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# The critical work of social workers in person-centered care: insights from a cross-sector collaboration in Denmark for refugees with PTSD

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## ABSTRACT



Siloed mental health and social services fail to meet complex care needs. Cross-sector collaborations are thus spreading, including those involving patients. However, pathways to success are scarcely studied. Guided by Interpretive Description methodology, we qualitatively explore the work of mental health social workers in facilitating collaboration between mental health services, employment services, and refugee patients with post-traumatic stress disorder in Denmark. We identify and elaborate on two types of work carried out by social workers that appear critical for the collaboration: relational work and negotiation work. This work ensures action plans resonate with the refugees' needs and enable person-centered care.


## KEYWORDS

Mental healthcare; person-centered care; PTSD; qualitative analysis; refugees; social work

## Introduction

The number of refugees worldwide continues to rise (United Nations High Commissioner for Refugees, 2024). Post-traumatic stress disorder (PTSD) is highly prevalent among refugees (Blackmore et al., 2020). PTSD typically occurs alongside high pain severity and longstanding functional impairment (Nordbrandt et al., 2022). The mental health problems of refugees are a result of both pre- and post-migration stressors, including poor non-native language skills, inadequate housing, financial strain, unemployment, lack of social network and support, insecure residence status, worries about family in the country of origin, and having difficulties navigating the healthcare and social systems (Nowak et al., 2023). Together, the number and variety of stressors

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faced by refugees place them in challenging and vulnerable positions where siloed mental health and social services fail to meet their complex needs (Miller & Rasmussen, 2024).

Recognizing the need for multiple sectors' involvement, Wylie and colleagues suggest a care partnership that "must be one based on a wrap-around approach that proactively links refugee patients to a collection of health and social services" (Wylie et al., 2020, p. 77). Refugees themselves express a need for mental healthcare that can provide practical assistance to help deal with post-migration stressors (Karageorge et al., 2017). Refugees also explain that engagement in trauma treatment is challenged because of the constant uncertainties created by post-migration stressors, but therapeutic professionals express that they do not feel comfortable providing practical assistance (Duden et al., 2020). Hence, single-sector interventions can struggle to meet the needs of the care-seeking refugees because they do not include the professionals who possess the competencies to holistically address mental health challenges. To the best of our knowledge, no trials have yet explored whether cross-sector collaborations can effectively improve the mental health of treatment-seeking refugees with PTSD (Bruhn et al., 2022). However, some studies in other healthcare contexts indicate that collaborative efforts between social services and the healthcare sector hold promise for the effect and quality of care for refugees (Elmore et al., 2019; Harris et al., 2024; Jackson et al., 2025). Considering cross-sector collaborations as an alternative to single-sector interventions is therefore relevant.

Alderwick et al. (2021) emphasize that despite the massive interest in cross-sector collaborations to improve population health, knowledge about which practical approaches work best in specific collaborative contexts is still missing. Research about collaborative mental healthcare has demonstrated barriers such as communicative gaps between sectors (Jørgensen et al., 2022), imbalanced power dynamics putting patients and non-hospital staff in more passive positions (Jørgensen, Jørgensen, Frederiksen, et al., 2025), and a lack of shared understanding and agreement between professionals from different sectors about the priority of mental health and social challenges (Ladekjær Larsen et al., 2020). However, when the expertise of relevant professionals is brought together to develop coordinated action plans, cross-sector collaborations can promote person-centeredness (Jørgensen, Jørgensen, & Karlsson, 2025). Therefore, it remains important to explore what helps collaborations succeed in developing co-created action plans that can ensure the management of complex care needs across sectors.

Social workers have been part of mental health care for decades. They have been described as professionals who are profoundly good at seeking creative and collaborative solutions, stretching the boundaries of the bio-medical systems they represent (Bark et al., 2023). Therefore, mental health social workers could be an ideal profession for navigating the gaps in cross-sector

collaborations. However, Cootes et al. (2022) argue that vagueness still exists about the work social workers do, and little attention has been paid to their work in multidisciplinary, integrated, or cross-sector collaborative care initiatives for patients with complex care needs. Most studies examining the work of social workers have focused on a single sector and, especially, the discharge process from inpatient or outpatient care rather than the interprofessional negotiations and teamwork happening in cross-sector collaborations (Kangasniemi et al., 2022). Together, the studies emphasize both the valuable role social workers play in mental healthcare and the limited understanding of their contributions to cross-sector collaborations.

The knowledge gaps outlined above have led to our interest in the critical work of mental health social workers in cross-sector collaborations for refugees with PTSD experiencing post-migration stress. For the present study, we explored cross-sector network meetings as a way of organizing collaborative care that can address post-migration stressors alongside specialized PTSD treatment. In Denmark, network meetings are promoted to deliver the best possible care, and the focus is on patients expressing their wishes and taking part in prioritizing and planning. The network meetings typically include patients, mental healthcare professionals, and social service professionals.

The cross-sector network meetings we investigated brought together refugee patients, employment case workers from municipalities, and physicians, psychologists, and social workers from specialized mental healthcare. Employment services are relevant collaborators because there is a reciprocal relationship between refugees' employment situation and PTSD symptoms (Garton et al., 2022). In this article, we explore the critical work that mental health social workers do as chairpersons of these cross-sector network meetings to develop person-centered action plans.

## **Materials and methods**

### ***Design and context of study***

The theoretical orientation for the study was Interpretive Description (ID). ID heightens our attention to the disciplinary perspective, which foregrounds the exploration of practices and challenges that have clinical relevance (Thorne, 2016). We used a combination of participant observations, video and audio recordings to understand the work of mental health social workers during the network meetings. The network meetings took place at an outpatient PTSD clinic for trauma-affected refugees in the Capital Region of Denmark. The network meetings were part of a randomized controlled trial testing whether adding three network meetings to standard PTSD treatment could improve treatment effectiveness. Standard PTSD treatment consisted of psychoeducation and medication management sessions with a physician and

psychotherapy with a psychologist (Bruhn et al., 2022). The network meetings aimed to improve cross-sector coordination, develop action plans for dealing with post-migration stressors, and support and empower refugee patients to take part in negotiations about their own care (Bruhn et al., 2022). The study received permission from the Danish Data Protection Agency (Reference: P-2019–327), and it was submitted to the Regional Ethics Committee for the Capital Region of Denmark (H-19067136), which waived the need for approval.

### ***Participants and data collection***

For this qualitative study, we recruited 23 refugee patients through their mental health social worker and used a purposive sampling technique to establish variety in their life circumstances (Patton, 2015). By doing so, it allowed exploration of how the network meetings accommodated the multitude of different problems and stressors the patients experienced. The refugee patients included 10 males and 13 females. They had an average age of 47 years, ranging from 29 to 62, and their countries of origin were Afghanistan, Iran, Iraq, Lebanon, Pakistan, Palestine, Somalia, Syria, and Turkey. The patients signed informed consent documents available in Danish, Farsi, and Arabic and interpreters were provided if needed.

The patients' physicians, psychologists, mental health social workers, and employment case workers were approached for consent before the network meetings were held. Around one week before the network meeting, a social worker carried out a preparatory session with the patient to formulate an agenda for the meeting that considered any challenges or concerns the patient had. The same social worker then proceeded to act as the meeting chair. Four different social workers had this role, and they were all employed in mental healthcare. Trained interpreters were used in 18 of the network meetings, and four network meetings were held with virtual attendance from the employment case worker. Between June 2021 and September 2022, HLA either audio recorded, and/or video recorded, and/or took field notes as part of participant observation of 23 network meetings based on what the participants consented to. An overview of details for each network meeting can be found in the supplementary material.

### ***Data analysis***

Data analysis was done following the thematic analysis steps of Braun and Clarke (2006). NVivo15 was used to organize and manage data. In a familiarization process, all field notes from observations and the reflections written down during the data collection period were read. Afterward, transcripts of eight network meetings based on audio recordings were

coded. Codes were then reviewed and transcripts re-read before it was decided to continue the coding process by applying codes to condensed descriptions of network meetings based on audio recordings. These condensed descriptions combined detailed descriptions of the network meeting content and direct quotes. Non-verbal details from field notes and video recordings were added. In line with ID, the coding process was inductive, and no pre-defined coding scheme was applied. Instead, data was coded using rather broad initial codes until a clearer landscape of codes and connections was formed (Thorne, 2016). The codes were grouped together to form tertiary themes. The tertiary themes were reviewed to create a thematic map. During this process, the patterns in the data, emerging themes, and the thematic map were discussed among the authors and in other research group meetings.

A focus group with the four social workers was held to discuss the themes related to practice. In doing so, we triangulated our themes and interpretations with the practical experience of professionals to make sure that findings were relevant and recognizable to clinical practice beyond the studied network meetings (Thorne, 2016). The social workers recognized their actions and work in the thematic map, thus confirming the interpretations. However, they also provided more examples and nuances to the findings.

## **Findings**

We identified two types of overall work that social workers do as chairpersons in the cross-sector network meetings to develop person-centered action plans for refugees with PTSD. These two types of work are relational work and negotiation work, and they constitute the primary themes of this study. Each primary theme, in turn, includes secondary themes. These primary and secondary themes, displayed in [Table 1](#), provide the structure for the findings presented below.

### ***Relational work***

The relational work included actions to create a reciprocal and caring environment among the meeting participants. This was vital for their ability to acknowledge and discuss the different challenges related to post-migration stressors brought forward in the meetings. The relational work included two parts. First, the social workers created kindness by acknowledging the patient's perspective and challenges. Second, the social workers gathered information from all participants to create a shared overview of the challenges and life situation.

**Table 1.** Overview of the themes and codes applied during analysis to understand the critical work performed by mental health social workers during cross-sector network meetings.

Primary Themes	Secondary Themes	Tertiary Themes	Codes	n
Relational Work	Creating kindness	Defining communication rules	Emphasizing a patient-determined agenda	17
			Encouraging questions	13
			Framing the meetings as the patient's meeting	12
		Expressing understanding and compassion	Introducing the purpose of coordination and managing post-migration stressors	15
			Acknowledging the patient's struggles	9
			Checking if the patient understands the information	11
			Expressing care and kindness	7
	Piecing information together	Combining expert knowledge and lived experience	Asking if the patient has anything to add to professional's explanation	13
			Making room for the lived experience	29
			Making sense of the patient's situation together	33
		Searching for professional facts	Exploring the impact on daily living	20
			Exploring the employment status	26
			Exploring what mental health treatment entails	28
			Understanding attendance rules	13
Negotiation Work	Exploring procedural boundaries and context	Uncovering legislation and rules	Understanding the laws in place	20
			Exploring possible exemptions	10
		Understanding employment service procedures	Understanding general procedures	23
	Negotiating options and willingness		Inviting patients to talk	Asking for patients' perspectives on plans
		Making room for the patient's questions		25
		Sharing patient's perspectives	31	
	Navigating problems, options, and priorities	Coordinating tasks on a timeline	Deliberating on different options together	22
			Deliberating on different options together	59
		Emphasizing a focus on reaching agreements	Emphasizing a focus on reaching agreements	8
			Negotiating willingness to manage a task	57

### *Creating kindness*

Each network meeting began with the social workers setting the scene by welcoming participants. The social workers emphasized that meetings were guided by a patient-planned agenda and that meetings were meant to help manage some of the post-migration stressors experienced by the patient. Sometimes, the social workers explicitly stated to the patients: "this is your meeting (Network meeting 14)" and thus tried to create a forthcoming and kind atmosphere where all professionals also expressed their compassion toward patients and recognized their struggles.

The social workers also used the meeting introduction to emphasize the patient's key role. This is illustrated below, where the social worker just finished working through the presentation of everyone and turned her attention to the patient and spoke in a soft tone:

Social worker: And we try to translate everything along the way, and we try to speak directly to you, and we shouldn't rush talking about [things, ed.]. We have plenty of time to translate. Yes, and you must constantly interrupt and give inputs if there is something we are saying that you do not understand, or if there is something you disagree with, or would like to add (the patient nods). (Network meeting 11)

This extract shows how the social workers encouraged patients to use their voices and that their inputs, perspectives, and questions were encouraged. In other words, the social workers explicitly created room for the patients and tried to make the patients' position as equal partners in the team clear. The explanation about everything being translated, along with the reminder for everyone to talk to instead of about the patient, further contributed to defining communication rights.

### *Piecing information together*

Building on the kind atmosphere, the social workers used the network meetings to fit together pieces of information to create a shared overview of the patients' life situations. The process involved drawing on both professionals' and patients' expert knowledge. While some knowledge was known to all participants, other parts of the knowledge required slowing down to disentangle and clarify together.

In some instances, this piecing together of information focused on exploring the professional facts about mental health conditions or the status of employment-related activities. In other instances, the patients' lived experiences played a more central role. For example, one social worker asked a patient and an employment case worker if they had anything to add or questions for the physician about the PTSD treatment she had just explained. The employment case worker asked if the history of alcohol abuse had been considered in the medicinal treatment of PTSD. The patient talks about his experience with alcohol abuse, and the physician subsequently answers the question:

Patient: When I was drinking and trying to soothe the physical and mental [challenges], I thought I could do it with alcohol. But it made it worse for me, with situations where I woke up in the middle of the street or on a bench when I regained consciousness or woke up in the hospital (. . .)

Physician: So, to answer your question, it's not something we need to take into account regarding the medication, because the abuse dates back pretty far, (looks directly at the patient) and the medication you're taking now doesn't have any abuse potential. (Network meeting 16)

Afterward, the social worker made sure that the clarification was sufficient. This process of piecing together information emphasized that no single person knew everything. On the contrary, the process created a sense of being a team because it became evident that the input and questions from all participants generated a more comprehensive understanding. By engaging in this work, the social workers made sure that a shared knowledge base had been explicitly outlined. This knowledge base acted as the common ground for the negotiation work. This process of piecing information together taps into the understanding that a patient should be understood rather as a person within an individual context, which supports a person-centered approach to care.

### ***Negotiation work***

In the negotiation work, the social workers explored organizational and legal boundaries to find the best way forward to address post-migration stressors for the individual patient, depending on rules and requirements. There was a focus on considering the patients' perspectives, and the mental health social workers made sure to end the meeting with a concrete action plan detailing who does what and when. This work enhanced the chance that the meetings could facilitate changes in post-migration stressors due to team efforts.

### ***Exploring procedural boundaries and context***

When doing the negotiation work, the social workers asked about the employment services' requirements for the patients, which were regulated by institutional procedures and laws. These requirements differed depending on the municipality, department, and the type of cash benefit the patients received. Often, the social workers sought knowledge about the requirements by exploring if a plan for the assessment of work ability had been outlined and what it entailed. In the extract below, an employment case worker responded to a question about such a plan:

Employment case worker: What has been pointed to [in the plan for assessment of work ability] is vocational training in KAP (a municipal facility, ed.). That is the mildest type of internship. But it can be difficult if you have PTSD. For a lot of people, getting back and forth with transportation, walking, and small tasks [are challenging]. But I just have to have a lot of documentation. (Network meeting 15)

Such plans for assessment of work ability laid out the perimeter of unavoidable situations and indicated where negotiations about individual accommodations during the internships, work ability assessments, and employment-related activities could start

Asking questions to uncover the rules and requirements was important because the social workers also helped illuminate that it was system

requirements and not something the employment case workers themselves had decided. This helped position employment case workers as team players wanting the best for the patient while also defining the decision-making arena.

### *Negotiating options and willingness*

After gaining an understanding of employment services' requirements and uncovering the legislative context, the social workers proceeded with negotiations about managing post-migration stressors, including how an internship or assessment of work ability could be adjusted. This work focused on the patients' preferences, but it was also guided by suggestions and recommendations made by the professionals.

The extract below illustrates a negotiation where the patient expressed a desire to discuss the internship because she found it too noisy. Deliberating appropriate adjustments was therefore needed. Initially, the suggestion was to pause the internship completely, but the patient objected and the social worker praised the patient for standing up for her preference:

Patient: They [employment services] have sent me to a place, an internship, where my working ability is assessed, so now suddenly it is stopped. I do not understand why it has to be stopped. Because I attend my treatments and attend what the municipality tells me to [attend]. It has been running smoothly. So, I do not understand why suddenly everything has to be paused (agitated voice). (. . .)

Social worker: (leans forward and looks directly at the patient) It's great that you say that. Because for some people, it might be too much and then it would be good if it [the internship] was put on hold. So, it's really important that you say this now. So that it [the internship] doesn't get put on hold. (Network meeting 7)

Afterward, a collective brainstorm took place to find an acceptable solution. When the patients themselves did not spontaneously offer their opinion, as seen in the extract above, the social workers routinely turned to the patients to ask, "How does that sound to you?" or "Would that be an okay solution for you?" This ensured that the voices of the patients were always included in negotiations and that the patients had the opportunity to actively participate in negotiations. It can be argued that it also helped build team credibility because the social workers held their promise regarding making room for the patient. While the extract above can make it seem like a quick process, the negotiation work for some topics took over 20 minutes and included discussion of many different options.

The social workers also used negotiations for specific decision-making, for instance, not only that an internship should be changed, but what it should be changed into, and always with a focus on who would commit to what tasks. One of the social workers emphasized the need for concrete decision-making and responsibility attribution among the team:

**Table 2.** Different issues and challenges related to post-migration stressors and health negotiated during network meetings.

Issues and challenges	n
Adjusting internship plans	9
Dealing with inadequate housing	8
Dealing with financial strain	6
Applying for a single benefit to cover expenses for medication, dental work, etc.	5
Building a case for the assessment of work ability	5
Needing a mentor or a support person	5
Accessing new social relations	4
Dealing with somatic issues	4
Accessing physical therapy	3
Dealing with the residence permit	3
Helping the children of patients	3
Navigating vacation rules	2
Improving communications between the patient and employment services	1
Needing technical assistance	1

We just must make some agreements. Who does what? Because there are many things up in the air. So that we, both you and I know what each other does. (Network meeting 10).

The patients expressed a myriad of issues and challenges that put a strain on their mental health. Table 2 provides an overview of the topics discussed at the meetings related to post-migration stressors and health.

A lot of these issues did not fall directly under the scope of practice for either the PTSD treatment team or the employment case worker. This required a negotiation of willingness to help the patients with their specific challenges. In the case presented below, the negotiation of willingness to manage a task was about the repayment of student loans. The patient had just explained that he could not make payments due to his financial situation, and the physician supported requesting a loan payment deferral. The social worker then offered to help:

Social worker: I am not an expert on student loans, but we can book an appointment and look into it. I'm pretty sure you can apply for an extension, but I can't promise anything (...). (Looks at employment case worker) Unless you are an expert in student loans. (there is a bit of laughter in the voice)

Employment case worker: (shakes her head) No. There is some kind of personal bankruptcy to apply for, something where the public authorities can help. We can try that [later if needed]. (Network meeting 23)

As seen in the extract, it was the social workers who sometimes took on the task of helping patients, while the employment case worker offered to step in and help if the initial plan did not work. In other negotiations, the patients or the employment case workers left the meeting with tasks. A few times, decision-making was postponed to a later network meeting. By paying attention to and discussing details and exploring the willingness to help the patients, the negotiation work drove the network meetings beyond the exchange of information and deliberation phase to decision-making about how to help the patients.

## Discussion

We explored the critical work social workers do as chairpersons in cross-sector network meetings that involved refugee patients, employment case workers, and mental health professionals. We found that the social workers engaged in critical *relational work* and *negotiation work* that supported the formulation of person-centered action plans to manage post-migration stressors. The social workers thus played a key role in facilitating cross-sector collaboration that benefitted the refugees. We found that a focus on trust-building, inclusive communication, and establishing accountability for tasks made collaborations work well. This is in line with previous research about what supports effective collaborations (Aunger et al., 2021; Lanford et al., 2022).

### *The value of relational work*

Our findings suggest that social workers help build relationships through kindness that can enhance trust. The social workers explicitly defined the refugee patients' position in the network meetings as active contributors and defined communication rules. This work shifted the power distribution among the meeting participants and fostered a shared sense of team unity. Spending adequate time doing such work is especially relevant in collaborations with large power imbalances and people in vulnerable positions (Vangen & Huxham, 2003), which is often the case for refugees.

Likewise, the comprehensive work devoted to piecing together information about the patients' lives and previous experiences also redefined power because it became evident that no single person was the expert. The inputs from the refugee patients were equally needed alongside the professional expert knowledge to gain a complete overview. As a result of the relational work, all participants at meetings were left with a shared understanding of the patients and their life histories. This shared understanding provided a platform on which to develop action plans addressing post-migration stressors.

Striving toward such a broad understanding of a patient is a core competence of social workers in collaborative settings as they "are primed to holistically treat" (Milano et al., 2022, p. 1039). Research has demonstrated how the feeling of entering such a safe space among professionals makes it easier for refugees to actively engage in decision-making about care (Radl-Karimi et al., 2022). It underlines that relational work is important for collaborative functioning and facilitates a person-centered approach where refugee patients are more likely to talk about their needs and priorities because work to strengthen initial trust by cultivating a sense of teamwork was done.

### ***The value of negotiation work***

In their negotiation work, the social workers clarified legislative boundaries, included the patient's perspective, and explored willingness to manage agreed-upon tasks to address post-migration stressors. This negotiation work reflected another core competence of social workers, this time centered around the ability to effectively do case coordination beyond the limits of a single sector (Milano et al., 2022).

Especially the work we identified aimed at coordinating responsibility for tasks is important because it can be a driver to make cross-sector network meetings more productive. Previous research about network meetings has demonstrated that when network meetings do not go into detail and foster exploratory dialogs about who does what when the meeting ends, there is a profound risk of only exchanging information and not working more deeply together (Moen et al., 2023). Therefore, negotiation work will likely support increased mental health treatment outcomes.

In the negotiation work, we also found that both employment case workers and social workers were willing to step outside their scope of practice and take on responsibility for tasks to help the patients. This helped push care to be holistic and adapted to the needs of the individual patient. The willingness might be explained by professionals wanting to advocate and push back against the structural inequalities often faced by refugees (Boccagni & Righard, 2020).

An important contribution of this research is demonstrating how the social workers routinely invited patients to speak their minds about preferences as part of their negotiation work. The social workers created opportunities for patients to dip their toes in sharing their perspectives and opinions, promoting person-centeredness and building confidence and skills to participate in negotiations. Hickmann et al. argue that fostering such patient activation through empowerment is an important precursor to patients being able to actively participate in care (Hickmann et al., 2022). This is important since patient participation in decision-making about mental healthcare has demonstrated a positive impact on clinical outcomes for people struggling with severe mental disorders (Luciano et al., 2022). Consequently, the social workers might hold at least part of the key to advancing mental health treatment outcomes for refugees with PTSD.

### ***Implications***

Auger et al. (2022) note that existing collaboration models are mainly concerned with the questions of *what* mechanisms help cross-sector collaborations thrive. This study contributes to the field of cross-sector collaborations

by focusing on *who* plays a critical role in making these mechanisms happen due to professional qualifications.

We find that the social workers play an important role in the success of cross-sector network meetings facilitating person-centered care for refugees with PTSD. Other studies emphasize that social workers promote a focus on the patients' life circumstances in interdisciplinary care teams and they bolster collaborations through concise communications, patient advocacy, and explorations of system boundaries (Craig et al., 2020; Larsson et al., 2024). In clinical mental health practice, it is crucial to acknowledge social workers as a distinct and important profession that can bridge the gaps in care across sectors.

Not all organizations that deliver specialized mental healthcare to refugees employ social workers. Therefore, considering whether other professions than social workers can successfully perform the relational work and negotiation work is important. Our findings showed that the social workers amplified the voices of patients. This work reflects a rights-based approach to care typical for social workers, where they go much further in advocating for patients than what is usually done by other professionals in the healthcare system (Bark et al., 2023; Milano et al., 2022). If other professions chair network meetings in refugee mental healthcare, they will need to foster this right-based perspective. The present study also underscores that specialized rather than mainstream cross-sector mental healthcare is important. The specialized knowledge ensures a comprehensive shared understanding of the refugees' complex care needs, which can also be important to a rights-based perspective.

In our findings, it seemed that the social workers moved comfortably in the gap between the healthcare and social service sectors without feeling lost or unfamiliar. This is probably because social workers, unlike other health professionals, have distinct competencies as system navigators and case coordinators with knowledge about the laws that shape and define the social care system and knowledge about social determinants and how they can be addressed (Bark et al., 2023; Milano et al., 2022). This makes it natural for social workers to focus on the social situation of patients instead of primarily paying attention to the psychoeducation, therapy, and medical treatment central to mental healthcare (Bark et al., 2023).

In other words, the influence social workers have on making cross-sector collaborations person-centered should not be underestimated. We therefore suggest that training focused on cultivating a holistic perspective, knowledge about social determinants of health, and case coordination competencies is imperative when preparing to chair cross-sector collaborations and network meetings.

### ***Limitations and suggestions for future research***

The data material used was very comprehensive. For many network meetings both field notes, audio recordings, and video recordings were collected. This allowed for a triangulated analysis that also considered tone of voice, pauses, and body language. Despite this comprehensive material, all the network meetings were chaired only by four different social workers who had similar levels of working experience. Future research should explore more heterogeneous groups of social workers to better determine the influence of different levels of experience and employment. Such knowledge is important for the transferability of findings.

The data collection was cross-sectional. Thus, we did not explore changes to relational work and negotiation work over time. Future studies could address this gap and illustrate how competencies might be developed and refined over time. Furthermore, for this study, we did not include interview and questionnaire data to understand how the participants perceived the network meetings and the work the social workers performed as chairpersons. Future research should combine methods to explore such perspectives.

Another limitation was that only the first author completed the coding of the data. However, coding considerations, the building of themes, and the interpretation of findings were discussed by the authors.

### **Conclusion**

The study identified two primary types of work that mental health social workers do in cross-sector network meetings to ensure collaborations across sectors for refugees with PTSD focused on managing post-migration stressors. The relational work focused on creating kindness and piecing information together in a shared understanding, which created a sense of team unity. The negotiation work explored the boundaries and options, along with the willingness of professionals to help and support the refugee patients in solving their challenges. Central to these types of work was also that it facilitated person-centeredness – which does not necessarily go hand in hand with cross-sector collaborations. Future cross-sector collaborations must pay attention to what professions and professional skills are being brought together in collaborations, and in the context of refugee mental health treatment, consider the role of mental health social workers in achieving successful collaborations to adequately address complex care needs.

### **Disclosure statement**

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