The Reconintention

reduce involuntary admissions Strategie

Involving Persons with Lived Experience and Family Carers At an organisational level Post-incident Management review Management Joint crisis plan anchoring Peer worker Data monitoring

Continuous

service improvement

Competence Development Recovery-oriented framework Competencebuilding programme

Collaboration across Primary and Specialist Care Levels When assessing involuntary admission **During and following** involuntary admission Joint meeting points

Tailoring Individual Services Individually tailored accommodation Primary care crisis retreat/sheltered housing

Support towards a meaningful everyday life

Collaboration within the Primary Care Level

Between GPs/medical emergency services and the primary mental health services

Joint meeting points

	Aims	Methods / Analysis	Participants	Articles
Study 1	To explore characteristics of individuals' paths toward referral to involuntary psychiatric admissions	Semi-structured interviews and focus groups / Grounded theory	Primary mental health services, GPs/medical emergency services, local psychiatric hospitals, community mental health centres, chief municipal medical officer, police, people with lived experience, family carers (N = 103)	Wormdahl, I., Husum, T. L., Kjus, S. H. H., Rugkåsa, J., Hatling, T., & Rise, M. B. (2021). "Between No Help and Coercion: Toward Referral to Involuntary Psychiatric Admission. A Qualitative Interview Study of Stakeholders' Perspectives." Frontiers in Psychiatry, 12(1348).
Study 2	To explore professionals' experiences with factors within primary mental health services that might increase the risk of involuntary psychiatric admissions of adults, and their views on how such admissions might be avoided	Semi-structured interviews / Systematic text condensation	Managers and staff in primary mental health services (N = 32)	Wormdahl, I., Husum, T. L., Rugkåsa, J., & Rise, M. B. (2020). "Professionals' perspectives on factors within primary mental health services that can affect pathways to involuntary psychiatric admissions." International Journal of Mental Health Systems, 14(1), 86.
Study 3	To develop a comprehensive intervention for	Action research with co-creation by dialogue	Primary mental health services, GPs/medical emergency	Wormdahl, I., Hatling, T., Husum, T. L., Kjus, S. H., Rugkåsa, J.,

Part of the cluster randomised controlled trail:

(ClinicalTrials.gov, NCT03989765)

Reducing Coercion in Norway (ReCoN)

primary mental health care aimed to reduce

involuntary psychiatric admissions of adults

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conferences and digital feedback meetings /

Inductive thematic analysis

Project partners:

• NTNU Social Research, Norwegian Resource Centre for Community Mental Health, Trondheim, Norway · Faculty of Medicine and Health Sciences, Institute for Mental Health, Norwegian University of Science and Technology, Trondheim, Norway

services, local psychiatric hospitals, community mental

health centres, chief municipal medical officer, police,

people with lived experience, family carers (N = 117)

- Centre for Medical Ethics, Institute for Health & Society, University of Oslo, Oslo, Norway • Health Service Research Unit, Akershus University Hospital, Lørenskog, Norway
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Brodersen, D., et al. (2021). "The ReCoN intervention: A co-

care aiming to prevent involuntary admissions." Submitted

created comprehensive intervention for primary mental health

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