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“Co-production is Caring”: Young People’s Reflections on Responsible and Dialogic Co-production in Youth Mental Health

Background

While co-production is increasingly emphasised in youth mental health research, few studies have explored how young people themselves conceptualise and evaluate *responsible and dialogic* co-production. Understanding young people’s perspectives is essential to ensure that participation is meaningful and protective, rather than tokenistic or exploitative. This paper offers a retrospective reflection on a three-year UK youth mental health programme that embedded youth involvement and co-production from the outset, at multiple levels (research participation, advisory, and leadership).

Objective

This study examines how young people involved in a UK youth mental health research articulate, from their own perspective, what counts as ‘meaningful co-production’, centring its responsible, relational, and dialogic dimensions.

Design

A Qualitative Secondary Analysis was undertaken, applying Reflexive Thematic Analysis to explore patterns and meanings in participant accounts.

Setting and Participants

Data comprised responses from five young people (three females, two males; $M = 21$ years, $SD = 2.74$) via an online open-ended survey, and a focus group with eight young people (seven females, one male; $M = 25.63$ years, $SD = 3.03$). All participants had lived experience and were under 24 years old when they began their involvement in the youth mental health research programme on which this study is based.

Results

Two central themes emerged: (1) “We just want to be cared about”: Coproduction is caring, and (2) “Please, show up as a person, not as a ‘researcher’”: Coproduction as a dialogic process. Young people emphasised that meaningful co-production, in youth mental health, is relational and affective (i.e., rooted in emotional care, mutual respect, flexibility, and dialogue) and that the living experience of mental health is continuous and demands sensitivity.

Discussion

These insights challenge procedural or ritualistic approaches to participation. Instead, they foreground care, reflexivity, power-sharing, and researcher presence as ethical prerequisites of co-production. The findings align with Responsible Research and Innovation (RRI) principles, highlighting the need to embed structural supports for emotional safety and relational engagement from the outset.

Conclusions

Meaningful co-production in youth mental health research requires embedding relational ethics into design and practice, ensuring young people are engaged as whole persons and partners. This model moves beyond procedural inclusion toward genuinely participatory research.

Patient or Public Contribution

Young people with lived experience co-designed the study materials, co-facilitated the focus group, contributed to the interpretation, and co-authored the manuscript – ensuring that their perspectives are central to the study.

Keywords: Co-production; Dialogic; Youth Mental Health; Responsible Research and Innovation

Patient or Public Contribution: young people with lived experience of mental health were central to this study. Members of the programme’s Young People’s Advisory Group (YPAG) contributed to the design of the survey and focus group materials, ensuring they were youth-friendly and relevant. Two YPAG members co-facilitated the focus group alongside the first author, actively shaping the data collection process. Their insights and perspectives also informed the interpretation of the data, particularly in refining how themes captured relational and dialogic aspects of co-production. Additionally, these two YPAG members are co-authors of the manuscript, contributing to the conceptual framing, reflexivity, and clarity of the results, ensuring that the work authentically reflects youth perspectives

Practitioner Points:

- Co-production in youth mental health seems to be more effective when approached as a practice of care: researchers and practitioners must prioritise empathy, flexibility, and safeguarding to ensure young people feel valued and safe;
- Young people emphasise that lived experience is ongoing, not static; meaningful involvement requires recognising vulnerability, offering emotional support, and engaging with them as whole persons rather than ‘sources of data’;
- Co-production is responsible and dialogic when researchers “*show up as people*” – i.e., building authentic relationships, embracing dialogue (including disagreement), and sharing power in ways that move beyond tokenistic participation. Hence, integrating care, flexibility, safeguarding, and sustained relational work can support meaningful youth involvement in the complex context of youth mental health research.

Introduction

Over the past decade, co-production has gained prominence in health and social care research, especially within the youth mental health field (Brotherdale et al., 2024; Ching et al., 2024; Friesen et al., 2021; McCabe et al., 2023; Pavarini et al., 2025; Power et al., 2025; Webb et al., 2024). Co-production can be understood as a collaborative process in which professionals, service users, and communities work together to shape knowledge and practice by balancing power and sharing decision-making throughout the process (Babbage et al., 2024; Fernandes et al., 2023; Gremyr et al., 2021; O’Mara-Eves et al., 2022; Siston et al., 2023; Smith et al., 2023; Staniszewska et al., 2022).

In health research, co-production is recognised for enhancing relevance, legitimacy, and impact by valuing lived experience, sharing power, and building meaningful working relationships (Babbage et al., 2024; Egid et al., 2021; Green & Johns, 2019; Pavarini et al., 2025; Staniszewska et al., 2022; Warritch et al., 2024). Within the youth mental health field, the literature commonly associates co-production with terms such as ‘co-design’, ‘co-research’, and ‘consultation’ (Mendes, Lucassen, et al., 2024) – in a rapid review, O’Mara-Eves et al. (2022) likewise noted that ‘co-design’ and ‘co-research’ are frequently invoked in publications addressing co-production processes. However, amid this “participatory zeitgeist” (Palmer et al., 2019, p. 247), the proliferation of “co-” labels can obscure critical distinctions (e.g., who is involved, how, and to what end), risking conceptual conflation, or “cobiquity” (Williams et al., 2020, p. 02), and sidelining considerations of power dynamics and epistemic justice (Brady et al., 2023; O’Mara-Eves et al., 2022; Pavarini et al., 2019; Warritch et al., 2024; Williams et al., 2020).

Against this backdrop of expanding practice, but persistent conceptual and power-related ambiguities, young people are increasingly expected to contribute across all stages of mental health research, from conception and design to eventual dissemination (Allen et al.,

2020; Brady, 2020; Friesen et al., 2021; Gaillard et al., 2018; McCabe et al., 2023; Mendes, Lucassen, Adams, et al., 2025; Mendes, Murta, et al., 2024; Pavarini et al., 2019, 2023, 2025; Siston et al., 2023; Tscherning et al., 2021; Warraitch et al., 2024; Webb et al., 2024).

However, meaningful youth engagement can be challenged by barriers such as fragile trust and the absence of welcoming, dialogic spaces (O'Mara-Eves et al., 2022; Warraitch et al., 2024). Conversely, facilitators include safe, informal spaces, accessible language, and an element of enjoyment to foster inclusion and reduce power imbalances (Egid et al., 2021; Liabo et al., 2020; Mendes, Murta, et al., 2024; Pavarini et al., 2023; Siston et al., 2023).

In addition, researchers should consider ethical issues by weighing the benefits against the potential distress associated with projects, particularly when lived experience is involved, and attend to how approaches can drift along a continuum from 'consumerist' (instrumental, top-down) to 'democratic' (rights-based, inclusion- and autonomy-oriented) during collaboration (Beresford, 2002; Friesen et al., 2021; Pavarini et al., 2019; Webb et al., 2024). These caring-related issues intersect with other important safeguards in youth mental health research projects: young people's well-being can fluctuate over time, necessitating flexible modes and tempos of involvement (Babbage et al., 2024; Mendes, Lucassen, Doherty, et al., 2025; Webb et al., 2024). Without careful attention to these issues, the rhetoric of co-production can mask persistent inequalities (Williams et al., 2020) and expose young people to risk, potentially causing unintended harms (Babbage et al., 2024; Mendes, Lucassen, Adams, et al., 2025; Mendes, Lucassen, Doherty, et al., 2025) – an illustrative example of this is the Aotearoa New Zealand experience where Indigenous Māori researchers have reinforced the importance of the 'caring dimension' in research with *rangatahi* (youth) which is enacted through the notion of '*Manaakitanga*' (i.e., nurturing, caring, generosity and recognising others' dignity in interpersonal interactions (Davis, 2019; Hamley et al., 2022).

While meaningful involvement benefits researchers and participants (Watson et al., 2023), exploitative and tokenistic practices may persist (Dovey-Pearce et al., 2019; Forsyth et al., 2019; Mitchell et al., 2021; Voronka, 2016). These arise when young people's contributions are undervalued, dialogue is constrained, and inclusive spaces are lacking (O'Mara-Eves et al., 2022; Warritch et al., 2024; Watson et al., 2023). Without supportive relationships and clear expectations, the collaboration with young people can risk reinforcing hierarchies (Hawke et al., 2018; McCabe et al., 2023; Watson et al., 2023). Hence, co-production in youth mental health should be acknowledged as a dialogic, relational process grounded in communication, mutual learning, and shared understanding (Mendes, Lucassen, Doherty, et al., 2025; Papageorgiou et al., 2023; Siston et al., 2023; Watson et al., 2023; Woolfson et al., 2008). This approach foregrounds relationship-building, requiring planning, flexibility, reflexivity and power-sharing built on trust, role clarity and reflective space (NIHR, 2021; Partridge et al., 2023; Prebeg et al., 2023; Siston et al., 2023) – yet these ethical and interpersonal dimensions are often overlooked.

In this scenario, two gaps persist when it regards participation in youth mental health. Firstly, reporting of young people's involvement remains inconsistent, limiting cumulative learning about benefits, impacts, and practical challenges (Brady, 2020; Brady et al., 2023; Mendes, Lucassen, Adams, et al., 2025). Secondly, comparatively few accounts centre young people's own reflections on what makes co-production meaningful and non-tokenistic for them; most literature privileges implementation case-notes or researchers' perspectives (Dovey-Pearce et al., 2019; Forsyth et al., 2019; Mitchell et al., 2021). Given the evidence that youth involvement can improve research processes and outcomes (McCabe et al., 2023; O'Mara-Eves et al., 2022; Warritch et al., 2024) and that authentic engagement hinges on relational empowerment, fluidity, and flexibility (Prebeg et al., 2023; Siston et al., 2023), there is a clear need to amplify youth-led conceptualisations (especially those framing

co-production as a responsible, relational process from young people’s perspective) and to strengthen evaluation of participatory practices accordingly.

In the light of these issues, the reflections presented in this paper are drawn from a three-year research programme that embedded youth involvement at multiple levels (O’Mara-Eves et al., 2022; SCIE, 2022): *transformative* (young people sharing decision-making and reciprocal expertise that reorients research purposes – e.g., we had a Young People’s Advisory Group (YPAG) and Youth Co-Chairs¹ shaping programme priorities and decisions from the outset); *intermediate* (young people involved in active participation and mutual recognition with limited decision-sharing – e.g., young people helped us to co-develop and champion research materials); and *descriptive* (young people informing/engaging without sharing decisions – e.g., we had consultation/feedback from young people at specific stages). We understand this layered design responds to calls to open institutional decision-making and include plural voices in shaping research agendas and practices (Howarth et al., 2022; Langley et al., 2022; O’Mara-Eves et al., 2022; Warritch et al., 2024).

In the aforementioned programme, we understood co-production as contiguous with, yet distinct from, Patient and Public Involvement (PPI), and we positioned Responsible Research and Innovation (RRI) as a complementary governance frame to ensure both meaningful and protective involvement. In this configuration, PPI integrated young people patient/public voices in research; co-production advanced this by redistributing decision-making and cultivating relational practices in day-to-day work with young people; and RRI extended both by foregrounding anticipation (e.g., scrutinising potential harms/benefits and

¹ Within the [omitted to ensure anonymity], ‘Co-chair’ was a formal role for young people who share leadership with adult researchers. They help set agendas, facilitate meetings, represent youth perspectives, and ensure that discussions and decisions reflect intergenerational equity. By doing so, Co-chairs move beyond tokenism, redistribute power, and position young people as genuine partners and leaders in youth mental health and digital innovation.

unintended effects), inclusion (e.g. broad, meaningful stakeholder participation), reflexivity (e.g., on purposes, values, positionalities), and responsiveness (e.g., adapting trajectories in light of stakeholder concerns) (Babbage et al., 2024; Inglesant et al., 2016; Jirotko et al., 2017; Mendes, Lucassen, Adams, et al., 2025; Mendes, Lucassen, Doherty, et al., 2025). In the end, both PPI and RRI served to amplify young people's voices and promote ethically sound, democratic research (Ito-Jaeger et al., 2022; Kofler et al., 2021; Mendes, Lucassen, Adams, et al., 2025; Sales et al., 2021), which is pivotal to upholding the core values of co-production, particularly within the youth mental health field (Friesen et al., 2021; O'Mara-Eves et al., 2022; Pavarini et al., 2019; SCIE, 2022; Warraitch et al., 2024).

In this context, this study examines how young people involved in a UK youth mental health research programme reflect retrospectively on responsible and dialogic co-production, using qualitative secondary analysis of survey and focus group data. The research questions were: (1) how do young people retrospectively describe the values and practices that constitute meaningful co-production in youth mental health?; and (2) which relational, caring and dialogic factors support or hinder non-tokenistic engagement in youth mental health?

Materials & Methods

This study adopted a Qualitative Secondary Analysis (QSA) approach, which offers a robust framework for reinterpreting existing data to address new questions or deepen insight (Bishop & Kuula-Luumi, 2017; Long-Sutehall et al., 2011; Ruggiano & Perry, 2019). We selected QSA to enable a critical, reflexive exploration of young people's experiences of co-production based on their real-world involvement in a youth mental health research programme. Specifically, we conducted a retrospective, reflexive analysis of young people's accounts of involvement and co-production, focusing on how participation was enacted and experienced. Rather than a summative evaluation of the programme's effectiveness, this

study offers a retrospective appraisal of involvement and co-production from the perspectives of the young people involved.

The two qualitative datasets used for this QSA served complementary purposes. The first comprised an anonymous online survey with detailed open-ended items, exploring how RRI principles were understood and enacted across the programme and it gathered perspectives from both researchers and young people across work packages. The second comprised a focus group with YPAG members, convened to reflect on the survey results and on a young-people-friendly version of those results championed by YPAG members – the second and third authors of this article. The breadth of the survey responses, coupled with the depth and dialogic nuance of the focus group, provided rich, complementary material (offering both cross-programme coverage and situated, collective reflection), which together justified and strengthened the rationale for conducting this QSA – see Supplementary Material 1 for the survey and focus group questions.

Participants

Five young people (three females, two males; $M = 21$ years, $SD = 2.74$) involved at *intermediate* (e.g., co-developing and championing study materials) and *descriptive* levels (e.g., providing consultation/feedback at specific stages) within the programme completed the survey. Eight YPAG members took part in the focus group (seven females, one male; $M = 25.63$ years, $SD = 3.03$); all were involved in a *transformative* level (shaping programme priorities and decisions from the outset). As this is a retrospective study, all YPAG members were 24 years old or younger when they began their involvement as ‘young people’ (as defined by the World Health Organisation, 2024) in the programme.

All young people had prior involvement in mental health projects and identified as having lived experience. Because YPAG members also participated at intermediate and descriptive levels within the programme, some survey respondents likely also took part in the

focus group. This overlap is a methodological strength, allowing consolidation and elaboration of perspectives across complementary sources (Ng et al., 2024; Savitz-Romer et al., 2021).

We acknowledge that treating youth co-researchers, including YPAG members, as ‘participants’ is contested, given their constitutive roles in design, deliberation and decision-making (O’Mara-Eves et al., 2022). However, as also noted in the literature, organisations and journals often lack clear mechanisms to recognise youth co-research contributions (particularly when underage individuals are involved), so ethical review and formal participant procedures are frequently required to protect young people and enable transparent reporting (O’Mara-Eves et al., 2022; Warritch et al., 2024). Accordingly, for this retrospective study, we sought ethics approval and applied participant safeguards (consent, confidentiality and optional non-disclosure of identifiers) to YPAG contributors whose reflections are reported here, while continuing to recognise their substantive co-research roles elsewhere in the programme.

Materials, Procedures and Data Collection

Data were collected via an online open-ended survey and a semi-structured focus group. The survey, examining young people’s co-production experiences and views on RRI, was distributed digitally to programme participants and completed asynchronously (see [omitted to ensure anonymity]). A youth-friendly video summarising the [omitted to ensure anonymity] study’s findings ([https://\[omitted to ensure anonymity\]](https://[omitted to ensure anonymity])) was then produced by two YPAG members, AM and SD (the second and third authors). As young people, AM and SD had full autonomy over the script, creation of the clip and voice-over; researcher support was available but not required. The first author’s sole role was to review the final cut to ensure alignment with the survey results; no changes were made.

An online focus group with the other YPAG members followed, which was designed to critique and reflect on the survey findings as well as the video. AM and SD were free to decide how to conduct the session and they led an open, dialogic discussion; the first author provided light logistical support only and asked a couple of questions at the end. After reviewing the session notes and recording, the first author approached AM and SD to propose the scope of this current article, seek their views on its relevance and invite their participation as co-authors. The 75-minute session generated rich material well-suited for Reflexive Thematic Analysis (RTA).

Data Analysis

Focus group data can be analysed individually, as a group, or by examining participant interactions (Duggleby, 2005; Onwuegbuzie et al., 2009). Given our focus on personal experiences of co-production, we chose the individualised approach. While this does not capture group dynamics, it allowed us to explore the diversity of perspectives on youth mental health. Hence, in this study, each participant, whether from the survey or the focus group, was treated as the ‘unit of analysis’.

Our analysis followed Braun et al. (2019) and Braun & Clarke (2022)’s guidelines, whose Reflexive Thematic Analysis (RTA) provides a flexible yet robust method for interpreting meaning patterns. RTA highlights the researcher’s active role, shaped by their positionality and engagement with the data. The first author conducted the analysis and engaged in reflexivity² regarding his own background, motivations, and experience in youth mental health and participation (Braun & Clarke, 2022, 2023; Tracy, 2010). All authors

² Reflexivity is an ongoing process of researcher self-reflection that surfaces awareness of actions, feelings and perceptions throughout the analysis (Anderson, 2008; Hughes, 2014). It seeks to recognise how the phenomenon under study affects the researcher, what this reveals about them and how it intersects with their history, assumptions and values. Its purpose is to examine how the researcher’s subjectivity may shape the analysis by identifying potential perspectives that enter the investigation and interpretation of the phenomenon. Rather than assuming sterile neutrality or a strict orthogonality between observer and object, reflexivity acknowledges non-neutrality and traces its implications for investigating and understanding the object of enquiry.

contributed to the analyses (e.g., reviewing and defining themes). Although the project was conducted in the UK, the team drew on international perspectives when interpreting the findings (e.g., the first author's child-rights and youth co-production experience in Brazil, and ML's work with community-based organisations for youth in Aotearoa New Zealand). A summary is available in Supplementary Material 2. AM and SD were involved in the interpretation and discussion of the RTA's results.

RTA is a flexible, non-prescriptive method shaped by the dataset and analytic goals (Braun & Clarke, 2021b, 2021a, 2022, 2023), with no fixed rule on the number of themes; instead, analytic depth, coherence, and relevance are prioritised (Braun et al., 2019; Braun & Clarke, 2012, 2022). Our RTA followed five phases (Mendes, Murta, et al., 2024; Mendes & Ormerod, 2023): (1) *familiarisation*, in which the first author engaged with the survey responses and full focus group transcript, making preliminary notes and identifying patterns; (2) *open coding*, a line-by-line analysis developing inductive semantic and latent codes across the dataset – 18 initial codes generated, see Supplementary Material 3; (3) *generating initial themes*, clustering codes into broader candidate themes and features (i.e., subthemes) through recursive and interpretive engagement with the data – 2 Candidate themes and 6 features, Supplementary Material 4; (4) *reviewing and defining themes*, refining, naming and relating them to the research questions; and (5) *anchoring themes*, mapping connections between themes and participant contributions.

Results

Young people are identified as 'YP-FG' (Focus Group) or 'YP' (Survey), with numerical identifiers (e.g., YP1-FG, YP9-S). Table 1 outlines the themes and features (i.e., subthemes), each anchored in young people's accounts. This anchoring enhances transparency and trustworthiness by tracing interpretations to the data and showing the relational depth of contributions (Mendes, Murta, et al., 2024; Mendes & Ormerod, 2023).

[insert Table 1 here]

This RTA captured young people’s nuanced, context-specific perspectives on coproduction, highlighting the interdependence between its ‘caring’ and ‘dialogic’ dimensions. The two overarching themes reflect the focus on exploring young people’s lived experiences in depth.

Theme 1: “*We just want to be cared about*”: Co-production is caring

This theme highlights young people’s view of co-production as relational and affective, rooted in care, respect, and sensitivity. They rejected transactional involvement, instead stressing the need for emotionally responsive engagement that acknowledges lived experiences and vulnerabilities. For them, care, in this context, is not peripheral but central – embodied in empathy, attentiveness, flexibility, and genuine concern for young people’s well-being.

Feature “*This is not just data; this is real people’s lives*”: being sensible about ‘lived experience’ (1.1) reports that young people repeatedly emphasised the importance of treating their participation not as data extraction, but as a human interaction grounded in recognition of their lived experiences. “*This [mental health] is not just, obviously, data, this is like real people’s lives*”, noted YP1-FG, highlighting how reductive approaches risk dehumanising those involved. The same participant added: “*we’re all sensitive human beings, you know, we just want to be cared about*” – underscoring that respectful engagement must extend beyond methodological rigour to encompass emotional sensibility. Some acknowledged that caring was evident from the start: “*I had a meeting with the PPI coordinator and it was just asking like questions that no one else really would ask [e.g., how can we support your involvement in this project? – considering their ‘lived experience’ with mental health] (...) I went with no expectations. But yeah, I definitely felt like that cared, being cared for*” (YP4-FG).

This sensibility is especially vital given the nature of the topics addressed in youth mental health projects. As YP2-FG remarked, “*it [mental health] is a very real subject for everyone involved (...) I think it’s easy to forget that you’re dealing with humans*”. There was a shared concern about whether empathy could coexist with research objectives, expressed in the question: “*you’re also dealing with sensitive topics and it’s like, how do we take a more empathetic approach (...) but still achieving those objectives?*” (YP2-FG). YP4-FG noted that their previous research experiences had lacked such sensitivity, describing it as “*a nice change*” that other members of the studied programme team asked these kinds of questions. The emotional toll of participation was also acknowledged: “*I think especially with young people with mental health, it can be hard to find the time and if you have not only the time, but if you have mental health challenges that can get in the way, you know (...) there was some real significant reasons why I couldn’t [continue to] be involved [in the co-production]*” (YP5-FG).

Feature “*We still are going through those experiences*”: recognising ‘lived experience’ as a common and ongoing issue (1.2) showcases that lived experience is not static or bygone – it remains active and unfolding: “*we often talk about lived experience like it’s something in the past and we kind of forget that sometimes... well, most of the time, we are still living it (...), going through those experiences*” (YP2-FG). For this reason, they felt that co-production must account for this continuity and avoid assumptions of a supposed resolution or that some level of detachment is viable. As YP2-FG pointed out, “*like the term “lived experience” ... everyone has lived experience of mental health; like we all have mental health [challenges] and everyone will and has or will [be] finding things tough in one area of their life*”.

The tension between structured processes and emotional realities was also noted. “*Sometimes it’s very easy to forget [that] we are dealing with lived experience [people]*”, said

YP2-FG, referring to how procedural constraints may inadvertently overlook young people's ongoing struggles. YP1-FG echoed this, affirming that *"it's important (...) still taking care of those [lived experiences]... because they [young people] are still living it"*.

Feature *Making young people feel heard and important to the research*: co-production as a responsive, safe and inclusive space (1.3) makes a case that, for co-production in youth mental health to be meaningful, it must be inclusive, flexible, and compassionate, respecting individual needs. As YP10-S succinctly put it, the goal should be *"making the young people feel heard and important to the research"*. This was linked not only to emotional well-being but also to sustained engagement. YP5-FG started that they *"didn't have the luxury of that [mental health challenges] not being part of my life..."* so they perceived the co-production space as a place they *"could come back to"* when mental health challenges made consistent involvement difficult – offering *"confidence from being around other people"*.

Young people appreciated formats that allowed for various types of involvement, such as engaging in chatting, speaking after sessions, or receiving information in ways tailored to their preferences: *"leaving the right amount of space for everyone to have that chance [to speak out]"* (YP4-FG) and *"that kind of patience with everyone... researchers, lived experience [people], whoever it is... it needs to be incorporated [in youth mental health research]"* (YP1-FG). Communication was central to this sense of care. YP1-FG reflected on how a lack of feedback could diminish their motivation: *"I think when you're kind of not communicated back, [you] kind of just like: "OK, what's the point?" kind of thing. Whereas, obviously, if you know that as much as you care about the project people care about you too, you want to give more to it"*.

Acknowledgement within the co-production process was contrasted with past experiences. YP13-S remarked: *"I have felt really valued compared to my experience in the*

NHS or other services which are conducting PPI activities". Others remembered that "everyone [in the project] had like well-being plans... [and] conversations of like how you prefer to be communicated with" (YP2-FG). These acts of inclusion were not seen as minor accommodations but as central to co-production work where team members genuinely care for each other.

Theme 2: "Please, show up as a person, not as a 'researcher'": Co-production as a Dialogic Process

This theme reflects young people's view of co-production in youth mental health as a relational and reciprocal dialogue built on shared understanding. Young people valued interactions grounded in mutual respect, informality, and authentic engagement. For them, co-production is most effective when researchers "*show up as a person*" (i.e., when they have a 'humanistic presence'), bringing presence, humility, and a genuine commitment to collective meaning-making.

Feature "*I think we've learned a lot from each other*": room for exchange and learning (2.1) captures how young people valued the dialogic and interpersonal aspects of co-production. Informal exchanges (such as humour, small talk, or check-ins) played a vital role in building trust and dismantling hierarchical barriers: "[having] *the small talk, the chit chat and just like, show up as a person, not as a 'researcher' (...)* I think that for me has helped" (YP2-FG). This informality allowed young people to feel more comfortable and encouraged open sharing. YP3-FG reflected that "*having the human element makes so much difference, especially through in-person meetings or events as well as through small talk and jokes. It makes you see researchers as just like other people who want to work with you*". This interpersonal approach can enable freer thinking: "*it makes the conversation much more natural and so you're able to think about things more freely and effectively*" (YP3-FG).

Mutuality and shared investment were also underscored: “*there’s more to it [the co-production process] and I think we’ve learned a lot from each other*” (YP1-FG). Others emphasised the emotional dimension of this process: “*just that constant kind of like relationship building... it’s more than just “I need something from you and you need something from me”*” (YP1-FG). YP12-S added: “*my collaboration within this programme has been hugely beneficial for myself, and hopefully my contributions have had a positive impact*”. The space for respectful disagreement was equally valued: “*I think having that opportunity to disagree is something that you don’t often get [in health-related involvement]*” (YP3-FG).

Feature “*When does age not really matter and it is more about the ideas?*”: challenging the ‘Us vs. Them’ culture in co-production (2.2) focuses on how young people resisted the dichotomic distinctions often constructed between ‘young people’ and ‘researchers’. For them, these oppositions risked undermining the essence of co-production in youth mental health. As YP2-FG remarked: “*we’re young people and you’re a researcher(...) and actually, when does age not really matter and it is more about the ideas?*”. They noted that the boundary-making discourse (i.e., “*we [are youths and] have lived experience and you don’t*”) oversimplified relationships and missed the nuance of collaboration – when reviewing these results, one of the researchers and authors of this paper reflected: “*some of us have had lived experience as a young person with mental health challenges. It makes me wonder whether I should have shared more of that during huddles [for instance, so that these divisions could be eased]*”. In this context, young people advocated for relational bridges that helped dismantle artificial separations. The idea of YPAG Co-chairs was cited as one such bridge: “*I think the whole idea of having like the Co-chairs was to have that bridge and that gap between the ‘them and us’. (...) it’s just like being able to speak both languages*” (YP2-

FG); *“I think having a Co-chair role is really important... someone you can contact who’s our age but also has those links has felt really valuable”* (YP5-FG).

YP1-FG highlighted how conversations that transcended the dichotomic roles were *“really enlightening and really, really good for us young people (...) but also researchers (...) to hear it from different perspectives”*. At the same time, the practical need for some of these categories was acknowledged: *“those distinctions are also what enable researchers to try and incorporate young people more. So if you didn’t have that distinction, then how would you start [the work]?”* (YP7-FG).

Feature *“Breaking down some of those barriers”*: *aiding the dialogic process* (2.3) brings attention to the intentional structures and formats that foster openness and accessibility. Young people spoke positively of mechanisms like regular huddles (i.e., periodical whole programme meetings with most of the team members present) and targeted away days as spaces that built rapport and helped them connect with researchers on a personal level: *“The huddles have been really good with breaking down some of those barriers in communication, like building those relationships, being able to see people in real life and get a feel for, like their personality”* (YP2-FG). This physical and relational proximity helped demystify roles and promote engagement: *“you can kind of get a sense of, like, what they [researchers] are like... I feel like that’s helped a lot of people be more engaged in the research”* (YP2-FG).

Opportunities for asynchronous contributions were equally valued, such as surveys, and reviewing materials for feedback (YP4-FG). Informal interactions, such as away days seemed to facilitate meaningful engagement as well (YP1-FG). Young people also valued in-person meetings as they *“make it so much easier to engage with each other and build strong relationships, can feel the good vibes easier”* (YP6-FG).

Discussion

The results highlight that co-production in youth mental health should not be merely procedural but deeply relational, and grounded in attentiveness, mutual respect, as well as emotional care. When young people are actively engaged in collaborative processes, they “*just want to be cared about*”, urging researchers to treat mental health lived experience as part of “*real people’s lives*”. This reflects RRI’s responsiveness principle, which calls for research attuned to young people’s lived experiences, especially in emotionally complex contexts like youth mental health (Babbage et al., 2024; Jirotko et al., 2017; Mendes, Lucassen, Doherty, et al., 2025; Mulvale et al., 2021). Complementary to this, it also resonates with Indigenous wisdom as reinforced by Māori researchers (e.g., Hamley et al., 2022), such as the Māori concept of *Manaakitanga*, which emphasises nurturing, care, generosity, and the upholding of others’ dignity through relational practice. In the context of co-production, concepts that underscore the ethical responsibility of researchers to nurture respectful, inclusive relationships that value young people, not merely for their contributions, but as whole persons whose well-being must be safeguarded (Davis, 2019; Hamley et al., 2022).

Within this care-centred framing (grounded in young people’s call to be “*cared about*”), the results indicate that responsible co-production in youth mental health could benefit when the ‘caring dimension’ is acknowledged from the outset – not as an added feature, but as a guiding principle throughout planning, implementation, and follow-up. This entails prioritising well-being and responding sensitively to the ongoing realities of young people with lived mental health experience (Babbage et al., 2024; Papageorgiou et al., 2023; Watson et al., 2023). Hence, co-production in youth mental health should not be reduced to impersonal and acritical consultation or superficial representation; it must be a safe, inclusive, and emotionally responsive process, with built-in flexibility and support from the start.

In line with RRI's anticipation principle, potential harms and unintended consequences must be carefully considered in advance and operationalised through co-production practices that foreground care, inclusion, and power-sharing (Inglesant et al., 2016; Mendes, Lucassen, Adams, et al., 2025; Mendes, Lucassen, Doherty, et al., 2025) – which also aligns with the current guidelines for co-production (Hawke et al., 2022; McCabe et al., 2023; NIHR, 2021; O'Mara-Eves et al., 2022; SCIE, 2022; Warritch et al., 2024). As such, safeguarding, check-in systems, and accommodations for fluctuating mental health should not be add-ons but integral to responsible youth mental health co-production practices (Babbage et al., 2024; Hawke et al., 2022; Papageorgiou et al., 2023; Watson et al., 2023). In our programme, this can be exemplified by the work package where researchers and young people co-designed a self-harm support card-sorting app: researchers anticipated potential risks and implemented wellness plans, pre-session risk check-ins, trigger warnings and structured debrief/follow-up processes (for more details, see Babbage et al., 2024).

The results reinforce that, in youth mental health co-production, 'care' emerges through relationship-building. Young people linked feeling "*cared for*" not just to actions like being heard or checked in on, but to researchers "*showing up as a person*" (i.e., adopting a humanistic, authentic and relational presence). This aligns with literature emphasising rapport built through approachable communication, shared motivations, and emotional attentiveness in youth co-production settings (Hawke et al., 2022; NIHR, 2021; Papageorgiou et al., 2023; Siston et al., 2023; Smith et al., 2023). As Smith et al. (2023) note, relational ethics are lived through evolving, situated practices, not abstract commitments. However, we understand that care in youth mental health co-production goes beyond interpersonal warmth; it requires critical reflection on how young people's lived experience is engaged with. Young people rejected being treated as mere data sources, instead emphasising that lived experience is ongoing, emotional, and dynamic. Reducing it to instrumental knowledge dehumanises

young people and undermines the ethical core of co-production, especially in youth mental health (Babbage et al., 2024; Hawke et al., 2022; Prebeg et al., 2023; Smith et al., 2023). Thus, responsible co-production, in this context, involves acknowledging young people's vulnerabilities and building in emotional support mechanisms (Mulvale et al., 2021) – a requirement consistent with RRI principles of reflexivity and inclusion (Babbage et al., 2024; Mendes, Lucassen, Adams, et al., 2025; Mendes, Lucassen, Doherty, et al., 2025).

Central to these relational processes is the dialogic nature of co-production in youth mental health. Our results indicate that young people perceived co-production as meaningful when it was grounded in informal, mutual learning spaces that encouraged collaboration and reflection. Dialogic interaction, including space for disagreement, helped dismantle hierarchical roles and foster a sense of shared ownership. This reflects Wegerif's (2013) view of dialogic spaces as opening, broadening, and deepening through the inclusion and negotiation of diverse perspectives. Sustained by trust and intersubjectivity, such spaces enable young people to fully engage, fostering creative thinking and psychological safety (Hawke et al., 2022; Palmgren-Neuvonen et al., 2021; Siston et al., 2023; Su, 2018). Yet, dialogic care also requires researchers to critically reflect on their assumptions and beliefs about youth and their capacity for agency. Without this reflexivity, participation risks becoming tokenistic and reinforcing pre-existing power dynamics (Gatera & Pavarini, 2020; McCabe et al., 2023; O'Mara-Eves et al., 2022; Papageorgiou et al., 2023; Pavarini et al., 2019, 2023, 2025; SCIE, 2022; Siston et al., 2023; Warritch et al., 2024). It is known that co-production may reproduce hierarchies and exclusions if not grounded in meaningful, equitable collaboration (Farr et al., 2021; Fernandes et al., 2023; Hawke et al., 2022; McCabe et al., 2023; O'Mara-Eves et al., 2022; Pavarini et al., 2019, 2025; Siston et al., 2023; Voronka, 2016; Warritch et al., 2024). We understand that RRI principles encourage such reflexive interrogation by explicitly asking researchers to consider their positionality, the

context of involvement, and the broader societal and ethical implications of their work (Babbage et al., 2024; Jirotko et al., 2017; Mendes, Lucassen, Adams, et al., 2025; Mendes, Lucassen, Doherty, et al., 2025).

Our results also reveal the challenges of the perceived binary between ‘young people’ and ‘researchers’. Young people valued relational bridges, like the Co-chair role, that fostered equitable communication and shared decision-making. Dismantling such binaries, however, demands confronting power imbalances embedded in institutional, cultural, and interpersonal contexts. Power is not only hierarchical but also intersectional, shaped by transversal factors like age, class, and health status (Mulvale et al., 2021; Papageorgiou et al., 2023). Accordingly, fostering reciprocal and inclusive relationships requires acknowledging these dynamics, alongside sustained time, effort, and intentional design (Hawke et al., 2022; NIHR, 2021; Pavarini et al., 2025; Siston et al., 2023; Williams et al., 2020).

Overall, both themes also foreground the emotional, personal, and academic labour involved in youth mental health co-production. For young people with lived experience, participation requires vulnerability, time, and investment. For researchers, it demands reflexivity, flexibility, and sustained relationship work. These realities must be acknowledged by institutions and funders, who too often assume that co-production can be seamlessly integrated into existing timelines and budgetary frameworks (Worsley et al., 2022). As Watson et al. (2023) argue, responsible co-production requires dedicated funding, skilled facilitation, and flexibility to meet diverse needs. Without institutional support, the burden risks falling unfairly on young people or individual researchers.

Strengths and Limitations

This study foregrounds care as a core feature of co-production in youth mental health and links it explicitly to RRI by showing how anticipation, inclusion, reflexivity and responsiveness can be operationalised to support non-tokenistic, protective participation.

Drawing on a multi-year programme, it specifies practical mechanisms (e.g., well-being planning, proactive check-ins, trigger warnings, structured debriefs and flexible participation options), moving beyond general calls to avoid tokenism (e.g., “include the youth voice”, “create safe spaces”, “build trust”, “share power”, “be inclusive and responsive”) towards actionable guidance. Youth partnership was embedded throughout (e.g., co-design of materials, co-facilitation of data generation, involvement in interpretation and co-authorship).

The work is situated in a single UK programme with a modest sample for this study, which may limit transferability. Although the wider YPAG group was diverse, most focus-group contributors were non-Black females, and additional intersectional characteristics were not systematically collected. As a retrospective qualitative secondary analysis, accounts may be influenced by recall or social desirability, and the study does not evaluate programme outcomes or compare modalities across work packages.

Conclusion

This study underscores that young people conceive co-production in youth mental health research as a relational, affective, and dialogic process grounded in care, empathy, and mutual respect. Responsible co-production, they argue, extends beyond mere inclusion and requires emotional responsiveness, structural flexibility, and sustained attentiveness to lived experience. In this sense, care should not be peripheral as it shapes how relationships are built, how power is shared, and how young people feel safe and valued in research.

Young people stressed that lived experience is ongoing and cannot be reduced to extractable data. Hence, meaningful and responsible involvement in youth mental health entails acknowledging vulnerability, providing support, and engaging with young people as whole persons. This reinforces the call for a shift from instrumental approaches to co-production grounded in relational ethics and genuine dialogue, especially in the field of youth mental health. For young people, dialogic co-production thrives when researchers present

themselves as ‘people’ – i.e., ready to listen, reflect, disagree, and co-learn in spaces built on trust and informality.

Practically, aligning co-production in this field with RRI principles means anticipating potential harms, ensuring inclusion, practising reflexivity, and remaining responsive to concerns throughout the project. Measures such as well-being planning, proactive check-ins, trigger warnings, structured debriefs, and flexible participation options exemplify how care can be operationalised to protect and empower youth partners.

As already signposted by other authors, organisations and funders must acknowledge the emotional, intellectual, and relational labour co-production demands, especially in youth mental health, by resourcing skilled facilitation and training, allowing flexible timelines, and enabling genuine power-sharing. Without such structural support, care and adaptation may fall unfairly on young people or individual researchers. When care is embedded systemically, as well as interpersonally, co-production can become a more responsive, inclusive, and reflexive practice that creates dialogic spaces in which young people are heard, valued, and respected as true partners in knowledge production.

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Table 1*Themes, Features and Their Anchoring on the Data*

THEME	ANCHORING
Theme 1: “<i>We just want to be cared about</i>”: Co-production is caring	
Feature 1.1 – “ <i>This is not just data; this is real people’s lives</i> ”: being sensible about ‘lived experience’	YP1-FG, YP2-FG, YP4-FG, YP5-FG
Feature 1.2 – “ <i>We still are going through those experiences</i> ”: recognising ‘lived experience’ as a common and ongoing issue	YP1-FG, YP2-FG
Feature 1.3 – <i>Making young people feel heard and important to the research</i> : co-production as a responsive, safe and inclusive space	YP1-FG, YP2-FG, YP3-FG, YP4-FG, YP5-FG, YP10-S, YP13-S
Theme 2: “<i>Please, show up as a person, not as a researcher</i>”: Co-production as a Dialogic Process	
Feature 2.1 – “ <i>I think we’ve learned a lot from each other</i> ”: room for exchange and learning	YP1-FG, YP2-FG, YP3-FG, YP4-FG, YP5-FG, YP9-S, YP12-S
Feature 2.2 – “ <i>When does age not really matter and it is more about the ideas?</i> ”: challenging the ‘Us vs. Them’ culture in co-production	YP1-FG, YP2-FG, YP5-FG, YP7-FG
Feature 2.3 – “ <i>Breaking down some barriers</i> ”: aiding the dialogic process	YP1-FG, YP2-FG, YP3-FG, YP4-FG, YP5-FG, YP6-FG