



YSDN4004  
Research Book

# **Promoting Good Mental Health Through Designed Educational Resources**

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**Fall 2021**

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# GATHERING INFORMATION

## What is important to me?

The subject of research is about the promotion of good mental health in a society that still hangs on to an outdated model of mental health. I looked into the subject starting from anxiety and coping methods and then broadening it to mental health disorders. The interest in the general subject of mental health comes from personal experience being surrounded by peers with their own lived experience struggling with mental health and living with mental health trouble second hand through a loved one. I settled on the subject of good mental health and trying to achieve it, by thinking about how my significant other needed to address their own mental health despite not being diagnosed with any particular disorder. I pursued the question of how one should deal with their mental health when there is no defined malady to address? I believe that a person should take a proactive role in taking care of their own mental health regardless of medical diagnosis or not. This brought attention to the idea of good mental health or well-being and how diagnosis and treatment function in a medical model that should go through radical change.





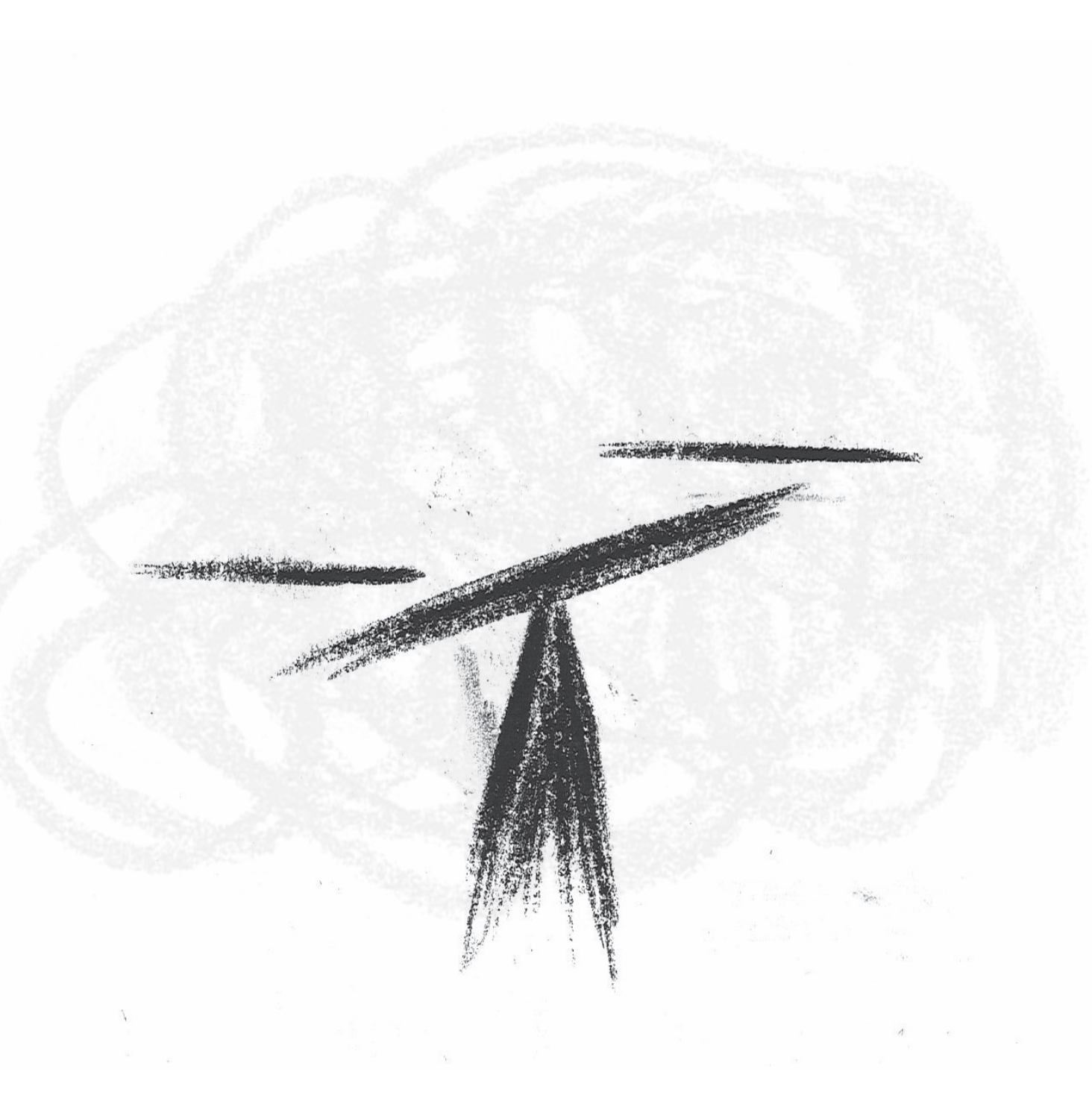
## Understanding models of health and wellness



It is of increasingly common view for a need for change in the way society views mental illness and mental health. It might be more effective and productive to focus efforts on the improvement of good mental health, rather than focusing on the elimination of symptoms that define a lack of ideal mental health. But first, there is a need to make the distinction between mental illness and mental health. While related, the two are identified independently. Mental illness in a general sense is a non-physical condition people live with, that obstructs one's ability to act on their own terms (Canadian Mental Health Association, 2014). Like a physical malady, it takes some agency away from the person living with it, although it could be reclaimed by various means. It is apt to associate said illness with disability. Mental health on the other hand, also identified as social well-being, refers to the satisfaction of life and the ability to deal with life's stresses (Fusar-Poli et al., 2020). So a person could have a mental illness but good mental health and vice versa, a person can have poor mental health with a lack of any illness or conditions. The word social is important to the discussion of how physicians diagnose and treat people managing their mental health. In both concerns of well-being and disability, there is discourse on whether it should be viewed as a private medical concern or a public social concern (Middleton & Shaw, 2000). This takes us to the two models of illness and disability.

These models are constructed based on the reactive measures taken to help people living with illness. The dominant medical model functions where ideal health is one without symptoms that would imply something wrong (Middleton & Shaw, 2000). The still growing social model understands disability as the result of an unaccommodating and oppressive society (Hogan, 2019). It criticizes the medical model for its lack of sensitivity towards context between the psychological state and their social life, as well as critiquing medical oversight and the arbitrary thresholds meant to determine illness or not. There is a complexity different from physical illness that makes current diagnosis methods flawed, resulting in an overabundance of patients being diagnosed with mental illness, getting treated with medication when they probably should not be (Middleton & Shaw, 2000). A threshold is insufficient to a diagnosis as it generalizes many factors into an absolute state of illness or healthiness without any in-between. To view things in a spectrum makes use of the social model, which seeks to identify the contexts that lead to one's distress (Middleton & Shaw, 2000).





## What are the implications?

The discrepancy between binary and complex perspectives on diagnosis stems from generalizations made by normalization in society. Cultural narratives have biases that obscure the flaws in our environment and issues of inequality (Hendren, 2020). The world is not an inclusive environment and it does not meet with everyone who interacts with it. The world is designed with the medical model of health and wellness in mind. This means that there is a constructed ideal for what is considered healthy and “normal” and the world is built around this normality (Hendren, 2020). If someone cannot function in this “normal” society, they are considered ill or disabled. This somewhat explains the issue mentioned earlier about too many patients being diagnosed with mental illness. If wellness is measured by a lack of normality, then that constitutes any stress experienced within everyday life. In the realm of physicality, the design of everyday things needs to consider different bodies in order to achieve inclusivity. To clarify, the idea is not to supplement those who cannot use certain technologies to use them like a normal person would. That is an act of curative imagery (Hendren, 2020). Inclusive design would allow the affordance of different people to use a technology as intended. They have to consider how a thing is used and how it functions while thinking about the implications of its affordances and disaffordances (Costanza-Chock, 2020). If we were to consider these ideas in the realm of mental health, what is it that must be addressed and designed for inclusiveness?

The social model is understood in concept, however there is a lack of pragmatic approach to transition to the new model. Different journals and documents share research that try to identify sets of factors in determining a person’s well-being. One source lists 14 factors that name specific aspects of both personal and social life; (1) mental health literacy, (2) attitude towards mental health disorders, (3) self-perceptions and values, (4) cognitive skills, (5) academic/occupational performance, (6) emotions, (7) behaviours, (8) self-management strategies, (9) social skills, (10) family and significant relationships, (11) physical health, (12) sexual health, (13) meaning of life, (14) quality of life (Fusar-Poli et al., 2020). Another source looks strictly at the way an individual lives in their social environment with 5 factors; (1) social integration, (2) social contribution, (3) social coherence, (4) social actualization, (5) social acceptance (Keyes, 1998).





## Where is mental health headed?

The purpose of trying to give form to well-being is because the lack of a framework means that practical strategies and tools cannot be developed. What constitutes a well lived life? This is the core question to the goal of promoting good mental health. Currently, the angles of attack taken toward this problem relate back to the social context. A societal reform on the matter has to take place and for now, it is done through raising awareness and the integration of lived experience in the relevant professions. It also requires people to engage with their community. For example, the medical field has been working to have its health workers be more informed in mental health matters by urging its senior staff to be critical mentors that educate in mental health literacy for its younger staff. In addition, incorporating people managing with living with mental illness in jobs within the medical field also helps bring an authentic perspective to help in the support of other people experiencing poor mental health or potentially illness (Hogan, 2019). By being informed and actively seeking change, communities can identify their needs and develop their own solutions. The problem being faced is complex, as mentioned already, and it cannot be answered with explicit data (Maj, 2007). By tapping into the deeper tacit information about individuals and communities, the better equipped they are at achieving good mental health.

Design is integrated in the world we live in. Things are designed to suit and accommodate the needs of people and communicate messages and information where people cannot. It is because of its social integration that design holds a key role in the meanings and habits society has. Essentially, design contributes to a place's culture whether it is national, local, or in between. One aspect of this is called design for accessibility. Designing things to be inclusive of different people's circumstances can mean a lot to the well-being of individuals and the health of the community. Connecting back to the development of tools and methods for the promotion of good mental health, a process of design thinking can benefit in the strategy. Designers can facilitate in creating spaces for participatory design that targets key pain points in communities to make them more sensitive and inclusive. These spaces should normalize social questions about inequalities in everyday life (Costanza-Chock, 2020). Design can also be used to inform, making use of different mediums to put information in the eyes of people. Both are helpful means to push the subject forward.

# APPLYING MY RESEARCH

## Building a frame

### HYPOTHESIS

A book with a balance of exposition and activity based learning can engage a general audience and address them on an individual level, catering toward their context and circumstance with a frame of socially based mental health literacy.

### DIRECTION

After summarizing key concepts around mental health and diagnosis, two key questions to be answered are identified; What constitutes a well lived life? And how do we promote good mental health? I considered different methods to get me in a position to address these questions, including animation and direct engagement through a designed workshop. However certain considerations led me to settle on making a book journal.

### SUPPORTING QUESTIONS

*What constitutes a well lived life?*

*What information is critical to the social model of illness?*

*Who is my audience going to be?*

*How can information be disseminated to the public in a digestible way? (What mediums and directions?)*

*What sort of stigmas around mental health persist and why?*

*How do I make the difference between individualism and private less confusing?*

*In what ways does society exclude people in a mental health context as opposed to a physical context?*

*What strategy is needed to facilitate a workshop discussing the social model of mental health and accessibility?*

*How do I respect personal space and sensitivity as to avoid risk in potential research?*

## Strategy

By making a book, I have clear answers to each question and I feel motivated to make the book work inspired by Co-Conspirator Press and their social justice publications. Accessibility is concerned with the information and how it is consumed. By making a book, I can segment the information across pages rather than establish breaks in a video for example. I feel this makes it easier to organize the information in chunks that make sense. At the same time, a book can be picked up or put down relatively easily because the information is chunked the way it is. The choice to make this a physical book is because I want it to emulate the feeling of a journal. The ability to have the book right in someone's hands gives weight to the value of the content and the ideas the reader would eventually put in. Engaging my audience is very important to acknowledging people's own experiences without boasting to know what is right for them. I want people to think for themselves and be proactive. As a book, people can write directly on the page which I personally feel has more weight than typing on a device. It is an opportunity to ask for participation from readers through activities that foster socially minded mental health. To create these meaningful interactions, I need to make sure the things I ask of the reader

produce something that is relevant to what is being read about. Weaving exposition and activity together allows my voice to accompany the reader throughout and give more detail than there previously was. To acknowledge my audience, the medium of a book does not directly impact that, however it does leave the intrigue of the book to appeal to interested adults concerned with the subject matter. This can have both a positive and negative effect, but in this case I value the interested reader who chose to read this book because they have an interest or concern around mental health rather than forcing it on people like what the workshop might have done. Lastly, there is the where and when, which have mostly been answered through the previous questions. Being a small book that can be carried around, it is the type of thing to be read as someone goes about their day and can come back to, whenever something from the book relates back to something happening in one's life.





## MATERIALS AND METHODS



*a threshold to*

**DEPRESSION**

*and other mental illnesses*

the new  
**VOCABULARY**

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E

suffering

patients  
patients  
patients  
patients  
patients  
patients  
patients  
patients

## Animation

As someone who enjoys working in the space of time-based work, I started applying what I have learned about mental health in short motion typography pieces. The idea was to play with letters as both words and forms, and combine it with motion to create interesting visuals that break down and communicate the points I want to make. Through this method, I could explain my complex subject in a way that is both entertaining to watch but also accessible as a medium for education. As reference and inspiration in how to address an audience with a subject, I looked at other educational video production groups. In particular, there was Vox and Though Café (Youtube).

### DESIGN SPRINT 1: MENTAL HEALTH THRESHOLDS

The first design sprint was an animation meant to simply propose an idea and create discussion. I tried to express the message that mental health is most accurately viewed on a spectrum of wellness rather than a generalized diagnosis of illness or lack thereof. This was done with just black and white typography, using motion to reflect the words on screen. The choice to do an animation was something I felt was appropriate for the subject matter because it was done as a feel good project. At the time, I was stressed and used this as an opportunity to make something in a medium I enjoy working in. It felt right to do something I enjoyed, which was work on the After Effects workspace. This sprint might not have been a strong design piece, but it got my topic across and it gave me the confidence to pursue this direction and see what I could do with it.

### DESIGN SPRINT 2: THE NEW VOCABULARY

The second design sprint is another animation. While the first one was made to communicate a message, the second one was intended to be an informative piece, actually making use of some of the information gathered from my secondary research. This time, using motion typography again, I felt it was appropriate to share vocabulary and how they have changed and evolved to mean something more sensitive, respectful, and accurate to progressive views on the matter. The general expression may mean the same thing, but to be specific, the implication of the new words helps reduce the stigma and discrimination. Implication is important in the representation of things. Specificity is important because generalization hides nuances, creating stigma as a result. From these two sprints, I felt confident in what I could make through animation. However I also thought about my visual style, the quantity of information I wanted to talk about, how I engage with my audience, and the things I want to achieve with my project. I was concerned whether my fast and spontaneous animations would be appropriate for the subject. Yes, I can make something that simplifies the ideas to be more consumable, however I questioned if I want to push my audience through the information at a pace I want, or if I should design an experience around their own pace. While a video can be paused, it is not an ideal situation for the audience. In addition, confronting mental health is a personal endeavor concerned with the context and experiences of the individual. How do I make my project focused and acknowledge people's varying circumstances?





## Book (Methods)

As typical as it is to design a book, in the end I felt that it was an effective method to be an accessible medium while giving the opportunity to engage the audience in reflection and productive thinking. I also have a general interest in editorial and book production that has been stunted because of the pandemic and being unable to participate in printing and fabrication of projects. While it would be a challenge to continue with this idea, I believe it is a strong learning experience and more valuable than demonstrating what I am familiar and capable of. The process consists of writing, layout, illustration, and designing relevant activities that need user input. By putting all of these together, I will have the book that I will need to fabricate which means I need research in materials and binding. A majority of this information came from Writers Write and Bambra, helping me consider the construction of the book. I also need to refresh myself on preparing files for printing, but otherwise I can do test printing to make sure things are done right and it will lead to the final deliverable.

### VISUAL STYLE

I also needed to experiment with how I wanted to present my book, with potential illustrations, and dynamic paper ideas. My first exploration was to work with typographic imagery, using the title ideas I had from the initial list of worksheet ideas. Based on the objectives of each activity, I created an arrangement of the words that would visually communicate the concepts. While it was fun to make these, it felt too digital and didn't integrate well with the book contents. If I had everything I knew would be in the final book, I would feel more confident in developing the idea to work. I didn't want to put this on the sideline while I still figured out my content so I abandoned this idea to explore some other method. This was through hand drawn illustration. Even if I wasn't confident in drawing, the rough drawings that I could be capable of would give an authentic humanistic feel to the book. At first I sketched out visualisations of key ideas in pencil and scanned them. The feel was starting to get there, but it also felt like low quality sketches. Perhaps using a different tool could give it a texture that would stand out. That's why I tried using a conté stick and experimenting with its properties to draw images. It was distinct and looked nice. At the same time, while I felt like the aura from the drawings got me what I wanted, the ideas they tried to communicate and support didn't succeed.

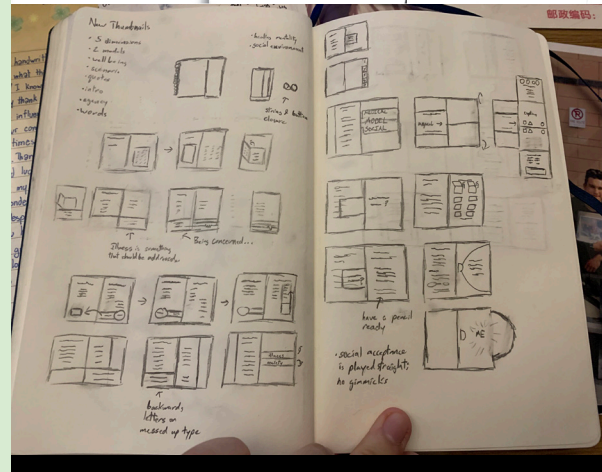
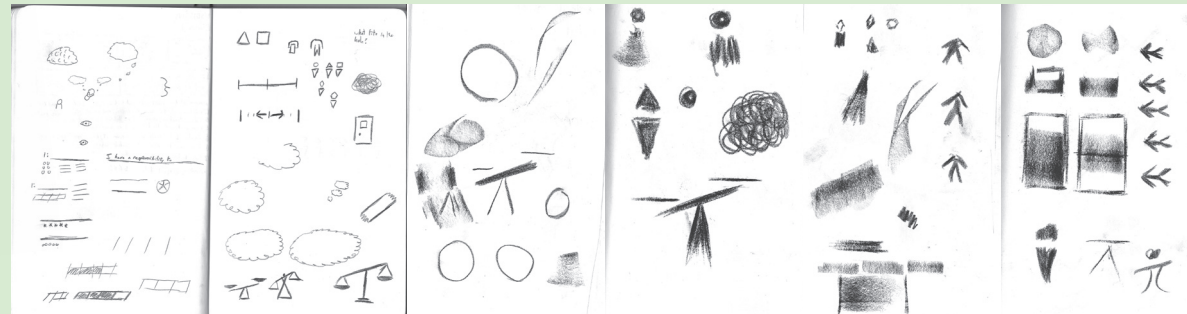
### PLAYING WITH PAPER

After concluding that illustration isn't a strength, playing with paper and its form in the reading experience became a fun direction to explore. This was suggested to me during critiques, pushing me to consider the medium and how I could make something unique out of something only paper could do. Dani and Karen's work were sent my way as inspiration and it motivated me. Even though I'm not experienced with materials and crafts, the ideas that come from paper manipulation was something I didn't think would resonate with me. I expressed a new form of creativity that can expand on my ability to organise information. The key to this direction was thinking about concealing and revealing information. It works with the sentiment of reevaluating what we know about things, but it's also just an intriguing and entertaining experience to "play" with the book and how it works. To see information change and fit in different ways is gratifying to design and to read. Being able to flexibly provide more space for people to write is a nice feature too. Communicating something more by purposefully breaking the conventions of a page substituted my issues looking for a visual style and carried a lot of weight in my project.



**PROCESS SITE**

MAKE A M - A C OPPORTUNITY  
 MAKING SENSE OF MISTRESS P RELATIONSHIP  
 QUESTIONS ON LOOKING TO LEARN  
 TRUST



COMMUNITY	HOBBIES	TRAUMA	
FIENDSHIP	THERAPY	DIAGNOSIS	HOW DO YOU MANAGE RESPONSIBILITY?
ANXIETY	COPIING	ISOLATION	
CONDITION	VALUES	PERSONALITY	DESCRIBE ME IN 3 WORDS
DISORDER	MEDIA	SHARING	
TRUST	ACCOMMODATION	DEPRESSION	WHAT IS MISSING IN OUR WORKPLACE?
DOCTOR	SOBRIETY	BOOKS	
MEDICINE	SICKNESS	PESSIMISM	

Strengths	Weaknesses
open for	more space

My Solution (fill for more space)

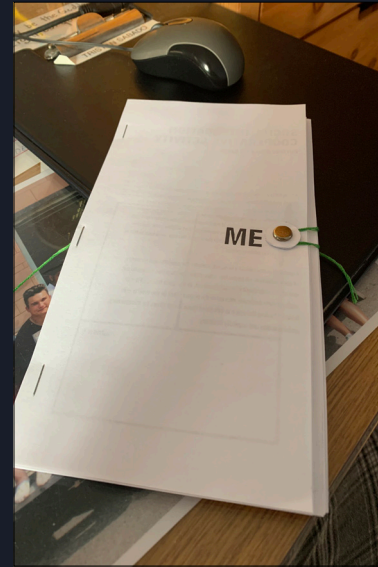
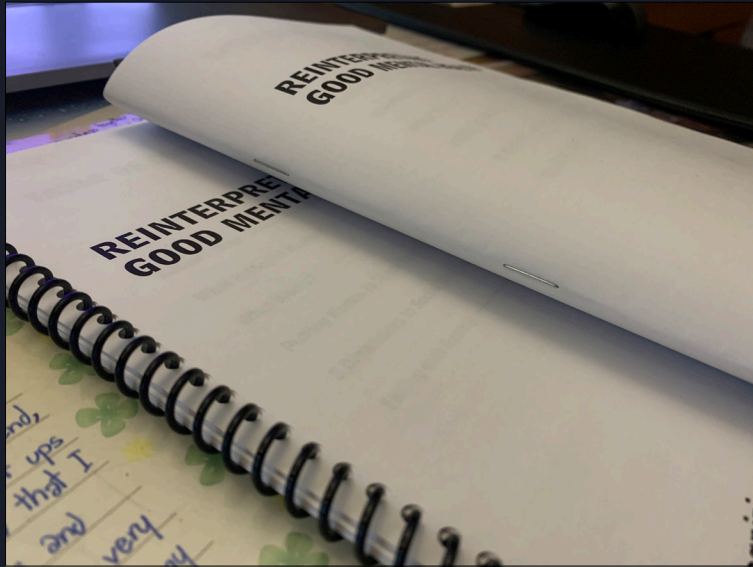
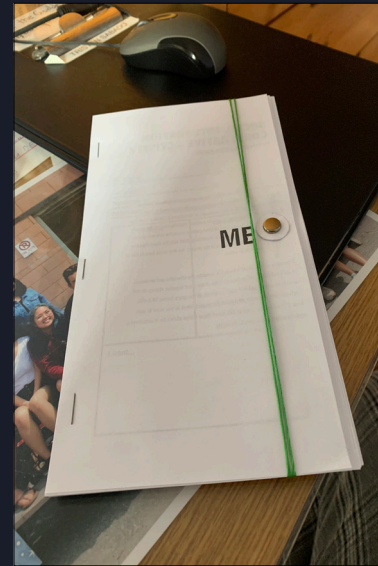
  

Content & Questions (fill for more space)

ME





## Book (Materials)

To make the book, I had to create a list of materials to keep in mind while I go see what is actually available to be. Admittedly it was limited and I had to work with what was there. This was mostly concerned with paper and the different weights/finishes, colours, textures, and my choice of binding. The further along I got with the process, the more convinced I got around the simple method of coil binding. It frees me from the need to consider printing as a booklet and it makes the pieces stand on their own better because the page sizes aren't consistent. The coil simplifies my manufacturing process and gives me more freedom away from the typical look and feel of a book. As for the paper, I ended up exploring outside York's print lab and book store to find what I needed. This was another new experience for me, looking for places with a selection of printing paper. While it was suggested to go and see Above Ground, what was ultimately the most helpful store was Michaels. I had no idea they had so much in the way of paper and bookmaking. Under the category of scrapbooking, there was so much they had, I did feel overwhelmed but in a good way. I knew that if I needed paper that wasn't the usual white bond paper, I could look for it at Michaels first.





# CONCLUDING REMARKS

## Thoughts and Reflections

My research and process, although hampered by the limitations under the pandemic, was an opportunity to explore. Despite the course being a chance to demonstrate my strengths, I stubbornly took it as a learning opportunity still. Granted, taking the animation route was something I considered and preferred during the early stages of topic searching and method experimentation. This journey really pushed me to experience as close to a full experience as possible producing a book and coming up with something tangible; something missing from our learning being remote for two years. Confidence in doing and making things was something I developed during this project and I believe it is more important than any of the individual strengths and weaknesses I can work on. Having this mindset be a part of my process demonstrated the effectiveness of iterative design and how it differs from the slower process of trying to micromanage every little step and overplan things.

To reiterate the project objectives I wanted to produce a deliverable that can be used for education and reflection in the subject of mental health. It has to be accessible and designed around the personal experience of the audience. Mental health is complex and specific, and the most effective approach at discussion and reflection is to address people's personal circumstances. Although I cannot test the effectiveness of my book as a contribution to the promotion of good mental health and the social model in the scope of this project, I would like to believe that what I produced is to an extent, something unique and has the potential to interrupt the status quo if further refined and developed. I do feel that I failed in creating a visual identity that gives the book a human and empathetic feel. As peers have criticised, the book looks cold and medical. This would be something I'd focus on with more time to work on this book. I am interested in expanding the scope of this project to create more books along the same line with more time and resources.

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