

Kommunalt psykisk helse- og rusarbeid 2022:

Vedlegg til kapittel 1 Kunnskapsgrunnlag

I dette vedlegget presenterer vi sammendrag (abstract) av innholdet i de 73 inkluderte artiklene, bøkene og rapportene i kunnskapsgrunnlaget. Rekkefølgen er alfabetisk etter etternavet på førsteforfatter av publikasjonen.

Norske tidsskrift, rapporter og bøker

Oppsummeringer/abstract (se referanseliste) for (Andvig and Karlsson 2021, Bergh, Michaelsen et al. 2021, Bjerke 2021, Brekke and Løkkeberg 2021, Bøe, Larsen et al. 2021, Fredriksen Moe 2021, Groven, Ahlsen et al. 2021, Hedlund, Ingstad et al. 2021, Karlsson and Borg 2021, Lie and Hustvedt 2021, Nordaunet 2021, Sommer 2021, Trondsen and Manskow 2021, Tuastad 2021, Uverud 2021, Westerlund 2021, Baklien 2022, Gotaas, Bergsli et al. 2022, Hammervold, Lydersen et al. 2022, Hansen 2022, Haug 2022, Haukeland, Rønning et al. 2022, Kalseth, Ådnanes et al. 2022, Lussand 2022, Magnussen and Tingvold 2022, McGovern and Ellingsdalen 2022, Moe, Borowska et al. 2022, Nordaunet 2022, Nordaunet, Sælør et al. 2022, Omvik and Kvamme 2022, Pettersen 2022, Sivertsen, Jentoft et al. 2022, Sjørgård and Karlsson 2022, Trones 2022, Ulriksen, Svendsen et al. 2022, Wormdahl 2022, Aaslund 2022).

Nordiske tidsskrift

Oppsummeringer/abstract (se referanseliste) for (Bjørlykhaug, Bank et al. 2021, Pedersen, Vardinghus-Nielsen et al. 2021, Fabricius and Thomsen 2022, Gather, Slettebø et al. 2022, Høyland, Schuchert et al. 2022, Karlsson and Borg 2022, Mundy, Kudahl et al. 2022, Tuastad, Johansen et al. 2022).

Internasjonale systematiske kunnskapsoppsummeringer (systematic reviews)

Oppsummeringer/abstract (se referanseliste) for (Howlett, Garcia-Iglesias et al. 2021, Kerman, Polillo et al. 2021, Levengood, Yoon et al. 2021, Aurizki and Wilson 2022, Bonfiglio, Mascia et al. 2022, Cameron, Tchernegovski et al. 2022, Carrillo de Albornoz, Sia et al. 2022, Chang, Ali et al. 2022, Chazal, Roux et al. 2022, Gather, Slettebø et al. 2022, Halvorsrud, Eylem et al. 2022, Holmes and Chang 2022, Li and Chen 2022, McIntyre, Reeves et al. 2022, Menear, Girard et al. 2022, Mundy, Kudahl et al. 2022, Mutschler, Bellamy et al. 2022, Osborne, Larance et al. 2022, Paramasivam, Elangovan et al. 2022, Pearce, Maple et al. 2022, Peat and Feltner 2022, Peñuela-O'Brien, Wan et al. 2022, Prajapati and Liebling 2022, Ramsey, Galway et al. 2022, Stewart, Cossar et al. 2022, Tanner-Smith, Parr et al. 2022).

Andre internasjonale bidrag

Oppsummeringer/abstract (se referanseliste) for (Hofstad, Rugkåsa et al. 2022, Høgås, Elstad et al. 2022, Ose, Thaulow et al. 2022, Peat and Feltner 2022, Sæther, Knapstad et al. 2022).

Referanseliste

Andvig, E. and B. Karlsson (2021). "Samordnede velferdstjenester til personer etter soning – glippsoner og broer." Tidsskrift for velferdsforskning **24**(3): 1-14.

Løslatte har vanskelige livsforhold, økonomiske problemer og psykiske og rusrelaterte helseutfordringer. Det er et felles ansvar på tvers av sektorer og forvaltningsnivåer å hindre tilbakefall. Denne studien undersøker hva som bidrar til å sikre helhetlig oppfølging etter soning og gjenetablere kontakt med nettverk, arbeid og familie. Studien ble gjennomført i et prøveprosjektet hvor målet var å sikre en helhetlig og tverrfaglig oppfølging og bidra til et sammenhengende tjenestetilbud. Studien har et kvalitativt design med intervjuer av deltakere, ansatte og frivillige. Funnene viser at samlokalisering mellom velferdstjenester bidrar til et helhetlig tilbud til målgruppen ved å skape broer mellom hjelpeinstanser og økt tilgjengelighet med NAV. Samtidig avdekkes glippsonen mellom Kriminalomsorgen og kommunale etater. Dessuten må løslattes rusproblemer adresseres og følges opp.

Aurizki, G. E. and I. Wilson (2022). "Nurse-led task-shifting strategies to substitute for mental health specialists in primary care: A systematic review." Int J Nurs Pract **28**(5): e13046.

AIM: The study aimed to synthesize evidence comparing task-shifting interventions led by general practice nurses and mental health specialists in improving mental health outcomes of adults in primary care. DESIGN: This study used a systematic review of randomized controlled trials. DATA SOURCES: Articles from the databases CINAHL, MEDLINE, APA PsycInfo, PubMed, EMBASE, Cochrane EBM Reviews, Web of Science Core Collection, and ProQuest Dissertation and Thesis published between 2000 and 2020 were included. REVIEW METHODS: The review was arranged based on the Cochrane Collaboration guidelines and reported using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA). RESULTS: Twelve articles met the eligibility criteria. Eight studies revealed that nurse-led intervention was significantly superior to its comparator. The review identified three major themes: training and supervision, single and collaborative care and psychosocial treatments. CONCLUSION: Nurses could be temporarily employed to provide mental health services in the absence of mental health specialists as long as appropriate training and supervision was provided. This finding should be interpreted with caution due to the high risk of bias in the studies reviewed and the limited generalisability of their findings.

Baklien, B. (2022). "Psykisk helsearbeid under ulike kulturelle betingelser: refleksjoner rundt empatiens funksjon i arbeidet med å beskytte menneskerettighetene. Belyst med et eksempel fra Indonesia." Tidsskrift for psykisk helsearbeid **19**(1): 75-84.

Skadelig bruk av tvang bryter menneskerettigheter. Likevel fortsetter tvangsbruken, ofte med gode intensjoner om å gjøre det som er til det beste for pasienten. Med et eksempel fra Indonesia undersøker denne teksten kritisk hvorvidt menneskerettigheter eller sosiale og profesjonelle konvensjoner skal legges til grunn i vanskelige situasjoner. Dette blir diskutert med å spørre om omsorg kan beskytte oss mot brudd på menneskerettighetene. Harmful use of coercion violates human rights. Nevertheless, the use of coercion continues often with good intentions to do what is in the best interests of the patient. Using an example from Indonesia, this text critically examines whether human rights or social and professional conventions should be employed in difficult situations. This is discussed by asking whether care can protect us against violations of human rights.

Bergh, S., et al. (2021). "Bruk av alkohol og vanedannende legemidler hos eldre norske hjemmetjenestemottakere." Tidsskrift for omsorgsforskning **7**(3): 1-12.

Bakgrunn: Alkohol og legemidler kan føre til økt funksjonssvikt, sykkelighet og død, særlig hos personer med høy samsykkelighet. Hensikten med studien var å undersøke bruken av alkohol, tobakk og vanedannende legemidler hos hjemmetjenestemottakere over 60 år i en middels stor kommune og se hvilke faktorer som hadde sammenheng med alkoholbruk. Metode: Tverrsnittsundersøkelse der 210 personer over 60 år som mottok hjemmebaserte tjenester i en norsk kommune, ble intervjuet om deres bruk av alkohol, tobakk og vanedannende legemidler samt deres psykiske symptomer. Sammenhengen mellom alkoholbruk og andre variabler ble undersøkt. Resultat: Hver femte deltaker hadde demens, 38 % hadde depressive symptomer, 16 % hadde angstsymptomer, 57 % brukte alkohol, 11 % brukte angstdempende legemidler, og 31 % brukte vanedannende legemidler mot søvnproblemer. Alkoholbruk hadde sammenheng med lavere alder, å røyke tobakk og færre depresjonssymptomer. Konklusjon: Nesten 60 % brukte alkohol, og alkoholbruken var høyere hos yngre, blant personer som røykte tobakk, og blant deltakere med færre depresjonssymptomer. En av tre brukte vanedannende legemidler mot søvnproblemer. Denne kunnskapen er nyttig for ansatte i hjemmetjenesten og bør påvirke organiseringen tjenestene, hvilke symptomer man skal være oppmerksomme på hos brukerne, og hvilken behandling og oppfølging som skal gis.

Bjerke, T. (2021). Avhengighetens paradokser, Hertervig Forlag.

Som guttunge drakk han seg full på farens hjemmebrent. Som ung mann tømte han en fem-liters dunk med sprit og kjørte taxi 256 meter til butikken for å kjøpe mer alkohol. Som kasserer i Anonyme Alkoholikere drakk han opp hele kassebeholdningen. Trond Nergaard Bjerke har vært innlagt for rusavhengighet og mentale lidelser et tosifret antall ganger, fått elektrosjokk et trettitalls ganger, og prøvd alt av behandling og medisiner. Men den samme Trond Nergaard Bjerke er en fremstående akademiker med doktorgrad i samfunnsvitenskap, er forskningsleder ved rusklinikken på Universitetet i Nord-Norge, gift familiemann og far til tre. I dette essayet undersøker han sin besværlige dobbelkompetanse og går både selvbiografisk, analytisk og litterært til verks i sitt forsøk på å innsirkle avhengighetens årsaker og komplekse fenomener. Han orienterer seg bredt og støtter seg til en rekke fagfelt og disipliner, fra Spinoza til Stearns, fra Wittgensteins «språkspill» til Baudrillards «maskespill», fra Kierkegaard til Knausgård. Perspektivrikt og innsiktsfullt skildrer Bjerke en følelse av faglig tilkortkommenhet og akademisk hjemløshet, og reiser vektige motforestillinger mot det vitenskapelige grunnlaget som hans eget fagfelt hviler på, og hulheten i de vitenskapelige forklaringene på avhengighet. Ved å løfte sine personlige erfaringer og sin individuelle fortelling inn i en større kulturell og historisk kontekst, peker Bjerke mot noe dypt eksistensielt og allmennmenneskelig som handler om sårbarhet, verdighet og overlevelse, og om å forstå samtiden, omverdenen og seg selv.

Bjørlykhaug, K. I., et al. (2021). "Eksistensielle stormar, toreskyer og hus med rolege hav: ei vitskapeleg og poetisk utforskning av sosial støtte i psykisk helsearbeid." Nordic Journal of Arts, Culture and Health 3(1-2): 75-90.

Bakgrunn: Forskinga er tydeleg på at sosial støtte er avgjerande for god psykisk helse. Denne artikkelen handlar om folk sine erfaringar med forhold som fremjar og hemjar sosial støtte i psykisk helsearbeid. Artikkelen har som mål å utforske forhold som påverkar sosial støtte i vår tid, spesielt relatert til korleis vi opplever støtte i kjensleliv og praktisk kvardag når vi går gjennom langvarige psykiske helsevanskar. Metodologi: Inspirert av poesi som metode har vi reanalysert delar av datamaterialet etter gjennomførte fokusgruppeintervju og deltakande observasjon. Metododelen tek føre seg kvifor poesi som analysemetode og verktøy kan vere relevant, både i analyseprosess og i presentasjon av data. To av forfattarane har erfaringar

med psykiske helsevanskar. Funn: Funna er presentert gjennom to poetiske hovudtema: I: det som blomstrar og II: det som visnar. Funna beskriv kva betydning estetikk, økonomi, strukturelle tilhøve og haldningar kan ha for opplevinga av sosial støtte. Originalitet: Artikkelen løftar fram nokre av sosial støtte sine vilkår ved hjelp av poetisk analyse og formidling, og inviterer til innsikter som tradisjonelt format ikkje alltid kan gje.

Bonfiglio, N. S., et al. (2022). "Digital Help for Substance Users (SU): A Systematic Review." Int J Environ Res Public Health **19**(18).

The estimated number of Substance Users (SU) globally has currently reached a very high number and is still increasing. This aspect necessitates appropriate interventions for prevention and specific treatments. The literature shows that digital treatments can be useful in the context of health services and substance abuse. This systematic review focuses mainly on research on the effectiveness of digital treatments for SU. Data sources included studies found on PsycINFO, PubMed, SCOPUS, and WebOfScience (WOS) database searches. The following keywords were used: TITLE (digital OR computer OR software OR tablet OR app OR videogame OR seriousgame OR virtualreality) AND ABSTRACT((mental AND health) AND (addiction OR dependence OR substance OR drug)). We focused on peer-reviewed articles published from 2010 through 2021 using PRISMA guidelines. A total of 18 studies met the inclusion criteria (i.e., type of intervention, efficacy in terms of misuse of substances and scored outcomes from questionnaire or toxicology tests, study methodology). The studies included investigations of specific digital treatments for SU of various kinds of drugs. The interventions were administered using personal computers, smartphones, or, in a few cases, tablets. Most of the interventions focused on the cognitive behavior therapy (CBT) model and/or on the use strategies, tips, or feedback. A minority provided information or training programs. The current review shows that digital treatments and interventions are effective in reducing the frequency of use, augmenting abstinence, or reducing the gravity of dependence for most of the studies at post-treatment. However, due to the heterogeneity of the variables (i.e., substance type, digital tool used, and treatment administered), there was a reduced generalizability of the results. This review highlights the need to continue the research in this field, and above all, to create effective digital protocols.

Brekke, L. I. and S. T. Løkkeberg (2021). "Å så et frø for fremtiden – jordmors opplevelse av primærforebygging blant gravide kvinner utsatt for seksuelle overgrep som barn." Tidsskrift for psykisk helsearbeid **18**(4): 353-367.

Det er viktig å styrke kunnskapen om hvordan helsepersonell kan arbeide primærforebyggende med gravide kvinner utsatt for seksuelle overgrep som barn. Disse kvinnene kan ofte oppleve dårlig psykisk helse under svangerskapet. Hensikten med artikkelen er å få frem hva jordmødrene opplever som hensiktsmessig i primærforebyggende arbeid med gravide kvinner som erfarer negativ psykisk helse. Artikkelen tar utgangspunkt i kvalitative dybdeintervjuer av åtte jordmødre ansatt i en kommunal svangerskapsomsorg. En tematiske analyse ble benyttet for å analysere intervjuene. For å ivareta det primærforebyggende arbeidet var jordmødrene opptatt av kunnskap om kropp, følelser, menneskemøter og prenatal tiknytning. Samtidig var også beskrivelser av en «god hjelpers rolle» og sentrale begreper innen psykisk helsearbeid sentralt. Studien viser hvordan årsaken til gravide kvinners dårlige psykisk helse ikke er avgjørende for videre oppfølging. Jordmødrenes ønske var å hjelpe her og nå, samt å samarbeide tverrfaglig med kvinnen var i fokus. Egne følelser og reguleringsstrategier var sentralt i det primærforebyggende arbeid, samt at samfunnet kan legge til rette for faglig utvikling, veiledning og ivaretagelse av hjelperen.

Bøe, T. D., et al. (2021). "«Ikke la meg være i fred»: om et comeback til sosial responsivitet." Tidsskrift for psykisk helsearbeid **18**(3): 283-294.

Artikkelen utforsker betydningen av «små ting» i livene til mennesker med psykiske vansker. Utgangspunktet er et intervju der en mann fortalte om et vendepunkt i sin bedringsprosess. En ansatt ved en psykiatrisk sengepost lot han ikke være i fred og provoserte frem ulike responser hos han. Intervjuet utforskes gjennom en fenomenologisk og hermeneutisk «runddans» mellom mannens beskrivelser, de inntrykk det gjorde på oss når vi leste dem og ideer fra litteraturen. Vi foreslår at det mannen beskriver kan forstås som et «comeback til sosial responsivitet» og et «etisk-politisk jeg» som trer frem. «Jeg-et» som etikken og politikken er avhengig av står i fare for å forsvinne i psykisk helsearbeid, både i personsentrerte og sosialt orienterte praksiser.

Cameron, S. L. A., et al. (2022). "Mental health service users' experiences and perspectives of family involvement in their care: a systematic literature review." J Ment Health: 1-17.

Background: The importance of engaging families in mental health care is recognised and endorsed by governments worldwide, however service users' perspectives of family involvement are not well understood. Aims: This study sought to summarise the literature regarding how service users view the involvement of family in their engagement with services and care. Methods: A search was conducted within the following databases for manuscripts published in the last 10 years: PsycINFO, CINAHLPlus, PubMed and Scopus. Of the 4251 eligible papers 17 met the inclusion criteria for review and were subjected to quality appraisal using the RATS (relevance, appropriateness, transparency, soundness) qualitative research review guidelines. Results: Thematic analysis identified four primary themes: family involvement can be positive and negative; barriers to family involvement; family involvement is variable; and communication and collaboration among stakeholders. Conclusions: Identifying the barriers to family involvement and heterogeneity among service users' views were key findings of this review. Despite the widely reported benefits of including families in mental health care it does not always occur. A clearer and more nuanced understanding of service users' needs and preferences for family involvement is required.

Carrillo de Albornoz, S., et al. (2022). "The effectiveness of teleconsultations in primary care: systematic review." Fam Pract **39**(1): 168-182.

BACKGROUND: The COVID-19 pandemic has focussed attention on models of healthcare that avoid face-to-face contacts between clinicians and patients, and teleconsultations have become the preferred mode of primary care delivery. However, the effectiveness of remote consultations in this setting remains unclear. OBJECTIVE: To evaluate the impact of telephone or video consultations compared to those conducted face-to-face on key patient-relevant outcomes and healthcare utilisation in primary care, mental health and allied health services, which have had a critical role in the management of the wider and longer-term consequences of COVID-19. METHODS: A systematic review of primary studies comparing telephone or video consultations versus face-to-face visits, following the PRISMA guidelines. RESULTS: Overall, consultations delivered by telephone and videoconference were as effective as face-to-face in-person visits to improve clinical outcomes in adults with mental health conditions and those attending primary care services. Patient satisfaction with telephone and video consultations and the therapeutic alliance was high across the studies. However, high discontinuation rates in patients receiving teleconsultations indicate this may not be a suitable modality of healthcare delivery for all patients. Teleconsultations offer

significant patient time savings in primary care, but appropriate implementation, including training of healthcare professionals and management of technical issues, is essential to ensure effective and valuable clinical interventions. CONCLUSIONS: Teleconsultations via telephone or videoconference are an effective alternative to face-to-face consultations for many patients attending primary care and mental health services. Teleconsultations have the potential to deliver time-efficient and lower-cost interventions at a distance while improving access to healthcare.

Chang, E., et al. (2022). "Interventions to Improve Outcomes for High-Need, High-Cost Patients: A Systematic Review and Meta-Analysis." J Gen Intern Med.

BACKGROUND: Chronic disease patients who are the greatest users of healthcare services are often referred to as high-need, high-cost (HNHC). Payers, providers, and policymakers in the United States are interested in identifying interventions that can modify or reduce preventable healthcare use among these patients, without adversely impacting their quality of care and health. We systematically reviewed the evidence on the effectiveness of complex interventions designed to change the healthcare of HNHC patients, modifying cost and utilization, as well as clinical/functional, and social risk factor outcomes. METHODS: We searched 8 electronic databases (January 2000 to March 2021) and selected non-profit organization and government agency websites for randomized controlled trials and observational studies with comparison groups that targeted HNHC patients. Two investigators independently screened each study and abstracted data into structured forms. Study quality was assessed using standard risk of bias tools. Random-effects meta-analysis was conducted for outcomes reported by at least 3 comparable samples. RESULTS: Forty studies met our inclusion criteria. Interventions were heterogenous and classified into 7 categories, reflecting the predominant service location/modality (home, primary care, ambulatory intensive caring unit [aICU], emergency department [ED], community, telephonic/mail, and system-level). Home-, primary care-, and ED-based interventions resulted in reductions in high-cost healthcare services (ED and hospital use). ED-based interventions also resulted in greater use of primary care. Primary care- and ED-based interventions reduced costs. System-level transformation interventions did not reduce costs. DISCUSSION: We found limited evidence of intervention effectiveness in relation to cost and use, and additional evidence is needed to strengthen our confidence in the findings. Few studies reported patient clinical/functional or social risk factor outcomes (e.g., homelessness) or sufficient details for determining why individual interventions work, for whom, and when. Future evaluations could provide additional insights, by including intermediate process outcomes and patients' experiences, in assessing the impact of these complex interventions. PROSPERO REGISTRATION NUMBER: CRD42020161179.

Chazal, C., et al. (2022). "Effectiveness of brief interventions in primary care for cannabis users aged from 12 to 25 years old: a systematic review." Fam Pract.

INTRODUCTION: The aim of this systematic review was to assess the effectiveness of brief interventions realized in primary care in reducing cannabis use for adolescents and emerging adults. METHODS: PubMed, CINAHL, Embase, PsycInfo, and Central (Cochrane Library) were searched until December 2020. Randomized controlled trials conducted in primary care, concerning in-person brief interventions for non-medical cannabis users aged from 12 to 25 years old were eligible for inclusion. Brief interventions had to last 30 min or less. Patients with comorbid mental health disorder or very specific populations were not included. RESULTS: One thousand eighty hundred and fifty-five studies were identified through database searching; only 8 studies involving 2,199 patients were included for qualitative

synthesis after double reading and data extraction. Randomized controlled trials selected were heterogeneous regarding screening tools, initial levels of cannabis use and cannabis outcomes measures. Brief interventions were all based on motivational interviewing techniques or personalized feedback. Seven studies consisted in a single session of brief intervention. Six studies involved also other substance users. No significant reduction of cannabis use after brief intervention was found for most studies, especially in the long term. A trend of decreased cannabis consequences, such as negative psychosocial repercussions, perception of cannabis use by peers, or driving under the influence of cannabis, was reported. CONCLUSION: The current state of knowledge does not allow us to say that the brief intervention is effective in reducing cannabis use among adolescents in primary care. We found a mild positive effect on cannabis consequences after brief intervention. Mixed qualitative and quantitative studies are needed to better evaluate the impact of brief intervention and its feasibility. PROSPERO (International Prospective Register of Systematic Reviews): n° CRD42016033080.

Fabricius, P. K. and T. G. Thomsen (2022). "Patients' experiential knowledge, an overlooked factor for patients' courage to engage in their medication at the time of discharge." Klinisk Sygepleje **36**(2): 93-108.

Introduction: Discharge from the hospital is a critical patient transition, entailing the risk of subsequent inappropriate use of medication. Yet, few studies have examined factors influencing patient engagement in medication at discharge and how nurses support the patients in this transition. Aim: To gain knowledge of factors that promote and inhibit patient engagement in medication at the time of discharge seen from a patient perspective and to discuss how nurses can support patients in engaging in medicines at discharge. Design: This qualitative study is inspired by interpretive description. Data consisted of 11 field observations and ten semi-structured interviews. Data underwent thematic analysis. Results: The theme The significance of patients experiential knowledge in medication management governed four other themes: Receiving information, Taking responsibility, Talking about medication during hospitalisation and Being dependent. Conclusion: Patients experiential knowledge of medication is a central theme that nurses should pay attention to with a patient-centred approach.

Fredriksen Moe, C. (2021). "Bengt Karlsson og Marit Borg: Samarbeidsbasert forskning. Demokratisk kunnskapsutvikling i psykisk helse- og rusarbeid." Tidsskrift for psykisk helsearbeid **18**(4): 376-378.

Dette er en bokanmeldelse.

Gather, J., et al. (2022). "User participation among people in vulnerable situations at service level. A scoping review exploring impact for individual stakeholders and services." Nordisk välfärdsforskning | Nordic Welfare Research **7**(1): 52-67.

User participation is an attempt to democratise and improve health and welfare services. Although central political guidelines emphasise user participation, there is limited knowledge of its impact, especially regarding user participation at service level, where the aim is to improve services in general. This knowledge gap applies particularly to groups of users who face difficulties in exercising autonomy. This scoping review aimed to explore the impact of user participation at service level for people in vulnerable situations and how this process affects the involved stakeholders. From a literature search that yielded 4,964 hits, 22 articles were included in the final review. The finding shows that, at the individual level, user participation could facilitate personal empowerment among the involved users and affect

the involved professionals knowledge. However, some users also experienced disempowerment due to their involvement in user participation activities. Impacts at the organisational level were that user participation resulted in changes in attitudes, knowledge, culture, professional practice, interventions, an increased number of employees, organisational development and changes in policies. This review also contributes to theoretical development by expanding the knowledge of how the impact of user participation may be perceived, and argues for a circular understanding of impact.

Gotaas, N., et al. (2022). Midtveisevaluering av Program for folkehelsearbeid i kommunene 2017-2027. NIBR-rapport.

Groven, K. S., et al. (2021). "Psykomotorisk fysioterapi & covid-19: psykisk helse og samtaler på nye måter." Tidsskrift for psykisk helsearbeid **18**(2): 149-161.

Covid-19 har endret helsetjenestene knyttet til psykiske helsetjenester i primærhelsetjenesten. I denne studien viser vi et eksempel på hvordan nedstengning og smitteverntiltak kan virke inn og få betydning for psykomotorisk fysioterapi. Datamaterialet består av et intervju med en psykomotorisk fysioterapeut publisert på YouTube. Vi har rammet inn intervjuet som en single case-studie som analyseres gjennom teorien om praksisarkitektur. Funnene viser hvordan psykomotorisk fysioterapi kan gjøres på nye måter under den pågående pandemien. Det mest fremtredende er at relasjonen mellom terapeut og pasient endres. Eksempelet viser hvordan det fortsatt kan tilbys psykomotorisk fysioterapi til den aktuelle pasientgruppen og hvordan tilbudet kan utvikles sammen med pasientene det gjelder.

Halvorsrud, K., et al. (2022). "Identifying evidence of the effectiveness of photovoice: a systematic review and meta-analysis of the international healthcare literature." J Public Health (Oxf) **44**(3): 704-712.

BACKGROUND: Photovoice (PV) was conceptualized in the early 1990s to engage community members in capturing/communicating their lived experience narratives through photography. However, no meta-analyses in health research have assessed whether PV achieves its purported effects. METHODS: We carried forward any relevant references from a previous review identifying PV studies before 2008 and searched MEDLINE, Embase, PsycINFO and Cochrane Central Register of Controlled Trials from 2008 up until October 2019. We included both published and grey literature, in any population or context. We assessed quality with the Effective Public Health Practice Project's (EPHPP) tool and pooled studies using the standardized mean difference (SMD) and 95% confidence intervals (CIs). RESULTS: Twenty-eight studies were included, showing significant post-treatment effects only for health knowledge (SMD, 95% CIs = 0.41, 0.09 to 0.73, n = 16) and community functions (SMD, 95% CIs = 0.22, 0.03 to 0.40, n = 4). Strong heterogeneity was indicated for health knowledge, potentially explained by a larger effect in ethnic minority populations. There was insufficient follow-up data for health knowledge, while in follow-up for community functions the post-treatment effect was lost. CONCLUSIONS: PV's post-treatment effect on health knowledge did not translate into positive health behaviours or physical and mental health outcomes, longer-term community functions, or health service outcomes.

Hammervold, U., et al. (2022). "Sykepleierutdanningene er urovekkende ulike innen psykisk helse og rus." Sykepleien **110**(88559): 88559.

Retningslinjer for grunnutdanningene i helse- og sosialfag, RETHOS 1, har som formål å sikre en felles sluttkompetanse. Norsk Sykepleierforbund (NSF) har gjennomført en uformell kartlegging innen fagområdet psykisk helse og rus og funnet variasjoner som gir grunn til bekymring. Store variasjoner kan være en trussel mot kvaliteten og pasientsikkerheten i tjenestene. Det gir også ulik kompetanse for sykepleiere.

Hansen, H. A. (2022). "Vi sier recovery, men hva mener vi egentlig?" Tidsskrift for psykisk helsearbeid 19(2-3): 107-116.

Essayet fokuserer på ulike forståelser av recoverybegrepet innenfor psykisk helsearbeid som fagfelt generelt, men med utspring i konteksten tidlig intervensjon ved førstegangs psykose. Recovery har ulike betydninger som stammer fra svært forskjellige ståsteder. Den medisinske modellen har influert en klinisk tenkning der recovery ses som resultat av behandlingen, mens den sosiale modellen har bidratt til forståelsen av recovery som en personlig og sosial prosess med utgangspunkt i et førstepersonsperspektiv. Innenfor psykiske helsetjenester refereres det gjerne til at man arbeider «recoveryorientert», som om dette skulle vært én bestemt tilnærming. Målet med essayet er å løfte frem de teoretiske hovedskillelinjene samt reflektere over hva vi egentlig mener når vi bruker benevnelsen «recovery». Det er ikke likegyldig hvilken betydning vi legger til grunn. This essay focuses on various understandings of the concept of "recovery" within the field of mental health care in general, but with the context of early intervention related to first episode psychosis as a starting point. Recovery has its roots in at least two different points of view. The medical model has influenced clinical thinking concerning recovery as a result of treatment, while the social model has contributed to conceptualizing recovery as a personal and social process experienced from a first-person perspective. Within mental health care services, one often claims to work in a "recovery oriented" way, as if this is one singular understanding. The goal of this essay is to highlight the main theoretical differences, as well as reflect on what we actually mean when we speak about the concept of recovery. The meaning we base our understanding on is not indifferent.

Haug, T. (2022). Samhandling og kompetanse i oppfølging av pasienter med samtidig rus-og psykisk lidelse (ROP). Korus Vest. Korus. Bergen, Korus Vest

Rapporten beskriver funn fra en kartlegging av helsepersonell sin vurdering av egen kompetanse, samt erfaringer med samarbeid og samhandling med andre tjenester i arbeid med pasienter/ brukere med samtidige rusproblemer og psykisk lidelse (ROP). 174 fagpersoner fra ulike tjenester i kommuner, psykisk helsevern og Tverrfaglig spesialisert behandling (TSB) i Helse Bergen sitt opptaksområde svarte på et spørreskjema med 30 spørsmål innenfor fire overordnede områder: 1. Kunnskap og kompetanse i kartlegging og behandling av rus- og psykiske lidelser; 2. Erfaringer med- og vurderinger av samhandling og samarbeid med andre tjenester i arbeid med ROP pasienter; 3. Kjennskap til retningslinjer, rutiner og prosedyrer ved behandling av ROP pasienter; 4. Ønsker og behov for styrking av kompetanse og samhandling. I tillegg oppsummerer rapporten

funn fra en innsiktsanalyse gjennomført av InnoMed basert på intervjuer av 36 fagpersoner ansatt i utvalgte enheter i spesialist- og kommunehelsetjenester i Helse Bergen sitt opptaksområde.

Haukeland, Y., et al. (2022). "De glemte barna – en kartleggingsstudie av tilbud til og muligheter for pårørende søsken i norske kommuner." Psykologtidsskriftet.

Background: Norwegian health professionals are obliged to provide support to siblings as next-of-kin. Preliminary evidence for positive outcomes of the intervention SIBS exists. This study aimed to investigate the extent and type of sibling support in the community health services. We also aimed to examine prospective acceptability for SIBS among community health workers.

Methods: We asked health nurses, psychologists, and chief physicians in Norwegian municipalities about sibling support and about their evaluations of SIBS. We conducted descriptive analyses and a qualitative analysis guided by Consolidated Framework for Implementation Research.

Results: 332 respondents from 253 municipalities participated. Siblings were rarely systematically identified. School health services were common support providers, but mostly upon request from families. There was limited collaboration with the specialist health care or other services. Prospective acceptability for SIBS was high, but several barriers for implementation in community services were reported.

Conclusion: Sibling support at the community level is deficient and successful implementation of adequate interventions requires intra- and interlevel collaboration.

Hedlund, M., et al. (2021). God helse. Kunnskap for framtidens kommunehelsetjeneste

Flere pasienter med komplekse behov, kombinert med mangel på fagpersonell, vil i årene som kommer, medføre et større press på kommunale helse- og omsorgstjenester. Denne boka bidrar til nye tenkemåter, løsninger og organisering for å møte noen av disse utfordringene. Målet er å bedre kunnskapsgrunnlaget og bidra til kunnskapsbasert helsehjelp. Dette kapitlet drøfter utfordringer og kunnskapsbehov i kommunale helsetjenester, og argumenterer for mer forskning for å utvikle tjenestene framover.

Hofstad, T., et al. (2022). "Service Characteristics and Geographical Variation in Compulsory Hospitalisation: An Exploratory Random Effects Within-Between Analysis of Norwegian Municipalities, 2015-2018." Coercion in Psychiatry: Epidemiology, Effects and Prevention.

Background: Compulsory hospitalisation in mental healthcare is contested. For ethical and legal reasons, it should only be used as a last resort. Geographical variation could indicate that some areas employ compulsory hospitalisation more frequently than is strictly necessary. Explaining variation in compulsory hospitalisation might contribute to reducing overuse, but research on associations with service characteristics remains patchy. Objectives: We aimed to investigate the associations between the levels of compulsory hospitalisation and the characteristics of primary mental health services in Norway between 2015 and 2018 and the amount of variance explained by groups of explanatory variables. Methods: We applied random-effects within-between Poisson regression of 461 municipalities/city

districts, nested within 72 community mental health centre catchment areas (N = 1,828 municipality-years). Results: More general practitioners, mental health nurses, and the total labour-years in municipal mental health and addiction services per population are associated with lower levels of compulsory hospitalisations within the same areas, as measured by both persons (inpatients) and events (hospitalisations). Areas that, on average, have more general practitioners and public housing per population have lower levels of compulsory hospitalisation, while higher levels of compulsory hospitalisation are seen in areas with a longer history of supported employment and the systematic gathering of service users' experiences. In combination, all the variables, including the control variables, could account for 39-40% of the variation, with 5-6% related to municipal health services. Conclusion: Strengthening primary mental healthcare by increasing the number of general practitioners and mental health workers can reduce the use of compulsory hospitalisation and improve the quality of health services.

Holmes, A. and Y. P. Chang (2022). "Effect of mental health collaborative care models on primary care provider outcomes: an integrative review." *Fam Pract* **39**(5): 964-970.

BACKGROUND: Collaborative care models (CCMs) have robust research evidence in improving mental health outcomes for diverse patient populations with complex health care needs. However, the impact of CCMs on primary care provider (PCP) outcomes are not well described. **OBJECTIVE:** This integrative review synthesizes the evidence regarding the effect of mental health CCMs on PCP outcomes. **METHODS:** PubMed, CINAHL, Web of Science, and PsycInfo were systematically searched using key terms, with inclusion criteria of English language, peer-reviewed literature, primary care setting, PCP outcomes, and mental health CCM. This resulted in 1,481 total records, with an additional 14 records identified by review of reference lists. After removal of duplicates, 1,319 articles were reviewed based on title and abstract, 190 full-text articles were assessed, and a final selection of 15 articles were critically appraised and synthesized. **RESULTS:** The articles included a wide variety of sample sizes, designs, settings, and patient populations, with most studies demonstrating low or moderate quality evidence. Although CCMs had an overwhelmingly positive overall effect on PCP outcomes such as knowledge, satisfaction, and self-efficacy, multiple logistical barriers were also identified that hindered CCM implementation such as time and workflow conflicts. Adaptability of the CCM as well as PCP enthusiasm enhanced positive outcomes. Newer-to-practice PCPs were more likely to participate in CCM initiatives. **CONCLUSION:** Accumulating evidence supports CCM expansion, to improve both patient and PCP outcomes. Logistical efforts may enhance CCM adaptability and workflow. Further studies are needed to specifically examine the effect of CCMs on PCP burnout and retention.

Howlett, N., et al. (2021). "Remote delivery of alcohol and/or substance misuse interventions for adults: A systematic review protocol." *PLoS One* **16**(11): e0259525.

INTRODUCTION: Alcohol and substance misuse are a public health priority. The World Health Organisation (WHO) estimates that harmful alcohol use accounts for 5.1% of the global burden of disease and that 35.6 million people worldwide are affected by substance misuse. The Coronavirus Disease (COVID-19) caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) has disrupted delivery of face-to-face alcohol and substance misuse interventions and has forced the development of alternative remote interventions or adaptation to existing ones. Although existing research on remote interventions suggests they might be as effective as face-to-face delivery, there has been a lack of systematic exploration of their content, the experience of service users, and their effectiveness for behavioural outcomes. This review will provide a narrative synthesis of the behaviour change

techniques (BCT) contained in interventions for alcohol and/or substance misuse and their association with effectiveness. METHODS AND ANALYSIS: Systematic searches will be conducted in MEDLINE, Scopus, PsycINFO (ProQuest), and the Cochrane Library. Included studies will be those reporting remote interventions focusing on alcohol and/or substance misuse among adults living in the community and which have a primary behaviour change outcome (i.e., alcohol levels consumed). Data extraction will be conducted by one author and moderated by a second, and risk of bias and behaviour change technique (BCT) coding will be conducted by two authors independently. A narrative synthesis will be undertaken focussing upon the association of BCTs with intervention effectiveness using promise ratios. PATIENT AND PUBLIC INVOLVEMENT (PPI): The Public Involvement in Research Group (PIRG), part of the NIHR-funded PHIRST, will be involved in refining the review questions, eligibility criteria, data synthesis and dissemination. DISSEMINATION: Dissemination will be through an academic peer reviewed publication, alongside other outputs to be shared with non-academic policy, professional, and public audiences, including local authorities, service users and community organisations.

Høgås, M., et al. (2022). "Picturing healthcare: a photovoice study of how healthcare is experienced by service users in a mental-health low threshold service." *BMC Health Services Research* **22**(1): 714.

A recent policy change dictates that all mental healthcare in Norway must be referred and documented in the medical record of the service users. This has not been the case within low threshold mental health services, which is services without referrals, social arenas where healthcare professionals are available and where service users themselves can choose to attend based on their self-reported needs. This challenges the idea of "healthcare" being a medical term as opposed to experienced and expressed by the service user.

Høyland, S. A., et al. (2022). "A holistic perspective on continuing care for substance use and dependence: Results and implications from an in-depth study of a Norwegian continuing care establishment." *Nordic Studies on Alcohol and Drugs*: 14550725221099702.

This article explores, systematically and in depth, users' perceptions of participating in a Norwegian non-profit establishment that provides a continuing care programme for substance use and dependence. Identified results are linked to a holistic system perspective, where human, technology, and organisation (HTO), as well as external environment, are viewed as intertwined. At the establishment level, i.e., where the continuing care programme is delivered, we find that a clear holistic and user-oriented profile – comprising combined interventions including physical and social activities – can create a safe and stable environment that exerts a positive mental and physical influence on the user and thereby promotes abstinence from substances. However, our results suggest that the internal environment needs to connect more strongly with the external environment, such as a substance-free network, close family, and working life. At the establishment level, we conclude that there is a need to develop an explicit strategy and practice for collaborating with the external environment, built on systemisation and application of individual users' insights into the design of the current interventions. Further research should explore the presence and absence of interplays between elements of human, technology, and organisation and the external environment, and the associated consequences for intervention processes and users' health outcomes. Our holistic system model, empirically informed by data from a Norwegian context, can represent a starting point for such endeavours. The holistic system model also constitutes an original and novel contribution to research on continuing care interventions.

Kalseth, J., et al. (2022). Evaluering av pilot for strukturert tverrfaglig oppfølgingsteam i seks kommuner. Status og resultater etter tre år. Hovedrapport. SINTEF-rapport.

Dette er første offentlige statusrapport fra evalueringen av pilot for strukturert tverrfaglig oppfølgingsteam i kommunene som SINTEF og NTNU utfører på oppdrag for Helsedirektoratet. Piloten skal bidra til å implementere og teste ut «Veileder for oppfølging av personer med store og sammensatte behov» i praksis i seks kommuner. Piloten startet høsten 2018 og skulle opprinnelig avsluttes i 2021. Piloten er utvidet med to år, ut 2023. Fire av pilotkommunene deltar i fortsettelsen. Arbeidet med implementering av tiltakene i pilotkommunene har av flere årsaker tatt betydelig lengre tid enn det som ble planlagt og det har derfor så langt ikke vært mulig å evaluere effekt av tiltakene på individnivå. Evalueringen har derfor hittil omhandlet vurderinger av implementering av tiltakene, med fokus på prosess.

Karlsson, B. and M. Borg (2021). Samarbeidsbasert forskning - demokratisk kunnskapsutvikling i psykisk helse- og rusarbeid, Gyldendal.

Hvordan kan erfaringer og kunnskap fra brukere, pårørende og fagpersoner få større plass i kunnskapsutviklingen på psykisk helse- og rusfeltet? Siden 1980-tallet har det i Norge vært tydelige politiske og faglige føringer om økt brukermedvirkning i tjenestetilbudet på psykisk helse- og rusfeltet. Utviklingen av tjenestene skal baseres på både forskningskunnskap, praksiskunnskap og brukerkunnskap, og i forskning på feltet skal brukere og fagpersoner involveres. På tross av dette er det sjelden det i praksis skjer reelt og likeverdig forskningssamarbeid. Samarbeidsbasert forskning presenterer idegrunnet for demokratisk kunnskapsutvikling og gir eksempler på hvordan denne typen forskning kan gjøres. Forfatterne kritiserer dagens kunnskapssyn og peker på behov for grunnleggende endringer i perspektiv og praksis. Videre legger de frem dilemmaer og utfordringer man møter når man driver med samarbeidsbasert forskning. Fordi forfatterne bruker erfaringer fra eget forskningsarbeid, gir boken konkret og nyttig veiledning til hvordan man kan utvikle nye tilnærminger og metoder for å bringe viktig ny kunnskap til et komplekst fagområde.

Karlsson, B. and M. Borg (2022). "Menneskerettigheter, Recovery og Åpen Dialog – kan Relasjonell Recovery være en revolusjonær tilnærming i psykisk helse- og rusfeltet?" Nordic Journal of Wellbeing and Sustainable Welfare Development 1(1): 21-34.

I denne teoretiske artikkelen argumenterer vi for nødvendigheten av en revolusjon innen psykisk helse- og rusfeltet. Det psykiatriske kunnskapshegemoni har lenge vist seg utilstrekkelig basert på sin individualistiske og biomedisinske tilnærming, som må erstattes. Det er over år dokumentert brudd på menneskerettigheter, sosial ulikhet, utenforskap og stigma for innbyggere med psykiske helse-/rusproblemer. Recovery og Åpen Dialog er forankret i humanistiske og sosiale tradisjoner. Disse tradisjonene hviler på menneskerettslige, dialogiske, relasjonelle, samarbeidende og kontekstuelle praksiser. Vi diskuterer hvordan Relasjonell Recovery (RR) kan utgjøre en ramme som muliggjør og fastholder fokus på medborgerskap, menneskerettigheter og frihet for borgere. RR er utviklet som en protest mot den individualiserte og akontekstuelle forståelsen av Recovery. Et sosialt nettverksperspektiv, toleranse av usikkerhet og dialogisme i Relasjonell Recovery beskrives som praksisformer som kan inspirere og bidra til radikal omforming av psykiske helse- og rus tjenester. In this theoretical article, we argue for the need for a revolution in mental health and substance abuse services. The psychiatric knowledge hegemony has for too long been revealed as inappropriate, with its biomedical and individualistic approach, and it needs to be replaced. Over the years, violations of human rights, social injustice, marginalization, and stigma have been documented for citizens experiencing mental health

and substance abuse issues. Recovery and Open Dialogue are both based in humanistic and social traditions. They rest on human rights, and in dialogical, relational, collaborative and contextual practices. We discuss how Relational Recovery (RR) can offer a framework and facilitate focus on citizenship, human rights and freedom. RR was developed as a protest against individualistic and acontextual understandings of recovery. A social network perspective, tolerance of uncertainty, and dialogism in RR are practices described. They may inspire and facilitate a radical transformation of mental health and substance abuse services.

Kerman, N., et al. (2021). "Harm reduction outcomes and practices in Housing First: A mixed-methods systematic review." Drug Alcohol Depend **228**: 109052.

BACKGROUND: Harm reduction is a central tenet of Housing First. As the intervention has been shown to stably house people experiencing chronic homelessness across the lifespan with complex behavioural health needs, it is critical to understand the harm reduction outcomes and practices in Housing First. **METHODS:** A systematic review following PRISMA guidelines was conducted of five databases: PsycINFO, MEDLINE, Embase, CINAHL, and Google Scholar. Harm reduction outcomes and practices in Housing First were examined in four domains: substance-related harms, viral health, sexual health, and harm reduction service use. **RESULTS:** A total of 35 articles were included in the review, 23 of which examined harm reduction outcomes and 12 of which investigated harm reduction practices in Housing First. Harm reduction outcome studies focused mostly on nonspecific substance use problems, with Housing First being found to have minimal effects in this domain. More severe harms, such as delirium tremens and substance use-related deaths, have been minimally explored, though preliminary evidence is promising. Viral health, sexual health, and harm reduction service use outcomes were the focus of few studies. Research on harm reduction practices highlighted that Housing First providers experience both flexibility and ambiguity in their work using a harm reduction approach, and the importance of empathetic working relationships for engagement in harm reduction work. **CONCLUSIONS:** Harm reduction outcomes in Housing First remain underexamined and any conclusions of the intervention's impacts in this domain would be premature. Effective harm reduction practices in Housing First require strong working relationships between staff and tenants.

Levendgood, T. W., et al. (2021). "Supervised Injection Facilities as Harm Reduction: A Systematic Review." Am J Prev Med **61**(5): 738-749.

CONTEXT: Supervised injection facilities are harm reduction interventions that allow people who inject drugs to use previously obtained substances under the supervision of health professionals. Although currently considered illegal under U.S. federal law, several U.S. cities are considering implementing supervised injection facilities anyway as a response to the escalating overdose crisis. The objective of this review is to determine the effectiveness of supervised injection facilities, compared with that of control conditions, for harm reduction and community outcomes. **EVIDENCE ACQUISITION:** Studies were identified from 2 sources: a high-quality, broader review examining supervised injection facility-induced benefits and harms (from database inception to January 2014) and an updated search using the same search strategy (January 2014–September 2019). Systematic review methods developed by the Guide to Community Preventive Services were used (screening and analysis, September 2019–December 2020). **EVIDENCE SYNTHESIS:** A total of 22 studies were included in this review: 16 focused on 1 supervised injection facility in Vancouver, Canada. Quantitative synthesis was not conducted given inconsistent outcome measurement across the studies. Supervised injection facilities in the included studies (n=number of studies per outcome category) were mostly associated with significant reductions in opioid overdose morbidity

and mortality (n=5), significant improvements in injection behaviors and harm reduction (n=7), significant improvements in access to addiction treatment programs (n=7), and no increase or reductions in crime and public nuisance (n=7). CONCLUSIONS: For people who inject drugs, supervised injection facilities may reduce the risk of overdose morbidity and mortality and improve access to care while not increasing crime or public nuisance to the surrounding community.

Li, B. and J. Chen (2022). "Barriers to Community-Based Primary Health Care Delivery in Urban China: A Systematic Mapping Review." Int J Environ Res Public Health **19**(19).

Providing access to a range of basic health services, community-based primary health care (CB-PHC) plays a vital role in achieving the goal of health for all. Driven by a strong political commitment, China's CB-PHC progress in the past decade has been swift and impressive. However, a well-functioning delivery system for care has yet to be established. This systematic mapping review synthesizes selected evidence on barriers to CB-PHC delivery in urban China and draws lessons for policy development. We performed searches on five electronic databases: CINAHL, MEDLINE, Scopus, Web of Science, and China National Knowledge Infrastructure, and included studies published between 2012 and 2021. The Downs and Black and Critical Appraisal Skills Program checklists were used to assess the quality of eligible papers. We conducted our searches and syntheses following the framework set out in the Primary Health Care Performance Initiative (PHCPI). We synthesized the results of the included studies using a thematic narrative approach and reported according to PRISMA guidelines. Six salient barriers arose from our syntheses of 67 papers: lack of comprehensive health insurance schemes, lack of public awareness, superficial care relationships, gaps in communication, staff shortages and poor training, and second-rate equipment. These barriers are grouped into three subdomains following the PHCPI framework: access, people-centered care, and organization and management. A host of negative impacts of these barriers on community-based health care were also identified. It was not possible to determine clear causes of these barriers from the contributing evidence because of the lack of conceptual frameworks and research methods constraints. Non-eastern regions of China and access-related barriers require further exploration. It follows that, at the national level, the problems are likely more severe than the research suggests.

Lie, T. and I. B. Hustvedt (2021). "Personer med ROP-lidelser og alvorlige psykiske helseproblemer – tjenestemottakere med store helse- og levekårsproblemer." Tidsskrift for psykisk helsearbeid **18**(1): 48-59.

I denne artikkelen sammenligner vi levekårene til personer med rusproblemer og de med psykiske helseproblemer uten rus, rapportert fra kommunene til Helse Stavanger gjennom systemet BrukerPlan. Statistikken over tjenestemottakere i kommunene viser at personer med alvorlige og samtidige lidelser av rus og psykiske helseproblemer skårer dårligst på levekårsindikatorer. Mottakere med alvorlige psykiske helseproblemer skårer imidlertid også dårlig, mens personer med moderate og lettere lidelser skårer relativt bra.

Lussand, J. H. (2022). "Språkets betydning for relasjon og bedringsprosess i pasientjournaler." Tidsskrift for psykisk helsearbeid **19**(2-3): 168-179.

Fagartikkelen belyser betydningen det skriftlige språket i journalen i spesialisthelsetjenesten i psykisk helsevern har for relasjonen mellom pasient og miljøterapeut og for bedringsprosessen til pasienten. Metoden var systematisk metasyntese av kvalitativ forskningslitteratur fra internasjonale og norske databaser. Det ble inkludert ni artikler som

ble analysert ved hjelp av Malteruds systematiske tekstkondensering. Funnene viser at det skriftlige språket i journalen kan ha stor betydning for relasjonen mellom pasient og miljøterapeut og for bedringsprosessen til pasienten. Flere forskningsdata som tok utgangspunkt i pasientperspektivet, kunne gitt et bedre innblikk i forskningsspørsmålet. This study intended to describe what the impact of written language in patient journals has on the relationship between patient and therapist, and how it affects recovery for the patient. A systematic metasynthesis of qualitative research literature has been completed. Nine articles were analysed with a systematic text condensation. The findings showed that written language in patient journals could have an impact on the relationship between patient and therapist, and the recovery of patients submitted to mental health care. More research data with focus on patient's perspectives might have given a better understanding of the issue.

Magnussen, S. F. and L. Tingvold (2022). Kartlegging av helse- og omsorgsbehov blant innsatte i fengsel. Senter for omsorgsforskning Øst.

I tidsrommet februar til august 2021 arbeidet to forskere med kartlegging av behovet for helse- og omsorgstjenester til innsatte i fengsler og undersøkelser om samarbeidet mellom kriminalomsorgen og fengselshelsetjenesten med tanke på organisering og tilrettelegging av tjenestene. Det ble gjennomført kvalitative dybdeintervjuer med ledere og ansatte i kriminalomsorgen og i fengselshelsetjenesten i to casefengsler (delstudie I), innsatte i de to casefengslene (delstudie II) og spørreskjemaundersøkelser til ansatte og ledere i kriminalomsorgen og den kommunale fengselshelsetjenesten (delstudie III). Sentrale funn i studien er:

- Det er en økning i innsatte med omfattende helse- og omsorgsbehov. Psykiske helseutfordringer benevnes som særlig utbredt av alle som deltok i undersøkelsen, og flere opplever at innsatte har mer alvorlige psykiske lidelser enn tidligere. Samtidig viser studien at det også er flere innsatte med somatiske sykdommer samt aldersrelaterte lidelser og funksjonsnedsettelse.
- Både ansatte og ledere i fengselshelsetjenesten og kriminalomsorgen opplever at det er innsatte som har for store psykiske og somatiske problemer til å sone i fengsel. Ingen av de innsatte vi intervjuet for dette oppdraget, oppgav at de selv var for syke til å sone i fengsel, men flere gav uttrykk for at de kjente til innsatte som ikke burde være i fengsel.
- Lappesystemet innsatte må bruke for å kommunisere med fengselshelsetjenesten, har en del svakheter. Betjenter fra kriminalomsorgen er mellommenn og overbringer beskjeder. Lapper kan komme på avveie, bli lest av andre, innsatte kan oppleve å ikke få svar, eller det kan oppstå misforståelser om håndteringen av helseproblemet som den innsatte har henvendt seg på bakgrunn av. Det nevnes også at en del innsatte har vansker med å meddele seg skriftlig, og at det kan ta mye tid å oppklare enkle ting.
- Manglende kapasitet og ressurser i kriminalomsorgen gjør at «ikke helt akutte» helsebehov kan bli satt på vent i uker eller måneder. For å fremstille innsatte til spesialisthelsetjenesten eller andre helsetjenester (for eksempel undersøkelse av syn, hørsel, hjelpemidler etc.) må den innsatte følges av to betjenter. Dersom det er mangel på betjenter, stort sykefravær eller andre oppståtte ting som krever oppmerksomhet i avdelingene, vil det være problematisk å frigjøre betjenter til å følge innsatte til slike helseundersøkelser.
- Manglende kapasitet i kriminalomsorgen medfører at innsatte opplever avvísninger og avlysninger når det gjelder å delta på aktivitetstilbud, noe som igjen medfører økt innlåsningstid.
- Manglende ressurser i kriminalomsorgen gjør at innsatte ikke har tilgang til utstyr (god madrass, treningsutstyr) som de mener er nødvendig for å ivareta sin egen helse.

- Det er behov for å tydeliggjøre grensesnittet mellom helse- og omsorgsoppgaver tilhørende de kommunale helse- og omsorgstjenestene og kriminalomsorgen. Studien viser at det råder ulike oppfatninger blant ansatte og ledere om hvorvidt eksempelvis sengetøyskift, av- og påkledning, smøring av mat og medisindeling er oppgaver for helsepersonell eller kriminalomsorgen. Som følge av at fengselshelsetjenesten ikke er bemannet hele døgnet, tvinger det seg frem situasjoner der ansatte i kriminalomsorgen hjelper innsatte med for eksempel skift av bleie, skift av stomiposer og urinposer samt stellesituasjoner som innbefatter hudkontakt. Sistnevnte er oppgaver de fleste i kriminalomsorgen anser som helse- og omsorgsoppgaver de hverken har kompetanse eller kapasitet til å utføre. På bakgrunn av denne utviklingen kom det frem to ulike holdninger til løsninger blant betjenter i kriminalomsorgen. Den ene ønsket å holde fast på de «tradisjonelle» oppgavene knyttet til sikkerhet, som har ligget til betjentrollen, mens den andre ønsket å utvide betjentrollen til å bygge på med mer kurs, veiledning og utdanning for å bedre kunne håndtere innsattes økende helseproblemer og aldersrelaterte lidelser.
- Bygningsmassen i fengsler beskrives som lite tilrettelagt for innsatte med helse- og omsorgsbehov. Det er særlige utfordringer med å la innsatte med alvorlige psykiske helseproblemer og innsatte med funksjonsnedsettelse få mulighet til å delta i aktivitetstilbud på lik linje med andre innsatte. Mens utfordringer for å tilrettelegge for innsatte med psykisk helseproblemer ofte handler om å ha nok betjenter til å passe på sikkerheten, handler utfordringene for innsatte med funksjonsnedsettelse ofte om tilkomst til rom som blir hindret av trapper, dørstokker og annen innretning.
- Det burde vært et eget og tilpasset soningsalternativ til innsatte med store helse- og omsorgsbehov. Det gjelder behov knyttet til både ruslidelser, psykiske, somatiske og aldersrelaterte lidelser.

McGovern, P. and M. Ellingsdalen (2022). "QualityRights – Mot psykisk helsetjenester basert i menneskerettighetene." Tidsskrift for psykisk helsearbeid 19(1): 85-96.

Da FN-konvensjonen om rettighetene til mennesker med nedsatt funksjonsevne (CRPD) ble vedtatt i 2006, ble dette et avgjørende internasjonalt vendepunkt for funksjonshemmede. Det kan betraktes som begynnelsen på et paradigmeskifte. I Norge har debatten om innføringen av en ny modell i psykisk helsetjenester som vektlegger rettigheter, selvbestemmelse og recovery, ofte vært preget av store interessekonflikter. Verdens helseorganisasjons (WHO) QualityRights-initiativ representerer en mulighet til å bryte opp denne fastlåste situasjonen og innlemme rettighetene og forståelsen av psykiske helseproblemer som ligger i CRPD i psykisk helsetjenester. Forfatterne argumenterer for at psykisk helsetjenester ikke har noe å frykte, men faktisk mye å vinne på å innføre denne progressive og fremtidsrettede modellen for psykisk helsetjenester. The adoption of the UN Convention on the Rights of Persons with Disabilities in 2006 represented an important turning point for the disability movement and the beginning of a paradigm shift. In Norway the debate on creating a new model of providing mental health services that respect rights and legal capacity and promotes recovery has been heated and appears to have reached an impasse. The WHO's QualityRights initiative provides an opportunity to break this impasse and to build services that promote human rights and person-centered understandings of mental health conditions and psychosocial disability in tune with the CRPD. The authors argue that mental health services have nothing to fear, but much to gain, from moving toward more progressive and recovery-orientated models of providing support.

McIntyre, H., et al. (2022). "Communication pathways from the emergency department to community mental health services: A systematic review." Int J Ment Health Nurs.

This systematic review synthesizes existing peer reviewed evidence reporting on evaluated strategies used for enhancing communication pathways for continuity of care between the emergency department and mental health community supports. Following the PRISMA guidelines and the PICO framework, this review was conducted between January and July 2021. Included articles needed to evaluate communication pathway interventions for continuity of care between the emergency department and mental health community services which support service users with mental health and/or suicidal crisis. The seven included studies identified three support coordination interventions, two motivational interviewing interventions, an electronic record enhanced strategy and results from a phone follow-up study. This review demonstrates that support coordination, motivational interviewing, education, or an enhanced electronic record strategy can improve continuity of care, and in some cases, reduce the need for people to re-present to ED when they are experiencing mental health concerns or suicidal crisis. Results of this review reveal that a multipronged approach of communication pathways for continuity of care would enable more effective connections with mental health community supports and enable better outcomes for people requiring services.

Meneer, M., et al. (2022). "Personalized care planning and shared decision making in collaborative care programs for depression and anxiety disorders: A systematic review." *PLoS One* **17**(6): e0268649.

BACKGROUND: Collaborative care is an evidence-based approach to improving outcomes for common mental disorders in primary care. Efforts are underway to broadly implement the collaborative care model, yet the extent to which this model promotes person-centered mental health care has been little studied. The aim of this study was to describe practices related to two patient and family engagement strategies-personalized care planning and shared decision making-within collaborative care programs for depression and anxiety disorders in primary care. **METHODS:** We conducted an update of a 2012 Cochrane review, which involved searches in Cochrane CCDAN and CINAHL databases, complemented by additional database, trial registry, and cluster searches. We included programs evaluated in a clinical trials targeting adults or youth diagnosed with depressive or anxiety disorders, as well as sibling reports related to these trials. Pairs of reviewers working independently selected the studies and data extraction for engagement strategies was guided by a codebook. We used narrative synthesis to report on findings. **RESULTS:** In total, 150 collaborative care programs were analyzed. The synthesis showed that personalized care planning or shared decision making were practiced in fewer than half of programs. Practices related to personalized care planning, and to a lesser extent shared decision making, involved multiple members of the collaborative care team, with care managers playing a pivotal role in supporting patient and family engagement. Opportunities for quality improvement were identified, including fostering greater patient involvement in collaborative goal setting and integrating training and decision aids to promote shared decision making. **CONCLUSION:** This review suggests that personalized care planning and shared decision making could be more fully integrated within collaborative care programs for depression and anxiety disorders. Their absence in some programs is a missed opportunity to spread person-centered mental health practices in primary care.

Moe, C., et al. (2022). "Forskerskole i samarbeidsbasert forskning – et bidrag til mer likeverdig deltakelse i kunnskapsutvikling." *Tidsskrift for psykisk helsearbeid* **19**(1): 40-50.

Denne studien undersøker en forskningsgruppes erfaringer fra en Forskerskole i samarbeidsbasert forskning. Studien er inspirert av autoetnografi og data baserer seg på

forfatternes refleksjonsnotater. En tematisk analyse viser at kunnskap fra Forskerskolen bidro til trygghet, nettverk og fellesskapsfølelse. Dette legger grunnlag for likeverdig deltakelse i kunnskapsutvikling. Digital gjennomføring av Forskerskolen ga muligheter og begrensinger for deltagelse. Gjennom Forskerskolen og videre gjennom samarbeidet om denne studien, erfarer vi at verdier og prinsipper om likeverd, menneskerettigheter og bærekraft er tatt inn i praksis. This study explores a research group's experiences from a research school in collaborative research. The study is inspired by autoethnography and the data based on reflection notes. The thematic analysis reveals that knowledge gained at the school contributed to confidence, networks and a sense of community. This lays the foundation for equal participation in knowledge development. The digital format offered up both opportunities and limitations for participation. Throughout these experiences, and further through the collaboration in this study, we experience putting values and principles of equality, human rights and sustainability into practice.

Mundy, S. S., et al. (2022). "Mental health recovery and creative writing groups: A systematic review." Nordic Journal of Arts, Culture and Health 4(1): 1-18.

Background: Many studies have described how creative writing may support recovery from mental disorders; however, this has rarely been reviewed systematically in research studies. Purpose: This study aimed to gain an overview of the current evidence of the effects of facilitated, group-based creative writing interventions on mental health-related clinical and personal recovery. Methods: A systematic review of the literature was conducted in February/March 2019 using the following databases: PubMed, Web of Science, Cochrane Library, PsycINFO, Scopus, and CINAHL. Results: In total, 7743 records were assessed for eligibility and six studies were included; two quantitative and four qualitative studies. Only one study considered clinical recovery and found that symptoms of depression decreased from moderate to mild from pre- to post-intervention. Personal recovery findings were coded according to the CHIME framework. An indication of potential positive impacts on connectedness, empowerment, and identity was identified. However, quantitative and qualitative studies are scarce, heterogeneous, and with methodological limitations. Conclusions: Creative writing may support personal recovery by promoting connectedness, empowerment, and identity. However, more research is needed on facilitated, group-based creative writing interventions for individuals recovering from mental illness.

Mutschler, C., et al. (2022). "Implementation of peer support in mental health services: A systematic review of the literature." Psychol Serv 19(2): 360-374.

Peer support within mental health services has a growing evidence base and aligns with current policies of recovery-oriented care. Despite these advantages, widespread implementation of peer support remains limited, likely due to various methodological and implementation issues. Researchers have noted the importance of utilizing an implementation framework to understand best practices for implementation. Therefore, the purpose of the current study was to synthesize the existing literature on the implementation of peer support interventions and identify barriers and facilitators using an implementation framework. The Consolidated Framework for Implementation Research (CFIR) was used to organize the literature obtained in the systematic search and synthesize best practices for implementation. The systematic search identified 19 published articles that were coded for relevant information including implementation barriers and facilitators. The review highlighted a number of important elements for implementation within the CFIR domains, including clear role definition, a flexible organizational culture, and education for peer and nonpeer staff. Implementation barriers included an organizational culture without a recovery

focus, allied practitioners' beliefs about peer support, and an unclear peer role. The results of this review provide a summary of best practices for the implementation of peer support in mental health services that can be used by researchers and service providers in future implementation. These practices should continue to be tested and reworked as the climate of recovery-oriented services within mental health organizations evolves. (PsycInfo Database Record (c) 2022 APA, all rights reserved).

Nordauet, O. M. (2021). "I psykisk helsearbeid er relasjonen grunnlaget for helsehjelpen." Sykepleien **109**(85826): 85826.

Sykepleie innen psykisk helse og rus er i stor grad basert på relasjonelt arbeid. Relasjoners betydning for utøvelsen av sykepleie er godt beskrevet i sykepleieteorien. En viktig del av tilfriskningsprosess er sosiale og relasjonelle opplevelser, hvor tilknytning til andre personer og lokalmiljøet kan være et utgangspunkt for å bli bedre av en psykisk helse- og/eller ruslidelse. Artikkelen viser hvordan sykepleiere i primærhelsetjenesten legger til rette for slike relasjonelle og sosiale opplevelser.

Nordauet, O. M. (2022). "Menneskerettigheter, systemsvikt og pasientsikkerhet i psykisk helse- og rusarbeid – en litteraturgjennomgang." Tidsskrift for psykisk helsearbeid **19**(1): 15-28.

Psykisk helse- og rusarbeid (PHR) utgjør en stor andel av helsehjelpen i kommune- og spesialisthelsetjeneste. Denne litteraturgjennomgangen har til hensikt å undersøke avvik, feil og kritiske hendelser i PHR. Funnene viser at avvik og feil i behandling oppstår i mange tilfeller. Dette studiet følger en metodisk tilnærming for datainnsamling og analyse. Utvalget består av 23 kilder. Litteraturgjennomgangen ser særlig på to tilfeller i psykisk helse- og rusfeltet hvor begge hadde dødelig utgang for en pasient og en ansatt. Det var brudd på menneskerettigheter i begge saker. Åpenhet om meldekultur og økt dialog om tilkortkommenhetene i fagfeltet er sentralt for å utvikle tjenestene i fremtiden. Mental health and substance abuse care makes up a large proportion of health care in primary and specialist health services. This literature review aims to investigate adverse events and misconduct in mental health and substance abuse care. I make use of a methodological framework for the literature review and analysis (N = 23). The literature review investigates two cases in the field of mental health and substance abuse. Both cases had a fatal outcome for a patient and an employee. There were human rights violations in both cases. Openness about reporting culture and increased dialogue about the shortcomings in the field are central to the development of the services in the future.

Nordauet, O. M., et al. (2022). "Erfaringskonsulenters beskrivelser av relasjonell recovery." Tidsskrift for psykisk helsearbeid **19**(2-3): 142-155.

Denne intervjustudien utforsker hvordan et utvalg erfaringskonsulenter beskriver relasjonell recovery. Erfaringskonsulenter er viktige i recoveryorienterte tjenester med fokus på erfaringsbasert kunnskap om recoveryprosesser. Seks erfaringskonsulenter i to norske kommuner og deres beskrivelse av relasjonell recovery i praksis danner kunnskapsgrunnlaget for analyse og diskusjon. Intervjuene ble gjennomført ved hjelp av en semistrukturert intervjuguide. Datamaterialet ble analysert ved hjelp av tematisk innholdsanalyse. Funnene viser at erfaringskonsulenter tilrettelegger for relasjonell recovery gjennom aktivitet og samvær, men også opplever utfordringer i praksis. Erfaringskonsulenter står i krevende situasjoner knyttet til integrering og erfaringskunnskap som del av kunnskapsgrunnlaget i psykisk helse- og rusarbeid. This interview study explores how peer support workers (PSWs) describe relational recovery. PSWs are important in recovery-oriented services, focusing on

experience-based knowledge of recovery. Six PSWs in two Norwegian municipalities and their descriptions of relational recovery in practice form the knowledge base for analysis and discussion. Interviews were conducted using a semi-structured interview guide and analyzed using thematic content analysis. Findings show that PSWs facilitate relational recovery through activity and connectedness. However, PSWs experience challenges relating to integration of experiential knowledge as part of the knowledge base in mental health and substance care.

Omvik, S. and A. Kvamme (2022). "Å involvere nettverket til pasienter i behandling – en kvantitativ studie av hvilket utbytte pasienter i dagbehandling har av åpen dialog i nettverksmøter." Tidsskrift for psykisk helsearbeid **19**(2-3): 117-130.

Åpen dialog i nettverksmøter ble tilbudt som et supplement til dagbehandling ved Kronstad distriktpsikiatriske senter. Vi gjennomførte en kvantitativ studie med et repetert målingsdesign for å undersøke hvilket utbytte pasientene hadde av møtene. Totalt 93 pasienter deltok i studien, og av dem gjennomførte 40 nettverksmøter. Pasientene valgte selv om de ville gjennomføre nettverksmøter eller ikke. Vi sammenliknet gruppene på psykiske helsevariabler. I tillegg spurte vi deltakerne på møtene om hvordan de opplevde disse. Pasientene som gjennomførte nettverksmøter, endret seg mer i positiv retning enn pasienter som ikke gjennomførte møter. Både pasientene og nettverket deres oppga at møtene var nyttige. Open dialogue in network meetings was offered as a supplement to day-treatment at Kronstad district psychiatric center. The authors of this article conducted a quantitative study to examine the patients' benefits from participating. Ninety-three patients took part in the study, of whom forty participated in network meetings. Patients chose for themselves whether to participate in meetings or not. We compared the groups on mental health variables. In addition, we asked the participants at meetings about how they experienced them. Patients who took part in network meetings changed more in a positive direction than patients who did not complete meetings. Both patients and network members reported that the meetings were useful.

Osborne, B., et al. (2022). "Systematic review of guidelines for managing physical health during treatment for substance use disorders: Implications for the alcohol and other drug workforce." Drug Alcohol Rev **41**(6): 1367-1390.

ISSUES: Substance use disorders are associated with significant physical health comorbidities, necessitating an integrated treatment response. However, service fragmentation can preclude the management of physical health problems during addiction treatment. The aim of this systematic review was to synthesise the recommendations made by clinical practice guidelines for addressing the physical health of people attending alcohol and other drug (AOD) treatment. **APPROACH:** An iterative search strategy of grey literature sources was conducted from September 2020 to February 2021 to identify clinical practice guidelines. Content pertaining to physical health care during AOD treatment was extracted. Quality of guidelines were appraised using the Appraisal of Guidelines Research and Evaluation II (AGREE-II) tool. **FINDINGS:** Thirty-three guidelines were included for review. Fourteen guidelines were considered high quality based on AGREE-II scores. Neurological conditions (90.9%) and hepatitis (81.8%) were the most frequent health problems addressed. Most guidelines recommended establishing referral pathways to address physical health comorbidities (90.9%). Guidance on facilitating these referral pathways was less common (42.4%). Guidelines were inconsistent in their recommendations related to oral health, tobacco use, physical activity, nutrition and the use of standardised assessment tools. **IMPLICATIONS AND CONCLUSIONS:** Greater consistency and specificity in the

recommendations made for integrating physical health care within addiction treatment is needed. Ensuring that recommendations are applicable to the AOD workforce and to treatment services limited by funding and resource constraints should enhance implementation. Future guideline development groups should consider increased consultation with the AOD workforce and inclusion of clinical tools and decision aids to facilitate referral pathways.

Ose, S. O., et al. (2022). "Development of a Social Skills Training Programme Using Virtual Reality Technology in Municipal Mental Health Services." Research Square.

People with severe mental illness often have a small or no network of friends and limited contact with their family and live social isolated lives. We developed a social skills training programme to be administered by public mental health professionals in helping those with mental illness to overcome their social isolation. Methods The programme was developed over three years in close collaboration among psychologists, service users, municipal mental health professionals, mental health service researchers and a local firm providing virtual reality (VR) training. Results The mental health professionals acknowledge the potential this technology represents, and the first pilot study is currently being conducted. Even before the pilot study is completed, some of the staff have been able to use VR technology in meetings with service users when deemed suitable. Conclusion Several factors made adoption and implementation of VR technology possible in a relatively short timeframe: namely, the municipality and service users were involved from the beginning of the process, efforts were made to introduce VR to mental health professionals and allow them to reflect on its usability, solutions were low-tech and low cost, and the long-term research collaboration was established without municipal financial obligations.

Paramasivam, R., et al. (2022). "Intervention-based mental health training for community level workers in India -A systematic review." J Family Med Prim Care **11**(4): 1237-1243.

Community-level workers (CLWs) are frontline workers who function as mediators between the government and the community. They effectively and efficiently distribute government policies and welfare schemes directly to the public, especially health aspects. They play a vital role in primary care access and quality. Many recent studies demonstrate that physical health training of CLWs is indeed effective and increases access to services. However, there are no recent reviews that systematically understand the training of CLWs concerning mental health interventions, and reviews on CLW's understanding about mental health issues and implementation at the community level is inadequate. CLWs are underutilized in aspects of mental health interventions despite having more potential for the same. They are the ones who need to know much about mental health issues and treatment availabilities. To understand this gap, a systematic review on training on mental health interventions to the CLWs in India, the method and content of mental health training in such studies was done. Our systematic search following the PRISMA guidelines included eight studies that met the eligibility criteria. The review of the studies that satisfied inclusion criteria suggests that training on mental health interventions with CLWs sounds effective. The researcher also provides recommendations to strengthen the CLWs mental health knowledge and discusses implications of mental health interventions through trained CLWs for the community. Based on the review findings, the researcher recommends ideas about how CLWs can be utilized accordingly in mental health aspects during the current pandemic.

Pearce, T., et al. (2022). "A mixed-methods systematic review of suicide prevention interventions involving multisectoral collaborations." Health Res Policy Syst **20**(1): 40.

BACKGROUND: Governments and third-sector organizations (TSOs) require support to reduce suicide mortality through funding of suicide prevention services and innovative research. One way is for researchers to engage individuals and services in multisectoral collaborations, to collaboratively design, develop and test suicide prevention services and programmes. However, despite widespread support, to date, it remains unclear as to the extent to which stakeholders are being included in the research process, or if they are, how these partnerships occur in practice. To address this gap, the authors conducted a systematic review with the aim of identifying evidence of multisectoral collaborations within the field of suicide prevention, the types of stakeholders involved and their level of involvement. **METHODS:** The authors conducted a strategic PRISMA-compliant search of five electronic databases to retrieve literature published between January 2008 and July 2021. Hand-searching of reference lists of key systematic reviews was also completed. Of the 7937 papers retrieved, 16 papers finally met the inclusion criteria. Because of data heterogeneity, no meta-analysis was performed; however, the methodological quality of the included studies was assessed. **RESULTS:** Only one paper included engagement of stakeholders across the research cycle (co-ideation, co-design, co-implementation and co-evaluation). Most stakeholders were represented by citizens or communities, with only a small number of TSOs involved in multisectoral collaborations. Stakeholder level of involvement focused on the co-design or co-evaluation stage. **CONCLUSION:** This review revealed a lack of evidence of multisectoral collaborations being established between researchers and stakeholders in the field of suicide prevention research, even while such practice is being espoused in government policies and funding guidelines. Of the evidence that is available, there is a lack of quality studies documenting the collaborative research process. Also, results showed that the inclusion of co-researchers from communities or organizations is defined as co-creation, but further analysis revealed that collaboration was not consistent across the duration of projects. Researchers and practitioners should consider issues of power and equity in multisectoral collaborations and encourage increased engagement with TSOs, to rigorously research and evaluate suicide prevention services.

Peat, C. M. and C. Feltner (2022). "Addressing eating disorders in primary care: Understanding screening recommendations and opportunities to improve care." *Int J Eat Disord* **55**(9): 1202-1207.

OBJECTIVE: For the first time in its history, the United States Preventive Services Task Force (USPSTF) published a recommendation on screening for eating disorders among adolescents and adults in primary care. The current manuscript provides an overview of the USPSTF recommendation, screening principles, and suggestions for clinical and research efforts. **METHOD:** The USPSTF based their recommendations on a rigorous systematic review of the evidence on routine screening for eating disorders. Eligible studies included studies of screening test accuracy and controlled trials of screening or interventions for eating disorders in screen-detected or previously untreated eating disorders. The current manuscript briefly summarizes the results of this evidence review which are published in full elsewhere and focuses on providing interpretation of the recommendations by clarifying the scope and methodology of the USPSTF. **RESULTS:** Fifty-seven studies were included in the evidence review. Seventeen studies evaluated screening test accuracy and 40 trials evaluated interventions among populations with previously untreated eating disorders. No studies directly assessed the benefits and harms of screening. The evidence review highlights important gaps in our knowledge regarding eating disorders in primary care. The authors provide recommendations for future studies in light of these evidence gaps and propose specific clinical strategies to improve care for those with eating disorders who present to primary care. **DISCUSSION:** Primary care can play an important role in the early detection of eating disorders, but data are needed to more fully understand the potential benefits and

harms of routine screening in this setting. PUBLIC SIGNIFICANCE: There are gaps in the evidence regarding the benefits and harms of eating disorder screening in primary care. Future studies are needed to improve certainty about the net benefit of screening. Of particular importance are studies that compare routine screening to usual care (no screening). Current providers may benefit from tailored eating disorders education and training, practical tools, and integration of mental health services in primary care.

Pedersen, A., et al. (2021). "Healthcare services to socially marginalized men." Nordisk sygeplejeforskning **11**(2): 101-112.

This study aimed to explore key municipal employees' experiences and perceptions of how to support socially marginalised men's healthcare needs. The paper is based on 21 interviews with employees and managers from different policy sectors in a large Danish municipality who either work purposefully with targeting services to men in general or offering services that socially marginalised men will encounter. The findings reveal that regardless of policy sector, the participants perceived that interdisciplinary cooperation across policy sectors was crucial because the socially marginalised men had intertwined social and health challenges. The German sociologist Niklas Luhmann's theoretical concepts of differentiation and independency was used in the discussion to offer insight into the way systems work and how society handles its own problems. Organisational structures such as functional differentiation with specialization, division of labour, and increased autonomy seem to challenge the cooperation across policy sectors. Personal interorganisational conditions such as personal knowledge emerging from previous collaborative relationships or personal relations, and not the policy sectors' integrated work programs seemed crucial. Currently affected the flexibility in services that supported socially marginalised men's healthcare needs. The findings from this study contribute to the current literature on organisational organisation by providing an important opportunity to advance the understanding of healthcare employees within the municipality, particularly regarding how healthcare is organised across varying professional practices within different policy sectors in relation to supporting socially marginalised men's healthcare needs.

Peñuela-O'Brien, E., et al. (2022). "Health professionals' experiences of and attitudes towards mental healthcare for migrants and refugees in Europe: A qualitative systematic review." Transcultural Psychiatry: 13634615211067360.

Migrants living in Europe constitute over half of the world's international migrants and are at higher risk of poor mental health than non-migrants, yet also face more barriers in accessing and engaging with services. Furthermore, the quality of care received is shaped by the experiences and attitudes of health professionals. The aim of this review was to identify professionals' attitudes towards migrants receiving mental healthcare and their perceptions of barriers and facilitators to service provision. Four electronic databases were searched, and 23 studies met the inclusion criteria. Using thematic synthesis, we identified three themes: 1) the management of multifaceted and complex challenges associated with the migrant status; 2) professionals' emotional responses to working with migrants; and 3) delivering care in the context of cultural difference. Professionals employed multiple strategies to overcome challenges in providing care yet attitudes towards this patient group were polarized. Professionals described mental health issues as being inseparable from material and social disadvantage, highlighting a need for effective collaboration between health services and voluntary organizations, and partnerships with migrant communities. Specialist supervision, reflective practice, increased training for professionals, and the adoption of a person-centered approach are also needed to overcome the current challenges in meeting migrants'

needs. The challenges experienced by health professionals in attempting to meet migrant needs reflect frustrations in being part of a system with insufficient resources and without universal access to care that effectively stigmatizes the migrant status.

Pettersen, H. (2022). "Psykisk helse, medborgerskap og menneskerettigheter." Tidsskrift for psykisk helsearbeid **19**(1): 29-39.

Hensikten med artikkelen er å presentere begrepet medborgerskap og vise hvordan begrepet kan anvendes i psykisk helsefeltet for å utvikle praksis til støtte for likeverd, inkludering og deltagelse for mennesker med rus- og psykiske helseutfordringer. Artikkelen begynner med en begrepsavklaring, og den redegjør deretter for hvordan medborgerskap er utviklet og anvendt innen psykisk helsefeltet i USA. Videre vises hvordan begrepet korresponderer med sentrale menneskerettighetsprinsipper, og hvordan det kan tilpasses en norsk kontekst. Artikkelen konkluderer med at implementering av medborgerskap i psykisk helsetjeneste kan åpne opp for et mer menneskerettslig alternativ til den biomedisinske modellen som fortsatt er dominerende og bidra til å ivareta grunnleggende menneskerettigheter. The aim of this article is to present the concept of citizenship and how it can be applied in mental health services to develop practice that can support equality, inclusion and participation for people experiencing addiction and mental health problems. The article clarifies the concept and explains how citizenship has been developed and applied within mental health in the United States. Further, it shows how citizenship corresponds with human rights principles and how it can be customized into a Norwegian context. The conclusion is that implementing citizenship in mental health services as a human rights alternative to the dominating biomedical model can contribute to secure basic human rights.

Prajapati, R. and H. Liebling (2022). "Accessing Mental Health Services: a Systematic Review and Meta-ethnography of the Experiences of South Asian Service Users in the UK." J Racial Ethn Health Disparities **9**(2): 598-619.

BACKGROUND: Despite calls to address ethnic inequalities to accessing mental health services in the UK, governmental initiatives have had limited impact. Studies indicate that South Asian communities underutilise mental health services. Previous reviews have identified cultural and institutional factors that may influence service use, but these are mostly narrative and limited in their scope. **METHOD:** A systematic literature search resulted in fifteen studies exploring the experiences of seeking help and barriers to accessing and using services from the perspective of British South Asian service users. **FINDINGS:** Qualitative data was synthesised through meta-ethnography, and three themes emerged: Distanced from Services, Dilemma of Trust and Threat to Cultural Identity. South Asian service users were positioned at a distance from being able to access services and stuck in a dilemma of mistrusting White and Asian professionals. They constructed their cultural identity through a set of important values which were neglected by mental health services. Service users, therefore, appeared to engage in an ongoing evaluation of the potential benefits of accessing services against the risks of threat to their personal and cultural identities. The findings are discussed in relation to Eurocentric models of care and community engagement approaches. **CONCLUSION:** The review argues that institutional racism and cultural dissonance marginalise South Asian service users from access to quality and effective mental healthcare. It is recommended that services acknowledge the impact of alienation and powerlessness and advance their practices to establish trust and cultural safety for South Asian service users in the UK.

Ramsey, C., et al. (2022). "Implementing changes after patient suicides in mental health services: A systematic review." Health Soc Care Community **30**(2): 415-431.

Suicides by mental health patients account for around a quarter of all suicides (Walby et al, 2018). Within services a range of approaches have been developed and implemented to reduce the risk of patient suicides. After every patient death by suicide, a review is carried out to identify recommendations which may assist in preventing future suicides. It is therefore important to identify the most effective methods for implementing these recommendations. The objective of this systematic review, completed in Northern Ireland, was to identify how recommendations from Serious Adverse Incident (SAI) reviews can be effectively implemented to contribute to reducing deaths by suicide within mental health services. Eleven electronic databases were searched for relevant work from 1 January 2005-30 November 2020. Quantitative, qualitative and mixed methods studies were included. A narrative synthesis was carried out of published and unpublished work on the effectiveness of implementing recommendations, after a death by suicide in mental health services. The review, which includes 41 published papers and reports, found that the literature is focused on producing recommendations to reduce future risk of suicide in mental health services. There is a lack of focus on the extent and effectiveness of the implementation of these. Recommendations have often not been tested or operationalised, limiting the translational value of these contributions. Leadership and culture are also identified as key drivers for change in mental health services. This review demonstrates that high quality research is being complete in this area, however, the majority of published research presents recommendations from reviews of mental health patient suicides. There is a lack of research focusing on implementing recommendations and evaluation of implementation, once recommendations have been made.

Sivertsen, K., et al. (2022). «Du lurer ikke en luring»(ref. likeperson): Likepersontjeneste i Bergen for mennesker med utfordringer knyttet til rus. NORCE-rapport, Norge.

Rapporten utforsker erfaringer fra ansatte som jobber som likepersoner på bakgrunn av erfaringer de har fra egne rusutfordringer. I undersøkelsen kommer det frem hvordan det å jobbe som likeperson også representerer en åpning og videre vei inn i et ordinært arbeidsliv. Dette medfører også et behov for en generell opplæring om «det å være tilknyttet arbeidslivet», i tillegg til opplæring for å utøve selve jobben som likeperson. Det mest sentrale i opplæring og oppfølging er likevel knyttet til hvordan likepersonene kan benytte sin egen recovery-kompetanse ovenfor deltaker i deltakers egne recovery-prosesser. Funnene fra likepersontjenesten i Bergen tyder også på at likepersonene selv har behov for stor grad av fleksibilitet i tjenesten og deres eget arbeid, at det gis rom for læring underveis, og at likepersonene også får muligheter til å fortsette deres egen recovery-prosesser. Gjenkjennelse er en kjernekomponent som kommer frem i materialet fra likepersonprosjektet i Bergen, og som vi også finner i materiale fra andre komparative studier vi har gjort i Norge. Potensialet som ligger i gjenkjennelser i relasjonen mellom deltaker og likeperson skiller seg fra relasjoner deltaker har til fagpersoner de møter i andre (oppfølgings)tjenester. Dette skaper en form for nærhet mellom deltaker og likeperson, hvor det ellers ofte oppleves en distanse mellom deltaker og fagperson. Likeperson og deltaker møter hverandre på et mer likeverdig grunnlag, siden utgangspunktet for dem begge er egenopplevde erfaringer knyttet til rus, behandling og recovery. Dette skaper en arena som ofte får en større grad av åpenhet, direkte samtaleform og mulighet til å være nettopp direkte, utfordrende og ærlig i relasjonen mellom likeperson og deltaker.

Sommer, M. (2021). "Støtte som mulighet til unge med psykiske helseproblemer." Tidsskrift for psykisk helsearbeid **18**(4): 331-342.

Støtte til unge personer med psykiske helseproblemer som står i fare for å bli varig utenfor skole og arbeid er en prioritert oppgave for velferdsstaten. Artikkelen bygger på en doktorgradsstudie om unge voksne med psykiske helseproblemer sine opplevelser med støtte. En hermeneutisk fenomenologisk analyse løfter frem to hovedfunn: støtte som personlig opplevd og støtte opplevd som utvidet livsrom. Artikkelen bidrar til å forstå at støtte først og fremst er en personlig opplevelse, som ikke kan sikres gjennom standardisering og målstyring. Støtte kan ikke løsrives fra de unges sosiale liv og den strukturelle sammenheng de er en del av.

Stewart, A. C., et al. (2022). "Criminal Justice Involvement after Release from Prison following Exposure to Community Mental Health Services among People Who Use Illicit Drugs and Have Mental Illness: a Systematic Review." J Urban Health **99**(4): 635-654.

Illicit drug use and mental illness are common among people in prison and are associated with higher rates of reoffending and reimprisonment. We conducted a systematic review, searching MEDLINE, Embase, and PsycINFO to January 10, 2022, for studies reporting criminal justice involvement following exposure to community mental health services among people released from jail or prison who use illicit drugs and have mental illness. Our search identified 6954 studies; 13 were eligible for inclusion in this review. Studies were separated into three broad categories based on community mental health service type. Eleven of 13 studies reported a reduction in criminal justice involvement among participants exposed to community mental health services compared to a comparison group. Findings indicate a need to expand and improve integration and referral mechanisms linking people to community mental health services after jail or prison release, alongside a need for tailored programs for individuals with complex illicit drug use and mental health morbidities.

Sæther, S. M. M., et al. (2022). "Moderators of treatment effect of Prompt Mental Health Care compared to treatment as usual: Results from a randomized controlled trial." Behaviour Research and Therapy **158**: 104198.

Background In this exploratory study, we investigated a comprehensive set of potential moderators of response to the primary care service Prompt Mental Health Care (PMHC). Methods Data from an RCT of PMHC (n = 463) versus treatment as usual (TAU, n = 215) were used. At baseline mean age was 34.8, 66.7% were women, and 91% scored above caseness for depression (PHQ-9) and 87% for anxiety (GAD-7). Outcomes: change in symptoms of depression and anxiety and change in remission status from baseline to six- and 12- months follow-up. Potential moderators: sociodemographic, lifestyle, social, and cognitive variables, variables related to (mental) health problem and care. Each moderator was examined in generalized linear mixed models with robust maximum likelihood estimation. Results Effect modification was only identified for anxiolytic medication for change in symptoms of depression and anxiety; clients using anxiolytic medication showed less effect of PMHC relative to TAU (all $p < 0.001$), although this result should be interpreted with caution due to the low number of anxiolytic users in the sample. For remission status, none of the included variables moderated the effect of treatment. Conclusion As a treatment for depression and/or anxiety, PMHC mostly seems to work equally well as compared to TAU across a comprehensive set of potential moderators.

Sørgård, J. and B. Karlsson (2022). "Åpen dialog i Utadrettet nettverksteam – pasienter og pårørendes opplevelser og erfaringer." *Tidsskrift for psykisk helsearbeid* **19**(2-3): 131-141.

Artikkelen beskriver pasienter og pårørendes opplevelser og erfaringer med Åpen dialog i Utadrettet nettverksteam for pasienter med kompliserte behandlingsforløp. Kompliserte behandlingsforløp inkluderer pasienter som har behov for sammensatte og koordinerte tjenester. Den faglige forankringen bygger på forskningsarbeider om Åpen dialog (ÅD). Vår tilnærming «Åpen dialog i Utadrettet nettverksteam» tilbys pasienter ved en lukket psykiatrisk avdeling etter utskrivelse. Datamateriale utgjøres av skriftlige tilbakemeldinger fra pasienter og pårørende. Funnene viser at Utadrettet nettverksteam er en nyttig og hjelpsom praksis og tilnærming for denne pasientgruppa. Deltakerne erfarer nettverksmøtene som en arena for kommunikasjon og at kontinuitet i behandlingen ivaretas. Det erfares som trygt og gir håp i det videre samarbeidet. The article describes patients and family member's experiences with Open Dialogue in complicated course of treatment in an outreach team. A complicated course of treatment includes patients who need complex and coordinated services. Open Dialogue (OD) is a network-based approach. Our approach, OD in an outreach team, is offered to patients after being discharged from a closed psychiatric ward. The data is based on written feedback from participants. The findings show that the participants experience the meetings in the network as an arena for communication, continuity in treatment, safety, and hope. OD in an outreach team may be an applicable practice for patients and their family members.

Tanner-Smith, E. E., et al. (2022). "Effects of brief substance use interventions delivered in general medical settings: a systematic review and meta-analysis." *Addiction* **117**(4): 877-889.

AIMS: To estimate effects of brief substance use interventions delivered in general medical settings. METHODS: A systematic review and meta-analysis of randomized trials conducted since 1990 of brief substance use interventions in patients of any age or severity level recruited in general medical settings. Primary outcomes were any measure of substance use or substance-related consequences (indexed with Hedges' g and risk ratios). Mixed-effects meta-regressions were used to estimate overall effects and predictors of effect variability. Analyses were conducted separately by brief intervention (BI) target substance: alcohol only or drugs. FINDINGS: A total of 116 trials (64 439 participants) were identified; 111 (62 263 participants) provided effect size data and were included in the meta-analysis. Drug-targeted BIs yielded significant small improvements in multiple drug/mixed substance use (Hedges' g (g^-) = 0.08; 95% CI = 0.002, 0.15), but after adjusting for multiple comparisons, they did not produce significant effects on cannabis use (g^- = 0.06; 95% CI = 0.001, 0.12), alcohol use (g^- = 0.08; 95% CI = -0.0003, 0.17), or consequences (g^- = 0.05; 95% CI = 0.01, 0.10). Drug-targeted BIs yielded larger improvements in multiple drug/mixed substance use when delivered by a general practitioner (g^- = 0.19; 95% CI = 0.187, 0.193). Alcohol-targeted BIs yielded small beneficial effects on alcohol use (g^- = 0.12; 95% CI 0.08, 0.16), but no evidence of an effect on consequences (g^- = 0.05; 95% CI = -0.04, 0.13). However, alcohol-targeted BIs only had beneficial effects on alcohol use when delivered in general medical settings (g^- = 0.17; 95% CI = 0.10, 0.24); the findings were inconclusive for those delivered in emergency department/trauma centers (g^- = 0.05; 95% CI = 0.00, 0.10). CONCLUSIONS: When delivered in general medical settings, alcohol-targeted brief interventions may produce small beneficial reductions in drinking (equivalent to a reduction in 1 drinking day per month). There is limited evidence regarding the effects of drug-targeted brief interventions on drug use.

Trondsen, M. V. and U. S. Manskow (2021). "Å være terapeut i en unntakstilstand: samtalerapi på nett under koronapandemien til unge som har foreldre med rusproblemer." Tidsskrift for psykisk helsearbeid **18**(2): 125-137.

Blå Kors Kompasset tilbyr samtalerapi til unge (14-35 år) som har foreldre med alkohol- eller andre rusproblemer. Da Kompasset stengte fysisk 12. mars 2020 som følge av koronapandemien, ble oppfølgingen av brukerne umiddelbart gjort digitalt. Gjennom temabasert innholdsanalyse fra fokusgrupper med Kompassets 6 avdelingsledere, utforsket vi deres erfaringer med overgangen fra fysisk til videobasert samtalerapi under koronapandemien. Funnene viste at avdelingslederne opplevde at overgangen var brå, men gikk i all hovedsak bra. Endrede rammebetingelser ga både muligheter og utfordringer i forhold til: Å gjøre det samme på en ny måte, å skape nærhet på avstand og å være tilgjengelig for brukerne. Kunnskap fra studien vil brukes til å videreutvikle digital samtalerapi som en del av Kompassets tjenestetilbud.

Trones, C. (2022). "RUS – Avhengighetens paradokser." Tidsskrift for psykisk helsearbeid **19**(2-3): 205-208.

Dette er en bokanmeldelse.

Tuastad, L. (2021). "Plassert ved sida av Rolling Stones – ein studie om Harald og musikkoppfølgingstilbodet B15." Tidsskrift for psykisk helsearbeid **18**(3): 295-306.

Dei nasjonale faglege retningslinjene for utgreiing, behandling og oppfølging av psykose (Helsedirektoratet, 2013) har gitt musikkterapi ein betydeleg plass innan psykisk helsefeltet. Retningslinjene er tydelege på at musikkterapi bør inngå på alle nivå av psykisk helsefeltet. Trass i dette er musikkterapi som del av psykisk helsearbeid så og seie fråverande. Artikkelen undersøker om musikkterapi kan vere ein recovery-orientert praksis i psykisk helsearbeid, belyst gjennom historia til Harald og musikkoppfølgingstilbodet B15. Med utgangspunkt i recovery-perspektivet og musikkvitskapleg- og musikkterapeutisk teori konkluderer artikkelen med at musikkterapi er ein velegna recovery-orientert praksis i psykisk helsearbeid med store ringverknader for både enkeltindivid og omgivingane.

Tuastad, L., et al. (2022). "Being a person who plays in a band rather than being a person with a mental illness playing in a band: A qualitative study of stigma in the context of music therapy in mental health aftercare." Nordic Journal of Music Therapy: 1-19.

The study explores the theme "stigma" and how it was experienced by participants in MOT82, a music therapy project in the field of mental health aftercare in Norway. The theme is explored through the research questions: How is stigmatisation experienced by participants in a music therapy project in the field of mental health in aftercare? And: Which strategies can be used to prevent stigma in the context of music therapy in mental health aftercare?

Ulriksen, G., et al. (2022). "Gode tjenester, uavhengig av adresse." Tidsskrift for psykisk helsearbeid **19**(1): 97-100.

Artikkelen har ikke sammendrag.

Uverud, G.-M. (2021). "Når knuten strammes og løses." Tidsskrift for psykisk helsearbeid **18**(4): 368-375.

Jeg er en person med psykiske utfordringer i eget liv og i nær familie. I denne artikkelen beskriver jeg hva jeg har lært av å føre logg over indre og ytre hendelser i livet gjennom flere år. Jeg har kodet og analysert min egen logg for å forsøke å forstå hva som skjer når kriser har ført til innleggelse. I analysen av dette store materialet har jeg lagt spesiell vekt på det som skjer i den indre og ytre verden i forkant og etterkant av krisene. I dialog med en psykiater som har sett på det samme materialet, diskuterer jeg hva funnene kan fortelle om det som skjer når spenningene blir større enn jeg kan håndtere på egen hånd, og hva som ser ut til å hjelpe på det indre trykket.

Westerlund, H. (2021). "Prosessledning i brukerundersøkelser: en innsikt i Bruker Spør Bruker." Tidsskrift for psykisk helsearbeid **18**(2): 188-198.

Dette er en innsikt i Bruker Spør Bruker som metode og ferdigheter for prosessledere i brukerundersøkelser. Bruker Spør Bruker (BSB) er en metode for brukerundersøkelser hvor personer med egenerfaring er prosessledere. Helsetjenester forplikter seg til å gjennomføre en kvalitativ undersøkelse med brukererfaringer som kilde og en dialogprosess. Prosjektledelsen krever ferdigheter av prosesslederen i alt fra kvalitative intervju og analysemetoder, organisering og ledelse av prosjekter til prosessuelle ferdigheter som å skape rasjonelle møter mellom brukere og mellom brukere og tjeneste. BSB-undersøkelsene skal styrke engasjementet for brukerperspektivet i tjenesteorganisasjoner i psykisk helsetjenester i kommuner og helseforetak og bidra til læring i tjenester ut fra brukererfaringer.

Wormdahl, I. (2022). Pathways towards involuntary admissions – How do they unfold in primary mental health care settings, and what can be done to prevent them?, NTNU. **PhD**.

Kommunale psykiske helsetjenester yter tjenester til voksne med alvorlige psykiske lidelser, ofte over lang tid. På tross av primærhelsetjenestens sentrale rolle er de fleste studier om reduksjon av tvangsinnleggelse i psykisk helsevern relatert til tjenester på spesialisthelsetjeneste nivå. Vi mangler så langt kunnskap om primærhelsetjenesters rolle i forløp mot tvangsinnleggelse, og hvordan man kan forebygge slike innleggelse allerede i de kommunale psykiske helsetjenestene. Det er heller ikke utviklet helhetlige intervensjoner for kommunale psykiske helsetjenester som har til hensikt å redusere tvangsinnleggelse. Målsetningen med denne avhandlingen var derfor å undersøke hvordan forløp mot tvangsinnleggelse fremstår på primærhelsetjenestnivå, og hva kommunale psykiske helsetjenester kan gjøre for å forebygge slike innleggelse.

Aktører i fem norske kommuner deltok i kvalitative intervjuer, fokus grupper, dialogkonferanser og digitale feedback møter. Avhandlingen inkluderer tre studier hvor vi; (1) undersøkte hva som karakteriserte personers forløp mot henvisning til tvangsinnleggelse, (2) kartla barrierer og muligheter i kommunale psykiske helsetjenester, og (3), basert på denne kunnskapen, samskapte en helhetlig intervensjon for kommunale psykiske helsetjenester med mål om å redusere tvangsinnleggelse. Avhandlingens resultater viser at det er mangler (artikkel 1) og barrierer (artikkel 2) i de kommunale psykiske helsetjenestene som kan vanskeliggjøre forebygging av tvangsinnleggelse. Det tyder på et potensiale for å redusere tvangsinnleggelse ved å intervensjonere på dette tjenestenivået. Basert på disse resultatene ble ReCoN intervensjonen utviklet med seks strategiområder, hver med to til fire tiltaksområder som inneholder konkrete tiltak (artikkel 3). Avhandlingen bidrar med ny og praksisrelevant kunnskap som kan implementeres i kommunale psykiske helsetjenester ved målsetting om å redusere tvangsinnleggelse. Det trengs videre studier for å vurdere ReCoN intervensjonens effekt, og skaffe kunnskap om primærhelsetjenesters rolle i andre kontekster.

Aaslund, H. (2022). "«Nu är det väl revolution på gång?» – medvirkning, medborgerskap og menneskerettigheter blant mennesker som mangler bolig." Tidsskrift for psykisk helsearbeid **19**(1): 63-74.

Bolig er både en sentral menneskerett og en forutsetning for medborgerskap, men svakt fundert i Norge. Denne artikkelen undersøker forståelser av medvirkning blant mennesker som mangler bolig. Studien er basert på et aksjonsforskningsprosjekt med mål om å etablere et egenorganisert botilbud. Funnene viser at deltakerne tok avstand fra den profesjonelle forståelsen av medvirkning. Ulike diskurser om medvirkning var framtrepende; en menneskerettighetsdiskurs, en selvhjelpsdiskurs og en gjør-det-selv-diskurs. Diskursene åpnet for nye posisjoner og muligheter for medborgerskap. Samtidig avdekket prosjektet utfordringer med medvirkning på boligfeltet. Housing is both a central human right and a prerequisite for citizenship, albeit weakly based in Norway. This article examines understandings of participation among people who lack housing. The study is based on an action research project aiming to establish a self-organized housing facility. The findings show that the participants distanced themselves from the professional understanding of participation. Various discourses about participation were prominent: a human-rights discourse, a self-help discourse, and a do-it-yourself discourse. The discourses opened for new positions and opportunities for citizenship. At the same time, the project revealed challenges with participation in the housing field.