Design community of practice

Wednesday 28 May 2025

Executive Summary

Dr Amal AlSayegh, Consultant Psychiatrist, shared a recent collaborative project between the NHS Lothian and the University of Edinburgh, involving 60 undergraduate graphic design students from Edinburgh College of Art, along with medical and nursing students. The project tried to reimagine the Psychiatric Emergency Plan (PEP) and address the complex, often traumatic process of mental health detention in the community setting. In her presentation, Amal discussed how different disciplines, professions can come together and address challenges. The following highlights some of the key points Amal shared with the community.

Cross-institutional and multi-disciplinary collaboration

Amal initiated this as an experimental learning and teaching project, presenting it as an educational opportunity to gain senior leadership buy-in and wider stakeholder support. The collaboration enabled participation across different disciplines, including junior doctors, graphic design students, undergraduate medics, and nurses.

The project background

When someone is detained under the Mental Health Act, the process typically involves a mental health officer (specialist social worker) and detaining doctor. On some occasions, assistance is required from ambulance and police to support transfer of patients against their will to hospital while maintain dignity and supporting their needs. Although such incidents are rare, they can however be highly distressing for everyone involved, especially for the families.

"There will be no one person who has a lot of experience of doing this... it can be traumatic for all involved...and can be challenging," said Amal.

The project started by presenting students with the problem and framing it as a design challenge with a 'design brief' to work on.

The problem statement: "Many policies and standard operating procedures in healthcare are represented by large documents of dense text... Over time they get bigger, longer, and less accessible to busy practitioners." The current PEP used by Lothian NHS services spans approximately 100 pages of dense, often inaccessible guidance. The document requires ongoing input from multiple agencies, delaying updates and consensus.

The design challenge: Create visual resources to make these documents accessible and usable so that the right information and guidance is available to the right people at the right time.

Writing the design brief

Inspired by commercial branding and identity design, Amal developed a brief that focused on transformation and innovation to fit within NHS values. Students were encouraged to explore any aspect of the PEP and use their graphic design skills to identity and support patients, families, and service provider's needs.

Amal also acknowledged that the subject matter could be triggering for students but embraced the opportunity to talk openly about mental health and acute psychiatry.

"I wanted to demystify... talking about mental health so they could ask me anything." "We're not ashamed of talking about self harm or psychosis or madness. We are just like any other specialty trying to make things better for our patients and citizens."

Bringing key stakeholder together

Bringing key professionals such as psychiatric nurses, police, and ambulance staff together was challenging, but was the most crucial part of the design project according to Amal.

"Do not underestimate how difficult it is to get all these people round the table on the same day."

Listening to the stakeholder conversation and noting down key messages and 'soundbites' from stakeholder conversations was particularly useful. One consistent phrase that emerged was: "It's not my job to do this."

This phrase was repeated by multiple participants highlighting a disconnect in ownership and responsibility. Yet, by the end of the sessions, participants reflected on how roles had to adapt to circumstances, and that cooperation, not avoidance, was important.

These discussions showed a tangible shift in mindset when service providers are given an opportunity to share their views and collaborate. What began as a 'not my job' stance, evolved into a shared understanding of duty and care by converting pain points to mutual benefit and understanding. They added. "Everybody is doing a little bit of 'not my job'".

Ethnographic observation in hospitals

Students worked in mixed groups and used the [AEIOU Ethnographic template](#) to observe and record human interactions, behaviours and activities within hospital environments such as Accident and Emergency and the Hospital foyer.

Graphic design students brought fresh insights into things that healthcare professionals had long overlooked because of familiarity and habituation. "It was really interesting to hear non-medical experiences of our hospital" added Amal.

One such example was the "fishbowl window" conversation where a graphic design, a nurse and a medical student discussed the visibility of the emergency department's observation window. What seemed routine to clinicians was perceived as potentially distressing for patients and families. Observing together from different disciplinary perspectives helped surface routine blind spots and inspired more empathic, practical improvement ideas.

Prototypes

Students developed prototypes aimed at humanising the PEP. Some of their ideas included.

- **Ring cards:** Profession-specific, colour-coded sets of cards designed to be used in the field. These quick-access guides could help professionals understand their roles without having to search through lengthy documents. Amal added, "rather than rifling through hundreds of pages, professionals could use ring cards with the highlights."

- **Carer's information booklet**: A compassionate and informative booklet providing clear information for loved ones during a detention. Amal highlighted that they encouraged students to freely explore their designs without worrying about the accuracy of information or getting the language correct, as these are to be used as 'prototypes' and not final designs. The service hopes to test out these prototypes with patients, carers and advocacy groups.

- **Editable lanyard charts**: Using existing templates and charts students designed flexible tools that help clarify who is responsible and accountable at each stage of a psychiatric emergency. These charts can be adapted as team roles change in real-time.

- **Visual roadmaps**: Visual maps showcasing the detention process used iconography to improve clarity for all stakeholders, particularly for loved ones, helping them familiarise themselves with the system.

- **Designing accessible templates, documents and simplified diagrams:** Designed to convey complex mental health protocols and procedures in simplified, accessible formats, these materials helped improve the communication of complex information.

- **PEP handbook**: A compact and colour-coded manual, tailored for training and frontline use. Pages were structured by profession and interlinked through colour schemes to show overlapping responsibilities.

- **Mobile apps and digital tools**: Some teams proposed app-based interfaces to make guidance interactive, customisable and accessible, thinking about the longevity of their design ideas.
- **Icon banks and templates**: Editable icons, Word/PowerPoint templates were created to enable ongoing use without requiring specialist software. This will allow services to easily edit the documents without the use of specialist software.

One of the highlights of Amal's discussion was. "The new designs were not just nice to have as visual tools, but where easy to use, empathic and very inclusive."

Final presentation

Students presented their outputs at events attended by key NHS stakeholders and representatives from the Scottish Government, Police, and senior managerial staff. These 'show and tell' events helped validate the students work and opened potential opportunities for national implementation.

Final Reflections

Amal highlighted four key points at the end of her presentation.

Using creativity to solve problems

If you work in health and social care, you are already a creative problem-solver. Health systems are complex and often under strain, people naturally develop creative workarounds. This project showed how design can help make that creativity more visible, structured, and impactful.

Design is humanity-centred

Design is inherently human-focused. It encourages us to think deeply about the people affected by our work. By involving a wide range of stakeholders in the design process, you are more likely to arrive at solutions that are inclusive, effective, and meaningful.

Different ways of looking at mobilising resources

This project highlighted how we can make better use of untapped resources without needing extra funding. For example, by offering students real-world experience and learning opportunities, Amal and her team were able to benefit from their skills and fresh perspectives.

Networks that problem-solve together, innovate together

When people from different disciplines and backgrounds come together to solve a problem, innovation often follows. During strategic planning we should create space for these kinds of networks allowing time, relationships, and ideas to develop, added Amal.

Question and Answer

- How did you manage to get the right stakeholders around the table?

Getting the right stakeholders involved took time, persistence, and relationship-building. Challenges included finding contacts, aligning schedules, and convincing people of the value of working with design students. Practical issues like providing parking and shifting availability also made coordination difficult. Success depended on networking, knowing key gatekeepers and aligning with national priorities, such as the Scottish Government's PEP. Flexibility was also essential to work around students' academic schedules to keep the project progressing.

- How much of the prototype work is being taken forward?

While the prototypes show promise, especially the family information booklet, turning them into practice is challenging because of issues like intellectual property, specialist software and limited resources post-project. Amal continues discussions with student designers to explore reuse and adaptation of these designs in practice.

- With communication and graphic specialists in every NHS board, who manages and coordinates all the guidelines and materials?

While graphic design specialist roles exist within NHS boards, accessing their support can be difficult because of organisational barriers, limited availability, and lengthy approval processes. In-house graphic and communication specialist involvement is sometimes seen as an added task rather than a collaborative opportunity. These challenges make it hard to update or improve materials efficiently, particularly when they are being sourced from student designers. A bottom-up approach, using editable resources like icon banks or editable Word or PowerPoint templates was proposed. This could help frontline staff adapt documents themselves, reducing dependence on specialist input. A useful resource suggested was the [RAC Brand Guidelines](#).

- Does design express humanity better than other disciplines?

From a medic's perspective, Amal added that medical professional models often centre on pathology which is about diagnosing and treating illness. But design as a human-centred discipline, offers a different mindset. It helps professionals see systems differently, focus on people's needs and drive meaningful change making it a complementary discipline for improvement in complex environments like the NHS.

- What is the value of doing ethnographic research in clinical settings?

The true value came from observing and learning together. Although full immersion was not always possible because of time constraints and pressures on the ward, the process still created many valuable opportunities. These "scaffolded conversations" allowed doctors, nurses, and graphic design students to reflect and share insights in a structured and meaningful way.