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# Mindful Co-Creation Protocol: A Framework for Flexible, Power-Sharing Intervention Development in Public Healthcare

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**Abstract.** Developing public healthcare interventions that are contextually relevant, acceptable, and ethically grounded requires approaches that move beyond consultation toward genuine partnership. Co-creation has become a key methodological response to this need, supported by extensive evidence demonstrating its capacity to enhance cultural fit, engagement, and sustainability across diverse target conditions and populations. This paper introduces the Mindful Co-creation Protocol, an original framework that integrates mindfulness, nonattachment, and participatory action research to strengthen the relational foundations of collaborative intervention development. Drawing on established co-creation literature, contemplative traditions, and empirical insights from recent iterative prototyping methodologies, the protocol articulates a set of process-oriented principles, including presence, compassion, reflexivity, nonattachment, and shared power, that aim to cultivate psychological safety, deepen dialogue, and promote equitable decision-making. These principles, operationalised across a three-stage workflow, offer a structured yet flexible approach that can be adapted to any target condition or organisational context. This protocol is the first to formally integrate mindfulness and nonattachment as operationalised process mechanisms within participatory action research, offering a structured yet flexible framework that strengthens relational ethics, power-sharing, and psychological safety in public healthcare co-creation. By merging contemplative practice with participatory empowerment, this protocol contributes an innovative and theoretically grounded advancement to existing co-creation methods. It provides a practical, ethically robust framework for designing interventions with communities rather than for them, addressing long-standing challenges related to relational quality, inclusivity, and the authentic integration of lived experience into public healthcare innovation.

**Keywords:** Mindful, Co-Creation, Protocol, Healthcare

## Introduction

Co-creation has become an increasingly important approach in public healthcare intervention development, reflecting a shift toward methods that value lived experience and redistribute power within research processes. Rather than positioning communities as passive recipients of expert-driven solutions, co-creation treats lived experience as a legitimate and generative form of expertise, consistent with long-standing participatory action research traditions (Israel et al., 2001; Wallerstein & Duran, 2006). Evidence consistently shows that when individuals affected by a *target condition* help shape intervention design, the results tend to demonstrate stronger acceptability, contextual relevance, cultural fit, and long-term sustainability (Leask et al., 2019; Tetui et al., 2017, 2018; Wallerstein et al., 2017). Large-scale reviews, including the Health CASCADE scoping review, similarly conclude that co-creation enhances engagement, innovation, and meaningful implementation across diverse public health systems (Agnello et al., 2025).

However, research also shows that the success of co-creation depends not only on structural participation but on the *quality of relationships and processes* that underpin collaboration. Challenges often arise in areas such as communication, trust-building, power negotiation, and the management of differing perspectives - relational dimensions that profoundly shape whether co-creation succeeds or struggles (Greenhalgh et al., 2016; Halvorsrud et al., 2021; Wallerstein et al., 2019;). These processual factors are seldom incidental; rather, they constitute the ethical and interpersonal core of participatory work and require thoughtful, ongoing attention.

For this reason, a mindfulness-based approach to co-creation is not only appropriate but advantageous. Mindfulness and nonattachment offer process-level qualities such as present-moment awareness, reflective openness, compassion, and reduced attachment to preconceived solutions, that directly support the relational and ethical foundations required for effective co-creation. Such qualities help facilitate deeper listening, mutual respect, and non-defensiveness, enabling participants and facilitators to navigate uncertainty, difference, and emotional complexity with greater steadiness. These process characteristics align closely with participatory action research values of reflexivity, shared learning, and iterative adaptation (Baum et al., 2006; Hawkins et al., 2017). Integrating mindfulness therefore strengthens the conditions that allow co-creation to function as intended: inclusive, equitable, collaborative, and grounded in authentic partnership.

Mindful co-creation is particularly suitable when developing interventions for any target condition where participants may bring diverse histories, sensitivities, expectations, or levels of readiness. A mindful stance supports psychological safety by pacing dialogue intentionally, validating emotional experience, and cultivating an atmosphere of respect and curiosity. It also enhances methodological flexibility by encouraging

facilitators to approach the process without rigid attachment to predetermined outcomes, allowing insight to emerge organically from group interaction—an approach consistent with the non-linear, responsive nature of co-creative work (Leask et al., 2019; Greenhalgh et al., 2016).

This paper therefore proposes a protocol for mindfulness-based co-creation which recognises that intervention development is both a research process and a relational practice where power dynamics must be actively addressed and process quality holds equal importance to product outcomes (Baum, 2006; Dorant, 2020). Drawing on mindfulness, nonattachment, and participatory action research traditions, the following principles are proposed to guide ethical, empowering, and context-responsive collaboration.

The underlying principles of Mindful Co-creation were developed through an integration of three complementary sources: (1) the established evidence base on participatory and co-creative methodologies, which emphasises power-sharing, relational ethics, reflexivity, and iterative adaptation as core determinants of successful collaboration (Baum et al., 2006; Israel et al., 2001; Leask et al., 2019; Wallerstein & Duran, 2006); (2) contemplative traditions, particularly mindfulness and nonattachment, which offer process-level qualities such as presence, open awareness, compassion, and reduced attachment to predetermined outcomes, supporting the relational and ethical foundations required for collaborative design; and (3) empirical insights from prior co-creation work in public healthcare, including frameworks for prototyping and iterative refinement developed through transdisciplinary action research (Hawkins et al., 2017; Tremblay et al., 2025) and reviews identifying engagement, trust, creativity, and contextual sensitivity as key enablers of co-created interventions (Agnello et al., 2025; Greenhalgh et al., 2016). These foundational knowledge bases informed a set of principles that integrate the relational strengths of participatory action research with the contemplative qualities of mindfulness, offering a coherent framework for designing interventions with communities in an ethical, grounded, and context-responsive manner.

## **Underlying Principles of Mindful Co-creation**

### ***Presence and Contemplative Awareness***

Facilitators and participants cultivate moment-to-moment presence, approaching each interaction with curiosity rather than predetermined expectations. Meetings are paced intentionally, allowing reflective pauses before, during, and after dialogue. This contemplative stance supports authenticity, alignment, and psychological grounding, helping ensure that the process itself models the mindful qualities the intervention aims to promote.

### ***Compassion and Validation***

Because co-creation often engages sensitive material such as trauma, compassion is central. The process honours vulnerability and

validates lived experience as a legitimate form of expertise equal to clinical or academic knowledge. Compassionate communication normalises diverse emotional responses and reinforces collective care within the group.

### ***Reflexivity and Nonattachment***

Facilitators maintain continuous awareness of their own assumptions, biases, and positionalities, using reflexive journaling and dialogue to ensure that participant perspectives genuinely shape outcomes. In alignment with the principle of nonattachment, facilitators intentionally release fixation on specific solutions or hypotheses, creating space for insights to emerge organically from collective wisdom rather than researcher preconception.

### ***Power-Sharing and Democratized Knowledge Production***

Mindful co-creation treats power redistribution as structural rather than rhetorical. Authority is shared transparently, with participants actively engaged in decision-making about design, language, and implementation. Experiential knowledge is recognised as equally valid and generative as professional expertise (Wallerstein et al., 2019).

### ***Empowerment, Agency, and Iterative Reflection***

The approach operationalises empowerment by granting participants genuine influence over the direction and substance of the intervention (Wallerstein et al., 2017). Iterative cycles of reflection, feedback, and adaptation ensure that the process evolves responsively to participant insight and contextual realities (Baum, 2006).

### ***Flexibility and Contextual Adaptation***

Rather than adhering to rigid methodological templates, mindful co-creation allows form to follow function, adapting structure, pacing, and modality to local cultural and organizational contexts (Leask et al., 2019). This responsiveness promotes inclusivity and sustainability within diverse healthcare environments.

### ***Safety and Trauma-Informed Practice***

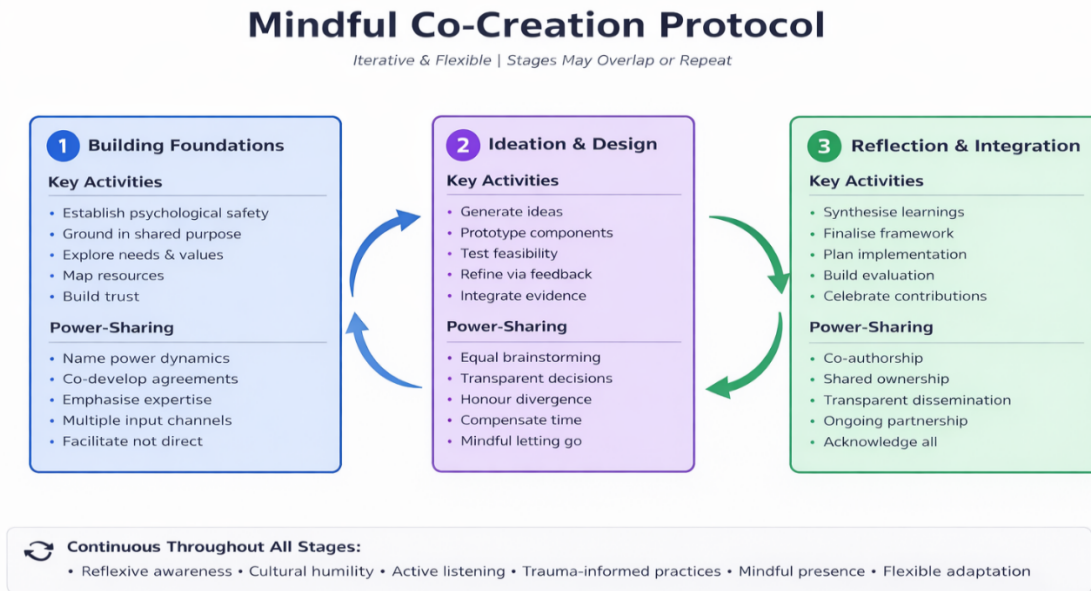
Psychological and physical safety are intentionally cultivated at every stage through grounding practices, clear boundaries, and trauma-sensitive language. Participants are given permission to engage at their own pace and depth, ensuring that collaboration remains stabilising rather than risk re-traumatisation.

Collectively, these principles can establish mindful co-creation as a flexible, ethically robust framework that merges contemplative presence with participatory empowerment, enabling interventions to be designed *with* communities rather than *for* them.

### Mindful Co-creation in Practice

Figure one illustrates the flexible, iterative process of mindful co-creation across three interconnected stages, and is followed by an overview of each of the proposed stages.

**Figure 1: Mindful co-creation workflow**



*Note. This process is iterative and flexible. Stages may overlap, repeat, or adapt based on contextual needs and emerging insights.*

#### **Stage 1: Building Foundations**

**Purpose:** To familiarise participants with co-creation principles and gather experiential wisdom about intervention needs, previous experiences, and contextual factors.

**Duration:** One-to-one meetings, 60-90 minutes each.

**Participants:** Individuals with lived experience of the target condition.

#### **Mindful Facilitation Approach:**

- Begin with grounding: Open with a brief centering practice (2-3 minutes) to support present-moment awareness
- Set contemplative tone: Speak slowly, leave pauses, model non-reactivity to difficult content
- Practice deep listening: Allow participant to lead discussion, resist urge to fill silences

- Validate continuously: Explicitly acknowledge the value and difficulty of sharing lived experience
- Check-in frequently: "How are you feeling right now?" "Do you need a pause?" "Is this pace comfortable?"
- End with integration: Offer space for participant to share how the conversation felt and what they need

**Key topics to cover:**

- Previous intervention experiences (positive aspects, challenges, gaps)
- Experiences with the target area of focus
- Initial reactions to the contemplative focus (e.g., nonattachment, mindfulness)
- Preferences for structure, format, delivery method
- Barriers to engagement (logistical, emotional, cognitive)
- What constitutes empowerment and agency in their view
- Safety needs and grounding preferences

Suggested facilitator guidance for the ‘Building Foundations’ stage is provided in table one.

**Table 1:** Building foundations facilitator guidance

Session Phase	Purpose / Focus	Facilitator Prompts and Guidance
Opening (Grounding & Setting Tone)	Establish safety, presence, and relational trust	<p>“Hello [name], thank you so much for being here. Before we begin, I’d like us to take just a moment to arrive and be present together. Would it be okay if we take three slow breaths together?”</p> <p>[Pause for grounding; model slow, deep breathing.]</p>
Explaining Co-Creation & Power-Sharing	Clarify participant role and partnership ethos	<p>“I want to acknowledge the courage it takes to share your experiences, especially around something as personal as trauma. You are in complete control today. Share as much or as little as feels comfortable. We can pause anytime.”</p> <p>“In co-creation, you’re not simply giving feedback, you are a design partner. Your input will directly shape what this intervention looks like: its structure, content, and language. My role is to facilitate and integrate insights from everyone, but the intervention truly emerges from all of you. There are no right or wrong answers. I’m here to learn from your experience.”</p>
Introducing the Contemplative Focus	Defining target construct	<p>“The intervention we’re developing focuses on [nonattachment/mindfulness/compassion etc.].</p> <p>“What does that concept mean to you?”</p>

Exploring Previous Intervention Experiences	Elicit experiential insights from prior interventions	<p>“How does that idea sit with you? What thoughts or reactions arise?”</p> <p>“I’d love to hear about your experience with previous interventions for [area of focus]. What felt helpful or supportive? What felt unhelpful or missing?”</p> <p>Use deep listening and validation: “Thank you for sharing that.” / “That sounds really difficult.” / “It makes sense that you felt that way.”</p>
Discussing Intervention Needs & Preferences	Identify user priorities for design	<p>Follow-ups: “What would have made that experience safer or better?” / “Did you feel your needs were heard?”</p> <p>“If you were designing an intervention, what would be most important to you? What would make something feel safe and effective?”</p> <p>Choice &amp; Control: “How much flexibility feels empowering versus overwhelming?”</p> <p>Safety &amp; Grounding: “What helps you stay regulated when material feels difficult?”</p> <p>Delivery Format: “Would you prefer self-guided, clinician-supported, or hybrid?”</p> <p>Language &amp; Tone: “What tone feels validating versus clinical or patronizing?”</p>
Mid-Session Check-In (Use Liberally)	Monitor emotional state and maintain safety	<p>“Let’s pause for a moment, how are you feeling right now? Is this pace okay? Do you need a break or to shift topics?”</p>
Closing (Integration & Gratitude)	Support reflection and closure	<p>If distress observed: “Would it be okay if we take a short pause and breathe?”</p> <p>Observe non-verbal cues (breathing, facial tension, fidgeting) and respond accordingly.</p> <p>“We’re coming toward the end. How has this conversation felt for you? Is there anything you want to make sure I understand or include?”</p> <p>“Thank you so much for sharing your time and wisdom. What you’ve shared directly informs how this intervention develops. You’ll see your voice reflected in the next version.”</p> <p>“Before we close, how are you feeling? Do you need anything right now? Please take care of yourself and know you can reach out anytime.”</p>

### ***Stage Two: Ideation and Design***

*Purpose:* To collaboratively develop an initial intervention framework based on Stage 1 insights, incorporating feedback from both lived experience participants and potential intervention providers (clinicians).

*Duration:* One-to-one meetings (60 + minutes) with lived experience participants; plus one-to-one meetings (60 + minutes) or written consultation with clinicians.

*Participants:* Individuals with lived experience of the target condition who participated in stage 1, and potential future intervention providers such as clinicians.

#### ***Mindful Facilitation Approach:***

- Re-establish contemplative space: Begin with brief grounding, acknowledge time elapsed since Stage 1
- Present with humility: Frame the prototype as "emerging from collective wisdom" rather than "researcher-designed"
- Invite revision: Explicitly state that everything is changeable—structure, language, content, delivery
- Practice non-defensiveness: When participants critique elements, receive feedback with curiosity and appreciation
- Slow pace: Avoid rushing through presentation; allow time for reflection between sections
- Check for resonance: "Does this feel aligned with what you shared before?" "What feels missing or off?"
- Respect discrepancies: When participants disagree, present options for group voting rather than imposing solutions

#### ***Key topics to cover:***

- Summary of last conversation and key highlights from the individual
- Key highlights from the group overall
- Present a clearly draft formatted overview of input consolidation to date
- Outline of structure and flow
- Sample module/unit with full content
- Roles of user and facilitator (if applicable)
- Platform and delivery method
- Language and tone used throughout
- Safety/grounding elements integrated

Suggested facilitator guidance for the ‘Ideation and Design’ stage is provided in table two.

**Table 2:** Ideation and design facilitator guidance

Session Phase	Purpose / Focus	Facilitator Prompts and Guidance
Opening (Re-establishing Connection)	Reinforce rapport, continuity, and grounding.	<p>“Hello [name], it’s good to see you again. Thank you for coming back for this next phase. Let’s take a moment to ground and arrive together, just like we did last time.”</p> <p>[Brief grounding practice]</p> <p>“It’s been [timeframe] since we last spoke. Before we dive into what I want to show you today, I’m curious, how have you been? Has anything shifted for you since our last conversation?”</p>
Framing the Prototype with Humility	Establish collaborative tone and clarify participant ownership of process.	<p>[Allow space for personal check-in to honour the relational nature of the process.]</p> <p>“Today I want to share what has emerged from all of your conversations and insights. This isn’t something I designed and am now asking you to approve, it’s been shaped by all of you.”</p> <p>“What I’m showing is a working draft. Everything about it from structure, to language, content, delivery is flexible. Please tell me honestly what resonates and what doesn’t. Critical feedback is the most helpful.”</p> <p>“As I walk you through, interrupt anytime. If something doesn’t sit right, say so. If you have a question or a better idea, jump in. Does that sound okay?”</p>
Presenting the Prototype (Section by Section)	Invite participant review of intervention components.	<p>[Present each component slowly, checking for understanding and reactions.]</p> <p>*Welcome/Introduction:* “This is how we’re thinking about welcoming people into the intervention. Does this feel inviting and accurate? What would you change?”</p> <p>*Structure/Flow:* “Here’s the overall structure that emerged from everyone’s input. Does this structure reflect what you hoped for? What’s missing?”</p> <p>*Sample Module:* “Here’s a sample module on [topic]. It begins with grounding, moves into psychoeducation, and includes practice. How does it feel? Is the language accessible? Would this feel safe?”</p> <p>[After each section:] “What reactions are coming up</p>

<p>Inviting Deep Feedback</p>	<p>Gather critical participant feedback and reflections.</p>	<p>for you? What aligns with what you shared before? What feels off?”                  “That’s the overall picture of what’s emerged. Let’s start with what resonates, what feels right or exciting or aligned with what you were hoping for?”                   “Now, what doesn’t quite land? What feels off, missing, or not fully developed?”                   Prompting questions:  <ul style="list-style-type: none"> <li>• “Does the language feel authentic or too clinical?”</li> <li>• “Is there enough choice and flexibility?”</li> <li>• “Are the safety and grounding elements sufficient?”</li> <li>• “If you were using this tomorrow, what would you change first?”</li> <li>• “What would make this feel more validating?”</li> </ul> </p>
<p>Addressing Discrepancies</p>	<p>Manage differing participant perspectives constructively.</p>	<p>If critique arises: “Thank you for that feedback, that’s really helpful. Can you say more about what would work better?” [Avoid defensiveness.]                  “That’s an important perspective. It differs from what some others said, but both are valid. We have options:                  1. Include both options and let users choose.                  2. Bring it to the group in Stage 3 for creative input.                  3. Take a participant vote.”                   “What feels most fair to you? Even if your preference isn’t final, how can we make sure your underlying need is met?”</p>
<p>Closing &amp; Next Steps</p>	<p>Summarise contributions, outline next stage, and ensure emotional closure.</p>	<p>[Models transparency and shared power in decision-making.]                  “Thank you so much for your feedback. I’ll integrate everything you’ve shared with input from others and send you an updated version to review.”                   “Next, we’ll have a small group discussion to refine the design together. That collaborative energy often sparks new ideas none of us could reach alone.”                   “Before we finish, how are you feeling? Was this process what you expected? Is there anything you need right now?”</p>

### ***Stage Three: Reflection and Integration***

*Purpose:* To facilitate collaborative refinement through small-group dialogue, allowing participants to build on each other's insights and collectively finalize the intervention.

*Duration:* Small group meetings (3-5 participants), 60 + minutes each, if possible, also host small group meetings for clinicians to interact and idea share with one another.

*Participants:* Participants with lived experience and clinicians from stages 1 and 2.

#### ***Mindful Facilitation Approach:***

- Create contemplative container: Open with group grounding practice, set intention for collaborative exploration
- Model mindful dialogue: Encourage participants to speak one at a time, pause before responding, practice deep listening
- Step back: After initial prompts, allow participant-led discussion. Facilitator transcribes rather than directs
- Hold space for conflict: If disagreements arise, frame as opportunity for dialectical wisdom rather than problem
- Practice group non-attachment: Encourage letting go of individual preferences in service of collective wisdom
- Acknowledge vulnerability: Validate the courage it takes to share in a group, especially around trauma
- Close with appreciation: End by acknowledging the group's collective contribution and acknowledging the process

In this stage, rather than key topics to cover, the facilitator is working to promote and support interaction between group members, acting more as a witness and source of encouragement than anything else while ensuring that dialogue unfolds productively.

Suggested facilitator guidance for the 'Reflection and Integration' stage is provided in table three.

**Table 3:** Reflection and integration facilitator guidance

Session Phase	Purpose / Focus	Facilitator Prompts and Guidance
Opening (Creating Group Container)	Establish group safety, cohesion, and mindful presence.	<p>“Hello everyone and thank you so much for being here. I know it can feel vulnerable to join a group conversation, especially around something as personal as [area of focus], so I want to start by acknowledging that.”</p> <p>“Before we begin, let’s take a moment to ground together and arrive in this space. I’m going to invite us to take three slow breaths together.”</p> <p>[Lead brief group grounding, model slow breathing, create calm presence.]</p> <p>“Thank you. Today we’re coming together to refine the intervention that’s been emerging from your individual conversations. Each of you has already contributed so much wisdom, and today is about bringing that collective wisdom together.”</p> <p>“A few things about how we’ll work together today:</p> <ul style="list-style-type: none"> <li>• There are no wrong answers or perspectives - all input is valuable.</li> <li>• Feel free to agree, disagree, or build on others’ ideas.</li> <li>• You don’t have to share anything you’re not comfortable with.</li> <li>• Cameras can be on or off - whatever feels right.</li> <li>• We can take breaks whenever needed.”</li> </ul>
Setting Intention & Inviting Reflections	Encourage participant reflection on process and emerging insights.	<p>“My role is mainly to facilitate and take notes. This is your conversation. Does anyone have questions before we begin?”</p> <p>“To start, I’d love to hear from each of you - no pressure on order, just share when you feel ready. How would you describe the co-creation process we’ve been doing together? What has it been like for you?”</p> <p>[Allow space for sharing; model deep listening and validation. Normalise if someone prefers not to speak.]</p> <p>“Good, thank you for those reflections. Now let’s shift to the intervention itself. As you’ve been sitting with it since our last conversations, what stands out? What feels most important to preserve? What are you still wondering about?”</p> <p>[Allow open sharing; resist directing too much- focus on holding space.]</p>

Facilitating Collaborative Refinement	Guide group dialogue to refine intervention components.	<p>“There are a few areas where I’d love your collective wisdom. The first is [specific area: language/structure/flow]. Right now, [describe current version]. What do you think? How could we make it better?”</p>
		<p>[Facilitate discussion:]</p> <ul style="list-style-type: none"> <li>• Encourage crosstalk and idea building: “I love that – can you say more” / “How does that land with others?”</li> <li>• Draw out quieter voices: “[Name], I’m curious what you think?”</li> <li>• Summarise consensus: “It sounds like we’re hearing [theme] - is that right?”</li> <li>• Respect divergent views: “We have different perspectives here - let’s explore both.”</li> </ul>
		<p>[Explore additional areas:]</p> <ul style="list-style-type: none"> <li>• “Some of you wanted more [structure/flexibility], others less. How might we capture both?”</li> <li>• “The language in [module] had mixed feedback. What would make it more authentic or validating?”</li> <li>• “Where do you see opportunities for improvement we haven’t covered yet?”</li> </ul>
Navigating Disagreement with Mindful Dialogue	Facilitate tension and differing views constructively.	<p>“I notice we have different perspectives here, which is valuable. This is where dialectical wisdom emerges—when we hold two truths together.”</p> <p>“[Name], you’re saying [perspective A], and [Name], you’re saying [perspective B]. Both make sense. Can we explore what need or value underlies each perspective?”</p> <p>[Facilitate deeper exploration:]</p> <ul style="list-style-type: none"> <li>• “What about [option A] feels important to you?”</li> <li>• “What would be lost if we chose [option B]?”</li> <li>• “Can we find a creative way to represent both?”</li> <li>• “Does anyone see a middle ground?”</li> </ul>
Checking Group Energy & Needs	Monitor group dynamics, safety, and engagement.	<p>If no synthesis emerges: “Both options may be valid. One approach is to build in user choice; another is to vote. What feels most fair?”</p> <p>“Let’s pause to check in. How’s everyone feeling? Is the pace okay? Does anyone need a break or want to shift direction?”</p> <p>[Observe for fatigue, overwhelm, or disengagement.]</p> <p>If energy is low: “Let’s take five minutes, stretch, grab water, and we’ll regroup.”</p>
Closing (Appreciation & Next Steps)	Acknowledge contributions, summarize next steps, and close reflectively.	<p>[Model normalising self-care and responsive pacing.]</p> <p>“We’re nearing the end, and I want to appreciate what’s happened here. You brought different perspectives, listened deeply, and refined this intervention in ways that honour lived experience.”</p> <p>“Before we close, are there any final thoughts or things</p>

you want to make sure don't get lost?"

[Pause for final contributions.]

"Thank you. Next, I'll integrate today's feedback into the final prototype and send it for one last review before we move to [feasibility testing/implementation]."

"This has been a genuinely collaborative process, and this intervention exists because of your wisdom. How is everyone feeling as we close? Is there anything you need right now?"

[Offer grounding or support resources if needed; close with gratitude.]

## Discussion

Effective mindful co-creation depends on facilitators who embody relational, ethical, and reflective capacities that support authentic collaboration and psychological safety. Central to this role is reflexive awareness, or the continuous examination of one's own assumptions, biases, and emotional responses throughout the process (Berger, 2015; Finlay, 2002). Such reflexivity enables facilitators to recognise how their perspectives shape interactions and to remain open to participants' meanings rather than imposing interpretation. Equally essential is active listening, which involves attending genuinely to participant perspectives without prematurely problem-solving or directing discussion (Rogers, 1957). Cultural humility is also vital, requiring the recognition of diversity in trauma experiences and a commitment to avoiding universal or pathologizing assumptions (Hook et al., 2013). A trauma-informed stance further ensures that facilitators understand how trauma may influence engagement, pacing, and emotional regulation, and thus design processes that emphasise choice, safety, and empowerment (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014; Sweeney et al., 2018; Tremblay et al., 2025). Finally, effective facilitation requires comfort with uncertainty, a tolerance for emergent, non-linear processes and a willingness to release predetermined outcomes (Lang et al., 2012). Together, these qualities allow facilitators to model mindfulness in action, balancing structure with openness and ensuring that co-creation remains both ethically grounded and experientially attuned.

From an ethical perspective, mindful co-creation requires trauma-informed safeguards that prioritise participant autonomy, safety, and dignity at every stage of engagement. Comprehensive informed consent must emphasise voluntary participation, the right to withdraw at any point, and transparency about how data will be used (Israel et al., 2001). Furthermore, screening to ensure that participants are not in acute crisis and are psychologically ready to engage in reflective and potentially emotive

dialogue is an essential step in a mindful approach (Herman, 2015). Facilitators should ensure that grounding resources and crisis supports such as breathing exercises, mindfulness scripts, or referral pathways are readily available throughout participation (SAMHSA, 2014). Participants should maintain control over the depth and pacing of their sharing, allowing them to decide when, how, and to what extent to engage, thereby modelling empowerment and agency within a trauma-informed framework (Sweeney et al., 2018).

Further to this, confidentiality protocols must be clear and explicit about their boundaries (e.g., duty of care, safeguarding), helping establish relational trust while maintaining ethical and legal compliance (Wiles et al., 2008). Finally, ethical integrity also requires fair compensation that recognises participants' time, expertise, and emotional labour, affirming their role as co-creators rather than research subjects (Wallerstein et al., 2019). Together, these safeguards ensure that mindful co-creation processes remain both participatory and protective, enabling collaboration that values lived experience while minimising potential harm. In certain circumstances this may be financial, in others the therapeutic potential of participation may feel rewarding. The participant should have the opportunity to reflect and decide.

To our knowledge, this is the first co-creation protocol to explicitly operationalise contemplative constructs such as mindfulness and nonattachment as relational process mechanisms for power-sharing and trauma-informed collaboration within public healthcare intervention design. The protocol advances existing co-creation and participatory action research frameworks by shifting attention from structural participation alone to the relational conditions that enable authentic partnership. While established models emphasise stakeholder engagement, iterative prototyping, and power redistribution (Hawkins et al., 2017; Wallerstein et al., 2019), they offer limited operational guidance on how facilitators cultivate the psychological conditions necessary for authentic partnership. Drawing on contemplative science, this protocol introduces mindfulness and nonattachment as structured facilitative capacities that reduce defensiveness, soften attachment to predetermined solutions, and enhance reflexive awareness during co-creative dialogue. In doing so, it responds directly to recent calls for deeper theorisation of relational quality within co-production research (Agnello et al., 2025; Halvorsrud et al., 2021). The protocol therefore contributes a theoretically integrated, trauma-informed, and ethically grounded framework that strengthens methodological rigour while preserving flexibility and contextual responsiveness.

### **Conclusion**

Mindful co-creation offers public healthcare settings an evidence-based and flexible framework for developing interventions that genuinely reflect the needs, values, and expertise of those they aim to serve. By embedding power-sharing as a core methodological value and maintaining

adaptability to diverse contexts, this approach addresses critiques of traditional intervention development while building on robust evidence from participatory action research. Evidence from existing co-creation literature indicates that such collaborative approaches consistently produce interventions with higher acceptability, feasibility, and cultural fit (Leask et al., 2019). Through the redistribution of authority and shared decision-making, co-creation enhances participant empowerment and collective efficacy, fostering a sense of ownership and agency among both service users and providers (Wallerstein et al., 2019). Moreover, this process strengthens community capacity and local ownership, enabling sustainable engagement and contextually relevant solutions (Tetui et al., 2017). Empirical findings also suggest that participatory and co-created interventions demonstrate greater effectiveness than top-down models, particularly within marginalised or trauma-affected populations (Halvorsrud et al., 2021). Ultimately, mindful co-creation has the potential not only to improve intervention quality and sustainability through stakeholder investment and shared ownership but also to demonstrate in practice the empowerment, safety, and relational trust that define trauma-informed and equity-oriented healthcare practice.

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N/A

**Conflict of Interest**

The authors declare that they have no conflicts of interest.

**Author's Contributions**

Lindsay Tremblay was responsible for the conceptualization, writing of original report, and initial editing of this paper. William Van Gordon and James Elander were responsible for reviewing, editing, and critiquing the content of this paper.

**Informed Consent**

N/A

**Ethics Approval**

N/A

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