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# Navigating shared decision making in community mental health services: staff learning processes and experiences of testimonial injustice

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## ABSTRACT

This study examines staff perceptions of implementing Shared Decision Making (SDM) in Coordinated Individual Care Planning (CIP) in community mental health services. SDM promotes active service user involvement in planning support and treatment. The intervention was applied across three Swedish regions, each with a test site. Focus group interviews with trained psychiatric staff were analyzed using thematic analysis. Four themes emerged: learning-oriented responses, ongoing development, implementation challenges, and potential solutions. Findings raise questions about service user involvement in CIP and emphasize the importance of reconsidering professional power dynamics to enhance collaborative practice.

## KEYWORDS

Community mental health services; Coordinated Care Planning (CIP); implementation; Shared Decision Making (SDM)

## Introduction

Shared Decision Making (SDM) is widely promoted within community mental health services as a collaborative practice in which service users and professionals jointly contribute knowledge, preferences, and perspectives to decisions about care and support (Zisman-Ilani et al., 2021). As a core component of recovery-oriented and person-centered care, SDM emphasizes service users' agency and recognizes experiential knowledge as indispensable in planning treatment and support (Andersson et al., 2023). Research has documented several benefits associated with SDM, including reduced stigma, increased service user satisfaction, and improvements in quality of care and service efficiency (Bradley & Green, 2017; Brennan et al., 2019; Hayes et al., 2019; Jørgensen & Rendtorff, 2018). Despite long-standing policy recommendations, including national guidelines in Sweden since 2012, the implementation of SDM in community mental health services remains limited both

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nationally and across Europe (Andersson et al., 2023; Verwijmeren & Grootens, 2023).

Previous research has primarily explained this implementation gap through organizational and structural barriers, such as fragmented service structures and unclear divisions of responsibility and limited interprofessional collaboration. Micro-level factors, including professional attitudes, stigma, and assumptions about service users' decision-making capacity have also been highlighted (Brennan et al., 2019; Huang et al., 2020; Verwijmeren & Grootens, 2023). In the Swedish context, studies have also pointed to conceptual ambiguity surrounding SDM, particularly within social work and psychiatric practices, where uncertainty persists regarding what constitutes shared decision-making in practice and how decision-making authority should be distributed (Knutsson & Schön, 2020; Matscheck & Piuva, 2022; Schön et al., 2018). While this body of work has generated important insights, it largely treats implementation as a technical or organizational challenge.

To address this gap, the present study approaches SDM implementation as a learning process in which staff must reconsider established routines, professional norms, and epistemic hierarchies. Drawing on transformative learning theory and Fricker's concept of epistemic (in)justice (2007), we examine how staff conceptualize SDM, how they interpret the organizational conditions surrounding CIP, and how they articulate their own learning and knowledge needs. Rather than focusing on service users' experiences of epistemic injustice, we analyze staff accounts as an entry point for understanding how epistemic assumptions are reproduced or renegotiated during implementation work. This perspective enables us to conceptualize SDM not merely as a participatory technique, but as an ethical and political practice that requires a redistribution of epistemic authority within everyday care planning.

The novelty of this study lies in shifting the analytical focus from organizational barriers to the epistemic and learning dynamics that shape SDM implementation. By integrating theories of transformative learning with epistemic injustice, the study illuminates how staff's understandings, professional identities, and learning orientations influence the possibilities for shared decision-making in CIP. In doing so, it contributes new knowledge about the professional conditions under which SDM may function as a practice that either supports or constrains epistemically just participation in community mental health services.

The aim of this study is therefore to explore how staff in community mental health services understand and experience the implementation of SDM within the context of CIP, with particular attention to how professional knowledge, organizational conditions, and learning processes shape opportunities for shared decision-making. The research questions guiding the study are:

- How do staff members conceptualize Shared Decision Making (SDM) in the context of Coordinated Individual Care Planning?
- How do staff members perceive and describe organizational conditions that influence the implementation of SDM in their teams?
- How do staff members assess their own knowledge, learning needs, and professional development in relation to SDM?

Gaining insight into these questions may inform future implementation strategies and support sustainable changes that enable genuine user influence in CIP processes.

### **Setting/context**

This study is part of the larger research project *UserInvolve*, which seeks to investigate how sustainable approaches to user involvement can be embedded within the service and support system at multiple levels (Markström et al., 2023). The study involved the participation of three regions in Sweden. One selected site in each region was designated as “test beds” for the implementation of SDM in CIP (Andersson et al., 2023; Grim et al., 2025). The implementation of SDM was conducted within the context of a research project and encompassed initial stakeholder analysis, staff training, evaluation of the implementation process, and assessment of outcomes. The care services targeted include psychiatric outpatient and inpatient care, as well as social service units catering to adult service users experiencing mental health problems. In this study, staff sometimes worked together across different organizations to carry out CIP processes with service users. Some of the units and professionals had expertise in addressing co-morbidity with substance use and other mental illnesses/conditions such as psychosis and neuropsychiatric conditions.

### **The intervention: the SDM-CIP model**

The intervention implemented in this study involved the structured integration of SDM into CIP processes. Developed through a co-creative process with professionals and service users, the SDM-CIP model was designed to enhance user involvement across the full trajectory of care planning (Knutsson & Schön, 2020). It consisted of a structured approach encompassing problem identification, mutual information exchange, discussion of care options, facilitation of shared decisions within CIP meetings, and the establishment of actionable, follow-up plans. A key tool in this intervention was a revised CIP template explicitly aligned with SDM principles, intended to support staff in applying the approach in practice.

The intervention was introduced through a structured training program attended by seventy professionals from psychiatric and social service units

across three regions. The program included a theoretical introduction to SDM and CIP, grounded in the principles of user participation and recovery-oriented care. Participants engaged in guided exploration of the SDM-CIP form, followed by role-playing exercises based on scenarios derived from earlier co-design processes. These exercises aimed to strengthen professional reflexivity, develop skills in facilitating participatory dialogs, and encourage critical reflection on power dynamics and the epistemic status of service users. Staff were encouraged to integrate these practices into their daily work over a six-month implementation period following the training. Implementation research underscores the significance of staff feeling knowledgeable and proficient in novel methodologies to foster confidence in their introduction to service users (Seid et al., 2014).

### **Implementation as learning**

The study takes its theoretical starting point in learning theory, based on an understanding that discourses about user participation and SDM are important for how the innovation of SDM is implemented and whether it can be implemented at all. Implementation takes place within a team and, theoretically, it is within the team that implementation can be understood as a learning process. These change processes are thus learning processes where new understandings, new discourses, are incorporated by the team (Avby, 2015).

Learning can be understood in different ways. Reproductive learning involves improvements within given frames of reference and reinforces already established approaches and ways of working (Avby, 2015; Dahlkild-Öhman, 2011). Development-oriented learning not only goes beyond the framework of the given but also challenges dominant ways of working. Transformative learning is about transforming a frame of reference to make it more inclusive, open to change, and critically reflective. Transformative learning is radical in the sense that its aim is to question and combat social injustice (Dahlkild-Öhman, 2011). The implementation of SDM in CIP is understood as a process wherein basic power hierarchies of knowledge and professionalism may need to be reconsidered.

SDM aims to foster collaboration in which the knowledge and perspectives of both personnel and service users are afforded equal epistemic value. Fricker's theory of epistemic injustice provides a critical framework for analyzing how knowledge practices in mental health services are structured by relations of power and authority (Fricker, 2003, 2007). Epistemic injustice is not reducible to isolated credibility deficits at the interpersonal level; rather, it is embedded in institutional and professional arrangements that systematically privilege certain forms of knowing while marginalizing others. In psychiatric services, normative assumptions about rationality, competence, and professional expertise function as epistemic standards that position clinicians as

primary knowers and service users as epistemically subordinate (Carel & Kidd, 2014). Within such contexts, service users are exposed to testimonial injustice when their accounts are accorded diminished credibility on the basis of prejudicial stereotypes associated with mental illness (Crichton et al., 2017; Fricker, 2003, 2007). At the same time, hermeneutical injustice arises when dominant clinical and administrative interpretive frameworks fail to capture or legitimize service users' lived experiences, leaving them without adequate shared interpretive resources to render their experiences intelligible within care planning processes (Fricker, 2007; Kidd & Carel, 2017).

In the context of CIP, these forms of epistemic injustice risk being reproduced when decision-making processes are driven by professional agendas, predefined intervention logics, and organizational constraints that delimit what counts as relevant and actionable knowledge. Applying Fricker's framework in this study therefore enables an understanding of SDM not merely as a participatory technique, but as an ethical and political practice aimed at addressing epistemic asymmetries inherent in psychiatric care (Carel & Kidd, 2014; Fricker, 2007). From this perspective, SDM involves a redistribution of epistemic authority, requiring professionals to engage in reflexive work concerning their own positional power, revise credibility assessments, and actively create conditions under which service users can participate as legitimate contributors to knowledge production and decision-making.

Building on Fricker's account, subsequent theorists have further emphasized that epistemic justice entails more than the fair evaluation of testimony. Kwong's (2015) concept of participant-based injustice highlights how epistemic marginalization also operates when individuals are excluded from full participation in shared inquiry. Being recognized as an epistemic agent thus presupposes not only that one's accounts are taken seriously, but that one is acknowledged as a capable collaborator in knowledge-gathering practices, someone who can ask relevant questions, interpret information, and contribute meaningfully to problem-solving processes (Kwong, 2015). From this standpoint, implementing SDM in psychiatric services requires a transformative learning process in which staff develop epistemic humility and the capacity to engage with service users' experiential knowledge as a legitimate and indispensable resource. Such an approach challenges entrenched professional hierarchies and aligns with broader critiques of institutionalized epistemic domination in healthcare (Medina, 2013), reframing SDM in CIP as a site where struggles over knowledge, power, and justice are made visible and potentially renegotiated.

## Method

The project sought to transform practices within community mental health services by fostering greater service user involvement, promoting shared

decision-making, and enhancing collaboration among various support providers. The initiative for this change originated from the management of the participating organizations, while we, as researchers, assumed an active role in the change process – both as educators and as embedded researchers. The intervention applied in this project was originally developed by our research team in collaboration with service users and practitioners (Knutsson & Schön, 2020). Although the project was initially designed as an intervention study, it gradually evolved into an action research initiative, where our role as researchers increasingly became that of facilitators in the implementation process. Within health and social care, such an approach promotes collaborative inquiry between researchers and practitioners to address context-specific challenges through iterative cycles of planning, action, observation, and reflection (cf. Kemmis & McTaggart, 2005; Waterman et al., 2001). Consequently, our role in the project was multifaceted: we acted as developers of the intervention, trainers, facilitators of the implementation, and evaluators of its outcomes. The research design can therefore be understood, at least in part, as action research aimed at challenging traditional hierarchies of knowledge and professionalism (Bertilsson Rosqvist et al., 2021). In line with a socially engaged research perspective, the overarching goal was to foster shared learning grounded in diverse forms of knowledge and experience, and to generate practically relevant insights.

Data for the study were collected through focus group interviews (FGIs) conducted six months after the training. Staff participants ( $n = 18$ ) were recruited from the three implementation sites with the assistance of local managers and reflected a range of roles in community mental health services, including nurses, counselors, social workers, and housing support professionals (see Table 1). The staff sample was predominantly female, with only one male participant. Although this reflects the overall gendered composition of the workforce in community mental health services, the sample shows a more pronounced imbalance than is generally observed in the field. Each site had functioned as a “test bed” for the intervention. The FGIs were conducted by the first and last authors during October and November 2023. Interviews were held via Zoom and lasted approximately one hour. A semi-structured interview guide was used to explore staff perceptions of the

**Table 1.** Staff characteristics ( $N = 18$ ).

Characteristics	Subgroups	Number of individuals
Gender	Female	17
	Male	1
Psychiatric services	Regional psychiatric care services	6
	Municipal social support services	12
Occupation	Nurse	2
	Counselor	4
	Social worker	5
	Housing supporter/Case manager	7

**Table 2.** Description of the three focus groups.

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FGI 1: Six participants, all female. One regional employee and five municipal employees (site 1).
FGI 2: Nine participants, one male and eight female. Four regional employees and five municipal employees (site 2).
FGI 3: Three participants, all female. All municipal employees (site 3).

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implementation process, their experiences of applying the SDM-CIP model, and reflections on learning and professional development. Each interview began with an open question about how their work with SDM and CIP had evolved since the training. The focus groups thus provided a forum for staff to discuss their own, specifically work-related perceptions, experiences, ideas and strategies, with an emphasis on the implementation process. In addition, the focus group method makes it possible to study different viewpoints and opinions on a topic, which results in broad data collection (Wibeck, 2010).

Collecting qualitative data through FGIs offered a way to capture and explore complex mechanisms, such as value conflicts between current practice and the SDM intervention (Wibeck, 2010). Also influencing our decision to use FGIs was our desire to explore collective learning processes, given that values, norms and attitudes tend to reflect group membership. In addition, the interactive nature of FGIs allows participants to respond to, elaborate on, and challenge each other's accounts, thereby shaping how experiences are expressed and understood within the group (Kitzinger, 1995). Such interactions can make visible how perspectives are negotiated collectively, including how certain experiences are affirmed, questioned, or given credibility in relation to others. This is particularly relevant in relation to epistemic justice, as it draws attention to how knowledge is co-constructed and how participants may influence whose voices are heard and legitimized in the group context. Each group consisted of 3–9 participants and each FGI lasted for approximately one hour (see Table 2). The FGIs were audio-recorded and transcribed verbatim.

## Analysis

The data were analyzed using reflexive thematic analysis, drawing on the methodology developed by Braun and Clarke (Braun & Clarke, 2006, 2021). Initial coding was conducted independently by the first and last authors, followed by joint sessions to compare interpretations, refine theme structures, and resolve discrepancies. The analysis followed an iterative process, moving between empirical data and theoretical concepts to identify patterns of meaning related to staff learning and implementation experiences. The analytical framework was informed by two intersecting theoretical perspectives. Transformative learning theory guided the interpretation of staff narratives around change, resistance, and critical reflection and Fricker's theory of

epistemic justice, including recent extensions such as participant-based injustice, informed the analysis of how service user knowledge was treated within the implementation process. Rather than treating these theories as rigid coding structures, they served as sensitizing concepts that helped articulate the epistemic, organizational, and interpersonal dynamics observed in the data.

### ***Reflections on methodological choices***

Although the project was initially designed as an implementation study focusing on the introduction of SDM in community mental health services, the research process gradually evolved into an action research – inspired approach. This shift emerged in response to the empirical and organizational conditions encountered during the study, where implementation could not be meaningfully separated from processes of collective learning, reflection, and local adaptation. Rather than constituting a departure from the study’s purpose, this transformation reflects an epistemological alignment between the research design and the study’s overarching concern with how knowledge, power relations, and learning shape the implementation of SDM in practice (cf. Bradbury, 2015).

From an implementation research perspective, it has been argued that complex interventions in healthcare are not simply “implemented” but are actively co-produced through interaction between actors, contexts, and knowledge practices (Greenhalgh & Papoutsis, 2018; May et al., 2016). As the study progressed, it became evident that examining implementation conditions required active engagement with staff through facilitated reflection, dialogue, and iterative feedback. This positioned the research within a tradition of action research that views change processes and knowledge production as inherently intertwined (Bradbury, 2015).

Within this design, the researchers occupied multiple and overlapping roles – as intervention developers, educators, facilitators, and analysts – which inevitably influenced both the implementation process and the empirical material generated. Such role multiplicity is well recognized within action research traditions and raises important methodological and ethical considerations regarding influence, authority, and responsibility for change (Graham, 2015). On the one hand, close engagement enabled sensitivity to local contexts, supported collective learning, and created opportunities for staff to critically reflect on their practices. On the other hand, this positioning also introduced dilemmas related to dependency, asymmetries of influence, and the potential blurring of boundaries between research and practice.

In line with action research methodology, these tensions were not treated as methodological shortcomings but as integral to a research approach explicitly concerned with challenging dominant knowledge hierarchies and fostering more participatory and epistemically just forms of inquiry

(Bradbury, 2015). Continuous reflexivity regarding the researchers' positionality, influence, and accountability was therefore a central analytical concern throughout the study. This reflexive stance was essential for critically examining how the research process itself shaped learning dynamics and epistemic relations within the implementation of SDM, and for assessing the implications of this positioning for the study's findings and contributions.

In addition, the group-based nature of the FGIs meant that both participants and facilitators actively shaped the tone and direction of the discussions, influencing what was expressed, emphasized, or left unarticulated. These dynamics highlight how the empirical material was co-produced through interaction, where certain perspectives could be amplified while others remained less visible. Attending to these processes formed part of our reflexive analysis of how knowledge was generated within the study.

### ***Ethical considerations***

Ethical considerations were central to every phase of the project. Approval for the study was obtained from the Swedish Ethical Review Authority (Dnr: 2020-00584), ensuring compliance with established ethical guidelines. Ethics were not treated as a static requirement but as an ongoing process, carefully integrated into every stage – from the formulation of research questions to the dissemination of findings. Participants were fully informed about the study's aims in advance, with this information reiterated before the commencement of each focus group interview (FGI). Informed consent was obtained orally from all participants, who were assured of strict confidentiality and made aware of the researchers' obligation to professional secrecy throughout the process.

### **Findings**

The findings indicate a certain caution and resistance among staff toward the implementation of SDM – not necessarily directed specifically at the SDM intervention itself, but rather pertaining to the implementation of new routines or approaches in general. However, staff relate mostly to reproductive learning, reinforcing already established approaches of coordination of care, CIP and user involvement. Both representatives from the municipality and the region have the authority to initiate a CIP. Simultaneously, the findings show a clear interest in and motivation to find ways of collaborating in care planning in which both staff and service users are respected as individuals and for their knowledge contributions – something that is in alignment with the principles of the SDM intervention. Staff thus find themselves at what might be termed an intersection, as illustrated in the following introductory excerpt that reflects on how interorganizational collaboration has improved over time:

In the past, I sometimes felt that we encountered each other in some form of, it sounds terrible, but like a battlefield. It became a sort of “battle,” with the patient caught in between the municipality and the region, which I believe happens very rarely nowadays in the meetings I attend. (Site 2, IP 7)

A similar use of the battlefield metaphor came up a bit later in the same focus group:

We’ve gotten closer to each other, so the battlefield has already been cleared before you get to the CIP. A few years ago, during CIPs, you’d sit there thinking, “Good Lord, is this even happening?” (Site 2, IP 1)

What is noteworthy about these two initial excerpts – and might be said to frame the upcoming thematization – is that one is from a representative from the region, the other from a representative from the municipality. They acknowledge a past history but also highlight a present where there appears to be a different motivation, driven by curiosity about working in a new manner. This suggests a tendency toward contributing to knowledge in terms of epistemic justice among staff in various positions. This dialectic is also reflected in the four themes around which the results are organized: (1) Learning to change: between structured practice and limited user influence, (2) Ongoing development work, (3) Perceptions on implementation challenges and (4) What solutions are available?

### **Learning to change: between structured practice and limited user influence**

This theme reflects, on the one hand, a certain awareness of problems in the functioning of the current CIP process and, on the other hand, a clear and explicit “belief” in the new way of working which is characterized by a careful process of preparation.

Yes, it’s not just a meeting that you go to and sit through while people still talk over the user’s head. For the user, I think it’s often been experienced that way . . . // Now, we’ve conducted these pre-meetings [*the new approach*] where the user has been involved and can convey “I want you to discuss this” . . . // . . . it de-dramatizes things. (Site 3, IP 3)

This participant emphasizes a prior concern regarding the new approach – specifically the increased preparation required through preliminary meetings. What is interesting to emphasize here is the seemingly positive attitude conveyed, in this case, by a municipal social worker. The social worker *wants* to work in this manner and *wants* to assure the service user a role as an epistemic subject. The positive attitude discerned in the group interviews can be attributed to the recognition that implementing SDM benefits both service users and staff by providing greater security, control, and better conditions for implementing action plans that make a genuine difference to the service user. The staff thus express a desire to amplify the user’s voice in these

processes while also demonstrating an interest in acquiring deeper knowledge and practical skills related to SDM, emphasizing their commitment to fostering collaboration and user empowerment. While staff describe the new approach as enhancing user participation, the learning articulated here primarily reflects development-oriented rather than transformative learning. The service user is recognized as someone who should be listened to, yet the scope of influence remains largely predefined by professionals. From an epistemic justice perspective, this suggests a partial response to testimonial injustice: users' voices are acknowledged, but their epistemic authority is not fundamentally reconfigured.

Below is an excerpt from a representative from the municipality highlighting the advantages of the new working method from these two perspectives:

That's why it's so good that they bring up that set of questions [SDM in CIP] beforehand so that everyone has received the questions, and then as a rule they've also had a few weeks to think about them. And the user has also received the questions, and that's what has been addressed. (Site 1, IP 4)

The two quotes above demonstrate an understanding of the value of giving users the opportunity to bring their key issues to the agenda and to reflect in advance on the issues to be raised at the meeting. This reflects *participant-based justice*, where service users have influence over agenda setting and where all actors come to the CIP meeting equally prepared (Kwong, 2015). The emphasis on preparation and predictability illustrates how SDM is framed as a means of creating security for both staff and service users. However, this framing also risks limiting epistemic participation to agenda-setting within professionally sanctioned boundaries. While users are invited to contribute, the underlying assumptions about what constitutes relevant knowledge remain largely unchallenged, indicating the persistence of participant-based injustice.

One thing emphasized here is the time factor: it is as if the new approach creates a space for both the service user and the professionals to reflect on potential interventions before anything is decided. This also seems to lead to other synergistic effects in terms of perceived job satisfaction and improved collaboration, as is evident in the excerpts below:

Yes, because I think it's a huge gain to still work together in a different way [SDM in CIP]. It's, for everyone's sake, primarily for the patient, but also because it is considerably, to speak plainly, considerably more enjoyable to work if you feel that the collaboration is functioning. And it's really exciting to see, for example, if you've had a meeting and agreed on something, and it actually works, it's a huge motivation to do a good job. (Site 1, IP 1)

This opinion also illustrates a deviant standpoint in relation to SDM and service users as valuable partners and knowledge providers. Staff demonstrate a form of democratic standpoint where collaboration between staff members is

a priority, and involving service users with complex needs is viewed positively. Rather than a discourse of epistemic justice, and SDM, this perspective aligns more with a care discourse (Schön & Rosenberg, 2013), where the service user may not necessarily be regarded as a bearer of knowledge. Staff perceive the implementation of SDM within the CIP as an enhancement to existing practices, focusing primarily on refining established workflows. However, they do not question or challenge the traditional roles or underlying power dynamics between staff and user contributions in the CIP process, suggesting that deeper structural changes remain unaddressed. Instead, participating in SDM is more about motivating some form of user compliance, as is further illustrated below:

We're in a good position now to utilize the material to potentially also generate curiosity and perhaps motivate this individual. To inform, motivate, and . . . use a few questions and so on, because they do not know what a CIP is. If a person is severely mentally ill and feeling very low, then you need to repeat it several times, you need to show videos, you need to provide feedback to make this person perhaps understand that you think this is important but also that it is a support and that they feel a sense of participation. (Site 3, IP 1)

When SDM is described as a way to inform, motivate, and guide service users, participation is positioned as something to be facilitated by professionals rather than co-produced. This reflects an asymmetrical epistemic relationship in which staff retain interpretive authority, and service users' knowledge is treated as secondary. Such accounts exemplify testimonial injustice, where credibility is unevenly distributed despite intentions of inclusion. In this way, an asymmetrical relationship is still maintained – characterized by testimonial injustice where the user's knowledge is not considered to be indispensable and participant-based injustice, where the service user is not a full collaborative partner. This theme revolves around the convenience of security and mutual predictability for both the service user and the professional. However, user influence and informed choices are still lacking. At the same time, this was something that the staff emphasized they need to continue working on, which suggests that the workplaces are likely still characterized by a learning-oriented response.

### **Ongoing developmental work**

This theme makes apparent that several professionals argued that they were already working according to the principles of SDM in CIP to some extent, even before being introduced to it in the implementation program.

They described how they “motivated” service users and established methods for meeting with users prior to the CIP meetings. Some also described being inspired by and implementing certain key components of SDM – especially by enhancing the preparation phase together with the user. The overall

experience among staff is that working together with service users is “a good way to work.” Two of the participants said;

IP 1: To hear that you received such positive feedback on everything. Especially from that girl who needed the meeting and her relatives, that they also had experienced a great sense of security with clear information and that they’re able to get in touch with people, and . . . it also sounds like she felt a significant sense of participation, which is the main goal of the CIP, I think, to have both participation and shared decision-making. So, I find it very exciting.

IP 2: Yes, I think it’s good if they feel more involved. I think a lot of times you hear things like, “Oh, the CIP thing again, they just decide, they don’t care about me,” but if you use this [SDM] approach, they get to speak up and say, “This is what I want and think.” (Site 3 IP 1 & 2)

Staff emphasized the significance of service users’ perspectives in the CIP process and expressed a desire to develop systematic approaches for incorporating these voices more effectively. The dialogue reveals that staff members who had not yet used the new intervention, SDM in CIP – exhibited curiosity about the experiences of colleagues who had implemented it. This curiosity, which was less evident in discussions within the other two focus groups, underscored an openness to exploring new routines and reinforcing their practice. Although staff emphasize positive user feedback as evidence of successful participation, these narratives also reveal how involvement is evaluated through professional criteria such as reassurance and satisfaction. From an epistemic justice perspective, this suggests that service users are valued primarily as recipients of improved processes rather than as epistemic agents capable of shaping the meaning and direction of care planning.

Moreover, professionals explicitly articulated the overarching goals of the CIP process and shared examples of how they occasionally engage in collaborative preparatory work with service users. This practice aligns, to some extent, with the principles of SDM. In describing their collaborative efforts, staff characterized the process as a form of “work,” though this term was not elaborated upon, leaving room for interpretation regarding its implications within the context of CIP and SDM. At the same time, as the excerpt below indicates, some discussions made it evident that the core principles in the new working approach had not yet been tested, although there was a positive attitude toward it:

We haven’t implemented it yet, but we also agree that it’s a good working method, especially concerning participation and such, that it’s crucial. And I can only speak for myself, but I think I’ve thought more about it when we have had CIPs since then, precisely in terms of participation and preparation, and there’s been even more emphasis on consent and knowing which questions get brought up and those kinds of things. So, the mindset has actually been there, I feel, more so after we had the training when we talked about these things, even if we haven’t used it as intended yet. (Site 2, IP 5)

There were many such reports that staff had not started to work fully according to the new method, but also testimonies that the staff training in, and knowledge of, the method had inspired a new way of thinking about – and to some extent – carrying out the CIP processes. Of note is the recurring inconsistency between an awareness that the SDM approach is something positive and the acknowledgment that it is challenging to implement. An alternative perspective might suggest that while knowledge can be demonstrated by claiming experience with the new way of working, as indicated previously, it can also be communicated through a narrative detailing how training had influenced perceptions of service users and the new intervention.

To conclude this theme, while participants expressed that carefully co-designed and executed CIP processes, characterized by SDM, were complicated to implement, a need to de-dramatize CIP was highlighted. It was expressed that the administrative procedures and the invitation routines involving professionals from different organizations made the CIP feel so ceremonial that they sometimes were reluctant to initiate a CIP. The excerpt below shows how both service users and staff – particularly the staff member conducting the meeting – benefitted from a less strained approach to the process:

I believe that if we were to de-dramatize this, it might be mostly for my sake, but also for the patient in question, that it doesn't have to be so grand, but it is helpful for us to meet and decide together where to start. It's important to clarify for oneself and for the patient that not everything needs to be addressed; we won't solve everything in an hour. However, it can be a good start and more of a . . . yes, taking one thing at a time. (Site 1, IP 1)

A dynamic workplace can be described as one where employees can express their concerns openly, while maintaining a crucial focus on the service user as the central stakeholder. The above excerpt can be seen as an expression of a working dynamic where service users and staff are equal participants in a joint exploration and dialogue.

### **Perceptions on implementation challenges**

This theme makes evident that staff perceived a number of challenges with SDM implementation in CIP. These challenges are understood and described in terms of the complexity of the user group, as well as organizational barriers and collaboration challenges between professionals. The training program was also problematized – not for its content, but rather for the timing of its delivery in relation to perceived opportunities for subsequent implementation.

When we completed the training, it coincided with the summer holiday, so it sort of overlapped, I felt. Since then, I have attended one CIP meeting, but the new intervention wasn't utilized; it was at the regional level, and they used the old method. (Site 1, IP 4)

Apparent here is the criticism of the training program, particularly its timing. The program was given in April, three months before the summer holidays usually start. The criticism is understandable, as change takes time and the need for intensive facilitation of the new way of working to strengthen SDM in CIP is extensive. By foregrounding timing and organizational disruption, implementation difficulties are framed as external to professional practice. This externalization limits opportunities for reflexive learning, as attention is diverted away from how epistemic assumptions and power relations shape everyday interactions with service users. In learning theory terms, such accounts indicate blocked or reproductive learning rather than transformative change. Despite expressing support for the new approach, staff demonstrated reluctance to recognize their own role in the learning process, specifically in taking agency within the change process. They appeared more inclined to identify implementation barriers within the organization rather than reflecting on potential challenges related to their own practices. This inability to adopt alternative working methods was frequently attributed to organizational constraints, limited autonomy, or the complex needs of service users.

The service users were frequently described as a “complex and challenging group,” and often characterized as “unmotivated” or “lacking a clear understanding of what a CIP entails” and why it would be beneficial for the individual. Regarding the perspective on the type of learning required for successful implementation, staff highlighted a perceived need for increased knowledge among the service users. The following exchange from the site 2 group illustrates this perception;

IP 7: The users don't have phones / ... / many don't even have their own address to send paperwork to, and many feel that the patients, it may be that they find it very difficult to have a CIP, and all their nervousness is directed toward completely different things, so they don't want to add this as well because then there is a risk, they would refuse the CIP if we include preparations.

IP 6: Yeah, it feels a bit too much.

IP 7: It becomes too much for them, yes.

What is quite clear here is that staff, citing practical difficulties, are shifting potential failures onto the service users, making it difficult for them to reflect on their own role and the power they hold in relation to users. Describing preparatory work as overwhelming for service users reflects a protective logic that may unintentionally reinforce epistemic marginalization. While grounded in concern, such reasoning risks positioning service users as insufficiently capable of engaging in shared inquiry. Epistemic injustice is thus reproduced not through exclusion, but through benevolent assumptions that constrain participation. Below is another example of how responsibility for

a successful process was shifted to service users. Although it is true that the user group considered for CIP often exhibits complex psychiatric issues, there sometimes seems to be a tendency to place the blame on them for problems related to accessibility and communication.

The patients that we often need to schedule CIPs with . . . they're not always that available or easy. You kind of have to catch them on the go sometimes and take advantage of when they happen to be around or something. It's not always easy to get them to come for a visit at a specific time and so on, so that's also a factor. (Site 2, IP 5)

Here, service users' lifestyles are implicitly interpreted as a factor that makes working with this group not an easy task. This view is reinforced in the excerpt below regarding what service users demand in terms of interventions, which seemingly does not always align with the services that can be offered. Of note is the absence of preliminary meetings, where such aspects can be addressed and dealt with: it seems that not even such a meeting is always feasible, due to complexities related to the user group. The excerpt touches upon an inconsistency, emphasizing that both parties need to work based on their own resources, as well as based on what they have to offer in terms of range of interventions:

One of the major difficulties is that increasingly, I feel that the patients are requesting interventions that neither social services nor psychiatry can meet. (Site 2, IP 7)

At the same time, the professionals and the workplace (organization) were also described as non-compliant with CIP, and there were diverse understandings of what a CIP is, its purpose, and when the intervention (SDM in CIP) should be employed across workplaces. One way to understand this is that a lack of consensus may have contributed to the difficulties in the implementation process.

I can only speak for our part of the municipality and the social workers; we haven't managed to implement this, perhaps it has been quite challenging in practice. I don't think we have succeeded in arranging a meeting like this, to be honest. So . . . yes, we saw that it was very difficult to implement, practically speaking. (Site 2, IP 8)

Here, the problem with working in the new manner is explained in terms of time constraints and workload. In the excerpt below, a colleague in the same focus group agrees, referring specifically to the fact that the workplace (organization) is not structured to work in the new way. One way of understanding statements like these is to say that they shift implementation difficulties away from the professionals, possibly hindering a more in-depth discussion regarding why it is difficult to make the implementation work:

I agree with the previous statement because I have many CIPs, but I also think that the organization is not structured in a way that allows space to do the preparatory work required. (Site 2, IP 7)

The interviews also highlighted that potential differences in attitudes and perceptions could exist between the municipality and the region, and these differences can make collaboration difficult. As the excerpt below shows, such differences could also be present between inpatient and outpatient care within the same organization, which could be a complicating factor:

We also don't quite share the same view of what a CIP is everywhere. In other words, inpatient psychiatry has its view, outpatient care has its view, and we in the municipality . . . . . there is a significant difference. (Site 2, IP 8)

If there is no conceptual consensus on what a CIP is between different professions and/or different parts of the same profession it is naturally even more difficult to understand from the user's perspective. This failure to understand the purpose of a CIP is also described in the interviews as one of the reasons why some users decline to participate in the CIP process. However, the results illustrate how essential it is to seek new understandings regarding these processes beyond the two separate categorizations of staff and user perspectives. The analysis points to the need to see them as one entity in a complex organization, and this leads us to the concluding theme.

### **What solutions are available?**

The last theme highlights what professionals emphasized as crucial determinants for a successful implementation of SDM in CIP. While some of the concerns were related to practical matters, a key factor identified was the need to cultivate greater creativity within the work group to facilitate more effective learning. This included the proposal to make CIP-related issues a regular agenda item at staff meetings, thereby ensuring ongoing reflection and discussion on these topics as part of the team's continuous development:

You could put it on the agenda, as a point on the agenda during our meetings. Have we done any CIPs, how do things look? Does anyone need support? Or, well . . . something like that. I actually think you could do that because then it would come up every week at least, when we have our meetings. (Site 1, IP 4)

Along similar lines, the units wanted to build further on the training provided by the researchers by introducing recurring training days, where they could practice and during which more training with the new CIP process could be offered. In part, this highlights the professionals' opinion that the researchers were the main facilitators for implementing the new CIP process – not the designated local facilitators. The interviews indicated an idea that the responsibility for implementing SDM in CIP lay with the research group.

Throughout the project, there was a clear division of responsibility indicating that the implementation was the responsibility of the units themselves.

Still, staff expressed a need for support in conducting CIP processes that included SDM:

I can imagine that perhaps they could have added a half-day where those of us who have undergone training could sit down and do some CIPs together with what we have around us. Yes, I think that would have been good to do, in order to feel a bit more confident in conducting a CIP, how it works. (Site 1, IP 3)

Furthermore, participants affirmed the need for more time and resources, which became more of a form of wishful thinking, like a response to the question “How would you like things to be?” Staff also described being able to establish an innovative practice through creativity and the flexible application of ideas:

Remind yourself about it all the time and discuss it with colleagues. There’s always a need. I mean . . . more for some than for others, not everyone perhaps, but many have that need (Site 1, IP 2)

In addition, there were narratives that highlighted our role – i.e., the role of researchers – in the context of implementation:

We have only reached the planning stage regarding our patients, but it would certainly have been helpful if we had been able to circle back with each other and just like this, how can we, well, from theory to practice more concretely. I believe it would definitely have been advantageous, because it is easier to remember if you can connect it to your own operations in a different way.(Site 1, IP 1)

Thus, solutions were offered by several respondents, and the discussion attempts to bring these different perspectives together by embracing a new form of epistemic justice, which is further explored in the following discussion. Calls for continued researcher involvement highlight an unresolved tension regarding ownership of the implementation process. While framed as a need for support, these accounts suggest that epistemic authority remains partially externalized to the research team. This challenges the emancipatory ambitions of both SDM and action research, underscoring the difficulty of redistributing epistemic responsibility within professional practice.

## Discussion

The aim of this study was to explore how staff in community mental health services understand and experience the implementation of SDM within the context of CIP. By approaching implementation as a learning process and drawing on theories of transformative learning and epistemic injustice, the study offers a deeper understanding of the epistemic and professional conditions that shape the possibilities for shared decision-making in practice. The findings show that while staff express motivation and curiosity about new ways of working, their learning processes and epistemic assumptions continue

to reproduce established hierarchies of knowledge and authority. Staff's learning processes influence the enactment of SDM. Much of the learning described by participants reflects reproductive learning, where new practices are adapted to fit existing routines. Staff emphasized the need for careful preparation and structure, but these efforts often reinforced established professional norms rather than prompting critical reflection on power relations or epistemic assumptions (Kwong, 2015).

At the same time, there were moments of development-oriented learning, particularly when staff reflected on past inter-organizational tensions and recognized improvements in collaboration. These reflections indicate an emerging awareness of the relational and epistemic dimensions of CIP. Yet transformative learning, which would involve questioning and reconfiguring the epistemic foundations of practice, was less evident. Staff expressed interest in acquiring new skills and knowledge, but their accounts rarely challenged the underlying assumptions that position professionals as primary knowers. From an epistemic justice perspective, this suggests that while staff are moving toward more participatory practices, the deeper redistribution of epistemic authority required for SDM remains limited.

The challenges identified in this study align with those documented in previous research (Verwijmeren & Grootens, 2023; Andersson et al., 2023; Grim et al., 2025; Nykänen et al., 2023; Schön et al. 2018), including time constraints, insufficient inter-unit collaboration, and limited engagement between staff and service users (Huang et al., 2020). Despite these obstacles, staff responses suggest a developmental and learning-oriented perspective, marked by an appreciation for the clarity and structure that SDM appears to offer. This newfound predictability may bolster confidence in navigating CIP processes.

Furthermore, consistent with earlier literature, the current findings emphasize that staff frequently remain anchored in traditional views, perceiving themselves as the primary holders of knowledge. Below, in Table 3, the staff responses are mirrored in relation to aspects of learning and epistemic injustice.

Several staff members described how the new approach enabled users to influence the agenda and become prepared for CIP meetings. This reflects elements of participant-based justice (Kwong, 2015), where service users are recognized as contributors to shared inquiry. The emphasis on preparation and predictability created a sense of security and helped "de-dramatize" the process. However, these practices also risk constraining participation within professionally sanctioned boundaries. While users are invited to contribute, the interpretive frameworks that define what counts as relevant knowledge remain largely unchanged. Staff rarely described situations in which users' experiential knowledge reshaped the direction of the meeting or challenged professional assumptions. Thus, while the intervention supports more

**Table 3.** Staff responses categorized by learning orientation and epistemic justice.

Staff Responses	Learning Orientation	Epistemic Justice Dimension	Interpretation
1. A LEARNING ORIENTED RESPONSE <i>Training influenced greater awareness of user participation but did not change practice.</i>	Development-oriented learning	Partial recognition of testimonial injustice	Indicates openness to change; users are seen as potentially credible but not yet empowered as co-creators.
2. ONGOING DEVELOPMENT WORK <i>Staff value user contributions in pre-meetings and adjust agendas accordingly.</i> <i>Staff express enthusiasm for cross-organizational collaboration and feel work is more rewarding when CIP is genuinely shared.</i>	Development-oriented learning Development-oriented leaning toward transformative learning	Partial participant-based justice Emerging participant-based justice	User voices shape planning, but power remains largely with staff. Signals shifts in identity and team culture, though change is fragile.
3. PERCEPTIONS ON IMPLEMENTATION CHALLENGES <i>Staff reinforce existing CIP procedures while stating they already work in a participatory way.</i> <i>Discussions of practical challenges (e.g., summer holiday, service user “complexity”) overshadow staff’s own role in implementation.</i> <i>SDM is framed as a means to “motivate” or “inform” users rather than empower them.</i>	Reproductive learning Reproductive or blocked learning Reproductive learning	Limited or no epistemic justice Epistemic marginalization Testimonial injustice	Practice remains unchanged; user knowledge is not meaningfully revalued. Barriers are externalized; little reflection on structural power asymmetries. Users are positioned as passive recipients of expert knowledge.
4. WHAT SOLUTIONS ARE AVAILABLE? <i>Calls for team reflection, internal support, and embedding SDM into routines.</i>	Development-oriented learning	Supports conditions for epistemic justice	Suggests potential for institutionalizing just and participatory practices.

inclusive participation, it does not yet fully address the epistemic asymmetries embedded in CIP.

### **Implementation as co-production and negotiated practice**

The study’s action research inspired design also sheds light on the relational and negotiated nature of implementation (Graham, 2015). Staff accounts show that implementation was not experienced as the adoption of a predefined model but as an ongoing process shaped by organizational histories, inter-professional relationships, and local conditions. The metaphor of the “battlefield” illustrates how past tensions continue to influence present practices, even as collaboration improves. This reinforces the idea that implementation is a form of co-production, where new practices emerge through interaction between actors, contexts, and knowledge practices (Graham, 2015; May et al., 2016). Staff expressed both motivation and ambivalence: they valued the principles of SDM but were uncertain about how to enact them in ways that genuinely redistribute epistemic authority. This tension underscores the need for implementation strategies that go beyond training in SDM techniques to include structured opportunities for reflexive dialogue and collective learning.

The findings highlight a reluctance among staff to adopt a more proactive and creative role in implementing SDM in CIP processes and user knowledge is not meaningfully revalued in these processes. Instead, participants often attributed challenges to external factors, such as organizational hurdles, rather

than reflecting critically on their own practices, their position and structural power asymmetries.

Another finding concerned staff perceptions of the potential benefits of SDM for service users, particularly in terms of enhancing involvement and improving information exchange. Staff believed that better communication could foster greater engagement and compliance among service users during CIP meetings. However, this perspective reflects a caregiving logic that maintains staff as the primary agents of responsibility, with service users positioned as recipients of information, reduced in their capacity to voice their needs. Such an approach is at odds with the foundational principles of SDM, which seek to dismantle entrenched power dynamics associated with expertise and knowledge in care planning processes.

Furthermore, the findings underscore an urgent need to reframe the discourse surrounding CIP, moving toward a participatory model that emphasizes shared authority and collaboration. Such a paradigm shift necessitates challenging institutional norms and power hierarchies that perpetuate traditional staff-dominated practices. In this study, both the training provided to staff and the SDM tools appear to have been insufficient to achieve the transformative learning process. A more robust approach would involve sustained opportunities for staff to critically reflect on their authority and roles within CIP, fostering a culture where service user participation is prioritized and genuinely operationalized. Additionally, findings from the focus groups suggest that some staff viewed the responsibility for implementing SDM as external to their own role, attributing ownership to either the research project or their managers. This distancing tactic reflects an adherence to traditional discourses (Raitakari et al., 2015) that enable staff to avoid meaningful transformation in practice. It highlights the need for more intentional strategies to embed SDM principles into daily routines and organizational cultures, ensuring that staff not only receive initial motivation through training but are also supported to sustain these efforts in environments resistant to change.

Thus, the results highlight the importance of developing epistemic sensibility as a transformative learning area. This involves cultivating a better awareness of how prejudices may interfere with credibility assessments and evaluations of service users' competence as epistemic agents, in order to preempt epistemic injustices (Fricker, 2003). By addressing these structural and epistemic barriers, organizations can foster an equitable implementation of SDM that respects the experiential knowledge of service users and disrupts entrenched power imbalances. This requires a comprehensive approach to learning, rooted in constructivist principles, that empowers both staff and service users to co-create knowledge and decision-making processes within CIP contexts.

In recent decades, there has been a focus on implementing evidence-based practice in Swedish social services, which involves continuous and systematic learning, where users and professionals jointly decide on appropriate interventions based on the best available knowledge (Denvall & Johansson, 2016). SDM is often highlighted as a method that specifically supports translating these visions into practice (Verwijmeren & Grootens, 2023). This article explores factors that influence implementation, with an in-depth focus on learning. Early analyses of opportunities for implementing EBP in a Swedish context note that the focus on knowledge development in EBP implementation is mainly found among actors at the national and regional levels, whereas professionals at the local level focus on the methods themselves and do not reason in terms of knowledge development (Denvall & Johansson, 2016).

These observations further highlight how the future implementation of SDM needs to bring the knowledge generation that researchers, staff, and users contribute to the forefront in all research activities, as SDM has been positioned as a key mechanism for bridging the gap between research and practice, emphasizing both user participation and professional judgment as interdependent sources of knowledge (Elwyn et al., 2012). However, studies of implementation processes indicate that the epistemic dimension of learning – how professionals understand, produce, and negotiate knowledge in situ – often receives insufficient attention (Nutley et al., 2007). To strengthen the role of SDM in community mental health services, it is therefore crucial to conceptualize implementation not merely as method adoption, but as an ongoing, co-creative learning process involving researchers, practitioners, and service users alike (Rycroft-Malone et al., 2013). This implies a shift from knowledge transfer to knowledge co-production, aligning with contemporary understandings of EBP as a dynamic, participatory and context-sensitive practice. Throughout the project, the research team occupied multiple roles, including that of intervention designers, facilitators, and evaluators. While this action research approach enabled close engagement with the field and responsiveness to emerging needs, it also required continuous reflexivity to address potential biases and power imbalances. This reflexive stance was embedded in the analysis through open discussion of our positionality and iterative validation of findings across team members. The dual role of the researchers as both catalysts and observers of change is acknowledged as both a strength and a limitation of the study (May et al., 2016; Bertilsdotter et al. 2021).

Regarding the use of focus groups, it is crucial to avoid group thinking. Smithson (2000) argues that group thinking can mean that certain narratives remain unheard, and instead of a collective voice, an individual voice may prevail. Having the same moderator conduct all focus groups, as in the present study, can enhance quality, as this approach facilitates a better grasp of the

overall context (Albrecht et al., 1993). The study results also indicated that focus group participants frequently demonstrated a preference for contemplating existing CIP processes rather than SDM within CIP. This suggests that, despite possessing knowledge of and experience in CIP, they may have struggled to fully conceptualize the integration of SDM into the CIP process. The potential ambiguity in respondents' understanding of the questions introduces uncertainty into our interpretation of their responses, posing a credibility concern.

### **Practical implications**

One way to view the results is to say that staff require more training to identify their position in order to enhance their practice. The paradox lies in staff not realizing that it is indeed up to them. Guidance, in the form of two reflective questions that staff can pose to themselves and in collegial settings, could be:

- Why do we engage in CIP without involving the service user as an active subject?
- How can I, as a staff member, empower the service user by changing and revising my perception of myself as a bearer of power?

By engaging in depth with these two questions, staff could come to identify instances where they might not consistently adhere to their job description. They could identify their own position and seek to reassess it. Furthermore, this process could lead to an acknowledgment of the value of service user knowledge, enabling professionals to advocate for service users, notwithstanding their complex issues. Implementing SDM in CIP has the potential to improve CIP processes, diminish stigma, and heighten satisfaction among service users (Bradley & Green, 2017; Brennan et al., 2019; Hayes et al., 2019), as well as enhancing the quality of care and service delivery (Jørgensen & Rendtorff, 2018). These considerations operate on the micro and meso levels. On a structural level, a new radical learning process has to be initiated: one that advocates for epistemic justice in CIP processes (Jones et al., 2021), something that also aligns with current legislation and policy intentions on service user involvement.

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## Ethical statement

### 1. The full name of the ethical board that approved your study

The Ethical Committee in Stockholm

### 2. The approval number given by the ethical board

R e f No. 2020–00584

**3. Confirmation that all your patients gave written informed consent** All participants gave their informed consent to participate in the study (no patients participated in this study, only staff).

That is, our study was approved by The Ethical Committee in Stockholm (approval no. 2020–00584). All professional (staff) provided informed consent prior to enrollment in the study.

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