academic quarter
akademisk kvarter
research from the humanities

Volume 23 Fall 2021 • on the web

# When peer support workers engage in co-creating mental health services

## An unexplored resource in mental health service transformation

***Kristina Bakke Åkerblom*** *has been a practitioner in the mental health field for several years, both as a clinical psychologist and a leader in public mental health services. She is a PhD candidate in Western Norway University of Applied Science, connected to a pillar of public sector innovation studies. Her PhD project examines the introduction of people with lived experience of mental health challenges as peer support workers (PSWs) in mental health services.*

### Abstract

Worldwide, there is an increasing interest in employing citizens with lived experience of mental health challenges. They enter mental health services as peer support workers (PSWs). Their objective is twofold – to ensure service users' involvement in service production and bring a service user perspective to service development. PSWs' engagement in mental health services has both a moral and a pragmatic intention. Including those whose work is planned for (or PSWs) is generally portrayed as fulfilling a societal and moral obligation. When those affected are included, outputs (such as service provision) will be more effective. This conceptual paper discusses the conditions in which PSWs can inform new practice generation and promote innovative mental health services. Theoretical perspectives from public sector innovation studies illustrate how PSWs may play an essential role in co-designing new and improved services and engage as partners in shaping and co-creating service priorities.

***Keywords:*** Co-production, co-creation, public sector innovation, mental health services, peer support workers (PSWs)

## Introduction

People are increasingly employed in mental health settings based on their lived experience of mental health challenges (Vandewalle et al., 2016). They are engaged in multiple settings and roles, and their contributions can include training and education, advocacy, consultancy, management of community sector agencies and case management services (Repper and Carter 2011). Most of the roles in this workforce do not involve direct one-on-one support for service users except the peer support worker (PSW) role (Collins, Firth, and Shakespeare 2016). PSWs are typically described as service providers in frontline positions where they give social, emotional, and practical support to people who struggle with mental health challenges (Watson 2019). Their objective is twofold – to ensure service users' involvement in service production and bring a service user perspective to service development. Integrating PSWs in the mental health workforce is a strategy for increasing mental health systems' responsiveness to service users' needs and goals. Furthermore, PSWs are believed to be valuable sources of expertise when understanding and translating service users' perspectives into policies and practices (Gillard et al. 2014).

This article discusses how knowledge from public sector innovation (PSI) studies can add an essential dimension to the established literature about peer support in the mental health field. The article brings together PSI research and literature from peer support studies to discuss the conditions under which PSWs can promote innovative practices in mental health services by their involvement in collaborative interactions, described as co-production and co-creation. PSI studies have paid considerable attention to innovative changes at service organisations and the practical solutions for achieving such changes (De Vries, Bekkers, and Tummers 2016). PSI's knowledge and concepts used to describe the conditions for such changes may be valuable for understanding and engaging PSWs in services and service development.

This article first describes peer support in mental health services and the relevant conditions for PSWs roles and positions in the interactive and collaborative processes. Moreover, the article considers how these conditions can be essential when PSWs intend to inform a new practice generation and become "lead users" in setting

service priorities and (re)designing new and improved mental health services.

## Peer support work in mental health services

International pressure for mental health reform in the early twenty-first century revealed the prominence of recovery-oriented services and the acceptance of lived experience expertise (Byrne, Stratford, and Davidson 2018). Mental health research seems to have primarily focused on demonstrating why people with lived experience (PSWs) should be involved in the services and direct attention to the inclusion of PSWs in achieving social justice for service users. The research on peer support in mental health has focused on three areas: 1) Randomised Controlled Studies and high-quality clinical trials, 2) studying what works to achieve an organisational transformation or cultural workplace shift, and 3) what unique qualities PSWs bring to the services. This last category of studies is essential because if there is no consensus on "the core" of peer support work, neither the relevance of the clinical trials nor the attempts to achieve organisational transformation can be successful. A systematic review documents a lack of attention to core peer work principles when measuring outcomes (King and Simmons 2018), and the understanding of the peer roles' actual value and scope is still evolving (Gillard et al. 2015). Most studies concentrate on PSWs in one-on-one support, aiming to empower service users. There are only a few examples where PSWs are involved in designing or creating new service solutions or roles as initiators in mental health services (Åkerblom and Ness 2021).

### Peer support worker roles and conditions

Overall, three types of peer support services exist: peers in existing clinical roles, peers helping in traditional services, and peers delivering structured curricula (Chinman et al. 2016). The approaches differ in how PSW roles and activities reflect core peer work principles. Furthermore, PSWs' involvement in interactive processes ranges from manualised activities to open and negotiable social, emotional, and practical support. When PSWs describe the support they prioritise, they typically point out what they "got" from professionals who "crossed the limits" (Topor and Matscheck 2021) or

what they felt they needed but did not receive during critical periods (Åkerblom, Agdal and Haakseth 2020).

When PSWs are engaged in the services, their permanent presence entails learning the services from the inside, learning the organisational practice and "language", and becoming part of the organisation. When PSWs work in teams with mental health professionals, they also come closer to the clinical practice. This leads to the development of long-term relationships with professionals and relevant partners in the broader service system. These positions in the services also mean that a service user perspective can be directly applied in service development.

## Peer support workers and social capital

PSWs themselves often describe their sense of responsibility for persons they serve and express their desire to do their civic duty to help (Byrne et al. 2013). PSWs in frontline positions build trust and enhance the legitimacy of the services, and they are known to manage to involve citizens who are typically referred to as "hard to engage". PSWs are often described as having an extensive network and social capital that allows them to engage the different actors in developing a robust commitment. PSWs who engage in mental health services are often linked to or sometimes even hold positions in the community and non-governmental organisations (Åkerblom, Agdal and Haakseth 2020). This encompasses a structural component, such as being members of the organisations, and an attitudinal component, such as shared norms of reciprocity and trust with service users, thereby including bridging and bonding capital (Putnam 2000). When PSWs were introduced into mental health services in England, studies showed that a clear majority of PSWs were recruited through informal connections, often through their roles as user representatives, or from organisations and self-help groups in the voluntary sector (e.g., Gillard et al. 2014). A recent Norwegian study confirms PSWs' connections and partial anchoring in the voluntary sector (Åkerblom, Agdal and Haakseth 2020).

## Peer support workers as boundary spanners

PSWs exist between two distinct identities – service users and mental health workers. They use this position to translate different knowledge, views and practices and facilitate interactions among

the involved actors. PSWs' liminal position, capacity for empathy with service users and extensive toolbox enable them to be mediators of different actors, discourses and forms of knowledge. Gillard et al. (2015) use the concept of a "bridging function" and explain that PSWs use their liminal position to support service users in communicating with mental health workers and the larger community. Meerkerk and Edelenbos (2018) use the concept of boundary spanners to describe persons who function as intermediaries. They further explain that boundary-spanning activities include "translating and transforming knowledge, facilitating interaction, building relationships, and coordinating activities across boundaries" (Meerkerk and Edelenbos 2018, 6).

### Recognising the value of peer support workers tacit knowledge

When their orientation is facilitated, PSWs can revisit their experiences as service users and reconnect with this knowledge from a PSW position. Several PSWs mention that their experiential knowledge can be tacit or implicit and challenging to express (Åkerblom, Agdal and Haakseth 2020). Tacit knowledge is typically described as comprising skills, ideas or know-how, as well as beliefs and mental models that enable it (Collins 2013). Sometimes, even the "tacit knowledge holder" is described as unaware of this knowledge and how it might be valuable for others because it is "un-cognised", and the person is unaware of the factors that contribute to the problem-solving, while observers can recognise such factors (Collins 2013). For this reason, tacit knowledge can be challenging to share and make explicit. Recognising the value of tacit knowledge and materialising it is critical in co-creation processes. When participants in these interactive processes have a mutual contextual appreciation, their shared experiences can enable this tacit knowledge to be exposed and valued. Understanding and exploring PSWs' tacit knowledge are vital in co-creating services, setting priorities, and designing new and improved services.

### Peer support workers as the outermost service links

PSWs are described as occupying a "liminal space" in that they exist between two distinct identities: the role of service users and mental health workers (Watson 2017). PSWs most often hold frontline positions, which means that they are mostly the primary con-

tact points for citizens in the service delivery. In frontline positions, PSWs engage service users in the service, and their engagement is the critical determinant for the service outcome (Magnusson 2003). Furthermore, frontline workers are viewed as vital sources of innovative ideas and user-generated feedback (Engen and Magnusson 2015). They are believed to record the service users' problems and put forward new service ideas or unique, memorable solutions accordingly. Involvement in developing ideas and establishing goals and priorities is especially relevant as it is likely to prevent process-efficiency considerations from superseding user needs (Engen and Magnusson 2015).

### Peer support workers as "lead users"

The concept of "lead users" was introduced by von Hippel (1986) in marketisation research. Lead users can provide valuable insights into service users' needs and further "prototype" solutions for novel services. Von Hippel (1986) discovered that when lead users were identified in surveys by their "high unmet needs", they consequently missed out on a vital lead user group, who, on the contrary, were characterised by the fact that they had fulfilled former high needs or solved problems. This lead user description fits PSWs characterised by having overcome or managed to live well with their mental health challenges. PSWs involvement in generating and screening ideas also increases the likelihood of acceptance by the service users and improves the quality of innovation outcomes.

## Peer support workers adjust service delivery to service users´ needs

Understanding service users' experiences and perspectives and translating them into policies and practice are valuable sources of increasing mental health systems' responsiveness to their needs and goals. For this purpose, a particular strategy is integrating PSWs into the mental health workforce (Gillard et al. 2014). In line with this strategy is a public service-dominant approach to public service innovation, which puts the service users' experiences and knowledge at the heart of effective service design and delivery (Osborne, Radnor and Nasi 2013, 146). Co-production describes the collaborative and interactive process between service providers and users to produce and deliver a predetermined service (Brand-

sen and Honingh 2016). From this perspective, the critical challenge is to find a suitable mechanism for realising the potential of user knowledge and ascertaining that the co-production parties possess the necessary skills to use these mechanisms (Osborne and Strokosch 2013).

Osborne and Strokosch (2013) describe different modes of co-production, which target diverse aims and take place at varying levels. They use the term "consumer co-production" to explain the collaboration between the provider and the user at the operational level of service provision, which mainly aims to empower users. Collaborative efforts at the strategic level aim to bring in service users' perspectives and improve the quality of existing services, which they call "participative co-production". Finally, they use "enhanced co-production" to describe collaborative efforts connecting operational and strategic levels. Enhanced co-production requires genuine partnerships between providers and users and intends to challenge the whole paradigm of public service production and transform service delivery (Osborne and Strokosch 2013, 40).

In the public sector, participation and cooperation (for instance, by involving citizens) constitute the second most common motivation for innovation (De Vries, Bekkers, and Tummers 2016). A systematic review of citizens' involvement in interactive processes in public services distinguishes among several types of citizen roles – "co-implementors", "initiators", and "co-designers" – which differ in their degree of involvement (Voorberg, Bekkers, and Tummers 2015). The co-implementor role typically describes citizens engaged in the co-production of predetermined services. In the literature, PSWs usually are described as "co-implementors" (Åkerblom and Ness 2021). This co-implementor role can be compared to what Osborne and Strokosch (2013) identify as consumer co-production. Research in the mental health field has established that PSWs who engage in such consumer co-production contribute to increased participation and self-determination by service users (Gagne et al. 2018) because PSWs at the operational level of service provision adjust some of the standardised service delivery to the service users' needs.

According to Osborne and Strokosch (2013), what they describe as participative co-production at the strategic level has a more significant potential to change practices. In mental health services, the

standard method to bring in a service user perspective at the strategic level is to involve user representatives in committees deciding about services in general. This involvement is believed to enhance the services' relevance, legitimacy, and effectiveness (Sandvin Olsson et al. 2020). However, the effects of such user involvement on service or system levels are understudied (Langøien et al. 2021), and its potential effectiveness is unknown. Nevertheless, this method to bring in service users' perspectives is a time-limited activity and often tokenistic and therefore quite unlikely to improve the quality of existing services.

On the contrary, a more promising approach seems to be including PSWs, who work in specific and relevant services. This will increase the likelihood of participative co-production to influence the improvement and quality of existing services. PSWs, together with user representatives, could simultaneously help minimise the risk of PSWs not daring to oppose the services in which they have become involved in the operations and delivery. This could help connect the operational level (PSWs' consumer co-production) with the strategic level (user representatives as committee members) to pursue what Osborne and Strokosch (2013) call enhanced co-production, whose aim is to challenge the whole paradigm of public service production and transform service delivery.

## Peer support workers advancing service development

A service-dominant approach to public sector innovation points out that citizens need to be involved in the early stages of service production and decision-making processes to change service systems (Osborne and Strokosch 2013). Such involvement in the early stages of service development aligns with the initiator and co-designer role described by Voorberg, Bekkers, and Tummers (2015). When PSWs participate in defining common problems and then designing new and improved solutions, this can be described as co-creation. While consumer co-production is aimed at improving individual services, co-creation seeks to develop service systems. Co-creation refers to processes where two or more public and private actors come together to tackle complex societal challenges (that one part alone cannot solve) and collaborate to define common problems and design and implement new and better solutions (Torfing, Sørensen, and Røiseland 2019). Co-creation is considered a vital

tool in enhancing innovation and improving the relevance of services. Co-creation processes are complex, often time-consuming and dependent on equal and long-term relationships. Consequently, it is essential to recruit several intermediaries or boundary-spanners capable of linking and translating different forms of knowledge in co-creation processes (Ansell and Torfing 2021).

PSWs occupy a liminal position between service users and professional service providers and between the services and the community, user organisations and the broader service system. In this position, they can use their social capital and engage as lead users to ensure input efficiency while increasing output legitimacy. In the literature, social capital is mentioned as essential for building co-creation projects (Voorberg et al. 2015). PSWs' role as co-implementors involved in solely consumer co-production can be somewhat limited compared with the role of boundary spanners and lead users.

The permanent presence of PSWs offers a golden opportunity to utilise their knowledge and position in the interactive processes aiming to re-design the service systems. As lead users prototype new service solutions, PSWs may transform services according to the increasing demands and challenges, better than earlier attempts with consultation models in user boards. On the contrary, when PSWs have not been involved in setting service priorities or designing solutions, they might not have ownership of the service they have to deliver. As the outermost link that provides a predetermined service, PSWs, nevertheless, act as representatives of the services. When this service is not considered valuable by service users, PSWs potentially lose some credibility. Further, PSWs in such roles will also contribute less to shaping service priorities or designing new and improved services.

## Peer support workers gaining ground in mental health services

Successful innovation implies a breakthrough of new practices, making them the self-evident way of doing things in an institutional field. A way forward from new practice generation to changes in institutional design can be through policy. Policy documents and regulations are viewed as essential drivers of innovation in the public sector (De Vries, Bekkers, and Tummers 2016) because public

services must comply with the same regulations from central authorities. Zeng, Chung, and McNamara (2020) find in a study that statutory policies guiding mental health practice have the power to shape the organisational culture, the associated workforce and the operational capabilities of organisations that employ PSWs. The organisational context of mental health services is critical for implementing PSWs, regardless of policy intent. For PSWs to gain ground in mental health service organisations, their practice requires support from strategic leaders responsible for translating policy into practice and their mental health practitioner's colleagues.

Studies have highlighted apparent differences in how PSWs are involved in different organisational settings (Gillard et al. 2015) and the danger of tokenism, where PSWs are assigned a symbolic role in various public sector services without real influence. There is little research from the introduction of PSWs in a Scandinavian context. The Scandinavian countries are characterised by a large public sector that finances and produces most welfare services (Ibsen et al. 2021). The distinctiveness of mental health services lies in being strongly regulated by law, and statutory policies dominate the authorising environment of these services. Professions play an essential role (Torfing et al. 2020), and statutory policies confer procedural power to mental health practitioners. This means that mental health practitioners either can advance a practice involving PSWs or hinder it. This may explain why an implementation gap occurs, whereby the intentions and expectations of mental health policy directions are not realised in practice.

PSWs aims to enhance service user engagement and bring in a service user perspective, which implies changing the power balance favouring service users. From a practice perspective, this means that professional service providers must sort out how they can make their own professional knowledge relevant while recognising its limitation and the need to mobilise other forms of knowledge and experience. In some way, this means that they must fundamentally rethink their purpose. Some professional service providers also must "unlearn" their previous practice based on evidence-based knowledge and sometimes even make a conscious break from the previous value system that shaped their professional training and practice. Professional service providers may experience a "disruption of power balance", and a possible adverse effect

will occur if this change results in further concentration of power in the hands of the professionals (Meijer and Thaens 2021).

PSWs different involvement in interactive processes in the services will likely achieve diverse outcomes. When the practice field prepares for and facilitates interactive and collaborative processes, administrators need to transfer knowledge from research to situations in practice quickly. We, therefore, need to be clear when we use concepts to prevent a "skin agreement". Consumer co-production refers to the interactive process where the service providers and service users apply their resources and capabilities in service production and delivery, aiming to produce and deliver a predetermined service. PSWs involved in such an interactive process may adjust and improve services to meet the service user's needs, but such processes will not be subject to innovation, defined as developing and realising new and disruptive ideas (Torfing, Sørensen, and Røiseland 2019). A recent study demonstrated that staff members with addiction experience engaged as frontline workers in consumer co-production had bounded efficacy and limited influence over organisation-level changes (Park 2020).

## Conclusion

Several conditions are relevant for PSWs engagement to transform mental health services. PSWs use their social capital and build service users' trust, and engagement. PSWs involvement in consumer co-production is essential because it increases participation and self-determination for service users. Nevertheless, PSWs' potential to bring the service user perspective to service development remains inadequate. PSWs' tacit knowledge and frontline positions justify a lead user role in service development, while PSWs in lead user positions can push the pace towards more service user-oriented solutions. PSWs' position between service users and service professionals and between services and civil society (user organisations and community services) is crucial. It can be utilised by recognising their boundary spanner role. Even though PSWs´ permanent presence within the services enables them to develop long-term relationships with professionals, their existence in some situations implies that professionals must rethink their purpose. At last, a conceptual clearance between co-production and co-creation can

better prepare practices to utilise PSWs' competence in mental health service transformations.

## References

Ansell, Christopher, and Jacob Torfing. 2021. *Public Governance as Co-Creation: A Strategy for Revitalizing the Public Sector and Rejuvenating Democracy*. 1st ed. Cambridge University Press. https://doi.org/10.1017/9781108765381.

Brandsen, Taco, and Marlies Honingh. 2016. "Distinguishing Different Types of Coproduction: A Conceptual Analysis Based on the Classical Definitions." *Public Administration Review* 76 (3): 427–35. https://doi.org/10.1111/puar.12465.

Byrne, Louise, Brenda Happell, Tony Welch, and Lorna Jane Moxham. 2013. '"Things You Can't Learn from Books': Teaching Recovery from a Lived Experience Perspective." *International Journal of Mental Health Nursing* 22 (3): 195–204. https://doi.org/10.1111/j.1447-0349.2012.00875.x

Byrne, L., A. Stratford, and L. Davidson. 2018. "The Global Need for Lived Experience Leadership." *Psychiatric Rehabilitation Journal* 41 (1): 76–79. https://www.scopus.com/inward/record.uri?eid=2-s2.0-85042777115&doi=10.1037%2fprj0000289&partnerID=40&md5=1264e32e7077686878936ee613bbf9f4.

Chinman, M., S. McCarthy, C. Mitchell-Mil, K. Daniels, and M. Edelen. 2016. "Early Stages of Development of a Peer Specialist Fidelity Measure." *Psychiatric Rehabilitation Journal*, 39 (3), 256-265. https://psycnet.apa.org/record/2016-43088-007.

Collins, Harry. 2013. *Tacit and Explicit Knowledge*. Chicago, IL: University of Chicago Press.

Collins, R., L. Firth, and T. Shakespeare. 2016. '"Very Much Evolving': A Qualitative Study of the Views of Psychiatrists about Peer Support Workers." *Journal of Mental Health* 25 (3): 278–83. https://www.scopus.com/inward/record.uri?eid=2-s2.0-84963502556&doi=10.3109%2f09638237.2016.1167858&partnerID=40&md5=58525381c6afed9e041c80e0e0ed5871.

De Vries, Hanna, Victor Bekkers, and Lars Tummers. 2016. "Innovation in the Public Sector: A Systematic Review and Future Research Agenda." *Public Administration* 94 (1): 146–66. https://doi.org/10.1111/padm.12209.

Engen, Marit, and Peter Magnusson. 2015. "Exploring the Role of Front-Line Employees as Innovators." *The Service Industries Journal* 35 (6): 303–24. https://doi.org/10.1080/02642069.2015.1003370.

Gagne, Cheryl A., Wanda L. Finch, Keris J. Myrick, and Livia M. Davis. 2018. "Peer Workers in the Behavioral and Integrated Health Workforce: Opportunities and Future Directions." *American Journal of Preventive Medicine* 54 (6): 258–66. https://doi.org/10.1016/j.amepre.2018.03.010.

Gillard, S., C. Edwards, S. Gibson, and J. Holley. 2014. *Peer Worker Roles in Mental Health Services in England. New Ways of Working in mental health services: a qualitative, comparative case study assessing and informing the emergence of new peer worker roles in mental health services in England.* Health Services and Delivery Research, No.2.19. ncbi.nlm.nih.gov. https://www.ncbi.nlm.nih.gov/books/NBK373845/.

Gillard, S., J. Holley, S. Gibson, and J. Larsen. 2015. *Introducing New Peer Worker Roles into Mental Health Services in England: Comparative Case Study Research across a Range of Organisational Contexts*. Administration and Policy in Mental Health and Mental Health Services Research 42, 682-694. Springer. https://link.springer.com/article/10.1007/s10488-014-0603-z.

Hippel, Eric von. 1986. "Lead Users: A Source of Novel Product Concepts." *Management Science* 32 (7): 791–805. https://doi.org/10.1287/mnsc.32.7.791.

Ibsen, Bjarne, Klaus Levinsen, Michael Fehsenfeld, and Evald Bundgård Iversen. 2021. "Voluntary-Public Sector Co-Production in Denmark: Why Differences Between Welfare Areas?" In *Voluntary and Public Sector Collaboration in Scandinavia*, edited by Bjarne Ibsen, 101–36. Palgrave Studies in Third Sector Research. Cham: Springer International Publishing. https://doi.org/10.1007/978-3-030-72315-6_5.

King, Alicia Jean, and Magenta Bender Simmons. 2018. "A Systematic Review of the Attributes and Outcomes of Peer Work and Guidelines for Reporting Studies of Peer Interventions." *Psychiatric Services* 69 (9): 961–77. https://doi.org/10.1176/appi.ps.201700564.

Langøien, L. J., C. H. Hestevik, P. S. J. Jardim, and L. H Nguyen. 2021. "*Effekt av brukermedvirkning i psykisk helse- og rusfeltet:*

*Et forskningskart*" ["The Effect of User Involvement in Mental Health and Addiction: A Gap Map"]. Oslo: Folkehelseinstituttet.

Magnusson, Peter R. 2003. "Benefits of Involving Users in Service Innovation." *European Journal of Innovation Management* 6 (4): 228–38. https://doi.org/10.1108/14601060310500940.

Meerkerk, Ingmar van, and Jurian Edelenbos. 2018. *Boundary Spanners in Public Management and Governance: An Interdisciplinary Assessment*. Cheltenham, UK; Northampton, MA: Edward Elgar Publishing.

Meijer, Albert, and Marcel Thaens. 2021. "The Dark Side of Public Innovation." *Public Performance & Management Review* 44 (1): 136–54. https://doi.org/10.1080/15309576.2020.1782954.

Osborne, Stephen P, Zoe Radnor, and Greta Nasi. 2013. "A New Theory for Public Service Management? Toward a (Public) Service-Dominant Approach." *The American Review of Public Administration* 43 (2): 135–58. https://doi.org/10.1177/0275074012466935.

Osborne, Stephen P., and Kirsty Strokosch. 2013. "It Takes Two to Tango? Understanding the Co-Production of Public Services by Integrating the Services Management and Public Administration Perspectives." *British Journal of Management* 24 (September): S31–47. https://doi.org/10.1111/1467-8551.12010.

Park, Sunggeun (Ethan). 2020. "Beyond Patient-Centred Care: A Conceptual Framework of Co-Production Mechanisms with Vulnerable Groups in Health and Social Service Settings." *Public Management Review* 22 (3): 452–74. https://doi.org/10.1080/14719037.2019.1601241.

Putnam, Robert D. 2000. "Bowling Alone: America's Declining Social Capital." Originally published in *Journal of Democracy* 6 (1), 1995. In *Culture and Politics*, edited by Lane Crothers and Charles Lockhart, 223–34. New York: Palgrave Macmillan US. https://doi.org/10.1007/978-1-349-62965-7_12.

Repper, J., and T. Carter. 2011. "A Review of the Literature on Peer Support in Mental Health Services." *Journal of Mental Health*, 20 (4): 392-411. https://www.tandfonline.com/doi/abs/10.3109/09638237.2011.583947.

Sandvin Olsson, Ann Britt, Anita Strøm, Mette Haaland-Øverby, Kari Fredriksen, and Una Stenberg. 2020. "How Can We Describe Impact of Adult Patient Participation in Health-Service Develop-

ment? A Scoping Review." *Patient Education and Counseling* 103 (8): 1453–66. https://doi.org/10.1016/j.pec.2020.02.028.

Topor, Alain, and David Matscheck. 2021. "Diversity, Complexity and Ordinality: Mental Health Services Outside the Institutions – Service Users' and Professionals' Experience-Based Practices and Knowledges, and New Public Management." *International Journal of Environmental Research and Public Health* 18 (13): 7075. https://doi.org/10.3390/ijerph18137075.

Torfing, Jacob, Lotte Bøgh Andersen, Carsten Greve, and Kurt Klaudi Klausen. 2020. *Public Governance Paradigms: Competing and Co-Existing*. Policy, Administrative and Institutional Change Series. Northampton: Edward Elgar Publishing.

Torfing, Jacob, Eva Sørensen, and Asbjørn Røiseland. 2019. "Transforming the Public Sector into an Arena for Co-Creation: Barriers, Drivers, Benefits, and Ways Forward." *Administration & Society* 51 (5): 795–825. https://doi.org/10.1177/0095399716680057.

Voorberg, W. H., V. J. J. M. Bekkers, and L. G. Tummers. 2015. "A Systematic Review of Co-Creation and Co-Production: Embarking on the Social Innovation Journey." *Public Management Review* 17 (9): 1333–57. https://doi.org/10.1080/14719037.2014.930505.

Watson, E. 2017. "The Mechanisms Underpinning Peer Support: A Literature Review." *Journal of Mental Health*. 28 (6):677-688. https://www.tandfonline.com/doi/shareview/10.1080/09638237.2017.1417559.

Zeng, G., D. Chung, and B. McNamara. 2020. "Organisational Contexts and Practice Developments in Mental Health Peer Provision in Western Australia." *Journal of Health Organization and Management* 34 (5): 569-585. https://www.emerald.com/insight/content/doi/10.1108/JHOM-09-2019-0281/full/html.

Åkerblom, Kristina Bakke, and Ottar Ness. 2021. "Peer Support Workers in Co-Production and Co-Creation in Public Mental Health and Addiction Services: Protocol for a Scoping Review." *PLOS ONE* 16 (3): e0248558. https://doi.org/10.1371/journal.pone.0248558.

Åkerblom, Kristina Bakke, Rita Agdal, and Øystein Haakseth. 2020. "Integrering av erfaringskompetanse: Hvordan opplever erfaringskonsulenter med ruserfaring sin arbeidssituasjon?" 1: 2020. Nasjonalt senter for erfaringskompetanse innen psykisk helse.