One new policy: A variety of applications—The implementation processes of a new mental health policy in Sweden

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Abstract
The increase in mental ill health at a global level is widely acknowledged. This trend has led to the development of new policy frameworks that focus on public mental health. This study aimed to explore the implementation process regarding regional and local responses to national policy, proposing a substantially enhanced understanding of mental health within the Swedish welfare system. To explore the implementation process, a multiple case study was conducted using snowball sampling. In all, 18 key informants were interviewed. The results revealed that the informants adopted an experimental implementation process in which policy learning could take place. Contextual factors were essential for how a broad policy approach could be translated into practice. The broad policy not only made it possible for local needs to be addressed, but it also allowed for variations in focus position within the country as a whole. There seemed to be no consensus among the informants as to the origin or solution to the problem. Essentially, the question of whether public mental health issues should be dealt with at a structural or individual level remained unresolved. The Swedish case could be understood as an illustrative example of how one country attempts to handle a major problem despite insufficient information to direct the initiative towards a certain direction.
The increase in mental ill health is a global challenge affecting millions of people worldwide (World Health Organisation [WHO], 2017). The biggest increase is seen in adolescents and young adults. The trend has led to the development of new policy frameworks within the field. In 2013, the WHO launched an action plan for mental health: Comprehensive Mental Health Action Plan 2013–2020 (WHO, 2013). The plan was accepted by 194 countries during the 66th World Health Assembly. In the same year, the European Commission established the network Joint Action for Mental Health and Wellbeing, financed by the European Union. The network aims to promote joint work towards the facilitation of policy implementation within the field of mental health in all European Union countries (www.mentalhealthandwellbeing.eu). A national example of how the issue has been addressed is the comprehensive Mental Health Policy Commission in the UK, which advocates preventive interventions, addressing both individuals and the future of the nation in the report, “Investing in a resilient generation – keys to a mentally prosperous nation” (Burstow, Newbigging, Tew, & Costello, 2018). The report focuses on prevention and promotion work aimed at the mental health of children and young people. One of the arguments for working with the health of this target group is that most people who live with long-term mental illness showed the first signs of ill health before reaching 25 years of age.

In Sweden, the initiative to formulate a new policy framework within the field of mental health was identified when, in December 2015, the government decided to establish a commission. The goal was to support work within the field of mental health and to coordinate work on a national level. Part of the coordination efforts comprised interventions to promote mental health, counter mental illness, strengthen early efforts for people suffering from mental ill health, and improve care and support for people who had an urgent need for interventions (Government Offices, 2015). A new national policy was launched, proposing a substantially broadened understanding of mental health within the Swedish welfare system (Government Offices and Swedish Association of Local Authorities and Regions, 2015). A broadened understanding of mental health was introduced in a Swedish context in a policy tradition of psychiatry, which had previously focused on people suffering from “extensive or complicated psychiatric problems” (Government Offices, 2012). The commission advocated a significant expansion of the target group concept and described the new approach as follows: “People with mental ill health or at risk of mental illness – regardless of age or sex, as well as the nature and degree of ill health – must have access to suitable treatments” (Government Offices, 2015, page 6). The previously focused group remained a priority. However, the former target group was now extended to include the entire population.

In the field of psychiatric research, it is possible to discern a tendency towards a broader focus in which concepts such as public mental health are increasingly used (Gureje, 2015; Mehta, Croudace, & Davies, 2015; Wahlbeck, 2015). Wahlbeck (2015) proposes that severe mental illness and suicidal actions could be prevented through public health interventions and that public health models should be preferred to high-risk models that only address specific groups. Public health initiatives could also help counteract barriers such as the stigmatisation of mental health, which would benefit people at risk of mental ill health and people suffering from severe mental illness (Gureje, 2015; Wahlbeck, 2015). Some examples of public health interventions include school-based social work in which promotive and preventive interventions are being developed (Lear, 2002; Mutiso et al., 2018). Public mental health interventions are also being developed to address the mental health of older people. However, general models in this area have not proved effective. One reason for this could be the heterogeneity of the group being addressed (Machielse, 2015). Another public health intervention is the Mental Health First Aid education programme, which aims to increase knowledge and engender more tolerant attitudes. The programme adopts a suicide prevention approach and has shown increased knowledge and preparedness on the part of participants as fellow citizens to act in difficult situations after completing their education (Svensson, Hansson, & Stjernswärd, 2015). Although the need for a broadened perspective within the field of mental health has been recognised, research has revealed shortcomings in the area of specialised psychiatric care. Carers of people with mental illness who negotiate care for their relatives who have mental illness felt that these relatives did not receive the help they needed as they had been assessed as not being “ill enough” (Olasoji, Maude, &
McCauley, 2017). In addition, a recent report published by the UN (Puras, 2017) argues for human rights within specialised psychiatry and questions the use of compulsory treatment in psychiatric care. The call for a broadened perspective on mental health does not appear to be the ‘next step’ after having solved issues related to specialist psychiatric care (Olasoji et al, 2015; Puras, 2017). At present, there appear to be issues that need addressing concerning both the care of people living with severe mental illness, as well as people who are not yet ill.

This study explores one country’s attempt to respond to the globally identified (WHO, 2017) challenge of increased mental ill health among its population. This study aimed to explore the implementation process of a new policy framework in terms of regional and local responses to national policy, proposing a substantially broadened understanding of mental health within the Swedish welfare system. The research questions posed were as follows: What characterised the policy implementation process? How could developments in the field of mental health be described? Were any priorities made between interventions that promote public mental health and interventions that address people living with severe mental illness? If so, how were these priorities made?

Mental health policy formulation and implementation is an issue brought to the fore both globally and nationally. The knowledge developed in this study, that is, an example of one country’s implementation process, could hopefully offer very valuable insights for others within this field of interest: policymakers and policy implementers, as well as the individuals affected by the policy change.

This study forms part of a larger project that addresses the implementation process as a whole at national, regional, and local levels. Another part of the project scrutinises national and regional key documents. This part of the study focuses on regional and local responses to the national policy.

2 | THEORETICAL FRAMEWORK

When exploring the implementation process, a theoretical framework was used. One model explaining policy implementation processes was included in the framework. In addition, the concept of project organisations and projectification, which will be explained further down, was included to enhance the understanding of data collected.

The literature on policy implementation processes is extensive. One early definition of implementation was that it means carrying out, accomplishing, fulfilling, producing, and completing (Pressman & Wildawsky, 1973). However, the “top-down” perspective was debated, and a grassroots bureaucratic “bottom-up” perspective was advocated (Lipsky, 1980). Over time, syntheses have been performed, and both perspectives have been identified as being important to implementation processes (Hill & Hupe, 2009). One major synthesis focuses on how policy implementation processes could be examined by using an ambiguity-conflict model (Matland, 1995). The model is intended to identify the level of policy ambiguity concerning the policy level of conflict as follows (Figure 1):

- A low level of conflict combined with a low level of ambiguity leads to an administrative implementation process in which access to resources is crucial regarding the development of the process. The low level of ambiguity means it is clear who will be involved and what these actors will do.
- A high level of conflict and a low level of ambiguity results in a political implementation process in which power relationships are crucial for the development of the process. The high level of conflict indicates there is disagreement about a clearly defined goal.
- A low level of conflict combined with a high level of ambiguity leads to an experimental implementation process in which contextual conditions are crucial to the process. The high level of ambiguity and low level of conflict results in a situation in which the outcome of the process will vary between different local contexts.
- A high level of conflict combined with a high level of ambiguity introduces a symbolic implementation process. The high level of ambiguity conveys that the coalition strength on a local level is crucial to the development of the process.
Applying the model (Matland, 1995) on the data collected offered opportunities to deepen understanding of the studied implementation process. The other concept of relevance for the study was the project organisation and projectification. Using project organisation as a policy tool helps policymakers create networks to involve actors who are difficult to engage within the mainstream hierarchical structure (Hill & Hupe, 2009). Project organisation is also associated with innovation, allowing those involved to act in new ways (Jensen, Johansson, & Löfström, 2012). Project organisation appears to be an appropriate tool for policy implementation when implementing a policy with low conflict and high ambiguity (Jensen, Johansson, & Löfström, 2018). The rationale behind using projects in experimental processes is that it is smarter to begin with and learn from a small experiment before broadening its scope. Another reason is a desire to involve actors from different professions and organisations who otherwise would not work together. A challenge that arises when using project forms in ordinary structures (Jensen et al., 2018) is how to share information, knowledge, and skills from the temporary to the permanent organisation. Conditions for learning must be built into the project structure and task, along with the ability to capture knowledge and build on the lessons learned. The main challenge for managers in human service organisations who use projects as implementation tools is to combine experimentation with interaction with staff in those permanent organisations in which new ideas and procedures are to be implemented. Otherwise, the projects designed to bring about social change may not produce the results that policymakers and citizens expect.

Projectification is a term that was coined by Midler (1995) and described a process in which a company transforms parts of its activities to be handled by autonomous project teams within a restricted time frame and budget. Projectification is both a transformation of activities into projects and an adaptation process of the environment. Projectification creates tension between the project and the nonproject part of the organisation (the "permanent organisation"). Fred (2015) explored projectification in Swedish municipalities and found that project ideas were sometimes ideas that had been discussed for a long time and that now suddenly received the time and space to be realised. It was also found that in organisations, several regular activities were now organised as if they were projects with clearly defined project plans, project leaders, project owners or clients, and precisely defined goals. The assumption in the organisations was that projects would increase innovativeness and flexibility, although routinised and stable characteristics of the more permanent structures would strongly influence how projects were organised. The concepts of temporality (temporary on the one hand and permanent on the other) were interwoven in the same organisation. Organisations could therefore be understood as being partially temporary and nontemporary, both flexible and stable, and hierarchical—and not at the same time. Fred (2015) describes public organisations as being porous in order to comprise both the flexible and temporary aspects of public organisations, as well as their more
rigid and permanent structures. Fred (2015) also describes how an understanding of an organisation as fragmented appeared to encourage project organisation activities at the risk of creating even more fragmentation.

3 | RESEARCH DESIGN AND METHOD

3.1 | Setting

A case study (Yin, 2014) was considered favourable to explore the implementation process. Case studies are suggested as appropriate when studying complex contemporary phenomena. The case study method enables the exploration and understanding of a case about a complex and contemporary policy implementation process at regional and local levels.

3.2 | Context

Within the Swedish welfare system, health care and social support are divided into two organisations (municipalities and county councils) with their structures and political decision-making processes. Municipalities are responsible for the organising of citizens’ social support and services and county councils for the organising of citizens’ primary and specialised care. To initiate the new policy implementation process, more than EUR 80,500,000 were allocated to establish conditions in which municipalities and county councils could conduct joint long-term operations in the field of mental health. Sweden has 290 municipalities. A number of municipalities constitute a county, and there are 21 counties in Sweden.

One strategy used by the national government to achieve a broader perspective on the Swedish psychiatric and public mental health field was to task Swedish counties with formulating a Regional Action Plan (RAP) in which social services, healthcare units, and user organisations jointly created a regional needs assessment and set goals for future joint efforts within the field. Creating a RAP was the only way for municipalities to retain grants associated with policy implementation (Government Offices and the Swedish Association of Local Authorities and Regions, 2015).

3.3 | Data material

To explore responses at the regional level three counties were strategically selected based on the variation of the character of the RAPs and geographical location (one county in the north, one in the middle, and one in the south). In each county, one municipality was strategically selected to offer opportunities to capture differences and nuances. The selection was based on two geographic variables (variation in population density and number of inhabitants). The following municipalities were included in the study: one small municipality with 11,000 inhabitants and a population density of 1.6 inhabitants/km²; one medium-sized urban municipality with 127,000 inhabitants and a population density of 59 inhabitants/km²; and one large metropolitan municipality with 575,000 inhabitants and a population density of 561 inhabitants/km².

3.4 | Recruitment and sampling

In the selected counties, the persons that had been most involved in the writing process of the RAPs were identified and contacted first by email and then by phone. In the county where the small rural municipality was located, two persons were identified as key informants; in the county where the middle-sized municipality was located, one
person was identified as a key informant; and in the county where the large metropolitan municipality was located, three persons were identified as key informants. All key informants were at the regional level. Snowball sampling was applied for recruitment. During the phone call with the regional key informants, they were asked to name persons at the local level that they considered were most involved in the local policy implementation process. Those named were contacted by mail or phone, received oral and written information about the study, and asked to participate. In the small rural municipality, two persons chose to participate in the study, seven from the middle-sized municipality, and five from the large metropolitan. Key informants thus represented regional and local strategic units, local social services, healthcare units (both primary care and special care units) and user organisations. In all, 18 people agreed to participate and gave their oral and written consent to participate. Four people (two in the small rural municipality and two in the middle-sized municipality) declined to participate for different reasons. In the results, key informants are referred to as health care services or social services in small, medium-sized, or large municipalities, for example, "social services, small-sized municipality."

3.5 | Data collection

Semistructured qualitative interviews (Ritchie & Lewis, 2003) were conducted between April and June 2018. During data collection, both individual and group interviews were performed, with most being individual face to face. In two cases (see Table 1), a small number of colleagues (two–three persons) suggested a group interview, and therefore, a group interview was conducted. The interviewer’s task was to create an atmosphere that allowed informants to express personal opinions in a group interview setting. In the two group interviews, the informants were colleagues at the same position in the organisation. They suggested the group interviews should complement each other during the interview. Power relationships were thus assumed equal. This assumption could of course be questioned. However, the atmosphere during the interviews strengthens the assumption of equal relationships. One telephone interview was conducted to facilitate the informant’s participation.

During the interviews, thematic, open-ended questions were posed to the informants. The interview questions also provided scope for the informants’ thoughts and feelings associated with the implementation process addressed in the questions. The informants gave their oral and written consent to participate in the study. Informants were informed that their participation was anonymous and confidential. When talking about anonymity with the informants at the county level, the possibility that informants could be identified with the RAPs was discussed. The interviews lasted between 50 and 90 min. Each interview was digitally recorded and transcribed verbatim.

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<tr>
<th>TABLE 1</th>
<th>Overview of the key informants and the type of interview conducted</th>
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<tbody>
<tr>
<td>Informants</td>
<td>County with small rural municipality</td>
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<tr>
<td>Total number</td>
<td>4</td>
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<tr>
<td>County level</td>
<td>Two county strategists group interview</td>
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<tr>
<td>Municipality level</td>
<td>Two frontline practitioners social services individual interviews</td>
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3.6 | Data analysis

Data were read multiple times. As a first stage, data were sorted using an inductive approach according to conventional content analysis (Hsieh & Shannon, 2005). Core categories were identified and defined. Next, a directed content analysis (Hsieh & Shannon, 2005) was applied. Interview data were related to guiding concepts associated with the field of interest. This analytical method allowed both data and theory to be present in a parallel process to enrich the analysis.

3.7 | Limitations

One limitation of the study concerns the snowball method applied. When asking county-level key informants about persons involved at the local level, several key informants were identified. However, there was a risk that important persons involved in the implementation process at the local level were not known by the key informants at the county level. When contacting the persons at the local level, four declined to participate (three felt that they were not much involved in the implementation process). Their decline and the experience during the interviews that local key informants talked about other informants included in the study as of importance for the local implementation process indicated that identified informants should be considered as key informants.

Another limitation is the selected time frame. The study was conducted only 2 years after the new policy was launched. If the interviews had been conducted a few years later, the process would have likely developed further, and other results would perhaps have been found. This study provides knowledge about the early implementation process. Studying the implementation process over time could still be done in the future.

4 | RESULTS AND ANALYSIS

4.1 | A context-dependent experimental implementation process

The policy implementation processes were highly context dependent on the three local contexts. The broad policy approach provided scope for regional and local priorities. The process meant individuals could influence how regional and local processes developed. Informants described how officials and managers, who had strong personal involvement in the matter, could influence the direction of development. Previously built collaborative structures and regional traditions were central to how the implementation process developed and whether it concerned general mental health care or specialised psychiatric care.

Grants associated with the reform were assigned to municipalities based on the number of inhabitants. The allocation principle meant that the small rural municipality received minimal funding. Thus, there was a lack of resources compared with costs associated with addressing a broad group of citizens’ mental health issues, as advocated by the RAP. Locally, this problem was solved by applying for additional external funding.

There is not much of a budget and not much government funding, either. We are constantly searching for funds... At the moment, we have quite large budget cuts, so we are looking for funding in different ways. (Social services, small-sized municipality)

This meant that the focus of the mental health services in line with the broadened policy was determined by current trends in external funding. At present, the integration of immigrants resulting from a large number of refugees arriving in Sweden in recent years is given a high priority in current national grants and funding. Thus, social services managers in the small municipality applied for and received funding for mental health among immigrants. The small
municipality has received a large number of immigrants in recent years and hopes to be able to attract people to live in the area in the future.

The medium-sized municipality had a tradition of extensive public health care. The broadened mental health policy was received by public health strategists and represented a broad understanding of mental health and mental illness. Resources were allocated both to address people suffering from severe mental illness and to fund broader interventions in the field of mental health (e.g., young persons with social problems and suicide prevention).

Because the entire population is the target group, you could say that most of the efforts being made could be regarded as being related to this policy. (Healthcare services, medium-sized municipality)

In the large metropolitan municipality, a reliable, stable political and professional structure for network and cooperation regarding support and care for people suffering from severe mental illness and addiction had been built up over the past 20 years. This structure included social services, the healthcare sector, and mental health user organisations. This tradition entailed that the broad policy was received in a municipality populated by committed representatives and professionals, as well as service users who advocated an understanding of the field of mental health as primarily targeting those most in need. The people involved in the implementation process did not regard local ambitions for people suffering from severe mental illness as having been achieved thus far.

There were concerns when the new funding arrived because many people understood it as meaning that the most vulnerable group would suddenly be given a lower priority. And we have always maintained that, like previously, we must focus on comorbidity, severe mental illness and disability...

We cannot give a lower priority because we have not reached the goal. (Healthcare services, large-sized municipality)

Thus, the focus of this municipality was to address a more traditional recipient of mental health support and interventions. The broader perspective on mental health was initiated on a smaller scale. New initiatives (e.g., schools operating in a more social work-orientated manner) were taken. However, the focus on severe mental illness remained the central theme.

The three municipalities demonstrated that contextual factors were essential concerning how the broad policy was locally translated into practice. The direction of process development depended on the potential resources available, perceived needs of the population, and the values and attitudes towards public mental health. According to Matland’s (1995) model, this process could be regarded as an illustrative example of an experimental implementation process. Because the broadened policy was not questioned in any of the three counties or municipalities, there was a low level of conflict. The very broad understanding of mental health and services in the national policy document (Government Offices and the Swedish Association of Local Authorities and Regions, 2015) is complex and ambiguous. There was a wide range of vulnerable groups to address and interventions to adopt, ranging from public mental health preventive interventions to mental health care and support for people who had an urgent need for interventions. The experimental implementation process leads to a situation in which the outcomes of the process varied significantly. Depending on regional and local economic conditions and traditions and actors involved in the process, regional and local practices were developed in each county and municipality. The broadness of the national policy paved the way for a diversity of approaches to evolve within the field of mental health.

The results showed that the broad national policy approach was not questioned by the majority of informants. The importance of working together with the mental health of citizens was affirmed. However, one critical voice was raised from the field of specialised psychiatry. The informant believed that the perspective change—from a focus on severe mental illness to promoting public mental health—was a political pretext for not focusing on development within a specialised care context, which was questioned by both users and practitioners.
I think it's crazy and I am surprised that the Swedish Psychiatric Society accepts this rewording without any protest and that the user organisations appear to be relatively willing to accept it. (Healthcare services, medium-sized municipality)

Critical voices were also raised by both regional and local informants concerning what informants understood to be the individualisation of a social phenomenon. Attempting to solve a structural problem on an individual level was questioned. Labour market policy was mentioned as one area in which changes were needed to address the mental health of the population.

The strength of the experimental implementation process relating to Matland’s (1995) model was that regional and local adaptations of the national ambition were possible and that the process provided scope for trying different ways of working based on different needs and methods. The development of completely new working methods and models was possible, which as reflected in the interviews.

We’re going to implement a method called YAM, youth awareness of mental health... The Student Health Officer and I said that this could be something interesting to implement and try out here. (Healthcare services, medium-sized municipality)

In addition, the experimental implementation process provided the vision for development, innovations, and local modifications. Discretion was received and used in regional and local contexts, and different ways of approaching the field of mental health were developed.

4.2  |  The character of the evolving field of mental health

At the national level, there was room for visions and a very broad perspective (Government Offices and Social Affairs and Swedish Association of Local Authorities and Regions, 2015). The higher up in the organisation, the wider the ambition of the initiative and the closer the informant was to the applied practice, the more the breadth of the work was adapted to what was practically feasible in a regional and local context.

The experimental implementation process secured that many strategies were used. One strategy was to integrate mental health interventions into regular work. This strategy meant that employees who were expected to add public mental health interventions to the ordinary workload felt that they were already busy enough.

I think the challenge is that since we address healthcare staff, primary care and also specialist care on many occasions, I think, with all due respect, that they are fully preoccupied with people who are seeking help for mental illness. (Healthcare services, medium-sized municipality)

It was assumed that employees incorporated something new into their regular work. The inclusion of flexible funding in the permanent organisation also implied that a lot of resources were spent on training existing staff. Another strategy was to create temporary projects and project positions within the organisations that were added to regular structures. This strategy paved the way for certain employees to focus explicitly on mental health interventions. Yet another strategy was to use the funding to ensure that previously initiated projects on mental health could continue. Fred's (2015) research has shown that when projects are introduced into regular structures, it creates an opportunity to realise ideas that were not possible to realise before. Similar situations were mentioned in the interviews when informants stated how they were not primarily creating new ideas but that the funding enabled them to strengthen and continue current projects and ideas closely related to the field of public mental health.
I've worked very much with domestic violence. To me, this area belongs to the field of mental health. We have received government funding for three consecutive years... We feel like: Great! Now we've received this (mental health policy) funding; we can now do more detailed work. (Healthcare services, medium-sized municipality)

Although there was a high degree of freedom to develop work on a local level, some fixed time frames regulated what and how the work could be done. One premise was that the national policy should be decided on from 1 year to the next. If there was to be no funding for this kind of work in the coming year, regional and local stakeholders were told about this by the end of December each year. Being able to start work as early as in January the next year created difficulties when decisions needed to be anchored in the organisations. It was felt that the recruitment of specialised employees was problematic as it took time to recruit the right persons, and it was difficult to promise potential employees a contract that lasted longer than 1 year.

The long-term perspective is a modified truth... If you recruit qualified people but you cannot say that you will be able to promise that you can do this for a while ahead. But we don't know. Then you lose skilled people and you have to start all over again. (Healthcare services, medium-sized municipality)

In the large municipality, the politicians had decided to allow healthcare and social services to save money from 1 year to another to strategically use funds over a longer period. The social service informants in the large municipality thought that this opportunity was crucial to how they could develop their work.

We've set aside funds. It's very important to be able to say that we can promise 2 years because we know we have the funds. (Social services, large municipality)

This opportunity signified that they could become involved when an opportunity arose. One example was that the social services and the child and adolescent psychiatric services had jointly agreed to develop mobile teams meeting with young people who harm themselves. The social services had long sought this type of collaboration, and suddenly, the opportunity could be realised because funding was available.

The project form offered flexibility. At both regional and local levels, informants stated that a lot was going in progress.

It's great because everyone has got started. I want to say that quite a lot is happening. (Healthcare services, large municipality)

As a result of the broad approach, there were no obstacles to linking various projects to the area and, in local contexts, own initiatives had been encouraged and realised. This local adaptation and the richness of variety and diversity would not have been possible in implementation processes that were other than experimental.

4.3 Project organisation used as a policy tool

As shown in previous research (Jensen et al., 2018), project organisation was also considered an appropriate tool in this experimental policy implementation process in the studied case. Small-scale projects offered opportunities for learning processes and modifications before implementation on a larger scale. Research (Hill & Hupe, 2009; Jensen et al., 2018) has shown how in the studied municipalities the project form facilitated the building of new networks in which stakeholders from various organisations could be included in networks. It also allowed for creativity and innovation (Jensen et al., 2012). In line with other research, it also raised questions about how to share information,
knowledge, and skills among professionals in temporary and ordinary structures (Jensen et al., 2018). Implementing projects in existing public organisational structures creates tensions between ordinary and temporary structures. Flexible and temporary interventions are implemented in stable and fixed structures (Fred, 2015). In this case, the tension between regulations associated with funding and regulations within the ordinary organisation was reflected at both regional and local levels. At the local level, one example shown in the small municipality was that all those running the mental health unit at the labour market department received contracts 1 year at a time.

This project expires at the end of December this year. But no, we’re trying to see that it will be resolved. We’re not going to close down now when we’ve developed so much... Our contracts run until the end of December, but I don’t think anyone is even looking at other jobs. This way of thinking is the spirit of this municipality. We will definitely solve it in one way or another. (Social services, small-sized municipality)

This insecure employment context was secured by a manager’s solution-focused coping and long-term approach to the project. The manager’s preference reflected the desire to eventually integrate the new work as part of the regular organisation. This desire involved a change to transform a temporary project into a regular, basic service. This approach was an example of how the temporary affected the ordinary and vice versa (Fred, 2015). The ordinary (organisational forms and structures) affects how the temporary forms could develop. The temporary projects then affected the ordinary by influencing the ordinary when it was undermined by the temporary project. Both managers and employees were affected by these simultaneous processes.

4.4 | Prioritisation policy in the municipalities

In the middle-sized municipality, the data showed that contradictory opinions emerged during the prioritising process. The responsible official within the healthcare organisation arranged workshops with groups, including various representatives from the organisation as a whole. Mapping of needs was conducted in the groups.

Some just talked about very sick people while others wondered why we never get into the prevention questions... I think the most difficult thing was how we should think? (Healthcare services, medium-sized municipality)

However, the process was led by an official specialised in public health. This approach of having the process led by a specialist in public health matters became the underlying framework in the work and practice of the healthcare service organisation. A specialised psychiatrist suggested that the expectations of the preventive work were far too high.

In my view, there are far too high expectations of the potential of preventive work to save the world. At the same time, none or only a few have shown that this can be prevented. There are theoretical models throughout. (Healthcare services, medium-sized municipality)

The specialist also pointed out that solutions addressing public mental health issues could be found in other sectors, such as labour market strategies or insurance forms, and not only in the health care sector. The specialist understood the political interest in general mental health as a reaction to the criticism concerning the shortcomings of specialist psychiatric care that have occurred in the past.

It was a strategic mistake to see their [specialist psychiatry] task as pointing out everything that is not good and everything that could be better. And so, you do it year after year after year and, in the end,
the politicians get tired... So, someone's simple explanation could be that you then change focus to something less obvious if you succeed or fail... It [the preventive approach] has benefited from a political perspective. (Healthcare services, medium-sized municipality)

The political decision to allow a public health specialist to serve as a key member in the implementation process could be inferred as the major reason why the public health perspective became the prevailing approach in this municipality.

In the small-sized municipality informants referred all priority processes to regional networks, including politicians, practitioners, and strategic staff in the healthcare and social service organisations. A representative from the social services had been involved in the network where the priority processes took place. The key informants' experience of priority work was that priority processes not only took place at the management level but also directly "on the floor."

A lot happens in management groups in the local social office. To a certain extent it also happens in the management group for the municipality as a whole... It also happens down with us on the floor. (Social services, small-sized municipality)

Priority processes in this municipality were referred to as dynamically taking place at different organisational levels. There were no statements during the interviews arguing for different opinions among different stakeholders. One reason for this might be that the small-sized municipality did not have specialised psychiatric inpatient care (only social services and outpatient primary care). In the large-size municipality, strategic officials from the healthcare services referred to the priority order as something understood in the organisation.

The priority is, of course, that the most severely ill persons should be helped first. (Healthcare services, large-sized municipality)

Another relevant factor during the priority process in this municipality was the representation of user organisations in the established working group.

In the process of formulating the working group the group [a user organisation] would make their case, so to say. (Healthcare services, large-sized municipality)

In the large-sized municipality, the priority process was characterised by a strong voice of representatives advocating for the priority of persons suffering from severe mental illness.

In summary, priority processes were taking place in all the municipalities. In two (the small and large municipalities) of the three municipalities, priority processes were not described by informants as complicated processes; rather, they were experienced as dynamic processes, even though these two municipalities prioritised different target groups. The priorities seemed to be experienced as relevant in the specific local contexts. In the middle-sized municipality, however, contradictions on how to prioritise between the unique needs of different groups were pronounced.

5 | DISCUSSION

This study explores one country's attempt to respond to the globally identified (WHO, 2017) challenge of increased mental ill health among its population. This example was carefully examined, and the findings described above will now be discussed.
5.1 | Mental ill health—What is the problem and how should it be handled?

The results showed that the experimental implementation process enabled counties and municipalities to adopt a national policy for their particular needs. The process also allowed major variations in support and services to emerge concerning priorities among different groups. In the three municipalities, three groups were prioritised. The results did not show whether there were large variations in support and services in different municipalities. The large-size municipality may have prioritised severe mental illness given that the municipality already had a good preventive programme for the population as a whole but also for different risk groups. The work with severe mental illness and preventive public health interventions in the small-size municipality might already have been established, so the immediate need was to address migrants at risk of mental ill health. In the middle-size municipality, however, the informants expressed different opinions about local needs: One set of needs was identified for severe mental ill persons and a different set for the population as a whole. Thus, a prioritising of different groups was central. The question of whether mental health support and services differ between local Swedish settings as a result of the experimental implementation process still needs to be explored.

The fact that the three municipalities focused on different priorities, however, raises the question: If the experimental implementation process of the broad mental health policy entails that the mental field evolved in different ways and in different local contexts, how could a national mental health policy be formulated to secure equal support and services to citizens in the country as a whole? One proposal could be to develop national guidelines based on the best available knowledge about public mental health interventions. One important problem, however, is the complexity highlighted by both the key informants in the present study and research stressing public mental health interventions. Criticism was levelled against the position that a complex structural societal phenomenon was being interpreted as individual problems with individual solutions. Informants argue that the solutions to public mental health issues could be found in other sectors (e.g., labour market policy) than the social or healthcare sector. Research examining the effect of general mental health interventions also questions the effect of the interventions given the heterogeneity of the target groups (Machielse, 2015).

The results of this study further showed that the three municipalities attended to the two extremes of an illness-wellness continuum: citizens assessed as being at risk of having mental health problems and those suffering from severe mental illness. This finding is consistent with international research showing that relatives of people suffering from moderate mental illness felt that their loved ones did not receive the help they needed because they were “not sick enough” (Olasoji et al., 2017).

The present results suggest that the mental health policy implemented in the “Swedish” case could be understood as a major initiative not yet anchored in a consensus understanding of either the problem itself or the solution to the problem in both research and practice. The Swedish case could be understood as an illustrative example of how one country attempts to handle a major problem despite insufficient information to direct the initiative towards a certain direction. The question of whether public mental health issues should be dealt with at a structural or individual level has not yet been answered. Still, it seems that current efforts have primarily focused on individual interventions and solutions, which evidence-based methods to apply remains unclear. Different methods were thus applied, and new ones developed in different settings. An experimental implementation process has the advantage of allowing new methods and knowledge to be developed. In the Swedish case, there were no ambitions to follow-up the implementation process in a structured way to enable a deeper knowledge to emerge on a national level. This could be emphasised as one of the lessons learnt: not to miss, but to take advantage of the situation of an experimental implementation process to develop further the knowledge within the field that is still largely unexplored.

5.2 | Effects of projectification

How projectification (Fred, 2015) could influence the long-term stability of the new policy is important to understand. The results demonstrated that in the municipalities, temporary parallel project structures were established
within or close to the ordinary organisational structures. Thus, ordinary stable organisational structures affected how temporary, flexible project forms could develop. On the one hand, regulations embedded in large, rigid organisations determined what was possible to do and how it was possible to do it; on the other hand, regional and local stakeholders used their discretion to add flexibility by finding creative solutions within stable organisations. Although the ordinary organisational structures affected the temporary initiatives, the temporary projects affected the ordinary organisational structures as well.

Incorporating additional work into regular organisational structures could lead to future stability. At the same time, the results in the middle-sized municipality revealed that there was a risk that new initiatives would not be easy to implement because employees neither had the time nor the energy to include new tasks to their regular work. Another strategy (exhibited in the small-size municipality) was to initiate projects such as temporary employment of staff in addition to regular organisational structures. With this strategy, the initiation of the projects may discontinue if funding is abruptly discontinued. On the other hand, projects might be incorporated into the regular organisational structure if they become stabilised and an ordinary fixture of the work environment and if decision makers see the value of funding and incorporating the project into the regular organisational structure. Yet another option would be to incorporate development work in the regular organisational structure and thus not be entirely dependent on external project funding.

For the Swedish case, of particular relevance is the understanding associated with projectification (Fred, 2015), the process by which fragmented organisations appear to encourage project activities at the risk of creating even more fragmentation. The extensive use of project structures in the present case suggests that the implementation of the experimental policy could be seen as taking place in a mental health field consisting of fragmented organisations at risk of increasing fragmentation. National stakeholders should consider this finding when further developing the mental health field. In a fragmented organisational landscape, it becomes a challenge to provide individuals with cohesive mental health service and support.

5.3 | Mental illness located in a public mental health discourse

The broadened national policy document (Government Offices and Social Affairs and Swedish Association of Local Authorities and Regions, 2015) did not advocate the exclusion of persons with extensive needs but did champion the inclusion of other groups. The criticism directed at the policy from a key informant representing the specialised care services indicated an intended or unintended movement away from the previously focused and criticised specialised psychiatric care services. In light of the UN report, (Puras, 2017) calling for human rights within specialised psychiatry the forceful movement towards public mental health is not surprising. When facing difficult questions within specialised psychiatric care although simultaneously facing the identified threat of increased public mental ill health, a redirection of focus could be discerned in the Swedish case. Psychiatric care became part of the broadened policy framework but is a substantially smaller part of the new target group (i.e., the entire population). Preventive public mental health initiatives seemed to be more difficult to criticise than visible failures in specialised psychiatric care. The change of focus encouraged looking at new initiatives although deemphasising judgment and condemnation towards specialised psychiatric care.

6 | CONCLUSION

In this multiple case study, the implementation process was characterised as a context-dependent experimental implementation process (Matland, 1995). The broad initiative resulted in three areas of focus at the three regional and local settings. Strong traditions, together with influential representatives, were found to affect regional and local priorities. Developmental and planning strategies varied widely in the work of the municipalities. One strategy was
to integrate mental health issues into regular stable structures. Another strategy concerned building temporary project structures in parallel with or within the existing structure. Long-term consequences of different strategies need to be addressed. Projectification (Fred, 2015) could allow for innovation but at the risk of increased fragmentation.

Some lessons learnt are as follows: First, the broad policy approach encouraged addressing local needs. It also allowed for greater variation on what to focus on within the country as a whole. Potential unequal consequences of variation in support and services need to be further explored. Second, the experimental implementation process allowed new methods to be developed. In the Swedish case, the chance to follow-up these initiatives was strategically not taken. Finally, there seemed to be no consensus among the respondents as to the origin or solution to the problem.

CONFLICT OF INTEREST
The authors declare no conflict of interest.

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