

StudyWell: a co-design project for enhancing student mental health and wellbeing through service design and relational welfare

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Abstract

Students mental health is declining. StudyWell is a project aiming at positive impact on student mental health in student cities in Norway; by integrating relational welfare with service design, and the study environment as a starting point. We discuss four implementation challenges: First, co-design depends on a shared mindset across disciplinary boundaries. Secondly, balancing the lenses of individuals, community, system and future require facilitation. Thirdly, societal impact requires continuous partner anchoring. Finally, approaches must not further pathologize university student.

Keywords: *relational design, service-oriented design, social innovation, design methods, health services*

1. Introduction

Design holds a long tradition when it comes to proposing interventions for social change. Currently the declining mental health and life quality of youth represents an urgent societal concern with a complexity that requires our attention as a design community (Støren, 2021). In the research project StudyWell, the focus is to improve the wellbeing and mental health of students with a situated, multi-level relational design approach, which means working directly and over time with students in their study environments and student cities. Service design (SD) is central as it carries obvious and documented potential for addressing and proposing interventions to tackle the challenges of an increased number of students seeking help for mental health issues (Ness et al., 2023). Through service design we should be able to co-produce service blueprints in which we illustrate the use of public value approaches for the vast majority of students that can be helped through strengthening of relational skills through community approaches; while on the other hand visualizing how the assistance for these students requiring professional treatment can be more effective and targeted. This should give new ideas for how to target efforts on a community level as well as on a health service level.

Recognizing the limitations of service design and the complexity of the societal challenge at hand, we outline a transdisciplinary research plan emerging from a novel combination of service design as a method and relational welfare as vision and problem framing (Degenhardt et al., 2013; Baik et al., 2019). The power of service design and relational welfare is presented through four lenses in which we have structured co-design activities. In the final discussion, we want to outline our early lessons of what it entails to ensure a design research project that is integrated with a relational welfare perspective. We believe that this is relevant to the wider design (research) community for three reasons. First off, a rationale proposal shows how we interpret Relational Design in practice. Secondly, the structure

suggested contributes to show how we can tackle one of the large societal challenges of our society through a focus on individual experiences, the strengths of community, systems-oriented design practices and future thinking. Finally, the early lessons from StudyWell combined open up a transparent discussion on how to facilitate transdisciplinary projects combining for wider societal impact.

We see this as an opportunity to propose design methods, interventions and frames of thinking that can help turn around the negative health trend amongst the university students not only in Norway but also globally. More generally, we believe that the results of this research project will exemplify how a transdisciplinary research set up can expand the impact of design for social sustainability.

1.1. Background: The mental health and wellbeing of students

The wellbeing measurements for Statistics Norway and the Norwegian Institute of Public Health show that it is currently the youngest age groups that have the lowest levels of wellbeing (Carlin et al., 2018). Over a long period of time, several qualitative and quantitative studies have established that the younger part of the Norwegian population is increasingly suffering from stress, anxiety, feelings of depression and loneliness and that it affects their quality of life and life opportunities (Sivertsen et al., 2023). Depression and anxiety are the most common mental disorders in adolescent girls, and among the most debilitating and costly mental health challenges worldwide due to their high prevalence, early onset and persistent nature (Cottam, 2011).

University students contribute to this alarming picture, by reporting a record amount of negative thought patterns and poor mental health. There is an increase in what is described as severe psychological symptoms amongst Norwegian students, from 16% to 29% in the last eight years. One in four students report that they have had serious thoughts about ending their own lives. This is not unique to Norway, university students' mental health is a growing public health problem globally, with empirical research showing that university students are generally a "high-risk population" for mental illness (Li et al., 2019). Research evidence is emerging globally, indicating that the situation in Norway is not unique but a part of a global picture. There is also an increase in those who receive treatment for depression and anxiety disorders both in primary and secondary health care, and in those who receive antidepressants (Gorden et al., 2019).

It is a paradox that this high-risk population live in 'student cities' where they would ideally spend the best years of their lives. For example, in the Norwegian student cities Trondheim and Gjøvik, there are a high number of social and volunteer activities available to provide a sense of belonging outside of the university. Nevertheless, the Student Welfare Council (Velferdstinget) has expressed worries and concerns that while social and voluntary activities contribute to the social wellbeing of many, the numerous options could inversely make problems such as loneliness, pressure from grades or mental illness even more shameful and hidden for those who do not feel included. While there has been an increase in low-threshold therapy and community-based services in Trondheim and Gjøvik, the waiting lists for mental healthcare are still very long, and the services cannot suffice.

The Norwegian University of Science and Technology (NTNU) including the following cities Trondheim, Gjøvik and Ålesund is the largest Norwegian university with 40 000 students, and thus has enormous impact potential in terms of improving students' wellbeing. While the students' psychosocial wellbeing has led to an increase in voluntary activities, student associations and engagement outside the study environment, there has been less focus on understanding what can be done in, through and in connection with the study programs and within the framework of the educational institution. The Student association SiT, StudyTrondheim and Velferdstinget who are partners in the StudyWell project have launched a project which gathers and shares experiences from students on why they struggle and how Trondheim can become the best student city to live in (<https://www.inmyexperience.no/>).

The political and scholarly discourse on relational welfare becomes relevant here as it challenges the traditional mindset and framework for working with student welfare by mobilizing the role of the larger human society and communities in preventing chronic distress and social exclusion and working towards active citizenship and social inclusion (Degenhardt et al., 2013). A study environment can be a 'community' from which we can seek to understand student distress with a new and more public value-based model for solving chronic problems. It is also becoming clearer with the severity of the symptoms of individuals, that if more and more people are to have access to low-threshold mental health services,

there will be less resources available to care for those who need urgent, continuous, and professional long-term assistance to deal with serious mental illness. There is also a high chance that serious mental disorders are triggered or discovered during the study period. Students, who are temporary citizens of the student cities, must therefore be guaranteed access to professional public health care. The need to diagnose and provide people with professional care early, is a very important aspect of ensuring access to good quality of life and equal opportunities, such as higher education. A study of [Baik and colleagues \(2019\)](#) show various recommendations from students on the role of the study environment. This means that university educators and administrators can play a role in preventing the high incidence of poor mental health.

2. Rationale: Service design meets Relational Welfare through Relational Design

SD provides a methodological and processual framework that can develop interventions based on holistic overview, visualization, evidencing, user-centeredness and co-design. It is a well-known approach to design support systems, seamless touchpoints and build a user flow aligned with user journeys and organisational ability. However, the emergence of service design has led to a development in design towards a tool-dependent, individual focused and instrumental approach ([Støren, 2021](#)). The article Relational Design made an argument towards a more relational approach in which designers work more situational, network-based and value oriented ([Støren, 2021](#)). This argument opens the possibility for design merging with 'relational welfare' thinking, in which 'relational welfare' captures the intersection of the welfare state, democracy and human relationships attending to social justice, capabilities and health and wellbeing for all as key public values in societal development ([Baik et al., 2019](#)).

To view the role of service design in a larger market economic picture, a production society has been replaced by a service economy. In a service economy what we do 'for each other' can be described as exchanges of social valuta. This however might, if we believe the critiques, have contributed to a societal mindset in which what we do for each other has become a 'valuta' rather than an inherent between-humans competence. Societal critiques claim that this perspective individualizes something that is inherently community based and can lead to reduced relational skills. A relational society is proposed as a remedy to this. However, in service design there is no overall vision, rather it consists of instruments, tools, design skills and facilitation techniques that could push any agenda of the involved actors. Therefore, we propose that there is a need to combine service design with a mature field that can give a service design process value. Relational welfare fills this gap.

Relational welfare is described as a 'radical change' in which relational bonds between human beings should serve as a starting point for promoting health and wellbeing in the 21st century ([Degenhardt et al., 2013](#); [Heimburg and Ness, 2021](#)). The concept of welfare connects to live well and flourish and nurture capabilities for doing so. Thus, Relational welfare, emphasizes that meaningful and supportive relationships are fundamental for people to experience wellbeing. The approach thus focuses on quality in relationships as crucial to the success of the welfare mission, whether it is about the relationship between the professional and the citizen himself or connecting people who can be supported in each other's everyday life ([Baik et al.](#)). In this way, a relational approach to welfare is one where professionals, residents and actors in the local community explore new paths together and think of welfare as a common task. Relationships with other people are a prerequisite for people to be able to experience what ([Heimburg et al., 2022](#)) refers to as "mattering"; to be recognized for who you are, and at the same time make a difference for other people, working life and social life. A recent study shows that perceiving one's social environment as supportive is strongly associated with higher quality of life and lower symptoms of anxiety and depression. Also, recently experienced discrimination is strongly associated with lower wellbeing and higher symptoms of anxiety and depression. Another key finding is that many of these environmental factors are interrelated, in addition to being associated with mental health ([Prilleltensky, 2020](#)). This also include the importance of the sense of belonging. Student belonging is a psychological sense of community, influenced by environmental interaction quality with people (e.g., faculty, staff, administrators, and other students) who enact how things are done and ways students are treated ([Bjørndal et al., 2023](#)). Co-creation of welfare and wellbeing for all leads to people both feeling valued and adds value by developing conditions for wellness, fairness and worthiness ([Dietz](#)

et al., 2023). Co-creation insights can help understand the characteristics of study environments as 'enabling places' for the promotion of healthy student lives implies a collaborative approach (Prilleltensky et al., 2023).

Some concerns are indeed individual, and require that we can envision the individual student path. For example, to better understand *How do individual students that have experienced moderate or severe mental health problems relate to today's services? What different stressors, expectations, life situations and identity aspects play a role in the various study environments and at various times, and how does this manifest in the student journey?* While other question are on a community level or a systems level. *How can study environments be co-created where students and staff develop relational skills, experience mattering self-efficacy and develop personal and professional autonomy?'* What characterizes an 'enabling study environment' as seen from different students? How, and by whom, can study environments be developed to promote healthy student journeys? Some questions related to mental health lie in future thinking such as, *How can we grow a healthy culture for addressing university mental health. How can design and relational approaches design a new vocabulary for mental health?*

In other words, the situation of negative health trend in the youth population represents such a situation ideal to test out the Relational Design (Service design + Relational welfare) approach. The negative mental health and wellbeing trend is one in which complex societal factors and individual needs blend. Focus on meeting individual needs through individually tailored 'service journeys' and only looking at public service provision to diagnose and prescribe in the service sector, would only solve a small fraction of the problem. We therefore wish to not only look at the service perspective, but also use some of the mindsets of design to build a deeper understanding within study environments about how students experience their lives at the university. Codesign practices that span across the discourse of design and relational welfare can ensure anchoring in the municipality and within the selected university departments. Design researchers can visualize the complex setup of municipal, academic and informal services involved in the students' mental wellbeing.

Relational welfare, focusing on public value rather than individual paths (private value), offer a larger perspective and framing than what is typically known from the Stickdorn service design 'package'. This traditional dichotomy of public versus private is somewhat exaggerated, or at least overlapping, however it can help us understand a difference in value creation and how public value in particular can nudge public services in dealing with wicked problems and, according to Crosby et al. "nurture a public imagery". Public value understood as what is valued by the public or is good for the public if used as a way of governance can manage to brake bureaucratic barriers and jurisdictional boundaries and ultimately lead to public innovation (Duff, 2012).

Relational welfare offers a new framing for the value oriented 'abductive reasoning' equation commonly presented in design research. We can also understand our integration of service design and relational welfare in the context of 'design as abductive reasoning' (see figure below) (18). In this perspective, Service Design can offer mindsets, methods and tools to describe 'what' is involved in making student lives; while Relational Welfare can provide the 'Framing' of how the combined functionality of the services, environments and stressors lead to the aspired results. Relational welfare also can contribute with the question of why, and so what - as it puts the focus on rediscovering relationships, social justice and universal wellbeing as public values (Heimburg et al., 2022). These aspired results can vary, depending on if they are seen from the student perspective, the university perspective, the health service perspective etc.

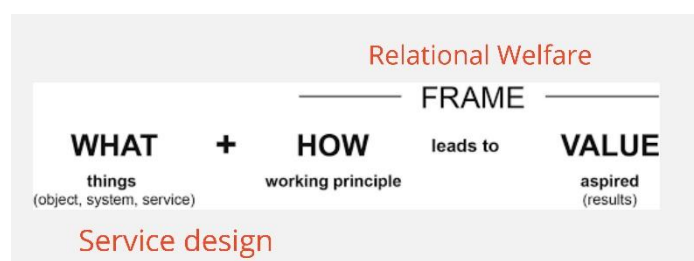


Figure 1. Service design and Relational Welfare integrated into the equation of "Design as abductive reasoning"

3. Resulting co-design framework: Four lenses combining service design and relational welfare

We have analysed the existing methods and design approaches of Service Design and combine these with what the vision and frame of Relational Welfare can offer in the context of student mental health and wellbeing. The primary objective of this proposed research project is to deliver proposals of how study environments, university and municipal services in collaboration can contribute to students' mental wellbeing, with concrete, evidence-based and replicable concepts tested in three study programs and two student cities. This will include the co-design of narratives, visual prototypes in terms of service blueprints, and the development of characteristics that are key to transition the study environment into enabling places for mental wellbeing (Prilleltensky et al., 2023); including insight into which competence gaps are relevant for the study programs to give students meaning, identity and mattering. Based on this, we have found it purposeful to present how we will tackle and propose new directions for student mental health and wellbeing as the work of 4 perspectives:

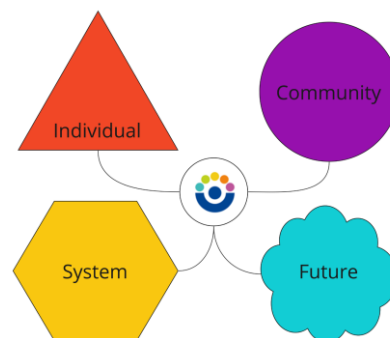


Figure 2. A relational design set-up: The four lenses for combining Service Design and Relational Welfare

3.1. The individual lense: Developing tangible student journeys

We know that the students are more lonely, more anxious and more depressed than ever. Accumulated research evidence indicates on what is wrong, and how society is failing in providing young people with relational skills and robustness. However, we need to reframe this understanding in a way that can make the findings actionable, and how these quantitative data can be made concrete and provide areas of intervention. Trough service design, we can approach this by developing tangible examples of service systems and student access to the community level, low threshold and preventative services and professional mental health care. We can develop user journeys, and by this illustrate research questions such as: *How do individual students that have experienced moderate or severe mental health problems relate to today's services in Trondheim and Gjøvik? What different stressors, expectations, life situations and identity aspects play a role in the various study environments and at various times, and how does this manifest in the student journey?*

We have access co-designing with three study programs, which provide the possibility to involve students with different lifestyles: full time students, part time students with family, international students, and students with direct practice in work life as a part of their studies. Through service design we can group students' experiences into 'student journeys' which can make stressors and vulnerabilities tangible so that the research team can propose improvements together with the stakeholders. 'Student journeys' will be developed to communicate visually the individual students' journeys and value of interaction with study environment, low threshold health services, specialist health services, and factors such as experiences with competence, attitudes and culture. Improved user journeys will show how staff and students can better support mental health and how low-threshold services can be created and sustained across university and municipality.

3.2. The community lense: Relational welfare through a study environment

From relational welfare we can draw knowledge about how a sense of community can foster mattering and wellbeing. Making study environments enabling places for improved student mental health and wellbeing is a task that need a combined approach of disciplinary knowledge about what creates a healthy community and what matters in the context of student cities. From the department of Education and lifelong learning, a doctorate student will try to answer: *How can study environments be co-created where students and staff develop relational skills, experience mattering self-efficacy and develop personal and professional autonomy?* What characterizes an 'enabling study environment' as seen from different students? How, and by whom, can study environments be developed to promote healthy student journeys?

The PhD student at the Department of Mental health will focus on the mental health aspect, figuring out what resources and barriers for students' mental health and wellbeing exist within the different study environments; How can student mental health services best empower educational institutions to turn around the negative mental health wave in their student population? Through participatory observation, interviews, and focus groups, the project will investigate the diverse characteristics of learning environments. A design researcher, a mental health researcher and a pedagogy researcher will together co-create, with the supervisors, new thinking, cross-institutional learning, identify stories and present models of what can be done on the basis of the study environments, with design education, social educator education and counselling science and upbringing and education as living laboratories. Interventions will be tested in collaboration with selected course-responsible what? and student-assistants. PhD2 will also conduct a literature review and desk study of how relational welfare and mattering principles can be included in practice in educational settings, while PhD3 will contribute to the research of mental health t by developing approaches for how conducive learning environments for mental wellbeing can be created through collaboration.

3.3. The system lense: Looking for synergies and areas of interventions

By taking a systems-oriented approach, a design researcher will be able to propose strategic design interventions with a birds eye perspective; interventions that can lead to larger positive impacts on student mental wellbeing within the existing service context. In this lense, it becomes important to see the services available for students holistically and this requires involvement of all stakeholders. Gigamapping is one such framework that can allow for the involvement and discussion with stakeholders, including service staff, students and university staff. In Gigamaps, one can then use a 'ZIP approach' where you Zoom in, identify a Problem and suggest how to Intervene in the system (Sevaldson, 2012). The design PhD is expected to not only conduct individual research, but also to facilitate the co-design process bringing in the findings from the individual and community lense, and work through the three disciplinary perspectives to understand, *How can existing formal and informal health services and service systems in Trondheim and Gjøvik be designed and implemented in a more useful, sustainable and holistic way?* In the Systems lense, we will close gaps between practice, research, and policymaking, through ethnographic stays within the mental health services, and action research approaches within the existing service systems, while providing overview of existing policies and practices that bridge and separate municipal and university services.

3.4. The future lense

Exploratory design work will take place, in which the ambition is to develop a future scenario for how the student cities can address and talk about mental health and provide a framework of transition through policy and practice. *How can we grow a healthy culture for addressing university mental health. How can design and relational approaches design a new vocabulary for mental health?* Work package four will focus on exploratory and experimental approaches including relational mapping (Aguirre-Ulloa and Pausen, 2017), with strong elements of co-creation with students, employees, volunteers, user organizations, municipal service providers, SiT, Velferdstinget and interdisciplinary experts. In recent years, service design has been increasingly focused on developing innovative ways of talking about mental health, and this can be used to achieve new understandings and new visions of the future. Based

on forecasting and backcasting (Ilstedt and Wangel, 2017), new proposals for roadmaps for better mental health will then be developed among students at NTNU. This will include policy and implementation proposals.

4. Discussion: Achieving impact through relational design

The presented four lenses show how we in StudyWell have created a plan in which we have a true ambition to draw a discourse from a separate discipline into a design research process with the purpose of achieving a societal goal. We believe that following the process will have relevance for the design research society. Our discussion is hence related to which extent we succeed on delivering output of concrete relevance, and if we achieve to run a transdisciplinary process in which all actors manage to play a part in the final output. In the moment of writing, we are four months into the StudyWell project, and each PhD have written their individual research plans in which they interpret their role. So far, we have encountered x areas in which we see that we need to put extra emphasis to facilitate a truly transdisciplinary research project:

4.1. Facilitation that creates a shared mindset and goal

Co-design depend upon a strong focus on facilitation. The emerging practice of co-design facilitation is described partly as the management of events in which the application of tools spanning a human-centered dimension, and experimental dimension and a creative dimension (Lockton et al., 2019). However, co-design requires a steady leadership of activities and involvement and communication with involved stakeholders, and in StudyWell we have three full time researchers driving the insight generation separately. The work will be done by three PhD researchers from different disciplines, meaning that they also have supervisors with their feet solidly planted in their disciplines and theoretical and methodological discourse. So far, we have identified the need for all researchers to understand the mindset of 'the other' discipline and in particular design. The design aspect implies that we will work to develop something new as a team, so each part needs to see how they can balance their individual research (PhD) path with the goal of designing new futures. We see already that this aspect is challenging, as most disciplines see a PhD as data gathering, data analysis and conclusions. In order for the results of StudyWell to be truly transdisciplinary, we will need to spend a significant amount of time discussing and developing clear understandings of what the co-design work entails, and how the insights of each PhD can work together. We include service design crash courses and relational welfare crash courses in the plan in order to achieve a shared understanding of how we can use these as combined instead of separate frames. We see the possibility that we might end up with two different frames instead of one, where the PhDs work contribute either to design or to relational welfare - or even, to the discipline belonging to their department.

4.2. Balancing and prioritizing the four lenses across three research plans: some things left behind?

With four lenses and three PhDs to complete them, we see that it can become challenging to ensure that the fourth lens is prioritized. In the future lens, an open and relational approach is important, as the involvement of stakeholders will be key to achieve impact, while the future lens can also feel fuzzy to the three researchers. Working truly exploratory in search for new vocabularies and even policy changes, is a high ambition and hard to pin down to a tidy step by step research timeline. The research discussions in this landscape often entail more questions than conclusions. For example in Lockton et al (2019): *How can methods inspired by (often participatory) design and facilitation processes from user experience and service design—or the attention to metaphor and novel translations of abstract concepts emerging in data physicalization, synaesthesia research, and even art therapy—as a form of research through design, a way to communicate otherwise intangible or inaccessible private worlds? How important are material choices, aesthetics, ease of construction, and the life of 'artifacts' once they have been constructed? What is the value of individual (even private) tangible tools, compared with shared activities? Is the process as important as the 'outcome', as part of a constructionist learning approach? There is no 'right' way to externalise thoughts.* One way to overcome this challenge, is that we see the

four lenses as four drawers in a dresser. When a method is evolving from one of the lenses (drawers) that show potential for exploring the future, we open that drawer and let it fall in. During the research project timeline, we will find opportunities and time to open that drawer and test the contains in workshops with the students, researchers and stakeholders. Another way is to try to expand this fourth lense, by inviting in other disciplines for an extended research project, for example including arts-based research and also policy innovation. The fourth lens may also be part of a broader shift in mindset that is not static but evolves continuously through collaboration between students, the university, and the support system, where different phases involve various cross-disciplinary collaborative partners.

4.3. Involvement for impact and communication with co-designing stakeholders

The longer-term ambitions of StudyWell are to influence policy and practice in the student cities, in the service systems and the study environments. Achieving this requires systematic work to ensure the alignment of activities with the efforts of the involved stakeholders. Stakeholders in Trondheim often have experience with participation in research activities. Yet, the ambition to influence and change, together, policies and practice, requires something more than simply participating in data gathering, interviews, meetings etc. While each PhD is 'learning to research', the team also need to build the trust and involvement together with their supervisors and extended research community in order to achieve a larger impact co-design process and platform. We see that this is resource demanding, meaning that we need to grow a larger research plan alongside the work with the four lenses.

Service design and co creation depend upon early anchoring and communication with stakeholders.

Coming from different academic disciplines, the PhD students agreed to meet every other week as an entry point to understanding co-creation. The initial period was used for dialogues to get to know each other, contributing to forming a foundational understanding of how they can incorporate methods and theoretical perspectives from service design and relational welfare into their projects. As this common ground began to develop, they actively used the meetings to plan workshops, share experiences and knowledge from their respective academic backgrounds, as well as build upon each other's ideas regarding the connection between StudyWell and their own PhD projects. Co-creation is a key element in this project, and the PhD students initiated early contact with key partners in the student cities of Trondheim, Ålesund, and Gjøvik. In addition to their own internal meetings, where they jointly develop their projects, they have also had meetings with the Student Welfare Organization in Trondheim (SiT), mental health services, and held a mini-seminar with Roskilde University. These meetings have contributed to the shaping of their project outlines and have provided valuable insights into the knowledge and diversity present in local and Nordic research on student health and wellbeing within higher education. The PhD students have actively sought to engage with organizations that support student mental health to ensure their projects are well-grounded and to build an understanding of the mental health challenges faced by the student population. Grounding these initiatives in the principles of relational welfare has laid a foundational commonality for the various projects, driving a unified approach that recognizes and builds upon the significance of interpersonal relationships in fostering collective and individual wellbeing., the PhD students agreed to meet every other week as an entry point to understanding co-creation. The initial period was used for dialogues to get to know each other, contributing to forming a foundational understanding of how they can incorporate methods and theoretical perspectives from service design and relational welfare into their projects. As this common ground began to develop, they actively used the meetings to plan workshops, share experiences and knowledge from their respective academic backgrounds, as well as build upon each other's ideas regarding the connection between StudyWell and their own PhD projects. Co-creation is a key element in this project, and the PhD students initiated early contact with key partners in the student cities of Trondheim, Ålesund, and Gjøvik. In addition to their own internal meetings, where they jointly develop their projects, they have also had meetings with the Student Welfare Organization in Trondheim (SiT), mental health services, and held a mini-seminar with Roskilde University. These meetings have contributed to the shaping of their project outlines and have provided valuable insights into the knowledge and diversity present in local and Nordic research on student health and wellbeing within higher education. Furthermore, master thesis projects have been developed in which students have worked with fellow students and teaching staff, resulting in proposals for systems level and community

change. These master students have contributed to anchoring the research project within the learning environments. Grounding these initiatives in the principles of relational welfare has laid a foundational commonality for the various projects, driving a unified approach that recognizes and builds upon the significance of interpersonal relationships in fostering collective and individual wellbeing.

4.4. How to avoid pathologizing our students?

We can already see that there is an overwhelming narrative in society and in the existing quantitative data sets gaining media attention, contributing to a medical focus on health and wellbeing rather than a social constructivist one. We already observe that there is a significant pitfall that our research could contribute to a public narrative in which mental issues are emphasized. The need of design to "understand the real problem" can also lead to the research team missing blind spots and over focusing on human lives and challenges as pathology rather than social, relational or economic challenges. This can contribute to a situation where we can end up with contributing to this trend of pathologizing our student population rather than reframing. By working with relational welfare, we can counteract the trend of a pathologizing narrative about mental health in society. Relational welfare focuses on the quality of relationships between individuals and how these relationships can build and maintain individual and collective wellbeing. Through a relational welfare perspective, we will promote a more comprehensive understanding of student wellbeing, which can contribute to shaping a more inclusive and less stigmatizing narrative about mental health, where students themselves are active participants in creating positive changes in their study environments and in their own wellbeing. One way to avoid this could be to bring in other perspectives and narratives systematically and to ensure that the fourth lenses has significant student contributions working in 'real life' with study environments and relational approaches. Furthermore, by collaborating with professional groups such as student chaplains, student humanists, and art researchers, we can enrich our work with a variety of perspectives that value human experiences and environments without reducing them to pathologies.

5. Final remarks

StudyWell will produce transformative outcomes, with a high ambition to show how the situation of mental health and wellbeing in our student population can be improved and reframed by combining design and relational welfare. In this article we have presented how we have structured this transdisciplinary project as four lenses; and finally, how we observe the facilitation challenges until now. The challenges are related to creating a purposeful synergy through the academic infrastructure and the stakeholder involvement available. Furthermore, we hope to observe and discuss alongside the research project, to showcase the emerging theories, probes and prototypes across the four lenses. This will exemplify how design and relational welfare complements each other and inspire others to apply similar value-oriented frames for future welfare-oriented research projects aiming at better health and wellbeing.

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