



**IN TRUST WE DESIGN,
IN DESIGN WE BUILD
TRUST: EXPLORING
TRUST THROUGH
PARTICIPATORY
DESIGN IN
TAYSIDE**

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DECLARATION

I, Nathan Murphy, declare that this submission of full thesis for the degree of Master of Research (M.Res.) meets the regulations as stated in the course handbook. I declare that this submission is my own work and has not been submitted for any other academic award.



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GLOSSARY OF TERMS

Ability:

refers to a practitioner or service's capacity to meet an individual's needs. (Strang, 2020)

Reliability:

refers to a consistent and dependable delivery of care (Strang, 2020)

Motivation:

refers to a practitioner or services genuine intention to help (Strang, 2020)

Connection:

describes a sense of being alongside an individual on their mental healthcare journey

Transparency:

refers to clear explanations of decisions, limitations and pathways

Relational Trust:

Interpersonal trust that is built through ongoing interactions between two individuals

Relational Values:

interpersonal qualities that support the building and sustaining of relational trust

Participatory Design:

A design approach that meaningfully involves people with lived experience in shaping decision, systems and design outcomes (Sanders & Stappers, 2008; Simonsen & Robertson, 2013)

Critical Trust:

A form of trust that involves active scrutiny and continuous evaluation of decisions and systems (Fjæran & Aven, 2021).

Betrayal:

A breach of trust that occurs when individuals perceive decisions or behaviours as dismissive or misaligned with their wellbeing. Can lead to disengagement from services (Smith, 2017; Strang, 2020).

Lived Experience:

Direct personal experience of mental health challenges or care; valued as expert knowledge within Participatory Design (Sanders & Stappers, 2008; Raman & French, 2022).

Reflective Practice:

A process where practitioners or researchers critically examine their own actions, assumptions, and positionality to improve judgement and ethical practice (Schön, 1984; Kinsella, 2010).

Phenomenological interpretivism:

How individuals make sense of their lived experiences by prioritising first-person accounts (Dourish, 2001)

Constructivism:

An epistemological view that holds knowledge is created through a meaning-making process in which learners actively construct interpretations of their experiences (Allen, 2022)

Pragmatism:

An approach to knowledge that treats inquiry as a practical, iterative process where meaning and understanding develop through action, consequences, and continual reconstruction (Dixon, 2019)

PRELUDE

My design practice is centred around communities, embedding, and building relationships, so working with trust is something that extends this a little further. Approaching this study already felt like an extension of the values I had built within my design practice: care, consideration, and respect.

It is because of this that this paper does not include direct quotations or images of raw data. I believe in keeping the trust between myself and participants sacred, this extends to honouring the spaces and conversations that were shared with them. Instead, I use abstracted images of the data set, reflections, and descriptions to honour the promise that was made to participants.

I was initially apprehensive about taking on the M.Res., mostly due to hesitations towards academic writing. I identify as a more practice-based designer than a writer. However, I saw this as an opportunity to explore academic writing in the same way I would approach a design opportunity. My design practice is centred on democratising design processes to make them as accessible as possible; therefore, this thesis has become an exploration of how I write, to further democratise my research practice.

1. ABSTRACT

This research explores how trust is understood and experienced within mental health services in Tayside. It examines the role that Participatory Design can play in strengthening relationships between practitioners and the individuals that they serve. The study is grounded in the context of the Strang Report (2020), which identified various shortcomings in Tayside's mental health services.

The research aims to explore how trust is built and maintained from the perspective of mental health practitioners, and how Participatory Design methods support the rebuilding of trust in this context. The research also adopts a constructivist epistemology with an interpretivist phenomenological approach, positioning this study's understanding that trust is something that can be understood through co-constructed knowledge and lived experience.

A combination of mapping, illustrating and co-design are used as the methods of this research within a Participatory Action Research (PAR) structure. The purpose of using these methods is to explore how practitioners build trust in their practice. Following a PAR structure, these methods connect with each other through iterative cycles of action and reflection.

The key findings of this study highlight five principles of relational trust: Ability, Reliability and Motivation from the Strang Report, and two additional principles that emerged through this research, Connection and Transparency. Together, these principles describe how practitioners understand trust and how they build it through their everyday work. The study also produces a series of design opportunities that use

these findings to help practitioners reflect on their own practice and identify ways to build trust within mental health services in Tayside.

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I would like to recognise that this M.Res. thesis was the work of a village, and that without the people who shared their time, experience and encouragement, this project simply could not have happened. It would not be fair to said village for this project to have a short acknowledgements section, but I'll try to keep it brief...

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3.INTRODUCTION

Trust has become a central concern in Tayside's mental health services, as outlined in the Strang Report, which highlighted significant breakdowns in communication and transparency. Despite growing attention to these systemic failings, less is known about how trust is experienced in everyday practice (Strang, 2020).

The Strang Report identifies key systemic failures within mental health services in Tayside. As well as this, it also addresses elements of trust at an organisational level. Aligning this research with the Strang Report allows the study to build upon the organisational foundation that Strang has established, while exploring how trust is experienced and enacted through everyday practice within services in Tayside. By examining trust through participatory means, this research aims to compliment the institutional perspective that the Strang Report provides (Strang, 2020).

Understanding trust in this context is essential, as trust influences whether an individual feels able to seek help or remain engaged with services. There is a need for research that investigates trust as something that is experienced, and that can explore the nuances surrounding trust that practitioners draw on in their everyday practice. Participatory Design (PD) is utilised as it emphasises collaboration and the sharing of knowledge and experience with stakeholders. In this context, trust has not been explored through PD, which may provide insight into how it can be strengthened in practice.

My embedded involvement with the Share and Care Together group provided a unique opportunity to participate in and reflect on how practitioners build trust in the communities they support. The aim of this research is to explore how trust is experienced and navigated within mental health services in Tayside, and to explore how PD may contribute to strengthening it. The research question that this study is

centred around is: How might Participatory Design build trust between mental health practitioners and the individuals they serve across Tayside?

Due to ethical restrictions, this study only engages mental health practitioners or those who advocate for mental health support in Tayside, rather than service users. This study is grounded in a constructivist epistemology and recognises that trust is shaped through relationships and lived experience. The research takes an interpretivist phenomenological approach, which allows the focus to remain on how practitioners make sense of trust based on their own experiences. PD is utilised within a PAR structure to support iterative reflection and engagement.

This research was supported by funding from the Digital Health and Innovation Centre (DHI). DHI supports projects that explore innovative approaches to improve health and care systems. This study contributes to this by exploring how Participatory Design can explore trust within mental health services. Although this study primarily investigates relational practices rather than digital, the findings offer outcomes to aid how digital technologies can use relational findings to inform future innovation in mental health practices.

This study uses emergent insights to highlight opportunities for future research and design. This will strengthen trust-building for practitioners by using an asset-based, reflective approach. The chapters that follow, outline the context and literature that frame this study, describe the methodological approach, present the fieldwork and its findings, and conclude with a discussion of implications and recommendations for practice.

During this paper certain sections will be written in the first person to reflect my active role within the research. This is due to my PD practice being grounded in direct involvement, where the researcher contributes to and is shaped by the process.

4. AIM AND OBJECTIVES

The direction of this research developed and evolved gradually as I became more grounded in Tayside's mental health context.

The direction of the research was informed by existent literature and influenced by embedded engagement with the Share and Care Together group. This study is formed by four literary contexts: the mental health, PD, trust and Tayside. While the overall focus on trust and mental health remained a constant - as I progressed through this M.Res. - my understanding of the role of PD within the research became clearer. Through gradual refinement and an iterative approach, the central aim emerged: To understand how trust is experienced and navigated within mental health services in Tayside, and to explore how Participatory Design practices may contribute to building this trust.

To address this aim, the study was shaped by three key research objectives: -

To develop an understanding of trust within the Tayside mental health context [through immersion and Participatory Design based exploration.]

To explore how mental health practitioners interpret trust within their professional context, using collaborative and generative methods.

To produce insights and a valuable contribution that offers practical value to mental health practitioners.

The aim and objectives are underpinned by the overarching research question: How might Participatory Design build trust between mental health practitioners and the individuals they serve across Tayside?

5.SCOPE OF CONTEXT

5.1. Introduction

PD is suited to promoting trust because it actively involves those with lived experience in shaping outcomes. Sanders and Stappers (2008), Simonsen and Robertson (2013), and Raman and French (2022) outline how participatory methods can facilitate positive changes for both systems and services. This literature explores how trust operates in mental health contexts and considers Participatory Design as method as well as a relational practice capable of identifying areas for trust to be built. Participatory Design is suited for this research inquiry due to its inclusive approach to actively involve stakeholders with lived experience, which may be overlooked in the design process. For the purposes of this research trust cannot be fully understood through the lens of institutional frameworks, (as in the context of mental health), rather trust can be seen as being tied directly to lived experience [as discussed on pg.24].

Trust within mental health services has gained significant attention in recent years. It is essential for building positive relationships between service providers and the individuals that they serve (Strang, 2020). Since trust is a fundamental element in human relationships, the stigma surrounding mental health support is especially impactful (Verhaeghe and Bracke., 2011). This further reinforces the importance of building trust and therefore reinforcing the need for this research. Trust is complex and varies across different contexts, making it a difficult concept to define. While a wide variety of interpretations of trust exist, this review will focus on the definitions outlined by Gaebel et al. (2014) and Strang (2020), which provide detailed understandings of trust in mental health settings. Gaebel et al. frame trust as an emotional confidence that emerges when people feel cared for, whereas Strang outlines a service level framework that explains how trust is enabled or constrained in Tayside.

This study is situated in Tayside, Scotland, where the Strang Report took place. The Strang Report was an independent enquiry into mental health services, which highlighted several shortcomings, including the breakdown of trust between users and providers (Strang, 2020). In Tayside there has been a strong regional commitment to rebuilding trust in mental health services. As a result, groups such as Share and Care Together have been created, a group that focuses on listening to lived experience and collaboratively improving services. Built up of individuals with lived mental health experience as well as service providers, part of Share and Care Together's remit is to explore and embed effective approaches to enable building trust in direct response to the Strang report.

Gaebel *et al.* (2014) Strang (2020) and Fjaeran and Aven (2021) investigate and compare various types of trust. Smith (2017) and Tsao and Roberts(2013) explore the roles of betrayal and stigma in relation to trust within mental health services. This can be seen when Smith (2017) links betrayal to perceptions of dismissiveness in care and Tsao and Roberts (2008) show that stigma directly undermines trust and help-seeking. Against this backdrop it is critical that ethical and sensitive approaches are employed to rebuild trust.

By framing the research around Participatory Design, this research aims to specifically support Share and Care Together while aiming to understand how Participatory Design can help to rebuild trust in Tayside's clinical and community mental health services. Verhaeghe and Bracke (2011) indicate that 'few studies address the precise mechanisms related with stigma that occur within mental health services [...] we therefore suggest that the lack of trust in mental health professionals deserves greater attention in future research.' This recommendation reinforces the importance and timely nature of this research into the deepening of trust between mental health practitioners and the individuals they serve. Importantly, this extends to exploring factors that both build and break trust in mental health care contexts.

Drawing on Participatory Design literature, Simonsen and Robertson (2013) and Sanders and Stappers (2008), highlight how participatory methods have been applied to build trust and inclusion. Through foregrounding the Research Question: How might Participatory Design build trust between mental health practitioners and the individuals they serve across Tayside? This Study will underline the role Participatory Design can play in promoting trust within the context of mental health care. It will also explore how these approaches can reveal different perspectives that are often overlooked in institutional frameworks to further reveal opportunities for trust to be strengthened.

5.2. Tayside

In recent years, mental health services in Tayside have come under scrutiny due to an erosion of public trust. The publication of the Strang Report, an independent public enquiry into mental health services in Tayside, detailed multiple layers of dysfunction in the region (Strang, 2020). These included a lack of trust, poor communication, lack of transparency, and instances where stakeholders felt ignored or sidelined. While the Strang enquiry pointed out these shortcomings, it also addresses the emotional damage caused by a lack of engagement with key stakeholders and those affected by mental health services. Because of this, the need for research focused on trust in the context of Tayside has become increasingly important. The shortcomings outlined by the enquiry point to a breakdown of relationships between the public and services, where trust is both institutional and personal. The lack of engagement reported by Strang demonstrates the importance of using a person-centred approach in mental health spaces. Using a person-centred approach in mental health services in Tayside has the potential to challenge institutional structures and power imbalances by

working with and including voices that may not usually be heard (Raman, French and Tulloch, 2017).

5.3. Trust

5.3.1. *Defining Trust*

Trust is important in mental health care due to both the consequences of its absence and the benefits its presence enables. Trust in mental health services can lead to the confidence to approach care and potentially lead to continued engagement from service users (Gaebel *et al.*, 2014). To the opposite effect, a lack of trust in mental health services can impair service delivery leading to an overall decline of mental health in an area (Strang, 2020). To explore the concept of trust within health care settings, this section will focus on definitions and trust-related frameworks as defined by the Strang report and adjacent studies. The Strang report is an enquiry that was commissioned by NHS Tayside to examine the accessibility, safety, quality and standards of care provided by the mental health services in Tayside (Strang, 2020). Various levels can be considered when attempting to define trust. Trust, trustworthiness, and trustworthy are definitions that are commonly used (O'Hara, 2012). However, trust is a complex concept that can have a range of understandings (Gaebel *et al.*, 2014). Trust can be viewed as both a social structure as well as being an individual trait as is describe by McKnight and Chervany (2000).

1. Personal trait: How individuals feel safe when disclosing thoughts and emotions to practitioners
2. Social structure: a collective confidence in systems

Trust can be used as a metric of success as it can be seen to be directly correlated with positive health -based outcomes (Hall *et al.*, 2001). An example of trust being a

metric of success can be seen in the NHS friends and family test. This is a survey that asks users if they are confident and trust the service enough to recommend it to a family or friend (Family & Friends test, NHS England). However, due to the number of interpretations across different contexts, such as trust as a personal feeling of safety and vulnerability, to trust as social confidence, it can prove to be challenging to draw conclusions based on these metrics (McKnight and Chervany, 2000).

This study draws comparisons between two key reports in mental health/trust literature from Gaebel et al. (2014) and the Strang report (2020). Gaebel et al.'s research aims to advance mental health care by developing recommendations that respond to concerns about trust in mental health services among those with prior contact with said services. These recommendations address challenges such as stigma, service fragmentation, and inconsistent care, all of which can undermine trust in mental health systems.

The Strang report, (a critical resource for this research due to its Tayside based context), focuses specifically on trust within institutional health care settings in Tayside. This regional focus is important as the report was commissioned following concerns about institutional practices and service user experiences within Tayside's mental health services. Both reports share the common goal of enhancing trust in mental health services but approach it from different angles. Gaebel et al. take a broad, international perspective on mental health care/trust, while the Strang report offers a more localised and institutionally focused outlook. To clarify these similarities and differences, Table 1 presents key principles, methodologies, definitions, recommendations, and limitations from each report.

ELEMENT	GAEBEL ET AL. (2014)	STRANG (2020)	SIMILARITIES / DIFFERENCES
GOAL	To advance mental health care by increasing public trust in accessing and using mental health services	Define and build Trust within institutional health care In Tayside / Reveal shortcomings in services	Both studies focus on building trust in mental health services. Strang offers a more location specific and institutional insight
DEFINITION OF TRUST	'Optimistic acceptance of a vulnerable situation where the trustor believes the trustee will care for them'	Trust is based on three qualities: Ability, Reliability and Motivation	Both underline trust as involving vulnerability, care and consistent delivery
PRINCIPLES OF TRUST	Consistent care, honesty and reliability	Ability – provider meets needs Reliability – consistent delivery Motivation – genuine commitment	Both studies emphasise reliability and consistency

METHODOLOGY	Literature review and expert consultation	Engagement and consultations with individuals with lived experience	Gabel et al. focuses on a general group of experts while Strang includes and focuses on lived experience
RECOMMENDATIONS	Emphasises the need for honesty and consistent care among staff	Emphasises building trust through Reliability Ability and Motivation in mental health care institutions across Tayside	Both studies recommend honesty and reliability to build trust
LIMITATIONS	The general nature of the study may overlook individual nuances in the research	Due to the institutional scale of the study, it may also overlook personal and individual nuances in the research	Due to the scale of both studies, they are limited and may overlook individual based nuances in the research

Table 1: Comparison of Trust Frameworks from Gaebel et al. (2014) and the Strang Report (2020). Table. Source: Author's own. Summarises similarities and differences between the two studies across definitions, principles, methodologies, recommendations

Based on the findings of this table the comparison between Gaebel et al. and Strang are made clear. Gaebel focuses on trust as a hopeful feeling and believing that a person or service will care for you when you are vulnerable. Whereas Strang breaks Trust down into three clear parts. These three principles were developed through an independent enquiry that involved engagement with people with lived experience, family members, NHS staff, third sector organisations, and community groups, using listening events, interviews, written submissions, and site visits (Strang, 2020).

1. Ability - The service can do what it is needed to
2. Reliability - The service does what it says it will do
3. Motivation - The service wants to help and cares

While Gaebel et al. focus on the feeling of trust, Strang looks specifically at how the services enable trust. Both views are important as identified in table 1 trust can be multifaceted. This emphasises that there is no single definition of trust and that trust is interpreted differently depending on the context that it is being assessed in. Gabel et al. believes that trust can be felt as a personal and individual based feeling or it can be qualities based on the actions of a system or service as Strang Indicates through a systematic analysis of services. This comparison (Table 1) has highlighted the need to consider both individual nuances and experiences as well as the qualities of a service and how they operate. Both studies have limits as the findings that trust comes from being honest, reliable and giving consistent care from Gaebel et al. are broad and hard to apply in real world contexts. While Strang's are clear and in a specific location and context they miss the nuance of individually based insights. This gap highlights the need for methods that include both the role of systems/services and lived experience-based research. Participatory Design (PD) is suitable as it actively involves people with lived experience to shape services or systems. By including the individuals that shape these systems PD can look at how people feel and experience trust in the Tayside mental health specific context. While both frameworks highlight transparency and accountability, they do not discuss how trust can be utilised in practice. Fjaeran and Aven (2021) describe 'critical trust' as a solution, where service users actively scrutinise and question services, emphasising transparency and accountability, principles that are rooted in PD philosophy. However, even with concepts such as critical trust there are still barriers such as betrayal and stigma that can undermine trust.

5.3.2. *Barriers to Trust*

While both Strang and Gaebel et al's frameworks have been constructed differently, one by examining existing literature and the other through conducting community engagement, they both propose interventions to rebuild trust. However, certain factors can still function as barriers to building trust. One of the key barriers that has been explored within the academic literature is betrayal. Betrayal can be seen as a matter of perspective from a user's point of view (C.P. Smith, 2017). This can arise when a service user's view of a service provider's motivations are self-serving, dismissive or dishonest (C. P. Smith, 2017). An example of this type of betrayal is underlined in the Strang report: the inquiry found that service users believed that NHS Tayside prioritised protecting its reputation over providing transparent care, which in turn led to a betrayal in trust (Strang, 2020).

Research into betrayal is valuable for understanding both how trust is built and how it is broken. Smith (2017) outlines that there are two main paths when facing betrayal, confronting the betrayal or leaving the [social] relationship. Leaving the relationship could mean disengagement from care-related services, which could be harmful to an individual's wellbeing due to said lack of care. Strang's recommendations for a shift in institutional structure offers recommendations for betrayal in trust. The enquiry proposes that there should be a new emphasis on transparency and communication to minimise the lack of trust (Strang, 2020). Participatory Design offers a potential avenue to rebuilding trust by incorporating individuals with lived experience into the research and design process, therefore mitigating the risk of betrayal. Participatory Design rebuilds trust through collaboration and shared decision-making between stakeholders, ensuring transparency and mutual respect throughout the process. In contrast to the previously discussed barriers, scholars have proposed that the use of critical trust, discussed in the next section, may be important to build relationships between service users and service providers.

5.3.3. Critical Trust

While other academic sources recommend a shift in trust dynamics (Strang, 2020; Gaebel et al., 2014; Smith, 2017), Critical trust offers a means of navigating trust and betrayal and encourages transparency. Critical trust is described as trust that involves active scrutiny from service users as well as ongoing assessment (Fjaeran and Aven, 2021). This is rooted in the principles of bringing stakeholders into decision-making processes and encouraging transparency at an early stage of the research design. A sentiment that is echoed throughout Participatory Design literature (Sanders & Stappers, 2008; Simonsen & Robertson, 2013). This focus on transparency addresses the issue of betrayal by promoting open communication and institutional responsibility, which have been proven to be essential in repairing trust (Strang, 2020). While Strang (2020) suggests rebuilding trust through institutional changes, critical trust offers as a solution from a service user standpoint (Fjaeran and Aven, 2021). Critical trust can offer a ground up resolution by introducing processes that allow service users to question and contribute to the workings of services in contrast to Strang's top-down institutional outlook of how to build trust in services.

5.4. Participatory Design

5.4.1. Lived experience

This section lays out the literature surrounding the key principles of Participatory Design. Participatory Design sees individuals with different strengths collaborating and sharing ideas, to ensure an outcome that is shaped by those who are directly involved (Raman, French & Tulloch, 2017). Participatory Design is used in a range of contexts

(Raman, French & Tulloch, 2017), which include, service improvement, health care, community development and policy making. These areas require a nuanced understanding including the importance of under-represented voices and lived experience (see Sanders & Stappers, 2008; Raman, French & Tulloch, 2017; Romsland, Milosavljevic & Andreassen, 2019; Design Council, 2020; Miller, 2012; Light and Akama, 2012; MindLab, 2016).

Participatory Design offers an approach that utilises creative tools, such as relational maps and co-design artefacts, which allow participants to communicate complex ideas or experiences (Lucero *et al.*, 2007). These approaches can vary in the depth of engagement depending on the scope of context of the project (Cornwall, 2008). While the depth of engagement can vary, the principles behind the practice remain consistent:- 'we are heading into a world where experience often trumps reality': (Sanders and Stappers, 2008). This quote emphasises Participatory Designs core principle of using lived experience for meaningful change. The focus on lived experience is also essential for addressing power imbalances, ensuring that those most affected by decisions play an active role in shaping them (Raman and French, 2022). During the design process the facilitator shifts power from themselves, leading to outcomes benefitting the needs of participants' based on their own lived experiences (Raman, French & Tulloch, 2017; Romsland, Milosavljevic & Andreassen, 2019).

Such approaches ethically support fairer and just research by recognising participants knowledge as experts of their own experience. Using tools such as transparent communication, involvement in decision-making, and building respect, participants are actively engaged as equal partners. This raises the question of how these practices might contribute to trust-building between mental health practitioners and service users across Tayside. While Participatory Design 'promises' inclusive approaches and empowerment for participants, it can also come with challenges and barriers.

5.4.2. *Barriers to Participatory Design*

While Participatory Design intends to democratise decision-making and equalise power dynamics, the extent of this can vary based on how it is implemented. Some of the concerns surrounding this topic are themes of tokenism and user bias (Romsland, Milosavljevic and Andreassen, 2019). Tokenism is a fundamental challenge to the authenticity of Participatory Design approaches. Tokenism can occur when participants are invited to contribute, however their influence cannot be seen in the outcome (Beresford, 2013). This can often be due to unequal power dynamics, and participation can be viewed as a tick box exercise. To avoid this, engagements must lead to meaningful outcomes that benefit both the stakeholders and participants that are involved (Waylen *et al.*, 2015).

Bias can be a natural occurrence from both service providers and service users . For example, practitioners could unconsciously prioritise institutional interventions based on their professional experience whereas service users may carry mistrust from previous experiences (Hendriks, Slegers, and Duysburgh, 2015). This is particularly significant in the context of Tayside (Strang, 2020). Strang documents serious failings in communication and transparency in Tayside's mental health services, which may in turn create a context whereby community members feel cautious to engage based on their past experiences. This calls for careful facilitation in order to not reinforce existing divisions or inherent biases. This division may also be present in relation to the dynamics between designers and participants. It is, of course, important to consider and mitigate this within the research design approach, especially when working with vulnerable groups. This is an issue that has been widely recognised: 'The gap between the designer's world and that of vulnerable participants is significant and requires more work to balance power relations' (Hendriks, Slegers, and Duysburgh, 2015).

To tackle the issue of potential imbalances in power relations, Hendriks, Slegers, and Duysburgh (2015) talk about their experiences 'designing the collaborative arena'. This

process involves creating a collaborative space before asking for participation, though, for example, sharing a meal or other informal rituals to create familiarity with both participants and researchers.

5.5. Mental Health

5.5.1. *Location Based Mental Health*

The following section explores existing literature on the recognition of mental health, the role of social connection and the impact of stigma and trust in mental health services. This section has drawn on a range of studies on population wellbeing measures, social connection, stigma and trust in mental health services, including Aucott et al. (2014), Maheswaran et al. (2012), Deng et al. (2022), Long et al. (2022), Lyon et al. (2011) and Ping Tsao et al. (2008), as well as the work of MindLab (2016). In recent years there has been a considerable emphasis on the importance of recognising mental health. The phrase 'There is no health without mental health' has been used by the World Health Organization (Health and Well-Being, 2025). A sentiment that can be echoed across various health organisations (Magorokosho *et al.*, 2024) (Strang, 2020). This is reinforced by the Strang Report, where recognition of NHS Tayside's shortcomings has highlighted several challenges within mental health practices in Tayside.

A study in the North East of Scotland, close to Tayside was conducted (Aucott *et al.*, 2014a). The study looks at mental health in northeast Scotland through a survey with 18 – 25-year-olds between 2007 and 2008. The research had a large scope due to the number of individuals who took part in the survey with an estimated 53,562 young people who participated in the 92-question survey (Aucott *et al.*, 2014b). The study

used the Warwick – Edinburgh Health and Wellbeing Scale (WEMWBS). The WEMWBS is often used in large-scale population research, and it has been shown not to suffer from ceiling effects in different groups. The point scoring system allows users to signify how they are feeling on a scale of 1-5 and relies on positive questioning. The term positive mental health can be used interchangeably with the term mental well-being to talk about overall life satisfaction. The purpose of the method may limit the depth of the insights, leading to more general, population-based results, this is due to the scale of the system being designed for population levels of use rather than individual use (Maheswaran *et al.*, 2012). This outlines the need for a collaborative, individual-based research approach using Participatory Design. Verhaeghe and Bracke (2011) suggest that there should be further research into a lack of trust in mental health professionals. By centring lived experience, a participatory approach may offer a deeper, context-driven range of insights, an area in which WEMWBS offers limited information as found by (Deng *et al.* 2022). Deng *et al.*'s study found that the WEMWBS scale was too simplified to truly indicate complex mental wellbeing situations, further reinforcing the need for an individual-based research approach. An individual-based research approach may use qualitative insights to tap into lived experience rather than numerical data. While WEMWBS provide numerical population levels of data an individual research approach such as Participatory Design may offer deeper insights for how trust can be built, maintained and defined.

Mental health practices are not only influenced by institutions but also community dynamics and relationships. Community relationships play a very important role in shaping mental health services as social networks have been shown to improve mental wellbeing (Long *et al.*, 2022). These relationships are built around trust, which is essential for individuals to feel comfortable enough to engage with mental health services (Lyon *et al.*, 2011). These relationships could inform how mental health services build and create trust. By recognising the influence of community dynamics, services could be designed to build trust and better support the individuals they serve.

5.5.2. Relationships and Community

Relationships and community also play key roles in aiding mental well-being (a state of wellbeing). Research shows that mental well-being and social network size are often directly related (Long *et al.*, 2022) (SAMH, 2025). Trust is an important factor in building social networks as it is deeply embedded in social relationships (Lyon, Möllering and Saunders, 2011). While trust is important to build social relationships and communities, stigma around mental health services creates a barrier. Stigma creates a large barrier around mental health services, which makes using services as well as creating and accessing support networks more difficult (Ping Tsao, Tummala and Roberts, 2008). Stigma can impact help seeking behaviour, as fear of judgement can influence how likely an individual is to seek support from care-providing institutions. This can be attributed to an undermining of trust within mental health services. Approaches towards cultivating trust such as Participatory Design can help mitigate stigma by involving individuals in shaping the systems that serve them. A key example of this is the policy making work of MindLab in Denmark. Mindlab focussed on bringing citizens into the design process. By using Participatory Design methods Mindlab encouraged policy makers to shadow frontline workers to understand their experiences and destigmatise their voices (MindLab: The evolution of a public innovation lab, 2016). Due to the challenges in building and maintaining trust, Participatory Design practices are recognised by scholars as an approach to involve individuals directly in shaping their services. PD offers the opportunity for mental health services to promote empowerment and transparency and therefor build trust.

5.6. Conclusion

Trust within mental health services is an issue that is influenced by many factors, such as stigma and betrayal. Both Gaebel et al. and Strang have voiced the need for consistent, reliable care and transparency to build trust. However, there are also key

barriers, such as betrayal, which can work against building trust. It can be seen that betrayal can happen when service users perceive that providers prioritise institutional interests over their wellbeing, for example, Strang (2020) found that individuals across Tayside felt that NHS services were more concerned about protecting their reputation rather than providing genuine care. Betrayal can damage trust between service providers and service users, leaving individuals feeling disillusioned. Participatory Design can be used to provide a solution by involving individuals in the design and research process to ensure that trust is rebuilt in a way that genuinely reflects their needs and concerns. By focusing on transparency, open communication, and shared decision-making, Participatory Design can address power imbalances and help repair mistrust. The methods discussed in the PD section of this scope of context may be well suited for the Tayside context of this research, where the relationships between communities and mental health services has been strained. Building informal and trusting relationships by sharing an experience before an activity can help lower the barriers and create comfort for participants. Even if direct participation with service users is not possible in this research, applying these relational methods may still be relevant. These methods offer insights into how trust can be nurtured to create safe spaces where communication is encouraged. With the approaches informing the design of future engagement practices in Tayside's mental health services.

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6. METHODOLOGY

This chapter outlines the theoretical and methodological foundations of this research, which asks: How might Participatory Design build trust between mental health practitioners and the individuals they serve across Tayside? This chapter details the projects constructivist epistemology, including elements of pragmatism, and is guided by an interpretivist phenomenological perspective that centres lived experience. The chapter explains how practice-based research through Participatory Design and Participatory Action Research shape it's methodological approach to exploring trust in mental health services across Tayside. This chapter also outlines the methods selected for this research: reflective journaling; relational mapping; and a co-design workshop, showing how each step of this research iteratively informs the next stage. The chapter follows the structure laying out the recruitment strategy, attendant ethical considerations and the analysis process.

6.1. Epistemology

The theoretical and methodological structure of this research is summarised in the following illustration. Influenced by the Crotty model (Taylor, 2018; Crotty,1998) each globe symbolises a key component of the structure. This study visualises its Epistemological positioning in a clear and systematic way of aligning philosophical stances to the practical implementation of research. The model that was developed for this study follows a four-tier structure: - epistemology, theoretical perspective, methodology and methods which ensures that each decision made in this research has been considered and connects to each other. Rather than viewing these components as a linear hierarchy I have visualised them as globes that orbit each other. Each globe informs the next stage of practice. By visualising the research structure this way, I aim

to communicate both my philosophical position as well as the format that has helped me to understand such concepts.

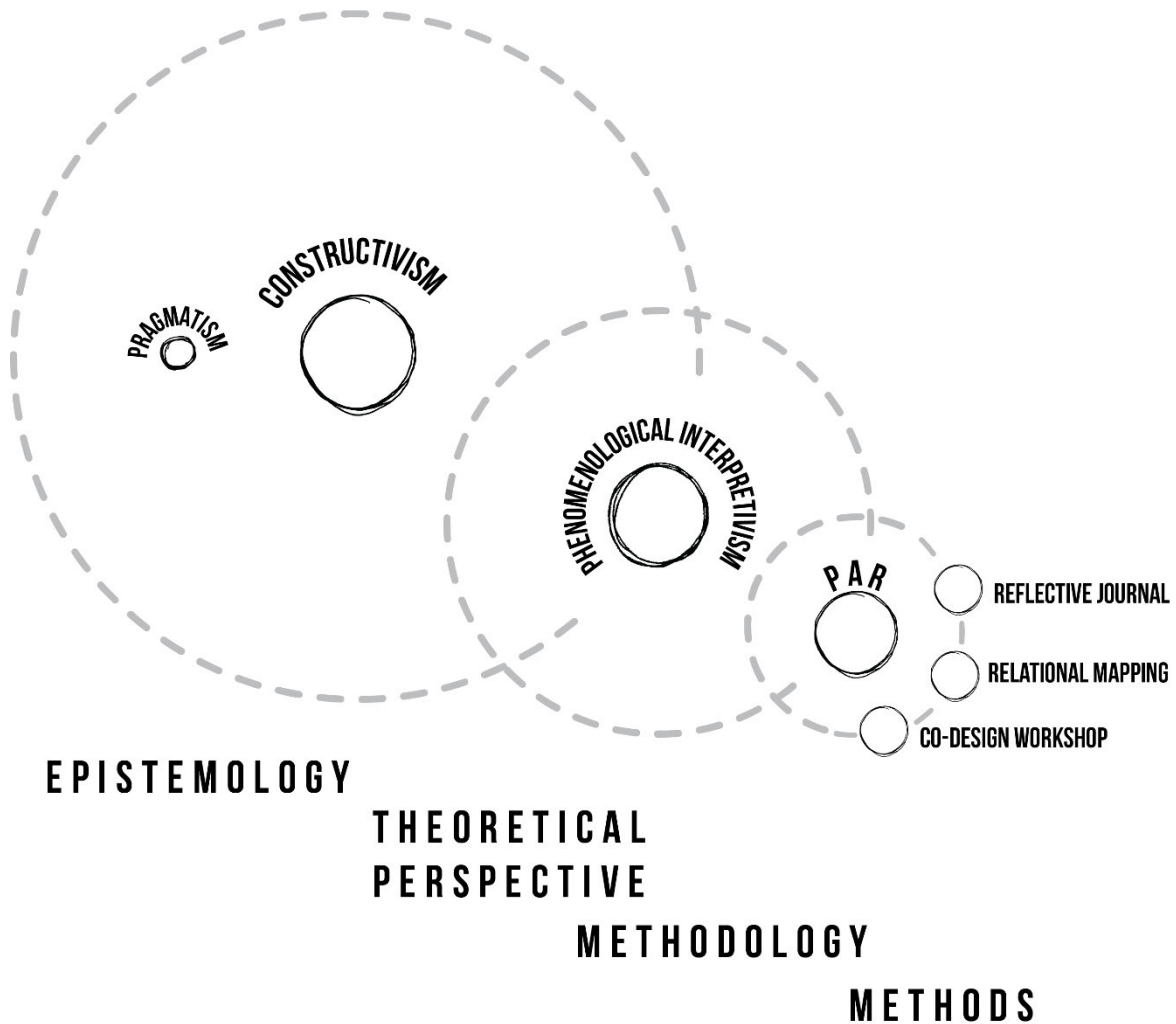


Figure 1: Epistemology Visualisation. Diagram. Source: Author's own adapted from Crotty (1998).

In this research I adopt a constructivist epistemology through the understanding that knowledge is created through social relationships and lived experience rather than being understood as an objective truth (Guba & Lincoln, 1994). Positioning this

research with a constructivist epistemology allows this research to value the lived experiences of individuals who are involved in Tayside's mental health care. Constructivism acknowledges that insights are contextually grounded as well as relational (Guba & Lincoln, 1994, p. 110). Thus, making it an important foundation when exploring how Participatory Design can build trust between mental health practitioners and the individuals they serve across Tayside.

While this research strongly aligns with constructivism, there are also elements of pragmatism. As Dixon notes, Dewey saw inquiry as a 'species of action' rather than a purely intellectual process, this study reflects that pragmatist stance by generating knowledge through action via embedded engagement and generative co-creation (Dixon, 2019). One specific element that this research draws on is the pragmatist principle of 'what difference it makes' (Morgan, 2007). Morgan (2007) states that pragmatism emphasises that the meaning and values of ideas lie in their practical consequences. Therefore, this research aims to create outputs that could help make a difference in how trust is understood and supported in the context. This reflects a pragmatic epistemology which is focused on practical impact. Pragmatism's emphasis on real world application is prevalent in this research as the planned output is a series of recommendations that can be used to aid building trust in mental health services across Tayside. By using Participatory Design to explore opportunities to build trust, this research aims to use a constructivist approach to provide pragmatic recommendations. By engaging participants with Participatory Design, recommendations can be made based on lived experience. This approach aligns with constructivist principles while also drawing upon pragmatic elements. (Sanders & Stappers, 2008) (Morgan, 2007).

6.1.1. Framing trust within Constructivism

Trust is central to this research project and can be defined in multiple ways as discussed in the previous literature review. Strang (2020) positions Ability, Reliability and Motivation as a framework for trust to be defined however, in this research this definition is not treated as a fixed truth. Drawing from the constructivist epistemological stance of this research, definitions of trust will be co-constructed and understood through the lived experience of practitioners. The methods used in this project have been selected to explore how trust is built, lost or sustained through practice.

These accounts will serve as a way to test and stretch Strang's framework for trust (2020). In doing so the research aims to highlight the value of the existing framework while also revealing ways PD can generate new insights that may challenge or build upon Strang's (2020).

6.2. Theoretical Perspective

The theoretical perspective of this research sits within interpretivism, which aims to understand how individuals make sense of their experiences. I have chosen phenomenological perspective, which focuses on the phenomena of lived experience rather than abstract world models and systems (Dourish, 2001). Phenomenology is appropriate for this study because it allows the research to focus on practitioners lived experiences of trust in the context of Tayside, further reinforcing this research grounding in constructivist ideology.

The research will draw on interpretive phenomenology, this is due to this projects' focus on how trust is experienced and described by practitioners, rather than categorising their experiences, (Hendriks, Slegers, and Duysburgh, 2015). Thus removing their voice from the data (Dourish, 2001). Keeping the core of the research

as close to participants firsthand account of trust means that predefined structures and definitions are not involved and don't influence the data. An alternative approach that was considered was hermeneutical phenomenology, where understanding is shaped by prior context and understanding and categorised as so (Watson, 2022). While this was considered I opted for a different approach so as to not categorise the lived experiences of participants, running the risk of falsely simplifying or generalising their expertise as a researcher who might not understand the local nuances of a Tayside resident. Choosing phenomenological interpretivism over hermeneutical phenomenology means that the projects focus stays on lived experience. This theoretical perspective shapes my role as a researcher, placing the researcher as part of the interpretive process rather than being attached from the systems that are being researched. This aligns with Ingold's (2011, p.10) dwelling perspective, encouraging immersion and participation rather than detached observation within the lifeworld.

6.3. Methodology

This project merges practice-based research (Frayling, 1993), utilising Participatory Design with a Participatory Action Research (PAR) structure (Kemmis and McTaggart, 2005). The practice-based element of this research is generated through the design practice of the researcher. This research is built upon Frayling's (1993) research through design; however, the methodology primarily focuses on utilising the cyclical and iterative nature of PAR (Kemmis and McTaggart, 2005). The use of PAR is intended to address the research question how Participatory Design can build trust between practitioners, and the individuals they serve across Tayside, while continuously reflecting and adapting. A hybrid of these approaches is suitable as PD intends to be used as the tool while PAR describes the cyclical and reflective way that the tool can be used.

PD has been positioned as a method for knowledge to be created in this project. This can be done by designing participatory encounters such as mapping and workshops which will be discussed further in this chapter. This positioning is founded in the theory that the facilitation itself can be a form of research and enquiry (Frayling, 1993). Furthermore, positioning PD as a methodology allows the process to be generative rather than extractive, building on the constructivist and pragmatic foundations of this research (Crotty, 1998 ; Morgan, 2007; Sanders and Stappers, 2008). The design of the workshops is to both collect insights as well as create contexts where trust can emerge and be reflected on, with reflections informing the next stages of the project (Lucero *et al.*, 2007).

PAR emphasises collaboration and action (Kemmis and McTaggart, 2005), sentiments that align strongly with PD (Sanders and Stappers, 2008). This project relies heavily on collaboration with the Share and Care Together group as well as practitioners from across Tayside to build recommendations for trust. The project relies on the cyclical nature of PAR, through various phases of mapping sessions and workshops with each stage ending with reflection, to then inform the next (Kemmis and McTaggart, 2005). Doing so ensures that the research process is responsive and relevant. Alternative approaches such as ethnography as well as grounded theory were considered however ethnography's focus on observation runs the risk of positioning the researcher apart from the setting (Hammersley and Atkinson, 2010). As well as this grounded theory was considered (Charmaz, 2012). However, its prioritisation of theory generation also seemed to detach the researcher from creating real world relationships that trust has been seen to rely on (Charmaz, 2012; Ingold, 2011; Light & Akama, 2012; Bødker, Dindler & Iversen, 2017). This further supports PD and PAR as the most appropriate methodological approaches for this research.

In this study the researcher takes a dual-role as a designer-researcher. This implies that the researcher is not detached but part of the process by building relations, engaging with individuals and embedding in the setting (Ingold, 2011; Miller, 2012; Sanders and Stappers, 2008). Such positioning inserts the researcher into the relational 'knotwork'

(Bødker, Dindler and Iversen, 2017, p.7), which in turn emphasises the need for reflexivity to adapt to the shifting dynamics. This embedded stance is necessary for building trust through Participatory Design and through Ability, Reliability and Motivation, as recommended by Strang (2020) when discussing how trust can be built in Tayside.

6.4. Methods

This research uses three primary methods, reflective log, relational mapping and Co-design. These methods have been selected due to their focus on lived experience and their relation to the principles of Participatory Action Research and Participatory Design. These methods have also been selected due to their alignment with Constructivism and Pragmatism.

In shaping the design of this research, these methods were chosen to support a ground-up approach to building trust through participatory design. As mentioned in the previous chapter, critical trust emphasises enabling participants to question and contribute to how services operate. At the same time, PD literature highlights the need to address power dynamics (Hendriks, Slegers and Duysburgh, 2015). Mapping and co-design were therefore selected for their emphasis on understanding and learning, as well as their generative style of engagement.

6.4.1. Crafting a Visual Approach

As mentioned previously, the methodology of this thesis is designed to support a ground-up approach to building trust through participatory design. In addition, visual methods are embedded across each stage of the methodology to form a cohesive approach. In developing this approach, the research draws on my background in illustration and design to shape how the methods are structured and facilitated. By

designing the methods to revolve around a visual approach, they encourage both the researcher and the participants to explore how trust is experienced and interpreted, allowing thoughts and feelings to be expressed in visual and metaphorical ways.

This approach is crafted to surface aspects of experience that may be hidden or difficult to access via other methods, and to move beyond established assumptions by framing experiences in alternative ways. Through illustration, participants can explore stories and relationships from different perspectives, rather than relying on verbal descriptions.

6.4.2. Reflective Journal

Alongside my fieldwork, I will keep a reflective journal to document how trust is being built or lost, and how these experiences feel. This will function as a space for my illustrative and design practice to be presented. Through drawing, I'll record moments and encounters from the project to observe and reflect. These visual reflections will act as both documentation and a method of inquiry, helping me remain reflexive and attentive to the dynamics of trust throughout this project. Schon's *Reflective Practitioner* (1984) reference this type of reflection – in – action as a way for the researcher to learn, acknowledge and adapt during or after an event. These reflections align with the cyclical nature of PAR (Kemmis and McTaggart, 2005) . Beyond research, reflexivity has been described as essential for improving professional practice as can be seen in social work (D'Cruz, Gillingham and Melendez, 2005). In that field, reflective practice is used to question a practitioner's assumptions and adapt to the needs of individuals, a sentiment that that strongly aligns with PD as well as critical trust. Drawing a parallel to this piece of research suggests that this method can serve a similar purpose. Kinsella (2010) echoes this in a health and social care setting. It is noted that reflective practice encourages accountability and helps to rule out misrepresentation. This in turn strengthens the point that reflective journaling is an ethical tool that can support reflexivity when working within sensitive contexts such as

mental health. In these ways can reflectively journaling support PD by ensuring that the process is adaptive and responsive.

This approach is influenced by Mitch Miller's Draw Duke Street residency, where he used drawing as a method of visual ethnography and as a means of self-interrogation (Miller, 2012). In his work, Miller challenges his own position as a researcher, asking whether he has the right to carry out the work as an 'outsider' and adapting his process in response to these reflections. Reflecting on my own role as a researcher entering an established web of systems and services, like Miller, it is necessary for me to consider how my presence is perceived, and how I can adapt my methods so that participation is collaborative rather than imposed. Miller uses an open studio created space for both artist and community, allowing trust to build over time through a visible, repeated presence on Duke Street (Miller,2012). I aim to draw from this approach through my sustained engagement with Share and Care Together and stakeholders across Tayside. My role and repeated presence in share and care together is key to building trust and positioning myself as part of the group rather than an observer. This approach can be seen as appropriate as it creates an opportunity for trust to be built between the researcher and the group. This should lead to qualitative data through reflective observations that speak to my research question: How might Participatory Design build trust between mental health practitioners and the individuals they serve across Tayside?

However, Miller also acknowledges the ethical risks of this practice. A strong presence in the community can be seen to be extractive once the project ends when the researcher leaves (Miller,2012). This has made me conscious of the importance of an exit strategy. I'm also aware of another tension Miller identifies, the risk of misrepresentation. As someone not originally from Tayside, I may lack local nuance, and there's a danger of over-simplifying people's experiences. This concern further reinforces the choice of using an interpretivist phenomenological theoretical perspective. Reflecting on these risks in real time through writing and illustration aims to help me remain grounded and accountable. Insights and journal entries will be

disseminated and validated with stakeholders and participants as part of this study. This will also allow participants to build upon the reflections creating the opportunity for generative insights. Doing so helps to share ownership of said reflections; repetition of validation and reflection will gradually 'design the researcher out' of the research as reflections will be shared with participants.

6.4.3. Relational Mapping Interviews

In this project, relational mapping is used in both workshops and as an interview tool. As Light and Akama (2012) highlight from their practice in relational mapping, that participatory methods derive their value from how they are facilitated and the relationships they build along the way. Bødker, Dindler and Iversen (2017) describe relational expertise as part of a designer's toolkit, allowing them to actively form and maintain relationships throughout a project. Building connections through conversation can open participants up to future collaboration and support participation in the design process. Mapping can support this by providing a shared visual artefact that can make visible relationships or qualities of trust. In practice, maps will be created using sticky notes, marker pens, persona templates and large sheets. This will allow participants to add, move and adapt elements as the dialogue continues.

The co-creation of the map taps into and validates individuals lived experiences, reflecting this research's constructive stance. Light and Akama (2012) used relational mapping in workshops on disaster preparedness to illustrate relationships and resources, in turn this process allowed participants to see themselves as a wider network, which in turn-built trust and validated each other roles in the network, while collecting qualitative data. The data provided by these maps show relationships between services, user journeys and hierarchical systems of services, which offers a platform for a dialogue on where trust is strong, weak or can be built. To avoid an extractive use of the maps, they will be revisited and refined with the participants,

creating a feedback loop where participants can validate how their relationships have been represented.

As previously discussed Participatory Design is framed by Bødker, Dindler and Iversen as a 'loosely coupled knotwork' (Bødker, Dindler and Iversen, 2017, p.7). A temporary and flexible network of people that requires ongoing trust and repeated engagement to stay intact. This research proposes that entering an interview or mapping session is a way of entering this knotwork. In this research, the knotwork can be seen as the connections formed between the practitioners and individuals in Tayside. Suchman (2002) claims that designers do not create these knotworks, but step into existing relational dynamics. Relational expertise helps a designer connect not only with individuals but also across stakeholder groups, by linking participants into workshops or collaborative sessions. But for this kind of relational work to be successful, trust is essential and takes time to build (Gaebel et al., 2014; Strang, 2020; Light and Akama, 2012). As previously discussed, trust in this context can be shaped by perceptions of Ability, Reliability and Motivation as stated by Strang (2020). While in Participatory Design it has been noted that trust is a prerequisite for a meaningful interaction (Light and Akama, 2012).

Bødker, Dindler and Iversen also highlight how fragile these networks can be. Even small changes in participation, someone stepping away or losing interest, can shift the balance and disrupt the knotwork. This fragility underscores the importance of being a reflexive designer, able to adapt and respond to these shifts with sensitivity. As well as this, working in these knotworks can be a resource heavy approach due to time commitment. Hajjar et al. (2024) echo this sentiment in their experience with relational mapping, noting that while this method helps participants to see 'the whole together' it can be labour intensive. This emphasises the need for the interactions to be fluid and reflexive. These findings outline the need for participant criteria for such sessions. Participants selection needs to consider their commitment, availability and relevance to the project.

6.4.4. Co-Design Session

Transform Ageing was a PD led project that ran from 2016 to 2020, during which the Design Council worked with older people, carers, health care staff, and community members in a series of workshops. These sessions were used to gather insights and open conversations between groups who might not usually engage with each other. The aim was to use lived experience as a basis for influencing policy and service innovation (Design Council, 2020). In the context of this research, the final co-design workshop will aim to bring together different groups of mental health practitioners from across Tayside. Co-design aims to reflexively adapt to insights revealed through interviews and workshops. It opens a dialogue that surfaces diverse perspectives and supports the development of recommendations that are acceptable, compatible, practical and useful. (Powell et al.,2017).

The approach utilised by the Design Council worked well because it gave participants a chance to frame challenges that matter to them, rather than responding to predefined assumptions. Drawing from this the final co-design workshop will bring together mental health practitioners from across Tayside that have been involved in previous activities. Using themes from these activities as prompts or 'challenges' that have been defined by themselves. This ensures the recommendations are grounded in their experience to create practical outcomes. This project informs the design of this research by demonstrating how co-design can centre participants lived experience to shape pragmatic outcomes and make visible challenges, or in the instance of this research, opportunities to build trust.

Although the project did not produce formal recommendations, it led to the development of a series of briefs. These briefs defined problems and focus areas to guide future work, helping to identify where further action or intervention was needed.

Not all responses to the project were positive. Some participants were confused about how the design tools were relevant (Design Council, 2020, pg18-20). This highlights a need for balance between giving participants space to express themselves freely and offering enough structure to help them feel supported. Reflecting on this, the project underscores how vital it is to build trust and use accessible, adaptable design tools. In this project, accessible and adaptable tools will be applied using mapping and co-design workshops that are shaped on participants lived experience, whilst providing enough structure to make the activities followable.

6.5. Analysis

The aim of this project is to collect qualitative data through a range of methods, including reflexive practitioner journaling, mapping, and a Co-Design workshop. Due to data taking different forms and from various sources such as relational maps and interviews, different forms of analysis have been selected.

PRACTICE METHOD	DATA	AIMED INSIGHTS	ANALYSIS METHOD
RELATIONAL MAPPING	Visual maps of services, connections and trust dynamics, Transcripts, Illustrations	Insights of where trust is strong, weak or absent Insights into trust based on personal lived experience	Situational Analysis Thematic Analysis
REFLECTIVE JOURNALING	Researcher notes, (drawings, reflections)	Reflective insight into dynamics	Reflexive Action

		based on researcher	
CO-DESIGN WORKSHOP	Transcripts, Design Outputs, shared artefacts	Recommendations for building trust	Thematic Analysis

Table 2 : Overview of Practice Methods, Data Sources, Aimed Insights and Analysis Approaches Used in the Study. Table. Source: Author's own. Summarises how each method contributed to understanding trust and the analytic processes applied.

Relational mapping will be analysed using situational analysis, which is suitable as it has the ability to analyse relational dynamics (Clarke, Washburn and Friese, 2022). Situational analysis' ability to highlight dynamics, as well as areas where participants have experienced trust to be weak or strong, makes it suitable for understanding the data.

Thematic Analysis has been used twice in this methodology because it has a flexible nature which emphasises finding patterns of meaning within data sets. Thematic analysis is viewed as flexible, because it is not tied to a theoretical framework. As such, this has allowed the research to utilise it under an interpretive phenomenological lens (Braun and Clarke, 2019). Using Thematic Analysis in the research has meant special precautions will be made to align with the Interpretive Phenomenological stance, by keeping participants direct accounts as accurate as possible.

Thematic Analysis is used to reveal themes present in trust within mental health practices in Tayside, helping to address the research question: how might Participatory Design build trust between mental health practitioners and the individuals they serve across Tayside? The process commences with the collation of all datasets, including journal entries, transcripts, and illustrations. Throughout this stage, a partial coding system is used to break down the data for large text-based pieces, this is due to the expected volume and variety of materials. Following this, the data is then clustered to form initial themes, which are then further refined into more focused groupings.

This process is iterative and continues throughout the fieldwork as new data becomes available. Ongoing analysis allows emerging themes to inform subsequent fieldwork

activities, creating a responsive approach. The decision to conduct analysis continuously is also influenced by time constraints, ensuring that insights are developed alongside data collection rather than retrospectively, in turn guiding the remaining fieldwork.

Reflexive action refers to the on-the-go nature of the journaling activity, drawing from Schön (1984), where reflection and analysis will be done in or after engagements, here the research and insights can be treated as data to illustrate how trust is built and lost in the field. This is defended by findings from Ingold (2011), where the researcher is not separate from the context they are studying, but part of it. This stance draws comparisons with the principles of PAR, where active reflections inform engagements and later activities, reinforcing this projects' cyclical nature.

6.6. Evaluation

This project will be assessed on how successful it was by using reflective practices once conclusions have been drawn. The researcher and participants will be asked reflective questions based on their involvement. They're responses to this will determine how well Participatory Design build trust between mental health practitioners and the individuals they serve across Tayside. This contact will be made via a range of platforms ranging from in person to emails.

6.7. Ethics

The ethical responsibilities of this project fall on myself as a researcher, it is my responsibility to make sure that the research is not intrusive and is respectful to all who

are involved. Participants will be provided with a clear information booklet which will be approved by the GSA ethics research office. This will contain all the necessary details about the project and how their information and data will be safeguarded. All participant data will be anonymised, with pseudonyms used in all reporting. Participants will be provided with a consent form. This will detail how their involvement is voluntary, and that they can withdraw at any point.

As this project is based on lived experience, an acknowledgement is necessary that some tasks may feel personal. Participants will be told they are free to skip any tasks or questions that cause discomfort. However, as this project will only have access to practitioners rather than those with lived mental health experience, the risk of this outcome is minimal. This project is designed to be respectful, collaborative and reflexive, because of this I will work to create a safe space to enable open dialogue and make a conscious effort not to intrude. Due to the project's reflective nature, I will actively consider my own positioning checking whether I'm being adaptive and whether trust is being established with participants.

A limitation of applying PD in the context of mental health services in Tayside, is the inability to involve service users due to the ethical restrictions of this project. Instead, this study relies on the input and lived experience of mental health practitioners, which will therefore narrow the scope of perspectives involved, resultingly limiting the benefits of PD in building trust in this research.

6.8. Recruitment

The target participants for this research are mental health practitioners across Tayside. To find potential participants, the researcher will reach out directly, and will also work with Share and Care Together, who can recommend participants based on the relationships they have built through their work in mental health services. These connections are expected to help facilitate trusted introductions between the

researcher and potential contributors. Invitations to meetings will be sent via email or arranged in person.

6.9. Conclusion

This chapter has outlined the theoretical foundations and approach guiding this research. By adopting a constructivist epistemology informed by pragmatism, I have positioned Participatory Design as a methodological lens to explore building trust in mental health services across Tayside. My multiple roles as designer, researcher, and member of Share and Care Together shape how I engage with participants and interpret the data.

The combination of methods relies on a flexible approach to gathering qualitative insights. Thematic analysis will allow me to identify meaningful patterns while remaining responsive to the complexity of participants' experiences. Ethical considerations have been important in this process, with careful attention to creating a respectful experience for participants.

The recruitment strategy focuses on engaging mental health practitioners through trusted networks, which will help build the relationships needed for research. These methodological choices support the aim of producing pragmatic recommendations to enhance trust-building practices within Tayside's mental health services.

7.FIELDWORK

7.1. Introduction

The goal of fieldwork was to understand how trust is formed between mental health practitioners and the individuals that they serve across Tayside. This chapter outlines my positioning within the research and documents the fieldwork process, participants and methods that were used. This chapter is structured via three phases of fieldwork and will mark the change from third person to first in this study, this is due to the relevance of my active role within the participatory aspects of the research. The design of the fieldwork was informed by a Participatory Action Research approach, which emphasises reflection and iteration throughout. The first phase describes the Scoping methods, discusses how relationships were built as a result and also introduces the practitioner mapping session. The second phase outlines mapping interviews and how an illustrative practice was utilised to explore and make sense of the findings. The third and final phase outlines the intentions and delivery of the final co-design session. The selection of methods follows a PAR structure, where in the first two phases were designed to generate insights that could then inform the final phase. These phases show how the fieldwork developed through cycles of action and reflection to shape understanding trust in the context of mental health services in Tayside. In this project, PAR's 'action' took different forms depending on the phase of the fieldwork. In phase 1 action involved building relationships as well as participating in group activities with Share and Care Together. Phase 2 involved co-illustration and exploration of visuals relating to trust. Action in phase 3 took the form of analysing and validating the values and elements that emerged during the second phase. Across all phases 'action' occurred in various ways, all of which enabled practitioners to shape an understanding of trust through Participatory Design.

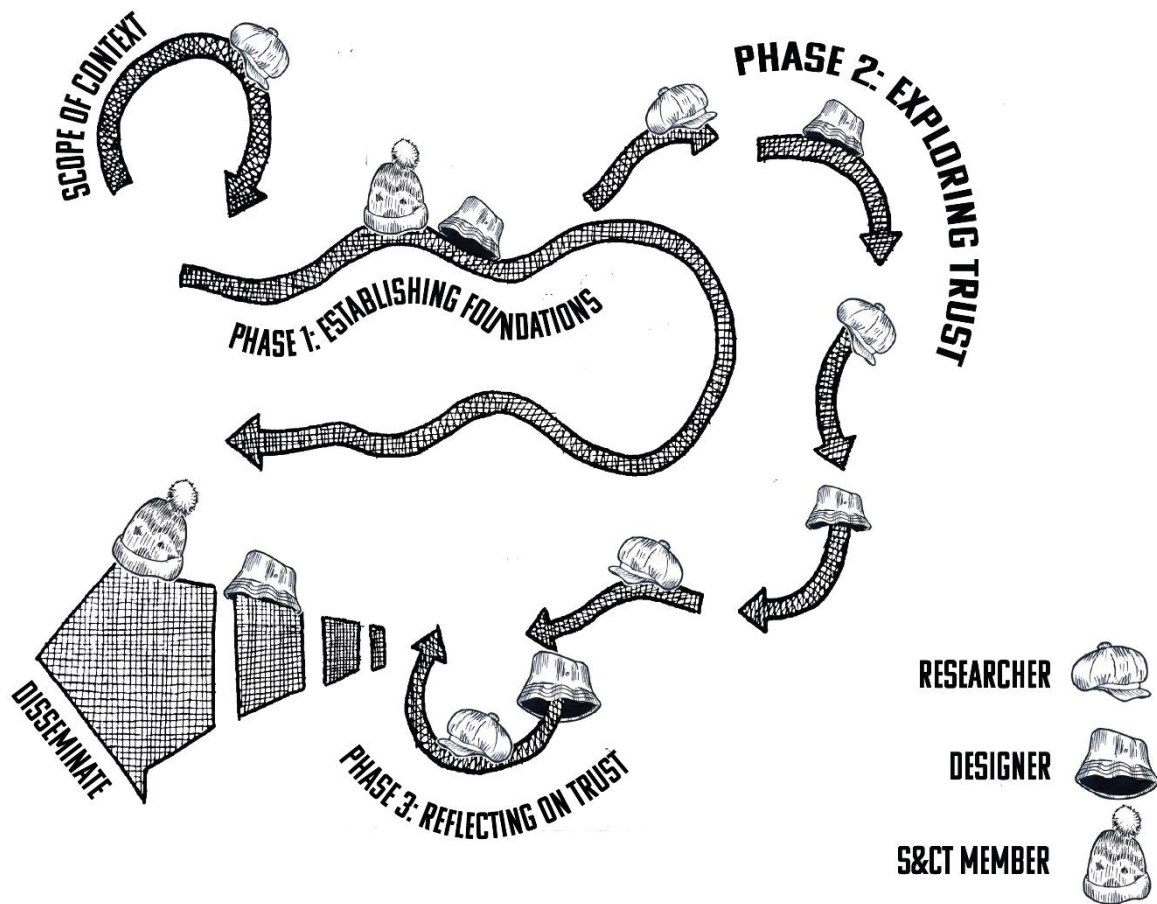


Figure 2 : Illustrated Diagram of Fieldwork Plan Showing Overlapping Stages and the Predominant Roles Represented by Each Hat. Illustration. Source: Author's own. Depicts the three phases of fieldwork and how the researcher, designer and Share and Care Together

7.1.1. Measurements of Trust

Rather than measuring trust through a fixed criteria This study recognises trust building through observations during real interactions. Based on ideas identified by Strang (2020), such as Reliability, Ability and Motivation, as well as ideas from Participatory Design, such as reciprocity between myself and the S&CT and a willingness to disclose personal stories. (Light & Akama, 2012; Bødker, Dindler & Iversen, 2017). This is supported by the projects phenomenological Interpretivist stance as it focuses on how individuals experience situations as they happen. It also

draws from Ingold's theory of knowing from within (2013), which reinforces the value of being directly involved in the research through practice. During the several stages of analysis I draw on these observations that are noted by using a reflective journal and treat them as part of the dataset.

7.1.2. Analysis

As this research follows a PAR structure, analysis is woven throughout the fieldwork chapter. Following on from the cycles of action that sit within PAR, reflection/analysis happens at the end of each phase to inform the next. The main method throughout the fieldwork was thematic and situational analysis. The data came in many forms including transcripts, illustrations, maps and reflective journal entries. In the fieldwork chapter each phase will have a short analytical section describing the process as well as some of the key insights. The use of cycles of analysis supported the iterative development of different methods used and kept the engagement methods responsive to participant needs as they were identified.

7.1.3. Positioning

This research is a qualitative study of how Participatory Design might build trust between mental health practitioners and the individuals they serve across Tayside. The study is grounded in my background as a Product Designer and is shaped by my role as a member of Share and Care Together. Reflecting on my positionality in this project I have three roles: - A Design Practitioner, a member of Share and Care Together and a Researcher. These roles are interconnected but serve as different lenses for me to reflect on this research through.

7.1.4. Role 1: Designer

In my role as a designer, I have experience using Participatory Design and working within communities. My design practice is heavily informed by constructivist and pragmatist epistemologies. From a constructivist perspective I have the understanding that knowledge is built on social interactions, relationships and context (Crotty, 1998). Alongside this I draw from pragmatism and its ideology that is based on learning through doing and having tangible outputs that emerge from the design process (Dixon, 2019).

7.1.5. Role 2: Share and Care Together Member

As a member of Share and Care Together (S&CT), I work to support the group in their mission to integrate lived experience to inform mental health practices. While I was brought into S&CT to support my research, I have slowly become a member of the team. As a member of S&CT I am expected to be an active participant in discussions about how the group can achieve their goal to integrate lived experience perspectives into mental health care. Whereas as a researcher I am responsible for prioritising the aims and objectives of this thesis. Balancing these priorities has blurred the line between my roles as researcher and team member. Having the opportunity to join S&CT has required a reflexivity to adapt into each role as needed. Participating within this group requires me to utilise both design and research skills. This 'embedded' stance draws from Ingold's (2011) dwelling perspective, where researchers are immersed in relationships rather than detached observers. As well as this, my position in SC&T is highly influenced by Miller (2012) and Bødker, Dindler & Iversen (2017), in the sense that I am becoming part of the 'knotwork' in which this research takes place.

Role 3: Researcher

As a researcher I am required to step back from activities and scenarios that occur during my role as an active team member, to reflect and analyse if trust is being built or not and what has affected this. My position as a researcher can therefore not be neutral as it is shaped by the other roles that I have during this project (Braun and Clarke, 2019). By recognising these roles, I aim to be reflective and alert to my influence, while also honouring the ways in which ways knowledge is being created and interpreted. As a researcher I have made use of a journal to structure the reflexivity required to navigate the three roles and study the qualities of and contributing factors for trust-building. This documentation acts as an artefact and key reference within the thesis. By using the reflective journal as a knowledge artefact (Biggs, 2002), I aim to reflect on how each role pushes and pulls on this project over time to remain reflexive (Schön, 1984).

7.2. Phase 1: Establishing Foundations

Drawing from the findings from previous projects where I integrated into communities with the intention of eventual co-design, I had recognised that it would be essential for this project to begin with a period of embedding and integration. This was essential for two reasons, to establish a baseline of trust between myself and the practitioners and to pragmatically better understand the context, this was achieved by joining the design group Share and Care Together (S&CT) as a member. S&CT is a cross sector group with the goal of integrating lived experience into mental health care. S&CT is a voluntary group that is made up of mental health practitioners, council workers and

individuals with lived experience who advocate for mental health support. The groups members provide different services from across Tayside, from Angus to Perth and Kinross. The opportunity to join this group was provided by my project partners, who are also members of S&CT and work within Perth and Kinross Council as a Learning Development Officer and Policy Officer. I intended to build rapport with the members and understand how the group operated. This phase of the research wasn't about collecting data, rather it was about 'getting stuck in' and getting to know the group through joining monthly meetings and providing design contributions. During this phase I aimed to balance my positionality as a member of S&CT, design practitioner and as a researcher, with an orientation that focussed mainly on being a designer and participant within the group. Learning through doing was a key focus in this phase as my goal was to establish connections with the group and create the foundations for a year of collaboration. Immersion in the context by spending time with S&CT allowed me to gain a level of contextual understanding and build relationships that wouldn't have been possible without the project partners. Insights gained from this period would later go on to inform the further phases of this project, in turn following the PAR structure this research has adopted.

Throughout the nine-month period of immersion before fieldwork activities had started, I attended monthly S&CT design sessions and worked towards the group's goals. As well as this I attended a meeting every 2 weeks to catch up with the project partners to reflect on what I had been working on and how I felt along the way. Throughout this period, I had noticed a comfortability form between myself and the group, as my trust and (hopefully) theirs grew for each other through familiarity. Trust at this stage was understood through increased openness in conversation, shared humour, and a growing ease in collaborating during sessions. It was during this period that I noticed a tension in my role, between balancing when to be a designer, researcher and member of S&CT. Especially when jumping between working on this research project to then shift towards S&CTs goals.

During S&CT sessions I volunteered to help design manifestos that captured the group's ethos and values. I noticed when working with the group that the tone was open and receptive to my suggestions; a tone that was first evident when a member invited my perspective on how they might design their research. It was clear that within the group there was a high level of trust in one another, which I was keen to explore. During this period, I kept a reflective journal that illustrated my experiences, which would later be used as a method for documenting what factors were involved when building trust.



Figure 3 : Reflective Journal Scan. Artefact. Source: Author's own. Documents reflections on meeting a Share and Care Together member and how trust and connection developed through shared stories.

An example of the reflective journal in use can be seen in Figure 3 when myself and a member of S&CT met up in Glasgow rather than the usual Tayside setting, to develop an information letter over some coffee. This helped me to recognise through reflection that informal, relational interactions contributed to building trust; an insight that would go on to inform later phases. As well as being a lovely afternoon out, working with the

group member in this way developed a reciprocal working relationship where they would offer to help me with my research whenever needed. This is illustrated in the reflective journal, which was used as a process of active reflection rather than a data collection method. These experiences informed how I would approach the more structured data collection phases of this research.

Building on this phase of S&CT group integration and reflection, which lasted one month, I organised a practitioner mapping activity. This mapping exercise centred around the practitioners' active participation within the group. The intention behind this activity was to provide myself as the researcher, a nuanced understanding of the context that I was going to be completing further research in. The activity was framed as being participatory and collaborative rather than evaluative.



Figure 4 : Photograph of Workshop Where Participants Relationally Mapped Trust in Mental Health Services Across Tayside. Photograph. Source: Author's own.

The session took place in the V&A Dundee where the previous S&CT meetings had taken place, in which a creative and collaborative tone was present due to the environment selected. The activity involved five S&CT participants that were in

attendance, from a mix of service roles, including council members, lived experience mental health advocates as well as mental health practitioners. The mapping activity involved the participants creating personas based on their lived experience of providing and interacting with mental health services in Tayside. Then collaboratively locating and drawing the services and networks that surround them. The activity saw the creation of four maps that would then be generatively added to by each practitioner. The maps detailed multiple layers of service structures, user journeys and hierarchies of power. During the activity my fellow S&CT members became quite engaged in the process, when one member had a question, the other participants were quick to help to explain and provide their insight. This level of collaboration during this activity showed the groups commitment to utilising lived experience in Mental health services, a commitment that turned out to be quite infectious.

This activity was planned to reveal connections, gaps and tensions in the context, that would later inform the next stage of the research and therefore follow a PAR structure. During this session my role was primarily as a researcher, with one of my responsibilities being to provide prompts that would allow the practitioners to visually explore the mental health landscape in Tayside quickly and dynamically.

7.2.1. Analysis

The main pieces of data that were analysed in this phase were the reflective journal and the mapping artefacts (fig.4). phase 1 generated early themes based on the thematic analysis of these data sets. Initial thematic groups that the group identified were, the importance of language, service hierarchies, and the relational relevance in peer led support, These early thematic groups re-emerge throughout the Findings, particularly as the relational elements become more defined. As the practitioners had created different maps with different pens it was initially challenging to decipher what had been documented, however, by using an audio recording alongside the artefacts

I was able to digitise the maps to identify patterns and gaps. Interestingly each participant's map highlighted a different aspect of their experience, ranging from personal service journeys to the broader service structures and power dynamics they navigated. These early interpretations shaped recruitment by highlighting different levels of practitioner influence in service provision. I decided to target different tiers of influence to rigorously explore how trust is built in the context. The mapping activity also reinforced the benefits of exploring trust visually.

Emerging Observations

Following the mapping activity, I digitised the maps to make them legible, to then colour coordinate them to see if they revealed similar insights about mental health services and trust in Tayside. From this exercise, the maps revealed two key elements: systems and hierarchies, and trust dynamics.

Systems and hierarchies

These maps outlined different individuals' journeys through mental health systems in Tayside, from informal peer support networks to NHS statutory services. Once both the hierarchies and trust dynamics were visible, I was able to identify who I should prioritise recruiting in this research. Based on the revealed hierarchies of influence in how mental health support is provided, it became clear that I needed to target different levels of influence; council leads, service leads and service providers. These groups were selected because each occupies a distinct role within the system and shapes trust in different ways.

Trust Dynamics

Drawing from both Strang's framework and principles identified in the Participatory Design literature, trust is recognised through the interactional patterns as well as dynamics observed during the research. By generatively building on the insights that outlined systems and hierarchies, the maps showed that trust appeared strongest in

peer led community support spaces. After further discussion with the participants, a conclusion was drawn that this could be due to the relational and personal nature of these services. These insights also provided me with further priorities of who to engage in the research, as it was clear that it would be important to engage participants that are involved in both, peer-led community spaces and practitioner led spaces. By targeting both groups, the study sought to increase rigour by only engaging in a peer-led or a practitioner-based context.

Following the activity, I offered feedback opportunities to the group. One piece of feedback that stuck with me was centred around the language that I had been using when talking about 'service users'. It was brought to my attention that, as this research project would not engage those who are, or have been through a mental health care journey, that using the term service user may distance the research from those individuals. This comment made me reflect on how language can unintentionally reinforce distance between practitioners, researchers and those who are receiving support. Collectively these observations and learnings deepened my understanding of the systems and relationships in mental health practices in Tayside. The findings from this activity highlighted the importance of trust, language and positional awareness. These reflections became incredibly important when approaching the next phase of my research.



Figure 5 : Illustration of Three Hats Representing the Roles of Researcher, Designer, and Share and Care Together Member. Illustration. Source: Author's own.

Throughout phase 1 my relationship and trust with the SC&T group grew significantly. The group and I felt comfortable working with each other, and I personally enjoyed each member of the groups company. Built through shared meals, consistent in-person time together and collaborative work there was a sense of mutual trust. However, during this phase I faced the challenge of knowing when to act as a designer, researcher or group member. While this tension was initially difficult to manage, I set boundaries for a sense of balance later, allowing me to contribute to the groups aims while still being able to prioritise my research. In meetings with my project partners, we discussed an analogy that I am wearing three hats (Fig 5). Designer, researcher and group member, however later in the project we would joke that it is just 1 hat made up of three stitched together. During this phase I also understood the value of learning through doing, a sentiment that is echoed throughout pragmatism as well as PD (Dixon, 2019). This approach encouraged me to think pragmatically about my research and building relationships wherein activities should lead to progress, as well as relational growth. This became an active part of my process in the later stages.

During this phase's practitioner mapping session, it was clear that the participants more familiar with Participatory Design were initially more confident and comfortable

with the mapping activity. However, due to the group's tight knit nature those with more experience were quick to support the group members who were more unsure. This environment made clear the importance of supportive and trusting relationships in both a Participatory Design and Mental health context. Reflecting on the feedback about my use of 'service user' as terminology, I realised that designers' and researchers' use of language is of the utmost importance; as I found that language can unintentionally distance a researcher from the context, a lesson that greatly informed the next stages of the research. I believe that the long and relational approach adopted in phase 1 was invaluable. This approach gave me a deeper appreciation of the group's aim to use lived experience to inform mental health practices across Tayside. This phase also allowed genuine relationships to form while creating a strong foundation for further collaboration and recruitment within the group.

7.3. Phase 2: Exploring Trust

While the focus of phase 1 was centred around building relationships, building trust and identifying appropriate approaches for further phases, phase 1 did not focus on gathering findings. Phase 2 aimed to understand practitioners' perceptions of how trust is built across mental health services as well as how they understand and identify trust. The intention behind phase 2 was to inform the final phase, where a co-design session would aim to generate recommendations for building trust in this context. The methods used in this phase focussed on utilising collaborative and visual exploration methods to allow the participants to navigate what trust means to them beyond verbal descriptions, which an interview alone could not provide. Learnings from phase 1, such as, the importance of building rapport before engaging in research activities, the role of reciprocity in establishing trust, and the value of informal conversations in creating the conditions for open participation, allowed me to move more comfortably into a researcher role where I could focus on facilitating collaborative sessions.

The ethical restraints of the fieldwork persisted into phase 2; I was only able to engage practitioners, or those who are involved in mental health care and support, rather than individuals who were on a mental health care journey. In reflection, while this limited the diversity of perspectives, it also allowed the study to focus more acutely on the perspectives within professional practice. I aimed to reframe this as a strength within the research by tailoring prompts in sessions to focus on practitioners' reflections of their experiences. When describing this phase, I provide a table to outline the positions and regions of the participants. These positions were chosen to provide a range of perspectives across organisations and regions.

The overall intention of phase 2 was to generate insights that would inform the third and final phase of the research, for more collaborative design-focussed work.

7.3.1. Recruitment, duration and approach

Phase 2 of this research lasted roughly 6 weeks and included 6 sessions. The sessions were spread out flexibly to fit into participants busy schedules, this made scheduling and planning challenging but ensured that the process remained as unintrusive as possible. The pacing of this phase required me to adapt and reflect quickly between sessions; in reflection it would have been more effective to have structured these sessions further apart to offer more time for analysis and iteration between them.

The recruitment that took place in phase 2 was influenced by the previous phase and founded upon the relationships I had built with the SC&T group. Members of SC&T helped me recruit practitioners from different areas and positions in Tayside. A table can be seen below (Table.3), which identifies the levels and regions that participants belonged to. It can be noted from this table that there is a lack of representation from Dundee. This was due to some sessions falling through, as well as various time constraints in this research. The lack of representation from this region can be recognised as a key limitation.

	PERTH & KINROSS	ANGUS	DUNDEE
COUNCIL LEAD	X		
SERVICE LEAD	X	X	X
SERVICE PROVIDER	X	X	

Table 3 : Table Displaying the Regions Participants Were Engaged From and Their Positions Within Mental Health Services. Table. Source: Author's own.

7.3.2. Breaking Bread

Informed by the findings from phase 1 and backed up by the literature of Hendriks, Slegers, and Duysburgh (2015), a key element of this phase was the inclusion of sharing a meal with participants. Hendriks, Slegers, and Duysburgh (2015) suggest that doing so creates a familiarity between researchers and practitioners, which was also found when going out for coffee with members of share and care together. Sharing a meal before each session with participants in phase 2 created an opportunity to 'break bread', where we could reduce a sense of formality and power imbalances. While the shared meals intended to reduce power imbalances, they also functioned as a small thank you for the participants time and insight. This added to the sense of reciprocity, a sentiment that is echoed throughout PAR literature (Kemmis & McTaggart, 2005). By following participants choices of garden centres, pubs and restaurants, I was able to explore Tayside in a way that reflected their lifestyles.

7.3.3. Method Development

The research sessions that took place in phase 2 were originally designed as mapping sessions in response to phase 1; however, they quickly evolved into more open, story and analogy-based discussions. The intention going into these sessions was to map

out the qualities of trust and where trust 'sits' in relation to participants' practice. Once the activities had begun; however, conversations drifted into telling stories and exploring analogies together. Reflecting and acting on this in the moment, I adapted my method to better fit a visual story telling experience. During the sessions it felt as though the practitioners and I were exploring diagrams and drawings together, which helped my understanding of their unique perspectives. The drawing materials being readily available encouraged quick and rough sketching, with visual metaphors allowing the participants to express their experiences without written definitions. As the sessions continued, the process transformed into a collaborative illustrative activity that used different layers of tracing paper to explore metaphors and stories. I had found that when engaging the practitioners with creative tools, the one-hour session became more animated and energetic.

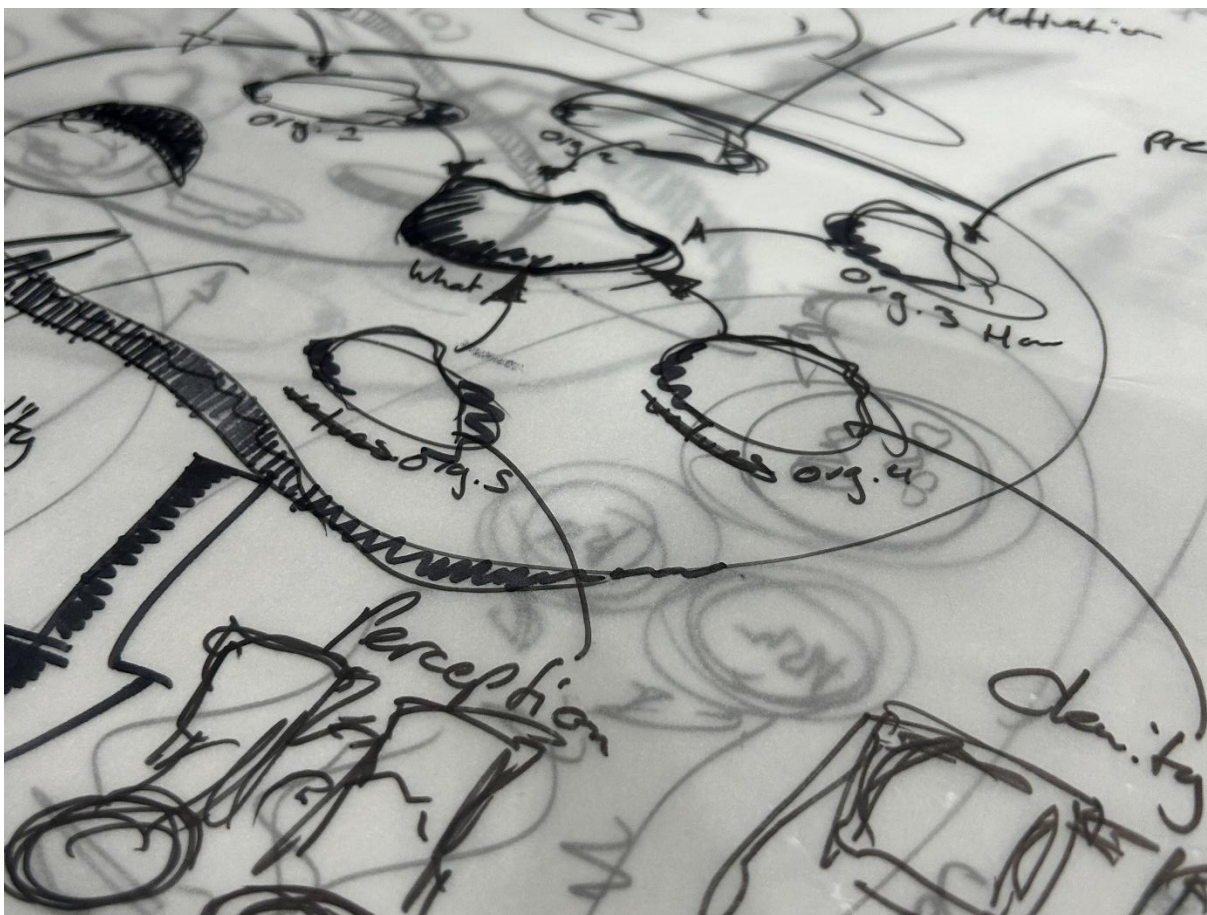


Figure 6 : Zoomed-In Image of Layered Tracing Paper Used by Participants to Iteratively Explore the Qualities and Values of Trust. Photograph. Source: Author's own. Cropped to maintain participant confidentiality.

There was an emphasis on messiness and iteration, drawing parallels with other design practices such as Piet Oudolf's layered landscape drawings (Spencer,2017). The layers of tracing paper allowed ideas to be added to generatively without starting again, with each layer of paper exploring different depths of metaphors. This supported iteration and exploration in the sessions even though the participants were not working in the same space or at the same time. Adding layers of tracing paper to each drawing explored the levels of depth that the practitioners were reaching through the activity. As I revisited this experience and the illustration produced, there is an artefactual element to the data which inspired the feeling that together we had created something unique and deeply personal.

7.3.4. Analysis

In this phase of the research, each illustration session informed the next and analysis took place often between sessions. The iterative cycle of drawing, discussing, re-illustrating (to keep data sets confidential) then analysing ensured that the insights were developed gradually and evolved alongside the illustration sessions. Illustrations, metaphors, transcripts as well as layers of tracing paper were all treated as pieces of data alongside my reflective journal. The inclusion of the reflective journal as a piece of data draws from Ingold's theory of knowing from within and is built upon the idea that I was also present in this research (Ingold, 2011). During this process I coded recurring themes, such as transparency, honesty, boundaries and vulnerability. Clustering the data together helped surface meanings behind complex analogies and metaphors beyond that of verbal description. During the process, drawing with the participants revealed aspects that were complex to visualise, such as important moments in practitioner–individual relationships, for example when a person starts to regain faith in a service. Through this process I was able to identify two key elements of trust that heavily influenced this study and the intentions of phase 3: Connection

and Transparency. Connection describes a sense of being 'with' someone through reciprocal interaction, while Transparency involves openly explaining decisions and limitations, so individuals feel informed and included in their care. These elements strongly shaped the direction and intentions of Phase 3.

7.3.5. Emergent Observations

During this process my role pivoted between that of a researcher and designer. However, A new role emerged through this process, that of an illustrator. Through this emergence in the sessions there was tone of curiosity with a focus on understanding rather than evaluation. Drawing alongside the participants aided the equalisation of power dynamics, while sketching became a conversational tool where participants and I annotated and added to each other's drawings of paint pallets, trees and tighropes to explore trust metaphorically in this context.

I had encouraged messiness and exploration. Reflexivity was embedded through the research's PAR structure, where analogies and examples from previous sessions were discussed collaboratively in future sessions. This process created a visual dataset as well as transcripts that captured varying perspectives of trust in mental health care within Tayside. These outputs provided the foundation for further analysis allowing for the development of a final session. The success of the co-illustration in phase 2 shaped phase 3 into a visually led co-design session.

Phase 2 has an emphasis on understanding how practitioners use, describe and navigate trust in their respected fields. The outcome of this phase was the production of a visual dataset of sketches and metaphors that were developed in phase 3. These conversations revealed different practitioner perspectives throughout mental health services in Tayside. As well as this, the activities provided insights into the types of workshops practitioners engaged with the most comfortably. I had discovered that I

was able to reduce power imbalances by building relations over meals and keeping research activities messy and informal. Phase 3 was therefore designed to revolve around the illustrations and metaphors that had been discovered in phase 2, with the aim to generate shared recommendations to build trust in mental health services between practitioners and the individuals that they serve across Tayside.

7.4. Phase 3: Reflecting on Trust

Phase 3 followed on from the PAR structure that has been established in this study wherein the reflections and learnings from phase 2 had influenced the planned activities. Drawing from the success of engaging with the practitioners creatively and visually, it was important to design phase 3 to make use of a similar approach. The original intention of this phase was to create a series of pragmatic recommendations to build trust between Tayside’s mental health practitioners and the individuals that they serve; the direction of the session evolved in response to what emerged naturally to the participants.

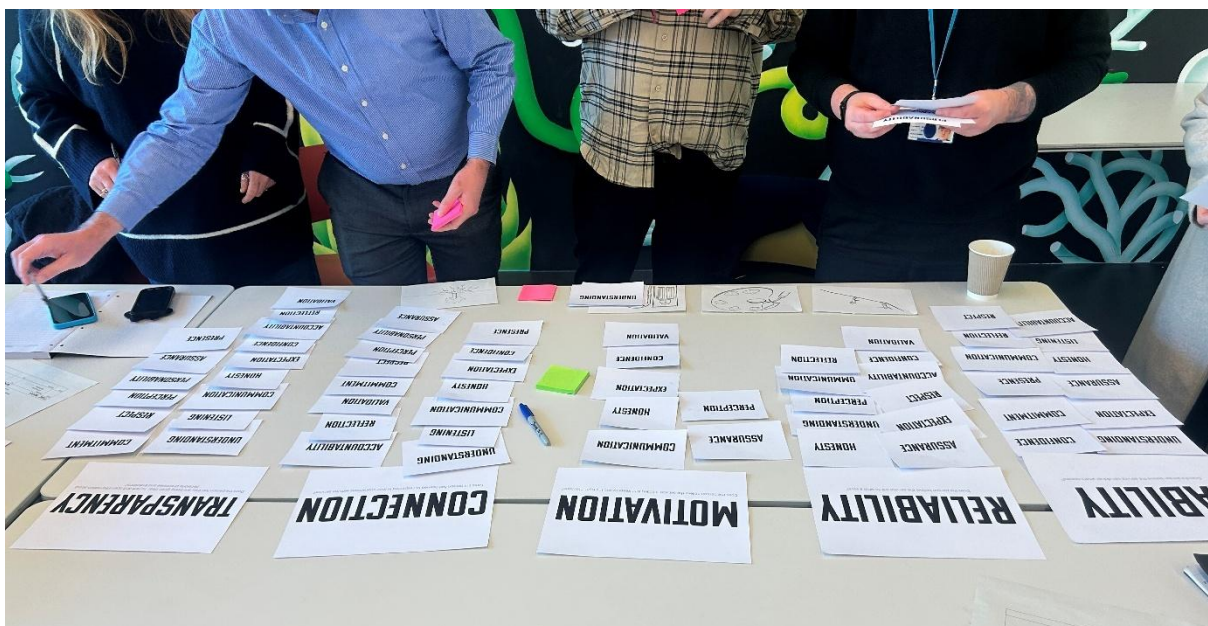


Figure 7 : Image of Participants Gathering and Clustering Values as a Sense-Making Process. Photograph. Source: Author’s own.

The session started by revisiting key elements of trust in Tayside’s mental health context as described by Strang (2020) with additional elements that had been uncovered through this research in phase 2. The elements were Ability, Reliability, Motivation as introduced by Strang (2020), and Transparency and Connection, which have emerged through this research. Many members of the group had been participants in the research and were familiar with co-design and thematic analysis processes. It was important that those elements were presented as ‘anchors’ rather than conclusions, as they were not set in stone and could be changed throughout the workshop. As well as these elements I also reintroduced illustrations that were based on the iterative sketches that had been outcomes of phase 2. These illustrations were related to the proposed elements, and they related to what the ‘shape of trust’ could look like based on outcomes of drawing interviews see (fig.9). The illustrations were provided as an additional resource rather than an active tool; this allowed the practitioners the freedom to use them however they liked. The workshop left space for participants to reinterpret challenge or rearrange the earlier material freely.



Figure 8 : Photograph of Workshop Table Showing the Arranged Elements and Values Gathered During the Session. Photograph. Source: Author's own. Captures the outcome of the sense-making process.

Participants were asked to place or add values such as understanding, assurance, validation etc. under each element, using cards to arrange the values however they wished. Initially it was the intention of the activity to arrange them in columns under each heading however a participant had asked if the values should be displayed in order of importance, curious to the outcome of this I asked the rest of the group to do the same. However, it became clear that ordering the values by importance wasn't possible, which prompted the group to pivot away from ranking and towards exploring how the elements and values related to one another.

I had prompted the group, asking 'how might we strengthen these values and elements in practice', although the participants were hesitant to answer, which suggests a challenging framing. The discussion returned towards understanding trust and exploring its context-based definitions. The participants/members of S&CT collectively decided to focus on what trust looks like in their practitioner experience. drawing from the illustrations provided, based on the outcomes from phase 2. The participants used metaphors such as flowers, trees and stepping stones to explore together how trust looked to them.



Figure 9: Collage of Illustrations Representing the Emerging Understanding of What Trust Looks Like. Illustration. Source: Author's own. Produced across Phases Two and Three, showing key metaphors including the tightrope, painter's palette, egg timer, flowers,

In this session I adopted a dual role of researcher and illustrator with a focus on asking the right questions to facilitate the workshop discussions effectively. Participants were quick to introduce post-its with drawings on them to explain their thought process, which allowed me to move between arranging materials and prompting the co-creation of visuals during the workshop (fig.8).

This workshop was centred around elements of trust as identified in the Strang report (2020), recognising and building from Tayside's specific framework. During phase 2,

other emerging elements became apparent: Transparency and Connection. This co-design workshop aimed to test the validity of these emergent elements. During phase 3, the 5 elements served as 'containers' to categorise emergent values identified previously in the research. In reflection this structure seemed rigid, as I was too focussed on gaining recommendations to deliver pragmatic outcomes. I was grateful that the participants opted to sort through ideas using relational and thematic organisation as it re-established a curiosity and explorative focus in the session.



Figure 10 : Clustering of Values Showing the Non-Linear Nature of Findings from the Activity. Diagram. Source: Author's own.

Within Share and Care Together, I had been responsible for facilitating thematic analysis sessions to make sense of the findings from the groups research about how we can use individuals lived experience to inform mental health practices. It was my intention to build on this foundation in phase 3 by designing the session around thematic clustering and visual exploration. By conducting a thematic analysis session earlier with the group and conducting illustration exploration sessions with members

of the group during phase 2, I was grateful that phase 3 developed in ways that I hadn't expected mirroring the thematic analysis and arrangement activities that had taken place. It was unexpected to see the group draw on previously developed skills to break down the task, especially as I had asked for a more rigid organisational activity.

Analysis

The analysis of phase 3 focussed on the arrangements of illustrations and the practitioners' interpretations of what trust should look like that emerged during the session (fig x). The dataset of this phase contained, the clustering of the different value cards, the participants illustrated post-it's, as well as my own reflexive observations. Rather than hierarchical lists, the participants opted to cluster the value cards showcasing how they viewed trust as being relational and interconnected rather than linear. I focused on how the participants moved, clustered and shifted each card, using their organisational choices and the meanings they described to understand how they interpreted the material. based on the insights from the previous phase. An important reflexive analytical moment took place when the participants pivoted away from creating recommendations, which suggested that trust-building is not formula that can be applied but is rather a dynamic and relational concept that must be nurtured. The analysis process within this phase shaped a series of illustrations that acted as visual references that would be built upon to articulate this research's findings (fig.9).

7.4.1. Emergent Observations

It was clear during the session that, when asked to generate practical recommendations, the participants were hesitant and that I had skipped steps in order to create pragmatic outcomes for this study. The participants instinctively moved away from outcome-based solutions and towards exploring the meaning and shapes of

trust. This highlighted how trust was experienced as being flexible as well as relational. In this moment I felt supported during the session by the participants as together we collaboratively reframed the aim and outcome of the session.

I believe that familiarity with co-design and thematic analysis from our previous sessions in S&CT (undertaken in my group member role) had a significant impact in the decision to pivot towards clustering and arranging instead of categorising. The use of visual and analogue resources also invited relational exploration into the session. The participants, through choosing to explore what trust looks like rather than what should be done to support it, underlines that trust-building cannot be standardised or reduced to direct recommendations. Using metaphors such as flowers, hourglasses and painters' pallets, meant that trust was defined in ways that express representation through growth, reciprocity and complexity. These metaphors offered the group a shared language to describe trust that allowed us to be collaborative and exploratory. Reflecting on the session, my initial framing unintentionally pushed for concrete outputs that might not have been possible. It is clear in hindsight that a softer and more explorative approach would have reduced pressure during the workshop.

Concluding on phase 3, the outcomes that were produced took the form of a series of collective visual interpretations of trust that integrated the identified elements from previous phases as well as emergent values. These visuals represent a co-created understanding of trust within the context of Tayside's mental health care landscape (fig.9). The lack of pragmatic recommendations is significant as it reflects the complexity of trust. These visual artefacts now function as analytical artefacts and tools, which capture the relational insights that verbal insights could not provide. Phase 3 closed the action and reflection loop, where each phase informed the next, completing the PAR structure that this research was modelled upon. These outputs directly informed the thematic analysis that was used to interpret the findings.

The three phases of fieldwork developed through iterative cycles of PAR. Through this process the fieldwork evolved from practitioner participation rather than following a

set structure. Overall, the fieldwork allowed me to build relationships whilst gaining a contextual understanding of mental health in Tayside. The process surfaced how practitioners in varying positions experience and perceive trust. Together, we produced illustrations, maps and had many conversations which showed trust to be highly complex and deeply relational. The use of visual participatory methods helped make visible patterns and themes that talking alone could not. The data set consisted of different forms of visuals, from reflective journal entries to written transcripts from sessions, which together captured a unique and shared understanding of trust. The outcomes of the three phases of fieldwork highlighted two new elements that this research suggests are crucial for building trust in this context as well as various interpretations of what trust looks like. With the PAR cycle complete, the next chapter explores the findings across the phases.

8. FINDINGS

This chapter presents the findings that emerged from the fieldwork. The key findings are categorised by five elements that were identified through several phases of analysis: Ability, Reliability, Motivation, Connection and Transparency. Under these elements the chapter highlights values that became apparent. Alongside this, the chapter introduces the overarching finding that trust in this context is deeply relational. These findings are presented descriptively and will be discussed in the next chapter. When presenting the findings a summation of the topics that were discussed during the research rather than direct quotations, this is done to honour the promise that was made to participants that the activity was a safe space. To support navigation of this chapter and to show the relationships between each value and the associated elements, a table has been provided.



Figure 9: Collage of Illustrations Representing the Emerging Understanding of What Trust Looks Like. Illustration. Source: Author's own. Produced across Phases Two and Three, showing key metaphors including the tightrope, painter's palette, egg timer, flowers,

8.1. Trust: A Relational Practice

In this research, 'relational' describes the interpersonal qualities and behaviours that form relationships between practitioner and individual. This understanding reflects Light and Akama's (2012) emphasis on trust developing through in the moment interactions. As well as this it draws from Bødker et al.'s (2017) framing of relational expertise, and Kinsella's (2010) recognition of relational attentiveness as central to achieving ethical practice.

Trust as a relational practice appeared across all phases of the fieldwork. The notion that trust is deeply relational was expressed repeatedly by practitioners through a range of media. The theme of relationality between practitioner and individual was found in interactions, visuals, metaphors, conversations as well as been seen through various behaviours in workshops.

Practitioners emphasised the importance of being approachable as well as the importance of embedding trust to achieve an approachability. Trust in Tayside's mental health context was often described as being a shared relationship of both the practitioner and the individual on their mental health care journey. This pattern emerged through participatory working with SC&T where the group had cultivated trusting relationships. This can be seen in the reflective journal, which formed part of the dataset and documented how trust grew through ongoing collaboration with the group. The relational theme sat across all five elements that are proposed as an outcome of this research.

8.2. Elements of trust

This table gives an overview of the elements and values that were found to be important when discussing trust in this context. The purpose of the table is to aid the navigation of this chapter as well as to represent how findings were grouped together

by practitioners in the final phase of the study. The table contains five elements that were established as being central when building trust, as well as displaying the values that practitioners described as necessary for the five elements to be felt in practice. Here, relational values describe the qualities that help build and sustain relationships between practitioners and individuals, while also operating across multiple elements of trust identified in this study. Many of these values reflect the relational qualities needed for trust and were surfaced through metaphors, illustrations, stories and behaviours. Some of the elements and values were explicitly named by practitioners, others were interpreted from the dataset however, all were consistent across all phases of the research. Some values appeared across multiple elements, reflecting their central role in relational trust.

In this study, Ability refers to a practitioner's capacity to guide, while supporting individuals through difficult choices, during their mental health journey. Reliability captures the consistency of maintaining a dependable presence over time. Motivation reflects a genuine attention to care which is demonstrated through steady commitment in a person's well-being. Both Connection and Transparency are emergent elements that have been identified through this study. Connection describes the sense of companionship, where trust grows through reciprocal interactions. Transparency describes open explanations that outline pathways and limitations so that individuals feel involved and included in their care. Together, these elements outline how trust is experienced in everyday practice within Tayside's mental health context.

ABILITY	RELIABILITY	MOTIVATION	CONNECTION	TRANSPARENCY
Honesty	Assurance	Assurance	Understanding	Understanding
Expectation	Expectation	Perception	Listening	Listening
Commitment	Respect	Communication	Communication	Communication
Assurance	Accountability	Expectation	Honesty	Honesty
Communication	Confidence	Validation	Expectation	Expectation
Accountability	Honesty	Confidence	Confidence	Confidence
Perception	Understanding		Presence	Accountability
Personability	Perception		Accountability	Reflection
Understanding	Communication		Reflection	Validation
Presence	Commitment		Validation	Commitment
Confidence	Reflection		Commitment	Respect
Respect	Listening		Respect	Perception
Reflection			Perception	Personability
Validation			Assurance	Integrity
			Personability	

Table 4 : Table of Values Identified Across All Stages of the Fieldwork. Table. Source: Author's own.

8.2.1. Ability

Ability was recognised in this research as an important element of trust, which aligns with the elements identified in the Strang report (2020). Ability was associated with a set of interpersonal values, including honesty, communication, accountability and others (See table 4). The participants of this research deemed that these values as necessary to foster trust in relation to a practitioner's ability to deliver successful mental health outcomes while delivering on promises while remaining personable. Ability here is not just described as a technical competency rather an element that is felt day to day through consistent presence and personability.

Images of stepping stones and doors (fig.9) enabled us to discuss the relevance and qualities of ability as a core element of trust. During the fieldwork, images of stepping stones and pathways represented a practitioner's ability to provide a guided progression through mental health care. The image of multiple doors was described as representing trust in the ability to offer multiple suitable pathways depending on an individual's needs. Together these images highlighted how practitioners associated Ability with an overall sense of being steadily supported, by pointing out underlying issues such as assurance and expectation that shaped how they described moving through care. As well as this these visuals showed ability as being something expressed through guidance and support. These illustrations showed that practitioners viewed ability as a foundational element for trust in this context, reinforcing Strang's (2020) findings.

Practitioners often described Ability as involving difficult judgement and decision-making. It was made clear in sessions that an important part of their role is to make decisions that may not appear helpful at the time, but are made with an individual's long-term wellbeing in mind. Practitioners noted that these interventions are sometimes initially resisted, however individuals often return to thank them in the future. These interpretations demonstrated that Ability was not just felt as a technical skill but understood as a matter of sensitivity and timing. This illustrates that Ability

was tied to practitioners' sensitivity to timing, supported by the values of perception in recognising the right moment and assurance in how individuals later understood the rationale behind the decision.

Ability, as a core element of trust in this research, is supported by its recognition in everyday practice. This is shown in practitioner's descriptions of how critical it is for trust to be built.

8.2.2. Reliability

Reliability was another element that practitioners were familiar with due to the Strang report (2020). Participants linked Reliability to a cluster of interpersonal values related to reassurance, consistency, communication, accountability and mutual respect as seen in table 4. Reliability was understood as a consistency in following through with expectations and being present regularly. This could be seen when practitioners described Reliability as being dependable and consistent. It also indicates that reliability is relational, built through relational values like respect and accountability enacted over time.

Illustrations from fieldwork influenced how Reliability was understood in this context. Here, the tightrope represented Reliability through the metaphor that one person will keep the rope steady to prevent knocking another off. The painter's pallet suggested that trust and Reliability depend on a combination of qualities working together, this is akin to a painter's pallet requiring specific colours to create its full range of colours. These visuals show that Reliability is built through care and the presence of the previously stated values such as communication, commitment and accountability

During sessions, practitioners spoke about the importance of 'showing up' even on hard days when someone is dependent on them. There was also an importance to deliver on promises. Several practitioners outlined the importance of communication

as part of this, wherein checking on and updating individuals was of the utmost importance. These behaviours reflect how Reliability is experienced as a commitment to action rather than a single action, reflecting the values of assurance, respect and consistency. Reliability posed communication as being of the utmost importance in ensuring that individuals felt informed, supported, and able to depend on the process which draws on values such as understanding and accountability.

Reliability's place as an element in this research is supported by its constant presence both throughout the fieldwork and in everyday practice.

8.2.3. Motivation

Motivation was another element that was highlighted by Strang (2020), in this study it describes a practitioner's intentions behind provided mental health care and support. In this context Motivation was described as a genuine intention as well as an emotional and professional investment. Throughout all phases of the fieldwork, Motivation was consistently associated with a broad set of relational and communicative values, as summarised in table 4. Like the previous elements discussed, the thread of relationality can be seen when describing Motivation.

Tree and flower illustrations popped up frequently during the fieldwork, practitioners used these to represent growth and change. These visuals often came about when practitioners were discussing how trust develops over time. During these conversations it was made clear by practitioners that growth on a mental health care journey requires consistent care combined with genuine Motivation, drawing on values such as commitment, understanding and validation. Practitioners linked this to the idea that trust grows gradually rather than instantly, an idea that I had observed and referenced in the reflective journal.

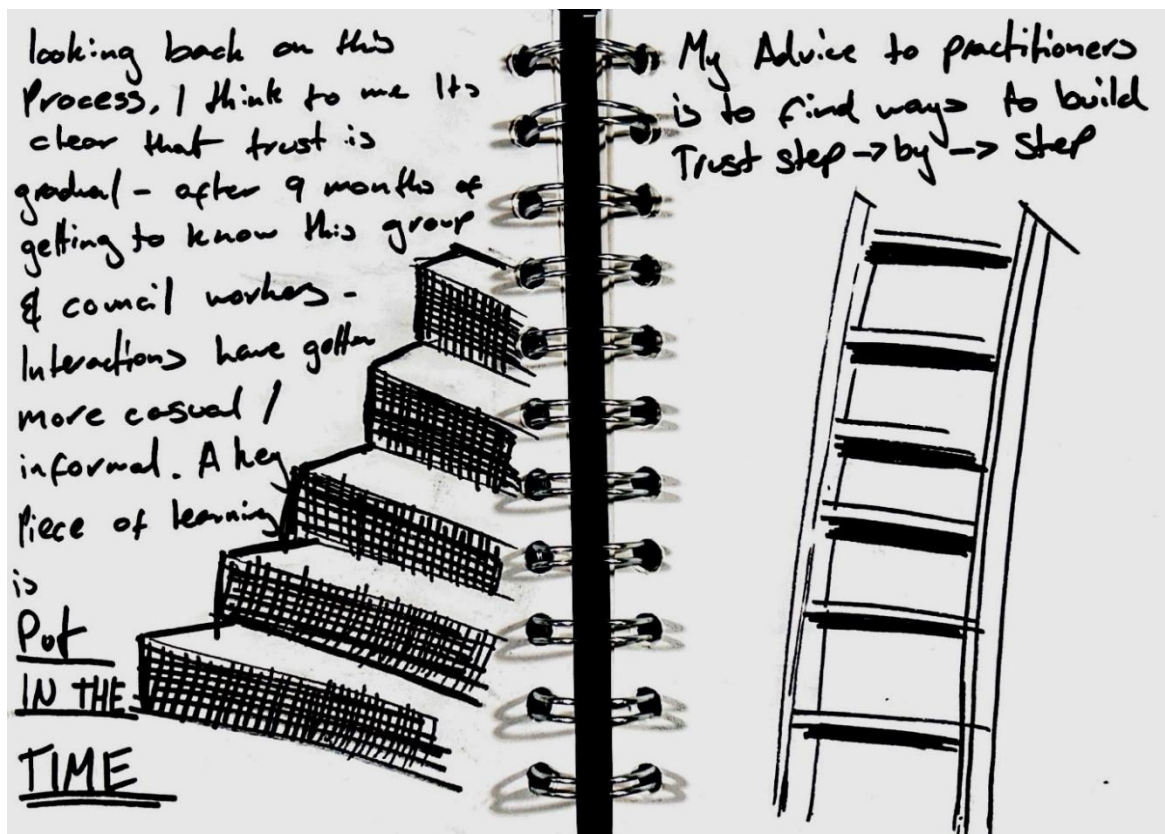


Figure 10 : Reflective Journal Entry Illustrating the Gradual, Step-by-Step Nature of Building Trust. Artefact. Source: Author's own. Depicts reflections after nine months of engagement, accompanied by ladder and stair sketches emphasising the time and consistency

These images allowed the practitioners to explore the conceptualisation of Motivation, where there was a clear emphasis on showing genuine care to individuals. Practitioners noted that many individuals on a mental health care journey simply wanted to be recognised and treated as people. This recognition was a core Motivation for several participants and introduced understanding as a key value in Motivation alongside values such as perception and respect. Practitioners discussed the importance of staying committed when situations were difficult as well as the importance of showing genuine care. Some practitioners also emphasised that Motivation must be visible through steady, ongoing support over time, reflecting key values like consistency and validation.

8.2.4. Connection

Connection is an element that emerged from this research and was not previously introduced within the Tayside Strang Report (2020). It was described by practitioners as a foundation of trust, which can be expanded as the sense of being 'with' someone. During the research it was referenced that Connection requires presence and understanding from a practitioner. It was explained by participants that Connection is often a foundation for trust to grow. Across the fieldwork, Connection emerged through a mix of relational and interpersonal values, as can be seen in table 4.

Illustrations from the fieldwork contributed towards the recognition of Connection being an element of trust. The visual reference of a tightrope reappeared in this element, however this time the rope was understood to representing the Connection itself. Practitioners used it to describe an awareness of both the individual as well as the practitioner, where small shifts can affect the other. This highlighted the relational values of perception, responsiveness and communication. It was suggested that the Connection is something that both parties must navigate together, tying relationality through this emergent element. Similarly, the egg timer illustration was used to show reciprocity. The direction of the sand in the middle was used to explain that Connection can flow in both directions, which highlighted the dynamic nature of Connection and values such as reflection and understanding.

Participants noted that for Connection to be present a repeated presence is important, as this helps to build trust gradually. They also noted that Connection made it easier for the practitioner to adjust care approaches depending on a person's needs and preferences, drawing from values such as personability, respect and communication. It was recognised throughout the study that practitioners suggested using warmth, humour and small everyday gestures to build Connection over time.

As a contribution from this study, it is recommended that Connection must become recognised as a core element of trust in the Tayside mental health context. This is due to its consistent appearance across the research engagement and practitioner reflections about everyday practice.

8.2.5. Transparency

While Transparency is mentioned in the Strang report as a factor within Motivation, in this study it emerged distinctly as its own element. Practitioners consistently emphasised Transparency as being essential for trust, especially where uncertainty was present. Practitioners described Transparency as being up front about decisions and explaining limitations, this builds upon values like honesty, communication and accountability. This element was characterised by a broad range of relational values, which are summarised in table 4. This is the only element under which integrity appears. This can be due to its emergence during the final phase of the research, during which it was recommended to be included by a participant. Its late appearance reflected how integrity became visible when examining the elements and values during a clustering activity.

Illustrations from the fieldwork contributed to the recognition of Transparency as an element as can be seen in the use of the door illustration. This was used to describe how trust in a practitioner relies on them explaining why a particular pathway is the appropriate door for an individual, linking to the values honesty and expectation. Practitioners explained that part of Transparency involves showing the different pathways that exist rather than assuming what someone needs while withholding information. The doors reflected the importance of showing why certain options are not possible and underlining that Transparency involves communicating the

limitations, such as service restrictions and alternative possibilities, in turn relating to values such as accountability, presence and integrity.

Participants also described Transparency as being honest, explaining decisions and ensuring that the information shared was understood. They emphasised that Transparency too is relational as it helps individuals feel included rather than being left in the dark.

Based on the findings of this study, it is also recommended that Transparency be recognised as a key element for building trust within the Tayside mental health context, due to its consistent presence across this fieldwork and everyday practice.

9. DISCUSSION

9.1. Introduction

The research question of this thesis was: How might Participatory Design build trust between mental health practitioners and the individuals that they serve across Tayside? This research is significant as it had been conducted reactively to the Strang report (2020), which highlighted a mistrust in mental health services across Tayside. Throughout the study it was revealed that trust in this context is deeply relational, meaning that that trust is dependent on the unique relationships between practitioners and people, fostered through a specific set of interpersonal values. During the project five key elements were recognised: Ability, Reliability, Motivation, Connection and Transparency. A series of interpersonal values were also identified from the fieldwork; these values surfaced through various metaphors from tightropes to egg timers and showcase relationality's presence in the identified elements. In this discussion, 'Relational' is used to describe the interpersonal dynamics and qualities that shape how trust is formed, sustained and experienced between practitioners and individuals they serve cross Tayside. Drawing from Ingold's dwelling perspective (2011), this research recognises that the researcher was an active player in the study, therefore a reflective journal also contributed to the data set. Building on the previous, this chapter explores the significance of the findings presented in the thesis.

9.2. Interpreting the findings

9.2.1. *Ability*

Ability was understood by practitioners as something that was felt day-to-day rather than being a technical skill. Trust in relation to Ability involved making judgment calls, showing sensitivity, and being able to guide someone through a mental health journey even when decisions are met with resistance. While it can be understood how these factors could be seen as professional competencies, this thesis recognises the values that define Ability as relational qualities that can be enacted to support individuals.

The metaphors used in the findings illustrated how Ability was interpreted as guidance and support rather than a technical competency. During the fieldwork, practitioners described making difficult judgment calls with long term wellbeing in mind. This meant that trust in Ability includes trusting both intention and the actions of practitioners.

Ability's appearance reinforces Strang's (2020) identification that it is a key component of trust in Tayside's mental health services. However, this research proposes that Ability is experienced less as a technical confidence and more of a relational practice. As PD is recognised as a relational practice (Bødker, Dindler & Iversen, 2017), It is expected that relational aspects of Ability would become visible through this approach. A more distant or quantitative method of study might have highlighted different features of Ability.

9.2.2. *Reliability*

Reliability was described as being present consistently and delivering on promises while keeping communication open. Communication emerged as a primary value for sustaining a reliable, relational presence with individuals. Unlike Ability which centred on judgement and guidance, Reliability centred around a relational continuity over

time. This is represented visually in the previous chapter through the use of a tightrope as well as a painter's pallet. These visuals interpret Reliability as a reciprocal relationship rather than a reflection of whether a practitioner meets expectations.

In practice, it can be recognised that Reliability is built through repeated interactions as well as delivering outcomes. Throughout the fieldwork, there was an emphasis on the role that communication plays. Individuals need to see and understand what is happening for Reliability to be present. Regular updates, check ins, and explanations help create a dependable presence. While this is not always possible in a mental health context, this research suggests that it is important to be consistently strived for.

While Strang identifies Reliability as meeting expectations, the findings of this research recognise it as being experienced through strong communication and sustained presence. This was influenced by the study's PAR structure which focuses on iterative cycles of engagement and involves repeatedly returning to participants over time (Kemmis & McTaggart, 2005). As this study unfolded through ongoing updates, as well as repeated contact, the Share and Care Together group experienced a consistent presence across all phases in the research. This was most prominent in phase 1 which involved a nine-month period of early engagement, an approach that draws upon Miller's (2012). The focus on embedded practice allowed trust and Reliability to grow naturally through recurring encounters. As a result, Reliability emerged as a relational element that was built through ongoing contact rather than fulfilled expectation or single encounter.

9.2.3. Motivation

Motivation was consistently described as a genuine intention on behalf of practitioners. Practitioners expressed that individuals wanted to be 'seen as people first'. Using descriptions of reassurance, warmth and humour made genuine motivations visible to individuals. This reinforced the insight that trust builds when

Motivation is perceived to be genuine. Motivation was therefore also recognised as a relational quality, which is displayed through consistent actions over time.

Visual metaphors of trees and flowers symbolised growth, nurturing and gradual development, reinforcing the feeling that a sense of Motivation is something that is sustained and grown over time. These representations highlighted that Motivation could build trust through perceived, steady and sincere actions.

In practice, this interpretation of motivation highlights the importance of care being both genuine and visible. It was recognised that individuals require a steady reassurance as well as consistent communication for building trust in relation to Motivation. Motivation is recognised as another element of trust, as it shapes how relationships deepen and how individuals feel supported in their care.

Strang's (2020) framing of Motivation as a practitioner's intention to genuinely help is reflected in this study, however the findings extend to show that Motivation is recognised more through relational action rather than just stated intent. Furthermore, this interpretation aligns with Kinsella's (2010) view that ethical practice in health and social care is enacted through ongoing attentiveness as well as responsiveness. The emphasis on steady visible care also reflects Miller's (2012) work in his embedded practice, where a genuine commitment becomes apparent through repeated presence over time. These aligning theories suggest that the relational, ongoing nature of PD made these observations about Motivation more visible.

9.2.4. Connection

Connection emerged from this study as opposed to being referenced by Strang's study (2020). In this context Connection represents a relational awareness. This includes an active sense of noticing, acknowledging and being authentically with another person. Practitioners described Connection as the feeling of being with someone rather than working for them. This shows the relational thread that is woven through out these

findings. Connection highlights that trust grows when both practitioners and the individual are aware of each other and responsive to one another. Connection therefore represents a moment-to-moment relational dynamic that supports trust in this context.

Metaphors such as tightropes and egg timers show Connection as being something to be navigated together. This can be seen by recognising that in both of these metaphors there are two sides with a sense of movement in between, with the movement being represented as sand in one visual and a tightrope in the other. Practitioners described Connection through recognition, personability and warmth, and stated that achieving these qualities made individuals feel accompanied on their mental health journey.

Strang (2020) recognises that Connection and strong relationships already occur in Tayside's mental health context, however it is also noted that it is limited by time and resource pressures. The fact that this already happens, suggests that an asset-based approach may be suitable to build on the qualities and processes that are already existent. This study reinforces the importance of Connection, showing that trust grows in its presence. This aligns with Light and Akams (2012) view that trust is created through practice. While Light and Akama describe this within a PD context, this study suggests that it is relevant for mental health care practitioners in Tayside. The relational nature of PD and PAR made this element particularly visible throughout the study.

9.2.5. Transparency

In this research Transparency was described as an essential element of how trust is built rather than just a quality that contributes to it's growth, as stated by Strang (2020). Practitioners emphasised the importance of being open about decisions and limitations so that individuals felt more certain in their care. The findings of this study suggest that Transparency should be recognised as a key element of trust.

Transparency was a consistent finding throughout this research and is symbolised in the visual of three closed doors. This metaphor captures how confusing and closed off mental health pathways can seem, as well as how much individuals rely on practitioners to explain which door is appropriate and why. These expressions showed Transparency as providing guided navigation rather than leaving people unsure what is happening next.

In practice, Transparency shapes how individuals make sense of their mental health journey. It was stated that when practitioners consistently explain options and constraints, they create a sense of shared decision-making that strengthens trust within the context.

While Transparency is encouraged in the Strang report (2020), it is not foregrounded. This study recommends that it should be, as Transparency in this context keeps individuals informed with what is happening around them. Trust in PD is built through relational Transparency by inviting people into the decision-making process. While this is not always appropriate in a mental health context, it is shown that trust is developed in small communicative moments where decisions are shared with individuals rather than hidden.

Taken together, these five elements offer a different interpretation that builds upon the system level framework that Strang (2020) has provided. Where Strang identifies elements that build trust in a wider context, this research offers a relational lens from which to understand how trust can be built in practice. This may be due to the interpersonal strengths of PD, specifically in this project. This discussion points towards a different way of understanding trust that will be developed in in the following section.

9.3. Reframing Elements

Strang's (2020) identified elements were created through an assessment of services, however this research aimed to investigate trust through a different lens. The research utilised PD in a way that foregrounds relationality and reveals the interpersonal values that emerge in day-to-day practice. Therefore, it is suggested that Ability, Reliability, Motivation, Connection and Transparency are recognised as principles of relational trust.

While elements offer a defined framework for trust at a systemic level, principles acknowledge the adaptive and flexible nature of trust in practice. Reframing the elements as principles captures the flexible, and adaptive nature of building trust, which the findings of this thesis show to vary across contexts through the adoption of interpersonal values. The identification of principles moves away from the fixed framework of Ability, Reliability and Motivation, and allows practitioners to interpret and build trust in ways that are both responsive to an individual's needs as well as natural to them. This flexibility mirrors the nature that trust emerged from this research. Furthermore, the framing as principles supports a human centred and practice led understanding of trust, aligning with the interpersonal nature of PD.

10. RECOMMENDATIONS AND CONCLUSION

It was an intention of this study to contribute to the mental health landscape of Tayside through the use of PD. This is influenced by the project's constructivist and pragmatic epistemology. This research was possible due to funding from the Digital Health and Innovation centre (DHI). It is a strategic goal of DHI to use digital innovation to support mental health and well-being across Scotland. While this research did not study digital tools directly, the relational principles identified provide a foundation for an understanding of how digital solutions could support trust. This chapter provides ways in which digital solutions should enhance relational trust. Drawing from my practice as a designer and researcher, this chapter also presents opportunities for future design as well as future research.

10.1.1. Evolving the Framing of Trust

This research recommends an evolution of the Strang Report's framing of trust by shifting from descriptive, framework focussed categories to five principles of relational trust. These principles reflect how trust is enacted through gradual day to day interactions, therefore, offering a more practice based and interpersonal understanding of trust within mental health services.

To support this evolution, the study introduces relational values that underpin each principle. As discussed during the findings chapter, these values help articulate the interpersonal qualities that practitioners rely on when building trust. Understanding trust through a relational lens provides a richer and more practice-based account of how trusting relationships are formed.

This research recommends translating the visual, illustrated materials developed through the fieldwork into a practical toolkit for practitioners. These artefacts serve as visual prompts that support practitioners to recognise and identify the ways they build

trust day to day. This asset-based outcome reflects the pragmatic and constructivist foundation of this study. These outcomes form opportunities for future design.

As this research was supported by DHI, the findings highlight some opportunities for future design and research in digital innovation. While this study focused on relational practices, the principles of trust that have been identified provide a foundation that can inform the design of future tools within digital health and innovation.

10.1.2. Opportunities for Future Design

The findings of this research showed that trust in this context is deeply relational and is built over time. The principles of trust identified in this research (Ability, Reliability, Motivation, Connection and Transparency), and the values that underpin them (table 4) provide a foundation for future design opportunities. These findings can support ways in which to make relational trust visible, as well as aid reflection and strengthen the ways in which practitioners build trust in their practice. Digital solutions could provide a mechanism to extend the reach of relational trust across Tayside. This section of the recommendations chapter provides ways in which pragmatic design opportunities can build upon the findings of this research.

10.1.3. Designer/researcher reflection tool

During this study my reflective journal played a crucial role in revealing how trust developed through presence and ongoing collaboration. This reflective practice has shaped how I operate as both a designer and as a researcher. I believe that my learnings are valuable, not just for this project but also for designer-researchers working in similar relational, embedded or community-based contexts. Therefore, there is an opportunity to create a digitised version of this reflective log, that showcases the visuals, insights and moments captured during the study. The purpose

of this tool would be to provide future designer-researchers with first hand insights into what relational fieldwork can look like. It could also act as a learning resource that illustrates challenges, emergent values as well as providing reflective prompts for developing personal relational practices. Digitising the reflective journal would make it re-usable, portable and accessible, meaning that it would support learning beyond the scope of this project. The digitised reflective log would function to extend the impact of this project beyond the scope of Tayside's mental health landscape.

10.1.4. Practitioner Reflection Tool

In the discussion chapter of this study relational trust was shown to be interpretive, interpersonal, flexible and expressed differently by each practitioner. The visuals and metaphors that were developed in this research may already act as interpretive tools for understanding relational trust. Therefore, it is a recommendation of this research that these materials be developed further into a set of resources to support practitioners to identify which values and principles align with their own character and relational strengths. This resource could help practitioners make visible how they use relational trust day-to-day and identify opportunities to develop trust-building values in their practice. As well as encouraging reflection on their own existing relational strengths, providing an asset-based approach to strengthen trust. This opportunity draws from this project's reflective cycles as well as its interpretive constructivist stance.

10.1.5. Digital opportunities to support trust

There is the opportunity to utilise digital innovations to support the conditions that build relational trust. This section of the recommendations chapter proposes ways in which digital innovations can support mental health and well-being across Scotland. It is important to note that these recommendations are only concepts to be designed

and tested in future projects, rather than final solutions. It is noteworthy that many of these opportunities are already implemented, therefore these opportunities are offering ways in which to strengthen relational trust through digital innovations.

Reliability

Digital tools can help maintain a consistent presence when practitioners cannot be physically available. Features such as check-ins, scheduled updates or regular messages can reinforce a sense of Reliability. A stable communication channel may help individuals feel remembered and supported between appointments. A digital presence could enhance, the relational principle that builds Reliability.

Transparency

Digital platforms can clarify ways in which pathways, choices and next steps can be communicated in a clear and accessible way for individuals. A 'navigation dashboard' could potentially reduce uncertainty by providing insight as to where an individual is in their journey. This supports the finding that trust grows when people feel informed and included. Digital innovations are already implemented in the form of patient owned records that boost Transparency. This recommendation must work alongside practitioner explanation to support it digitally rather than replace it.

Connection

Digital tools can be utilised to maintain Connection to individuals when time, distance or staffing limitations may limit in-person contact. Hybrid models of support can support the sense of being with an individual across appointments. Digital Connection should extend the feeling of interpersonal Presence as a way of strengthening Connection in mental health services.

Motivation/Ability

Digital tools can make practitioners care and guidance more visible through the use of apps that could share updates or resources that may help individuals feel seen. Tools

such as these could show progression or a tailored support that can reflect ongoing commitment. These interfaces must be designed to amplify the relational qualities of Motivation and Ability.

10.1.6. Opportunities for future research

There were many limitations during this project, however, these limitations highlight clear actionable opportunities for future research.

Sample size

A larger sample size across Tayside could strengthen the research that the identified the principles of relational trust. Future research should include practitioners from a wider range of roles, including frontline crisis teams who were absent in this research. More consideration into a geographically balanced study would also clarify whether relational trust manifests differently between regions.

Service user involvement

Future research should involve service users to understand whether these relational principles align with their lived experience of trust in mental health services. A similar co-illustration research method could identify where gaps exist between practitioner intention and service user interpretation. Centring future research around both practitioners and service users would allow the principles to be tested from both sides, strengthening their validity.

Researcher involvement

The use of PAR and PD in this project positioned the researcher as an active participant, which shaped interactions. Future studies could implement a methodology that distances the researcher from the study. Approaches such as ethnography could reveal dynamics in a different light where the researcher is less embedded.

Alternative approaches

Participatory Design suited the relational outcome of this study however the use of a different approach could highlight a different side of trust within this context. Future studies could explore whether the five principles of relational trust are consistent beyond Participatory contexts.

Reliability and validity of approaches

A limitation of this research can be seen in the reliability and validity of a participatory approach. The process was adaptive and had a large focus on remaining iterative throughout. This meant that sessions changed in response to emerging insights. While this made the approach responsive it limits its reliability to be replicated, as the outcomes are closely linked to both the researcher and different interactions with participants.

the use of visual and metaphor-based methods creates challenges in validity. As drawings were interpreted and translated between participants, there is potential for meaning to shift or for nuance to be lost, particularly where participants were not directly engaging with each other. This means that the contributions were not solely shaped by the participants but also by the researcher.

Transferable approaches

A key outcome of this research is the development of a visual approach that evolved beyond the initial intention of co-design. While originally designed as a collaborative workshop, constraints led to a more distributed form of engagement. For the purposes of reflection, this can be understood as a form of 'distant collaboration', where participants contribute to and iterate upon visual artefacts across different interactions.

I believe this approach to be transferable in its structure rather than its exact form as seen in this thesis. With more time and a planned execution of 'distant collaboration', the format may have been further developed. The approach relies on an iterative cycle in which one participant produces a visual that is then interpreted and extended by another. Through the use of visual methods, participants are enabled to access their lived experience, allowing complex and emotional aspects of a topic to be expressed through metaphor and analogy, particularly within sensitive contexts. Therefore, the approach can facilitate a safer space for participants to communicate indirectly.

This process raised considerations around ownership and consent, as the drawings were translated and interpreted by myself. This introduces the potential for misrepresentation of the participants' intended illustrative nuance. To address this, drawings should be treated as contextual expressions rather than standalone data, and where possible, participants should be given the opportunity to validate how their contributions are represented. This reinforces the need to keep participants in the loop by sharing findings and datasets once interpreted.

Clear and ongoing consent is essential, particularly where drawings are shared or reproduced. Participants should be informed how their work will be used, with careful attention given to anonymity and the potential sensitivity of visual content. Explicit consent should be obtained before publishing any participant illustrations, ensuring contributors are fully aware of how their work will be used, as maintaining a sense of trust is fundamental to the integrity of the approach. In this paper, no participant

drawings have been shown to fully uphold the promise that the sessions were a safe space to explore lived experience.

10.1.7. Concluding remarks

It is mentioned within this thesis that three roles were adopted: designer, researcher, and group member. However, upon reflection, it became clear that these were not separate interchangeable positions, but rather interconnected aspects of a single practice. During this paper these three roles were compared to being different hats that could be switched however, instead of wearing separate hats, they grew to be understood as three sides of the same hat, each informing and shaping the others throughout the process. Collectively, these roles contributed to the development of one researcher who can compartmentalise and utilize different skillsets.

This research identifies relational trust as central to mental health practitioners in Tayside. As a result, it offers five principles of relational trust and a framework of emerging relational values as a practical guide for practitioners to identify and grow the qualities of trusting relationships. This framework is intended to guide future design outcomes by extending the Strang Report into a more active and interpersonal account of trust in both mental health and PD practice. Therefore, this research offers a meaningful contribution to the surrounding literature through outcomes that make the relational aspects of trust more visible and operative for practitioners. Furthermore, this study develops the existing body of work by moving beyond conceptual descriptions of trust and demonstrating, in line with relational and PD literature, how trust is actively built and sustained in practice.

Digital innovations can enhance the interpersonal practices that build relational trust. The recommended tools and resources aim to make trust building more visible and

accessible for both practitioners and designer-researchers. These artefacts serve as conversation guides for identifying and fostering the principles of trust between practitioners and the individuals they support, which reflects a pragmatic outcome that prioritises what works in practice rather than abstract theorisation. This research also reveals the limitations that the project has faced and in return has suggested avenues for future research. These recommendations work towards a human centred mental health support in Scotland that embraces digital innovation and reinforces relational trust.

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