



Employment and mental health recovery: Revealing unused potential in multi-agency meetings

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Abstract

Many people with mental health difficulties find employment crucial for their recovery and well-being. Collaboration among jobseekers, therapists in mental health services and social workers in welfare services might be essential to reach this recovery goal. In this qualitative study, we explore experiences from meetings within an individual placement and support (IPS) intervention in Norway. IPS is a vocational rehabilitation method emphasising collaboration between mental healthcare and social welfare practitioners. Although previous studies have found this collaboration challenging, none have explored these meetings. We conducted individual semi-structured interviews with 18 participants from six collaborating groups, i.e. six jobseekers, six therapists and six social workers, shortly after they had attended a meeting. To analyse the interviews, we used reflexive thematic analysis. The study revealed that the jobseekers expected the meetings to be an opportunity to elaborate on their situation, challenges and support needs. However, they experienced that this was only sometimes the case. Although the therapists and social workers thought they were the jobseekers' meetings and wanted to hear about their situations, the meetings became more characterised by information exchange than dialogue. We claim that this shows the unused potential of the meetings, as well as the unused possibilities to facilitate recovery.

Keywords

mental health and illness, work, collaboration, individual placement and support, qualitative study

Introduction

This study explores experiences from collaboration meetings between mental health services and social welfare services. Well-functioning collaboration between these two services might be crucial for people with mental illness who have employment as a recovery goal and find employment essential for their well-being.

Recovery can be interpreted differently by clients, practitioners and researchers, and these interpretations vary with different philosophical perspectives, i.e. concerning what mental

illnesses are and what contributes to improvement (Charzynska, Kucharska, & Mortimer, 2015; Lofthus, Westerlund, Bjørgen, Lindstrøm, Lauveng, Rose, Ruud, & Heiervang, 2018). Clinical recovery defines recovery as an outcome and aims for improved function and symptom reduction. Personal recovery is a process of living a satisfying life (Lofthus et al., 2018; Slade, 2009). Topor, Bøe and Larsen (2022) argue that by being adopted by mental health practice, recovery has been psychiatrised, individualised and de-contextualised. On that basis, they formulated a new definition (Topor et al., 2022, p. 11):

Recovery is a deeply social, unique, and shared process in which our living conditions, material surroundings, social relations and sense of self evolve.

It is about striving to live satisfying, hopeful and reciprocal lives, even though we may still experience threats, stressful social situations, and distress.

Recovery involves engaging in encounters and dialogues where new ways of understanding and handling one's situation are created as we move beyond the psycho-social-material crisis.

The definition underlines that health and well-being reflect subjective and objective satisfaction and balance in people's experience and evaluation of their lives, living conditions and environments (Fernee, Mesel, Andersen, & Gabrielsen, 2019; Herrman, Saxena, & Moodie, 2005; von Heimburg, Ness, & Storch, 2021). Being a person in a social context means that living conditions and dialogue are part of the recovery process.

For some people, employment might promote recovery by being an arena for social well-being, hope, and opportunities for developing competencies (Lauveng & Skuterud, 2022; Oute & Bjerger, 2017). For others, employment might obscure recovery and even cause harm (Lauveng et al., 2022). People who have managing a job as one of their recovery goals strive to conduct a meaningful life, participate in society and gain more income (Drake, Bond, & Becker, 2012). The chances of these positive outcomes increase if becoming employed is the unemployed person's own goal, and committed supporters among family, friends, and professionals are available and provide sufficient support (Lauzier-Jobin & Houle, 2021; Oute et al., 2017; von Heimburg et al., 2021).

This study explores professional collaboration to help patients with mental illness to manage employment, when they have this as a recovery goal, taking its departure in meetings within the individual placement and support (IPS) intervention. The participants in these meetings were a jobseeker, an employment specialist, a therapist and a social worker. IPS is a vocational rehabilitation method striving to give individualised support in finding, obtaining and keeping a job by following a strict and validated fidelity manual. This manual describes how to integrate IPS into mental health treatment, the collaboration between mental health and welfare services, and how to carry out the service (Becker, Swanson, Reese, Bond, & McLeman, 2015; de Winter, Couwenbergh, van Weeghel, Bergmans, & Bond, 2020; Drake et al., 2012).

Systematic reviews of quantitative studies concerning effects of IPS from the United States, Canada, Australia, Hong Kong, Japan, China, Germany, the UK, Italy, Switzerland, the Netherlands, Bulgaria, Sweden, Denmark and Norway reveal that it is the most effective work rehabilitation method for achieving competitive employment offered to people with mental illness. Therefore, IPS is the recommended "best practice" in several countries worldwide (Brinchmann, Widding-Havneraas, Modini, Rinaldi, Moe, McDaid, Park, Killackey, Harvey, & Mykletun, 2020; Modini, Tan, Brinchmann, Wang, Killackey, Glozier,

Mykletun, & Harvey, 2016). However, although many obtain regular jobs, many others do not get a job or else experience little job security (Atterbury, 2021). Wallstroem, Pedersen, Christensen, Hellström, Bojesen, Stenager, White, Mueser, Bejerholm and van Busschbach (2021) conducted a systematic review of randomised controlled trials to assess associations among IPS, employment, and clinical and personal recovery. They found that working reduced negative psychotic symptoms and improved functioning and quality of life, while people attending IPS without becoming employed did not report these effects (Wallstroem et al., 2021). Effect studies thoroughly demonstrate that IPS helps twice as many people with severe mental illness to gain employment as comparable vocational rehabilitation methods, making further quantitative effect studies redundant and possibly morally and financially irresponsible. Instead, we need more knowledge about the quality of IPS implementation (Brinchmann et al., 2020).

A systematic review of qualitative studies concerning facilitators and barriers when implementing IPS from the United States, Canada, Australia, the UK, Belgium, the Netherlands and Sweden found multiple barriers that influence the everyday performance of the intervention (Bonfils, Hansen, Dalum, & Eplöv, 2017). In Scandinavian countries, for example, mental health and welfare services are two completely different organisations with incompatible regulations, making inter-sectoral cooperation challenging. Although mental health and social welfare services regard it as a meaningful and innovative approach, IPS faces pressure to fit the common strategies in both services (Bonfils, 2021; Brinchmann, Rinaldi, Sandtorv, Moe, McDaid, Killackey, & Mykletun, 2022). As a consequence, therapists and social workers experience collaboration regarding the jobseekers' needs as challenging (Bonfils, 2021; Moen, Larsen, & Walseth, 2020a). Systematic reviews show that previous qualitative studies of experiences from participating in IPS mainly explore the jobseekers' and the employment specialists' experiences, while few studies explore the therapists' and social workers' experiences (Bonfils et al., 2017; Kinn, Costa, Voll, Austrheim, Aas, & Davidson, 2020; Moen, Walseth, & Larsen, 2020b).

In sum, failure to provide the support proven to work, and a mismatch between the jobseekers' needs and the service provided, are remaining challenges (Bonfils, 2020; Contreras, Rossell, Castle, Fossey, Morgan, Crosse, & Harvey, 2012; Rinaldi, Miller, & Perkins, 2010). Further qualitative studies are needed to clarify how therapists and social workers experience collaboration between existing mental health and welfare services (Bonfils et al., 2017; Brinchmann et al., 2020; Fyhn, Ludvigsen, Reme, & Schaafsma, 2020), and to explore further the association between IPS and recovery (Wallstroem et al., 2021). To fill this gap, in this present study we explore experiences from collaboration meetings within IPS, focusing on how therapists and social workers perceive these meetings and how they meet jobseekers' need for support. Understanding how these groups of participants found the meetings and how their experiences match or mismatch might improve the jobseekers' chances of achieving the work support they need and thus of meeting their goals of staying in paid work.

Study aim

The present study aims to obtain knowledge of how jobseekers, therapists and social workers experience IPS meetings. The research questions were:

- How do jobseekers, therapists and social workers experience their own and each other's participation in the collaboration meetings?
- How does the support provided by therapists and social workers match the jobseekers' expectations and needs?

Method

To inform the research questions, we conducted individual semi-structured interviews shortly after jobseekers, therapists and social workers had attended a collaboration meeting within IPS. In these interviews, the purpose was to access the participants' accounts of their own and each other's actions in the meetings, and their thoughts concerning these actions. We analysed the transcripts from the interviews using reflexive thematic analysis. Reflexive thematic analysis by Braun and Clarke (2006); Braun, Clarke and Hayfield (2019) is suitable for transparently analysing qualitative data regarding people's experiences.

Context of the study

The present study investigates experiences from meetings in a Norwegian context. Norway has approximately 90 IPS teams, primarily in mental health services (Lystad, Brinchmann, Evensen, Moen, Bull, Rognli, Falkum, & Sandal, 2021). The studied service had moderate to high fidelity measured on the IPS fidelity scale (Becker et al., 2015), and was located in three outpatient departments in a mental health clinic. IPS is an optional treatment choice within these three departments.

In addition to proceeding with this study, the first author worked part-time as a supervisor in the studied IPS team. A supervisor's task is to supervise the employment specialists in improving their methodological skills (Becker et al., 2015).

Selection procedure and participants

The inclusion and data production period were from January to December 2018. In this period, the IPS team responsible for the execution of IPS at the three outpatients' departments consisted of one supervisor and five employment specialists.

The present study extends an observation study presented in a previously published article (Moen et al., 2020a). In that previous study, the first author attended meetings with eight groups of jobseekers, their therapists, social workers and employment specialists. The observations provided knowledge about the meetings in praxis, but not how the participants experienced these meetings. Therefore, we decided to extend the research to the present study where we explored the participants' experiences from these meetings by conducting individual interviews shortly after they attended a meeting. These interviews are the data material in this present study.

When we decided to conduct interviews, two of the eight groups already included in the observation study had finished. The first author asked the employment specialist to recruit for this new study because they coordinated the meetings and knew all the participants. The employment specialists approached 'their' jobseekers, therapists – i.e. psychiatric nurses or psychologists – and social workers from the local Norwegian Labour and Welfare Administration (NAV) in the six remaining groups. They received written information about the study, were informed that it was voluntary and would not affect further collaboration if they did not want to participate, and were asked if they were willing to participate. All 18 participants, i.e. six jobseekers, six therapists and six social workers from the six remaining collaborating groups, consented.

The jobseekers were between 20 and 30 years of age; there were three women and three men, and they had been diagnosed with major depression, anxiety or psychosis. Five of the six were employed at the time of the interviews. The therapists were between 25 and 60 years of age; four women and two men. Three of the therapists were psychologists, and three were psychiatric nurses. The social workers were between 25 and 50 years of age. There were four women and one man. All of them had education as social workers or similar.

Data production

The first author conducted individual semi-structured interviews with all 18 participants shortly after they had attended an IPS meeting. For one group, this happened to be 23 and 28 days after their last meeting, because this was when we decided to do this study. The other participants were interviewed on the same day as the meeting or up to three days later. The interviews lasted between 18 and 61 minutes.

The main questions in the semi-structured interview guide concerned how the participants found the IPS meeting, what they wanted to convey in the meeting and their opinions on the responses from the others. First, the first author audiotaped and transcribed the interviews. Then, we analysed the written material using reflexive thematic analysis.

Reflexive thematic analysis

When we conducted reflexive thematic analysis, we interpreted the text and developed patterns and themes following the recommended six phases (Braun et al., 2006; Braun et al., 2019).

In the first phase, the first and last authors became familiar with the dataset by reading the transcripts repeatedly.

During the second phase, the first and last authors coded the transcriptions independently by writing down casual notes and impressions based on the text and systematically identified meaning throughout the dataset. After that, we discussed the codes, and the first author added new views. Examples of codes were *challenges*, *confidentiality* and *information*.

In the third phase, we generated initial themes by organising the coded text from the jobseekers, therapists and social workers separately, according to similar meaning and essence. *Need to explain challenges*, *the duty of confidentiality* and *information flow* are examples of essences found in this phase. Then we developed an understanding of how each initial theme shed light on an experience from the meetings. *Missed elaboration on challenges* was one example of an initial theme from jobseekers and social workers. Next, all three authors read and discussed the initial themes and added analytical thoughts from these reflections.

During the fourth phase of the reflexive thematic analysis, we reviewed the themes by moving back and forth between codes, themes, and transcripts to better understand the participants' experiences.

In the fifth phase, we finally defined and named themes and subthemes based on the core of each theme. Table 1 present these themes and subthemes.

Table 1.

	Jobseekers	Therapists	Social workers
Main theme	An opportunity to resolve challenges that were not always met	Unsure about how much and what kind of information they should share	Needed information about recovery potential and challenges
Subtheme 1	The therapists had professional strength	The duty of confidentiality limits what they can explain	The structured information exchange limited the dialogue
Subtheme 2	Expectations of effort, motivation and success gave a sense of pressure to succeed	Emphasised that the patients should be in focus and allowed to speak for themselves	Felt they could have provided more confidence and security concerning further support

Furthermore, to explore how therapists' and social workers' experiences corresponded with jobseekers' experiences, we triangulated them. To triangulate their experiences, we read the themes repeatedly, looking for patterns of convergence and divergence and noting if

and how they emphasised similar or different experiences from the meetings. We identified two main themes that the participants were concerned about, namely how to talk together and what to explore. Thereafter we described how the jobseekers, therapists and social workers experienced each theme. A summary at the end of the results section presents the findings from the triangulation.

Although producing the report was the final sixth phase, writing was an integral part of the analysis.

Ethical considerations

The participants entered the study voluntarily, were informed about confidentiality, the anonymization of the data and their right to withdraw, and gave their written consent. The Norwegian Centre for Research Data (NSD) approved the safeguarding of privacy in the study (project number 47448).

Results

In this results section, we present how the jobseekers expected the collaboration meetings to be *an opportunity to resolve challenges* in their work situations. In addition, the therapists needed clarification *about how much and what kind of information they should share*, while the social workers needed *information about recovery potential and challenges*. We present these themes in the headlines with additional subthemes in italics accordingly. In the quotes, the participants are referred to by title and number, for instance, jobseeker one (J1), therapist two (T2), social worker three (S3), and so on.

Jobseekers' expectations of resolving challenges were not always met

The jobseekers experienced meetings as an opportunity to discuss and resolve challenges in their work situation. They had issues they wanted to convey. Some of the meetings accommodated their topics:

They listen to and consider what I say ... That gave a general feeling of being taken seriously (J5).

When the conversation continued around subjects vital to them, the jobseekers felt listened to and taken seriously, and the meetings became relevant for them. However, some were left with unsolved problems, and felt they were not heard when they tried to describe challenges:

I received no response. ... I wonder if they understood what I meant. If they understood, they pretended not to. So, we just moved on (J4).

The meetings became less relevant and helpful when the conversation continued about something other than what they needed to discuss. In addition, the jobseekers relied on their *therapist's professional strength* to help the social worker understand their situation and needs. They thought the therapists knew their situation and could confirm their understanding of what was possible or impossible to handle. Therefore, they expected the therapists to support them in the meetings:

I have been seeing [the therapist] for quite some time. She is familiar with my situation and better at explaining it than me. She attends the meeting to give professional support and present what we have elaborated on (J1).

The jobseekers expected that the therapists could support what they wanted to convey and that the social workers valued the therapists' opinions. They thought this could lead to an understanding and acceptance of their needs. However, several felt that the therapists and the social workers mainly *expected effort, motivation, and success*, thus focusing on what went well and too little on what they found difficult. Highlighting what went well made the jobseekers unsure whether they would receive needed support if they failed to manage the job and caused a sense of pressure to succeed:

It is crucial to receive the confirmation ... if something happens to the job or I do not feel I can manage, I still have the support. I feel the pressure. Now that I have this job, I cannot fail. It is difficult to admit that something is difficult (J3).

The jobseekers experienced the meetings as most valuable when they could discuss both progress and challenges. They said they would not be able to stay in the job if the support ended and needed a communicated confirmation of further support.

Therapists were unsure about how much and what kind of information they should share

The therapists needed clarification on what the jobseekers wanted them to explain and what they wanted them not to elaborate on in the meetings:

I tried to check his mood, and if it was okay for him that I explained the topic. However, I got the impression that it was not. Therefore, I left the talking to him (T4).

In addition, the therapists were unsure about the social workers' role in the collaboration and how much information they needed:

Especially in one meeting, I thought about the duty of confidentiality. ... We should protect the patient. However, is it necessary for everyone to know? ... How much information flow should there be? How much information must the social worker have (T1)?

The therapists reflected on the dilemma of exploring difficulties and concluded that the jobseekers did not want them to deeper explain challenges. They experience that *the duty of confidentiality limits what they can explain*, which is one reason for being unsure of what to elaborate on:

I have information that I cannot share. So, then I have to try to find out whether the patient wants to share it (T4).

...

Do you think he could have benefited from your explanation (interviewer)?

Yes, I do ... Hiding what is bothering him makes it difficult for others to give him adequate support (T4).

In hindsight, several therapists thought they could have explained more about challenges to help the social workers provide adequate support. On the other hand, therapists *emphasised*

that the jobseekers should be in focus and allowed to speak for themselves. Therefore, they were satisfied with the structure of the meetings, which they found contributed to the jobseekers' possibilities of being in focus and heard:

Everyone expresses their thoughts and opinions. We are aware that it is [the patient's] meeting ... I hope he felt the same, that it was his meeting (T3).

The therapist emphasised that it was the jobseekers' meeting and that their utterances should be in focus. When the therapists found that the jobseekers spoke well for themselves, they thought it was unnecessary to speak for them:

I did not say much. I will not speak for her when she speaks well herself. That is important to me (T6).

The therapists experienced the meetings as an opportunity to support the jobseekers by attending the meetings and listening to what they wanted to convey.

Social workers needed information about recovery potential and challenges
The social workers needed information about the jobseekers' health situation and treatment. When they did not get this information, it reduced their opportunity to clarify work capacity and reasonable expectations in working life:

It would have been nice to hear a little about his health situation ... My responsibility is to clarify his ability to work full time or part time. To do this, more information about his health situation would be necessary (S2).

The social workers suggested that a possible reason for receiving too little information from the therapists was the therapists' lack of knowledge about the social workers' job and what information they needed. Furthermore, when the therapists contributed, the social workers perceived they tended to have a one-sided focus on what went well:

It is very positive to listen to [the therapist]. I hear that she is very impressed with him and his progress. However, we have not received any information about the challenges (S3).

The social workers thought that the therapists had a responsibility to help them to understand how to provide support. However, poorly thematised challenges limited the social workers' opportunities to contribute. In addition, some social workers experienced the meetings as a *structured information exchange, which limited the dialogue* and made them passive recipients of the information:

For me, it was information about what had happened. As a result, I became a somewhat passive listener (S5).

They experienced that just receiving information about what the others had done, made them passive listeners. In addition, some social workers felt that the meetings' structure reduced their opportunity to provide information and ask questions spontaneously:

I experience that I have to relate to the structure. Sometimes when I want to give more information about a topic, I have to wait for my turn, which makes the dialogue unnatural.

The form becomes inhibiting. ... However, the structure gives all the participants a chance to speak. Our opinion is requested (S4).

The social workers found the structure double-edged; everyone got the chance to speak when it was their turn, but at the same time, some felt the structure reduced the natural dialogue in the meetings.

The social workers, because of the reduced possibilities for dialogue, *felt they could have provided more confidence and security concerning further support*. They were concerned that the jobseekers should feel safe enough to participate in the conversation and reflected on what they could do to reassure them:

My answer did not reassure him. On the contrary, I noticed that he became stressed and doubtful. ... It seemed like he needed to have more explicit and concrete knowledge ...

We should have focused more on what would happen if this suddenly did not work out. ... I think he felt tremendous pressure to cope with this. ... We might have spent a little more time saying it is okay if it does not work out (S3).

The social workers found it essential to talk attentively and concretely about worries and needs for further support and felt they could have been more reassuring in their answers.

The social workers experienced the meetings as an opportunity to support employment and recovery. However, the limited dialogue reduced their possibility of providing support.

Triangulation of the results

When triangulating the results from the three groups of participants, we identified two main themes. The participants were concerned about how to talk together and what to explore.

The participants conveyed the importance of how to talk together. Although they thought that they were the jobseekers' meetings and wanted to hear about their situations, the meetings were more characterised by information exchange than dialogue. For example, jobseekers and social workers thought the therapists' status and professional formulations were vital for the social worker to understand and accept opportunities and challenges. On the other hand, therapists supported jobseekers having the opportunity to speak for themselves.

Second, the findings from our study show that the participants reflected on the content of the conversation, what to explain and explore. The jobseekers expected the meetings to offer an opportunity to explain their work situation and their need for support. However, several missed the opportunity to discuss what was most important to them. Reasons for that experience might be that the therapists were unsure what they could say to the social worker and what the jobseekers wanted them to explain. On the other hand, the social workers experienced that not getting the required information reduced their ability to help.

The results suggest that familiarity with each other's expectations and dialogues about challenges and recovery might be unused potentials in the studied meetings that could have increased the possibilities for providing adequate support.

Discussion

The findings reveal unused potential regarding how to talk together and what to explore to support recovery. Lauzier-Jobin et al. (2021) define mental health recovery as a personal and social process in which support from caregivers is essential. According to this

understanding, how the meetings facilitate dialogue about what is vital for the jobseekers affects whether the meetings support recovery. We will lean on theories from Hans Skjervheim (1996) and Jaakko Seikkula (Haarakangas, Seikkula, Alakare, & Aaltonen, 2012; Seikkula & Arnkil, 2007) and discuss how using these theories might improve the chances of supporting recovery and well-being.

In his essay “Participant and observer” (Skjervheim, 1996), the Norwegian philosopher Hans Skjervheim presented two positions that therapists and social workers can take when interacting in collaboration meetings. They can choose the participant position or the observer position. If they take the participant position, they engage in a common assertion about the case in question. However, if they take the observer position, they see the jobseekers as the case. They listen to the person’s statements but do not elaborate on the topic the person presents (Snipstad, 2021, pp. 111–112).

The therapists and social workers in our study were inclined to take an observer position instead of engaging in all the topics jobseekers needed to discuss. Lauzier-Jobin et al. (2021) interviewed patients and their caregivers to identify mechanisms influencing recovery. As in our study, the patients highlighted help from their caregivers to deal with challenges as an essential part of their recovery process (Lauzier-Jobin et al., 2021). The studied meetings would benefit from the participants engaging in common topics, especially the challenges. For example, one challenge our jobseekers emphasised explicitly was that they needed financial security but were afraid they alone would not be able to convince the social worker of their need for further support. Worries about everyday expenses affect the energy available for recovery (Topor, Skogens, & von Greiff, 2018). The jobseekers’ financial security depended on support from the social worker. Because they felt most comfortable with the therapist and saw the social worker as having a more distant but still important position, they wanted their therapist to explain their situation to the social workers. The therapists and social worker could have made the jobseekers’ need for elaboration on financial security a common topic, thus increased the meetings’ chances of supporting recovery.

We revealed that the meetings were more characterised by information exchange than dialogue. Dialogue is generated by how we respond to each other in the present moment (Holmesland, Seikkula, & Hopfenbeck, 2014, p. 434) and aims to create a common language, explain experiences, and introduce possibilities (Haarakangas et al., 2012; Seikkula, Alakare, & Aaltonen, 2011). Karlsson and Borg (2022) argue for using *open dialogue* as proposed by Seikkula (Seikkula et al., 2011; Seikkula et al., 2007; Seikkula & Arnkil, 2013) to facilitate contextual and relational understandings in mental health practices, thus supporting recovery and well-being. A core element in an open dialogue is making the participants feel safe. According to Holmesland, Seikkula, Nilsen, Hopfenbeck and Arnkil (2010), feeling secure in multi-agency meetings might depend on role transformation and mutual reliance. They found a sense of insecurity between healthcare professionals and educational professionals. Likewise, our study’s social workers and therapists seemed unfamiliar with each other and each other’s responsibilities. Role transformation means shifting from being the therapist or social worker to a more transdisciplinary role formed by the actual setting within the meeting. Mutual reliance means familiarity with each other as persons and with each other’s professional responsibilities (Holmesland et al., 2010). Developing a transdisciplinary professional role focusing on shared goals (Holmesland et al., 2014; Holmesland et al., 2010; Seikkula et al., 2011) might have strengthened the dialogue in the meetings we explored.

In an open dialogue, the participants show interest in what is said, express themselves dialogically, give responses and speak for themselves (Seikkula et al., 2007, pp. 112–113). To make the meetings dialogical, the therapists and social workers could have shown more

interest in what the jobseekers wanted by encouraging them to elaborate on their statements further and giving them enough time to do so. They could have expressed themselves dialogically by repeating, nuance or elaborating on the other's statement, sharing and asking for justifications of opinions and positions, and using a language known to all the participants. In addition, they could have responded through their body language by nodding or smiling, so reassuring the person speaking. When the participants express their thoughts and views using the first-person perspective, this can make the meetings more personal. Personal sessions can help the participants get to know each other better and thus feel more confident about how they can contribute (Seikkula et al., 2007). Open conversations are a form of conversation that supports a collaborative process between the participants. If the participants also talk about how the statements are understood, this could improve the relationship between the person speaking and those listening (Karlsson et al., 2022; Seikkula et al., 2013).

A recent quantitative study found that sustaining employment is complex and that ongoing treatment and support might improve vocational interventions (Poulsen, Christensen, Madsen, Nordentoft, & Eplov, 2021). Finally, when people need help from several services, this might require dialogue from an interdisciplinary mental health team (Haarakangas et al., 2012; Pope, Jordan, Venkataraman, Malla, & Iyer, 2019). Sufficient collaboration can be one way of supporting recovery.

Strengths and limitations

This article describes a small study from one IPS team in Norway, and the findings are not generalisable and do not reflect all collaboration meetings. Furthermore, the study is context-dependent. On the other hand, our study shows nuanced findings regarding how the participants experience these multi-agency meetings, and we believe the findings might still be recognisable to the participants in additional IPS services and other collaboration meetings between health and welfare services.

One limitation of this study might be that we conducted the interviews in 2018. However, we explored a topic where increased understanding is still needed (Bonfils, 2021; Moe, Brinchmann, Rasmussen, Brandseth, McDaid, Killackey, Rinaldi, Borg, & Mykletun, 2021). Our study deepens findings from both previous and newer studies.

Another limitation is the small sample size. Whether interviewing six jobseekers, six therapists, and six social workers is enough depends on their information power (Malterud, Siersma, & Guassora, 2016). Information power depends on the study's purpose, the sample specifications, the theory used, the quality of the dialogues and the analysis strategy. High information power requires few participants to answer the research question (Malterud et al., 2016, p. 1754). One strength of our study is that five of the six patients were employed at the time of the interview, providing information about the support they needed while working. We consider that the sample gave knowledge about experiences from the collaboration meetings.

A further strength is that one of the researchers was close to the field of practice. Familiarity with IPS might increase the chances of exploring relevant areas and research questions, thus achieving the aim of many research projects, i.e. improving clinical practice (Karnieli-Miller, Strier, & Pessach, 2009). On the other hand, familiarity could make it challenging to maintain an analytical distance. The fact that the other authors were not involved in IPS and the methodological thoroughness and transparency (Karnieli-Miller et al., 2009) increased the analytical distance and credibility.

Despite the limitations, we believe the article provides valid knowledge of the participants' perceptions of IPS meetings.

Conclusion and practical implications

The study revealed that the jobseekers expected the meetings to be an opportunity to elaborate on their situation, challenges and support needs. However, they experienced that this was only sometimes the case. Although the therapists and social workers thought they were the jobseekers' meetings and wanted to hear about their situations, the meetings became more characterised by information exchange than dialogue. We claim that this shows unused potential of the meetings, as well as unused possibilities to facilitate recovery.

In the discussion, we elaborate on how the meetings could increase recovery by facilitating dialogue. The participants might be more confident regarding how to talk together and what to explain and explore if they learn from Skjervheim and Seikkula how to open conversations and form dialogues. In addition, becoming familiar with each other and each other's knowledge and responsibilities, planning the actual meeting with the jobseeker and considering what to explore might increase the chances of supporting recovery and well-being. These improvements increase the opportunities for dialogues that might be necessary for people who have to discuss their life and options in multi-agency meetings. In this particular setting, dialogue may give persons who want to work the needed support to stay in paid work. Further research is needed to explore whether more dialogical meetings increases the number of people managing employment.

Declaration of conflicting interests

The authors declare no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Author contribution

All three authors have made substantial contributions and comments on the paper. Ellen Ånestad Moen will act as guarantor for the paper.

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