

## Exploring processes of change

### A narrative study of the journey from person status to patient status within a mental health low threshold facility

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Résumé de l'article

**Objective:** The frequent occurrence of structural changes can be a frustrating experience for everyone involved. The purpose of this study was to explore how service users within a recovery-oriented low threshold mental health service perceive being part of a structural change process within the service, related to documentation of healthcare in a low threshold context. The change that took place changed the service user's position from person status to patient status. The study is part of a larger research study where part of it is published elsewhere.

**Methods:** Photovoice-workshops led to a photovoice exhibition which forms the basis for further analysis. The data from the workshops was interpreted through narrative analysis based on Polkinghorn, in which possible new stories were created by identifying plots in the material. In narrative methodology, 'plot' refers to actions and events driven by tension, which gain meaning through a story. Three plots regarding service users' experiences of being part of the structural change process were identified.

**Results:** The three plots identified were the plot of unpredictable change, the plot of hope, and the plot of new perspectives. These plots were further written into a coherent narrative, and the results are presented as a new possible story named "A possible story of change."

**Conclusion:** The findings present a story of how a structural change process appears in the given context and how it is experienced for the service users affected by the changes.

**Funding:** This study was funded by the Norwegian University of Science and Technology, Faculty of Medicine and Health Science, Department of Mental Health.



## Exploring processes of change - A narrative study of the journey from person status to patient status within a mental health low threshold facility

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**Keywords:** Mental health, Change processes, Low threshold services, Narrative, Photovoice

### Abstract:

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Photovoice-workshops led to a photovoice exhibition which forms the basis for further analysis. The data from the workshops was interpreted through narrative analysis based on Polkinghorn, in which possible new stories were created by identifying plots in the material. In narrative methodology, 'plot' refers to actions and events driven by tension, which gain meaning through a story. Three plots regarding service users' experiences of being part of the structural change process were identified.

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#### **Consent for publication:**

This article has been peer reviewed.

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The participants have given their consent for publication of the photos from the photovoice workshops.

### **Introduction:**

Recovery-oriented services strive to support people in their personal recovery process based on the CHIME values,<sup>12</sup> focusing on people's resources instead of symptoms, and provide person-centred care, where people have an active role in their own process. CHIME is a conceptual framework of recovery, based on the following values: connectedness, hope and optimism, identity, meaning and purpose, and empowerment.<sup>12</sup> Anthony<sup>13</sup> describe recovery *as a deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills, and/or roles. It is a way of living a satisfying, hopeful, and contributing life even with limitations caused by illness. Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of mental illness.*

Norwegian public guidelines mandate a recovery orientation as a core principle in all mental health services in Norway.<sup>2</sup> The recovery-oriented, low threshold mental health services studied in the article provide help and support, activities, various courses, and a social arena for people living with mental health challenges in the community. This is services without referrals where healthcare professionals attempt to facilitate or promote meaning making processes and personal recovery in an everyday life context.

Further, the idea of mattering serves as an important theoretical resource in this context. Prilleltensky<sup>14</sup> argues that mattering is both a need and a value; it is a term described as a fundamental psychological human need, to feel valued and to add value on different levels: to yourself, to other people, to the society, and further.<sup>14</sup> We argue that by being part of a larger context like the low threshold community, people get seen and listened to, which enables them to feel valued, as well as it might be an arena that enables people to add value to themselves in their own recovery process through participation, or add value to others by being part of a fellowship. In addition to this, the low threshold arena also facilitates opportunities to use own resources to contribute to society.

Recovery-oriented practices involve the movement from “patient-centred” to “person-centred” help,<sup>2</sup> where the service users play an active and participatory part in their own recovery process. Legislative changes have occurred within low threshold services<sup>1</sup> that affects service users’ status and everyday life living in this recovery-oriented context. Earlier, it had been interpreted that there were no requirements due to documentation of healthcare within low threshold services. Now, after a supervisory case by the county governor, it is clarified that documentation of healthcare is required, also in low threshold services.<sup>16</sup> This structural, legislative change led to change processes both within the services and for the service users. We question whether these new requirements risk assigning service users a passive patient status within their daily lives, or if they instead strengthen service users' rights. Although the low threshold service's structural changes aim to meet legislative healthcare documentation standards, service users may perceive these changes as detrimental to their needs. It might represent a patient-centred focus, which can be interpreted as the opposite of the recovery-oriented, person-centred attitude.

How do these service-changes impact service-users' experiences and status? Specifically, are we witnessing a shift back to "patient status?" If so, what are the implications of this transition from service-user or citizen to patient? Through required documentation of healthcare in their medical journal, service users get the right to appeal on received healthcare, which strengthens their rights. At the same time, it might challenge service users' feeling of being valued and considered resourceful persons who actively participate in their own process, in an everyday life context.

There is a huge amount of literature asking for person-centred care within mental health services,<sup>3, 4, 5</sup> and now low threshold services in principle are moving towards patient-centred care, due to changes in the legislation. This testifies to tensions between professional principles and the legislation. Literature shows that care provided by the services needs to be person-centred, to enable opportunities for recovery,<sup>3</sup> and that recovery is an occupational journey, where everyday activities is important.<sup>6,7</sup> There is little knowledge of service users' participation in structural change processes, and how such processes unfold for the individual.

The aim of this study is to explore how service users within a recovery-oriented low threshold mental health service perceive being part of a structural change process.

## **Research Design and Methods**

This qualitative study, grounded in an interpretive narrative approach,<sup>8,10</sup> used photovoice workshops for data collection.<sup>17,18</sup>

Service users at a recovery-oriented low threshold mental health service in Norway were participants at the workshops. Through a narrative approach using photovoice, the study facilitates meaning-making processes and involvement in a participatory activity (taking photos and writing texts), which enables the participants to use their resources to communicate their experiences and perceptions.

In this study we have chosen a framework of understanding, based on narrative theory, recovery orientation within services and the value of mattering.

We choose to ground this study on narrative theory,<sup>8,9,10,11</sup>, as the storied material is well suited to a classic narrative understanding built on meaning and situational understanding and context. Through our understanding of the narrative interpretation, we seek to explore how structural change processes unfold through individuals' engagement in the ongoing interpretation of daily life. The pictures and texts present the participants' past and present experiences from the low threshold service, related to healthcare. Further, they use these experiences to try out plots regarding the change, to support narrative meaning making<sup>9</sup>. The data material shows this process. Using narrative theory and interpretation, a story can be created based on gathered and compiled data of events and actions driven by a tension in the material, a plot.<sup>8</sup> A plot is something that gains meaning in the context.

This study seeks to create a new possible story of change. Narrative theory concerns the human capacity to make and interpret meaning through what we do<sup>9</sup> and is used to understand how meaning is created in a context as described. According to Mattingly,<sup>9</sup> narratives can be told or be ongoing enacted narratives, trying out plots, and with multiple possible endings. In this study, the context is an ongoing structural change process within an everyday life setting for people living with mental health challenges. Through the analysis, the authors attempt to highlight various tensions and contradictions and interpret these as expressions of an ongoing meaning-making process with multiple possible endings.

We understand that narrative theory,<sup>9,10</sup> recovery,<sup>12,13</sup> and mattering<sup>14</sup> relates through values and meaning making. In narrative theory people try out contextual plots, interpret and create meaning through what they do,<sup>9</sup> within people's recovery processes the value of identity and meaning are central,<sup>12</sup> and within the concept of mattering people need to feel valued and have the opportunity to add value to themselves or others.<sup>14</sup> Reed et al.<sup>15</sup> argue that narrative theory may be used to understand and visualize recovery as unfolding processes, linked to activities and experiences within everyday life living.

### ***Participant Recruitment and Ethical Considerations***

The data to this study were collected at a low threshold recovery-oriented service, consisting of two departments in a large municipality in Norway. There was an ongoing change process within the service, regarding documentation of healthcare in this context. Healthcare professionals at the two centres presented this research project at house meetings and invited all service users to participate in the project. They further assisted in contacting service users who agreed to participate in photovoice workshops on the following theme: Talk about healthcare within low threshold services (Lts). In total, nine men and women signed up. Out of these, four men in the age range of 33 to 69 participated throughout the entire photovoice process. They had all been service users at the low threshold service for a few years.

Related to the theme, it is an ethical reflection why structural regulations within services go in different directions from what seems to be the society's wishes. In this case, there are tensions between seeing each service user as a resourceful person in their own life situation, and at the same time—consider that health services need to be regulated by law, and document healthcare in people's medical journals – and through that put people in the category of patients. This situation reveals potential grey areas. Why is healthcare documentation necessary in a low threshold service operating within an everyday life context? Is it to protect patients' rights? If so, this suggests that individuals must accept a patient status to have rights within these services.

Norwegian Centre for Research Data (NSD) have received and approved the project, with project reference number 983790. Further, the regional committee for medical and health research ethics (no.2018/1993/REK midt) assessed the project and found it acceptable.

The participants were informed by the staff at the low threshold service about the project aim, the design and ethics according to confidentiality, and opportunity to redraw at any time. Further, the staff set the participants who were interested in contact with the first author. All participants signed a written consent in advance of the first workshop and received contact information to the first author, if they had any questions or concerns in advance of the workshops.

### ***Data Generation***

This study is part of a larger participant observational study, in a context where photovoice has been a central element. The study explores how photovoice<sup>17,18</sup> can be used to reveal service users' voices in a structural change process.

Seven photovoice workshops were held at the low-threshold service over a four-month period. The first author facilitated these workshops, guiding participants to take pictures that represented their understanding of healthcare within the low threshold context. After taking these pictures, the participants reviewed all the pictures together in the group, reflected, and commented on each other's before writing belonging texts to each picture. These were further assembled as an exhibition by the group in the facilities of the low threshold service, followed by a public opening with vernissage. In Høgås et al.<sup>18</sup> a detailed description of the workshops has been published, also illustrated with a table (the table is included as an appendix to this article).

Among the pictures and texts presented at this exhibition, the authors selected the ones found most related to the aim of the study and used these as the starting point of our further interpretative narrative analysis.<sup>10</sup>

### ***Data Analysis***

Four service users at the community mental health centres offered narrative material through photos and belonging texts during a structural change process in the service. This material was presented at a photovoice exhibition. In the analysis for this study, the authors interpret the material from this exhibition, consisting of pictures and texts from seven photovoice workshops. This formed a basis for qualitative narrative interpretive analysis, inspired by Polkinghorne<sup>8</sup> and Josephsson & Alsaker.<sup>10</sup> The following steps were used in the analysis:

- Step one: The authors did a naive reading/review of all pictures and texts in the exhibition and made an initial analysis through identifying tensions in the material using narrative interpretation. Further, the authors looked for possible stories in the open material, made interpretations of tensions in the material, and presented these as tentative plots.
- Step two: Designated tensions in the material were gathered related to the narrative structure (past/present/future), where possible plots and possible connections were written out in the author's own words, trying to create coherence in the material. Three tentative plots were found, and pictures and texts interpreted related to the plots were categorized under each plot: the plot of unpredictable change, the plot of hope, and the plot of new perspectives.

- Step three: Under each plot with belonging pictures and texts, interpretations were made by the authors, based on what was seen in the pictures and the accompanying text, taking a wondering attitude, asking questions. The authors chose to give the original three plot headlines new metaphoric headline titles; “Is a new wave coming?”, “Maybe the wave wasn't as big as feared?” and “Do we see a new horizon?” The authors chose to use nature metaphors, because of the communicative qualities it provides in the presentation of the results.
- Step four: To sum up the findings, the authors chose to write it up together as a narrative - a meaningful story, with a beginning, middle, and end, and where the unredeemed lies - you sense that a change has taken place. The story is written using metaphors and has the title “A possible story of change.”

This study utilizes narrative analysis<sup>8</sup> to construct a new, possible story from the data material. The analysis focuses on uncovering the process of meaning-making during change. This involves identifying moments of tension (plots) that reveal emerging narratives, as well as highlighting the movement from uncertainty and “trying out” towards the crystallization of new tensions. This process reveals possibilities and limitations, characterized by doubt and insecurity. Through this analysis, the authors aim to visualize the narrative process, employing metaphors to enhance communication.

Narrative analysis allows us to uncover the power dynamics and emotional nuances embedded within the data – aspects that might otherwise remain hidden, providing valuable insights into the lived experience.

### ***Methodological considerations***

The aim of this study was to explore how service users within a recovery-oriented, low threshold mental health service perceive being part of a structural change process within the service. The authors have used narrative analysis based on Polkinghorne<sup>8</sup> to analyze the pictures and texts from the photovoice exhibition, as the material had a narrative form, and are well suited to explore participants' perceptions and experiences. Through narrative theory,<sup>8,9,10</sup> we can visualize the contextual plots present in the material. Employing metaphors, instead of factual representation, allows us to express the nuanced experiences and meanings within the given context. The authors chose to present their findings using metaphors well known in a Norwegian context, rather than professional language, to enhance communication. The metaphors aim to bridge the gap between service users' voices and professionals' understanding. Narratives provide an understanding of “here and now,” and the insight into such a process will change over time. The findings in this study are presented as new stories.

The authors link narrative theory<sup>10</sup> to theory about both the concepts recovery<sup>13</sup> and mattering,<sup>14</sup> as they relate through values and meaning making processes. All these concepts focus on ongoing processes and have a storied form.

The first author who facilitated the photovoice workshops had earlier worked in a low threshold context, and therefore knew the context upfront. This made it particularly

important to bring out the service users' voices, in this setting presented as pictures and belonging texts, and leave them untouched, as the group (the participants) created them. The authors' further interpretation of the data is grounded in their knowledge of the context.

This study focuses on low threshold services, but the reactions and experiences it describes have broader relevance, particularly regarding how people experience change. The tensions and issues represented in the plots, such as navigating change processes and the consequences of not being involved in decision-making, arise in various settings and hold significance beyond this specific context. Change processes often create tension and insecurity, and this study offers valuable insights into these dynamics, regardless of the specific setting. It highlights the challenges individuals face when subjected to changes they did not influence, emphasizing the importance of inclusive decision-making processes.

The data material had many layers and provided many sources for interpretation. There were several possible choices of pictures and texts from the exhibition, and the aim of the study therefore guided which ones the authors chose to include.

## Results

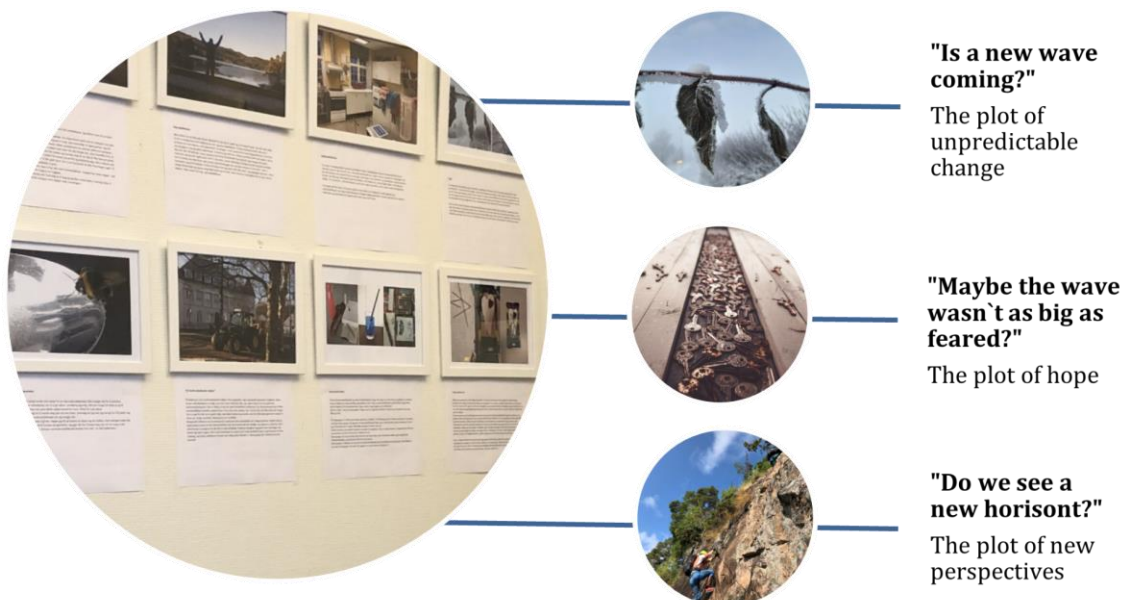
The results are presented in three parts. The first part consists of three sections, each outlining a distinct plot: "Is a new wave coming?," "Maybe the wave wasn't as big as feared," and "Do we see a new horizon?" Within these sections, participants' pictures and accompanying texts are presented exactly as they were displayed at the photovoice exhibition. Each picture and text are categorized under the corresponding plot identified during the initial narrative analysis.<sup>8</sup> The second part of the analysis consists of the author's narrative interpretation of the plots,<sup>8</sup> using metaphors. This is the author's interpretation of the participants' pictures and text, analyzed narratively under the relevant plot heading, based on the foundation of our understanding of narrative structure,<sup>9</sup> and in the given context.

The third part writes the three plots together and presents "A possible story of change," which is created by the authors. We constructed a metaphorical narrative based on the data (pictures and texts), recognizing the communicative power of metaphors to convey our findings.

Finally, the authors discuss the results connected to existing theory. In Figure 1, an illustration of tentative plots is presented.

*Figure 1: Illustration of tentative plots*





### ***Section 1: Is a new wave coming?***

In this section, four pictures with accompanying texts created by the participants in the photovoice workshops are presented. These are presented as they were in the photovoice exhibition. In the end of this section, the authors provide tentative reflections of the material.

The participants named this picture "Frost," and created the following text:

	<p>Three bay leaves are struggling to hang on to the bough, as the frost takes hold. To me, this represents my everyday life – the frost comes and goes, in step with the temperature changes. (...) To me, the low threshold service is the bough I cling to. I can come here when it suits me and my everyday life. Temperature changes. The staff knows me and gives me support when I need it. That's healthcare for me. (...)</p> <p>There have been some changes at the low threshold services, and there will always be changes. Nothing lasts forever. Neither does the winter and the frost. It is dynamic, in the same way as the temperature changes. We have to be adaptable, when it freezes on. It's not easy. You lose confidence when there are too drastic changes. It's a loss. At the same time, I can see light in the distance. Spring will come.</p>
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The participants named this picture "Democracy" and created the following text:



We have house meetings at the low threshold service. The house meeting is a very important part of the good, old Norwegian democracy (...) We can participate in decision-making regarding the development of the service. A democratic process, where we can make democratic decisions (...) It's quite great. I think it is health-promoting to participate and collaborate with the employees and with the others who use the service. You feel that you mean something, and that you have an important role here (...) In a way, the meeting table is the negotiating table. Here we can solve challenges together. Sometimes we all talk at the same time, but we raise our hands. Around the table, there is seating for everyone. The chairs have different colours. To me, it symbolizes that we are different people, with different thoughts coming together, to find a common solution.

Participation is valued by the low threshold service, and the employees focus on including everyone. To me, the low threshold service is a bit like my second home (...).

It is healthcare to be part of this, to be involved in deciding, to be included, meet others, to have healthcare professionals to talk to, and many opportunities for activities. It's quality of life.

The participants named this picture "Common platform" and created the following text:



In my city, we can find mural apartment buildings and wooden houses in fine interaction. Different, yet fits so nicely together. This is also the case here within the low threshold service – we are so different, but here we have a common platform where we meet up and care for each other. To me, it's health care to be a part of this community. Do you see the heart mirrored on the wall? Where there is room for the heart, there is room for everyone.

The participants named this picture "Fellowship" and created the following text:



The birds have gathered in the middle of the river, some on a small islet, while one bird sits alone on the pillar next to it. Has the bird isolated from the others? Does he feel like an outsider? Sometimes we feel like outsiders in society. Then we must strive to find communities that suit us, which can be our islet, in the middle of the water. The low threshold service is such a community - equal respect and equal opportunity is given to everyone who comes here. And everyone can contribute in the way they want. No one is an outsider here. To me, that's a relief. Even though we are different, there is room for everyone - there is room for me. That makes it a good investment to come here (...) The healthcare professionals at the low threshold service know how the stream goes and include, pull strings, inform, and guide people. Here people care and provide good healthcare.

***Tentative reflections of the section "Is a new wave coming?"***

The authors interpret the plot in this section to be unpredictable change. We understand the participants' pictures and texts to communicate different descriptions of uncertainty regarding what will come. Through narrative lenses, we understand this part as a representation of the past, focusing on how it was for the participants until now, but also a concern of how it will be in the future. We understand this as a reflection of a process that is not linear but an ongoing reflection back and forth for the participants: what is our experience up until now, how will it be in the future, and what do we fear standing here now?

A structural change within the services is coming, like a new wave towards the steady land. The participants' pictures and texts in this section can be interpreted as a language for uncertainty regarding what will come. The weather metaphor is used to visualize this.

In the participants' first picture, we see three bay leaves, and wonder - will they manage to hold on through the storm? The weather will always change - and it is a continuous process to adjust to unpredictable change. Out at sea, the ocean will always be affected by the surroundings, like weather and wind. Maybe travelling through life could be like travelling on the open sea, where our surroundings affect us in both good and more challenging ways? We interpret the low threshold services as a safe harbour for the participants, where people can come together and take part in democratic processes. Still, we understand there is a tension regarding how the change will affect people.

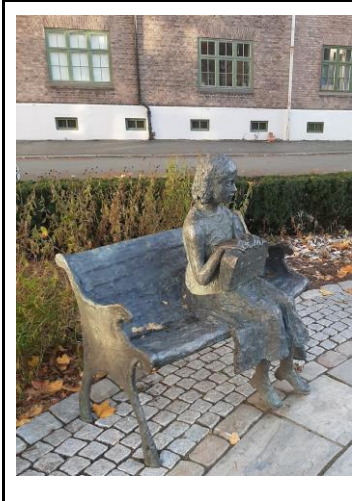
In the third picture, the low threshold service is presented as the warmth in its environment for the participants - a contribution that ensures no one is out in the cold winter alone. One way to understand this is that the story communicates the experience of fellowship and togetherness and the warmth it gives to be a part of a larger context, as well as the significance of being with other people, who share a common platform. Like a harbour that includes everyone who stay together throughout the storm at sea. But then, what happens when you cannot predict the outcome of the new change that comes towards you like a big wave? When the predictable becomes unpredictable?

In the fourth picture, we see a steamy river. One way to understand this could be that the stream in the river is a symbol for movement, just like there is movement within the services. The structure changes, and it can be frightening for the participants. The water in the river, as well as the structural changes in the services, has a clear direction, and the people who are influenced by it stand on a little island right in the middle of it. The water's direction is controlled by something larger – nature, just like the change in the low threshold services is controlled by political decisions. We understand this as a reflection of the participants striving during this change process. How is it to be part of a larger context that changes, that alters the framework of using the low threshold service and that suddenly gets unpredictable for the individual?


## ***Section 2: Maybe the wave wasn't as big as feared?***

In this section, two pictures with accompanying texts created by the participants in the photovoice workshops are presented. These are presented as they were in the photovoice exhibition. In the end of this section, the authors provide tentative reflections of the material.

The participants named this picture “Available space on the bench” and created the following text:

	<p>We see a lady sitting alone on the bench. Lonely, but seeking. Forward-leaning (...) The statue carries a lot of history. So do I when I sit on the sofa at the low threshold service. The statue shows her sitting with a suitcase on her lap. As a symbol of what she brings with her and carries on of her story. In the same way I bring my story with me, still sitting here with hope. Seeking fellowship. There is available space on the bench. I don't want to open the whole suitcase right away, I would rather open up for someone who sits next to me and talks to me. I want to meet others, and to me it is healthcare to be in a community that can enrich my life (...) In the photo it is autumn, and leaves are lying around on the ground. It may seem a little chaotic and a little sad, but in the new story, the joy is not gone. The low threshold service brings joy and hope to my everyday life now. We must prevent history from happening all over again.</p>
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The participants named this picture “Strength and flexibility” and created the following text:

	<p>In life, many challenges can arise. You must be patient. Sometimes a storm comes, and you have to bend, as the tree does here, in a flexible way. There is a saying that "the tree that resists a storm it breaks, while the tree that adapts will survive." It shows strength. Within the low threshold offer, I have the opportunity to de-stress and refill my energy. This enables me to cope with challenges in a sensible way. Here, I have the opportunity to try out carefully, and through that gain experience about myself and the society I live in. At the low threshold service, I have someone who can be supportive when there is a storm, that is healthcare to me. I am learning to adapt through coping strategies, so that I avoid breaking.</p>
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## ***Tentative reflections of the section “Maybe the wave wasn't as big as feared?”***

The authors understand the plot in this section is hope. Through narrative lenses, we understand this part as a representation of the present, taking a wondering attitude focusing on the here and now. We see different descriptions of wonder and hope regarding the upcoming changes and understand this section as exploratory.

It seems like the feared structural change process came, like a big wave towards steady land. Maybe the wave wasn't as big as feared, and maybe something good even comes out from it? Still, it is hard to let go of the thought of what used to be. We understand that it's experienced as meaningful for people to have a place to come to, like a safe harbour, where words like belonging and togetherness become central. A place to belong seems to give reasons to get up in the morning and to get out of the house. The backpack is heavy for some people, and their lifeboat must carry a heavy burden - maybe a troubled past or an ongoing struggle in their everyday life? The lifeboat is just barely floating as it is, and now a new wave might be heading this way. Is it possible to reduce the burdened weight by talking to and being with others? We understand that healthcare professionals and others in a low threshold context might be such support in life in a more accessible way. Will this change? This study investigates whether documentation of healthcare in medical journals is suitable within a low threshold context, which is characterized by its integration into the everyday lives of individuals.

We understand the phrase; there is room for one more on the bench, as an invitation to a conversation, or an invitation just to be together. Again, we see the strong wish to belong. The big wave has broken out, and we wonder how the status change affects the people using the low threshold service. We understand that people wonder how it would affect them, and that they consider what's the good - and what's the challenging part of it. Is there light in the horizon? Through the pictures and text, we understand that the autonomy is changing - moving from feeling like an active, participatory, equal member of the service, to a still active and participatory person, but at the same time, a person having patient status. According to our understanding, this provides a status change that also affects the power structure in the relations. We can hear the rumblings from the wave and know it changed something.

We understand that the experience of adjusting through challenges is conveyed as a tree bending in the wind, making the person stronger. We get affected by the context we live in, and maybe we adapt to change better than we think and are stronger than assumed?

Still, we understand the joy in the new story shines through and creates hope. Maybe it indicates looking ahead, seeing the future. There is change, but there is also hope. How can we adapt to change and foster hope instead of fear?

### ***Section 3: Do we see a new horizon?***

In this section, four pictures with accompanying texts created by the participants in the photovoice workshops are presented. These are presented as they were in the photovoice exhibition. In the end of this section, the authors provide tentative reflections of the material.

The participants named this picture “Confidential conversation” and created the following text:



Would you like coffee?

No, thank you, I'll have a glass of water.

That's right, you don't drink coffee!

The cup and the glass represent two different people, with different toolboxes. I drink water from a glass. The healthcare professional drinks coffee from a cup.

The cup is steady with handles - as an extra tool. This reminds me of a steadiness the healthcare professional carries, the confident figure. The glass is me. Transparent. An open person. Someone sees me. The cup and the glass show that no one is alike on the outside. The picture symbolizes a conversation between two people (...) Having the opportunity to talk to someone when I need it, without booking an appointment, is healthcare to me. I use these conversations to also get out of the house. It's not just a serious conversation. It's such a pleasant conversation, where I don't have to be nervous or have high shoulders. In a way, it's more relaxing here at the low threshold service. We get to know each other because we see each other often.

Despite different framework conditions and roles, we cooperate well.

It's important to be honest with each other, still we all have some secrets. The cup has thick walls - it represents confidentiality, which for me is a security (...) We have a trusting relationship, which helps me in my everyday life.



The participants named this picture “The everyday life together - the sitting group” and created the following text:



In the picture, we see the sofa group at the low threshold service. This is where we gather during the day, sitting together, drinking coffee, talking. A picture we painted together in the painting group hangs on the wall. An everyday life for me is to come here. It will be almost every day for me. I think of it as my second home. Good healthcare is when you start the day a little heavy, you come here, and everything changes. It gives me peace of mind to come here and talk to others. I manage to lower my shoulders when I'm here. Few questions are asked, and there are not so many demands placed on me if I don't want to. I can choose whether to do something active while I'm here, or I can just come here having a resting heart rate. Many possibilities in one place. It's comfortable. I'm drawn towards the low-threshold opportunities in a way.

You can become stressed or pressured in life. Then you can have conversations with the healthcare professionals. Sometimes they're a little busy, but most of the time they have time. These are great conversations; they know me and know what it can be like for me. The conversations might alleviate the stress. At the doctor, you don't get medicine just by snapping, but here - there are quite quick opportunities for healthcare. Almost just by snapping. It gives me good opportunities to be able to function in everyday life. My days become good — it's of great value. It is no wonder that many people are afraid of losing the low threshold service.

The participants named this picture “New perspectives” and created the following text:

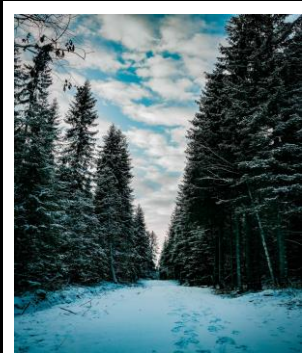


The first step is challenging. You start on a new and unknown journey. Coming to the low threshold service for the first time is a steep and demanding challenge, just like mountain climbing can be. By daring to try, you can experience a feeling of mastery. A new arena, with new challenges.

The view from the climbing ladder is nice, and I see the surroundings from a new perspective. Suddenly I feel that I can do this - I see new possibilities in my life. The low threshold service made it possible for me to challenge myself and gain this new perspective. Everything starts with the first step. To me, the low threshold service was this first step. It gave me the healthcare I needed. A bit farther up the path, I felt the fear of heights, but also the joy of experiencing this together with others (...) Safety is also important. I was securely attached, and the wire led the way.

Nevertheless, challenges arose, and I didn't know what the next step would be. This is also relevant in my everyday life. A climbing trip like this is challenging for everyone. I experienced that the roles of users and healthcare professionals were blurred. We were equals, and we had to work together. Just like we must work together at the low threshold service. On this climbing trip, I wonder who gave healthcare to whom?

The participants named this picture “Much, long and good work” and created the following text:

	<p>There is a long way to walk. Many times, you feel like you have reached your goal, but then there is always a little more. It might be good to have something to reach for, so you don't give up. It's good to be on my way, it just means that I'm moving, developing. And it's even more interesting if you can experience it as beautiful along the way. Like nature is in the picture, and the way everyday life is at the low threshold service. I get to do more of what I like and develop through that.</p> <p>Sometimes it can be overwhelming when you are in the middle of it, but if you get some distance, you see that it is possible. Do you see the tracks in the snow? They show others have walked the way before you. It gives hope.</p>
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### ***Tentative reflections of the section “Do we see a new horizon?”***

The authors understand the plot in this section to be new perspectives.

Standing in the middle of a structural change process gives a new perspective on everyday life, living with mental health challenges and in need of some sort of support. We understand this section as perspectivity. We understand the symbolic cup and the glass shown here as “the therapeutic of the informal.” Maybe it feels safe to talk to the person holding this cup - based on the duty of confidentiality? By having the opportunity to talk to someone on own terms, the persons themselves take some of the power, the strength of the informal, as we see it.

We also understand the meaning of good and safe relations as central here. Using time to get to know each other and talking about both big and small things in life seem to contribute to the feeling of safety and the feeling of belonging. Contributions that help people build up their inner strength, to dare to leave the safe harbour, well knowing where to come if they need someone to talk to or need help with anything - refill and support in the safe harbour. That contributes to hope, like lighthouses along the coast.

Challenges and changes will come like waves, periodically in life. We wonder if being open for change, as well as having the strength to adjust, take challenges, and see opportunities instead of limitations, might open new perspectives and give new skills to cope with the support from health services that are easily accessible? Could it be gaining experience from processes like this makes it possible to see challenges as possible to pass, rather than obstacles at sea? We understand the value of having the low threshold service as a starting point and safe harbour to return to when needed, while exploring the large society and the open sea.

Further we understand that knowing others have sailed there before, both on calm and stormy seas, gives hope and strength to carry on. From a recovery-oriented perspective, how beneficial is it to have support from others who are either undergoing similar processes themselves or can offer guidance to fellow sailors in

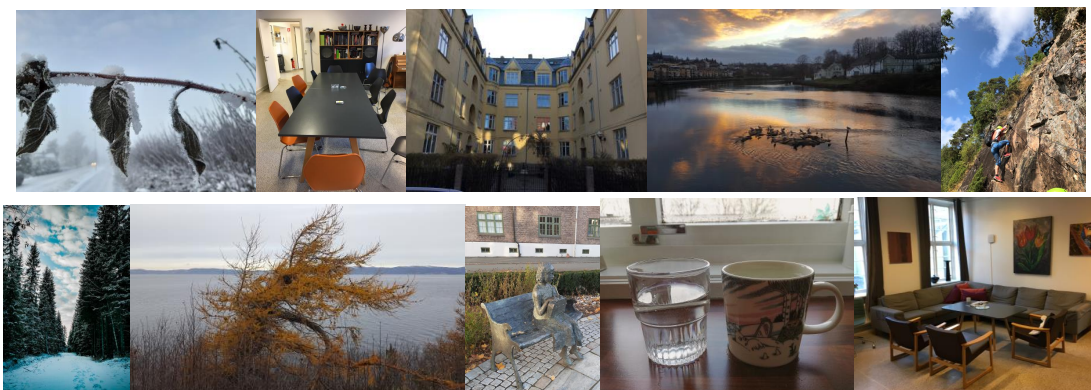


life, during these change processes? Could navigating change through discussions and collaboration with others lead to new insights and new perspectives?

We understand that availability of good helpers and others in the same situation in itself can be experienced as good support crossing rough seas. It may challenge the way of thought during change processes, and maybe together they can draw the new map towards the new horizon.

### ***A possible story of change***

In the following, the authors will present a possible story of change, the outcome of step four in our analysis. This is the author's interpretation of the data material, presented in a metaphoric language, as a base for the scientific discussion. The story communicates the findings in an alternative way, which makes the plot visible.



It's visible from afar. The rumblings are audible. Is a new, big wave getting closer? It's coming this way, towards the steady land which has been safe and steady - until now. In a personal storm, it's possible to manage to find a safe harbour, in the togetherness. A harbour that includes everyone, that embraces the community, that believes in people, focuses on people's resources, and facilitates for democratic processes where everyone's voice is important. A harbour with calm seas, where people stay for as long as they want, without being plotted on the sea map. Boats in all shapes and sizes come ashore, as they spot the new wave, to stay in the unforeseen and unpredictable together and create a fellowship. Will the wave destroy the safe harbour? How will it affect the people? As the new wave comes closer, the cold frost bites through woollen mittens. People struggle to hang on to the icy railing. Weather and temperatures constantly change. It's a change that must be faced when travelling on the open sea and travelling through life. Still the concern is – how hard will the wave hit us?

Even when it feels like the darkest day, there might also be light in the horizon. The darkness has subsided, and the big new wave has broken out. The rumblings can still be heard, but despite this wave, the steady land on shore still stands. How can this be? Maybe the body is stronger than assumed? Maybe the wave wasn't as big

as feared? Or maybe adaptation to change works better than expected? Many thoughts are recalled. Will the boat carry the new weight? The wave provided change - still the safe harbour enables possibilities to try out; is it safe to go out on open sea, or should inshore be the preferred for a little longer? Maybe the key is to avoid throwing the anchor where there's always a calm sea? Challenges might be needed, to enable attendance at open sea and to see the new horizon, no matter how deep the sea is. Seeing the opportunities ahead might give hope. Established resources are possible to build on, and lighthouses might contribute to leading the way.

Is there a new horizon? Well, we could say the boat has to leave the safe harbour to find out. And to trust that even with a glass-bottom-boat where good helpers can see everything, the walls are still thick enough and the toolbox rich enough, to carry it across open water. If the day starts out with rough seas, will it help talking to others and drawing an alternative map together? By being part of a community with others, there will always be opportunities for a safe harbour to get a quick refill and support when needed. There will be opportunities to feel valued in a fellowship, or maybe to be this safe harbour for others and through that create value. Waves will continue to come periodically in life. Now, it may be all about taking the first step, out on new and uncharted waters. Maybe in the future, challenges like this are seen as challenges possible to pass, rather than obstacles at sea. Can it be that the new map is drawn? The value of hope is seen through lighthouses along the coast. Whether the sea is stormy or calm, it's possible to take time to enjoy the sight of a view pointing towards a new horizon. Others have sailed on open sea before, and that might give hope. Together we can write a new possible story of change.

### **Discussion: A new story of change?**

The structural change that has been brought upon the low threshold services in Norway, regarding legislative documentation of healthcare in medical journals, is in this study, met by the service user's own "documentations." These are pictures and texts from photovoice workshops,<sup>17,18</sup> serving as service users' documentation of experienced healthcare within the low threshold service, providing an understanding of how, and to what extent, documentation in medical journals from the low threshold context moves into the framework of people's everyday life living. Furthermore, narrative analysis<sup>8</sup> were conducted by the authors based on this narrative material. A change in how services users perceive being part of this structural change process becomes visible.

The authors understand it has value for the participants to express their experiences through the process, and relate to the concept of mattering,<sup>14</sup> which is a fundamental human need, regarding feeling valued and adding value.<sup>14</sup> As we see it, service users might feel valued having their voices heard regarding the structural process of change; further, the participants may add value to self and others by presenting documentation of the change process through pictures and texts, from their perspective.

The analysis process provided a new narrative, which is visualized through the story "A possible story of change." It may open for new possible understandings of how

service users perceive being part of a structural change process. Service users are not stuck but have participated and withstood the tension in the process. We can see a movement in the first plot, where the participants think back in time but also reflect about the present. We see few referrals in the first plot towards what can be good in the future, due to the change. In the second plot, the participants' focus is more present oriented, with a wondering attitude; maybe there is something good in the change as well? In the third and last plot, the participants are more prominent and look ahead with a more optimistic look. We see a clear movement, and parallel processes with structural changes within the services on one side and service users processes of change regarding how they perceive the situation on the other side.

As the services build on recovery orientation,<sup>13</sup> it's important to enable service users to be part of the change and maintain the power of their own situation. We therefore wonder, is it necessary to call the service users "patient" in the journal? Could we adjust the structural system and provide a term to fit the values within recovery<sup>13</sup> and mattering,<sup>14</sup> where the person's resources, hopes, identity, and empowerment is central, instead of the passive "patient" status? We argue that it might add value to those affected and help to build a bridge between the legislation and the professional areas of recovery<sup>13</sup> and mattering<sup>14</sup> and contribute to increased meaning making processes for the individual.

In the first plot, the plot of unpredictable change, the participants present the value that the low threshold service has in their everyday life: the warmth, the bough to cling to when needed, the place where their voice can be heard, the common platform they have with others who understand them, and the place to create fellowship. We understand these as powerful values in people's everyday life. Knowing this, maybe it's possible to understand the service users' opposition towards this structural change? They know what they have but not what will come. Will it get better or worse? What will they lose? What used to be predictable is now unpredictable. Services that are recovery-oriented and focus on the service users' resources and power strive to provide possibilities to meaning-making processes and focus on the person instead of diagnosis.<sup>19,4,15,2</sup> We wonder, will the power aspect be affected by the structural change? With requirements for documentation within the services, the persons using the low threshold services get patient status in the journal. The healthcare professionals get a new role; documenting healthcare in people's everyday life context.<sup>18</sup> Is it possible to maintain service users' power and the person-centred focus within the services through this change? What happens when you cannot predict what happens within the safe and predictable frame? As we understand, it becomes important that service users take part in the structural change process, use their power to point out important issues, and negotiate about their own position and status. The service users have shown the value of democratic processes. How is the possibility to engage in democratic processes during unpredictable change? Either way, it's natural for service users to go back and forth, trying out the new unpredictability.

In the second plot, the plot of hope, the participants present the value of belonging, having someone to talk to, the strength of the possibility to adjust and to be together with others to find the right direction. Literature shows a clear link between mental health and social support and indicate that recovery-oriented communities or

clubhouses can be good strategies to support people in their recovery process.<sup>5</sup> Linked to social recovery, doing something together with others opens possibilities to create meaning.<sup>15</sup> In a time when the surroundings change, maybe fellowship can support individuals throughout the change process? The service users are in it together and have equal opportunities to participate, which is important within recovery orientation.<sup>4</sup> In the participants' pictures and text, we are presented with a woman who sits on the left side of the bench, like an invitation to come and sit with her. This positive reflection, the "here and now-focus," the ability and willingness to adjust, witness about hope. Maybe there is a dilemma for the participants whether they should adjust or protest this change? We interpret that the participants during the process ask themselves if there also might be something good in this change, based on the expressed curiosity on what will come. Through narrative theory, we know that processes are not necessarily linear, but rather exploratory, going back and forth, trying out possible understandings.<sup>9,10,20</sup> In this context, the change is ongoing and not clearly lined up with an end or a new beginning. Maybe it's natural for the participants to move back and forth and ask questions about what's at stake. Will the new patient status affect the actual power each person has in their own life? Or will it provide increased legal certainty also in the low threshold services? Maybe it's only on paper the status changes, and in practice the person-centred focus in the services is maintained? We understand that willingness to adjust, to seek possible understandings, and to take ownership to the structural change, contribute to hope instead of fear.

In the third plot, the plot of new perspectives, the participants present the value of available healthcare professionals in an everyday life context, having a place to come and be together, participate in different activities, to be challenged and through that push their own boundaries and last to have knowledge of the movement that lies in having something to reach for. These are values we interpret as forward focused. The participants travel through a personal recovery process, with the support of social recovery facilitated in the context of the low threshold services.<sup>13,19,15,5</sup> With a narrative focus we understand that during the ongoing structural change process within the services, movement within the individual participant also occurs, going back and forth in the process, focusing on the beginning, the middle, and the end, driven by the moment of tension - the plot.<sup>11,8,9</sup> Maybe it challenges and provides new perspectives and a new possible story. We understand how the first two plots explain the third.

The process unfolds in three phases: first, an initial focus on the past and a sense of unpredictability; second, an exploratory phase oriented towards the future, where various interpretations are considered; and finally, the emergence of future possibilities. This progression suggests that negotiation, both internal and interpersonal, can drive the process forward and generate new perspectives.

This study highlights the value of a flexible approach to structural change processes. Rather than fixating on a single interpretation, it emphasizes viewing change as a dynamic process with movement on both personal and structural levels. Just as recovery is an individual process of seeking meaning,<sup>13,15</sup> organizational change involves shifting plots and continuous movement. This study demonstrates how service users experience structural change as a parallel personal process.

## **Conclusion**

The aim of this study was to explore how service users within a low threshold mental health service perceives being part of a structural change process within a recovery-oriented service. Through a narrative approach,<sup>9</sup> this study has generated contextual and processual knowledge about how a structural change within the services initiates nonlinear personal processes of change for service users as well. Data generated through photovoice method<sup>17,18</sup> provided service users expressions of experienced healthcare within a low threshold context, through pictures and texts. This served as the service users' own documentation of being part of a structural change. The structural change, related to documentation of healthcare in service users' health-journal, had an impact on the service users' own processes. We understand the focus in the structural change, concerned a shift from the service's traditional recovery-oriented emphasis on personal resources to a healthcare-centred perspective, where the power and value aspects were affected and where there was a status change from person status to patient status for the service users. Through the results in this study, we understand that change processes have many layers, and that how service users perceive being part of structural change develops over time, in step with parallel meaning making processes. The study provides a narrative of a new possible understanding of both structural and personal change processes. The authors' interpretations can be used as a foundation for further dialogue and collaboration with healthcare professionals and service users within this service, addressing similar issues.

## **Limitations and future research**

Further studies could follow this further on and connect this change to relational welfare.

## **Acknowledgments**

The authors have no relevant conflict of interest.

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**Additional information:**

A digital version of the photovoice exhibition is available in Norwegian on request.

## Appendix:

This study is part of a larger research study where part of it is published in BMC Health Services Research<sup>18</sup>. In this publication a table of how the photovoice workshops unfold is presented.

Table 1: How the workshops unfolded

	Workshop 1	Workshop 2	Workshop 3	Workshop 4	Workshop 5	Workshop 6	Workshop 7
Theme	Welcome	Study aim	Transfer digital photos	Reflection with pictures on the floor	Work with text related to pictures	Work with text related to pictures	Preparing the photovoice exhibition.
	Study aim	Repetition: What is photovoice?	Reflection with pictures on the floor:	The participants talked about own pictures, and the group	Each participant could choose 1-8 of their pictures to write text related to		In total 28 pictures and texts were completed
	What is photovoice?	Transfer digital photos	The participants talked about own pictures, and the group	gave further comments to each other's pictures.			
	Photo- exercise	Composition Take photos individually until next workshop	gave further comments to each other's pictures.	Use of audio recorder			
			Use of audio recorder				
	Lunch	Lunch	Lunch	Lunch: Pizza	Lunch	Lunch	
Time	4 hours	4 hours	4 hours	4 hours	4 hours	4 hours	2 hours
Participants attended	A, B, C, D + first author	A, B, C, D, E + first author	A, B, C, D + first author	A, B, C, D + first author + last author + 2 healthcare professionals	A, C, D + first author	A, B, C, D + first author	A, B, C, D + first author

## Reference:

Høgås, M., Elstad, T.A., Ness, O., Alsaker, A. (2022): Picturing healthcare: a photovoice study of how healthcare is experienced by service users in a mental-health low threshold service. *BMC Health Serv Res* 22, 714.  
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