

**Abstract:** Mental health services have changed over the last decades through an increased emphasis on deinstitutionalization and normalization, and with recovery processes situated in everyday life as a new locus of support. These changes have led to a need for new knowledge and methods concerning provision of community mental health services. The aim of this study was to explore how community mental health workers provide support to users, by investigating professionals' own narratives of how they work. Seven community mental health workers participated in narrative interviews, which were subject to a qualitative, interpretive analysis. A primary finding was that community mental health workers provide flexible and individually adjusted support through engaging in negotiations with users, management and others. Our findings show both opportunities and challenges of negotiating support, raising this question for discussion: How and when are negotiations a valuable way for professionals and users to collaborate?

**Keywords:** community mental health services, negotiating, patient involvement, professional-patient relations, recovery.

## Introduction

Current community mental health services present professionals with new perspectives, contexts and roles for supporting users in managing everyday life with mental health problems. These developments arose from changes in the mental health field during the last decades, following an emphasis on deinstitutionalization and normalization (Pedersen and Kolstad, 2009, Rosen et al., 2012, Longden et al., 2016, Curtis and Hodge, 1994). Research shows that users wish for safe and predictable care, as well as empowering practices from professionals, depending on fluctuations in their mental health (Rise et al., 2013b, Ulfseth et al., 2016). Consequently, mental health professionals are advised to mirror these fluctuations, keeping support flexible (Rise et al., 2013b). To adjust to the community context and the call for flexible services, *recovery* has become an important perspective in mental health work in western countries during the last decades (Davidson et al., 2005, Anthony, 1993). Recovery is described as the process of regaining control and meaning in everyday life (Borg, 2007). It is both a personal (Anthony, 1993, Deegan, 1996) and a social process (Tew et al., 2012, Mezzina et al., 2006a), which is situated within everyday life (Borg and Davidson, 2008, Davidson et al., 2005, Ness et al., 2014a). Following this, Borg (2007) proposes that the role of ‘*everyday life helpers*’ has been assigned to community mental health workers. Everyday life is complex and involves several ‘*fields of activity*’ (Scott, 2009, Borg, 2007); hence, being an everyday life helper involves new tasks, methods and challenges for the professionals (Borg, 2007).

It is suggested that recovery-oriented services include the formation of collaborative partnerships (Le Boutillier et al., 2011); through the establishment of a common ground on which to collaborate (McCloughen et al., 2011), and negotiating collaboration while

‘walking alongside’ users (Ness et al., 2014b). Additionally, services are increasingly situated in users’ homes, which also requires professionals and users to negotiate their roles, shifting between professional and private interaction (Juhila et al., 2016).

Furthermore, community mental health workers are expected to work not just with individuals, but also engage with families and communities, acknowledging recovery as social process (Tew et al., 2012). This implies that professionals should promote citizenships by advocating user rights, and by supporting users’ participation and social inclusion (Le Boutillier et al., 2011, Mezzina et al., 2006b), preferably in ordinary environments as opposed to mental health service settings (Borg, 2007). However, supporting community participation may be a complex task for professionals, involving individual adjustment, assessment of possibilities, balancing challenge and support, and mediating connections between individuals and potential social arenas (Farone, 2006).

As discussed above, recovery-oriented professionals are expected to provide flexible and collaborative services. However, this may be challenging, and Borg (2007) has argued that professionals and managers within community mental health services may experience tension and dilemmas when providing individually adjusted support of recovery. Such support may conflict with service planning and standardized procedures, due to the complexity of providing support in the unpredictable and changing context of everyday life (Borg, 2007). Additionally, Tickle, Brown and Hayward (2014), and Le Boutillier et al. (2015) suggest that there exists a tension within mental health services between the perspectives of recovery and medicine. Although mental health services seek a collaborative, recovery-oriented practice, medical perspectives may be a hindrance, as practitioners still take responsibility by caring for and protecting users (Solbjør et al., 2013, Tickle et al., 2014, Hansen et al., 2004, Le Boutillier et al., 2015).

The research presented above shows how community mental health workers, when seeking to provide flexible and collaborative support of users' recovery, need to balance relationships, adjust to the complexity and unpredictability of users' everyday lives, and manage tensions within the services. However, limited knowledge exists about how professionals accomplish this.

### **Aim**

The aim of this study was to explore how community mental health workers provide support to users, by investigating professionals' own narratives of how they work.

### **Method**

An explorative, qualitative approach was chosen, involving narrative interviews with employees at community mental health services.

### **Procedure and participants**

We contacted two community mental health service departments in an urban community in Norway in order to find participants. The leaders of the departments assisted in making contact with seven professionals agreeing to participate in an interview, three from one department and four from the other. The participants represented multiple professions: three nurses, one social worker, one occupational therapist, one sociologist and one practical nurse. They had all completed post-graduate courses within the areas of mental health, therapy, violence, and/or drug abuse. Their ages ranged from 30 to 58. They had worked in community mental health services from 2 to 17 years, with an average of 11 years.

The main question asked in these narrative interviews was ‘*Can you tell me about what you do in your work, and how you collaborate with users?*’ The professionals were encouraged to tell stories from their work in order to collect detailed information about the actions and contexts that constitute their meetings with users. Follow-up questions allowed the participants to elaborate further on their narratives, as well as being asked specifically how they manage challenges, dilemmas, opportunities and limitations in their work. The first author and a project assistant conducted the interviews from December 2014 to December 2015. Each interview lasted for about an hour and took place in the offices of the community mental health services. The interviews were audiotaped and transcribed verbatim.

### **Data analysis**

The community mental health workers offered narratives of how they provide support to users, and shared their reflections about their work. The material from the interviews was subject to a qualitative, interpretative analysis, involving the following steps. First, the first and third authors read the transcripts several times to acquire an overview of the professionals’ narratives. Secondly, all three authors contributed to a preliminary analysis of the data. Theoretical knowledge about recovery as a perspective on mental illness and care (Davidson et al., 2005, Borg, 2007, Anthony, 1993, Le Boutillier et al., 2015) and everyday life (Borg, 2007, Scott, 2009) were the analytical resources that guided the researchers’ interests and interpretations in this step of analysis. This reflects an ‘*editing analysis style*’ (Malterud, 2015, Crabtree and Miller, 1999). We found that the professionals told several stories about experiencing *uncertainty* when supporting users, which results in *dilemmas and challenges* for them, and chose these findings as object of further analysis. In the third step of analysis, the first author read the

transcripts again, and parts of the transcripts in which the professionals discussed dilemmas or challenges were marked. In the fourth step of analysis, the first and third authors grouped the marked citations into six different situations, which they further explored and interpreted. Understanding the processes of negotiation served as an analytical resource in this step (Lewicki and Wang, 2006, Alsaker and Josephsson, 2003). The term *negotiation* refers to a process in which two opposing parties seek to reach agreement through discussions and bargaining. The purpose of negotiation is to reach agreement on a common middle ground (Lewicki and Wang, 2006). Negotiation processes may be open and ongoing, moving between possibilities, choice and compromise in the particular situations (Alsaker and Josephsson, 2003). The professionals in this study told about situations of uncertainty in their work, giving rise to dilemmas or challenges, which they needed to resolve through processes we recognize as negotiations. In these situations, the professionals discuss, bargain, reflect, balance and mediate with users, management and others, all as part of the process of negotiating compromise and agreement on how to provide support. In this article, we present our analysis of how community mental health workers negotiate their support in four situations in which they experience dilemmas or challenges when meeting users.

### **Ethical considerations**

Ethical approval for the study was issued by the *Regional committee for medical and health research ethics*. The project plan was also sent for approval and support to the Director of Health in the municipality of study. The researchers informed the participants about the aim of the study, respect for their anonymity, and what it would mean to participate in the project. The participants signed written consent forms prior to

the interviews. Names used in this article are fictional in order to ensure anonymity for the participants in the study.

## **Findings**

Our primary finding shows how community mental health workers manage uncertainty when supporting users. This uncertainty leads to dilemmas and challenges, which the professionals seek to resolve through processes we recognize as negotiations. Further, our findings illustrate how community mental health workers provide support to users in between the contexts of *users' everyday lives, the community, and the service system*. This also requires the professionals to mediate in negotiations between the different contexts. Professionals discuss, bargain, reflect and mediate with users, management and others in the process of negotiating compromise and agreements about how to support users. In the following, we present four situations that show how professionals engage in such negotiations: supporting users' independence, meeting users who have children, individual adjustments in participation, and questioning users' self-determination.

### **Supporting users' independence – negotiating a subtle balance**

The community mental health workers said that providing support in everyday life entails forming relationships with users, and that this relationship may become an important part of the users' networks and everyday lives: "*Yes, we are one of the few contacts they have. This makes you a part of their network, or even their everyday lives. Yes, you become their contact with the rest of the world*" (Klara). We understand that Klara is pointing to a dilemma she experiences. Although she knows the importance of forming relationships with users, she is a professional, not a friend. Therefore, she

needs to negotiate her relationships with users, finding the right balance between 'private' and 'professional'. The professionals upheld the duration of service provision as an important consideration in negotiating relationships, as long-term relationships may become too private.

Additionally, providing long-term support represented another dilemma to the professionals, as they ran the risk of hindering users' independence and empowerment by '*losing track of the goal*' as well as becoming too engaged in users' lives. The professional talked about a subtle balance of support: "*And in this there is a subtle balance, where our help may become more of a pillow to sleep on. (...) We who work here often have big hearts and wish people well, and in the eager moment of helping people we may wind up being more engaged in people's lives than they themselves are*" (Klara). Here, Klara demonstrates how long-term support creates a deep engagement with users, with the risk of becoming too engaged. This conflicts with her goal of supporting users' empowerment and independence, and she experiences a need to negotiate a '*subtle balance*' of support and engagement between herself and the users, by discussing and bargaining their roles and engagement in the process of recovery. Klara also showed how this task has another level of complexity, as users' everyday lives are unstable and changing: "*Things happen in people's lives. They lose their home, their income or other things, which makes what we talked about yesterday invalid today. We have to make redefinitions all the time*" (Klara). Here, Klara points to how changes in users' everyday lives create the need for ongoing redefinitions and renegotiations of her support.

The professionals showed how negotiating the balance of support involves discussing and bargaining with users, reaching agreements on common goals, as well as plans for



how to work together, and for how long. The professionals also said that keeping working processes time-limited and goal-directed, and clarifying for users the possibilities and limitations of their support are clear demands by the service management. Rita expressed how this may be challenging: *“Nowadays, we are supposed to work with a short-term perspective, a short-time relationship. That is what is desired. (...) In one way, we are obliged to say something about our experiences of some [users] needing long-lasting help”* (Rita). Rita here tells that her management’s requirements of providing short-term support means she cannot necessarily do what she thinks is best, based on her professional knowledge and experience. She shows a need to challenge the managements’ call for short-term services, and to initiate negotiations with them, trying to reach an agreement on the length of services through discussing and bargaining.

Our analysis shows how these negotiations of relationships and support include users’ changing needs and wishes for support, professional objectives and considerations, and demands from the management-level on the negotiation table. This reflects the complex and ongoing nature of the negotiations of dilemmas inherent in the ‘subtle balance’ of support.

Negotiating support in everyday contexts also involves more than the user and the community mental health worker. In the following, we meet the families and children involved.

### **Meeting users who have children - negotiating the focus of professional support**

Two of the professionals, Rita and Maria, described the dilemmas and challenges of providing services to women with children. They described issues of children’s welfare

and motherhood as both dramatic and sensitive. Through their work with women who are mothers, they acquire knowledge about these women's families, which assigns to them an obligation to consider possible family needs of professional support. The professionals said that in some situations they have to manage the dilemma of whether to report users' families to the Child Welfare Services or not. In situations of less severity, the professionals might feel obliged to talk with users about their children's situation and welfare, with the intent of providing support or advice. Maria described how she experiences uncertainty and dilemmas in such situations:

*“How much pressure should I put on her? Because I know, I should not press too much. (...) Because I might lose her, right? And then, she won't come here. At the same time, I know that the child services are at the other end, watching over these children. They do live in a home with violence. Yes... and therefore, they might risk having their kids taken away from them. So this is the dilemma: how much pressure should I use?”*

(Maria).

Rita and Maria both emphasized their professional and judicial responsibility to secure the welfare of users' children, but also expressed a wish to focus mainly on supporting these women. However, in their experience, introducing children as a topic for conversation and support can drive users away from them, pose a threat to their working relationships, and thus hinder the continuation of support to these women. Therefore, Rita and Maria both expressed a dilemma of whether to introduce the topic of children or not. In our interpretation, this dilemma requires them to bargain and prioritize different considerations, such as the judicial and moral requirements of protecting children, and their own professional objectives of supporting users and protecting working relationships. As we interpret these findings, these negotiations do not include

users as negotiating partners. Instead, they are performed through the professionals' reflection and evaluation. However, our findings show how the professionals, when choosing to talk about these topics, may initiate negotiations with users concerning their need for support:

*“But then, I often explain this to her. Talk to her about it. It is important that she knows this, that there is a risk tied to her living there. Because she might need some time to get out, in a way. Mentally, that is. And she might not be there yet. She wants to give it another try over and over again, right? But there is a limit for how much time she has available” (Maria).*

We interpret what Maria says here as an example of how she seeks to negotiate a shared understanding and agreement with this user about her family's need for support and change. Maria brings her professional knowledge about the risks of raising children in violent homes, and how difficult it might be to get out of violent relationships, to these negotiations. The user brings her personal knowledge, feelings and preferences to the negotiating table, not necessarily agreeing with Maria. When negotiating, they offer each other their individual knowledge and perspective, and discuss, bargain and balance these to reach an agreement on how to proceed in the situation.

Further, we found that challenges regarding participation in the local community also require negotiations, something we will attend to next.

### **Individual adjustments of participation - negotiating challenge, comfort and ‘the space for being mentally ill’**

The community mental health workers affirmed that supporting participation in social arenas is an important part of their services. They told about supporting users'

participation through mapping their interests, helping them overcome insecurity and anxiety, as well as motivating and challenging them into trying new activities. The professionals said that some users choose to participate in ordinary community arenas, while others are more comfortable participating in segregated ‘mental health’ arenas, as these feel safe and offer opportunities for mutual understanding between the participants. However, the community mental health workers said that supporting users’ participation involved the dilemma of providing challenge or comfort for the users. Tom tied this dilemma to supporting users’ participation in either ordinary or segregated arenas:

*“That is a judgement to make: should I suggest only segregated activities, or should I recommend ordinary networks to a larger extent, those who are not connected to that of being a registered user? If one struggles and feels unsafe and unstable, participating in segregated arenas may be ok. But when we together experience that they [the users] dear to try out some more, are a little more robust and things, then I would like to motivate them to make initiatives in the ordinary arenas” (Tom).*

As we interpret this, Tom experiences this dilemma because he knows that users’ needs change over time, ranging from needing comfort at times and at other times searching for new challenges. Tom has to adjust his support to users’ changing needs, but he seeks to recommend ordinary arenas when possible. This reflects his professional goal of supporting recovery through new challenges, but also his acknowledgment that challenges may not always be what the users need and want. Tom says ‘*when we together experience*’, indicating that users take part with him in what we view as negotiations of what arenas to seek participation in, bringing their own needs and

wishes to the negotiating table, discussing and reflecting with the professional about how and where to participate.

Rita expressed promoting healthy identities, more uplifting environments, and avoiding stigma, as reasons for recommending ordinary arenas for participation to users.

However, she meant that there is a lack of something between the ordinary and the segregated arenas, and wished for social arenas that are more personally ‘*adjusted within the ordinary*’. The professionals emphasized seeking adjustment in ordinary arenas as another challenging task requiring negotiations:

*“Sometimes we try to work against the system, the rest of the ‘crowd’ in a way. (...) The space for being mentally ill, it is not... They often receive segregated services and their own meeting places. The rest of the society is not... It either costs money or demands that you are capable of presenting yourself and behaving in certain ways”* (Klara).

Klara here expresses a lack of ‘*space for being mentally ill*’ as a challenge for participation, but without telling how she tries to open up this space. However, some other professionals talked about how they function as *translators* when supporting participation: sometimes helping users understand their own experiences of interaction with others, at other times helping others understand the user. We interpret these accounts as findings of how professionals function as mediators in negotiations between users and others/social arenas: ‘*translating*’ between the parties in order to promote mutual understanding, and bargaining for users ‘*against the system*’ to negotiate agreements of participation and inclusion.

In the final section of our findings, we will examine situations in which community mental health workers view users’ situations as intolerable.

## **Questioning users' self-determination: negotiating professional perspectives, morals and ethics**

Through their knowledge about users and their everyday lives, the community mental health workers said that they sometimes find users' living conditions unacceptable, giving rise to moral and ethical dilemmas. Although family doctors are legally responsible for the initiation of coerced treatment, several of the professionals told about being involved in these processes because they are sometimes the person who best knows the user.

One of the community mental health workers, Klara, posed this question for reflection: *"Where should the limit go for self-determination concerning how to live?"* She and other professionals discussed the dilemma of respecting users' self-determination, as opposed to protecting users from harm through initiating coerced treatment. Lars shared these reflections:

*"I think this is a dilemma: When do we intervene? When do people 'suffer wrong', as they call it? (...) At the same time, people have the right to 'go under' in Norway. Although, allowing people to go under without interfering is very hard. Then there is also a question about the daily life people lead. Although I do not find it sufficient, some of our users may not be able to cope with any other kinds of daily lives".*

Lars here expresses the uncertainty and dilemma in making decisions of how to support users in these situations. He shows how the legal framework gives him some guidelines, but how they may come in conflict with his sense of moral obligation to help people in distress. Although he wants to help, he also acknowledges users' right to self-determination, and that his opinions of what constitutes sufficient standards of living,

may not be the same standards users have. We here understand that Lars has to negotiate these conflicting considerations through reflection, balancing and prioritizing, before making his decision about how to act. The professionals also identified other considerations in these situations, such as preserving trusting relationships with users, and assessing expected outcomes of forced treatment compared to those of voluntary support. The professionals' accounts of all these considerations, some of them conflicting, illustrate the uncertainty and complexity of these situations.

As we interpret these findings of negotiating support in crises, the professionals do not necessarily include users as negotiating partners. However, one of the community mental health workers, *Nora*, suggested how coerced treatment could be '*done in the right way*'. She proposed that through planning and negotiating prior agreements with users '*in times of peace*', it is possible to secure some self-determination even in situations where coercive treatment is initiated. We understand from this that Nora proposes negotiations of compromise between forced treatment and self-determination, where both judicial, professional and user perspectives are discussed and balanced by professionals and users together.

## **Discussion**

Based on our findings, we understand that negotiations of support involve both opportunities and challenges for collaboration between community mental health workers and users. We therefore raise this question for discussion: How and when are negotiations a valuable way for professionals and users to collaborate?

Our findings show how, in negotiations of support, professional, user and systemic perspectives and knowledge are shared, respected and considered by the parties in each particular situation of negotiating support. This implies that negotiations promote both user involvement, flexibility and individual adjustments, which are suggested qualities for the collaboration between community mental health professionals and users (Rise et al., 2013b, Ness et al., 2014b, McCloughen et al., 2011, Le Boutillier et al., 2011).

Hence, we suggest that negotiations are a valuable way for professionals and users to collaborate.

However, our findings also show how, in particular situations, the professionals choose not to negotiate their support with users. This points to an asymmetrical relationship between professionals and users, in which professionals have the authority to decide when negotiations of support are the preferred way of collaborating. In crises, judicial framework and moral obligations may hinder negotiations with users. Additionally, we suggest that in such situations negotiations may be avoided by professionals, as they sometimes question users' abilities and advantages of being involved in decision-making (Solbjør et al., 2013, Hansen et al., 2004). Furthermore, our findings show how professionals leave users out of negotiations in less urgent situations as well, such as when deciding whether to talk about children or not. In these situations, the professionals told about their fear of experiencing disagreements with users, making users upset and not willing to continue receiving support. Consistent with findings in other studies (Solbjør et al., 2013, Hansen et al., 2004, Rise et al., 2013a), we understand that professionals feel responsible for users, and seek to protect and care for them, possibly due to the prevalence of medical perspectives within the services (Tickle et al., 2014, Le Boutillier et al., 2015). Hence, we suggest that professional



responsibility may hold back their initiative to negotiate support with users. Finally, the professionals described situations of tension between the rules and regulations of the service system, and the users' needs for support. Such situations demand negotiations with management as well as users, and may in our understanding limit the influence of user perspectives in negotiations of support.

As our arguments show, negotiations of support are a valuable way to collaborate, but the professionals do not always view negotiations as possible or desirable to initiate. We argue that the professionals have authority to decide *when* to negotiate, showing an unequal relationship between professionals and users. However, do the professionals also decide *how* to negotiate? We view negotiations of support as ongoing processes between professionals, users and others, where they discuss and bargain over different possibilities, choices and compromises (Alsaker and Josephsson, 2003, Lewicki and Wang, 2006). In our understanding, negotiations require that the parties share their power, knowledge and resources. We suggest that if one party undermines the other, forsaking agreement and compromise, the negotiation will falter. Following this, when deciding how to negotiate support, professionals need to seek equal relationships with users, securing enough flexibility and equality for negotiations to proceed.

Based on the arguments above, we proclaim that negotiating support with users is a valuable way of securing user influence, flexibility and individual adjustment of services. However, we acknowledge that professionals do not always view negotiations as a possible or desirable way of collaborating with users. Following this, we offer some suggestions for practice.

## **Relevance for clinical practice**

This study contributes to clinical practice with knowledge about how community mental health workers provide collaborative, flexible and individually adjusted support through engagement in negotiations. Furthermore, our findings show how the asymmetrical relationship between professionals and users leaves the authority and responsibility for initiating negotiations solely to the professionals. We acknowledge that negotiating with users may be challenging, sometimes even unmanageable, for professionals in a service system with strict procedures and professional paradigms. Nevertheless, we argue that negotiations are a helpful way of understanding how professionals and users within community mental health service contexts collaborate, which might help enhance user involvement and flexibility within the services. We propose that noticing and learning more about how and when they negotiate support will help professionals recognize situations where such negotiations are a valuable way of collaborating with users. We suggest that professionals encourage open, reflective and ongoing negotiating processes with users whenever possible, in order to secure user-involvement, flexibility and individual adjustments of services.

## **Conclusion**

The aim of this study was to explore how community mental health workers provide support to users. The study contributes new knowledge about how supporting users in the community mental health context requires professionals to engage in negotiations with users, management and others. Negotiations involve new roles and complex collaborative processes, where the user, professional, and systemic perspectives are

considered and negotiated in each particular situation. By engaging in negotiations, the professionals are able to provide support that adheres to the recommendations for collaborative services (Ness et al., 2014b, Le Boutillier et al., 2011), and meet users' fluctuating needs and wishes (Rise et al., 2013b, Ulfseth et al., 2016). However, based on our brief discussion we understand that negotiations may not always be the preferred way for users and professionals to collaborate. More research is needed to shed light on the potential for and limitations of negotiating support, focusing on how negotiation processes proceed in different clinical contexts, as well as on what skills and resources may assist these negotiations. A clearer understanding of how service systems may adapt to, and enable, negotiations between users, professionals and systems is also needed.

### **Methodological considerations**

The participants in this study were recruited by their supervisors who may have chosen professionals purposefully; for example, based on their perceptions of some employees as knowledgeable or loyal to the organization. Being asked by their supervisor to participate may have had an impact on the professionals' decisions to comply, and may also have had an impact on how they answered the questions in the interviews.

Additionally, the interviews in this study were conducted by two different researchers, which may have affected the participants in different ways. However, from our analysis of the transcripts, no evident differences in the interviews were detected.

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