

**Male Students and the
Opportunities of Self-Care :** Co-designing a Mental Wellbeing
Intervention for the Context of a
Higher Education Institution

Erin Kate Wallace

May 2019

Master of Research (MRes)

Glasgow School of Art, Innovation School

Supervisors: Gemma Teal and Dr. Tara French

© Erin Kate Wallace, 2019

Contents

	Thesis page
List of Tables, Figures and Appendices	5
Abstract	8
Acknowledgments	9
Preface	10
Reading the Thesis	10
Invitation to Listen	10
Table of Definitions	11
1 Introduction	13
1.1 Introduction to Study	13
1.2 Research Question, Aims and Objectives	14
2 Review of Literature	15
2.1 Gender, Higher Education and Mental Wellbeing	15
2.1.1 Men's Mental Wellbeing	15
2.1.2 Student Mental Wellbeing	19
2.2 Theory: Masculinities and Self-Efficacy	20
2.2.1 Masculinity: A Barrier and Opportunity for MW	20
2.2.2 Self-efficacy and Self-Care	21
2.3 Practice: Encouraging Engagement through Participatory and Playful Methods	22
2.3.1 Practice: Current Guidelines for Participatory Research in the Context of MW	22
2.3.2 Promoting Engagement through Fun	23
3 Research Design	26
3.1 Introduction	26
3.2 Methodology, Frameworks and Tools	26
3.3 Relation to Guidelines from Literature	29
3.4 Ethics	30
3.5 Research Protocol	31
3.5.1 Stage One: Preparation	32
3.5.2 Recruitment	32
3.5.3 Stage Two: Sensitisation	32

	'Music that Makes Me' workbook	32
	Interviews	33
	Mindfulness taster session	33
3.5.4	Stage Three: Group Session	34
	Warm up: Icebreaker	35
	Activity One: Validation and Co-analysis	35
	Activity Two :Evaluation of Self-Care Tools	35
	Activity Three: Co-Design Activity	36
3.5.5	Stage Four: Analysis	37
3.6.5	Stage Five: Communication	39
4	Fieldwork	40
4.1	Recruitment	41
4.2	The Interviews	42
4.2.1	Section One: Mental Wellbeing and Self-care Tools	42
4.2.2	Section Two: Discussion around Sensitisation Workbook	44
4.2.3	Post-Interview Analysis	46
4.3	Mindfulness Taster Session with Paolo Nutini and Jim Trébon	47
4.4	Pilot Study	48
4.5	Group Session	49
4.5.1	Activity One: Validation and Co-analysis	51
4.5.2	Activity Two: Evaluation of Self-Care Tools	52
4.5.3	Activity Three: Co-Designing Dave's Toolbox	54
	Part One: Creating the Persona	54
	Part Two: The Contents and Aesthetic of Dave's Toolbox	57
	Part Three: Co-Designing an Intervention	61
4.5.4	Post Group Session Analysis	63
4.6	Feedback Drop-In Session	65
5	Findings	68
5.1	Theme One: Reflection as a Sustainable Self-Care Tool	68
5.2	Theme Two: Using Perspective to Prevent Dwelling on Negative Thoughts	70
5.2.1	Keeping Perspective through Self-Reflection	71
5.2.2	Keeping Perspective through Peer Support	71
5.3	Theme Three: Providing Alternative Forms of Discovering Self-Care Tools	72

5.3.1	Promoting the Discovery of Self-Care Tools: Via Mentors	72
5.3.2	Promoting the Discovery of Self-Care Tools: in the Form of an Early Stage Intervention	73
6	Discussion	75
6.1	Insights on Mental Wellbeing	75
6.2	Insights on Self-Care Tools	75
6.2.1	The Potential of Mentoring as a Novel Route to MW Provision	77
6.3	The Co-Designed Concept	77
6.4	The Role of Mindfulness and Music Listening	78
6.5	Reflections on the Study	79
6.6	Limitations	81
6.7	Summary	82
7	Future Opportunities and Concluding Remarks	83
7.1	Future Opportunities	83
7.2	Implications	83
7.3	Concluding Remarks	84
	Bibliography	86
	Appendices A to G	90-113

List of Tables		Thesis page
Table 1	<i>List of definitions as framed in this thesis</i>	11
Table 2	<i>Proportion of genders making up different Mental Health (MH) related deaths in Glasgow (Shipton and Whyte, 2011)</i>	15
Table 3	<i>The five council areas with the highest probable suicides over a six-year period in Scotland (Information Services Division, 2016)</i>	15
Table 4	<i>Psychological Therapies referral numbers for age range 18 to 24 in England, data from NHS Digital (2018).</i>	16
Table 5	<i>Consolidation of guidelines from literature that promote the development of male-positive projects. The colours represent themes that are shown in Table 6.</i>	17
Table 6	<i>Themes extracted from the coloured tiles from Table 5</i>	17
Table 7	<i>Spinuzzi's (2005) description of the process of Participatory Design methodology when used in its traditional context of technology in the workplace.</i>	27
Table 8	<i>How the themes developed from guidelines will be applied to this project</i>	30
Table 9	<i>A table showing the overview of the project detailing the methods and use of generative techniques.</i>	31
Table 10	<i>Activities involved in the group session, detailing the different parts and purposes of each activity.</i>	34
Table 11	<i>The Thematic Analysis process as stated by Braun and Clarke (2006)</i>	37
Table 12	<i>How the thematic process outlined by Braun and Clarke (2006) was adapted to increase participation and clarity of process.</i>	38
Table 13	<i>Questions used to code around and their corresponding categories of coding.</i>	39
Table 14	<i>Chosen pseudonyms (and acronyms), ages and student status of participants</i>	41
Table 15	<i>Primary answers to the question of "What is Mental Wellbeing?"</i>	42
Table 16	<i>Summary of the completed booklets (see Appendix D for full answers)</i>	44
Table 17	<i>Categories developed through affinity diagramming to then be presented to participants for theme development.</i>	47
Table 18	<i>Field notes from the mindfulness taster session.</i>	48
Table 19	<i>Participant's pseudonyms (Acronym) and their representative colours.</i>	49
Table 20	<i>Transcript of answers from participants about Dave's lifestyle</i>	56
Table 21	<i>Direct answers from participants about the functional requirements of Dave's "Toolbox"</i>	59
Table 22	<i>The "What, when, where, why and how" participants gave about the of an intervention's non-functional requirements</i>	60
Table 23	<i>Requirements created by synthesis of the participants for a HEI based mental wellbeing intervention categorised by the 5 Ws</i>	61
Table 24	<i>References to self-reflection during interviews, exclusively in relation to self-care.</i>	63
Table 25	<i>Tools that led to presenting perspective as a potential theme to participants.</i>	64
Table 26	<i>Excerpts from feedback via email from AG, JT and PN</i>	67
Table 27	<i>The co-designed intervention in relation to the guidelines suggested from literature</i>	78

List of Figures		Thesis page
Figure 1	<i>How the thesis will indicate a recommendation to now read the portfolio.</i>	10
Figure 2	<i>The continuum of mental health: diagram showing the relationship between mental wellbeing and mental health problems (Erin Wallace, 2018)</i>	11
Figure 3	<i>Student experience of mental wellbeing services in HEIs (YouGov, 2016)</i>	19
Figure 4	<i>The five stage “Contextmapping” framework proposed by Visser et al., 2005</i>	28
Figure 5	<i>Visser et al’s (2005) visual representation of how different levels of knowledge on our own experiences are accessed by different techniques (p123).</i>	29
Figure 6	<i>The four step “Ideation and Expression” process proposed by Sanders and William, 2001</i>	29
Figure 7	<i>How the Contextmapping and “Ideation and Expression” frameworks overlap.</i>	29
Figure 8	<i>Images of the different activities from the generative group session.</i>	40
Figure 9	<i>Image of the pop up held at the GSA student's union asking, "What track would make it onto your mixtape?", credit: Erin Wallace 2018</i>	41
Figure 10	<i>Excerpts from completed booklets from each of the participants, credit: Erin Wallace 2018</i>	43
Figure 11	<i>An example sheet of how the transcripts were initially coded</i>	45
Figure 12	<i>Affinity diagramming the themes and codes produced so far to engage participants in the analysis process</i>	45
Figure 13	<i>Pilot study of co-analysis and validation activity, credit: Erin Wallace, 2018</i>	48
Figure 14	<i>Icebreaker activity, the songs the participants chose to share with each other</i>	50
Figure 15	<i>The designed co-analysis tool used during the group session</i>	50
Figure 16	<i>Themes developed during the co-analysis activity during the group session.</i>	52
Figure 17	<i>Diagram showing the scale participants used to evaluate self-care tools</i>	52
Figure 18	<i>Output of evaluation activity showing placement of tools that the participants hadn’t tried.</i>	53
Figure 19	<i>Dave as presented to the participants with notes on his girlfriend and music taste visible.</i>	55
Figure 20	<i>More comments on Dave, including his job, hobbies and challenges (centre-top of image)</i>	55
Figure 21	<i>Tools that were deemed “Not for Dave” or “Not for Dave right now”</i>	57
Figure 22	<i>The participants fit the tools into a reflection and action cycle for Dave. The tools relating to “action” were also categorised into actions for next term and actions Dave can do now (i.e. the tools that made it into the toolbox)</i>	57
Figure 23	<i>Dave’s toolbox open and containing the tools the participants had chosen to be suitable for him.</i>	58
Figure 24	<i>Dave’s toolbox closed with the with guidelines on what the intervention should “look” like pinned to it.</i>	60
Figure 25	<i>Evidence of the theme of perspective’s presence during the first activity of the group session.</i>	64
Figure 26	<i>The feedback event held at the Haldane building at the Glasgow School of Art.</i>	65
Figure 27	<i>Side one of the feedback drop-in feedback card- filled out by a student</i>	65
Figure 28	<i>Side two of the feedback drop-in feedback card- filled out by a member of staff</i>	65
Figure 29	<i>The theme of perspective shown as coming from the codes “Re-evaluate relationships”, “Enjoy himself/don’t worry too much!” and “Have perspective”.</i>	70

Figure 30	<i>A comparison of the number of the tools the participants had already tried and ones they hadn't.</i>	76
-----------	---	----

List of Appendices		Thesis page
Appendix A	<i>Ethics Materials</i>	90
Appendix B	<i>Interview Protocol</i>	94
Appendix C	<i>Coding and Themes from First Interview including list of self-care tools</i>	97
Appendix D	<i>Raw Data from Sensitisation Workbooks</i>	100
Appendix E	<i>Self-care Tool Placement</i>	102
Appendix F	<i>Transcript of Introduction to Co-Design Activity</i>	110
Appendix G	<i>Feedback Drop-In Session Artefacts</i>	111

Abstract

Recent research into mental wellbeing services for men suggests that a more gender-based approach to service development with a focus on self-care may improve the long-standing issues of a lack of help-seeking and poor adherence.

This study aimed to develop a shared understanding of mental wellbeing and self-care tools in order to address the following research question:

“Through the use of participatory methods, what are young male student's prerequisites for a relevant and engaging self-care centred mental wellbeing intervention in the context of a Higher Education Institution?”

The study employed a Participatory Design methodology combined with Visser et al.'s Contextmapping Framework. Semi-structured interviews and a generative workshop were used to develop a shared understanding of mental wellbeing (MW) and self-care tools among four male Glasgow-based student participants. The practice of user-centred design was used to create ethical and appropriate engagement for the research context, experience and design of research materials.

Music listening, and mindfulness were used as examples of self-care tools and as activities to enable engagement around the topic of MW. The contextual understanding of MW and self-care tools collaboratively generated through this research was used to co-design a Higher Education Institution based MW intervention. A thematic analysis highlighted the importance of establishing MW routines built around the key themes of reflection, perspective and exploration, which are exemplified in the intervention concept. A set of recommendations are offered for practitioners and researchers seeking to engage young male students in supporting or researching MW, particularly within a HEI context.

Keywords: male mental wellbeing, student mental wellbeing, participatory research, self-care

Acknowledgements

Firstly, I would like to thank the participants of this study. For not only their input and time but their openness, humour and for introducing me to some amazing tunes.

I would also like to thank my two supervisors Gemma Teal and Dr Tara French. Their input was invaluable in terms of both their experience in my project's contexts and their consideration of my own MW.

Many thanks go to my Master of Research “partner” Yoni, one of the kindest and most talented people I have met. She has been my rock throughout this project, offering endless encouragement, advice and levity.

Thanks must also go to my wonderful mum, Pamela, and dad, Donald. I am constantly moved by their boundless faith and belief in me and my abilities. Without their kindness and patience, I would not have the privilege to be where I am today.

For all their help directly with the project and for being my source of self-confidence and emotional support throughout this year I must thank my partner and also my good friends Anne and James.

Finally, I would like to dedicate this project to the memory of my father who was the personal motivation behind this project.

Preface

READING THE THESIS

This thesis is submitted with a portfolio of practice. Both documents are to be read alongside each other as indicated to fully understand the involvement the practice had in this study. The relationship of practice and process will be explained in the introductory chapter of the portfolio.

At a point in the thesis when it is recommended you read the portfolio you will be directed to the correct page using the key in Figure 1. The coloured box contains the initial and colour that represents the section of the portfolio as well as the page number.

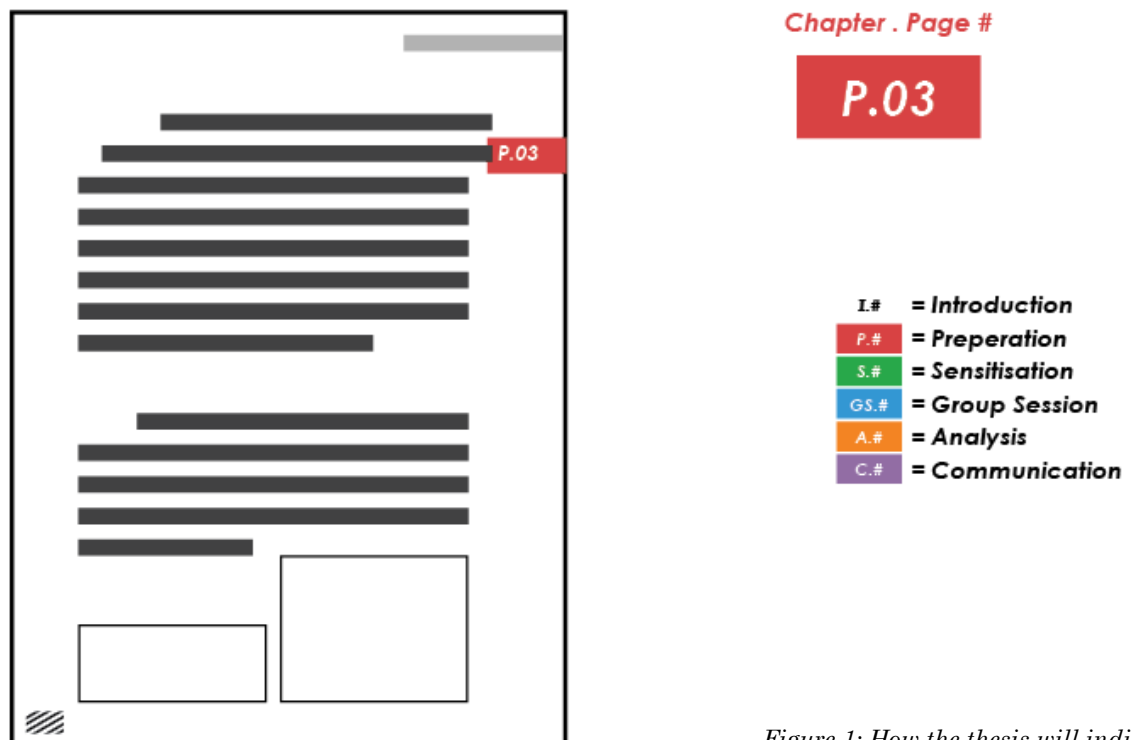


Figure 1: How the thesis will indicate a recommendation to now read the portfolio.

INVITATION TO LISTEN

In case you wish to listen along, follow this link to listen to the playlist comprised of the participants' and my own top tunes from the project:

https://open.spotify.com/user/3_fotc/playlist/4ah496O5VbqJqfPcWC46tm?si=9nc_QSdoTryFv5WUUZ1xCq

TABLE OF DEFINITIONS

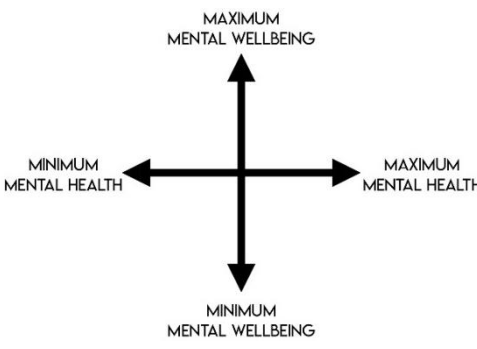
TERM	MEANING	
Mental Health (MH)	An “umbrella term” describing the overall mental state of an individual which is informed by not only the lack of or having of mental health problems but MW as well (NHS Scotland, 2018.; World Health Organisation, 2018).	 <p>Figure 2: The continuum of mental health: diagram showing the relationship between MW and mental health problems (Erin Wallace, 2018)</p>
Mental Wellbeing (MW)	A component of Mental Health involving psychological and subjective wellbeing (NHS Scotland, 2018). This can be measured by an individual's capacity to realise their own abilities, to cope with the normal stress of life, to work productively and to contribute to their community (World Health Organisation, 2018).	
Self-Care Tools	These are positive self-care strategies people “use to successfully manage their mental health and wellbeing” (Proudfoot, 2015; p2). I have renamed these to tools and techniques to reflect PD practices.	
Wellbeing routines	A routine that may contain one or several self-care tools and techniques	
Male positive	An approach with the aim of assigning positive value to being male and framing subjects and tasks in a way men can relate to e.g. presenting help-seeking as ‘rational’ and as a strength (Robertson et al., 2014)	
Product Design Engineering (PDE)	A user-centred practice combining design practice with mechanical engineering	
Participatory design	“Participatory Design is about the direct involvement of people in the co-design of the information technologies they use.” (Simonsen and Robertson(eds), 2003; pxix)	
Co-design	“co-design in a broader sense to refer to the creativity of designers and people not trained in design working together in the design development process.” (Sanders and Stappers, 2008; p5). Common in PD practice and can involve a number of generative techniques (Simonsen and Robertson, 2003).	
Mindfulness	Mindfulness is the process of observing body and mind intentionally, of letting your experiences unfold from moment to moment and accepting them as they are (Kabat-Zinn, 1990)	
Music Listening	The act of listening to music for the purpose of self-care	
Fun:	“Playfulness or good humour” Oxford University Press, [accessed 2019].	
Humour:	“Humour can be defined as a state of mind, but it also involves the quality of causing amusement and making people laugh” Longman Dictionary of English Language and Culture (1998). 2 nd ed. Longman, London.”	
Play:	“... [a] productive, expressive way of being, a form of understanding, and a fundamental part of our well-being.” (Sicart, M., 2017; pi)	

Table 1: List of definitions as framed in this thesis

1. Introduction

1.1 Introduction to The Study

Male MW is a complex and multi-faceted topic. In general men report common mental health disorders less (Gebert, 2018) yet have a far higher rate of suicide than females (MHF, 2016). When combining this complex combination with the highly stressful and challenging context of Higher Education (Universities UK, 2015), it presents an increasingly recognised challenge for Higher Education Institutions (HEIs) to fulfil the duty of care they have to their students.

Most HEIs provide a student support service that offers traditional forms of psychological therapy and signposts to other available options. This route of accessing care can be intimidating to some and is in turn avoided, especially by men (Addis and Mahlik, 2003; p6: O'Brien, R., Hunt, K. and Hart, G., 2005; p503). With more funding being provided to increase the number of counsellors in HEIs across Scotland (Scottish Government, 2018), it is crucial to understand how to provide alternative access routes to MW related care.

One possible alternative access route is the provision of early stage novel interventions in conjunction with existing services that may appeal more to this demographic. This study explores the potential in creating an intervention centred around self-care: a preventative approach an individual can take to looking after their own MW.

Through participatory methods this study explored four Glasgow-based male students experiences with self-care. From the discussions based around their experiences we co-designed a concept for a MW intervention and co-produced a set of recommendations for future HEI MW services. The co-designed concept, although created from a male perspective, is intended to target the entire student body.

1.2 Research Question, Aims and Objectives

“Through the use of participatory methods, what are male student’s recommendations for a relevant and engaging self-care centred MW intervention in the context of a HEI?”

The following aims and objectives were set to answer the above research question:

Aim 1: To use participatory methods to understand MW in the context of young male students and identify and develop opportunities for preferable forms of support

Objectives

- To develop a set of recommendations for future wellbeing interventions.
- To co-design an intervention that reflects the participants’ needs, wants and preferences.

Aim 2: To explore the role of self-care tools within the context of young men’s MW

Objectives

- To create awareness of mindfulness and music listening as self-care strategies for MW.
- To understand the role of mindfulness and music listening for MW from the perspective of young men.
- To identify the variety of self-care tools that support MW in young male students and understand how they are used.

PLEASE NOW READ PAGES I.1 TO I.2 OF THE PORTFOLIO

2. Review of Literature

2.1 Gender, Higher Education and Mental Wellbeing

2.1.1 Men's Mental Wellbeing

The “Glasgow Effect” is the name given to the much-publicised fact that Glasgow’s mortality rate is higher than any other city in the UK (Walsh, D., McCartney, G., Collins, C., Taulbut, M. and Batty, D., 2016). The premature mortalities caused by Glasgow’s high level of drug and alcohol mental health related deaths as well as high suicide rates contribute to this effect (ibid.)

Since 2014, there has been a slow yet significant increase in the rate of male suicide over the past 4 years (ONS, 2018). Glasgow, the context of this study, has the third highest rate of suicide in the country (Table 3). The majority of Scotland’s drug and alcohol related deaths, in relation to mental health, are male (NHS Scotland, 2015). The Glasgow figures showing this proportion are shown in Table 2.

	Male	Female or other
MH related drug deaths	65%	35%
MH related alcohol deaths	71%	29%
Suicides	62%	38%

Table 2: Proportion of genders making up different Mental Health (MH) related deaths in Glasgow (Shipton and Whyte, 2011)

	NHS Boards	Annual crude rate per 100,000 population
	SCOTLAND	14.9
1	Shetland	22.2
2	Highland	17.0
3	Greater Glasgow and Clyde	16.3
4	Orkney	15.6
5	Lothian	15.2

Table 3: The five council areas with the highest probable suicides over a six-year period in Scotland (Information Services Division, 2016)

The statistics in Tables 2 and 3 seem to contradict the fact that men report common mental disorders less than women (Mental Health Foundation, 2016; p13). In England (statistics were unavailable for Scotland) only one third of referrals to traditional services were male (Table 4).

Number of:	Total number	Female	Male	% male
Referrals received	648,631	418,211	220,516	34
Referrals entering treatment	424,516	281,172	140,067	33
Referrals finishing treatment	241,589	163,236	76,949	31

Table 4: Psychological Therapies referral numbers for age range 18 to 24 in England, data from NHS Digital (2018)

Assari and Lankarini (2016) investigated the effect that highly stressful life events (SLEs) had on the mental health of participants over a 25-year span. The findings revealed that men, although they experienced fewer SLEs than women, were more likely to experience long-term depression due to these stressful events. The authors concluded that as women have more exposure to stress earlier in life this gives women the chance to develop mechanisms to cope with increasingly higher levels of stress. This suggest that men may benefit from being introduced to stress management techniques early in life to fill this gap in knowledge. There is no substitute for traditional therapies and this is not this study's aim. This gendered aversion to traditional therapies does however show a clear need for alternative routes of access to mental health support.

Guidelines to inform the development of an intervention with men's MW in mind were extracted from a number of third sector reports (Table 5). Although all points will be taken into consideration, the main themes identified across the publications are shown in Table 6. The study provides an opportunity to apply the guidelines shown in Table 6 to the development of the research experience and materials to attempt and improve engagement.

SELF-CARE AND MEN

As mentioned in the introduction this study is exploring the potential of using the concept of self-care as an alternative means of introducing people to the concept of MW. The term self-care covers the use of methods that improve or maintain your MW as well as reflection and monitoring of your current state (which becomes important in enabling individuals to know when to seek professional help) (WHO, 2013). In addition, encouraging and facilitating individuals in self-management is also part of the current Mental Health Strategy created by the Scottish Government (Scottish Government, 2017; p35).

<i>Name of Report and authors</i>	“How to make mental health work for men?” (Wilkins, 2015)	“Delivering Male” (Wilkins and Kemple, 2011)	“Promoting mental health and wellbeing with men and boys: what works?” (Robertson et al. 2014)	“Evidence for a gender-based approach” (Robertson, 2015)
	Communicate in a way that respects their maleness	Treat men as individuals	Setting (male friendly)	Work on approaches that help men to become emotionally expressive
	Be positive about men and boys	Support boys in learning about mental health	Male positive	Work on approaches that help men develop or sustain feelings of self-esteem, control and responsibility
	Have clear objectives	Aim to reduce stigma	Male oriented language	Use male positive approaches
	Based on an activity	A more nuanced approach to the promotion and delivery of services	Facilitator should be empathetic and non-judgemental	Use male positive language
	Setting (Safe male space)	Facilitate third party support roles	Be activity based, provide a “hook”	Have an action-based approach (especially a typically masculine activity)
	Incorporate peer support	“whole-life’ problems need whole-life solutions”- link up services	Ground interventions in community/promote social inclusion	Create a safe space
	Publicise positive examples	Improve professional training	Awareness of different socio-cultures	Facilitate male social engagement
	Look beyond the intervention		Setting up partnerships	
	Plan evaluation from the outset and make your results known		Virtual or Anonymous approaches (needs further research)	

Table 5: Consolidation of guidelines from literature that promote the development of male-positive projects. The colours represent themes that are shown in Table 6.

Create a safe space	Male oriented language/communication	Base around an activity	Be male-positive	Promote social engagement and emotional discussion
---------------------	--------------------------------------	-------------------------	------------------	--

Table 6: Themes extracted from the coloured tiles from Table 5

As a result of a tendency to avoid discussing emotional distress (Ridge, D., Emslie, C. and White, A., 2011; p150)), self-regulation (or self-care) in men can lead to higher risk behaviours than in women, such as drug and alcohol abuse (ibid; p150: Addis and Mahlik, 2003). This highlights a need to promote preventative use of positive self-care tools to young men, thus providing them with the techniques to cope with stressful situations continuing into later life.

A more typically masculine trait is maintaining the idea of self-reliance. This represents a possible opportunity to appeal to those who place an importance on self-reliance by having self-care as the subject of an intervention. However, this must be approached with caution as Robertson et al. (2014) warn that care must be taken when encouraging self-reliance. An individual can become self-reliant to a fault, at which time the person will find it difficult to relinquish this self-control to a professional if the need arises (ibid; p13). It is therefore important to present self-care as part of a wider system of support. This highlights the need for this study to involve participants in discussion about the limitations and benefits of self-care, and wider social forms of support.

CHOICE OF SELF-CARE TOOLS FOR THIS STUDY

In light of the guidelines suggesting that projects should be based around an activity two tools were chosen for in this study: music listening and mindfulness. Previous research found that both tools were popular with men in the context of self-care (Proudfoot et al, 2015).

There is an increasing body of literature documenting the use of music in mental health with more recent use of active music listening in novel interventions to aid in MW (Chan, M., Chan, E., Mok, E. and Kwan Tse, F.. 2009; Thoma, M, La Marca, R., Brönnimann, R., Finkel, L., Ehlert, U., Nater, U., 2013; Garrido, S., Schubert, E. and Bangert, D., 2016). Music is non-invasive, economic and has also been found to reduce perceived stress due to the link that music has to memories and associated emotions (Thoma et al., 2013). Studies are unified in their opinion that music has great potential for use as an alternative self-care tool (Chan et al., 2009; p292).

Mindfulness is proven to be effective when applied in the field of mental health (de la Cruz and Rodríguez-Carvajal, 2014). Practicing mindfulness is “inversely associated with social anxiety, rumination, anxiety, depression, negative emotional states, and neuroticism” (ibid; p28). Mindfulness can be especially useful as a part of a MW intervention. The mindful process of not judging and accepting your experiences or emotions allows individuals to self-regulate more effectively (Eckhardt and Dinsmore, 2012).

With access to digital platforms (such as Spotify¹ and Headspace²) more structured or formal music listening, and mindfulness practices are freely available to those with access to a smartphone.

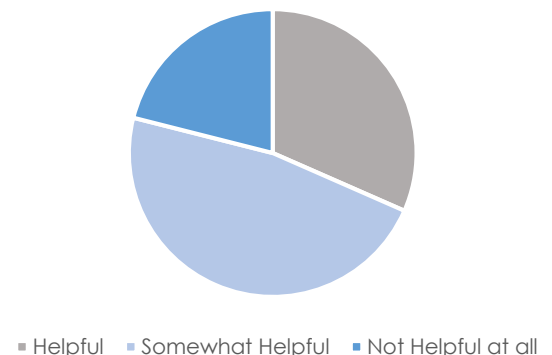
2.1.2 Student Mental Wellbeing

“The task for institutions is to help students to capitalise on the positive mental health benefits of higher education while identifying and providing appropriate support to those who are more vulnerable to its pressures.” (Universities UK, 2015; p9)

The stresses associated with Higher Education are often apparent in cause but difficult to tackle. In a YouGov (2016) survey, two thirds of all students suffered from stress which interfered with their daily life. However, three quarters of respondents knew about the MW services offered by the institution (with one in five having used a service).

Of these one in five, Figure 3 shows how helpful students found these services (YouGov, 2016). Of those responding, 65% found the services somewhat helpful or less. It would be conjecturing to state the reason for this statistic but the lack of satisfaction in existing services justifies research into the provision of alternatives.

Figure 3: Student experience of mental wellbeing services in HEIs (YouGov, 2016)



¹ Spotify is a platform for listening to music on a smartphone or a desktop.

² Headspace is a mindfulness app that guides the user through sessions of meditation.

Portfolio page **P.17** discusses some existing HEI based novel MW interventions. Existing interventions relating to student wellbeing appear to be either small scale, institution specific awareness campaigns (e.g. “*Be there, Be aware*” Edinburgh University, “*Student Health*” App) or larger scale charity or union instigated campaigns that encourage peer support (e.g. “*Look After Your Mate*” Student Minds).

Winzer et al (2018) recently produced a systematic review and meta-analysis on various effects that HEI based mental health interventions have on students and if their effects are sustainable. In conclusion they strongly encourage the creation of organisational interventions (ibid; p21). The authors comment on the potential that approaching the issue of student wellbeing with a “whole-setting approach” might have (ibid; p20).

Although there are many comments on how students feel about existing student support services (YouGov, 2016) little data has been gathered on how they look after their MW. There is an opportunity to explore whether self-care is something students already participate in and if a structured intervention centred around self-care would appeal to students.

2.2 Theory: Masculinities and Self-efficacy

2.2.1 Masculinity: A Barrier and an Opportunity for MW

“Involving men in developing their own strategies for change is really important. It’s not just a matter of how I shake my finger at men saying you’re being bad boys now behave differently. Men themselves have to be engaged in a process of changing gender relations.”

Raewyn Connell

A comment made during an interview at Women’s World, 2011

Given the decision to focus this research specifically on the MW of men, the field of gender studies is highly relevant. While it has not been possible to consider the vast literature surrounding this subject in its entirety due to the scope of Masters study, pragmatic review into theory relevant specifically to designing for men has highlighted the work of Raewyn Connell. Connell's work specifically addresses a gender relational concept of masculinity (1995) and provides the theory upon which to base my study.

Connell proposes that more value lies in approaching masculinity by studying "the practices through which men and women engage that place in gender, and the effects of these practices in bodily experience, personality and culture", rather than as an object (Connell, 1995, p. 71). Connell's approach to masculinity acknowledges that masculinity itself is not unique to men, but men may feel the social burden of masculinity more than women do, due to historical and societal factors ³ (Robertson 2008; Connell, 1987). This is reflected in that it is the masculine norms of self-reliance, retaining emotional control and power that act as barriers for men to seeking help for MW (Addis and Mahalik, 2003; Morrison et al., 2014; White et al., 2011).

Involving men in the process of changing the systems they are an intrinsic part of and starting in manageable, sustainable and incremental solutions increases the likelihood of uptake and noticeable change (Connell, 2011).

As such, there is an opportunity to apply this theory of masculinity in the context of MW. This means the outcome itself is not inherently gendered but by acknowledging the pressures of masculinity specifically on men this study can provide a safe space for them to discuss the subject.

2.2.2 Self-Efficacy and Self-Care

Self-efficacy is a concept presented by Albert Bandura (2012) as part of his Social Learning Theory (SLT). SLT contains multiple factors that Bandura proposes determine

human behaviour. Relating to sustainable management of our own actions, Bandura proposes:

*“...unless people believe they can produce desired effects by their actions
they have little incentive to act.”*

Bandura, 2012; pp2-3

Self-efficacy is the judgement of self-capability (Bandura, 2012; p11). Self-efficacy in the context of behavioural psychology states that an individual will be more effective in managing themselves if they believe their actions will have their desired consequence (Bandura, 1997; pp2-3). Self-efficacy assures us that self-care can be effective as long as the person conducting it believes they can affect change.

Self-efficacy and self-reliance are closely related suggesting that an intervention with the structure of promoting belief in the ability to manage MW might apply to more masculine individuals. There is an opportunity in this study to utilise self-reliance in a positive way, not in emotional or physical isolation. The intervention developed must then promote self-efficacy. This study too, will attempt to promote self-efficacy in the participants by assuring and showing them their contributions will have an impact. In addition, framing MW in terms of “what works for me” may improve self-efficacy by showing MW can indeed be managed by referencing the participants’ own experiences.

2.3 Practice: Encouraging Engagement through Participatory and Playful Methods

2.3.1 Practice: Current Guidelines for Participatory Research in the context of MW

*“including men in all aspects of the planning stages helps ensure that
programs are accessible and acceptable for men”*

Lefkowich et al., 2015; p1

In recent years randomised control trials have been questioned as the “gold standard” research design for the context of health and wellbeing due to the possible hegemonic solutions they provide (Bergold and Stefan, 2012). More fields are now facilitating qualitative and more specifically user-centred research to hear the voices of marginalised groups (Terp et al. 2016; Nakarada-Kordic et al. 2017)

Terp et al (2016) found that using Participatory Design (PD) and co-design in conjunction successfully enabled young adults with schizophrenia to partake in the development of their own mental health care. The essential factors to this success was that the environment that the co-design took place in was “transparent, flexible, secure and informal” (ibid: p1). These are factors I have considered in addition to the guidelines extracted from the literature.

Informed by the value in using PD in the context of MW from previous literature, I see potential in increasing engagement with young men by using a participatory process. This study hopes to appeal to young men by creating the research experience and materials around them.

Critical Design (Dunne, 2005; Sanders, 2006) where concepts would be presented to the participants, was also considered. As I am not a young male the concepts created would come from a place of assumption on my part which does not align with PD or my own perspective.

2.3.2 Promoting Engagement through Fun

There are methodologies and methods where play is a core component of the methodology such as Playful Design (Johansson and Linde, 2005) and Ludic Engagement (Gaver, 2004). This study uses play in a more informal fashion, with the goal of creating a playful atmosphere by infusing the tools and experience with fun, while not necessarily having play as a pre-requisite of the designed solution.

ENCOURAGING CREATIVE PARTICIPATION

Play is a useful tool in promoting creativity. Johansson and Linde (2008) discuss how play is used to encourage creativity in their “design labs”:

*“The design lab is a place for the fantasy world, and the design game is the structure. This place allows experiments, mistakes, poorly developed ideas, and so on. **The rhetoric of such experimentation is typical in the very nature of playing.**” p8*

It is therefore important to provide an environment that allows creativity to flourish but still provide structure to give the workshops direction and purpose. During this study it is then important to remain reflexive and adjust to group dynamics to ensure a balanced playful environment to stimulate and minimise negative impacts.

USING HUMOUR TO CREATE A POSITIVE AND PRODUCTIVE GROUP ENVIRONMENT

Wodehouse, Machlachlan and Gray (2014) found that in group brainstorming sessions humour can reduce the effectiveness of a group.

Humour is a key element of play (Ahola, H., Aro, P. and Vuorela, T., 2016; p20). Introducing elements of humour helps participants feel comfortable with an unknown task with unknown people and improves communication (Romero and Poscero, 2008; p400). Specific to the sensitive context of male mental wellbeing, humour can create an atmosphere of psychological safety (ibid; p405). This sense of psychological safety can lead to an increase in openness and honesty which has been found to increase commitment to the goals of the group (ibid; p405). Although this study has been designed to discuss mental wellbeing in an indirect manner, creating a sense of psychological safety may help if more serious subjects are brought up.

Hewer, Smith and Fergie (2018) comment on their experience of using humour in a group setting and that it “troubled prevailing power dynamics” (ibid; p1). This is particularly interesting in the context of PD given it has been based around democratising the design process (Simonsen and Robertson, 2003; p11). Hewer et al. also comment on how humour “facilitated positive relationships”. Creating a positive atmosphere in a group has been shown to improve self-efficacy of a group’s participants (Saavedra, R. & Early, P.C, 1991; p46). This relates directly to one of the theories this study builds upon (shown in section 2.2.2; p21).

When attempting to create a fun and engaging atmosphere there is a need to ensure this is not manufactured or forced (Ferrera, J, 2012; pviii). Ferrera (2012) discusses the contradiction present in trying to “create” fun:

*“Designers can’t just set about designing fun...it’s a very subjective and cultural quality... the type of fun you might engineer for one person might be boring, irritating, or offensive to many others. So, it’s better to focus on creating a high-quality player **experience** and allow fun to emerge”*

John Ferrara, 2012; p viii

Building on Ferrera’s statement, a focus of this study will be to create tools that will be fun for the participants to interact with to harness the benefits of using humour that have been outlined in this section. The portfolio that accompanies this thesis documents the process of designing these tools.

Engaging through empathy would have been another way of engaging the participants. For this method the participants could have e.g. been engaged by sharing a video of a person recounting their experience and perspectives on mental wellbeing, an approach used in Experience Based Co-Design (Bate and Robert, 2006). This was seen as inappropriate for this study as the focus of the study was on a more light-hearted approach to MW rather than a more serious look at Mental Health. By asking the participants to more organically use their own experiences it allowed them to move at their own pace and stay within their comfort zone therefore reducing the risk of distress.

3. Research Design

3.1 Introduction

In this chapter I will explain the methodological process and theoretical frameworks used in order to address the research question:

“What are male student’s recommendations for a relevant and engaging self-care centred MW intervention in the context of a HEI?”

The research study involves male students between the ages of 18 to 25. By using participatory methods, including co-design, the participants are engaged in designing an intervention that is crafted around authentic experiences and needs.

3.2 Methodology, Frameworks and Methods

This study lies within a Constructivist paradigm as defined by Crotty (1998). Constructivism defines reality as contextually sensitive and defined by an individual’s subjective experience (ibid). This aligns with my personal worldview and is appropriate for the context of studying individual’s experiences relating to their own MW.

Participatory Design emerged from the civil, social and political movements during the 1960s and 70s. These movements saw people in Western societies stand up to “participate in collective action around shared interests and values” to demand a greater say in the decision-making that was affecting their lives (Simonsen and Robertson, 2003; pp1-2). During the 1970s, Scandinavian designers began relating these events to their practice. By involving end-users in the design process, the aim was to design user-centred tools that would enable skill-building and make life easier for a workforce that felt threatened by automation (Simonsen and Robertson, 2003; p2).

Participatory Design is built on the idea that participation in the early stages of product or service development is essential for truly user-centred products (Sanders and William, 2001;

p1). This is germane to the context of wellbeing and is reflected in the NHS' vision to “develop more person-centred health and care services” by 2020 (NHS Scotland, 2013; p9).

This research uses Participatory Design (PD) methodology as described by Spinuzzi (2005) which can be seen in Table 7.

Stage One: Initial Exploration	“In this stage, designers meet the users and familiarise themselves with the ways in which the users work together”
Stage Two: Discovery Process	“This stage allows designers and users to clarify the users' goals and values and to agree on the desired outcome of the project.”
Stage Three: Prototyping	“In this stage, designers and users iteratively shape technological artefacts to fit into the workplace envisioned”

Table 7: Spinuzzi's (2005) description of the process of Participatory Design methodology when used in its traditional context of technology in the workplace.

Since the 1970s Participatory Design (PD) has been applied in a wide range of contexts including mental health and wellbeing (see Review of Literature) and is also widely used in service design (Foth and Axup, 2006; p2). Research in the field of MW has often been *about* not *with* participants (Bergold and Stefan, 2012; p7). PD argues that those who are “affected by the research theme and the expected outcomes must be involved” regardless of the context (ibid; p8).

Other methodologies that align with a constructivist paradigm were considered but deemed inappropriate. Methods such as Grounded Theory and Ethnography were not appropriate given that the project did not aim to develop an overarching theory of MW, nor observe participants given the personal and intimate nature of self-care. The participatory nature of Action Research was also explored as a potential methodology with the primary concern of “provoke[ing] change through action” (Foth and Axup, 2006; p2). However, the focus of this research project was not to create social change but to develop an appropriate service with the service users. As a result, PD was chosen as the most appropriate methodology for the

research. The emergent nature of PD allows each activity to be informed by feedback from participants. This assures that the designed tools are appropriate for the participants.

VISSER ET AL.'S CONTEXTMAPPING FRAMEWORK

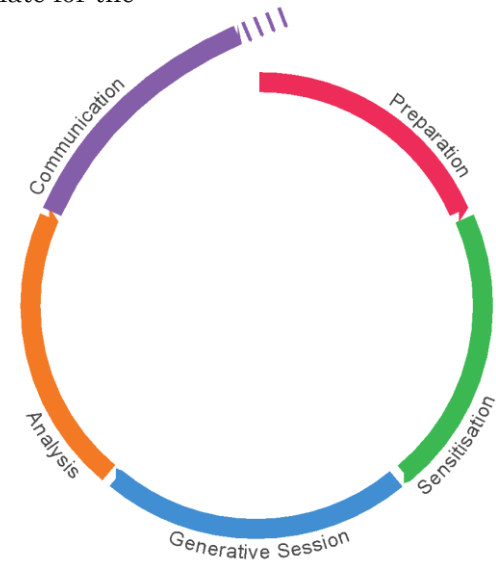


Figure 4: The five stage “Contextmapping” framework proposed by Visser et al., 2005

Figure 4 shows the contextmapping framework developed by Visser et al. (2005).

Contextmapping provides a framework for various PD methods while aiming to bridge the gap between academic research and practical applications of research findings (ibid). This framework was applied both to structure the research and to choose appropriate methods. Having transparency in process and decision-making, readers can see the specific challenges, limitations and opportunities present within the specific context of this study.

CO-DESIGN

Co-design was chosen to be the most appropriate technique for the activity of creating a MW intervention. Co-designed services “can have an impact with positive, long-range consequences” (Sanders and Stappers, 2008; p6) as the process directly involves the “end-users” of the designed service. This involvement enables the co-designers to be proud of and be invested in the success of any designed outcome (Terp et al, 2016; p2)

Generative techniques and methods were used to engage participants in the highly creative co-design process (Simonsen and Robertson, 2003).

A framework for the selection of methods to gradually illicit deeper knowledge on lived experience (Figure 5) is the four step “Ideation and Expression” process from Sanders and William (2001) (Figure 6). The gradual introduction of these methods allows the participants to gradually express deepening accounts of knowledge relating to their lived experience (Sanders and Stappers, 2008; p9). How the Visser et al. (2005) framework and Sanders and William (2001) overlap can be seen in Figure 7.

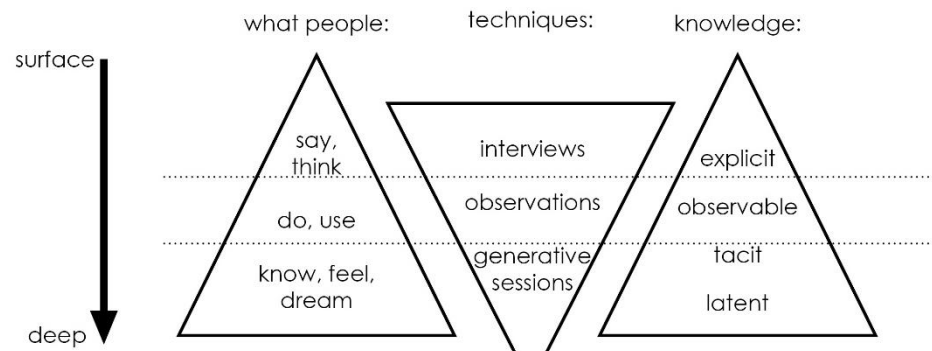


Figure 5: Visser et al's (2005) visual representation of how different levels of knowledge on our own experiences are accessed by different techniques (p123).

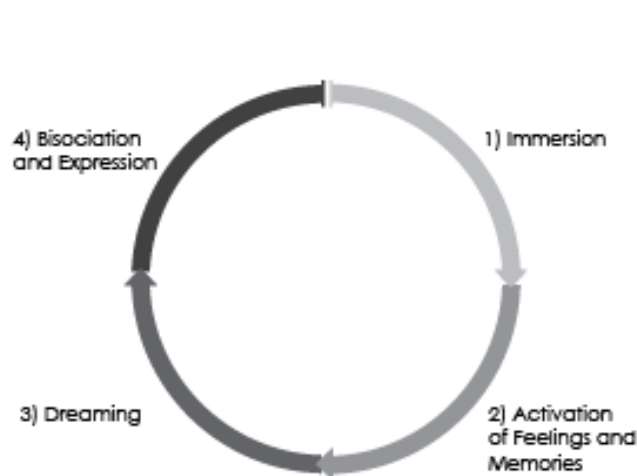


Figure 6: The four step “Ideation and Expression” process proposed by Sanders and William (2001)



Figure 7: How the Contextmapping and ideation and expression frameworks overlap.

3.3 Relation to Guidelines from Literature Review

An important influence on this project were the guidelines presented in the literature review (2.1.1:LR;15). Table 8 shows the steps taken to follow these guidelines during the study. The portfolio has a key in which specific insights or decisions relating to each guideline are highlighted on page I.iv

Create a safe space	<ul style="list-style-type: none"> • Maintain anonymity wherever possible • Educate myself on best practice in the field of MW • Male only space • Development of trust • Use PD to maintain a safe, or third, space
Male oriented language/communication	<ul style="list-style-type: none"> • As part of the contextual review, see tone and visuals used by male-oriented interventions
Base around an activity	<ul style="list-style-type: none"> • Incorporate mindfulness and music as activities
Be male-positive	<ul style="list-style-type: none"> • Designed and chosen carefully based on their appropriateness to context
Promote social engagement and emotional discussion	<ul style="list-style-type: none"> • Create activities that enable expression and a sense of community with a tone of openness

Table 8: How the themes developed from guidelines will be applied to this project

3.4 Ethics

Ethical considerations heavily informed the design of this research. Due to the sensitive subject matter of this study I allowed time to conduct a thorough contextual review. This involved reviewing the literature as well as attending several conferences, events and Mental Health First Aid training.

At the beginning of each interaction with the participants they were reminded that if subjects came up that they were not comfortable with they could take a break or simply leave the study at any time. Business cards containing mental health helplines numbers were printed off and given to participants to make it clear that I am not a trained counsellor and offer contact details for specialist support. This information was also in the participant information booklet which outlined the study. Participants were also asked to keep what happened in the workshop between themselves and the other participants to maintain confidentiality.

To negate the risk of misrepresenting mindfulness, a trained mindfulness practitioner was sought out to educate us all on the practice in an activity of mutual learning.

At all points of the research I informed the participants the purpose of each activity, maintaining an honest relationship and allowing for questions.

Data collection was done through audio recording, field notes and artefacts which were all anonymised through pseudonyms. Anonymity was important due to the subject matter and shared locations of the participants.

3.5 Research Protocol

Chronological Stages of this Research Project					
<i>Spinuzzi's PD methodology</i>	STAGE ONE: INITIAL EXPLORATION	STAGE TWO: DISCOVERY PROCESS	STAGE THREE: PROTOTYPING		
<i>Contextmapping Framework</i>	Preparation	Sensitisation	Group Session	Analysis	Communication
	format contextual review,	methods Sensitisation Workbooks, Interviews	methods Co-analysis, Persona Creation, Co-Design	mode Thematic Analysis	format Portfolio
<i>Function of activity related to generative techniques</i>		Sensitisation Workbooks <i>immersion & activation of feelings and memories</i>	Activity 1: Validation and Feedback on Themes and Tools <i>activation of feelings and memories</i>		
		Interviews <i>activation of feelings and memories</i>	Activity 2: Self-care Tool Evaluation <i>activation of feelings and memories</i>		
			Activity 3: Codesign Activity 3.i) Persona Creation 3.ii) Tool Selection <i>Dreaming</i> 3.iii) Design of Intervention <i>bisociation and expression</i>		

Table 9: A table showing the overview of the project detailing the methods and use of generative techniques.

Table 9 on the previous page shows the timeline and methods for this research study.

3.5.1 Stage 1: Preparation

To familiarise myself with the contexts of this study (men and student MW). I conducted a review of the current state of the context of men's MW.

The specific events of the preparation stage of this study are documented in the portfolio. This is because the findings of this stage informed the design of tools which is directly related to my practice.

CONTEXTUAL REVIEW: READ P.04 TO P.22

3.5.2 Recruitment

An email and poster campaign were designed to recruit between four and six male students aged between 18 to 25. This age range is representative of the average student at The GSA where around 75% of students are between 18 and 25 (The GSA, 2016). This ensures the findings of this study are applicable to the majority of those attending The GSA.

3.5.3 Stage 2: Sensitisation (Immersion and Activation of Feelings and Memories)

This stage involved sensitisation techniques developed initially by Sanders in the early 90s (Sanders, 1992). The purpose of this stage was "to establish self-reflection on the part of the participants, which is then harvested during the generative sessions" (Visser et al, 2005; p123).

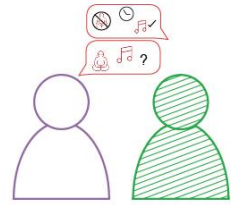
The methods used in this stage were a sensitisation workbook and one to one interviews.

'MUSIC THAT MAKES ME' WORKBOOK (immersion and activation of feelings and memories)

The workbook was designed for participants to complete before the interview to allow them to explore their own personal experience (Simonsen and Robertson, 2003) and immerse participants in the contexts of the study (Sanders and William, 2001).

INTERVIEWS (activation of feelings and memories)

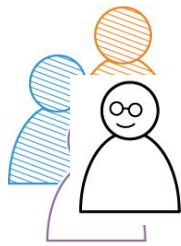
Setting: The GSA Haldane Building and Café, duration: 40 minutes to 1.5 hours



The interviews were semi-structured to allow relative comparison between each other (necessary to inform the final workshop) but still allowed the participant to guide the conversation (Gray et al., 2007). They were conducted as one to one, informal interviews with the aim of gathering thoughts and feelings around mental wellbeing and self-care tools. The interviews were also a way of building trust between me and the participants individually with the intention of increasing their comfort before the group session.

After the interviews deductive thematic analysis was conducted to begin the development of themes from the participant's opinions on MW and self-care tools (discussed in detail in section 3.5.5 (3.5.5:RD;37).

MINDFULNESS TASTER SESSION (immersion)



Mutual learning is a principle of Participatory Design (Simonsen and Robertson, 2003). The participants and myself took part in the shared experience of attending a mindfulness taster session with a trained mindfulness practitioner.

Due to recruitment constraints only the first two participants were able to attend the mindfulness taster session prior to the generative workshop. The two participants who were recruited at a later stage were asked to access digital forms of mindfulness prior to the generative group session.

This mindfulness session allowed the participants and myself to become immersed in the practice of mindfulness. The timing allowed for reflection on the experience before the group session. The diversity of forms of mindfulness (e.g. guided meditation, digital, mindful activities) were reintroduced during the "Evaluation of Self-care Tools" activity during the group session.

3.5.4 Stage 3: Group Session (Dreaming, Bisociation And Expression)

Setting: The GSA Halls of Residence, duration: 3 hours

The structure of the group session can be seen in Table 10. The group session was split into three main generative activities. The first two activities provided the grounding and parameters for the third co-design activity.

	Activities taking place within the Group Session			
	WARM-UP	ACTIVITY ONE	ACTIVITY TWO	ACTIVITY THREE
	Ice-Breaker	Validation and Co-Analysis	Evaluation of Self-Care Tools	Co-Designing an Intervention
<i>Content of Activity</i>	One Part	Three Parts Part One: Validation of themes relating to mental wellbeing Part Two: Co-Analysing self-care “tools” for themes Part Three: Co-Analysing self-care challenges for themes	One Part	Three Parts Part One: Persona Creation Part Two: Tool Selection Part Three: Designing the Intervention
<i>Purpose of Activity</i>	Warm-up for group session and for the participants to formally introduce themselves	To gain a shared understanding of mental wellbeing as well as challenges and tools to achieve mental wellbeing.	To find themes in preferred self-care tools	To create an intervention based on the previous activities.

Table 10: Activities involved in the group session, detailing the different parts and purposes of each activity.

The group session involved all four participants, which allowed for group discussion while remaining manageable with myself as the only facilitator (Visser et al., 2005). Each participant was linked to a colour to represent them throughout the workshop but retain anonymity.

As mentioned previously in the chapter the gradual evocation of deeper knowledge on the participant's lived experience is necessary to prime participants for the highly creative activity of co-design. By using interactive and engaging tools throughout the group session (e.g. self-care tool strategy cards, a "toolbox") the participants were gradually encouraged to use their inner creativity and gain confidence in their critical abilities (Sanders and William, 2001).

WARM UP: ICEBREAKER

Before the generative activities a simple icebreaker activity using music allowed participants to be introduced to each other.

ICEBREAKER DEVELOPMENT: READ GS.34

ACTIVITY ONE: VALIDATION AND CO-ANALYSIS (DREAMING)

The first activity aimed to validate and co-analyse the codes and themes developed from the interviews. The purpose of this was to generate a shared understanding of what MW and self-care tools meant for the participants. Understanding participants' most important aspect(s) of MW would inform the later co-design activity.

CO-ANALYSIS ACTIVITY DEVELOPMENT: READ A.45 TO A.48

ACTIVITY TWO: EVALUATION OF SELF-CARE TOOLS (DATA GATHERING)

The second activity aimed to further develop the concept of self-care tools with an emphasis on critically evaluating each tool in relation to the participant's own experience. The taxonomy of self-care tools was identified from the male-positive survey conducted by Proudfoot et al. (2015) and the specific self-care tools the participants mentioned during their interviews.

Each tool was printed on a different card ('self-care strategy cards'), and the participants were asked to prioritise them, using a scale derived again from Proudfoot et al. (2015; p12). This activity enabled the participants to prioritise the tools from their personal

perspective. The discussion around the most popular tools amongst the participants (“Top Tools”) informed the co-design activity.

ACTIVITY THREE: CO-DESIGNING AN INTERVENTION (DREAMING AND EXPRESSION OF FEELINGS)

The aim of this activity was to co-design a HEI based intervention specifically to engage and interest a persona created by the participants.

A toolbox was used as an analogy for a MW intervention. A toolbox was chosen as it continued the concept of self-care tools. The toolbox itself represented the “aesthetics” of an intervention and the inside of the toolbox would contain the functionality. By having the toolbox belong to a persona, specific tools and aesthetics could be chosen to appeal to a young male student.

PART ONE: PERSONA CREATION

The persona was given the name “Dave” and was presented as a quote that was developed from comments during the participant’s interviews.

Persona Creation is effective at simultaneously respecting the participants’ “expertise and their rights to represent their own activities to others, rather than having others do this for them” (Simonsen and Robertson, 2003). Having a persona that in addition enacts a scenario allows for greater engagement, an ability to develop empathy and to think of practical applications (Grudin and Pruitt, 2002). Enacting a scenario also allows the participants to “dream” about the persona and his challenges (Sanders and William, 2001)

PART TWO: CO-DESIGNING DAVE’S MW TOOLBOX

The level of engagement and identification with “Dave” developed in the first part of the activity was then utilised during part two of the activity.

This next stage saw the creation of a MW routine for Dave through the codesign of Dave’s MW “Toolbox”. This was done by asking the what, when, where, why, who and how of a MW routine.

PART THREE: CO-DESIGNING AN INTERVENTION

The participants were then asked to build on the first two parts and co-design an HEI based intervention that would be sustainable and engage “Dave”. To define what tools would be in Dave’s toolbox, the tools from the evaluation task were refined further by using the persona to understand how they might be used and encouraged in his everyday life.

CO-DESIGN ACTIVITY DEVELOPMENT: READ GS.39 TO GS.43

3.5.5 Stage 4: Analysis

The mode of analysis used during this study was a combination of deductive thematic analysis, informed by Braun and Clarke (2006) and affinity diagramming as described by Holtzblatt and Beyer (1999). Thematic analysis can sit within a constructivist paradigm and combined with affinity diagramming were conducive to analysing qualitative data (Braun and Clarke, 2006). Thematic Analysis was chosen as it is flexible and allows for themes to be found over a larger set of data (ibid).

Together, the emerging themes and recommendations presented through the co-designed concept will inform the development of future mental wellbeing interventions.

Thematic Analysis is described as a six-phase process (Braun and Clarke, 2006), as can be seen in Table 11.

Phase 1	Phase 2	Phase 3	Phase 4	Phase 5	Phase 6
Familiarising yourself with your data	Generating Initial Codes	Searching for themes	Reviewing Themes	Defining and Naming Themes	Producing a report

Table 11: The Thematic Analysis process as stated by Braun and Clarke (2006)

A limitation of thematic analysis is that the identification of codes is subjective to the researcher. To counteract this an additional phase of co-analysis was added to the process suggested by Braun and Clarke. This is shown in Table 12.

<i>Post Interview, solo prep for co-analysis</i>			<i>Group Session: Activity Two, with participants</i>			<i>Post Group Session. solo review of themes</i>	
Phase 1	Phase 2	Phase 3.1	Phase 3.2	Phase 4.1	Phase 5	Phase 4.2	Phase 6
Familiarising yourself with your data	Generating Initial Codes	Searching for themes	Searching for themes	Reviewing themes	Defining and Naming Themes	Reviewing Themes	Producing a report

Table 12: How the thematic process outlined by Braun and Clarke (2006) was adapted to increase participation and clarity of process.

Affinity diagramming is a process in which observations are clustered regarding shared meaning or insights (Holtzblatt and Beyer, 1999; p24-25). Affinity diagramming provided a visual way of translating the initial codes and themes generated from the thematic analysis to allow the participants to be meaningfully engaged more easily in the analysis.

The combination of thematic analysis and affinity diagramming allowed the process of analysis to retain the rigour of thematic analysis whilst also engaging the participants through affinity diagramming.

Engaging the participants in co-analysis also provided a sense-check of my interpretation of the initial codes generated from the data and acted to validate the codes and themes produced independently. To integrate this into Braun and Clarke's process the phases that searched for and reviewed themes were split into two parts to define and be clear about what analysis was done independently and what was with participants.

The thematic analysis was deductive in nature as the codes were generated by approaching the data with "specific questions in mind that you wish to code around...coding to identify particular features of the data set" (Braun and Clarke, 2006; p89). The questions used were based on the questions asked in the interviews. These questions were then translated into codes as can be seen in Table 13.

Initial questions	"What does 'mental wellbeing' mean to you?"	"What tools and techniques do you use to cope with stress or low mood"	"What are some struggles you face in relation to your MW?"	"What helps overcome these struggles?"
Codes	MW	Tools and Techniques	Barriers to MW	Tools and Techniques

Table 13: Questions used to code around and their corresponding categories of coding.

The dataset included transcripts of the interviews and group session. The size of the data set was manageable enough to be coded manually. Following the process of Braun and Clarke (2006), I began this by "writing notes on the texts you are analysing...by using highlighters" (Braun and Clarke, 2006; p89). This process was done to "identify interesting aspects in the data items that may form the basis of repeated patterns" (ibid; p89).

3.5.6 Stage 5: Communication

FEEDBACK DROP-IN

A feedback drop-in event was held to gather both staff and student's perspectives on both the project and the designed concept. The event was held at The GSA over two days where I invited stakeholders at The GSA and the participants to get thoughts on the feasibility of the concept.

Presenting the GSA specific concept to the participants was also a way of validating my interpretation of the recommendations.

DEVELOPMENT OF FEEDBACK DROP-IN: READ C.50 TO C.56

PROPOSED CONCEPT FOR AN INTERVENTION AT THE GSA

Using the co-designed recommendations with input from the feedback drop-in session I developed a brief for a preventative novel intervention at The GSA. This proposed concept presents a framework of how the recommendations can be applied to a specific HEI.

4. Fieldwork

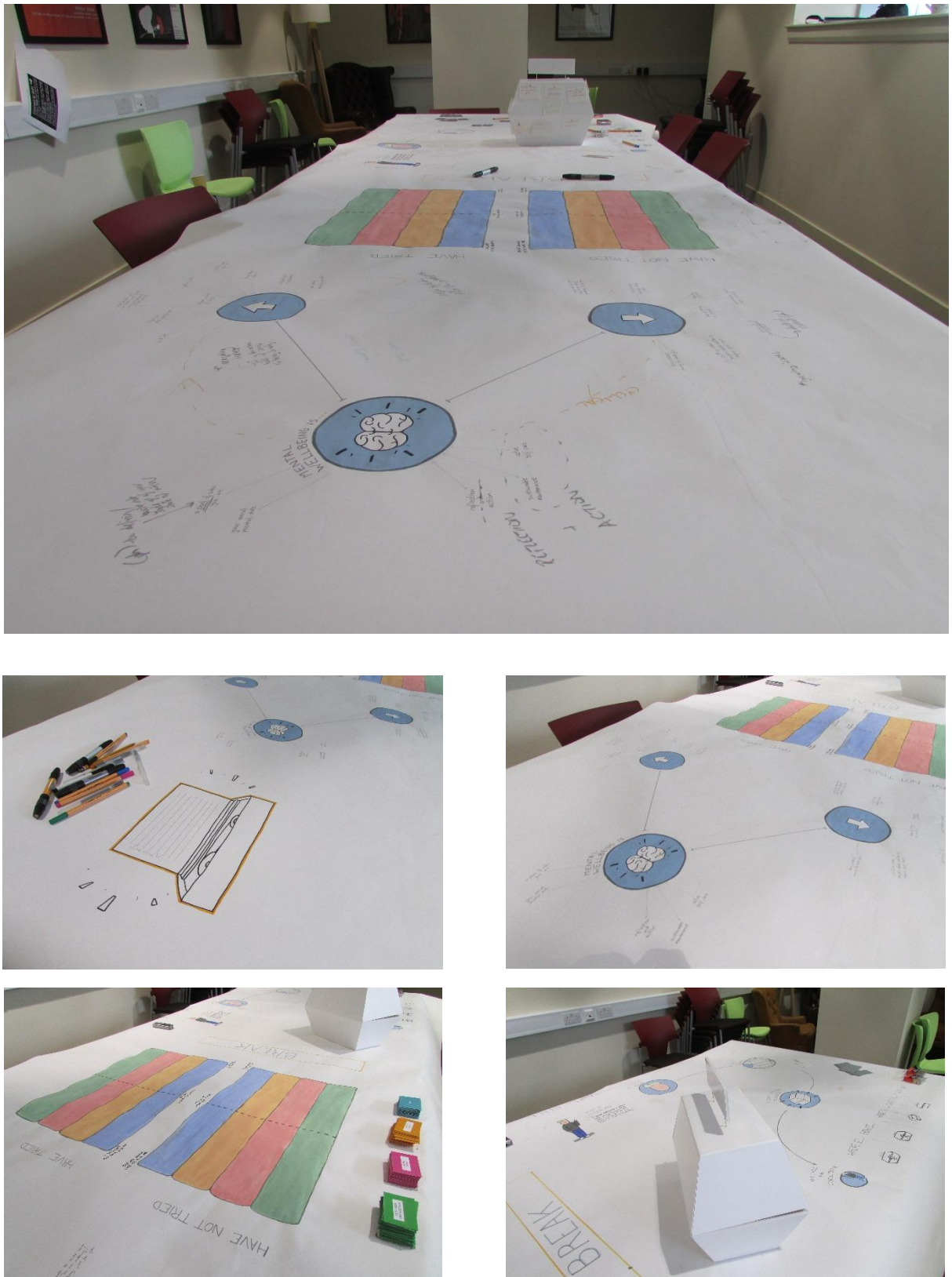


Figure 8: Images of the different activities from the generative group session.

4.1 Recruitment

The first phase of recruitment was to email out the poster and recruitment email (Appendix A) to the student body of The Glasgow School of Art (GSA).

Two GSA students responded to the email campaign who were then sent the sensitisation booklet and interviews proceeded.

To increase the group size to four, further recruitment measures were taken through social media and by using a Pop-up approach (Teal and French, 2016) at The GSA student union and at the University of Glasgow Union with permissions from both premises (Figure 9).



Figure 9: Image of the pop up held at the GSA student's union asking, "What track would make it onto your mixtape?", credit: Erin Wallace 2018

A further two participants were recruited through word of mouth who were also sent the sensitisation booklet and then interviewed.

	Acronym	Age	Student Status
Jim Trébon	JT	25	Currently studying a postgraduate degree at GSA
Paolo Nutini	PN	23	Currently studying undergraduate degree at GSA
Barney Kessel	BK	23	Finishing study at Strathclyde
Alexander Grothendieck	AG	22	Finished studies at Strathclyde, about to do a PhD

Table 14: Chosen pseudonyms (and acronyms), ages and student status of participants

Participants and their pseudonyms are listed in Table 14 in order of recruitment (i.e. JT was recruited first and AG last).

4.2 The Interviews

As outlined in the Research Design chapter the interview was split into two sections.

The interview protocol can be found in Appendix B.

4.2.1 Section 1: Mental Wellbeing and Self-care Tools

MENTAL WELLBEING

The first question participants were asked was “What does the term mental wellbeing mean to you?”. Responses can be seen in Table 15.

Table 15: Primary answers to the question of what MW is

QUESTION	JT's Response	PN's Response	BK's Response	AG's Response
What does the term MW mean to you?	“Overall state of yourself.”	“I suppose it's for keeping stability in kind of in your consciousness. MW would kind of be self-care methods and very kind of very self-aware kind of process of how you're feeling and keeping yourself how you want to feel I suppose.”	“The general act of being aware of your mental state and eh addressing it. Taking steps to make yourself feel better and yeah...”	“...wellbeing is trying to take care of that [stress], provide some support.”

Table 15: Primary answers to the question of “What is MW?”

I then asked how well they thought they did at looking after their own MW: all said they thought they did well or at least above average.

SELF-CARE TOOLS

The terminology of self-care tools was then introduced by asking ‘what’ participants did to look after their own MW. Music was mentioned as a self-care tool by three out of the four participants with the other participant mentioning a “self-care” relationship with music when discussing specific tracks later on in the interview.

Mindfulness related tools were mentioned by three out of four participants, with one having no prior experience. Two out of the three participants who actively used mindfulness had positive experiences with it, one had quite negative experiences with meditation but persisted.

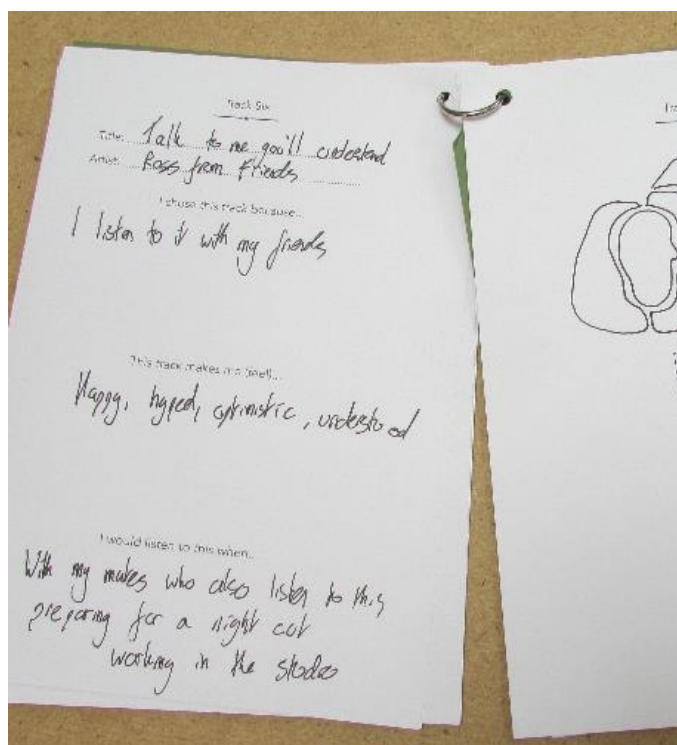
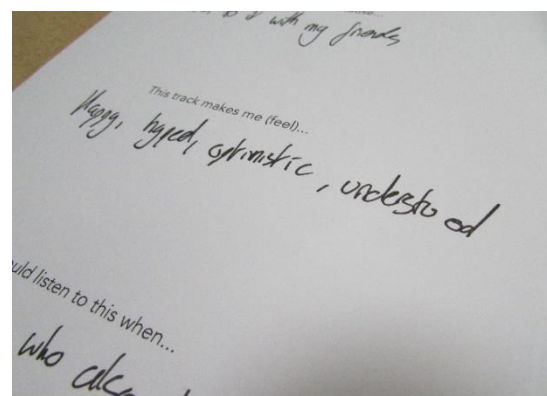
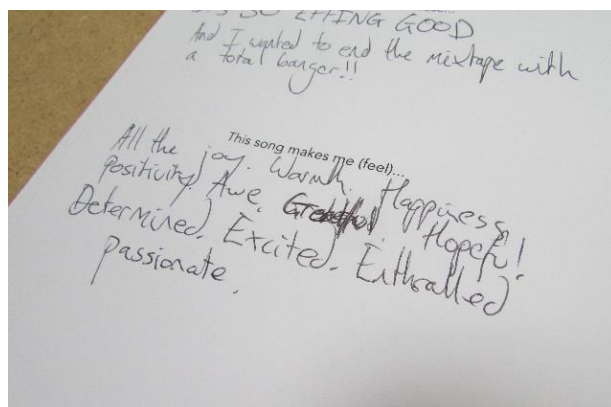
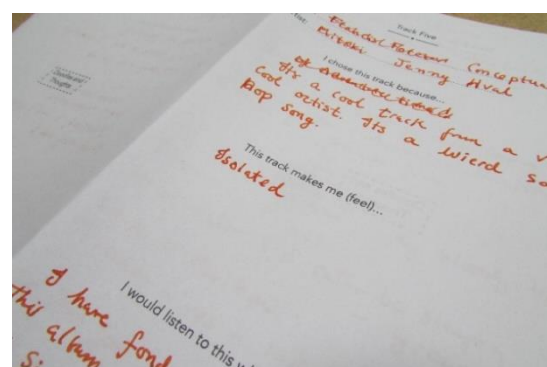


Figure 10: Excerpts from completed booklets from each of the participants, credit: Erin Wallace 2018

“...music is a mindful thing for me,
they're one in the same...”

Jim Trébon



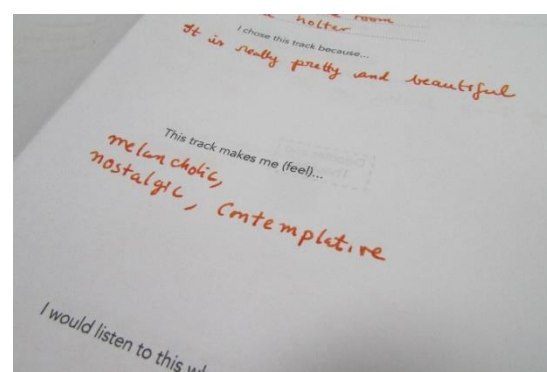
3 - Feel It - Kate Bush

I chose this track because...: I first heard it when I was 17, and I loved the theatrical chord changes and performance. I loved the start of the chorus so much I would just skip back to it over and over. That taught me that songs can only give you shivers so many times, and so now I stop myself from doing it. It reminds me of a time when my life was less complicated.

This song makes me feel...: Euphoric, nostalgic

I would listen to this when...: Whenever

Barney Kessel



When asked if they would be open to or currently use mindfulness or music as part of a self-care routine the participants were all either already using or open to the idea. This validated the continuing use of music and mindfulness as part of this project.

Other tools mentioned can be seen in Appendix C.

4.2.2 Section 2: Discussion around Sensitisation Booklet

The raw data generated through the booklet can be found in Appendix D.

In response to asking how participants found completing the booklet, all found it a generally positive experience with two participants feeling the pressure in having to collate a mixtape.

One participant commented on it being nice to take time out and reflect.

The booklets were completed to various degrees with three participants choosing six songs and one choosing five. Answers varied in length from long descriptions of songs to concise one-word responses, see Table 16 and Figure 10.

Sample of answers from the participants (full answers can be found in Appendix D)				
QUESTION	JT	PN	BK	AG
I chose this track because...	"It is fun, serious, poetic, deep, enchanting"	"I thought I wanted a more upbeat song on this mixtape"	"It reminds me of a time when my life was less complicated"	"It's a cool track from a very cool artist. It's a weird sort of pop song"
This track makes me feel...	"Nostalgic, bittersweet, heartfelt, romantic, joyous, oneness, centred"	"Happy, hyped, optimistic, understood"	"This track can make me openly weep, but is also very cathartic"	"Sad, makes me smile, his monologue is witty and even funny. It reminds me of being younger"
I would listen to this when...	-	"Nostalgic, content, resting"	"To get myself amped up for something, or if I'm in a good mood"	"Studying, to focus on something"

Table 16: Summary of the completed booklets (see Appendix D for full answers)

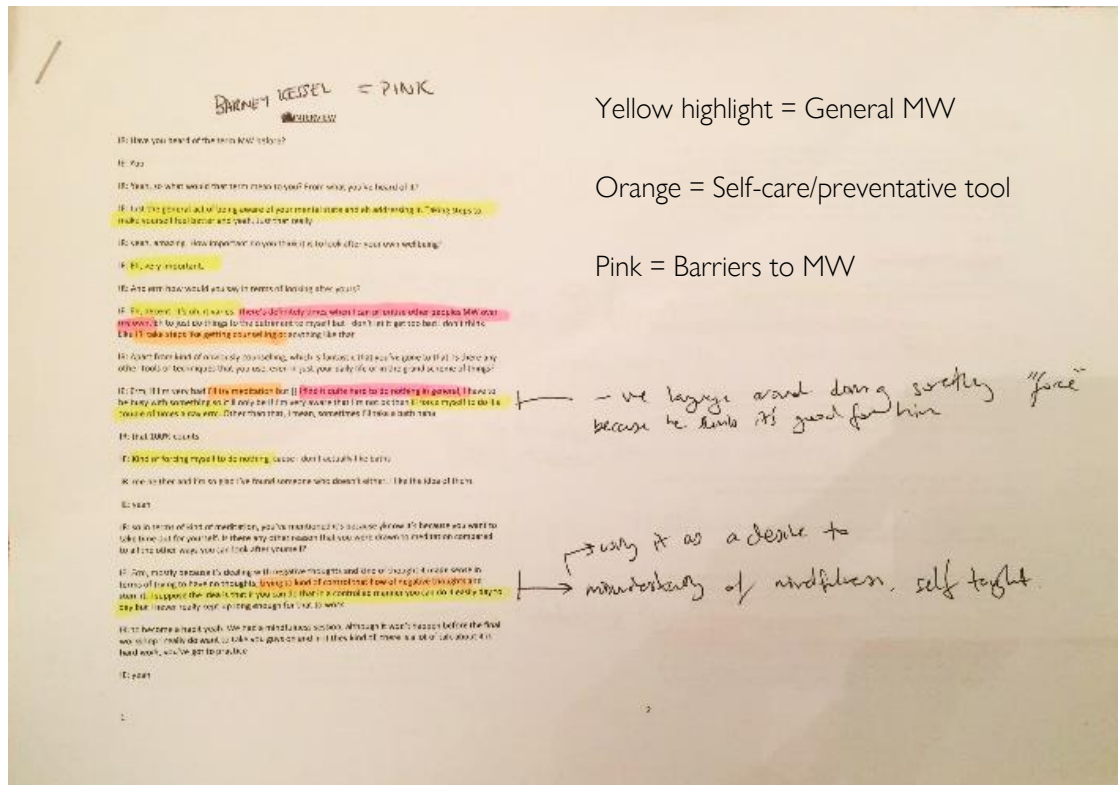


Figure 11: An example sheet of how the transcripts were initially coded.



Figure 12: Affinity diagramming the themes and codes produced so far to engage participants in the analysis process

When discussing tracks all participants related their chosen tracks to memories varying from fun memories of youth to more emotional memories of personal experiences. The discussion around the tracks led to a less structured dialogue than the first segment of the interview, where a back and forth was had between myself and the participants.

4.2.3 Post Interview Analysis

ANALYSIS PHASE 1: Familiarising yourself with your data

Audio from interviews were transcribed and printed with white space available to allow for manual coding. The answers from the sensitisation booklet were also organised into a table for ease of reading (Appendix D).

ANALYSIS PHASE 2: Generating Initial Codes (Tools used: highlighters, post-it notes)

The data from the interviews and sensitisation booklet were coded as described in the Research Design chapter (3.5.5:RD;37) and as shown in Figure 11.

The highlighted comments were then adapted into codes and brought to the next phase of analysis. Quotes that reflected a common theme across the interviews were collected with the intent being to combine or anonymise them to then provide a basis for the participants to build a persona around.

ANALYSIS PHASE 3.1: Searching for themes (Tools used: post its, reiterated mind-maps)

The codes were then organised using affinity diagramming. The questions used to collect codes acted as the centre of the mind maps. This process was iterated several times, with similar codes being combined and collected under categories (Figure 12 and Appendix C).

These categories can be seen in Table 17.

Questions	"What does 'MW' mean to you?"	"What tools and techniques do you use to cope with stress or low mood?"	"What are some struggles you face in relation to your MW?"	"What helps overcome these struggles?"
Codes relating to Questions (QCodes)	MW	Tools and Techniques	Barriers to MW	Tools and Techniques
Categories of Codes relating to QCodes	Self-Awareness	Social	Mental	Perspective
	Active Self-care	Being Good	Situational	
	Positive	Being physically proactive	Physical	
	Ongoing	Taking time out	Tool Specific	
		Musical Wellbeing	Miscellaneous	
		Miscellaneous		

Table 17: Categories developed through affinity diagramming to then be presented to participants for theme development.

The categories shown in Table 17, as well as specific self-care tools, were then presented to the participants during the group session via an affinity diagram.

4.3 Mindfulness Taster Session with Paolo Nutini and Jim Trébon

At the session, the male mindfulness practitioner allowed for questions and walked us through the key tenets of mindfulness. I decided to join the mindfulness session as a participant, both to experience the same introduction as the participants and to accompany the participants to ensure they were able to participate without any logistical difficulties. This allowed for a more informed conversation when discussing mindfulness as a tool with the participants, with the opportunity for participants who were not able to attend to hear more about what was involved.

Field notes on the session can be seen in Table 18.

Mindfulness Session Field Notes	
•	The mindfulness practitioner had a very approachable and relaxed demeanour. The participants gave this as a reason why they enjoyed the session.
•	This form of guided meditation would be too intense to do every week, especially due to the location of the session (in the southside of Glasgow). Both participants agreed a drop-in session like this at The GSA would be ideal, around 7pm (after hours). This time would be ideal if they were staying late to do work or after a hard day.
•	Both thought it was mellow, chilled and relaxed. When I said it was painless, JT responded by saying it was the opposite of painless, that he got something out of it.
•	They wondered what it would be like one on one.

Table 18: Field notes from the mindfulness taster session.

As BK and AG were not recruited in time to go to the taster session, their interviews were held shortly before the final workshop. This offered an opportunity to see the differing opinions the two groups had on mindfulness. All participants were provided with several options to try formal mindfulness via email and were asked to give them a go before the group session allowing immersion into mindfulness.

4.4 Pilot Study

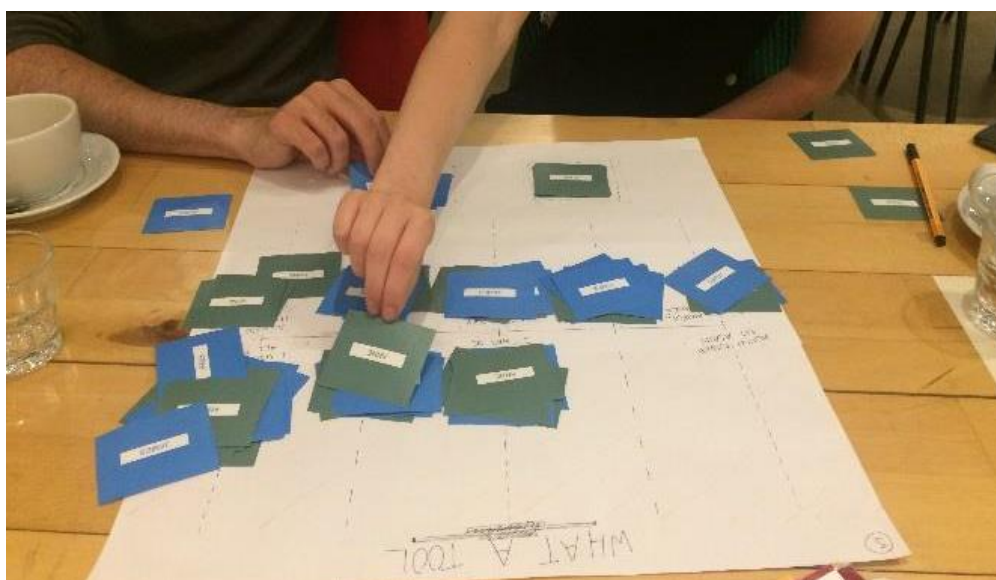


Figure 13: Pilot study of co-analysis and validation activity

The co-design workshop activities were piloted with two volunteers prior to the final workshop (see Figure 13). This allowed me to test and refine the design and gain confidence in facilitation. The first two activities went well, but I found the third needed further thought. I initially introduced the persona using a very specific quote and no name. The persona as

presented to the participants also had no challenge for the participants to solve. This led to the participants stumbling around a little with a lack of purpose.

4.5 Group Session

All four participants who had attended the interviews participated in the group session. The participants were introduced to each other and began discussing their relation to music and their current studies. When beginning the session, the participants were told how the activities within the group session were related and that the aim of the session was to create an intervention specifically for a persona that we would create.

The participants were also assigned a colour to help identify their responses from the group session, shown in Table 19.

Jim Trébon (JT)	Paulo Nutini (PN)	Barney Kessel (BK)	Alexander Grothendieck (AG)
Blue	Orange	Pink	Green




Table 19: Participant's pseudonyms (Acronym) and their representative colours.

To prepare for the ice-breaker activity the participants were asked in an email:

“Could you please pick a song that you would like to share with/gift to the group at the workshop and send me the track's title/artist/other info (It can be one of the songs you've already chosen [in reference to the sensitisation workbook]or a totally different one!). I'll be bringing one along as well!”

The ice-breaker activity was each participant sharing their song by writing it on the interactive surface using their respectively coloured pens (Figure 14).

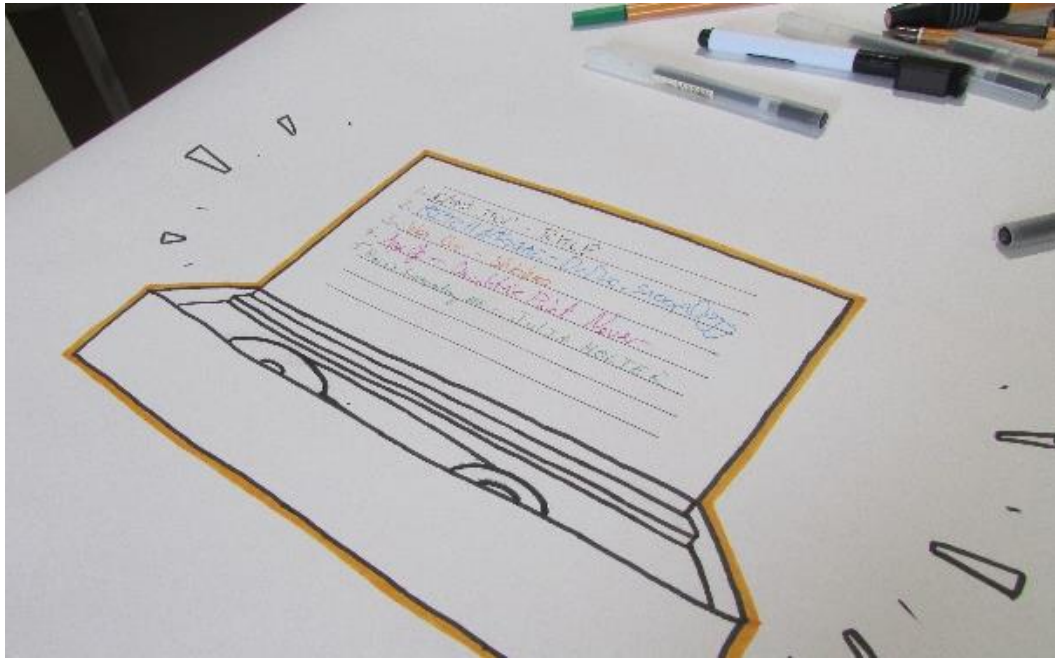


Figure 14: icebreaker activity, the songs the participants chose to share with each other

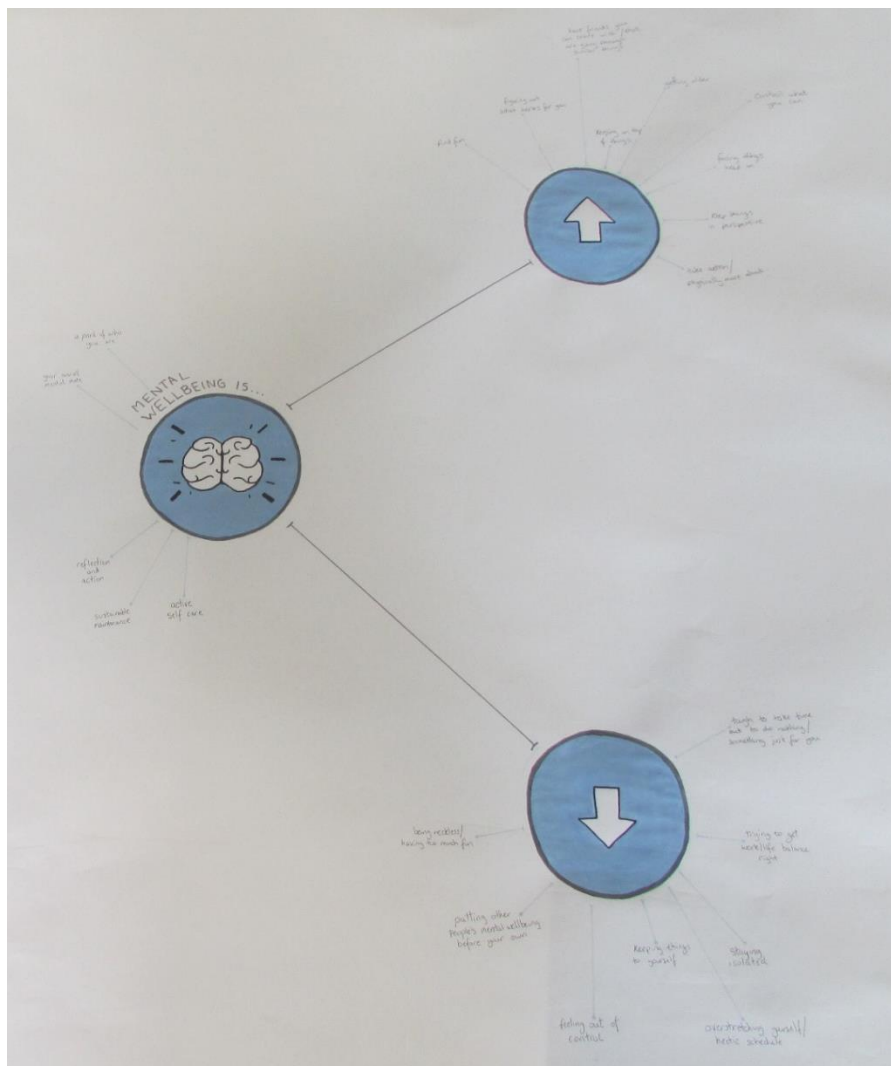
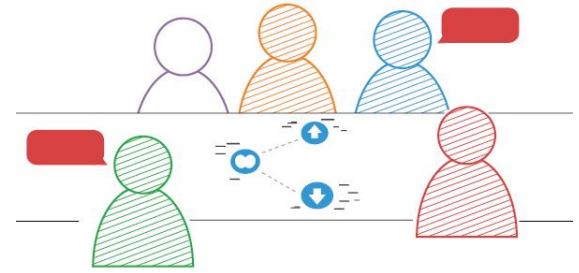


Figure 15: The designed co-analysis tool used during the group session

4.5.1 Activity One: Co-Analysis of Themes and Tools (Figure 15)

To begin I explained the affinity diagram, went through each point and encouraged any constructive criticism or alterations. I explained that the purpose of the activity was to decide upon the most important aspect(s) of MW that would inform the later co-design activity.



ANALYSIS PHASE 4.1: REVIEWING THEMES (METHOD USED: AFFINITY DIAGRAMMING)

We began by analysing the developed themes relating to MW. The participants' comments can be seen in Figure 16.

There was contention regarding the statement that MW is “a part of who you are”. Although this was intended to mean it is as important as physical health, BK argued that if you have depression that doesn't make you who you are. This led to a discussion about the importance of stating that MW is complex and transitory. This was a very useful discussion as it highlighted that I needed to be more precise about how I articulate the emerging themes and ensure that the language used clearly reflects the theme/insights I want to communicate.

ANALYSIS PHASE 3.2: SEARCHING FOR THEMES

On the same affinity diagram, the participants were presented the codes relating to challenges to MW and the tools used to achieve MW. The participants were again encouraged to be critical of the analysis I had conducted independently and asked if they agreed with the proposed codes.

During this activity the participants developed themes together. These themes were: “tool discovery through self-exploration”, “the importance of keeping perspective” and “the sliding scale of self-care tools” (i.e. the reason a self-care tool can work for you one day and not the next) (shown in Figure 16).

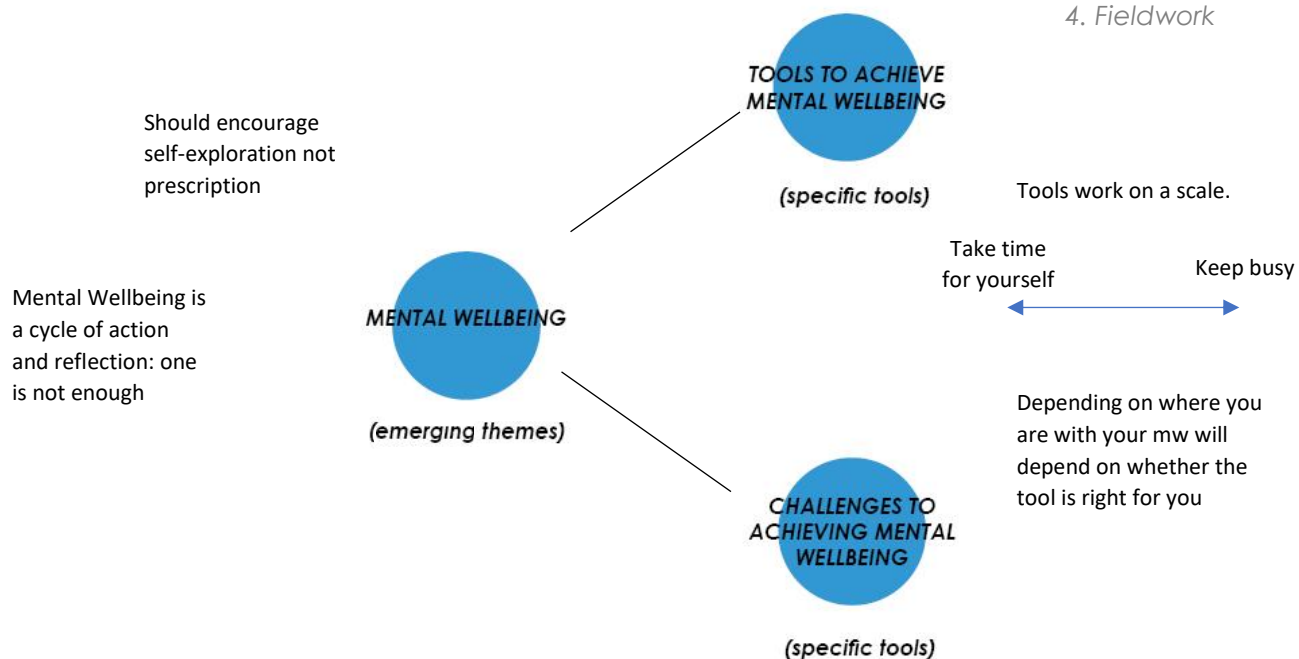


Figure 16: Themes developed during the co-analysis activity during the group session.

4.5.2 Activity Two: Evaluation of Self-care Tools

The participants were given their respective coloured set of cards that represented different self-care tools. They were then asked to place their cards on the evaluation scale shown in Figure 17. A photograph of tool placement can be seen in Figure 18 and a digital version is available in Appendix E.

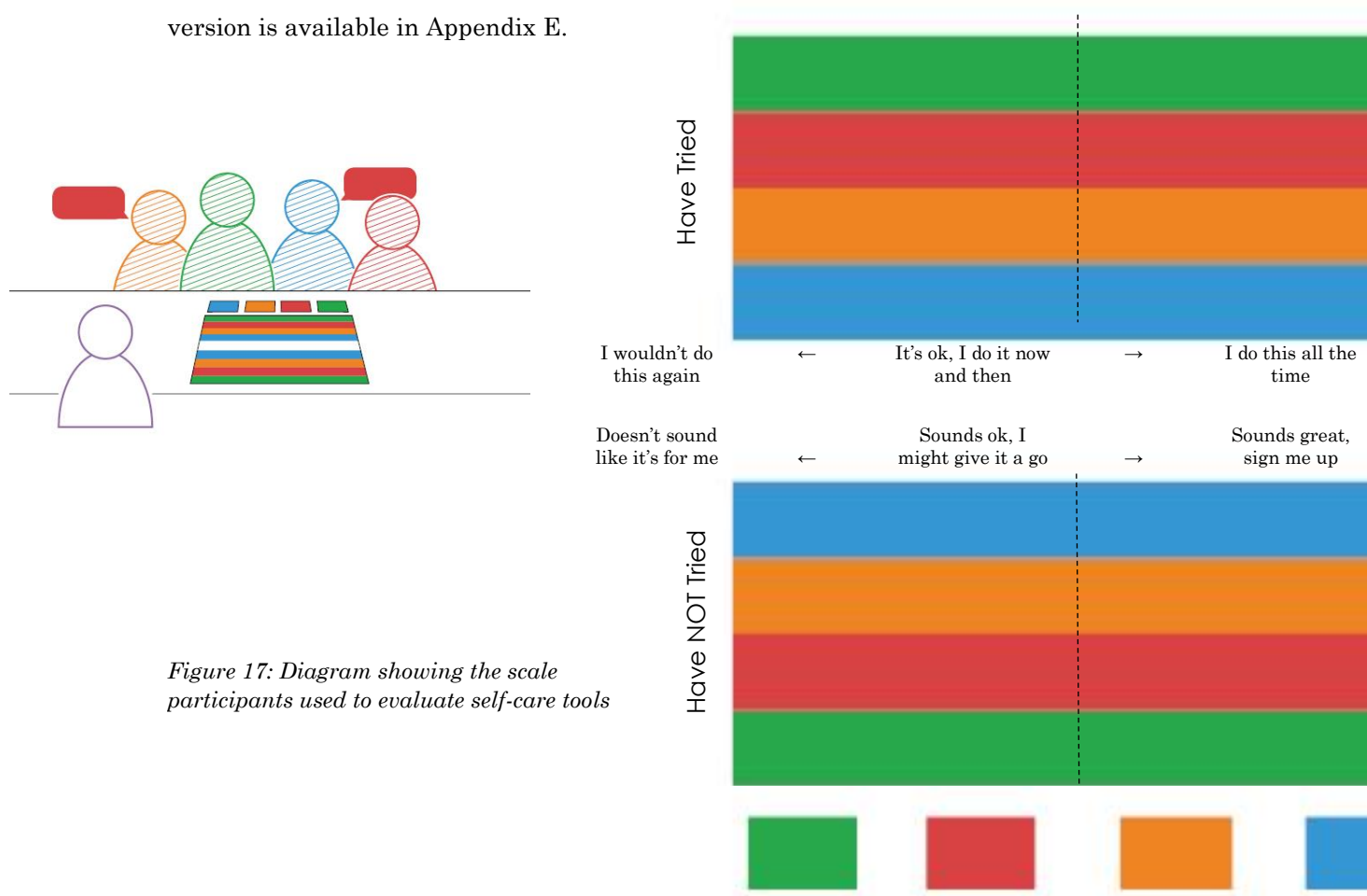


Figure 17: Diagram showing the scale participants used to evaluate self-care tools



Figure 18: Output of evaluation activity showing placement of tools that the participants hadn't tried.

Some cards provoked more discussion than others. Certain cards also provoked debate over the meaning of the tool printed on the card (e.g. “use positive self talk” and “clean” which led to a discussion to clarify and agree the meaning as a group. Tools that had the most discussion surrounding them were “mindfulness”, “doing something that helps you and someone else” and “help others”. The other tools seemed dependent on the participants’ taste and personal experiences.

The tool “meditate” was used as an opportunity to ask the participants their opinions of the apps and videos I had suggested and of their opinion of the guided meditation. JT found that using mindfulness on an app didn’t work for him, his comment being that the phone is not a relaxing artefact.

JT: "The phone is something, it's not like a peaceful tool. A phone is YouTube at 4am. I've tried other things to try be mindful, it's just the apps. It seems disparate trying to, doing something mindful on a phone"

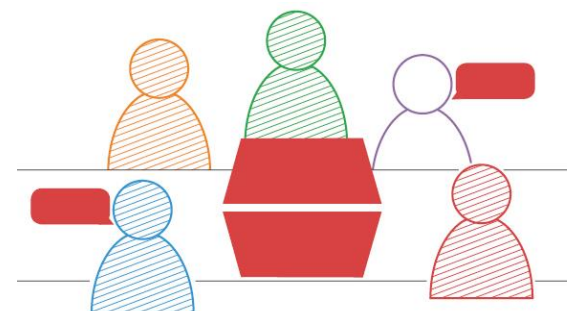
The discussion around the tool cards “doing something that helps you and someone else” as well as “help others” proved to be interesting and polarised the group. Two participants agreed that it was something they did less than they used to, having consciously realised they needed to focus on themselves. The other two participants stated that they agreed having boundaries was important but still enjoyed helping others.

The music related tools, although unanimously used by the participants received a neutral response when referring to its use as a self-care tool. When comparing this to the enthusiasm mindfulness received as a prospective tool the difference was quite stark. At this point it became clear that music was of great interest to the participants in general, making it an appropriate tool for engagement but it was mindfulness that seemed to be the direction the participants were taking the project.

4.5.3 Activity Three: Co-designing Dave's

Toolbox

I introduced the final activity after a short break and restated that the purpose of the proceeding activities had been to inform this final activity (see Appendix F).



PART ONE: CREATING THE PERSONA

The initial question used to instigate the persona creation of Dave was:

Me: “So, Dave, what’s our man up to? He’s in first year of uni, what’s he currently spending his time doing?”

BK: “Trying to pretend everything is as good as he thought it would be.”

PN: “Oof that is so accurate”

The participants were imaginative and enthusiastic when creating Dave. To guide the conversation back to being about Dave the questions “what music does Dave listen to?” and “what specific challenges do these [Dave’s activities] cause Dave?”. Very quickly the participants had given Dave a set of activities, relationships and challenges.

The results of this discussion can be seen in Figure 19 and 20, the data being shown in Table 20 (on the next page).

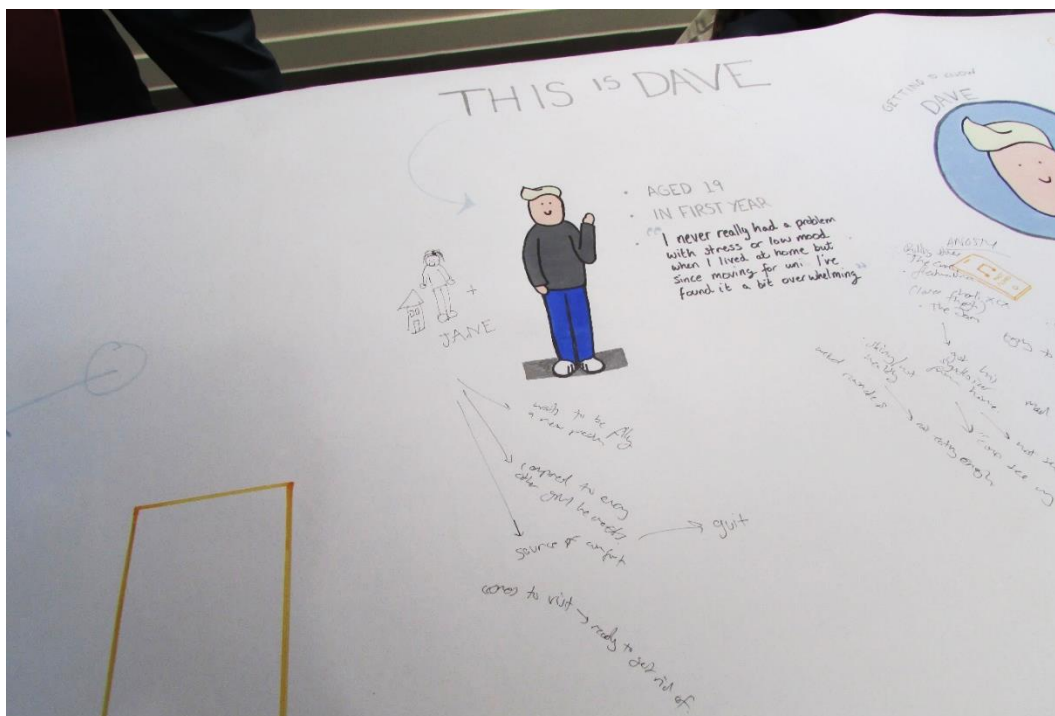


Figure 19: Dave as presented to the participants with notes on his girlfriend and music taste visible.

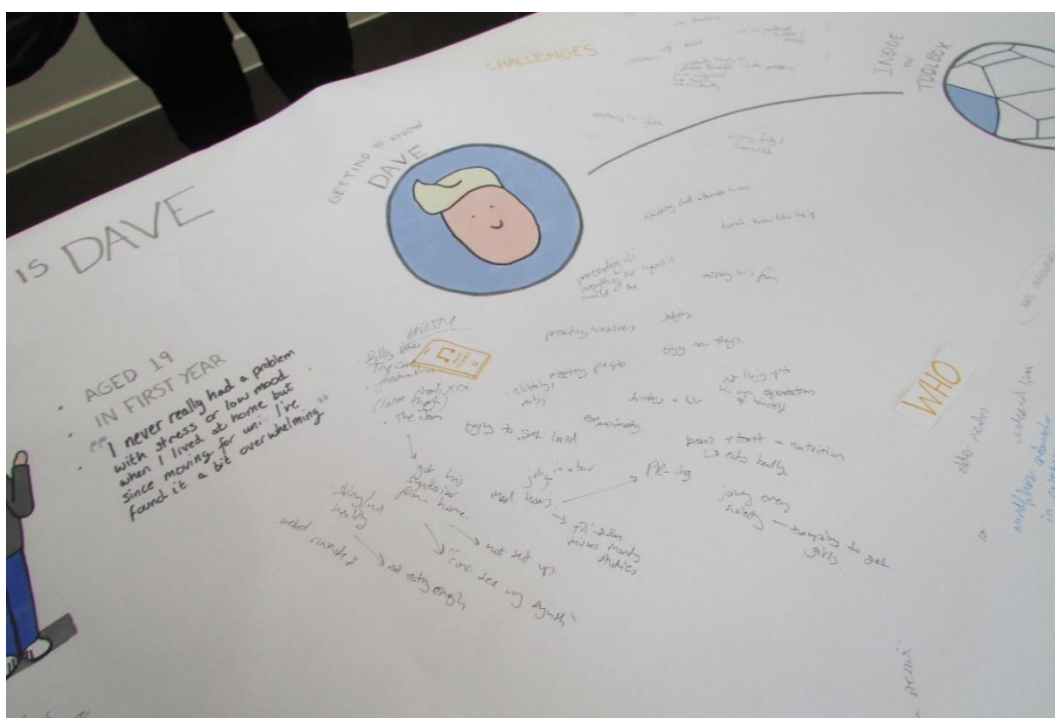


Figure 20: More comments on Dave, including his job, hobbies and challenges (centre-top of image)


<div>GETTING TO KNOW DAVE</div> <div></div> <div>"I didn't used to have a problem with stress or low mood when I was at home but since I've moved for university I'm finding it a bit overwhelming"</div> <div>Aged 19 First year at university</div>	<div>"WHAT DOES DAVE DO?" (asked by me)</div> <div><div><ul style="list-style-type: none">• Weird room-mates• Skinny/not healthy• Not eating enough• Trying to get laid• Beans + toast = nutrition, eating badly• Joining every society (trampolining to get girls)• Missing his family</div><div><ul style="list-style-type: none">• Mad hours- job in a bar, Fri to Sun, misses Mon studies• PR-ing• Experimenting• Clubbing, pubs• Drinking a lot• Pretending unis everything he hoped it would be</div><div><ul style="list-style-type: none">• Meeting people• Presenting himself• Trying new things• Studying• Not living up to expectations (others and his own)• Thinking about alternatives to uni• Doesn't know who he is</div></div>		
	<div>"WHAT MUSIC IS HE IN TO?" (asked by me)</div> <div><ul style="list-style-type: none">• Angsty• Rolling Stones• The Cure• Fleetwood Mac• The Jam• Secretly loves Charli XCX• He's got his synthesiser from home- it's not set up, using it to get girls</div>	<div>"DO WE WANT TO GIVE HIM A GIRLFRIEND BACK AT HOME?" (asked by a participant)</div> <div><ul style="list-style-type: none">• Struggles with Jane (girlfriend)• wants to be fully a new person• compared to every other girl he meets• comes to visit• source of comfort• ready to get rid of• feels guilt</div>	
	<div>KEY CHALLENGES FOR DAVE</div>		
	<div><div><ul style="list-style-type: none">• Questioning his faith• Missing family/homesick• Isolation• Self-doubt• Finding work hard• Guilt</div><div><ul style="list-style-type: none">• No routine• Constantly trying to prove himself under pressure - in workplace, socially, academically• No downtime• Not the healthiest – diet, sleep</div></div>		

Table 20: Transcript of answers from participants about Dave's lifestyle

PART TWO: THE CONTENTS AND THE AESTHETIC OF DAVE'S TOOLBOX



Figure 21: Tools that were deemed “Not for Dave” or “Not for Dave right now”

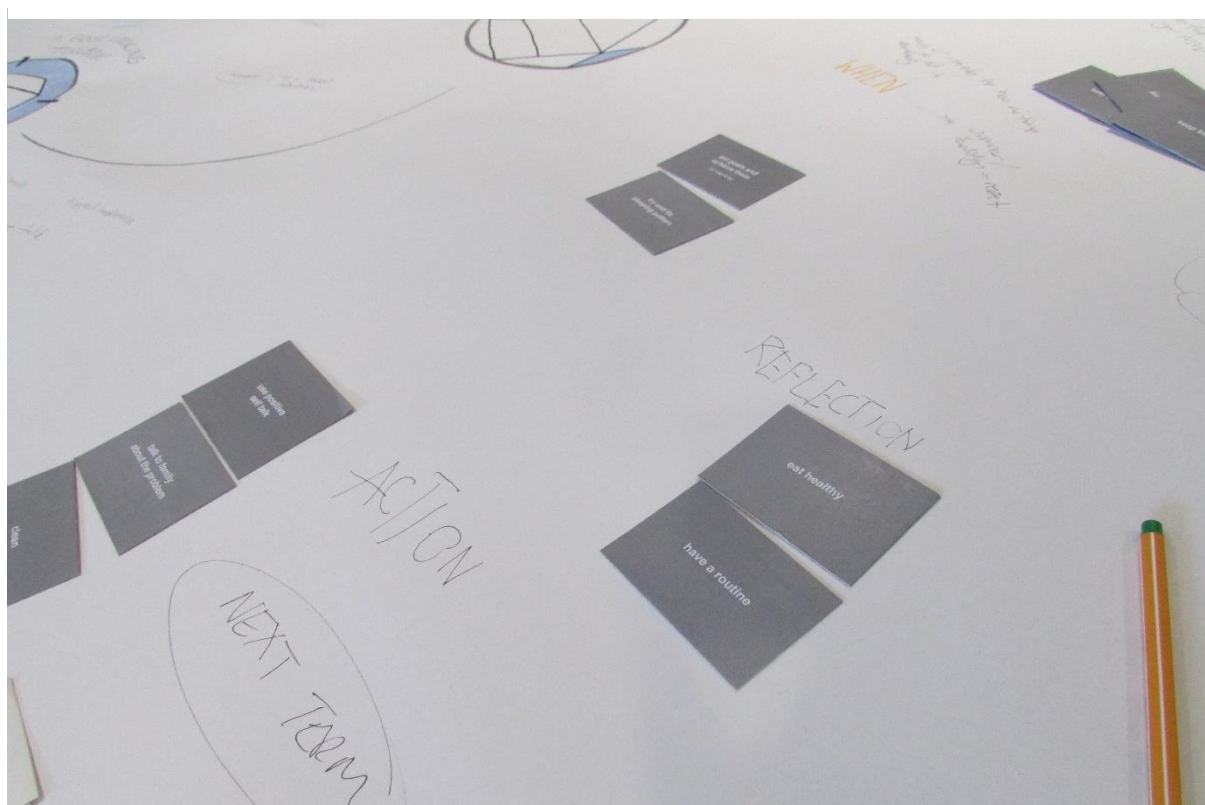


Figure 22: The participants fit the tools into a reflection and action cycle for Dave. The tools relating to “action” were also categorised into actions for next term and actions Dave can do now (i.e. the tools that made it into the toolbox)

THE CONTENTS

The participant's top tools from activity two were presented and the judged based on how appropriate they were considering the challenges Dave was facing. The tools were also evaluated as to whether they helped Dave maintain the most important aspect of MW the participants had chosen (the cycle of action and reflection).

I introduced this by asking "What would work for Dave?" (reaffirming that these tools need to be "Dave appropriate") and reintroduced the Action/Reflection cycle that was agreed upon as the most important aspect of MW during the first activity. I provided the participants with the "top tools" from the previous activity, blank cards for them to write new tools and paperclips to create combinations (wellbeing routines) for Dave.

The tools "keep busy" and "distract yourself" were deemed "Not for Dave" as he was already stretched for time (Figure 21). The chosen tools were then categorised as either action or reflection (Figure 22) and were then put in the physical toolbox on the table. The outcome of this activity can be seen in Table 21 (on the next page).

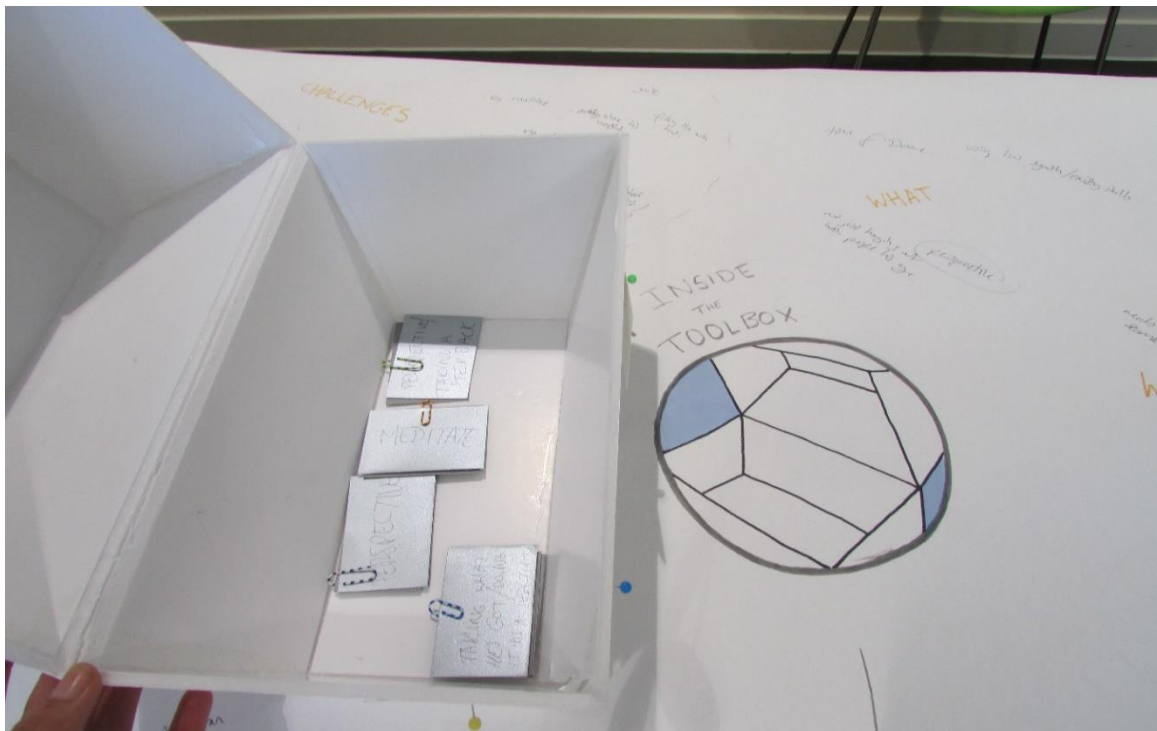


Figure 23: Dave's toolbox open and containing the tools the participants had chosen to be suitable for him.

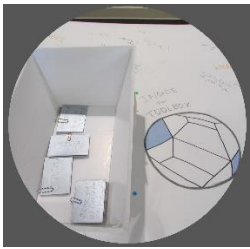
TOOLS CHOSEN FOR DAVE	Good for Dave but not right now	Not for Dave period
 <p>Figure 23 shows how the self-care tools were placed inside the toolbox artefact.</p>	<ul style="list-style-type: none"> • Next Term: <ul style="list-style-type: none"> -Action: "use positive self-talk", "talk to family about the problem" -Reflection: "eat healthy", "have a routine" • Coming Years: <ul style="list-style-type: none"> "Spend time with a pet", "listen to music", "play an instrument" • Can't do currently: "set goals and achieve them", "try and fix sleeping pattern" 	<ul style="list-style-type: none"> - "Join a group" - "counselling" - "help others" - "distract yourself" - "keep busy"
	TOOLS IN THE BOX	
	<ul style="list-style-type: none"> • <u>Wellbeing Routine 1</u> Theme: Changing perspective: approaching existing activities through a MW lens <p><u>Key Tools:</u></p> <ul style="list-style-type: none"> - write/make music - hang out with positive people - socialise with friends - exercise 	<ul style="list-style-type: none"> • <u>Wellbeing routine 2</u> Theme: Keeping perspective: taking a step back Specific Tools: <ul style="list-style-type: none"> - re-evaluate relationships - Enjoy himself/Don't worry too much • <u>Key Tool:</u> Meditation theme: self-reflection

Table 21: Direct answers from participants about the functional requirements of Dave's "Toolbox"

THE AESTHETICS

JT: "He's already on the right path it's just your perspective on things and how you manage yourself."

The participants were then asked what an intervention would have to "look" like to engage Dave. This was done in the format of answering "what, why, when, where, who and how" questions as a way of engaging the participants in the creation of the framework for a brief.

Questions like: "What colour is the intervention?" and "How much time can Dave commit to this?" were asked to get the participants thinking of the practical elements and aesthetics of an intervention that might appeal to Dave. The questions and answers to this series of questions is shown in Table 22.


<p>WHAT GETS DAVE'S ATTENTION AND SUSTAINED ENGAGEMENT?</p>	<p>WHAT IS IT?</p>	<p>HOW DO WE GET DAVE INTERESTED?</p>
	<p>Workshops for mental health, mindfulness, yoga Mentor system Freshers event Provides a space to do nothing</p>	<p>Honesty Compulsory Relatable through general feelings like stress Straightforward Informal/laid back Not too academic Good design (appropriate to institution) Email him through his university email</p>
<p>Figure 24 shows how the "aesthetics" were pinned to the toolbox artefact.</p>	<p>WHERE IS IT HELD?</p>	
	<p>In academic institutions</p>	
	<p>WHO RUNS IT?</p>	
	<p>Student union Part of university societies Mindfulness ambassador</p>	
	<p>WHEN IS IT ON?</p>	
	<p>On every Tuesday Beginning of the year</p>	
	<p>WHY DOES HE BOTHER?</p>	
	<p>"He's in the same situation but knows how to better deal with it" – the intervention allows him to keep doing what he likes but better</p>	

Table 22: The “What, when, where, why and how” participants gave about the of an intervention’s non-functional requirements

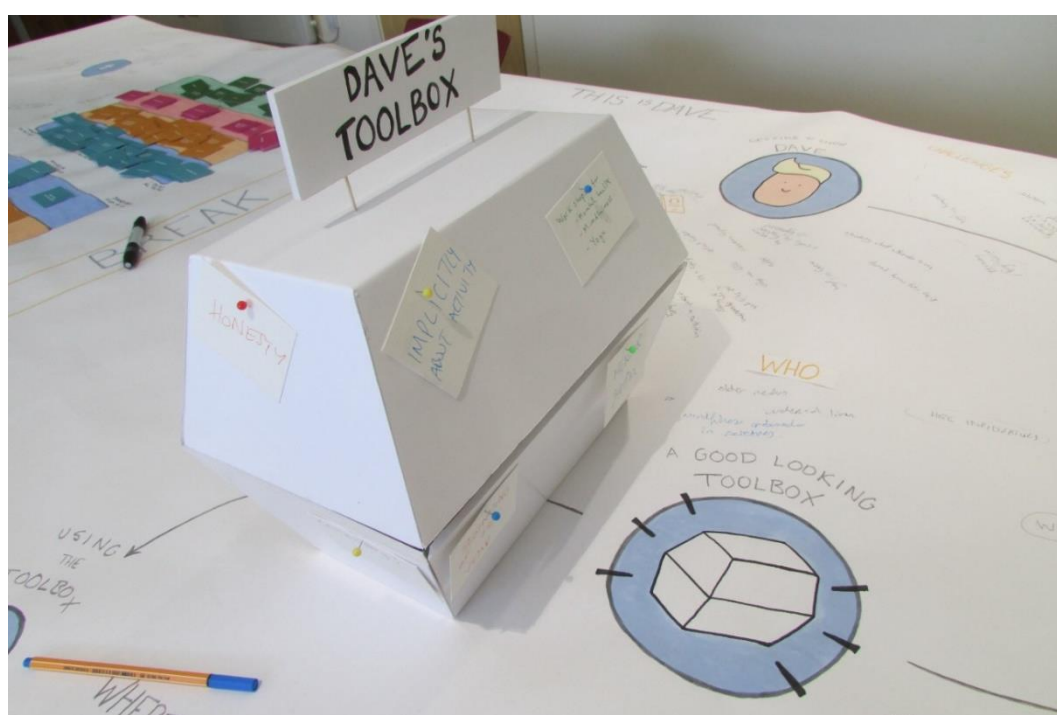


Figure 24: Dave's toolbox closed with the with guidelines on what the intervention should "look" like pinned to it.

PART THREE: CO-DESIGNING AN INTERVENTION

RECOMMENDATIONS

The participants were then asked to prioritise the individual insights related to Dave's MW Toolbox to provide recommendations for an actual HEI based MW intervention. These recommendations can be seen in Table 23.

What	An organisational intervention that supports self-care in students by promoting self-reflection, keeping perspective and self-exploration in the context of MW.
When	Frequently throughout term Constant presence Easily accessible
Where	On the institutions premises Easily accessible
Why	To promote self-reflection and show how self-care can be incorporated into a busy life
Who	Run by someone in the institution, student led, student's association
Other Key elements	Honesty Compulsory Relatable through general feelings like stress Straightforward Informal/laid back Not too academic Good design (appropriate to institution)


Table 23: Recommendations created by synthesis of the participants for a HEI based MW intervention categorised by the 5 Ws

THE CO-DESIGNED CONCEPT

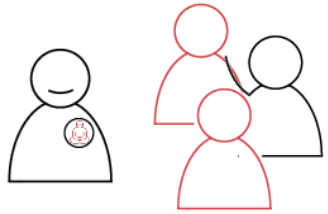
These recommendations were then fleshed out to create a practical concept for a HEI based MW intervention.

The co-designed concept proposed was the creation of a mindfulness ambassador role within an institution, consisting of two primary roles:

- 1.**



To provide information on MW with a focus on the use of mindfulness to help cope with the stresses of student life
- 2.**



To promote mindfulness within a HEI's existing societies to encourage reflection whilst students can continue doing activities they enjoy.

The first role would involve hosting events that would provide information on using mindfulness as a self-care tool. This could be in the form of talks, presentations and scheduled drop-ins, existing societies to promote self-reflection and mindfulness in existing student activities. Spreading and maintaining awareness was also identified as an important activity of the ambassador. This could be done through freshers' events, poster campaigns and a mandatory introductory talk for freshers.

The participants explained that the intervention should first investigate the current visual communication present at the HEI the intervention is being designed for. This aimed to find out what is currently being done by the HIE to support MW, what societies are present and popular, and what kind of aesthetic would be appealing to engage the students in any new

intervention. The important aspect was to develop something that is bespoke to the institution, as participants reflected that what might work at The GSA might not be appropriate for another institution. This insight demonstrates the value of the participants being from different HEIs, which was not something I intended to recruit for but provided a very useful perspective.

ANALYSIS PHASE 5: DEFINING AND NAMING THEMES

After co-designing this concept the participants were asked to reflect and confirm what the key aspects of the intervention were. They decided as a group that keeping perspective through self-reflection was the key element. They also decided that this could be done by changing perspective on current activities and doing them in a more mindful manner.

The two themes decided explicitly by the participants were: Reflection and Perspective.

4.5.4 Post Group Session Analysis

ANALYSIS PHASE 4.2: REVIEWING THEMES

After the group session I reviewed the entire dataset to refine the themes agreed upon during the group session for consistency throughout the project. The themes were validated when reviewing the transcripts of the interviews and the group session. Every participant referred to self-reflection directly in relation to self-care during the interviews (Table 24 shows these comments). The directness and frequency of these references corresponds with the participants selection of self-reflection as the main theme.

<i>Comments relating to the theme of <u>Self- Reflection</u></i>	
"self-awareness", "building awareness", "being aware"	PN
"Reflection"	JT
"Being Aware"	BK
"ponder, think about and contemplate things"	AG

Table 24: References to self-reflection during interviews, exclusively in relation to self-care.

Perspective was chosen and presented as a theme to the participants initially because of the nature of the tools the participants said they used (Table 25).

Achieving something	Physical movement to unblock your mind	Put things in perspective	Find fun
Keep on top of things	Control what you can	Get Older	

Table 25: Tools that led to presenting perspective as a potential theme to participants.

There was no direct reference to keeping or changing perspective during the interviews. After it was introduced and confirmed as a possible theme, it was validated by the following discussions that related perspective to self-reflection.

While reviewing for the themes of reflection and perspective, the theme of exploration emerged. This was present in the suggestions made by participants regarding how to approach the subject of MW (Figure 25).

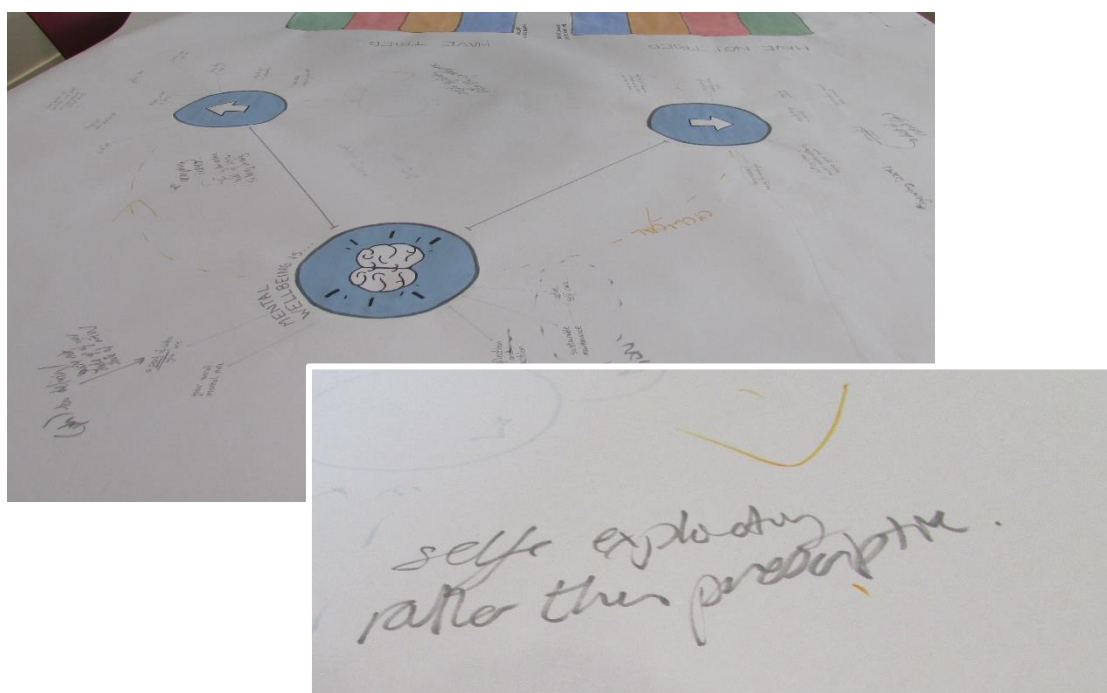


Figure 25: Evidence of the theme of perspective's presence during the first activity of the group session. 63

4.6 Feedback Drop-In Session (Figure 26)



Figure 26: The feedback event held at the Haldane building at the Glasgow School of Art.

My thoughts on the...

☐ Project and/or ☐ Concept

PROJECTS

- I THINK THE PROJECT ITSELF IS WONDERFUL! ESPECIALLY BECAUSE THERE'S SEEMS TO BE A STIGMA AROUND MENTAL WELLBEING FOR YOUNG MEN (ESPECIALLY FOC). ~~FOR~~ HAVING AN 'OUTLET' OR SOMEONE TO TALK TO ABOUT YOUR WELLBEING SEEMS TO BE A GREAT FORM OF THERAPY AT GSA.

CONCEPT:

- I FEEL LIKE THE ~~CONCEPT~~ CONCEPT THAT WAS DEVELOPED - A MINDFULNESS AMBASSADOR - IS GREAT, BUT A BIT INTIMIDATING. FOR CERTAIN YOUNG MEN I FEEL LIKE APPROACHING A SPECIFIC 'TITLED' INDIVIDUAL MIGHT MAKE YOU SOCIALLY ~~UNCOMFORTABLE~~ VULNERABLE - WEAK?

Figure 27: Side one of the feedback drop-in feedback card- filled out by a student

Calm

Trust

GOOD ADVICE

Experience

What makes me a Mindfulness-Ambassador?

NICE PERSON?

TRUSTED CONTACT?

Figure 28: Side two of the feedback drop-in feedback card- filled out by a member of staff

Twelve people attended the feedback drop-in, seven were men and five were female. Nine were students and three were staff.

From the verbal and written feedback staff and students differed greatly on the proposed concept. Staff were positive about the idea whereas students, although agreeing that it was a good idea, had a large amount of concerns relating to its implementation. Most of these concerns related to who the ambassador would be and what boundaries their responsibilities would have. The comments from the feedback session can be found in full in Appendix G with a sample shown in Figure 27 and 28.

CONCEPT PROPOSAL FOR INTERVENTION AT THE GSA: READ C57

FEEDBACK FROM PARTICIPANTS

The participants that could attend (one now lives abroad) were invited to the feedback event. Unfortunately, due to time constraints and other obligations none could make the actual event. However, three of the four provided feedback on the project and my interpretation of the recommendations if applied to The GSA. This feedback can be seen in Table 26 (on the next page).

PARTICIPANT	FEEDBACK IN EMAIL
AG	<p>"I found the interview fun and engaging. You conducted the interview well; especially given the fact that it was my first experience being interviewed I felt comfortable answering your questions. The premise of using music to get people to open up about mental health issues is really cool (effective), I thought. It also introduced me to issues that I hadn't considered before"</p> <p>"The poster you made was beautiful! The interactive nature of the whole thing was really well thought out."</p> <p>"It would have been better if you asked feedback a earlier! I am forgetting some of the finer details of things"</p>
JT	<p>"I only saw this now but [the posters for the feedback event]are great! I'd forgotten a bit about what we'd done but proposing a mindfulness ambassador and finding mindfulness representatives in other societies/groups is an excellent idea"</p> <p>"It was a really solid project so I hope you did well! And surely it's right up GSAs street."</p> <p>"Wonder if it will get taken on board. Its certainly only a good thing in my eyes!"</p>
PN	<p>"I think the final idea sounds great! Can totally understand the idea of a mindfulness ambassador, realistically it's something I can see GSA supporting as well with a wider precedence given to mental health in contemporary discussion.</p> <p>I think it would be interesting to illustrate how exactly the mindfulness ambassador might fit in to the organisational structure of GSA; even if that's just a hierarchical tree or something similar that show how they relate to other methods of support and which areas they are relevant for.</p> <p>It might also be interesting to visualise some more occasions at which the mindfulness ambassador would be applicable, in a similar to vein to the example with the mountaineering club.</p> <p>Really cool to see all the research come together!"</p>

Table 26: Excerpts from feedback via email from AG, JT and PN

5. Findings

The findings of this study are represented in two different ways:

- 1) Embodied as part of the co-designed intervention
- 2) Elaborated on via the developed themes.

The recommendations generated through the co-design activity have already been presented in the Fieldwork chapter. In this chapter I will focus on the emerging themes, which will also be related to the co-designed intervention to observe how they have informed the recommendations.

5.1 Theme One: Reflection as a sustainable self-care tool

This theme relates to the use of reflection as a self-care tool in itself. Participants reported that many self-care tools although perceived as being valuable in theory (e.g. healthy eating, exercise, talk to family) were relegated to “should” or “can’t” categories of self-care tools. Participants felt these were unrealistic due to the time constraints of a busy lifestyle and lack of comfort with the tool (e.g. finding it difficult to talk). Participants expressed how this can lead to disappointment or frustration in oneself for not following through on these “should” or “can’t” self-care tools. Self-reflection was proposed as a tool that provides a then and their “solution” that other self-care tools lack. For example, during the evaluation of self-care tools in the group session two of the participants were hesitant to place the tool “get up and get going”. The reason for this hesitation was as one participant said:

“AG: [about the tool “get up and get moving”] I mean yeah, I try this like I try to wake up in the mornings, but it just doesn’t happen. It’s something I’ve always aspired to do but I think me as just being a lazy person it’s not going to happen”

Another participant commented that:

JT: “it’s a lot easier to say [you’ll talk to friends about something]. I find it difficult to talk about things”

Reflection was a prominent theme in this study that was present in the aspects of MW chosen as most important (Action/Reflection cycle) and reflected in the tool of choice for the co-designed concept (Mindfulness Ambassador).

Meditation was chosen as the top priority tool for Dave (the first one to go in the toolbox) as it was the embodiment of reflection:

BK: “I think it would be important to push meditating to him. Because a lot of this stuff all sounds good in principle and its stuff you’ve heard a hundred times before, so it might be someone says that to him and he’s like yeah yeah, like you should eat healthy. But [meditation] is something he can try that’s new that might lead to the other things [eating healthy, getting more sleep etc].”

JT: “Yeah, and it kind of is an action that creates a reflection.”

BK: “Yeah and if someone’s looking for help as well, a lot of the time they’re looking for something they can actually do”

An issue may come if conflating self-reflection and mindfulness as being one in the same. During the interviews one of the participants had tried mindfulness but had a negative relationship with it. When asked if he had tried mindfulness:

BK: “...I’ll force myself to [meditate] a couple of times a day. [...]”

When asked to define mindfulness:

BK: “[Mindfulness is] trying to control the flow of negative thoughts and stem it.”

This idea of controlling thoughts is a misconception that is often associated with mindfulness (Kabat-Zinn, 1990). The disappointment of not reaching this expectation affected the

participant's rate of use of the technique although they could still see the benefits of using mindfulness as a self-care tool.

Mindfulness also had the connotation of being “hippy-ish or [...] weirdly religious” (PN) or being related to “alternative medicine” (BK). This might relate to mindfulness's roots in Buddhism which would align with the participants explicit dislike of “turning to religion” as a self-care tool (See Appendix E).

5.2 Theme Two: Using perspective to prevent dwelling on negative thoughts

Facilitating students with a chance to keep perspective would greatly reduce the chance of rumination and becoming overwhelmed. This theme overlaps with the previous theme in that it relates to using reflection to keep perspective.

Perspective was explicitly stated as a theme by the participants which is shown by their grouping of tools under the theme of “Perspective” in Figure 29.



Figure 29: The theme of perspective shown as coming from the codes “Re-evaluate relationships”, “Enjoy himself/don’t worry too much!” and “Have perspective”.

5.2.1 Keeping Perspective Through Self-Reflection

One way of keeping perspective is by using the aforementioned tool of self-reflection.

*JT: “I would say **perspective**, which would maybe tie in with the **meditation**”*

*JT: “with that you kind of **meditate** to find a way to **re-evaluate**”*

When asked if they would prioritise the tools to suggest to Dave, the first was meditate and the second was perspective (a tool the participant’s made themselves) with the connection made between meditation and maintaining perspective. Three of the four participants used tools that helped them maintain perspective while also reporting an above average ability to look after their own MW.

Reflection as mentioned before was heavily endorsed by the participants, it was viewed as a way of sense-checking your current state.

JT: “He’s already on the right path it’s just your perspective on things and how you manage yourself.”

Another participant stated the positive approach keeping perspective can take:

*BK: “...he’ll probably think he has no time, **but he could if he made it**, if he made some decisions about what he should be doing.”*

5.2.2 Keeping Perspective Through Peer Support

It was also discussed that you can keep perspective on things by being around people, especially people with an outside perspective.

AG: “Given that he’s just a first year I think he should just have fun, not really worry about big thing yet like what he’s going to do after graduation.”

JT: “Do you think that’s in [the category of] reflection?”

BK: “Maybe he’s seeking perspective.”

One aspect of having peer support maintain your perspective is keeping an eye on the peers you have. This can be done by taking the time to re-evaluate your relationships especially in the early years of university.

BK: “...re-evaluating relationships is important at that stage of his life.

There are so many new people.”

Although not an intrinsic part of the co-designed activity, “re-evaluating relationships” was a tool recommended as appropriate for Dave. This was another tool suggested for Dave with the intent being that by taking the time to evaluate your current relationships you can see what outside factors are affecting your MW.

“Keeping Perspective” was a tool that was suggested appropriate for Dave and this influenced the co-designed intervention. Having life-experienced mentors in place and providing holistic information on MW was intended to show people that their problems, although uniquely experienced by them, are also being experienced by others.

5.3 Theme Three: Providing alternative forms of discovering self-care tools

This theme represents the discussions around the value of information and how this relies heavily on who is sharing the information and how they are doing it.

5.3.1 Promoting the Discovery of Self-Care Tools: Via Mentors

The benefits of sharing information via a network of mentors was suggested by the

participants. The idea is that information from older and more experienced individuals can provide a blueprint for how to self-care.

JT “you’ve met someone, that you feel like they’re a few years down the line, that’s where I want to be ok how do I get there, they’re a few years down the line. And this person is like oh I do meditation. Or someone that you can be inspired by or you can look up to, someone that’s a bit of a role model”

BK “don’t universities have mentors or something like that”?

JT “yeah mentors, for me it’s the guys in the band. They’re all five, six years older than me. I’ve always looked at how they operate their lives and through that I’ve found mine.”

The discussion around mentorship is what led to the co-design of a drop-in session to share information that was a part of the final intervention.

5.3.2 Promoting the Discovery of Self-Care Tools: in the form of an early-stage intervention

Participants who stated that they had not experienced anything overly challenging were aware that they had been able to cope on their own so far but hoped they would be able to seek help when needed. During the conversation around the self-care tool “talk to a friend”, two participants commented:

AG: “Not sure I’ve had anything too serious that I’ve shared with a friend. I’m not sure if it’s because I’m uncomfortable with them or because I haven’t had anything significant to say. I think I’m sort of lucky that I’ve got some pretty great friends so if something was to happen I think it’s definitely an option.” AG

JT: “Yeah I don’t feel like I’ve had something that I can’t handle on my own yet, but it feels like my mind is definitely the kind of place where that might happen. [Talking to friends] sounds ok, I hope I would if it came to it.”

The co-designed intervention was a preventative, early stage intervention that is integrated into the HEI. By providing information on stress reduction and MW maintenance the tools do not aim to tackle more severe MH conditions. The intervention signposts to the existing student support services that are equipped to support MH concerns. By combining MW and the student's existing activities the habit of integrating MW into a busy life can begin to be formed and hopefully be an available tool for more stressful periods during an individual's life.

6. Discussion

This research study has produced a user-centred output (the proposed concept and recommendations) that represents most of the data gathered throughout this project. This chapter will discuss the overall findings of this project that may not be represented fully by the concept itself.

6.1 Insights on Mental Wellbeing

The findings revealed that MW is complex and cannot be reduced to prescriptive solutions. The insights generated across the research suggest that MW is a constant cycle of reflection and action. The participants saw no benefit in simplification of MW and instead saw an opportunity to be honest about the complexities.

The group session reinforced the need to consider intervention development in this context to encourage self-exploration rather than prescribe solutions. In relation to previous literature, self-exploration has not previously been documented explicitly to the best of my knowledge. As such, there is an opportunity to create something novel in relation to self-care and document the successes and challenges it faces.

The participants did not discuss gender at any point during the study. It would be unwise to presume that this means gender was not an issue, but it can be said that it was not a priority for the participants when deciding on recommendations for an intervention.

6.2 Insights on Self-Care Tools

It was not possible to predict the preferences the participants would have in terms of self-care tools. This aligns with Connell's theory of masculinities (1995) that the fact they identified as men had caused little correlation in their tastes in tools.

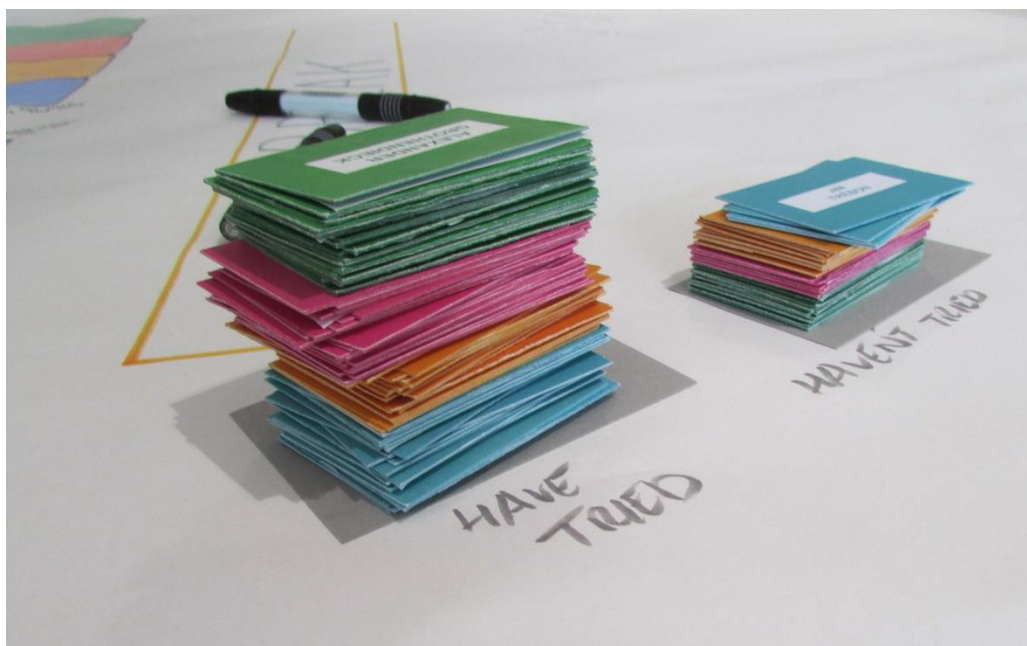


Figure 30: A comparison of the number of the tools the participants had already tried and ones they hadn't.

The fact that the men had tried most of the tools presented to them (Figure 30) is in line with previous literature (Proudfoot et al., 2015). The participants were also very open to new tools which also supports Proudfoot et al..

The findings suggest that there was more value in promoting self-care tools with certain themes rather than attempting to promote specific self-care tools to individuals based on their tastes or demographic. Although not explicitly stated in previous literature, this finding is aligned to Proudfoot et al. (2015; p11) who state that giving men choice was a key factor in increasing propensity to seek help with their MW.

Mindfulness is a promising way of encouraging self-reflection, but I would encourage future research and intervention development to at least consider promoting self-reflection as a tool in itself. A possibility is to educate and raise awareness among students on what mindfulness is using a similar approach to this study, through sessions with a trained mindfulness practitioner.

6.2.1 The Potential of Mentoring as A Novel Route to MW Provision

The idea of having mentors involved in the intervention was strongly suggested in previous literature (Proudfoot et al., 2015; Lefkowich et al., 2015; Universities UK, 2015). This relates strongly to the insights from the contextual and literature review as can be seen in the portfolio on **P.12 and P.13**. Specifically mentoring was mentioned during the Being a Man festival. One talk recommends “empowering sharing” and another refers to the fact that as you are growing up you are searching for a “blueprint” on how to act.

This openness to a mentor was also shown in the participatory survey conducted by Proudfoot et al. (2015). This was explicitly shown as the self-care tool of “having a mentor” being not something men used but would be open to using. Less explicitly it was stated in their suggestion that:

“Simply hearing that other men consciously invest in preventing poor mental health could be a powerful message.”

(Proudfoot et al., 2015; p11)

6.3 The Co-Designed Concept

Table 27 illustrates the way in which the co-designed concept relates back to the literature in terms of the guidelines that were adopted for this study.

Guidelines from the literature regarding how to create engaging projects for men	Aspects of these guidelines in the co-designed concept
Create a safe space	<ul style="list-style-type: none"> The suggestion of drop-ins Having special events occurring within societies that have a mindful element- only those wishing to take part in something like that would attend
Male oriented language/communication	<ul style="list-style-type: none"> Not explicitly male-oriented Guidelines for communication were that it should be honest, informal, humorous and straight-forward
Base around an activity	<ul style="list-style-type: none"> One of the primary roles of the mindfulness ambassador was to encourage mindfulness while doing activities individuals already enjoy The other role was the provision of information

Be male-positive	<ul style="list-style-type: none"> • Not explicitly
Promote social engagement and emotional discussion	<ul style="list-style-type: none"> • The drop-ins would provide social engagement around self-care, this would prevent isolation • The participants saw the importance for frank discussions about MW

Table 27: The co-designed intervention in relation to the guidelines suggested from literature

This table shows that the majority of the guidelines were represented as part of the co-designed concept. The exception being the explicit statement of the project needing to be “male-positive”.

The suggestion made by the participants to create an “organisational intervention”, an intervention that acts not only on an individual or group level but also structural and societal levels, (Winzer et al., 2018; p20) is something recommended in the literature. Winzer et al. (2018) discuss the potential of exploring organisational interventions in the context of MW. They suggest that “to maximize the effectiveness of mental health promotion, all levels of delivery must contribute, i.e., not just individual and group levels, but also structural, and societal levels” which is similar in structure to the proposed concept (ibid; p20).

Universities UK (2015) also suggest the concept of an integrated “organisational intervention” within a HEI in their ‘*Student MW in higher education: good practice guide*’. Their recommendation is the “integration and embedding of student MW across the institution” with an emphasis on student representation (Universities UK, 2015: p6).

This is aligned with the concept proposed by the participants of this study and shows the literature is there to support a proposal suggesting such a large-scale intervention.

6.4 The Role of Mindfulness and Music

My experience with using mindfulness and music listening as a part of this research project was extremely positive. The role of mindfulness is apparent through the co-designed concept, but the role of music is slightly less apparent.

Music was diverse in its appeal as a tool (see Appendix E). Although music wasn't directly related to the co-designed concept it was referred to by the participants as an activity to be mindful while doing. Mindful music listening is mentioned as a burgeoning tool in the context of MW (Eckhardt and Dinsmore, 2012; de la Cruz et al, 2014). I also believe music functioned well as a tool for evoking feelings and emotions which is also discussed in previous literature (Thoma et al., 2013). For this reason, I would highly suggest using music in a project using generative techniques.

6.5 Reflection on The Study

PARTICIPANT ENGAGEMENT

Overall the participants were incredibly responsive, motivated and engaged during this project and in the generative workshop it felt as if we were all working towards a single goal. The participants were also mature around the subject matter with a genuine desire to be involved and contribute. This may have been due to the messaging I used at recruitment, which directly appealed to people who were interested in MW, the subject matter being relevant to their lives (music) and because of the informal and fun nature of the study design.

JT: "you had a nice poster, advertising this, and it was written in a way that wasn't so academic still but not totally airy fairy"

By emphasising the expertise of the participants and devoting time for the group to get to know each other and myself this may have given them the confidence to share their views and work collaboratively. This relates to back to Bandura's self-efficacy theory and the idea that "unless people believe they can produce desired effects by their actions they have little incentive to act." (Bandura, 2012; pp2-3).

AG: *"You conducted the interview well; especially given the fact that it was my first experience being interviewed I felt **comfortable** answering your questions."*

EFFECTIVENESS OF THE CHOSEN METHODOLOGY AND METHODS

All four participants remained engaged throughout the entire project. This sustained engagement may be the result of carefully designing the experience of participation and research materials.

Overall the methods and methodology seemed to aid in creating the comfortable and encouraging environment that was intended. By using humour during the study's fieldwork, especially verbally, the participants were made to feel welcome and comfortable throughout the process. These outcomes align with the literature presented in Section 2.3.2 (p23) and is supported by AG's comment:

AG: *"I found the interview fun and engaging. You conducted the interview well; especially given the fact that it was my first experience being interviewed I felt **comfortable** answering your questions."*

The use of humour seemed effective with this group of participants. It allowed a natural flow of conversation and created a comfortable and relaxed atmosphere. In situations where participants are less familiar and group dynamics are more apparent, a more serious approach, such as engagement through empathic methods may be more effective.

The generative process seemed to be effective at priming the participants for the creative activities towards the end of the study. This aligns with the framework proposed by Sanders and William (2001). This creativity was evident in the creation of the persona of "Dave" where the participants, with little prompting, created a rich persona to design for (Figure 19 and 20; p60). This seems to be partially due to this activity taking place after a

series of progressively creative activities and allowing time to feel more comfortable as a group. On reflection, I believe the co-design activity that followed the persona creation could have been more creative in nature. Sanders and William (2001), Visser et al (2005) and Ferrera (2012) suggest highly visual and interactive methods such as collaging and rapid prototyping. Using these more visual and interactive methods may have given the participants the opportunity to communicate their ideas more visually and possibly more effectively. However, the visual and interactive methods that were used leading up to the co-design activity helped create an engaging and creatively supportive environment which resulted in a strong design concept.

6.6 Limitations

This study had had similar limitations to other qualitative studies in relation to generalisability of the results due to the small sample size. However, this project benefited from a small sample size, as it allowed for a more participatory study.

RECRUITMENT

The timing of recruitment and the decision to only recruit via The GSA limited the demographic of people that were reached. This meant a very specific group of people responded. The combination of having participants from an art school and also from a more traditional university setting was very unique and in turn created a unique research study. However, the results of the study may differ if the project had involved only students from a single institution for example.

SAMPLE SIZE

Sample size had benefits in terms of creating a more 'intimate' space to explore MW but also limits the generalisability of this study. Due to the small sample size the findings of this project are therefore specific to the individuals and setting involved. This should be considered if anyone replicates this study or uses these results in the development of an

intervention, especially if it is set outside the context of Glasgow.

6.7 Summary

In summary the outcomes of this project, although very specific to the group of men involved, hold insight on how an intervention regarding MW might be conducted.

This project highlights that these young men were interested in sharing their experiences with MW and discussing how to manage it in a critical manner. It was also evident that approaching MW through the lens of self-care was of interest to the participants. The discussion around tools rather than specific challenges allowed the participants to discuss MW in an abstract way.

This project also displays the benefit in combining the subjects of music, mindfulness and MW as elements in a research project.

7. Future Opportunities and Concluding Remarks

7.1 Future Opportunities

The findings of this project provide direction towards creating an HEI based intervention that is centred around the benefits related to self-reflection. The co-designed concept produced as an outcome of the research is predominantly focused on promoting mindfulness and the importance of self-reflection and maintaining perspective. Care must be taken however to present secular mindfulness to avoid any unnecessary connotations with religion. I also see benefit to having informal and slightly older mentors that are visible, accessible and approachable for information provision.

From the discussion around other self-care tools I see potential for a sub-focus on novel self-care tools such as cleaning or even crying. Framing drop-in sessions as a safe-space for discussion or debate around these tools (similar to activity two of the group session) avoids prescription and encourages reflection of individuals as to how they feel about the proposed tools.

To take this project further specifically in the context of The GSA I would recommend a multi-stakeholder continuation of this study. I recommend this with the ideal end-goal of creating an intervention that is both feasible from the institution's perspective and desirable in terms of need provision for both staff and students. This would provide an institution specific intervention as recommended by this study. By handing ownership of the intervention to the body of the GSA it would continue on the engaging participatory nature this study has displayed.

7.2 Implications

An important implication of this project is in increasing engagement in MW based interventions. Using the successful engagement present in this study to inform HEI based interventions could greatly increase engagement around developing future interventions. This

study shows the value in using a participatory process and humour in a context that often people shy away from talking about.

Engagement in MW interventions is especially important in the Scottish HEI context with the Scottish Government investing in additional counsellors over the next year (The Scottish Government, 2018). It is not only the amount of resources available that is important but the diverse ways in which people are able to access these resources. The intervention proposed in the present study offers an alternative route to accessing information on mental health provision within a HEI for those who are not inclined to use more traditional access points (as discussed in the literature review). To maximise on government's investment, it is important that the maximum number of students are interacting in a conversation about MW. This is something the co-designed concept achieves through providing an alternate means to accessing MW support within a HEI.

7.3 Concluding Remarks

In conclusion, by using self-care as a base for discussion and humour to encourage participation and creativity this study provides a qualitative exploration of the needs and experiences related to MW of male students in a higher education institution.

The Fieldwork chapter and Communication stage of the portfolio have heavily documented the proposed recommendations **C.57** of this study resulting from co-designing an intervention with young male students. These recommendations are applicable to any HEI seeking to create an intervention that promotes self-care and increased engagement of their students in their own MW.

For a MW intervention that aims to target students, the key themes that this study

suggests would create a successful intervention are:

- Raising awareness of self-reflection's benefits in the context of MW
- Encouraging students to keep perspective through peer support
- Mentoring as a form of alternative MW information provision

There is a general lack of mental wellbeing related organisational interventions and although there are projects that exist that encourage peer support (*"Look After Your Mate"*) or institution specific information provision (the *"Student Health App"*) there seems to be an opportunity for an intervention that does both. The themes presented in this study shows there is a call for a more comprehensive and institution appropriate MW intervention.

Bibliography

- Ahola, H., Aro, P. and Vuorela, T. (2016). Humour Matters in Service Design Work. In: ECIE 2016 11th European Conference on Innovation and Entrepreneurship: ECIE 2016. Reading: Academic Conferences and Publishing International Ltd., pp19-25.
- Addis, M. and Mahalik, J. (2003). Men, masculinity, and the contexts of help seeking. *American Psychologist*, 58(1), pp5-14.
- Assari, S. and Lankarani, M. (2016). Stressful Life Events and Risk of Depression 25 Years Later: Race and Gender Differences. *Frontiers in Public Health*, 4.
- Bandura, A. (2012). *Self-efficacy*. New York, NY: Freeman, pp2-11.
- Bate, P. and Robert, G., 2006. Experience-based design: from redesigning the system around the patient to co-designing services with the patient. *BMJ Quality & Safety*, 15(5), pp307-310.
- Bergold, J. and Stefan, T. (2012) 'Participatory Research Methods : A Methodological Approach in Motion', *Forum: Qualitative Social Research*. Deutsche Forschungsgemeinschaft, 13(1).
- Braun, V. and Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), pp77-101.
- Broglia, E., Millings, A. and Barkham, M. (2018) 'Challenges to addressing student mental health in embedded counselling services: a survey of UK higher and further education institutions', *British Journal of Guidance and Counselling*. Taylor & Francis, 46(4), pp441–455.
- Chan, M., Chan, E., Mok, E. and Kwan Tse, F. (2009). Effect of music on depression levels and physiological responses in community-based older adults. *International Journal of Mental Health Nursing*, 18(4), pp.285-294.
- Connell R. (1995) *Masculinities*. Cambridge, Polity Press, p26
- Connell, R. (2011). *Masculinities* - Raewyn Connell interview at Women's Worlds 2011. http://www.raewynconnell.net/p/masculinities_20.html (Accessed 29 Nov. 2018).
- Connell, R. W. (1987). *Gender and power: Society, the person and sexual politics*. Stanford, CA: Stanford University Press.
- Crotty, M. (1998). *The Foundation of Social Research*. London: Sage Publications Ltd.
- de la Cruz, O. L. and Rodríguez-Carvajal, R. (2014). 'Mindfulness and Music: A Promising Subject of an Unmapped Field', *International Journal of Behavioral Research & Psychology*, pp27–35.
- Dunne, A. (2005) *Hertzian Tales: Electronic Products, Aesthetic Experience and Critical Design*. The MIT Press, London.
- Eckhardt, K. J. and Dinsmore, J. A. (2012). 'Journal of Creativity in Mental Health Mindful Music Listening as a Potential Treatment for Depression', *Journal of Creativity in Mental Health*, 7(10).

Ferrara, J. (2012). *Playful design: Creating Game Experiences in Everyday Interfaces*. Brooklyn, N.Y.: Rosenfeld Media, pviii-10.

Foth, M. and Axup, Jeff. (2006). *Participatory Design and Action Research: Identical Twins or Synergetic Pair?* Proceedings of the Participatory Design Conference, Italy, pp93-96

Garrido, S., Schubert, E. and Bangert, D. (2016). 'Musical prescriptions for mood improvement: An experimental study', *Arts in Psychotherapy*. Elsevier Ltd, 51, pp46–53.

Gaver, W.W., Bowers, J., Boucher, A., Gellerson, H., Pennington, S., Schmidt, A., Steed, A., Villars, N. and Walker, B. (2004). The drift table: designing for ludic engagement. CHI'04 extended abstracts on Human factors in computing systems, pp885-900.

Gebert, S. (2018). *Psychological Therapies Report on the use of IAPT services, April 2018 Final Summary Report*. NHS Digital, p6.

The GSA, (2016). '2015-16 Equality Monitoring Report: Students'. Available from: <http://www.gsa.ac.uk/media/1509780/equality-monitoring-report-students-15-16-with-benchmarking-final-111217.pdf> (Accessed: 13 February 2018).

Grudin, J. and Pruitt, J. (2002). 'Personas, Participatory Design and Product Development: An Infrastructure for Engagement', *PDC*, pp144–152.

Hewer, R., Smith, K. and Fergie, G. (2018). The Social Functionality of Humor in Group-Based Research. *Qualitative Health Research*, 29(3), pp431-444.

Holtzblatt, K. and Beyer, H. (1999). 'Contextual design', CHI '99 extended abstracts on Human factors in computing systems, CHI '99.

Information Services Division. (2016). A profile of deaths by suicide in Scotland 2009-2014: A report from the Scottish Suicide Information Database. Available from: <http://www.isdscotland.org/Health-Topics/Public-Health/Publications/2016-08-10/2016-08-10-ScotSID-Report.pdf> (Accessed: 18 November 2017).

Johansson, M., & Linde, P. (2005). Playful collaborative exploration: New research practice in participatory design. *Journal of Research Practice*, 1(1), Article M5.

John, E. (2017). *Suicides in the UK: 2016 registrations*. Office for National Statistics, pp4-10.

Kabat-Zinn, J. (1990). *Full Catastrophe Living: Using the Wisdom of Your Body and Mind to Face Stress, Pain, and Illness*. New York: Dell Publishing.

Lefkowich, M., Richardson, N. and Robertson, S. (2015). "If We Want to Get Men in, Then We Need to Ask Men What They Want": Pathways to Effective Health Programming for Men. *American Journal of Men's Health*, 11(5), pp1512-1524.

Mental Health Foundation. (2016). *Fundamental Facts About Mental Health 2016*. Mental Health Foundation, London, pp34-40

Morrison, L., Trigeorgis, C. and John, M. (2014). Are mental health services inherently feminised?. *The Psychologist*.

Nakarada-Kordic, I., Hayes, N., Reay, S., Corbet, C. and Chan, A. (2017). Co-designing for mental health: creative methods to engage young people experiencing psychosis. *Design for Health*, 1(2), pp.229-244.

NHS Scotland. (2018). Mental health and wellbeing. [online] Wellscotland.info. Available from: <http://www.wellscotland.info/about> (Accessed 25 Aug. 2018)

O'Brien, R., Hunt, K. and Hart, G. (2005). 'It's caveman stuff, but that is to a certain extent how guys still operate': men's accounts of masculinity and help seeking. *Social Science & Medicine*, 61(3), pp.503-516.

Office for National statistics (2018) 'Estimating suicide among higher education students, England and Wales: Experimental Statistics'. Office for National Statistics, 25 June, pp. 1–27. Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/estimating-suicide-among-higher-education-students-england-and-wales-experimental-statistics/2018-06-25> (Accessed 30 Sep. 2018).

Proudfoot, J., Fogarty, A., McTigue, I., Nathan, S., Whittle, E., Christensen, H., Player, M., Hadzi-Pavlovic, D. and Wilhelm, K. (2015). Positive strategies men regularly use to prevent and manage depression: a national survey of Australian men. *BMC Public Health*, 15(1).

Ridge, D., Emslie, C. and White, A. (2011) 'Understanding how men experience, express and cope with mental distress: Where next?', *Sociology of Health and Illness*, 33(1), pp. 145–159.

Robertson, S. White, A. Gough, B. Robinson, M. Seims, A. Raine, G. Hanna, E. (2015) *Promoting Mental Health and Wellbeing with Men and Boys: What Works?* Centre for Men's Health, Leeds Beckett University, Leeds.

Robertson, S., Bagnall, A. and Walker, M. (2014). Evidence for a gender-based approach to mental health program: Identifying the key considerations associated with "being male". Movember Foundation.

Sanders, E. (1992). Converging Perspectives: Product Development Research for the 1990s. *Design Management Journal (Former Series)*, 3(4), pp.49-54.

Sanders, E. (2006). Design research in 2006. *Design research quarterly*, 1(1), pp.1-8.

Sanders, E. and Stappers, P. (2008). Co-creation and the new landscapes of design. *CoDesign*, 4(1), pp.5-18.

Sanders, E. and William, C. (2001), *Harnessing people's creativity: Ideation and expression through visual communication*. Edited by Langford, J. and McDonagh-Philp, J. *Focus Groups: Supportive Effective Product Development*, London. Taylor Francis.

Saavedra, R. & Early, P.C. (1991) Choice of task and goal under specific conditions of general and specific affective inducement. *Motivation and Emotion*, 15 , pp 45–65.

Shipton, D. and Whyte, B. (2011). *Mental Health in Focus: A profile of mental health and wellbeing in Greater Glasgow & Clyde*. Glasgow: Glasgow Centre for Population Health., pp 32-33.

Sicart, M. (2017). *Play matters*. Cambridge: The MIT Press.

Simonsen, J. and Robertson, T. (2003). *Routledge International Handbook of Participatory Design*. New York: Routledge.

- Spinuzzi, C. (2005). 'The Methodology of Participatory Design', *Technical Communication*, 52(2), pp 163–174.
- Teal, G. and French, T. (2016). Designed Engagement. In: 2016 Design Research Society 50th Anniversary Conference, 27 - 30 Jun 2016, Brighton, UK.
- Terp, M., Laursen, B., Jørgensen, R., Mainz, J., Bjørnes, C.D. (2016). 'A room for design: Through participatory design young adults with schizophrenia become strong collaborators', *International Journal of Mental Health Nursing*, 25(6), pp. 496–506.
- The Scottish Government. (2018). *Delivering For Today, Investing For Tomorrow: The Government's Programme For Scotland 2018-2019*. Edinburgh: The Scottish Government, p.55
- The Scottish Government. (2017). *Mental Health Strategy: 2017-2027*. The Scottish Government. p.11 Available from: <https://www.gov.scot/publications/mental-health-strategy-2017-2027/> (Accessed: 10 Dec. 2018).
- Thoma, M, La Marca, R., Brönnimann, R., Finkel, L., Ehlert, U., Nater, U., (2013). 'The effect of music on the human stress response.', *PloS one. Public Library of Science*, 8.
- Visser, F., Stappers, P., van der Lugt, R. and Sanders, E. (2005). Contextmapping: experiences from practice. *CoDesign*, 1(2), pp.119-149.
- Walsh, D., McCartney, G., Collins, C., Taulbut, M. and Batty, D. (2016). "History, politics and vulnerability: explaining excess mortality in Scotland and Glasgow". Glasgow Centre for Population Health.
- White, A., de Sousa, B., de Visser, R., Hogston, R., Aage Madsen, S., Makara, P., Richardson, N. and Zatoński, W. (2011). *The state of men's health in Europe*. Brussels: European Commission.
- WHO, (2013). *Self-care for health*. New Delhi: World Health Organization.
- Wilkins, D. (2015). How to make mental health services work for men. *Men's Health Forum*.
- Wilkins, D. and Kemple, M. (2011). *Delivering male: Effective practice in male mental health*. Men's Health Forum.
- Winzer, R., Lindberg, L., Guldbrandsson, K., and Sidorchuk, A. (2018). Effects of mental health interventions for students in higher education are sustainable over time: a systematic review and meta-analysis of randomized controlled trials. *PeerJ*, 6.
- Wodehouse, A., Maclachlan, R. and Gray, J. (2013). The best form of medicine? Using humor to enhance design creativity. *International Journal of Design Creativity and Innovation*, 2(3), pp.125-141.

APPENDIX A - Ethics Materials

RECRUITMENT EMAIL

“Dear Student,

My name is Erin and I am a Master of Research student within the Innovation School at GSA.

“Cool, what’s that?”

Basically, it means I’m getting trained how to be an academic researcher in the field of design.

I’ve been doing desk work for months prepping but now I need you.

If you are 18 to 25 and male then you’re in.

The purpose of this study is to discuss the different tips and tricks you have to look after your MW and explore new ideas for supporting this, potentially using mindfulness and music

It sounds heavy, but I promise this is intended to be light hearted and involves getting to know mindfulness with a real monk and debates about who has the best taste in music.

If you want in, know somebody who might be keen or just fancy more information on this study please get in touch on [REDACTED] or email me at e.wallace2@student.gsa.ac.uk.

Thanks for taking the time to read all this and I hope the rest of your day is amazing.

All the Best

Erin Wallace

Master of Research Student Innovation School, GSA”

RECRUITMENT POSTER

CALL FOR RESEARCH PARTICIPANTS

HOW DO YOU STAY
CHILLIN' OUT,
MAXIN'
AND
RELAXIN'
ALL COOL?

A RESEARCH PROJECT EXPLORING
MENTAL WELLBEING ROUTINES WITH
MUSIC AND MINDFULNESS



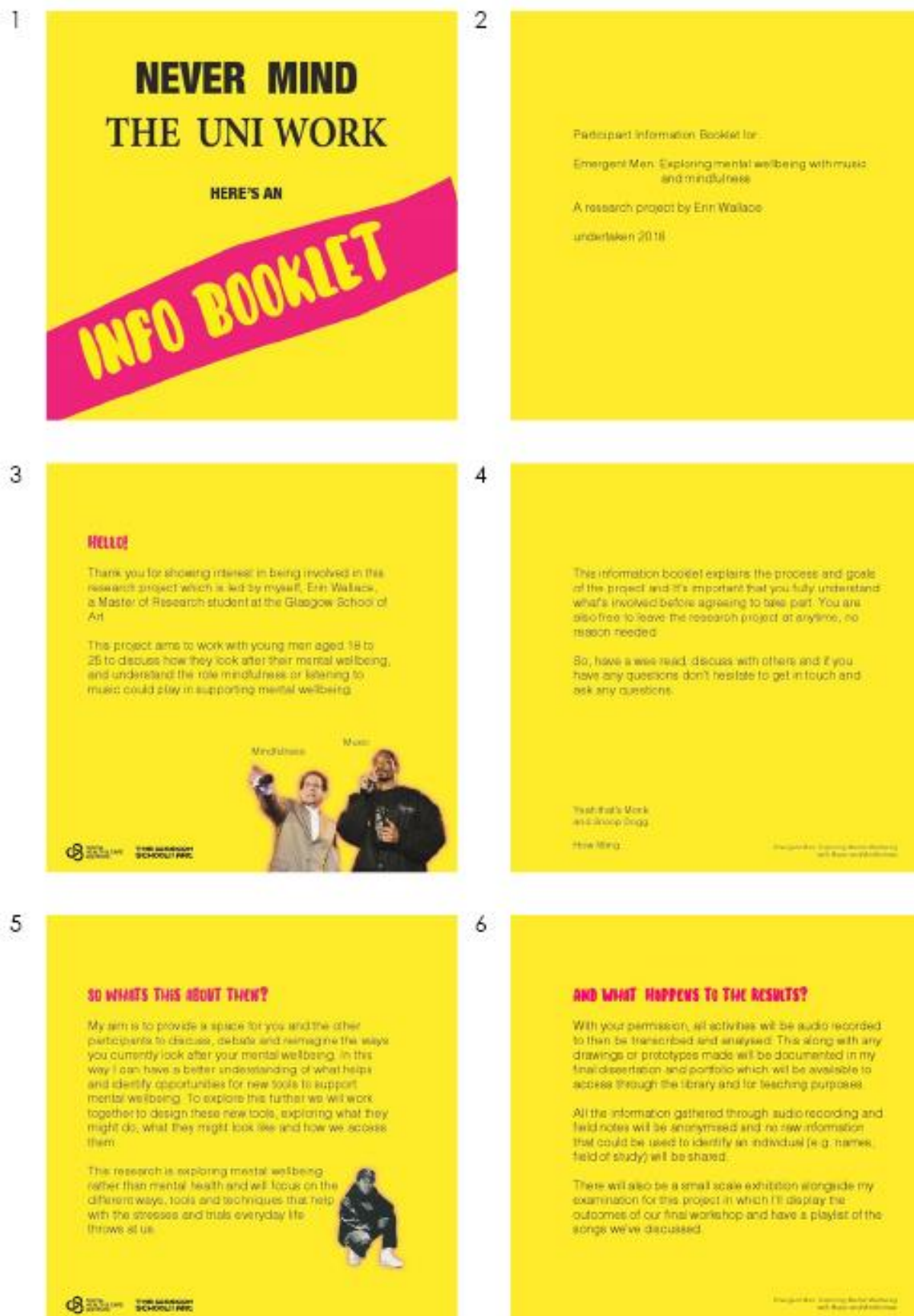
IF YOU'RE AGED 18-25, MALE AND HAVE A FEW HOURS SPARE
OVER A COUPLE OF WEEKS COME JOIN IN!

THERE'S GOING TO BE A MONK, HELLA SNACKS AND TONNES OF
GREAT CHAT ABOUT MUSIC

GET IN TOUCH IF YOU FANCY TAKING PART OR IF YOU'D
LIKE MORE INFO, YOU CAN CONTACT ME AT:

ERIN WALLACE, MASTER OF RESEARCH STUDENT
E.WALLACE2@STUDENT.GSA.AC.UK
07397785588

PARTICIPANT INFORMATION BOOKLET



7

WHAT WILL THE RESEARCH INVOLVE?

Interviews

It'll all kick off with a one-to-one interview with myself, lasting for a maximum of one hour. I'll ask you to bring a list of songs that have meaning to you and we'll chat about wellbeing e.g. what you currently do to feel good and manage stress, what having mental wellbeing means to you. The interview will take place at a time that suits you, wherever on campus works for you.

Ice Breaker and Mindfulness Taster Session

One week later we will meet as a group of around 8 participants to experience a mindfulness taster session which will be delivered by an expert practitioner. The session will take approximately 1.5 hours and will take place in the GSA Blythwood student halls boardroom.



8

Discussions and outputs from both the interview and taster session will be analysed for shared themes and viewpoints which will feed in to the final activity.

Co-Design Workshop

In the final activity we will meet again as a group for a co-design workshop, lasting approximately 3 hours. In the final workshop we will go over what we thought of the mindfulness session and the pros and cons of using mindfulness and music listening to manage your mental wellbeing. At the end of this workshop we will work together to design new tools for mental wellbeing, exploring what they might do, what they might look like and how they could be accessed and used.

Designed by: Caroline Mckenzie-Walton
with Mark and Iain Macdonald

9

SENSITIVE SUBJECTS

As much as the aim of this research is to be a positively framed exploration of mental wellbeing designed to limit personal distress, there is the possibility that sensitive subjects may come up when we are discussing our experiences of mental wellbeing.

Due to this possibility and the fact we are looking at mindfulness which can involve reflection, this project may not be suitable if you are currently receiving care for your mental health from a health professional as it may interfere with treatment or cause distress.

You can of course leave any activity at any time either if you just need a minute or if you want to leave the research altogether, your welfare comes first at all times.



10

I am not a trained counsellor, and therefore I have included details of support organisations in case you feel you need to talk about anything.

These helplines are free to call and are there to answer any of your questions or simply listen.

Caroline's Anxiety Line: Mysterly: 1600 56 58 58
(CALM) available 8pm to midnight, specifically for me

Samaritans: 116 123
available 24 hours a day, for anyone to call

The GSA also offers student support and counselling with the best way to contact them being email at counselling@gsa.ac.uk

Designed by: Caroline Mckenzie-Walton
with Mark and Iain Macdonald

11

This information booklet explains the process and goals of the project and it's important that you fully understand what's involved before agreeing to take part. You are also free to leave the research project at anytime, no reason needed.

So, have a wee read, discuss with others and if you have any questions don't hesitate to get in touch and ask any questions.

Yeah that's Mark
and Geoff Dugg

How fitting

Designed by: Caroline Mckenzie-Walton
with Mark and Iain Macdonald

APPENDIX B: Interview Protocol

Goals	<ul style="list-style-type: none"> ● Discover current self-care strategies and what draws them to these specific methods ● Discover their current knowledge and opinion of mindfulness ● Discover their current relationship with music, the role it plays in their life and their opinion on using it as a self-care/preventative strategy
Structure	<ol style="list-style-type: none"> 1. Introductions 2. Discussion around MW 3. Discussion around Mindfulness 4. Discussion around Music Listening 5. Debrief
<p>Introductions</p> <p><i>Look through PI booklet quickly and point out key points</i></p>	<p>Hi there, how are you doing?</p> <p>-</p> <p>So I've sent you a few documents, did you get through them all right?</p> <p>We'll look at the workbook a little later on if that's ok and just now we'll go through the info booklet. Did you have any questions about it that I can answer just now?.....</p> <p>-</p> <p>The important parts are the fact you can leave the study at anytime, for any reason. This can be permanently or just to take a few minutes. As it says, the research isn't designed to go in deep on people's issues but obviously some topics might affect some people more than others.</p> <p>On this topic I'm going to ask all the guys to keep what's discussed confidential and in the room, cause your all GSA students and so people can relax and speak freely during the whole thing.</p> <p>On that note, let's have a look over the consent form. I've sent it to you but please take a few minutes, have a wee read and ask any questions.</p> <p>-</p> <p>Fab, that's the boxes all ticked, if you're ok to move on!</p>
<p>MW chat</p> <p><i>Section 1: MW in general</i></p> <p><i>Section 2: Personal MW</i></p> <p><i>Take notes here about what they do and then go through each one asking what they like about it</i></p> <p><i>- avoid accusatory "why" qs</i></p>	<p><i>Main Q1</i></p> <p>So this project is based in the field of MW, what does that term mean to you?</p> <p>-</p> <p><i>Sub Qs</i></p> <p>'how important is it to you to look after your MW?</p> <p>-</p> <p><i>Main Q2</i></p> <p>How good are you at looking/how well do you look after your own mental health?</p> <p>-</p> <p><i>Main Q3</i></p> <p>What do you do to look after your mental health?</p> <p>> More specifically are there any methods you use to improve your mood or keep your stress levels down?</p> <p><i>Sub Qs</i></p> <p>-</p> <p>What is it that draws you to these/what is it you like about these?</p> <p>-</p> <p><i>(if it doesn't come up)</i> How often do you engage in these activities?</p> <p>-</p> <p>Are there any techniques or mental health tools you would avoid?</p> <p>-</p> <p>And what is it about these you don't like?</p>

<p>Mindfulness Chat</p> <p><i>The shortest segment of the interview- almost like a focused version of the discussion about self-care strategies in the MW segment</i></p>	<p>> <i>if mindfulness hasn't been mentioned yet:</i></p> <p>Fabulous, so now I'm going to ask you about a specific mental upkeep tool, mindfulness.</p> <p><i>Main Q1</i> Have you heard of the term mindfulness before?</p> <p>-</p> <p><i>Sub Qs</i> > <i>If yes</i> Where have you heard the term?</p> <p>-</p> <p>What do you know about it?</p> <p>-</p> <p>> <i>if no</i> What do you think it means?</p> <p><i>Main Q2</i> What does the term mindfulness mean to you?</p> <p>-</p> <p><i>Sub Qs</i> Is it something you've tried before?</p> <p>-</p> <p>> <i>if they have been exposed to it but don't practice it:</i> What is it that puts you off giving it a go?</p> <p>> <i>if they haven't been exposed to it</i> Is it something you would like to try?</p> <p>> <i>if yes</i> Why would they like to try it? What interests you in using it? For what would you use it for? When would you use it?</p> <hr/> <p>> <i>if mindfulness has been mentioned:</i></p> <p>As you know from the info booklet we're actually going to be looking at mindfulness, which you've mentioned before (positively or negatively).</p> <p><i>Main Q1</i> I'd like to go further into your previous comments, but firstly what does the term mindfulness mean to you?</p> <p>-</p> <p><i>Main Q2</i> Can you tell me about your experience of using mindfulness?</p> <p>-</p> <p><i>Sub Qs</i> When did you use it? What for? How often? Did you enjoy it? . > <i>if no</i> - what did you not enjoy?</p>
---	---

ML Chat	<p><i>Main Q1</i> How was the process of completing the booklet?</p> <p>-</p> <p><i>Sub Q</i> Did you have any method to choosing your tracks?/How did you approach the task? (e.g. Logically, chronologically, randomly etc.)</p> <p>-</p> <p><i>Main Q2</i> In general, what role does music play in your life?</p> <p>-</p> <p><i>Sub Q</i> Would you ever consider using music as a tool to help improve your MW?</p> <p>-</p> <p>Great, thank you for that. If you have the workbook I gave you to fill out it would be great if we could have a look over it.</p> <p>-</p> <p><i>informal discussion: ask about any drawings</i></p>
<p>Debrief</p> <p><i>explain the next steps</i></p>	<p>Well, thank you very much that was brilliant.</p> <p>So what happens now is after I've interviewed everyone, I'll check all of your availabilities and see when's best to book the first group session- where you can meet the other participants and Bhante from the mindfulness centre will introduce us further to mindfulness.</p> <p>Are there any questions you have about either today or the next session?</p> <p>-</p> <p>Brilliant, I'll be in touch and thank you again for your time.</p>

APPENDIX C: Coding and Themes from First Interview including list of self-care tools

CODES AND THEMES GENERATED BY APPROACHING THE DATA
WITH SPECIFIC QUESTIONS TO CODE AROUND

Raw codes			
themes			
categories			
SPECIFIC QUESTIONS USED TO CODE AROUND			
"What does 'MW' mean to you?"	"What tools and techniques do you use to cope with stress or low mood"	"What are some struggles you face in relation to your MW?"	"What helps overcome these struggles?"
<i>Self Awareness</i>	<i>Social</i>	<i>Mental</i>	<i>Perspective</i>
Being aware of your mental state	Have a drink	Lack of control	Keep things in check
Looking after yourself	Get drunk	Frozen by indecision	Choosing methods that are fun
Your overall state	Socialising	Overexertion leading to negative thoughts	A sense of achievement
Effects who you are/how you act	Being around people	Putting others MW over your own	Putting things in perspective
<i>Active Self-care</i>	Talking to pals	Getting work life balance right	Controlling what you can
Providing yourself with support	Talking	Being reckless	Figuring out what you like on your own
Taking steps to make yourself feel better	It's fun	Find it hard to do nothing	Figuring it out as you go
Taking care of yourself	<i>Being Good</i>	Rather keep things to myself	Getting to a point where you can face your anxieties without too much deep thought
Addressing your mental state	Getting to sleep	<i>Situational</i>	Keep things in check
<i>Positive</i>	Getting 6-8 hours of sleep	Being busy with studying	Choosing methods that are fun
Self-care	Not having too much fun	Stresses of group work	Have friends going through something similar/same ups and downs
contentedness	<i>Being physically proactive</i>	Being unable to use your chosen self-care tool	Movement unblocking your mind
Happiness	Feel the fear and do it anyway	<i>Physical</i>	Getting older
Living a healthy life	Getting up and out in the morning	Sore knees	
<i>Ongoing</i>	Moving your body moves your head	Staying in the house	
A part of your body (like a limb)	Physically do something	Time of year (short days)	

Stability	Physical movement	<i>Tool Specific</i>	
maintenance	Cleaning	Don't receive results I was expecting	
	Making your surroundings nicer	Seems a bit "hippy"	
	<i>Taking time out</i>	Association with alternative medicine	
	Baths	<i>Miscellaneous</i>	
	Steam room	Missed potential due to having too much fun	
	Sauna		
	Yoga (Bikram)		
	Lying in bed to clear thoughts		
	Playing music (listening)		
	Mindfulness + listening to music		
	Mindfulness + exercise		
	Mindfulness + playing an instrument		
	Meditation (unguided)		
	Smoking		
	Smoking + music		
	Smoking weed		
	<i>Musical Wellbeing</i>		
	Making music		
	Creative outlet		
	Using music		
	Playing an instrument		
	Writing music		
	<i>Miscellaneous</i>		
	Counselling		

ROUND 2 OF NAMING THEMES - THEMES OF MW INTRODUCED, TOOLS WERE INTRODUCED IN SECOND ACTIVITY AND ONLY COMBINED CODES INTRODUCED OF "UPS" AND "DOWNS"

FURTHER DEFINED
CODES

"MW is..."	DOWNS	UPS
<i>Reflection and Action</i>	Being reckless/having too much fun	Find fun
Being aware of your mental state	Putting other people's mental wellbeing before your own	Figuring out what works for you
Looking after yourself	Feeling out of control	Keeping on top of things
Effects who you are/how you act	Keeping things to yourself	Have friends going through something similar/same ups and downs
<i>Active Self-care</i>	Overstretching yourself/hectic schedule	keep things in perspective
Providing yourself with support	Staying isolation	Getting older
Taking steps to make yourself feel better	Trying to get work/life balance	Control what you can
Taking care of yourself	Tough to take time out to do nothing/something just for you	Facing things head on
Addressing your mental state		
<i>Sustainable Maintenance</i>		
Stability		
maintenance		
<i>Not Core</i>		
A part of who you are		
Your overall mental state		

APPENDIX D: Raw Data from Sensitisation Workbooks

		All direct quotations						
		JT		PN		BK		AG
I chose this track because...	1	In just under 3mins Mr Beefheart manages to capture the beautifully profound feeling that is love. It is presented as a gentle, slightly oddball ballad with a real earworm melody. It is fun, serious, poetic, deep, enchanting...classic Beefheart!	1	I love and admire the artist	1	It is intensely linked with a period where I was thought to be terminally ill. The song has a lot of symbolism in it, but the theme that means a lot to me is the stubborn hope that time isn't as linear as we perceive it. It gave me some vague feeling that my death might not feel entirely empty, without having to appeal to religion or spiritualism. I think the arrangement is beautiful, which is bittersweet as it gives me great joy but simultaneously reminds me how much I want to live.	1	It is super fun and 'sounds fresh'
	2	This is an __, oozing, heartwarming love song. Timeless enchanting, beautiful! Both tracks are transportative - they take me to 'that' place, lots of v good memories associated with this track in particular ☺ The rest of the album is a bit mental. This is the calm against the storm.	2	it feels significant enough to me that it had to be included	2	It reminds me of the time of my life I felt the lowest. I was unable to sleep for days on end due to the effects of a chronic illness, and the album Carrie and Lowell had just been released. Every night I would play the album on my phone under my pillow and hope that by the end of it I would be asleep - but by the time this song came on I realised the album was nearing the end and that it was a lost cause. At this stage it felt like the song presented death/suicide as a very comforting escape from what I was feeling.	2	-
	3	It is the pinnacle of what we have done in the band thus far. Short, sweet, technically challenging, melodic, brutal, relentless, total rager. The chord progression in the ending + lyrics = bliss	3	one of my best mates introduced it to me	3	I first heard it when I was 17, and I loved the theatrical chord changes and performance. I loved the start of the chorus so much I would just skip back to it over and over. That taught me that songs can only give you shivers so many times, and so now I stop myself from doing it. It reminds me of a time when my life was less complicated.	3	It is really pretty and beautiful
	4	It is the one song I have written that was executed entirely as it was planned. It is about dealing with depression and an honest examination of the self.	4	I still think it's awesome, I was first introduced to it years ago	4	When I was 14 years old I was in what I thought to be a very serious relationship. I declared this 'our song' and put a lot of thought into how the lyrics could be interpreted to be about us. When this inevitably ended I listened to it a lot whilst contemplating everything I had lost, and what a hard time I'd had. When I met my long term girlfriend (not all that much later), I thought it was fitting that she hated the song.	4	The artist feels relatable to me. I can sympathise with artist's awkwardness
	5	It is another record that had a profound effect on me. It is quite simply peaceful brilliance	5	I thought I wanted a more upbeat song on this mixtape	5	I played in a band with some friends, and we were all quite sloppy. At the end of a practice we would play this as loud and fast as we could, with lots of screaming made up lyrics and extended blasts of noise. It felt like a huge release	5	It's a cool track from a very cool artist. It's a weird sort of pop song

						and we always ended up sweaty and laughing while it fell apart.		
	6	It's SO EFFING GOOD And I wanted to end the mixtape with a total banger	6	I listen to it with my friends	6	-	6	Oldies are goldies?
This track makes me feel...	1	Wanderlust, peace, happiness, reassurance! Like everything will be ok	1	It reminds me of walking through a busy city. Roads, cars, endless buildings memories	1	This track can make me openly weep, but is also very cathartic	1	Want to dance!
	2	Nostalgic, bittersweet, heartfelt, romantic, joyous, oneness, centred	2	Content, nostalgic, understood, gratified	2	It made me feel comforted whilst making me cry	2	Scared! (aphex twin is scary)
	3	Complete? Reassured? Happy!	3	-	3	Euphoric, nostalgic	3	Melancholic, nostalgic, contemplative
	4	At the time of writing(the song): heartbroken, sad, numb, pained. Not in a very good place. Despondancy. Now(about 3 years later): Relief. Sadness, but not overbearing. Proud? A little conflicted.	4	Young, happy, edgy	4	Nostalgic, amused	4	Sad, makes me smile, his monologue is witty and even funny. It reminds me of being younger
	5	Tranquility	5	Aggressive, hyper, alert	5	Happy, nostalgic	5	isolated
	6	All the joy. Warmth. Happiness. Positivity. Awe. Greatful. Hopeful! Determined. Excited. Enthralled. Passionate.	6	Happy, hyped, optimistic, understood	6	-	6	Super melancholic, frustrated, I can't play it on piano very well
I would listen to this when...	1	-	1	Alone	1	I would listen to this when I'm alone, in the dark, and feeling introspective or defeated	1	When I'm in the mood to party
	2	-	2	Falling asleep, 3am, sun just dawn	2	I don't listen to this anymore	2	Studying, to focus on something
	3	-	3	Nostalgic, content, resting	3	Whenever	3	-
	4	-	4	With old friends, hyped up	4	I wouldn't choose to put it on, but wouldn't complain either	4	-
	5	-	5	Whenever, it's so catchy	5	To get myself amped up for something, or if I'm in a good mood	5	I have fond memories of listening to this album with my friend whilst sipping tea and being high!
	6	-	6	With my mates who also listen to this preparing for a night out, working in the studio	6	-	6	I rarely listen to this, I mostly try and play it on piano

APPENDIX E: Self-care Tool placement

JIM TRÉBON'S SELF-CARE TOOL PLACEMENT

HAVE TRIED

I wouldn't do this again

- do something that helps both yourself and someone else
- help others
- socialise with friends
- accept that these feelings will pass
- be around people
- set goals and achieve them
- use positive self-talk
- face what your anxious about head on
- get up and get moving

I do it now and then

- join a group
- talk to friends about the problem
- have a cry
- have a routine
- hang out with positive people
- eat healthy
- spend time with a pet
- reward yourself with something you enjoy
- exercise
- take a minute
- have a boozy drink
- listen to music
- distract yourself
- meditate
- play an instrument
- write/make music

I do this all the time

- turn to religion
- counseling
- talk to family about the problem
- Sounds good, I might give it a try
- Sounds good, sign me up

HAVE NOT TRIED

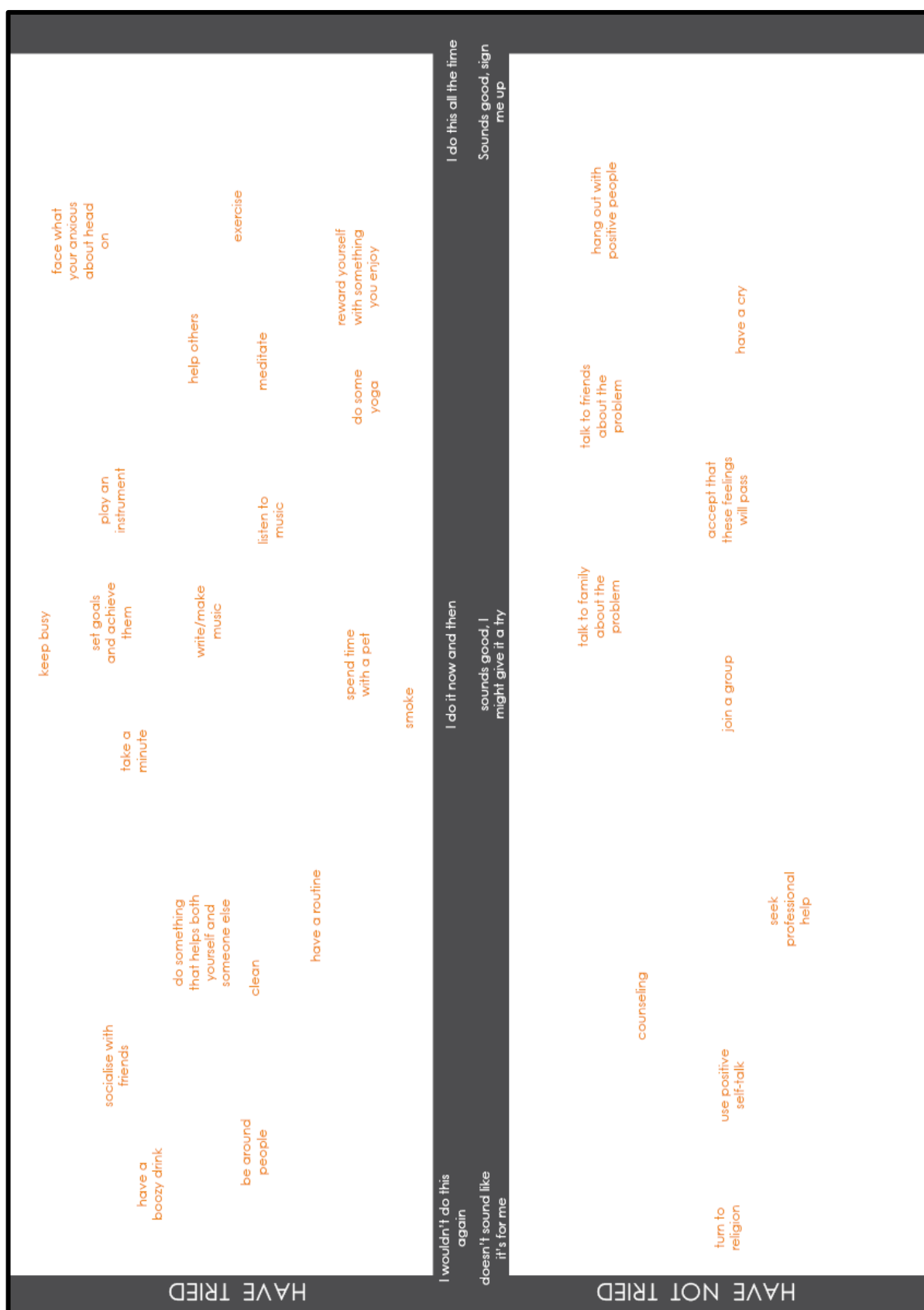
ALEXANDER GROTHENDIECK'S SELF-CARE TOOL PLACEMENT

HAVE TRIED		HAVE NOT TRIED	
<p>have a cry</p> <p>accept that these feelings will pass</p> <p>set goals and achieve them</p> <p>write/make music</p> <p>reward yourself with something you enjoy</p> <p>face what your anxious about head on</p> <p>be around people</p> <p>play an instrument</p>	<p>have a cry</p> <p>accept that these feelings will pass</p> <p>set goals and achieve them</p> <p>write/make music</p> <p>reward yourself with something you enjoy</p> <p>face what your anxious about head on</p> <p>be around people</p> <p>play an instrument</p>	<p>have a boozy drink</p> <p>turn to religion</p> <p>talk to family about the problem</p> <p>exercise</p> <p>seek professional help</p> <p>meditate</p> <p>talk to friends about the problem</p> <p>hang out with positive people</p> <p>counseling</p>	<p>listen to music</p> <p>join a group</p> <p>eat healthy</p> <p>clean</p> <p>do something that helps both yourself and someone else</p> <p>use positive self-talk</p> <p>socialise with friends</p> <p>distract yourself</p> <p>spend time with a pet</p> <p>do some yoga</p> <p>have a routine</p>
<p>I wouldn't do this again</p> <p>doesn't sound like it's for me</p>		<p>I do it now and then</p> <p>sounds good, I might give it a try</p>	
		<p>I do this all the time</p> <p>Sounds good, sign me up</p>	

BARNEY KESSEL'S SELF-CARE TOOL PLACEMENT

HAVE TRIED			
exercise	take a minute talk to family about the problem talk to friends about the problem have a cry join a group write/make music	seek professional help reward yourself with something you enjoy socialise with friends be around people listen to music have a boozy drink	get up and get moving face what your anxious about head on clean do something that helps both yourself and someone else keep busy set goals and achieve them distract yourself have a routine help others counseling
HAVE NOT TRIED			
try to fix sleeping pattern use positive self-talk turn to religion smoke		do some yoga hang out with positive people play an instrument	I do this all the time Sounds good, sign me up spend time with a pet

PAULO NUTINI'S SELF-CARE TOOL PLACEMENT



HAVE TRIED

I wouldn't do this
again
doesn't sound like
it's for me

sounds good, I
might give it a try

I do this all the time
Sounds good, sign
me up

hang out with
positive people

spend time
with a pet

have a cry

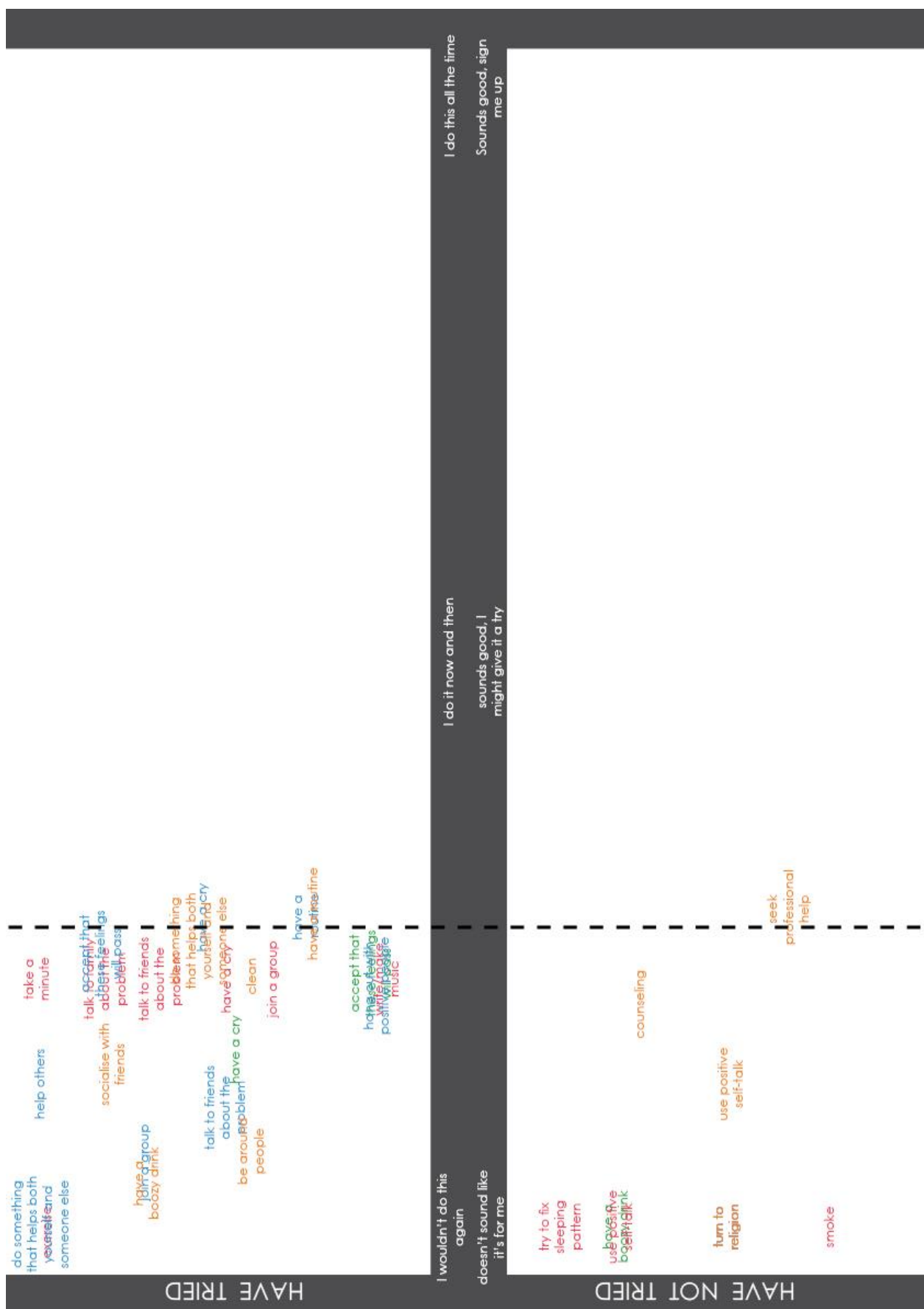
do some yoga

have a routine

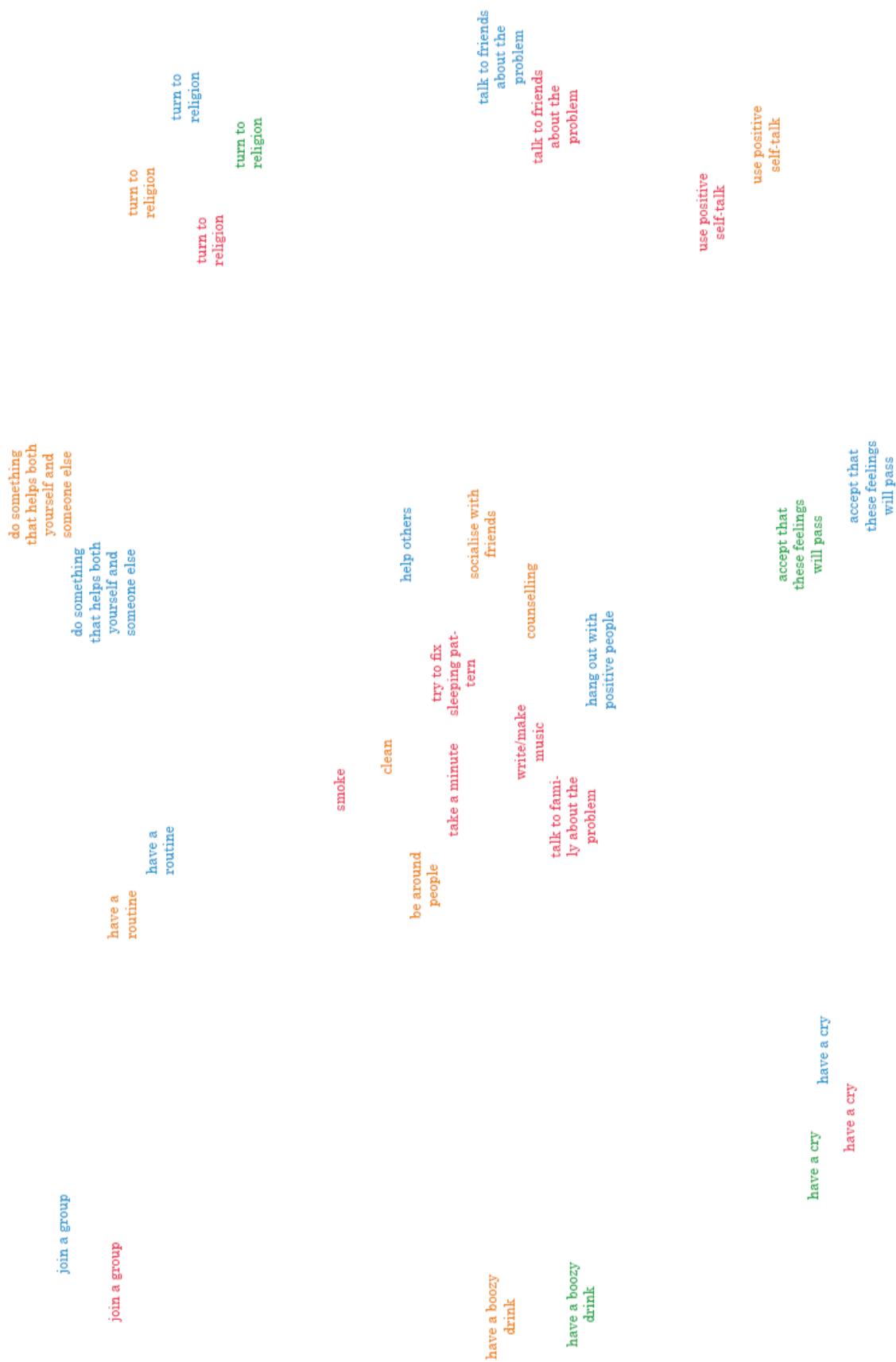
"TOP TOOLS" CLUSTERED BY MENTION (CENTRAL CLUSTER COMPRISED OF SINGLE MENTION TOOLS)



CUT OFF FOR LEAST PREFERRED TOOLS



LEAST PREFERRED TOOLS CLUSTERED BY MENTION (CENTRAL CLUSTER COMPRISED OF SINGLE MENTION TOOLS)



APPENDIX F: Transcript of Introduction to Co-Design Activity

“So we’ve got the bare bones of Dave here. He’s aged 19, he’s in first year of uni and a quote to summarise his current state of MW is “I never.....”. So that’s where he’s at at the moment. So what we’re going to do is we’re going to flesh Dave out a little bit; what’s he up to what’s he doing and then we’re going to create Dave a MW toolbox. And by that I mean I wanted to create something out of foamboard because it’s been years. So we’ve got his toolbox [physically open the toolbox] and it’s pretty empty, there’s nothing in there. He’s currently got nothing in his toolbox, he’s got nothing on hand that he would use if he was going through a tough time. He’s doing ok but he’s beginning to be a bit overwhelmed.

So once we’ve fleshed out Dave we’re going to look at what’s going to be in his toolbox. And by that I mean how are going to get him to reflect and act on his MW, what kind of habits, what kind of behaviours and what kind of specific tools might be appropriate for Dave in his current situation.

And then were going to look at how he accesses that, how are we going to get these tools in front of him how do we get him wanting to do that whats going to get him interested in these tools. So that’s what the toolbox will looking like from the outside.

Then we’re going to cover the who what when where how and why of the overall intervention.

So, Dave, what’s our man up to? He’s in first year of uni, what’s he currently spending his time doing?”

APPENDIX G: Feedback Drop-in Session Cards

STUDENT FEEDBACK



My thoughts on the...

☐ Project and/or ☒ Concept

→ WHAT IS THE DIFFERENCE OR RELATION BETWEEN A MINDFULNESS AMBASSADOR & STUDENT SUPPORT STAFF?

→ CONCEPT SOUNDS LIKE A GOOD IDEA. IF I TALK FOR MYSELF, I'M QUITE AN INTROVERT; HAVING 1:1 SESSION WOULD WORK BETTER OR VERY INTIMATE WORKSHOPS (W/ SMALL GROUPS OF PEOPLE)

I'M A STUDENT
My thoughts on the...

☐ Project and/or ☒ Concept

How to deal with concerns of privacy?

⇒ It could be a student but needs to be trusted / more senior?

Putting it in existing structures will help with trust.

ambassador + environment
My thoughts on the...

☐ Project and/or ☐ Concept

It would be nice to consider the space where it is happening. It would be good to have a relaxing place with good lighting, comfortable, relaxing music etc. Create "a moment for yourself"

My thoughts on the...

☐ Project and/or ☐ Concept

PROJECTS

- I THINK THE PROJECT IDEA IS WONDERFUL! ESPECIALLY BECAUSE THERE'S SOMETHING TO BE A JOURNAL ABOUT MENTAL WELLBEING FOR YOUNG MEN (ESPECIALLY FOR). ~~AND~~ HAVING AN 'OUTLET' OF SOMEONE TO TALK TO ABOUT YOUR WELLBEING SEEMS TO BE A GREAT FORM OF THERAPY AT COLLEGE

CONCEPT:

- I LOVE THE CONCEPT THAT WAS DEVELOPED - A MINDFULNESS AMBASSADOR - IS GREAT, BUT A BIT OVERBOARD FOR CERTAIN YOUNG MEN! FEEL LIKE APPROACHING A COLLEGE 'TITLED' INDIVIDUAL MIGHT MAKE YOU SEEMINGLY VULNERABLE - WEAK!

My thoughts on the...

☐ Project and/or ☐ Concept

REALLY INTERESTING PROJECT (MIGHT BE A BIT BIASED!) AND WOULD LOVE TO HEAR MORE ABOUT HOW THE MINDFULNESS AMBASSADOR COULD BE IMPLEMENTED AT GSA OR EVEN AT OTHER CONTEXTS.

KEEP IN TOUCH! 😊

My thoughts on the...

☐ Project and/or ☐ Concept

NOTE: FEMALE PERSPECTIVE ☺

A LAMRA GLENNE LIKE ROLE: KNOWS THE EXPERIENCE OF BEING A STUDENT BUT WITH DISTANCE (MAYBE NOT SO GOOD FOR MATURE STUDENTS THOUGH?) I LIKE THE CONCEPT THOUGH LISTEN TO BUNDAY PODCAST: AN ART AT ART SCHOOL POSITIVE ATTITUDE IS IMPORTANT BECAUSE IT CAN FEEL COMPETITIVE + NEGATIVE DUALS.

A QUICK WORKSHOP WITH A BIGGER SAMPLE MIGHT BE GOOD TO CHALLENGE THE CONCLUSIONS YOU'VE COME TO? WE WORK SO FAR AS ENGAGEMENT ARTIFACT, ALSO FINDING THOSE LESS LIKELY TO UNREGISTER

ANYWAY WANT LUNA TO TALK A LOT ABOUT MINDFULNESS

What makes me a Mindfulness Ambassador?

↳ STUDENT COUNCILOR

What makes me a Mindfulness Ambassador?

NICE PERSON?
TRUSTED CONTACT?

Calm
GOOD ADVICE
Trust
Experience

My thoughts on the... ^{transcribed}

☐ Project and/or ☒ Concept

- so many people fall through cracks of more traditional services
- would be great to have

What makes me a Mindfulness Ambassador?

would have a lot of weight on their shoulders

STAFF FEEDBACK

My thoughts on the...

☒ Project and/or ☐ Concept

Great idea - a valuable contribution.
Focusing on mindfulness for creativity might encourage take-up?
Look at student minds...


My thoughts on the...

☐ Project and/or ☒ Concept

THERE IS REALLY VALUE EVIDENT IN THIS WORK
WE CAN CLEARLY SEE HOW IT MIGHT FUNCTION AND WHERE IT COULD HAVE MEANING:
- PRIOR TO ASSESSMENT PRESSURES,
- AS A MEANS OF COPING WITH GROUP WORK &
- BEING IN UNCOMFORTABLE SPACES...
IT CAN OPERATE VERY SENSITIVELY OR LIGHT TOUCH

kind, open, lead by example.

play in the middle



What makes me a Mindfulness Ambassador?

(transcribed by me)

My thoughts on the...

☐ Project and/or ☒ Concept

MA could be
- reps & programme leads
- could be in curriculum - design
- doesn't have to be formal
- brilliant idea. (bring just informal chat)
- essential thing - go activities
- co-design solutions with students
? "Bea Dore ..." - pilot test this at Forres