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'I hate having my mental health' – Making sense of mental health through coproduction and visual methods with young people with complex needs

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ABSTRACT

There is evidence that research involving young people in conceptual stages of the design can be empowering, leading to a sense of personal agency, sustainable outcomes, interventions and resilience. Yet, despite calls for greater involvement of young people in services that affect them, in reality this is often tokenistic or a 'tick box' exercise. This article presents the findings from a practical 'on-the-ground' project, drawing on visual methods and coproduction with young people enrolled in a social-emotional and behavioural difficulties school in the UK and practitioners, to gain insight into how they make sense of their mental health. Applying coproduction, our approach was centred around the process of knowledge production, rather than 'data gathering'. With this in mind, we adopted two mutual and reciprocal phases, the steering group phase and the knowledge production phase, consisting of young people, practitioners and researchers. Results highlight visual methods, in this case drawing/doodling on tablecloths, enabled young people to articulate implicit emotions and affective experiences. Whilst this study does not offer a 'standard model of coproduction', by framing coproduction within critical realist ontology and positioning theory, we have come some way in addressing issues around power imbalance and reciprocity.

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Introduction

Our previous research (Sims-Schouten and Riley 2018; Sims-Schouten 2020; Sims-Schouten, Skinner, and Rivett 2019) highlights the value of engaging with (young) people in understanding their perceptions, needs and capabilities. Yet, despite calls for greater involvement of young people in services that affect them, such as in relation to their mental health and wellbeing, in reality this is often tokenistic or a 'tick box' exercise

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(Critchley et al. 2019; Graham et al. 2013). The same can be seen in the light of the Covid-19 pandemic, where numerous research studies have passively involved young people as respondents to COVID-19 surveys, with little research centralising young people's agency as a critical capability (Pavarini et al. 2020; Rikala 2020; Tan and Fulford 2020). There is evidence that research that involves young people in conceptual stages of the design can be empowering, leading to a sense of personal agency, sustainable outcomes, interventions and resilience (Pavarini et al. 2020; Simpson and Murphy 2020). Thus there is a need to centralise young people's needs/voices and experiences, in relation to what 'wellbeing' and 'mental health' mean to them (Sims-Schouten, Skinner, and Rivett 2019; Sims-Schouten and Hayden 2017).

This article presents the findings from a practical 'on-the-ground' project, drawing on visual methods and coproduction with young people enrolled in a social-emotional and behavioural difficulties school in the UK, with the aim to gain insight into how they make sense of their mental health. In doing so, we address the following research question: What role can creative methods and coproduction principles play when it comes to making sense of the mental health of young people with complex (mental health) needs? Through coproduction with young people, our project provides insight into how they make sense of their mental health (problems) and related idioms of distress. Coproduction, also referred to as transformation of power relations in research/practice, is a relatively new concept, something that is more commonly associated with health and social care practice, rather than research (Faulkner, Carr, and Gould 2021). A coproductive approach to research involves collaborations between service users, practitioners and academics/researchers, as allies, to produce transformative and meaningful outcomes (Sims-Schouten, Skinner, and Rivett 2019; Beresford 2019). As such, coproduced research allows for the redressing of power imbalances, providing a foundation for relational ethics and confronting complexities head-on, as will be seen later on in this article. In line with the key principles of coproduction, namely inclusivity/diversity, respecting knowledge and reciprocity, we involved young people and practitioners in all the stages of our project, from early conceptualisations of key terms, through to choices about methodology (in this case Visual Methods) and data analysis (Filipe, Renedo, and Marston 2017; Tan and Fulford 2020). Below we will provide insight into our approach to coproduction.

Coproduction in mental health research through the lens of critical realism and positioning theory

Research and practice involving coproduction are generally centred around three broad premises. First, the right to be involved in decisions affecting oneself, second the need to improve the value of a project, and third, the requirement to enhance knowledge on a topic (Sims-Schouten, Skinner, and Rivett 2019; Filipe, Renedo, and Marston 2017; Turakhia and Combs 2017). Coproduction can promote justice, giving a voice to young people as valued participants in the coproduction of knowledge, thereby fundamentally democratizing the relationships between different parties: researchers, young people and practitioners (Graham et al. 2013; Watson, Meineck, and Lancaster 2018). The result may be messy, yet engaging with these challenges has enormous potential for making sense of (and centralising) young people's lived experiences of mental health and wellbeing (Sims-Schouten and Hayden 2017; Kraemer Tebes 2018).

First coined by Ostrom in the 1970s, coproduction is still a relatively new concept in research and practice (Miller and Wyborn 2020; Ostrom et al. 1973). Different disciplinary areas have adopted slightly different approaches towards coproduction. For example, in the social sciences coproduction is generally viewed as an immersive, user-led process throughout, treating the involvement of research participants in research/practice that affects them as necessary and relevant, whilst the medical sciences tend to focus on goal-setting, with a focus on outcomes, and are less interested in the immersive approach itself (Beresford 2019; Filipe, Renedo, and Marston 2017). We adopt an interdisciplinary approach towards coproduction, drawing on critical realist ontology and positioning theory (Sims-Schouten and Riley 2014; Harre et al. 2009; Rees and Gatenby 2014). Critical realism, as a metatheory, combines a general philosophy of science with a philosophy of social science to describe an interface between the natural and social worlds (Bhaskar 1989). In practice, this means that while critical realism accepts that there is an (objective) world that exists independently of people's perceptions, language and imagination, it also recognises that part of that world consists of subjective interpretations, that influence the way in which the world is perceived (Author et al. 2007; Bhaskar 1989).

Critical realism's central premise is to promote awareness as a strategy for tackling inequality and uneven practices/perceptions, providing insight into the complex and non-linear interplay between human agency (meaning-making, motivations, perceptions) and social structures (enduring patterns, social rules/norms, laws and mechanisms) (Sims-Schouten, Skinner, and Rivett 2019; Houston 2010). Positioning plays a central role here, and in line with positioning theory, we take the viewpoint that individual perceptions and experiences of mental health and wellbeing need to be viewed in the light of discursive content and strategies (referring to the interpersonal and intrapersonal nature of positioning) (Sims-Schouten and Hayden 2017; Harre et al. 2009). Positioning theory treats 'positions' as part of the everyday practice of different groups of people, drawing attention to the instrumental nature of cognitive processes in people's meaning-making, as well as the normative constraints and opportunities inherent in the unfolding story-line (Harre et al. 2009; Haste 2014).

Coproduction facilitates equal collaboration between 'experts by experience' and 'experts by qualification', culminating knowledge and freedom of expression, and revealing positions and positionality (Rikala 2020; Simpson and Murphy 2020). Framed within a critical realist ontology, this study sees positioning as a discursive process, where (young) people actively produce and reproduce their social and psychological realities, and clusters of beliefs about mental health and wellbeing. This resonates with non-representational theory in geography and post-qualitative inquiry in education, specifically the goals and promise to keep methodology on the move to better attend to the gaps, silences, excisions and exclusions, and work out ways of approaching a future that is more inclusive and collaborative (Taylor 2016). Inherent in this is how differentiated factors and mechanisms come together into recognizable identities, articulated through layers of discursive signification, which exceed the terms of representational politics by facilitating various forms of relations within and between bodies (Anderson and Harrison 2010).

Visual methods, an approach embraced by the young people in this study, lends itself well for providing insight into positioning, meaning-making and conceptualisations of mental health, bringing to that particular situation inherent histories and multiple positions

(Davies and Harre 2001). The use of visual methods, in the form of ‘doodling’, drawing and writing on table cloths, aligns well with the everyday practices of the young people and is beneficial as it promotes a relaxed atmosphere, increases confidence, and allows young people to address part of their lives that are hard to articulate, and is less intimidating than interviews (Harre et al. 2009; Haste 2014; Heath et al. 2009). Critical realism is useful here, as it offers a meta-theoretical paradigm for conceptualising young people’s lived experiences of mental health and wellbeing at several levels, namely the ‘real’ level (exploring causal factors, such as trauma, disadvantage, as well as the pandemic), the ‘experiential’ (namely, agency and how mental health is experienced) and the ‘actual’ (support systems that are in place or absent, as well as anomalies on this front) (Sims-Schouten 2020; Rees and Gatenby 2014). Thus coproduction viewed through a critical realist lens and positioning theory, provides opportunities for making sense of deeply subjective, sensed and embodied experiences, which are made up of many different kinds of entities (Stanley et al. 2021). This will be discussed further in the following section.

Methodology

A total of 23 people took part in the coproduction activity. Participants were 14 young people aged 12–14 years old (mixed gender and ethnicity) enrolled in a school for children with social, emotional and behavioural difficulties in the South of England, 6 pastoral workers/teachers (mixed gender) and 3 researchers (all female). The young people had complex (mental health) needs, in line with the school admissions policy. On the school website it says that the school caters for: young people aged 9–16 years old, who either have ‘significant behavioural problems’, are at risk of permanent exclusion, have significant problems in making and sustaining appropriate relationships with peers/adults (e.g. due to anxiety), show behaviour which is ‘bizarre, self-injurious or which endangers others’, show evidence of ‘significant unhappiness and/or disaffection over a sustained period’, and/or have specific learning difficulties which may have contributed to low attainment, frustration and low self-esteem. To safeguard the young people’s privacy, we did not make any enquiries regarding their specific problems/behaviours and needs, but were informed that the young people participating in the research had a range of mental health issues and specific learning difficulties/disabilities (e.g. autism, cerebral palsy, anxiety, eating disorders, depression and phobias).

The project was ethically approved by the University ethics committee and informed consent was obtained from all the participants involved in the study; parental consent was also obtained. Coproduced research allows for the equalisation of power imbalances, providing a foundation for relational ethics, as well as the procedural dimensions of research, recognising young people as both able and entitled to participate in activities, such as research, and confronting complexities head-on (Graham et al. 2013; Street 2021). To promote young people’s involvement in this study, we worked with the pastoral leads and teachers in the school as gatekeepers, and were mindful of ethical conventions and risks when it comes to involving young people in research, and particularly those with complex needs and mental health challenges (Pavarini et al. 2020). As researchers we engaged in reflexive engagement, considering several important issues, including the young people’s readiness and capacity to conduct the research, the impact of lived experiences of mental health and wellbeing (of all parties involved in the research),

and disparities in power and status between the adults and young people (see also Sims-Schouten, Skinner, and Rivett 2019; Graham et al. 2013). We adopted a rigorous approach, which is discussed below, and also adopted the safeguarding measures and policies of the school. Moreover, we provided opportunities for debriefing and showed our appreciation for the young people's participation through a certificate of involvement provided to them at the end of the study.

Applying coproduction, our approach was centred around the process of knowledge production, rather than 'data gathering' (Raffay, Wood, and Todd 2016; Turakhia and Combs 2017). With this in mind, we adopted two broad phases, the steering group phase (phase 1), and the knowledge production phase (phase 2). The study took place from January to July 2021, when schools in the UK were in and out of lockdown. As part of phase 1, we organised two virtual meetings (the meetings as part of phase 1 were virtually as opposed to in person, at the request of the school and young people). The two steering group meetings took place after the study was ethically approved and were between young people ($N = 3$; one female; two males; mixed ethnicity), pastoral leads ($N = 2$; 1 male, 1 female), all had volunteered to be part of the steering group, and the researchers ($N = 3$, all female); the meetings were recorded with permission from all participants. As part of the meetings we collaboratively discussed and made decisions regarding the methodological approach (in this case visual methods), conceptualisation of key terms, as well as constructing questions for the visual methods exercise, and providing insights for the analysis (see also Raffay, Wood, and Todd 2016).

According to the United Nations Convention on the Rights of the Child research should honour children's right to express their opinions, by talking, drawing, writing or in any other ways – the visual methods, an approach chosen by the young people, played an important role here (Graham et al. 2013). Note that in line with the ethical consideration of the research discussed above and the reflexive approach adopted as part of this, we would also like to highlight that as researchers we were mindful that young people may 'accidentally' 'give away' in a drawing what they would not be prepared to say (see also Sims-Schouten, Skinner, and Rivett 2019; Graham et al. 2013). The following was agreed as part of phase 1 to make the activity as inclusive as possible and respond sensitively and ethically to the information that is shared:

1. To use visual methods, in the shape of a table cloth that young people can draw on, doodle and write with felt pens
2. Rather than referring to 'mental health', we would use language such as 'What makes you happy'; 'What makes you sad'; 'When you are feeling sad, what makes you feel better?'; 'What do you like to do to help you feel happy?'
3. The young people in the steering group would introduce the project to other young people in the school via a poster and questionnaire
4. The research itself would take place in groups, with the researchers heading the group (this was the preference of the young people); young people could pull out at any time
5. Young people would be involved in the analysis and would be debriefed afterwards.

Following the two virtual meetings that were part of phase 1, the knowledge production or data analysis phase (phase 2) took place in person. As part of phase 2, knowledge was produced (through visual methods) with three groups, consisting of

young people, pastoral leads/teachers and researchers. Group 1 consisted of five boys, two pastoral workers (male and female) and three researchers; Group 2 consisted of four girls, one teacher (female) and three researchers; Group 3 consisted of two boys, one teacher (female) and three researchers. The discussions in Group 1 and Group 3 were audio recorded with permission from all the participants; the young people in Group 2 preferred for the discussions not to be audio recorded. Note that it was purely coincidental that each group of young people only consisted of one gender.

Visual methods and objects (e.g. drawing and doodling) play an important role in enabling vulnerable young people to narrate the self and facilitate a dialogue between young people, researchers and practitioners (Farmer and Cepin 2017; Watson, Meineck, and Lancaster 2018). From these artistic and enabling methodologies, rich narratives, reflections and themes can emerge, serving as constructionist tools to aid in describing and analysing experiences and give meaning to them (Gabb and Singh 2015; Rikala 2020). For no particular reason, the group sessions took place in the young persons' classrooms.

As part of phase 2, which we have both called the knowledge production and data analysis phase, we developed analytical schema in collaboration with the young people and pastoral leads/teachers. This phase was fluid and rather than being based around linear steps, data analysis took place alongside knowledge production, during and directly following the discussions and doodles. The team, as allies, brainstormed and made sense of the visual data (drawings, doodles), abstracted into 'themes' or conceptual categories, representing the perspectives of the young people as social agents (Sims-Schouten and Riley 2014; Braun and Clarke 2019). Layers of explanations of reality were revealed through an informed and interactive dialogue between participants, centred around the coproduction of knowledge.

Of relevance here is critical realist's emphasis on contextualising mental health and well-being in light of the 'causal' (causal factors and mechanisms) 'actual' (processes, support, absence and anomalies), 'experiential' (how this is experienced by individuals) (Sims-Schouten and Riley 2014; Rees and Gatenby 2014). This involved moving back and forward between discussing the art, drawings and doodles and the meaning of the drawings, and related experiences and interpretations. This was not a one-way direction, as young people, researchers and pastoral carers/teachers all participated in the drawing and doodling, and discussions around what makes them 'happy' and 'sad'. Thus in line with the principles of coproduction, phase 2 was reciprocal, and mutual, and questions were asked by all parties and young people, research and pastoral leads/teacher contributed equally to the discussion. Through coproduction and positioning it was possible to move from specific observations, drawings, doodles to thematic conceptual categories, and on to more causal analysis, going beyond the micro-interactions of social agents (Braun and Clarke 2019; Gleeson 2020). Here, both the workings of the coproduction process, visual methods were significant, but also what did not work, reflected in anomalies and 'resistance', which will be discussed in the data analysis section below (Bhaskar 1989).

Data analysis

In this section, we will provide examples of our practical 'on-the-ground' project, drawing on visual methods and coproduction with young people. The themes presented below

are illustrative of critical realist and positioning theory-informed coproduction in action. A total of five themes were extracted from the data, namely:

1. 'What is Mental Health?' – Mutual and Reciprocal Discussions
2. What makes me 'Happy' and 'Sad'
3. Family and Home Life
4. 'I Hate having my Mental Health' – out of the blue references to mental health/well-being
5. 'Absence', 'Anomalies' & 'Resistance'.

Themes 2 and 3 emerged through the discussions with the three groups as part of the knowledge production phase, and the relevant data was summarised after the meetings and shared with the pastoral leads/teachers and young people (the school had indicated that they preferred to receive a summary of the data, rather than organising another meeting with the young people to discuss this). Themes 1, 4 and 5 were identified as additional themes, informed by positioning and the process of coproduction and visual methodology.

Theme 1: 'What is mental health?' – mutual and reciprocal discussion

As mentioned above, the study comprised of two broad phases, the steering group phase (phase 1) and the knowledge production phase (phase 2). As part of phase 1, and in line with the key principles of coproduction, namely inclusivity/diversity, respecting knowledge and reciprocity, we collaborated with young people and pastoral leads, as allies, developing the goals of the study, conceptualising key terms, and choice of methodology (Sims-Schouten 2020; Raffay, Wood, and Todd 2016). Our approach to coproduction was centred around facilitating equal collaboration between 'experts by experience' and 'experts by qualification', culminating knowledge and freedom of expression, and revealing positions and positionality (Sims-Schouten and Hayden 2017; Simpson and Murphy 2020). This also meant reflecting on and revisiting key terms. After explaining our general plan for the research project, and asking the young people their opinions, e.g.: What do you think Mental Health and Wellbeing is?; What is important to you?; What do we need to do to help young people?, we were met with a counter-question, namely:

'What is mental health?'

Research highlights that there is a need for a common language (Tan and Fulford 2020), and in this case it was felt that rather than using 'mental health' it would be more appropriate to refer to 'what makes you happy', 'what makes you sad'. Meaning-making and positioning are discursive processes, and both the steering group meetings and knowledge production phase, provided mutual and reciprocal opportunities for participants to actively produce and reproduce their social and psychological realities, and clusters of beliefs about mental health and wellbeing (Davies and Harre 2001). Below is an example from a discussion with Group 1 (5 boys):

Researcher: Do any of you have any questions about why we're doing this then? So X (young person) had a really great idea that we're doing this for self-awareness which is one of the

really good reasons for having these kind of conversations, So those are the reasons why we thought we'd come and talk to you. Does anybody else have any questions about why we're here or what's going to happen? No, all good, brilliant.

The visual methods also played a role here, as it allowed young people, pastoral workers/teachers and researchers to collaborate in the meaning-making process, by drawing, talking, as well making sense. Below (Figure 1) is an example of this. The drawings in Figure 1 are by a young person and the writing is by both the young person and the pastoral worker, highlighting the benefits of visual methods in knowledge production (Gleeson 2020).

Rather than being a 'tick box' exercise, we were mindful to view the young people's agency as a critical capability (see also Sims-Schouten and Hayden 2017; Pavarini et al. 2020; Rikala 2020), and made sure to provide opportunities for the young people to ask us questions. The extract below comes from Group 2 (two boys and one teacher):

- Researcher: Shall we finish it off? Is there anything else you guys want to say to us? Anything else that we haven't asked you that you feel we should have asked you?
- Young Person: What's the most exciting thing you do?
- Researcher: The most exciting thing we do, I do?
- Young Person: Yeah, what's your favourite thing about what you do?

Coproduction is mutual and reciprocal, and is about viewing young people (in the case of this article, young people with complex needs) first and foremost as agents, actively involved in knowledge production and sense-making (Sims-Schouten and Hayden 2017; Rikala 2020). By taking coproduction seriously, it is possible to provide insight into the complex and non-linear interplay between human agency (meaning-making, motivations, intentionality) and social structures (enduring patterns, social rules,

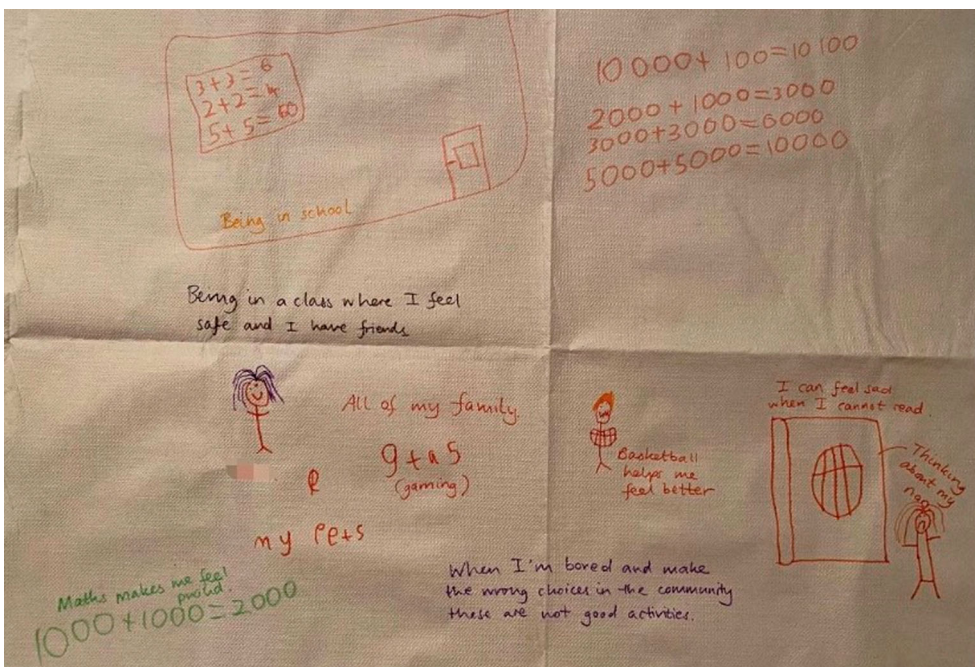


Figure 1. Collaborative drawing/doodle (Group 1).

norms and laws) (Sims-Schouten, Skinner, and Rivett 2019; Houston 2010). By asking the researcher about her 'favourite thing about what you do', this young person moves away from intrapersonal positioning in relation to what 'makes you happy and sad' and instead makes an appeal to the interpersonal nature of positioning, inviting the researcher to share her experiences (Harre et al. 2009).

Theme 2: what makes me 'happy' and 'sad'

Whilst discussing and doodling about what 'makes me happy and sad', young people discussed their lived experiences, often alternating discussions around what makes them sad (such as bullying), with what makes them happy (sports, holidays and friends), as depicted in Figure 2:

Below is the discussion surrounding the drawing in Figure 2:

- Researcher:* Nice, okay, were there any others, so you've done your special place.
Young Person: Football.
Young Person: I don't really have anything else.
Pastoral lead: You've done an amazing job, X, everybody has. Brilliant!
Young Person: Oh, it's the yellow I'm missing.
Pastoral lead: Fantastic. Say it's us, we're missing it.
Researcher: Sorry?
Pastoral lead: He said it's us, we're missing one {pointing to felt pens}.
Young Person: Yeah, that was this morning in break-time, but then I think it's got worse again.
Pastoral Leads: Was that today that your hurt your eye? Oh ...
Young Person: The tree [inaudible].
Researcher: So what's that one about?
Young Person: Getting bullied.
Researcher: Yeah, that's not nice.
Researcher: This section was things that make you sad, wasn't it?
Young Person: Yes. Car crash.

Drawing and doodling can be a suitable method for depicting and eliciting thoughts and feelings, which are often difficult to express through words, fostering empowerment,



Figure 2. Collaborative drawing/doodle (Group 1).

when working with people or groups who have traditionally not been listened to (Mitchell 2011). As can be seen from the drawing in Figure 2, 'bullying' is equated with 'what makes me sad', and symbolically placed near the car crash in the drawing. Thus, the drawing and doodling here are metaphorical through a symbolic process by which this young person equates his experiences with bullying, resulting in poor mental health ('feeling sad'), with a car crash (see also Merten and Schwartz 1982).

Below is another example, this time from Group 3 (2 Boys), where talk around an everyday activity, in this case sport, leads to a discussion around lack of sleep and wellbeing. Here the young person's interpretation of and discussion around mental health and wellbeing highlights both a focus on subjective happiness (in relation to engaging in sport) and a discussion of symptoms ('too much coffee in your head'). What is interesting here, is how the 'body' and 'head' are treated almost as separate and independent entities: 'my brain decides to stay awake longer' and 'my body just decides to stay awake for longer':

- Young person: *I remember on Wednesday I was very tired from all the things we had yesterday so I went to sleep without me even knowing, and I woke up at around seven.*
- Researcher: *Wow. What had exhausted you then?*
- Young Person: *I really thought that yesterday was today, so that really hurt my head a little bit because I didn't even know. I thought I was late for school so I nearly got all my stuff out.*
- Researcher: *What was so busy yesterday?*
- Young Person: *Some of the times I don't really get enough sleep because my brain decides to stay awake for longer.*
- Researcher: *Okay.*
- Young Person: *So, usually I'll last less than a day before I recover from sport so that tired me out a bit. I was watching stuff and just blacked out to sleep.*
- Researcher: *Do you like sport?*
- Young Person: *Yeah it's good. We did tennis last time and I really like tennis.*
- Researchers: *Sleep is a funny thing, isn't it? I always find that really affects how I feel. Does it affect how you feel too?*
- Young Person: *Yeah sometimes.*
- Researcher: *In what way do you think?*
- Young Person: *I think it just happens in a good way. I'll sleep anywhere because I don't really get enough sometimes so it feels nice.*
- Researcher: *Manage to get some extra hours in?*
- Young Person: *Yeah, I try to. But every time I try everything just gets in the way.*
- Researcher: *What gets in the way?*
- Young Person: *I don't know. My body just decides to stay awake for longer.*
- Researcher: *Right. Are you thinking about lots of stuff?*
- Young Person: *Yeah sometimes. You know when you're excited before a holiday or at Christmas or the end of terms you just get that in your head so you can't sleep, so it keeps you awake for longer.*
- Researcher: *Yes.*
- Young Person: *That's the kind of thing I get sometimes.*
- Researcher: *Can't switch off?*
- Young Person: *Yeah. It's like too much coffee in your head but you're not actually drinking anything.*

Here, a drawing/doodle and discussion around sport almost seamlessly turns into talk around lack of sleep, which is blamed on the 'body', as opposed to the 'mind'. When asked whether this affects the way he feels, he moves the conversation in a positive

direction, indicating that ‘it just happens in a good way’, stressing his ability to ‘sleep anywhere’ and that it ‘feels nice’. Considering that later on in the conversation he indicates that he also sleeps at school, at times, this perhaps suggests that school is a ‘safe space’, associated with healing (see Dare et al. 2021 for a discussion of the impact of place on mental health). At the same time, his body and brain are the entities controlling his (lack of) ability to sleep. In relation to this young person viewing school as a ‘safe space’, it is here where coproduction viewed through a critical realist lens and positioning theory is helpful, highlighting the need to take account of the world as both an objective place that exists independently of people’s perceptions, as well as something that consists of subjective interpretations. Positioning plays a central role here, drawing attention to the need to view individual perceptions and experiences of mental health and wellbeing in the light of discursive content and strategies (referring to the interpersonal and intrapersonal nature of positioning) (Sims-Schouten and Hayden 2017; Harre et al. 2009).

The notion of school as a ‘safe space’ was brought up by the young people as part of the knowledge production phase and should not come as much of a surprise, considering that the study took place when schools had just re-opened, after the young people had had a prolonged period of being in lockdown; with no exception all of the young people participating in the study indicated that they were very happy to be back at school. This is in line with research in the area, highlighting that the longer the quarantine, the poorer the mental health outcomes and PTSD, due to being isolated and cut off from school, friends and routines (Cowie and Myers 2021; Stanley et al. 2021).

Theme 3: family and home life

In their drawings, doodles and discussions around what made them happy and sad, family came up frequently, both as a support system, something that ‘makes me happy’ but also as something that can be problematic at times, leading to sadness. Below is an example of the first, which comes from Group 2, and was produced by one of the girls in the group.

As can be seen from the ticks and x’s in the doodle, the young person took the question around ‘what makes me happy’ and ‘what makes me sad’ quite literally, with the conversation revolving around her anxieties, such as her fear of the sea and being ‘alone for long times’ but also how her mom, half-siblings, nature (forests, hills) and Danny Zuko from *Grease* make her happy. DuBose et al. (2018) highlight the role of home-like spaces, nature and barrier-free environments in healing, which is also evident in the doodling in Figure 3. At the same time, family life can be problematic, through family breakup, divorce and/or disturbed family dynamics, with research highlighting links with social, behavioural and emotional difficulties in children and young people (Haula and Vaalavuo 2021; Ogundele 2018). The examples below are in response to ‘what makes me sad’ and come from Groups 1 and 3 (both groups consisted of boys).

Group 1:

Teacher: Maybe we could do a sad face here because these are the things we’re not so happy about, then maybe a happy face there. [Inaudible 21:54]. And then shall do the one on here? There we go.

Young Person: Didn’t really see her.

Researcher: Oh okay.

Young Person: My mum didn’t see her for 12 years, and then when she did see her, she was dying.

are hard to articulate (Haste 2014; Heath et al. 2009). Yet, this did not work the same for everybody, as can be seen in the final theme below.

Theme 5: 'absence', 'anomalies' and 'resistance'

In line with the critical realist approach adopted in this article, 'absence', 'anomalies' and 'resistance' are meaningful, as what is missing in a social context or situation can provide insight into complexity and the layered nature of reality, and how this reality is understood by different agents (Sims-Schouten 2020; Bhaskar 1989; Haigh, Kemp, and Bazeley 2019). In our coproduction activities with the young people, we found that the visual methods approach worked, but being pragmatic, also acknowledge that multiple disciplines and methodological approaches are needed to make sense of the multifaceted experiences and perceptions of young people with complex (mental health) needs. Although all gave their consent to participate in the coproduction activity and visual methods, they also had the option to change their mind, to withdraw and/or not participate, or participate in different ways. Below we give two examples of meaningful 'anomalies' and 'resistance' in the context of the current study.

The first one is linked to a young person in Group 1 (boys). After discussing the study with the young people, and gaining their approval, we placed the table cloths and felt pens on the tables. The young person in question looked at the table cloths and observed the activity for a few minutes, and then ran across the classroom and into the playground behind the classroom. All the while, whilst we as a group was doodling, drawing and discussing, he walked in and out of the room, as well as making his presence known by banging on the door, and making brief comments about what was being drawn/discussed. Why is this meaningful? This is meaningful, because it provides insight into his positionality/positioning in the group and the complex and non-linear interplay between his agency (i.e. his meaning-making, motivations, intentionality) and the task at hand, namely making sense of mental health (Sims-Schouten, Skinner, and Rivett 2019; Houston 2010). Moreover, by running around, disappearing outside and briefly commenting on some of the discussions, this young person was effectively putting into practice what can be glanced from the doodles/drawings, e.g. see Figure 3, where being 'inside for too long' is equated to something that 'makes me sad'.

The second one was a young person in Group 2 (girls). While the project was discussed with the group, and their approval was obtained (this group agreed to participate in the project, but did not give approval for the audio recording of the conversations), it became clear that one young person preferred to paint in her sketchbook, rather than using felt pens and getting involved in the table cloth doodles/drawings. While visual methods have been celebrated for minimising the power relationship between the adult researcher and young person (Elden 2012; Farmer and Cepin 2017), it should be added that visual participatory methods can only reduce power imbalance, if there is a choice when it comes to engaging in this activity and how to engage with this (Dare et al. 2021). By giving her approval to participate in the project, whilst at the same time resisting the particular activity of drawing/doodling with felt pens, she reinforced the fact that young people are not, and should never be, perceived as passive beings in research (Heath et al. 2009). Moreover, this young person's resistance in engaging with the tablecloths and felt pens, also provides insight in her agency and positionality in relation to mental

health and wellbeing (Harre et al. 2009; Rikala 2020). Rather than doodling/drawing and chatting about this, she preferred to quietly represent this in her paintings. One of the researchers walked over to her table, admiring her paintings, prompting this young person to get out her sketchbook and explain the meaning of the paintings. All represented her turmoil, from hearing voices, to mood changes, depression, and eating disorders, in the form of stunningly painted distorted faces of young women. Thus by respecting the agency and positionality of the young people, combined with the reciprocal approach of coproduction, it is possible to gain insight into how they make sense of their mental health, in sometimes unexpected yet powerful ways! Viewing coproduction through a critical realist lens and positioning theory thus allows to promote awareness as a strategy for tackling inequality and uneven practices/perceptions, providing insight into the complex and non-linear interplay between human agency (meaning-making, motivations, perceptions) and social structures (enduring patterns, social rules/norms, laws and mechanisms) (Sims-Schouten, Skinner, and Rivett 2019; Houston 2010).

Discussion

In this article, we presented the findings from a practical 'on-the-ground' project to gain insight into how young people enrolled in a social, emotional and behavioural difficulties school make sense of their mental health, drawing on visual methods and the principles of coproduction (Dare et al. 2021; Filipe, Renedo, and Marston 2017). By involving the young people in the different stages of the project, i.e. conceptualising key terms, choices about methodology and data analysis, we were able to shed a light on their meaning-making processes. Moreover, rather than merely focusing on data gathering, we consulted the young people in the process of knowledge production (Sims-Schouten and Hayden 2017; Street 2021). Viewing coproduction through a critical realist lens and positioning theory, provides opportunities for making sense of deeply subjective, sensed, and embodied experiences of mental health and wellbeing (Sims-Schouten and Riley 2018; Harre et al. 2009; Houston 2010). For example, it allowed the team, as allies, to make sense of lived experiences at three interrelated levels, the 'real' level (e.g. family dynamics and the school environment), the 'experiential' level (e.g. the young people's agency, perceptions, positionality and personal experiences) and the 'actual' (e.g. support systems in place/absent, also in light of the pandemic) (Bhaskar 1989; Stanley et al. 2021).

Visual methods, in this case drawing/doodling on tablecloths, enabled the young people to articulate implicit emotions and affective experiences in an informal setting. Visual methods have been documented by previous research in a range of positive ways, such as being fun, informal and relaxing, promoting confidence and helping the abstract become more concrete (Elden 2012). Using creative methods in making sense of mental health and trauma is not new. For example, Stanley et al. (2021) used metaphor analysis to enable participants to articulate implicit emotions related to the pandemic, providing participants with discursive prompts to express their previously known and unknown emotional experience of collective trauma. Yet, children and young people are rarely consulted in research that affects them, and this is the same with research on mental health and wellbeing (Sims-Schouten and Hayden 2017; Weisbrot and Ryst 2020). Despite calls for greater involvement of young people in services that affect them, in reality this is often tokenistic or a 'tick box' exercise (Critchley et al. 2019; Graham et al. 2013). The same can

be said about visual and creative methods, without coproduction, this approach is as much shot through with power relations, as any other form of research. By involving the young people in the conceptual stages and design of the project, we were able to redress some of the power imbalances, and promote a sense of personal agency (Pavarini et al. 2020). Centralising young people's voices and choices, also meant revisiting our understanding and interpretation of mental health and wellbeing, as can be seen from theme 1, which led to rephrasing this into questions, such as 'What makes you happy', 'What makes you sad', 'When you are feeling sad, what makes you feel better?', 'What do you like to do to help you feel happy?'. Moreover, it also meant taking account of 'absence', 'anomalies' and 'resistance' as meaningful strategies (see Theme 5), providing insight into meaning-making, agency and the interpersonal and intrapersonal nature of positioning (Sims-Schouten 2020; Bhaskar 1989; Harre et al. 2009).

Limitations and opportunities

It is clear from the research presented in this article that there is not a 'one size fits all' when it comes to using and applying coproduction, which is perhaps why it is often described as tokenistic, as there are many hurdles to overcome. Qualitative research is 'messy', and so is coproduction –at different points in the article we refer to adopting the 'principles of coproduction', but often this also meant 'adapting' the principles of coproduction.

Working with young people with complex needs and problems, meant that changes needed to be made to the process, sometimes at the very last minute. For example, one person pulled out of the steering group at the last minute, because she had an opportunity to help in the school kitchen, and preferred to do that instead. In addition to this, although we had hoped to provide a proper debrief and discuss the themes with the young people after the knowledge production phase (as well as during), the school was too short-staffed and busy (also as the end of term was approaching) to facilitate this. This meant that themes were only discussed as part of the knowledge production phase, and the young people were debriefed in writing after the project had finished.

Yet, while this study does not offer a 'standard model of coproduction', we feel that by framing coproduction within critical realist ontology and positioning theory, we have come some way in addressing key issues around power imbalance and reciprocity in research with young people. Through this, we were able to rephrase 'mental health' in a way that was accessible for the young people, as well as taking account of their agency and positionality, also in situations where they wanted to resist and do things differently. Without this, there would have been the danger that the visual methods approach adopted in this study would be nothing more than grounded in assumptions of what children 'like to do', and be *about* them, rather than *with* them. At the same time, we must acknowledge and be mindful of the fact that attempts to reduce power imbalances can never be fully eliminated because of the positionality of the researchers and young people.

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