

“Sorting things out together:” Young Adults’ Experiences of Collaborative Practices in Mental Health and Substance Use Care

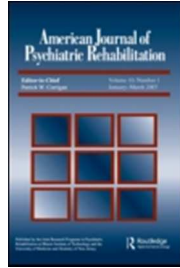
Ness, Ottar 1; Kvello, Øyvind 2; Borg, Marit 1; Semb, Randi 1; Davidson, Larry 3

- 1) Institutt for helse-, sosial- og velferdsfag - Universitetet i Sørøst-Norge
- 2) Institutt for pedagogikk og livslang læring - Norges teknisk naturvitenskapelige universitet
- 3) Yale University - Yale University

American Journal of Psychiatric Rehabilitation. 2017, 20 (2), 126-142.

DOI: [10.1080/15487768.2017.1302369](https://doi.org/10.1080/15487768.2017.1302369)

This article has been accepted for publication and undergone full peer review but has not been through the copyediting, typesetting, pagination and proofreading process, which may lead to differences between this version and the Version of Record. This article is protected by copyright. All rights reserved.



“Sorting things out together:” Young Adults’ Experiences of Collaborative Practices in Mental Health and Substance Use Care

Journal:	<i>American Journal of Psychiatric Rehabilitation</i>
Manuscript ID	UAPR-2015-0020.R2
Manuscript Type:	Original
Keywords:	community mental health care, collaborative practices, co-occurring mental health and substance use problems, Recovery, shared decision-making, supported decision-making

SCHOLARONE™
Manuscripts

YOUNG ADULT [SERVICE USERS](#)' EXPERIENCES OF COLLABORATIVE
PRACTICES**Abstract**

Many countries have sought reforms aimed at maximizing the potential of service users to regain as much control as possible over care decisions and through the trajectory of care. There is a robust research literature suggesting that at the core of these services are collaborative relationships in which providers respect the perspectives of the [persons being served](#) and the partnerships in which they are involved. Although the significance of collaboration is established in the mental health field in this way, what it actually means to collaborate in practice, to be partners or to be mutually involved in a partnership with young adult service users, has been given less attention. In this article, we explore and describe the experiences of a cohort of these young adults, paying particular attention to their perspectives on collaborative practices with practitioners. [Qualitative interviews were conducted with seven young adult service users aged 20-30](#). Using thematic analysis, we identified four overarching themes that characterized their experiences of collaborating with practitioners in mental health and addiction care: (1) *Don't fix me or judge me*, (2) *Someone to sort issues out with*, (3) *Not giving up*, and (4) *Practical help*. [These findings inform the development and delivery of services to maximize positive outcomes for young adult service users with co-occurring mental health and substance use problems](#).

Keywords: Community mental health care, collaborative practices, co-occurring mental health and substance use problems, recovery, shared decision-making, supported decision-making.

YOUNG ADULT [SERVICE USERS](#)' EXPERIENCES OF COLLABORATIVE
PRACTICES**Background**

Collaboration between service users and practitioners in health care processes is one desired approach to attain better outcomes in health care. Many countries have sought reforms aimed at maximizing the potential of service users to regain as much control as possible over care decisions and through the trajectory of care (European Commission, 2005; Norwegian Ministry of Health and Care Services, 2008–2009; Ness, Karlsson, Borg, Biong, Sundet, McCormack & Kim, 2014; World Health Organization, 2013). [This article aims to shed light on perspectives of collaborative practices in mental health services and substance abuse clinics among young adult service users between the age of 20-30.](#)

[In the current mental health care context, there is a call for collaborative practices to expand further to embrace the active participation of service users and their families \(Beresford & Carr, 2012; Ness, Karlsson, Borg, Biong, Sundet, McCormack & Kim, 2014; Karlsson & Borg, 2013\). At the core of these collaborative practices are relationships with providers who demonstrate respect of the perspectives of others concerning both the relationship and the partnerships in which they are involved \(Anderson, 2012; London, St. George & Wulff, 2009, Ness, Borg, Semb & Karlsson, 2014\). This way of collaborating has been described by Strong, Sutherland and Ness \(2011\) as involving *negotiated dialogues*, which they define as a dynamic and reciprocal process of sharing intentions and relational commitments, and of keeping interactions open and flexible. Collaboration, or working together, is then an *ongoing* process guided by shared judgments, shared and supported decision-making \(and modifications\) worked out “on the fly” through on-going conversations \(Drake & Deegan, 2009; Ness, Borg, et al., 2014; Pathare & Shields, 2012; Strong et al., 2011\). Shared and supported decision-making between all stakeholders is essential in collaborative practices \(Deegan, Rapp, Hotler & Riefer, 2008; McNamee, 2013; Pathare & Sheilds, 2012\). This type of shared and supported decision-making between all persons](#)

YOUNG ADULT SERVICE USERS' EXPERIENCES OF COLLABORATIVE
PRACTICES

involved is essential in collaborative practices (Deegan, Rapp, Hotler & Riefer, 2008; Pathare & Sheilds, 2012). This is the ethical imperative that shared (Drake & Deegan, 2009) and supported (Pathare & Sheilds, 2012) decision-making and collaboration (McNamee, 2013) rest upon.

Making collaboration succeed in mental health care requires accessible flow of information and sharing of feedback among all parties so that they are on track with the changing intentions and needs that often arise (Sundet, 2011). There is robust research literature revealing that the most important foundation for collaborative practices and dialogical conversations in mental health care is the relationship between service users and practitioners (Norcross, 2011; Topor & Denhov, 2012). Thus, the concept of collaboration conveys a sense of trust, flexibility, teamwork, partnership, cooperation, and working together toward shared goals (Borg, Karlsson & Stenhammer, 2013; Diamond & Scheifler, 2007). Combining such a collaborative relationship with a recovery-orientation (Davidson, et al., 2008; Ness, Borg et al., 2014) further involves a reorientation from the practitioner being an expert on other peoples' lives towards supporting persons in their own ways of managing problems and struggles (Borg et al., 2013; Ness, Karlsson et al., 2014).

Recovery-oriented care is about supporting persons in creating a life in a community, in the face of different life struggles (such as mental health and substance use problems), with and without help from practitioners (Borg et al., 2013). Recovery-oriented practices are related to what practitioners offer and do to help persons in recovery, on a personal level (i.e., helpful relationships) and on system level (i.e., lobbyist, human rights, and anti-stigma work) (Borg et al. 2013; Davidson et al., 2008).

Historically, young adult service users with co-occurring mental health and substance use problems typically fell between separate service systems (Edland-Gryt & Skatvedt, 2012;

YOUNG ADULT [SERVICE USERS](#)' EXPERIENCES OF COLLABORATIVE
PRACTICES

Solbakken & Lauritzen, 2006). Today the majority of literature on co-occurring disorders and their treatment recommend a comprehensive and integrative service approach (Arefjord et al., 2014; Cosci & Fava, 2011; Lejuez et al., 2008; Xie et al., 2006; Zvolensky et al., 2008).

Young adult [service users](#) report that important facilitators of helping are positive attitudes towards collaborative practices, social support and encouragement, and the availability of established and trusted relationships with [practitioners](#) (Rickwood, Deane & Wilson, 2007).

Although the [importance](#) of collaboration is well established in theories of the mental health field (Horvath & Symonds, 1991; Norcross, 2011; Topor & Denhov, 2012), what it actually means to collaborate in practice, to be partners or to be mutually involved in a partnership, has been given less attention in the literature. Especially, there is a need for understanding how young adult [service users](#) with co-occurring problems experience collaboration within services. The purpose of this article is to explore and describe the perspectives of young adult [service users](#) with co-occurring mental health and substance use problems on collaborative practices with practitioners. Especially, the article [aims](#) to provide insights regarding what young adult [service users](#) who receive mental health and substance use services find helpful, and factors that facilitate, as well as factors that disrupt, treatment engagement. [This is important to inform the development and delivery of services to maximize positive outcomes for this population.](#) The research question for this study was; *how do young adults [service users](#) with co-occurring mental health and substance use problems understand and describe collaborative practice with community mental health practitioners?*

YOUNG ADULT [SERVICE USERS](#)' EXPERIENCES OF COLLABORATIVE
PRACTICES**Methods****Ethical approval**

The [qualitative-interview](#) study was conducted in accordance with The Norwegian National Committees for Research Ethics. Ethical approval to conduct the study was granted by the Norwegian Social Science Data Services (NSD). After a complete description of the study to the young [adult service users](#), written informed consent was obtained.

Confidentiality was assured for the young adult [service users](#). The names used in the presentation of findings are pseudonyms to ensure anonymity.

Design

This [qualitative-interview study was part of a](#) qualitative action research [from a](#) cooperative inquiry perspective (Heron, 1996; [Ness, Borg, Semb & Karlsson, 2014](#)). Research using cooperative inquiry is based on a hermeneutic-phenomenological approach (Hummelvoll, 2008). Hermeneutic phenomenology focuses on subjective experience of individuals and groups. It is an attempt to unveil the world as experienced by the person(s) through their life stories. Hermeneutic phenomenology aims to elucidate lived experience and to reveal meaning through a process of understanding and interpretation (Lindseth & Norberg, 2004). Hermeneutic interpretations are all we have and description itself is an interpretive process (Hummelvoll, 2008; Lindseth & Norberg, 2004). Cooperative inquiry refers to a variety of approaches, and is regarded as particularly appropriate in action research based on participatory philosophy (Heron & Reason, 2001).

As a part of the action research methodology, we established a “competence group” to work with the research team in all stages of the study. The competence group consisted of two family members, two service users, and three practitioners from the municipality. Inspired by the concept of participatory research (Andersen, 1991; Beresford, 2005; Borg,

YOUNG ADULT SERVICE USERS EXPERIENCES OF COLLABORATIVE
PRACTICES

Karlsson, Kim & McCormack, 2012; Ness, Borg, et al., 2014), this competence group of “co-researchers” was involved in developing the research project in detail, e.g., working out the interview guides and inclusion criteria, advising on the interview situations, data analysis, and in the ongoing planning and discussions of the entire study. The competence group met four times annually in three years. The young adults service users and family members in the competence group were compensated financially for every meeting. In agreement with the managers of the mental health and substance use services in the municipality, the providers participating in the competence group did this as part of their job description during the study. Researchers and co-researchers worked collaboratively in identifying problems, deciding on themes for inquiry, selecting a research design, and designing projects for implementation (Reason & Bradbury, 2008). A person with experience as a mental health service user participated as a co-interviewer along with a researcher and was involved as a co-researcher in this participatory research project, both of them trained in qualitative interviews.

Participants

Participants for this study were seven young adult service users, two females and five males, aged between 20-30, recruited from the Mental Health, Substance Use and Child- and Family Services in a municipality in the Eastern part of Norway. The inclusion criterion was that they had experience of receiving services from both mental health agencies and substance abuse agencies for at least two years. The range across the participants was between 3 and 6 years. The types of services the the young adults received from the services was case management, psychotherapy, practical help with everyday life issues (making meals, cleaning apartment, getting to activities etc.).

YOUNG ADULT [SERVICE USERS](#)' EXPERIENCES OF COLLABORATIVE
PRACTICES

Practitioners ([working in the community based mental health and substance use service; nurses, social workers, family therapists, psychologists](#)) within the services identified [potential participants who were provided information regarding the study](#). Then the researchers contacted the young adult [service users](#) that agreed to participate. Six of the young adult [service users](#) were ethnic Norwegians; one participant had one parent who was not born in Norway. Some of the young adult [service users](#) had dropped out after elementary school, some were in high school, and some had gone all the way through the high school system. [At the time of the interviews, two](#) of the young adult [service users](#) were not in school or employed at the time of the interviews, [one](#) was in a treatment institution for substance use problems during, [and](#) the other six lived with their families or friends or rented their own apartment.

Collecting data

Data was collected using individual qualitative in-depth interviews (Brinkmann & Kvale, 2014). [A semi-structured thematic interview guide was used](#). The semi-structured questions guiding the interviews were; what does collaboration mean for you? How will you describe [collaboration with practitioners, from your point of view? What are the challenges with collaborating with practitioners? Can you describe how you and practitioners collaborate? Can you explain how this way of collaborating help you in your everyday life?](#) An advice from Brinkmann & Kvale (2014) is to administer the interviews in a more conversational tone rather than an interview format. All the interviews started with a meal as a way of compensating for their time. All of the interviews, except one, took place at the Child- and family service, chosen by the participants. The other interview took place in a meeting room at a hotel in due to the young adult [service users](#)' choice.

YOUNG ADULT SERVICE USERS EXPERIENCES OF COLLABORATIVE
PRACTICES

Seven young adult service users were interviewed. Five of them were interviewed twice face-to-face. Two of the young adult service users could not participate in the follow-up interview. The role of the follow-up interview was to gain more in-depth information about the young adult service users experiences of collaborative practices. Based on listening to the tapes and doing a tentative analysis, the researchers developed a new semi-structured interview guide guiding the follow up interviews. An example of question from this interview guide was; Last time we talked, you explained that the relationship between you and practitioners was highly important for collaboration, can you give an example? Another example: You said last time that it was important that the practitioners don't want to “fix you,” can you explain? The duration of the interviews was between 45 minutes to 1.5 hours.

Thematic analysis

Following the aim of this study, the transcribed text from the interviews was analyzed using thematic analysis. Thematic analysis is a method for identifying and reporting patterns (themes) within data (Braun & Clarke, 2006; Clarke & Braun, 2013). The thematic analysis was done using the following steps:

1. The first author conducted the initial data analysis by reading the transcripts to become familiar with the data, noting initial thoughts, ideas, and emerging themes.
2. Subsequently, the first author, using the research question as a guiding question, coded the material.
3. The first author's initial ideas and the emerging themes were then condensed, interpreted, labeled, and categorized and subsequently condensed into a coherent text and merged with the preliminary themes from the first reading.
4. Meaningful elements, such as quotes and descriptions of the emerging themes,

YOUNG ADULT SERVICE USERS' EXPERIENCES OF COLLABORATIVE
PRACTICES

were identified, listed, and collated and then sorted into seven tentative categories (To be seen as a valuable human being, Don't fix me, Practitioners as conversational partners, Flexibility, Continuity from the services, Information about opportunities, Practical help).

5. The first and fourth author, to convert the categories into overarching themes, then examined the data several times.
6. The competence group was involved in discussing the analysis process and preliminary findings with the researchers. The first author presented the preliminary findings to the members of the competence group in one group meeting. Members of the competence group read summaries of the preliminary findings and commented and shared their ideas on how the preliminary findings might be understood and what possible implications and relevance they may have regarding collaborative practices within the municipality.
7. The internal validity of the findings was enhanced by the second, third, fourth, and fifth authors' discussions of the analysis process and findings with the first author. They also contributed to writing the text that described the themes and the subsequent discussion.

Through the process of thematic analysis, we identified four overarching themes about young adults service users experiences of collaborative practices in mental health and addiction care: (1) *Don't fix me or judge me*, (2) *Not giving up*, (3) *Someone to sort issues out with*, and (4) *Practical help*.

YOUNG ADULT SERVICE USERS' EXPERIENCES OF COLLABORATIVE
PRACTICES

Findings

Don't fix me or judge me

The young adult service users in this study described good collaboration with practitioners as starting with respect and as a valuable human being. This was evident when providers took the time to listen and talk with the young adult service users and were not too eager to initiate plans and programs *for* the person before getting to know him or her first. As Anita explained:

I don't want to be fixed. It is not useful to help be by being a "besserwisser" [acting that you as practitioner know better than the young adult service user] and tell me what to do. I know I have problems; people don't have to make that clear to me. That is very humiliating. But, if they don't judge me and are a bit humble when meeting me, that create a sense of respect for them [practitioners].

The young adult service users described that they sensed how the practitioners looked upon them. Sarah explained:

It is very important that they don't meet me with a negative attitude, or judging you in some way, but instead see you as you.

She further talked about how she picked upon practitioners' attitudes towards her through little things, such as in:

How I sense their [practitioners] tone of voice and by their body language.

In a similar way, Paul argued:

It is crucial that I am met with respect and that the practitioner show that she care about me, not seeing me as merely a "number in the system". The practitioners view

YOUNG ADULT SERVICE USERS' EXPERIENCES OF COLLABORATIVE
PRACTICES

*of me become evident to me through signs like body language, the way she talks to
me, how she takes time to actually listen to me, and treat me as a fellow human being.*

If I sense this not to be the case, I have no interest in talking with her.

John talked about the implications of not being accepted:

It is a terrible feeling not be taken seriously as you sit there at talk about you own life.

He continued:

*The most important thing is that someone listens to me with respect - and really
listens, and help me with the issues I bring forth.*

Sarah valued practitioners who were patient and not too eager to step in. By being
patient and going slowly, the practitioners gave her the experience of being respected as a
complete human being, she said:

*It is important that they have patience with me in our conversations. If I don't
respond, they try to ask questions differently. I have never experienced that they treat
me as their "work-day." They always treat me as a human being. I can't explain in
more detail, you just have to experience how good that is for you. However, it helps
me to reflect and make my own choices.*

The young adult service users also talked about how it was not always clear to them if
practitioners were there to help them or to please themselves, as Anita explains:

*Sometimes I felt that the work they did to help me was more about them, than about
me. When almost 15 people meet to talk about me, it stops being about me, what is
best for them, no one asked me about my thoughts.*

YOUNG ADULT SERVICE USERS EXPERIENCES OF COLLABORATIVE
PRACTICES

In summary, the young adult service users emphasized the importance of being listened to and met as fellow human beings. They did not want practitioners to try to "fix" them or judge them, but rather to meet them and see them as individuals. When the young adult service users felt judged, this created a relationship where they did not want to collaborate with the practitioners. They did not feel inclined to share their life issues, i.e., practicalities, financial issues, making meals, cleaning house, in order to achieve the practitioners help. The young adult service users explained that the way in which the practitioners talked to them, and their body language, gave them a sense of his or her attitude toward them. The attitude of the practitioner was what created the feeling of being "fixed" or judged. Therefore, practitioners should be aware of the small things they do and say when they are collaborating with the young adult service users.

Not giving up

The young adult service users in the study described that they appreciated hopeful and broad-minded practitioners that conveyed a belief in them. This involved practitioners being receptive, unconventional, and flexible in their ways of collaborating. Several of the young adult service users had experiences of practitioners that seem more interested in following the system routines than working with the person in front of them. Sarah talked about the importance of getting help in a timely way in keeping her from dropping out of the services:

To get help quickly was very important to me. Because, when I decide that I need help and I don't get it, I drop out and do the bad things, the things I know how to do.

Thor said:

The practitioners have to be open-minded, because I had so many practitioners helping me, and I didn't always know who to contact, so they changed the system

YOUNG ADULT [SERVICE USERS](#)' EXPERIENCES OF COLLABORATIVE
PRACTICES

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50
51
52
53
54
55
56
57
58
59
60

around me, so that there were only one or two contact persons, that was very helpful and more useful.

Paul described the importance of [a good dialogue in the collaboration with his practitioner](#):

Having a good dialogue between different [practitioners](#) is important. My therapist could just pick up the phone and call other [practitioner](#) in the municipality and things were sorted out immediately, instead of waiting and waiting.

The young adult [service users](#) described that having receptive, responsive, and hopeful practitioners was also important for how they experienced the ways in which they received social support from the practitioners. It was especially important that the young adult [service users](#) experienced the focus of the plans being on them and their needs rather than being primarily for the practitioners. Anita talked about this:

If I don't do anything about changing my life, it will not happen. I have to make my own choices, and they [practitioners] try to guide and support you, so the plan we make isn't a plan "for" me that I have to follow to satisfy them, but instead a plan that help me focus on my own choices.

The young adult [service users](#) talked about wanting to change practitioners when they did not feel that they were being helped or when they did not trust their provider. This process could be very difficult for them, and sometimes they did not dare ask for a change or did not know it was possible. John has this to say:

When I wanted to change practitioner, they thought I didn't want to have anything more to do with them. They thought that I wasn't interested in their help, I just wanted

YOUNG ADULT SERVICE USERS' EXPERIENCES OF COLLABORATIVE
PRACTICES

a new therapist. I felt that I was bothering them when I wanted to change therapist, and then I dropped out.

The young adult service users also described fruitful experiences in meeting practitioners that they really felt believed in them and genuinely wanted to help. A central aspect of that experience was that the practitioners did not give up on them. As Anita said:

I have really felt the practitioners wanted to help me, and they didn't give up on me. That was important, because I gave up on me always, but they called, stopped by, and that helped me to have better days.

In summary, the young adult service users described receptive, responsive, and hopeful practitioners as part of good collaborative practice. These practitioners believed in them, walked the small steps along with them, and were available for them, resulting in continuity within the services and practitioners who were flexible, did not give up on them, and were available for them.

Someone to sort issues out with

The young adult service users described that having a trusting relationship with practitioners when they needed help was important. For example, the young adult service users described that their everyday life could be challenging and they appreciated practitioners who could help them to sort out the daily problems they encountered. They also described that sometimes problems were overwhelming for them and they simply could not find a way of dealing with them by themselves. Therefore, it helped to have a trusted partner [i.e. practitioner], to make stimulating reflections. Especially, Jane emphasized,

Having someone to discuss situations with, and to reflect upon life and everyday life helps, that makes you think more about it yourself.

YOUNG ADULT SERVICE USERS' EXPERIENCES OF COLLABORATIVE
PRACTICES

Anita described how such conversations could help her clear her mind and to look forward:

Having good conversations with the practitioners helped me to clear my mind, even if there was a crisis, it was so good to sort things out and I knew who were going to help me with what, and that helped me focus on my plans. If this didn't happen, I just got stuck and overwhelmed with everything.

The conversational processes of sorting things out when life got stuck for the young adult service users also helped them to identify more realistic steps for moving on and taking new choices, and not just have to react to whatever happens. Alex said:

Talking with a practitioner that helps me to sort things out also helps me to create realistic goals and to see that it is actually possible to think ahead, and not always just react to crisis.

Even though that the young adult service users described that it is good to have practitioners to talk with and sort issues out with, James also said that:

Sometimes, I feel very happy when a practitioner does something for me. It is important that they do not to make decisions on my behalf about my life or what I should do. That being said, it is they who know which opportunities exist in terms of activities and jobs in this municipality – I don't even know where to start.

However, when they were in conversations with the practitioners, the young adult service users described the importance of asking questions about their own issues instead of just being criticized. As Chris said:

YOUNG ADULT SERVICE USERS' EXPERIENCES OF COLLABORATIVE
PRACTICES

It is easier to reflect and sort things out, when you start talking about it. It was very helpful for me to get new questions based on what I talked about, instead of criticism.

Nevertheless, the young adult service users described that they appreciated practitioners who also shared their ideas and thoughts, but did not take over their lives, as Peter explained:

It is so helpful when they don't tell you what to do, but just share their thoughts. Then you can feel that you can make decisions yourself, and they don't take over my life.

Another aspect of having someone to sort issues out with, as described by the young adult service users, was the importance of continuity and not being referred to and having to see different practitioners. Some of the young adult service users said that they had many services and practitioners to relate to and this made them confused. This was mainly because they described that when practitioners didn't know them, and so then the conversations they had weren't that helpful. As Paul explained:

If the practitioners don't know me, and they don't ask me questions, but just give me advice or tell me what to do, that always make me do the opposite.

In summary, an important aspect of collaborative practice from the young adult service users' perspective was to have the opportunity to have conversations with practitioners that helped them to sort out minor and major issues. This helped them, as young adult service users, to get an overview of their situation, reflect upon different ideas and thoughts, and created a reflective space to make their own choices. For this to happen, the young adult service users said it was important for them to experience continuity within services and to sense that the practitioners knew them personally.

YOUNG ADULT SERVICE USERS' EXPERIENCES OF COLLABORATIVE
PRACTICES**Practical help**

Although the young adult service users described that it was helpful to have hopeful and open-minded conversations with practitioners, these conversations were not the only things that helped. As Jane explained:

Sometimes it doesn't help to talk, we also have to do something.

The young adult service users also described the need of assistance with practical everyday life issues, such as financial issues, friendships, cleaning house, making meals, going to activities, and support to go to other social services and so forth. Anita explained:

It is very important to me that I have things to do in my everyday life, between the therapeutic conversations, such as hobbies, activities or a job.

An important aspect of getting practical help was to create a better everyday life situation. Peter said:

What helped me to use help, was that they didn't always needed to talk, but also do practical stuff with me. Than could be helping me with financial issues, cooking, cleaning... helping me to create routines in my everyday life, as I had never learned that.

The young adult service users also described that an important effect of getting practical help was that this also helped them to learn to do things by themselves. This affected their sense of self-respect, as Anita explains:

Getting help with practical things such as shopping, cleaning my apartment or cooking is important because then I learn to do it on my own. This helps me to build self-confidence and self-respect.

YOUNG ADULT [SERVICE USERS](#)' EXPERIENCES OF COLLABORATIVE
PRACTICES

Another aspect of practical help, as described by the young adult [service users](#), was receiving help for getting information about all the different opportunities of services and/or activities, work, and so forth in the municipality. Alex explained:

Practical help also [includes guidance](#) about the opportunities and possibilities [of jobs, activities and services](#) in the municipality, [and support in accessing](#) some of these [opportunities](#).

Alex described the value of learning about local and available opportunities:

[Getting support to access](#) activities where there are no focus on drugs is so important for the motivation to get a better life.

In summary, the young adult [service users](#) in the study described that it is not only talking and having good conversations that help, but also getting practical help. The practical help supported them in discovering the community and creating a meaningful everyday life for themselves.

Discussion

[The poet, Rilke \(1934\), wrote:](#) *"I want to be with those who know secret things, or else alone."* [This quote may be seen as descriptive to](#) the young adult [service users](#)' experiences of collaborative practices when meeting with practitioners [in](#) mental health and substance abuse services. [The young adults](#) come to practitioners for help and support. Maybe they hope to meet someone who knows the "secret things" of the art of helping? If they do not find such help, and instead meet humiliation and coldness, maybe they would rather be left alone?

The young adult [service user's](#) in the study highlights the importance of making their own decisions when collaborating with practitioners. Making decisions is central to people's sense of autonomy and the essence of what is regarded as personhood

YOUNG ADULT [SERVICE USERS](#)' EXPERIENCES OF COLLABORATIVE
PRACTICES

(Commissioner for Human Rights, 2012; Drake & Deegan, 2009; Pathare & Sheilds, 2012). This is the fundament of peoples' possibilities to live with dignity and self-respect (Gullslett & Ekeland, 2012; Karlsson & Borg, 2013), and have control over their life and engage with society (Pathare & Sheilds, 2012). Young adults who are seeking help within the mental health and substance use services are at risk of being stripped of their decision-making abilities and rights to self-determination by having others take on the authority to make decisions for them (Pathare & Sheilds, 2012). Our findings suggest that collaborative practices from the perspectives of young adult [service users](#) with co-occurring problems involve not wanting to be "fixed or judged" by the practitioners within the services. The young adult [service users](#) in this study also emphasized the importance of practitioners not giving up on them. [Persons with co-occurring mental health and substance use problems](#) cope with life challenges with varying degrees of success (Davidson, Tondora & Ridgeway, 2010). Thus, sometimes people need practitioners who do not give up on them, and are flexible and available for them. This suggest a humanistic view of young adult [service users](#) where they can have a sense of autonomy and freedom in the relationship with the practitioners and services (Davidson et al., 2010; Karlsson & Borg, 2013; Gullslett & Ekeland, 2012; Pathare & Sheilds, 2012). This entails that collaborative practices within mental health and substance use services is based in respect, compassion, and a focus on belonging, where there is celebration of diversity; that people can be different, and live different lives (Anderson, 2012; Karlsson & Borg, 2013). In accordance with the studies of Hummelvoll (1997) and McNamee (2013), lessons from the young adult [service users](#) in this study, collaborative relationship between young [adult](#) service users and practitioners are founded on trust and relational reciprocity where practitioners create conditions for young adult [service user](#)'s own decision-making.

YOUNG ADULT [SERVICE USERS](#)' EXPERIENCES OF COLLABORATIVE
PRACTICES

Another important topic for mental health and substance use practitioners [using a collaborative practice framework](#) is on identifying and nurturing young adult service user's [own](#) expertise and strengthening his or her ability to [cope with their](#) everyday life. Our findings suggest that it was important for young adult [service users](#) that they [met with practitioners they trusted and](#) they could sort issues out with. Our findings support the findings from Biong and Herrestad (2011), [who](#) focus on people who struggle with different life [problems](#) find it very useful [to get help to](#) sort out [their](#) practical chaos, [such as](#) financial issues, relationships, situations, housing, making plans etc. (Herrestad & Biong, 2011).

Practitioner's way of being helpful is important for establishing a collaborative relationship, which in turn is an important factor for the outcome of the service (Lambert & Simon, 2008). Helping young adult [service users](#) with practical issues may represent a starting point of a collaborative and trusting relationship within municipal mental health and substance use services (Borg & Kristiansen, 2004; Biong & Soggiu, 2015). Young adult [service users](#) emphasized that sorting issues out together with practitioners can be helpful, if practitioners ask them questions rather than judging and criticize their perspectives.

Sometimes practitioners may have an opinion in this process, for instance about how they may resolve bad relationships or use of substances, they should express it, give the reason for it, and encourage discussion. At the same time, however, the practitioners should respect a young adults [service users](#)' own preferences, support and negotiate their way forward from there (Anderson, 2012; Ness, Borg, et al., 2014; Pathare & Sheilds, 2012; Strong et al., 2011).

Another theme that our findings suggest is that collaborative practices within mental health and substance abuse services are formed by what the practitioners *do* together with the young adult service users. The young adult [service users](#) talked about how they sensed the attitudes and behaviors from the practitioners. Collaboration then becomes an ethic of relationally sensitive practice. This means that practitioners must be attentive to the process

YOUNG ADULT [SERVICE USERS](#)' EXPERIENCES OF COLLABORATIVE
PRACTICES

of relating, rather than focusing on abstract, de-contextualized set of treatment principles (McNamee, 2013) and routines within the services. Instead, our findings suggest that practitioners need to let go of imposing their judgments, assessments and evaluation of people's lives. Instead, we have learned from the findings that practitioners need to be sensitive to how they coordinate difference and different points of views of how the young adult [service users](#) live their lives.

Young adult service users and practitioners each bring a unique knowledge and "expertise" to their collaborative relationship. For example, young adult [service users](#) with co-occurring problems have insights and experiences relevant for themselves and their lives, and practitioners have expertise related to treatment processes, service provisions, and activities, and how they can and want to live their lives (Borg & Davidson 2008). In addition, they bring their personal knowledge and life experiences and can create space for collaborative relationships and dialogic conversations. Collaborative practices then is when both practitioners and young adult [service users](#) jointly develop expertise and knowledge that is an inter-subjectively shared form of knowing from their respective perspectives. In this way, they can negotiate dialogues and collaborative relationships forward, but in ways that people can make their own decisions in ways of living a life with dignity and self-respect.

This is then, central in all collaborative practice in mental health and substance use care.

[Thus, the young adults in this study described collaborative practices in a way that aligned with the framework described in the introduction, as an ongoing process where they are being respected, listened to and supported in their every day life.](#)

Methodological limitations

One limitation is that only young adult [service users](#) who participated in these interviews; it would be interesting to invite both service users and practitioners to elicit

YOUNG ADULT SERVICE USERS EXPERIENCES OF COLLABORATIVE
PRACTICES

similarities and differences in experiences of collaborative practices. Another limitation is that the number of young adult service users interviewed in this study is quite small; in this case, it is a challenge to generalize the young adults service users' descriptions. In addition, as two of the young adult service users did not participate in the follow-up interviews this may have had an important effect on the data, considering the small sample size. However, it was useful to have follow-up interviews to enhance the data from such a small sample.

Conclusions

This study explores and describes the perspectives of young adult service users with co-occurring mental health and substance use problems on collaborative practices with practitioners. The findings highlights that young adult service users with co-occurring problems value the relationship that they have with relational responsive practitioners that take them seriously and don't judge them. Everyone likes to be met with respect and be taken seriously - this applies of course to young adult service users with co-occurring problems as well. In addition, they emphasize practitioners that do not give up on them and help them sort issues out so that they can make better decisions for themselves and their lives. It is seen as the crucial starting point for getting help and support on equal terms; for working *with* rather than *on* people. The young adult service users talk of relationships based on warmth, empathy reliability and respect. It is the antithesis of form-filling approaches to assessment, which reduce the contact between the young adult service users and practitioners to a formulaic and bureaucratic contact. However, we cannot ignore the organizational, social and cultural contexts and conditions of collaborative practices within the services. We must be mindful that any collaboration, including that between young adult service users and practitioners, does not take place in a contextual vacuum (Borg & Kristiansen, 2004). As with any relationship, it is influenced by many factors, such as how the services are organized,

YOUNG ADULT SERVICE USERS' EXPERIENCES OF COLLABORATIVE
PRACTICES

policies, professional identities, economical structures, and the arenas where young adult service users and practitioners meet.

Acknowledgements

This paper is a product stemming from the research project: "Equal Footing: Collaborative practices in mental health care and substance abuse services as multifaceted partnerships" for which Professor Marit Borg is the project director and Dr. Ottar Ness is the principal researcher. This project is funded by the Research Council of Norway for 2012 to 2015. We acknowledge the support and assistance provided by various staff members and service users and family member organizations in the municipality where the research was carried out. Finally, thank you to the young adults sharing their experiences in this study!

YOUNG ADULT SERVICE USERS' EXPERIENCES OF COLLABORATIVE
PRACTICES

References

- Andersen, T. (1991). *The reflecting team: Dialogues and dialogues about the dialogues*. New York, NY: Norton.
- Anderson, H. (2012). Collaborative relationships and dialogic conversations: Ideas for a relationally responsive practice. *Family Process, 51*(1), 8-24.
- Arefjord, N., Karterud, S., & Lossius, K. (2014). Mentalisering i rusklinikk. *Tidsskrift for Norsk Psykologforening, 51*(6), 461-464
- Beresford, P., & Carr S. (2012). *Social Care, Service Users and User Involvement*. London, UK: Jessica Kingsley Publishers; 2012.
- Beresford, P. (2005). Developing the theoretical basis for service user/survivor-led research and equal involvement in research. *Epidemiologia e Psichiatria Sociale, 14*(1), 4-9.
- Biong, S., & Herrestad, H. (2011). "Som å åpne noe som er fastlåst:" Begrepet håp i krisehåndtering og hjemmebehandling i lokalt basert psykisk helsevern ["opening something stuck:" Hope in crisis resolution and home treatment in mental health care]. *Klinisk Sygepleje, 33*(02), 45-56.
- Biong, S., & Soggiu, A. S. (2015). «Her tar de tingene i henda og gjør noe med det» - Om recovery-orienteringen i en kommunal ROP-tjeneste ["Here they do something about it:" About recovery orientation in a community dual-diagnosis service]. *Tidsskrift for psykisk helsearbeid, 11*(01).
- Borg, M., & Davidson, L. (2008). The nature of recovery as lived in everyday experience. *Journal of Mental Health, 17*(2), 129-140.
- Borg, M., Karlsson, B., & Stenhammer, A. (2013). Recoveryorienterte Praksiser: En Systematisk Kunnskapssammenstilling [Recovery Oriented Practice: A Systematic Review]. Report 4/2013. Oslo, Norway: Nasjonalt kompetansesenter for psykisk helsearbeid (NAPHA).

YOUNG ADULT SERVICE USERS' EXPERIENCES OF COLLABORATIVE
PRACTICES

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101.

Brinkmann, S., & Kvale, S. (2014). *InterViews: Learning the craft of qualitative interviewing* (3rd ed.). London, UK: Sage.

Clarke, V., & Braun, V. (2013). Teaching thematic analysis: overcoming challenges and developing strategies for effective learning. *The Psychologist*, 26(2), 120-123.

Cleary, M., Hunt, G.E., Matheson, S., Siegfried, N. & Walter, G. (2008). Psychosocial treatment programmes for people with both severe mental illness and substance misuse. *Schizophrenia Bulletin*, 34, 226-228.

Commissioner for Human Rights. Who gets to decide? Right to legal capacity for persons with intellectual and psychosocial disabilities. Strasbourg, France: CommDH/Issue Paper. Council of Europe; 20 February 2012.

Cosci, F., & Fava, G.A. (2011). New clinical strategies of assessment of comorbidity associated with substance use disorders. *Clinical Psychology Review*, 31(3), 418-427.

Davidson, L., & Johnson, A. (2013). It's the little things that count: Rebuilding a sense of self in schizophrenia. *Tidsskrift for psykisk helsearbeid*, 10(3), 258-263.

Davidson, L., Tondora, J., & Ridgeway, P. (2010). Life is not an "outcome." Reflections on recovery as an outcome and as a process. *American Journal of Psychiatric Rehabilitation*, 13(1), 1-8.

Davidson, L.; Andres-Hyman, R.; Tondora, J.; Fry, J.; & Kirk, T. (2008). From "Double Trouble" to "Dual Recovery": Integrating models of recovery in addiction and mental health. *Journal of Dual Diagnosis*, 4(3), 273-90.

Diamond, R.J., & Scheifler, P.L. (2007). *Treatment Collaboration: Improving the Therapist, Client, Prescriber Relationship*. New York, NY: WW Norton.

Drake, R., & Deegan, P. (2009). Shared decision making is an ethical imperative. *Psychiatric*

YOUNG ADULT SERVICE USERS' EXPERIENCES OF COLLABORATIVE
PRACTICES

Services, 60(8), 1007.

- Gullslett, M.K., & Ekeland, T-J. (2012). Autonomiens betydning og vilkår ved ambulante akutteam En teoretisk analyse [The meaning of autonomy in ambulante acute teams: a theoretical analysis]. *Tidsskrift for psykisk helsearbeid*, 9(1), 13-21.
- Edland-Gryt, M. & Skatvedt, A. (2012). Thresholds in a low-threshold setting: An empirical study of barriers in a centre for people with drug problems and mental health disorders. *International Journal of Drug Policy*, 24, 257–264.
- Hannan, C., Lambert, M.L., Harmon, C., Nielsen, S.L., Smart, D.W., Shimokawa, K., & Sutton, S.W. (2005). A lab test and algorithms for identifying clients at risk for treatment failure. *Journal of Clinical Psychology*, 61, 155–163.
- Heron, J. (1996). *Co-Operative Inquiry*. London, UK: Sage Publishing House.
- Heron, J., & Reason, P. (2001). The practice of co-operative inquiry: research “with” rather than “on” people. In P. Reason & H. Bradbury (eds.), *Handbook of Action Research: Participative Inquiry and Practice* (pp. 179-188). London, UK: Sage Publishing House.
- Huggins, T., Valla, B., & Huggins, A. (2007). Når barns og foreldres bidrag gjør oss effektive. In: A. K. Ulvestad, A.K. Henriksen, A. Tuseth, & T. Fjeldstad, T. (Eds.), *Klienten – den glemte terapeut. Brukerstyring i psykisk helsearbeid*. Oslo: Gyldendal Akademisk.
- Hummelvoll, J.K. (2008). The multistage focus group interview—a relevant and fruitful method in action research based on a co-operative inquiry perspective. *Norsk Tidsskrift for Sykepleieforskning*, 10, 3-14.
- Horvath A.O., & Symonds, B.D. (1991). Relation between working alliance and outcome in psychotherapy: A meta-analysis. *Journal of Counselling Psychology*, 38,139-149.

YOUNG ADULT SERVICE USERS' EXPERIENCES OF COLLABORATIVE
PRACTICES

- 1
2
3
4 Karlsson, B., & Borg, M. (2013). *Psykisk helsearbeid: Humane og sosiale perspektiver og*
5
6
7 *praksiser* [Mental Health Care: Humane and Social Perspectives and Practices].
8
9 Oslo, Norway: Gyldendal Akademiske.
- 10
11 Lambert, M.J., & Simon, W. (2008). The therapeutic relationship: Central and essential in
12
13 psychotherapy outcome. In S. F. Hick & T. Bien (Eds.), *Mindfulness and therapeutic*
14
15 *relationship* (pp. 19–33). London: Guilford. Lejuez, C.W., Zvolensky, M.J.,
16
17 Daughters, S.B., Bornovalova, M.A., Paulson, A., Tull,
18
19 M.T., Ettinger, K. & Otto, M.W. (2008). Anxiety sensitivity: A unique predictor of
20
21 dropout among inner-city heroin and crack/cocaine users in residential substance use
22
23 treatment. *Behaviour Research and Therapy*, 46(7), 811–818.
- 24
25
26 Lindseth, A., & Norberg, A. (2004). A phenomenological hermenutical method for
27
28 researching lived experience. *Scandinavian Journal of Caring Science*, 18, 145-153.
- 29
30
31 London S., St George, S., & Wulff, D. (2009). Guides for collaborating. *International*
32
33 *Journal of Collaborative Practices*, 1, 1-8.
- 34
35
36 Ness, O., Borg, M., & Davidson, L. (2014). Facilitators and barriers in dual recovery? A
37
38 literature review of first-person perspectives. *Advances in Dual Diagnosis*, 7(3), 107-
39
40 117.
- 41
42
43 Ness, O., Borg, M., Semb, R., & Karlsson, B., (2014). “Walking alongside.” collaborative
44
45 practices in mental health and substance use care. *International Journal of Mental*
46
47 *Health Systems*, 8:55.
- 48
49
50 Ness, O., Karlsson, B., Borg, M., Biong, S., Sundet, R., McCormack, B., Kim, H.S. (2014).
51
52 Towards a model for collaborative practice in community mental healthcare.
53
54 *Scandinavian Psychologist*, 1, e6
- 55
56 Norcross J.C. (2011). *Psychotherapy Relations That Work: Evidence-Based Responsiveness*.
57
58 New York, NY: Oxford University Press.
- 59
60

YOUNG ADULT SERVICE USERS' EXPERIENCES OF COLLABORATIVE
PRACTICES

- 1
2
3
4 Pathare, S., & Shields, L.S. (2012). Supported decision-making for persons with mental
5
6 illness: a review. *Public Health Reviews*, 34. epub ahead of print.
7
8
9 Reason, P., & Bradbury, H. (2008). *The handbook of action research*. London, UK: Sage.
10
11 Rilke, R.M. (1934). *Letters to a young poet*. (Trans. M.D. H. Norton). New York; NY: WW
12
13 Norton.
14
15 Rickwood, D.J., Deane, F.P., & Wilson, C.J. (2007). When and how do young people seek
16
17 professional help for mental health problems? *Medical Journal of Australia*, 187,
18
19 S35-S39
20
21
22 Sapyta, J., Riemer, M., & Bickman, L. (2005). Feedback to clinicians: theory, research and
23
24 practice. *Journal of Clinical Psychology*, 61, 145–153.
25
26
27
28 Solbakken, B. H. & Lauritzen, G. (2006). *Tilbud til barn av foreldre med*
29
30 *rusmiddelproblemer*. Oslo: SIRUS rapport nr 1/2006.
31
32 Strong, T., Sutherland, O., & Ness, O. (2011). Considerations for a discourse of collaboration
33
34 in counseling. *Asia Pacific Journal of Counselling and Psychotherapy*, 2(1), 25-40.
35
36
37 Sundet, R. (2011). Collaboration: Family and therapist perspectives of helpful therapy.
38
39 *Journal of Marital & Family Therapy*, 37(2), 236–249.
40
41 Topor, A., & Denhov, A. (2012). Helping relationships and time: inside the black box of the
42
43 working alliance. *American Journal of Psychiatric Rehabilitation*, 15, 239-254.
44
45
46 Thylstrup, B., Johansen, K.S., & Sønderby, L. (2009). Treatment effect and recovery -
47
48 dilemmas in dual diagnosis treatment. *Nordic Studies on Alcohol and Drugs*, 26, 552-
49
50 560.
51
52 Zvolensky, M.J., Daughtersa, S.B., Bornovalova, M.A., Paulsona, A., Tulla, M.T., Ettingera,

YOUNG ADULT SERVICE USERS EXPERIENCES OF COLLABORATIVE
PRACTICES

K. & Otto, M.W. (2008). Anxiety sensitivity: A unique predictor of dropout among
inner-city heroin and crack/cocaine users in residential substance use treatment.

Behaviour Research and Therapy, 46, 811–818.

For Peer Review Only