

Supplementary appendix 1

Reflexivity Statement for:

Co-produced care: A collective autoethnography of co-production in mental health research by academic researchers and young people in Brazil

Felipe Rodrigues Siston, Sheila Giardini Murta, Josimar Antônio de Alcântara Mendes, Julyana Alves Ferreira, Victor Hugo de Lima Santos, Brenda Thallys Rocha Seabra, Rafa Ribeiro Alves de Souza, Rafaela de Oliveira da Cunha and Gabriela Pavarini

Corresponding author: Gabriela Pavarini, Ethox Centre, Big Data Institute, Old Road, Headington, Oxford OX3 7LF. Phone: +44 (7)599 480095. Email: gabriela.pavarini@ethox.ox.ac.uk

Supplementary Appendix 1 – Reflexivity Statement

1. How does this study address local research and policy priorities?

Young people's mental health is among the most critical public health challenges in Brazil. Addressing this challenge requires close collaboration with young people, to ensure that new research and interventions respond to their needs and priorities. Yet, there is a lack of awareness about co-producing knowledge (or solutions) with young people in Brazil. This paper provides a rich description of how co-production can be implemented in practice, along with a reflection on challenges, solutions and lessons learned.

2. How were local researchers involved in study design?

The autoethnography was designed by a local researcher (FS), a Brazilian postdoctoral researcher in the area of communication, with personal experience in mental health and specialization in the field. He received input from the full team, especially two young researchers (JA and VL) and two adult researchers (SM and GP). The study integrates a larger research project (www.engajadamente.org) which was conceived by GP, a Brazilian researcher based at the University of Oxford, in collaboration with SM, a local researcher based at the University of Brasília.

3. How has funding been used to support the local research team?

The project was funded by the British Academy Youth Futures Programme. The fund covered remuneration for all young and adult researchers, Zoom subscription for online meetings, in-person workshops and sessions to discuss co-production, as well as attendance at national and international conferences. Within the larger project, the fund also enabled the payment of external partners and advisory group members.

4. How are research staff who conducted data collection acknowledged?

Given the nature of the study, all researchers involved in the autoethnography conducted data collection and shared authorship of the paper.

5. Do all members of the research partnership have access to study data?

All members of the partnership have access to data, including meeting notes, recordings, group chat history and creative outputs e.g. scanned drawings.

6. How was data used to develop analytical skills within the partnership?

Data were recorded and systematised throughout the project, through analysis of emerging material and group discussions led by an adult researcher (FS) in collaboration with two young researchers (JA and VL). The team discussed and agreed upon the main challenges and solutions during joint meetings, with refinement of key themes conducted by SM and GP. This process helped strengthen the qualitative analytical skills of the whole team.

7. How have research partners collaborated in interpreting study data?

A first version of the collective biography was presented by the first author (FS). This author was attentive to the experience of all team members in relation to the co-production process during the project cycle. This draft was then iterated in partnership with two young researchers (JA and VL) and an adult researcher (SM), after which all the others were invited to participate critically. We discussed interpretations of the data and refined the themes and sub-themes until the last stage of publication.

8. How were research partners supported to develop writing skills?

As explained above, an initial draft was written by FL, in collaboration with two young researchers and an adult researcher, all based locally. All researchers collaborated in revising the manuscript through a shared online document. All team members were able to access the draft and contribute, and we held joint readings and discussions during weekly meetings. Following peer review, FS, SM and GP (adult researchers) worked together to edit the manuscript, with input from RA (young researcher). This collaborative process honed the team member's writing skills.

9. How will research products be shared to address local needs?

This autoethnography provides an in-depth description of what co-production of research with young people looks like, especially in mental health. The paper helps to raise awareness and knowledge about this promising, unexplored method among local researchers in health and education. The article also enables an understanding of the complex collaborative process behind the design of our digital intervention, amid a global pandemic and political instability in Brazil. At the end of the project (in December 2022), we held a workshop with policymakers in adolescent health and education, where we presented on the co-production model. This was very well received by the audience, who expressed great interest in understating the process in-depth. The paper will be made available open access and shared with Brazilian policymakers, researchers, young people, journalists, among other stakeholders.

10. How is the leadership, contribution and ownership of this work by LMIC researchers recognised within the authorship?

FS's leadership of the autoethnographic process (organising and synthesising the team's collective experience) has been recognised as first author. Authors SM (local) and GP (Brazilian based in the UK) worked as part of the senior authorship team in developing this manuscript, and their contributions have been recognised as second and last author respectively. The sequence of all remaining authors was determined by relative overall contribution to the project/manuscript. All authors contributed significantly to data acquisition, analysis, interpretation and critical revision of the work.

11. How have early career researchers across the partnership been included within the authorship team?

All authors are early career researchers with the exception of SM (second author). This includes three institutional researchers on fixed-term contracts and five young researchers who are currently completing their undergraduate degrees. All early career researchers contributed significantly to the generation of knowledge.

12. How has gender balance been addressed within the authorship?

Six authors are women and three are men. Efforts were made to include representation from gender minorities in the team during the recruitment process, which was led by two women researchers (GP and SM).

13. How has the project contributed to training of LMIC researchers?

This project was the young researchers' first experience with academic research and publishing. For all authors, this was their first experience of writing an autoethnography. The project contributed to advancing team members' qualitative research skills, practical and theoretical knowledge about co-production, and experience of international collaboration. The larger project within which this paper is a part inspired the development of new undergraduate and graduate courses at the University of Brasilia (led by SM), covering themes related to co-production and youth citizenship.

14. How has the project contributed to improvements in local infrastructure?

This project has improved the local knowledge and skills for co-production in research. The international partnership established with the University of Oxford has helped advance the University of Brasília's internationalisation strategy, and has motivated further projects in collaboration.

15. What safeguarding procedures were used to protect local study participants and researchers?

Informed consent to participate in the autoethnographic process was obtained from all authors. Participants' names were removed from direct quotes to protect their privacy. During the sessions we made efforts to create a safe space, where everyone speaks freely and listens sensitively to each other's contributions. All team members remained sensitive to signs of distress in the group, engaged in mutual support-giving and signposted team members to external support wherever needed.