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Co-design communities of practice in community-based mental health and rural suicide prevention

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ABSTRACT

This paper presents two case studies in mental health co-design through a community of practice lens and involving collaborators that extend the traditional binary of 'users' and 'stakeholders'. The co-design was undertaken outside the service sector and oriented towards creating and producing innovative praxis and creative products in service to community-based mental health and rural suicide prevention. By inviting lived experience and creative design practitioners into a mental health co-design community of practice, the paper contends that relational engagements form the container for co-design and allow forms of ethically sensitive and creative community-based mental health design that embody therapeutic activism grounded in place.

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Introduction

In the current socio-political zeitgeist of mental health reform, co-design has become a valued and increasingly expected approach in policy and practice for embedding lived experience perspectives into mental health systems. In this context, lived experience or living experience (as preferred by some), indicates the subjective and interpersonal experiences and knowledge of mental illness and recovery held by those with direct personal experience or as a family member or carer. Within the mental health sector people with lived experience are typically designated to the roles of 'service users' or 'consumers' and are valued for their expertise beyond 'the clinically defined symptomatology and behaviour that is the focus of diagnostics' (Bennett 2023, 49). Co-designed mental health reforms are being driven by the

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imperative for more effective models of care shaped by those with experience-based expertise in order to respond to the rising challenge of mental ill-health (National Mental Health Commission 2023). As others have noted, this movement entails transformation of service providers from 'designing for' to 'designing with' and of service-users from 'users and choosers' to 'makers and shapers' (Palmer et al. 2019).

An increasing body of contemporary international mental health research literature reflects the evolution of this socio-political movement towards inclusive, democratic, collaborative and person-centred methodologies for co-creation (e.g. Tindall et al. 2021; Matthews et al. 2022; Craven et al. 2019; Porche et al. 2022; Norton 2022). The research projects described in this literature are often oriented towards quality improvement of existing services or the design of new services, supports, programs or interventions. Given the rapid expansion of digital technologies and the need to increase accessibility of support, whilst reducing the cost of service provision, there is a propensity for co-design projects in mental health to prioritize and produce digital innovation in the provision of support (Brown, Choi, and Shakespeare-Finch 2019; Nakarada-Kordic et al. 2017; Jarman et al. 2022; Porche et al. 2022).

In this body of literature, the language and concepts of co-production, co-creation and co-design are not always demarcated or deployed with precision. Whether these terms are interchangeable or refer to discrete phenomena, with distinguishable core characteristics, is a subject of enduring disagreement and ongoing refinement (Vargas et al. 2022; Contreras-Espinosa et al. 2022; Grindell et al. 2022).

Norton (2022) describes co-production in mental health as a form of participation involving relationships between two sets of stakeholders: citizens in the role of service consumer and clinicians/practitioners who undertake service provision. These relationships are the basis for dialogical engagement in action-oriented processes to produce social outcomes intended to benefit both stakeholders. Through dialogical engagement, co-production is thought to open up a nexus between expert professional knowledge of clinicians/practitioners and expert experiential knowledge of service users that, following Homi Bhabha, comprises a hybrid 'Third Space' (Rose and Kalathil 2019). This Third Space was thought to offer 'a new and generative terrain', albeit one that 'continues to bear the traces of feelings and practices borne out of the existence of a hierarchy of cultural and power differences' (Rose and Kalathil 2019, 2). There has been much debate as to whether co-design succumbs to maintenance of the status quo and the degree to which ideals of egalitarianism and democracy are attained (McKercher 2020; Del Gaudio, Franzato, and de Oliveira 2020; Thinyane et al. 2020; Busch and Palma's 2023).

Busch and Palma's (2023, 3) point to a territory 'where participation and political realism meet'. Following Ludwig von Rochau's original take on *Realpolitik*, Busch and Palma's (2023) offer up an approach that they term, *Realdesign*. Their contention is that this approach upholds the utopic ideals of social design alongside a perspective on power and political literacy that speaks to the 'recalcitrance of social relations' (Busch and Palma's 2023, 110). This approach recognizes that user engagement is not a panacea for social problems and that engagement will likely encompass conflict, tensions and dissent 'with imperfect and unpredictable collaborators' (Busch and Palma's 2023, 112). Participatory co-design thus seeks to uphold a democratic ethos oriented to social justice whilst navigating the 'unholy compromises and dirty laundry of real power play' (Busch and Palma's 2023, 18).

Social innovation through co-design draws on design-led processes and uses visual and creative participatory methods (McKercher 2020). These design-led processes are characterized by Design Thinking, a human-centred, dynamic, constructive and solution-focussed approach to complex social problems (Oswald et al. 2023). Design Thinking is typically understood in terms of phases of activity – empathize, define, ideate, prototype and test – through which problems and solutions co-evolve (Oswald et al. 2023). Rather than a fixed method, following Lloyd (Lloyd 2019, 175), Design Thinking offers a 'way of working' in the constructed space of co-design where "designerly" conversations take place. Recently, Cross (2023, 8) commenting on the evolution of Design Thinking, has noted a movement that will:

extend design thinking out of the making paradigm of professional design practice, towards a competency, a way of thinking and working that embodies a broader form of strategic, adaptive, co-operative intelligence for engaging with wicked problems.

This dialogic 'way of working' can be supported by the flexible incorporation of, visual and creative methods as tools for innovation and co-creation (Bryant 2015; Pink 2012).

Whilst the primary focus of the co-design team concerns the object of innovation, which might comprise a model of service delivery, a new or existing service or program or a teaching or intervention resource, co-design is also intended to build the capability of those participating in the design process (McKercher 2020). McKercher (2020) identifies four principles of co-design: share power, prioritize relationships, use participatory means and build capability. They argue that through these principles, co-design is elevated from a purely transactional focus on outputs to a transformational approach that produces social outcomes.

In mental health, co-design typically involves teams comprising varying configurations of people with lived experience, their families and carers, practitioners, clinicians, and organizational stakeholders. These configurations

continue to emanate from a binary conceptualization of co-production polarized by service ‘users’ and ‘providers’. When researchers are involved with co-design initiatives, it’s often within an action research framework in which the researcher is cast into the roles of data collector and co-design process convenor, facilitating the activities in which the two sets of stakeholders participate and documenting processes and outcomes.

Recent methodological developments in lived experience co-design disrupt the stakeholder binary of ‘user’ and ‘provider’ by introducing additional roles. For example, McKercher (2020) suggests that, the core co-design team may be supported by an outer circle of influencers, bridge builders, testers, artists, advisors or critical friends. In solidarity with these developments, and following Arastoopour Irgens et al. (2023), our paper contends that co-design can be conceptualized as occurring within a ‘community of practice’. Communities of practice are informal social learning systems that comprise an assemblage of participants whose membership is defined by a shared commitment to engaging with practice development. These communities are informal, in the sense that they do not follow institutional boundaries and their own boundaries are formed through fluid dynamics of participation (Wenger 2010). The significance of this framework for thinking about co-design, is that it attends to learning as a situated and socially shared endeavour that occurs through mutual engagement to improve practice (Arastoopour Irgens et al. 2023). It also allows elaboration of the convening role of researchers and facilitators in co-design for cultivating communities through relational practices that foster participation, empowerment and growth in learning and capability.

As a dynamic and free-forming social system outside institutional boundaries, communities of practice provide a hybrid space of practice innovation relevant to concerns about democratizing power differentials. In mental health, co-design is often undertaken in spaces and places colonized by either the academy or the service organization. As Rose and Kalathil (2019, 2) remind us, ‘Academic and governmental [or institutional] spaces constrain what can and cannot be said and the question of what counts as knowledge and whose knowledge counts are fundamentally crossed by questions of power and privilege’. Further, Rose and Kalathil (2019, 6) pose the question, ‘But what of environments that are not usually seen as sites of knowledge generation or, to the extent that they are, the knowledge is intrinsically seen as inferior and devalued?’. Given the service-sector orientation of much of the mental health co-design literature, there are few examples of community as a site for the development for novel mental health supports through co-design initiatives. Community places and participants provide ‘a context that allows us to interrogate the nature of expert knowledge’ (Rose and Kalathil 2019, 8) and elevate community-based expertise including the multiple

knowledges, lived experiences, and hopes for futures held in communities (Bryant 2015).

To elaborate co-design through a community of practice lens, this paper draws on two case studies in which mental health co-design work was undertaken outside the service sector and oriented towards creating and producing innovative praxis and creative products in service to community-based mental health and suicide prevention. The case study co-design communities of practice involve collaborators that extend the traditional binary of 'users' and 'stakeholders' to include community volunteers including people with lived experience, undergraduate creative industries students, creative industry practitioners and academics. By inviting lived experience and creative design practitioners into a mental health co-design community of practice, the paper contends that relational engagements form the container for co-design and allow forms of ethically sensitive and creative community-based mental health design that embody therapeutic activism grounded in place.

Case studies overview

Institutional ethical approval was obtained from the University of South Australia for the co-design work undertaken in the two case studies (approval numbers: 0000034173 and 202120). Informed consent was obtained from everyone participating in the research and was obtained through written and verbal information provided to participants and signed consent forms.

Match Studio and Beats 4 Wu

The first case study of community-based co-design for mental health is situated in Match Studio, a multidisciplinary design studio in an urban centre. Match Studio is oriented to dialogic, interdisciplinary collaboration between students from multiple disciplines, design practitioners, industry, government and the not-for-profit sector. Academic design practitioners facilitate co-design projects that are client-focused, design-led and people-centred and that provide opportunities for student engagement. Match Studio embraces Participatory Design, whereby the starting point for projects is anchored in the values and concerns of particular groups (Bødker et al. 2022). As Bødker et al. (2022, 6) elaborate 'Participatory Design emphasizes prototyping and hands-on experience again and again'. Through the process of prototyping, participants are able to explore tentative design solutions and calibrate these against values and desires, as well as resource and political constraints and possibilities.

The case study for this paper focuses specifically on collaboration with 'Beats for Wu' The Lukasz Foundation (backed by Breakthrough: Mental Health Research Foundation). The foundation was established by Magda

Pearce in honour of her son Lukasz (nickname Wu), who alongside his girlfriend Chelsea Ireland, was shot dead by his father. Magda was introduced to Match Studio by John Manion the CEO of Breakthrough Mental Health Foundation who was supporting another Match Studio project.

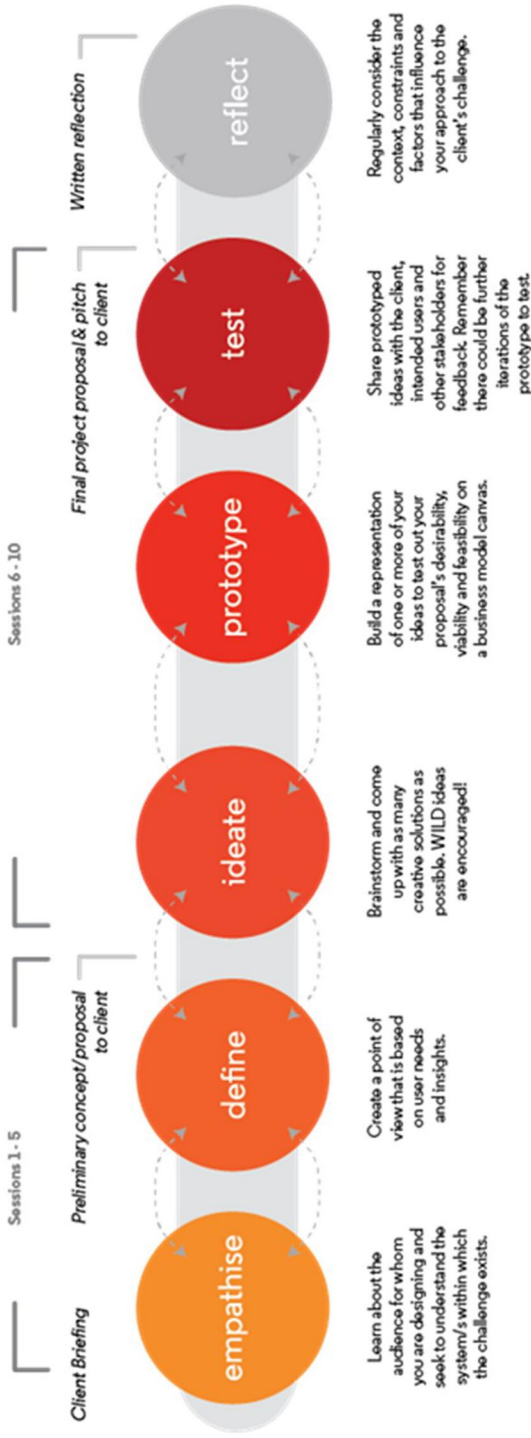
With John, Magda delivered an interview style briefing, face to face with the students in class. This was a moving experience that brought home the relational nature of the project. Students were then invited to submit Expressions of Interest (EOIs) to convey their reasons for working with the Lukasz Foundation and addressing the Beats 4 Wu brief. The cohort of students were from a diverse array of disciplines including Animation and Visual Effects, Film, Television and Digital and Social Media, Festivals and Event Management, Design, Communications and Journalism, Contemporary Art, Creative Writing and Literature, Comic Book Creation, Games Design and Production, and Performing Arts. The majority of students who submitted EOIs cited their lived experience with mental health issues. Many also disclosed that aspects of their creative practice, i.e. their music or writing, dealt with themes of emotional or mental health challenges.

Going forward, the students were arranged into teams and invited to develop and present proposals for events, programs or other interactive experiences that reflect the foundation's mission and investment in youth mental health, music therapy and social connection. The academic project facilitators mentored and collaborated with the students as well as providing the structure and underlying design methodologies for the project (Figure 1). The Design Thinking process and skills development approach provided students, with diverse interests, skills and personal experiences, a framework on which they could support and structure their individual and collective efforts through all stages of the process.

To encourage 'out of the box' ideas, the project facilitators utilized a combination of individual and group methods, including brainstorming, affinity diagramming and a 2×2 iteration matrix, to allow students to expand their thinking, discuss their ideas without fear of judgement and provide a framework for them to generate potential ideas beyond 'what is being done' to 'what could be done'. With a diverse array of ideas, each team was required to distil their ideas into three concepts, which they would further develop in preparation to present to Magda. Magda and Chelsea's father met with students part way through the project to provide feedback on preliminary ideas and also attended students' final presentations (Table 1).

Rural community-based suicide prevention research project

The second case study is drawn from a large national community-based participatory action research project in which place-based rural communities in three study sites were engaged in co-designing community-based suicide



Adapted from d.school Stanford University, 2009.

Figure 1. Design methodology.

Table 1. Beats for Wu project co-designed prototypes for community-based mental health.

Beats for Wu: Music therapy school program (yrs 1–3)	Students progress through a circuit of stations and learn musical techniques at each station that support reduced stress, calm state and improved mood which will contribute to improved mental health.
Mental health community campaign	Travelling art installation featuring an interactive sculpture that has mental health themed prompts inviting the community to respond in writing. Moderated conversation board inviting users to express their feelings and perceptions through song lyrics. Activity kit for children (4–10yrs) including play-based tools for emotional regulation and communication.
'Open the funk up': Community workshop for young people	Visual arts and music-based activities incorporating mental health literacy and designed to develop strategies to manage personal mental health and support others.
'Beats': music and culture community magazine	Music focus with mental health themes woven through articles
'Mood': A contemporary museum exhibition at MOD (a futuristic museum of discovery)	A sensory journey through space and sound. It will visualize the process of one's mental health and state of mind.
Music therapy cabaret	An interactive, intimate, and inclusive cabaret show that discusses mental health and promotes the benefits of music therapy.

prevention initiatives and resources tailored to men in farming (Bryant, Garnham, and Posselt 2022). The design approach in this case study incorporates principles of design ethnography whereby 'learning is understood phenomenologically, as part of an experiential world of everyday meaning and action' (Pink 2022, 8). The participatory research and design ethnography practices were immersed in rural spaces and places and incorporated existing community groups as co-design participants. A central premise of design ethnography is that its approach 'exceeds' projects to offer an interventional activity that does not stop at prescribed deliverables but moves towards unknown futures by structuring relationships and the spaces of everyday environments to have enduring and unanticipated effects (Pink 2022). Whilst our work was directed by the intention to produce rural community-based suicide prevention initiatives and resources tailored to men in farming, there were additional open-ended intentions oriented towards community development, social cohesion, capacity building and grass-roots activism.

The action research project was undertaken in three stages:

Stage 1: Researchers conducted in-depth 1-1 interviews with men in farming with lived experience and focus groups with rural mental health stakeholders including the agricultural sector and rural community Suicide Prevention Groups (SPGs).

Stage 2: Co-design communities of practice developed suicide prevention strategies and resources through a series of design workshops and feedback mechanisms.

Stage 3: Co-design communities of practice were extended through the participation and creative expertise of web-designers, a documentary film-

maker, radio journalist for podcasts, an illustrator, creative writers and graphic designers, to produce and disseminate the mental health and suicide prevention resources, knowledge and initiatives.

SPGs consist of community volunteers whose purpose is to empower and increase the capacity of their local community to reduce distress and suicide through community-based initiatives. Volunteers are frequently people with lived experience of mental ill-health and/or suicide personally or as a carer and those with professional stakeholder roles in the community. SPGs often develop and implement suicide prevention action plans for their local community, and this has typically included community-based interventions including events that provide a platform for conversations and presentations about mental health and suicide, obtaining funding, organizing training, and creating a group presence that raises awareness through fund-raising and attendance and participation in local community events. The SPGs in the case study were SOS Yorkes in South Australia, Riverina Bluebell in New South Wales, and Mellow in the Yellow in Victoria.

The co-design process from beginning to distribution of resources typically took 6 months and for some resources extended to 8–12 months. The following steps were used during the co-design process:

1. A brief summary of key findings was created based on the themes from interviews with men in farming occupations. Key questions were posed under each finding to stimulate discussion. Findings were circulated to the suicide prevention community groups prior to the first co-design workshop to prompt thinking about potential strategies.
2. A co-design workshop was facilitated with members of community groups in person or via Zoom. Drawing on the summary of findings and questions, possible strategies, resources and initiatives were discussed with the group and documented. Ideas and initiatives were prioritized and agreement obtained about which resources to develop.
3. The next stage involved design ‘mock-ups’ and costing for each of the proposed strategies, resources and initiatives.
4. A second co-design Zoom workshop was held to further discuss the proposed strategies, resources and initiatives and review the design mock-ups and costings. Further feedback was obtained, as well as agreement on actions to move forward.
5. Cycles of action/planning/review continued, according to the requirements of the project and group needs.
6. Creative specialists (e.g. film maker, graphic designer, podcast producer) were involved, depending on project requirements.

Table 2. Co-designed strategies and resources for rural community-based suicide prevention tailored to men in farming.

Print media articles published in the Stock Journal and community media.	A series of narratives from the perspective of fictional 'Farmer Joe' – narratives were formed from a composite of interviews with farmers who shared their stories of lived experience. Articles included contact details for mental health providers under the storyline.
Audio podcast interviews	Interviews with six young men in farming about their personal stories of lived experience and engagement in mental health promotion for farmers.
Fridge magnet mental health services directory	Personalized and localized directory of mental health and farmer support service providers. Each entry included a photograph and personal narrative introducing the service provider and service access information. A digital version was also produced.
Short films	Short films profiling local service providers and describing services and service pathways.
Community calendar	Calendar featuring images of farming and wellbeing submitted by the community, key farming dates, mental health messaging and mental health service information.
Coasters and bar mats	Features messaging suggesting that farmers might perceive 'fixing' their mental health as akin to fixing a mechanical or physical problem on the farm. Also includes contact information for major telephone helplines.
Documentary films about SPGs	The three documentaries showcase the stories of how each SPG came to be established, their key activities, the impact of these activities as told by men in farming and lessons learned by founding members of the group about setting up a sustainable and impactful rural suicide prevention community group.

7. Prototypes of the strategies, resources and initiatives were finalized and tested with men in farming occupations.
8. Finally, co-design Zoom workshops were held for SA and NSW participants to discuss the testing and further develop the prototypes based on feedback obtained from men in farming occupations (Table 2).

Discussion

Relational engagements form the container for mental health co-design in communities of practice

The collaborative relationships formed within the communities of practice we have described, exist outside institutional boundaries that might constrain co-design praxis. The community of practice therefore becomes generative of a containing space where participants like a film maker, an academic, a farmer with lived experience, a bereaved mother and father, or design students, are invited to contribute expertise and bring all their unique knowledge, skills and perspectives into productive dialogue.

Whilst diversity of perspective was welcomed into the collaborative co-design space, shared social capital offered a foundation for building rapport and establishing relational connection between collaborators (Pearce et al. 2022; McKercher 2020). The documentary film maker and podcast

broadcaster in the rural suicide prevention case study, were invited into the co-design community because both held significant rural and farming social capital which meant they deeply understood the subjectivities and subjective experiences of the people whose personal narratives were central to the co-design work. In the Beats for Wu case study, Wu and his girlfriend Chelsea had been UniSA students prior to their deaths and Wu was a local musician who valued music as a means for connecting with others. The UniSA creative design students who self-nominated to work with the Lukasz Foundation expressed a relational connection based on their own lived experience and values. In this sense, through the formation of project teams, they became a community of shared experience as well as of practice. As the projects progressed, academic facilitators noted growing connectedness amongst the teams and emotional investment in their proposals.

For people with lived experience to participate in co-design requires that the containing space formed within the community of practice be characterized by trust, understanding, care and safety. Following McKercher (2020), the co-design facilitators in both case studies engaged with a series of practices critical for elevating lived experience knowledge and providing the right environment for participation of people with lived experience. These include offering generous listening that creates emotional safety by affirming people's experience and their accounts of that experience and providing meaningful opportunities for engagement designed to affirm people's strengths and resilience, while sensitively acknowledging risk and supporting self-determination. The practices that McKercher points to are deeply relational, trauma-informed and conducive to creating and holding space for the co-design community to feel 'safe enough' to embody vulnerability (LELAN 2022).

The Beats 4 Wu co-design community of practice was situated within Match Studio and shaped by pedagogical intentions as well as mental health design outcomes. This hybrid space of engagement provided grounds for a multiplicity of knowledges and practices to emerge from between and *within* participants. Significantly, student designers were supported to draw on their own lived experience of mental health and mental health supports throughout the creative process. Academic project facilitators created a safe environment for students to work with their lived experience and provided information about how to access support if needed. They also provided the tools and opportunities for those less inclined to speak up in large groups as a means to share their ideas through small group discussion and post-it notes in the form of text, storyboards and sketching. Students were ethically and sensitively attuned in their engagement with Magda and Chelsea's father and incorporated this attunement into their proposals and presentations.

This approach to participation and engagement in the co-design community of practice allowed capacity building of student designers to incorporate lived experience in their design methodologies, thus laying the grounds for future contributions in this space. Co-design literature in mental health has not typically acknowledge the potential multiplicity of subjectivities that designers embody. By troubling the binaries of 'user' and 'provider' and 'user' and 'designer', the Beats for Wu community of co-design provides an example of a more deeply relational praxis that encourages the dissolution of rigid roles to embrace an egalitarianism founded on shared experience.

Sharing lived experience narratives in documentary filmmaking requires courage and significant trust in the film maker. In the rural suicide prevention case study, the filmmaker prioritized relationship building prior to filming by investing time and sharing conversations about farming and rural life. This time spent connecting socially with people in the community of practice and holding space for their personal experiences, engendered the development of 'trust, understanding, empathy, and mutual respect' (Lemelson and Tucker 2017, 214). Such relational practices provide the basis for 'each person in the co-design team to feel confident in sharing their voice, story and perspective' (Tindall et al. 2021, 1698). It was through the relational connection with the filmmaker that farmers with lived experience felt safe enough to broach personal, confronting, and painful experiences before a camera.

Whilst relational engagements provided a safe and collaborative container for co-design in the rural suicide community of practice, to evoke Rose and Kalathil (2019, 2) once again, this container still bore 'the traces of feelings and practices borne out of the existence of a hierarchy of cultural and power differences'. The rural community suicide prevention groups participating and collaborating in the co-design were largely culturally homogenous in their membership and characterized by Anglo-derived ethnicities, heterosexuality and middle-age. The cohort of men in farming who participated in individual interviews were similarly homogenous, although the research team did intentionally recruit a sub-set of younger farmers to incorporate their perspectives. This means that there was no indigenous representation in the groups or the interviews. However, participants were representative of the dominant population demographics of the communities in which we were working and the co-designed mental health and suicide prevention resources were socially and culturally tailored to those populations.

When working with the community suicide prevention group there were times when tensions arose between the group consensus for design and the evidence-base derived from interviews with men in farming. For example, discussion in one group coalesced around the design of a software application. The research team, who had interviewed the men in farming, were aware that this approach was unlikely to be supported by those men and

was inconsistent with the preferences and ideas they had shared. Rather than use their power and influence to dissuade the group, the research team suggested obtaining feedback from men in farming on the idea of an app. The active facilitation by the research team allowed those for whom the co-design resources were being targeted and tailored to provide their feedback and allowed the community group to reorient their approach to co-design based on that direct feedback. This approach maintained relational trust in the co-design community of practice, upheld the value attributed to the group's participation and collaborative efforts and retained the integrity of alignment to the needs and preferences of men in farming,

Ethically sensitive and creative forms of community-based mental health design

The co-design communities of practice in our case studies, provide fertile grounds for 'a type of thinking in which there is a lively communication between the experiential substrate and representing form' (Wright 2009, 116 cited in Bennett 2023). This is particularly so, given the central participation of artists, film-makers, communication designers and creative writers within our co-design communities of practice. In the mental health co-design literature, which largely emerges from allied health disciplines and oriented to mental health systems, the roles of creative practitioners are often delimited to their disciplinary knowledge and technical skills and engaged once the co-design process has created a conceptual prototype. In our case studies, creative practitioners were relationally embedded in the communities of practice and central to collaborative co-design and co-production processes. When combined with the elevation of lived experience, this allowed forms of mental health co-design that are fundamentally different to the didactic messaging of 'mental health literacy' typically found in mental health co-designed interventions.

The case study communities of practice were able to produce diverse forms of mental health design encompassing music, exhibition, performative art, creative writing, podcasts, documentary films and creative textual resources. However, more significantly, they were able to imbue those forms with imagination and creativity whilst remaining sensitively attuned to the affective nature and experiential wisdom of lived experience. As Kraus and Wulf (2022, 10) suggest, 'The representative power of imagination makes it possible to transform and incorporate the outside world into the inside world and the inside world into the outside world. The spectrum of possible changes in this process ranges from minimal deviations to major innovations and inventions'.

The audio podcasts and documentary films in the rural suicide prevention case study 'explicitly explore phenomenology and subjectivity, which are intricately and continuously interwoven with emotion' (Lemelson and Tucker 2017, 214). Both filmmaker and podcast interviewer were able to ethically and sensitively support this opening up of the self, through narration of personal lived experience (inside world into outside world). This allowed deeply authentic personal accounts of experiencing mental health struggles, institutionalization in a mental health facility and the suicide deaths of friends to be shared by participants and captured and curated by the co-design community. In addition, the film-making utilized visualsapes and soundsapes that give form to an 'aesthetic mapping' (Szymanski 2020) that deepens the affective and narrative dimensions of the films pertaining to farming subjectivities, lived experience of emotional distress and connection to community and place (<https://takingstock.community/library>).

The Beats for Wu designs were explicitly oriented to the mental health benefits of music and music therapy as Wu had been a musician and wanted to become a music journalist. Students creatively incorporated music into their design proposals targeting their peers and younger children in terms of supporting mental health and recovery from trauma. This co-design work drew on youth cultural capital as well as understandings of music as a means for supporting self-expression, emotional regulation and release, building trusting relational connections with peers and developing competence and self-esteem (Noelle Bird and Clark 2006; McFerran 2010). In this way, co-designed strategies for creatively incorporating music and music therapy in cultural forms appropriate for children and youth offer community-based sites for mental health support.

Embodiment of therapeutic activism and place in community-based mental health co-design

The films, exhibitions, print media and podcasts co-designed in our communities of practice provide a container for a 'lexicon of embodied experience, distributed across a community setting, itself a kind of container for emotional life and its transactions' (Bennett 2023, 62). This lexicon gives voice and representation to lived experience – the recovery-oriented and person-centred approach to mental health that is currently reforming once predominantly biomedically-led systems of knowledge and practice (Norton 2022). Lived experience discourse encompasses the principles of connectiveness, hope, redefining identity, meaning in life and empowerment (Leamy et al. 2011). The co-designed documentary films and podcasts in the rural suicide prevention case study embody personal and contextual accounts of navigating mental health journeys. When disseminated through the community, the

personalized ‘journey’ trope and contextual embeddedness of mental health struggles provide space for others with ‘common planes of experience’ (Szymanski 2020, 156) to bear witness in a way that extends affirmation and validation to their own experience. In this sense, engagement with these forms potentially gives rise to a ‘relatable’ felt sense and affective resonance that is deeply impactful. In addition, representing mental health issues as enmeshed in people’s lives can serve to destigmatize and de-pathologize these issues in the community and service sectors (Arblaster et al. 2023).

Most often the transfer of ‘evidence-based experiential wisdom’ (Boydell et al. 2021, 8) from lived experience co-design research is oriented to clinicians, system designers, policy makers and other researchers concerned with quality improvement, service design and systems reforms rather than to people with lived experience in the community (For an exception see Boydell et al. 2021). The co-design work in our communities of practice for community-based mental health, is directly targeted and tailored to people struggling with mental health issues, their families, and communities. That the various creative outcomes from the co-design work embody lived experience, in a way that is less constrained by biomedical and service-system mental health discourses, provides opportunities for something akin to the ‘grassroots therapeutic activism’ that Szymanski (2020, 155) identifies in their work. In this sense, the films, podcasts, exhibitions, art installations, creative writing and textual tools co-designed in our communities of co-design practice offer community-based mental health ‘collective experiments’ that ‘can be seen as more than supplements to medical treatment, but the very basis of a radically relational and experimental therapeutics’ (Szymanski 2020, 155). This relational and experimental therapeutics not only speaks from a position of lived experience to those experiencing mental health issues but speaks back to the institutional discourses of mental health on the very nature of mental health and therapeutic support in relationship, community and place.

In the documentary films co-produced in the rural suicide prevention case study, farmers are depicted in farming and rural landscapes with iconic footage such as farming men in rural work wear, walking across paddocks, stock pens, and working dogs jumping into the back of vehicles and rounding up livestock. The implicit and at times explicit messaging is that mental health and wellbeing are connected to the land and the landscapes. One farmer shared on film that he hated the farm when he was unwell but now understands that it was not the farm at the centre of his distress. Other footage contrasts the isolation of farm work with men in farming talking together at the kitchen table, over farm fences or by phone while they work. The films also document the way in which community volunteers are supporting men through SPGs and the engagement of men in farming with various mental

health initiates. Men in farming who have viewed the films and other creative resources and provided feedback spoke of how the narratives and visuals resonated with them in ways that normalized the mental health messaging and created greater ease for people to approach and engage in conversations about their mental health.

Conclusion

This paper has elucidated mental health co-design through a community of practice lens situated in community-based mental health and rural suicide prevention. In doing so, it approaches co-design as a platform for cultivating communities through relational practices that foster participation, empowerment and growth in learning and capability oriented to practice development. In addition, it has advocated for deconstructing the binary that has traditionally structured mental health co-design into the polarity of 'users' and 'providers' through an assemblage of participants situated outside institutional boundaries. During a time in which mental health reforms are transforming mental health systems through lived experience discourses, installing lived experience knowledge in praxis and employing people with lived experience in leadership and practitioner roles, is contributing to the dissolution of discrete subjectivities as 'user', 'provider' or 'designer'. In our case studies, the assemblage of participants included creative design and creative industries students and practitioners contributing their lived experience, creative practice, disciplinary expertise, and social capital on the same plane and according to the same framework of participation as everyone else collaborating in the co-design community.

The relational connections formed in the community of mental health co-design provide the containing space for undertaking a collaborative venture in exploratory learning, dialogic engagement, creative expression, and practical design. To elevate lived experience into this containing space requires a foundation of trust, understanding, care and safety. Our case studies demonstrate that when lived experience is invited and woven together with the social and cultural capital held in communities through creative methods of co-design, cultural forms are designed that are ethically sensitive, culturally attuned and tailored to people and place. These forms embody a 'radically relational and experimental therapeutics' (Szymanski 2020, 155) that contributes new modes of understanding and engagement in mental health support back to the mental health sector.

The community of practice co-design principles that we have elucidated through the case studies are not restricted to mental health as a field of practice and would enable ethical and sensitive engagement in other fields of co-design practice for service provision such as aged care, domestic

violence, palliative care, pregnancy and early childhood loss, or health conditions. That said, these principles are not restricted to sensitive fields of engagement and could equally be applied to any field of co-design practice where relational engagement is prioritized as a basis for situated forms of social innovation and activism.

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The authors report there are no relevant competing interests to declare.

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Dr Jane Andrew is Founding Director of Match Studio and is committed to delivering knowledge and skills development opportunities across the praxis of teaching and learning, research, and industry and community engagement. Jane's research focuses on regional innovation systems and the development of 'creative capital' the creative and innovative thinkers and doers in our workforce, and our communities.

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