Western Norway
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Creating Impactful Peer Worker Co-production Roles

A Qualitative Study of Peer Workers in Norwegian Mental Health and Substance Use Services

Kristina Bakke Åkerblom

Thesis for the degree of Philosophiae Doctor (PhD)
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Foreword

My professional roles and experiences have notably shaped this doctoral project. I have been a clinical psychologist since 2003 and have also held a position as a mental health and substance use service manager. In the context of Norwegian mental health and substance use services, psychologists are pivotal figures. These services are usually highly specialized, with psychologists seen as experts possessing advanced scientific knowledge on individual symptoms and dysfunctions, as well as their treatments. This perceived expertise can result in a power imbalance between psychologists and those they aim to assist. I have often encountered this imbalance as a significant challenge, impacting not only my personal experience but also collaborative relationships with service users. I have dedicated efforts to mitigating this divide in various ways.

Hiring individuals with direct experience (peer workers) to collaborate with professionals was a strategy to ensure equal footing and enhance relationships. In 2015, I founded the region's inaugural peer worker team within a specialized public service context, closely cooperating with a civic society organization and the municipality. Since this was a novel concept in Norway at the time, I sought out practitioners and researchers, primarily from the UK. They provided me with valuable resources such as white papers, reports, and research articles.

In collaborating with peer workers, I quickly recognized the unique perspectives, knowledge, and insight they brought, establishing a novel foundation for our interactions with service users. Among professionals, the response varied — some viewed them as a threat, while others welcomed their presence. My role as a manager of peer workers showed me their essential contribution to a more socially inclusive service in diverse ways. It was enlightening to see their involvement not only offer numerous opportunities and outcomes but also introduce innovative approaches to our service and prompt a reevaluation of existing practices. Thus, the primary objective of this doctoral research project emerged: to understand the peer workers' impact and the positive effects they create. By impact, I mean changes to the service content, organization, or delivery described and ascribed to peer workers.

By pinpointing the mechanisms that yield these beneficial results and the conditions for their optimal effectiveness, we can establish more substantial roles for peer workers. These influential roles would enable them to assist service organizations by developing more socially inclusive and effective mental health and substance use services.

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Many people earn thanks for joining me and supporting me on my PhD journey. First, no doubt, my main supervisor, Ottar Ness. You have given me valuable comments on an endless number of drafts over the years and always suited your feedback to my level of accomplishment. I appreciated that you (almost) never taught me what to do but made me find arguments for my choices. There is a need to prototype supervisors like you.

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As a PhD student, I have received support from many people. I am grateful to the community work research group for engaging in discussions and knowledge sharing and to my fellow doctoral students for helping me focus on the bigger picture. I am grateful to Frank Røkenes for providing constructive feedback on conducting the scoping review, Gøril Jorem at the HVL library for assisting with the search, and Sondre Skogstrand Sørensen for helping me with the open data resources. Furthermore, I thank the RESINNREG program and Jill Loga for showing consistent interest and providing valuable knowledge and perspectives. I am also grateful to have joined the NORSI research school, offering an excellent interdisciplinary environment.

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Kristina Bakke Åkerblom

Bergen, Norway, February 2024

Abstract

The increasing global prevalence of mental health needs demands more effective and socially inclusive services. Unfortunately, current responses to these needs have proven inadequate. The current health policy agenda advocates for close collaboration with service users and citizens to ensure that public services meet the needs of the people they serve. This not only increases the responsibility of service organizations but also boosts their innovation capabilities through user interactions. Nonetheless, forming effective co-production roles for citizens and service users is challenging and necessitates further development. In the mental health sector, this issue is being addressed by employing individuals who have personal experience with mental health or substance use issues and have utilized these services to work alongside professionals. These roles go by various names, including “experts by experience”, “consumer providers”, and “peer workers”, with the term “peer workers” used consistently throughout this thesis.

This research, conducted in Norway, focuses on the relatively new realm of employing peer workers. More knowledge is needed on how to effectively integrate these workers into service organizations, leveraging their skills and expertise to enhance service quality. The project has two objectives: firstly, to comprehend how peer workers can participate substantially in co-creating effective, socially inclusive mental health and substance use services, and secondly, to generate knowledge that helps craft more significant roles for them.

The thesis consists of three studies, each embracing a qualitative exploratory approach. It delves into the roles of peer workers, their level of involvement, and their interactions and relationships with collaborative partners. All three studies have been developed and analyzed within a theoretical framework emphasizing co-creation to stimulate innovation in public service organizations. An understanding of the difference between co-production and co-creation is crucial for comparing peer workers’ partnerships across various contexts and case studies. Co-production refers to their engagement in collaboration during service delivery, whereas co-creation happens when peer workers participate in the planning or design of new or enhanced service solutions, which they later help implement or provide.

The initial research employed a scoping review methodology to map out the characteristics and roles of peer workers’ involvement. It applied the specified definition of co-creation to analyze articles on the roles and outcomes associated with

peer worker involvement. The inquiry aimed to answer *How are peer workers involved in co-production and co-creation in mental health and substance use services, and what are the described outcomes?* Findings indicated that peer workers are predominantly involved in service co-production and delivery. Yet, their participation in the early stages of the service provision cycle seemed absent. The research also showed a varied degree of involvement, signifying a potential to influence service delivery and development. In conclusion, the research suggests that optimal utilization of peer workers' potential is overlooked due to a narrow interpretation of their roles.

The second study investigates management's view on the roles of peer workers and their assessment of their significance. The query presented is: *How do managers in Norwegian mental health and substance use services experience, relate to, and make use of the inclusion of peer workers in these services?* In this study, managers identify peer workers as a productive strategy to devise a more inclusive and efficient service. They elect to involve peer workers in a variety of collaborative processes within their organizations, including at strategic levels - to plan, prioritize, design, and assess services. Managers value peer workers for their service user knowledge and ability to bridge gaps. Despite acknowledging the difficulties of establishing co-creation practices with peer workers, managers prioritize their participation as co-creation partners, directing significant attention to ensure their effective involvement.

The third empirical study explores the role of peer workers within service organizations and the mechanisms through which they influence service delivery and development. The research question posed is: *How do managers, health professionals, and peer workers experience ways peer workers affect mental health and substance use services?* The findings suggest that peer workers fill various roles, from initiating and designing services to implementing solutions. Their influence can be felt in the workplace culture and service co-production, often challenging traditional service arrangements. Peer workers, while serving on the frontline, frequently recognize areas for service improvement and directly engage managers to initiate changes. The position of peer workers is fluid. They can be low in the service hierarchy but still be perceived as knowledgeable service users, granting them expert status. Expert status allows them to define themselves and create distance from institutional constraints allowing them more agency than other workers.

The thesis enhances the field of mental health and substance use by offering pertinent insights about how to effectively utilize peer workers roles and contributions. It can guide service organizations aiming to employ peer workers in collaborative roles, thus optimizing their skills and expertise to improve and innovate their services.

Sammendrag (Norwegian)

Den økende globale utbredelsen av psykiske helsebehov krever mer effektive og sosialt inkluderende tjenester. Dessverre har dagens svar på disse behovene vist seg å være utilstrekkelige. Den rådende helsepolitiske agenda tar til orde for at offentlige tjenester samarbeider tettere med tjenestebrukere og innbyggere for å møte behovene til dem de skal betjene. Dette vil ikke bare øke tjenestenes ansvarlighet, men et tettere samarbeid med dem de skal betjene kan også styrke deres evne til å tenke nytt og innovere. Til tross for at et slikt samarbeid har høy prioritert er det en fortsatt en stor utfordring å skape innflytelsesrike samproduksjonsroller for innbyggere og tjenestebrukere og dette krever videre utvikling. I psykisk helse- og rustjenester er denne utfordringen adressert ved å ansette personer som har førstehåndskunnskap med psykiske helse- og/eller rusutfordringer og selv har benyttet disse tjenestene, til å jobbe sammen med fagansatte. Disse stillingene har fått ulike navn som "brukerspesialist", "medarbeider med brukererfaring" eller "erfaringskonsulent", hvorav sistnevnte benyttes i denne avhandlingen.

Denne forskningen, fokuserer på det å ansette erfaringskonsulenter i Norge, hvor slike praksiser fortsatt er ganske nytt. Det er stort behov for mer kunnskap om hvordan effektivt integrere erfaringskonsulenter i psykisk helse- og rustjenester og utnytte deres kunnskap og kompetanse for å forbedre kvaliteten på tjenestene. Dette prosjektet har to mål: først, å forstå hvordan erfaringskonsulenter kan delta og bidra til å samskape effektive, sosialt inkluderende tjenester, og for det andre, å generere kunnskap som bidrar til å skape innflytelsesrike og effektive roller for dem.

Avhandlingen består av tre studier, som hver benytter en kvalitativt utforskende tilnærming. Studiene fordyper seg i erfaringskonsulenters roller, deres grad av involvering, og deres interaksjoner og relasjoner med samarbeidspartnere. Alle tre studiene er utviklet og analysert basert på et teoretiske rammeverk fra offentlig innovasjonsforskning med vekt på samskaping som metode for å stimulere til innovasjon i offentlige tjenester. En forståelse av forskjellen mellom sam*produksjon* og sams*kaping* er avgjørende for å sammenligne erfaringskonsulenters involvering og partnerskap på tvers av ulike kontekster og situasjoner. Samproduksjon referer til deres involvering i samarbeid under tjenesteutøvelsen, mens samskaping skjer når erfaringskonsulenter er involvert i *bredere* samarbeidsprosesser, og deltar i planleggingen eller utformingen av nye eller forbedrede tjenesteløsninger, som de senere hjelper til med å implementere eller levere.

Den første studien brukte en scoping review-metodikk for å kartlegge rollene og karakteristika ved erfaringskonsulenters involvering. Studien tok sikte på å svare på følgende forskningsspørsmål: *Hvordan er erfaringskonsulenter involvert i samproduksjon og samskaping i psykisk helse- og rustjenester, og hva er de beskrevne resultatene?* Funnene indikerte at erfaringskonsulenter hovedsakelig er involvert i samproduksjon og deltar i utøvelse og levering av tjenester. Deres deltakelse i de tidlige stadiene av tjenestesyklusen var stort sett fraværende. Forskningen viste også en variert grad av involvering, noe som indikerer at de vil ha et svært ulikt potensial for å påvirke tjenesteutøvelse og utvikling. Studien konkluderer med at en optimal utnyttelse av erfaringskonsulenter hindres grunnet en snever tolkning av deres roller.

Den andre studien utforsket norske lederes perspektiver og erfaringer fra å benytte erfaringskonsulenter i tjenestene. Studiens forskningsspørsmål var: *Hvordan opplever, forholder og benytter norske ledere seg av erfaringskonsulenter i tjenestene?* I denne studien identifiserer lederne erfaringskonsulenter som en virkningsfull strategi til å utvikle mer effektive og inkluderende tjenester. Lederne velger å involvere erfaringskonsulenter i en rekke samarbeidsprosesser i tjenestene, inkludert på strategiske nivåer - for å planlegge, prioritere, designe og vurdere tjenester. Erfaringskonsulenter verdsettes på grunn av deres inngående kunnskap om tjenestebrukere og for deres brobyggende funksjon. Til tross for at lederne anerkjenner vanskelighetene med å etablere samskapingspraksiser med erfaringskonsulenter, prioriterer de å involvere dem som samskapingspartnere og retter betydelig oppmerksomhet for å sikre deres effektive involvering.

Den tredje empiriske studien utforsker rollen til erfaringskonsulenter i tjenestene og mekanismene som påvirker deres innflytelse på tjenesteutøvelsen og utviklingen. Forskningsspørsmålet som stilles er: *Hvordan opplever ledere, fagansatte og erfaringskonsulenter på hvilke måter erfaringskonsulenter påvirker psykisk helse og rustjenester?* Resultatene tyder på at erfaringskonsulenter fyller ulike roller, fra å initiere og designe tjenester til å implementere løsninger. Deres innflytelse er merkbar for kulturen på arbeidsplasser og i samproduksjonen av tjenester, hvor de ofte utfordrer etablerte praksiser og ordninger. Erfaringskonsulenter, kan mens de arbeider ute i tjenestene, gjenkjenne og identifisere områder hvor tjenester trenger å forbedres og engasjerer ledere direkte til å sette i gang endringer. Posisjonen til erfaringskonsulenter er flytende. De kan være lavt i tjenestehierarkiet, men likevel bli

oppfattet som kunnskapsrike 'tjenestebrukere', som kan gi dem ekspertstatus. Å ha en ekspertstatus innebærer at de i større grad kan definere seg selv og skape avstand fra institusjonelle begrensninger, noe som kan gi dem mer handlefrihet enn andre ansatte i tjenestene.

Avhandlingen bidrar med kunnskap om hvordan bedre dra nytte av erfaringskonsulenters roller og bidrag. Det kan veilede tjenester som tar sikte på å involvere erfaringskonsulenter i meningsfulle og effektive samproduksjonsroller for å forbedre, utvikle og innovere sine tjenester.

Keywords

Co-creation, Co-production roles, User Involvement, Social Innovation, Public Sector Innovation, Mental Health and Substance Use Services, Peer Workers, Boundary Spanning.

Articles included in this PhD Thesis.

Article 1. Åkerblom, K.B., & Ness, O. (2023). Peer Workers in Co-production and Co-creation in Mental Health and Substance Use Services: A Scoping Review. *Administration and Policy in Mental Health and Mental Health Service Research, 50(2), 296-316.*https://doi.org/10.1007/s10488-022-01242-x

Article 2. Åkerblom, K.B., Mohn-Haugen, T., Agdal, R., & Ness, O. (2023). Managers as peer workers' allies: A qualitative study of managers' perceptions and actions to involve peer workers in Norwegian mental health and substance use services. *International Journal of Mental Health Systems, 17*(1), 17. https://doi.org/10.1186/s13033-023-00588-5

Article 3. Åkerblom, K.B., & Tritter, J. (in review). Empowered Service Users: Peer Workers' Co-production in Norwegian Mental Health and Substance Use Services.

List of Abbreviations

KMb – Knowledge Mobilization

NPM - New Public Management

PSI - Public Sector Innovation

PSO - Public Service Organizations

PW - Peer Workers

STC - Systematic Text Condensation

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Part I: Synopsis

Chapter 1. Introduction

This PhD thesis investigates how individuals with personal experiences of mental health or substance use issues can contribute towards evolving more efficient and socially inclusive services in the field of mental health and substance use services. This research project has dual objectives. The primary objective is to discern how these individuals, as former service users, can engage in significant roles to foster effective and all-inclusive mental health and substance use services. The secondary objective aims to generate knowledge to devise more influential roles for them.

The increasing global prevalence of mental health needs demands more effective and socially inclusive services. Unfortunately, current responses to these needs have proven inadequate (World Health Organization, 2022). Addressing unresolved mental health and substance abuse issues is challenging, largely due to social health determinants and the availability of health and welfare systems (Kirkbride et al., 2024; Wilkinson & Pickett, 2019). Therefore, rethinking our approach towards these challenges is crucial, which requires implementing various strategies.

Increasingly, mental health and substance use service organizations are involving individuals who have personal experience with these issues. This involvement extends to both international (Burr et al., 2020; Collier et al., 2024; Scanlan et al., 2020) and national stages (Ose & Kaspersen, 2022). Typically, these individuals are those who have previously used similar services to successfully manage or overcome their issues (Kent, 2019; Mirbahaeddin & Chreim, 2022). They may be referred to by various titles, like “expert by experience” (McMullin and Needham, 2018), “consumer providers” (Pitt et al., 2013), or most commonly, “peer workers” (Byrne et al., 2022b). The term “peer worker” will be the designation used in this thesis.

The term “peer worker” is internationally recognized to refer to individuals who offer support based on their personal experience with mental health issues and service utilization. These individuals can be found in both paid positions and voluntary roles within various service organizations (Scott, 2011). In Norway, however, peer workers are specifically employed by public service organizations focusing on mental health and substance use (Åkerblom & Mohn-Haugen, 2023). There are multiple training programs available in Norway for those interested in becoming peer workers; however,

no national standard currently exists for either the training or regulation of this role (Åkerblom & Mohn-Haugen, 2023).

The unique status of peer workers, whose employment is based on their experience as (former) service users, does not align neatly with the traditional hierarchies found within these services. On the one hand, they may be regarded as experts with valuable insight into the service-user experience (Chauhan et al., 2023); conversely, they may be perceived as service users themselves and relegated to the lowest status level (Adams, 2020).

The formal role of "peer" workers can be challenging for both those holding the position and those with whom they interact (Voronka, 2019). A peer's support often transcends typical working hours or specific activities (Åkerblom & Hammer, 2021), contributing to a perception of peer workers regularly engaging with service users beyond conventional settings and schedules (Balková, 2022). Their key role is to go beyond traditional methods of engagement to assist service users (Bellamy et al., 2017).

The current health policy agenda emphasizes the importance of citizen collaboration in addressing complex health issues, and this includes the involvement of peer workers (OECD, 2022). Every individual is a potential recipient of mental health and substance use services, but those with recent or ongoing experience with these services are particularly valuable for their first-hand knowledge and familiarity with complex situations (Afsahi, 2022). In essence, the involvement of these individuals enables public service organizations to understand and address challenging issues effectively. Their knowledge, skills, and resources are an asset in identifying and crafting strategies to mitigate these issues. Consequently, maintaining close collaborations with service users offers vital insights into their present and future needs (Osborne et al., 2013).

Peer workers are valued for their lived experience with mental health issues and service utilization. They are employed across various sectors, including government, non-government, community, and clinical settings, typically functioning within multidisciplinary environments (Byrne et al., 2022b). Their role often involves collaborative service provision with health professionals (Chauhan et al., 2023; Åkerblom & Ness, 2023).

The specific duties of peer workers can vary greatly based on their organization. Some may have distinct responsibilities within evidence-based treatment programs, while others leverage their personal experiences to offer support to service users and

contribute to the development of services. Additionally, some peer workers might have managerial duties, such as overseeing user boards and representing user viewpoints at a strategic level (Åkerblom & Ness, 2023). This involvement in the strategic planning of service systems often results in peer workers playing a key role in service development.

Research in the mental health field has not adequately explored how peer workers can enhance service effectiveness (Åkerblom & Ness, 2023). Although recent research indicates that peer workers significantly benefit service users (Høgh Egmose et al., 2023; Smit et al., 2023), their full potential is yet to be tapped (Mirbahaeddin & Chreim, 2022; Åkerblom & Ness, 2023). The evaluation of peer workers often centers only on their impact on service users, overlooking how they can improve the overall service quality for present and future users. Furthermore, peer workers function within multidisciplinary service organizations alongside professionals. Hence, it is imperative to understand their broader influence on their professional colleagues, service delivery and design to establish impactful roles for them.

Public sector innovation (PSI) research highlights the benefits of collaborative practices that involve affected citizens in addressing complex issues and facilitating innovative public service solutions (DeVries et al., 2016; Osborne & Strokosch, 2013). This perspective is particularly promising for understanding how peer workers can contribute significantly to the development of mental health and substance use services.

Within the PSI field, the collaboration between public service organizations (PSOs) and citizens or service users is frequently classified as co-production and co-creation, terms which are often used interchangeably (Voorberg et al., 2015). In this thesis, however, these terms are distinguished.

Co-production refers to collaboration during service delivery, such as when citizens or service users partner with service organizations and professionals to deliver a specific service. For instance, peer workers collaborate with health professionals during the delivery of a service.

On the other hand, co-creation applies to more extensive collaborative efforts, where citizens, service users, or peer workers become involved at the early stages of the service cycle, such as in planning or designing service solutions. Here, they work in conjunction with service organizations and professionals to not only deliver but also develop, design, and plan service solutions.

In essence, co-production is a component of co-creation, which is viewed as being more far-reaching (Osborne & Strokosch, 2013; Torfing et al., 2019; Acar et al., 2023). When defined in this manner, co-creation introduces an innovative dimension lacking in co-production (Torfing et al., 2020a). Establishing this distinction is beneficial for recognizing opportunities for peer workers to drive innovative changes that can improve mental health and substance abuse services.

The primary objective of the first study is to delve into the existing body of knowledge surrounding the engagement of peer workers in mental health and substance use service organizations and examine its implications. Leveraging theoretical insights from PSI research on co-production and co-creation, the study seeks to apprehend how the design of peer worker roles may influence various levels. Subsequent sub-studies focus on the roles of peer workers within a Norwegian context, examining their interaction with their professional colleagues and managers in mental health and substance use settings. The prominence of managers and health professionals is due to their close connection with peer workers during service delivery and development. The intention is to unearth the mechanisms that yield positive outcomes from peer worker engagement and determine the most opportune conditions for its success. Enhancing our comprehension of the successful elements in these approaches is critical for boosting their effect, championing their widespread adoption, and facilitating their application across varying contexts.

This chapter offers an in-depth review of existing studies on peer workers' roles and participation. It also highlights areas that lack adequate research, outlines the objectives of various studies, and poses associated research questions. Subsequently, the thesis structure is summarized, accompanied by an overview table of the articles and studies covered in the thesis.

1.1 Current Research Knowledge about the Roles and Practices of Peer Workers

This comprehensive summary not only builds upon but also expands the knowledge established in the scoping review (article 1; Åkerblom & Ness, 2023), differing in its aim, scope, and criteria. Unlike the scoping review, which focuses specifically on peer workers' involvement and contributions in terms of co-production and co-creation, this overview offers a broad description of the research field concerning peer workers in the mental health sector. It incorporates knowledge from studies published in the

past 2 years alongside conceptual papers and reviews that were not part of the previous scoping review.

Over the past decade, the utilization of service users as peer workers in mental health and substance use services has steadily surged, prompting an increase in associated research. Much of this research has taken place in the United States, Oceania, Great Britain, and Canada. However, recent studies from Northern Europe and Asia have begun to contest the dominance of the American-Anglo-Saxon perspective (Åkerblom & Ness, 2023, p. 302). In our scoping review, we opted to cluster the research on peer workers based on their primary research focus. The most extensive category is centered on implementation, predominantly pinpointing obstacles to peer worker involvement in service delivery. The secondary category explores the characteristics and competencies of peer workers, while the tertiary category scrutinizes the impacts produced by these workers (Figure 1). This classification forms the groundwork for this overview of the current landscape of peer worker roles and practices.

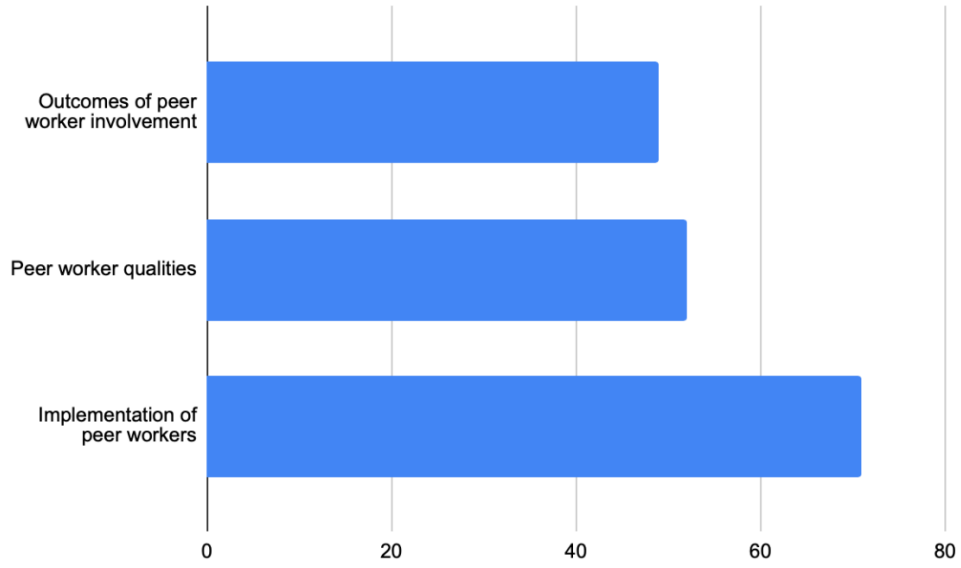


Figure 1. *The main objective of research conducted on peer workers* (Åkerblom & Ness, 2023, p. 305).

1.1.1. Research Focusing on the Implementation of Peer Workers

Research primarily delves into the challenges of incorporating peer workers, with numerous obstacles and barriers being reported (Åkerblom & Ness, 2023). A

systematic review uncovered that the most prevalent difficulties include role ambiguity, insufficient or unsuitable training, and a resistant organizational culture (Ibrahim et al., 2020).

Research indicates that peer workers, managers, and professional staff often seek more detailed role descriptions (Adams, 2020). As peer work is a relatively recent development in service organizations, their roles are not as clearly outlined as those of other employees. Most agree that a clear role definition for all workers fosters successful workplace collaboration (Andvik et al., 2022). Yet, the request for more detailed role descriptions may indicate a misunderstanding of the knowledge and skills that peer workers possess. A case study has shown that understanding and acceptance of peer worker roles require time and experiential learning from both the peer workers and their professional colleagues (Asad & Chreim, 2016). Other research emphasizes that early clarification of expectations and roles can enhance collaboration in multidisciplinary teams (Andvik et al., 2022). Also, different organizational contexts have varying expectations for peer workers (Gillard et al., 2015b; Jones et al., 2020). Notably, peer workers in hierarchical public sector services typically have more structured roles compared to those in the voluntary sector. The latter often privileges flexibility, allowing peer workers a higher degree of influence over their tasks and responsibilities (Gillard et al., 2015b).

A lack of training among peer workers has been identified as a key obstacle to their implementation. Areas of concern include professionals (Griffiths & Hancock-Johnson, 2017), managers (Merritt et al., 2020), and relatives (Yuen et al., 2019) feeling that peer workers are not adequately trained. To address this, several countries have established national standards for training, certification, and ethical guidelines for both peer workers and their supervisors (National Practice Guidelines for Peer Specialists and Supervisors). Despite these efforts, it is been observed that the current training programs are not meeting the specific needs identified by the peer workers themselves (Gillard, 2019). Moreover, there is managerial concern that these programs do not adequately reflect the specific needs of service organizations (Åkerblom et al., 2023a).

Ibrahim et al. (2020) identified organizational culture as the third most frequent obstacle to integrating peer workers. This is because professional staff within service organizations often adhere to their established frameworks of behavior and practices rather than adapting to collaborate with peer workers (Byrne et al., 2022b).

Gillard et al. (2017) suggest that hierarchical public services frequently attempt to shape peer workers in line with traditional service practices, enforcing their conformity to clinical standards and hierarchies to minimize risks.

These workplace environments often relegate peer workers to the bottom of the service hierarchy due to their lack of formal education and credentials (Adams, 2020, p. 262). Consequentially, these conditions contribute to structural stigma (Chapman et al., 2018) and trigger identity conflicts among peer workers, as they are perceived as either patients or service providers by their professional colleagues (Tookey et al., 2018; Voronka, 2019).

Studies on implementation have also aimed to identify strategies for overcoming barriers to the participation of peer workers. One key facilitator is managerial support for peer workers (Zeng et al., 2020; Åkerblom et al., 2023a). Also, placing peer workers in central roles within service organizations can be beneficial (Jones et al., 2020). A recent study looked into methods that promote the integration of peer workers in mental health and substance use services in the US (Byrne et al., 2022b). The study advises workplaces to commit thoroughly to both recruiting and retaining peer workers through a variety of strategies. These strategies involve allocating resources specifically for this purpose, creating senior peer worker roles with decision-making power, offering regular training, and implementing mentoring programs with senior peer workers. The study also recommends an increase in the hiring of peer workers within the same service along with providing ongoing educational and career advancement opportunities (Byrne et al., 2022b, p. 294).

1.1.2. Research Focusing on Peer Workers' Qualities

Recent research efforts have increasingly focused on the traits and qualities of peer workers (Mirbahaeddin & Chreim, 2022; Åkerblom & Ness, 2023). This research is key to deciphering how peer worker practices and partnerships can be tailored and expanded across different scenarios. The main aim is to pinpoint the defining traits of peer workers.

Among these characteristics, the role of peer workers as intermediaries between service users and professional colleagues is often cited (Watson, 2019; Oborn et al., 2019). As facilitators, they bridge communication gaps between these two groups, enhancing service user confidence in the services they receive (Debyser et al., 2019).

They also heighten professional staff's understanding of service user needs and preferences (Scholz et al., 2017).

Research highlights how peer workers guide service users and patients across different services (Castellanos et al., 2018; O'Connell et al., 2018; Ranzenhofer et al., 2020). Typically, they are seen as the key to reaching service users who are otherwise hard to engage (Gagne et al., 2018; MacLellan et al., 2017). This is largely down to the shared backgrounds and social connections with the service users they are tasked to assist, which foster quicker trust-building (Gagne et al., 2018).

When integrated into service organizations, peer workers bridge the trust gap between service users and professionals who might otherwise be disconnected (Otte et al., 2020). Thus, the incorporation of peer workers can enhance collaborations between service organizations and service users (Merritt et al., 2020).

Research has sought to identify the crucial characteristics of peer workers in order to understand their beneficial contributions to service users. A literature review identified five defining elements of the peer workers' approach (Watson, 2019). These elements included the peer workers' use of their personal experience to forge meaningful emotional connections, their exploitation of the nexus between users and services, their choice to provide support based on recognizing and fostering the strengths of service users, and the empowerment they experienced as peer workers, which augmented their resilience and coping mechanisms.

A separate attempt to outline the key attributes of peer workers yielded similar findings while also providing further insight into how peer workers become beneficial to service users (Gillard et al., 2015a). Observing peer workers across ten distinct service organizations in England, researchers found that peer workers tend to 1) delve deeply, 2) utilize a strengths-based approach, focusing on service users' skills, interests, and potentials, and 3) emphasize social and practical support. This support could range from helping service users navigate complex services, ensuring they meet appointments and manage medications, to assisting users in claiming benefits and establishing and maintaining connections with family, networks, and community (p. 439). In essence, peer workers play a pivotal role in service users' lives. Additional research in Australia found similar trends, with the added observation that peer workers allow service users to set the contract's pace and purpose (Zeng & Chung, 2019).

1.1.3 Research Focusing on Outcomes of Peer Workers' Involvement

A wealth of research exists, highlighting the outcomes and advantages contributed by peer workers. Studies have explored the efficacy of peer workers in providing assistance and support to service users, finding that the benefits they bring surpass the associated costs (Trachtenberg, 2013). Two recent systematic reviews further evidenced that peer workers have a considerable impact on patient's and service users' recovery processes, proving particularly beneficial for individuals grappling with mental illnesses in both their clinical and personal recovery (Høgh Egmose et al., 2023; Smit et al., 2023).

Research has identified several factors that indirectly impact the effectiveness of peer workers. One notable factor is their ability to boost patients' perceived self-efficacy or their belief in their capacity to handle specific situations (Mahlke et al., 2017). This belief is crucial as it encourages patient participation and fosters a sense of personal control, which is vital for health and well-being (Terp et al., 2018). Higher self-efficacy can also lead to active participation in one's treatment, significantly impacting achievable outcomes (Farley, 2019). Another essential role of peer workers that influence their effectiveness is their intermediary position. They often help individuals access existing services (MacLellan et al., 2017) or serve as a bridge, engaging them and guiding their navigation through these services (Castellanos et al., 2018; O'Connell et al., 2018; Ranzenhofer et al., 2020).

Extensive research, including interview studies involving service users, their relatives, colleagues, managers, and the peer workers themselves, has been carried out to assess the influence of peer workers in mental health and substance use services. It has been consistently found that peer workers positively impact service users. The support received from peer workers is often credited by service users for significantly advancing their recovery process (Fallin-Bennett et al., 2020). Professional colleagues of peer workers note their empathetic approach and their capacity to challenge existing norms within service organizations (Collins et al., 2016; Moore & Zeeman, 2021).

Peer workers have also been recognized for fostering a greater understanding of service users among professional staff, prompting increased sensitivity to service users' needs (Scholz et al., 2017). They help professionals identify and rectify 'blind spots' in their practices, leading to tailored assistance and improved follow-up to service users (Tseris, 2020). This finding is echoed by managers who underscore that peer workers

enhance professionals' comprehension of service users' needs, thereby boosting service quality (Merritt et al., 2020; Åkerblom et al., 2023a).

Some studies have also examined how peer workers are impacted by their role. Such studies have explored the effects of the peer worker role on their transition from being service users to service providers (Moran et al., 2012; Taylor et al., 2018). Often, peer workers acknowledge their role as pivotal in their recovery process (Debyser et al., 2019; Øksnevad & Storm, 2023). They also report multiple health benefits, such as enhanced sense of purpose, improved well-being, and empowerment (Cronise et al., 2016; Moran et al., 2012). Conversely, some studies underscore the potential negatives of being a peer worker. They stress how it could be difficult to develop a new positive identity (Vandewalle et al., 2018) and illustrate how peer workers are regularly asked to recount their illness history, which may lead to them feeling trapped in a patient role (Voronka, 2019).

1.1.4 Summing up the Review

The employment of peer workers in mental health and substance use services has seen a significant rise in the past decade (Åkerblom & Ness, 2023). Most of what we know about peer workers comes primarily from countries such as the US, Canada, Oceania, and Great Britain. However, recent studies from Northern Europe and Asia suggest that this American-Anglo-Saxon perspective is being contested. A large portion of the research on peer workers has been centered on their deployment, identifying various obstacles and challenges that impede their effective engagement. There's also substantial research on determining the key qualities of peer workers and exploring their approach towards their work. This knowledge is crucial for comprehending how peer workers interact with different people and situations and how they exert influence at various levels. Studies examining the outcomes of peer worker involvement have indicated that they positively impact the recovery process of patients and service users (Høgh Egmose et al., 2023; Smit et al., 2023).

1.2 Research Gaps

Much research in the mental health field suggests that active inclusion and empowerment of peer workers can help achieve the objective of mental health as a human right (Moran et al., 2020). Consequently, substantial focus is placed on

identifying potential barriers that may hinder this objective, particularly those emanating from peer workers' contributions.

Identifying challenges and barriers is crucial for preparedness. However, the current literature focuses more on documenting these challenges rather than exploring how to address, mitigate, and overcome them. To tackle these issues effectively, new knowledge concerning this subject is needed.

A potential approach involves shifting our attention towards understanding how peer workers can be beneficial and how their involvement can lead to positive effects. A deeper understanding of the mechanisms that foster such outcomes is also necessary. Existing research has revealed that peer workers can be advantageous for service users.

However, assessments of peer worker characteristics, methodologies, and effects have been mostly confined to the individual level, providing a somewhat simplified view of their impact. Such a narrow focus does not take into account potential broader effects, including the influence of peer workers on overall service delivery and their organizations.

Understanding their wider impact is critical to building effective roles for peer workers. This understanding could also inform the implementation and scaling of practices with peer workers, potentially leading to enhanced positive effects.

1.3 Aim and Research Questions

The objective of this doctoral study is twofold. First, it seeks to comprehend the significant role peer workers play in devising efficient and socially inclusive services in mental health and substance use field. Second, it aims to generate knowledge that can facilitate the creation of more influential roles for them.

Three empirical studies were conducted employing a qualitative method to meet the primary objectives. The inaugural study was a scoping review, examining existing scholarly articles on peer workers in the mental health and substance use services. The goal was to create a summary of their roles, engagement and achieved results. The precise question for this research was (R1): *How are peer workers involved in co-production and co-creation in mental health and substance use services, and what are the described outcomes?*

The subsequent two studies aim to gain a detailed understanding of the interaction and relationships between peer workers and their collaborative partners and how they contribute towards achieving desired and potential results. The second

study delves into the viewpoints and actions of managers who have experience hiring and working alongside peer workers. The specific research question posed (RQ2) was: *How do managers in Norwegian mental health and substance use services experience, relate to, and embrace peer workers as assets in these services?*

The third study scrutinized the viewpoints of managers, health professionals, and peer workers on their influence over the arrangement and provision of services. The specific research question (RQ3) was: *How do managers, health professionals, and peer workers experience ways peer workers affect mental health and substance use services?*

1.4 Structure of the Thesis

The thesis is split into two segments. The first part includes a synopsis, while the second part consists of three studies and appendices. The synopsis is organized into six chapters. Chapter one provides a comprehensive overview of the roles of peer workers in mental health and substance use services, as well as research gaps and the thesis's aim. In the second chapter, I discuss various factors that need to be considered while incorporating these roles and practices in a Norwegian service system. The third chapter outlines the theoretical framework utilized to formulate and assess the findings contained in the three articles. The methodological approach of the thesis, including the philosophical foundation, epistemological and ontological stance, and research process, is covered in Chapter 4. The fifth chapter offers a detailed abstract of the three articles in the thesis. The final chapter examines the empirical and theoretical contributions of the thesis, its potential influence on practice and policy and suggests possibilities for future investigation.

Table 1. *Overview of the thesis studies and research articles.*

The main aim of the thesis	The aim is twofold. Firstly, to understand how peer workers can play impactful roles in developing effective and socially inclusive mental health and substance use services. Secondly, to produce knowledge that can be used to create more impactful roles for them.		
The overall research question	How are peer workers involved in co-creating new and improved mental health and substance use services? And in what ways can they be effective?		
Research questions in the three sub-studies	RQ1: How are peer workers involved in co-production and co-creation in mental health and substance use services, and what are the described outcomes?	RQ2: How do managers in Norwegian mental health and substance use services experience, relate to, and embrace peer workers as assets in these services?	RQ3: How do managers, health professionals, and PWs experience ways PWs affect mental health and substance use services?
The research gaps addressed	Establishing an overview of peer workers' roles and involvement in mental health and substance use services.	Knowledge about how managers embrace and make use of peer workers as assets in Norwegian mental health and substance use services.	Knowledge about the ways in which PW affects organization, provision, and service development in a Norwegian service context.
Study design in the three sub-studies	A scoping review including 172 research articles	Focus group study with 17 managers	Focus group study with 17 managers, 15 health professionals, 16 PW
Theoretical perspectives used to frame studies and analyze results	Co-production Co-creation Boundary spanning	Co-production Co-creation Boundary spanning	Co-production Knowledge Mobilization Social position
Titles of articles 1, 2, & 3	Article 1: *Peer Workers in Co-production and Co-creation in Mental Health and Substance Use Services: A Scoping Review*	Article 2: *Managers as peer workers' allies: A qualitative study of managers' perceptions and actions to involve peer workers in Norwegian mental health and substance use services*	Article 3: *Empowered Service Users: Peer Workers Co-production in Norwegian Mental Health and Substance Use Services*
Journals of publications	*Administration and Policy in Mental Health and Mental Health Service Research.* Published	*International Journal of Mental Health System.* Published	*In review.*

Chapter 2. A Norwegian Service Context

This chapter aims to contextualize the current doctoral study by presenting conditions and antecedents relevant to integrating peer worker roles and practices into Norway's mental health and substance use service context. Brief explanations of certain theoretical concepts will be given, but a more detailed description of the theoretical framework used for framing and analyzing study results will be provided in the following chapter.

Employing peer workers is a new solution in the Norwegian mental health and substance use service context that breaks with the traditional practices and can be considered as an innovation. In addition, the introduction of peer workers aims to achieving societal objectives through new strategies, which often is termed 'social innovations' (Nicholls, 2015). Hence, peer workers entrance represents a new solution that is social in both its 'means and ends'. The means relates to the adoption of new partnerships with former service users acting as peer workers within service organizations. The 'ends' pertain to how these partnerships strive to enhance or tailor service offerings to meet the needs and anticipations of current and prospective service users. This chapter discusses the inception of this particular social innovation and probes the significant precursors and conditions propelling its growth.

2.1 Norway as a "Second Mover"

Social innovations can either be original or duplicates, the latter being transferred into a new context. Based on international research (Article 1), Norway falls into the category of these second movers, adopting practices that involve peer workers from countries like the US, Australia, the UK, and Canada (Figure 2).

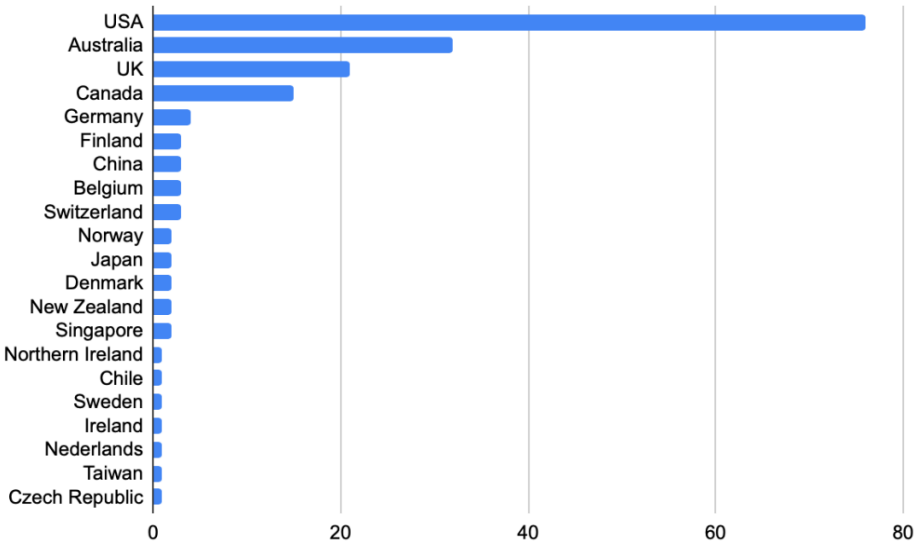


Figure 2. The scope of international research on peer workers' practices (Åkerblom & Ness, 2023, p. 300).

However, the fate of some social innovations is to flourish while others wither. Besides, while certain innovative ideas are replicated in their original form, others are modified, and some are even rejected (Tennås Holmen & Ringholm, 2023).

The local setting plays a crucial role in the success or failure of an innovative approach (De Vries et al., 2016), such as the integration of peer workers. Therefore, specific conditions may determine the success of peer worker involvement in a Norwegian context. The effectiveness of peer workers - considered an innovation - can be impacted by their defined roles and relationships alongside organizational or environmental precursors (De Vries et al., 2016), such as the degree of acceptance and facilitation of peer worker involvement. The type of practices or the specific responsibilities assigned to peer workers, if adopted from other countries, could influence their spread in Norway. This also depends on how peer workers are introduced and adapted to fit the local setting. Certain precursors and conditions, depending on the context, might either enable or hinder this process (De Vries et al., 2016; Tennås Holmen & Ringholm, 2023).

2.2 Peer Workers is a Government-supported Initiative

The government of Norway has initiated the use of peer workers. Over the past decade, the practice of employing former service users as peer workers has gained substantial traction in Norwegian service organizations (Ose & Kaspersen, 2022). Peer workers in

Norway are typically endorsed through top-down initiatives that further support user-driven changes. It is suggested that peer workers are a valuable group for the future of Norwegian health and welfare services and, thus, worth exploring and investing in (NOU 2023:4 Time for Action, p. 137).

Bergen municipality in Norway was a pioneer, establishing its peer worker training program as early as 2007 (Pedersen, 2021). Another key player was the Council for Mental Health, which, in 2008, published a report entitled "With Life as Competence" (Elvemo & Bøe, 2008). This report influenced Norwegian authorities, prompting them to gradually encourage service organizations to hire individuals grappling with mental health issues. The debut of a national grant in 2010, titled "Cultural and Attitude Changes in the Mental Health Field", marked the start of municipal mental health and substance use services recruiting peer workers (Åkerblom & Mohn-Haugen, 2023). However, it is important to note that in Norway, the practice of employing people with past substance use issues has been more prevalent in facilities serving individuals with substance use conditions (Vederhus et al., 2008; Åkerblom et al., 2020).

The term "peer workers" (in Norwegian "erfaringskonsulent") first appeared five years later in a Norwegian policy paper, the "Escalation Plan for the Drug Field 2016–2020" (Prop. 15 S (2015–2016)). This signaled the start of a national initiative to hire peer workers, reiterated in various plans and policy documents, including the "National Plan for Research and Innovation in Health Services" (HelseOmsorg21), the "National Health and Hospital Plan 2020–2023" (Meld. St. 7 (2019–2020)), "Time for action, the personnel in a sustainable health and care service" (2023:4), and the "Escalation Plan for Mental Health 2023–2033" (Meld. St. 23 (2022–2023).

The government-backed plans and policy papers introduced financial incentives to reinforce the peer worker initiative. These policy changes attempted to pave the way for service organizations to hire service users as peer workers, providing a drastic change in service delivery and organization structure. This initiative supported an overarching policy reform aimed at amplifying collaboration with citizens and service users.

The concept of enhancing collaboration was articulated in the white paper "An Innovative Public Sector," stating that closer collaboration with citizens and service users would reinforce citizens' trust in PSOs, bolster democracy, and ignite innovation (Meld. St. 30, 2019-2020, p. 79).

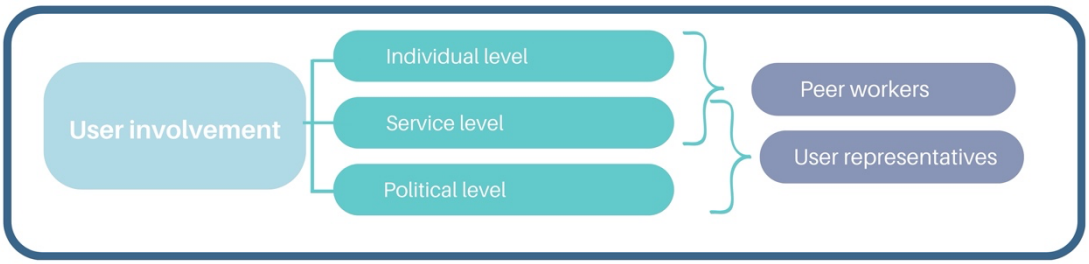
Norwegian white papers in the mental health and substance use domain propose the employment of peer workers to instigate cultural and practical transformations, aligning with international standards (Mental Health Action Plan (2020–2023)). They outline the necessity of peer worker involvement in service delivery and planning, emphasizing their unique role in leveraging service-user knowledge and perspectives. Moreover, the papers stress the mutually beneficial outcomes of this initiative. Service users reap the advantages of customized services tailored to their specific needs, while service organizations gain from the increased efficacy and improvement in service delivery facilitated by peer workers.

Norwegian whitepapers encompass both democratic and technocratic rationales for the use of peer workers (Beresford, 2013). These papers illustrate the role of peer workers at various levels, from assisting individual service users to organizational collaboration. Peer workers aid service users by helping them navigate and tailor their services. Furthermore, they team up with service organizations to contribute to service development.

Peer workers execute the first function by working within service organizations and participating in service delivery. Their involvement in user boards and multifaceted development projects can fulfill the second function. The role played by peer workers diverges from traditional user involvement in these service contexts, in which user organization representatives advise at a political-administrative level (Askheim & Andersen, 2023; Åkerblom et al., 2023a).

Nevertheless, the involvement of peer workers and user representatives often coincides at the service level. As a result, they are routinely included in the same committees, boards, or service development projects. I have created a model to demonstrate this interaction (Model 1).

It is important to note that the initial chapter of the thesis primarily discusses the individual level because this is what is reflected in the research on peer workers.



Model 1. *Levels of user involvement.*

The Norwegian policy papers have integrated insightful knowledge from the start of this transformation. The National Hospital Plan for 2020–2023 observes that the planned expansion of peer workers has fostered a more "user-oriented culture" in their services (Meld. St. 7 (2019–2020), p. 61). However, they emphasize the necessity to clearly define the roles and work conditions of peer workers, recommending that employers assume responsibility. The Health Personnel Commission underscores the need for additional research on peer workers to fully comprehend their role and apply their expertise (NOU 2023:4, p. 137).

2.3 Considerations when Translating and Adopting International Research

There are several challenges in adopting and translating an international research base for use in Norway. Information gleaned from international research does not always align with or sustain Norway's research needs. The key challenges and characteristics will be discussed in more detail.

2.3.1 The Public Sector is Responsible for most Health and Welfare Services

Norway and other Scandinavian countries are known for their expansive public sectors, which fund and supply most of the welfare and health services (Eimhjellen., 2021). In these robust welfare states, the public sector tends to handle the majority of health and welfare services (Ibsen et al., 2021). This structure means that, in contrast to other countries, services typically offered by voluntary and non-profit organizations are administered by Norway's publicly-operated health and welfare services. As such,

most international research on peer workers' practices is grounded in a service model that differs significantly from the one prevalent in Norway (Åkerblom, 2022).

New Public Management (NPM) reforms have significantly influenced mental health and substance use services in Norway, prevalent across the Norwegian public sector, even under social democratic governments (Torfing et al., 2020b, p. 63). This signifies that these services are highly regulated with strict control mechanisms, standardized routines, performance measurements, and a risk management emphasis (Brown & Osborne, 2013).

The prevalence of formal and informal arrangements within these institutions might indicate a lack of trust in individual actors, which can obstruct professionals' autonomy and collaborative flexibility (Bentzen, 2019). Still, in such contexts, control mechanisms are essential in ensuring that users' choices and preferences are honored, thereby improving user satisfaction, as recommended by NPM reforms (Torfing et al., 2020b, p. 58).

Furthermore, these control measures can foster trust between service users, professionals, and organizations. The belief that these mechanisms will guarantee that employees act in the best interest of service users and the public helps facilitate this trust (Lo, 2022). Despite potentially hampering professionals' autonomy (Bentzen, 2019), control mechanisms can enhance the relationships between professionals and service users. Indeed, they may be critical in mental health and substance use settings where power imbalances may exist by mitigating professional dominance.

2.3.2 Highly Professionalized Service Contexts

In Norwegian mental health and substance use service organizations, highly specialized professionals such as psychiatrists and psychologists typically control the operational framework. These professionals bear significant responsibility in service provision, often holding decision-making authority within their organizations. A pertinent challenge for these professionals is recognizing the necessity of diverse knowledge and skills (Ansell & Torfing, 2021) and thus embracing interaction with peer workers, who might challenge their authority, status, or expertise (Åkerblom, 2022). If these professionals believe they solely know what is best for their service users, they may neglect to consider users' perspectives. Previous studies have shown that service users run the risk of being quickly subsumed into the domain of mental health and substance use organizations (Croft et al., 2016; El Enany et al., 2013).

The suggestion to employ service users as peer workers is often proposed as a solution for power differential issues in these service contexts (Byrne et al., 2022b). A recent study pinpointed ways to prevent peer workers from being relegated to merely symbolic roles (Chauhan et al., 2023). However, other research indicates potential unintended results from integrating service users into peer worker roles. This includes the potential for the reshaping of roles in a manner that diminishes the importance of firsthand experience (King & Simmons, 2018). There are also concerns about the replication of existing social inequalities. For instance, peer workers may face workplace stigma (Voronka, 2019), inadequate pay, or limited opportunities for professional advancement (Adams, 2020).

The demand for evidence-based knowledge is a significant consideration in the Norwegian service context, often portrayed as a barrier in the research community (Watson & Meddings, 2019). The employment of peer workers for their experiential knowledge can represent a deviation from this approach. It is observed in previous research that the predominating biomedical, evidence-based knowledge might overpower the experience-driven knowledge brought by peer workers (Davidson et al., 2012; Vandewalle et al., 2016). This might make fostering equal partnerships with peer workers in mental health and substance use services increasingly challenging.

2.3.3 Different Models to Arrange Peer Workers in-Service Organizations

The model most commonly depicted in international research literature involves engaging peer workers in teams on their own. These teams provide support outside and even semi-independently from their respective organizations (Chinman et al., 2017). When compared with other methods of employing peer workers, this “add-on” team of peer workers tends to have the most profound effect on the recovery processes of patients and service users (Høgh Egmose et al., 2023). The belief is that when peer workers are organized in teams solely with other peer workers, they can better define their roles, functions, and tasks due to their increased flexibility (Chinman et al., 2017). As a result, they can offer support that aligns with their personal experiences (King & Simmons, 2018). Despite this, current research only evaluates the effectiveness of peer workers by the impact they have on service users (Gillard et al., 2015), an appraisal method that may oversimplify the issue.

Peer workers in Norway typically work within multidisciplinary teams alongside professionals rather than in independent peer worker teams (Mohn-Haugen & Mørk,

2023). This approach, frequently referenced in the research literature, involves peer workers collaborating with various professional staff (Byrne et al., 2022b; Åkerblom & Ness, 2023). This indicates that the relationships and interactions between peer workers and their professional colleagues significantly affect service delivery and their organizational impact when working in these interdisciplinary settings. In contrast, peer workers in standalone teams will have fewer interactions with professional staff, consequently influencing both groups less.

In order to effectively align peer workers' practice and translate international research findings into a Norwegian service context, it is crucial to differentiate between the formal and informal versions of peer support services. Researchers' interpretations of what constitutes peer support can greatly impact the nature and focus of their research on these collaborations. However, the delineation between informal and formal peer support is inconsistently recognized in international research and practice. Furthermore, many studies do not specify which variant is being addressed. This lack of clarity can confuse when interpreting findings and can create difficulties when applying this research to a Norwegian service context. Consequently, this lack of clear distinction can impede fair comparisons across studies and contexts.

The concept of peer support has been broadly divided into formal and informal categories, taking into account the degree of reciprocity between the giver and the recipient (Davidson et al., 2006). In the Norwegian context, it seems more logical to categorize informal peer support as voluntary services offered by non-profit organizations, including self-help initiatives where compensations are non-existent. Conversely, formal peer support pertains to commissioned peer workers in service organizations. This characterization aligns with the common practice in Norway, where service organizations directly employ peer workers.

2.4 Peer Workers Aim to Promote Social Change and Recovery-oriented Services

The social aspect is a significant internal attribute of peer workers' entry into the field, driven largely by social movements and user organizations seeking societal change. They aim to influence the creation of more recovery-oriented services. While Norwegian authorities have encouraged and supported hiring peer workers, this move also symbolizes a collective mobilization of user voices and perspectives from related organizations (Åkerblom, 2022). Consequently, the autonomy and influence of

Norwegian peer workers are partly contingent on their user organizations and communities and their collective action capacity. Many local networks have been established across Norway, and a national interest organization named "Erfaringssentrum" was set up in 2016. Peer workers can promote societal change by enhancing their knowledge and skills and cultivating collective action through local and national interest organizations and networks.

Internationally, hiring peer workers is often linked to the goal of developing recovery-oriented services (Bellamy et al., 2017). Such practices aim to empower service users to take a more involved, participatory role in their treatment. For service organizations and providers, this requires a shift in their approach toward these service users, promoting resource mobilization and self-determination (Watson, 2019). There's also an increased emphasis on social inclusion.

This movement, born in the late 1970s, was a reaction against human rights abuses and psychiatry (Watson & Meddings, 2019). It mainly focuses on advancing knowledge from those who have overcome mental health challenges or who have led fulfilling lives with various challenges without professional help (Davidson, 2016). This also involves developing alternative treatment options. Globally, the recovery movement significantly influences the evolution of recovery-oriented services (Davidson, 2016).

Mental health and substance use organizations, along with other public services and online platforms, have widely adopted recovery-oriented practices (Høgh Egmose et al., 2023). These practices involve peer workers who assist individuals dealing with similar challenges. Globally, these peer workers are hired by mental health and substance use organizations to implement recovery-oriented practices (Gillard et al., 2017). Initially, these practices were developed as alternative services by social movements and user organizations and often still are. Often, the 'peer support' aspect of these services is carried out by peers volunteering their time. Possibly due to this, mental health and substance use service organizations usually organize peer workers into additional teams to supplement other services (Chinman et al., 2017).

Research literature from other countries provides helpful insights into known challenges and obstacles, which could help us identify and prepare for potential challenges. However, we must remain mindful of context, as these challenges need to be evaluated within a Norwegian setting. Certain international barriers may be more

or less pertinent in the Norwegian service context, and a barrier in one context could serve as an advantage in another (DeVries et al., 2016).

For instance, the Norwegian mental health and substance use service context employs a larger professional workforce compared to the United States, where most of the related research has been conducted. This could imply enhanced competition among peer workers and professional employees for recognition and advancement in the Norwegian setting. Conversely, in countries where the research is undertaken, peer workers are likely to replace employees who do not possess formal qualifications.

However, in a Norwegian setting, it is improbable for peer workers to supplant professional staff, given the anticipated shortage of healthcare personnel in future services (NOU 2023:4).

Chapter 3. Theoretical framework

This chapter outlines the framework for conducting and evaluating research presented in this thesis. The novel approach of employing former service users as peer workers in mental health and substance use service organizations challenges the customary use of highly professionalized specialists. Peer workers bring fresh perspectives to service delivery, seeking to alter organizations' understanding and strategies in handling complex issues faced by both the service users and the organizations themselves. Furthermore, their contribution can stimulate innovation. This thesis applies the following definition of innovation: "*Innovation is a complex and iterative process through which problems are defined; new ideas are developed and combined; prototypes and pilots are designed, tested, and redesigned; and new solutions are implemented, diffused, and problematized*" (Hartley et al., 2013, p. 822).

The theoretical perspectives utilized in this thesis are rooted in PSI studies, a multidisciplinary field with input from areas like sociology, political science, psychology, social anthropology, economics, and management theory (DeVries et al., 2016). The research for this thesis centers on mental health and substance use service organizations within the Norwegian public service context, established and regulated via public policy processes by local or central government (Osborne & Strokosch, 2013, p. 32).

Collaborative approaches stimulating innovation have been extensively researched in the PSI field, accentuating the active roles of citizens and relevant private actors. This thesis studies the impact of peer workers in co-production roles, fostering these collaborative approaches and, hence, innovation. These approaches are tagged by terms such as service-user involvement, social innovation, and co-creation, the latter being the key focus of this thesis. Notably, these terms are typically used interchangeably, and their implications will be briefly outlined and exemplified in Figure 3.

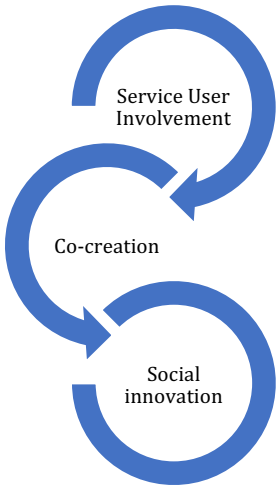


Figure 3. *Collaborative approaches in the PSI field.*

This thesis uses a theoretical framework to explore co-creation, specifically its implementation in mental health and substance use service organizations, with peer workers as the key participants. Co-creation, a collaborative practice, engages peer workers to develop innovative and enhanced service solutions, subsequently fostering social innovation in these contexts. Essential elements in co-creation processes include the involvement of individuals who can connect different actors and knowledge forms, often theorized as boundary spanners (Merkerk & Edelenbos, 2018). This concept aptly illustrates the roles and functions of peer workers. Co-creation processes hinge upon the interactions and relationships among participants. Analysis of the thesis's second and third sub-studies revealed additional theoretical insights, elucidating the dynamics between peer workers and their collaborators and the efficient modes in which peer workers operate. Relevant theories that emerged include knowledge mobilization (KMb) (Langley et al., 2018) and social positioning (Battilana, 2011).

3.1 Service User Involvement in Service Development

The engagement of service users in public service development is widely recognized as a strategy that can lead to resource mobilization, enhanced service quality, and, occasionally, innovative solutions and improvements in service delivery (Osborne & Strokosch, 2013; Trischler et al., 2019). For these reasons, service organizations actively initiate user participation. In Norway, the introduction of peer workers is an approach taken by authorities so they can empower individual service users and

collaborate with service organizations, thereby improving and evolving services in an effort to address both individual and collective needs. In addition, peer workers often contribute to these efforts by participating in user boards and development projects within and across sectors and organizations (Åkerblom et al., 2023a).

User involvement is typically justified in two distinct ways: a democratic approach and a consumerist approach (Beresford, 2013). Those who adopt a democratic approach view service users as citizens deserving greater self-organization power to influence society. Conversely, a consumerist approach sees users as consumers, valuing their insights to enhance services (Beresford, 2013). These contrasting approaches help understand the underlying principles of user involvement practices, revealing which tends to dominate under varying circumstances. Nonetheless, these principles often intertwine and are not exclusively separate. Norwegian whitepapers justify the involvement of peer workers based on both democratic and consumerist reasons (Åkerblom, 2022). Collaborative or partnership models frequently exhibit a blend of these approaches (Beresford, 2013).

Partnership models that focus on collaboration are increasingly pivotal in Norway's health and welfare policy (NOU 2011:11). Such models stress the need to unite diverse groups from the public and civic sectors to address the escalating demands of the health and welfare system. This view switches from seeing service users as consumers to active citizens, spotlighting all participants and stakeholders in a collaboration. To effectively manage the numerous intricate challenges that PSOs face, participatory, adaptive, and transdisciplinary strategies are a must (Head, 2022). Notably, collaborative efforts can foster innovation and improvement (De Vries et al., 2016). Consequently, the inclusion of citizens and service users in collaborative innovation is essential to the public sector's work (OECD, 2022).

3.2 Peer Workers' Involvement – a Social Innovation

Social innovation often involves collaborating with service users to devise and implement groundbreaking solutions that tackle unmet societal needs. The term 'social' pertains to the methods and objectives of this process (Nicholls, 2015). Encouraging citizens and service users to collaborate is vital in addressing social issues (Windrum et al., 2016) and in formulating new, disruptive solutions that challenge traditional thinking and established conventions (Hartley et al., 2013). Given that social innovation fosters collaboration, some classify collaborative innovation as a

subset of social innovation (Van Dijck & Steen, 2023). Various forms of collaborative innovation within the public sector involve public and private entities contributing their knowledge, ideas, and resources toward resolving a problem or enhancing a solution (Torfing, 2016). One specific collaboration form occurs when public organizations partner with citizens, service users, and private entities- a process commonly referred to as co-creation, which will be discussed further.

Social innovations are not always novel; they can sometimes involve transferring existing solutions to new contexts, as is done with the introduction of peer workers in Norway (Nicholls, 2015). It can, however, be challenging to gauge the novelty of an innovation in a particular context.

Innovation in the social sphere can range from radical - causing swift, substantial changes - to incremental, which typically involves small, gradual shifts from existing practices (Tidd & Bessant, 2020). For example, the use of peer workers in mental health and substance use service organizations may not drastically alter the client's experience, but it can lead to a significant reorganization of resources and roles within the institution.

Sometimes, an innovation may seem small but can have profound impacts when viewed from a different lens. For instance, managers might view the integration of peer workers as straightforward, while existing health professionals may find it difficult to adapt to altered workplace dynamics, affecting their roles and status. However, with a goal to foster new practices and partnerships for social betterment, these changes, and consequently, potential controversies, can be seen as necessary (Meijer & Thaens, 2021).

In social innovation, novel solutions are often identified and propelled by civil society actors who recognize gaps in existing public service offerings or programs (European Commission, 2014). Numerous social innovations have stemmed from experiences of pain and suffering and individuals' responses to them (Nicholls, 2015). In the 1970s, dissatisfaction with psychiatric solutions and their violations of human rights in the mental health field led to the emergence of the recovery movement (Davidson, 2016). Its objective was to explore alternative forms of treatment, introducing peer workers who have since become an established profession worldwide (Watson & Meddings, 2019). Inspired by global civil society and user organizations, public authorities in Norway have embraced the practice of employing peer workers.

According to the European Commission (2014), social innovations necessitate the active participation of citizens. While these citizens may be individual customers or service users, they are frequently collectively regarded as citizens or representatives (Nabatchi et al., 2017). The literature emphasizes the significance of collaboration in driving social innovation (Sørensen & Torfing, 2013). The common perception supports the crucial function of directly impacted service users in initiating, designing, and implementing innovative policies and services. However, some criticize this somewhat narrow perspective. Sørensen and Torfing (2013, p.5) argue for collaborative innovation, a more encompassing approach that gives priority to end-users and involves pertinent players from both the public and private sectors.

3.3 Co-creation and Co-production

Co-creation practices have been examined extensively across several dimensions (Ansell & Torfing, 2021). These include the structure and function of the public sector via its policies, the operation of service organizations, and the relationships among various actors. Herein, we adopt the following definition for co-creation:

> *"... a process through which two or more public and private actors attempt to solve a shared problem, challenge, or task through a constructive exchange of different kinds of knowledge, resources, competencies, and ideas that enhance the production of public value in terms of visions, plans, policies, strategies, regulatory frameworks, or services, either through a continuous improvement of outputs or outcomes or through innovative step-changes that transform the understanding of the problem or task at hand and lead to new ways of solving it"* (Torfing et al., 2019, p. 802).

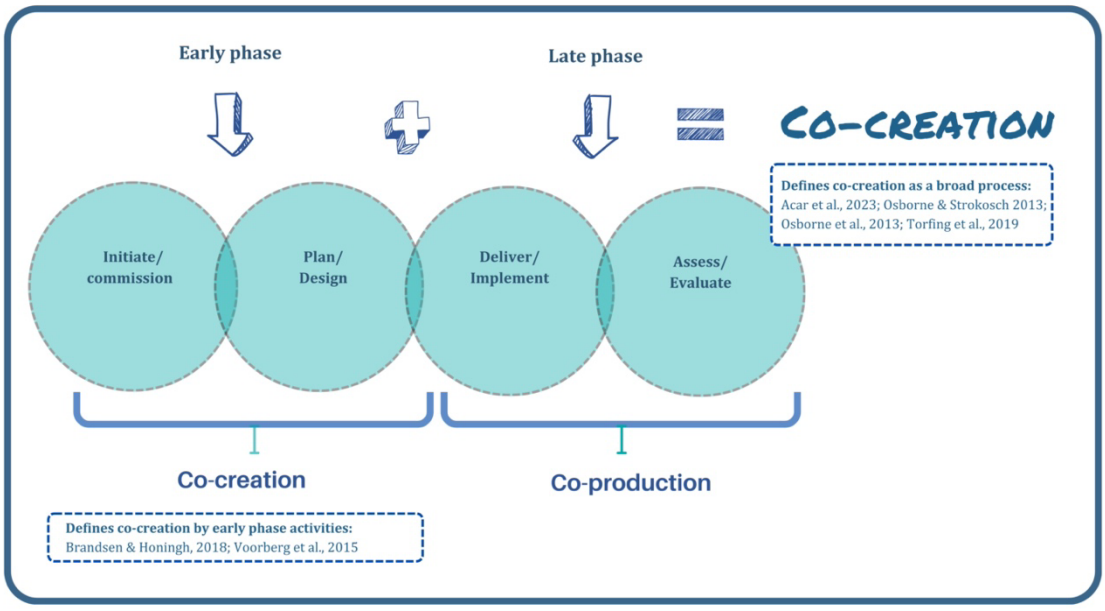
In this definition, co-creation is recognized as a comprehensive process that undergoes various phases, thus creating a holistic and inclusive overview (Acar et al., 2023). The "private actors" concentrated on in this thesis are primarily peer workers. It emphasizes their interactions and relationships with other participants, such as their managers and professional colleagues within service organizations. A particular focus is on their joint efforts to develop innovative service solutions. Co-creation, in this regard, occurs when peer workers actively participate in the planning or design of new and enhanced services, which they later help implement or provide.

The terms “co-creation” and “co-production” are often used interchangeably, though there are key differences between them (Voorberg et al., 2015). Defining these differences can greatly improve understanding of co-creation. Two common differentiating strategies exist.

The first emphasizes the variance in the types of input from citizens or service users between the two processes. The second recognizes co-production as an integral component of co-creation. In the first strategy, “co-creation” is used when referring to the early phase of citizens’ or service users’ engagement, such as in planning and designing. “Co-production”, on the other hand, refers to their engagement during the latter phase, focusing on provision and solution implementation.

Supporters of the second strategy use “co-production” similarly but assign “co-creation” to collaborations that integrate involvement from both the early and late stages of the service cycle. In agreement with this perspective, Osborne & Strokosch (2013) propose that user involvement at the operational level, a later stage, should be harmonized with strategic-level involvement, such as in service planning, which occurs earlier in the process.

Additionally, Osborne et al. (2013) suggest that ideal user involvement would span all phases of the service cycle. This perspective aligns closely with the viewpoints of Torfing et al. (2019) and Acar et al. (2023), who see co-creation as a broader, more complex process that encompasses all phases and thus use “co-creation” as an umbrella term. This is further visualized in the Model 2.



Model 2. *Co-creation definitions.*

In this thesis, "co-creation" is regarded as a general term, while 'co-production' is more narrowly defined according to its conventional interpretation. Co-production refers to the interactive process between providers and users during service production and delivery (Nabatchi et al., 2017, p.766). This concept is used to illustrate the collaboration between these parties during service encounters. This interaction primarily concerns pre-established service solutions, not the creation of new ones that stray from established practices. While collaboration in service production can enhance the service's operational fit for individual users, it does not alter the overall service intended for "all existing and future users" (Osborne & Strokosch, 2013, p. 40). Consequently, the involvement of citizens or service users in co-production is unlikely to disrupt established practices (Torfing et al., 2019). Even so, co-production remains a crucial and integral part of broader co-creation processes, which also involve collaboration in early phases.

Brandsen and Honingh (2018, p.13) distinguish between co-creation and co-production. They argue that co-creation occurs when citizens are involved in the initial planning of a service, potentially even initiating it; "*When citizens are involved in the general planning of a service—perhaps even initiating it—then this is co-creation. In contrast, it is co-production if they shape the service during later phases of the cycle".* Essentially, co-production pertains to collaboration at the point of service delivery, which occurs in the late stages. On the other hand, co-creation involves collaboration starting in the early phases of the service cycle. The authors thus underscore the value of early phase involvement in a collaboration. They also highlight that activities considered co-creation are strategically linked and typically involve participation in representative councils.

Osborne and Strokosch (2013) identify two types of co-production in service delivery. The first kind, consumer co-production, involves users' participation during the operational level of service encounters. The second kind, participative co-production, involves users' participation in service planning at the strategic level. They argue that optimal co-production can be achieved by combining operational and strategic levels.

They further relate this idea of optimal co-production to the concept of co-creation, predominantly applied in the private sector. In this enhanced form of co-

production, experiences gathered from service encounters can be leveraged to challenge the existing service paradigm. This approach blends customer experience with strategic-level engagement, facilitating user-led transformational innovation (Osborne & Strokosch, 2013, p. 39).

However, to achieve user-led innovation, it is recommended that users be involved throughout all stages of the service lifecycle (Osborne et al., 2013, p. 142).

The term "co-creation", while still novel and nuanced in the realm of public services, has become crucial in examining collaborative efforts to enhance and innovate service solutions, according to Brandsen and Honingh (2018, p.10) and Acar et al. (2023). This thesis employs co-creation within a relational framework to investigate the interplay and relationships among the actors participating in these processes.

3.4 Various Citizen Roles in Public Sector Innovations

PSOs collaborate with citizens at various stages of a service cycle, assigning them different roles based on the required activities. For instance, citizens are involved in the commissioning and design phases early in the cycle and the delivery and assessment phases later (Nabatchi et al., 2017, p. 766). The prefix "co-" is used to describe the form of collaboration, such as co-design, co-delivery, and co-evaluation (Bouvaird & Loeffler, 2016).

Three typical roles that citizens can take, as identified by Voorberg and colleagues (2015), are "initiators", "co-designers", and "co-implementors". Initiators are citizens who take the initiative to start certain services. Co-designers participate in redesigning the content or processes of service delivery, while co-implementors perform specific activities that were previously executed by service organizations (Voorberg et al., 2015, p. 1347).

Voorberg et al. (2015) used the term "co-creation" to denote citizen involvement as initiators and co-designers in the early stages, indicating that they have a greater influence than co-implementors involved later, which they referred to as "co-production".

The ability of citizens and service users to influence collaborative processes and outcomes heavily relies on the nature, timing, and purpose of their involvement (Nabatchi et al., 2017; Voorberg et al., 2015). Co-production, denoted as collaboration at the stage of service delivery, does not disrupt existing practices. On the other hand,

when citizens or service users participate right from the planning phase, including implementing new solutions, the potential for more significant influence exists. Studies attest to a unique, innovative component in co-creation absent in co-production (Torfing et al., 2020a). Thus, it is crucial to compare different cases and contexts (Brandsen & Honingh, 2016) and differentiate between co-production and co-creation. This distinction highlights that the type and scope of involvement determine its impact. Simply involving participants is not sufficient; involvement should encompass various activities and roles to realize co-creation and collaboration with transformational potential. Identifying the difference between co-production and co-creation will streamline comparisons and facilitate a more profound understanding of social mechanisms that shape their interrelationships and outcomes.

Co-creative practices require genuine collaborations between public service professionals and service users (Osborne & Strokosch, 2013). For these practices to be established, it is essential to understand the mechanisms that enable service providers and users to engage effectively in such partnerships. Not only that, but the participating actors must also have the necessary skills to effectively utilize these practices. For service transformation to be effective, it needs to be based on the user's experiences and knowledge. That means service organizations must understand how to extract knowledge from service encounters (Osborne & Strokosch, 2013, p. 40) and apply this knowledge to understand the needs of future service users. The role of a boundary spanner, which facilitates the exchange and translation of differing forms of knowledge, has been hypothesized as crucial in this process (Meerkerk & Edelenbos, 2018).

3.5 The Role of Boundary Spanners

A boundary spanner refers to individuals who operate between two or more systems, groups, or organizations (Haas, 2015). Their work primarily revolves around bridging actors across boundaries, including establishing and nurturing their relationships (Williams, 2012). Additionally, they balance communication, facilitate knowledge and information exchange (Meerkerk & Edelenbos, 2018), and often serve as translators between different types of knowledge.

The relational aspect pertains to the skill of individuals known as boundary spanners in managing interactions and relationships within different sides of a boundary or network. These individuals distinguish themselves by adeptly applying

their interpersonal skills and competencies, frequently assisting in resolving conflicts among distinct sets of participants in separate networks (Williams, 2012). Required skills for managing conflict include active listening and empathy (Van Hulst et al., 2012). As boundary spanners, individuals are tasked with ensuring and utilizing trust to create alliances among people within different subsystems. Maintaining trustworthiness is crucial to preserving access to information or resources (Wallace et al., 2018).

People who work as boundary spanners and interact across various systems naturally develop diverse networks due to their extensive contacts. Access to a wide range of local knowledge becomes a significant advantage, fostering innovation and engagement. Effective communication, crucial for involving people from diverse backgrounds and systems, requires knowledge and credibility. It involves understanding both formal and informal norms, organizational politics, and system operations.

Boundary spanners play a crucial role in co-creation processes as they bridge the communication gap between actors who may lack mutual access, understanding, or trust (Ansell & Torfing, 2021; Wallace et al., 2018). Therefore, incorporating such individuals is beneficial in co-creation endeavors (Ansell & Torfing, 2021). Their benefits and contributions can be enhanced via various collaboration platforms (Ansell & Torfing, 2021). These individuals help service organizations link operational and strategic levels (Osborne & Strokosch, 2013). Nonetheless, service organizations should have multiple strategies to enable the sharing and mobilization of service users' knowledge (Langley et al., 2018).

3.6 Useful Perspectives to Explore Peer Workers' Interactions and Relationships

In analyzing the second and third sub-studies of the thesis, it was found that specific theoretical findings considerably aided in comprehending how peer workers can enhance their effectiveness through interaction and relationship-building with collaborative partners. Particular conditions and social mechanisms could influence these interactions. The knowledge mobilization (KMb) perspective (Langley et al., 2018) was beneficial in depicting the exchange of knowledge between peer workers and their partners. Additionally, Battilana's theory of social positioning (2011) successfully described their relationships and interactions.

Within the literature of service design, knowledge mobilization (KMb), a concept Langley et al. (2018) describes as "activating available knowledge within a given context" (p. 585), is frequently addressed. This perspective acknowledges the challenging nature of knowledge sharing, as the process of creation, dissemination, and application of knowledge is highly individualized or group specific. Past studies indicate that service users may not possess the required skills to translate the psychoeducation received in a classroom setting into actionable measures, suggesting an extension of psychoeducation beyond classroom boundaries (Terp et al., 2018). In line with KMb, it becomes vital to deliberate carefully on the mechanisms of knowledge sharing to empower citizens to participate in the refashioning or origination of services. By gaining a deeper comprehension of knowledge mobilization methods, we can enhance the process of disseminating knowledge between peer workers and professional providers.

Recent models of knowledge mobilization (KMb) in healthcare underscore the importance of socialization and the application of implicit knowledge (Langley et al., 2018). These models propose that knowledge thrives in the context of its application, making it effective to collaborate with individuals likely to employ the solutions in their creation and design phases (Langley et al., 2018; Oborn et al., 2013). Co-design practices strive to integrate users into the design team as they are considered experts in their experiences (Trischler et al., 2019). Collaborating with individuals familiar with a particular context could yield solutions that are more precise and sensitive to that context (Langley et al., 2018).

Co-design initiatives hinge on the process, encompassing which users participate and how this involvement is managed, as outlined by Trischler et al. (2019). Such an effective partnership with service users often necessitates mindful facilitation and deliberate planning to deal with challenges concerning knowledge transfer and sharing. The objective of co-design methods is to incorporate service users in the reshaping of services, thereby fostering the exchange of knowledge. However, the unique nature of knowledge production and its application to each individual or group can make this a complex task. Individuals familiar with a particular context can exchange knowledge more effectively, given their shared understanding allows access to tacit knowledge, according to Langley et al. (2018). Tacit knowledge includes individual skills, ideas, problem-solving methods, beliefs, and mental models, as defined by Collins (2013). Collaborating with those knowledgeable in a specific context

may yield more tailored and contextual solutions (Langley et al., 2018). Knowledge transfer, acceptance, and the influence of social disparities and expertise differentials among groups and individuals are all context-dependent.

Our perception and interpretation of the world play a vital role in how we understand reality (Berger et al., 2011). As such, individuals and groups from various backgrounds naturally have distinct perceptions and beliefs shaped by their social realities. Over time, certain beliefs may become dominant and accepted without question. Factors such as group affiliations, education, and job roles, among others, can influence these perceptions. Additionally, differences in social status and professional expertise can influence what is widely accepted as knowledge.

The theoretical concept of "social position" proves beneficial in comprehending peer workers' interactions and relationship-building tactics. It also helps in recognizing how certain conditions and social mechanisms can shape these interactions. "Social position" refers to the varied roles that individuals might assume within a group, which could be shaped by aspects like seniority, profession, and social connections (Battilana, 2011, p.818). Aside from these factors, numerous other factors can also influence an individual's social position. This concept holds value for understanding the dynamics between peer workers and their collaborating counterparts.

Power dynamics and social hierarchies can obstruct relationships and collaborative efforts among individuals (Comeau-Vallée & Langley, 2020). The social standing and power relations of actors within a group can largely impact their capability to influence others and induce change. Higher-ranking individuals often have access to superior resources and possess greater power (Battilana, 2011). Thus, those in high-status positions can drive change, but they might be satisfied with current conditions and defend their existing positions. Conversely, lower-ranking members may be more inclined to challenge the status quo. Yet, initiating organizational changes as an individual poses a substantial challenge. Implementing change usually relies on managers with the needed authority and resources. Persuading others to adopt new practices and adjust their current work methods often initiates change. People who are farther removed from the institutional environment may be keener to challenge those in authority and initiate change (Battilana, 2011).

Chapter 4. Methodology

This chapter outlines the methodological approach used to answer my thesis's research questions. It initially describes the philosophical base, including my ontological and epistemological positions. Next, the research process encompassing the research design, data collection, and analysis is presented. Details of the research design, data collection, and analysis for all three studies are sequentially reported. My role as a researcher, as well as the involvement of peer workers throughout the research, are also discussed. Finally, the chapter reflects on the ethical considerations and limitations encountered during the studies.

4.1 Philosophy of Science; Ontological and Epistemological Stance

The philosophy of science is the systematic examination of scientific activity and understanding. It typically addresses various scientific paradigms, which Kuhn (1994) described as methods for determining the optimal approach to studying and interpreting the world. A scientific paradigm incorporates three elements: ontology (the view of reality), epistemology (our grasp of that reality), and methodology (the techniques used to collect data about this reality).

My thesis has been inspired by the scientific paradigm of social constructionism, a philosophical point of view belonging to the interpretive tradition (Lincoln et al., 1985). Social constructionism posits that reality may have an independent existence, but the way it is perceived cannot be objectively described due to the various interpretations given to it. Thus, our understanding of reality is not just produced by us as individuals but is shaped collectively through our social interactions (Gergen, 2023).

Through interactions, individuals form an understanding of their world, demonstrating that the meanings of categories such as service users, peer workers, co-creation or social problems are not fixed but arise from continuous social definitions (Berger et al., 2011). According to social constructionism, many of our interpretations and assumptions about the world are based on social agreements (Gergen, 2023). Over time, these agreements often become entrenched and form the basis for how we perceive the world around us. These categories shape our social reality (Berger et al., 2011).

Consequently, applying the lens of social constructionism means recognizing our "realities" emerge from these social pacts and understanding that certain dominant agreements influence our interpretations of the world.

Under the social constructionist view, it is assumed that knowledge regarding a socially co-constructed reality (epistemology) can be approached objectively by a researcher but not described as such (Gergen, 2023). It is argued that since reality is socially constructed, it can be interpreted and comprehended from various perspectives. This acknowledges the existence of individual realities, implying that each person's understanding might vary. However, this recognition does not necessarily equate all truths to the same value or relevance. The selected "truths" that a researcher chooses to study may put their beliefs in an advantaged position, resulting in studies that merely affirm their ideological principles. Given that our realities are products of societal agreement, researchers are susceptible to the risk of promoting their version of reality as superior to others.

A social constructionism stance fundamentally rests on an epistemological assumption that views knowledge as limited, provisional, and contingent upon the researcher's perspective (Malterud, 2012; Neuman & Neuman, 2012). This could give rise to the possibility of researchers conducting studies that merely affirm their ethical standards. However, this issue can be partially mitigated given that knowledge is deemed to be co-constructed by all involved participants in a research project (Hawke et al., 2023). This notion recognizes that participants draw upon their experiences and knowledge when engaging in a research project, thereby contributing based on their respective interests and objectives (Oliver et al., 2019).

Even though our perception of reality relies on social interpretation and consensus (Gergen, 2023), we must approach this reality in practical terms. This necessitates the acceptance of certain phenomena purely on the grounds of their social construction. As part of this project, I have made particular decisions, one being an investigation into the effectiveness of peer workers. My goal was to gain a deeper understanding of the strategies that contribute to their success and, thus, improve results. In doing so, I concentrated on a few fundamental truths that I believe have been somewhat ignored in previous studies. However, procuring more information on this truth does not deny the existence of other truths. Therefore, I recognize that my research on the practices of peer workers in Norway may give detailed insight into certain procedures, offering a "truth" valid only within the studied context.

The methodology for generating data about a co-constructed reality primarily involves interpreting and constructing meaning from dialogues and interactions within social environments (Gergen, 2023). This approach is based on the idea that the perceived reality is socially constructed through interpersonal interactions and conversations. Therefore, by exploring these interactions, one can challenge established beliefs and generate new knowledge through discourse (Alvesson & Deetz, 2000).

In the context of mental health and substance use services, some views become predominant and shape the perceptions and interpretations of those working within the field (Berger et al., 2011). Typically, psychiatrists and psychologists establish these dominant discourses (Watson & Meddings, 2019). However, the authority, status, or expertise of these professionals can be questioned by peer workers.

4.2 Research Design

The three sub-studies all employ a qualitative exploratory research approach but utilize unique data collection methods. Although qualitative studies typically prioritize depth over breadth, the first study—marked as article one—employs a scoping review methodology. This is to outline the characteristics of peer workers' roles and their level of involvement in mental health and substance use services, allowing for a broader focus. The scope of this study is expansive, as a comprehensive overview of peer workers' involvement cannot be gleaned from a narrow or selective research selection.

In the second and third studies, focus group discussions were employed for data collection. This method effectively identified shared experiences and perceptions, including their variations. The participants were comprised of managers, health professionals, and peer workers, each in distinct groups. See to Table 4 for the study designs and data collection methods used in all three studies.

Table 4. *Study design and data collection.*

	Study 1	**Study 2**	**Study 3**
Study Design	A scoping review based on Arksey and O´Malley's (2005) five-stage framework.	Focus group study on the digital platform Zoom.	Focus group study on the digital platform Zoom and ordinary focus groups.
Data Collection	A fixed set of defined inclusion and exclusion criteria. Included 172 peer review articles.	Purposively sampling of 17 managers.	Purposively sampling 17 managers, 15 health professionals and 16 peer workers.

4.2.1 Data Collection Study One

The scoping review methodology was chosen for its suitability in summarizing a large, diverse body of knowledge employing various research methods (Pham et al., 2014). This review was conducted using Arksey and O'Malley's (2005) five-stage framework, which includes: (1) identifying the research questions, (2) searching for relevant studies, (3) study selection, (4) data charting, and (5) collating and summarizing the studies. The research scope was wide, leveraging ten databases and the aid of a university librarian (p. 299, Article 1). The charting process was designed to sift through numerous studies describing the roles and activities of peer workers in the mental health and substance use field, as informed by PSI studies. This process involved reclassifying and categorizing studies to better reflect the tenets of co-production, co-creation, and boundary spanning.

A total of 13,178 articles were screened based on selected eligibility criteria. We included articles that discussed the roles and activities of peer workers in mental health and substance use services for the adult general population, provided they were peer-reviewed research articles written in English. From these, 172 articles were selected for the final analysis. The selection process was conducted in stages to handle the volume of studies efficiently. For methodological quality and transparency, a protocol adhering to the principles of the PRISMA checklist for scoping reviews was developed (Tricco et al., 2018). It guided the study and the reporting of the results. The study protocol, outlining its aims, particulars, and sampling methods, was published (Åkerblom & Ness, 2021).

4.2.2 Data Collection in Study Two and Three

The next two studies conducted data collection through focus group discussions. This method was selected to inspect the outlooks, experiences, and attitudes of peer workers, their collaborators, managers, and health professionals (Zupančič et al., 2019). Focus groups are useful for investigating collective perceptions and understandings by drawing on shared experiences instead of individual views (Krueger and Casey, 2015; Tritter, 2019). Furthermore, focus group discussions are often chosen to probe topics that are not fully understood or have minimal prior research (Nyumba et al., 2018). As Norway is newly adopting peer workers, it was deemed relevant to explore their collaboration and relationships within mental health and substance use service organizations.

The purpose of these studies was to gain a detailed understanding of peer workers' relationships and interactions through direct discussions with those involved (Flynn et al., 2018). We anticipated that different groups of stakeholders, including managers, professionals, and peer workers, would have their unique perspectives on these practices. Therefore, we arranged for each of these groups to convene separately. This arrangement fostered diverse interpretations rooted in their shared experiences. Furthermore, homogeneous groups are thought to foster more robust engagement in dialogue (Nyumba et al., 2018). Given the limited existing research on peer workers' roles in a Norwegian context, using focus groups as a starting point was deemed an appropriate initial step. This would facilitate the establishment of foundational knowledge that future research could augment, refine, and build upon.

4.2.3 Participant Recruitment and Selection in Study Two and Three

The recruitment and selection of participants serve as a pivotal step in focus group discussions. Unlike the first study, which used a strict set of inclusion and exclusion criteria to guide the sampling process, the second and third studies employed convenient and purposive sampling techniques for participant recruitment and selection. As Maxwell (2012) notes, purposive sampling is an intentional strategy in which specific settings, individuals, or activities are selected to gather unique information. It is a strategic method of selecting cases in order to gain the most significant insights (Patton, 2015). In the second and third studies, the managers, health professionals, and peer workers chosen to participate were seen as possessors of the most pertinent information.

Manager groups were chosen based on their experiences in employing and managing peer workers. An email advertisement targeting managers with experience working with peer workers was circulated to numerous service organizations throughout the municipality, across specialized healthcare levels and various parts of the country. Health professionals were selected similarly, with an email advertisement, specifically seeking those who work with peer workers, sent to service organizations.

The peer worker group was purposefully selected. Peer workers were chosen due to their dual experience, both as peer workers and as active or former user representatives in user organizations. A call for peer workers was published on the national website of the peer workers' interest association (Appendix III).

The focus groups took place sequentially, beginning with managers in April and May 2021, then health professionals in August and September 2021, and finally, peer workers in April and May 2022. Each of these groups was co-led by one of two peer worker researchers. In the second study, four focus group interviews on Zoom included 17 managers from Norwegian mental health and substance use services. These managers were divided into four groups, each ranging from three to six participants. The third study included 15 health professionals and 16 peer workers, as well as data from the manager focus groups. Data from health professional focus groups were collected via three online sessions, each consisting of four to five participants. Peer worker data were collected with the help of three in-person focus groups involving a total of 13 participants and one online focus group with three participants. These peer workers were divided into four groups, each ranging from three to five participants. (See Table 5 for focus group participant details).

Table 5. *Participants in focus group.*

Managers	
Focus Group 1	6 Managers
Focus Group 2	3 Managers
Focus Group 3	4 Managers
Focus Group 4	4 Managers
Health Professionals	
Focus Group 1	5 Health Professionals
Focus Group 2	5 Health Professionals
Focus Group 3	5 Health Professionals
Peer Workers	
Focus Group 1	4 Peer Workers
Focus Group 2	5 Peer Workers
Focus Group 3	4 Peer Workers
Focus Group 4 *on Zoom*	3 Peer Workers

In our initial interview with managers, we focused on those with a history of recruiting and managing peer workers in order to glean insight into their integration into the workforce and their workplace interactions and relationships. We aimed for diversity in our selection of managers, in alignment with the study's objective (Malterud, 2012, p. 801). Chosen managers came from diverse geographical regions, varied municipalities, and different specialties within health care, including substance use and mental health services.

Following the first focus group discussion, the managers received a draft of the conversation for their review. We then held a meeting for them to verify the discussion's accuracy. Serving as a resource for our Norwegian audience, an article based on this initial focus group was written and published by Åkerblom and Mohn-Haugen in 2022, although it was neither peer-reviewed nor included in the thesis.

This first focus group was instrumental in refining our thematic guide and focusing on the study's objective. Given the managers' reported use of peer workers in service development, we sought further understanding of the methods of their involvement and the perceived outcomes.

4.2.4 The Facilitation of Focus Group Discussions in Study Two and Three

Two researchers collaborated in each focus group, beginning by outlining the discussion's subject and format. Instead of aiming for agreement, we encouraged the exploration of varied perceptions and experiences. The differing insights and perspectives of the two researchers, the PhD candidate and a peer worker researcher, were harnessed to better engage with the participants' diverse understandings (Nyumba et al., 2018). Their joint responsibilities included ensuring a smooth discussion flow, covering all topics, and actively participating in the conversation. A semi-structured guide mapped out potential questions related to the planned themes (Appendix IV). While this served as a reference to guarantee coverage of all topics, it was not disseminated to the participants.

The distinction between doxastic and epistemic interviews is crucial for understanding how the study's focus groups were conducted. Brinkman (2007) explains that epistemic interviews emphasize the mutual creation of knowledge through interviewer and interviewee interaction and challenges. In contrast, doxastic interviews aim to understand the interviewees' experiences or behaviors. In our focus groups, we prioritized facilitating participant social interaction and dialogue. These

conversations and interactions, as Tritter (2019) notes, are key to shaping our understanding of the world – it is through dialogue that we can potentially transform our perceptions and gain new insights.

As researchers, we were active in the discussions and interactions. We would pause to ask participants' permission to question their previous statements, for example, "*Is it okay to ask you a question about what was you just said?*". Or by directly asking or reframing what they said, such as: "*Does this mean that you suggest…?*" or "*Do I understand you correctly when…?*".

Because dialogue and negotiation cultivate meaning and understanding, we intentionally created an environment where participants could both challenge others and be challenged. We engaged in ways to understand and uncover underlying assumptions or present alternative perspectives. Hence, our proactive and deliberate roles as researchers were to elicit responses that clarified what participants might have left unsaid (Berner-Rodoreda et al., 2020, p. 295).

The focus group participants were strategically chosen for their capability to provide rich insights regarding the roles and engagement of peer workers, implying that they all possessed an in-depth understanding parallel to that of the researchers. This likely facilitated a mutual learning environment where participants could actively challenge each other's views, including those of us as researchers. Recognizing that knowledge is co-generated through dialogue and action, means that the researcher will shift focus "*from understanding the participants' experiences, behaviors, and context to co-constructing knowledge and from the role of participants as respondents to an equal partner*" (Berner-Rodoreda et al., 2020, p. 300). The depth and quality of this dynamic were manifest in focus group sessions, where participants frequently challenged researchers with questions and alternative perspectives.

Due to COVID-19, these groups transitioned to a digital format. This adaptation allowed for the participation of managers and health professionals from various regions (Flynn et al., 2018). Nevertheless, a potential drawback of this broad geographical recruitment might be a lack of familiarity among participants, which could impede their interactions. In the digital focus group discussion with managers during the second study, it was observed that the necessity to mute and unmute their microphones somewhat hindered spontaneity. However, this measure also facilitated orderly turn-taking and ensured equal relevance of all participants' inputs in the discussions.

4.3 Data Analysis

As a qualitative researcher adopting a social constructionist stance, my objective is to generate knowledge through the interpretation and summarization of empirical data. This data is co-created by the study's participants and researchers, including peer worker researchers. Such an approach suggests that the knowledge acquired is never absolute. Consequently, achieving a full understanding of a subject is not merely unattainable; it is also not the goal. The primary aim is to illuminate the research topic with a wealth of diverse insights and perspectives. To do this, it is crucial to provide a balanced array of examples that is neither too expansive nor insufficient (Malterud, 2012, p. 800).

4.3.1 Data Analysis in Study One

The first study employed the framework defined by Arksey and O'Malley (2005). This approach suggests a descriptive-analytical procedure in the fourth step to decipher and synthesize the collected data, though it does not recommend specific tactics for this phase. Multiple techniques, including qualitative, quantitative, and mixed-method analysis, are suggested for conducting charting/mapping in scoping reviews (Westphaln et al., 2021). In this study, we executed the charting process in two stages, using diverse strategies guided by the rules for carrying out a qualitative meta-synthesis (Malterud, 2019).

The initial step in charting involved gathering descriptive information from the articles, including article title, authors' names, publication year, country of origin, study design, data collection methods, participant characteristics, and study contexts such as hospital settings or outreach programs. The process then moved to coding and analysis, guided by a framework developed from our decision trial and an overall understanding of peer worker involvement garnered during the inclusion/exclusion process. Our research question and the application of PSI research perspectives shaped this approach. This framework was subsequently presented to and discussed with my PhD supervisors (Agdal, Ness & Torfing).

The second author, Ness, and I sequentially discussed the chart results. Any difficult-to-categorize studies were addressed and resolved through conversation. Our primary goal in coding was to select data that would answer the research questions. The main coding categories we used include: 1) the purpose of the studies, 2) the

objectives of peer worker involvement, 3) the level of peer worker participation across the service cycle—for example, was the role strictly co-production, empowered co-production, or a partnership in co-creation? 4) if peer workers operated within a multidisciplinary team, a multidisciplinary setting, independent teams, or if it was unspecified, 5) whether the role of a boundary spanner was acknowledged and explained, and 6) documented challenges and strategies within the organization. A comprehensive description of the different aspects of the included studies is available in an appendix that is open for public access (https://doi.org/10.18710/NAQHXL).

Table 6. *Overview of data analysis methods.*

	Study 1	**Study 2**	**Study 3**
Data Analysis	A framework built on PSI research perspectives. Adhering to the PRISMA scoping review checklist.	Qualitative analysis applying Systematic Text Condensation (Malterud, 2012).	Qualitative analysis applying Systematic Text Condensation (Malterud, 2012).

4.3.2 Data Analysis in Studies Two and Three

The data analysis in study two was conducted using Malterud's (2012) systematic text condensation (STC) framework. STC, according to Malterud (2012), is grounded in social constructionism, which posits that "*knowledge is the situated, and temporary outcome of dynamic interpretations of several possible versions of reality.*" However, also suggests that STC can be regarded *"more as a procedure than a theoretically dedicated method*" (p. 802).

The STC method is a practical approach that combines description and exploration, aiming to analyze data's themes, meanings, and contents across multiple cases (Malterud, 2012). A strength of this method is the systematic approach offered through a four-step analysis procedure.

The first step in this method is to identify the preliminary themes that emerge spontaneously from the material. In Study Two, all authors read through the material, and a meeting was arranged to discuss the initial themes. The agreed-upon themes were then used as a starting point for Step 2. A meeting was arranged between the authors to study the data material more closely and organize it by analyzing statements for statements and categorizing them into groups of meaningful units.

Next, I identified meaning units in the original text, decontextualized them from their original context, sorted them by codes, and classified them, resulting in the final

themes. Subsequently, in Step 3, I extracted the meaning units and rewrote them as continuous text in the first person for each theme (condensates). Finally, in Step 4, the condensates were re-narrated in a third-person format and recontextualized to elucidate the research question (Malterud, 2012).

As a result, an analytic text was prepared to present the main ideas within the material concerning the phenomenon in question, which was then illustrated by excerpts from the original focus groups. The same procedure was followed in Study Three.

4.4. My Position as a Researcher and Collaboration with Peer Worker Researchers

As a researcher adopting a social constructionist viewpoint, I acknowledge that my social circles and environment shape my perceptions. In this study, my professional and personal positions had a substantial impact on the evolution of the project and research process (Neumann & Neumann, 2012). Consequently, my experiences and viewpoints have influenced multiple aspects of the study, such as the research focus, selected paradigm, theoretical framework, methods implemented for data collection and analysis, and the presentation and distribution of the research (Lincoln et al., 1985).

As a researcher in this field, I recognize the presence of structural inequality among professionals, service users, and employee groups. My role as a manager of mental health and substance use services involved hiring peer workers to improve the quality of interaction and collaboration between professionals and service users. My perspective was significantly influenced by our first national grant titled “Cultural and Attitude Changes in the Mental Health Field” (See section “Peer Workers is a Government-supported Initiative”, Chapter 2). I often found that professional authority in clinical settings adversely impacted relationships and interactions. Recognizing these structural inequalities can help me counter them by restructuring perceptions throughout my research (Alvesson & Deetz, 2000).

4.4.1 Collaboration with Peer Workers in the Research Process

Two peer workers actively participated in this research. Having previously engaged in research projects, both brought distinct skills and experiences to the table. The male (Peer Worker 1) possessed advanced education and adeptness in conducting and

evaluating research. The female participant (Peer Worker 2) was a recent affiliate of a "co-researchers" program at a Norwegian University.

From the outset of the project, there was not a comprehensive plan for incorporating peer workers or outlining their collaboration methods. However, this lack of a predefined strategy proved beneficial as it allowed the terms of involvement to be discussed and determined jointly. Collaboration with the peer workers was primarily ensured through continuous dialogue throughout all project stages. Nevertheless, the extent of their involvement fluctuated during different phases of the research project. From the project's inception, its overall content and subject were pre-set.

During the first study – a scoping review – peer workers were not actively partaking in the research process, but they did participate in discussions about the findings. In the two following studies, these peer workers contributed by discussing themes and aiding in the creation of thematic guides for the focus groups. Out of convenience, the male peer worker attended the initial digital focus groups involving managers and health professionals, while the female peer worker occupied the latter regular focus groups with peer workers.

The primary aim of involving peer workers as researchers was to capitalize on their immediate proximity and familiarity with the subject of study. Their involvement was motivated by the belief that their expertise, personal experiences, and perspectives would add value to the investigation. As Beresford (2003) posits, "*The greater the distance between direct experience and its interpretation, then the more likely resulting knowledge is to be inaccurate, unreliable and distorted.*" (p.4). From both my previous professional roles and management positions, I gained direct experience working closely with peer workers within these service environments. Thus, I was intimately connected with the topic, albeit through a different lens.

Furthermore, given that knowledge is fostered through dialogic processes and stems from social interaction and collaboration (Locke et al., 2013), it was crucial to incorporate peer workers as collaborators in the study. However, embracing the idea that knowledge and meaning are shaped by dialogue and interaction implies that all participants enrich the research project by bringing in their experiences, knowledge, and perspectives. This includes the PhD researcher, the research participants, and the peer worker researchers (Gergen, 2023). Participants do not merely contribute their experiences and knowledge; they also engage with their interests and intentions.

Indeed, all participants were invited because their unique insights about the topic could facilitate a range of viewpoints and beliefs (Malterud, 2012). As varying views can provide different insights, leading to unique solutions (Gergen, 2023), the peer workers also brought the service-user's perspectives into discussions. They consistently emphasized how alternative practices and changes within services, along with modified collaboration with peer workers, could benefit service users.

Involving peer workers in the discussion necessitated ongoing dialogue and negotiation. These peer workers eagerly questioned and challenged my assumptions, both in our regular interactions and during the focus group sessions. While my main interest was to determine "what was working well" and identify "effective collaboration and utilization of peer workers", we also addressed the challenges and hurdles they encountered in their workplaces. This collaborative approach inevitably requires more time than if decisions were made unilaterally. There's always a need to strike a balance, assessing whether the benefits of this collaboration outweigh its drawbacks. Moreover, true collaboration implies equal power dynamics, ensuring participation is more than just nominal.

Although the peer workers actively engaged in the project, their roles and responsibilities varied substantially from mine as the PhD researcher. My duties encompassed project management, budget compliance, and deadline adherence. On a macro scale, I shouldered the project's accountability. Additionally, I was entrusted with executing the methodology, analyzing the data, and composing the written articles. However, the interpretation of data, analysis, and dissemination of results are heavily influenced by continuous knowledge exchange and collaboration (Berner-Rodoreda et al., 2020). This dynamic learning process, through constant dialogue and collaboration, fosters a range of beneficial spillover effects.

The involvement of peer workers as researchers has enhanced my reflective perspective on my research. Encouraging them to contemplate their experiences and incorporating their viewpoints also heightened my self-awareness regarding how my background could influence various research process stages (Oliver et al., 2019; Åkerblom et al., 2023b, p. 145). The effect of my background has also been the subject of continuous conversations with peer worker researchers and supervisors.

In the analysis of the results, both peer workers contributed to the initial discussions in studies two and three, respectively. Peer worker one, who participated in study two, also attended the conclusion of the discussion and contributed to the

manuscript editing, qualifying them as co-authors. In study three, peer worker two attended two meetings to review initial and primary results prior to the commencement of article writing.

Achieving an equal balance in any collaborative endeavor is often a mentioned challenge (Hawke et al., 2023). From an external viewpoint, one might mistakenly regard peer workers as subordinates. However, their experiential and contextual knowledge can be equated with my research knowledge. Acknowledging these complementary competencies simplifies the establishment of balanced, collaborative relationships (Askheim & Høiseth, 2019). Despite this, I am the one who ends up earning a PhD, not the peer workers. Yet, they displayed a keen interest in deepening their understanding of the topic and participating in generating and disseminating knowledge that could be beneficial to them.

Meanwhile, the project spawned additional collaborations wherein authority and roles shifted. The swapping of roles in diverse collaborative projects likely bolstered the perception of being equal partners. The insights I gleaned from international research literature related to peer workers served a useful purpose: it informed the organization's decision-making and factored into their annual peer worker survey, for which one of the peer workers takes responsibility (Holst & Mohn-Haugen, 2021 & 2022; Mohn-Haugen & Mørk, 2023).

The findings from the peer worker survey significantly contributed to my research project. We gained insights from focus groups with managers on their approach to engaging peer workers in strategic service development. They revealed that peer workers had distinct roles and contributions compared to user representatives from user organizations. Consequently, we introduced questions into the peer worker survey about their involvement in strategic service development and their experience as user representatives. Almost 60% of peer workers reported regular participation in-service development processes, while about 50% indicated they had or still held roles as user representatives besides being peer workers. So, we sought peer workers performing dual roles as user representatives and peer workers to participate in the focus groups for peer workers in study three.

Working with peer workers significantly contributes to achieving project goals. They not only bring unique insights to the table but also assist with participant recruitment, saving valuable time. Nevertheless, collaboration can be time-consuming, potentially diverting researchers from other career-boosting activities. Therefore, all

participants must find the collaboration fruitful (Åkerblom et al., 2023b). Beyond that, these peer workers facilitated the wide dissemination of research results beyond academia. They actively engage in debates to educate students, service organizations, and politicians, thereby increasing the impact of the research. In particular, their contributions have been critical in shaping Norwegian policy and practice fields.

4.5 Research Quality

Transparency is essential in assessing research quality (Rolfe, 2006). It is crucial to articulate the research's rationale, any biases or prior knowledge that could affect the study, choices made during the process, and the research's progression (Ashworth et al., 2019). In the end, the presentation and write-up of the study outweigh the importance of the methodology or research paradigm utilized (Rolfe, 2006).

The establishment of trustworthiness can be achieved through transparency about prior knowledge and beliefs (Ashworth et al., 2019). I have aimed to clearly detail the research methods utilized, outlining their influence from my social constructionist viewpoint, situated knowledge, and position.

Moreover, I have attempted to analyze how my biases influenced various stages of research, not only to enhance the quality of the research but also during the process itself. With guidance from my supervisor, I drafted my presuppositions prior to facilitating the focus groups. Once these discussions took place, I read through the transcripts once, solely searching for data confirming my biases. Subsequently, in my second review of the transcripts, I exclusively sought out surprises from the focus group discussions. The insights drawn from these diverse participant groups — managers, professionals, and peer workers — were unexpectedly at odds with my experiences in this field of service.

I have adopted a pragmatic approach to selecting and analyzing research methods to bolster transparency. I provide clear explanations of methods used in conducting and analyzing the thesis studies, ensuring a structured, user-friendly guide (Malterud, 2012). This not only allows me to carry out the methods diligently but also enables others to follow, evaluate my work and appreciate its thoroughness (Ashworth et al., 2019).

In addition to the traditional quantitative metrics of validity and reliability, Lincoln et al. (1985) further developed the notion of trustworthiness by implementing the criteria of credibility, transferability, dependability, and confirmability. The study's

credibility is confirmed when it resonates with the participants, co-researchers, or readers' experiences (Nowell et al., 2017, p. 3). The credibility of this research was likely enhanced through continuous discussions with peer worker researchers, which enriched the knowledge produced in the research project and fostered its recognition and acceptance. Furthermore, the results were affirmed through constant interactions with managers and healthcare professionals in the field.

The concept of study transferability refers to its generalizability and can be fortified through detailed context descriptions. This aid researchers aiming to apply the results to their sites in determining their transferability (Nowell et al., 2017, p. 3). Context is vital when it comes to adopting and spreading new practices. To emphasize this, Chapter Two of this thesis is dedicated to the Norwegian service context, thereby providing a more extensive exploration than could be achieved in the thesis research articles.

Dependability refers to the assurance that the research process is coherent, traceable, and well-documented. The studies in focus are structured in an easily comprehensible manner. Lincoln et al. (1985) suggest that confirmability signifies the clear derivation of research findings and interpretations from data. This demands that the researcher illustrates the process through which conclusions and interpretations were drawn.

Confirmability is ensured when credibility, transferability, and dependability are established (Lincoln et al., 1985), allowing others to validate the research. Future confirmatory studies can use this basis to test relevant hypotheses. I will elaborate on this in the thesis conclusion.

Banks et al. (2017) propose that a more inclusive and equitable research collaboration process, which includes researchers, participants, and research users, requires an alternative evaluation method to assess its quality. They introduce the term "co-impact", which is defined as the outcomes that emanate from this research collaboration process (Banks et al., 2017, p. 556). The term encompasses the results of the research process as well as its practical applications. Additionally, the concept of co-impact involves reflecting on the collaborative knowledge gain. This includes how it contributes to changes in participants' understanding and behavior, plus the real-world impact of applying this collective knowledge and learning (Banks et al., 2017).

The research takes a social constructionist stance, involving peer workers in its conduct and fostering the mutual creation of knowledge and meaning among

participants. This approach reframes traditional roles, aiming at equality between researchers and participants (Berner-Rodoreda et al., 2020). However, common research guidelines tend to default to the assumption that researchers might exploit the eagerness and limited understanding of service users and study participants (Locke et al., 2013). In this study, participants, including the peer workers, actively chose to engage and were keen to share their insights to question current practices.

4.6 Ethical Consideration

The study, bearing the project reference number 486232, was submitted to Sikt on August 25, 2020, and approved two days later. The focus of this study was set on the group of peer workers within service organizations, notably not as patients or service users but as employees. Adjustments due to COVID-19 restrictions led to the alteration of our data collection method on April 28, 2021. This change made it possible for us to conduct focus groups using Zoom, a digital platform. The revised approach received approval on May 3, 2021. The approval letter can be found in Appendix I.

The two peer worker researchers voluntarily participated. The first one was recruited when I invited a peer worker interest organization to join, while the second one was directly selected from a previous research collaboration. Their participation was unpaid, but they received permission from their employers. The purpose of this research project was to explore how peer workers can engage in significant roles and produce valuable knowledge that could enhance their positions. Given this aim, the peer workers were highly interested in their involvement.

All study participants were given written information and a consent form emphasizing that participation was voluntary, with the freedom to withdraw at any time. The form also assured anonymity, confirming that their identities would not be disclosed in any written materials or interview reproductions. The detailed consent form given to managers and health professionals is included in Appendix II. All participants returned their signed forms, opting to take part by responding to a general invitation circulated by their managers or other authority figures within their organizations.

Participants were given the opportunity to select a suitable time for their participation when they approached me via email. We initiated all focus group interviews by providing information about the interview process and the role of the participants. It was clarified that they had the freedom to ask questions and express

disagreement with others' viewpoints, including those of the researchers. We emphasized that our goal was to learn from their diverse experiences, stating clearly that no particular practice or opinion was deemed more 'correct' than any other.

4.6 Limitations of the Studies

My research was marked by numerous challenges, among which distancing myself from my former role in the study field was particularly challenging. It was crucial to continuously assess how my past experiences could potentially influence the research. While my previous knowledge and experience facilitated a deeper understanding of the study topic, it also risked supporting my pre-existing beliefs. In an attempt to counteract this, I reviewed the literature concerning the influence of my position on the research and documented my preconceptions. Moreover, I engaged in collaboration and reflective discussions with peer worker researchers and my supervisors.

One challenge I faced was determining the most suitable approach to analyze the results of my study. While I have a background in quantitative and mixed-method studies, my experience with qualitative analysis was less extensive. However, given my extensive experience as a practitioner, I recognized the need to enhance my methodological knowledge in analyzing qualitative data. To address this gap, I delved into relevant literature, explored various techniques, and familiarized myself with technical programs for data analysis. Additionally, I enrolled in a PhD course focused on qualitative data analysis, which offered clear and straightforward methods to follow.

Another challenge I encountered in the research process was the close collaboration with peer workers. While this collaboration aimed to enhance the quality and implementation of the research, it also proved to be time-consuming and involved activities tangential to the research study itself. These additional tasks, including debates, policy development, and writing chronicles, may not have been as highly esteemed within an academic context. Moreover, one of the peer workers involved in the research also served as the leader of the peer workers' interest organization, raising concerns about objectivity and potential bias. Consequently, such intimate collaboration may have incurred a professional cost, necessitating discussions with supervisors to address these concerns. As a result, we collectively worked on writing a book chapter detailing our collaborative research efforts (Åkerblom et al., 2023b).

All studies included in the thesis adopt a qualitative explorative research approach. One potential limitation of this research methodology is its reliance on a relatively small sample of purposefully selected cases, which precludes statistical generalization to a broader population. Consequently, the findings may only be applicable within specific contexts, contingent upon context-sensitive interpretation.

Peer worker practices in mental health and substance use services have been extensively researched. This thesis scrutinizes these practices from the standpoint of PSI studies. The first study consisted of a scoping review, in which a PSI-based framework was developed and wielded to amass and analyze articles depicting the roles of peer workers in the mental health field. Notably, the analyzed articles relied on different theoretical frameworks and concepts that needed reclassification to align with the co-production, co-creation, and boundary-spanning perspectives used here, which may have affected the outcomes.

The scoping review analyzed the roles and engagement of peer workers. Although the articles frequently depicted them as co-producers of services, their contributions may also extend beyond this stage or cover other aspects of the service cycle. Nonetheless, the articles did not directly specify these aspects.

Due to the large volume of articles in the scoping review, the study selection process was conducted incrementally. The aim was to encapsulate the actions of peer workers throughout the service cycle and at diverse levels – a feat impossible to achieve with scarce research. However, the inclusion of numerous studies may have compromised the precision of the analysis. Furthermore, we only collaboratively reviewed 20% of the studies (selected randomly) in case of disagreement, and I handled the remainder individually.

The second and third studies in the thesis used focus group interviews for data collection. Given the central importance of social interaction amongst participants, there is a possibility of bias; participants may have emphasized their positive contributions, aiming to impress others in the group. As such, their intentions may have been amplified by their actions. Furthermore, both studies are geographically limited, focusing solely on Norway. Given that the employment of peer workers in services is still in the nascent stages, the participant selection might comprise early-adopting idealists. This could result in a portrayal of practices more unique than generally anticipated.

The second and third studies of the thesis notably incorporated two peer workers as co-researchers. Despite having less scientific research experience, their participation was deemed beneficial due to their practical experience in similar contexts. Their real-world-driven inquiries enhanced the authenticity and credibility of the research.

Chapter 5. The Results

This chapter provides a summary of the three research articles included in the thesis.

5.1 Summary of Articles

This thesis aims to analyze the critical role of peer workers in enhancing socially inclusive and effective mental health and substance use services. Further, it intends to generate knowledge that can be leveraged in practical applications. This aim is pursued through three empirical studies focusing on the roles and participation of peer workers in mental health and substance use service institutions.

The initial study presents a comprehensive review of the existing state of peer workers' roles and participation. It postulates a correlation between peer workers' participation specifics and their capacity to influence service provision and development.

The second study delves into how Norwegian managers value and utilize peer workers as invaluable resources in service delivery and advancement.

The final study probes how peer workers are perceived to influence service provision and advancement from the viewpoints of managers, healthcare professionals, and peer workers. The articles and their contributions are then successively summarized.

5.1.1 Article 1

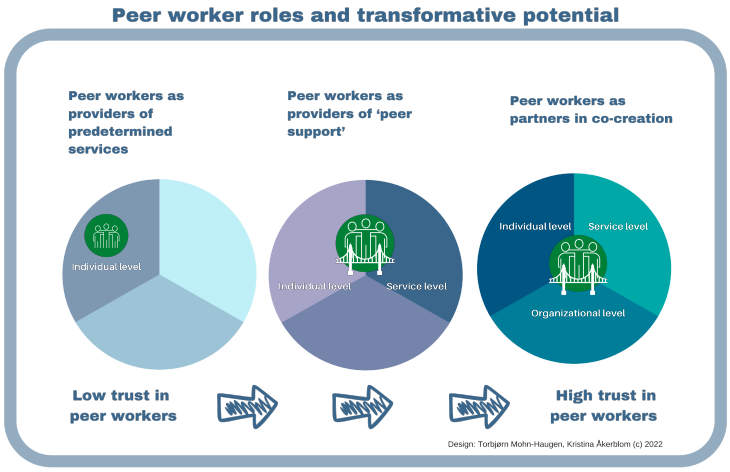
> Åkerblom, K. B., & Ness, O. (2023). Peer Workers in Co-production and Co-creation in Mental Health and Substance Use Services: A Scoping Review. *Administration and Policy in Mental Health and Mental Health Services Research*, 50(2), 296–316.

The initial article of the thesis presents a scoping review that establishes an understanding of current peer worker participation in mental health and substance use services. This article discusses how peer workers' involvement characteristics influence their potential to affect service delivery and evolution, as taken from PSI research perspectives on co-creation, co-production, and boundary spanning.

Co-production is distinguished from co-creation to refine our comparison of different cases and forms of peer worker involvement. Co-production refers to collaborative efforts at the service delivery stage, whereas co-creation implies peer worker participation during initial service phases, such as designing or commissioning services they will later implement or deliver. Defining co-creation in this manner suggests a greater likelihood for innovation than co-production. The research question posed in this article is: *How are peer workers involved in co-production and co-creation in mental health and substance use services, and what are the described outcomes?*

The research indicates that peer workers mainly participate in co-production during service delivery. Only six of the 172 studies showed that these workers contributed to early service cycle phases such as planning or designing solutions. Despite this, the role of peer workers in co-production assumes various forms. Some execute stipulated services, while others provide support rooted in their personal experiences with mental health or substance use challenges and service usage. Still, other workers combine service delivery with strategic planning, taking charge of development projects and user boards.

These different roles have been categorized as "providers of pre-determined services", "providers of peer support", or "partners in co-creation." The breadth of involvement and functions performed vary by role. To illustrate these findings, a model was developed that theorizes the relationship between the roles of peer workers and their potential impact (Model 3; see also Åkerblom & Ness, 2023, p. 307).



Model 3. *Peer workers' roles and transformative potential.*

The ‘Three Circles’ model illustrates different types of peer worker roles. Each role, indicative of its unique activities, is identified at the top of the model. The model’s left-to-right layout reveals a rising degree of potential impact, from individual to service and then to organizational levels. The bridge symbol within the model signifies the intermediary position of peer workers and their role in spanning boundaries. The particular type of peer worker roles and their boundary-spanning function inspire varying levels of trust. The influence of this trust exists between the peer workers and the service organizations, as well as between peer workers and service users. Left-to-right arrows depict this at the model’s base.

Peer workers, who serve as providers of pre-set services, commonly perform tasks similar to those of their professional colleagues. Several studies that have described these roles indicated that peer workers often have limited opportunities to modify service delivery due to stringent organizational guidelines presumably aligned with the current service model. When the activities of peer workers are strictly dictated, it might suggest a lack of trust in their capability to perform tasks. Under such circumstances, organizations may implement rigid rules to mitigate risks associated with employing peer workers. Similarly, when organizations express less trust, it may impact the service users’ faith in peer workers. They might view them as controlled by their organizations, reducing their usefulness as pre-determined service providers. The role of peer workers as boundary spanners is not leveraged in such scenarios. However, this kind of restrictive peer worker role was found only in 21 out of 172 studies.

In the role of providing peer support, peer workers can potentially exert substantial influence. This role, being the most frequently described in the research literature, appeared in 145 out of the 172 reviewed studies. Peer workers can employ their personal experiences and insights as service users to relate to and assist others in similar situations. However, their role is flexible. It is often molded and adapted based on their working environment and the organizations they work for. Certain organizations deploy peer workers independently, while others integrate them into professional teams. Peer workers in a supportive role often serve as intermediaries and boundary spanners (Meerkerk & Edelenbos, 2018). They are usually credited for enhancing user engagement, bridging communication gaps, and helping users navigate services (Byrne et al., 2022b). They often act as facilitators, aiding communication between parties who lack mutual trust or access (Wallace et al., 2018). They also serve as “cultural brokers”, applying varied approaches to establish or boost

user trust in organizations (Lennox et al., 2021; Olding et al., 2022; Otte et al., 2020). Some research highlights the unique role of peer workers in creating communication links between organizations and service users that were previously inaccessible (Merritt et al., 2020) and transferring their earned trust to their professional colleagues who may have been seen as untrustworthy (Collins et al., 2019).

The third role of peer workers is in the capacity of co-creation partners. Based on applied theoretical perspectives from PSI research, peer workers can exert the most substantial influence in this role. They are ideally included in the commissioning or designing phase, as well as throughout all stages of a service lifecycle (Osborne et al., 2013, p. 142). Despite the immense potential of this role, few studies depict peer workers engaging in co-creation. Certain exceptions were found that elaborate on their participation throughout the service cycle (Aminawung et al., 2021; Chisholm & Petrakis, 2020; Jones & Pietilä, 2020; Myers et al., 2021; Nelson et al., 2016; Tookey et al., 2018). Based on these exceptions, peer workers are more likely to be involved in multiple phases of the service cycle when they take part in processes beyond mere service delivery (Åkerblom & Ness, 2023, p. 303).

The study shows that the involvement of peer workers in mental health and substance use services is often too narrowly defined, limiting their potential to impact the practices they aim to change. There is a lack of involvement in the initial phases, such as commissioning and design. It may be necessary to establish a framework for co-creative practices to develop diverse peer worker roles beyond those commonly seen today. However, co-creative practices demand an equal partnership, which can be difficult to foster, especially within mental health and substance use services. This paper examines how to best leverage the application and benefits of peer workers as boundary spanners. It also explores how their involvement in co-creation can stimulate innovation (Torfing et al., 2019), move past superficial engagement, and align better with the recovery approach (Farkas & Boevink, 2018).

5.1.2 Article 2

Åkerblom, K. B., Mohn-Haugen, T., Agdal, R., & Ness, O. (2023). Managers as peer workers' allies: A qualitative study of managers' perceptions and actions to involve peer workers in Norwegian mental health and substance use services. *International Journal of Mental Health Systems*, 17(1), 17.

The second article offers fresh insights from management on leveraging and assessing the roles of peer workers. It concentrates on managers' perceptions and interactions with peer workers in Norwegian mental health and substance use services. The manner in which managers acknowledge and arrange peer workers greatly influences their position, impact, effectiveness, and distribution across various services and sectors. The research question was: *How do managers in Norwegian mental health and substance use services experience, relate to, and embrace peer workers as assets in these services?*

In a qualitative exploratory study, 17 Norwegian managers from mental health and substance use services were assembled into four digital focus groups. These managers were strategically chosen due to their experience with the involvement of peer workers in their organizations, making them early adopters as the practice of peer workers is still nascent in Norway. The findings, derived from STC, were as follows: (1) *Peer workers boost the ongoing shift toward increased service-user involvement*. (2) *Peer workers are highly valued in the service transformation process*. (3) *Managers involve peer workers as partners in co-creation*.

The results showed that managers actively encouraged and facilitated the participation of peer workers in interactive processes throughout the service cycle. They involved peer workers as partners in co-creation due to their bridge-building capabilities and valuable user knowledge. Furthermore, the results suggest that by facilitating the involvement of peer workers, managers can enhance their roles and impact on organizational and service development.

Norwegian managers have identified the need to refine their service organizations towards a more inclusive and recovery-centric model. They believe the recruitment of peer workers is an effective strategy for this purpose. Although some managers were initially reluctant, they now recognize the value this approach brings. Managers highlighted several advantages of using peer workers in service delivery. Often, peer workers presented alternative methods of engaging with service users and circumstances. This gave other professionals a fresh perspective on how to interact with service users. Peer workers were also able to address significant issues concerning professional practices and organizational methods, primarily concerning understanding and addressing service-user challenges. By challenging the status quo, peer workers initiated reflective thinking among professionals. In some instances, this

led to substantial dialogues within the services. Managers noted that these discussions prepared and empowered them to confront challenges and alter their service delivery methods.

As peer workers became more embedded in the workplace, their confidence grew, and they felt more at ease expressing their opinions daily, often serving as advisors. Managers noted that after collaborating with peer workers for some time, they began involving them more extensively in various organizational tasks. These managers indicated that peer workers frequently joined them at their meetings and participated in numerous committees aimed at strategically informing service development. In contrast to traditional input from user organizations, peer workers highlighted issues that other professionals and representatives tended to overlook. The unique value of peer workers lies in their ability to provide explicit and contextual knowledge from their personal experiences. This localized and circumstantial knowledge proved instrumental in enhancing and refining existing services.

In this study, managers expressed their experience of engaging peer workers as collaborative partners in service development. They leveraged peer workers as crucial contributors to ensure that services are tailored to meet individual user needs. Furthermore, their strategic inclusion enhanced the overall range of services. Despite acknowledging the valuable insights peer workers bring, managers found that fostering cooperative practices with them was challenging and time-consuming. They acknowledged the difficulty of establishing equal relationships due to pre-existing power imbalances between peer workers and professionals. Managers found it particularly challenging to facilitate an equitable collaboration between those with less education and highly educated individuals. Nevertheless, managers attested to the value of their efforts, as they believed the unique contributions of peer workers were indispensable.

We deduce that by engaging peer workers and fostering their involvement in co-creation, managers can enhance both peer workers' roles in service delivery and service development. This approach also promises a higher potential for innovative changes compared to traditional service-user involvement.

5.1.3 Article 3

Åkerblom, K. B., & Tritter, J.Q. Empowered service users. Peer workers Co-production in Norwegian Mental Health and Substance Use Services. (Manuscript in review).

The third article discusses the effectiveness of peer workers in Norwegian mental health and substance use services from the viewpoints of managers, health professionals, and peer workers themselves. Peer workers' impacts depend on their relationships and interactions within these service settings. The study offers fresh insights into the conditions and social dynamics that influence peer workers' interactions and relationships. The main research question was: *How do managers, health professionals, and peer workers experience ways peer workers affect mental health and substance use services?*

The study entailed 11 focus group interviews with managers, health professionals, and peer workers, wherein one of two peer worker co-researchers participated. The views held by these groups on the key factors for peer worker success were analyzed using STC. We identified three core categories: 1) *Peer workers have fluid positions,* 2) *Catalysts for cultural workplace change,* and 3) *Identifying service development issues.*

The results suggest that peer workers assume a variety of roles and responsibilities, including initiating, co-developing, and implementing solutions or services. They frequently assumed the duties previously carried out by healthcare professionals due to their intimate knowledge of service-user needs, enabling them to provide more relevant responses. Their interactions with both service users and systems were often practical and unorthodox, prompting them to exceed the support given by their professional colleagues. Peer workers also functioned as role models, suggesting ways for professionals to modify their strategies when dealing with service users and fostering relationships with them. The adoption of such peer worker techniques by professionals was integral to the transformation of service delivery. Moreover, peer workers pinpointed potential areas for service enhancement by tapping into their knowledge of service users, coupled with their real-time experiences on the service frontline. They would directly address identified concerns to managers, instigating processes for service transformation.

The findings of this study portray peer workers as catalysts for cultural transformation in the workplace. The research indicates that peer workers can effectively cooperate with health professionals in multidisciplinary settings. They are ideally situated to incorporate personal experiences into the organization and provision of services. Peer workers are influential in establishing co-production spaces, leading professionals to rethink their interaction strategies with service users. This includes changes in language usage and overall communication styles. Working directly within service organizations and maintaining daily face-to-face communication with managers and health professionals enables them to forge strong relationships. As health professionals interact more with peer workers, they become more aware of their strengths and begin to utilize them more effectively. This interaction fosters increased trust from health professionals and managers in peer workers, positively influencing their level of participation and communication enhancement.

Incorporating peer workers into multidisciplinary teams had the significant effect of fostering reflection and discussion, thereby enhancing workplace deliberation (Leach, 2006). Peer workers regularly exchanged views with their professional counterparts and supervisors, prompting them to question established practices and disrupt the status quo. This approach portrayed peer workers as critical evaluators of the arguments put forth by health professionals and managers, thereby paving the way for wider acceptance and appreciation of diverse perspectives. As a result, it opened a new realm for health professionals to reflect on their practices and language, contributing to the expansion of shared knowledge. However, whether a higher degree of deliberation necessarily stems from representativeness, a crucial factor in ensuring democratic service delivery, remains uncertain (Steen et al., 2018, p. 286).

The results indicate that peer workers often occupy dynamic roles. Employed due to their status as service users, they typically lack formal qualifications and do not adhere to the conventional service hierarchy. Nevertheless, their unique position is underpinned by a different kind of value; their expert knowledge as service users can confer upon them a certain status. This dynamic positioning of peer workers inherently brings some tensions but also creates opportunities. Their divergence from established hierarchies can foster opportunities for self-definition and autonomy. The findings suggest that peer workers use their knowledge and expertise as service users to contribute to co-production processes, preferring to identify as expert service users.

These findings are consistent with a recent study, which implies that peer workers can avoid organizational integration by identifying themselves as "non-professionals" (Chauhan et al., 2023, p.1023).

The study results suggest that a peer worker's ability to use their personal experience as a resource can rely on the compatibility between their background and the service-user groups of the organization where they work. For example, peer workers who have experienced depression may not fully comprehend the issues related to substance use or sex trafficking. This underscores the notion that a peer worker's credibility stems from their personal experience, which should be considered when recruiting. Thereby, the level of credibility garnered by peer workers seems to depend on accurately pinpointing the most "relevantly affected" individuals (Afsahi, 2022). Peer workers who have firsthand knowledge of pertinent issues are likely to be considered as informed experts, potentially empowering them. Furthermore, this similarity of experience can make knowledge sharing more effective. The alignment of the backgrounds and service usage experience of peer workers with the targeted groups within service organizations can influence how they use their experiential knowledge, how they perceive themselves as service user experts, and how they are received by other stakeholders such as service users, health professionals, and managers.

The article draws relevant insights from the co-design literature, exploring the mobilization and sharing of knowledge among peer workers. Co-design practices typically include users in the design team, assigning them expert status. Both the co-design literature and knowledge mobilization models underscore the need to collaborate with service users and harness their knowledge while devising service solutions (Langley et al., 2018; Thrischler et al., 2019). Engaging stakeholders who understand a particular context is crucial for creating specific and context-sensitive solutions. Research emphasizes the importance of taking into account which users are involved and the methods of facilitating their involvement (Thrischler et al., 2019). In the same vein, fostering successful peer work partnerships may require the inclusion of key affected peer workers (Afsahi, 2022) alongside thoughtful considerations of the potential barriers to knowledge sharing.

The experiences of peer workers in Norway, who partake in advanced co-production roles, underscore a noteworthy point. By gaining expert status, these workers can freely establish their identities within an organization, free from institutional restrictions. In contrast to their professional colleagues, they are not

subject to identical norms and rules. This gives them a more dynamic role, opens up various methods of engagement, and fully harnesses their potential for influential co-production roles.

Chapter 6. Discussion and Implications

The purpose of this thesis is to explore how peer workers can be effectively engaged and to generate knowledge that can shape their roles to have a greater impact. International research has primarily focused on the effectiveness of peer workers at the individual level, providing a limited perspective on their influence and overlooking other possible impacts (Åkerblom & Ness, 2023). Comprehending the wider impact of peer workers is crucial for creating meaningful roles for them and ensuring their practices are implemented and scaled up for optimal benefit.

This thesis explores the potential role of peer workers in driving service development, reform, and innovation. It consists of three research articles, each investigating a different aspect of peer workers' influence on service development. The first study reveals that the nature of their roles significantly contributes to their capacity for driving advancement (Åkerblom & Ness, 2023). The second study emphasizes the importance of managerial support in maximizing peer workers' involvement and potential function (Åkerblom et al., 2023a). The final study focuses on how beneficial collaborative relationships in the workplace can be (Åkerblom & Tritter, *under review*).

In the following chapter, I will re-evaluate the information obtained from these three studies to provide an alternative perspective on the role and contribution of peer workers, as well as ways to optimize their expertise. As part of this discussion, I introduce a comprehensive model divided into sections, each detailing how peer workers' roles, primary tasks, and working conditions impact their overall effectiveness.

I will provide an in-depth analysis of these sections before illustrating their interconnections within the model. Finally, the potential implications, practical applications, policy suggestions, and directions for future research derived from this thesis will be addressed.

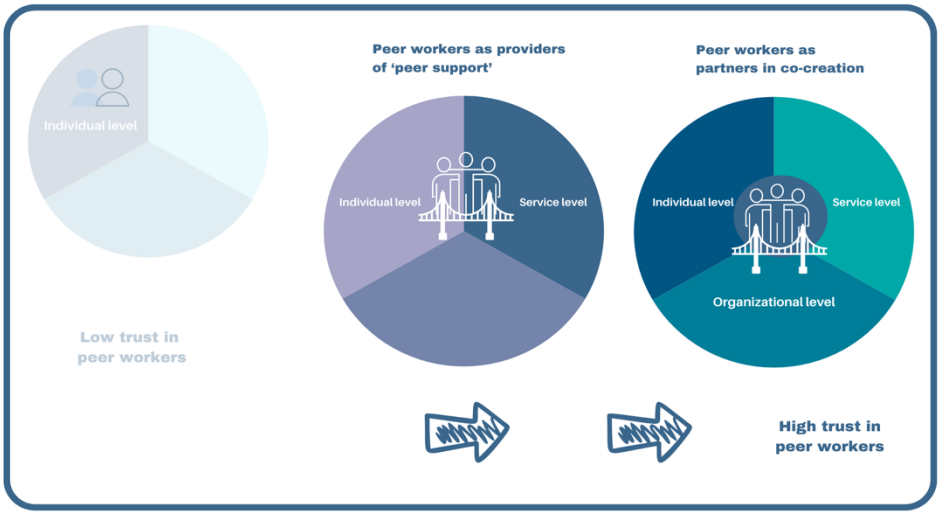
6.1 The Ways Peer Workers Can Impact Service Development

The first article in this thesis utilizes co-creation theory to establish a connection between the design of peer workers' roles and their potential impact at the individual, service, and organizational levels. The findings show that peer workers often do not partake in co-creative processes and seldom participate in service planning and design.

This suggests that varying roles for peer workers are essential for them to contribute effectively to service reform and innovation. Notably, three distinct types of peer worker roles have been identified in the international research literature (Åkerblom & Ness, 2023).

6.1.1 Peer Workers Roles

The first article of the thesis proposes that the roles assigned to peer workers directly influence their capacity to shape service development (Voorberg et al., 2015; Åkerblom & Ness, 2023). This article describes a scenario where peer workers are only assigned to the co-production of pre-determined tasks. In such roles, they are believed to have limited impact beyond the individual level. Conversely, when peer workers serve as "peer support providers" or "co-creation partners", they are perceived to be more influential beyond the individual level (Åkerblom & Ness, 2023, p.303). As such, the latter two roles should be highlighted in discussions pertaining to how peer workers can meaningfully contribute to service development and perhaps stimulate service reform and innovation. These roles are incorporated into the diagram (See Model 4, section I).



Model 4. Section I. *Peer worker roles.*

The role of peer workers as co-creation partners likely offers the greatest potential for significant influence at a service or organizational level. This is because peer workers are often involved throughout various stages of the service cycle (Osborne et al., 2013) and in strategic decision-making processes, such as service planning and

design (Osborne & Strokosch, 2013; Åkerblom et al., 2023a; Åkerblom & Tritter, in review). Studies from Norwegian mental health and substance use services have revealed consistent involvement of peer workers as co-creation partners.

6.2 Peer Workers' Core Functions

The research from Norway confirms that peer workers possess pivotal roles that aid in both understanding their influence and identifying ways to support them. Despite the fact that past studies have identified three separate roles - the co-production role (Mirbahaeddin & Chreim, 2022), bridging or boundary-spanning activities (Gillard et al., 2015), and user involvement in service planning (Jones & Pietilä, 2020), discussions about the influence of peer workers on service development have yet to link and distinguish these roles. Additionally, most studies have primarily explored peer workers' co-production in the context of direct one-on-one contact with service users (White et al., 2023; Zeng & Chung, 2019) rather than their function as co-production partners with professionals within these services and the subsequent implications of such collaborations.

Peer workers primarily function to co-produce service delivery alongside professionals, frequently discussed in mental health research (Byrne et al., 2022b). Their characteristics as service providers are well-documented in the global research literature (Balková, 2022; Bellamy et al., 2017; Watson & Meddings, 2019). Peer workers build reliable relationships with service users through personal engagement, fostering a sense of social belonging with positive results (Watson, 2019). Frequently, they engage with service users outside traditional settings or operational hours (Balková, 2022). Often described as passionate, peer workers extend themselves beyond ordinary engagement levels to assist service users (Bellamy et al., 2017).

This study demonstrates that in a Norwegian service context, peer workers act as partners in co-creation with professionals. While similar practices are highlighted in international research (Byrne et al., 2022b), less focus has been given to how these partnerships evolve. This gap has been partially addressed by thesis studies examining the interactions between peer workers and professionals (Åkerblom et al., 2023a; Åkerblom & Tritter, in review).

The findings indicate that by leveraging their unique experiences and connections with service-user groups, peer workers are seen as valuable contributors to service organizations (Åkerblom et al., 2023a). They demonstrate novel methods of

service-user engagement and suggest adjustments in professional practice to improve this engagement (Tseris et al., 2020; Åkerblom & Tritter, in review).

Professionals have reported learning from peer workers, leading to changes in their approach to communication and alterations in the language they used with service users (Otte et al., 2020; Åkerblom & Tritter, in review). The peer workers also provided insights to professionals on how to better understand service users and recognize alternative means of identifying acute episodes (Tseris et al., 2020; Åkerblom & Tritter, in review).

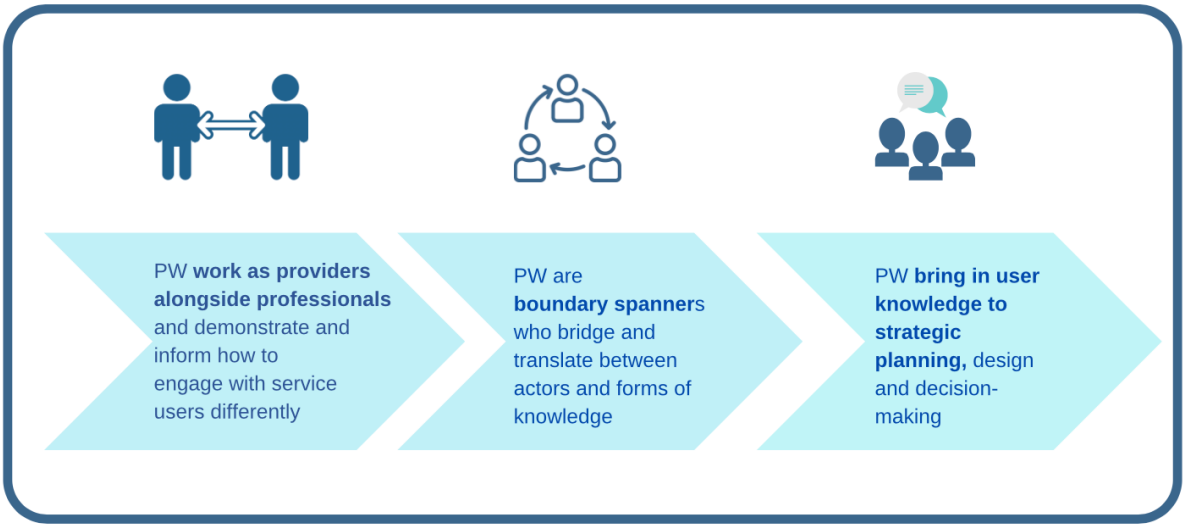
Thus, the study suggests that the role of peer workers in the co-production of service delivery is not merely limited to connecting with service users but extends to influencing health professionals as well.

The findings of the thesis, conducted in a Norwegian context, echo prior research that attributes the success of peer workers to their bridge function (Gillard et al., 2015; Merrit et al., 2020). These individuals, capable of navigating diverse social contexts and varying bodies of knowledge, can be termed "boundary spanners" (Meerkerk & Edelenbos, 2018, p. 14). The concept, while not yet utilized in the analysis of peer worker practice, proves to be useful. The proficiency of peer workers in linking service users to professionals is contingent upon their sense of belonging to both categories (MacLellan et al., 2017, p. 5). Although officially part of service organizations, they still identify with service-user groups. Trust in both contexts is crucial for them to perform efficiently (Wallace et al., 2018). Peer workers earn the trust of the professionals they work with, service-user organizations, and service users, consequently easing communication within these groups (Merrit et al., 2020; Åkerblom & Tritter, in review). This, in turn, bolsters the trust service users place in organizations (Lennox et al., 2021; Olding et al., 2022; Otte et al., 2020), enabling communication that was previously non-existent (Merritt et al., 2020). It is also implied that the trust peer workers gain among service users often extends to the professionals, who may have been considered untrustworthy before (Collins et al., 2019).

The thesis studies indicate that a crucial aspect of peer workers' bridging function is their ability to facilitate and translate knowledge sharing (Oborne et al., 2019; Åkerblom et al., 2023a; Åkerblom & Tritter, in review). This can be achieved in various ways. As service providers, they purposely utilize their personal experience and knowledge obtained from using similar services. They frequently find themselves in

situations where they must convey messages from service users in a form that professionals can understand. When delivering services, they team up with professionals, utilizing their implicit knowledge to approach and engage with service users. Their active participation in service delivery enables them to use their own experience as service users to enhance the shared pool of knowledge that their professional colleagues rely on, potentially influencing the way they operate (Åkerblom & Tritter, in review).

In a Norwegian setting, peer workers often perform a third core function: partnering in service planning. This role is acknowledged by managers, professionals, and the peer workers themselves (Åkerblom et al., 2023a; Åkerblom & Tritter, in review). Similar roles have been recognized in the international research literature, although they appear to be relatively infrequent (Aminawung et al., 2021; Chisholm & Petrakis, 2020; Jones & Pietilä, 2020; Myers et al., 2021). In Model 4, Section II, these three core functions of peer workers are combined and depicted.



Model 4. Section II. *Peer workers' core functions.*

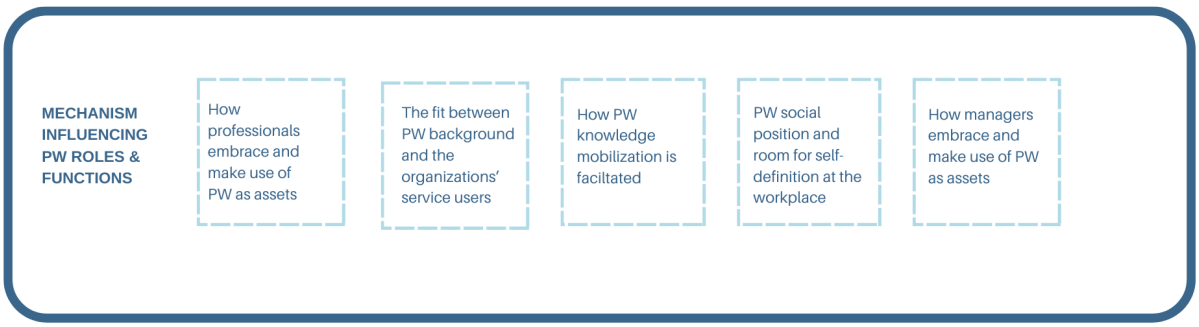
When peer workers are involved in service planning, their roles as providers and boundary spanners become interconnected with co-production. This connection gives them a more powerful role, enabling them to bring and enhance service users' experiences from an operational level to a strategic one, thereby improving co-production or co-creation (Osborne & Strokosch, 2013; Torfing et al., 2019). This research indicates that the pivotal role of peer workers in service planning depends on their contribution to service delivery, which differs from the input of traditional

service-user representatives (Åkerblom et al., 2023a). Moreover, it suggests that their role as boundary spanners can amplify their contribution to service planning (Åkerblom et al., 2023a; Åkerblom & Tritter, in review).

Norwegian managers have found that engaging peer workers in service planning facilitates a deeper understanding of the recipients' needs while focusing on service improvement (Åkerblom et al., 2023a, p. 7). Precisely, their similar backgrounds to service users enable more straightforward connections and empathetic understanding of the users' struggles (Scholtz et al., 2017). Furthermore, working alongside professionals' arms them with an in-depth awareness of the service organizations, duties, and challenges faced within the systems (El. Enany et al., 2013). Lastly, this enhanced competence is utilized to bridge between different knowledge forms and actors (Wallace et al., 2018). In contributing to strategic planning, peer workers can communicate experiences from service users, challenge established paradigms, and possibly invoke a user-led transformational innovation (Osborne & Strokosch, 2013, p. 39).

6.3 Conditions and Social Mechanisms Affecting Collaborative Relationships

International research highlights various factors and social mechanisms that influence collaborative relationships among peer workers (Byrne et al., 2022b; Chauhan et al., 2023; Jones et al., 2020). This thesis adds to our understanding of these factors (Åkerblom et al., 2023a; Åkerblom & Tritter, in review), emphasizing the significance of how managers and professionals utilize peer workers as resources, the compatibility of peer workers' and service users' backgrounds; the facilitation of peer workers' knowledge mobilization; and the social position of peer workers, which influences their ability to define themselves in their workplaces (Åkerblom et al., 2023a; Åkerblom & Tritter, in review). See Model 4, Section III, for a summary of these conditions and social mechanisms.



Model 4. Section III. *Relevant conditions and social mechanisms*.

The results initially imply that for peer workers to effectively contribute their skills and expertise to service co-production, acceptance from their professional colleagues is crucial (Åkerblom et al., 2023a; Åkerblom & Tritter, in review). This aligns with earlier research arguing that the support of managers (Byrne et al., 2022b) and colleagues' acceptance are vital for peer workers to make inroads in their organizations (Zeng et al., 2020). This revelation could be particularly relevant to Norway, where peer workers are directly incorporated into multidisciplinary teams (Mohn-Haugen & Mørk, 2023), unlike the global trend of engaging peer workers as additional resources (Chinman et al., 2017; Høgh Egmose et al., 2023). Given that the peer worker role is relatively new within the Norwegian milieu, it is plausible some may struggle to define their roles in a work environment where other workers already comprehend their own. They may need to decipher their functions (Asad & Chreim, 2016) or negotiate their roles (Chauhan et al., 2023; Åkerblom & Tritter, in review). To aid this process, some organizations brief their professional staff prior to the introduction of peer workers (Otte et al., 2020). Furthermore, managerial involvement with peer workers can promote collaboration in the workplace (Åkerblom et al., 2023a).

Secondly, research suggests that the alignment of peer workers' backgrounds with the service users of an organization can enhance their assistance effectiveness and their overall impact (Åkerblom et al., 2023a; Åkerblom & Tritter, in review). Peer workers with similar backgrounds to service users have a greater understanding of their needs and expectations and, thus, a more effective approach to meeting these (MacLellan et al., 2017). Shared backgrounds are especially beneficial in mobilizing and sharing experiential knowledge among peer workers (Oborne et al., 2019; Åkerblom et al., 2023a; Åkerblom & Tritter, in review).

Moreover, the similarity between peer workers and service users can foster stronger social bonds and build trust in peer workers (MacLellan et al., 2017; Debyser et al., 2018). For instance, peer workers who have experience with mental health services due to depression may struggle to understand the challenges of substance use or sex trafficking (Åkerblom & Tritter, in review). However, when peer workers share the backgrounds of service users, it can bolster their confidence in having their needs met. Furthermore, these workers can effectively bridge the gap between service users and professionals (MacLellan et al., 2017; Park, 2020).

People who need these services the most often exhibit the least amount of trust in the system (Marmot et al., 2020). For disenfranchised individuals who may lack trust in professionals or organizations, peer workers can play an essential bridging role (Steen et al., 2018). Hence, peer workers have the potential to restore trust between the "most affected" citizens and the service systems (Afsahi, 2022). However, their effectiveness can be undermined if they cannot represent the needs of the most affected service users adequately. In addition, shared backgrounds can also benefit peer workers' professional colleagues by making their experiential knowledge and their bridging role more relevant (Merrit et al., 2020; Tseris et al., 2019).

Literature concerning mental health peer workers rarely emphasizes the necessity of aligning their backgrounds with those of service users (Bellamy et al., 2017; Moran et al., 2020; Watson, 2019). This might be interpreted as a result of the common justification for including peer workers in the mental health field: their inherent right to contribute to the conversation (Beresford, 2013). Consequently, the alignment of backgrounds between peer workers and service users may be overlooked in favor of recognizing their shared experiences of marginalization and service use (Watson & Meddings, 2019). Moreover, if service organizations or managers overly focus on finding an ideal experiential match between peer workers and the communities they serve, potential peer workers could be excluded.

Thirdly, the research implies that it is crucial for peer workers to effectively communicate and apply their unique insights drawn from personal experience with services (Åkerblom & Tritter, in review). As service providers, they often need to rely on these experiences (Bellamy et al., 2017; Cronise et al., 2016). Ideally, they should be able to reflect on these experiences in a secure environment and use them as peer workers (Watson, 2019). Their understanding of situations based on personal

experience allows peer workers to engage with users and systems differently than traditional professionals (Tseris et al., 2019).

However, the application of such knowledge depends on the peer workers' familiarity with the situation and how their previous experiences align with the issues faced by those they assist (Åkerblom et al., 2023a; Åkerblom & Tritter, in review). Collaborative work between professionals and peer workers provides a platform to tap into the unique insights of peer workers, even uncovering knowledge that is not readily articulated (Collins, 2013; Trischler et al., 2019).

Shared understandings of their work environments arise when professionals and peer workers collaborate. This shared perspective promotes the appreciation of the peer workers' approaches and insights (Oborn et al., 2019). As a result, these joint partnerships can aid in comprehending situations from varying viewpoints, promoting more effective collaboration in service delivery (Langley et al., 2018). The utilization of such situations also hinges on mutual trust and the nature of these relationships.

Fourthly, the thesis research proposes that the social standing of peer workers in the workplace influences their ability to fulfill three primary functions: co-production, boundary-spanning activities, and service planning (Battilana, 2011; Åkerblom & Tritter, in review). Additionally, the thesis highlights the unique and fluid recognition of peer workers' roles, which both create challenges and open up opportunities. Being both an employee and a service user sets peer workers apart from the conventional service hierarchy. Although their service-user role may lead to perceived low workplace status, their experiential expertise can also enhance their prestige (Åkerblom & Tritter, in review). The status they gain relies on their ability to use their user knowledge as an internal resource. It allows them to present themselves as expert service users or to distinguish themselves from professionals (Chauhan et al., 2023). This situation also provides an opportunity for self-assertion and resistance to certain institutional limitations (Åkerblom & Tritter, in review).

Lastly, the findings suggest that managers in mental health and substance use services can enhance the contribution of peer workers in strategic service planning (Åkerblom et al., 2023a). Prior research has emphasized the crucial role of managers in validating peer workers' positions and responsibilities (Byrne et al., 2022b) and implementing policy into practice (Zeng et al., 2020). The initial hesitation of some managers in a Norwegian service context was observed, but these managers quickly began to accept peer workers, involving them in various service planning, design, and

decision-making roles (Åkerblom et al., 2023a). The studies suggest that by making an effort to facilitate the involvement of peer workers and promote collaborative partnerships, managers can empower them and reinforce their roles. This could also solidify their identity as expert service users (Åkerblom et al., 2023a). A manager's genuine commitment to involve peer workers in significant roles is key to their potential influence (Byrne et al., 2022b).

6.4 The Expected and the Potential Outcomes of Peer Workers' Involvement

Previous research suggests several outcomes that can result from involving peer workers. Numerous studies have shown that the involvement of peer workers in service organizations benefits both the organizations and the service recipients. For instance, it helps these organizations reach a larger number of individuals in need while also improving communication with those already engaged (Gagne et al., 2018; MacLellan et al., 2017). Peer workers have also been proven to lessen the dependence on emergency services, coercion, and medication (Crisanti et al., 2019; Harrison et al., 2017; Karan et al., 2022).

Moreover, they enhance the engagement of service users (Davidson, 2016; Bellamy et al., 2019) and empower them by boosting their self-efficacy (Mahlke et al., 2017) and agency (Chinman et al., 2016). However, most studies often overlook the impact of peer workers on process outcomes, as well as their indirect effects on professional colleagues, workplaces, or service delivery. These overlooked areas have been the primary focus of this thesis.

6.4.1 Peer Workers Build Service Organizations Capacity

The thesis proposes multiple methods by which peer workers, through capacity building at various organizational levels, facilitate co-creation opportunities (Åkerblom et al., 2023a; Åkerblom & Tritter, in review).

Peer workers enhance service organizations by bridging actors and forms of knowledge, thereby bolstering communication and relationships with service users (Merrit et al., 2020; Nossek et al., 2021; Åkerblom & Tritter, in review). Literature often portrays peer workers as mediators between service users and organizations, streamlining communication and aiding organizations to tailor their services to users' needs (Otte et al., 2020; MacLellan et al., 2017; Merrit et al., 2020). They also foster trust in mental health and substance use service systems among service users who are

skeptical of public institutions (MacLellan et al., 2017). Peer workers, frequently noted for their extensive civic society and user organization networks, use these connections to address diverse service users' needs effectively (Gillard et al., 2015; Åkerblom & Tritter, in review).

The study demonstrates that professionals working in conjunction with peer workers often reassess their professional roles and personal experiences (Åkerblom & Tritter, in review). It indicates that peer workers help establish secure environments that encourage professionals to share their personal experiences (Byrne et al., 2022a). The findings further suggest that peer workers can stimulate cultural transformation within the workplace (Byrne et al., 2022b; Åkerblom & Tritter, in review), reinforcing prior research that peer workers influence the language professionals use in their dealings with service users (Otte et al., 2020). Moreover, peer workers may directly prompt a change in professional practices, inspiring a reconsideration of strategies to engage with service users (Otte et al., 2020; Åkerblom & Tritter, in review).

Peer workers' involvement and empowerment can promote mental health as a human right, as recognized by many experts (Moran et al., 2020). Their employment within mental health and substance use service organizations not only boosts these organizations' legitimacy but also ensures that service users help shape the provided services (Åkerblom et al., 2023a). However, these organizations are often led by highly-trained professionals who primarily focus on biomedical aspects and undervalue the importance of personal experiences and practical knowledge (Watson, 2019). Thus, these professionals may struggle to acknowledge the limits of their expertise and the need for diverse perspectives to tackle their challenges (Ansell & Torfing, 2021). Current research points out an imbalance in the relationship between peer workers and professionals within mental health and substance use service settings, which may impede their collaboration (Adams, 2020; Voronka, 2019).

The research suggests that daily face-to-face interactions allow peer workers to establish enduring relationships with managers and professionals (Åkerblom et al., 2023a; Åkerblom & Tritter, in review). These interactions foster mutual trust, enhance recognition of peer workers as knowledgeable service-user experts, and set the stage for equal collaboration. When peer workers are acknowledged as experts (Chauhan et al., 2023; Åkerblom & Tritter, in review), their capacity to operate and cooperate within a clinical organization's silos and systems improves. Furthermore, as these relationships develop, peer workers become more involved and are keener to

contribute to service decision-making (Åkerblom & Tritter, in review). However, tension can arise when peer workers challenge existing assumptions or introduce new knowledge, potentially straining relationships and interactions (Byrne et al., 2022b; Jones et al., 2020).

Furthermore, the study conducted within a Norwegian setting implies that the day-to-day interactions of peer workers with professionals and managers can encourage insightful discussions at the workplace, aiding in the comprehension and acceptance of complex issues (Åkerblom et al., 2023a; Åkerblom & Tritter, in review). By sharing unique and diverse viewpoints during daily discussions, peer workers can improve tolerance and appreciation for diversity within service organizations and among professionals (Chisholm & Petrakis, 2020; Collins et al., 2016).

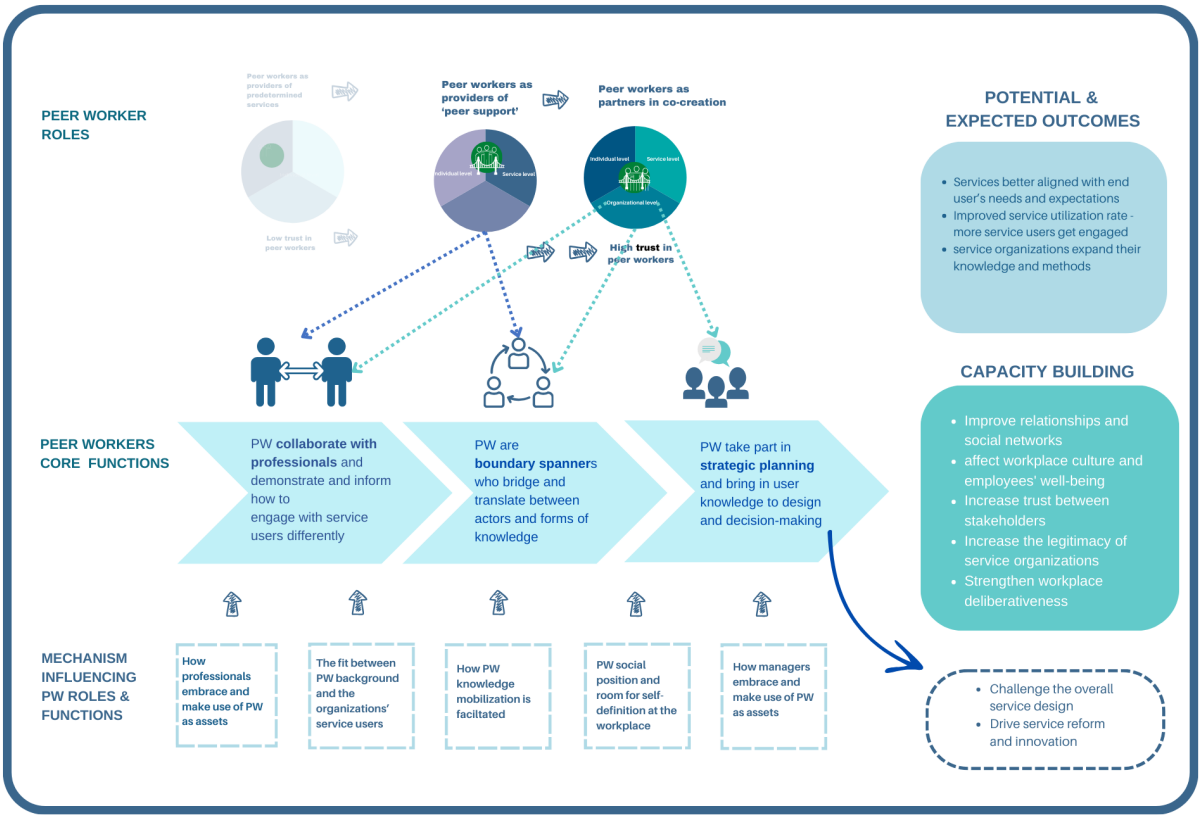
The study also found that peer workers challenge traditional practices and question professional methods, disrupting the status quo, consistent with previous research (Scholtz et al., 2017; Tseris et al., 2020). It highlighted how peer workers critically evaluate the arguments of health professionals and managers within a Norwegian context, leading to a new understanding and acceptance of different perspectives toward service users and service delivery (Åkerblom et al., 2023a; Åkerblom & Tritter, in review).

This finding can be interpreted as peer workers introducing a reflective environment where professionals can reconsider their practices and language, fostering a more comprehensive shared knowledge base. Their daily discussions about understanding the intricate challenges confronting service users can stimulate reflection and dialogue, further encouraging workplace deliberation (Leach, 2006).

Capacity building is a conscious process wherein managers actively engage peer workers to enhance services (Åkerblom et al., 2023a). They acknowledge the significance of these workers' insights and contributions, aiming to deploy their expertise cost-effectively. Through close collaboration, managers can uncover new methods to refine their offerings and fuel innovation. As a result, they bolster the impact of peer workers on the provision of services. The strategy employed by Norwegian managers can shift the perception of peer worker participation from merely a democratic right to a key factor in strategic decision-making and service improvement.

6.5 The Model: The Ways Peer Workers Can Impact Service Development

This model consolidates the diverse sections portraying peer workers' roles, core functions, and influencing conditions. At the top (Section I) are peer workers' roles. The interconnecting arrows in the center represent the core function of peer workers (Section II). At the bottom (Section III), the model outlines the social conditions impacting peer workers' roles and functions. The expected and potential results for peer workers are displayed on the right.



Model 4. *The ways peer workers can impact service development.*

The findings from the three research papers suggest that the influence of peer workers on the arrangement and development of services is determined by their roles (Åkerblom & Ness, 2023), managerial support for their involvement and duties (Åkerblom et al., 2023a), and their collaborative relationships in the workplaces (Åkerblom & Tritter, in review).

The model includes two roles for peer workers: "providers of peer support" and "partners in co-creation." International research often identifies peer workers as support providers (Bellamy et al., 2017; Moran et al., 2020; Watson, 2019). Still, in

Norway, this study indicates they commonly serve as co-creation partners. Both roles can influence service development, but the impact is more significant for co-creation partners. Each role essentially requires peer workers to utilize their experiences, knowledge, and skills as service users to assist and understand others. Consequently, they often serve as boundary spanners. Co-creation partners can bring about greater change as they integrate their co-production role in service delivery with strategic planning (Osborne et al., 2013; Osborne & Strokosch, 2013; Åkerblom & Ness, 2023).

Peer workers, as co-creators, have three unique primary functions: collaborating on service delivery, participating in cross-boundary tasks, and getting involved in strategic service planning. While all peer workers, as peer support providers, fulfill the first two roles in service co-production and boundary spanning, their roles diverge due to the extent of their engagement in various activities throughout the service cycle and their participation in strategic planning, design and decision-making. Even without direct strategic planning involvement, peer workers can still enhance their service organizations' capacity, impacting professional development (Tseris et al., 2020), contributing to their service organizations' knowledge base (Otte et al., 2020), and shaping the workplace culture (Otte et al., 2020; Åkerblom & Tritter, under review). However, excluding peer workers from strategic service decisions may limit their ability to question the overall service design (Osborne & Strokosch, 2013) and potentially decrease service utilization rates (Park, 2020).

Peer workers can perform their core functions more effectively and establish stronger connections when they are supported and valued by their managers and professional colleagues, especially when these workers share similar backgrounds with service users (Merrit et al., 2020; Zeng et al., 2020). This facilitates knowledge sharing and allows them to serve as experts on service users (Chauhan et al., 2023; Åkerblom & Tritter, in review). Stable involvement of peer workers often leads to better outcomes, especially compared to previous collaborations with service users (El Enany et al., 2013). As co-creation partners, peer workers can challenge the existing service design and lead to service reform and innovation. However, just employing peer workers in these contexts does not guarantee positive or innovative results.

6.6 Co-creation with Peer Workers in Empowered Co-production Roles

Peer workers in Norwegian mental health and substance use service contexts form integral partnerships, actively engaging in service co-production, bridging various sectors, and participating in strategic service planning (Åkerblom et al., 2023a; Åkerblom & Tritter, in review). This comprehensive involvement of peer workers, which includes planning, designing, implementing, and delivering service solutions, constitutes what we can term co-creation (Torfing et al., 2019).

Moreover, Norwegian service contexts often empower peer workers to take part in co-production roles, giving them considerable influence over the co-creation process and its results (Åkerblom & Tritter, in review). This empowerment is reinforced when peer workers leverage their insight into service users' backgrounds and needs to align services effectively (Cronise et al., 2016). It also enhances their capacity to bridge connections between service users and service systems (Gillard et al., 2015).

Moreover, this thesis reveals the relevance of peer workers' relationships and interactions with their professional colleagues and managers (Åkerblom et al., 2023a; Åkerblom & Tritter, in review).

Co-creation processes hinge on the interactions and relationships between relevant participants, necessitating authentic partnerships among them (Torfing et al., 2019). Several factors and social tools can assist peer workers in forming credible and authentic partnerships. Unquestionably, being accepted by professional team members and managers is advantageous. Furthermore, as peer workers collaborate with service organizations and professionals, they acquire intimate knowledge of the organizational structure as well as an understanding of the challenges professionals and service systems encounter (El Enany et al., 2013). This knowledge facilitates the establishment of long-term relationships with their managers and professional associates.

This thesis presents results indicating that the involvement of peer workers tends to increase as their relationships with professional colleagues improve. Engagement with professionals within services enhances the recognition of peer workers as knowledgeable service-user experts. This recognition is also influenced by the alignment of the peer workers' backgrounds with that of the organization's service users, which facilitates the communication and application of their service-related knowledge. This can further solidify their reputation as knowledgeable experts and

strengthen their social standing within their workplaces (Åkerblom & Tritter, in review).

The thesis results also demonstrate that when peer workers are acknowledged as experts and are given empowering co-production roles, they become increasingly motivated to contribute actively to the planning, design, and strategic decision-making processes of service (Åkerblom & Tritter, in review). Their authentic partnerships with professionals and managers enhance their potential to influence the service delivery process, driving service reform and innovation (Osborne & Strokosch, 2013).

The involvement of peer workers in co-creation processes significantly differs from the traditional involvement of service users within the context of mental health and substance use services. Traditionally, user representatives are invited to strategic-level collaborations by service organizations to aid in the development of services, leveraging their current experiences (Osborne & Strokosch, 2013, p. 38). Despite the good intentions, a longstanding challenge service organizations and user groups face is how to enhance service quality through user participation. There is often criticism from user organizations that their involvement in the service planning process and strategic decision-making is limited to consultation, with key decisions already taken by service organizations. While user representatives can offer valuable data regarding their organization's challenges, service organizations often grapple with generating solutions to these hurdles. Some managers perceive user representatives as primarily delivering pre-decided political messages, having little sway over service development. Conversely, peer workers offer more specific and context-driven knowledge amassed from direct experience with service users during service encounters (Åkerblom et al., 2023a). They also have a deep understanding of service organizations' professional challenges (El Enany et al., 2013), coupled with enhanced communication abilities, fostering more constructive engagement (Stougaard, 2021; Åkerblom et al., 2023a).

The co-production role of peer workers in service delivery allows them to apply their first-hand user knowledge more directly than is possible in facilitated co-design processes (Thrischler et al., 2019). Their exposure to familiar contexts and situations enables them to draw upon their past experiences and apply their knowledge accordingly (Von Hippel, 1994). It ensures they can discern and meet the service users' expectations during service interactions (Osborne & Strokosch, 2013; Åkerblom & Tritter, in review). Peer workers offer valuable insights during the planning and design phases due to their direct encounters with service users. Additionally, managers

mentioned that peer workers raise other concerns, contribute fresh perspectives, and suggest ways to address these issues (Osborne & Strokosch, 2013; Åkerblom et al., 2023a).

Peer workers play a vital role in co-producing services, contributing significantly to the co-creation process. Their participation in early collaboration initiatives, such as planning and design, along with their input during service delivery or implementation, is key to catalyzing service reforms (Acar et al., 2023; Osborne & Strokosch, 2013; Torfing et al., 2019). Strategic planning benefits greatly from their involvement as they bring forth new ideas and craft solutions that drive innovation. Moreover, the co-production role of peer workers is instrumental in implementing, legitimizing, and propagating these solutions. Therefore, this role of peer workers is vital to translate the ideas and solutions they devise into actual innovations rather than mere suggestions that might be dismissed (Tennås Holmen & Ringholm, 2023).

Suppose co-creation is only associated with initial stage processes, according to Brandsen & Honingh (2018, p.13). In that case, the fundamental part of service users or peer workers in the service encounters may remain overlooked and underutilized. This viewpoint underlines that their role beyond conceptualization, such as delivery or implementation, are crucial elements of a comprehensive co-creation process. This point might be especially pertinent in service settings reliant on personal interaction, like health and welfare services (McMullin and Needham, 2018). Adopting a practice of integrating peer workers into offerings like mental health and substance use services is a favorable step towards promoting more meaningful and less trivial engagements.

Incorporating peer workers into service organizations presents a strategy for institutionalizing co-creation processes within mental health and substance use service arenas. To achieve sustainable outcomes, it has been suggested that citizens' co-creation procedures be institutionalized (Jaspers & Steen, 2019). Several benefits can be derived from institutionalizing co-creation practices with peer workers. Co-creation is regarded as a viable solution for tackling wicked issues in the PSI literature (Alford & Head, 2017; Head, 2022). Many of the challenges confronted by health and welfare services are often classified as wicked or complex (Grint, 2010). These wicked problems, lacking a definitive resolution like the elimination of crime or mental health issues, often permeate multiple governments and institutions (Head, 2022, p.15). In contrast, tame problems resemble puzzles with solvable answers. Individuals typically

know how to address these tame problems, noting their capability for individualized solutions (Grint, 2010, p.12).

Mental health and substance use organizations not only grapple with complex challenges, but even problems initially deemed simple can escalate if their resolution is stalled or reframed (Grint, 2010, p.14). These organizations often feel compelled to take immediate, decisive action–a well-meaning approach that may inadvertently mischaracterize intricate issues as simple ones (Grint, 2010).

Employing peer workers who have personal experience with mental health issues can enrich an organization's existing knowledge base. Their unique perspectives often bring fresh approaches to problem-solving, which can result in previously insurmountable issues being addressed effectively.

Involving peer workers in co-creation practices within mental health and substance use settings can notably enhance an organization's problem-solving capacity, especially for issues that are not necessarily complex or controversial. It also helps organizations better identify and categorize their challenges.

Previous challenges deemed intractable, possibly due to resistance from service organizations, might become surmountable with the support of peer workers, user organizations, and other contributors. Thus, integrating peer workers and their insights can significantly extend an organization's problem-solving reach.

6.7 Implications for Practice and Policy

The thesis enhances the fields of mental health and substance use by expanding the scientific understanding of peer worker roles. This insight will enable service organizations to develop impactful peer worker roles, utilizing their strengths and skills. Furthermore, it can guide these organizations in harnessing the expertise of peer workers to improve services and instigate necessary service reforms.

Enhancing the application of research in practical settings poses a substantial challenge. The model explored in the previous chapter offers great utility for service organizations and policymakers seeking to evaluate and advance their current implementation of peer workers. This model delineates peer workers' roles and fundamental functions while pinpointing conditions that can modify their potential efficiency. It underscores how a peer worker's involvement is facilitated and the projected outcomes derived from such involvement.

The research underscores the significance of aligning peer workers' backgrounds with those of service users to enhance service delivery. Peer workers with similar backgrounds can more easily foster trust and connections between service users and systems. This is especially pertinent for marginalized citizens who are often less likely to trust professionals or service organizations (Steen et al., 2018). Those most in need of these services are often the ones with the least system-level trust (Marmot et al., 2020). Thus, peer workers could play a crucial role in restoring trust between the most vulnerable citizens and their service systems (Afsahi, 2022).

Moreover, sharing a similar background with service users is an essential prerequisite for peer workers. It empowers them to mobilize and share their experiential knowledge, bolstering their status as service-user experts and maximizing their co-production impact. However, the process of revisiting their challenges can increase peer workers vulnerability. Therefore, careful management of the matching process is required to optimize its positive impact.

The research findings also inform innovative ways for user engagement in service planning and design. Conventionally, this involvement has been facilitated through user representatives who express opinions on behalf of a user organization. Their involvement targets influencing service planning and design at a strategic level. However, this traditional approach has not challenged service delivery methods or captured the present experience of service users. A chief challenge faced by mental health and substance use service organizations, as well as their user groups, is making user participation more pertinent to service quality enhancement. User organizations have conveyed that their role is commonly limited to consultation despite being invited to participate. They find that service organizations frequently make key decisions without their contribution. According to the study, managers in Norway often perceive user representatives as delivering a preconceived political message, causing them to contribute less to service development. Conversely, they acknowledge that peer workers can offer valuable insights and knowledge from their service encounters that can be crucial for service quality improvement and innovation. Consequently, employing peer workers has given rise to new forms of user engagement in service planning, where they supersede traditional user representatives from user organizations.

In the context of Norwegian service organizations, peer workers often undertake tasks for user organizations in tandem with their peer worker roles (Mohn-Haugen &

Mørk, 2023). Some peer workers have found that user organizations are progressively acknowledging their dual function. What was once viewed as a disadvantage in combining roles now presents itself as an asset. One primary challenge within this context is harmonizing the tasks between peer workers and user organizations, which is pivotal in augmenting their potential influence on service development. By working collaboratively, they can ensure that a user perspective infiltrates all service levels, potentially triggering service-user-led innovation (Osborne & Strokosch, 2013).

6.7.1 Co-creation with Peer Workers: Questions for Further Research

Based on the findings of this thesis, I have formulated questions for future research.

- Peer workers in Norway commonly engage as partners in co-creation efforts. Cross-comparison studies are relevant to evaluate whether the identified practices reflect broader trends in Scandinavia and other countries.
- Qualitative exploratory research could be complemented by surveys assessing peer workers' impact on service and organizational levels. Survey studies could encompass more informants than just peer workers, including professionals and managers.
- The core functions of peer workers, as identified, could be refined and adjusted using quantitative methods, such as surveys.
- The indirect effects of peer workers on their workplaces and service development could be confirmed across various cases and settings through quantitative studies.
- The optimal involvement of peer workers is as co-creation partners, blending a co-production role in service delivery with involvement in strategic decision-making, planning, and service design. The impact of this role can be evaluated across individual, service, and organizational levels.
- The influence of peer workers as co-creation partners hinges on their relationships and interactions with collaborative partners. The next step could involve a study measuring the quality of these partnerships and then testing whether they yield service solutions with the desired effects.

6.7 Concluding Remarks

This study endeavors to comprehend how peer workers can significantly contribute to the development of efficacious, socially inclusive mental health and substance use

services and generate knowledge that amplifies their roles. To meet this objective, I opted to delve deeper into the key components that make peer workers' practices effective. Gaining insight into the positive influence of peer workers facilitates clear communication of their potential benefits to service organizations and policymakers, thus rendering peer working practices more attractive and relevant. This study exemplifies how engaging individuals in co-production roles could potentiate more significant involvement.

Although this thesis offers insights into the formation and facilitation of partnerships aimed at developing services and driving reform and innovation in a Norwegian context of mental health and substance use, achieving these outcomes is not guaranteed merely by employing more peer workers. Establishing credibility during the recruitment and employment of peer workers is crucial to avoid tokenism. The identification of the most relevant individuals affected is equally important.

Peer workers were initially introduced to municipal mental health and substance use services in Norway and have since been employed across various health, social, and welfare sectors. The managers of this study welcomed them as partners, demonstrating the flexible adaptability in different service organizations and sectors. The research highlights that peer workers play a crucial role in co-producing mental health and substance use services, improving and innovating outcomes. Their influence extends to service development, indicating that designing their roles in ways that fully harness their potential can drive service reform and innovation, resulting in impactful changes and improved efficacy. Importantly, it is necessary to ensure that peer worker practice is adopted and scaled up for maximum positive impact. The findings of this research can additionally guide other health and welfare services seeking to closely collaborate with citizens to better align their services with the needs and expectations of those they serve.

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ORIGINAL ARTICLE

Peer Workers in Co-production and Co-creation in Mental Health and Substance Use Services: A Scoping Review

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Abstract

People with lived experience of mental health challenges are extensively employed as peer workers within mental health and substance use services worldwide. Research shows that peer workers benefit individuals using such services and can have essential roles in developing recovery-oriented services. However, understanding how peer workers' contributions, by their role, functions, and input can be better used remains a critical challenge. Research on public sector innovation has focused on relevant actors collaborating to tackle complex demands. Co-production and co-creation are concepts used to describe this collaboration. Co-production refers to the collaboration between providers and users at the point of service delivery, whereas co-creation refers to collaboration starting in the early service cycle phases (e.g., in commissioning or design), including solution implementation. We overviewed research literature describing peer workers' involvement in mental health and substance use services. The research question is as follows: *How are peer workers involved in co-production and co-creation in mental health and substance use services, and what are the described outcomes?* A literature search was performed in 10 different databases, and 13,178 articles were screened, of which 172 research articles describing peer workers' roles or activities were included. The findings show that peer workers are involved in co-production and function as *providers of pre-determined services* or, most often, as *providers of peer support*. However, they are rarely engaged as *partners in co-creation*. We conclude that the identified peer worker roles have different potential to generate input and affect service delivery and development.

Keywords Peer workers · Mental health and substance use services · Co-production · Co-creation · Service transformation · Boundary spanning

Worldwide, people's mental health needs are high, but current responses are insufficient and inadequate (World Health Organization, 2022). Individual and societal challenges resulting from mental health and substance use problems are considered as complex or "wicked", as they have no single solution, and are challenging to address. Factors influencing such challenges relate to social determinants of health and the available health and welfare system (Allen et al., 2014; Wilkinson & Pickett, 2018). Research on public sector innovation (PSI) has focused on becoming more innovative as a response to complex or "wicked problems" (De Vries et al., 2016). In this context, becoming more innovative means creating and realizing service solutions that increase the value for service users in mental health and substance use services. Collaborative practices, in which relevant actors work together in creative problem solving that exploits the actors' potential (knowledge, skills, and resources), are suggested as solutions to increase innovativeness, and tackle complex challenges (Hartley et al., 2013). These actors are either affected by the problem or possess the appropriate knowledge and resources to contribute to a solution.

Research on PSI has studied collaborative practices from different angles and at different levels, such as cross-sector collaboration within the public sector (Bryson et al., 2017), partnership between the public sector, markets, and civil society (Brandsen & Honingh, 2016; Pestoff, 2018), and

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service user involvement in service development (Osborne et al., 2016; Trischler et al., 2019). Research in this area has also focused on how various collaborative practices can spur innovative changes (De Vries et al., 2016). For instance, the involvement of service users in public service organizations is believed to increase the capacity of the service to understand the needs and expectations of current and future service users and to serve as a resource that, *if* mobilized, can trigger new and innovative public service solutions (Osborne & Strokosch, 2013). Furthermore, service users' involvement in the services differs in terms of the value of the input they might give and, consequently, their potential to affect how services are arranged and provided (Voorberg et al., 2015).

The collaboration between service users and public service providers in delivering services is in PSI research usually referred to as *co-production* (Nabatchi et al., 2016), which is often used interchangeably with *co-creation* (Ansell & Torfing, 2021; Voorberg et al., 2015). Following Brandsen et al. (2018) and Torfing et al. (2019), we have chosen to make a conceptual distinction between these concepts in the present study. Co-production refers to activities in which service users and service providers work together in service delivery (Brandsen et al., 2018). In contrast, co-creation occurs when service users and service providers, and often more actors, work together in the early phases of the public service cycle and further collaborate in the provision of the service solutions (Ansell & Torfing, 2021; Osborne & Strokosch, 2013; Torfing et al., 2020b). Thus, co-production focuses on the provider–user interfaces in service delivery and is considered an integral part of co-creation, which is conceptualized as broader and includes the planning and design phases (Brandsen et al., 2018). Studies show that co-creation has an innovative dimension that is not shown in co-production (Torfing et al., 2020b).

Service user participation in the design and delivery of mental health and substance use services is enshrined in public policy worldwide (Byrne et al., 2018). Correspondingly, (former) service users are increasingly employed as peer workers in mental health and substance use services. Peer workers engage as service providers and are characterized by having current or previous experiences of mental health challenges, that they either have recovered from, or have learned to live well with (Davidson et al., 2012). Employing peer workers is recommended as a strategy to increase service responsiveness to service users' needs and goals (Gillard et al., 2014b) and to pursue organizational transformation toward a recovery orientation. Most importantly, peer workers are embraced to promote recovery-oriented services (Byrne et al., 2015). As a significant feature of a recovery-oriented service approach is reciprocity between service providers and service users (Bellamy et al., 2017). However, there is not yet a commonly agreed definition of recovery-oriented services, other than such services mainly focus on supporting people with mental health and substance use problems to set and achieve their own recovery goals and improve their wellbeing and participation in society (Byrne et al., 2021b; Chang et al., 2021; Davidson et al., 2021). These processes may involve a journey of both personal change and social (re)engagement, highlighting the importance of creating, accepting, and enabling social environments within which recovery may be supported (Ness et al., 2022; Tew, 2013).

Peer workers are employed in government, non-government, community, and clinical service settings, usually directly in multidisciplinary teams (Byrne et al., 2021b). Peer workers are committed to improve service quality and advocate for service users (Gagne et al., 2018), inspire service users currently accessing services (Watson, 2017), and they are often working explicitly from the perspective of their own experiences of recovery and navigating services (Byrne et al., 2021b). Peer workers' involvement has demonstrated benefits for organizations and current service delivery priorities, particularly in facilitating recovery-oriented values and practices (Byrne et al., 2021b; Mutschler et al., 2021; Walker & Bryant, 2013). Furthermore, research confirms that peer workers' roles and responsibilities may also benefit the individuals in these positions (Agrawal et al., 2016; Barrenger et al., 2020; Debyser et al., 2018; Jo & Nabatchi, 2021; Moran et al., 2012) by increasing their competence and self-efficacy. However, peer workers' involvement is usually described as a means to provide personal value and benefits to service users (Bocking et al., 2018; Castellanos et al., 2018; Cleary et al., 2018; Kidd et al., 2021), while their activities also are considered to have positive impacts on reducing societal problems and tackling social needs (Aminawung et al., 2021; Jones & Pietilä, 2020; Nelson et al., 2016; Tookey et al., 2018). When peer workers help reduce societal problems and have instrumental value for organizations in improving efficiency and effectiveness, they create broader public value (Torfing et al., 2020a).

Thus far, quantitative studies confirm that peer workers help improve the outcomes for people accessing the services by reducing hospitalization, increasing the value of services through enhancing individuals' satisfaction with these services, and ensuring their autonomy and self-determination (Castellanos et al., 2018; Corrigan et al., 2017; Mahlke et al., 2017; White et al., 2020). However, the findings are mixed (Lloyd-Evans et al., 2014); Pitt et al., 2013). Quantitative research is criticized for providing a narrow view of peer workers' effectiveness (Chinman et al., 2016) because it is not based on measuring *peer support* or grounded in peer workers' preferred ways of working (King & Simmons, 2018). To a greater extent, qualitative research has focused on the unique characteristics of peer support and what peer workers bring to the services that contribute to

their impacts (Gillard et al., 2015, 2017; Marks et al., 2022; Watson, 2017; White et al., 2017). Qualitative studies propose that the essential components of peer support are how peer workers provide social, emotional, and practical support (Watson, 2017), use their personal experiences of navigating the services (Byrne et al., 2021b), and utilize their intermediary positions (Gillard et al., 2014a). The notion is that peer workers act as *bridges* between individuals who use these services, the service systems, and the broader community (Gillard et al., 2015, 2017; Marks et al., 2022).

Peer workers' intermediary positions can be essential for the successful collaboration between service users and the services and are perceived as one of the most significant reasons for their success (Gillard et al., 2014b); as peer workers increase service users' access to resources within the service system (Osborne et al., 2013). Peer workers' intermediary position aligns with the role of boundary spanners—described as individuals linking and translating different forms of knowledge (Meerkerk & Edelenbos, 2018), as well as facilitating communication between actors lacking access to or trust in one another (Wallace et al., 2018). Individuals who might serve as boundary spanners are considered essential to co-creation processes (Ansell & Torfing, 2021).

Despite evidence of peer workers' benefits and the increasing need for mental health support and care, studies consistently show that peer workers remain underutilized (Mirbahaeddin & Chreim, 2022). The current wave of research has begun to identify whether and how peer support workers perform unique roles and functions (Kent, 2019). Knowledge about how they can be involved in meaningful ways to bring benefits to individuals and society and influence service delivery and design is scarce. Perspectives from PSI studies are promising when making sense of peer workers' roles within mental health and substance use services (Åkerblom & Ness, 2021). A review of citizens' involvement in co-production and co-creation (Voorberg et al., 2015) distinguishes between various citizens' roles, such as co-implementors, co-initiators, and co-designers. Co-implementors who are involved in the late stages of the service cycle are described as having little influence, and co-designers and co-initiators who are engaged in the early stages as having more power (Voorberg et al., 2015, p. 1347). As such, this research might indicate that peer workers involved in the late stages, such as service delivery, have less influence.

Purposes and Aims of the Study

The overall purpose of this study is to gain more insight into peer worker involvement and roles in mental health and substance use services by applying perspectives from research on PSI. We first overview *how* peer workers are involved, and we use PSI studies to determine whether these might clarify *why* peer workers might bring about changes on different levels and to another degree. When focusing on the collaborative practices in which peer workers are involved, we differentiate between collaborative activities occurring in different phases of the service cycle; co-*commission* and co-*design* occur in the early phases, whereas co-delivery/co-implementation and co-assessment take place in the late stages (Nabatchi et al., 2016). Then, we overviewed the reported outcomes from peer workers' involvement. One reason for this is that research in the PSI field pinpoints a lack of research focusing on the outcomes of co-production and co-creation and suggests that a normative appeal is strong (Voorberg et al., 2015). Likewise, peer workers' involvement in mental health and substance use services seems often to be viewed as an essential end in itself as the research literature focuses extensively on implementation issues and barriers.

More research-based knowledge about peer workers' roles and positions and their involvement in co-production and co-creation will be relevant when considering their input in guiding service transformation and organizational change. This is because peer workers' distinct positions and engagement, to various degrees, will impact the practices they set out to influence. The aim of the study is twofold: Firstly, to provide an overview of peer workers' involvement in mental health and substance use services by focusing on their activities, roles, and positions in collaborative practices across the service cycle, which we define as either co-production or co-creation. Whereas co-production describes the collaboration at the point of service delivery, co-creation is broader and includes planning and design (Brandsen et al., 2018). Secondly, to compare and contrast peer workers' roles and involvement and elaborate on their potential to affect the practices they set out to influence by applying PSI research and perspectives.

Methods

A scoping review methodology was chosen to map the characteristics of peer workers' involvement and roles in mental health and substance use services (Åkerblom & Ness, 2021) and to summarize the findings from a large and heterogeneous body of knowledge adopting various methods (Pham et al., 2014). Our scoping review design followed Arksey and O´Malley's (2005) five-stage framework as follows: (1) identifying the research questions, (2) searching for relevant studies, (3) selecting studies, (4) charting the data, and (5) collating and summarizing the studies. In this section, we present how we conducted the first four phases, while the fifth stage will be covered in the results section. The study protocol was published by Åkerblom and Ness (2021), and the PRISMA checklist for scoping reviews (Tricco et al.,

2018) was followed when conducting the study and reporting the findings. All project data are available at https://doi.org/10.18710/NAQHXL.

Stage 1: Identifying the Research Questions

Countries differ in how they organize services providing treatment and support for people with complex mental health and substance use, regarding both sectors and actors involved. Yet, countries increasingly embrace peer workers' involvement in those services (Moran et al., 2020). Peer workers work alongside various professional actors in a multidisciplinary environment (Byrne et al., 2021b). Following Byrne et al. (2021b), we will refer to peer workers' colleagues, regardless of their professional backgrounds, as non-peer professionals. Moreover, mental health and substance use services seem to be interlinked or even combined in some countries. As we intended to scope the broad phenomena of peer workers' involvement, we look at mental health services, including substance use services.

The PSI literature describes how actors' diverse involvement in collaborative efforts, to a greater or lesser extent, influences service development and its outcomes (Brandsen et al., 2018; Osborne & Strokosch, 2013; Torfing et al., 2020b; Voorberg et al., 2015). It also points out that co-creation has an innovation dimension that does not exist in co-production (Osborne & Strokosch, 2013; Torfing et al., 2020b). Accordingly, our scope focuses on peer workers' varying involvement and roles in collaborative practices, such as co-production and co-creation. As we already expected peer workers to seldom participate across the *entire* service cycle (Åkerblom & Ness, 2021), we sought to investigate potential variations in involvement across the service cycle from commissioning to design, delivery, and assessment (Nabatchi et al., 2017, p. 774). We compare and contrast peer workers' various roles and potential to influence the services. The specific research question (RQ) of this scoping review is: *How are peer workers involved in co-production and co-creation in mental health and substance use services, and what are the described outcomes?*

Stage 2: Searching for Relevant Studies

With the help of a university librarian, we performed a broad search in 10 databases: Medline, PsycINFO, Embase, Oria, WorldCat, Google Scholar, Scopus, Academic Search Elite, Cinahl, and Web of Science. The search was limited to titles, abstracts, and keywords. Reference lists were also searched manually, and citation searches of the included studies and authors were conducted to identify additional publications. A protocol for this scoping review was registered in Protokols.io: 2021.02.11, and a supplementary version of this protocol was also published (Åkerblom & Ness, 2021). The search in databases was initially from the inception of each of the ten databases chosen. As we discover only a few studies before 2010 we decided to limit our scope to this. The initial literature search was done on 2021.01.04, and this search was updated on 2021.12.14 to include articles from 2021. Experts in peer support work in mental health and substance use services were likewise contacted to identify potential studies or ongoing research about peer workers involved in co-production and co-creation.

To identify studies in the database search we used terms linked to the categories; (1) peer workers, (2) collaborative process, and (3) the sector and services. All search terms are listed in Table 1.

Stage 3: Selecting Studies

The selected studies focused on peer workers' involvement in mental health and substance use services. Peer workers are individuals with a lived experience of either mental health or substance use challenges, or both, employed in equivalent services to use their experiences and knowledge from a service user position. We included research articles that used diverse titles to label the positions or roles of people working with a lived experience background. Examples are "experts by experience" (Cooke et al., 2015; Jones & Pietilä, 2020), "peer providers" (Moran et al., 2012, 2013; Siantz et al., 2016, 2017; Zeng & Chung, 2019; Zeng et al., 2020), "peer support specialists" (Jenkins et al., 2020; Pantridge et al., 2016; Poremski et al., 2021), "peer support workers" (Collins et al., 2016; Nossek et al., 2021; Otte et al., 2019), "peer specialist" (Ahmed et al., 2015; Kuhn et al., 2015; Storm et al., 2020), and "peer workers" (Byrne et al., 2021b; Gillard et al., 2015, 2017; Marks et al., 2022; Oborn et al., 2019).

We did not evaluate the quality of the articles and included peer-reviewed scientific articles only. Commentary articles and discussion papers, as well as all forms of review studies, were excluded to avoid including studies twice.

Eligibility Criteria

Studies were included if they described peer workers' roles or activities in mental health and substance use services. As countries differ in terms of how they organize their services we have included mental health and substance use services across sectors. Yet, we did not include studies describing mutual peer support, self-help groups, consumer-driven services, peer-led education, or peer counseling programs.

In all study designs, these services focused only on adults from the general population (aged 18–65). Youth services were excluded, even if some articles included peer workers up to the age of 25. Services with different aims and designs, such as outreach, hospital, and community services, were

Table 1 Search terms

Peer participants	Collaborative processes	Sectors and services
1 Peer Group	15 collaborat*.ti,ab	26 exp Public Sector
2 (peer adj (provid* or support*)).ti,ab	16 participat*.ti,ab	27 exp Health Care Sector
3 (live* adj experience*).ti,ab	17 integrat*.ti,ab	28 exp Mental Health Services
4 psw.ti,ab	18 ((collaborat* or social) adj innovat*).ti,ab	29 exp Mental Health
5 (expert adj by adj experienc*).ti,ab	19 cooperat*.ti,ab	30 exp State Medicine
6 prosum*.ti,ab	20 cocreat*.ti,ab	31 exp Primary Health Care
7 enduce*.ti,ab	21 (co adj creat*).ti,ab	32 exp "Delivery of Health Care"
8 (boundary adj spanner*).ti,ab	22 coproduct*.ti,ab	33 (public adj care adj service*).ti,ab
9 (peer adj mentor*).ti,ab	23 (co adj produc*).ti,ab	34 (public adj service*).ti,ab
10 (peer adj educator*).ti,ab	24 exp Cooperative Behavior/	35 (mental adj health*).ti,ab
11 (peer adj advocate*).ti,ab	25 or/15–24	36 (Addiction adj Service*).ti,ab
12 (peer adj listen*).ti,ab		37 exp Health Services
13 (peer adj provid*).ti,ab		38 (Peer adj Recovery adj Support adj Service*).ti,ab
14 or/1–13		39 (recover* adj service*).ti,ab
		40 municipal*.ti,ab
		41 (Social adj health adj care*).ti,ab
		42 exp Social Work
		43 (Social adj service*).ti,ab
		44 (statutory adj mental adj health adj service*).ti,ab
		45 exp Community Mental Health Services
		46 (third adj sector adj organisation*).ti,ab
		47 or/26–46
		48 14 and 25 and 47
		49 limit 48 to English

included. Only international peer-reviewed articles written in English were considered.

A total of 13,178 articles were screened based on the eligibility criteria, of which 172 were included in the final analysis. The results of the database searches were deduplicated using EndNote. The title and abstracts were then reviewed in Rayyan. We conducted the study selection in three stages. In the first stage, the first author read 100% of the abstracts, whereas the second author read 20% of all the abstracts randomly; 20% of all the articles were imported into a new Rayyan review. Randomization was accomplished using Microsoft Excel, and the articles were sorted until the 20% quota was met. Then we compared the included articles, confirming maximum overlap. After this initial reading of the titles and abstracts, 445 articles were included for a more thorough review in the second stage of the study selection. The first author looked at all articles thoroughly, and the second author examined 20% of the articles randomly. After reading the full-text articles, and confirming overlap again, we excluded 273 articles based on the inclusion and exclusion criteria; such as several studies that described mutual peer support, self-help groups, consumer-driven services, peer-led education, or peer counseling programs. Furthermore, we excluded discussion papers, commentaries, and reviews/not research papers. In the third stage of study selection, we also excluded articles initially presented as research with incomplete descriptions of the research methods or included participants; when it was impossible to determine the roles or contributions of peer workers or when it was unclear whether they were in paid positions. We also removed articles that described peer workers as being involved in doing research and not engaged in service delivery and those in which they were engaged in education and not in service delivery. Finally, we excluded articles evaluating or describing recovery colleges. Recovery colleges (RC) are most often educational establishments and not within the mental health and substance use services. Besides the RC model being based on co-production and partnership between persons with mental health challenges and non-peer workers, we noticed that the different RC seem to implement this model to a greater or lesser extent. Comparing these studies seems reasonable, but we suggest contrasting them with each other instead.

Of the included studies, 13 described mental health and substance use services engaging peer workers located within Veteran Health Care services, eight studies described mental

health and substance use services employing peer workers as *forensic peer support*, and two studies described peer workers engaged in programs aimed at women with substance use challenges who were pregnant or were mothers with children up to five years.

Articles Included from Reference Lists and Through Experts

We included the following six studies from a reference list search: Ahmed et al. (2015), Byrne et al. (2018), Castellanos et al. (2018), Clossey et al. (2016), Dyble et al. (2014), and Marino et al. (2016). We also included two articles from expert researchers in peer support in the mental health field: Oborn et al. (2019) and Roennfeldt and Byrne (2020). Finally, we included three articles from 2021 from our systematic scanning of relevant research: Shaw et al. (2021), Martin et al. (2021), and Byrne et al. (2021a) (Fig. 1).

Stage 4: Charting the Data

We extracted and coded each included study according to the descriptive data: authors, year published, country of origin, study design, context (type of service), and main research focus (outcomes, core peer worker characteristics, or implementation). Each study was coded based on the peer workers' involvement or activities in collaborative efforts, such as co-commissioning, co-design, co-delivery, and co-assessment (Nabatchi et al., 2017), or their roles in co-production and co-creation. We also coded with whom the peer workers were told to collaborate and whether they were part of a multidisciplinary environment or team. We charted whether and how the studies characterize peer workers' intermediary positions. The first author extracted and charted the data but

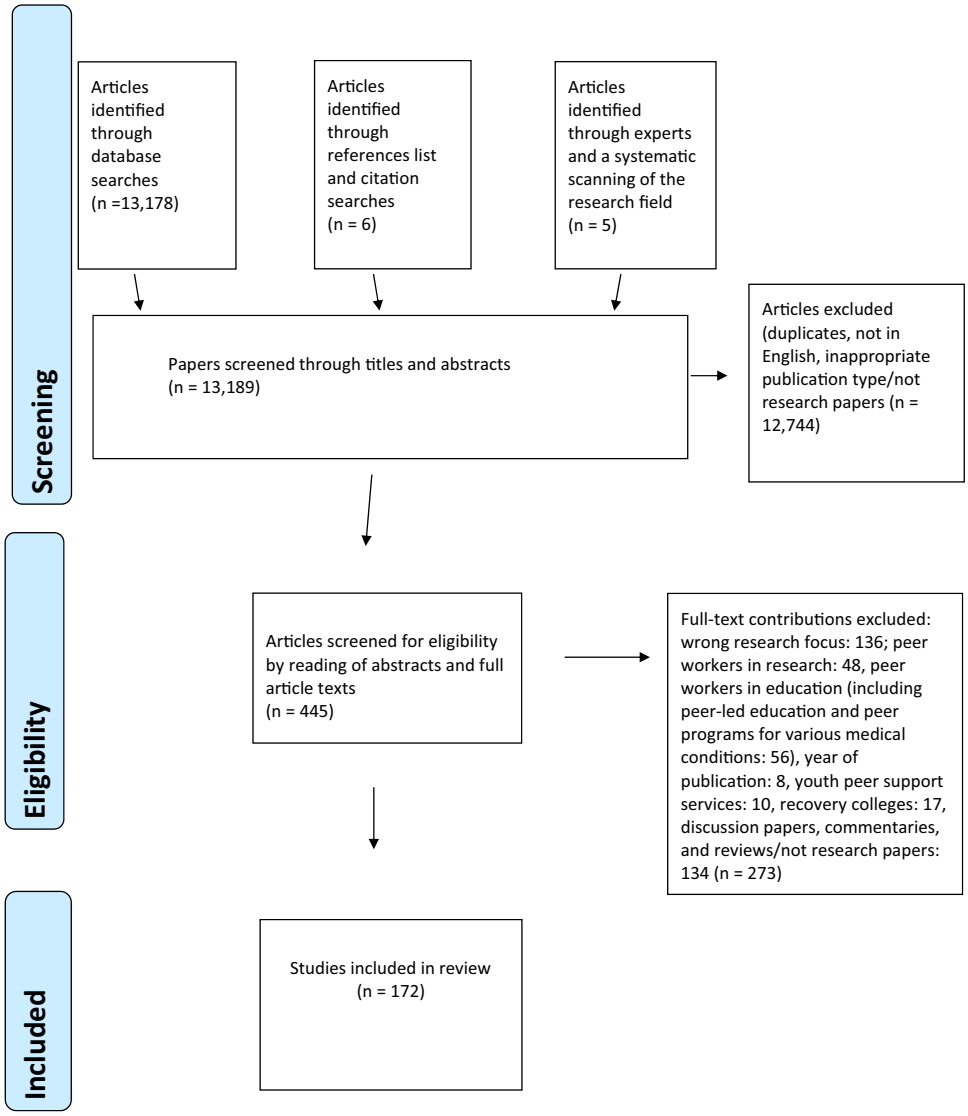

Fig. 1 Prisma flowchart of the systematic selection process

discussed the charting categories and results; discrepancies were resolved through a discussion with the second author.

Stage 5: Collating and Summarizing the Results

We did not assess the methodological quality of the research articles. We compare and contrast the studies, including their summaries, in the findings section.

Findings

In the following section, we present the demographic characteristics of the samples in the scope of our research. A fully descriptive numerical replication of all 172 included studies is available at (link).

Characteristics of the Studies

The synthesized findings of all the identified research articles show that the focus on a peer workforce in mental health and substance use services has increased rapidly since 2010. Of the 172 included studies, 67.4% (116) were published in the last 5 year period, and the rest were published from 2010 to 2016 (Fig. 2).

The majority of the studies were conducted in the US (75; 43.7%); the rest were conducted in Oceania (36; 20.7%), Great Britain (24; 14.4%), Canada (15; 8.6%), Europe excluding Great Britain (19; 10.9%), Asia (8; 4.6%), and Southern America (1; 0.6%). This suggests that the American–Anglo-Saxon perspective is central when studying peer workers' involvement, which might raise questions about how applicable this praxis might be in other Western or non-Western settings. However, we cannot rule out that countries also publish in other languages. This issue is addressed in an ongoing research project, UPSIDES (Moran et al., 2020), in which research on peer support interventions is performed across high-, middle-, and low-resource settings in Europe, Africa, and Asia. However, the dominance of studies from the American–Anglo-Saxon perspective seems to be increasingly challenged by studies from Northern Europe and Asia, as *all* studies from these areas have been published in the last 5 year period (Fig. 3).

With this demographic scope of the included research, we elaborate further on peer workers' involvement and roles across the service cycle.

Peer Worker Involvement in Co-production and Co-creation

In line with the overall purpose and aims of this scoping review, all included studies agreed with the applied definition of co-production and described peer workers working with service users at the point of service delivery. We understand co-production as an integral part of co-creation, so we explored peer workers' involvement to determine *whether* they participated in activities across the service cycle besides the actual delivery of services. We investigated the various phases across the service cycle described as "commissioning," "design," "delivery," and "assessment" (Nabatchi et al., 2017, p. 771). Mainly, we were interested in descriptions of peer workers working together with other actors in the early phases of the public service cycle and whether they were further involved in the provision of the service solutions (Ansell & Torfing, 2021; Osborne & Strokosch, 2013; Torfing et al., 2020b), which fits this scoping review's definition of co-creation.

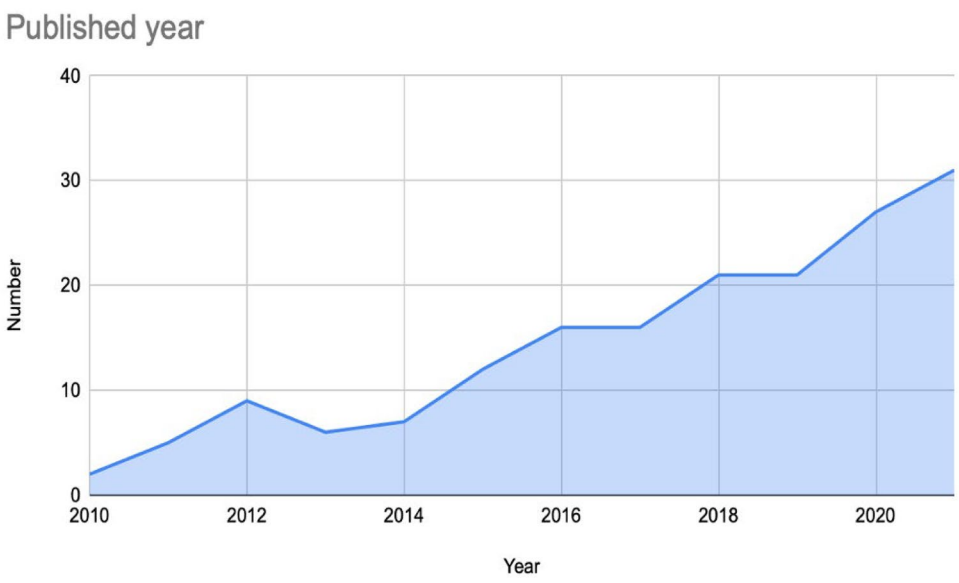

Fig. 2 The number of studies, 2010–2021

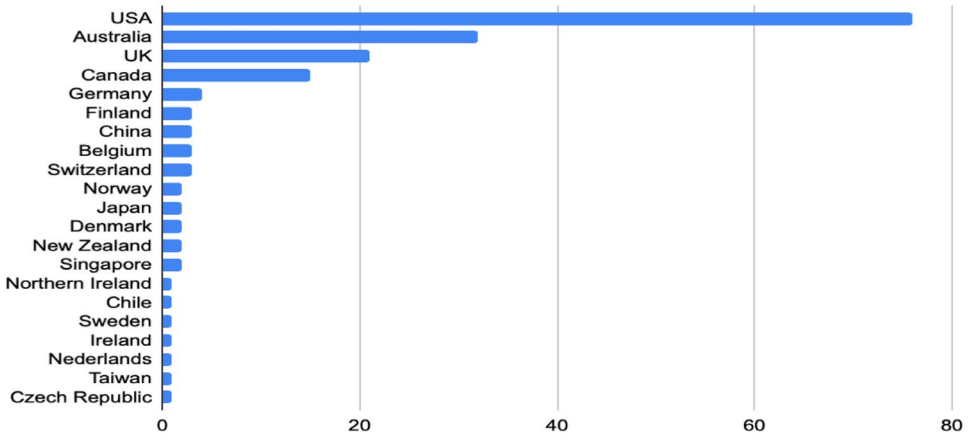

Fig. 3 Included studies per country, 2010–2021

The analysis of the 172 included studies identified that peer workers' involvement was not reflected in the breadth of activities from commissioning to assessment. Very rarely were they involved in co-creation or included in the planning and design phases. We found that 167 studies (96.6%) described peer workers as being involved solely in co-production at the point of service delivery, whereas six studies (3.4%) described peer workers as being engaged in co-creation. Although we have a small number of studies describing co-creation as a basis, these studies may reveal that when peer workers were involved in processes extending the service delivery phase, they seemed more likely to engage in several phases of the service cycle. In addition, we found one study reported that peer workers participated in the delivery and assessment of services (Almeida et al., 2020). Though, as peer worker involvement occurs across the service cycle but not in the early phase, it is not considered co-creation.

We also identified that while peer workers were often described as working in one-on-one contact with service users, they performed activities targeting groups of service users (Hillman et al., 2022; Kumar et al., 2019; McCarthy et al., 2019; Nossek et al., 2021) or professionals (Agrawal et al., 2016; Chisholm & Petrakis, 2020). In total, 40 studies explicitly described peer workers in activities involving groups of actors, which were aimed at increasing the personal benefits of service users.

Furthermore, we found that peer workers were explicitly told to work alongside non-peer providers in what was identified as a multidisciplinary environment (70 studies) or directly in a multidisciplinary team (72 studies; total: 142 studies, 82.56%). This may mean that the indirect effects peer workers have on non-peer providers and workplaces deserve to be explored further (See also, Byrne et al., 2021a).

Examples of Co-creative Practices

We identified six studies describing peer workers engaging in co-creation, working with other actors in the early phases of the public service cycle, *and* collaborating to provide those service solutions. One study described individuals with lived experience working with community stakeholders to plan and deliver Canada's At Home/Chez Soi project (Nelson et al., 2016), and another study, also from Canada, described how community support workers in health care teams' harm reduction services (Tookey et al., 2018) should give administrative program support, participate in program planning and research, and provide one-on-one client support in service delivery. A study from Australia described peer workers' involvement in the planning, delivery, and evaluation of services; they were employed as consultants, appointed to the Board of Directors, and they educate and train clinicians in implementing recovery-oriented praxis besides working alongside mental health workers to support service users and families (Chrisholm & Petrakis, 2020). A fourth study we identified as an example of co-creation is from Finland; it describes peer workers as experts by experience who are involved in service-level planning groups besides being members of care teams in municipal services (Jones & Pietila, 2020). The last two studies are from the US. The study by Aminawung et al. (2021) described how community health workers with histories of incarceration were integrated as care team members and supported patients during clinic visits aside from providing essential input on the design of programs and services and advocating for changes in clinic policies and practices. The study by Myers et al. (2021) described Emotional CPR (eCPR), a program developed *and* delivered by individuals with a lived recovery experience from trauma and mental health

challenges and that aimed to train community members in supporting others through mental health crises.

Three Types of Peer Worker Roles in Mental Health and Substance Use Services

By applying knowledge from research on PSI, we further summarized the research articles on peer workers' involvement and identified three types of peer worker roles that differed in terms of the workers' degree of involvement. As the findings show a considerable variation in peer workers' involvement, we developed two categories of roles—peer workers as *providers of pre-determined services* and as *providers of peer support*—in which their roles broadly reflect the activities they perform. Although we present them as two distinct categories, the findings show that they might overlap.

When peer workers are providers of pre-determined services, this aligns with the co-implementor role described by Voorberg et al. (2015) where activities that in the past have been carried out by the government are being transferred to citizens. In this context, peer workers take over some of the non-peer workers' activities. However, when they serve as peer support providers, they can decide on the activities to prioritize in supporting service users besides customizing the primary services. Although a peer worker's role as an equal partner in co-creative practices hardly seems to be described in the literature at all, we included a third peer worker role in our typology: *peer workers as partners in co-creation.*

Peer Workers as Providers of Pre-determined Services

Following the typology of peer worker roles described above, the findings show that 21 studies (12.2%) align with peer workers' roles as providers of pre-determined services. In this category, we included studies in which peer workers were told to perform strictly defined activities as part of an evidence-based program or service. Organizations design the type of peer worker involvement, and their input is restricted to specific pre-determined tasks.

Peer Workers as Providers of Peer Support

The largest category is peer workers as peer support providers (145 studies, 84.3%). In this category, we included studies that explicitly defined peer workers as individuals who provide peer support in services or who support service users by practicing peer support. However, the descriptions of peer support varied, and some studies did not define it explicitly. Commonly, however, peer support was described as practical, emotional, and social support based on their lived experience of mental health and/or substance use challenges, similar to the service user (Davidson, 2016; Davidson et al., 2012; Repper & Carter, 2011; Watson, 2017). Moreover, lived experience is commonly described as perspectives, knowledge, and skills, resulting from mental health and substance use challenges and service use (Byrne et al., 2017).

Peer Workers as Partners in Co-creation

The third peer worker role, peer workers as partners in co-creation, is rarely described, but it aligns with peer workers' involvement from the early phases in defining problems, designing new or improved services, and further implementing the new service solutions.

Outcomes of Peer Worker Involvement in Co-production and Co-creation

Based on the findings of the scoping review, we found that studies broadly seek to answer three questions: (1) *What* are the outcomes resulting from peer workers' involvement? (2) *Which* unique qualities do peer workers bring to the services? (3) *How* should peer workers be implemented (to maximize their unique qualities in achieving the expected outcomes)? An earlier review confirmed a similar research focus (Chinman et al., 2014). Based on this categorization, we found that 49 studies focused on the outcomes of peer worker involvement, 52 on the qualities that peer workers bring to the services, and 71 on implementing a peer workforce.

This scope of research reveals that research has paid great attention to challenges and barriers to implementing peer workers and not paid equal attention to the actual outcomes of involving peer workers. This may confirm a normative appeal like what is pointed out in research about co-production and co-creation, and that involving peer workers is perceived as an end (Voorberg et al., 2015) (Fig. 4).

Peer Workers' Roles Compared to the Outcomes of Their Involvement

Among the 49 studies focusing on the outcomes of peer worker involvement, we found three types of peer worker roles, allowing us to compare peer workers' involvement to the outcomes. In 19 studies, peer workers were providers of pre-determined services; in 29 studies, peer workers were providers of peer support; and in one study, peer workers were partners in co-creation. List of studies that reported on outcomes (https://doi.org/10.18710/NAQHXL).

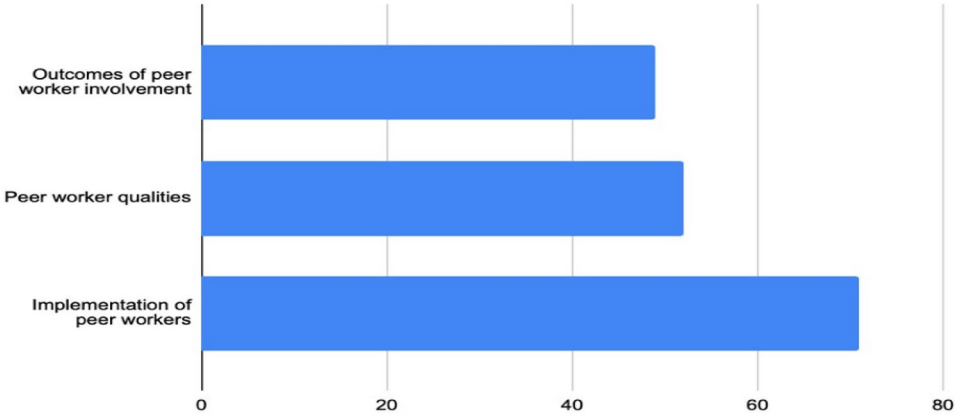

Fig. 4 The main research focus of the included studies

Outcomes When Peer Workers are Providers of Pre-determined Services

Regarding peer workers serving as providers of pre-determined services, 19 of 21 studies focused on the outcomes. These studies typically consisted of high-quality clinical trials or randomized controlled trials (RCTs) comparing peer workers delivering pre-determined services with non-peer workers (Corrigan et al., 2017; Crisanti et al., 2019; Kidd et al., 2021; O'Connell et al., 2018; Ranzenhofer et al., 2020; Rogers et al., 2016; Shaw et al., 2021; Simpson et al., 2014; Tracy et al., 2011) or comparing peer workers as co-facilitators of a pre-determined service with services as usual (Agrawal et al., 2016; Cheng & Yen, 2021). Some studies also applied qualitative-oriented methods, such as interviews (Beehler et al., 2014; Muralidharan et al., 2020; Wusinich et al., 2020) and a case study (Harris et al., 2020). Clinical trials typically measured peer workers' fidelity in delivering specific tasks (Fortuna et al., 2018; Johnson et al., 2021; Kern et al., 2013; McCarthy et al., 2019) or compared patients' symptoms and functioning before and after peer workers (co)-delivered services (Cheng & Yen, 2021).

While these clinical trials and RCT studies have been criticized for their lack of attention to core peer work principles when measuring outcomes (King & Simmons, 2018), some of them explicitly reported that the pre-defined activities reflected a peer support perspective (Johnson et al., 2021; McCarthy et al., 2019; Shaw et al., 2021; Simpson et al., 2014; Thomas & Salzer, 2018; Wusinisch et al., 2020). Some also included measurements of fidelity to peer support principles before conducting RCTs (Green et al., 2013; Kidd et al., 2021).

In summary, some of the studies in which peer workers were providers of pre-determined service demonstrated increased service effectiveness (Corrigan et al., 2017; Simpson et al., 2014; Tracy et al., 2011); others showed minor effects or that peer workers can perform a task with fidelity and achieve the same effect as non-peer workers (Crisanti et al., 2019; Kern et al., 2013; Possemato et al., 2019). Although Kidd et al. (2021) found that peer workers were feasible in delivering the Welcome Basket intervention, they did not find the intervention to be superior to treatment as usual. However, one may ask whether these studies measured the impacts of peer workers or the results of specific tasks or programs. If peer workers delivered the same jobs or programs as professional non-peer workers with fidelity, they were likely to be preferred because of cost-effectiveness (Simpson et al., 2014).

Outcomes When Peer Workers are Providers of Peer Support

The studies describing peer workers as providers of peer support primarily focused on how the services of peer workers can be effectively used (68 studies, 46.9%). Some studies examined the specific input that peer workers gave when they were allowed to provide peer support in the services (49 studies, 33.8%), and others (29 studies, 20%) explored the outcomes of peer workers' involvement.

Of the 29 studies, 10 were quantitative and reported on the outcomes in terms of effectiveness (Castellanos et al., 2018; O'Connell et al., 2018; Ranzenhofer et al., 2020; Rogers et al., 2016; van Vugt et al., 2012) or identified the influential factors that directly impacted effectiveness. For example, peer workers' interventions obtained significantly higher scores on patients' level of self-efficacy (Mahlke et al., 2017), the value of peer workers' practical support in the transition from hospital to community (Scanlan et al., 2017), how peer worker communication skills increase treatment attendance, and how levels of hope and self-esteem among peer workers are significantly associated with improvements in hope and empowerment among service users over time (Mak et al., 2021). One of these studies documented how the lack of peer workers' authority in organizational processes negatively impacted service utilization rates (Park, 2020).

Nineteen of the 29 studies were qualitative and reported on outcomes from the perspectives of service users (Bocking et al., 2018; Fallin-Bennett et al., 2020; Gidugu et al., 2015; Taylor et al., 2018), mental health professionals (Agrawal et al., 2016; Collins et al., 2016; White et al., 2017), managers (Byrne et al., 2018; Merritt et al., 2020), caregivers (Yuen et al., 2019), and peer workers themselves (Griffiths & Hancock-Johnson, 2017). Several studies combined perspectives from some of the involved actors, either as part of case studies (Collins et al., 2019; Davies et al., 2014) or through interviews with several stakeholders (Barr et al., 2020; Brasier et al., 2022; Jack et al., 2018; Otte et al., 2019; Tseris, 2020).

The overall response was that the other participants highly valued peer workers' involvement. Nevertheless, some studies revealed the fear that peer workers' recovery process could negatively impact the support provided (Collins et al., 2016, 2019; Ogundipe et al., 2019), that risks might arise as a result of peer workers' lack of training and support (Griffiths & Hancock-Johnson, 2017; Merritt et al., 2020; Yuen et al., 2019), that boundaries between peer workers and service users are blurred (White et al., 2017), and that service users need to have opportunities to choose among peer workers as service providers (Ogundipe et al., 2019).

Outcomes When Peer Workers are Partners in Co-creation

The only study presenting outcomes in which peer workers were partners in co-creation was that by Myers et al. (2021), who examined the feasibility and preliminary effectiveness of a peer-developed and delivered program (eCPR). The results showed that it was feasible for peer workers to provide the program and that the outcomes were promising concerning the effects on providers' and service users' clinical outcomes.

The other studies that described peer workers as partners in co-creation focused on implementation, identification of challenges and opportunities, and how collaborative practices involving peer workers unfolded. One study examined peer qualities and peer workers' roles as integrated members of a primary care team serving individuals returning from incarceration (Aminawung et al., 2021).

Peer Workers' Boundary Spanner Position

Peer workers' intermediary functions, which aligned with the role of a boundary spanner (Meerkerk & Edelenbos, 2018), were recognized and explicitly described in the majority of studies (132 of 172, 76.7%). How peer workers must balance the identity of being like service users and being like non-peer service providers was often described. This balancing required fluid group membership enabled by peer workers' knowledge of the rules of interaction in both worlds (MacLellan et al., 2017). Because they belonged to both sides, peer workers served as linkages between actors, lacking trust in one another.

Commonly, the studies described peer workers as *bridges* (Burke et al., 2018; Byrne et al., 2018; Cleary et al., 2018; Hillman et al., 2022; MacLellan et al., 2017) and individuals who facilitate *connecting* (Clossey et al., 2018; Harris et al., 2020; Van Zanden & Bliokas, 2021; Weir et al., 2019; Zeng & Chung, 2019), *linking* (Byrne et al., 2021b; Jacobson et al., 2012; Martin et al., 2021; Otte et al., 2019; Scanlan et al., 2017), and *navigating* (Aminawung et al., 2021; Barrenger & Hamovitch, 2019; Brasier et al., 2022; Chisholm & Petrakis, 2020; Corrigan et al., 2017) and who function as *advocates* (Byrne et al., 2017; Ehrlich et al., 2020; Eisen et al., 2015; Scanlan et al., 2020; Wyder et al., 2020). Consequently, peer workers expand service users' access to resources and increase their involvement with the service system. We recognize that the bridging function is more often described when peer workers have a substance use background, but this could also relate to peer workers who are often engaged in outreach services. Finally, some studies did not mention peer workers' intermediary positions but seemed to build implicitly on such an understanding (Ahmed et al., 2015; Byrne et al., 2021a; Cheng & Yen, 2021; Muralidharan et al., 2020; Siantz et al., 2017).

Discussion and Implications

This scoping review overviewed research describing peer workers' involvement and roles in mental health and substance use services by applying PSI research and perspectives; this can give a clearer understanding of the interrelations between the types of peer worker roles and their potential to influence service delivery and transformation. Based on the findings and applied perspectives, we developed a model to illustrate the possible relationship between the types of peer worker roles and transformative ability in order to support the discussion of the findings (Fig. 5).

Peer Worker Roles and Transformative Potential

We argue that discussing the transformative potential of peer workers' roles is vital. Our findings show that peer workers are recurrently described as having the same functions as or taking over some tasks from their non-peer colleagues. In these positions, peer workers are told to engage in strict co-production in service delivery, and their options to choose alternative forms of support or activities are limited. The peer worker role that broadly reflects these activities is that of peer workers as *providers of pre-determined services.*

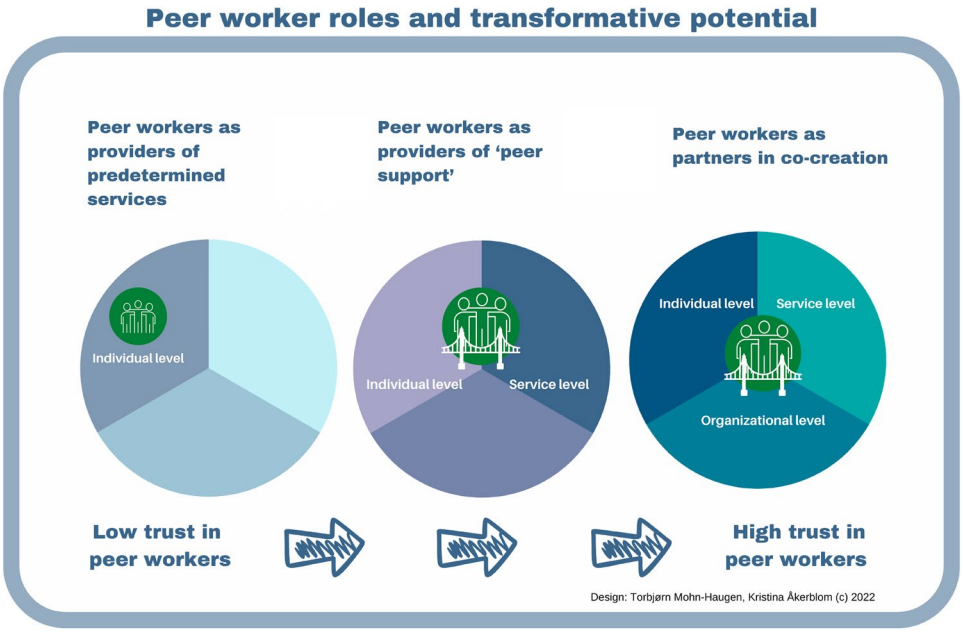

Fig. 5 Peer worker roles and their potential to transform services

This role is highly similar to the described "co-implementor" role (Voorberg et al., 2015, p. 1347) and, following this, the peer worker role, which has the least potential to influence. In these positions, peer workers have fewer opportunities to adjust services to service users' needs because the organization has defined peer workers' activities, presumably in line with the current service delivery model. In the literature, this fitting of peer workers into a pre-existing paradigm is problematized, as peer work differs substantively from traditional clinical practitioners (Gillard, 2019). However, perhaps as important, service users may have less trust and confidence in peer workers in such positions because they appear to be co-opted by the organizations (Byrne et al., 2015; Voronka, 2019). Furthermore, as organizations arrange and control peer workers' activities, they demonstrate less trust in peer workers.

An organizational culture that leads services to adopt a risk-averse approach (Ibrahim et al., 2020) is suggested as a potential barrier to introducing peer workers' roles. Earlier studies have pointed to the need to clarify peer workers' roles (Burke et al., 2018; Gidugu et al., 2015; Siantz et al., 2018a), and it has been suggested that organizations give peer workers conventional roles rather than creating roles focusing on their positions and qualifications to minimize the presence or effects of risk (Bellamy et al., 2017; Byrne et al., 2021b; Ibrahim et al., 2020).

Peer workers' opportunities to influence are limited in their roles as providers of pre-determined services; still, when positioned as providers at the point of service delivery, they might provide some benefits for the individuals using these services, such as building hope and inspiring those in need of services (Byrne et al., 2013; Collins et al., 2019; Otte et al., 2019; Watson & Meddings, 2019; White et al., 2017). However, peer workers as providers of predetermined services are unlikely to transform services or organizations, and their potential as boundary spanners is not utilized. Even if peer workers are in conventional roles, they often confirmed that they crossed the boundaries that organizations set for them to provide the necessary assistance to clients (Balková, 2022; Edan et al., 2021; Järvinen & Kessing, 2021).

In the findings, most studies clearly described *peer workers as providers of peer support*. Most studies in this category recognized peer workers' intermediary positions, which aligned with the description of boundary spanners (Meerkerk & Edelenbos, 2018). As such, peer workers were told to facilitate communication between actors lacking access to or trust in one another (Wallace et al., 2018) and to be *cultural brokers* who, in different ways, gain or increase trust in the services or in non-peer providers (Lennox et al., 2021; MacLellan et al., 2017; Olding et al., 2022; Otte et al., 2019; Siantz et al., 2018b); this is because they help open up previously unattainable communication channels between the organization and its clients (Merritt et al., 2020), or they transfer the trust they earned from patients to providers and systems that may otherwise be viewed as untrustworthy (Collins et al., 2019). Furthermore, peer workers as providers of peer support were often told to be service users' advocates, increasing their involvement with the services, as well as bridging and helping service users navigate the service systems. This position seems to be linked to two crucial factors: peer workers easily connect with service users because of their similar backgrounds (Ranzenhofer et al., 2020; Roennfeldt & Byrne, 2020; Van Zanden & Bliokas,

2021; Weir et al., 2019; Zeng & Chung, 2019), and peer workers are employed within the services, so they are familiar with the organizations and the organizational language (Kidd et al., 2016; Lennox et al., 2021; Mutschler et al., 2019; Siantz et al., 2018a; Storm et al., 2020). In short, peer workers have knowledge of the rules of interactions in both worlds (MacLellan et al., 2017).

Nevertheless, peer workers as providers of peer support must also be seen as trustworthy boundary spanners by connected actors. The power and benefits of having access to unique sources of information or resources would be lost if they proved untrustworthy (Wallace et al., 2018). Our findings show that peer workers mostly work alongside non-peer workers in multidisciplinary environments. This position may enable long-term relationships with non-peer workers and thus increase the likelihood of peer workers being considered and valued as partners. As peer workers partner with non-peer workers who have been in these services for a long time, it will most likely take some time though before they have a similar say in service-related decisions (Asad & Chreim, 2016; Ehrlich et al., 2020).

The findings show that many studies were mixed in descriptions from which peer workers were allowed to apply their skills, perspectives, and competence from their lived experiences *or* fit into the roles and positions that organizations decide. Several studies problematized the fact that peer workers risked being co-opted by their organizations (Byrne et al., 2015; Gillard et al., 2015; Zeng et al., 2020). Likewise, studies pointed to the risk of mental health professionals exploiting peer workers by using these workers' connections with patients and convincing patients to accept treatment options that they would probably reject if proposed directly by these mental health professionals (Otte et al., 2019). Correspondingly, peer workers reported that after being introduced to a hospital setting, they gradually started working more like their non-peer professionals (Wall et al., 2021) or filling in for other team members because of a lack of time or other work limitations (Crane et al., 2016). Unthinkingly substituting for other personnel might lead to the blurring of professional roles and intrusion into the professional grounds of others, possibly creating tension in the workplace (Debyser et al., 2018; Meijer & Thaens, 2021). Even so, peer workers as providers of peer support may, directly and indirectly, interfere with service delivery, occasionally inform new practice generation, and likely help bring forward incremental changes.

However, when determining peer worker roles, knowledge about how to be involved in meaningful ways, to increase their potential to influence service delivery and development is crucial. The type of peer worker role that aligns best with perspectives from research on PSI is peer workers as partners in co-creation, suggesting that the "involvement should occur at all phases of a (public) service lifecycle" (Osborne et al., 2013, p. 142), from commissioning to design, delivery, and assessment (Nabatchi et al., 2017, p. 774). When peer workers have such positions, organizations demonstrate trust and organizational commitment (Byrne et al., 2021b) to involve them extensively across the service cycle, enabling organizational transformation toward recovery-oriented services.

One promising strategy to involve peer workers in meaningful ways could be appraising peer workers as boundary spanners in co-creation processes to transform service systems. In co-creation, it is recommended that several persons who can function as intermediaries capable of linking and translating different forms of knowledge be recruited (Ansell & Torfing, 2021). The applications and benefits of peer workers' practice as boundary spanners could be enabled and facilitated through various platforms for collaboration (Ansell & Torfing, 2021), such as executive boards, enabling peer workers to move back and forth between their workplaces and executive committees (Chisholm & Petrakis, 2020; Jones & Pietilä, 2020). When such connections are made, peer workers' involvement can be productive in the services in which they are employed. There is further potential for broader system change because such links can ensure that peer workers' concerns can be taken forward across the organizational hierarchy and considered within decision-making processes.

However, co-creation is not easy to implement, and no matter what roles peer workers get, the fact that they are usually the ones who are 'invited along' by the organizations employing them will inevitably entail a skewed power relationship between initiator and contributor (Marent et al., 2015, p. 831). The importance of developing strategies to overcome challenges for developing equal-footed relationships and collaborations is highlighted, and it is suggested that peer workers should be better prepared to participate in committees with more comfort and confidence (Nelson et al., 2016). Thus, if peer workers are to become partners in co-creation, organizations also must prepare to involve them in meaningful ways and demonstrate trust in them (Byrne et al., 2021b). However, suppose organizations include peer workers as partners. In that case, this kind of involvement potentially will not reduce service users' trust because peer workers as partners appear less co-opted by organizations and more likely to bring in a service user perspective. Peer workers as partners in co-creation are likely to engage in negotiation, extensive dialogue, and discourse about complex problems at the individual, service, and organizational levels and increase the likelihood of getting to the core of things. Peer workers engaged in co-creation processes have significant potential to influence and shape service priorities and contribute to developing new service solutions. Furthermore, these service solutions' actual implementation and delivery can increase because of peer workers' boundary

spanner position. This can be a promising attempt at systemic and sustainable system change in mental health and substance use services.

Concluding Remarks

This scoping review provides an overview of the research literature describing peer worker involvement in mental health and substance use services through applying perspectives from the PSI literature. Its relevant contribution is a clearer understanding of peer workers' roles, positions, and nature of involvement in mental health and substance use services (Jones et al., 2020). This is especially relevant when determining the most influential employment (Byrne et al., 2021b) and use of peer workers. In this overview, we have mapped the broad phenomena of peer workers' involvement and not compared contexts or between mental health and substance use services, which could be done in further studies.

As mental health and substance use services are mostly multidisciplinary (Byrne et al., 2021b), it is acknowledged that complex challenges, such as mental health and substance use issues, cannot be solved without diverse knowledge and experience; this premise agrees well with research on PSI suggesting that such hurdles be addressed through partnership and collaborative interventions (De Vries et al., 2016; Torfing et al., 2019). However, studies on PSI show that various peer worker roles will, to a greater or lesser extent, have the potential to influence service delivery or service systems and pursue individual and societal outcomes.

Based on the findings, we conclude that a relevant challenge is scrutinizing *how much* peer worker involvement is adequate across the service cycle to influence practices. Contrasting the activities that need to be performed at different levels across the service cycle has been suggested to enable practitioners to select the type of collaborative practice best aligned with goals and purposes (Nabatchi et al., 2017, p. 766). Although this knowledge can be suited to gaining better insight into specific prerequisites and challenges that the various stages may entail, paradoxically, this could also mean that substantial attention will be given to involvement in some activities or phases. By contrast, others will be left out, reducing involvement across the service cycle instead of ensuring that involvement "occur at all phases of a service lifecycle' (Osborne et al., 2013, p. 142). As an example, peer workers who are involved in evaluations and research seem to be more common (Gillard et al., 2010; Goldsmith et al., 2019; Wyder et al., 2020), which is likely a direct consequence of this being a requirement for research funding. Furthermore, the results of evaluations in which peer workers participate may or may not be used prospectively to improve services. However, when peer workers are not involved in implementing these service improvements, they will not be able to adjust these services in line with the intention.

The findings of this scoping review indicate that peer workers' involvement is often narrowly interpreted, although the policy rhetoric supports it. They are almost exclusively depicted as providers at the point of service delivery. In this position, they are more or less allowed to bring in their unique perspectives, knowledge, and skills as providers of peer support. We identified some promising attempts in which peer workers' involvement touches upon all phases of the service cycle. However, co-creative practices involving peer workers in mental health and substance use services will require different types of peer worker involvement than what is commonly practiced today. Peer workers' participation in commissioning and design is lacking, which must be included if the aim is to allow them to engage in co-creative practices. Besides having innovative potential, such practices can move beyond tokenistic participation (Torfing et al., 2019), in line with the recovery approach (Farkas & Boevink, 2018).

As research has focused mainly on the outcomes of peer worker involvement at the individual level, their influence on the service and organizational levels is also less explored. Future research should consider peer workers' influence on organizational structures and their potential as boundary spanners and partners in co-creation. Additionally, systematic reviews (SR) have focused on the use of peer workers (Ibrahim et al., 2020), peer worker attributes (King & Simmons, 2018), and outcomes (Lloyd-Evans et al., 2014) without considering the types of roles that peer workers have. As such, the outcomes when peer workers are providers of peer support could be interesting to follow up on in future SRs.

Limitations

There are some limitations to this scoping review. First, we apply perspectives from PSI studies, while research describing peer workers' roles and activities often depicts this otherwise. This implies that the authors have converted and categorized the included literature to fit it with the applied perspectives of co-production, co-creation, and boundary spanning, thus affecting the findings.

Second, this scoping review focuses on peer workers' roles and involvement, often depicted as co-production at the point of service delivery. We cannot rule out that peer workers' involvement is more extended or that it occurs in other activities across the service cycle, even if this is not reported in the articles.

Third, the study selection process was performed in several steps to handle the vast number of articles involved. For each stage, the eligibility of studies was met through 20% of the studies being randomly selected by the authors before

the first author then continued deciding on the rest of the studies. When the first author was unable to choose, a discussion between the authors on whether to include the study was conducted. Also, the many studies included can make the analysis less focused. However, based on the premise that peer workers' various involvements will have different potential to bring individual and societal value outcomes we aimed to capture the broadness of peer workers' activities in the service cycle across different types of services and different levels, which would not be possible to produce with a limited or selected set of research.

Lastly, this scoping review may appear to positively portray peer workers, as we only, to a small extent, present barriers and obstacles to involving peer workers. This might also be a consequence of what we have described as a solid normative appeal of involving peer workers, resulting in a lack of research on the actual outcomes of involving them. Therefore, besides peer workers' roles and activities, we have focused on the described outcomes of their involvement. Furthermore, recognizing this, we will also pinpoint how such a great deal of research focuses on obstacles and challenges, which might prevent us from moving forward regarding peer workers' roles and involvement.

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Declarations

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RESEARCH

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Managers as peer workers' allies: A qualitative study of managers' perceptions and actions to involve peer workers in Norwegian mental health and substance use services

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Abstract

Background Citizens with experience and knowledge about what it is like to use mental health and substance use services are increasingly employed within similar services as peer workers. Peer workers are portrayed as achieving societal obligations and help ensure that the outputs from service provision are more effective. Even though peer workers have worked in mental health and substance use services for a while, few studies have focused on exploring managers' experiences and perspectives about involving peer workers. This knowledge is needed because these managers can enable and hinder equitable involvement and collaboration with peer workers.

Methods A qualitative explorative study was chosen to explore the following research question: *How do managers in Norwegian mental health and substance use services experience, relate to, and embrace peer workers as assets in these services?* A researcher (Ph.D. student) and a coresearcher (peer worker) conducted four online focus groups with a strategic selection of 17 Norwegian mental health and substance use services managers who had some experience with the involvement of peer workers in their organizations.

Results The results identified using systematic text condensation are as follows: [1] *Peer workers boost the ongoing shift toward increased service user involvement.* [2] *Peer workers are highly valued in the service transformation process.* [3] *Managers involve peer workers as partners in co-creation.* The results show that managers connect with peer workers and facilitate their involvement in collaborative activities across the service cycle. Peer workers' proximity to service users and bridging capacity is highlighted as the reasons for their involvement. Thus, peer workers are involved in co-defining challenges, co-designing potential solutions, co-delivering those service solutions, and, sometimes, co-assessing service solutions to rethink and improve services. As such, peer workers are considered partners in co-creation.

Conclusion As managers involve peer workers, they increasingly discover peer workers' value, and because peer workers are involved, they increase their skills and capacity for collaboration. This research strengthens the knowledge

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base of the perceived value of peer workers' roles, bringing in new perspectives from management about utilizing and evaluating peer worker roles.

Keywords Peer workers, Management, Mental health and substance use services, Service transformation, Boundary-spanning, Co-creation, Qualitative study

Background

Worldwide, citizens' mental health needs are high, but current responses are insufficient and inadequate [1]. Individual and societal challenges resulting from mental health problems and substance use can be considered wicked or complex problems as they are intractable, unpredictable, have no single and simple solution, and, thus, can be challenging to address [2]. A suggested response when approaching such complex problems is collaborative practices involving the relevant and affected actors working together in creative problem-solving [3]. The relevant and affected actors are either affected by the situation or possess the appropriate knowledge and resources to contribute to a solution. In mental health and substance use services, one strategy to increase services' responsiveness to service users' needs and wants is employing citizens with lived experiences of similar challenges and service usage as peer workers [4]. Peer workers are characterized by the currently being or previously being affected by mental health challenges and have either overcome or learned to live well with them [5]. Thus, these individuals might possess relevant knowledge about potential solutions.

In mental health and substance use services, collaborative practices are well established as principles [6, 7]. Peer workers enter multidisciplinary organizations and often engage directly in interdisciplinary teams [8]. Peer workers' involvement aligns with the new dominant direction in mental health service delivery, the recovery-oriented approach [9]. Recovery-oriented approaches highlight a partnership model involving peer workers, and their involvement is identified to increase the service user involvement [6]. Peer workers emphasize service user choice and autonomy and exercise voice, control, and influence over service delivery and development [10]. Peer workers are known to bring benefits and increase personal value to service users [11–14] and, as change agents, assist services in moving toward recovery-oriented service delivery [15, 16].

As employed within mental health or substance-use services, peer workers can act as the representatives of service users, who are likely to benefit from these services or their actions on behalf of the services [17]. Peer workers have a position 'in between' the service users and the services system. This intermediary position is perceived as one of the most significant reasons for their success [4] because they can bridge [18–22], link [8, 12, 23], and facilitate communication between the service users and the service system. By increasing service users' access to resources within the service system [24], peer workers improve the services' ability to tackle social needs [14, 24, 25]. Hence, peer workers' representation can address service inequalities.

Even though peer workers are often depicted as having the power to drive social change, research has revealed a potential resistance to the integration of peer workers [9, 21, 26] and that peer workers' ability to impact mental health service systems and delivery meaningfully is limited [9, 26–28]. Studies have begun identifying whether and how peer workers perform unique roles and functions [16]. Because peer worker involvement differs substantially across contexts, so does their potential to generate the inputs and affect service delivery and development [29].

In Scandinavian countries, peer worker involvement and practices are at an early stage [30–32]. In Norway, the context for the current study, there are still no national standards for the regulation, certification, or training of peer workers [30]. However, Norwegian policy aligns with policy found around the Western world [18] and has enshrined service user participation in the design and delivery of mental health and substance use services. Anyhow, Norwegian white papers do not describe peer workers' roles or activities [33, 34]; this may give managers substantial room for interpretation and action.

The role of public managers in leading collaboration to achieve public value has received significant attention [35]. However, knowledge about how mental health and substance use services managers relate to and embrace peer workers' knowledge and skills to benefit individuals and society is scarce. Few studies have focused on gaining information about managers' perspectives [9, 36], experiences [36], or actions when it comes to involving peer workers [37]. One study suggests that the degree of management exposure to peer workers was essential for their understanding and commitment to applying them [38]. For this reason, more knowledge is needed about how managers who have gained experience with peer workers understand, commit to, and welcome them into collaborative practices in mental health and substance use services. The present research can offer promising perspectives regarding peer workers' roles and involvement in collaborative practices in mental health and substance use services.

Collaborative practices in response to wicked or complex problems have received considerable attention in

public sector innovation studies [39]. These approaches are denoted by the concepts of co-production and co-creation, which are often used interchangeably [40]. Yet, a split between these concepts can facilitate comparing peer workers' involvement in collaboration practices in different contexts. In the present study, we use co-production to describe the collaboration involving peer workers and service users in service delivery [40]. In contrast, we use co-creation to refer to a broader involvement of peer workers in collaborative efforts, starting in the early phases of the service cycle, such as commissioning and design, combined with involvement in delivering those service solutions [39, 41, 42].

This split is further supported by a distinction Voorberg and colleagues (2015) used to describe various citizens' roles in collaborative efforts as co-implementors, co-initiators, and co-designers. These researchers suggest using the term co-production for the involvement of citizens in the co-implementation of services and co-creation for the involvement of citizens as co-initiators or co-designers. Furthermore, they point out that citizens involved as co-implementors in the late stages of the service cycle will have less influence than citizens involved in the early stages as co-designers and co-initiators [40].

By and of itself, involvement in the late stages of a service cycle, like in service delivery or implementation, does not disrupt the common wisdom or established practice or lead to stepwise and innovative changes in a particular context [43]. On the contrary, co-creation efforts have an innovative dimension [44]. Following this, peer workers' prospect of influence will be more significant in earlier phases of service development than in service production processes. This calls attention to peer workers' involvement in the early stages of the service cycle as essential regarding their potential to impact the services they set out to change.

Thus, the current study explores managers' perspectives on utilizing and evaluating peer workers' roles in collaborative practices in mental health and substance use services. The specific research question is as follows: *How do managers in Norwegian mental health and substance use services experience, relate to, and embrace peer workers as assets in the services?*

Methods

Study design

A qualitative explorative study was chosen, specifically with a social constructionist stance [45]. In attempting to make sense of the social world, social constructionists view knowledge as constructed instead of created [45]. As such, the construction of understanding and meaning is created in encounters between people in social interactions, implying that knowledge production is not a neutral process but is shaped by positioning and power relations [45]. As the data collection method, we chose to use focus group interviews, which place the interaction between the participants at the center rather than the statements of individuals. The focus groups have proved helpful in identifying shared experiences and perceptions, including different perceptions [46]. We find this stance fruitful in the current study, which focuses on managers within mental health and substance use services' understanding and attitudes toward peer workers' involvement.

The focus groups were conducted on the online platform Zoom. This made it possible for the participants across significant geographical distances to participate in the same interviews. In two focus groups, some managers knew each other from earlier, while in the other two groups, all the managers were new to each other. In addition, there was a mix of experienced managers who had been early adopters of peer workers and new managers or managers with less experience in this respect. Online focus groups share the same principles as traditional focus groups, which means that social interactions between participants are essential. We noticed that the conversation between participants followed more turn-taking because they had to turn on and off their computer microphones; hence, this communication appeared less spontaneous than in a physical focus group. This may mean that group composition and dimensions such as power and hierarchy became less prominent as the participants waited for their turn to speak. Yet a weakness of conducting focus group interviews online is that the information that emerges only provides an indirect representation of selected aspects of what is going on between the participants.

Participants and recruitment

The present study's strategic selection aims to gather participants with substantial experimental knowledge of managing peer workers. This study means all participants have experience with the inclusion of peer workers. The participants were 17 managers from Norwegian mental health and substance use services. Emphasizing diversity [46], still not a pre-planned purposive sample, the participants ranged from being in a manager position in a year to be in a manager position for a decade or more. Furthermore, they were a mix of strategic managers (working within the services) and executive managers (working at the organizational level). There was also great diversity in age. Six of the participants were male, and eleven were female.

The participants were recruited via e-mail to organizations and distributed to stakeholders and managers. Stakeholders could be peer and nonpeer workers who forward information about the project to managers. The e-mail invitation explicitly stated an interest in learning

from the experiences of managers who had experience recruiting peer workers and working with or had executive responsibilities for peer workers.

Data collection

The focus group interviews were conducted a couple of days consecutively to a week apart in May and June 2021. The participants were divided into four groups with four to five managers. The discussions were facilitated by the current paper's first and second authors, as informed by a semistructured interview guide they prepared together. The first author (Ph.D. student) has former experience as a manager within similar services, and the second author has experience as a peer worker (coresearcher). The collaboration between these authors started several years ago, related to a common interest in developing services in partnership with peer workers. Their common ground and preconceptions might be essential but not beneficial for all participating managers. While a common ground might have been valuable in facilitating good conversations, it also may have limited some participant comments.

Nevertheless, the facilitators' shared understanding, yet different positions, backgrounds, and experiences were well communicated at the beginning of each group. The first and second authors' impression was that this created a good atmosphere and opened communication in the focus groups. Still, we cannot rule out that it could imply that the participants responded in line with what they thought was the researchers' expectations.

Data analysis

All recorded focus group interviews (n=4) were transcribed verbatim by a professional transcription service and reviewed for accuracy by the first author. The focus group interviews were imported into NVIVO 20 qualitative analysis software not to generate coding but to organize and quickly assess the study's information, including transcripts and memos. The analysis followed systematic text condensation [47], a descriptive and explorative method following a four-step procedure for analysis. The first step, which all authors conducted, was to identify the preliminary themes that emerged spontaneously from the material. Taking these initial themes as a starting point in step 2, a meeting was arranged between the authors to study the data material more closely and organize it by analyzing statements for statements and categorizing them into groups of meaningful units. The first author identified meaning units in the original text, decontextualized them from their original context, sorted them by codes, and classified them, which resulted in the final themes. Subsequently, in step 3, the first author extracted the meaning units and rewrote them as continuous text in the first person for each theme (condensates). Finally, in step 4, the condensates were re-narrated in a third-person format and recontextualized to "elucidate the research question" [47]. As a result, an analytic text was prepared to present the main ideas within the material concerning the phenomenon in question. Then it has been illustrated by excerpts from the original interviews to represent the voices of participants. The results were validated against the original transcripts and reviewed and accepted by all the authors.

Research ethics

The study was ethically approved by the Norwegian Centre for Research Data (Case No. 638,935). All managers participated voluntarily in the focus group through an informed consent process, which was a requirement for participation. They chose to answer an e-mail request from the first author or after being tipped off about the study by other managers or peer workers in their organization. They all replied to the first author directly and gave their written consent to participate. Participants were offered the opportunity to contact the first author after the interview. They have all been anonymized.

Results

Using systematic text condensation, our analysis [47] identified three key categories describing how managers experience, relate to, and embrace peer workers as assets in the services [1]. *Peer workers boost the ongoing shift toward increased service user involvement*; [2] *peer workers are highly valued in the service transformation process*; and [3] *managers involve peer workers as partners in co-creation.* In addition, we identified distinct subthemes, which will be reflected in the subheadings linked to the key results. See Table 1 for an illustration of the categories and their related subthemes.

Table 1 Illustration of the results.

Themes	Subthemes
Peer workers boost the ongoing shift toward increased service user involvement	• Managers facilitate peer workers involvement • Benefits to the organization, nonpeer workers, and service delivery
Peer workers are highly valued in the service transformation process	• Peer workers? contextual knowledge is vital when redefining services • Peer workers facilitate communication and build bridges
Managers involve peer workers as partners in co-creation	• Managers commit to involving peer workers • Challenges when involving peer workers as partners in co-creation

Peer workers boost a shift toward increased service user involvement

The managers clarified that the focus on service user involvement had increased significantly over the past few years. Furthermore, they stated how peer workers were essential to this shift in different ways. Managers described how they had instantaneously to gradually concluded that it was necessary to join in on what they described as an "*ongoing shift toward an increased focus on service user involvement*." One way these managers approached this was by employing peer workers. Some managers upheld this shift toward the context that professionals in the services over time had been *"too poor at bringing in the service user voice and perspective"* and the need for more service user knowledge. One manager expressed, *"To solve the complex challenges ahead of us, we need more knowledge and different kinds of knowledge."*

The managers described how they had already gone through a "journey" to where they are today. Some described how they, only a few years ago, perceived that employing peer workers could be risky to both peer workers' and service users' health and well-being.

Managers facilitate peer workers' involvement

Several managers described how they, in different ways, facilitated peer workers' involvement in the services and prepared both workplaces, nonpeer workers, and peer workers. Some managers said they had "*worked with the advantages and disadvantages of employing peer workers"* before employing them. Other managers explained that they had established dedicated nonpeer workers at the organizational level responsible for preparing and facilitating peer workers' involvement across their organization.

Most managers also confirmed that they had strengthened the peer workers' voices by focusing on training and supervision to enable peer workers to become more confident in their roles. Furthermore, several managers highlighted how they used peer workers at all levels of their organization; some also commented that they would like training for peer workers to pay more attention to various forms of involvement in the services besides functioning as service providers.

Benefits to the organization, nonpeer workers, and service delivery

Several managers discussed how peer workers' entrance into the services led to lived experiences with mental health or substance use challenges no longer considered a risk or problem but a valuable resource. One manager elaborated on how they were not allowed to ask potential employees when interviewing about their background and experiences only a couple of years ago: *"Now, I can tell them that personal experiences with mental health or substance use challenges are something we value in our organization. And that it can be considered an advantage."* Other managers said they had started to put it into all their announcements of nonpeer positions that personal experiences with mental health or substance use challenges could be a favored position. Another manager said, "*In our organization, personal experiences with mental health or substance use give some status*." The managers also agreed that nonpeer workers with former experience with mental health or substance use challenges were viewed as more skilled and had considerable authority in their organizations. Perhaps because of this, some managers also reflected on how nonpeer workers started using their former experiences and background in their workplace and exposed the personal experiences they had earlier chosen to hide.

Furthermore, the managers called attention to how peer workers' involvement humanized the services by challenging *how* services are provided, describing peer workers as a driving force in the transformation toward more inclusive and service user-oriented service delivery. Some managers discussed how the professional language used to be dominant in these services led to significant resistance and that undesirable language use had changed when peer workers entered the workplace. The managers further illuminated how peer workers also helped nonpeer workers understand that it is possible to meet citizens differently because they, as peer workers, approached persons and situations in slightly different ways. The managers describe how peer workers typically emphasized service user control and autonomy and communicated how service users could reduce the distance between themselves and the service system: "*It may be to use other words or methods to engage with our service users*." In addition, they explained how peer workers often could function directly as advisors to nonpeer workers in different ways by sharing their knowledge and perspectives.

Furthermore, the managers stressed how they had gone through a journey where peer workers' "voice and say" had become more vital as peer workers became a regular part of their workplaces. In different ways, the managers noted that peer workers soon became the ones who stopped, asked questions about practices, and challenged current practices. One manager said, "*Peer workers ask the essential questions not requested earlier*." Another manager followed up on this: *"Or questions that may not have been asked frequently enough."* The managers considered these questions the most fundamental, such as *"why do we do what we do"* or *"say as we say."* The managers described how these questions could disrupt and lead to extensive dialogue in their services. However, most managers seemed to experience somehow that these dialogues prepared and enabled the services to resolve

difficult situations with service users. In addition, because of peer workers' questions, the managers described that nonpeer workers got the opportunity to reflect on their practices and see their ways of doing from a new perspective. However, some managers also explained how "*bold peer workers could be perceived as threatening to some nonpeer workers.*" A manager further stated that to counteract this, peer workers must function as a supplement to nonpeer workers. "*Peer workers should not take over the nursing task but close the gaps in our treatment offerings.*" This manager further stressed that such a position could lead to less resistance from professionals and perhaps help them explore how peer workers' competence could complement their professional competence.

Peer workers are highly valued in the service transformation process

Across the focus groups, the managers viewed peer workers' role as central to service transformation. They presented the involvement of peer workers as a strategic investment, or a means to specific improvements. However, what particular value or contribution they were discussing was often unclear. This could also mean that it was opaque to the managers themselves, changing over time, or linked to the various activities peer workers performed. The managers frequently enhanced how peer workers increased cost-effectiveness, indicating their ability to boost service users' say and involvement in decision-making. Others referred to peer workers as improving the quality of services. At the same time, some managers argued that peer workers' involvement was legitimizing the services. Additonally, they told how their involvement in screening and generating ideas increased the likelihood of these ideas gaining acceptance by the service users. Most managers justified peer workers' involvement by combining arguments based on seemingly different ideological approaches, such as consumerist or democratic [48].

Although most managers conveyed that they initially employed peer workers to work directly with service users, several described how they gradually involved peer workers in other activities and "at the managers' table" when prioritizing, designing, and evaluating existing service offers: "*Involving peer workers has helped us 'tune in' our services to those we are there for and keep the spotlight on how to improve our services.*" The managers explained how peer workers put other issues on the agenda. One manager said, "*Earlier when developing new service offers, we constantly added what we had learned in our education. But these things are completely different from what peer workers are concerned with.*" Some managers further shared how because peer workers tune in and adopt the services to their citizens' groups, they can engage with those citizens they could not reach in the past.

Peer workers' contextual knowledge is vital when redefining services

The managers justified peer workers' involvement with their context-based experiential knowledge that was claimed to be essential in the service delivery and redefining of the services in which they were employed. The peer workers were told to contribute knowledge and skills that enable services to adjust and "tune in" the overall service offered to the target group. In addition, they brought context information and abilities that assisted the services in approving existing services or designing the best new service solutions. Some managers commented that they had experienced that external user representatives from user organizations seldom brought in such knowledge, perhaps because their political mandate often seemed to control what they focused on in the collaboration.

The managers further discussed how peer workers' contextual knowledge unfolds and that it is necessary for them when adjusting and developing the services. In different ways, the managers told they had seen how peer workers' knowledge and skills had been evoked as they recognized specific situations or needs that their service users might have. In addition, several managers discussed that, for contextual knowledge to be utilized and valued in the services, peer workers' proximity to the provided service was essential. As one manager said, "*We have benefited most when our peer workers have identical experiences as our target group.*" Some managers further declared that they saw it as a prerequisite for peer workers' involvement and that they *"only will employ peers with experience of similar services as they offer.*"

Furthermore, some managers also said they looked for peer workers familiar with the specific geographic area in which they would work. A manager said, "*People who grew up in a place know what's going on in that area.*" This was supplemented by the statement, *"They will know where to buy drugs or can identify persons and resources.*" The managers further discussed how peer workers within an area or district could better reach the target group and open up the dialogue with the citizens for the services meant.

Peer workers facilitate communication and build bridges

Most managers highlighted how peer workers facilitated communication and built bridges between service users and the service system. Some managers emphasized peer workers' helpfulness and bridging function because of their local knowledge of a context or environment. Yet all managers seemed to agree that peer workers could reach out and get in touch with citizens for whom their various services were meant. One manager said, "*Peer workers are essential, especially for those service users lacking trust in the service system.*" These citizens were typically

told to be persons who might have felt overwhelmed by a system or who, over time, had experienced not being listened to or not believed in.

Managers acknowledge and involve peer workers as partners in co-creation

Several managers described how they involved peer workers in roles and activities across the phases of the service cycle—from initial problem definition, design, delivery, and assessment [49]—several highlighted peer workers' vital function in service development. In different ways, the managers revealed they involved peer workers more broadly across the service cycle than as providers at the point of service delivery. Aligning with this, most of the managers in our focus groups revealed how they regularly included peer workers on various committees and collaborative groups at a higher level in their organization or collaborative groups working across services or sectors. This work was told to initiate and commission new, often combined, service offers or assess and adjust new offers to existing services. Several managers discussed how their organizations' projects, organizational change, or service development processes no longer occurred without peer workers involved in significant positions. One manager stated, *"In our organization, we consider peer workers a fourth factor in developing services."* This manager further explained that when they came together to explore new service solutions or negotiate and reallocate resources, they were obligated to bring their local stewards and safety representatives. In addition, they (managers) also chose to involve peer workers. Yet one of the managers also expressed concerns about what he described as "*deliberately letting peer workers replace representation from service user organizations.*"

In addition, some managers declare how they had developed their own service user boards in their organizations to get systematic inputs on service design and resource allocation. When the managers described who participated in these service user boards, it seemed to consist of a mix of existing service users and peer workers. Some managers further confirmed that they had handed over responsibility for leading those boards to their peer workers.

Managers commit to involving peer workers

The managers talked about how they involved peer workers in various activities and how their continuous interactions enabled trustful and robust relationships. Those managers who participated in our focus groups said they had worked closely with peer workers from their entrance and still did because they perceived that peer workers' perspectives had become a necessary corrective for them in their practice as managers. In different ways, the managers explained how they established and nurtured those close connections because it would increase the likelihood of peer workers daring to *"see the services in the cards."* Most managers embraced how they needed peer workers who could take on a "*critical position.*" Some also highlighted how they viewed this as a crucial part of the peer workers' role.

However, other managers discussed how peer workers who challenged the services' ways of 'doing and thinking' could also increase the trust between the service users and the service system. Through this, those peer workers could bridge gaps with service users and improve the services' general credibility. Still, some managers brought to the discussion that they had experienced that peer workers' questioning of existing practices also could reinforce nonpeer workers' feeling threatened by them.

The managers were concerned with reducing what some referred to as "the traditional power imbalance" in the services. One manager explained how he deliberately employed peer workers before a psychiatrist: "*Peer workers should not feel they must step on their toes to be part of the professional community.*" This was followed by a discussion between the managers about how successful collaboration depended on mutual understanding and respect. In different ways, the managers explained how they tried to equalize peer workers' positions with their nonpeer colleagues to facilitate meaningful collaboration and create a common ground for equal-footed collaboration.

Most of the managers talked about how they, as managers, took up a special responsibility to encourage peer workers' involvement and paid attention to demonstrating their trust in peer workers. Some suggested this as an act that would strengthen peer workers' overall positions in the service systems. Other managers also stated that they "*from time to time had to reassure peer workers that their service user perspective was essential.*" The managers in our focus groups seemed to commit to involving peer workers in meaningful ways. Additionally, the managers discussed how they chose to involve peer workers because these individuals are closer to their services than traditional user representatives from user organizations. At the same time, some managers emphasized that those user representatives were often involved in addition to their peer workers.

Challenges when involving peer workers as partners in co-creation

Some of the managers conveyed that involving peer workers was challenging and could be time-consuming for them as managers, especially at the beginning. The managers seemed to agree that, after some time, their efforts to involve peer workers in meaningful collaboration would be overshadowed by the benefits of involving them.

Furthermore, some managers discussed how a tradition of risk aversion was gradually replaced and that they, as managers, were increasingly encouraged to take more risks and explore collaborative efforts to solve challenging issues. As one manager expressed: *"We are still testing out how to utilize peer workers and see no end to using their expertise."* As part of this discussion, some managers confessed that giving so much responsibility to citizens who recently had significant mental health and substance use challenges was initially a little scary. They also reflected that, only a few years ago, they all perceived that employing peer workers was too risky for both peer workers' and service users' health and well-being.

Yet other managers talked about how skewed power relationships between peer workers and nonpeer workers in the mental health service system made peer workers' involvement in collaborative efforts demanding. One manager said, *"It is difficult to involve someone less educated to co-create with well-educated people on an equal ground and from the beginning."* This statement was followed by a discussion between some managers confessing how easy it was to fall back on both using and valuing professionals' competence the most.

Additionally, several managers discussed a connection between peer workers' status in policy documents and their status in the services, highlighting the need for improved policy documents and how this would have helped them use peer workers. As one manager said, "*When it is a clear expectation how to understand and utilize peer workers in policy, the manager's task is to make sure that it happens*."

Discussion

This study contributes to the current understanding of peer workers' value for mental health and substance use services. Furthermore, it brings in new perspectives from managers who are experienced with peer worker inclusion on how to utilize peer workers' roles in the services. In line with former research, Norwegian managers depict peer workers as increasing service user involvement [12, 50–52] and boosting the shift toward recovery-oriented services [9, 21, 50, 53, 54]. However, in the current study, the managers focus on the collaborative processes in which peer workers are involved and facilitate and expand their scope of involvement across the service cycle. Based on our findings, we discuss how managers prioritize the quality of collaborative practices to increase peer workers' ability to impact service systems and how this may stimulate innovation.

Peer workers' role in the transition toward recovery-oriented services

Norwegian mental health and substance use managers described how these services fundamentally have changed in just a few years. They situated peer workers in a vital position in transforming toward recovery-oriented services. Managers in this study confirm earlier research about peer workers' role in this shift [15, 16]. In essence, these managers depicted peer workers as a strategy to address service inequities [22] and compensate for the earlier unsatisfying interaction between the service users and the service system [55]. Managers in this study considered peer workers as representatives for their services present service user group [55–57]. As such, managers said, they employed peer workers who shared backgrounds or came from similar social contexts as their present service user groups. This seems to build on the assumption that the more identical peer workers' experiences are to present service user groups, the more likely they will bridge the gaps [56] to those groups and increase their access to services [22, 55].

Equivalent to how peer workers' similarities in backgrounds and experience were considered of immediate relevance when linking and bridging to service users, managers told how peer workers' backgrounds as service users [5] were vital for their nonpeer colleagues because they learned to approach persons and situations in slightly different ways.

Experienced managers expand the scope of peer workers' involvement

While the international research literature often describes peer workers' positions and functions as primarily focused on service provision [58–60], managers in this study depicted peer workers' involvement in service development processes across the service cycle and at the strategic level essential. These managers described peer workers as engaged in shaping and commissioning services and implementing and delivering those services, which aligns with co-creation [39, 41, 42]. Moreover, some managers in this study told how they explicitly employed peer workers to engage at all levels in their organizations, serving in dual roles: as board and committee members and as service providers. Yet, other managers described how they gradually increased the scope of peer workers' involvement across the service cycle. The managers seem to agree that peer workers' valuable insights into service users' needs [24] also assist the services in designing the best solutions [61, 62] and reasoned about peer workers' contextual skills and insights into service users' needs. This reasoning aligns with peer workers being "lead users," described by Von Hippel (1986), as persons who can provide valuable insights into service users' needs and "prototype" solutions for novel services [63]. Similarly, managers said that peer workers brought in knowledge and perspectives that helped them prioritize efforts differently, developing and

interviews together. Data analysis. All authors, Kristina Bakke Åkerblom, Torbjørn Mohn-Haugen, Rita Agdal, and Ottar Ness read through the interviews and identified the preliminary themes. Kristina Bakke Åkerblom followed the procedure of systematic text condensation and wrote a final transcript of the results, which were validated and accepted by all authors. Kristina Bakke Åkerblom wrote an initial draft based on the results. Two meetings were arranged between all authors during this process to review drafts and for other authors to fill in. Kristina Bakke Åkerblom wrote the final manuscript. Ottar Ness was a contributor to reviewing, writing, and discussing the final manuscripts. All authors read and approved the final manuscript.

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Data Availability
All data will be available upon publication.

Declarations

Competing interest
The authors have no conflicts of interest to disclose.

Ethics approval and consent to participate
The study was approved and carried out in accordance with the Norwegian Centre for Research Data (Case No. 638935). Informed consent was obtained from all individuals in the study.

Consent for publication
Not applicable.

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transforming services to better meet the needs of their service user group.

Managers prioritize relationship-building and continuous support

In the current study, managers focus on relationship building and continuous support with peer workers. Earlier research has stated that managers' perceptions of peer workers' benefits are essential when calculating whether to involve them in collaboration [36]. In this study, managers furthermore demonstrate their trust in peer workers [8] and facilitate their involvement in the collaborative processes. Moreover, former research has revealed a connection between whether ongoing support is prioritized and the perceived benefits of involving peer workers [18], which supports the action of managers in this study.

Assumingly, the managers' attention and commitment to involving and supporting peer workers in collaborative interaction will likely improve the quality of the collaborative processes. Moreover, managers' ongoing support and dedication can be necessary for peer workers to become a regular part of the service and establish long-term relationships with nonpeer colleagues [57]. Managers' effort is furthermore likely to increase the peer workers' trust in the service systems, which is vital in collaboration [64]. Additionally, peer workers' confidence and trust can be transferred to their service user group [56, 57].

Peer workers' ability to impact service systems

In the current study, the managers demonstrate trust in peer workers [8] and involve them as partners in co-creation, increasing their ability to impact the service systems. The broad involvement of peer workers at all levels in their organizations, described by managers, aligns with public sector innovation research suggesting service user involvement occurs at all phases of a (public) service lifecycle [24].

Moreover, managers describe how peer workers have a mix of tasks and activities and serve as members of boards and committees and service providers in dual roles. Peer workers moving back and forth between their workplaces and these boards or committees is likely to be productive at the point of service delivery and may, in addition, foster broader system change because peer workers can ensure their concerns are taken forward across the organizational hierarchy and considered within decision-making processes [67, 68]. Peer workers doing cross-boundary work align with boundary spanners in the public management literature [65]. Individuals who serve as boundary spanners in co-creation processes are considered essential [66]. The use and benefits of persons in such positions are believed to be enabled when engaging in various collaboration platforms [66]. Following this argument, peer workers serving in dual roles as members of boards and committees and service providers can be vital for their ability to impact service systems.

Peer workers as co-creation partners disrupt the existing practices

Involving peer workers in ways that challenge or disrupt the established practice in mental health and substance use services will need more than continuous support from their managers. First, when peer workers are involved as partners in co-creation, this is likely to have an adverse outcome for some actors. Thus, when peer workers increase their ability to impact, in the same way, other actors can lose control of tasks, activities, or their previous roles. Several studies have pointed to a power imbalance between peer workers and nonpeer workers or professional actors in mental health and substance use services [60] and how peer workers are not considered equal-footed partners. As such, peer workers' involvement will presumably also need support from other actors, like their nonpeer colleagues. Besides, their involvement will need permission from the policy [70].

On the contrary, we could imagine that the continuous support from managers will lead peer workers to be connected, yet also become more loyal to covering up inadequacies in the services than pointing out errors and shortcomings. Several studies have problematized peer workers' risk of being co-opted by their employing mental health and substance use organizations [54, 70, 71]. Likewise, how peer workers' intermediary position between service users and nonpeer colleagues means they risk becoming more like their nonpeer colleagues [32] than the service users they were intended to represent.

Over and above, peer workers' roles and involvement may challenge service users' participation through user organizations. Peer workers' involvement is less described in the Norwegian policy documents [33, 34], while user organizations bringing in the service user perspective at a system level still is the traditional way in these services. This kind of involvement of user representatives happens by involving them in committees at the system level. In these committees mental health and substance user service organizations inform them so that they can voice their opinions and object to ideas and proposals put forward by the service organizations. As these persons represent their user organization's view, they risk, to a lesser degree, becoming co-opted by the service organizations.

Yet, in the current study, managers said they preferred peer workers because they were considered in a position of more relevant knowledge and were easier to collaborate with. When peer workers are employed within the

services, they learn to see the service systems from the inside, gain organizational skills, and establish relationships with nonpeer workers, managers, and other stakeholders. Moreover, peer workers' position enables them to engage in dialogue-based co-creation of results over a more extended period, and this collaboration is entirely different from voicing their opinions and objecting to ideas and proposals put forward or not by managers.

Besides, the extensive focus on implementation issues and barriers in the research literature describing peer workers [29] adds to the idea that peer workers' involvement is primarily considered a virtue, which does not need to be legitimized by referring to external objectives. The collaborative efforts involving peer workers have a normative appeal [40] because the involvement of peer workers as 'relevant and affected' actors is essential for democratic purposes [40]. In this study, managers highlight the benefits peer workers bring – yet they did not pay considerable attention to the potential disvalue peer workers' might entail, nor the challenges of their involvement. This aligns with a trend in the literature on (public) value creation, which primarily focuses on the positives, assuming value to be created [64]. However, suppose managers pay more effort to employing peer workers than exploring how to utilize their competence in the most meaningful way and evaluate their outcomes. In that case, the symbolic function might be high, while the effect can be low.

Limitations

The current study is limited to one country, Norway. Because peer workers employed in services are still in an early phase, this may also mean that our selection of managers typically consists of the most dedicated who have started early, which may picture a practice more unique than expected. Because the method for collecting data was focus group interviews, we cannot rule out that the managers paid great attention to positioning themselves, exaggerating what they considered positive in their practice to impose on other participants. Hence, the managers might have presented their intentions more than their actions. Furthermore, as with most qualitative research, the current study has a relatively small number of participants.

Direction for future research

While the qualitative data collected from managers' perspectives can contribute to theory and practice, this could be supplemented with quantitative data about the actions of managers responsible for implementing peer workers. Furthermore, it would be helpful to gain more in-depth knowledge about these collaborative practices from the nonpeer workers' and peer workers' perspectives, especially those who also serve or have experience as traditional user representatives through user organizations. Primarily peer workers' impact has been documented through interviews study, and there is generally little quantitative research about how peer workers impact various influential factors. As our understanding suggests that peer workers' various roles and involvement have a different impact, more knowledge about designing and evaluating effective peer workers' roles is needed. Then, building on this knowledge, it would be interesting to measure how strong the collaborative partnerships with peer workers are and if these partnerships can create service offers or new service solutions that are called for by the service users, - and have the desired effect.

Concluding remarks

The findings from the current study show that managers in Norwegian mental health and substance use services benefit from peer workers in shifting toward recovery-oriented services. The managers focus on the quality of the collaborative processes in which peer workers are involved and on facilitating and expanding their scope of involvement across the service cycle. Managers' attention to improving the quality of the collaborative processes and commitment to involving peer workers in close and deep collaborative interaction can increase the likelihood of conflicts being constructively managed and the exchange of resources and ideas that will produce clear and tangible results. Furthermore, as employed within the service system, peer workers develop new skills and expand their knowledge of the mental health system. Even though peer workers undoubtedly risk being co-opted by their organizations or gradually become more like their non-peer colleagues, managers embrace peer workers' position as representatives, in-between the service user group and their nonpeer colleagues, as reasons for involving them as partners in co-creative practices. Suppose peer workers are engaged in the collaborative processes as broad, deep, and close as managers describe. Besides challenges that may be reflected in the actual reality of co-creative practices that need to be dealt with, peer workers' involvement as partners in such practices will be a more potent driver of innovation than traditional service user participation through user organizations. Peer workers as partners in co-creative practices might have great innovative potential and move beyond tokenistic participation [68], in line with the intention of the recovery approach [69].

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Authors' contributions

Kristina Bakke Åkerblom planned and prepared the study. Data collection. Kristina Bakke Åkerblom and Torbjørn Mohn-Haugen prepared an interview guide, recruited participants, and conducted the four digital focus group

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Publisher's Note

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TITLE PAGE

Empowered Service Users: Peer Workers Co-production in Norwegian Mental Health and Substance Use Services

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Abstract

Citizen co-production roles are prevalent in mental health and substance use organizations employing citizens with first-hand experience as 'peer workers'(PW). A qualitative explorative study conducted in Norway revealed these roles had three key benefits: empowered co-production roles, fluidity of PWs positions, and catalyst for cultural change. PWs have less defined roles but can be perceived as knowledgeable experts, giving them greater flexibility to define their responsibilities. They have direct access to management, build relationships with professionals and encourage reflection on their practice. Service organizations should appoint representatives of the most affected citizens and consider social mechanisms that affect their impact.

Keywords: Co-production, Peer Workers, Mental Health and Substance Use Services, Knowledge Mobilization, User Involvement

Introduction

The current health policy agenda emphasizes the importance of reorganizing public services to serve better those they are intended to help. To achieve this aim, service organizations increasingly involve citizens and civil society organizations in developing and implementing services. While co-production between citizens and public sector organizations (Alford 2014) to tackle complex issues is a mechanism emphasized to create influential citizen co-production roles, it remains challenging and underdeveloped. In this article, we explore how employing citizens, with first-hand experiences of mental health and substance use and service use, peer workers (PWs), in co-production roles affects service organization, provision and development.

Mental health and substance use organizations commonly employ service users who have successfully overcome their challenges as PWs (Kent 2019; Mirbahaeddin and Chreim 2022). PWs often function as service providers and work with health professionals in multidisciplinary teams (Byrne et al. 2022; Åkerblom and Ness 2023). However, their roles and tasks vary depending on the organization they work for. Some PWs have specific duties in evidence-based treatment programs, some provide support solely based on their lived experiences, and others have organizational responsibilities at different levels, including establishing user boards and participating as service user representatives at a strategic level (Åkerblom and Ness 2023).

As PWs work alongside health professionals in multidisciplinary settings, they are uniquely positioned to ensure that lived experience is integrated into the organization and delivery of services. Typically, mental health and substance use service domains are hierarchical and professionally driven and therefore, the involvement of PWs is often viewed as a goal in itself. Much research has examined the obstacles to involving them (Åkerblom and Ness 2023). Mental health service research has pointed to how well-functioning partnerships with PWs can be hindered due to poorly defined roles and professional staff concerns about a lack of training (Ibrahim et al. 2020). Additionally, some professional staff may still view PWs as patients, which can lead them to reject advice for change and reaffirm established practices (Ibrahim et al., 2020). Collaborating with PWs in co-production often faces challenges due to power differentials (Steen, Brandsen, and Verschuere 2018). Previous research suggests that service users involved in voluntary co-production risk being quickly co-opted (Croft, Currie, and Staniszewska 2016; El Enany, Currie, and Lockett 2013) while involving service users in paid positions as PWs may address issues from voluntary co-production where they may not feel able to voice their opinions (Chauhan, Croft, and Spyridonidis 2023; Park 2020).

The ability of PWs to influence co-production processes and outcomes depends on several factors, including the purpose of their involvement and the timing of their participation. (Voorberg, Bekkers, and Tummers 2015) suggest that some co-production roles have a greater impact than others. Citizens involved in the early stages of the process or a service cycle, such as initiation and design, are likely to have a more substantial influence than those involved later. Similarly, different co-production roles contribute to (re)-designing the content of services or delivery processes.

The necessity of collaborating with, and activating the knowledge of, those most likely to be service users during development is recognized in co-design literature and Knowledge Mobilization models (KMb) (Langley, Wolstenholme, and Cooke 2018). Co-design practices aim to involve users in the design team, recognizing them as experts in their own experience (Trischler, Dietrich, and Rundle-Thiele 2019). This literature suggests that collaboration with those familiar with a particular context may lead to more specific and context-sensitive solutions (Langley, Wolstenholme, and Cooke 2018). However, studies suggest that the co-design process is important, particularly which users are involved and how their involvement is facilitated (Trischler, Dietrich, and Rundle-Thiele 2019). Hence, effective partnerships with PWs may require facilitation and careful consideration of the knowledge-sharing and transfer challenges.

PWs' roles are characterized by fluidity. Unlike their health professional colleagues, they rarely have formal credentials and are not part of the traditional health system hierarchy. However, PWs are often viewed as experts due to their personal knowledge as service users. Being positioned outside of existing hierarchies can also create opportunities for self-definition and agency. For instance, a recent study suggests that PWs can resist co-optation by positioning themselves as non-professionals and leveraging their knowledge and expertise in co-production processes (Chauhan, Croft, and Spyridonidis 2023). However, the extent to which PWs can leverage their service user expertise as a resource depends on the fit between their background and experience and the service where they are employed; PWs who have used services for depression may not fully understand the challenges of drug addiction or trafficking. On the other hand, selecting PWs with firsthand experience of particular health issues is more likely to result in them having service user knowledge relevant to the context. In turn, this can impact how PWs leverage their service user knowledge, position themselves, and are perceived as knowledgeable experts by other stakeholders, including service users, health professionals, and managers.

The study reported in this article explores in depth how PWs can affect service provision and assist the development of their employing organizations. Our research adopted a qualitative approach, documenting the perspectives of managers, health professionals, and PWs working in multidisciplinary teams in mental health and substance use services. Our primary research question was: How do managers, health professionals, and PWs experience ways PWs affect mental health and substance use services? Initially, we present the main concepts informing the analysis and explain the study's methodology. Then, the results are presented and discussed.

Main concepts

Citizen co-production roles

Citizens can collaborate with service organizations in various co-production roles to implement and create services. The collaborative processes vary depending on the service organization's goals and purposes. These efforts often use the prefix 'co' in conjunction with primary activities, such as co-design, co-deliver, and co-evaluate. Voorberg et al. (2015) identify three typical roles citizens play when invited by service organizations: initiators, co-designers, and co-implementors (Voorberg, Bekkers, and Tummers 2015). The initiators are citizens who take the initiative to create services; co-designers are citizens who participate in (re)-designing the content or processes of service delivery; and co-implementors are citizens who take over the performance of specific activities previously carried out by a service organization (Voorberg, Bekkers, and Tummers 2015, p. 1347). However, the ability of citizens to influence collaborative processes and their outcomes depends on the nature, timing, and purpose of their involvement (Nabatchi, Sancino, and Sicilia 2017; Torfing, Krogh, and Ejrnæs 2020; Voorberg, Bekkers, and Tummers 2015). Voorberg et al. (2015) suggest that involving citizens as initiators and co-designers at an early stage generates greater influence than co-implementers involved later (Voorberg, Bekkers, and Tummers 2015). Being involved in service provision and implementation is often perceived as less likely to change established practices and, therefore, has less impact (Torfing 2019). In the mental health and substance use domain, it is a common practice to involve individuals with lived experience in research projects (Goldsmith, Morshead, and McWilliam 2019; Wyder et al. 2021), in part a direct consequence of requirements for funding. Although service users may influence research topics and methodology, there is no guarantee that their input will affect the development of services.

Knowledge Mobilization

Knowledge Mobilization (KMb) is defined by Langley et al. (2018) as 'the activation of available knowledge within a given context' (p. 585). The active involvement of users in designing and implementing public services is a widely discussed topic in public management research and practice (Osborne, Radnor, and Strokosch 2016; Trischler, Dietrich, and Rundle-Thiele 2019). Co-design approaches focus on facilitating knowledge sharing to help citizens contribute to the (re)design of services. However, this can be challenging because knowledge production, sharing, and application are unique to each individual or group. KMb perspectives, as pointed out by Langley et al. (2018), emphasize that knowledge is created within the context of its use, highlighting the importance of socialization and tacit forms of knowledge. This reinforces the necessity of collaborating with those most likely to use solutions (Oborn, Barrett, and Racko 2013). Individuals sharing experiences in a familiar context can more easily exchange knowledge as their mutual appreciation of the context allows for better exposure to tacit knowledge (Langley, Wolstenholme, and Cooke 2018), which is the individuals' skills, ideas, and know-how, including the beliefs and mental models used to solve problems (Collins 2013). Collaboration with those who know a specific context may lead to more specific and context-sensitive solutions (Langley, Wolstenholme, and Cooke 2018). As knowledge transfer will be context-dependent, so too is what is accepted as knowledge and social imbalances and differences in expertise between individuals and groups influence both.

Social positioning

Individuals within a group may hold different social positions and exercise power differently shaped by their seniority, profession, and social connections (Battilana 2011). In service organizations, collaboration can be hindered by power dynamics and social hierarchies (Comeau-Vallée and Langley 2020). An actor's social position and the power dynamics between actors in a given context can significantly affect their ability to bring about change. Individuals who hold higher-status positions tend to have access to greater resources and wield more power (Battilana 2011). Hence, those with higher status may have the power to drive change but may be content with the current situation in order to defend their existing social position.

In contrast, those situated in lower-ranking positions can be more willing to challenge the status quo (Battilana 2011). Moreover, Battilana (2011) identifies how actors at the periphery of an institutional environment may be more likely to initiate change. However,

bringing about change as an individual within an organization can be difficult, as it requires convincing others to adopt new practices and change their current way of doing things. Implementing change often depends on managers with the necessary authority and access to relevant resources.

Methodology

This research used a qualitative exploratory approach guided by a social constructionist epistemological perspective (Gergen 2023) that acknowledges how understanding and meaning are formed through interactions between people in their social environment (Gergen 2023). This implies that knowledge creation is not impartial, as individual positions and power dynamics influence it (Tjora 2018). This is particularly relevant in this study as we explore how different stakeholders perceive and evaluate the significance of PWs and how they create meaning and understanding through their interactions.

Data collection

The data was collected using focus group discussions, drawing on participant interactions and shared experiences rather than their individual statements (Krueger and Casey 2015; Tritter, 2019). Focus groups are valuable for gathering insights about participants' perceptions, opinions, feelings, and attitudes.

The data is based on 11 focus group interviews with managers, health professionals, and PWs in Norwegian mental health and substance use services conducted between June 2021 and June 2022. The first author recruited health professionals and managers from various service organizations by emailing a study advertisement. The PWs were recruited through social media announcements and respondents registered their interest in participating. Focus groups were carried out successively, starting with managers, health profession als and lastly, PWs. This means that the managers, health professionals and PWs do not necessarily work in the same organization or service but instead reflect on their particular experience. The first focus groups were held when there were still restrictions related to COVID-19, and both the groups with managers and health professionals were carried out digitally. As restrictions eased three of the four focus groups with PWs were carried out physically in the spring of 2022. The data are categorized into statements from managers, health professionals, and PWs.

The data from the managers is based on four online focus groups with 17 managers, and some of the findings from these focus group interviews have been published previously (https://rdcu.be/denka). The data from the focus groups with PW health professional colleagues

are based on three online focus groups with 15 multidisciplinary mental health and substance use team members. As members of multidisciplinary teams, they represented different professional groups. In Table 2, their respective professions are listed. These are also referred to in the data presented. We acknowledge that professional positions within multidisciplinary teams will likely affect their perceptions and actions. However, in this study, the variation between professional groups is not the primary focus. Instead, we focus on the impact of PWs in relation to health professionals, whatever their professional background, and managers. The data on PWs is based on three face-to-face focus groups involving 13 participants and one online focus group of three participants. The managers were divided into four groups, with four to five managers. The professionals were divided into three groups, with four to five participants, and the PWs were split into four groups, with three to six participants. Moreover, participants are from different locations and are not necessarily members of the same multidisciplinary team or organization. The first author facilitated and arranged the discussions, informed by a semi-structured interview guide. In each focus group, one of two PW co-researchers also participated. All focus group interviews were recorded and transcribed verbatim.

Table 1. Focus groups, Managers

Focus group 1	6 Managers
Focus group 2	3 Managers
Focus group 3	4 Managers
Focus group 4	4 Managers

Table 2. Focus groups, Health Professionals

Focus group 1	5 Health Professionals. Music therapist (HP1), social worker (HP2), social worker (HP3), social worker (HP4), psychiatric nurse (HP5).
Focus group 2	5 Health Professionals. Nurse (HP6), social worker (HP7), occupational therapist (HP8), social worker (HP9), psychologist (HP10).
Focus group 3	5 Health Professionals. Psychiatric nurse (HP11), social worker (HP12), psychologist (HP13), child protection educator (HP14), social worker (HP15).

Table 3. Focus groups, Peer Workers (PWs)

Focus group 1	4 PWs
Focus group 2	5 PWs
Focus group 3	4 PWs
Focus group 4 (Online)	3 PWs

Data analysis

Systematic text condensation (STC) (Malterud 2012) was used to analyze the transcribed data. Based on a social constructionist stance, we focus on how the social relationships between actors determine what counts as knowledge. STC follows a four-step analytical procedure (Malterud 2012): (1) get an overall impression, (2) identify meaning-making units, (3) abstract the content of the meaning-forming units, and (4) summarize the meaning of this.

The first author conducted the first step, identifying preliminary themes that emerged spontaneously from the material, together with the two peer researchers. These primary themes were the starting point in step 2, where meaning units were identified in the original text, de-contextualized from their original context, sorted by codes, and classified. By specifying meaning-making units, unit subthemes were identified, and the initial main themes were adjusted. In step 3, the extracted meaning units were rewritten as a continuous text in the first person, plural, for each theme (condensates). Finally, in step 4, the condensates were re-narrated in a third-person format and re-contextualized to 'elucidate the research question' (Malterud 2012, p. 800). As a result, an analytic text presenting the major themes identified within the material answering the RQ, illustrated by excerpts from the original material to represent the focus group discussions (Malterud 2012). The results from steps 2 to 4 were continuously reconsidered during the analytical process to ensure data credibility. The final findings were validated against the original transcripts, and a meeting was arranged between the first author and peer researchers, who reviewed and confirmed them (Malterud 2012). The first and second authors discussed the final findings. The first author made an initial article draft based on the findings. Then, the text has been written and revised by both authors.

Research ethics

The Norwegian Agency for Shared Services in Education and Research ethically approved the study for Research Data (Case No. 638,935). All participants voluntarily joined the focus groups through an informed consent process by choosing to answer an e-mail request from the first author or after being notified of the study by their managers, PWs or other health professional colleagues. Participants replied to the first author directly and gave their written consent to participate. They were offered the opportunity to contact the first author after the interview for further information. The data has been anonymized.

Findings

The STC analysis identified three primary categories describing the ways in which PWs can affect Mental Health and Substance use services from managers, health professionals and PW perspectives: 1) Empowered co-production roles, 2) The fluidity of the PW position, and 3) Catalysts for cultural change. Each category has related sub-themes, reflected in the text as sub-headings. (See Table 4, primary categories and subthemes).

Table 4. Illustration of the findings

Primary categories	*Sub-themes*
***1)* Empowered co-production roles**	*a) Bridging the gap between professionals and service users* *b) Identifying areas for service development* *b) Accessing management directly*
***2)* The fluidity of the PW position**	*a) Not having clearly defined roles* *b) Having the status of expert by experience* *c) Exercising agency*
***3)* Catalysts for cultural change**	*a) Building relationships with health professional colleagues* *b) Developing more appropriate language* *c) Questioning what it is to act professionally*

Empowered co-production roles

Being present as employees within service organizations, PWs are allowed to take on various co-production roles, including co-delivery, co-design, and initiating services. They serve as a liaison between service users, service providers, and the service system, and they impact the content and processes of service delivery. Additionally, they identify areas for improvement and advocate for change by engaging directly with management.

Bridging the gap between professionals and service users

PWs were described as operating to connect health professionals and service users and minimize the gaps between them. The managers highlighted the ways that PWs serve at the borders of the service, facilitating communication with service users. One said: 'PWs help us create services that are not so much- "us- the experts" and "you- the users"'. Managers also mentioned how service users shared more information with PWs than with professionals. Some health professionals noted difficulty forming alliances with service users and said PWs were perceived as a safer, more efficient contact option. A psychiatric nurse (HP5) in an acute

hospital unit explained that there were often gaps between health professionals and service users: 'I think none of us professionals working here could ever be perceived as someone who had a rough time before'. An occupational therapist confirmed (HP8): 'With some patients, it is difficult because we are, in a way, representatives of the authorities who impose us [services] on them'.

PWs confirmed these findings, explaining that connecting with service users directly was easier for them than their professional colleagues. In addition, they mentioned that they often helped their professional colleagues to interact more productively with service users. One said: 'A part of our role is to bring the service users and professionals standing on separate islands shouting at each other together so they can start having a dialogue'. Their goal was often described as creating a platform for dialogue between the two parties, who felt isolated from each other.

Identifying areas for service development

Through their experience working on the frontline, PWs often identified areas where services could improve. They frequently discussed how their lived experiences and local knowledge enabled them to comprehend situations better. One explained: 'A PW comes from a context and has some experiences that make it easier for them to contact people, get information, and easily recognize signs of this and that'. A common theme from the PW focus groups was their high level of outreach compared to their professional colleagues. As one PW noted, 'I work in an outpatient team; yet, while I work on the streets, my colleagues spend time in the office drinking coffee'.

Furthermore, PWs´ suggested that their support for service users often exceeded that provided by their professional colleagues. In different ways, they said, they were prepared to go the extra mile to help service users. A PW explained, 'Sometimes I get criticism because the service users I am responsible for are getting better help'. According to the PWs, going the extra mile meant being more available, drawing on their private network, providing help outside regular working hours, and persuading managers to provide what service users needed. In addition, the PWs discussed how they sometimes knew some of the service users, as one said: 'They (professionals) really cannot compare their work to mine. I know the service users from before; they are all my friends!'. Throughout the focus groups, PWs emphasized that providing support to service users based on their needs required going beyond regular service provision and acting differently from most professionals.

Managers said that PWs represented service users' voices and introduced new topics for discussion. One manager said: ‘Earlier, in our projects, we focused on the things we have learned to look for, which we have discovered is completely different from what a PW is concerned with’. During their discussions, managers noted that PWs could assist them in addressing specific issues faced by service users, which could often be improved. All managers declared that involving PWs' who had similar experiences as the service user groups they served was essential: ‘We have benefited most when our PW have identical experiences as our target service user group’. Another manager confirmed: ‘We only employ PWs with experiences of services similar to those we offer’. They all stressed that PW's service user knowledge helped them better understand their specific service user group needs. Moreover, some managers said they looked for PWs familiar with an area, such as those who grew up in a district, as awareness of current issues in an area helped to foster communication with service users.

Having direct access to management

The focus group discussions confirmed that PWs and managers had established good communication and trust. Some managers disclosed their long-standing efforts to solicit feedback from service users, which, with the assistance of the PWs, was fruitful. PWs were often confident that they had helped to improve services. One said: ‘They cannot afford to lose me now because what I have achieved in a year they have never achieved before. That disappears if they lose me’. PW discussions revealed that they had a degree of autonomy because of their positive relationships with managers and their accomplishments. One explained: ‘My manager is flexible and trusts me; this gives me the chance to take on various tasks and expand my skills’.

In the focus group discussion, managers explained that PWs frequently questioned established practices, often in a fundamental way. Some also mentioned that PWs could provide professionals with useful tips, helping them notice things they missed or making them feel more confident in asking probing questions. Some managers went so far as to suggest that health professionals should listen to PWs more often as they could gain new insights and see their professional practice from a new perspective.

Additionally, the PWs said they continuously reported challenges identified by service users directly to managers. One said: ‘There is no “in-between” we go straight to the management’. During the focus groups, participants emphasized that they would not hesitate to report any ‘bad practices’ to management. Indeed, they seemed to consider this an essential part of their mission as PWs. PWs also reported playing key roles in establishing local service user

boards. In these local boards, PWs organized meetings and activities solely for service users to offer a safe opportunity to discuss any issues. Occasionally, they said, they invited managers and health professionals to participate to communicate key points that service users raised.

While PWs reported establishing local service user boards, managers said they also created user boards within the organization to inform strategic planning and governance of services. The composition of these boards included the PWs from their own organizations and user representatives from user organizations. Moreover, several managers reported regularly inviting PWs to their management groups as their knowledge helped inform the discussions and better understand the needs of specific service user groups.

The fluidity of PW positions

It is common for PW to hold fluid positions in an organization with their roles not clearly defined. Although they may lack credentialed expertise, they are often respected as knowledgeable service users, which grants them the status of an Expert. However, the ambiguity around their position gives them greater flexibility in defining their organizational role and how they spend their time.

Not having clearly defined roles

Health professionals emphasized the need for clearly defined roles and tasks for PWs in the focus groups. They acknowledged that this required more attention from management, PWs, and themselves. A nurse (HP6) said, 'This is a huge problem'. They discussed needing more clarity on how to use PWs in their service. An occupational therapist said (HP8): 'Generally, it is very unclear what they are supposed to do in our service'. Others revealed that they were in a situation where PWs took on similar tasks as professionals and suggested utilizing their service users' knowledge and skills more effectively. Additionally, some suggested that managers employed PWs without a plan on how to use them. A psychologist (HP13) said: 'Many managers say: "We must have a PW", but then they may not know how to use them'. A social worker (HP2) expressed concern that their undefined roles and personal decision-making could have negative consequences: 'The distinction between their work and spare time can become unclear if they meet people in self-help groups, at the gym or what in their spare time. - I leave work when I leave - but if they meet the service users in the evening, then their working day will be enormously long'. Some health professionals discussed that PWs needed to have their own professional environment. A social worker (HP15) said, 'Having their own professional environment can make it possible to think more systematically and for them to

support each other'. Other health professionals felt that creating a professional environment would help PWs define their roles and activities and increase efficiency.

The Status of an Expert

Managers and health professionals value PWs highly and believe they should have been implemented earlier. A social worker (HP15) said: 'We get so many questions from our service users where we are utterly blank because we have not been in that situation'. Typically, PWs were described as having influential positions in their teams and workplaces and often functioning as advisors. A music therapist (HP1) said, 'I often use the PW to understand better how the users feel'. An occupational therapist (HP8) noted, 'Our PW increases the whole team's competence; he sees early signs in service users that we might not notice and teaches us what these can be signs of'. Drawing on the knowledge and insights from PWs was seen as relevant for all the professionals in the multidisciplinary teams. As one social worker (HP9) concluded, 'The most important task for PWs is to be available as a discussion partner for those professional employees who follow-up service users'.

Additionally, participants explained how PWs brought a different perspective and knowledge to their discussions, 'They usually have a slightly different point of view on things than we have in discussions'. PWs knowledge of service users was considered a particularly valuable resource for service development. The music therapist (HP1) said, 'It is essential that PW are involved in those forums when new service offers are being developed'.

Some managers discussed a shift in valuing evidence-based and formal knowledge differently after recognizing the relevance of PWs' lived experiences. One said: 'When interviewing new candidates for positions with us, I can truly tell them that experiences with mental health or substance use can be an advantage'. For some managers, lived experience could be a source of status within the services, 'Those people [the ones with lived experience] are now considered as even more skilled and can get considerable authority within a field'. Some managers reported that in job advertisements, they had begun to include personal experience of mental health challenges as an advantage, as this was regarded as a valuable complement to formal credentials and qualifications.

A 'freer' role

PWs often reported that they had more freedom to challenge limits than their professional colleagues. Some PWs believed that their status as service users allowed them to make their own decisions. PWs acknowledged that despite being employed within the same system, they

were not obligated to adhere as strictly to the rules and regulations as their professional colleagues. As one PW said, ‘We all know these rules are not meant for us, so we don't have to follow them’. Moreover, PWs also explained that they were relaxed about going directly to management in order to address issues, whereas their professional colleagues did not. Some PWs even speculated that some professionals were afraid of management. However, PWs also reported that their professional colleagues sometimes partnered with them to address issues with management, ‘My colleagues always come to me and ask: Can you please raise this issue with management? Or say that?’.

The focus groups with professionals also discussed the greater flexibility of PWs' roles. Some mentioned that this flexibility was due to fewer fixed tasks, responsibilities, and demands from the service organization. Others noted that PWs had slightly different functions, with one nurse stating (HP6), ‘They are supposed to be more like an inspiration to our patients’. Additionally, some mentioned that patients had fewer expectations of PWs, creating greater freedom in their interaction. A psychiatric nurse (HP11) said, ‘PWs can spend a whole day driving far out (location) and fishing with a patient who wants to fish’. While the professionals recognized the importance of this kind of activity for service users, they did not feel they had the flexibility, nor the time, to work in this way.

Catalyst for cultural change

Working alongside health professionals, PWs can play an important role in enabling cultural change in the workplace. Their presence allows them to establish relationships with their professional colleagues, support and develop how they engage with service users and constructively challenge the content of professional conduct.

PWs build relationships with health professional colleagues

PWs reported building relationships with their professional colleagues. They said they established connections through their work within the services, and this helped them improve communication with service users. One said: ‘Being employed within the services means building relationships with persons I work alongside’. The health professional also confirmed that they collaborated with PWs, ‘I do not consider PWs as different from any other colleague’ (HP12) or ‘By us, PWs are involved as everyone else’ (HP4). Overall, professionals said PWs were valued colleagues, and their contributions and opinions were as significant as those of other colleagues.

However, some PWs reported that they sometimes felt their professional colleagues only included them for appearances' sake rather than for genuine collaboration. A PW said, 'I sometimes wonder if they really want to collaborate with us or if it is only because it looks good on the paper'. Other PWs considered that their opinions were only taken seriously if they matched the assumptions of their professional colleagues. Nevertheless, most PWs agreed that they had become more engaged within their workplaces as time passed. One said: 'Now, they want to include me in all meetings'. Though initially excluded, they reported that they had gradually earned the trust and recognition of their professional colleagues who increasingly involved them. However, this evolution happened slowly and could also be very dependent on particular individuals. One PW explained, 'There are so many professionals within our organization who must change their mindset for a change to happen'. Commonly, it was acknowledged by the PWs that change takes time, and their professional colleagues needed time to learn how to utilize their expertise. 'We need to give them time to understand better what the role entails and what it is about. PWs reflected that it was important for professionals to understand and recognize their strengths before starting to use them.

Language matters

Managers and health professionals noticed that PWs frequently corrected their language usage. Furthermore, they acknowledged that professional jargon could be a barrier and create a divide between professionals and service users. However, managers believed that PWs could communicate in a way that bridged this gap. Health professionals reported that PW corrections were often both helpful and timely. A social worker (HP15) explained, 'We tend to stick to what we know, but PW's corrections make us think twice'. Most professionals agreed that having PWs around improved their language use. For instance, a nurse remarked, 'It has been a significant help at our workplace'. A psychologist (HP6) followed up with an example, 'Previously, we would say, "This patient is difficult or damaged", but now we say, "I am getting frustrated because this lady expects a lot from me that I cannot provide"'. The professionals credited PWs for this improvement.

Questioning what it is to act professionally

According to professionals, PWs sometimes challenge their perceptions of professionalism. Some professionals discussed a long-standing principle from their education of the importance of separating different types of information, ensuring a distinction between what was "personal, private and professional". They mentioned that not sharing anything about their personal life

with service users was how they had been trained to be professional but prevented them from being authentic. However, PW's presence challenged this norm. A social worker said (HP2): "The fact that PW has come in and worked with us, using their experiences - it probably has, at least for my part, lowered the threshold for what I use of myself".

PW also said they prompted professionals to consider their own practice. A PW said: "I often make my colleagues reflect on how they approach service users or why they chose not to follow up on their treatment". According to professionals, working with PWs caused them to reconsider how they behaved and approached service users. Many reported increased confidence and a willingness to be more personal. An occupational therapist said (HP8): "I have more confidence in myself at work after I have had the chance to do more like a PW does". Most professionals highlighted how PWs helped them establish stronger connections with service users as they had learned how to act and communicate in ways that reduced the distance to service users and were, therefore, able to build stronger relationships with them.

Discussion

PWs engage in various co-production roles in service organizations that differ from traditional service user involvement (Åkerblom et al. 2023). In the following discussion, we explore some conditions that can directly and indirectly affect their impact and discuss how they can affect service provision and development.

PWs play a variety of co-production roles

PWs can fulfill all three co-production roles identified by Voorberg et al. (2015): co-implementers, co-designers, and initiators. As service providers, PWs take over tasks performed by health professionals, such as interacting with service users or providing them with relevant answers, playing the role of co-implementers. PWs prioritize outreach and engage with service users and systems pragmatically and unconventionally and often go beyond the usual support their professional colleagues provide. They were described as working at the border of services as 'frontline workers' who read situations, perform their jobs passionately, and find appropriate ways to act on the spot (Van Hulst, De Graaf, and Van Den Brink 2012, p.437). In addition, our findings indicate that PWs are vital in connecting service users and health professionals, acting as boundary spanners (Meerkerk and Edelenbos 2018, p. 14). As boundary spanners, PWs translate between different forms of knowledge. They also educate their colleagues on better understanding service users and recognizing early signs of acute episodes.

Moreover, they were often depicted as setting an example for health professionals in their interactions with service users and helping them to establish better relationships with them. In various ways, their presence prompted healthcare professionals to modify their approach to service users and enhance their performance. As such, PWs contributed to changing the service delivery process and played a role as co-designers. Drawing on their experiences working on the frontline, PWs also identified areas where services could be improved and acted as initiators of change by approaching managers directly.

The role of insider change agents

As PWs are employed within service organizations, they build relationships with their professional colleagues. They gradually gain acceptance and recognition when they establish connections and build relationships. Over time, PWs start to serve as advisors, helping professionals establish better relationships with service users and fostering trust between them. Working in multidisciplinary environments allows PWs to gain insider knowledge of service organization, the nature of the work, and the challenges faced by professionals and the service system (El Enany, Currie, and Lockett 2013). As a result, PWs improve their own ability to communicate in professional contexts and become less confrontational, making them a more desirable type of involved service user (Stougaard 2021).

Managers highly value PW's service user knowledge and claim to involve them in discussions about strategic matters. Several managers said they only hire PWs with similar experiences to their target service user group, and some that they required they had experience using similar services. When choosing PWs due to their service user knowledge and social belonging to the service user group, they recognize them as potential 'lead users' (von Hippel 1986, p. 791), who are 'those who have overcome their own high needs and can provide valuable insights in developing new solutions' (von Hippel 1986, p. 800). This implies managers acknowledge that PWs' knowledge and insights stem from their interactions within a particular context. However, some of the knowledge they have gained is implicit, so it cannot easily be transferred (Oborn, Barrett, and Racko 2013). A relevant challenge to effectively utilize their knowledge is to find ways for them to share their implicit or 'sticky' knowledge (von Hippel 1994, p. 430).

Creating 'the right' conditions for knowledge mobilization

Collaboration between PWs and service users creates opportunities to overcome the stickiness of their own service user knowledge. Working at the frontline, PWs are exposed to situations

and contexts they are familiar with. This can allow them to activate their knowledge reserves from these experiences and contexts and apply them to new situations. When PWs work with service users, they can draw on their tacit knowledge and interact with service users and systems differently from their professional colleagues. When professionals work alongside PWs, this creates opportunities for them to explore PWs' unique understanding of service use, including knowledge they cannot easily express. Professionals who work in these services often share a common understanding of the context, although from different perspectives, which allows them to recognize the approach and knowledge of PWs when they are exposed to it. When professionals and PWs learn to identify and understand situations from different perspectives, it helps them work more effectively together to deliver services (Langley, Wolstenholme, and Cooke 2018).

Moreover, aligning PWs' backgrounds and emphasizing their experience and knowledge of particular services during recruitment aligns with another phenomenon: the principle of 'most deeply affected' (Afsahi 2022). The principle of 'most deeply affected' considers the backgrounds of participants, including their vulnerabilities and accords greater legitimacy to those affected by a given issue (Afsahi 2022 p. 53). This principle recognizes the power imbalance between actors in a setting (Bengtson 2021) and the need to differentiate between distinct forms and degrees of affectedness in considering degrees of legitimacy. When considering those affected by an issue, it is essential to examine closely the impact it has on them. Citizens who have been deeply affected often require specialized services to meet their specific needs (Åkerblom et al. 2023). However, marginalized citizens may not place the same level of trust in professionals or service organizations (Steen, Brandsen, and Verschuere 2018). PWs are often seen as an essential link between professionals and service users.

As newcomers in mental health and substance use service organizations, PWs were seen as catalysts for cultural change in the workplace. When PWs are permanently present in service organizations and multidisciplinary settings, they build relationships with managers and health professionals through daily face-to-face contact. When professionals recognized the strengths of PWs, they started to trust them and increase their usage, which boosted their involvement with service organizations. In addition, this trust facilitated both their communication and co-production (Bentzen 2019). However, PWs frequently express frustration with professional jargon, which they suggest creates communication barriers. Yet, health professionals also commonly recognize the importance of improving their language to ensure more effective collaboration with service users.

In the first place, PWs working with health professionals at the point of service delivery were often told to act as constructive disruptors, demonstrating how to assist service users differently. By this, PWs' presence directly affects how services are arranged and provided and replaces outdated practices. Another essential result of having PWs as members of multidisciplinary teams was to encourage reflection and discussion and promote workplace deliberativeness (Leach 2006). PWs shared their insights and discussed them daily with their professional colleagues and managers. They were told to question practices and challenge traditions, disturbing the assumed wisdom and status quo. PWs were depicted as critically examining health professionals' and managers' arguments and creating a new basis for understanding, valuing, and accepting different perspectives and viewpoints. Through this process, PWs opened a new reflective space where health professionals could consider their practice and language and help create a more extensive base of shared knowledge. However, it is less clear if an increased level of deliberativeness is based on representativeness, which is an essential prerequisite for ensuring democratic service delivery (Steen, Brandsen, and Verschuere 2018, p. 286).

PWs' fluid social positions

PW's positions are characterized by fluidity. They are not employed based on formal credentials or expertise like their professional colleagues and thus do not fit into the traditional service hierarchy. Nevertheless, PWs can be highly regarded for their understanding of the challenges and needs of service users. Our findings show that they differentiate themselves from professionals and leverage their service user knowledge as a resource. (See also Chauhan, Croft, and Spyridonidis 2023). Health professionals frequently seek them out for advice on how to serve service users better and some advocate for their inclusion in all service development forums. Managers value their knowledge and involve them in service development processes and different boards. Some managers said job advertisements now listed lived experience of mental health or substance use challenges as a desirable attribute for health professionals. PW expert service user knowledge appears to grant them a particular status with the multidisciplinary teams or service settings.

While PW's expert service user knowledge grants them status, it does not bind them to existing service frameworks. Instead, it seems to give them greater opportunities for self-definition. Our findings show that PWs do not conform to the usual hierarchy in established services. Instead, they actively distinguish themselves from these formal and informal structures, relying on their expertise as service users as the basis for their employment, a source

of validity different from professional knowledge. Their service user status justifies a position outside the service hierarchy. In our study, PWs preferred to remain outside of the service hierarchies as it helped them retain flexibility and an opportunity to define aspects of their role and responsibilities.

PWs hold a particular hierarchical position in multidisciplinary teams and service settings due to their service user expert status, their understanding of service users, and their direct access to managers. Their extensive knowledge as service users often provides differential access to management and, therefore, indirect access to formal power. Managers grant them informal capital and a status distinct from their professional colleagues by involving them in various organizational roles and tasks. This helps PWs become more 'powerful' within the multidisciplinary teams and service settings than expected from uncredentialed employees in mental health and substance use service organizations. Hence, PW's social position, knowledge of the organization, access to management, and acknowledged expertise as service users can amplify their voices within multidisciplinary workplace settings.

Although some PWs may not be directly involved in core service duties, they acquire a deep understanding of their organization and the challenges faced by their professional colleagues. This knowledge enables them to work effectively with professionals and enhance their co-production capacity. PWs, as employees of service organizations, can play a crucial role in creating an environment that is conducive to co-production by positively influencing how multidisciplinary teams collaborate. PWs in the workplace can help fulfill the ideal of deliberativeness (Leach 2006). Establishing relationships and gaining professional colleagues' trust helps create a nonconfrontational environment where health professionals may relinquish actual or assumed constraints. PWs and their health professional colleagues working together can co-create a new foundation of shared knowledge, resulting in new possibilities for service co-production. PWs bring fresh perspectives and knowledge, which may increase professionals' acceptance of different viewpoints, enhance communication, encourage reflective practice and promote more constructive discussions between professionals and service users.

Both managers and health professionals recognized the essential function of PWs as a boundary spanning. Through this function PWs can help service organizations fulfill a social obligation by connecting service users to services more quickly. Moreover, PWs were described as effectively bridging between service users and health professionals. Their role at the border of services facilitates communication with service users. This enables PWs to assist their professional colleagues to connect with service users and create a platform for dialogue and

collaboration between the two parties. However, PWs need to be perceived as trusted actors by professionals and service users to serve as a bridge between them.

Nevertheless, not all healthcare professionals are equally satisfied with PW's roles and positions, even though most of them have learned how to use PWs. The majority of professionals in our study stated that they were not prepared or involved in the service transformation. Ironically, while managers have improved the involvement of service users in organizational development, other employees in the organizations are not as readily involved. Despite this, those working alongside PWs must 'live and manage' such changes.

Credibility is essential in recruiting and employing PWs, and tokenism can undermine the potential legitimacy that can flow from their experiential knowledge. To correctly identify the 'relevant affected', it can be crucial to consider PW's background and service experience and align it with a specific multidisciplinary team or service setting. Arguably, PWs with firsthand experience of relevant issues are more likely to be viewed as experts, potentially resulting in an empowered position and encouraging them to share their knowledge and perspectives more willingly and effectively. Involving the most deeply affected, as defined by Afsahi (2022), is likely to result in the most impactful PWs.

Conclusion

The experience of Norwegian PWs in empowered co-production roles highlights an important issue. By acquiring an expert status, PWs gain the freedom to define themselves fully within an organizational setting and distance themselves from institutional constraints. Unlike their colleagues, they are not bound by the same norms and rules, which can hinder their professional performance. This gives PWs a more fluid role, creates more opportunities to act in diverse ways, and maximizes the potential for the co-production of mental health and substance use services.

Limitations

There are some limitations to this study. It focuses solely on Norway, where employing service users as PWs is still a relatively new practice. Countries like the USA, Australia, the UK, and Canada have been doing it for longer. Since the practice is new in a Norwegian context, individuals in positions and partnerships may have a temporarily greater level of involvement

and usage due to the lack of established standards and formalization of the practices. However, as these practices become more standardized and formalized, the level of PW involvement and usage can decrease.

Moreover, differences in social and welfare services in Norway compared to other countries may result in variations in how partnerships with PWs are implemented in mental health and substance use service organizations. Partnerships will also likely differ among service organizations and in-patient and acute services. However, this study recruited participants from various service organizations and sites without considering these variations. Study participants were classified and compared according to their formal roles as managers, health professionals, or PWs. Although we also recognize that some health professionals may have a higher status than others in the service hierarchy due to their formal roles and knowledge, this study did not investigate this. However, exploring these differences and whether they are patterned by profession and status deserves more scholarly attention.

Acknowledgment

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Disclosure statement

No potential conflicts of interest were reported by the author(s).

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APPENDIX I – LETTER OF APPROVAL – (SIKT GODKJENNING)

Sikt

Vurdering av behandling av personopplysninger

Referansenummer	Vurderingstype	Dato
486232	Standard	03.05.2021

Tittel
Integrering av erfaringskompetanse i offentlige psykiske helse- og rustjenester: en samskapende sosial innovasjon.

Behandlingsansvarlig institusjon
Høgskulen på Vestlandet / Fakultet for helse- og sosialvitskap / Institutt for velferd og deltaking

Prosjektansvarlig
Kristina Bakke Åkerblom

Prosjektperiode
25.08.2020 - 31.12.2023

Kategorier personopplysninger
Alminnelige

Lovlig grunnlag
Samtykke (Personvernforordningen art. 6 nr. 1 bokstav a)

Behandlingen av personopplysningene er lovlig så fremt den gjennomføres som oppgitt i meldeskjemaet. Det lovlige grunnlaget gjelder til 31.12.2023.

Meldeskjema

Kommentar
NSD har vurdert endringen registrert 28.04.2021.

Det er vår vurdering at behandlingen av personopplysninger i prosjektet vil være i samsvar med personvernlovgivningen så fremt den gjennomføres i tråd med det som er dokumentert i meldeskjemaet med vedlegg den 03.05.2021. Behandlingen kan fortsette.

Zoom er databehandler i prosjektet. NSD legger til grunn at behandlingen oppfyller kravene til bruk av databehandler, jf. art 28 og 29.

OPPFØLGING AV PROSJEKTET
NSD vil følge oppved planlagt avslutning for å avklare om behandlingen av personopplysningene er avsluttet.

Lykke til videre med prosjektet!

Tlf. Personverntjenester: 55 58 21 17 (tast 1)

APPENDIX II – INQUIRY CONSENT AND ELABORATED CONSENT MANAGERS AND HEALTH PROFESSIONALS

Høgskulen på Vestlandet

Bergen 10.04.2021

Er du leder i psykisk helse og rustjenester og har ansatt erfaringskonsulenter?

Vil du delta i forskningsprosjektet:

Integrering av erfaringskompetanse i offentlige psykiske helse- og rustjenester: en samskapende sosial innovasjon

I dette skrivet kan du få informasjon om målene for prosjektet og hva deltakelse vil innebære for deg.

Formål
Formålet er å forstå hvordan integrering av erfaringskonsulenter endrer de offentlige tjenestene på rus-og psykisk helsefeltet. Forskningsprosjektet søker kunnskap om hvordan integreringen av erfaringskonsulenter utvikler og endrer tjenestene. Hvordan kan erfaringskonsulenter bidra til å utvikle mer relevante og bedre tilpassede tjenester til målgruppen? Hvordan påvirkes samarbeidet og samskaping i tjenestene? Kunnskapen fra forskningsprosjektet skal formidles i artikler, tekster og i undervisning.

Hvem er ansvarlig for forskningsprosjektet?
Kristina Bakke Åkerblom er Ph.d. stipendiat ved Institutt for Velferd og Deltaking, HVL og er ansvarlig for forskningsprosjektet og gruppeintervjuene som gjennomføres i denne del-studien. Ph.d. prosjektet er finansiert av stiftelsen Dam. Prosjektet er knyttet til NSD referansenummer 638935.

Hvorfor får du spørsmål om å delta?
I denne del-studien ønsker vi å komme i kontakt med **ledere** i psykisk helse- og rustjenester som har erfaringer med å ansette og/eller samarbeide over tid med erfaringskonsulenter i tjenestene. Det søkes kunnskap om hvilke muligheter og risikoer dere som ledere vurderer og hvordan samarbeid og samskaping med erfaringskonsulenter foregår i deres tjenester. I andre del-studier vil fagansatte som arbeider i team med erfaringskonsulenter og erfaringskonsulenter selv, intervjues.

Hva innebærer det for deg å delta?
I denne del-studien vil det gjennomføres fokus-gruppeintervjuer på zoom. Tema for samtalene er integreringen av erfaringskonsulenter. I hver gruppe vil det delta mellom 4 og 8 deltakere. Et gruppeintervju tar vanligvis en til to timer. Det vil bli gjort video- og lydopptak som senere transkriberes. Video og lydopptak slettes når det er transkribert.

Det er frivillig å delta
Det er frivillig å delta i prosjektet. Alle opplysninger knyttet til fokus-gruppeintervjuene vil bli anonymisert slik at det ikke er mulig å identifisere personer i publikasjoner eller offentliggjøringer fra dette prosjektet.
Hvis du velger å delta, kan du likevel når som helst velge å trekke ditt samtykke tilbake uten å oppgi noen grunn. Alle opplysninger om deg og ditt intervju vil da bli slettet. Det vil ikke ha noen negative konsekvenser for deg hvis du ikke vil delta eller hvis du senere velger å trekke deg.

Ditt personvern – hvordan vi oppbevarer og bruker dine opplysninger
Opplysningene om deg vil bare bli brukt til formålet fortalt om i dette skrivet. Alle opplysningene vil bli behandlet konfidensielt og i samsvar med personvernregelverk. Det er kun den/de som gjennomfører intervjuet som vet hvem som deltar i intervjuene. De transkriberte intervjuer vil ikke bli lagret sammen med navn og kontaktopplysninger, men vil bli erstattet med en kode som lagres på egen navneliste adskilt fra øvrige data. Navn og annen informasjon som gjør at noen kan gjenkjennes fjernes ved utskriving (transkribering) av lydfiler. Det vil ikke være mulig å identifisere personer i skriftlig materiale som produseres.

Hva skjer med opplysningene dine når vi avslutter forskningsprosjektet?
Prosjektet skal etter planen avsluttes 31.12.2023. Ved prosjektslutt slettes alle personopplysninger. Videofil og lydfil blir slettet umiddelbart etter transkribering og intervjudataene blir anonymiserte umiddelbart ved utskriving/transkribering.

Dine rettigheter
Så lenge du kan identifiseres i datamaterialet, har du rett til:
- innsyn i hvilke personopplysninger som er registrert om deg,
- å få rettet personopplysninger om deg,
- få slettet personopplysninger om deg,
- få utlevert en kopi av dine personopplysninger (dataportabilitet), og
- å sende klage til personvernombudet eller Datatilsynet om behandlingen av dine personopplysninger.

Hva gir oss rett til å behandle personopplysninger om deg?
Vi behandler opplysninger om deg basert på ditt samtykke. På oppdrag fra Høgskulen på Vestlandet har NSD – Norsk senter for forskningsdata AS vurdert at behandlingen av personopplysninger i dette prosjektet er i samsvar med personvernregelverket.

Hvor kan jeg finne ut mer?
Hvis du har spørsmål til studien, eller ønsker å benytte deg av dine rettigheter, ta kontakt med:

Kristina Bakke Åkerblom. krbaa@hvl.no

Vårt personvernombud: personvernombud@hvl.no telefon 5530 1031
NSD – Norsk senter for forskningsdata AS, på epost personvernombudet@nsd.no
eller telefon: 55 58 21 17

Med vennlig hilsen

Kristina Bakke Åkerblom

Ph.d. kandidat og prosjektansvarlig
Institutt for Velferd og Deltaking,
Høgskulen på Vestlandet

Høgskulen
på Vestlandet

Samtykkeerklæring

Jeg har mottatt og forstått informasjon om prosjektet: integrering av erfaringskompetanse i offentlige psykisk helse- og rustjenester: en samskapende sosial innovasjon, og har fått anledning til å stille spørsmål. Jeg samtykker til:

å delta i fokusgruppeintervju.

Jeg samtykker til at mine opplysninger behandles frem til prosjektet er avsluttet, ca. 31.12.2023

(Signert av prosjektdeltaker, dato)

Høgskulen
på Vestlandet

Bergen, 28.04.2021

Vil du delta i et forskningsprosjekt om erfaringskonsulenters roller og medvirkning i psykisk helse og rustjenester?

Dette prosjektet har som formål å forstå hvordan integrering av erfaringskompetanse endrer de offentlige tjenestene på rus og psykisk- helsefeltet. Prosjektet har tittelen:

Integrering av erfaringskompetanse i offentlige psykisk helse- og rustjenester, en samskapende sosial innovasjon.

Formål

Formålet er å forstå hvordan integrering av erfaringskonsulenter endrer de offentlige tjenestene på rus-og psykisk helsefeltet. Forskningsprosjektet søker kunnskap om hvordan integreringen av erfaringskonsulenter utvikler og endrer tjenestene. Hvordan kan erfaringskonsulenter bidra til å utvikle mer relevante og bedre tilpassede tjenester til målgruppen? Hvordan påvirkes samarbeidet og samskaping i tjenestene? Kunnskapen fra forskningsprosjektet skal formidles i artikler, tekster og i undervisning.

Hvem er ansvarlig for forskningsprosjektet?

Kristina Bakke Åkerblom er Ph.d. stipendiat ved Institutt for Velferd og Deltaking, HVL og er ansvarlig for forskningsprosjektet og gruppeintervjuene som gjennomføres i denne del- studien. Ph.d. prosjektet er finansiert av stiftelsen Dam. Prosjektet er knyttet til NSD referansenummer 638935.

Hvorfor får du spørsmål om å delta?

I denne del-studien ønsker vi å komme i kontakt med fagansatte som jobber sammen med erfaringskonsulenter. Vi ønsker å snakke med fagpersoner som arbeider sammen med erfaringskonsulenter og som har erfaringer med å samarbeide med erfaringskonsulenter i tjenestene.

Hva innebærer det for deg å delta?

I denne del-studien vil det gjennomføres fokus-gruppeintervjuer på zoom. Tema for samtalene er integreringen av erfaringskonsulenter. I hver gruppe vil det delta mellom 4 og 8 deltakere. Et gruppeintervju tar vanligvis en til to timer. Det vil bli gjort video- og lydopptak som senere transkriberes. Video og lydopptak slettes når det er transkribert.

Det er frivillig å delta
Det er frivillig å delta i prosjektet. Hvis du velger å delta, kan du likevel når som helst velge å trekke ditt samtykke tilbake uten å oppgi noen grunn. Alle opplysninger om deg og ditt intervju vil da bli slettet. Det vil ikke ha noen negative konsekvenser for deg hvis du ikke vil delta eller hvis du senere velger å trekke deg.

Ditt personvern – hvordan vi oppbevarer og bruker dine opplysninger
Opplysningene om deg vil bare bli brukt til formålet fortalt om i dette skrivet. Alle opplysningene vil bli behandlet konfidensielt og i samsvar med personvernregelverk. Det er kun den/de som gjennomfører intervjuet som vet hvem som deltar i intervjuene. De transkriberte intervjuer vil ikke bli lagret sammen med navn og kontaktopplysninger, men vil bli erstattet med en kode som lagres på egen navneliste adskilt fra øvrige data. Navn og annen informasjon som gjør at noen kan gjenkjennes fjernes ved utskriving (transkribering) av lydfiler. Alle opplysninger fra fokus-gruppeintervjuene vil bli anonymisert slik at det ikke er mulig å identifisere personer i publikasjoner eller offentliggjøringer fra dette prosjektet.

Hva skjer med opplysningene dine når vi avslutter forskningsprosjektet?
Prosjektet skal etter planen avsluttes 31.12.2023. Ved prosjektslutt slettes alle personopplysninger. Videofil og lydfil blir slettet umiddelbart etter transkribering og intervjudataene blir anonymiserte umiddelbart ved utskriving/transkribering.

Dine rettigheter
Så lenge du kan identifiseres i datamaterialet, har du rett til:

- innsyn i hvilke personopplysninger som er registrert om deg,
- å få rettet personopplysninger om deg,
- få slettet personopplysninger om deg,
- få utlevert en kopi av dine personopplysninger (dataportabilitet), og
- å sende klage til personvernombudet eller Datatilsynet om behandlingen av dine personopplysninger.

Hva gir oss rett til å behandle personopplysninger om deg?
Vi behandler opplysninger om deg basert på ditt samtykke. På oppdrag fra Høgskulen på Vestlandet har NSD – Norsk senter for forskningsdata AS vurdert at behandlingen av personopplysninger i dette prosjektet er i samsvar med personvernregelverket.

Hvor kan jeg finne ut mer?
Hvis du har spørsmål til studien, eller ønsker å benytte deg av dine rettigheter, ta kontakt med:

Kristina Bakke Åkerblom. krbaa@hvl.no

Vårt personvernombud: personvernombud@hvl.no telefon 5530 1031
NSD – Norsk senter for forskningsdata AS, på epost personvernombudet@nsd.no
eller telefon: 55 58 21 17

Med vennlig hilsen

Kristina Bakke Åkerblom

Ph.d. kandidat og prosjektansvarlig
Institutt for Velferd og Deltaking,
Høgskulen på Vestlandet

Høgskulen
på Vestlandet

Samtykkeerklæring

Jeg har mottatt og forstått informasjon om prosjektet: integrering av erfaringskompetanse i offentlige psykisk helse- og rustjenester: en samskapende sosial innovasjon, og har fått anledning til å stille spørsmål. Jeg samtykker til:

å delta i fokusgruppeintervju.

Jeg samtykker til at mine opplysninger behandles frem til prosjektet er avsluttet, ca. 31.12.2023

(Signert av prosjektdeltaker, dato)

APPENDIX III – INQUIRY CONSENT AND ELABORATED CONSENT, INCLUDING THE WEBPAGE ANNOUNCEMENT PEER WORKERS

Høgskulen
på Vestlandet

Bergen, 02.04.2022

Er du ansatt som er erfaringskonsulent og har samtidig verv som brukermedvirker?

Vil du delta i et forskningsprosjekt om erfaringskonsulenters roller og medvirkning i psykisk helse og rustjenester?

Prosjektet har tittelen: *Integrering av erfaringskompetanse i offentlige psykisk helse- og rustjenester, en samskapende sosial innovasjon.*

Formål
Denne del-studien inngår i et Ph.d. prosjekt som har til hensikt å utforske hvordan erfaringskonsulenter endrer de offentlige tjenestene på rus-og psykisk helsefeltet. Forskningsprosjektet søker kunnskap om hvordan erfaringskonsulenter bidrar til å utvikle og endre tjenestene. På hvilke måter kan erfaringskonsulenter bidra til at det utvikles mer relevante og bedre tilpassede tjenester? Hvordan påvirkes samarbeid og samskaping i tjenestene? Kunnskapen fra forskningsprosjektet skal formidles i artikler, tekster og i undervisning.

Hvem er ansvarlig for forskningsprosjektet?
Kristina Bakke Åkerblom er Ph.d. stipendiat ved Institutt for Velferd og Deltaking, HVL og er ansvarlig for forskningsprosjektet og gruppeintervjuene som gjennomføres i denne del- studien. Ph.d. prosjektet er finansiert av stiftelsen Dam. Prosjektet er knyttet til NSD referansenummer 638935.

Hvorfor får du spørsmål om å delta?
I denne del-studien ønsker vi å komme i kontakt med erfaringskonsulenter som har samtidig verv som brukermedvirker. Erfaringskonsulentundersøkelsen fra 2020 og 2021 bekrefter at svært mange erfaringskonsulenter har roller og verv der de deltar i utviklingsarbeid, råd og utvalg som har til hensikt å utvikle og forbedre tjenestetilbud. Vi ønsker å snakke med erfaringskonsulenter som deltar aktivt som brukermedvirker, i tillegg til å være erfaringskonsulent ute i tjenestene.

Hva innebærer det for deg å delta?
I denne del-studien vil det gjennomføres fokus-gruppeintervjuer. Tema for samtalene er deres erfaringer og perspektiver fra å samarbeide på ulike nivå i tjenestene, gjennom rollen som erfaringskonsulent og rollen som brukermedvirker. I hver gruppe vil det delta mellom 4 og 8 deltakere. Et gruppeintervju tar vanligvis en til to timer. Det vil bli gjort lydopptak som senere transkriberes og slettes når det er transkribert.

Det er frivillig å delta
Det er frivillig å delta i prosjektet. Hvis du velger å delta, kan du likevel når som helst velge å trekke ditt samtykke tilbake uten å oppgi noen grunn. Alle opplysninger om deg og ditt intervju vil da bli slettet. Det vil ikke ha noen negative konsekvenser for deg hvis du ikke vil delta eller hvis du senere velger å trekke deg.

Ditt personvern – hvordan vi oppbevarer og bruker dine opplysninger
Opplysningene om deg vil bare bli brukt til formålet fortalt om i dette skrivet. Alle opplysningene vil bli behandlet konfidensielt og i samsvar med personvernregelverk. Det er kun den/de som gjennomfører intervjuet som vet hvem som deltar i intervjuene. De transkriberte intervjuer vil ikke bli lagret sammen med navn og kontaktopplysninger, men vil bli erstattet med en kode som lagres på egen navneliste adskilt fra øvrige data. Navn og annen informasjon som gjør at noen kan gjenkjennes fjernes ved utskriving (transkribering) av lydfiler. Alle opplysninger fra fokus-gruppeintervjuene vil bli anonymisert slik at det ikke er mulig å identifisere personer i publikasjoner eller offentliggjøringer fra dette prosjektet.

Hva skjer med opplysningene dine når vi avslutter forskningsprosjektet?
Lydfil blir slettet umiddelbart etter transkribering og intervjudataene blir anonymiserte umiddelbart ved utskriving/transkribering. Prosjektet skal etter planen avsluttes 31.12.2023. Ved prosjektslutt slettes også alle personopplysninger.

Dine rettigheter
Så lenge du kan identifiseres i datamaterialet, har du rett til:

- innsyn i hvilke personopplysninger som er registrert om deg,
- å få rettet personopplysninger om deg,
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- å sende klage til personvernombudet eller Datatilsynet om behandlingen av dine personopplysninger.

Hva gir oss rett til å behandle personopplysninger om deg?
Vi behandler opplysninger om deg basert på ditt samtykke. På oppdrag fra Høgskulen på Vestlandet har NSD – Norsk senter for forskningsdata AS vurdert at behandlingen av personopplysninger i dette prosjektet er i samsvar med personvernregelverket.

Hvor kan jeg finne ut mer?
Hvis du har spørsmål til studien, eller ønsker å benytte deg av dine rettigheter, ta kontakt med:

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Med vennlig hilsen

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Høgskulen på Vestlandet

Høgskulen
på Vestlandet

Samtykkeerklæring

Jeg har mottatt og forstått informasjon om prosjektet: integrering av erfaringskompetanse i offentlige psykisk helse- og rustjenester: en samskapende sosial innovasjon, og har fått anledning til å stille spørsmål. Jeg samtykker til:

å delta i fokusgruppeintervju.

Jeg samtykker til at mine opplysninger behandles frem til prosjektet er avsluttet, ca. 31.12.2023

(Signert av prosjektdeltaker, dato)

Vil du delta i et forskningsprosjekt om:

Samskaping med erfaringskonsulenter i psykiske helse- og rustjenester?

I dette studiet ønsker vi å få kunnskap om hvordan samskaping med erfaringskonsulenter knyttet til utvikling av tjenestene foregår. Et stort antall norske erfaringskonsulenter formidler at de deltar i utviklingsarbeid, råd og utvalg som har til hensikt å forbedre tjenestene (Erfaringskonsulentundersøkelsen 2020, 2021). I tillegg har flere erfaringskonsulenter samtidige verv/er aktive som brukermedvirkere på vegne av brukerorganisasjoner. Vi ønsker å vite mer om hvordan erfaringskonsulenter/brukermedvirkere opplever å sjonglere mellom disse rollene og når de opplever at deres perspektiver, erfaringer og kunnskap blir nyttiggjort.

Formål

Dette studiet inngår i et større forskningsprosjekt. Formålet er å forstå hvordan integrering av erfaringskonsulenter endrer de offentlige tjenestene på rus-og psykisk helsefeltet. Hovedformålet med dette forskningsprosjektet er å undersøke hvorvidt integreringen av erfaringskompetanse ved å ansette erfaringskonsulenter i tjenestene i Norge fører til mer samskaping i tjenestene og utvikling av mer relevante og bedre tilpassede tjenester til målgruppen. Kunnskapen fra forskningsprosjektet skal formidles i artikler, tekster og i undervisning.

Hvem er ansvarlig for forskningsprosjektet?

Kristina Bakke Åkerblom er doktorgradsstipendiat ved Institutt for Velferd og Deltaking, HVL. Hun er ansvarlig for forskningsprosjektet og gruppeintervjuene som gjennomføres i studien.

Hvorfor får du spørsmål om å delta?

I denne studien ønsker vi å komme i kontakt med ***personer som er ansatt som erfaringskonsulent og som samtidig har verv som brukermedvirkere***. Fortrinnsvis de som har slike doble roller per i dag. Eventuelt dersom et av vervene/ rollene nylig er avsluttet.

Hva innebærer det for deg å delta?

Et gruppeintervju tar vanligvis mellom halvannen og to timer. Vi vil ta lydopptak som senere blir transkribert. Lydopptaket slettes når det er transkribert.

Det er frivillig å delta

Det er frivillig å delta i prosjektet. Alle opplysninger knyttet til gruppeintervjuene blir anonymisert slik at det ikke er mulig å identifisere personer i publikasjoner eller offentliggjøringer fra dette prosjektet.

Hvis du velger å delta, kan du likevel når som helst velge å trekke ditt samtykke tilbake uten å oppgi noen grunn. Alle opplysninger om deg og ditt intervju blir da slettet. Det vil ikke ha noen negative konsekvenser for deg hvis du ikke vil delta eller hvis du senere velger å trekke deg.

Klikk her for å melde din interesse

Erfaringssentrum bistår i rekrutteringen til forskningsprosjekt. Les mer om andre prosjekter her

APPENDIX IV –SEMI-STRUCTURED INTERVIEW GUIDE TO ASSIST FOCUS GROUPS, EXAMPLE OF HEALTH PROFESSIONALS

Temaguide til fokusgruppeintervjuer med fagansatte i psykisk helse- og rustjenester

09:00-09:05 Innledning og Praktisk info. Kort om hensikten til ph.d. prosjektet. Presentasjon av Kristina, Torbjørn. Ikke et «tradisjonelt» intervju, men mer «en samtale» der alle deltar for å lære mer og forstå bedre hvordan erfaringskonsulenter jobber i, og samarbeider med andre i tjenestene. Også vi. Men, vi har noen tema vi ønsker å lære mer om som vi kommer til å ta opp med dere. Ingen svar er «rette» eller «gale». Kristina er ordstyrer. Torbjørn har kontroll på tid.

Filme: Best å ha på galleri-view.

09:05-09:15 en kort presentasjonsrunde av deltakerne. Ønsker å vite hvem de er, nåværende rolle og kort om hvilken erfaring de har ift EK. Alle har 2-3 minutter.

09:15 – 09:55

Tema 1: Kunnskap og erfaring med integrering av EK

- Hvordan benyttes EK og hva mener dere at de tilfører til arbeidsplassen?
- Hvilke oppgaver og roller har typisk erfaringskonsulenter i deres organisasjon?
- Er erfaringskompetanse særlig relevant knyttet til spesifikke oppgaver? Eller like relevant til alle?
- Hvordan påvirker bruk av EK andre ansatte?
- Har ansettelser av EK ført til endring i andre ansatte sine oppgaver og rutiner? (F.eks: hva som prates om og deles av andres fagansattes livserfaringer på arbeidsplassen?)
- Hvordan forstår dere at EK påvirker «den faglige standarden i tjenestene»?

FØR OG NÅ: Hvordan har dette endret seg?

Tema 2: Spesielle hensyn som må tas og legitimitet

- Har dere erfart/ eller vil dere anbefale at det tas spesielle hensyn, forberedelser eller lignende på arbeidsplasser i forbindelse med at man ansetter EK?
- *Hvilke* ulike forhold (risiko) syntes dere det er viktig å vurdere ved integrering EK?
- Hvordan kan EK spille inn på forhold som direkte angår de som bruker tjenestene?
- Rykte? Økt/minsket legitimitet til tjenestene? Kvalitet? Effektivitet?
- Hvordan kan bruk av EK påvirke samarbeid med andre samarbeidsparter? Andre offentlige tjenester, pårørende, tjenestebrukere, nærmiljø/fritid, frivillige tjenester

FØR OG NÅ: Hvordan har dette endret seg?

Tema 3: EK sin bakgrunn: erfaringsmatch og hvor «forberedt» skal de være?

- Hvilken bakgrunn bør EK ha når de starter i jobb?
- Hvor viktig er det å «matche» EK sin bakgrunn og erfaringer med den aktuelle tjenesten?
- Anser dere det som viktig at EK sine erfaringer er tilbakelagt? Evt hvor lang avstand?
- Avstand begge veier? F.eks kan EK sin erfaring være «udatert»?

FØR OG NÅ: Hvordan har dette endret seg?

10:05 – 11:00 Pause 10 min: (helst litt før)

Tema 4: Samarbeid, samproduksjon og samskaping

- Hvilken type samarbeid og oppgaver er EK i deres tjenester involvert i?
- Hvordan inkluderes andre relevante aktører i arbeidet ved deres arbeidsplass? (for eksempel: familie, pårørende, nettverk, andre tjenester, frivillige). Hyppighet, innhold, karakter, tid og prosess knyttet til samarbeidet med andre aktører
- Har dere erfaringer med at det eksisterer en makt-ubalanse? Har dere erfaringer med å minimere denne? Sikre at alle deltar på like premisser? Gode eksempler der dette har fungert?
- F.eks i utviklingsarbeid, arbeid på tjenesteutviklingsnivå?
- Hvordan har for eksempel EK blitt forberedt når de skal delta i samskaping?
- Tokenisme – bench park problem

- Hva legger dere i begrepet samskaping? Hvem er involvert i samskaping (i tillegg til EK)?
- Hvordan har/ eller tror dere at samarbeidet og samskaping på deres arbeidsplass har endret seg (innholdsmessig eller i karakter) etter at dere har begynt å involvere EK?

FØR OG NÅ: Hvordan har dette endret seg?

Tema 5: EK som brobygger – (bridging and bonding)

- Har dere gode eksempler på hvordan EK kan fungere som brobyggere? Er interessert i eksempler på både individ, tjeneste og organisasjonsnivå.
- Bonding: knytte god kontakt med tjenestebrukere (som man ikke kjenner fra før)
- Bridging: knytte god kontakt mellom ulike aktører. Fagansatte og tjenestebrukere.

Tema 6: Videreutvikling, rolle og oppgaver for EK:

- Hvilke tanker og erfaringer har dere om utviklings og rolle-utviklingsmuligheter for EK, videreutdanning
- Veiledning
- EK sine roller innad i organisasjonene?
- Videreutdanning, avansement, lønn
- Hvis dere ser tilbake ti år og deretter ser frem ti år. Hvordan ser det ut? Hva må endre seg?
- Hva er en ønsket utvikling?

Avrunding og oppsummering:

- Noe dere tenkte vi skulle snakke om som ikke er snakket om?
- Evt ta en runde slik at alle får si om de brenner inne med noe. Har spm fra til prosjektet.
- Opplevde dere at dere ble påvirket av gjennomføring med kamera på? At en EK deltok?
- Hjelp til å rekruttere ledere?

TUSEN TAKK FOR AT DERE STILTE OPP!