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PPP conference: Governing social and spatial inequalities under enduring austerity

Changing the mental health system by design

Paola Pierri

University of the Arts London (PhD student) and Mind

Dr Laura Warwick

Northumbria University and Mind

Abstract

This paper will reflect on the role of design approaches, in a time of austerity and a time when this practice is more and more used by Governments and communities around the world to influence what next for our societies. By building on the case study of Mind, a UK based mental health charity, and their vision of embedding Design in the organisation, the paper will present and reflect on the opportunities and risks of introducing collaborative forms of design in public services and in society.

The challenges for the mental health system in the UK

The Voluntary Community Sector (VCS) are the providers of 22.3% of public services in the UK (Miller, 2013). Since 2010, when the UK Government outlined plans to completely reform the public services system (HM Government, 2010, 2011), the mental health system has undergone a wholesale transformation to: reduce costs, shift demand away from acute services and deliver care that focuses on recovery and self-management. However, this change has been a "leap in the dark, with little formal evaluation to indicate impact on the quality of or access to care" (Gilbert, 2015).

The resulting £600m cuts to mental health budgets across England and Wales (McNicoll, 2015) had, and continues to have, a profound impact on the local mental health providers. It firstly posed a difficult challenge of how to meet complex service user needs with increasingly restricted budgets. Secondly, as demand for VCS services is increasing (Gilbert, 2015), these providers are trying to help more, with far less resources. Finally, research has found that people with mental health issues are waiting longer for help and are frequently receiving poor quality care, suggesting the current system change is disadvantaging service users considerably (Gilbert, 2015; McNicoll, 2015).

Research conducted by Mind has also found that money that is available to local Councils is predominantly spent on physical health conditions (Mind, 2014). In 2014, local authorities spent approximately 1.36% of their public

health budget on mental health, despite research showing that the country loses an estimated £100 billion each year through lost working days, benefits, lost tax revenue and the cost of treatment for mental health problems (Mind, 2014).

Mind is a federated charity that aims to improve the mental health and wellbeing of people living in England and Wales. Together with their network of 140 Local Minds, they are the largest service provider of mental health services across the country. They operate at a national level providing advice and information to people experiencing mental health problems and campaigning for system change in the mental health field through better public services and fighting stigma and discrimination. At a local level, they support over a third of a million people with mental health problems to live their lives fully and get the respect and support they need through a network of local Minds, which are independent charities in their own right. The local Minds are of varying sizes; ranging from a few thousand pounds in turnover, to a few million pounds. The majority of Mind's network is involved in the delivery of public services for mental health in some way, either as providers, partners of providers or as advocates for beneficiaries.

In 2013, Mind began to investigate the value of a design-led approach to support change at a service-level, an organisational-level and to promote system-level change for the benefit of all those affected by mental health issues. Service Design in Mind (SDiM) was set up as a response to the transformation agenda and the mantra of austerity, as co-production with citizens was seen as a solution for balancing the shrinking of the State and the cuts to local services.

The aim of the Mind programme was to advance a designerly mindset in the organisation, and to develop a new practice where design techniques are mixed and influenced by social work approaches and draw on the organisation's expertise on users' engagement.

Since 2013, the Mind programme has:

- helped non-designers to use design techniques to create new services or improve existing ones;
- supported people with lived experience and front-line staff to carry on research and gather insights to identify unmet needs;
- established new partnerships with a diverse group of actors (e.g. universities and design agencies).

As design is celebrated worldwide for its potential to address the complex challenges of society, this paper introduces how Mind is using and embedding design for social aims. It also interrogates what the opportunities and the risks might be for the VCS and public bodies that are similarly introducing design approaches in their work.

The relevance of Design in this context

There is growing attention from public services (both nationally and locally) and VCS organisations toward the application of design theory and practice to look at some of the most complex issues of society.

Most of the social issues that the VCS organisations deal with in their work, such as poverty, health, education, and the environment, to name just a few, are characterised by very unique traits that make them so called 'wicked problems'.

Borrowing from Kolko's (2012) definition:

"A wicked problem is a social or cultural problem that is difficult or impossible to solve for as many as four reasons: incomplete or contradictory knowledge, the number of people and opinions involved, the large economic burden, and the interconnected nature of these problems with other problems."

The literature on wicked problems provides a useful distinction between different types of problems that Rittel and Webber (1973) identify as 'tame' or 'benign' problems, and the so-called 'wicked' problems. Tame problems, which are usually typical of mathematics and operate like puzzles, even when particularly *complicated*, provide us with all the elements for the problem solution, and have usually one of a finite number of possible solutions already implied in the problem proposition. 'Wicked' problems, on the other hand, are *complex* problems (which is different from complicated) and provide no definitive formulation or an enumerable set of potential solutions. Often wicked problem can be considered to be a symptom of another problem.

If we see the context in which VCS Organisations operate as being one made of many and different *complex* problems where there is not one solution to the issues at stake, asymmetry of information is the norm, and different world views and ideologies compete, it might become clearer why so many organisations and public bodies have started looking into Design. Discourse suggests that a design approach and its abductive nature can help us to deal with complexity (Thackara, 2005). Design can also establish a new mode of

operating that is based on continuous inquiry and devising open and emerging solutions (Brown, 2009; Martin, 2009).

In a recent report published by the all-Party Parliamentary Design and Innovation Group, 'Restarting Britain', the question of what role can Design play in helping construct public services that are "fit for contemporary Britain", was raised (2013). The report highlighted some of the most common contributions that design approaches can provide:

- Design starts from the point of view of how people really experience the services;
- Design helps making decisions in complex situations where, for instance, there are many 'unknown unknown';
- Design helps with engaging the public around various issues.

The report presented a specific version of Design; where the activity is led by expert designers who were asked to find solutions to the already given problem of 'doing more with less' in a time of austerity. However, different versions of design exist that remodel the traditional designer (expert)-user relationship, following the simple principle that people destined to use the system should play a critical role in designing it (Freire & Sangiorgi 2010, Bessant & Maher 2009; Carr et al 2009, Cottam & Leadbeater 2004). The ethos and practice of these more *participatory* forms of design differ from more *traditional* practice of design in many ways: they have a clear interest into issues of equality, social justice and participation; a particular sensibility towards problems and complexities, rather than solutions and simplifications; and understanding and learning, rather than just intervening. Participatory forms of design aim at reframing the role of expertise within knowledge production, and while not being against expertise in itself, they challenge experts as a source of power and authority (Schuler and Namioka, 1993, xi-xii).

Designing together with the individuals that will be using a product or a service is nothing new, neither in the design practice, nor in health or social care (see the abundant literature on service users' involvement) but design adds to the "collective creativity which is applied across the whole span of a design process" (Sanders and Stappers 2008) a series of "diverse approaches, ranging from research-oriented approaches (such as applied ethnography) to design-oriented approaches (such as the use of generative tools)" (Steen, 2013).

Using design in this way in the sector has also become more commonplace over the last few years, with a growing number of service design projects

either focused on VCS organisations, or with charities as a key stakeholder. For example, BIG Lottery Scotland's Better by Design programme, a collaboration with Taylor Haig and The Young Foundation, offered design-led support to 15 VCS organisations across the country:

"We chose service design as the method of delivery because it places the needs and experiences of beneficiaries at its core and is responsive to the needs of each organisation. Rather than dictating which services will change or what improvements must be made, it instead provides the space, skills and tools needed to fundamentally evaluate how services are delivered. This then enables organisations to respond to change and meet new challenges."

(Better by Design, 2014)

Macmillan Cancer Research (Guldbransen and Lindeberg, 2014) and Citizens Advice Bureau (2014) have also both established internal design teams to embed the approach within their organisation. The move amongst many larger VCS organisations to integrate Service Design within their core offer is one mirrored by the UK Government, who have latterly established a Design-led policy lab (Siodmock, 2014) to help create and test user-centred policy.

However, the use of design in this context is not without its difficulties or critics. In particular, the *collaborative* elements of design approaches present challenges when applied in the health and social care sector, namely: a) the difficulty of addressing *power dynamics* within the context of co-design meetings, where users rarely are in an 'equal' position to providers (Bowen et al 2013, 14; King's Fund 2011); b) the problems with the *locus of control* (Bowen et al, 2013, Piper and Iedema 2010) as the dynamics that have brought users and staff to be involved in a participatory intervention widely vary, with users keen to be involved and staff, in contrast, reporting to have been strongly *encouraged* to be involved; c) the need for co-design interventions to be preceded by a "co-design readiness assessment" (Piper and Iedema 2010, 12), where issues of motivation, engagement and expectations would be addressed and assessed; and d) the tendency during co-design discussions to converge towards 'quick fix' solutions too early without exploring divergent thinking (Bowen et al, 2013), that may allow these interactions to go beyond providing practical solutions and initiate *change* that can be sustained in the longer term.

Establishing Service Design at Mind

In November 2014, Mind launched the SDiM programme, which had been developed and tested over a 12-month period in collaboration with local Minds and design agency, Innovation Unit. SDiM aims to build on the diffused design culture (Manzini, 2015) already present in the organisation by embedding more sophisticated design methods and techniques throughout Mind's work, in order to *design* change on every level of the organisation and to provide Mind with another lever for achieving collective impact on the mental health system. The vision behind SDiM has been to embed design techniques and approaches across the whole organisation and make that integral to who they are and how they operate. In this way, SDiM is authentic to what Mind does and what Mind's members stand for, drawing on the existing knowledge and passion of staff and people with lived experience around mental health, and also has the authority and accountability that only an internal programme of work can have (see Figure 1).



Figure 1: Organisational Purpose and Strategy

To try and achieve this, the programme offers Mind teams nationally and locally support to use a Mind-specific design model and set of resources to re-design or create new services and systems with key stakeholders. Although the programme has employed some service designers, opening up the approach to everyone means that the practice of designing is not exclusive to

professional designers anymore but it opens up its boundaries to include new stakeholders and expertise (Carr et al, 2009).

Through SDiM, Mind aims to apply design and some of its key principles, not just at service level or organisational level, but to influence the 'big picture' systemic challenges, like ensuring parity of esteem between mental health and physical health in the UK, acting at both local and national level. To do this, Mind has been looking at design approaches as a way of promoting an entirely different model of framing the complexities of mental health, and not just as a process to promote better solutions at the level of the services. In many instances, the changes introduced as a result of using Service Design did not require breakthrough innovations or increased funding, but more time and openness to collaboration with usual and unusual partners.

Service Design in Mind: Mums Matter

To illustrate the work of SDiM programme, this section will describe an ongoing project focused on supporting women in the perinatal period, *Mums Matter*. Up to 20% of women will develop a mental health problem in the perinatal period (from pregnancy to the child's first birthday), including problems such as: antenatal and postnatal depression, obsessive compulsive disorder, PTSD and postpartum psychosis (Bauer, et al., 2015). In June 2015, the SDiM team embarked on a project to design a service for women in need at this time in their lives.

Although most of the work to date has been focused on supporting the Mind Network, this project uniquely involved local Minds, national teams and a group of women with lived experience who had not used Mind's services previously. The purpose of this was to enable the team to think afresh about the needs of women who experience mental health problems in the perinatal period, free from the constraints of a particular organisation or locality.

The project first used social media to recruit women with lived experience of perinatal mental health problems who would become the designers of a perinatal service. Mind received 100 responses to posts on Facebook and Twitter and from this, they selected five women who became the designers for this work. These women, alongside two local Minds and key members of Mind nationally, became part of a co-design group who took part in a monthly workshop to go through each stage of the SDiM methodology, which is a five-steps design process that help Mind to structure the work. They are designed to flow into each other naturally, so that the outputs of each phase powers the next one (see Figure 2).

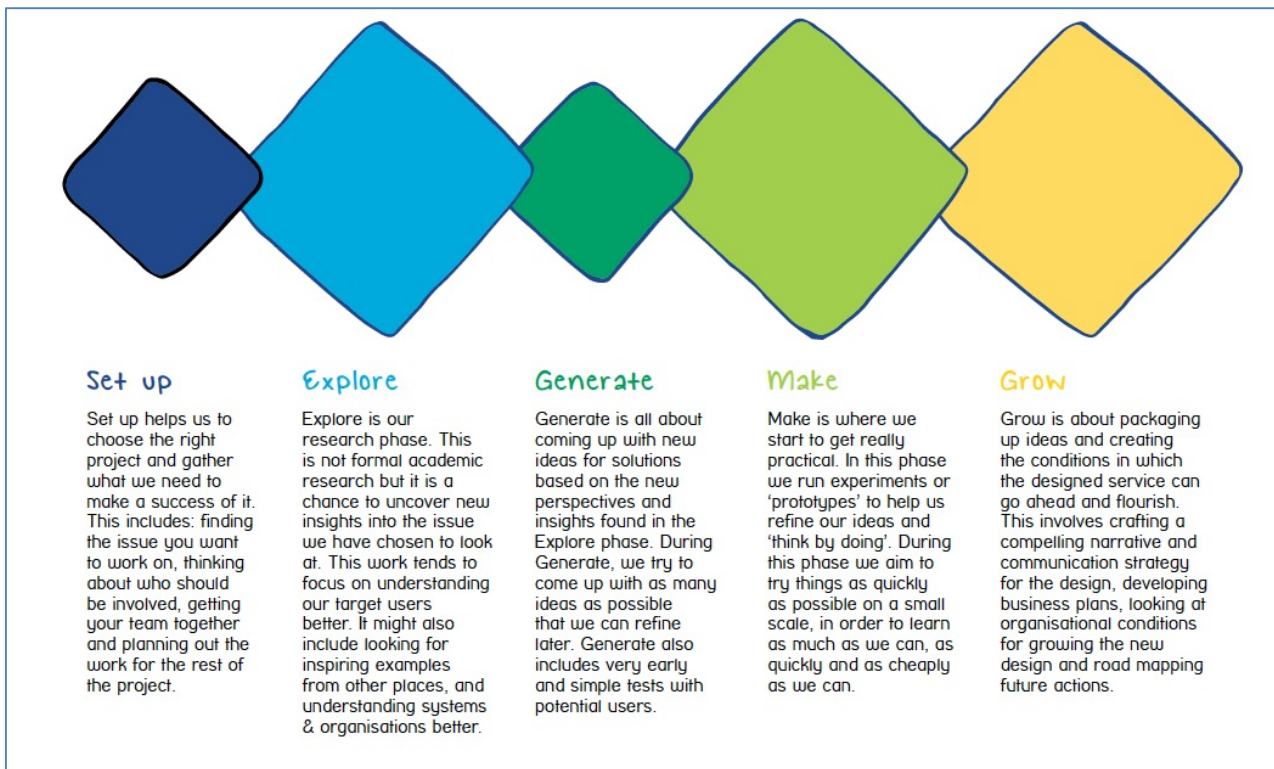


Figure 2: The five-steps Service Design in Mind Methodology

Each workshop was split into three parts; discussing the design activity the co-design group had done in the run up to the session; using their findings to shape and refine new ideas; and then discussing and planning the next stage of the process. Each workshop and the interim activity is outlined below:

Set-Up This stage of the methodology is focused on establishing strong foundations on which to build a project. In this project, the group established the team's aims and the role we wanted the co-design group to play (i.e. as active designers, not passive commentators). The designers shared their own experiences of support they received and Mind used this to create an initial direction document, which guided the work in the early stages.

The SDiM team then held a second session to introduce the design research process in detail and try out tools and methods, so the co-design group became more confident and familiar with the process.

Explore – In this stage, Mind uses design methods and tools to uncover real experiences, issues and needs from a small sample of key stakeholders. At this workshop, the SDiM team created a research brief that would guide the next stage of design activity, including the key research questions the group wanted to answer. The group created an example discussion guides that people felt would capture the information they needed and tested them on each other, before finalising the questions to ask to the other participants.

The co-design group took the discussion guide and interviewed 20 women with lived experience, 1 relative and 11 experts. Each interview was reflected on individually to identify the insights that should influence the next steps.

Generate – This step of the methodology is about identifying a direction and different ways of achieving that through creative methods and tools. The co-design group brought back their key insights and considered what was good about the support they received, and what needed to be improved. We grouped together similar findings to identify themes and patterns that helped us to write a new design brief.

The co-design group then took the design brief and generated ideas on ways Mind could meet those aims. They then combined and adapted those ideas to create a service that they felt would work best for the women they spoke to, and described that service in a storyboard.

Make – This stage focuses on prototyping ideas to make changes and improvements before finalising the service design. At this workshop, the co-design group shared their storyboards, reflecting and critiquing them to take forward the aspects of each idea that they liked. The SDiM team combined these to create the ideal service offer, which the group named 'Mums Matter', which was mapped out step-by-step.

The group created a new storyboard to describe how Mums Matter would work. Each researcher showed this to the women they interviewed to get their thoughts and opinions on the concept.

Grow – This stage focuses on finalising an idea and packaging it in a way that means it can be commissioned and delivered. For this project, Mind used the feedback from the interviewees to create another iteration of Mums Matter that met the needs of our target audience as well as possible. The SDiM team then spent time thinking about the key messages for our service and how Mind would reach out to the women who need support.

Whilst the co-design group effectively went through all five stages of the methodology in the creation of Mums Matter, it was in effect only the first cycle through the methodology. Since the workshops were completed, a mental health practitioner has helped to realise their design by creating the session content that matched the co-design group vision. Mums Matter will now be run as a prototype in a local Mind, before reflecting and tweaking the design to run at another local Mind. The aim is to have a fully-designed

service with accompanying evidence on its efficacy before offering this to the wider network.

Although the service has yet to be delivered, the impact of this work has already been considerable, opening up local Minds and national staff to a new way of working. The women with lived experience also reported numerous positive outcomes for them personally, including providing them with valuable skills and supporting their ongoing mental health recovery. This is similar to reported benefits of Service Design cited in an evaluation of the impact of using the approach on service users; they described the process as 'fun', 'enjoyable' and 'creative'. Another evaluation conducted with staff at three local Minds found impacts on an individual and organisational level, with most participants describing a new way of working and a resulting service or strategy that is more user-centred and successful as a result of using the SDiM methodology.

SDiM is a programme that nurtures long-term aspirations, but the success to date has already been tangible and beyond initial expectations. Most notably, Mind has increased the design budget and recruited service designers in a multidisciplinary team to support the design practice to grow across the Mind network and beyond.

Looking ahead- challenges and opportunities for system change through design

Since the introduction of SDiM Mind has been exploring the different ways in which design could amplify its impact and at different levels, looking in particular at how design could shift from just designing services, to influencing how organisations think, learn and operate to help them to work with others in collaboration to achieve long-standing system level change.

Although the SDiM programme has been successful so far in positioning design as a valuable resource for the organisation, alongside more traditional social change approaches, there remains a long way to go to see true systems change happening through design.

In her paper from 2011, Sangiorgi identified seven principles that, as she puts it, "unify the transformative practices in design, organisational development and community action research with a particular focus on issues of public service reform and wellbeing". The seven key principles are: 1) Active Citizens; 2) Intervention at community scale; 3) Building capacities and project partnerships; 4) Redistributing power; 5) Enhancing imagination and

hope; 6) Designing infrastructures and enabling platforms; 7) Evaluating success and impact (Sangiorgi, 2011).

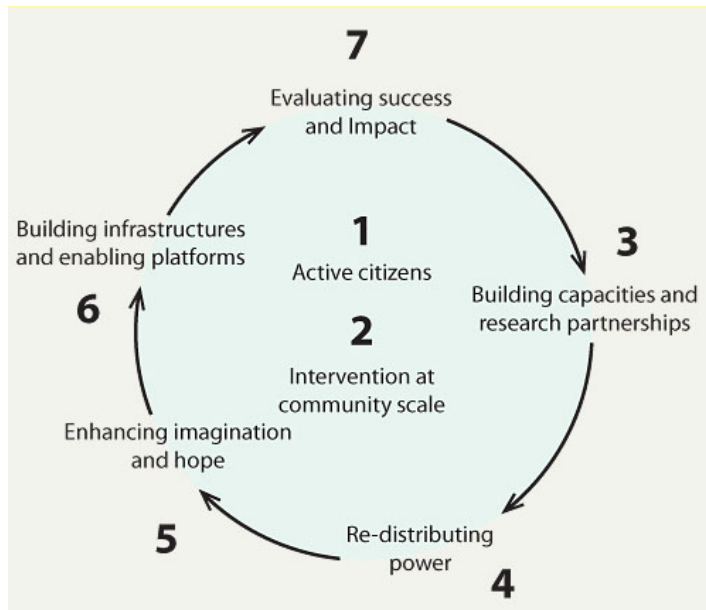


Figure 3: Seven principles for transformation design

Building on these principles and other key literature on design for transformation (e.g. Burns, et al., 2006), we identify three interesting lines of inquiry (which Mind are also currently exploring) that should be further investigated. Interrogating these will provide much needed detail on the unique benefits of this practice in this context, and ones that we have found to be much needed in the UK's context of social inequality and depleted services:

1. The impact of design process on people's wellbeing;
2. The capacity of design to enhance imagination and hope (principle No. 5 from Sangiorgi's (2011) model);
3. And the role of design in building infrastructures and enabling platforms (principle No. 6 from Sangiorgi's (2011) model).

1) Impact on wellbeing

There is strong evidence to suggest that the practice of users and staff coming together *through design* could lead to profound changes on the people participating in it (Iedema 2010). Co-design workshops, for instance, have been considered to have a positive impact on individuals' wellbeing (Vink et al 2016) as they offer participants a safe space and tools to articulate concerns on different topics, but also to engage with new *deliberative space*, foster new and purposeful *interactions* among service delivery staff and service users, and finally develop a new language and new competencies for those involved in the process (Piper and Iedema 2010; Iedema et al 2008).

This is inline with the literature that sees participatory forms of design (i.e. co-design) to be on the transformative end of the design spectrum with the potential of initiating and sustaining *long-term impact* and *behavioural changes* (Bowen et al 2013; Bjorgvinsson et al 2012; Sangiorgi 2011; Sanders & Stappers 2008; Cottam & Leadbeater 2004).

By considering not only the impact of what is being designed but what happens during the process of designing itself, as Vink suggests (2016), we could enhance the overall power of collaborative forms of design not only to generate positive transformation on the level of the individuals (micro level), but also exploring how individual changes affect the wider organisation (meso level). This builds on the idea that to be truly transformative, design has to transform individual behaviours first, in order to transform organisations consequently (Sangiorgi, 2011). It would also help to manage unintended consequences of design collaboration, such as any negative impact on individuals' wellbeing, that might be likely when working on complex issues.

2) Enhancing imagination and hope

Designers and design scholars have usually understood design as a sibling of innovation and a "natural ally of futurity" (Appadurai in Yelavich and Adams, 2014). In fact, design is a practice of making, and its generative attitude seems to project it forward, with the role of imagining the un-reality, the yet-to-exist that we could make *in* and *of* society. In his book "The Future as Cultural Fact", the anthropologist Appadurai (2013) defines research as a capacity with democratic potential, as the capacity to distinguish knowledge from rumour, facts from fiction or propaganda is vital for the exercise of informed citizenship. For those that have the means and the wish to expand their knowledge, Appadurai (2013) says, the *right* to research should be among the rights that they can claim. In our case study, design makes available the tools through which any individuals can build their knowledge, challenge the dominant voices and visions, make visible the things they consider most important and that might be overlooked by more quantitative types of research, and tell those stories that are not normally told, from their perspective and with their voices.

This capacity to do research, following from Appadurai (2013), could in our vision be tied up with the 'capacity to aspire', which is the social and cultural capacity to plan, hope, desire, and achieve socially valuable goals; "the capacity to aspire as a social and a collective capacity without which words such as empowerment, voice, and participation cannot be meaningful" (Appadurai, 2013, 289).

Understanding what is the role of design to motivate and provide tools that can nurture this capacity to aspire and the democratic production of our collective futures could help to empower those affected by change to make the changes themselves.

3) Building infrastructures and enabling platforms

In the tradition of participatory design, scholars have been building on the idea that design practice is not so much about designing things, as about *infrastructuring*, which means designing the social infrastructure needed for true participation to happen. In this space and on this platform, rather than focusing just on building consensus to find shared solutions to given problems, design can potentially play a role in questioning how 'problems' have been constructed in the first place, by acknowledging questions of different world views, power struggles, distribution of resources and exclusion (ATELIER (Project), 2011).

If we consider that wicked problems can be represented and explained in various different ways, none of which is ultimately neither right nor wrong, but the result of the "world view" and ideologies of those who frame the problem, then the choice of one explanation over one other determines the nature of the problem's resolution that is proposed. Following again from Rittel and Webber (1973), these resolutions are not true-or-false, but can be judged as either good-or-bad, and usually different perspectives determine how these value judgments are made and communicated. By embracing a social constructivist vision of problems, design can help in constructing social problems through: a) creating tangible artefacts around which people can gather to interpret and discuss the characteristics of a social issue, and b) introduce an iterative approach where problems and solutions co-evolve as participants frame and reframe their understandings of both and let ideas take shape in real context and adapt accordingly (Blyth and Kimbell, 2011).

Rather than reinforcing the discourse, which is now prevalent in the corporate world and in some of the public sector initiatives about design, that sees design as a tool to solve social problems, we think a new dimension for design in the social sector should be investigated, which position design as relevant for actively, critically and reflexively contribute to problem construction.

Conclusions

This paper has presented an overview of the vision behind Mind's SDiM programme, and some of its work to date. This represents a snapshot of the work conducted in establishing and running the programme, and does not

touch on many of the challenges faced since its inception. We have focused on the approach and ambition of the programme in part to illustrate what we believe to be the potential of the programme when still at such an early stage. We hope this paper will prompt other VCS organisations and public bodies to consider the role that Design could play in this context, and importantly, the role of existing stakeholders in that process.

However, we recognise that there is a need for further research into specific benefits of Design observed in both our work and other literature. We have identified three areas of inquiry that we believe are a priority for the community at this time: the impact of design process on people's wellbeing; the capacity of design to enhance imagination and hope; and the role of design in building infrastructures and enabling platforms. We believe that understanding these three areas in detail could help to improve practice and strengthen the case for the use of Design at a time so crucial to the sector.

References:

- Appadurai, A. (2013) *The Future as Cultural Fact: Essays on the Global Condition*. London: New York : Verso Books.
- ATELIER (Project) (2011) *Design things*. Cambridge, Mass.: MIT Press.
- Barns, M. and Cotterell, P., (2012), *Critical Perspectives on User Involvement*, Policy Press
- Bauer, A., Parsonage, M., Knapp, M., Iemmi, V. and Adelaja, B. *The cost of perinatal mental health problems* Available at: <http://everyonesbusiness.org.uk/wp-content/uploads/2014/12/Embargoed-20th-Oct-Final-Economic-Report-costs-of-perinatal-mental-health-problems.pdf>
- Better by Design (2014a) *Design thinking for the Scottish third sector*. Available at: <http://youngfoundation.org/wp-content/uploads/2014/07/final-bbd-report-pages.pdf>.
- Bessant, J. and Maher, L., (2009), Developing radical service innovation in healthcare — The role of design methods, *International Journal of Innovation Management* Vol. 13, No. 4, 555–568
- Björgvinsson, E., Ehn, P. and Hillgren, P. A. (2012). 'Agonistic participatory design: Working with marginalised social movements'. *Co-Design*, 8: 127–144
- Blyth, S. and Kimbell, L. (2011) *Design Thinking and the Big Society: From solving personal troubles to designing social problems*. London: Acant and Taylor Haig. Available at: http://taylor-haig.agincourt.radiatecms.com/assets/taylorhaig_designthinkingandthebigsociety.pdf.

- Bowen, S., McSeveny, K., Lockley, E., Wolstenholme, D., Cobb, M. and Dearden, A. (2013). 'How was it for you? Experiences of participatory design in the UK health service'. *CoDesign: International Journal of CoCreation and Design and the Arts*, 9: 230–246.
- Brown, T. (2009) *Change by Design: How Design Thinking Transforms Organizations and Inspires Innovation*. New York City, USA: Harper Business.
- Burns, C., Cottam, H., Vanstone, C., and Winhall, J. (2006). *RED paper 02: Transformation Design*. Design (Vol. 44). London: Design Council.
- Carr, V., Sangiorgi, D. et al, (2009), *Clinicians as service designer? Reflections on current transformation in the UK health services*, First Conference on Service Design and Service Innovation, Oslo
- Citizens Advice Bureau (2014) *Service Design & Development Specialists*, citizensadvicejobs.engageats.co.uk. Available at: <https://citizensadvicejobs.engageats.co.uk/ViewVacancy.aspx?enc=mEgrBL4XQK0+ld8aNkwYmE8vohyHUA6BZNnwtKDpaGJMc74OuwKiwO7ZVgO5y/7EmLdkf9sjA+HcRGSglSVR+dEJ5aEwUrwCkVeIDaNrJdeevex1VgRLv4ms2feTIupnEwXhCxSNz9p4ooAAI+AMw==> (Accessed: 23 October 2014).
- Cottam, H. and Leadbeater, C., (2004), *Health: Co-creating Services*, Design Council.
- Design Commission. (2013). *Restarting Britain 2. Design and Public Services*. A report by the Design Commission. London: Design Commission. Available at: <http://www.policyconnect.org.uk/apdig/research/report-restarting-britain-2-design-public-services> (Accessed: 9 June 2015)
- Freire, K. and Sangiorgi, D. (2010), *Service Design & Healthcare Innovation: from consumption to co-production and co-creation*, Second Nordic conference on Service Design and Service Innovation
- Gilbert, H. (2015). *Mental health under pressure*.
- Grint, K (2008), *Wicked Problems and Clumsy Solutions: the Role of Leadership*, *Clinical Leader, Volume I Number II, December 2008*, ISSN 1757-3424 BAMB Publications
- Gulbrandsen, M. and Lindeberg, C. (2014) 'Embedding Design within a 100+ years old organisation', in *Proceedings of Service Design Global Conference 2014*. Available at: <http://conferences.service-design-network.org/sdgc14/speaker-lineup/christina-lindeberg-marianne-gulbrandsen/> (Accessed: 22 October 2014).
- HM Government. (2010). *The Coalition: our programme for government*. London. Retrieved from https://www.gov.uk/government/uploads/system/uploads/attachment_

- data/file/78977/coalition_programme_for_government.pdf
- HM Government. (2011). *Open Public Services White Paper*.
 - Iedema, R., Merrick, E., Piper, D., Britton, K., Gray, J., Verma, R. and Manning, N. (2010). 'Codesigning as a Discursive Practice in Emergency Health Services: The Architecture of Deliberation'. *The Journal of Applied Behavioral Science*, 46: 73–91.
 - King's Fund (2011). *The Patient-centred Care Project: Evaluation Report*. London: The King's Fund.
 - Kolko, J. (2012), *Wicked Problems*, *Stanford Social Innovation Review*, Mar 6
 - Manzini, E. (2015). *Design, When Everybody Designs*. Cambridge, USA: MIT Press.
 - Martin, R. (2009) *The Design of Business: Why Design Thinking is the Next Competitive Advantage*. Cambridge, USA: Harvard Business Press.
 - McNicoll, A. (2015). Mental health trust funding down 8% from 2010 despite coalition's drive for parity of esteem. Retrieved from <http://www.communitycare.co.uk/2015/03/20/mental-health-trust-funding-8-since-2010-despite-coalitions-drive-parity-esteem/>
 - Miller, R. (2013). Third sector organisations: unique or simply other qualified providers? *Journal of Public Mental Health*, 12(2), 103–113.
 - Mind (2014) Mind reveals 'unacceptably low' spending on public mental health. Retrieved from <http://www.mind.org.uk/news-campaigns/news/mind-reveals-unacceptably-low-spending-on-public-mental-health/#.V8hJvRQwe7w>
 - Piper, D., Iedema, R., Gray, J., Verna, R., Holmes, L. and Manning, N. (2012). 'Utilizing experience-based co-design to improve the experience of patients accessing emergency departments in New South Wales public hospitals: An evaluation study'. *Health Services Management Research*, 25: 162–172.
 - RITTEL, H.W.J., and Webber, M.M., (1973), *Dilemmas in a General Theory of Planning*, *Policy Sciences*, 4 (1973), 155-169 Elsevier Scientific Publishing Company, Amsterdam--Printed in Scotland.
 - Sanders, E.B.N. and Stappers, P.J., (2008), *Co-creation and the new landscapes of design*, *Co-design*, 4:1, 5-18
 - Sangiorgi, D. (2011). 'Transformative services and transformation design'. *International Journal of Design*, 5: 29–40.
 - Schuler, D. and Namioka, A., (1993), *Participation Design. Principle and Practices*, CRC Press
 - Steen, M. (2013), *Co-design as a Process of Joint Inquiry and Imagination* *Design Issues* 29(2):16-28 · April

- Thackara, J. (2005) *In the Bubble: Designing in a Complex World*. Cambridge, USA: MIT Press.
- Vink, J., Wetter-Edma, K.; Edvardsson, B. and Tronvoll, B.; (2016), Understanding the Influence of the Co-Design Process on Well-Being, in Proceedings from ServDes Conference 2016
- Yelavich, S. and Adams, B. (eds) (2014) *Design as future-making*. London ; New York: Bloomsbury Academic.