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Implementing User-Focused Monitoring: A Multi-Case Process Study of User Involvement in Service Development

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ABSTRACT

User-focused monitoring (UFM) is a method for fostering user involvement at organizational levels in the evaluation and quality development of mental health service and support programs. To enhance understanding of factors that promote or hinder the implementation of UFM, we have purposely sampled and followed five Swedish UFM projects through a case study approach, paying specific attention to key components for its sustainable implementation. We collected empirical data through interviews with involved actors during a start-up phase and shortly after the UFM projects ended, and examination of UFM reports. The acquired data were subjected to directed content analysis, guided by normalization process theory. The results highlight the importance of coherence in the goals and methodological procedures for promoting implementation of UFM projects, as well as activation of the engagement of both service users and staff in initial stages.

KEYWORDS

Mental health; service evaluation; user involvement; user-focused monitoring

Practice points

- User-focused monitoring (UFM) has various goals, which must be clarified and vertically integrated among the involved actors to support engagement in the method.
- For sustainable implementation, engagement of staff is crucial, as they play a key role in the recruitment of user informants for evaluations and implementation of UFM results.
- Implementation support and follow-ups of UFM are essential to create conditions that promote sustained engagement.
- Power differentials in the service system need to be acknowledged and discussed to ensure sufficient autonomy for the user monitors.

Introduction

User-focused monitoring (UFM) is a method for promoting user involvement, at organizational levels, in the evaluation and quality development of mental health service and support programs (Jakobsson Lund & Rosenberg, 2007, 2008; Kotecha et al., 2007). In Sweden, it is typically organized by user organizations, performed by people with lived experience, and the UFM evaluations are commissioned by service providers. This study specifically focuses on the implementation of UFM in Swedish mental health services, but it is also applied to evaluate substance abuse services in Sweden. Internationally, co-production and participation in health (Merner et al., 2023; Sandvin Olsson et al., 2020) and mental health services (Ezaydi et al., 2023) is emphasized in policy and practice and further constitutes a prolific research field. There is, however, limited research on UFM, but the practice draws on research methodology, and can thus be connected to abundant research on user involvement (e.g. Beresford, 2020; Kara, 2013; Sangill et al., 2019) and co-production of research (e.g. Farr et al., 2021; Lambert & Carr, 2018; Smith et al., 2022). It provides

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a structured approach for enhancing user involvement. Hence, it is consistent with broader trends in Sweden to increase application of systematic methods to promote user involvement, such as use of the Recovery Guide (Bejerholm et al., 2022), engagement of peer support workers in services (Rosenberg & Argentzell, 2018), and shared decision-making (Grim, 2019). These developments toward recovery-oriented services that emphasize self-determination are also reflected internationally (Slade, 2017; Treichler & Spaulding, 2017). However, previous studies have frequently detected problems that hinder the sustainable implementation of user involvement (e.g. Samudre et al., 2016; Schön, 2016). Prior studies have found, for instance, that initiatives to promote user involvement are frequently short-term projects and that significant barriers such as stigmatizing beliefs, power imbalances, and entrenched traditional roles are often deeply rooted in mental health practice (Grim et al., 2022). In efforts to address these issues, here we apply normalization process theory (NPT) in an analysis of UFM implementation in Swedish mental health services. NPT specifically focuses on factors that promote or hinder sustainable implementation of health care interventions (May & Finch, 2009). Knowledge of these factors can assist stakeholders in strategic planning and enhance the implementation of the method.

The aim of this study is to identify key components for sustainable implementation of UFM in the Swedish context, including potential facilitators and obstacles. For this, we will utilize NPT to examine the coherence in understanding, engagement, relational, and organizational support, as well as the appraisal of the UFM practice.

Various aspects of the involvement of service users in mental health service evaluations have been addressed, for example in studies by Clark et al. (1999), Hall et al. (2018), Oades et al. (2011), Perreault et al. (2010), Simpson and House (2002) and Weinstein (2006). Some have explored, for instance, efforts to involve service users as co-researchers in health care evaluations, with instruments developed to evaluate the quality of care at both individual and group levels (Scheffelaar et al., 2020). Evaluations involving user interviewers may reportedly elicit more honest and authentic responses (Clark et al., 1999; Weinstein, 2006). However, we have found limited literature on service user-steered evaluation methods such as UFM, although the method has been discussed in prior studies in the Swedish context (Näslund et al., 2022a, 2022b, 2023). The approach has further been employed in England (Kotecha et al., 2007) and in Norway a similar method, called “User ask user” (Westerlund, 2021) is practiced. Such methods are described as requiring demanding skills, but effective for strengthening user involvement (Westerlund, 2021).

User-led evaluations in Sweden

In Sweden, UFM is mainly conducted by user organizations, but work integration social enterprises, research and development units or public sector actors also organize UFM projects. Dissatisfaction with the lack of influence and quality in efforts led to the initial steps toward developing UFM in the 1980s. However, early attempts lacked the conditions for long-term implementation within the user movement and were organized by public actors and coordinated by officials. During the 2000s, work on UFM gained momentum in Sweden through several projects, enabling the user movement to develop comprehensive methods applicable from start to finish. To emphasize its strong element of user autonomy, user organizations that conduct UFM describe their method as user-steered UFM (Haggren, 2012/2016; Larsson & Svenonius, 2018; NSPHiG, 2015).

Various UFM models, with some methodological variation, are currently in use in Sweden (Canow, 2018; Larsson & Svenonius, 2018; NSPHiG, 2015). Organizations conducting UFM train people with lived experience to engage in it as user monitors. Teams of user monitors evaluate service or support programs applying survey-based (Larsson & Svenonius, 2018) or interview-based (Canow, 2018; NSPHiG, 2015) data collection procedures, targeting service users or patients. Interviews are typically individual, though group interviews may also be offered. Surveys can be completed in person, or in some cases online, or by mail. Common themes in UFM include experiences concerning influence, continuity, collaboration, information, care planning, and relational and practical aspects. Meetings with managers and staff are often held during the initial phases. The number of participants in UFM

projects varies greatly, but around ten is common. User monitors produce reports detailing service users' experiences of the focal service further proposing improvements, which are presented to staff and management. A UFM project typically takes about six months from start to the reporting of evaluation results. Often a UFM coordinator acts as a kind of project leader, handling tasks from planning to reporting results (Näslund et al., 2022a, 2023). See methodological handbooks (e.g., Canow, 2018; Larsson & Svenonius, 2018; NSPHiG, 2015) for a more detailed account of different UFM models.

A core component of UFM is user autonomy, with individuals who have relevant lived experience controlling the evaluation process from design to final report formulation. However, prior analyses show that the actual user autonomy in UFM projects varies significantly (Näslund et al., 2023). The value of UFM is multifaceted. Being user-led, it incorporates new perspectives and questions into service evaluation, helping to adapt and enhance service efficiency. The method aligns with democratic ideals by promoting transparency in welfare services and addressing power imbalances through the inclusion of users' perspectives in service development. Additionally, UFM can empower both the user monitors and the service users involved in the evaluations (Näslund et al., 2023).

A characteristic of the Swedish mental health system is sectorization. Vocational, residential, and social support is provided by municipal social psychiatric services, while specialized medical and psychotherapeutic mental health care is provided by regional inpatient and outpatient services. UFM projects are conducted in both contexts, but most commonly in municipal accommodation services. Around 30 UFM projects are conducted annually in Sweden, mostly in metropolitan areas with a developed self-organization of service users (Näslund et al., 2022a). The Swedish UFM context features established relationships between public sector actors and user organizations (Näslund et al., 2020). Sweden's corporatist and popular mass movement traditions have fostered an influential user movement with comprehensive access to policy processes that has developed its own methods for user involvement. Funding for UFM projects comes from public sector actors and in some local contexts, user organizations have established long-term contracts at overarching municipal or regional levels to conduct a certain number of UFM projects annually, providing a more stable implementation basis. Other organizations rely on project-specific funding, requiring service providers to allocate funds for evaluations. A prior mapping study of UFM in Sweden has provided a more detailed description of the method's current use (Näslund et al., 2022a).

Sustainable implementation of user involvement

To develop knowledge of ways to integrate user involvement in mental health practice sustainably, this study draws on NPT (May & Finch, 2009). NPT provides a helpful framework for analyzing why some health care innovations become embedded and normalized in routine practice, but not others. It focuses attention on the work invested in implementation, collectively and individually. More specifically the theory postulates four components, or generative mechanisms, of such a normalization process: *coherence*, *cognitive participation*, *collective action*, and *reflexive monitoring* (May & Finch, 2009). Coherence refers to the shared understanding of involved actors of a practice as meaningful, which promotes normalization, while variation of views hinders the process. Cognitive participation refers to the engagement and continuous commitment of involved actors, which is crucial for sustainable implementation of the practice. Collective action refers to actions that a group of people engage in together to meet shared goals, thereby promoting (or hindering) enactment of a practice, and work associated with implementation. Lastly, reflexive monitoring refers to the appraisal of a practice, or the follow-up and development of its implementation (May & Finch, 2009). Factors that promote or hinder this have clear importance for sustainable implementation, which "requires collective and continuous investment in sense-making, commitment, effort and appraisal" (Lloyd et al., 2013, p. 104).

As discussed by Tierney et al. (2016), these generative mechanisms relate to four common types of problems in implementing user involvement in health care research and practice. These are problems

in: the development of a shared understanding of user involvement, enrollment of participants when initiating user involvement practices, the enactment of user involvement, and appraisal of the practices' value. For this study, we apply the concepts of the generative mechanisms for practice normalization defined in NPT to explore key components of sustainable implementation of UFM. We further discuss how user-led evaluations, such as UFM, can be viewed as a knowledge practice that integrates experiential perspectives into the development of recovery-oriented services.

Methods

The study presented here is part of a broader investigation of UFM in the Swedish mental health sector, with a co-production design in which we have continuously worked with a stakeholder group including representatives of the user movement and the service system.

Data collection procedures

We purposely sampled five UFM projects for this study. The sampling procedures can be characterized as combining strategic and availability approaches. Our stakeholder group provided information on UFM projects that were about to be initiated. Sampling was based on a prior mapping study of Swedish UFM reports (Näslund et al., 2022a) which provided an overview of UFM practice characteristics. Our ambition was to include UFM projects that reflected typical characteristics while covering the variety regarding the conducting organization (both large and small) and methodological approach (qualitative and quantitative). Evaluations included regional, municipal, and nonprofit programs, as well as common (accommodation services) and less common (forensic psychiatry) service types. Sampling decisions were made in consultation with the stakeholder group to identify five upcoming UFM projects that matched our criteria. For a more detailed account of our sampling strategy, refer to a previous study (Näslund et al., 2023). Table 1 provides an overview of the UFM projects that we followed in the study, outlining these projects' methodological approaches, providers, and service contexts.

In this study, we examined the implementation of the five selected UFM projects, through interviews with involved actors in two phases (see Table 2). During a start-up phase we carried out 16 interviews with managers and user monitors. First, we contacted commissioners and UFM coordinators to inform them about the study and the possibility of participating in it. Next potentially informative interviewees, who were involved in both the planning and realization of the UFM projects, were identified. Semi-structured interviews were then conducted, remotely via electronic communication devices (telephone or computer and meeting software, depending on the interviewees' preferences), using interview guides that had been reviewed and adapted in discussions with our stakeholder group. We aimed to elicit views of the interviewees at the end of the planning stage, before the data collection phase of each UFM project. In this stage, commissioner interview guides focused on the themes *motives for*

Table 1. Overview of the included UFM projects.

Service setting	UFM method	UFM provider
UFM 1. Housing support in large city	Interviews with 15 service user participants	Work integration social enterprise
UFM 2. Housing with special services in metropolitan area	Interviews with six service user participants	Large local user organization
UFM 3. Nonprofit user-run daily activities program in a metropolitan area	Interviews with 12 service user participants	Large local user organization
UFM 4. Forensic psychiatry hospital in a small town	Mixed method, 58 survey responses, 14 in-depth interviews	National user organization in cooperation with local user organization
UFM 5. Child and adolescent acute psychiatric unit in a metropolitan area	Interviews with six service user participants	Large local user organization

Table 2. Overview of the sources used in each data collection phase at each of the service sites in this study.

	Start-up data collection phase		Follow-up data collection phase	
	Interviews with managers	Interviews with user monitors	Group interviews with user monitors	UFM report
UFM 1.	2 unit managers	2 user monitors	3 user monitors	1 UFM report
UFM 2.	1 unit manager	2 UFM coordinators	2 UFM coordinators	1 UFM report
UFM 3.	2 board members	1 UFM coordinator	5 user monitors 1 UFM coordinator	1 UFM report
UFM 4.	1 section head	2 user monitors	1 UFM coordinator 3 user monitors	1 UFM report
UFM 5.	1 acting unit manager	2 user monitors 1 UFM coordinator	2 user monitors 1 UFM coordinator	1 UFM report

conducting a UFM project and expectations. UFM coordinator/user monitor interview guides centered on their views of *the commissioning and planning process, the significance of experiential knowledge* in UFM, and their *expectations*. The interview guides established broad themes, yet the semi-structured format allowed for adaptability concerning principal issues highlighted by the interviewees.

During the second, follow-up data collection phase, we conducted five group interviews with user monitors and UFM coordinators involved in each UFM project. The ambition was to include individuals who could provide information on data collection procedures, writing-up of the UFM report, and reporting of results to relevant actors. Most user monitors involved in the projects participated in the study. In some projects, user monitors only handled data collection, while UFM coordinators led the planning phase. In these cases, UFM coordinators were interviewed during the start-up phase, and both coordinators and user monitors were interviewed together in the follow-up phase. The themes of the interview guide for this second stage focused on *the implementation of the UFM project, reporting of the results and factors that supported or obstructed these processes*. In this data collection stage, we also collected the five UFM reports that had been produced in the respective projects. For two UFM projects, user monitors and UFM coordinators provided additional short descriptions of reporting activities that had taken place after the follow-up interview. In total, there were 21 interviews (16 in a start-up phase, and five group interviews in a follow-up phase, 25 participants in total). All interviews were audio recorded using a dictaphone, transferred to an approved sensitive data storage service, and de-identified during verbatim transcription. Written and verbal information regarding the study was provided to all interviewees, we collected written informed consent from the participants, and approval for the study from the Swedish Ethical Review Authority (ref. 2021–02550).

Analytical procedures

The acquired data were subjected to directed content analysis (Hsieh & Shannon, 2005). This involves deductive analysis of qualitative data, drawing on prior findings or theoretical insights to set pre-determined analytical categories (Hsieh & Shannon, 2005, p. 1281). For this analysis, we applied NPT (May & Finch, 2009) to identify and characterize key components of sustainable implementation of UFM. In our operationalization, we drew inspiration from a study involving a Swedish translation and adaptation of a British instrument (the Normalization Process Theory Measure, NoMAD) by Elf et al. (2018) and an application of NPT to the analysis of literature on user involvement (Tierney et al., 2016). The operationalization, to adapt the framework to Swedish UFM practice, was discussed and formulated by the research group. It specifically focuses attention on four components: *coherence, cognitive participation, collective action, and reflexive monitoring* with underlying dimensions that have been treated as predetermined analytical categories and subcategories (Table 3).

Table 3. Operationalization of normalization process theory.

Coherence <i>How do the involved actors define and comprehend UFM?</i>	Cognitive participation <i>What arouses, supports and hinders the engagement of involved actors in UFM?</i>	Collective action <i>How is the work connected to the UFM done?</i>	Reflexive monitoring <i>What hinders or supports assessment of the value of, evaluation and development of the UFM practice?</i>
Differentiation: What distinguishes UFM from other methods? How are core components defined?	Initiation: Do central individuals initiate and drive the UFM process?	Interactional Workability: What factors promote or hinder the realization of UFM? Does UFM “fit” the general practice?	Communal Appraisal: How is the value of UFM collectively assessed and evaluated?
Communal specification: Is there a shared understanding of the goals of UFM?	Activation: How is engagement established and sustained?	Relational Integration: How is UFM embedded in networks of involved individuals?	Individual Appraisal: How is the value of UFM individually assessed and defined?
Individual Specification: What are individuals’ understandings of their responsibilities in UFM?	Legitimation: Do the involved actors regard the UFM method as sound and legitimate?	Skillset Workability: Do the actors involved in the UFM practice have the right competencies and training?	Systemization: How are the outcomes and significance of UFM followed up?
Internalization: How do actors value their own contributions to UFM?	Enrolment: Why do actors become involved in the UFM practice?	Contextual Integration: Are organizational support and resources sufficient for conducting UFM?	Reconfiguration: What work is done to improve the UFM practice?

The acquired data were read through and coded by the first author, applying the four analytical categories and underlying subcategories (Table 3). Data was initially sorted in the subcategories according to each UFM project and was further sorted based on the interviewee’s role. Overarching patterns related to the analytical categories were then identified for each UFM project, with consideration of the different stakeholder positions. The two data collection phases allowed for the analysis of stakeholder expectations from their initial contacts, as well as the identification of barriers and facilitators encountered during the implementation process. The presentation of results is structured by the four components, focusing on underlying aspects that were identified as reoccurring and central facilitators and obstacles to the implementation processes. The analysis was recurrently discussed and validated by the research group, as well as the larger stakeholder group, which provided input through continuous meetings where the analysis was presented at various stages.

Results

Ambiguities regarding UFM goals

For the analysis of *coherence* (May & Finch, 2009), we considered the overarching aspect of the involved actors’ understanding of UFM (including both its core components and goals). According to the NPT framework, a coherent understanding of the meaning of a practice is a generative mechanism for sustainable implementation. The analysis revealed substantial variation in the involved actors’ views of the value and methodological procedures of UFM.

Interviewees agreed on certain aspects of the method, including views that it contributes to service development and strengthened user involvement. Several raised the importance of service users being able to share their opinions and experiences anonymously through UFM, as a form of external evaluation. Regarding differentiation (May & Finch, 2009) between UFM and other methods, several commissioners compared it to an annual user survey, which was described as providing less in-depth information. Some also noted that it had higher capacity than other user involvement methods to meet programs’ need to capture service users’ experiences of specific services:

Well, UFM is the high-quality method, in my opinion, especially in terms of user influence. When you ask people who have the intervention, it’s not just anyone [...] they know what they’re talking about. [UFM 1, commissioner]

In some of the projects, commissioners had prior experience of UFM, assisting their understanding of the method. Several user monitors discussed how they proceeded from a well-defined method, for instance by including the same questions in all UFM projects, which allowed the user organizations to aggregate knowledge from the projects. However, use of several UFM models in Sweden today, with some variety in methodological approaches, complicates differentiation. Furthermore, the UFM procedures often require adaptation for use in specific commissions and service sites. This causes some variability in understandings of the method's core components. For instance, in several cases, the user monitors' autonomy was described as a core component, where the UFM project was not steered by service providers. However, in other UFM projects such autonomy was practiced to a lesser extent. In one of the UFM projects the service providers had formulated the overarching questions for the UFM, and the user monitors noted the importance of adhering to the commission's terms, and delivering corresponding information:

To me, the commissioner is also important. It's not like a . . . Robin Hood situation, that I'm going to somehow help the underdogs and we're going to go up against Goliath and somehow bring him down. No, no, nonetheless it's the commissioner who wants to know what their service users think. They've given us assignments and I try to stay [. . .] within our commission. What information do the commissioners want? [UFM 1, user monitor]

This variability could be related to the user monitors' dual roles as both user movement representatives and kinds of service development consultants.

Commissioners tended to highlight UFM's use as a basis for quality development of service programs. This aligns with commonly stated goals of UFM, including improvements in hearing service users' voices to enhance practice. Generally, the user monitors emphasized UFM's role in broader developments more strongly, including the empowerment fostered by peer-to-peer meetings and UFM's potential contributions to changes in organizational or societal culture:

Expectations or hopes [are] that the whole . . . climate will change in some way in the service program . . . it may cause ripples . . . it's not just this UFM that matters, but that it creates influence and strengthens service users in other ways. [UFM 2, user monitor]

In some projects, problems with insufficient anchorage and understanding of the UFM practice among the staff group were noted: *"It's a staff group that really hasn't grasped this either, this concept . . . To be able to implement something in a care program, you must have the entire staff group with you"* [UFM 5, commissioner]. Lacking information during initial stages was also mentioned as a common hindrance to a coherent understanding of UFM.

Enrolling and engaging involved actors

In analysis of the second generative mechanism of NPT, *cognitive participation* (May & Finch, 2009), we addressed the overarching question what awakens, supports, and hinders the engagement of actors involved in UFM? This encompasses both how engagement is first ignited and how it is sustained. Our analysis highlighted the importance of supporting and sustaining the engagement of staff and service user groups for UFM's sustainable implementation.

Several user monitors reported that a history of engagement in the user movement had provided their initial incentive for participating in UFM. Other mentioned motives included the possibilities of making meaningful use of difficult experiences, contributing to positive change, and earning an income. Regarding the enrollment of service providers, the key role of managers interested in user involvement methods in the process of initiating a UFM project was recurrently noted in the interviews: *"It is usually committed unit managers who want to do this"* [UFM 2, user monitor]. In all projects except one, managers had taken the initiative to conduct the project, and were described as driving forces for the implementation. Pressures from higher local administrative and/or political levels also reportedly contributed to initiation of UFM projects, and some commissioners recognized the importance of support from political levels for UFM's sustainable implementation.

However, a common concern was activating the engagement of service users for participating in a UFM project: “*And the hardest part is still . . . finding someone who wants to do the interview. It’s really difficult*” [UFM 5, user monitor]. A need to explain the purposes of participating in UFM to foster engagement of service user groups was recognized by the interviewees, and in several projects a form of financial compensation was used, such as a gift card, to make participation more attractive. In addition, the user monitors noted the importance of staff to support engagement of potential user informants:

After all, they have a very important role . . . when they give the material, how they present, their attitude towards this. If they have a very negative attitude and don’t seem that interested, you don’t arouse interest in the person you’re talking to either. [UFM 5, user monitor]

Thus, successful recruitment was highly dependent on the engagement of staff. In some cases, user monitors did not believe that staff were fully engaged, as one in UFM 4 indicated: “*I don’t think that all staff members are on board*”. Strategies for supporting the engagement of staff members and user informants varied between the projects. In some projects, inspirational meetings were held with the staff and service user group. In other projects, the UFM coordinators only had contact with managers during the start-up phase, and hence left the anchorage work in the hands of managers. Deficiencies in communication between management and the staff group were also reported in several projects. Spurring commitment in not only service users but also staff was described as crucial and demanded effort. One of the user monitors noted that involving staff during an initial phase can support such engagement as: “*they get to be involved from the beginning and experience a positive commitment. There are many who are positive anyway, but it will still be something that you have imposed on yourself.*” [UFM 5, user monitor]. Conversely, as this implies, it could be difficult to sustain engagement if an UFM initiative had come from higher levels and there was insufficient anchorage by, and involvement of, the staff.

According to NPT, understanding of a method as sound and legitimate (May & Finch, 2009) supports engagement in the implementation process. UFM was frequently described as a professional, structured, and systematic method that had been developed and fine-tuned over time. Interviewees suggested that the value and legitimacy of UFM lay in its capacity for strengthening evidence-based practice by facilitating the incorporation of service users’ knowledge and perspectives in service development. However, in some instances, the legitimacy was questioned in interactions with staff groups, due to a lack of evidence supporting the practice:

And I always have to explain that this isn’t academic – this isn’t research. This is sort of based on personal experience, and everyone throughout the ranks has their own experience. . . So, often the doctors think “Is this evidence-based then? How can we say that this will be good then?” [UFM 5, user monitor]

In summary, understandings of the legitimacy of the UFM method were thereby nestled in expectations of a structured method, providing lay knowledge to complement professional perspectives, but that could also by some actors be questioned due to a lack of supporting evidence.

Relational and organizational implementation contexts

In the analysis of *collective action* (May & Finch, 2009), we addressed how work connected to the UFM projects is done, and attempted to identify factors (organizational and relational) that promote or hinder the realization process. The results indicated that trusting relations and stable working conditions are particularly important elements of this generative mechanism for sustainable implementation of UFM.

Trust is particularly important, according to our interviewees, for the required relational integration (May & Finch, 2009), as service users are much more likely to engage and express their opinions freely if they have trust that service providers will listen and respond to them. Trust between the user monitors and user informants is also required. Accordingly, our participants acknowledged the

importance of peer-to-peer relations in UFM, and building constructive relationships between service providers and the local user movement. Several described how trust in the UFM method could support such collaborative relationships:

I think that this clear... method that we work with is partly a recognition factor ... when you enter a service program that knows how we work with the method and knows the structure. It's quite easy to set up collaboration because they ... have gained trust in the method in some way and know that it works. [UFM 2, user monitor]

A factor that hindered the implementation process was a heavy workload in service programs. This was especially evident in one of the UFM projects, in a setting beset by organizational strain and change: *"This Maslow's ladder [requirements to meet hierarchical needs] ... What's the emergency? We have to deal with the emergency first. And there are emergencies every day"* [UFM 5, commissioner]. Implementation of UFM could also be problematic in a new service context, where UFM procedures have not been clearly established by the actors involved, or there is incompatibility between the premises of UFM and the culture in service programs: *"It's pretty harmless what we've done, but still you're challenging the boundaries of the service program"* [UFM 4, user monitor]. Accordingly, user monitors recognized that power inequalities could impose needs for a diplomatic, step-by-step approach when trying to implement UFM:

When you come in as a user movement and get to do something like this, it's a bit like under the kind eye of the profession ... There's a small power imbalance there which sort of means that you ... take one thing at a time ... Because it's a bit like breaking down resistance, not so much active resistance, because we do this in collaboration with [the service program], but ... there's a built-in resistance that can be about unfamiliarity, which can be about approaches and culture and lots of things like that, and you kind of have to break that down a bit at a time in order to kind of build bridges to get over. ... sometimes it's a bit of diplomacy you're involved in. [UFM 4, user monitor]

One aim of the UFM method is to contribute to equalizing power relations in mental health practice, but our results suggest that such power relations can also hinder the implementation process.

The contextual integration (May & Finch, 2009) of UFM was related to organizational resources and support from both the commissioning and conducting organizations. For instance, one of the commissioning organizations currently faced organizational strain due to management change and a heavy workload. This posed a hindrance to their support of the UFM implementation process. The user monitors' working conditions also had apparent importance for the contextual integration (May & Finch, 2009). They often had flexible working conditions, which could be helpful, as it allowed them to adjust their commitment to UFM projects in accordance with their current health and associated needs. However, many stated that the lack of regularity hindered work as a user monitor for an extended period. The working conditions and the financial resources for conducting UFM varied between organizations. Some user monitors stated that the resources were sufficient for conducting UFM and agreements with public sector commissioners were in place that ensured reliable funding. Others stated that the fixed hours they were paid were insufficient for carrying out the work, and they had to partly work pro bono. A key result to our study is that sufficient and predictable funding is essential. Overarching and more long-term agreements for conducting UFM is vital to support sustainable implementation of UFM.

Assessing the value and development potential of UFM

Our analysis of *reflexive monitoring* (May & Finch, 2009), focused on factors that promote or hinder assessments of UFM's value, and the evaluation or development of UFM practices. Our results suggest that appropriate follow-up procedures and implementation support are crucial for realization of its value and their establishment may be important to support sustainable implementation.

Our participants clearly recognized the importance of collectively assessing and evaluating the value of UFM for a service program. For this, activities that relate to the reporting of UFM results were discussed as important. They noted that reception of UFM results could strengthen engagement and coherence:

It's a bit complicated if you haven't heard of what a UFM is. It may not be easy to grasp it either. You get a bit like, "It's something that some organization comes and does. I don't have to put too much effort into it, my boss has said that they do everything." Then you get the results and see that it's a whole report where there's lots of stuff that the service users think. . . so hopefully you'll see that the commitment that might have been there all along kind of rekindles. Or it becomes really clear to them what it is that we do. [UFM 2, user monitor]

To support engagement of staff, user monitors expressed a tendency to highlight positive results in reporting activities:

When we have to grade with these colors, we're often kinder than stricter. If you lean towards being more positive you're more likely to get proposals for action later, so it's a bit psychological there as well. We use carrots instead of sticks. [UFM 2, user monitor]

Several discussed how they tended to "sugar-coat" the results, for pedagogical purposes, to improve the reception and acceptance of UFM, and support sustained engagement. However, the reporting of results to the service user groups varied widely. In some projects, various strategies had been developed to do this, including presentation of results in both oral and written formats. In other projects, the results were not reported back to the service user group at all.

The outcomes and significance of UFM were increasingly followed-up by a revisit to the service site, typically around six to 12 months after the UFM project is finished. One of the commissioners described the value of such follow-up for their work by stating:

They have a follow-up part and I think that's also very good . . . things can happen, you can get stuck in other processes and it's always good to follow things up. So then maybe they'll check if we're on track, have we started working on that measure? [UFM 2, commissioner]

Follow-ups were also described as important for the user monitors' continuous engagement, partly because several of them expressed uncertainties whether UFM really induces change. They also saw follow-ups as important for their meaningful participation, and noted risks that failure to report results to the user informants may reduce their willingness to participate in similar activities in the future. However, several user monitors emphasized that UFM can have broader effects on the culture within service programs that are more difficult to follow-up.

In the interviews, actors involved in UFM also described reconfiguration (May & Finch, 2009) work, based on continuous evaluation of the practice. Several user monitors raised the importance of continuity in user involvement practices, including returning to previously visited service sites to conduct additional UFM evaluations. They noted that continuity can contribute to the establishment of mutual trust, familiarization of managers, staff, and service user groups with the method and its purposes, and a gradual change in culture. Moreover, one of the user organizations had initiated development of a form of support that involved various activities in service programs to support initial steps toward implementation of UFM recommendations. Interviewees also recognized the importance of method development needs associated with initial anchorage and activating the engagement of service users and staff. Making adjustments according to assessments of the value of a practice can feedback to strengthened coherence (cf. May & Finch, 2009).

Discussion

Our NPT-rooted analysis of five project implementations aimed to identify key components for sustainable implementation of UFM in the Swedish context, including potential facilitators and obstacles from the perspectives of both user monitors and managers that commission UFM. In this section, we discuss the main findings, particularly regarding generative mechanisms (May & Finch, 2009), which spotlight key development areas in the UFM practice that promote sustainable establishment and development.

A practice with diverse goals

UFM is a complex method that places high demands on the conducting organization to train user monitors and coordinate projects involving multiple stakeholders. Moreover, there are generally diverse goals, including enhancement of user involvement and the quality of service programs (Jakobsson Lund & Rosenberg, 2008; Kotecha et al., 2007). Underlying these general goals there are a number of objectives, which are varyingly emphasized by the actors involved. At an individual level, it supports recovery processes of the user informants and user monitors. UFM also enables the user movement to generate systematic knowledge of the service system that can be applied in advocacy and other activities. UFM provides valuable insights into the situations of service users and the service system, extending beyond the member pool of user organizations. This can help counter the often-reported weakening of civil society's representativeness and its membership base (Gavelin, 2018, pp. 89, 109; Vogel et al., 2003).

UFM can also contribute to achievement of service development goals and enhance service providers' knowledge of key service aspects, such as service user needs and service deficiencies. As shown in a previous study, UFM objectives may include evaluating service programs to help achieve pre-set goals (Näslund et al., 2023). This understanding of UFM is similar to a traditional evaluation approach, where problems are identified, based on already formulated goals (cf. Argyris, 1977; Davies & Nutley, 2000). However, UFM can also support broader goals, by fostering a cultural shift toward recovery-oriented service systems. The UFM method, with its holistic, bottom-up approach can inform and promote a stronger recovery orientation in service development (Näslund et al., 2022b). Such broader goals motivating involvement in evaluation practices have also been described in prior research (Scheffelaar et al., 2020). In this respect, a UFM project can contribute to a co-produced and continuous learning approach in service programs that involves accessing and applying service users' knowledge as well as practitioners' knowledge (Näslund et al., 2023). This further entails that a user-led evaluation process is as important as its results (cf. Westerlund, 2021). The study suggests that user monitors, as experts in the method, often have a broader understanding of UFM goals compared to service providers. They recognize the variety of goals associated with UFM, including the aim of continuous cultural change. Due to the UFM method's complexity, continuity of implementation is likely needed for broad consensus among the stakeholders involved regarding its goals, value, and core components.

Drawing on the assumptions of NPT, and due to the variation in understandings of the goals of UFM projects, it is important for involved actors to engage in initial efforts to clarify the goals in order to maximize coherence. This is especially vital as UFM comprises both social movement and service system knowledge interests. Other studies have also identified the importance of fostering coherence to support sustainable implementation of user involvement methods (Lloyd et al., 2013). As core aspects of UFM, such as user autonomy and methodological procedures, are highly variable it is essential for the user movement to engage in mutual learning activities, to define the nonnegotiable core components of UFM.

Commitment to UFM as a knowledge practice

Our participants also indicated that implementing UFM can be hindered by power relations and the culture within service systems, although an important goal of UFM projects is to renegotiate these aspects. This is consistent with findings of previous studies on user involvement methods (e.g. Gee et al., 2016; Grim et al., 2022; Ocloo et al., 2021; Vandewalle et al., 2016). For instance, interviewees indicated that both pedagogical considerations and power inequalities caused them to adopt a consensus-oriented approach, focusing on positive aspects of results and adopting step-by-step implementation procedures to maintain service providers' goodwill. This approach was strategic, and based on an analysis of how long-term change could be achieved, and how relationships with service providers could be maintained. Nevertheless, the ability of user monitors to adopt a critical approach

when necessary is crucial to fulfill their role as external evaluators and accurately represent user informants' voices and experiences. However, another key mechanism highlighted in our results is mobilization of staff groups' engagement. Thus, paradoxically in UFM practices user monitors might adopt a less critical approach to mobilize and sustain the engagement of service providers. A coherent understanding of UFM as a knowledge practice with the shared goal of supporting a recovery-oriented service system may be important for countering such a tendency, fostering helpful critical appraisal for service development, and promoting development of a learning-oriented culture within service organizations. Engagement is also likely to increase when service providers find evaluation results relevant and useful.

A common problem raised in the interviews was the recruitment of user informants. It is vital to support service users' engagement, not only to secure participation in UFM but also to reinforce service users' understanding of their crucial role in the co-production of knowledge in mental health care. Accordingly, participants recognized the importance of frontline staff's engagement to facilitate recruitment of potential user informants, and during the later process of implementing the results. They reported that UFM projects were commonly initiated by managers committed to fostering user involvement, but dependence on such individual enthusiasts can result in a lack of sustainability (Grim et al., 2022). Thus, it is important to invest in broader anchorage work encompassing both the staff and service user groups during the start-up phase of a UFM project as their commitment is crucial for successful implementation. The importance of such anchorage in other user-driven evaluation methods has also been emphasized (Westerlund, 2021). For methods like UFM to become embedded in general practice and ensure their continuity and sustainability, political support is also important.

Our results highlighted the importance of another core mechanism, reflexive monitoring, including follow-ups of UFM and procedures supporting the implementation of UFM results in practice to assess their value and significance. This is associated with the key element of establishing accountability in user involvement practices (cf. Grim et al., 2022). Previous studies have noted the negative effects of uncertainties regarding changes adopted by service providers following user-led evaluations (Scheffelaar et al., 2020, p. 11). In addition, such mechanisms have feedback effects on cognitive participation. Our participants indicated that accountability and tangible change resulting from UFM projects were highly important for service users and user monitors to find their participation meaningful, and hence their continuous engagement. A clear implication is that integrating a coherent understanding of the meaning and value of UFM in service programs – as well as the specific development work that follows a UFM project – among management, staff, and service users, is an important driver of desirable change. Our results suggest that anchorage in the service user and staff group during initial phases is essential for activating the engagement required for robust implementation of results. Such anchorage work is also connected with the previously discussed issue of coherence regarding the goals of UFM. Establishing a shared interest in developing services through mutual learning, with all involved actors understanding the value of their inputs, lays a robust foundation for sustainable implementation of UFM.

Conclusion

NPT provides a framework for examining mechanisms crucial to implementing interventions, with a particular focus on behaviors and actions essential for sustainable implementation. In the context of user involvement methods, and specifically UFM, we found this framework suitable for analyzing key concerns raised by stakeholders. However, this approach also connects to a limitation of the study. A broader approach that includes a greater emphasis on structural issues, such as policy and financing, would be beneficial for further developing the analysis of UFM implementation. This broader analysis would also provide a stronger basis for assessing the generalizability of the findings to other settings. Additional limitations of the study include the lack of perspectives from staff and user informants on the implementation process. Furthermore, our focus on UFM components has centered on overarching facilitators and obstacles across projects, rather than comparing different UFM projects or approaches.

Regarding the study's aim to identify key components for sustainable implementation of UFM in the Swedish context, including potential facilitators and obstacles, our findings highlight four key components that are important to strengthen to support the sustainable implementation of UFM. First, UFM has various goals, which must be thoroughly discussed by involved actors in initial stages to strengthen coherence and thereby foster sustainable implementation. Second, sustained activation of both service users' and staff group's engagement in initial stages is crucial. Third, follow-ups and support for the implementation of UFM results in practice is important for assessing the value of UFM and maintaining the commitment of the actors involved. Fourth, shared interest in developing services toward a recovery-orientation is important for incorporating user involvement methods, such as UFM, and applying the knowledge of service users in both general mental health practice and service development. Insufficient efforts in these areas, conversely, constitute obstacles. Additionally, a lack of stable and long-term financing has repeatedly been identified as a barrier to the sustainable implementation of UFM. These components are essential for practical application, providing stakeholders with strategic guidance on key investments and considerations when initiating, conducting, and following up on user-led evaluations. Finally, future research should explore how service providers utilize knowledge generated through user involvement methods and UFM, as well as the specific outcomes. These questions are particularly urgent given the prevalent discussions on the risks of tokenistic involvement in the research field, also reflected in this study's results. The central role of staff members in facilitating UFM and of service users in capacitating the evaluation, along with the challenges in engaging these groups, highlights the need for further investigation into their experiences with UFM participation.

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