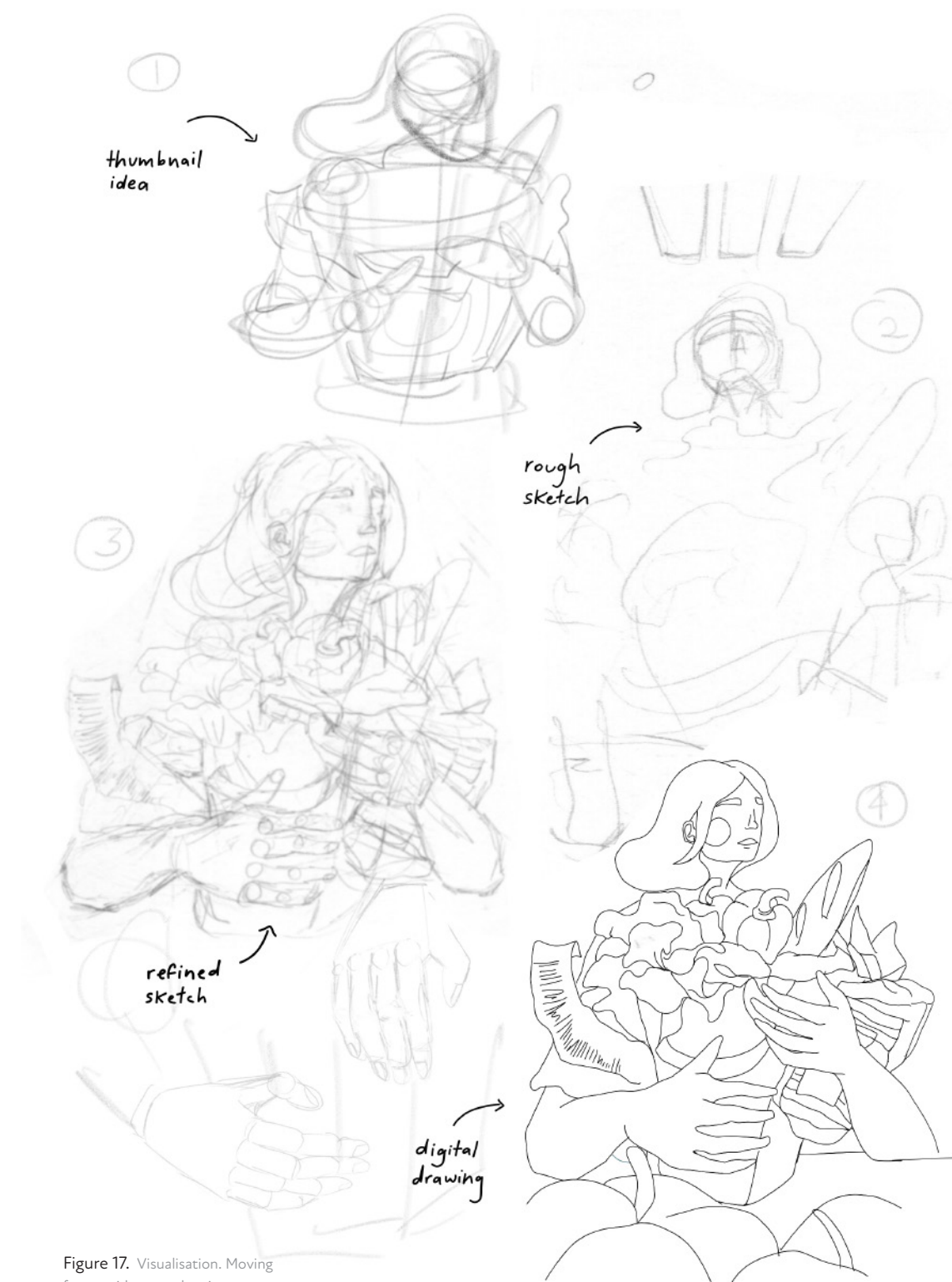


Figure 17. Visualisation. Moving from an idea to a drawing.

In this research, sketches were ‘quick ideas’, whereas drawing was the act of creating more refined visualisations of ideas and information. Drawings were often built on the skeleton of a sketch and digitally added more refined or careful linework, colour, or texture (referred to as ‘rendering’). Drawing was used throughout the research to record, represent, and portray knowledge (Zeegan, 2020), or to gather data or new insights through practice. The additional rendering in drawings was useful for communicating both observational and interpretive information (Zeegan, 2020). Elements such as solidified lines depicting facial expressions or body language, selected textures, or added colours were used to convey the tone, mood, or emotion interpreted from lived experience stories. In the second half of the research especially, drawing helped me to clarify ideas and make my research tangible for participants to understand and build on (IDEO, 2015).

Visual Autoethnography

Unlike other methods of academic research, autoethnography uses a personal voice and can reveal that which is normally considered not easily observable (Nakarada-Kordic et al., 2020). Munro (2011) stipulates that autoethnography is an exceptional method to capture new knowledge within a design process and foster reflective practice. Visual autoethnography moves away from the traditional autoethnographic approach, which evolves from the written word, and pairs well with research that focuses on visual narratives (Hunter, 2020).

In this research, I gave visual form to my personal story of mental wellness through sketching and drawing. Visual autoethnography was primarily used during phase two in my design process. I created a series of experimental sketches and drawings that reflected my day-to-day experiences of navigating mental wellbeing through everyday activities (see documentation of research chapter).

Prototyping

From a participatory design and co-creation perspective, prototyping is a method used for design synthesis and giving physical form to a combination of ideas so that they are accessible for others to experience (and give feedback on) (Coughlan et al., 2007; Ku & Lupton, 2020; Muratovski, 2015). The intent behind the prototypes I created was primarily to orchestrate conversation with others (young adult participants and clinical experts) and to identify new directions for the research (Langley et al., 2018).

Because it was not possible to hold the proposed co-creative workshops with Hāpai Ora clients (due to Covid-19 restrictions), I condensed the workshop activities and content into physical prototypes of an illustrated resource that was couriered to young adult participants and clinicians. These prototypes allowed me to test the design concepts and theoretical knowledge explored in the earlier stages of the research with participants (Koskinen et al., 2011). The resource was compiled from sketches and drawings that explained and communicated the COE framework. By adapting previously planned workshop activities and reflecting on the creative process of communicating my own lived experience through illustration, I also included a series of short, interactive activities that aimed to prompt young adult participants to communicate their story of wellness drawing from the COE framework.

I designed prototypes digitally using Adobe InDesign before printing and binding each one in the AUT bindery. Rather than trying to create a resource that closely resembled a finished product, I designed with the intention of creating enough to elicit feedback and test a range of ideas. Prototypes were made from cost-efficient materials such as 'regular' printer/copier paper and staples. Through multiple test prints on loose sheets of paper, I was able to 'fail' and learn fast from mistakes (Coughlan et al., 2007) (e.g., unreadable text). I then assessed how the digital files could be altered to adjust things like the size, proportion, scale, and layout before reprinting. In the final stages of the research, refinements to prototypes were predominantly based on young adult participant responses to the distributed prototypes. Expert knowledge also informed the development of further prototypes, and occasionally I relied on my design judgement to make minor refinements. Observing how young adults reacted and responded to the prototypes came to the forefront in the prototype testing stages (Muratovski, 2015).

Figure 18. Prototype printing and binding process



Prototype Testing

Prototype testing was employed as a method in this research in alignment with the goal of the third phase of AI—creating a shared vision of what the resource could be. By engaging young adults in the prototype testing stage with the goal of future change and innovation, I encouraged them to collaboratively create their ‘future’ (Coughlan et al., 2007).

Young adult participants were recruited through a network of professional contacts branching from the AUT lived experience advisory group (AUTLAG). The AUTLAG was formed to advise and support research and teaching activities at AUT staff and students with respect to people with lived experience of mental health. Through a snowball effect, contacts stemming from the AUTLAG shared a digital recruitment flyer—that included my email address—with potential young adult participants (see Figure 19 for the recruitment flyer). Young adults who expressed their interest in participating in the research emailed me directly. I then responded to their email with an invitation to participate in the research, a participant information sheet (appendix 7), and a consent form (appendix 8).

Figure 19. Recruitment Flyer for YAPs. For ethical reasons, it was more appropriate to recruit young adults aged eighteen years and above.



Six young adults participated who were between eighteen and thirty years old and had formal or professional lived experience roles working in mental health services across New Zealand. All participants had Youth Consumer Advisor roles in adolescent and youth mental health services, and some had additional peer support roles in their respective services. These participants gave me access to unique perspectives as previous mental health service users, as advocates working directly with current mental health service users, and as young adults with their own lived experiences. Participants were asked for their perspectives on their experiences of using the prototype resource as well as how the resource could be used with others within clinical services.

Young adult participants' involvement included reviewing and testing the prototype and activities (see below), before discussing their thoughts and reflections on the prototype with me in an interview. This process took a minimum of three weeks to complete for each participant, and many delays occurred due to their busy schedules and changing situations due to Covid-19. In some cases, these changes in their availability caused participants to opt-out of the research, resulting in the recruitment of replacements. Consequently, the recruitment of young adults in this stage of the project stretched over a two-and-a-half-month period. Although I considered the young adults as experts of their lived experiences with mental wellbeing challenges and their professional experiences (Sanders & Stappers, 2012), for the purposes of differentiating from the previously described expert interviews, these experts are referred to as young adult participants (YAPs) in this research.

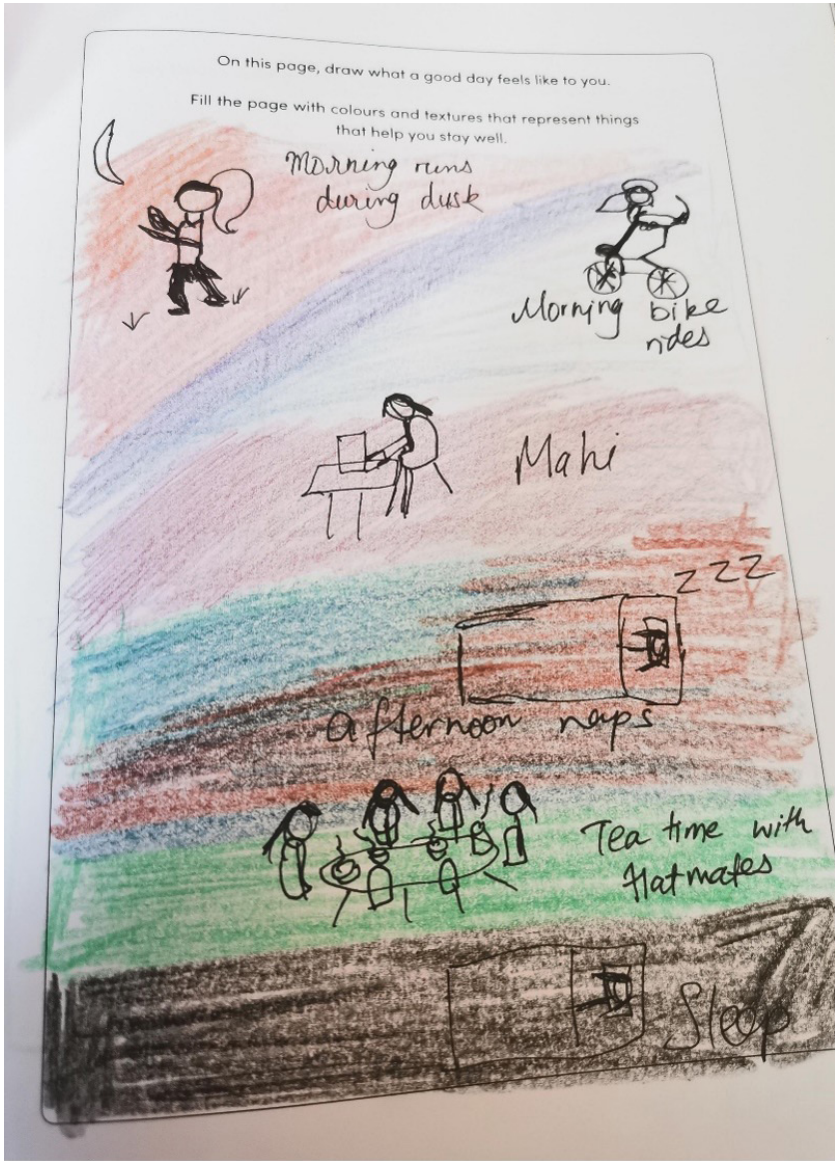
Once YAPs returned their signed consent forms, a copy of the prototype resource was couriered to them.

Participatory Drawing

Literat (2013) asserts that for participants in collaborative research, the process of drawing their lived experience stories and engaging in a discussion about these images allows them to play an active role in shaping their own outcomes. Literat (2013) argues that participatory drawing, compared to other qualitative methods, is highly practical and highly enjoyable for young people involved in the research. Thus, this method was used to complement the co-creative spirit of my participatory design process with YAPs.

YAPs were encouraged to complete the prototype resource activities, most involving a form of drawing or 'doodling.' At the discretion of each YAP, photos of the completed drawings were shared with me in the interview that followed. YAP drawings were analysed as part of the data and used to inform the creation of new illustrations, which reflected the stories that were shared with me.

Figure 20. Young adult participant C's drawing of a 'good day'



YAP Interviews

Consistent with a co-creative process, asking young adult participants a series of questions following their activity-based making provided an opportunity for them to elucidate their response, reflect and externalise their thoughts in relation to the 'making' or process of completing the prototype (Langley et al.,2018). As McKercher (2020) points out, talking to lots of people may allow a lot of data to be collected, but this may result in less compelling insights compared to initiating deep conversations with a smaller number of participants. Thus, YAPs were interviewed individually after they felt they had enough time to review the prototype, complete the activities, and reflect on their engagement with it using a feedback template that I provided (appendix 9).

Using a similar protocol when engaging with expert interview participants, each YAP was interviewed using a semi-structured approach with open-ended questions that loosely followed the feedback template. The duration of each expert interview was between forty and sixty minutes. Interviews were conducted over Zoom to minimise health risks due to Covid-19 and because YAPs were located across New Zealand. Following each interview, I created a summary document recording key quotes and discussion points before analysing the data. Notes or images that experts shared with me during the interview were considered part of the data, including notes made in the feedback template and photos of their drawings in response to activities from the prototype resource.

Data Analysis

Thematic analysis (TA) is widely used in qualitative research for systematically identifying, analysing, and organising themes found within datasets (Braun & Clarke, 2012; Nowell et al., 2017). Braun and Clarke's approach to TA complements art and design-based research projects as it helps researchers synthesise multiple sources of data and knowledge from creative practice (Lin, 2019). As Lainson et al. (2019) suggest, this approach enhances research that recognises that knowledge is co-produced with participants and values their subjective narrative accounts. As my research focused on the sharing and communication of young adult lived experience stories, TA helped me to translate the richness of participants' nuanced descriptions into insights that addressed my research question and supported the creative process.

Since TA was complementary to my practice rather than being a governing method (Lin, 2019), I loosely applied Braun and Clarke's (2012) six-step framework to my analyses: becoming familiar with the data, generating codes, constructing themes from codes, reviewing themes, naming and defining themes, and reporting the findings. Thematic analysis was used after round one of my expert interviews, and then again to combine insights from prototype testing and round two of expert interviews.

After recording and summarising the responses from expert interviews and prototype testing, I familiarised myself with the notes and recordings from each interview. I highlighted and grouped key phrases, quotes, and ideas that I identified in the responses as relevant to my research. I 'coded' the data by writing annotations and labels to capture what was interesting about the responses and organised the codes into broader prototype themes. The 'keyness' of codes and themes did not necessarily come from patterns within the datasets, but rather that they captured insightful points in relation to my research question (Lin, 2019), therefore holding significance as a design consideration moving forward. The results from each round of thematic analysis were informative rather than conclusive. Therefore, instead of a 'formal' report, a summary of the findings from my analysis and how they would influence the next phase of design was written.

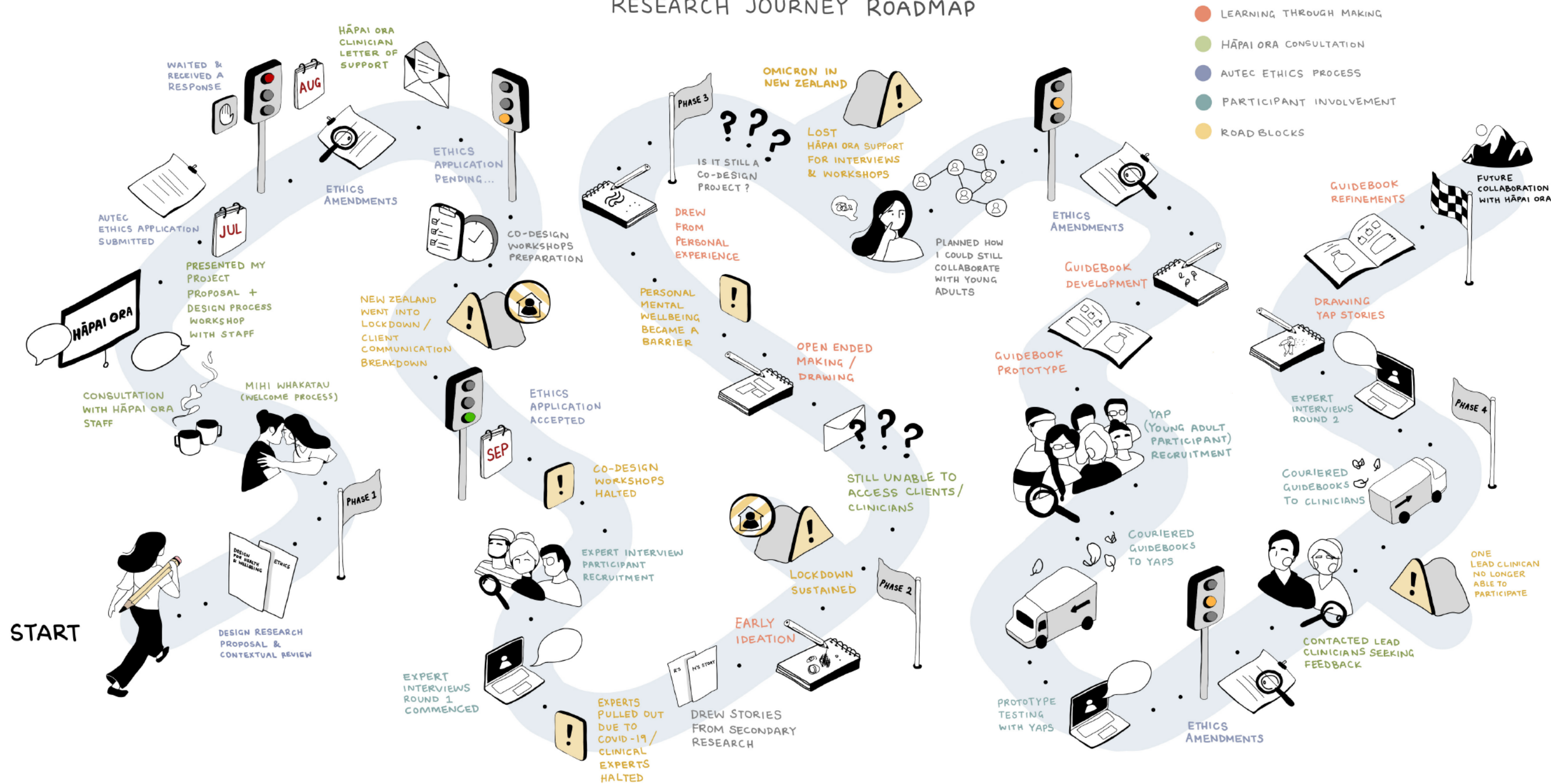
Reflection

In this research, reflective practice was used as a way to enhance the cycles of action research that were undertaken (McMahon, 1999). It also allowed me to converge tacit and explicit knowledge, which is significant to arts-based AR projects (Clarke & Bautista, 2017). During each phase of the design process, a process of reflection was used to capture my thoughts and experiences, interpret factors of success or positive outcomes, and plan for future design activities. Reflections were captured through my creative practice (in sketches and drawings) as well as a journal of written reflections. This process helped me to balance logic and intuition to inform the next design research phase and advance my practice (Reymen & Hammer, 2002).

Additionally, ongoing reflections helped me to conduct my inquiry from a more critical perspective as I became aware of the implications of my learnings in relation to the wider context and aims of my project (McMahon, 1999). Reflecting on barriers and limitations that arose while working with participants allowed me to be a more resilient researcher through gauging the situation and finding more appropriate ways to use design to achieve my higher-level goals. To provide insight into the learnings I made over the course of the project, key reflections are included in the documentation of research chapter that follows.

Documentation of Research

RESEARCH JOURNEY ROADMAP



Phase 1: Discover

Meeting with Hāpai Ora staff On-Site

In July 2021, I attended my first in-person consultation with staff members (clinicians and cultural advisors) and clinical leads at Hāpai Ora. I first met with the Cultural Advisor Māori, who explained the mihi whakatau procedure (Māori meeting for welcoming visitors) followed at Hāpai Ora. I had a chance to ask questions about the process before attending the mihi whakatau, including sharing my pepeha (personal introduction speech in Te Reo Māori), and being given a brief tour of the Hāpai Ora space. Over a cup of tea, I became more familiar with some of the staff members and their work at the service. Following this, I ran a short workshop with staff members about what a co-creative process (informed by AI) in this project might entail.

With positive feedback and interest shown from staff members in the workshop, the clinical leads and I had a separate meeting post-workshop to discuss further details, including conducting expert interviews with staff members, scheduling a co-design workshop series with YAPs, and beginning the necessary informed consent and recruitment processes for these collaborations. The clinical leads highlighted how my proposed project would align with their values and could positively benefit the service users who opted-in to the research. They also summarised this in a 'letter of support' (appendix 10) that indicated our formal partnership and supported the AUTECH ethics approval application process.

Key Learnings from Consultation

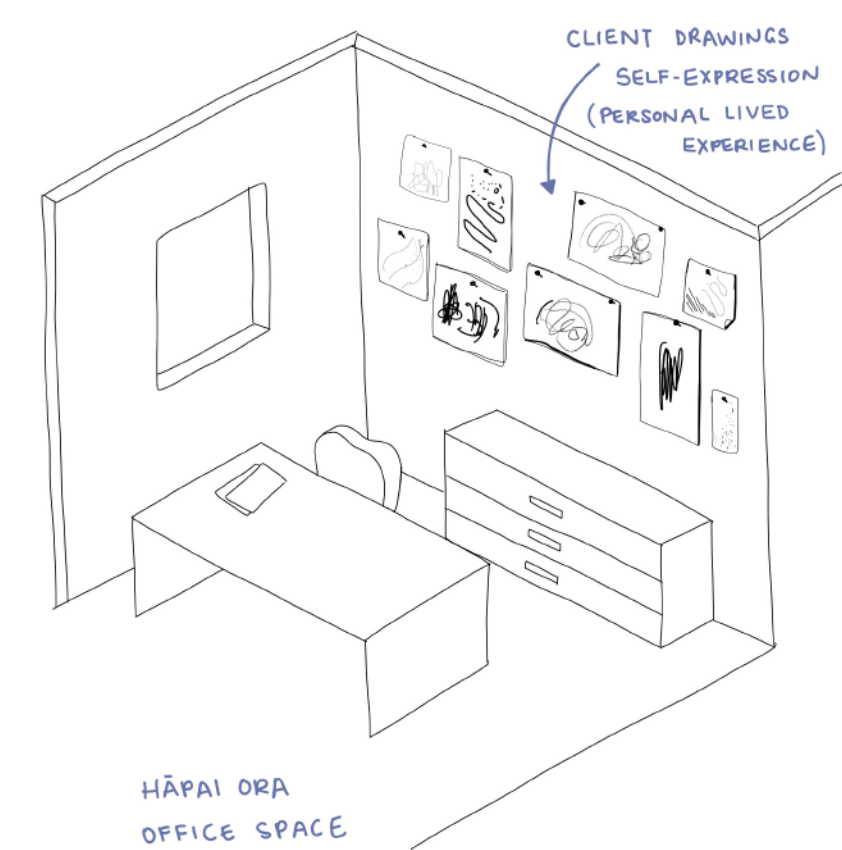
By partaking in the service’s cultural practice and welcome process (mihi whakatau), I understood that initiating collaboration with members of their community meant acknowledging the importance of values that stem from Kaupapa Māori. As it was my first time attending a mihi whakatau and delivering a pepeha, I embraced all aspects of the process despite being unsure of what to do or say at times. I appreciated the encouragement from the Cultural Advisor Māori and other staff, who made me feel welcomed regardless. Their genuine effort to build a meaningful relationship with me helped me to feel like an ‘equal’ in our partnership. Kaupapa Māori ideologies encourage balanced power dynamics between all parties so that people do not feel like the ‘other,’—an intention that aligns with co-design and co-creative projects (Kidd et al., 2021). This ethos and how I was made to feel valued by staff is something I strived to emulate for the participants in my research.

As I spent time conversing with staff members, I realised that language greatly contributed to the positive framing of concepts surrounding mental wellbeing challenges. It was evident from their use of the word “client” rather than “patient” (in reference to service-users) that their view of recovery was holistic and person-centred, not only symptomatic. I observed that terms such as “mental wellbeing challenges” were used rather than “mental distress” or “mental illness,” which normalised these experiences. Because the framing of such experiences in public resources can affect attitudes towards mental health, phrases such as “experiencing psychosis” should be used instead of labels such as “psychotic” to reinforce the idea that people are more than their symptoms or diagnoses (Mental Health Foundation of New Zealand, 2018). This was a critical learning curve for me in creating a positively framed resource because the language and mindset I adopted were reflected in my illustrations and discussions with participants.



Figure 22. Section of Hāpai Ora waiting room and reception

Figure 23. Diagram of a cultural advisor's office space populated by client drawings



It was encouraging to learn that drawing and painting were a part of some clients' normal occupation within the service and aligned with early intervention approaches. The clinical leads discussed how staff facilitated a variety of activity-based group interventions to support clients' recovery, some including creative or "arts-based activities". These activities allowed clients to choose ways to enhance their own wellbeing in group therapy sessions. A cultural advisor staff member showed me a wall by her desk that was populated with drawings, paintings, and mixed-media artworks created by clients who enjoyed the arts-based group sessions. This knowledge gave me the confidence to begin planning for drawing-based activities in the co-design workshop series. I hoped this would encourage YAPs to visually reflect on their experiences in relation to the COE framework and mental wellness while allowing me to gain insight into their lived experience stories.

The Physical Space

I observed that Hāpai Ora had many illustrations and artworks displayed in the waiting room, consultation rooms, and office spaces. This had not been typical of my previous experiences in clinical environments. Many of the paintings and drawings had meaningful stories behind them or were created by their clients in group therapy sessions. The clinical leads expressed their interest in filling more of the blank walls with illustrations, and a mural was discussed as a possible design outcome. They also explained that their space had been designed using cool-toned colours and natural elements with the intention of creating a calm emotional space. I also noticed a theme of nature-related kiwi iconography in illustrations that brought staff members a sense of joy. For example, the wall decals behind the reception featured illustrations of native New Zealand birds and plants. This was also echoed in the adult colouring books chosen for the mindfulness colouring station in the waiting area.

Reflection

I discovered strengths in Hāpai Ora's goals, values, and culture that would align with a collaborative design process. It was apparent that they valued supporting their clients' creativity and strived to create a comfortable and culturally safe environment for this. The illustrated artworks displayed were used to evoke a sense of joy, tell a story about their community, and proudly showcase meaningful moments in their clients' recovery journeys.

I was excited to pick up momentum in the project and contribute my co-created resource. I planned to invite young adult clients in the co-design workshops to express their occupational mental wellness stories through drawing or painting. An illustrated resource, such as a mural displayed in the space as an illustrated story about clients' everyday activities and recovery journeys, seemed to be an intriguing prospect for the research.



Figure 24. 'Mindfulness colouring books' in the Hāpai Ora waiting room

Roadblocks

Research activities involving participants were stalled during the three-month period in which I had applied and waited for ethical approval, liaised with members of AUTEC, and made consequent amendments to the study protocol. During this time, New Zealand went into a nationwide lockdown in response to the pandemic, and there was no certainty as to how long it would last. Within the first month of the lockdown, the project gained ethics approval. However, the following became limitations to my project:

- Due to the lockdown, staff at Hāpai Ora did not have the capacity to work on non-essential interventions, resulting in a lack of access to communication with the lead clinicians.
- Co-design workshops were halted as clinicians were not able to support the recruitment of YAPs or co-facilitate workshops. Table 3 provides a brief summary of how I envisaged the workshops impacting the research direction. Expert interviews with Hāpai Ora staff members were no longer feasible at this stage of the research due to their increased workloads.

Workshops & Corresponding Design phases	Topical Questions Explored with Young Adult Participants	Response to Data Collected & Analysed
Workshop 1- Discovery Phase	"What does the COE mean for your story of recovery or wellness?" / "What everyday activities do you do to keep well?"	Sketching and drawing from significant insights and stories from participant responses. These would be brought to the subsequent workshop for discussion.
Workshop 2- Dream phase	"What is your vision for an illustrated resource that shares this knowledge with other young adults?"	Creating a selection of concepts or early prototypes in response to the participant responses. This would be brought to the subsequent workshop for feedback.
Workshop 3- Develop & Deliver Phases	"What works well?" / "What could be strengthened or improved?"	After being analysed, feedback on a range of illustrated concepts or early prototypes would be taken onboard to develop a refined innovation (resource). This would be delivered to Hāpai Ora.

Table 3. Initial plan for a co-design workshop series

I began to consider how I could adapt my initial focus for early ideation in the discovery phase. In lieu of drawing from YAP responses to workshop-based activities and discussions, I used the findings from the first round of expert interviews and relevant findings from secondary research to support my creative thinking. I oriented my practice towards developing a series of illustrated design ‘probes’ that could later be used to help facilitate a dialogue with YAPs (Jarke & Maass, 2018). I remained hopeful that there would be an opportunity to resume the workshops at a later stage with Hāpai Ora.

Findings of the Expert Interviews Analysis (Round 1)

Consistent with the first phase of an AI approach, expert interviews with two designers and an occupational therapist were used to interpret a range of strengths-based considerations for my early ideation and exploratory design phases. I facilitated conversations with experts to draw out their first-hand experiences with designing resources for public health and mental wellbeing. Key insights from my analyses of their responses are summarised below, including advice for best practice, helpful tools and techniques, and their suggested indicators of success for an illustrated resource.

Lived Experience Stories

Both Designer B and OT A advocated for the depiction of lived experience stories in resources for mental health and wellbeing information, particularly as ‘the general public’ can struggle to understand what it is like to experience psychosis or other mental wellbeing challenges. These experts noted that communicating lived experience stories can make informative resources more relatable and compelling, as well as less abstract for the reader. Additionally,

“Stories add an element of authenticity.”–OT A

Designer B also emphasised that the aim when drawing from lived experience stories of is ultimately to communicate the ‘essence’ of these experiences to the reader. Therefore, part of my role as a designer is to identify, select, and communicate the main aspects of the story (e.g., highlighting keywords, feelings, phrases or moments from within stories).

Conversation Starters

Responses from all three experts suggested that another valuable facet of illustration in a healthcare context is the potential for images to act as prompts for starting conversations about wellbeing challenges. This is particularly important in mental wellbeing contexts as experiences can be hard to describe. As such, a reader's emotional connection and resonance can be used as an indicator of success for an illustrated resource.

“When it resonates with people, they can point to it and say, ‘that’s how I feel!’–Designer B

A Positive Emotional Response

In alignment with findings from visiting Hāpai Ora on-site, expert responses emphasised how illustration can elicit a calming, comfortable and positive emotional experience for the reader. As designer A suggested, a goal for my resource should be to

“create a little world where people feel comfortable.”–Designer A

Designer B discussed how especially for people who have just received a diagnosis, the focus of illustration for health information should be to reassure the reader that they are not alone in their experiences and that they can navigate through mental wellbeing challenges. OT A’s response builds on this and aligns with the recovery model.

“The installation of hope is key.”–OT A

Depicting Intersectionality

Each expert emphasised that intersectionality in visual representations of people within an illustrated resource is vital to encourage readers to connect and engage with the content. Designers and illustrators working within a public and healthcare context need to consider how they visually depict a diverse range of characters with respect to culture, race, gender and sexuality.

OT A advised that it was important to ask my young adult participants whether my illustrations are representative of themselves and their community. Asking for this feedback would minimise the risk of imposing my assumptions and biases on the resource. As Designer A noted,

“it’s a fine line between diverse representation and cultural stereotypes.”
–Designer A

Designer A suggested that factors of intersectionality could be depicted through more than just the skin colour of the people illustrated, but through designing their clothing, hairstyles, and environments.

Exploring Design Elements

Designer B suggested that colour (considering temperature and brightness) was a valuable communicative tool that could be used to portray and contrast different emotional states within lived experience stories. In seeking feedback on their published illustrated resources, Designer B also found that readers preferred round shapes as they had a calming effect. The use of graphic panels—as found in graphic novels—was also suggested as helpful for communicating sequences within stories, as panels can be scaled to highlight key moments or messages.

Designer A and B discussed how analogies and metaphors are useful to help a wide audience understand information.

Designer A suggested that illustrating symbols of nature was

“a well-known trope for wellbeing and comfort.”– Designer A

Designer B advocated for physical printed resources, as these have the potential for young adults to share the content with those around them. This may also encourage young adults to start conversations with family and loved ones about mental wellbeing. Expert responses also suggested that being able to hold and feel the resource could have a ‘grounding effect’, encouraging people to step out of their headspace.

Cultural attitudes about Mental Wellbeing Challenges

All three experts suggested that illustration could be effectively used to challenge the stigma attached to mental health-related concepts, affirming findings from my contextual review.

"Illustration has the power to change people's emotional states and understandings"– Designer A

Expert responses provided insight into how illustrated resources have or could challenge the stigma around mental wellbeing challenges (such as psychosis) that still circulate in popular culture. Designer B explained that for people who have just received a diagnosis within a healthcare setting, seeing other people’s first-hand experiences in an illustrated resource can help make a diagnosis less ‘scary.’ In addition, creating a tangible piece of ‘art’ about mental wellbeing-related experiences makes a statement that opposes associated stigma.

“Mental wellbeing should be discussed and displayed like art.”–Designer B

Versatile Illustrators

During the interview, I shared my concerns about not having one cohesive or particular style as an illustrator to begin the process of ideating and sketching. In response, Designer A suggested that in their experience, illustration style is dictated by specifications unique to each project. For example, the amount of rendering achievable within the timeframe, whether the outcome is digital or physical, and appeal to the target audience of the resource. Therefore, versatility in illustration style for health information may be seen as an asset rather than a weakness. This is because there is considerable variation and diversity in the communities and contexts in which illustrations may be situated.

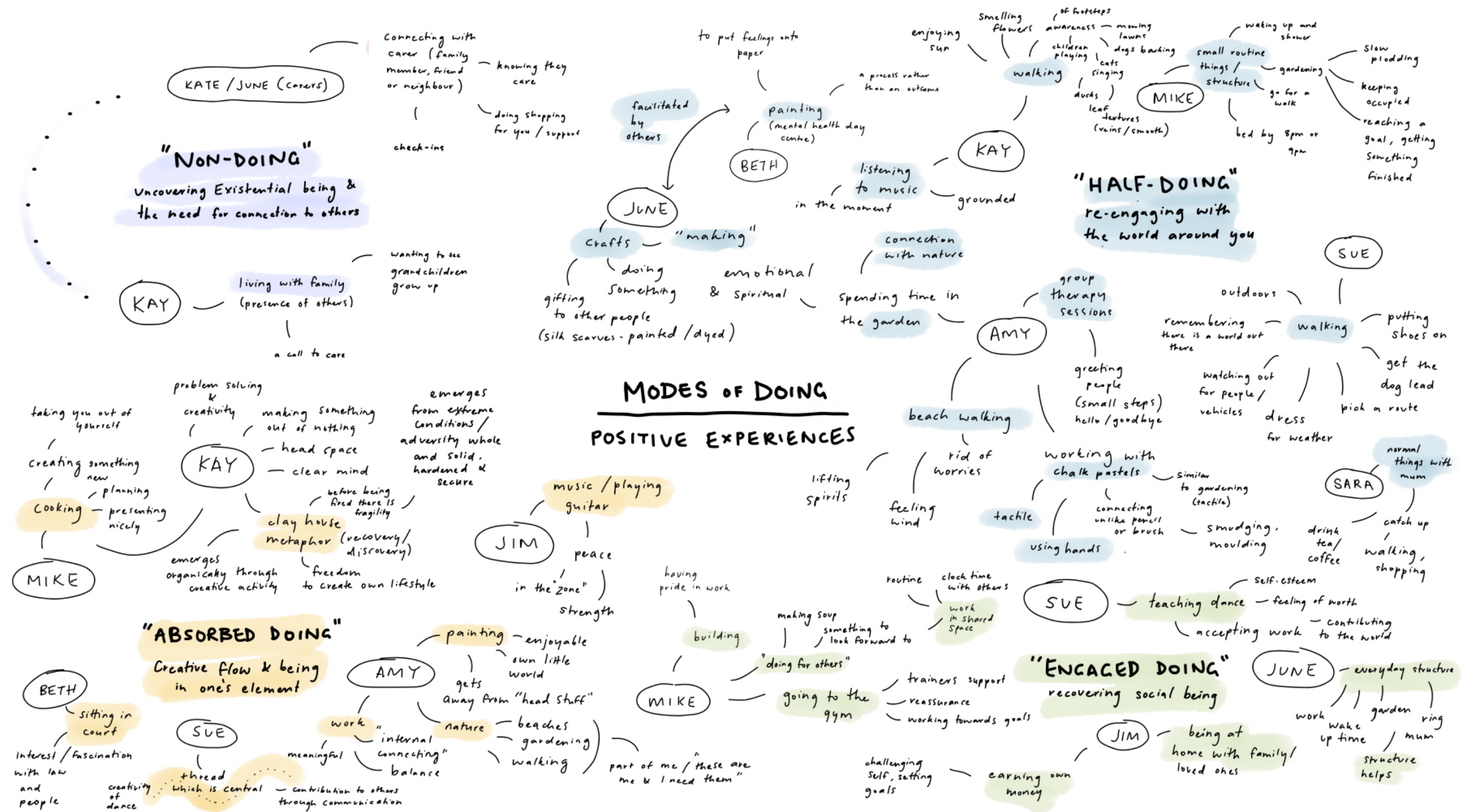
Collaboration and Seeking Feedback

OT A suggested that success for my resource could be inferred by the quantity demanded or interest generated by clinicians and clients from mental health services.

OT A also stressed that new insights gained from the collaborative process are as important as the final outcome). They advised that in order to draw out valuable insights effectively and efficiently, I should develop and present participants with a diverse range of illustrated concepts. These would be effective tools for discussion around what resonates with them best and what strengths contribute to this.

By summarising the key insights from the expert interviews, I was able to make a list of recommendations for my practice as follows:

- My illustrations should aim to communicate the 'essence' or main aspects of lived experienced stories in order to elucidate the modes of doing within the COE framework. Part of my job as a designer is to draw out and identify these main aspects.
- My design outcome should have a positive, affirming tone and strive to project the notion of hope for recovery and mental wellness in alignment with the recovery model.
- If people are illustrated, these illustrations should represent intersectionality. Consideration should be given to identity markers such as clothing, hairstyles, and setting, as well as colour. It is also important to ask young adult participants for feedback on appropriate representation.
- A range of design elements should be explored, including colour, the use of graphic panels, analogies, and the symbolic representation of nature can be used to strengthen the communication of information in the resource. Physical prototypes or outcomes should also be considered and tested.
- I should allow the illustration style to emerge through the collaborative research process. A range of explored design elements should be presented as stylistic concepts to be used as creative prompts in facilitating conversations with participants about concepts that resonate with them.
- Careful consideration should be given to how illustrations can explain information relating to wellbeing through occupation engagement in a non-threatening or 'scary' way.
- Participant feedback indicating emotional resonance with young adults, a calming or tone, interest generated within mental health services, or new insights about illustration from the collaborative process can all be indicative of successful design outcomes in this project.



Mind Mapping

Although I did not have access to Hāpai Ora Clients’ stories of everyday occupation and wellness before beginning my early illustrated concepts, I took inspiration from participant lived-experience stories in Sutton’s (2008) “Recovery as the Re-fabrication of Everyday Life”. I found that participant stories within Sutton’s study often included truthfully raw recounts of their struggles with mental illness. Thus, in order to illustrate the essence of each mode of doing using positive framing, I first extracted aspects from these participant experiences that described how different everyday activities promoted their recovery. Mind mapping these hope-inspiring experiences advanced my understanding of the COE framework from an AI lens (see Figure 26). I found that creating one-line captions in simple language helped me to condense my findings into one main aspect of recovery that I could remember and focus on communicating to YAPs at a later stage in my research (see Table 4).

Mode of Doing	Aspect of Recovery to Communicate
Non-Doing	Fundamental care and connection to others
Half-Doing	Reconnection with the world around you
Engaged Doing	Shared time and space with others
Absorbed Doing	Finding your flow

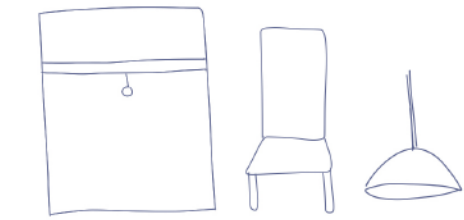
Table 4. Positive messaging for the modes of doing within the COE framework. Captions in the right column were created by synthesising keywords and themes from Sutton’s (2008) study that were used to describe how each mode promoted recovery for his participants.

Sketching & drawing

Sketching and drawing were used to visualise my new understandings of the modes of doing (as in Table 4) and key experiences that were described as meaningful for participants’ recovery in Sutton’s (2008) study. I also used this stage to reflect on the themes and recommendations for my practice from the expert interviews. While ideating, I had no way to validate successful aspects of my work with other young adults. However, I identified strengths based on my experience with elements that helped me to further understand and depict the COE framework. When making critical decisions, I relied on my intuition as a designer and tried to consider how young adult service users might respond to my images.

In this chaotic early stage or “fuzzy end” of my co-creative project, there was a multitude of divergent paths that the project could have taken (Sanders & Stappers, 2012, p.22). Particularly with the uncertainty of when and how I would collaborate with YAPs, it felt most appropriate to render drawings digitally. This gave me the flexibility to adapt them into creative probes of any format–suited for either a physical or virtual collaborative setting.

While I aimed to visualise the voices and stories of others, I relied on personal experience to interpret what specific activities, settings and intangible concepts could look and feel like. Inevitably, my own voice became entwined in my creative outputs.



- home-related icons / activities

JUNE'S STORY: (time & space to withdraw from everyday world - p. 82)

KAY'S STORY: (living at home, detaching from the world - pp. 82-88)

- idea of a neighbourhood, people isolated but not alone
- relevant to the pandemic & lockdown

JUNE'S STORY: (cared for by neighbours - p. 82)



- person in prayer
(hope found in faith - p. 145)



- Connection to others
(hope found in significant relationships - p. 145)

- nature, leaves used to emphasise the feeling of connection



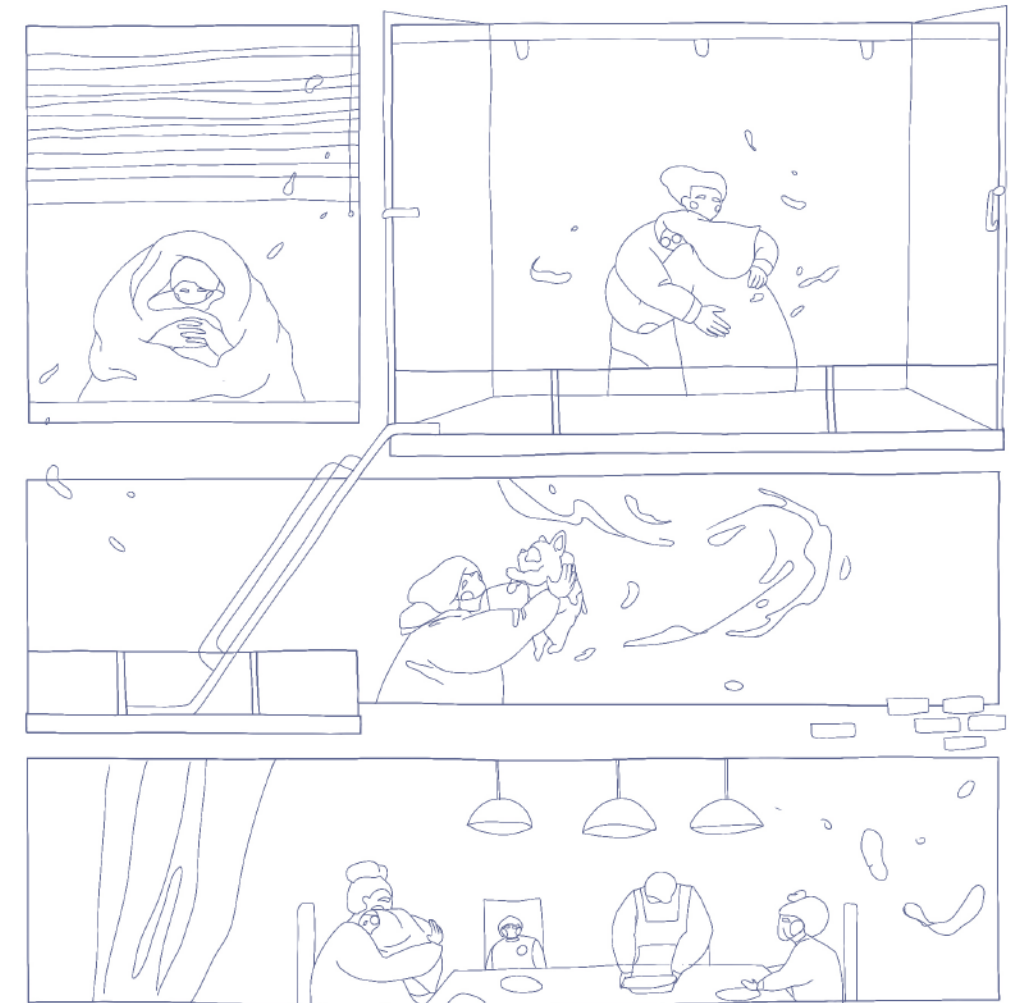
- loved ones
(hope found in caring for something - p. 145)



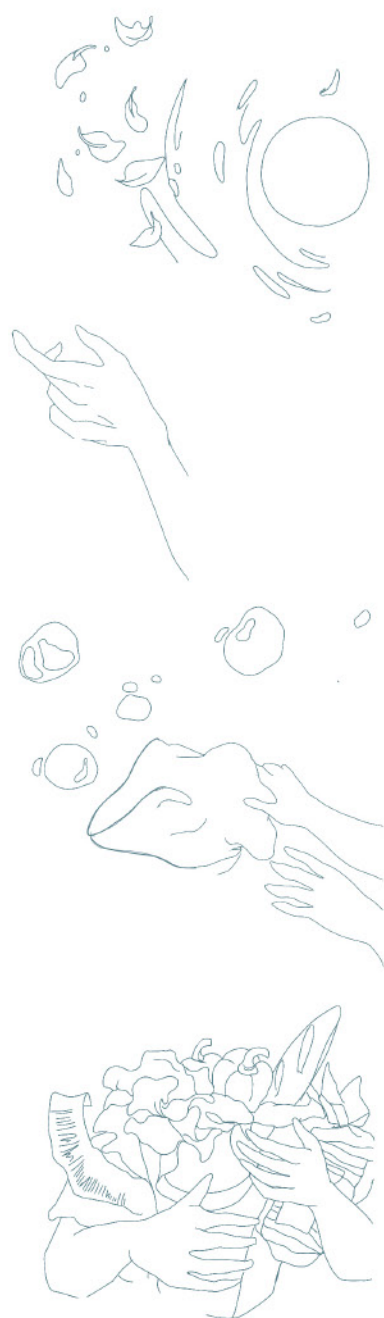
- family

KAY'S STORY:
(living with family - p. 82)

portraying different living situations, types of relationships



FUNDAMENTAL CARE & CONNECTION TO OTHERS



— connection to nature, outdoors

SUE'S STORY: (walking outside - p.100)

MIKE'S STORY: (gardening - p.99)

AMY'S STORY: (immersed in nature, emotional & spiritual connection - p.102)

KAY'S STORY: (feeling sun on face, smelling the flowers - p.114)

— hands, touch, present in body

AMY'S STORY:

(working with hands, tactile things - p.117)

— chores, laundry

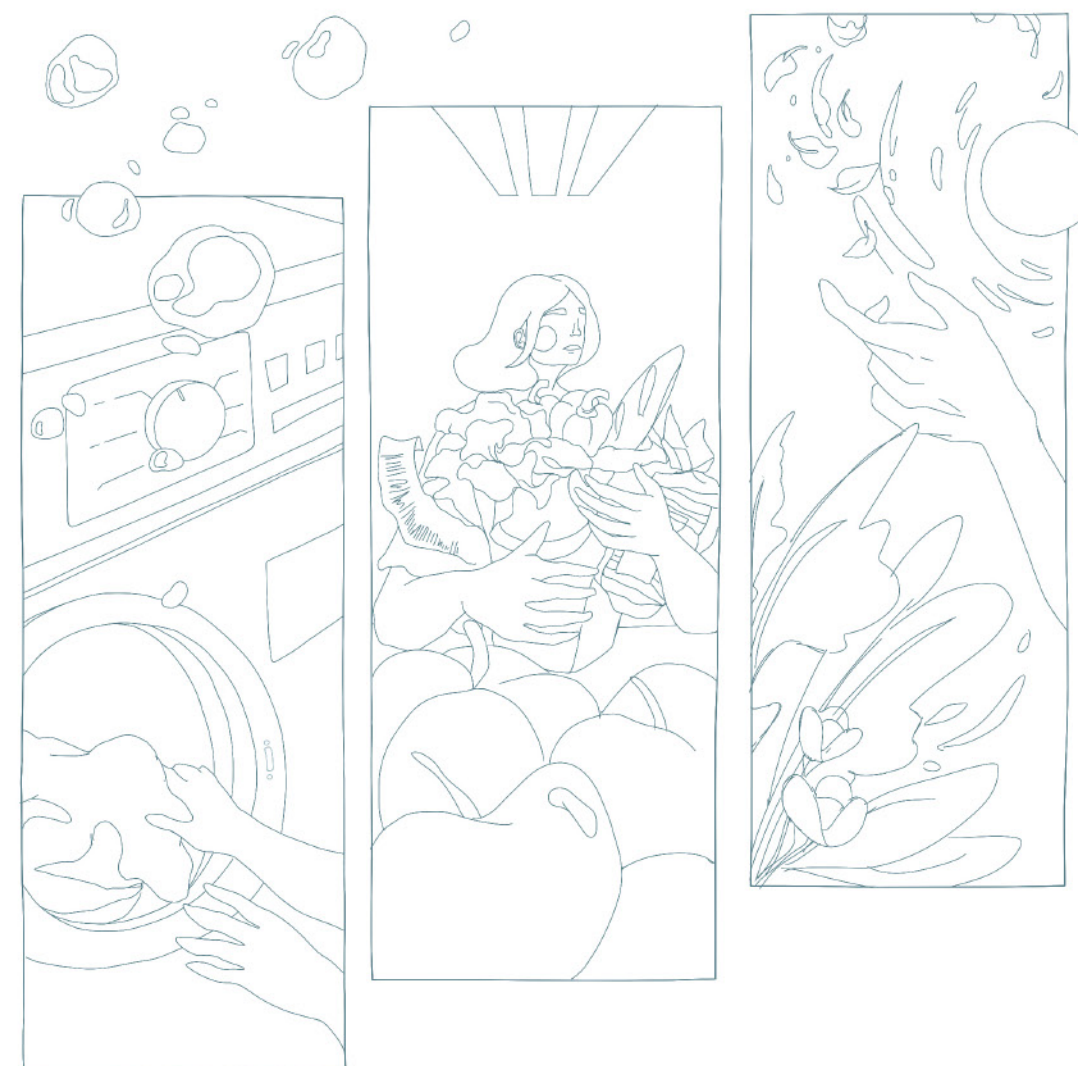
MIKE'S STORY:

(slowly doing things around the house - p.106)

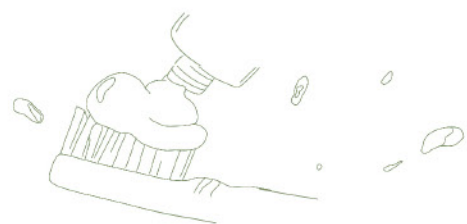
— errands, grocery shopping

SARA'S STORY:

(ordinary, necessary things, shopping, walking... - p.111)



RECONNECTION WITH THE WORLD AROUND YOU



- everyday items,
toothbrush & toothpaste

JUNE'S STORY:
(structure in life - p.129)



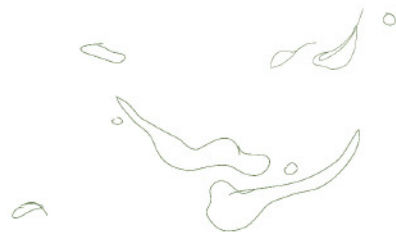
- clock, time

JUNE'S & MIKE'S STORIES:
(waking up at a certain time,
keeping to a schedule - p.129)

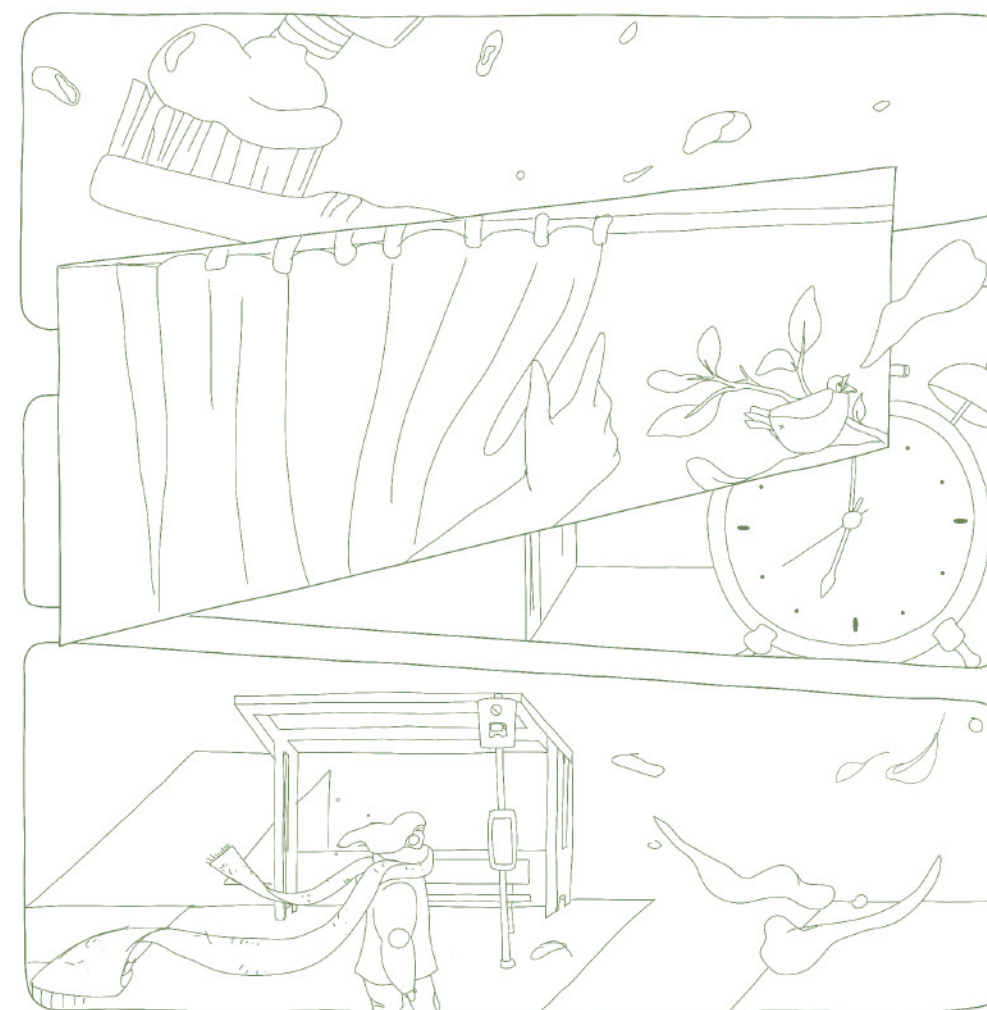


- walking, commuting

**MIKE'S, SUE'S &
JUNE'S STORIES:**
(going to work - pp.121-129)



- elements of nature
- heading out, being in
public spaces, the
everyday world



SHARED TIME & SPACE WITH OTHERS



- paint, water-like
free-flowing shapes
(creative flow - p. 149)

AMY'S STORY:
(painting - p. 151)

- hands, music, making

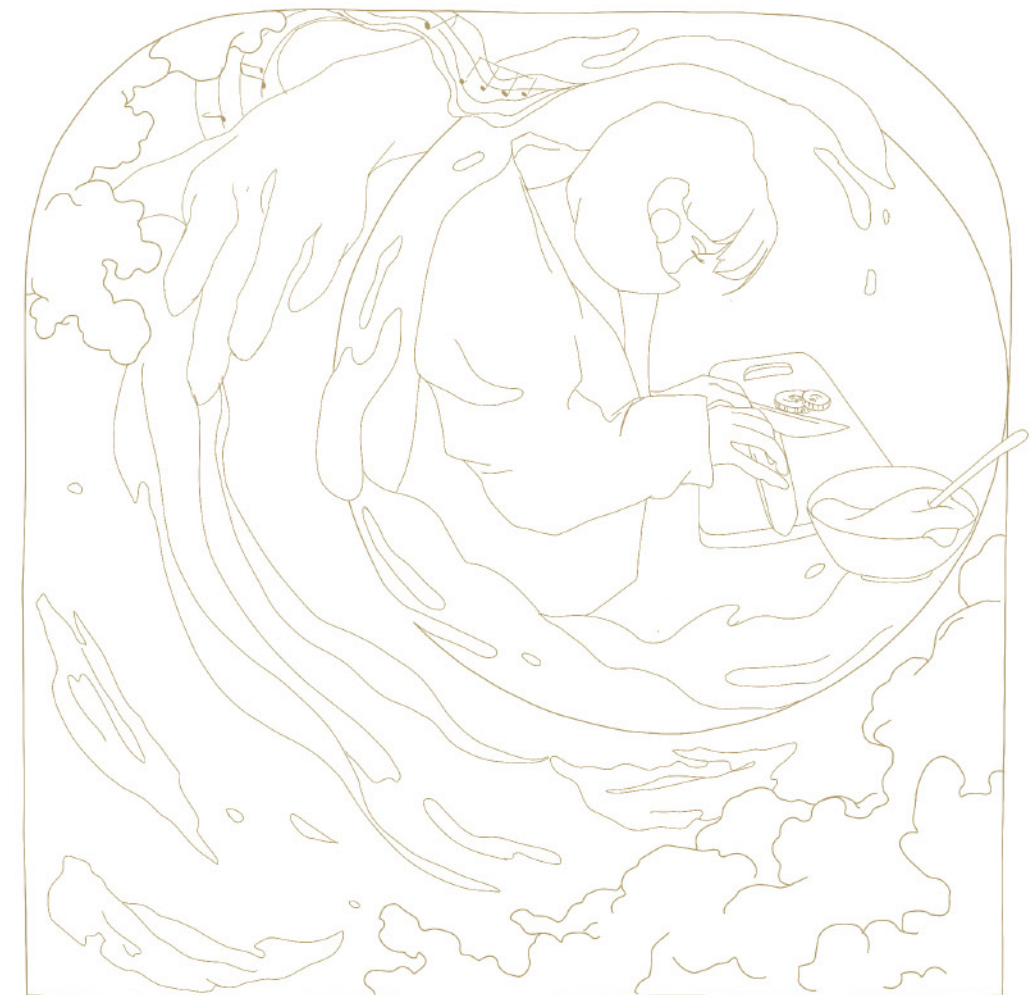
JIM'S STORY:
(playing music, guitar,
in the zone - p. 151)

- kitchen objects

KAY'S & MIKE'S STORIES:
(enjoying the process of
cooking - p. 149)

- clouds, more abstract
shapes, you are what you paint

AMY'S STORY:
(in a world of your own - p. 151)



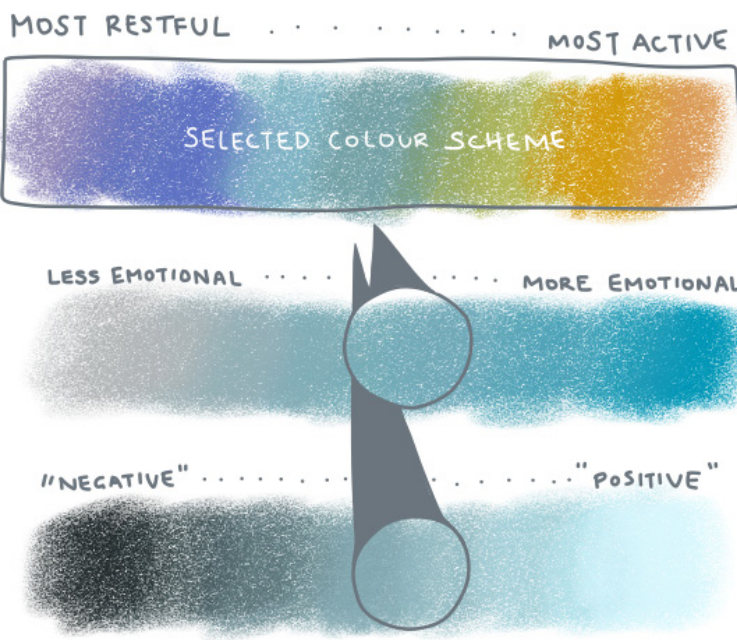
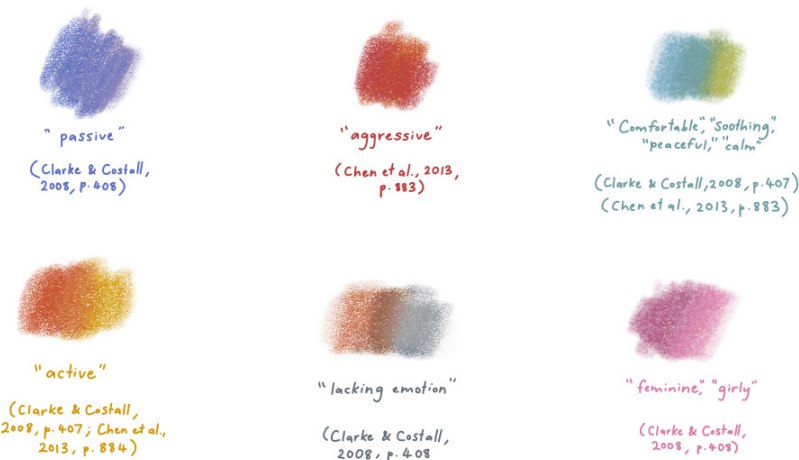
FINDING YOUR FLOW

Identified Strengths to Carry Forward in My Practice

A Continuum of Colour

In reflecting on Designer B’s experience of using colour to contrast different emotional states in lived experience stories, I became curious as to how I could use colour in my drawings to distinguish the modes within the COE framework. I found that colour-coding my sketches and drawings made distinct characteristics of each mode significantly easier to remember, and I was keen to test this with YAPs. I selected one colour to represent each mode and planned to ask them if this made the information more digestible and memorable to them.

When selecting a colour code, I drew inspiration from a range of literature, particularly Clarke and Costall’s (2008) and Chen et al.’s (2013) findings on young adults’ connotations with specific colours (Figure 31). I noticed an interesting pattern of colours being discussed as either emotionally passive (cool colours) or active (warm colours). I combined this insight with my understanding of the COE as transitioning between the most restful mode (non-doing) to the most active mode (absorbed doing) (Figure 32). Figure 32 also details my additional considerations of the brightness and saturation of colours, following Buether’s (2014) three-dimensional approach to colour. I aimed to select colours that would promote calmness for my young adult audience (blues and greens) and discouraged the notion of any modes being superior to others (through positive or negative connotations).



Top: Figure 31. Analysis of secondary research on young adult colour connotations

Bottom: Figure 32. Following a three-dimensional system of selecting a colour scheme informed by the studies of Buether (2014) and Clarke and Costall (2008).

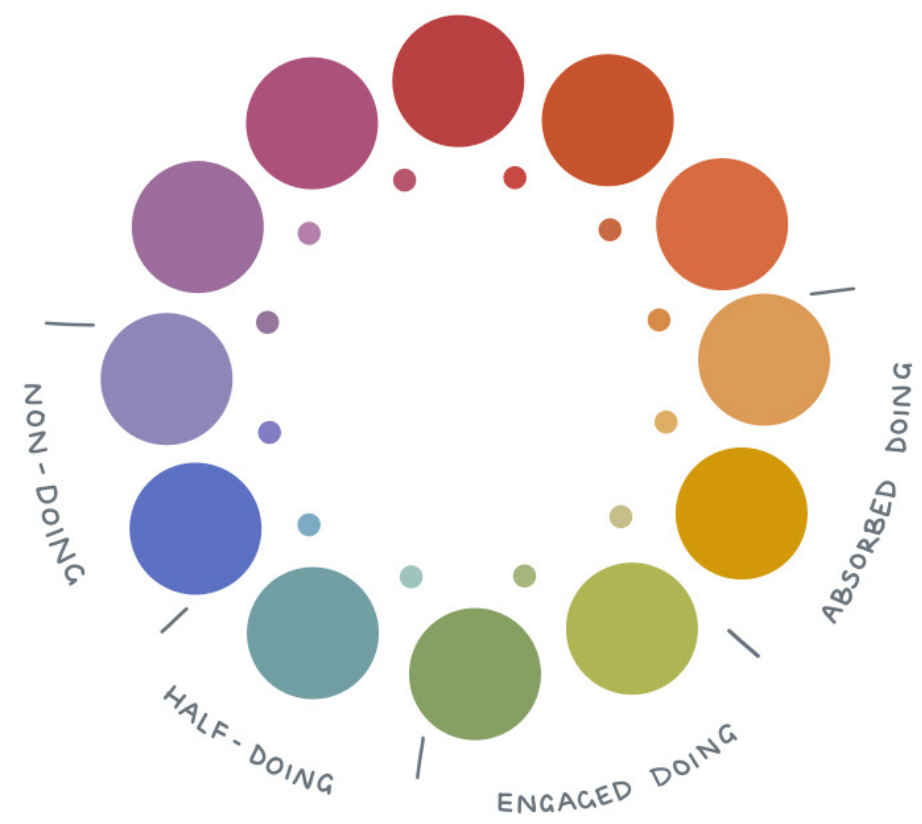
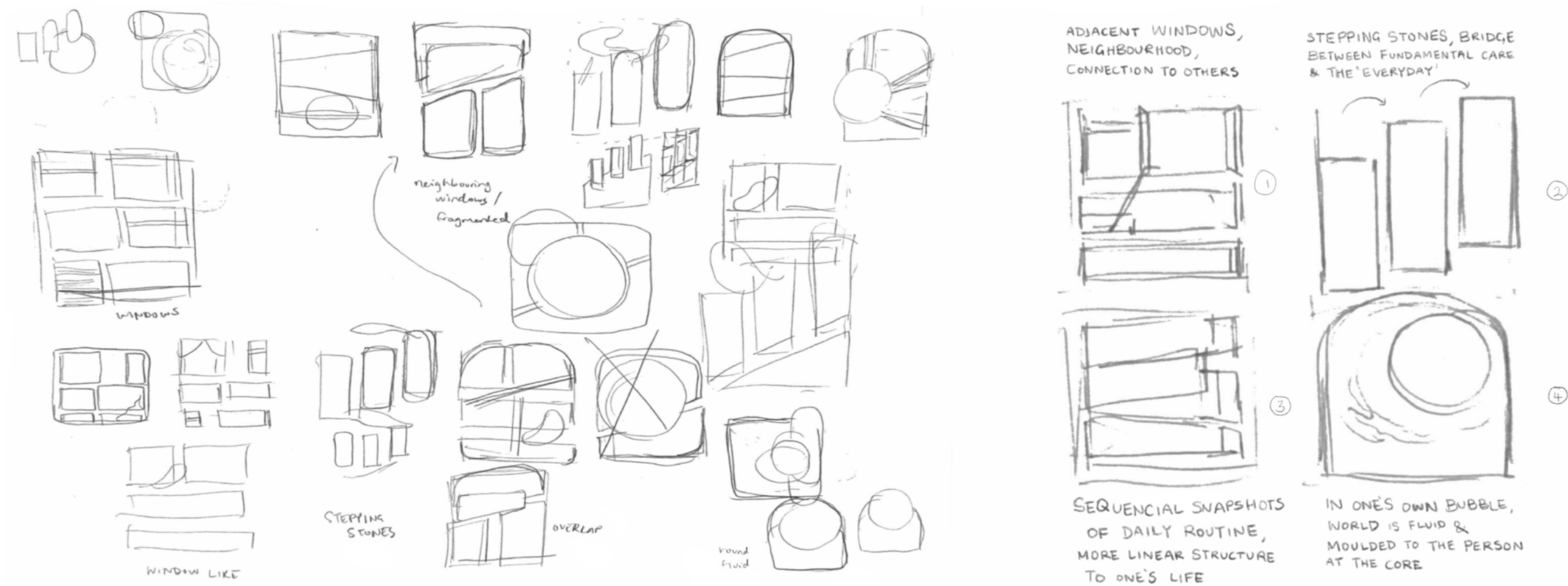


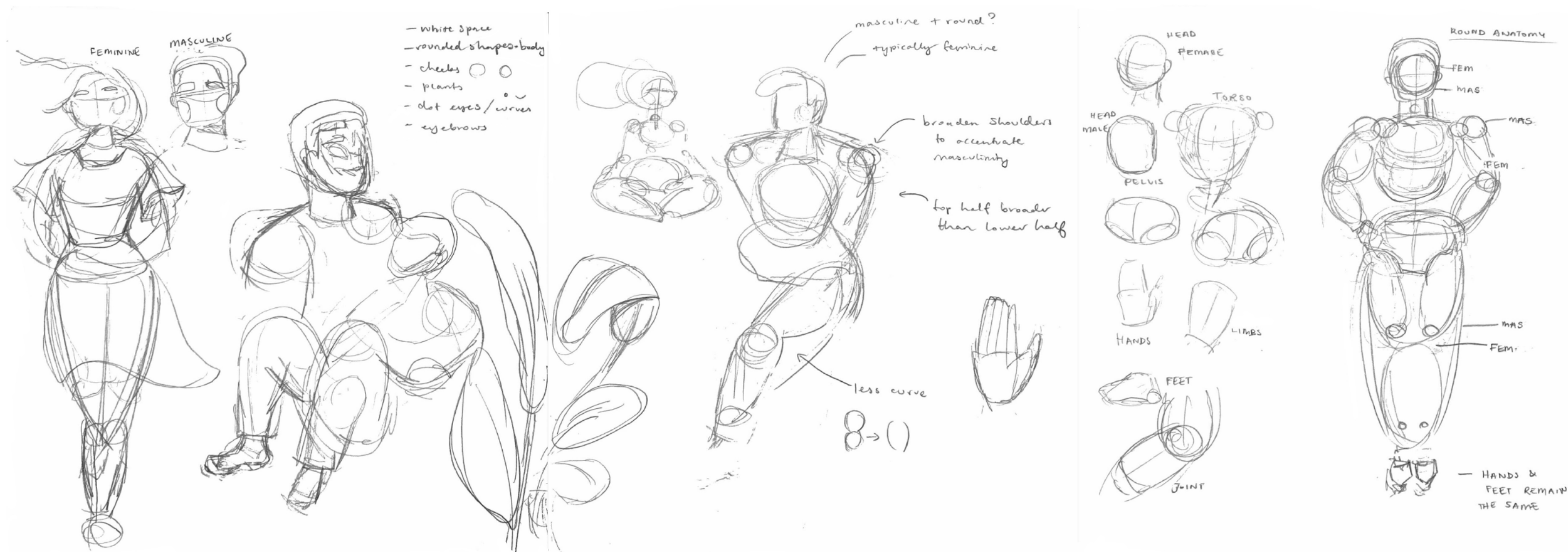
Figure 33. Visualising the COE framework as a continuum of colour

Layered Meaning with Graphic Panels

At this early stage, I found it challenging to condense the essence of each mode into a singular image or scene. The use of graphic panels—as suggested by Designer B—allowed me to give structure to a range of scenes and key ideas that could be read as a whole narrative. This helped me to produce a series of four illustrated compositions that could be used to prompt discussions about the COE with YAPs (Figures 27-30).

In allowing myself to be playful and explorative with different shapes and layouts (Figure 34), I found that the panels could support the communication of multiple layers of semiotic meaning. For example, the non-doing panels became a reference to a collection of neighbourhood windows that helped me give form to the idea of keeping connected and finding support from the people around you—a meaningful aspect of June’s story (as in Sutton’s 2008 study).



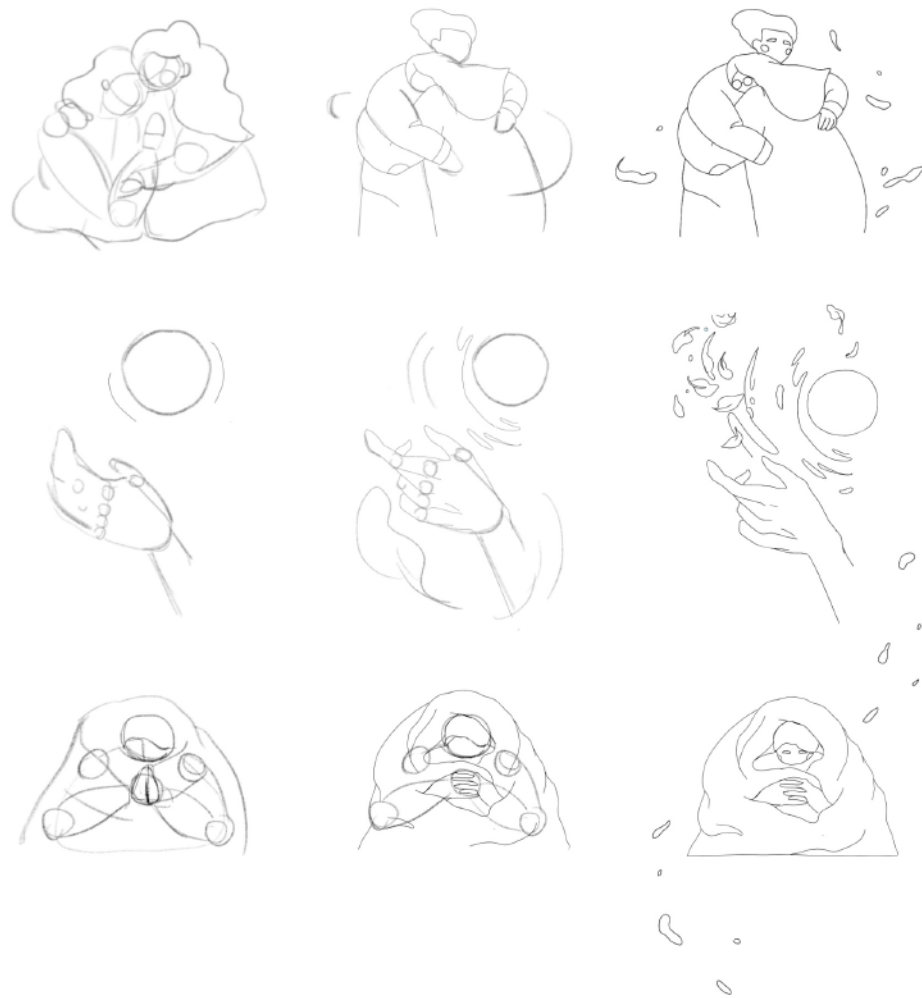


Character Design

Drawing human figures interacting with their environments allowed me to better visualise aspects of recovery found in the lived experience stories. While designing the look of the characters, I aimed to create a 'little world' that readers felt comfortable in (as Designer A advised), and evoke calmness through round shapes (As Designer B advised). I explored how the shapes of the body could be softened and curved, while still resembling both feminine and masculine features.

I took care not to exaggerate the body shapes to the point of looking distorted. I felt this may not be appealing or as comforting for young adult clients at Hāpai Ora, as people living with psychosis can experience distorted perceptions of reality (Javitt & Freedman, 2015; Teufel et al., 2015).

As there were multiple scenes and panels, I felt that keeping facial features minimal made the images easier to digest. Simplified facial features also seemed to keep the focus on the actions of the characters and their engagement with their environments. The majority of the characters at this stage resembled my own physical appearance as I found it easier to generate ideas when imagining myself in each scenario.



Communicating Intangible Experiences

In drawing from stories of recovery, I realised that many of the meaningful aspects described were small everyday moments that had large positive impacts on a person's mental wellbeing. The intangibility of these experiences made them challenging to capture through body positions and static objects. To depict the connection between key scenes and mental wellness, I took inspiration from Amy's, Sue's, and Kay's stories (as in Sutton's 2008 study), which painted strong visual images of nature as the spirit of goodness, a feeling of belonging, or an inexplicable source of comfort. As the association between elements of nature and positive emotions was a recurring theme in my research thus far, I visualised these descriptions through elements such as gusts of wind and swirling leaves. This whimsical shift in my approach allowed me to break away from realism and create space in my drawings for vibrancy and intrigue.

Developing a Visual Lexicon

Ultimately, this stage of early ideation enabled me to develop a deeper understanding of how I could communicate the modes of doing and their meaning for recovery stories from New Zealanders with diagnosed mental illness. I collated a range of design 'strengths' that helped me to express my new insights into a visual lexicon (Figure 37) that I could then use as a reference point for further concept generation. This process also developed my ability to have fluid conversations regarding the COE, and I felt more confident about leading discussions among participants in my research.



Phase 2: Dream/Define

Roadblocks

Following phase one, Auckland remained in a strict lockdown and limitations regarding access to clinicians and clients from Hāpai Ora were prolonged. Opportunities to communicate with the clinical leads were scarce as public health practitioners were on the front lines of the battle with Covid-19 in the community. As the clinical leads remained optimistic about future collaboration, I decided the best course of action was to further my illustrative exploration and push the creative boundaries of how the modes of doing could be communicated. As OT A highlighted, presenting a diverse range of illustrated probes to YAPs would be an efficient way to gather their insight and vision for a resource. I expected this to be critical because the time spent with my participants was likely to be shorter than in my original workshop schedule.

The lockdown presented significant challenges to my own mental wellbeing, and consequently, it was an uphill struggle to keep the project moving forward. In applying the COE framework to my own life, I relied on a balance between different modes of doing to find meaningful moments and a sense of wellness in my days. I documented my experiences through a variety of illustrative experiments that could become creative probes for YAPs. A selection of key experiments is summarised in this phase of the design process.

Sketching & Drawing

This phase of sketching and drawing allowed me to visualise my own story of embodied experience with the modes of doing. As a social constructionist perspective underpinned my methodological approach (PAR and AI) (Baldwin, 2012; Whitney, 1998), I grappled with the contradiction of adopting an auto-ethnographic process. It was difficult to make sense of where my project would lead and how I would still be able to co-create a resource with and for other young adults. I discovered that visually expressing my first-hand experiences as a young adult helped me to reflect on how I might develop further probes for the co-creative process with other young adults.

Experiment 1

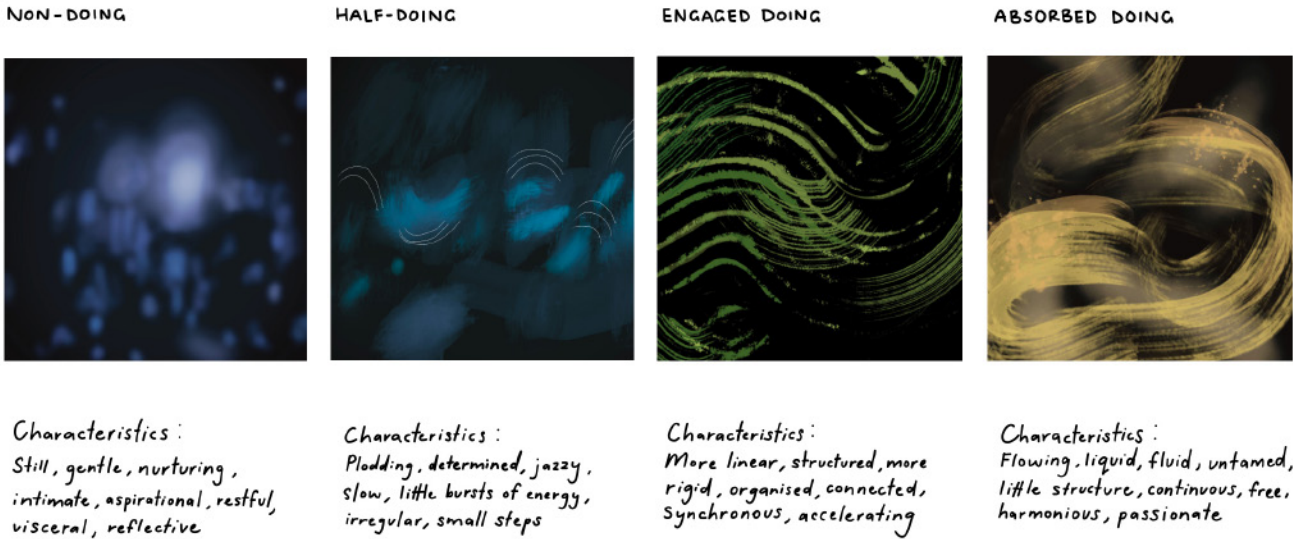
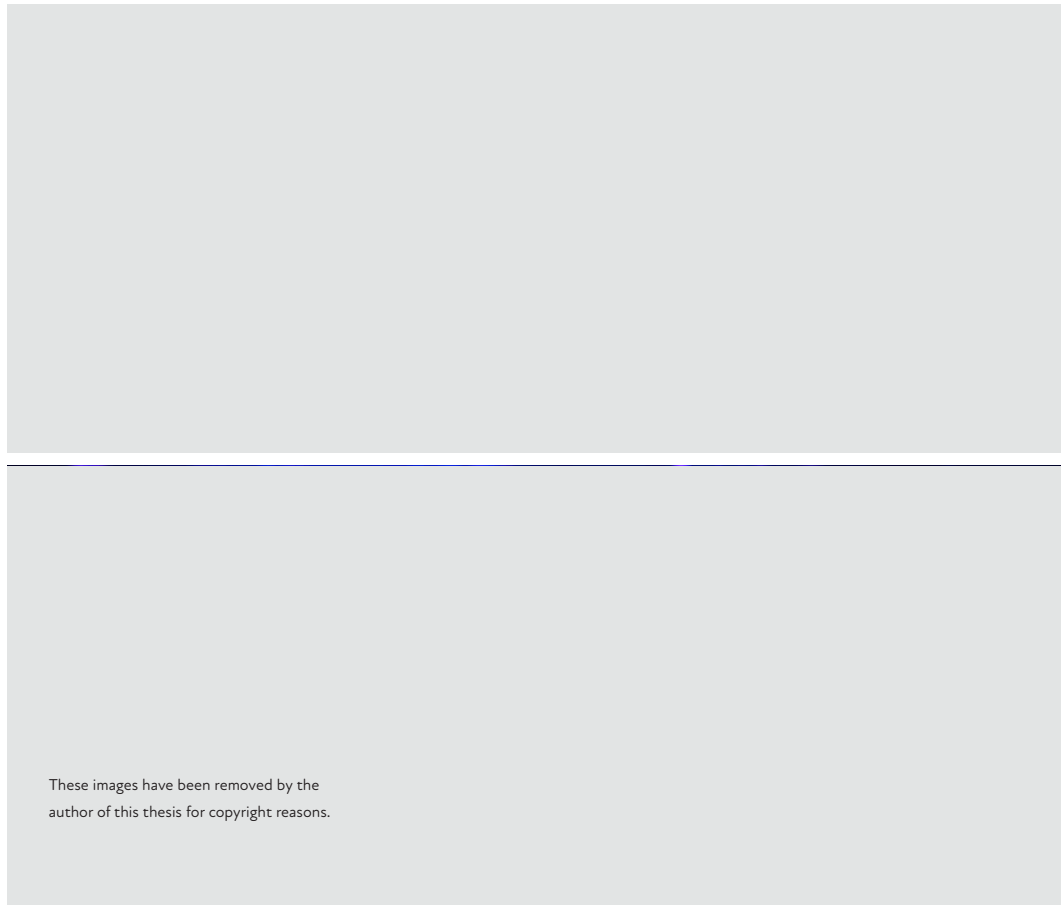


Figure 38. Personalities of the modes of doing expressed through mark-making



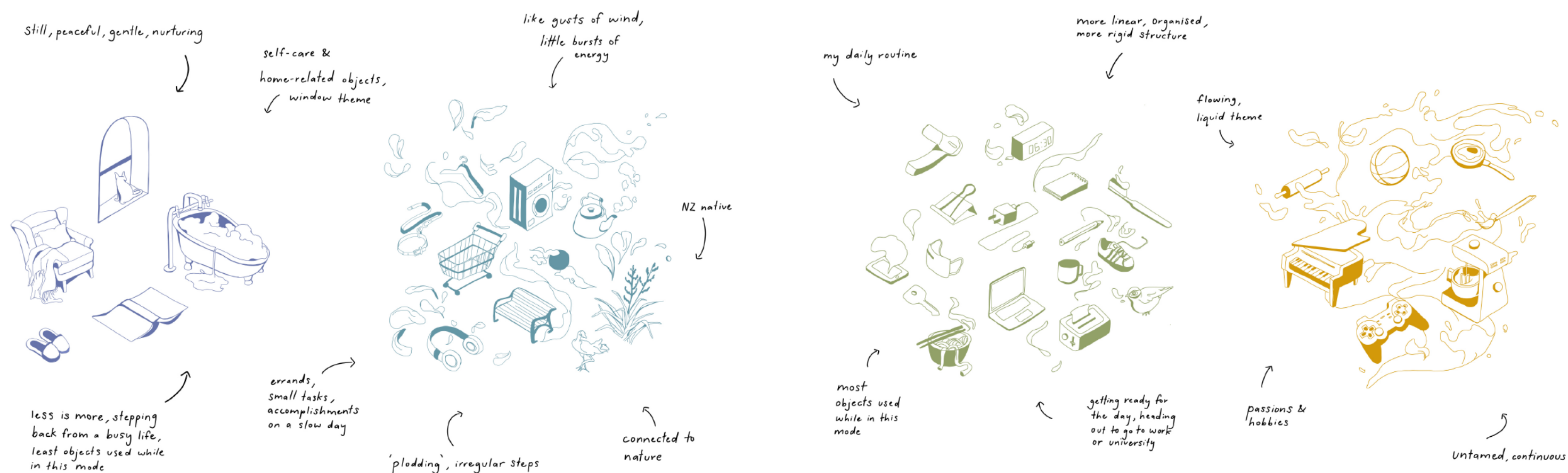
Top: Figure 39. Scene from Ratatouille (2007). Retrieved from <https://moviescene.files.wordpress.com/2012/09/ratatouille.jpg>. Copyright 2007 by Walt

Bottom: Figure 40. Scene from Soul (2020). Retrieved from <https://www.indiewire.com/wp-content/uploads/2021/01/Joe-Audition-in-the-zone.png?resize=1536,643>. Copyright 2020 by Walt Disney Studios Motion Pictures.

Experiment one helped me move from a non-doing mode into an absorbed doing mode. I found it easier to enter a state of creative flow by using music as an abstract form of drawing. I experimented with playing the piano and recording short soundbites that I felt expressed the ‘personalities’ of each mode of doing. I then looked for ways to translate these sounds into visual language.

I surveyed materials in the public realm for inspiration on how intangible experiences relating to the modes of doing could be communicated to a wide audience. I discovered that selective scenes from the Disney Pixar films Ratatouille (2007) and Soul (2020) combined music, colour, and abstract shapes, to depict moments when the protagonists’ found their creative flow (absorbed doing mode) (Figures 39 and 40). These expressive yet simple scenes compelled me to translate my own music through mark-making (lines, shapes, and textures).

Even in a creative rut, I noticed that mark-making freed me from the pressure of producing a desirable outcome, and I focused on enjoying the creative process. I suspected that for YAPs who might not feel 'creative,' a simple mark-making activity could be a non-intimidating entry-point for visualising their experiences of mental wellness.



Experiment 2

As lockdown progressed, I noticed that interacting with different objects and areas of my house could encourage me to move between the modes of doing. To give form to my experiences in each mode, I visualised and grouped everyday objects that helped me to stay well.

I experimented further by using whimsical, nature-related elements (as in phase one) to convey the 'personalities' (as in experiment one) of each mode. Just as these elements helped to convey 'absorbed doing' as a flurry of creative flow, omitting these elements from 'non-doing', helped portray the stillness that comes from stepping back from a busy life.

I anticipated that presenting YAPs with this illustrated series of simple everyday objects could have an element of relatability to their own lives.

Experiment 3

Following experiment two, I became curious as to how my accumulated understandings of the modes could be synthesised into simple, stand-alone icons. A fascinating aspect of Amy's story from phase one was the emphasis on tactile experiences that could bring about different modes of doing. In this experiment, I investigated how hand gestures could depict the main aspects of each mode as true to my embodied experiences. These simple yet evocative hand gestures showed me the value in using body language to communicate several layers of meaning in relation to the COE. My exploration with body language was continued in the following experiment.



Experiment 5

As described by Sutton et al. (2012), getting ‘stuck’ in certain modes and struggling to transition between them was significant for me in this period of mental wellbeing challenges. However, with familiarity and practice, I became more adept at transitioning between the modes of doing. There were two significant insights from my process thus far that I wanted to address through experiment five. The first was that activities that typically helped me get into each mode were distinct from the lived experience stories within Sutton’s (2008) study. Thus, I wanted to prompt YAPs to reflect on their unique experiences of activities that help them navigate mental wellbeing using the modes. The next significant insight that I wanted to communicate for YAPs was that the modes were not contingent on any particular activities, environments or timeframes. For example, some days as I was drawing, I was in a half-doing mode, while on others I was in an absorbed doing mode. Some days, I transitioned from drawing in a half-doing mode to drawing in an absorbed doing mode.

I aimed to design a creative probe that helped YAPs to understand the fluidity of the modes. I created a series of illustrations that depicted my experience in each of the modes, using one of the simplest activities I could think of (sitting). I used a mixture of all four colours from my palette to emphasise the transient nature of the modes. At the same time, I used strategic body positions and themes from my visual lexicon (see phase one) to give ample distinction to each mode.



Figure 44. ‘Sitting’ in the four modes of doing



Experiment 6

After struggling to describe the modes of doing to others, I decided to create my own name for each mode to make them easier to talk about and remember. I first gave careful consideration to ensuring the following words remained positive, normalising, and affirming:

Care mode (non-doing)
Take-it-slow mode (half-doing)
In-sync mode (engaged doing)
Flow mode (absorbed doing)

I created the following catchy string of one-syllable words that used rhythm and rhyme to help their memorability:

Care, Slow, Sync, Flow

I wanted to explore whether YAPs would also find these terms easier to grasp. I experimented with juxtaposing the words with icons that represented my story and the stories from participants in Sutton's (2008) study (Figure 45). The sketched composition reminded me of the mindfulness colouring books in the Hāpai Ora waiting area. To help YAPs become familiar with the terms, I envisaged this creative probe taking form as a quick colouring activity.

Reflection

Illustration became a way for me to give form to the experiential knowledge of a variety of other people as well as my own during this phase. While remaining connected to voices from Sutton's (2008) study and expert advice (phase one), I allowed my curiosity to lead my creative inquiry. I also took Designer A's advice on board and celebrated the versatile ways that I could illustrate the COE. As a result, a range of new and unexpected directions for creative probes was explored. Although I drew from my own experiences, I held fast to my aspiration of engaging in a co-creative process with YAPs and creating a resource that reflected their stories.

In this phase, I broadened my perspective of the COE framework. Table 5 shows my understanding of the meaning of the modes for others in their recovery from mental illness, as well as their meaning for the maintenance of my day-to-day mental wellbeing.

Mode of Doing	Aspects of the Recovery Journey to Communicate	Aspects of Day-to-day Mental Wellness to Communicate
Care	Fundamental care and connection to others	Reground and re-centre yourself
Slow	Reconnection with the world around you	Finding a sense of accomplishment on slower days
Sync	Sharing time and space with others	Your daily routine and rhythm
Flow	Finding your flow	Doing things you love and being in your element

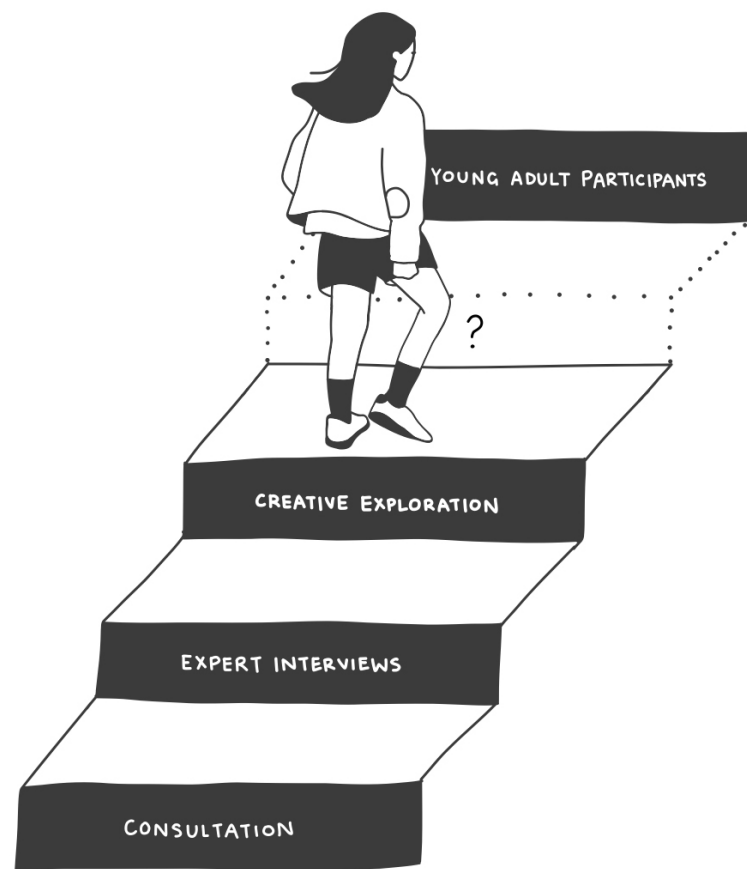
Table 5. Development in my understanding of communicating the modes of doing

Phase 3: Develop

Roadblocks & Reframing the Project

Moving into 2022, Auckland was no longer in lockdown. There was, however, wide-spread transmission of the Covid-19 Omicron variant in the community. With staff at Hāpai Ora still operating at full capacity to adapt to the virus, communication between myself and lead clinicians remained stagnant. The most significant challenge presented was not being able to gauge whether Hāpai Ora could still be involved in the research. Given these limitations and the time constraints of my master's project, it appeared that facilitating co-design workshops was no longer feasible.

This was a pivotal phase in the research as I still needed to gain access to YAPs in order to progress. As Pressman (2018) states, roadblocks in the design process can require designers to re-evaluate their initial assumptions. I realised that once I let go of my expectations of using co-design workshops as a research method, there was room to consider alternative ways of engaging participants in co-creative activities (refer to methodology, Table 2). While daunting, I acknowledged that it was important to take an intuitive leap during this period of ambiguity (Pressman, 2018).



After much deliberation, I entertained an alternative plan to develop a ‘guidebook’ (booklet) that could lead YAPs through a condensed version of the workshop content. I imagined that the physical format of this resource would allow YAPs to respond to creative probes and drawing-based activities within the pages. I felt that it would also be viable and cost-efficient for me to print and courier copies to participants mid-pandemic. Soon after, I managed to consult briefly with the lead clinicians, who confirmed my hunch that Hāpai Ora was not in a position to support the project in any manner in the near future.

This prompted me to follow my intuition into a new phase of ideation—the creation of a guidebook. I began the process of seeking a new amendment to my ethics approval from AUTC in order to collaborate with Youth Consumer Advisors from a range of mental health services across New Zealand (refer to methodology). I was excited to explore this new direction and gather insight from diverse participant experiences—not only specific to recovery from psychosis. I planned to keep Hāpai Ora’s lead clinicians updated as my project developed, as they had expressed their hopes for collaboration at a later date.

Development of a Design Brief & Key Considerations

I found the term ‘guidebook’ more appropriate than ‘workbook’ due to it’s friendly and approachable tone. I also wanted it to infer that this booklet could be something that YAPs could keep and refer back to, perhaps in times of difficulty. I thought that the idea of a ‘guide’ also conveyed the idea of recovery as a journey in which the COE could help people navigate.

In order to guide my participants through a brief AI process, I split the guidebook into sections dedicated to addressing each phase of the 4D model. The original plan for the co-design workshop series focused on leading YAPs through designing an illustrated resource for others. However, I wanted the guidebook to solely focus on helping YAPs to ‘design’ and visualise their story of mental wellness.

I intended for this resource to have a dual purpose in my co-creative collaboration with young adults. My first aim was to provide a tool that could help my co-creators (YAPs) to recognise and visually document how they could use the COE-related knowledge to enhance their own lives. I would then encourage them to share their visual (and verbal) responses to help me to weave their stories of wellness into new illustrations for other young adults. In this way, I hoped that this resource would support a process of mutual learning—one of the cornerstones of participatory design (Vandekerckhove et al., 2020).

In order to be efficient during the time I had with YAPs (as per OT A’s advice), the guidebook needed to be a culmination of design strengths that I discovered and explored in the research thus far. The inclusion of a range of my illustrated probes would give YAPs a frame of reference for providing feedback on design elements that they considered successful or valuable. I had also anticipated that a guidebook would not necessarily be the format of my final design outcome, but rather, that it could initiate a conversation with my co-creators about what this could be.

Design Brief - Guidebook

🔍 SCOPE

- Condensed version of workshop content (probes) & activities (drawing)
- Printed copies couriered to participants
- Culmination of design ‘strengths’ to ‘test’

🎯 OBJECTIVES

- Diverse representation in human figures
- Encourage creativity for all
- Process of mutual learning with participants

+ - TONE

- Light-hearted, playful
- Positive, hope-inspiring, strengths-based
- Normalising, comforting, ‘not-scary’

📖 STRUCTURE

AI/4D model for YAPs :

- Section 1 (discover) - What is the COE?
- Section 2 (dream/define) - Getting into the modes
- Section 3 (develop-deliver) - Visualise your story

Sketching & Drawing



Figure 47. Process of developing sketches and rendering drawings in phase three

Further Development

In this phase, sketching and drawing were used to develop a range of new illustrations that would support a visual commentary on the COE framework. Particularly for section one of the guidebook, I focused on creating a warm and welcoming narrative voice that would ‘guide’ YAPs in their discovery of how each mode could be used to support their journey of mental wellness. Due to time limitations, I kept the rendering of my drawings minimal in terms of colour, shading and texture. I polished them enough to elicit participant responses on the overall ‘style’ that I had developed.

I created a collection of light-hearted illustrations (Figure 48) that combined design strengths from phases one and two. Their purpose within the guidebook was to depict a range of everyday activities from stories (including my own) that developed my understanding of the modes.

I also used this series as an opportunity to include diverse representation within my young adult characters that I hoped would be relatable to YAPs. As they were not coloured, careful consideration was given to how clothing, hairstyles, and facial features could act as identity markers. I left room for an element of ambiguity around the gender and ethnicity of some of the figures.

I found that the unique combination of design elements that I had carried with me throughout the research had formed a distinct aesthetic that I was excited to discuss with YAPs.

During this phase of ideation, I had grown more confident in my ability to discuss the nature of the modes with my peers. I also recognised a noticeable improvement in my ability to distil multiple layers of meaning into singular images. I aspired to also help YAPs discuss the modes with confidence, particularly in our feedback interview. Thus, I created the ‘mode chart’ for YAPs to refer to as a short summary of the commentary from section one of the guidebook (Figure 49).

CARE



being with yourself but also focus on significant relationships



the most personal / self-care



window theme continued

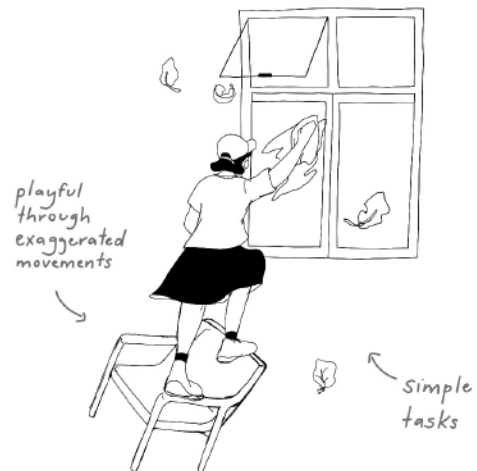
SLOW



gender neutral hairstyle



small bursts of energy - leaves & wind



playful through exaggerated movements

simple tasks

SYNC



(public spaces/ environments)

'Snapshots'/ facets of everyday life



social aspect



FLOW



gender neutral clothing



liquid theme - creative / passionate energy

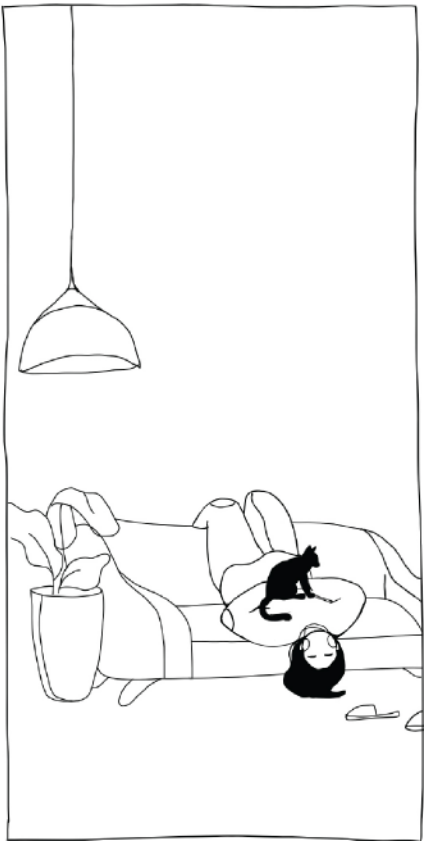


body language - light hearted spirit embodied

concaving shape to convey being in your own 'world'

Figure 48. Light-hearted series of young adult figures engaging with a range of everyday activities

Care mode



Creating the space and time to recentre yourself while being with people who care for you.

Slow mode



Taking it slow and doing things that help you feel present in your body/environment.

Sync mode



Everyday routine and structure goes hand-in-hand with how your life intertwines with others.

Flow mode

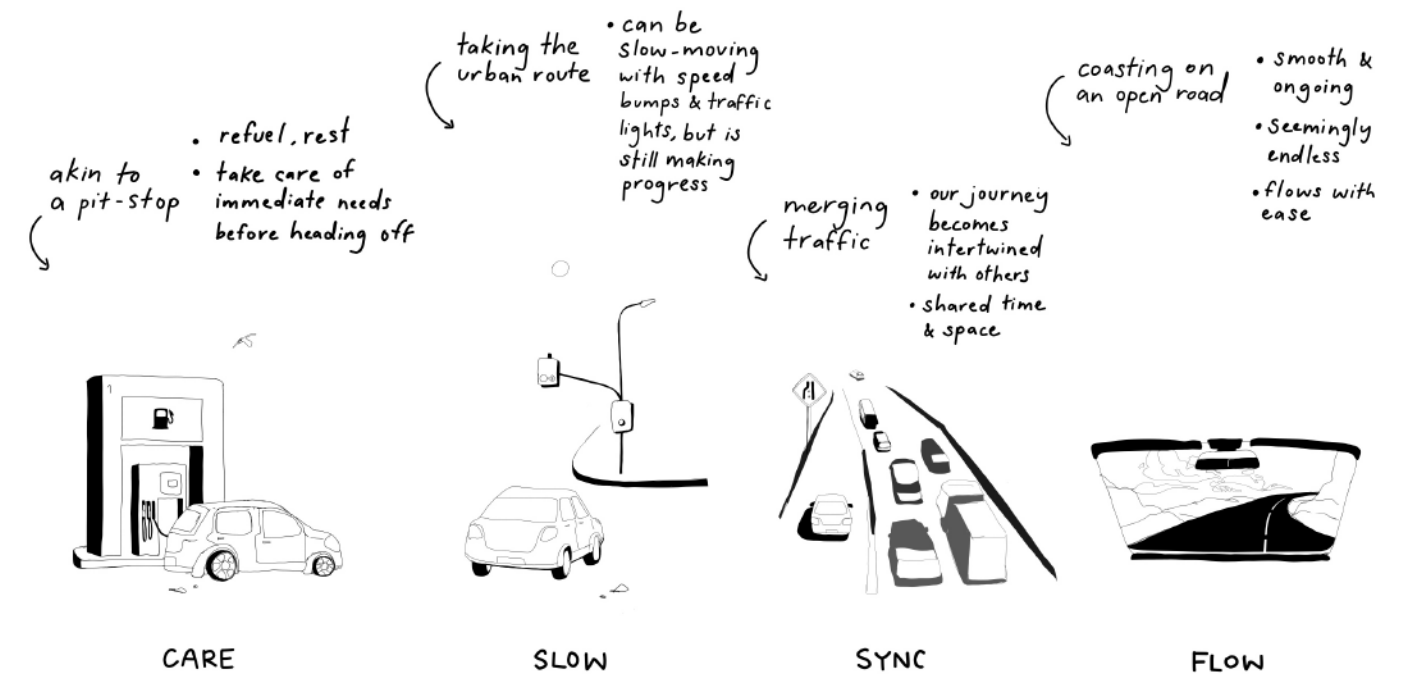


Finding your flow means opening a space to be fully absorbed and in your element.

The Road Trip Analogy

I felt it necessary to expand my visual lexicon as, up till this point, it had focused on communicating what each mode of doing could look and feel like. I realised that it was critical to also provide YAPs with an illustrated narration of how each mode fits into the larger jigsaw of the recovery journey, and how they could be used to maintaining day-to-day mental wellbeing (refer to Table 5).

I reflected on Designer A and B's stance that illustrated analogies and metaphors could help a wide audience to understand complex information. I found that creating an analogy that compared the modes with different stages of a road trip, helped to synthesise and communicate my findings from Table 5. I anticipated that being on the road was an experience that most young adults would be able to relate to. It also remained consistent to communicating the idea of recovery as a journey.



Prototyping

The goal of PD and co-creation, according to Langley et al. (2018), is to engage participants in a process of thinking through self-expressive ‘making.’ It is through participants’ creative outputs and discussions around them that the final co-created resource becomes meaningful for others (Langley et al., 2018). In this phase, prototyping was used to explore how I could create a space that helped YAPs to be reflective and self-expressive.

The following double-page spreads were selected to show how the illustrations from my process thus far were developed into an illustrated commentary regarding the COE. Appendix 11 contains the full range of guidebook prototype spreads.

warm and personal feel –
narrating mental wellbeing
as a journey ‘we’ are all on

illustration
on double page
spreads

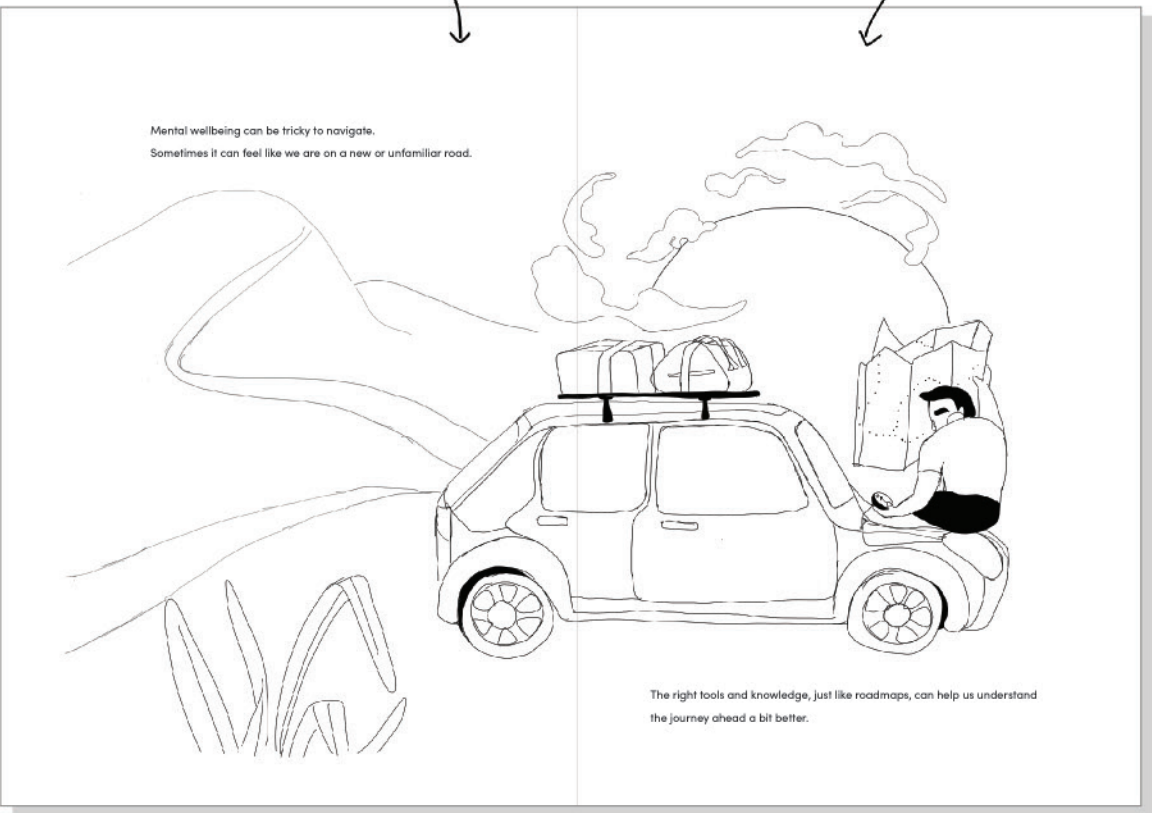
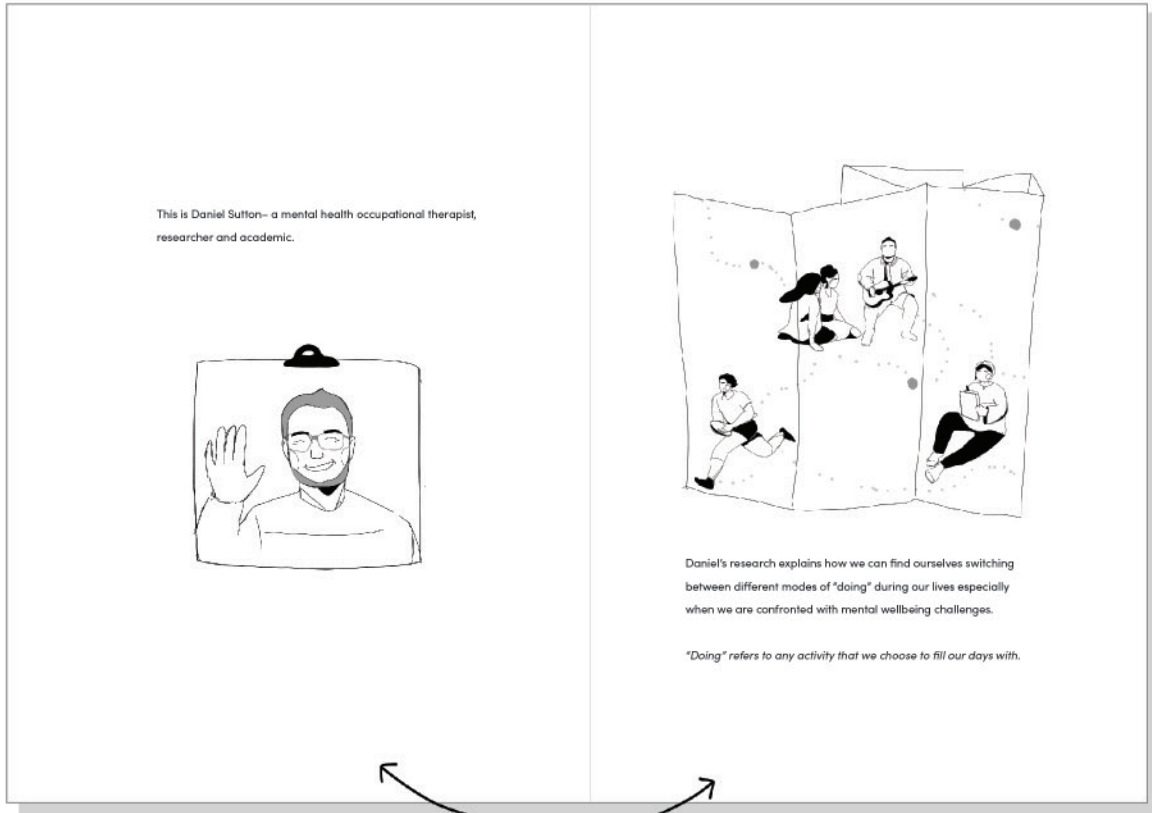
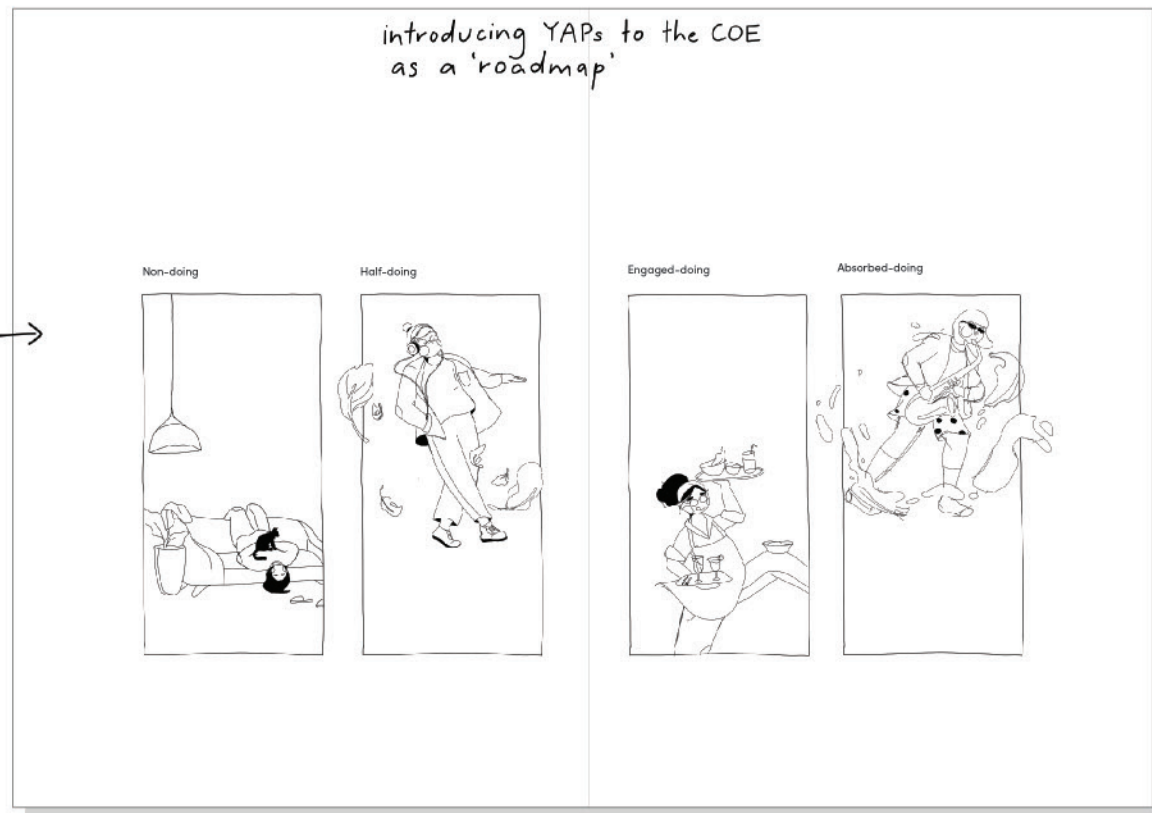


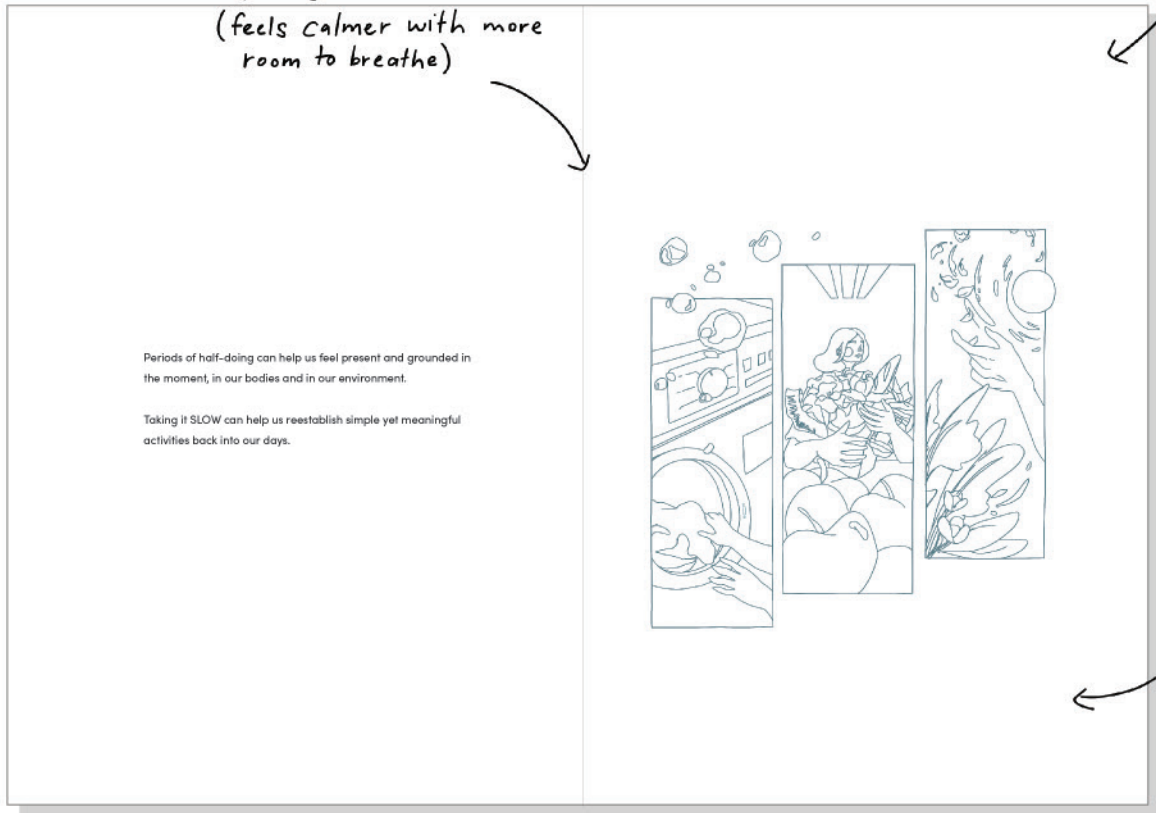
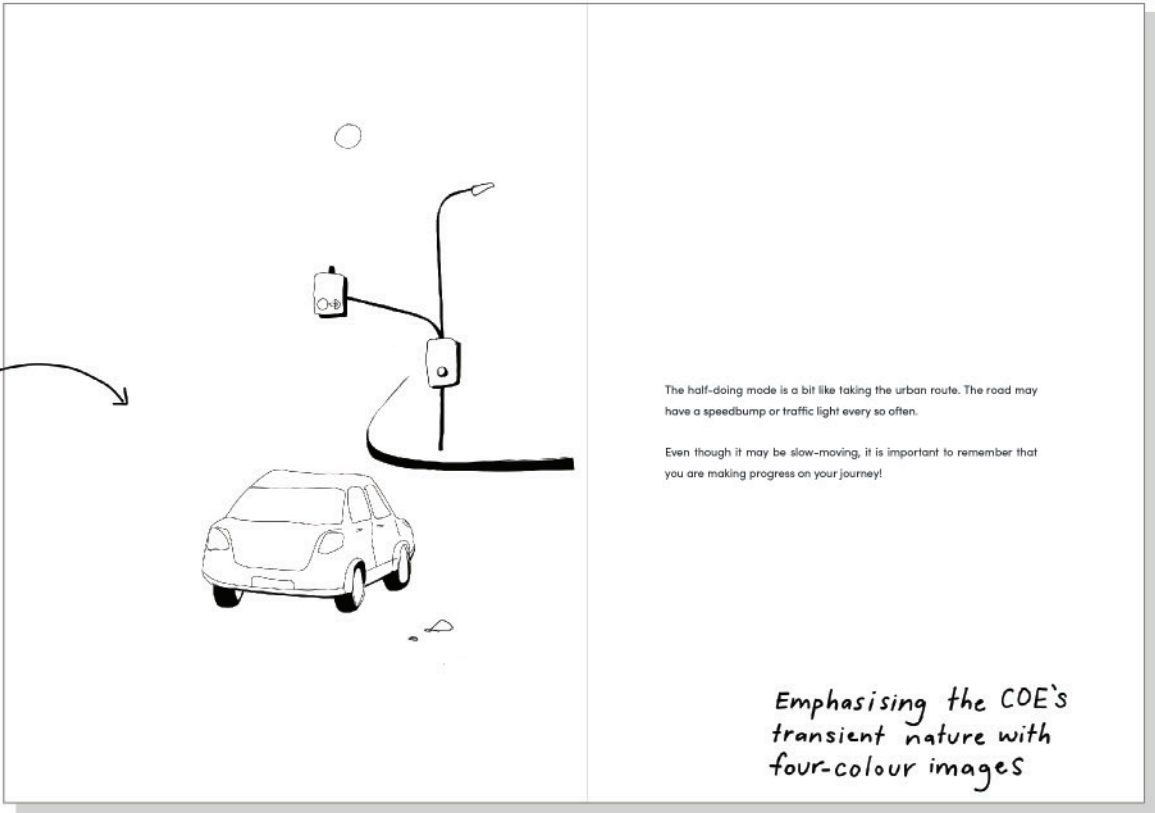
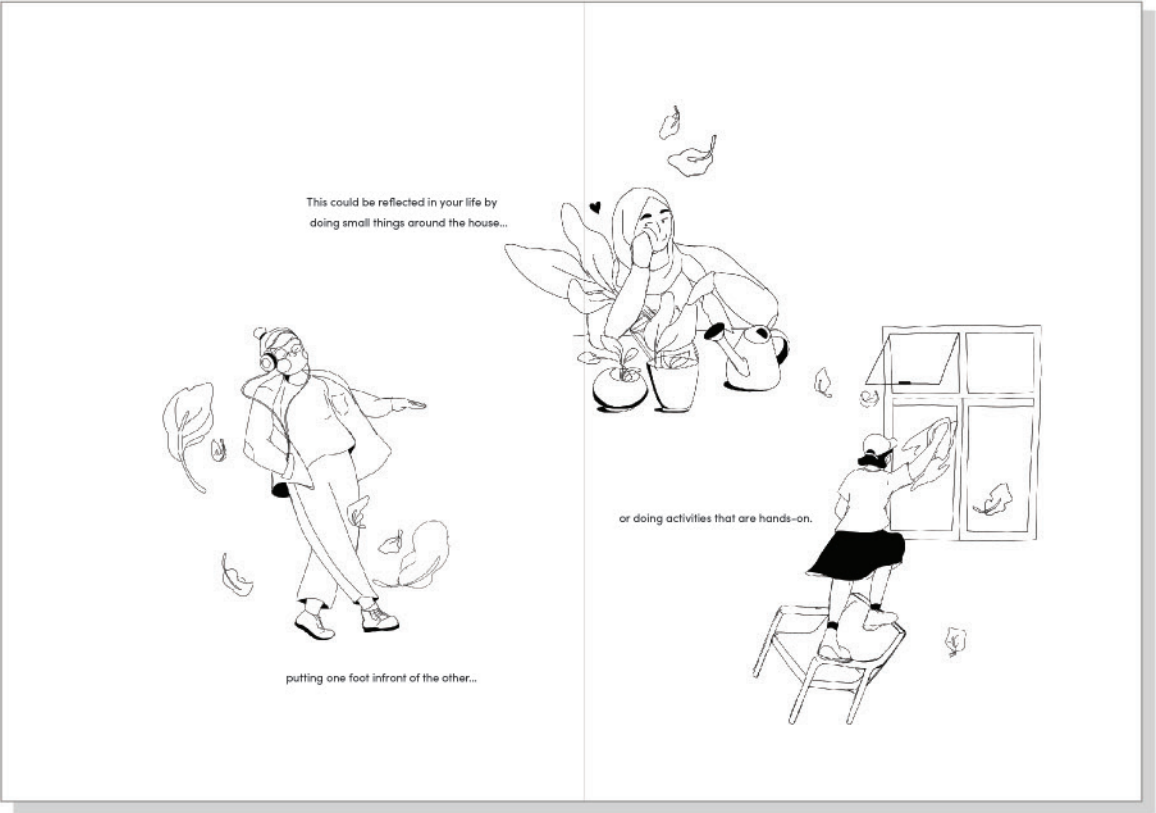
Figure 51. Selected illustrated pages from the prototype guidebook



introducing YAPs to the COE
as a ‘roadmap’

‘mode chart’



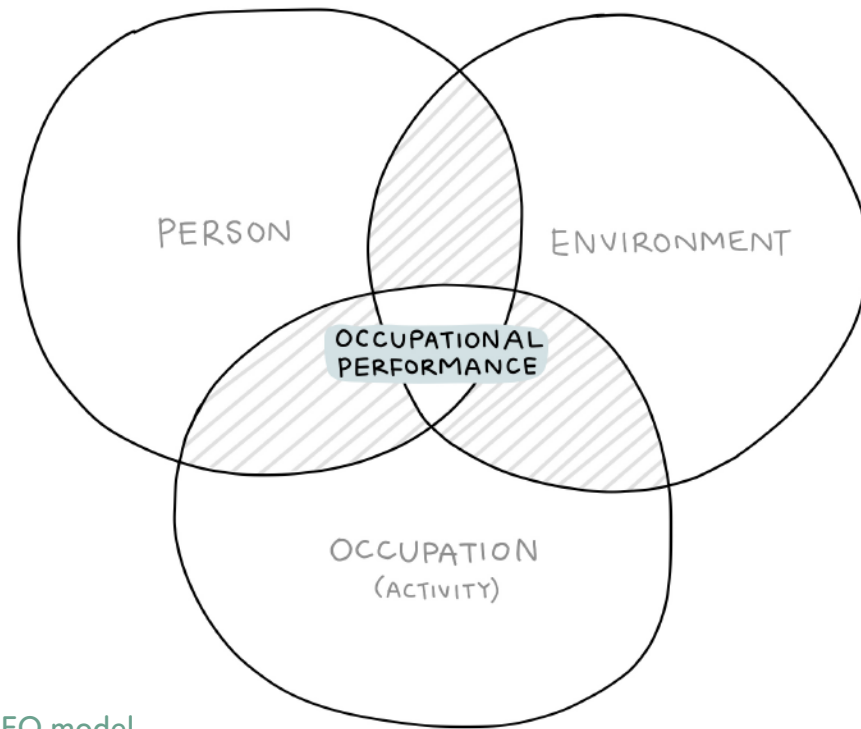


roadtrip analogy

Emphasising the COE's transient nature with four-colour images

specific examples of activities from lived experience stories

one colour per mode



The PEO model

I found it challenging to generate concepts for creative prompts and activities within the guidebook. As a designer, I wrestled with feeling ‘unqualified’ to guide YAPs through reflection about their daily occupational engagement. The solution to this problem emerged from approaching this task from an occupational science mindset. The PEO model recognises that occupational performance is a result of the dynamic between a person, their environment, and their chosen occupation or activities (Law et al.,1996). While considering these factors, I created three thematic questions that gave structure to the guidebook prompts and activities:

What is mental wellness to you? (person)

What people, places, and objects help keep you well? (environment)

What everyday activities keep you well? (occupation)

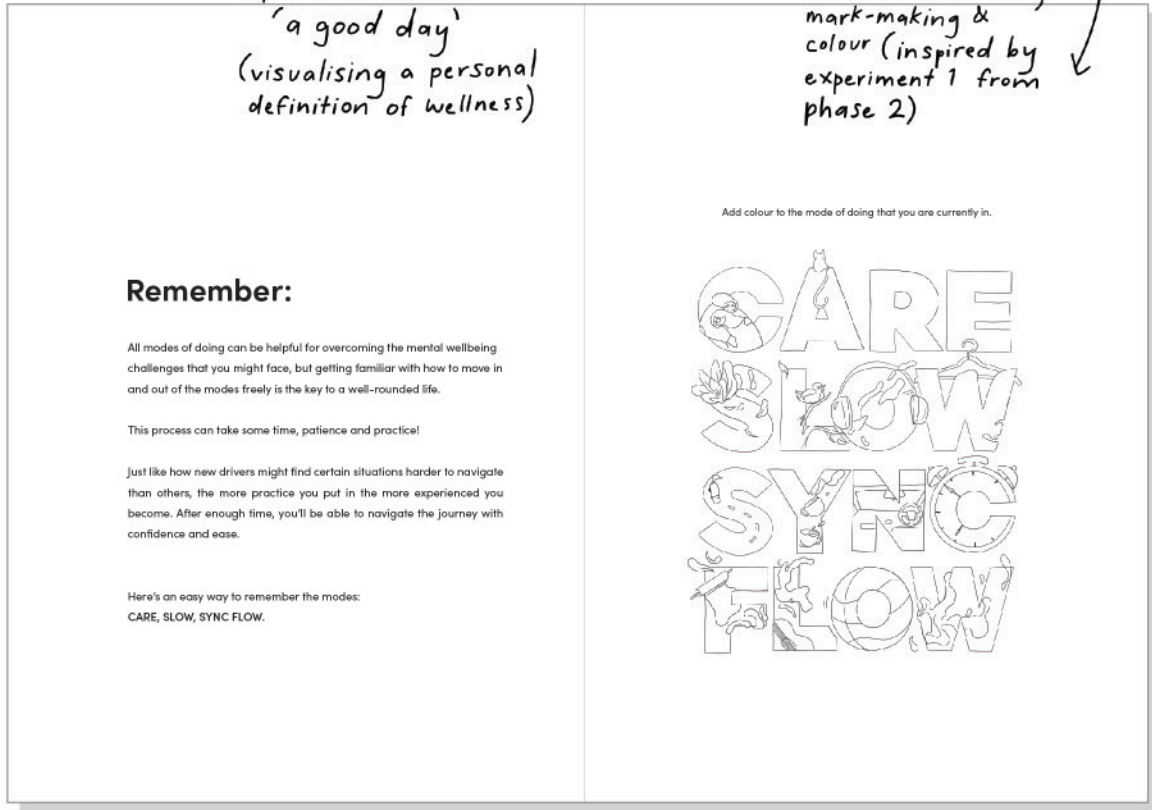
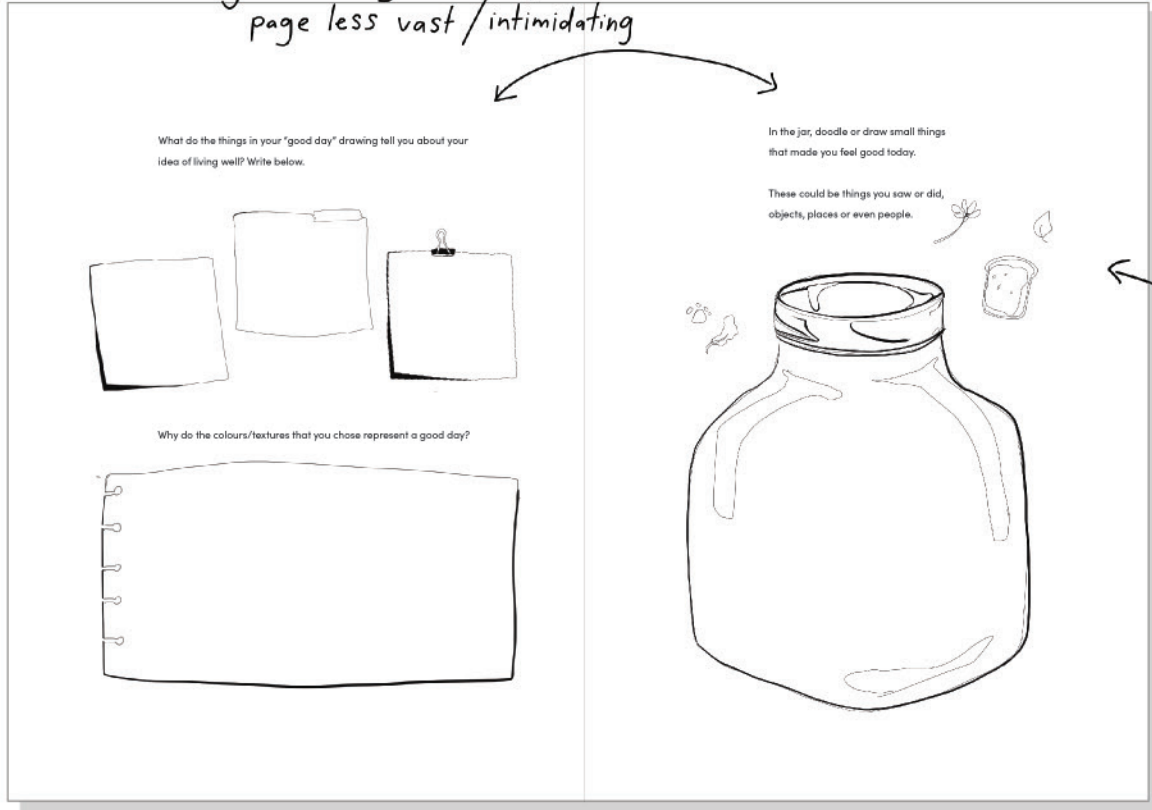
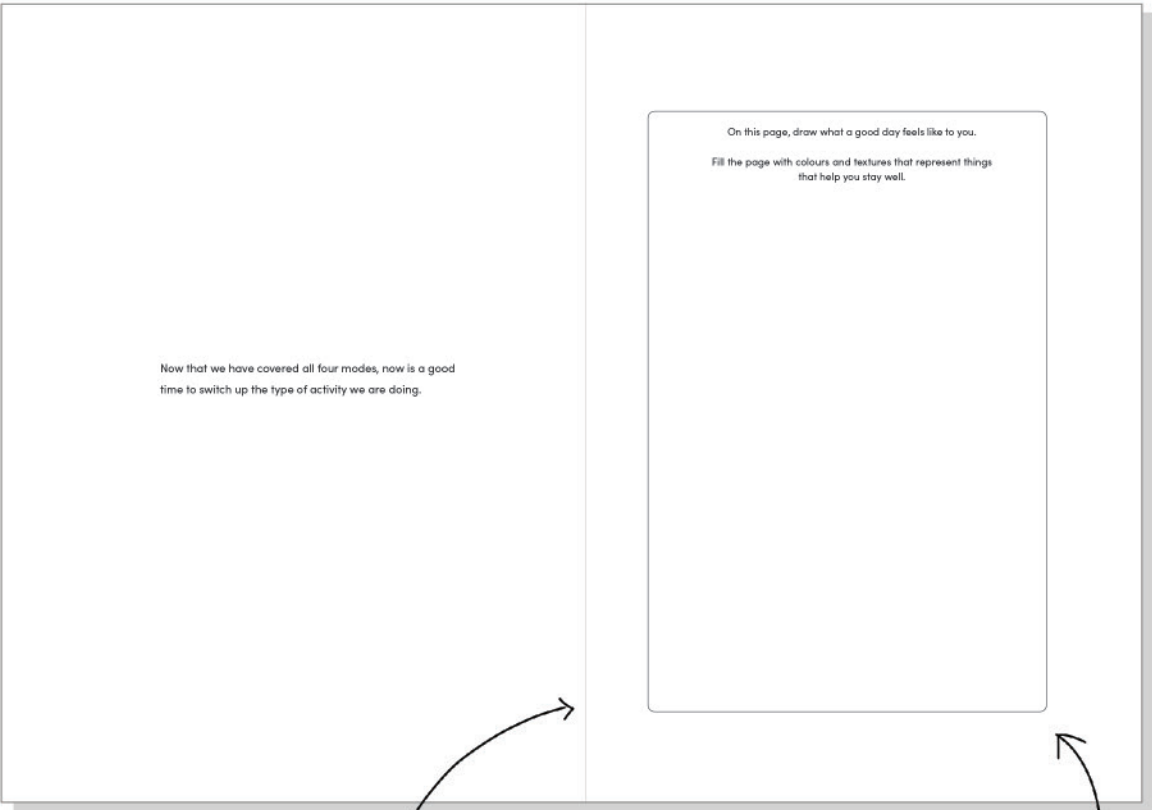
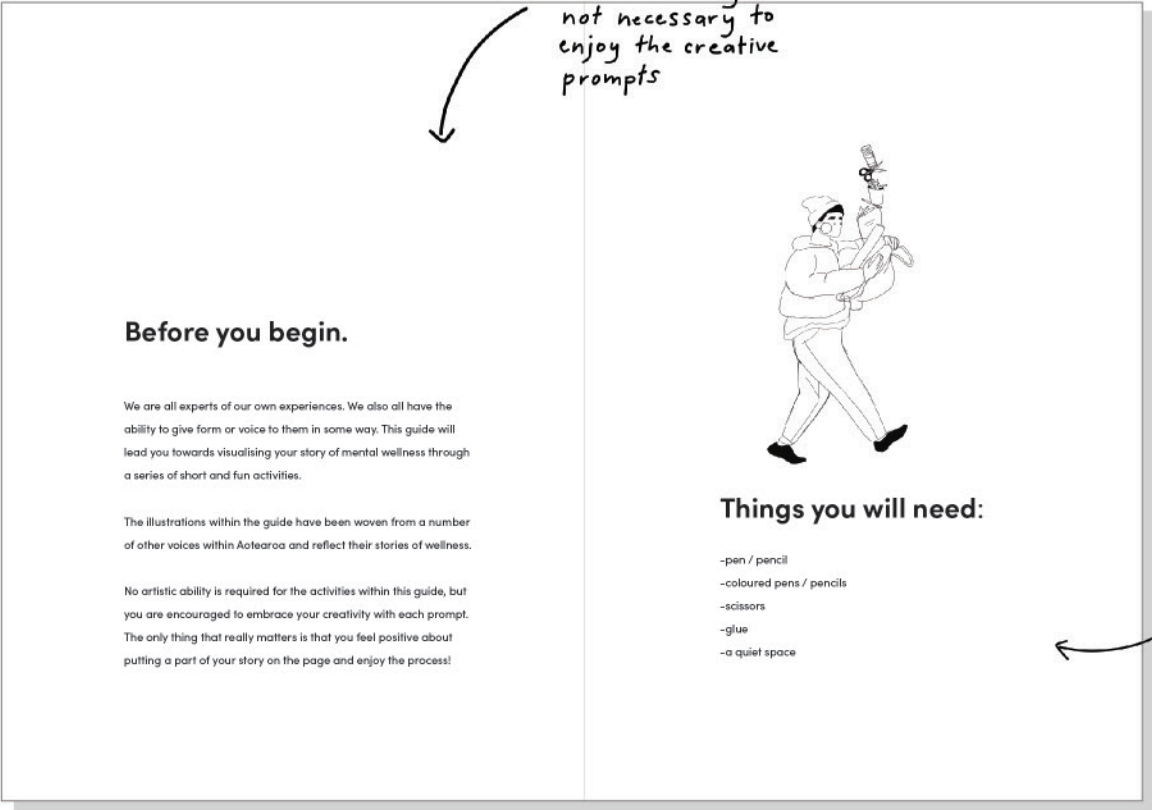
This approach supported the creation of guidebook prompts that I hoped would encourage YAPs to more comprehensively and ‘holistically’ reflect on wellbeing (as described in my contextual review) and daily occupational engagement in relation to the COE framework.

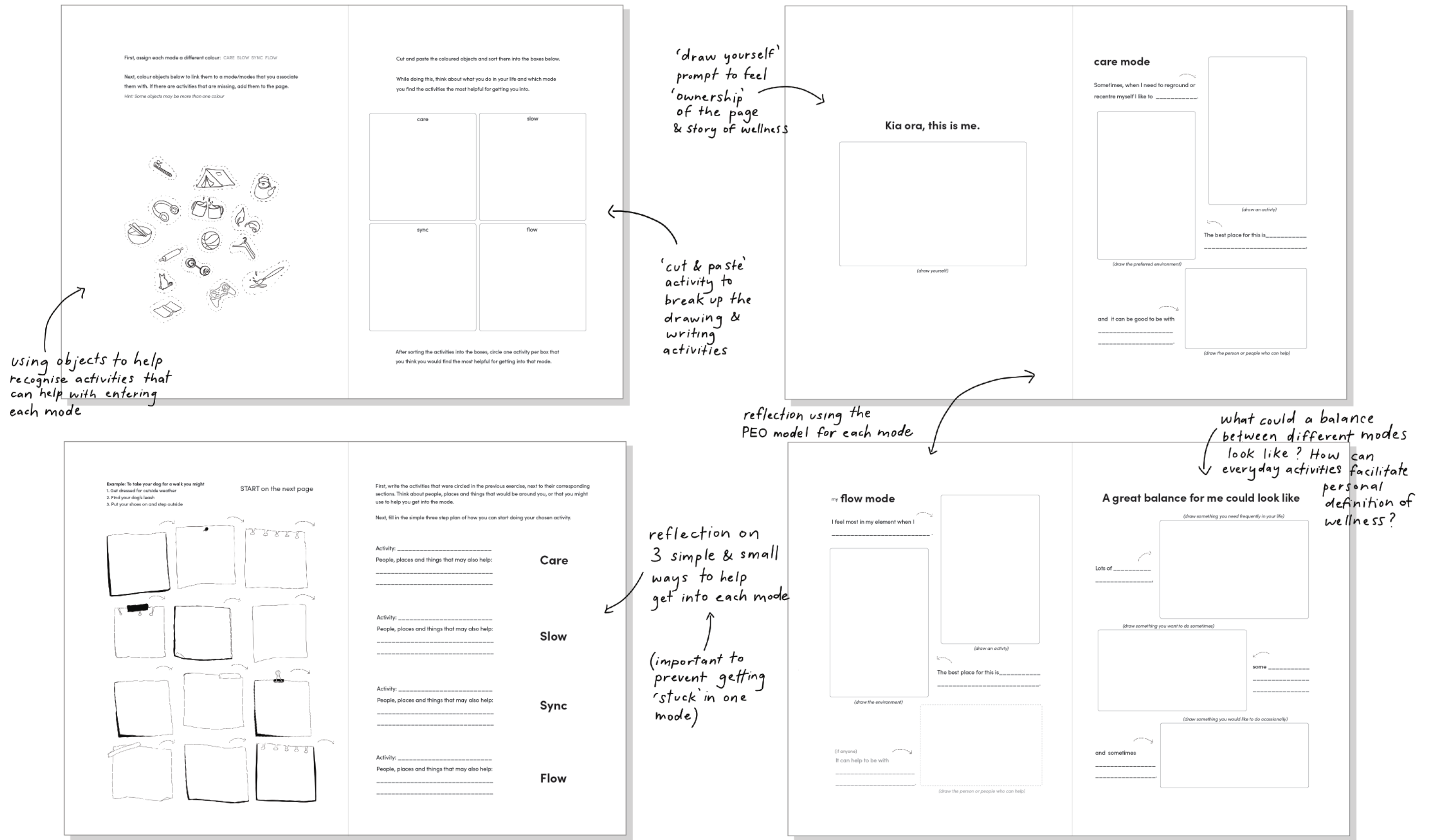
A Space for Creativity

I began to explore how I could design the guidebook activity pages in a way that might inspire YAPs to visually express themselves and their ideas, as well as enjoy the co-creative process. I searched for resources with similar goals and took inspiration from Lorna Scobie’s 365 Days of Creativity: Inspire Your Imagination with Art Every Day (2019). I admired how this publication presented space on each page as a new opportunity to be playful and only focused on one simple task at a time. I felt that the use of clear instructions paired with simple illustrations made the resource feel personal to me. I wanted my guidebook to create a similar experience for YAPs where they took ownership of the space on each page. I illustrated elements to the pages in an attempt to help YAPs see these spaces as approachable and enticing opportunities for ‘play’.

The following double-page spreads were selected to show how the insights from my process thus far inspired the development of the guidebook activities. Refer to appendix 11 for the full range of prototype guidebook pages.

Previous: Figure 53. PEO model. Adapted from “The Person-Environment-Occupation Model: A Transactive Approach to Occupational Performance,” by M. Law, B.A. Cooper, S. Strong, D. Steward, P. Rigby, L. Letts, 1996, Canadian Journal of Occupational Therapy,











After gaining approval for my ethics amendments regarding prototype testing, I began recruiting young adult participants.

Welcome & Pepeha

In the cultural context of my research, it was important that collaboration between myself and my co-creators began with an introduction and welcome. With my positive experience at Hāpai Ora in mind, I designed a small card to welcome YAPs to the research. In this card, I introduced myself through sharing my pepeha, and briefly expressed my appreciation of their participation as co-creators. Particularly in the initial encounter with participants, it is important to build a sense of safety within the collaboration and prioritise relationship-building (McKercher, 2020). Although I did not encounter YAPs face-to-face until their interview at the end of the collaboration, we hoped this small gesture would make them feel valued and welcomed.

Considering Accessibility

I considered that perhaps not all YAPs would have easy access to some of the stationery required to complete the activities within the guidebook. To alleviate any costs to the YAPs, I included a space on the consent form (appendix 8) where they could request stationery to be sent with the guidebook if needed.



Figure 59. Sending guidebooks to clinical experts

Expert Interviews Round 2

At this time, I also began the recruitment of clinical experts to further my investigation of perceived strengths of a final resource within a healthcare context. After additional ethics amendments, I couriered copies of my prototype guidebooks to clinical experts to prompt feedback and discussion.

Pandemic-related hurdles at Hāpai Ora slowly began to ease. I was able to reconnect with one of the lead clinicians (OT B), who was eager to offer their unique perspective on the needs of the service and its clients. Although the shifting sands of Covid-19 had limited our partnership, I still considered Hāpai Ora the organisation to which I would deliver my final resource.

Phase 4: Deliver

Findings of Prototype Testing & Expert Interviews (Round 2)

Prototype testing and expert interviews (round two) were used to prompt six YAPs and two clinical experts to share their feedback on my prototype guidebook. Consistent with AI, the focus was placed on what participants considered valuable to young adults within mental health services. Key findings from my analysis of the participant responses are summarised below. My focus for this design phase was to explore how my final design outcome could bring their collective vision to life.

Embracing a New Opportunity
for a Creative Resource

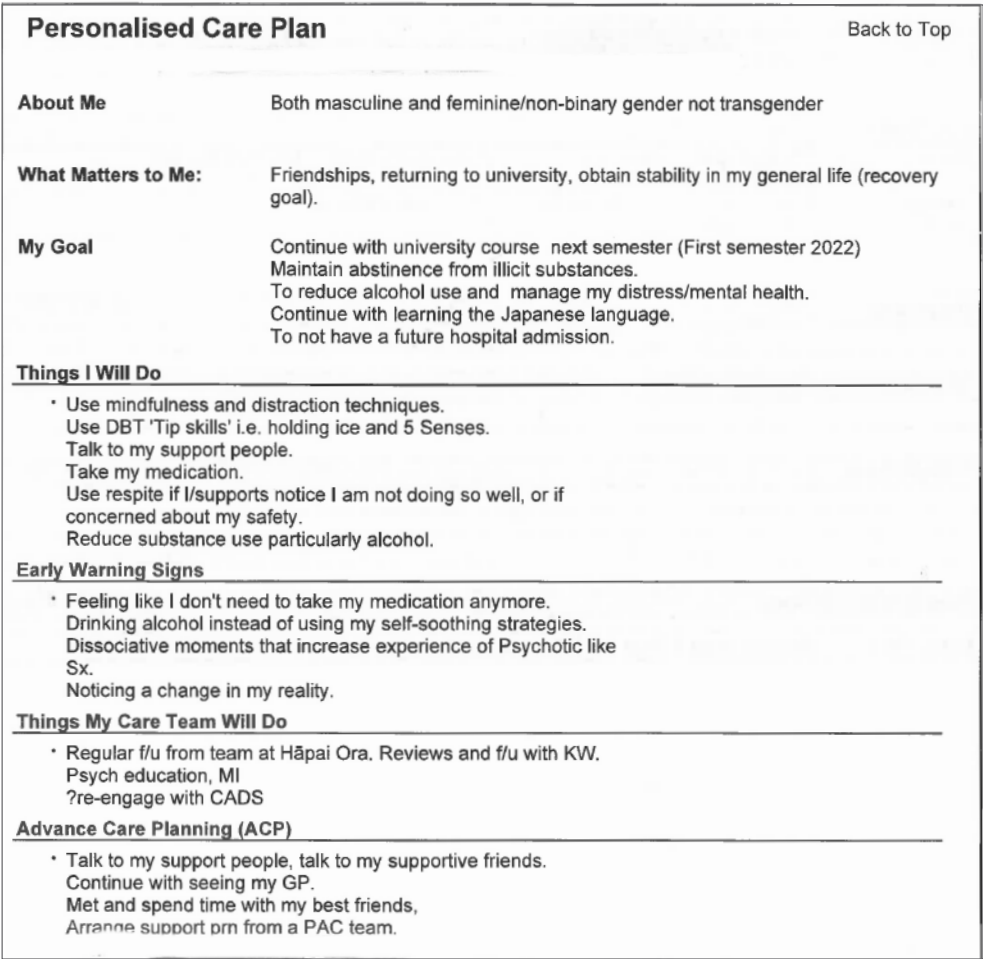
Prior to this phase of my design process, I had only seen the guidebook’s purpose as a tool for facilitating collaboration with YAPs in a mid-pandemic context, a way to support young adults in visualising their lived experience stories of wellness, and a way to gather feedback on design elements. An unexpected finding from engaging with YAPs and clinical experts was that all participants strongly advocated for me to keep and refine the guidebook in its physical format as a stand-alone physical resource.

OT B’s response reflected how the illustrated guidebook—although only an early prototype—generated plenty of interest amongst staff members at Hāpai Ora (including OTs, nurses and cultural advisors), who requested more copies to give to clients. The majority of participants commented that the guidebook could be valuable as a starting point for conversations with clients about their mental wellbeing. This is captured by the following participant quotes:

“My way of working with young people is very conversation-based, and I think that this resource (guidebook) is good because the process of doing the activities would bring up conversations about goal-setting in a way that might not otherwise come up.”– YAP D

"The guide would enable me to bring in my existing therapeutic orientation to springboard from. For example, when I’m with a client I could say: ‘now that we have talked about the non-doing mode and what you really care about, we can do some work on your values.’”–Clinical Psychologist A.

“A lot of the themes in the booklet are similar to the care plan—just a boring-looking document (see Figure 61). I could see us going through their [clients’] reflections on what works best for them.”–OT B



Most participants highlighted that the guidebook would have the most value for clients if supported by someone else. Clients could work through sections of the resource in-session with youth consumer advisors or clinicians (one-on-one or group setting) or independently with the expectation of discussing their reflections in the subsequent session. The physical size and format of the guidebook would allow for this flexibility. OT B also highlighted that the guidebook would be a more in-depth, future-proof and Covid-19-friendly format than a resource like a mural or posters within the physical Hāpai Ora space.

Figure 61. Thematic analysis of prototype testing and expert interviews round two. The process of coding and generating themes.

I anticipated that participants would attribute the minimal rendering of the illustrations (a ‘sketched’ look and little or no added tone, colour, or texture) within the prototype guidebook simply being a ‘test’ of concepts. However, two YAPs and both clinical experts explained how a valuable strength of illustrations left as ‘outlines’ provided the opportunity for clients to either colour them in or add their own ‘doodles’. Furthermore, OT B discussed how clients experiencing psychosis are encouraged to engage with tactile activities to help them self-regulate their emotional states (especially while in the waiting room at Hāpai Ora).

“Like with the mindfulness colouring books, scribbling or colouring could be used for sensory modulation and clients are encouraged to help regulate themselves.”–OT B

Clinical psychologist A commented on how unlike a digital resource,

“there is something special about each person being gifted a tangible book that they can keep and revisit”.

Participant responses indicated that it could be more meaningful if each client owned a “beautifully illustrated” guidebook, that they worked through at their own pace and were able to revisit from time to time. Furthermore, Clinical Psychologist wwA and YAP F stated that the resource could be a keepsake as opposed to

“just another loose scrappy bit of paper that gets given out to you and then lost.”–YAP F

Resonance & Meaning for Young Adults

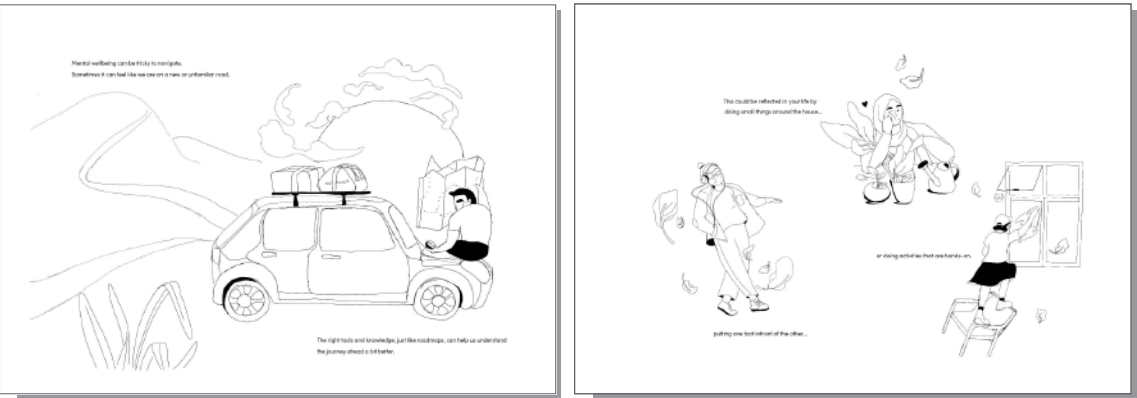
Another key finding was that a range of insights from YAP responses highlighted the illustrated content’s appeal and relatability to its young adult audience. The top five words YAPs used the most to describe the tone of the resource were: inviting, calming, informative, engaging and easy-going.

Each YAP and clinical expert described their surprise and delight as they opened the guidebook. At first glance, YAPs expressed that the illustrations pulled their focus and had a likeable quality that resonated with them and appealed to their personal taste. While the majority of YAPs struggled to pinpoint reasons why the illustrations were “phenomenal” or “beautiful,” many described appealing qualities such as its “minimalistic look” (often attributed to the lineart), and “playful,” “easy-going” feel. All six YAPs expressed that they enjoyed using the resource as it was easily digestible and “unique.” Additionally, the “vibrancy,” “life,” and “spirit” of the illustrations were linked to the use of whimsical elements (e.g., liquid splashes and swirls of leaves). These elements were described as dynamic and expressive. YAP E’s and YAP A’s responses indicated that they drew comparisons between the guidebook’s illustrations and other resources within mental health services:

“This guide also looks way nicer looking than some of the workbooks that get given out in group therapy.”–YAP A

YAP C described enjoying the scale of the double-page-spread images and suggested that future versions could include more feature illustrations used in conjunction with the spot illustrations. It was suggested that this would increase variation in the page design and, therefore, enhance visual interest.

Figure 62. Comparison of a feature illustration (left) and spot illustrations (right)



Some YAPs described how the monochrome colour palette and colour-coding system for illustrations within each mode, made the content easily digestible and “not overwhelming.” Others highlighted that it was pleasant to see some colourful illustrations– for example, Figure 63.



On reflection, two YAPs commented that illustrated elements within the exercises (such as an image of a jar to fill with ‘doodles’) encouraged them to use the space on the page creatively and with more enthusiasm. The colouring-based activities, the cut and paste activity, and the ‘jar’ doodle activity were described as “fun” and the most memorable by both YAPs and experts. A combination of appealing illustrations, use of the journey metaphor, creative exercises, and appropriate literacy level were discussed as markers for the guidebook’s success in making information about the COE framework (and wellbeing more holistically) accessible to young adults. The physical format also allowed YAPs and experts to easily share the resource and its content with others.

“I caught myself doing the dishes and thinking: ‘I wonder what mode I am in right now.’ Everything about it [prototype guidebook] just clicked with me, and I immediately went to show all my flatmates.”–YAP D

Many YAPs referred to the ‘mode chart’ while conversing with me. I also observed that when YAPs discussed the illustrations that were most memorable to them, they were most often images depicting characters that were engaging with activities. While minimal rendering meant that illustrated people did not have realistic skin or hair colour, four YAPs commented on how they thought there was diversity in the range of people represented. Responses from these YAPs indicated that they were able to imagine themselves as the people depicted due to the range of identity markers such as ethnicity or gender. YAP E and YAP F stated that including depictions of people with visually noticeable physical impairments may allow more young adults to see themselves represented within the illustrations.

It was interesting to note that for most YAPs, the emotional neutrality of the colours and characters either helped to create a calming tone, or they suggested that the neutrality would likely make the activities more relatable to their personal experiences during difficult periods in their lives. One YAP noted that the minimal inclusion of facial features was favourable, as it helped them to focus on the acts of ‘doing,’ rather than how ‘happy’ the characters depicted were feeling about the activities.

YAPs indicated that due to the diverse range of everyday activities depicted, they could relate well to the content.

"When I wasn't in a very good time of my life, a consultant gave me this checklist and it was like you either feel this or you feel this, but this resource [prototype guidebook] I like because it offers more variety of things and activities that I could relate to."–YAP B

As Clinical Psychologist A and most YAPs emphasised, a strength of the prototype resource was that it promotes a range of activities that can contribute to mental wellbeing (for anyone) and uses a comforting, affirming tone.

"One of the great things about the guide is that it's relevant to everybody, and not specific to psychosis experiences. It allows people to think about the different modes of doing—especially disengagement—in a way that isn't guilt-inducing, and actually really normalising."–Clinical Psychologist A

Enabling Young Adult Creativity & Self-Expression

The prototype supported YAPs to creatively visualise and reflect on how the illustrated information within the guidebook applied to their own lives. One YAP's reflection on completing the guidebook highlighted how the process of visualising their lived experiences helped to explore their personal understanding of recovery. The responses from all six YAPs affirmed that the overall message, tone and language used in the guidebook gently encouraged them to express their stories of wellness and everyday 'doing' through drawing or doodling. For the majority of YAPs, words such as "free," "fun," and "cathartic" were used to describe their reflections on using the guidebook, even if they did not perceive themselves as creative or artistic.

"I'm not super 'arty' but I think the guide made it easy for me to engage with the activities."–YAP E

As anticipated, responses indicated that for some young adults, self-limiting beliefs might be a possible barrier to engaging young adult service users in creative activities. YAP D discussed how he enjoyed the activities and using the guidebook. However, he described his hesitation to 'pick up a pencil' as he did not want to "ruin" the illustrated resource with his own drawings. In addition, YAP D acknowledged that some of his male clients—who give off a "tough guy persona"—may be less inclined to engage with "an arts and crafts approach." Regardless of these potential barriers, YAP D advocated for others in his mental health service to have access to the guidebook as a resource.

"The exercises were so much fun, and I felt that I was free to express what I was feeling. I would love more copies to bring to clients. I could see this a resource that a lot of people—including male clients—at [YAP D's mental health service] would love to use."–YAP D

YAPs A and D explained that a strength of the guidebook format was that clients who may feel embarrassed about doing the activities could have the option to take the guidebook away to complete in a private setting. YAP D, YAP E, and both clinical experts highlighted that if the guidebook were to be used in services, youth consumer advisors or clinicians may first gauge whether individual clients would be inclined to enjoy using the guidebook, as well as the context in which it would be most appropriate to introduce the resource to them.

Both Clinical Psychologist A and OT B strongly advocated for the use of "arts-based" creative resources (such as the prototype guidebook) in their mental health services, as these could provide more opportunities to work with clients, particularly young adults who struggle to engage with "traditional psychological therapy". Clinical Psychologist A expressed great excitement over the prototype because in their practice, they found that using creative or drawing exercises often helped provide a space for young adults to express their recovery stories, goals or values in both one-on-one sessions and group therapy.

Colouring-based activities and the cut-and-paste activity generated enthusiastic responses from both YAPs and clinical experts. I found this surprising as I anticipated that some participants would have felt that these activities were more suitable for younger children. Instead, participants emphasised the importance of simple exercises to assist the understanding of complex–yet age-appropriate–concepts (modes of doing).

An interesting insight based on YAP A’s experiences was that a significant aspect of what made these activities enjoyable was the idea of “going back to basics” or sitting down to do a “mindful” activity that might be reminiscent of childhood activities. YAP A also highlighted that this would be a strength when used within services, as the activities would be accessible for “anyone” given there was freedom to put as much or as little thought into each activity as the client wished.

“For many clients within services, the act of getting something down on paper is a therapeutic accomplishment in itself.”–YAP A



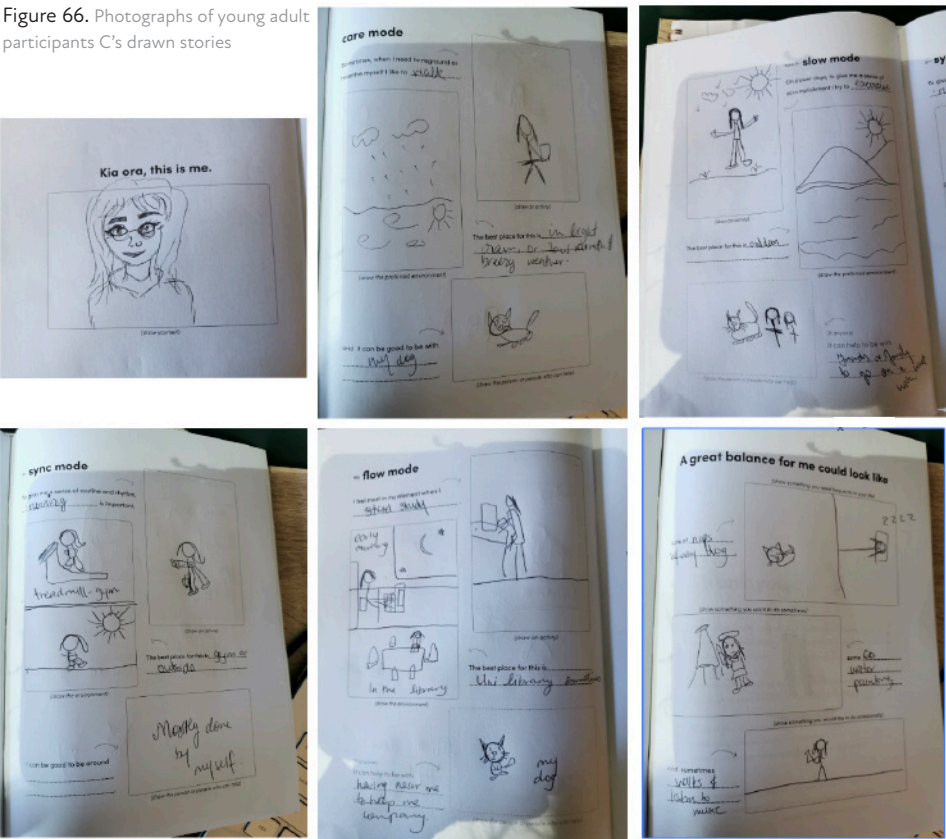
Figure 64. Notes from young adult participants' lived experience stories of everyday doing

The images YAPs shared with me from completed guidebook activities and their reflections in our interviews gave me insight into their lived experience stories of everyday doing within each of the COE framework modes of doing. (See Appendix 12 for some of the photographed activity pages and drawings YAPs shared with me during the interview process). Due to the highly personal nature of the drawings, three YAPs opted-out of publishing their images within this exegesis. However, key snippets from the stories of all six YAPs were used to add new illustrations to the final prototype guidebook.

Figure 65. Photographs of young adult participants A's drawn stories



Figure 66. Photographs of young adult participants C's drawn stories



In enabling YAPs to visualise their lived experiences regardless of their ‘artistic abilities,’ I was able to gain insight into visual elements that they associated with mental wellness and the Modes of Doing. Responses from all six YAPs indicated strong associations between visual elements depicting nature or “earthy colours,” and the visualisation of mental wellness. The majority of YAPs gave a specific focus to the colours blue and green in relation to those colours they chose to symbolise wellness, with the most common explanation that these colours had a “calming” effect on their emotional and mental states.

Nature-related iconography such as the sun, the sky, leaves, flowers, hills and bodies of water were present within YAP’s illustrated responses of what constituted the depiction of a ‘good day’. I found it interesting that while acknowledging and referring to rain as “bad weather,” more than half of the YAPs either discussed their enjoyable experiences of rainy-day activities or their associations between rain, mental wellness, soft textures, and “comfort.”

“It’s sort of like ‘this too shall pass’. I see mental wellbeing like the weather. The good days and bad days will always come and go.” – YAP A

YAP A’s description of “bad weather” (rain) mixed with “good weather” (sunshine) as an analogy for the temporality of mental unwellness infers a link between illustrations depicting both rain and sunshine and mental wellness as a state of resilience.

Figure 67. YAP A's drawing of a 'good day'



Summary of Key Findings

Participants responded with overwhelmingly positive feedback on the originality of the resource content and illustrations. Overall, YAPs and clinical experts commented that the physical guidebook could be a flexible resource that they envisioned being used by clients in a range of scenarios within their services. YAPs provided insight into how the illustrated content was appealing and could resonate with its target audience. Despite facing self-limiting beliefs, YAPs felt they were encouraged to engage with the creative prompts within the guidebook. Their responses to the activities visualised key aspects of their personal stories of mental wellness and everyday ‘doing.’

Based on these findings, the main areas of focus to refine the guidebook were as follows:

- Refining the prototype guidebook with the intention of it being used as a physical and stand-alone resource in mental health services, rather than a tool for gathering feedback (mainly changes to the wording).
- Rendering illustrations using colours, textures, and images informed by YAPs’ depictions and descriptions of visualising mental wellness. This will include illustrating and weaving their stories into the content. Pages that feature larger or full-page illustrations should be considered. Monochromatic illustrations should be used when explaining the modes, but some colourful illustrations should also be present.
- Visually representing people engaging with everyday activities informed by YAPs’ lived experience stories. Representation of differently-abled people should also be included. The environment around the people should still include elements of nature and remain playful, dynamic, and expressive.
- Adding small additions to the guidebook that support clients to work through the guidebook at their own pace or over a stretch of time—especially if used over multiple sessions with clinicians or Youth Consumer Advisors (e.g., a statement in the opening blurb, contents page, page numbers).
- Sections of the guidebook should be left for young adults could add colour or ‘doodle’ in illustrations that are less rendered. This will also mean striking a balance between creating a visually appealing illustrated keepsake for young adults and maintaining a “free” and creative space where they do not feel intimidated to add their own drawings.



The Final Design Outcome

YAPs and clinical experts were eager to immediately begin using the guidebook with their clients, despite it being only a prototype. This indicated an opportunity for future research (beyond this master's project) to explore how young adult service users engage with the resource and how subsequent development could take place (see discussion chapter). However, for this phase of 'delivery,' the findings indicated that no major changes needed to be made to the guidebook while progressing towards the final outcome.

From the positive feedback given by YAPs and clinicians, I understood that the final resource refinements should include polishing the illustrations, adding snippets of YAP stories to the content, and minor edits to the wording and layout. The last stage of refinement occurred in the weeks following the submission of this exegesis. The remainder of this chapter showcases the final design outcome.

C's story
(care mode)



A's story
(slow mode)



B's story
(sync mode)



D's story
(flow mode)

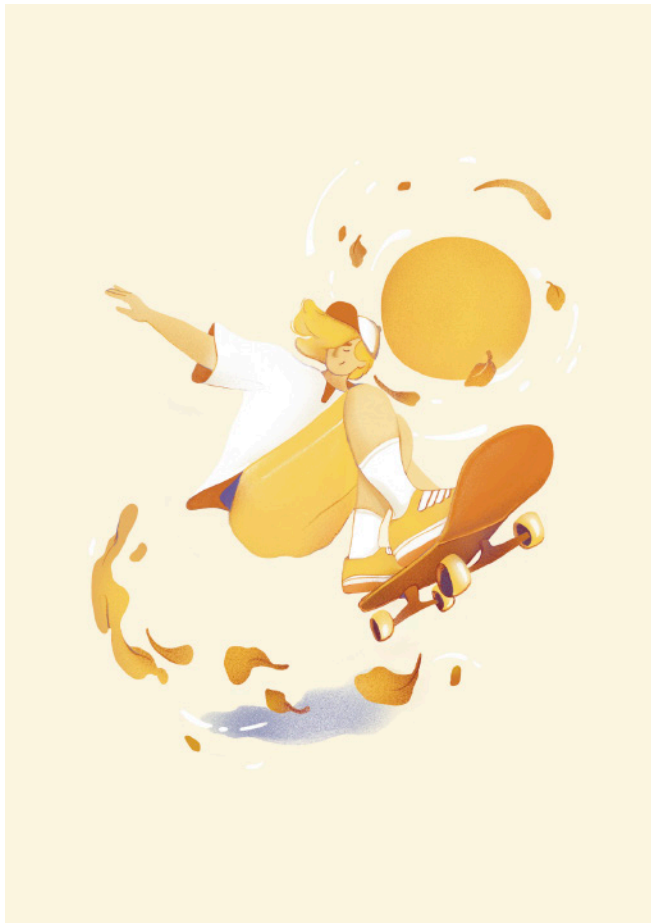


Figure 69. Illustrations from young adult participant stories



Drawing Modes of Doing

A Guide to Visualising Your Journey
of Mental Wellbeing



engaged doing



speed.
be
her
friends,
with the
ces.

idea
itching
way to



daily routine or habits...

Engaged doing could be reflected in your life
by going to work or school...



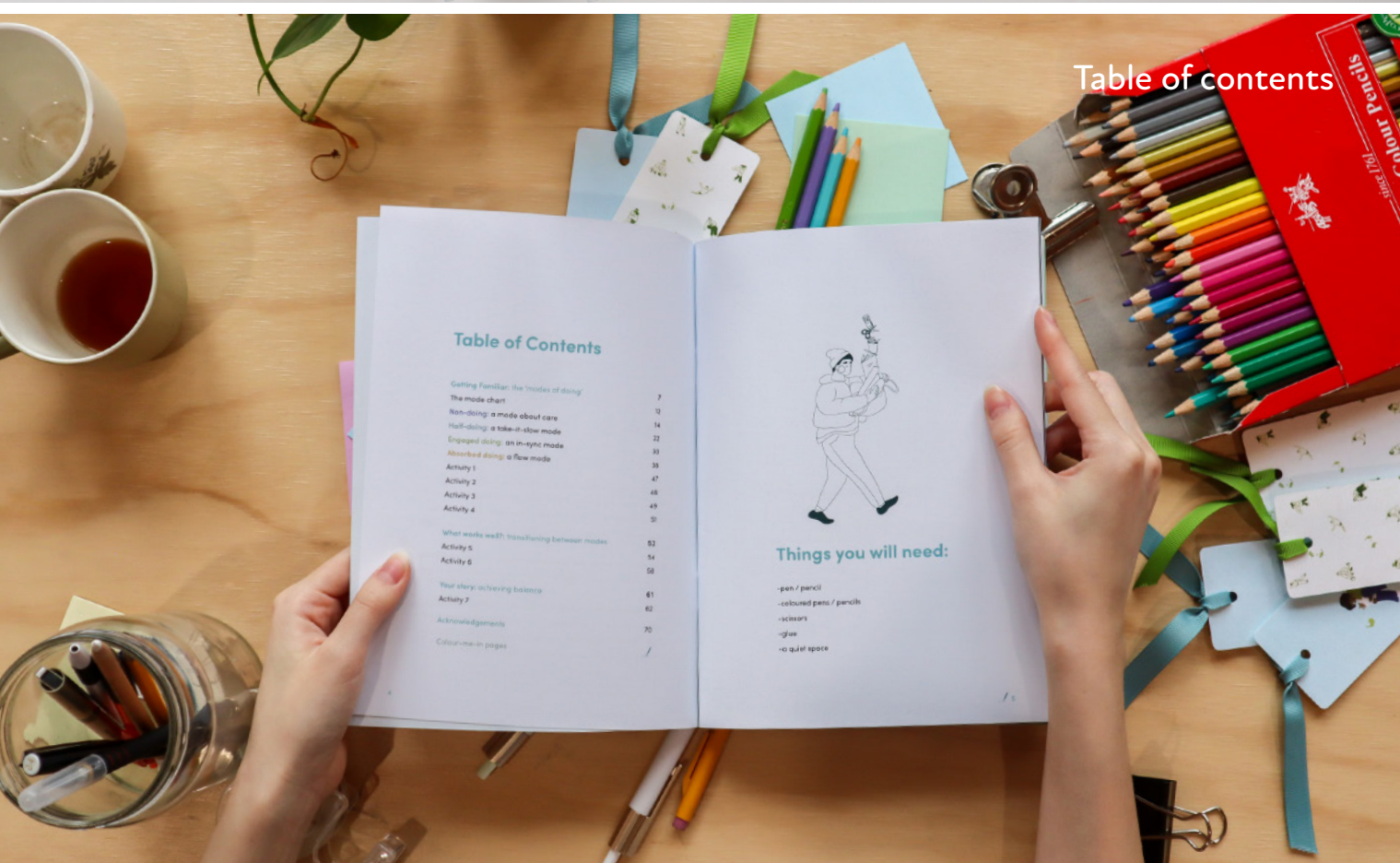
or making time to be with friends and family.

“

My friends and I would always go Monday at
nine o'clock to sit at the cafe having a coffee and
a catch-up. That was the best part of my week.
—B's story

ing can be helpful for our social
ade is helpful for us to establish
with others. Doing things
aps give structure and
es.









Through visualising your story of 'doing', hopefully you have
discovered something that will be helpful to take with you on
your journey of mental wellness.
Keep this guide in a safe place for your future self to find again.

Discussion

Findings from my contextual review show there is an urgent need to promote young adult mental wellbeing through hope-inspiring and recovery-focused approaches. Literature supports illustration as well-suited to amplify ways to manage mental wellbeing (e.g., Sutton's (2012) COE framework) and lived experience stories for young adults facing mental wellbeing challenges. This project explored how illustration might be used within a healthcare setting to communicate recovery-focussed stories of everyday doing for young adults navigating mental wellbeing challenges.

Community-based participatory research and co-creative practices within healthcare are widely discussed as beneficial for those most impacted by health services and innovations (e.g., Mark & Hagen, 2020; Marrone et al., 2022; Ospina-Pinillos et al., 2018). Within this literature, there was a heavy emphasis placed on the value of the health service user's perspective. In aiming to design a resource that would ultimately benefit young adult service users, I held the assumption that young adult voices needed to bear the most weight on the design development and insights gathered. Indeed, young adult participant voices contributed to a significant portion of the findings of this research. However, engaging with staff from Hāpai Ora, expert designers for health information, and mental health clinicians provided invaluable insight (e.g., best practice advice and contextual knowledge) and proved just as necessary to propel my creative inquiry forward.

Authors such as French and Teal (2016) provide commentary on the connection between co-creative projects within healthcare and the role of the "humble designer" (p.2). This influence and the social constructivist perspective that underpinned my methodological approach (Baldwin, 2012; Whitney, 1998) initially seemed contradictory to the process of illustrating my own lived experience stories (visual autoethnography). Through visual autoethnography, my creative exploration took unexpected turns and risked new ways of thinking about the COE framework. Upon reflection, drawing from my personal lived experience complemented my co-creative process well. Arguably, it allowed me to develop illustrations that were richer in nuance and provided more thoughtful prompts that helped participants to reflect on their own experiences. This aligns with Nakarada-Kordic et al.'s (2020) stance that while designers need to acknowledge that they do not have all the answers, co-autoethnographic approaches can enhance co-creative collaborations in healthcare. I recommend that illustrators within this space remain open to co-autoethnographic approaches, mainly as illustration is a complex process of communication requiring conceptual thinking and personal flair (Male, 2017; Zeegan, 2009).

Testing an early prototype guidebook resulted in enthusiasm and excitement from YAPs and clinical experts. These participants identified the great potential for the drawing-based resource to add value to young adult mental health service interventions. YAPs and clinical experts advocated for the 'unique' guidebook to be further developed as they could not identify any similar illustrated resources. Within the emerging field of co-creative research in a New Zealand healthcare context, there is a scarcity of literature (except a handful of studies from AUT) detailing projects from a design perspective (Mark & Hagen, 2020). As there also appeared to be a lack of literature surrounding the design of illustrated or drawing-based resources within healthcare settings, this research offers a stepping stone for further studies in this area. Recommendations from my research findings have been distilled into the list below.

Recommendations for developing illustrated/drawing-based mental wellbeing resources within healthcare settings are as follows:

- Strive to promote hope and positivity in alignment with the recovery model and consider adopting a comforting and non-threatening tone.
- Illustrated lived experience stories can add an element of authenticity.
- Human figures/characters should include intersectional representation (e.g., different cultures, differently-abled people, and different gender identities).
- Consider how the resource can challenge the harmful stigma surrounding mental wellbeing challenges.
- Consider providing a space for users to create their own drawings while reflecting on the content.
- Consider that users may come back to the resource (or complete it within multiple sessions).

Insights from using Illustration to Engage with Young Adults

Using illustration as creative probes in the collaborative process meant that young adult participants were more equipped to identify what resonated with them.

Despite the significant disruptions that Covid-19 had on my co-creative research process, I held fast to the ambition of illustrating a resource that was not only for young adults but created with young adults (as practised by Nakarada-Kordic et al. (2017)). As discussed in the methodology chapter, this required me to change the way I thought about co-creation, from being a method (co-design workshops) used in my practice to a mindset that influenced the participatory design process (Sanders & Stappers, 2012). Without the opportunity to facilitate in-person workshops, much of the iterative exploration in my creative practice was focused on developing a body of illustrations that could ‘package’ the workshop content for my collaboration with young adult participants and encourage their creativity as non-designers.

The use of ‘creative probes’ (as described by Jarke and Maass (2018)) became a significant part of my co-creative process, as I needed to maximise the limited time I had to collaborate with YAPs in a short interview. Illustrated probes were designed to prompt discussion with YAPs regarding various design considerations, such as colour, character design, and symbolism. As non-designers, most YAPs struggled to verbalise specific design features that were relatable and appealing. However, YAPs could quickly identify and point to specific images that resonated with them or had stylistic qualities that pulled their focus. I could then draw insights from these non-verbal cues and their evaluative comments. This supported me in harnessing young adult participant voices to guide the refinement of the final design outcome.

Except for The Mental Health Foundation’s (2018) “Media Guidelines”, there seems to be a deficiency of texts that provide illustrators with guidance on depicting concepts relating to mental wellbeing or recovery from mental health challenges, particularly within New Zealand. From the findings of this collaborative and strengths-based research process, I have distilled a list of recommendations that could contribute to such guidelines below.

Recommendations for illustrating mental wellbeing-related concepts and stories are as follows:

- A playful or light-hearted style can help capture the nuances of lived experience stories and add appeal.
- Cool-toned colours and soft textures can help promote calmness and comfort.
- Representations of nature often have positive associations with mental wellbeing.
- Careful consideration should be given to how characters’ body language and facial expressions contribute to the tone of the resource.
- Depict wellbeing holistically with a hope-inspiring approach to combat stigma (e.g., providing examples of people living well and being supported by others).

Drawing-based activities were an effective tool for engaging young adult participants (non-designers) in the creative process of visualising their lived experience stories while reflecting on the COE framework.

According to Langley et al. (2018), the primary aim of participatory design and co-creation is to foster an environment where participants may engage in the process of thinking through self-expressive ‘making.’ As such, several drawing-based activities were designed and used to support young adults in visually expressing how Sutton’s (2008) COE framework could be applied to their own lives. Subsequently, drawings and illustrations created by YAPs gave form to meaningful moments of occupational engagement within their everyday lives that represented mental wellness and recovery from their perspective.

The findings of this research indicate that using the practice of drawing to engage participants in the collaboration was effective for a range of reasons. For example, drawing-based activities were a ‘non-intimidating’ and an ‘easy’ way for YAPs to reflect on the COE and visualise tacit knowledge. In addition, the activities were enthusiastically received by YAPs, and the process of completing them was described as both enjoyable and cathartic. This was the case for all young adult participants, even those with self-limiting beliefs about their ‘artistic abilities.’ YAP C reflected on the process saying:

“It was an enriching experience to be involved in this mahi and get an opportunity to visualise what these modes [modes of doing] and mental wellness and healing looked like for me. I was also given an opportunity to utilise my creativity and use it to explore my lived experience and definition of healing.”

The Final Design Outcome

My final design outcome—an illustrated ‘guidebook’ (workbook)—proposes how health information can be redesigned in a ‘visually appealing’ and ‘digestible’ format for an audience of young adults. Sutton’s COE framework was (before this research) presented at a scholarly level and published within academic texts. Thus, the findings of this research contribute to new knowledge surrounding how the illustrated guidebook can make the COE (mental wellbeing information) accessible and engaging for young adults. Furthermore, young adult participants validated that the illustrated content helped the information surrounding the COE resonate with them, even prompting further reflection on the framework within their daily lives.

Sutton et al. (2012) assert that a better understanding of one’s daily occupational engagement can be valuable in enabling an individual’s recovery, mainly when the struggle to move between different modes of engagement is significant for those facing mental wellbeing challenges. Additionally, a component of early intervention for mental wellbeing challenges is improving mental health literacy, and young people who have strong mental health literacy can experience better health outcomes (Kelly et al., 2007; Wei et al., 2015). Thus, through the dissemination of knowledge, there is potential for the guidebook to aid in promoting mental wellbeing for young adults.

Through my creative process, the illustrations within the guidebook entwined a collection of voices—New Zealanders within Sutton’s (2008) “Recovery as the Re-fabrication of Everyday Life,” young adult participants in my research, and my own embodied experiences. As a result of a strengths-based inquiry, my final design outcome became a living body of positive recovery-focussed lived experience stories of everyday doing and mental wellness. Specific examples of the activities, places, and people that helped young adults enter different modes of engagement within lived experience stories were also illustrated within the guidebook. The designed resource aimed to support the promotion of wellbeing through presenting these lived experience stories of mental wellness to exemplify healthy ways to manage wellbeing.

Self-stigma is a concerning barrier to young adult mental wellbeing that can negatively impact the process of recovery (Peterson et al., 2008; Radez et al., 2021). Moreover, Sutton et al. (2012) highlighted the potential for people in the recovery process to experience guilt or shame attached to certain modes of occupational engagement. Hence, in illustrating the COE, I aimed to celebrate each of the four occupational modes equally. This supported the notion that all four modes are normal aspects of the human experience that can positively impact mental wellbeing (Sutton et al., 2012). The expert and YAP feedback findings indicated that the guidebook succeeded in this ambition, and the illustrated content was found to be comforting, normalising, and uplifting.

The findings of this research also indicate that the illustrated resource could benefit young adult mental health service users in several ways, perhaps the most significant being a tool for conversation. Clinical experts and YAPs indicated that the resource would be most effective for clients when used in-session with a clinician or keyworker. The guidebook's potential to engage and guide young adults through a step-by-step creative process of visualising their mental wellbeing stories of everyday doing was viewed as invaluable by both clinical experts and young adult participants. As well as the illustrated content, the process of drawing in the guidebook and completing drawing-based activities was valued as an entryway for Youth Consumer Advisors and mental health clinicians to prompt discussion with their young adult clients about mental wellbeing strategies tailored to the individual. Thus, there is potential for the resource to help create a space that supports the recovery process for young adult clients within a clinical setting.

Limitations & Next Steps

As outlined in the Methodology and Documentation of Research chapters, the impacts of Covid-19 presented significant challenges to nearly every aspect of this project. These ranged from significantly increased time constraints during the design process to losing access to clinicians and clients within my partnering organisation. In needing to remain reflexive to each hurdle, I implemented changes to participant recruitment, methods used to collaborate with participants and the methods used to inspire the creation of illustrations. Despite these limitations, I was able to gain valuable insights from new design directions (guidebook) when involving people in my co-creative design process that would otherwise not have been explored.

This research indicated that clinicians and Youth Consumer Advisors viewed the guidebook as valuable and complementary to their work with young adult mental health service users. While the value of the resource is not specific to any one mental health service, OT B identified ways that the resource could be helpful within the context of Hāpai Ora. For example, to prompt discussion about a client's 'care plan.' There is further opportunity to explore how the guidebook is received by current young adult service users working in closer collaboration with Hāpai Ora, particularly as the service returns to a "new normal" post lockdown.

Youth Consumer Advisors and clinical experts expressed a desire to begin using the guidebook with clients. This may provide an opportunity to gain the perspective of those clients who may ultimately use the guidebook content in conjunction with their existing early intervention treatments. Additionally, it would be useful to explore with clients how the illustrated commentary and drawing-based activities may be used in their recovery activities (e.g., at the weekly group intervention sessions at Hāpai ora). It is anticipated that further engagement with mental health service users would lead to new insight into how best to adapt the resource format for use in such instances.

The findings evidence that illustration can be employed to help information about the COE framework resonate with young adults. However, expanding the horizons for how the illustrated content could resonate with more people is essential. For example, OT A suggested that it would be beneficial to investigate how the language in the guidebook could incorporate the use of Te Reo Māori in the future. Although it was out of this project's scope, this process would require close collaboration with the Māori community and consultation with the cultural advisor Māori and translators. Given more time, I would advocate for not only the use of Te Reo but collaboratively investigating how the illustrated content and activities could also be reframed from a Māori worldview.

As a resource, the guidebook has the potential to be relevant to everyone. Several young adult participants also wished that younger versions of themselves had access to the guidebook. Their responses suggest that the content could also be engaging for a younger audience of children within an educational setting. One of the participants shared that her parent—an early childhood teacher—had taken a photograph of the ‘doodle in the jar’ activity from the prototype guidebook to use the next day with the students in her class. They recognised that it was a ‘fun’ and ‘unique’ variant of the ‘three good things a day’ exercise (positive psychology). As this research does not represent young people under eighteen, it would be valuable to investigate further how illustration might guide a younger age group through reflection on mental wellbeing information such as the COE framework.

Successful action research projects have no definite ending but lead to new insight that extends the inquiry process (Gray, 2021). Consequently, there is more to be discovered through further development of design outcomes that build on my findings. There is potential for illustrators within the context of design for health research to have a meaningful impact on those navigating mental wellbeing challenges. For this to be most effective, illustrators must be open to embracing additional roles as empathetic and collaborative designers—ready to listen to the stories of those most affected by the development of recovery-focused innovations. This research has generated much interest within a community of designers for health information, New Zealand Mental Health Service staff, clinicians, and young adults. It is expected that this research is only the start of further co-creative collaboration with staff and clients at Hāpai Ora that extends past the timeline of this Master’s project.

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Appendices

Appendix 1 | Original Ethics Approval



Auckland University of Technology Ethics Committee (AUTEC)

Auckland University of Technology
D-88, Private Bag 92006, Auckland 1142, NZ
T: +64 9 921 9999 ext. 8316
E: ethics@aut.ac.nz
www.aut.ac.nz/researchethics

6 September 2021
Stephen Reay
Faculty of Design and Creative Technologies

Dear Stephen

Re Ethics Application: **21/281 Creating meaningful illustrations for young adults on their journey to mental wellness**

Thank you for providing evidence as requested, which satisfies the points raised by the Auckland University of Technology Ethics Committee (AUTEC).

Your ethics application has been approved for three years until 6 September 2024.

Non-Standard Conditions of Approval

- 1. Please insert the full withdrawal statement in all the Information Sheets.

Non-standard conditions must be completed before commencing your study. Non-standard conditions do not need to be submitted to or reviewed by AUTEC before commencing your study.

Standard Conditions of Approval

- 1. The research is to be undertaken in accordance with the [Auckland University of Technology Code of Conduct for Research](#) and as approved by AUTEC in this application.
- 2. A progress report is due annually on the anniversary of the approval date, using the EA2 form.
- 3. A final report is due at the expiration of the approval period, or, upon completion of project, using the EA3 form.
- 4. Any amendments to the project must be approved by AUTEC prior to being implemented. Amendments can be requested using the EA2 form.
- 5. Any serious or unexpected adverse events must be reported to AUTEC Secretariat as a matter of priority.
- 6. Any unforeseen events that might affect continued ethical acceptability of the project should also be reported to the AUTEC Secretariat as a matter of priority.
- 7. It is your responsibility to ensure that the spelling and grammar of documents being provided to participants or external organisations is of a high standard and that all the dates on the documents are updated.
- 8. AUTEC grants ethical approval only. You are responsible for obtaining management approval for access for your research from any institution or organisation at which your research is being conducted and you need to meet all ethical, legal, public health, and locality obligations or requirements for the jurisdictions in which the research is being undertaken.

Please quote the application number and title on all future correspondence related to this project.

For any enquiries please contact ethics@aut.ac.nz. The forms mentioned above are available online through <http://www.aut.ac.nz/research/researchethics>

(This is a computer-generated letter for which no signature is required)

The AUTEC Secretariat
Auckland University of Technology Ethics Committee

Appendix 2 | Ethics Amendments

Auckland University of Technology Ethics Committee (AUTEC)

Auckland University of Technology
D-88, Private Bag 92006, Auckland 1142, NZ
T: +64 9 921 9999 ext. 8316
E: ethics@aut.ac.nz
www.aut.ac.nz/researchethics

10 March 2022

Stephen Reay
Faculty of Design and Creative Technologies

Dear Stephen

Re: Ethics Application: **21/281 Creating meaningful illustrations for young adults on their journey to mental wellness**

Thank you for your responses to the conditions for the amendment to your ethics application.

The amendments to the recruitment (non-designer experts) and the data collection protocols (online) has been approved.

Non-Standard Conditions of Approval

1.

Provision of an assurance that if snowballing occurs no one will provide the researchers with other peoples contact details unless they have consented/agreed to this. AUTEC prefers they be given a flyer and contact the researcher directly.

Non-standard conditions must be completed before commencing your study. Non-standard conditions do not need to be submitted to or reviewed by AUTEC before commencing your study.

Standard Conditions of Approval.

1.

The research is to be undertaken in accordance with the [Auckland University of Technology Code of Conduct for Research](#) and as approved by AUTEC in this application.

2.

A progress report is due annually on the anniversary of the approval date, using the EA2 form.

3.

A final report is due at the expiration of the approval period, or, upon completion of project, using the EA3 form.

4.

Any amendments to the project must be approved by AUTEC prior to being implemented. Amendments can be requested using the EA2 form.

5.

Any serious or unexpected adverse events must be reported to AUTEC Secretariat as a matter of priority.

6.

Any unforeseen events that might affect continued ethical acceptability of the project should also be reported to the AUTEC Secretariat as a matter of priority.

7.

It is your responsibility to ensure that the spelling and grammar of documents being provided to participants or external organisations is of a high standard.

8.

AUTEC grants ethical approval only. You are responsible for obtaining management approval for access for your research from any institution or organisation at which your research is being conducted. When the research is undertaken outside New Zealand, you need to meet all ethical, legal, and locality obligations or requirements for those jurisdictions.

Please quote the application number and title on all future correspondence related to this project.

For any enquiries please contact ethics@aut.ac.nz. The forms mentioned above are available online through <http://www.aut.ac.nz/research/researchethics>

(This is a computer-generated letter for which no signature is required)

The AUTEC Secretariat
Auckland University of Technology Ethics Committee

Auckland University of Technology Ethics Committee (AUTEC)

Auckland University of Technology
D-88, Private Bag 92006, Auckland 1142, NZ
T: +64 9 921 9999 ext. 8316
E: ethics@aut.ac.nz
www.aut.ac.nz/researchethics

14 March 2022

Stephen Reay
Faculty of Design and Creative Technologies

Dear Stephen

Re: Ethics Application: **21/281 Creating meaningful illustrations for young adults on their journey to mental wellness**

Thank you for your request for approval of amendments to your ethics application.

The amendment to the inclusion criteria (age range) has been approved.

Standard Conditions of Approval.

1.

The research is to be undertaken in accordance with the [Auckland University of Technology Code of Conduct for Research](#) and as approved by AUTEC in this application.

2.

A progress report is due annually on the anniversary of the approval date, using the EA2 form.

3.

A final report is due at the expiration of the approval period, or, upon completion of project, using the EA3 form.

4.

Any amendments to the project must be approved by AUTEC prior to being implemented. Amendments can be requested using the EA2 form.

5.

Any serious or unexpected adverse events must be reported to AUTEC Secretariat as a matter of priority.

6.

Any unforeseen events that might affect continued ethical acceptability of the project should also be reported to the AUTEC Secretariat as a matter of priority.

7.

It is your responsibility to ensure that the spelling and grammar of documents being provided to participants or external organisations is of a high standard.

8.

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Please quote the application number and title on all future correspondence related to this project.

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www.aut.ac.nz/researchethics

29 March 2022

Stephen Reay
Faculty of Design and Creative Technologies

Dear Stephen

Re: Ethics Application: **21/281 Creating meaningful illustrations for young adults on their journey to mental wellness**

Thank you for your request for approval of an amendment to your ethics application.

The amendment to the Information Sheet and Consent Form for the experts advising prototypes will be sent out before the interview has been approved.

Standard Conditions of Approval.

1.

The research is to be undertaken in accordance with the [Auckland University of Technology Code of Conduct for Research](#) and as approved by AUTEC in this application.

2.

A progress report is due annually on the anniversary of the approval date, using the EA2 form.

3.

A final report is due at the expiration of the approval period, or, upon completion of project, using the EA3 form.

4.

Any amendments to the project must be approved by AUTEC prior to being implemented. Amendments can be requested using the EA2 form.

5.

Any serious or unexpected adverse events must be reported to AUTEC Secretariat as a matter of priority.

6.

Any unforeseen events that might affect continued ethical acceptability of the project should also be reported to the AUTEC Secretariat as a matter of priority.

7.

It is your responsibility to ensure that the spelling and grammar of documents being provided to participants or external organisations is of a high standard.

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Please quote the application number and title on all future correspondence related to this project.

For any enquiries please contact ethics@aut.ac.nz. The forms mentioned above are available online through <http://www.aut.ac.nz/research/researchethics>

(This is a computer-generated letter for which no signature is required)

The AUTEC Secretariat
Auckland University of Technology Ethics Committee

Appendix 3 | Expert Interview Information Sheet

(Round 1)



Expert Interviews Participant Information Sheet

Creating Meaningful Illustrations for Young Adults on their Journey to Mental Wellness

About the Researcher

Kia ora! My name is Janette Ng. I am currently a Master’s student studying illustration and design at the Auckland University of Technology (AUT).

I am interested in exploring how we can use illustration to better the lives of people within the wider community. As part of my postgraduate study, I am currently working on a research project that aims to create meaningful illustrations as a resource for young adult’s mental wellbeing by involving them as partners in the design process (an approach called co-design). Co-design, or collaborative design, seeks to bring together designers (with their design expertise) and users (as experts of their experiences and personal knowledge) to design solutions that meets the real needs of users.

I’d like to extend an invitation to you to take part in an expert interview via Zoom so I can discuss your feedback on a prototype resource, and any insights you might have about its potential to help young adults on their journey to mental wellness.

What is the purpose of this research?

There are many reasons why this research is important to undertake. Past research has found that everyday activities can facilitate/positively impact a person’s mental health and wellbeing, and that understanding how to navigate mental wellness through everyday activities is also important. There are limited resources available for our community of young adults that promote wellbeing information focussed on keeping mentally well through everyday activities, and even less are designed with the expertise from both designers and potential users of the resource (as this will be).

Illustration is a powerful form of communication that can help influence attitudes about mental health for the better, and can help people visualise and reflect on their journeys. With your help and contribution, an important outcome of this research will be a developed illustrated resource (which could take form as a physical or digital guidebook with reflective activities). The learnings of this research will also be published in a Master’s thesis that will contribute to broader knowledge around illustration and co-design.

How was I identified and why am I being invited to participate in this research?

You have been invited to participate in this research as you have been referred to by another expert who I have interviewed, or through the AUT lived experience advisory group, as someone who they thought might be interested and willing to help. Please let us know within 2 weeks if you would like to participate. No further contact will be made if you are not interested or unavailable.

Your participation in this research is voluntary (it is your choice) and whether or not you choose to participate will neither advantage nor disadvantage you. You are able to withdraw from the study at any time. If you choose to withdraw from the study, then you will be offered the choice between having any data that is identifiable as belonging to you removed or allowing it to continue to be used. However, once the findings have been produced, removal of your data may not be possible.

How do I agree to participate in this research?

If you would like to participate, please let me know by emailing a response to tcj0451@autuni.ac.nz and I will send you a consent form to sign.

What will happen in this research?

After your signed consent form is returned to me, I can then courier a printed prototype guidebook for you to complete. You will need to give consent to this in the consent form. I will provide a template to help you prepare your feedback on the prototype. After you have prepared your feedback we can discuss a time for a Zoom meeting that is convenient for you.

In the Zoom meeting, I will prompt you to share the feedback and insights that you have about in regards to the illustrated resource that I sent you. There are no wrong answers, and I truly appreciate anything you would like to share with me in the interview. You are welcome to also ask me any questions during the interview, or choose to end the interview at any time.

I will take hand-written notes and a screen-recording of the interview, in case you wish to share any photographs, notes or drawings with me during the interview. You will need to give your consent to this in the consent form prior to the interview. Photographs of any notes/drawings you share will be included as part of the data.

What are the potential discomforts and risks?

It isn’t expected that there will be much discomfort or risk in this research. However, you may feel uncomfortable sharing your opinions with me or being audio recorded. I will let you know when any audio or screen recording will begin.

How will these potential discomforts and risks be alleviated?

If you are uncomfortable with any question/prompt I ask, you can choose not to answer and I will not ask you to provide a reason why. You can choose to end the interview at any time, no questions asked. If your discomfort can be eased by more information or clarification, please feel free to stop and ask me any questions you may have.

What are the benefits?

I, the researcher, will benefit from this research by using the insights, learnings and design outcomes to complete my postgraduate qualification. I will also benefit from the practice and experience of running this project. I hope that you will benefit from the opportunity to contribute your knowledge, experiences and expertise towards this project which will potentially benefit young people, and add to the growing body of knowledge around illustration and co-design.

How will my privacy be protected?

You will not be anonymous to me as the researcher. This means I will know your name and who you are. I will however respect and maintain your privacy and confidentiality. For my Master’s thesis, no information that might be used to directly identify you will be included, this is to protect you and your privacy. If I use a direct quote or comment from you, it will be identified by a pseudonym of your choice to protect your identity. Written notes, audio-recordings and transcriptions will be kept for six years in a locked cabinet at AUT and then destroyed. If the interview takes place on Zoom, please select a quiet and isolated space to be interviewed where no other person or private information will be captured in the background of the screen-recording. Once the information that you share with me in the interview has been transcribed, the screen-recorded video will be permanently deleted.

What are the costs of participating in this research?

There is no cost to you for participating in this research other than a time contribution. There is no mandatory time contribution, however, it is anticipated the interview session will take approximately forty-five minutes, and no more than an hour. You will be able to indicate on the consent form if you do not have access to coloured pencils or a glue stick to complete the activities in the prototype guidebook, and if you would like me to courier this to you.

Will I receive feedback on the results of this research?

You can indicate on the consent form if you would like to receive a short written summary of the results of this research.

What do I do if I have concerns about this research?

Any concerns regarding the nature of this project should be notified in the first instance to the Project Supervisors:

Stephen Reay stephen.reay@aut.ac.nz (+649) 921 9999 ext 6258

Daniel Sutton dsutton@aut.ac.nz (+649) 921 9999 ext 7732

Concerns regarding the conduct of the research should be notified to the Executive Secretary of AUTC, ethics@aut.ac.nz , (+649) 921 9999 ext 6038.

Whom do I contact for further information about this research?

Please keep this Information Sheet and a copy of the Consent Form for your future reference. You are also able to contact the research team as follows:

Researcher Contact Details:

Janette Ng tcj0451@autuni.ac.nz

Project Supervisor Contact Details:

Stephen Reay stephen.reay@aut.ac.nz (+649) 921 9999 ext 6258

Daniel Sutton dsutton@aut.ac.nz (+649) 921 9999 ext 7732



Expert Interviews Participant Information Sheet

Creating Meaningful Illustrations for Young Adults on their Journey to Mental Wellness

About the Researcher

Kia ora! My name is Janette Ng. I am currently a Master’s student studying illustration and communication design at the Auckland University of Technology (AUT).

I am interested in exploring how we can use illustration to better the lives of mental health service users and people within the wider community. As part of my postgraduate study, I am currently working on a research project that aims to amplify positive lived experience stories of wellness from young adults through creative methods.

I’d like to extend an invitation to you to take part in an expert interview via Zoom so I can discuss your feedback on a prototype resource, and any insights you might have about its potential to help young adults on their journey to mental wellness.

What is the purpose of this research?

There are many reasons why this research is important to undertake. Past research has found that everyday activities can facilitate/positively impact a person’s mental health and wellbeing, and that understanding how to navigate mental wellness through everyday activities is also important. There are limited resources available for our community of young adults that promote wellbeing information focussed on keeping mentally well through everyday activities, and even less are designed with the expertise from both designers and potential users of the resource (as this will be).

Illustration is a powerful form of communication that can help influence attitudes about mental health for the better, and can help people visualise and reflect on their journeys. With your help and contribution, an important outcome of this research will be a developed illustrated resource (which could take form as a physical or digital guidebook with reflective activities). The learnings of this research will also be published in a Master’s thesis that will contribute to broader knowledge around illustration and co-design.

How was I identified and why am I being invited to participate in this research?

You have been invited to participate in this research as you have been referred to by another expert who I have interviewed, or through the AUT lived experience advisory group, as someone who they thought might be interested and willing to help. Please let us know within 2 weeks if you would like to participate. No further contact will be made if you are not interested or unavailable.

Your participation in this research is voluntary (it is your choice) and whether or not you choose to participate will neither advantage nor disadvantage you. You are able to withdraw from the study at any time. If you choose to withdraw from the study, then you will be offered the choice between having any data that is identifiable as belonging to you removed or allowing it to continue to be used. However, once the findings have been produced, removal of your data may not be possible.

How do I agree to participate in this research?

If you would like to participate, please let me know by emailing a response to tcj0451@autuni.ac.nz and I will send you a consent form to sign.

What will happen in this research?

After your signed consent form is returned to me, I can then courier a printed prototype guidebook for you to complete. You will need to give consent to this in the consent form. I will provide a template to help you prepare your feedback on the prototype. After you have prepared your feedback we can discuss a time for a Zoom meeting that is convenient for you.

In the Zoom meeting, I will prompt you to share the feedback and insights that you have about in regards to the illustrated resource that I sent you. There are no wrong answers, and I truly appreciate anything you would like to share with me in the interview. You are welcome to also ask me any questions during the interview, or choose to end the interview at any time.

I will take hand-written notes and a screen-recording of the interview, in case you wish to share any photographs, notes or drawings with me during the interview. You will need to give your consent to this in the consent form prior to the interview. Photographs of any notes/drawings you share will be included as part of the data.

What are the potential discomforts and risks?

It isn’t expected that there will be much discomfort or risk in this research. However, you may feel uncomfortable sharing your opinions with me or being audio recorded. I will let you know when any audio or screen recording will begin.

How will these potential discomforts and risks be alleviated?

If you are uncomfortable with any question/prompt I ask, you can choose not to answer and I will not ask you to provide a reason why. You can choose to end the interview at any time, no questions asked. If your discomfort can be eased by more information or clarification, please feel free to stop and ask me any questions you may have.

What are the benefits?

I, the researcher, will benefit from this research by using the insights, learnings and design outcomes to complete my postgraduate qualification. I will also benefit from the practice and experience of running this project. I hope that you will benefit from the opportunity to contribute your knowledge, experiences and expertise towards this project which will potentially benefit young people, and add to the growing body of knowledge around illustration and co-design.

How will my privacy be protected?

You will not be anonymous to me as the researcher. This means I will know your name and who you are. I will however respect and maintain your privacy and confidentiality. For my Master’s thesis, no information that might be used to directly identify you will be included, this is to protect you and your privacy. If I use a direct quote or comment from you, it will be identified by a pseudonym of your choice to protect your identity. Written notes, audio-recordings and transcriptions will be kept for six years in a locked cabinet at AUT and then destroyed. If the interview takes place on Zoom, please select a quite and isolated space to be interviewed where no other person or private information will be captured in the background of the screen-recording. Once the information that you share with me in the interview has been transcribed, the screen-recorded video will be permanently deleted.

What are the costs of participating in this research?

There is no cost to you for participating in this research other than a time contribution. There is no mandatory time contribution, however, it is anticipated the interview session will take approximately forty-five minutes, and no more than an hour. You will be able to indicate on the consent form if you do not have access to coloured pencils or a glue stick to complete the activities in the prototype guidebook, and if you would like me to courier this to you.

Will I receive feedback on the results of this research?

You can indicate on the consent form if you would like to receive a short written summary of the results of this research.

What do I do if I have concerns about this research?

Any concerns regarding the nature of this project should be notified in the first instance to the Project Supervisors:

Stephen Reay	stephen.reay@aut.ac.nz	(+649) 921 9999 ext 6258
Daniel Sutton	dsutton@aut.ac.nz	(+649) 921 9999 ext 7732

Concerns regarding the conduct of the research should be notified to the Executive Secretary of AUTECH, ethics@aut.ac.nz, (+649) 921 9999 ext 6038.

Whom do I contact for further information about this research?

Please keep this Information Sheet and a copy of the Consent Form for your future reference. You are also able to contact the research team as follows:

Researcher Contact Details:

Janette Ng	tcj0451@autuni.ac.nz
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Project Supervisor Contact Details:

Stephen Reay	stephen.reay@aut.ac.nz	(+649) 921 9999 ext 6258
Daniel Sutton	dsutton@aut.ac.nz	(+649) 921 9999 ext 7732

Appendix 4 | Expert Interview
Consent Forms



Expert Interviews Consent Form

Project title: *Creating Meaningful Illustrations for Young Adults
on their Journey to Mental Wellness*

Project Supervisor: *Stephen Reay and Daniel Sutton*

Researcher: *Janette Ng*

- ☐ I have read and understood the information provided about this research project in the Information Sheet dated 01.03.2022.
- ☐ I have had an opportunity to ask questions and to have them answered.
- ☐ I consent to a printed prototype guidebook being couriered to the address that I have provided below.

I have access to coloured pencils and glue (some of the stationery needed to complete the prototype guidebook activities).

- ☐ Yes
- ☐ No

If you ticked no, please indicate which items you would like to have couriered to you along with the guidebook.

- ☐ Coloured pencils
- ☐ A glue stick

- ☐ I understand that the interview will take place via a Zoom video call, that notes will be taken during the interview and it will also be screen-recorded and transcribed.
- ☐ I understand that all information I provide in the interview will be identified using a pseudonym (e.g. Designer A or Youth Consumer Advisor R) to protect my privacy.

I wish to choose my own pseudonym (please tick one):

- ☐ Yes, I would like to be identified using a specific pseudonym (if so, write it below)

- ☐ No, I am happy to be identified using a similar pseudonym to the examples above

- ☐ I understand that photographs of notes and drawings (if you choose to share these with me) will be included as part of the data.
- ☐ I understand that taking part in this study is voluntary (my choice) and that I may withdraw from the study at any time without being disadvantaged in any way.
- ☐ I understand that if I withdraw from the study then I will be offered the choice between having any data that is identifiable as belonging to me removed or allowing it to continue to be used. However, once the findings have been produced, removal of my data may not be possible.
- ☐ I agree to take part in this research.

I wish to receive a summary of the research findings (please tick one):

- ☐ Yes, to the email below I provide below
- ☐ No

(Please sign on the next page)

Participant's signature:

Participant's name:

Participant's email :

(if you would like to recieve a summary of the research findings)

.....

.....

.....

Date:

Note: The Participant should retain a copy of this form

Approved by the Auckland University of Technology Ethics Committee 10 March 2022, AUTEC Reference number 21/281

(Space to provide an address was only
included during round 2)

Appendix 5 | Expert Interview
Indicative Questions (Round 1)

Area of Interest	Questions / Prompts
Practice overview	<div>1. Would you be able to give a quick overview of your creative practice and maybe touch on any experiences you have with designing illustrations for wellbeing or mental wellbeing?</div> <div>2. What did your design process for that look like? How much did collaboration with non-designers feed into your final designs e.g engaging with potential users in your target audience(if there even was a target audience) to get feedback, or researchers?</div> <div>3. What was your creative process for creating the illustrations / do you usually follow a specific workflow like brainstorm and then sketch and then mood board?</div>
Value of illustration	<div>4. Given that design and images can have an impact on society and cultural attitudes, for example addressing stigma related to mental wellbeing or health challenges, did you find any of these things come up in your creative practice, something that you needed to consider when you were drawing?</div>
Practice related	<div>5. Do you consider illustration a form of storytelling? Are there any specific design or illustration techniques that you find really help in conveying people's personal stories or experiences?</div> <div>6. Do you find any other techniques useful in regards to breaking down complex health information into an understandable format for the everyday reader?</div> <div>7. If you could define a successful illustration in the health and wellbeing context, what would this look like to you?</div>
Emotional?	<div>7. Have you experienced either yourself looking at an illustration that really resonated with you, or someone else telling you about how your work really resonated with them?</div> <div>8. What would you say the value of illustration is as an influence on people? Is it in some ways emotional connection do you think?</div>
Extra Recommendations	<div>9. Lastly, are there any other projects, illustrators or designers that you know of who might be helpful to me in my research to look up or speak to?</div>

Appendix 6 | Expert Interview
Indicative Questions (Round 2)

Area of interest	Questions / Prompts
Practice overview	<div>Could you please tell me a bit about your practice/research and experience working to develop resources for young adults' mental wellbeing?</div> <div>Did you happen to work collaboratively with young people to get their feedback or input into the development of a resource?</div> <div>What are some of the biggest things you've learnt about young people, resource development and mental wellbeing in your practice?</div>
Significance & impact of storytelling	<div>Since you have experience as an OT I'm curious as to If there are any particular stories in your work with young adults that resonated with you, and that you think could be a powerful narrative that could help in explaining how everyday activities are beneficial to people in the process of recovery or keeping mentally well? E.g. things that have helped people</div> <div>In your opinion how do you think storytelling and communicating parts of people's recovery process visually could be beneficial for youth? Either the young person who is telling their story or the person who is getting an insight into someone else's story?/ maybe even their families or friends of an individual to better understand</div>
Visual communication materials /success	<div>Where would you say young people go to get their information about mental wellbeing when they find themselves facing challenges?</div> <div>Have you found any specific forms of visualised information helpful to use in your practice when working with young adults who face mental wellbeing challenges? For example, any specific booklets, online resources, posters or others?</div> <div>Are there themes between these resources, or any criteria that could infer a successful resource that promotes wellbeing for young people in your opinion?</div>
Co-design best practice/ consultation	<div>Could you give me advice on facilitating an open group discussion about mental wellbeing with young people with lived experience?</div> <div>How do I best build rapport with young people in a group workshop settings?</div>

1. Could you tell me very briefly a bit about your role and what your stance on creative resources for young adult mental wellbeing is?
2. Could you tell me something you learned from the process of creating that resource?
3. Could you tell me about your initial thoughts when you went through the guidebook from your expertise as a mental health practitioner?
4. Is there room for a strength-based resource to be implemented into mental health services? How and why would it be used for psychosis early intervention?
5. Do you think right now, especially with the pandemic, there could be considerations taken into the final design that would help clinicians and young people in services and the way that covid 19 means they have had to operate?
6. Do you think the explanation and prompts about the modes of doing would be either of interest to the clients that you work with or helpful to them in some way?
7. Putting aside the guidebook for a moment, I really want to know what matters to you in a resource- what would you look for in a dream resource?
8. What are some of the specifications for a resource that could be implemented into mental health services in a way that would support clinicians and clients?
9. Are there any other resources similar that you either use or know of?- young adult lived experience- Tell me about what is successful about them?

Appendix 7 | Young Adult Participant Information Sheet



Expert Interviews Participant Information Sheet

Creating Meaningful Illustrations for Young Adults on their Journey to Mental Wellness

About the Researcher

Kia ora! My name is Janette Ng. I am currently a Master’s student studying illustration and design at the Auckland University of Technology (AUT).

I am interested in exploring how we can use illustration to better the lives of people within the wider community. As part of my postgraduate study, I am currently working on a research project that aims to create meaningful illustrations as a resource for young adult’s mental wellbeing by involving them as partners in the design process (an approach called co-design). Co-design, or collaborative design, seeks to bring together designers (with their design expertise) and users (as experts of their experiences and personal knowledge) to design solutions that meets the real needs of users.

I’d like to extend an invitation to you to take part in an expert interview via Zoom so I can discuss your feedback on a prototype resource, and any insights you might have about its potential to help young adults on their journey to mental wellness.

What is the purpose of this research?

There are many reasons why this research is important to undertake. Past research has found that everyday activities can facilitate/positively impact a person’s mental health and wellbeing, and that understanding how to navigate mental wellness through everyday activities is also important. There are limited resources available for our community of young adults that promote wellbeing information focussed on keeping mentally well through everyday activities, and even less are designed with the expertise from both designers and potential users of the resource (as this will be).

Illustration is a powerful form of communication that can help influence attitudes about mental health for the better, and help people visualise and reflect on their journeys. With your help and contribution, an important outcome of this research will be a developed illustrated resource (which could take form as a physical or digital guidebook with reflective activities). The learnings of this research will also be published in a Master’s thesis that will contribute to broader knowledge around illustration and co-design.

How was I identified and why am I being invited to participate in this research?

You have been invited to participate in this research as you have been referred to by another expert who I have interviewed, or through the AUT lived experience advisory group, as someone who they thought might be interested and willing to help. Please let us know within 2 weeks if you would like to participate. No further contact will be made if you are not interested or unavailable.

Your participation in this research is voluntary (it is your choice) and whether or not you choose to participate will neither advantage nor disadvantage you. You are able to withdraw from the study at any time. If you choose to withdraw from the study, then you will be offered the choice between having any data that is identifiable as belonging to you removed or allowing it to continue to be used. However, once the findings have been produced, removal of your data may not be possible.

How do I agree to participate in this research?

If you would like to participate, please let me know by emailing a response to tcj0451@autuni.ac.nz and I will send you a consent form to sign.

What will happen in this research?

After your signed consent form is returned to me, I can then courier a printed prototype guidebook for you to complete. You will need to give consent to this in the consent form. I will provide a template to help you prepare your feedback on the prototype. After you have prepared your feedback we can discuss a time for a Zoom meeting that is convenient for you.

In the Zoom meeting, I will prompt you to share the feedback and insights that you have about in regards to the illustrated resource that I sent you. There are no wrong answers, and I truly appreciate anything you would like to share with me in the interview. You are welcome to also ask me any questions during the interview, or choose to end the interview at any time.

I will take hand-written notes and a screen-recording of the interview, in case you wish to share any photographs, notes or drawings with me during the interview. You will need to give your consent to this in the consent form prior to the interview. Photographs of any notes/drawings you share will be included as part of the data.

What are the potential discomforts and risks?

It isn’t expected that there will be much discomfort or risk in this research. However, you may feel uncomfortable sharing your opinions with me or being audio recorded. I will let you know when any audio or screen recording will begin.

How will these potential discomforts and risks be alleviated?

If you are uncomfortable with any question/prompt I ask, you can choose not to answer and I will not ask you to provide a reason why. You can choose to end the interview at any time, no questions asked. If your discomfort can be eased by more information or clarification, please feel free to stop and ask me any questions you may have.

What are the benefits?

I, the researcher, will benefit from this research by using the insights, learnings and design outcomes to complete my postgraduate qualification. I will also benefit from the practice and experience of running this project. I hope that you will benefit from the opportunity to contribute your knowledge, experiences and expertise towards this project which will potentially benefit young people, and add to the growing body of knowledge around illustration and co-design.

How will my privacy be protected?

You will not be anonymous to me as the researcher. This means I will know your name and who you are. I will however respect and maintain your privacy and confidentiality. For my Master’s thesis, no information that might be used to directly identify you will be included, this is to protect you and your privacy. If I use a direct quote or comment from you, it will be identified by a pseudonym of your choice to protect your identity. Written notes, audio-recordings and transcriptions will be kept for six years in a locked cabinet at AUT and then destroyed. If the interview takes place on Zoom Since the interview will take place on Zoom, please select a quite and isolated space to be interviewed where no other person or private information will be captured in the background of the screen-recording. Once the information that you share with me in the interview has been transcribed, the screen-recorded video will be permanently deleted.

What are the costs of participating in this research?

There is no cost to you for participating in this research other than a time contribution. There is no mandatory time contribution, however, it is anticipated the interview session will take approximately forty-five minutes, and no more than an hour. You will be able to indicate on the consent form if you do not have access to coloured pencils or a glue stick to complete the activities in the prototype guidebook, and if you would like me to courier this to you.

Will I receive feedback on the results of this research?

You can indicate on the consent form if you would like to receive a short written summary of the results of this research.

What do I do if I have concerns about this research?

Any concerns regarding the nature of this project should be notified in the first instance to the Project Supervisors:

Stephen Reay	stephen.reay@aut.ac.nz	(+649) 921 9999 ext 6258
Daniel Sutton	dsutton@aut.ac.nz	(+649) 921 9999 ext 7732

Concerns regarding the conduct of the research should be notified to the Executive Secretary of AUTECH, ethics@aut.ac.nz , (+649) 921 9999 ext 6038.

Whom do I contact for further information about this research?

Please keep this Information Sheet and a copy of the Consent Form for your future reference. You are also able to contact the research team as follows:

Researcher Contact Details:

Janette Ng	tcj0451@autuni.ac.nz
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Project Supervisor Contact Details:

Stephen Reay	stephen.reay@aut.ac.nz	(+649) 921 9999 ext 6258
Daniel Sutton	dsutton@aut.ac.nz	(+649) 921 9999 ext 7732

Appendix 8 | Young Adult Participant
Consent Form



Expert Interviews Consent Form

Project title: **Creating Meaningful Illustrations for Young Adults
on their Journey to Mental Wellness**

Project Supervisor: **Stephen Reay and Daniel Sutton**

Researcher: **Janette Ng**

- ☐ I have read and understood the information provided about this research project in the Information Sheet dated 01.03.2022.
- ☐ I have had an opportunity to ask questions and to have them answered.
- ☐ I consent to a printed prototype guidebook being couriered to the address that I have provided below.

I have access to coloured pencils and glue (some of the stationery needed to complete the prototype guidebook activities).

- ☐ Yes
- ☐ No

If you ticked no, please indicate which items you would like to have couriered to you along with the guidebook.

- ☐ Coloured pencils
- ☐ A glue stick

- ☐ I understand that the interview will take place via a Zoom video call, that notes will be taken during the interview and it will also be screen-recorded and transcribed.
- ☐ I understand that all information I provide in the interview will be identified using a pseudonym (e.g. Designer A or Youth Consumer Advisor R) to protect my privacy.

I wish to choose my own pseudonym (please tick one):

- ☐ Yes, I would like to be identified using a specific pseudonym (if so, write it below)

- ☐ No, I am happy to be identified using a similar pseudonym to the examples above

- ☐ I understand that photographs of notes and drawings (if you choose to share these with me) will be included as part of the data.
- ☐ I understand that taking part in this study is voluntary (my choice) and that I may withdraw from the study at any time without being disadvantaged in any way.
- ☐ I understand that if I withdraw from the study then I will be offered the choice between having any data that is identifiable as belonging to me removed or allowing it to continue to be used. However, once the findings have been produced, removal of my data may not be possible.
- ☐ I agree to take part in this research.

I wish to receive a summary of the research findings (please tick one):

- ☐ Yes, to the email below I provide below
- ☐ No

(Please sign on the next page)

Participant’s signature:

Participant’s name:

Participant’s email :

(if you would like to recieve a summary of the research findings)

.....
.....
.....
.....

Date:

Note: The Participant should retain a copy of this form

**Approved by the Auckland University of Technology Ethics Committee 10 March 2022, AUTEK Reference
number 21/281**

Appendix 9 | YAP Feedback Template

Feedback Template – “Drawing Modes of Doing”

How to use the template:

- 1. There are 10 topics for feedback. Each topic has some prompts to help you think about them. You don’t need to write heaps of words just bullet points that will help you express your thoughts in the interview.
- 2. If you are comfortable, please do share some pictures of your responses to the activities with me by putting them into the template to share in our interview- it would be a great help in the next design phase! Your contribution will be anonymous and the stories within them will be woven into new illustrations.

Topic for Feedback	Questions/Prompts
	<p>Part 1 of the guide: [Add pictures of your “good day” drawings or notes here]</p>
Depicting Wellness	<p>Q1.What colours and textures best represent mental wellness and healing to you? Why? (use pictures or words)</p>
Depicting the Modes with colour	<p>Q2. What did/did not resonate with you about the use of colours in the guidebook? Suggestions for how to make the colours more appealing to you? (use pictures or words)</p> <hr/> <p>Part 2 of the guide: [Add pictures of your drawings/notes from part 2 here]</p>

Relatability/depicting experience	<p>Q3. In what ways do the illustrations provided in the guidebook reflect the everyday activities that you identified from your own experiences? In what ways could the illustrations more closely reflect your experiences or the experiences of other young adults that you know?</p> <hr/> <p>Part 3 of the guide: [Add pictures of “your story” here]</p>
Depicting the Modes with imagery	<p>Q4. Choose 1 image/symbol you think represents each of the four modes well? Refer to part 3 “your story” for help (e.g. meditation, bedroom, family, chair, tree). Use pictures or words.</p> <p>CARE:</p> <p>SLOW:</p> <p>SYNC:</p> <p>FLOW:</p>
Tone/feel/style	<p>Q5. Choose 5 words that best describe the tone and feel of the illustrations/ guidebook. Then, choose 5 words that would describe an ideal resource for young adults accessing mental health services. (Here are some ideas for descriptive words: personal, calm, cold, fun, frustrating, light-hearted, educational, dark, inviting, optimistic, passive, informal)</p> <p>This resource is:</p> <p>An Ideal resource is:</p> <p>Q6. Did you find the illustrations in the guide appealing? What other qualities</p>

Personal taste/appeal	or styles of illustration do you find appealing/could be used to make the style more appealing to you? (Use pictures or words)
Memorability	<p>Q7. Which illustrations/page resonated with you the most/is the most memorable and why? (Use pictures or words)</p>
Target audience	<p>Q8. How do you think the target audience would react to these types of activities attitude-wise (young adults, any gender, 15-29 years old, mental health service users)? What sorts of activities do you personally find engaging that could be used instead or added?</p>
Accessibility/ receiving and using a resource	<p>Q9. What was your initial reaction to receiving the guidebook and looking at the content? Would you have the same reaction if a clinician gave it to you? How would you have preferred to access the content? –The final resource may not need to be a guidebook. (Think about the space you would want to access this information, how it would be accessible to you and who might be there/be involved)</p>
Implementation into mental health services	<p>Q10. How has this affected the way that you perceive/think about staying well? How might a slightly younger version of yourself react to this same content? If there is another resource that had a positive impact on your wellbeing, what strengths from that resource could be taken on board for this resource?</p>

Appendix 10 | Hāpai Ora Letter of Support

Hāpai Ora
Level 1
95 Great South Rd
Epsom, Auckland 1051
New Zealand



Tēnā koutou

21 July 2021

Re: Illustration for Mental Wellbeing, Masters Project, Janette Ng.

To confirm that I met with Janette Ng and her Masters supervisors Stephen Reay and Daniel Sutton this week to discuss their proposed Masters project.

Hāpai Ora is a Community Mental Health service at ADHB for young people who have experienced an episode of psychosis. We support Rangatahi over a 2-3 year period following an initial presentation of psychosis, and aim to cement functional recovery and reintegration into productive life roles beyond symptomatic recovery. As part of this recovery focus we offer a variety of group and activity based interventions that help scaffold and stimulate recovery which our clients can choose to engage with (or not). This includes social focussed groups, activity and exercise groups and more specifically targeted therapeutic groups.

Having discussed the details of the proposed Illustration for Mental Wellbeing project with Janette and her supervisors, I am confident that what they have proposed would have a positive contribution for those of our clients that opted in to participating in this project. It would dovetail nicely with existing early intervention approaches which seek to enhance gentle wellbeing, and promoting the dignity of risk concept of making affirmative choices to try new things.

In early intervention we form a longitudinal relationship with our clients, over a prolonged period, meaning that a supportive and trusting relationship often develops robustly over time. We are well attuned to recognising when our clients are struggling (for example with life tasks such as individuation, engagement in work and study) and are used to working through these challenges collaboratively with them. With the proposed project we anticipate that:

- Our clients would feel able to make an independent choice to participate (or not)
- Would be supported in attending these groups by staff familiar to them in an environment familiar to them

- Could feel comfortable and supported in opting out if they change their mind
- Would not find the process overly stressful and we don't anticipate any risk as a result of this project
- Are able to give their own informed consent
- Would likely find the experience of participation enhancing to their sense of self and wellbeing
- The well-being of wider service users would be enhanced by the development of mental well-being resources, co-designed by their peers
- Confidentiality is a staple of our service so this project would be no different and the outcome would not identify any individual participants
- This project would fit nicely with the values of Te Toka Tumai being Manaaki, Haere Mai, Tūhono and Angamua which embodies a co-design process.

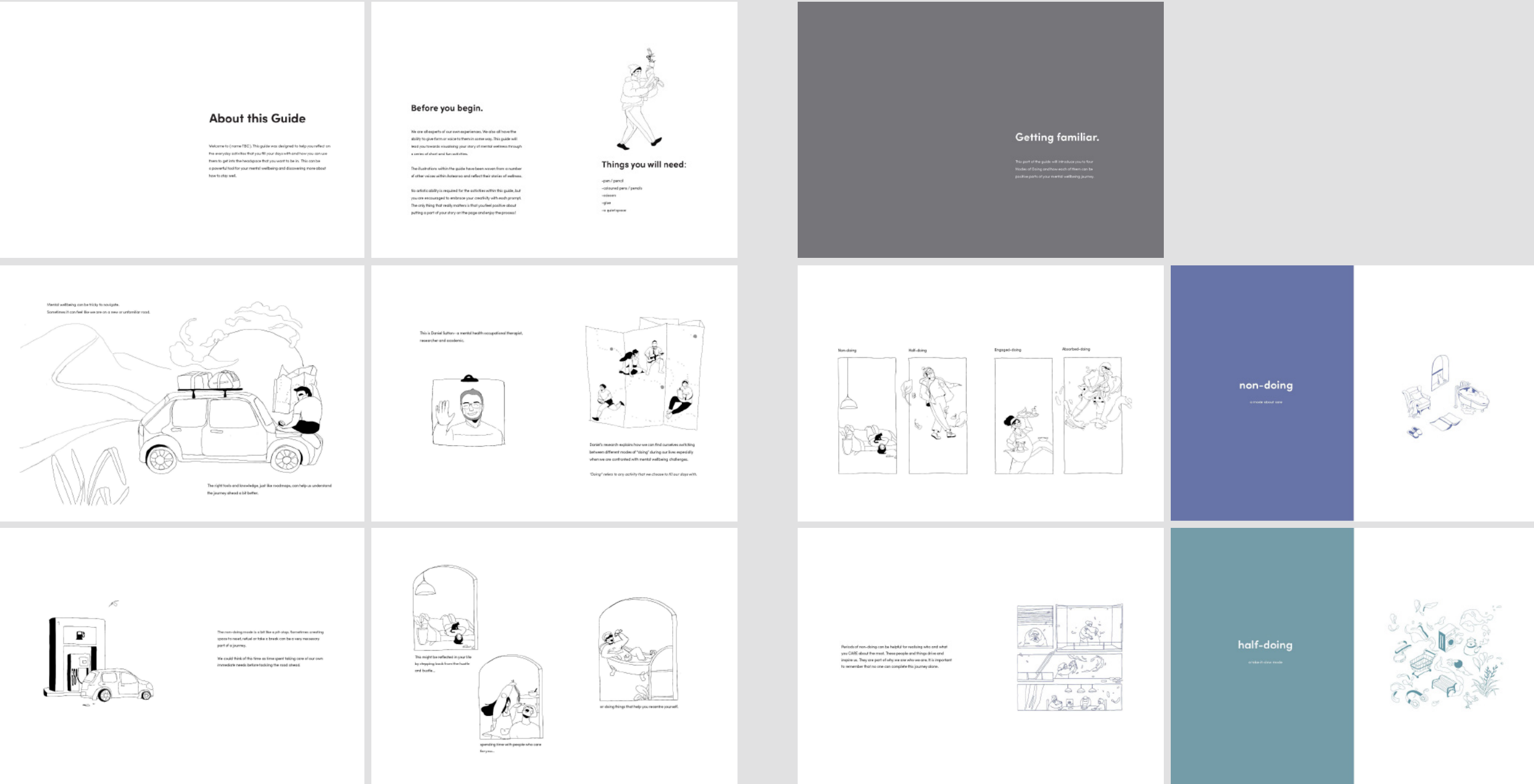
Please do not hesitate to contact me on the numbers listed above if you have any further queries. If I am not available please ask for my Colleague----- (Lead Clinician/Clinical Psychologist)

Nāku noa iti, nā

Clinical Team Leader
Kaiwhakaora Ngangahau (Occupational Therapist)
Hāpai Ora - Te Toka Tumai

Lead Clinician
Clinical Psychologist. Hāpai Ora -
Te Toka Tumai

Appendix 11 | Prototype Guidebook
Double Page Spreads





This half-doing mode is a bit like taking the urban route. The road may have a speedbump or traffic light every so often.

Even though it may be slow-moving, it is important to remember that you are making progress on your journey!



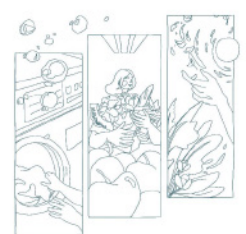
This could be reflected in your life by doing small things around the house...

or doing activities that are hands-on...

putting one foot in front of the other...

Periods of half-doing can help us feel present and grounded in the moment, in our bodies and in our environment.

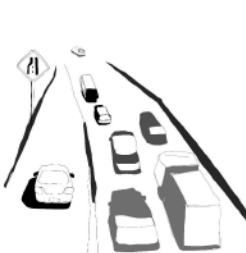
Taking a little time can help us reestablish single yet meaningful activities back into our days.



engaged-doing

an active mode





In the engaged-doing mode, we start to pick up speed. This mode is a bit like merging traffic. We must be attuned to other drivers who share the road. When our lives become intertwined with others, we have shared time and space.

This mode of doing might sound like the road like our lives of "normal". While this is a great mode to be in, switching between different modes as needed is a healthy way to move through life.

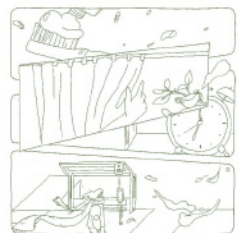


daily routine or habits...

or making time to be with friends and family


This could be reflected in your life by going to work or school...


Engaged-doing can be helpful for our social well-being. This mode is helpful for us to establish our place in the world with others. Doing things that bring us with others helps give structure and meaning to our lives.




absorbed-doing

a flow mode





The absorbed-doing mode is like coasting on an open road. Time can seem endless. The ride is smooth and ongoing. In this mode, you are in your element, fully immersed in your zone. It flows with ease.

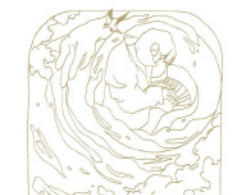


an enjoyable hobby or passion...

or the feeling of being whisked into your own world.

This could be reflected in our lives through a creative outlet...

The absorbed-doing mode is about finding your FLOW. Doing things in this mode can help you find strength in your uniqueness and a connection to being your most authentic self. It can help you to find a sense of mindfulness and wholeness.



Now that we have covered all four modes, now is a good time to switch up the type of activity we are doing.

On this page, draw what a good day looks like to you. Fill the page with colors and patterns that represent things that bring you joy and meaning.

What do the things in your "speed day" drawing tell you about your idea of living well? Write below.

Why do the icons indicate that you draw represent a good day?

In the jar, circle or draw small things that make you feel good today.

These could be things, places or objects, objects, places or even people.

Remember:

All modes of doing can be helpful for overcoming the mental wellbeing challenges that you might face, but getting familiar with how to move in and out of the modes freely is the key to a well-rounded life.

This process can take some time, patience and practice!

Just like how new drivers might find certain situations harder to navigate than others, the more practice you put in, the more experienced you become. After enough time, you'll be able to navigate the journey with confidence and ease.

Here's an easy way to remember the modes: CARE, SLOW, SYNC, FLOW.

Add colours to the mode of doing that you are currently in.

CARE SLOW SYNC FLOW

What works well?

To feel healthy, we go to use the modes, we need to recognise how we can get in and out of the modes that we want to be in.

This part of the guide contains prompts and activities that can help guide you towards reflecting on this.

Draw and paste the coloured digits and use them into the boxes below.

After working the activities in the boxes, circle one activity per box that you think you would find the most helpful for getting into the mode.

CARE **SLOW** **SYNC** **FLOW**

You might have noticed by now that doing a certain activity doesn't necessarily mean that you will be in any one particular mode. In the examples below, we can see that the same simple activity of sitting can be used to get into each of the four modes.

The aim of these activities is to give you a starting point to learn how YOU get into each mode. By recognising the activities that you personally find the most helpful for getting into each mode, you can then start to plan the steps that you can take to get there.

START on the next page

First, write the activities that were circled in the previous exercises, next to their corresponding activities. Think about people, places and things that would be around you, or that you might use to help you get into the mode.

Next, fill in the simple flow step plan of how you can start doing your chosen activity.

Care
Activity: _____
People, places and things that may also help: _____

Slow
Activity: _____
People, places and things that may also help: _____

Sync
Activity: _____
People, places and things that may also help: _____

Flow
Activity: _____
People, places and things that may also help: _____

Your story.

This part of the guide is all about you. It will help you to describe your story of mental wellness and how you feel about it.

Take a quick break before this part.

Kia ora, this is me.

care mode
Sometimes, when I need to regroup or recharge myself, I like to _____
(show an activity)

slow mode
The best place for this is _____
(show the preferred environment)

sync mode
and it can be good to be with _____
(show the person or people who can help)

slow mode
On slower days, to give me a sense of accomplishment I try to _____
(show an activity)

sync mode
To give me a sense of routine and rhythm, I try to _____
(show an activity)

flow mode
I feel most in tune when I _____
(show an activity)

A great balance for me could look like
Lots of _____
(show something you would like to do)

and sometimes

slow mode
The best place for this is _____
(show the preferred environment)

sync mode
It can be good to be around _____
(show the person or people who can help)

flow mode
The best place for this is _____
(show the preferred environment)

A great balance for me could look like
Lots of _____
(show something you would like to do)

and sometimes

Thank you

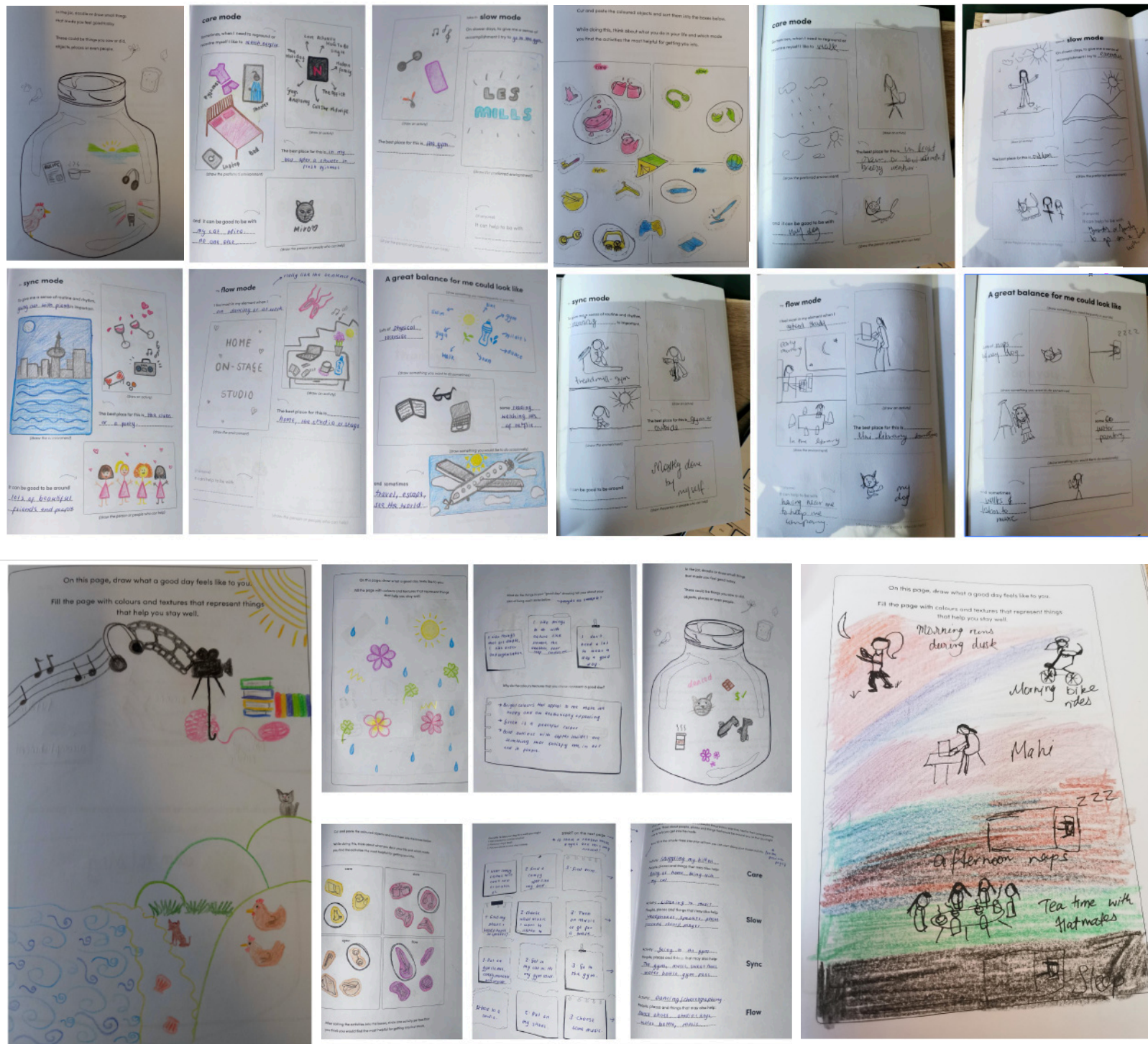
To the Good Health Design studio for their endless support. A special thanks to Prof. Stephen Hoang and Dr. Denise Butler who this resource would not exist without.

To the design experts that have supported the development of this guidebook by sharing their insights and design knowledge.

Finally to you, for participating in the testing of this guide and are contributing towards illustrating meaningful knowledge for other young adults navigating on their mental wellbeing journey.

Through illustrating your story of "living" hopefully you have discovered something that will be helpful to take with you on your journey of mental wellness!

About the author section.



Appendix 12 | YAP drawings