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There Are No Thresholds Here: Social Inclusion Among the Participants of a Community Sports Initiative

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Abstract

Community sports initiatives can promote social inclusion by facilitating low-threshold participation in physical exercise with others. Due to social and systemic barriers, persons with experiences of mental health and substance use problems often have limited access to community arenas, such as those offering physical exercise. Community sports may counteract such inequities in practice. In Bergen, Norway, the community sports initiative Psykiatrialliansen (The Psychiatric Alliance) aims to promote participation in physical exercise for anyone with an interest in being involved. On a weekly basis, they arrange a range of sports and activities in ordinary sports arenas across the city, free of charge. The purpose of the study was to explore how members and coaches experience participation, and in which ways participation contributes to experiences of social inclusion. Focus groups, paired interviews, and individual interviews were conducted with 33 participants. A two-tiered thematic analysis was conducted based on a framework for social inclusion, resulting in the main theme "experiences of social inclusion," with the following subthemes: (a) access to resources, (b) recognition through responsibilities and roles, and (c) a sense of belonging through relationships. The participants described a unique and generous arena where resources were emphasized. Furthermore, they described experiences of being acknowledged through responsibilities and positive roles. Finally, the community sports initiative was viewed as a low-threshold, inclusive community that facilitated a sense of belonging through positive relationships. The findings indicate that Psykiatrialliansen contributes to experiences of social inclusion in multiple, intersecting ways.

Keywords

citizenship; community integration; community participation; mental health; physical activity; recovery; substance use; well-being



1. Introduction

The rights to physical and mental health and social inclusion are embedded in the Declaration of Human Rights (UN, 2020; WHO, 2021b), and physical activity is inherently associated with enhanced well-being and quality of life (Buecker et al., 2021; Fancourt et al., 2021; Litwiller et al., 2017). In addition, physical activity may benefit both physical and mental health (Eather et al., 2023; Ohrnberger et al., 2017). While physical activity, broadly defined, is available to most people, opportunities for participation in physical exercise that is planned, purposeful, structured, and repetitive (Dasso, 2019) may differ between individuals and groups, and depend on intersecting psychosocial and socioeconomic factors, including mental health, physical health, income, housing, social support, marginalization, and discrimination (O'Donoghue et al., 2018). As such, access to opportunities for participation in physical exercise may be considered a matter of social inclusion (Benkwitz et al., 2024).

Persons with mental health and substance use problems tend to have limited access to opportunities for activities (Blank et al., 2015; Cogan et al., 2021). Mental health and substance use problems are often intertwined and may both stem from and cause significant disruptions and distress in everyday life, thus making community participation challenging in practice. Experiences of discrimination and internalized stigma may produce a sense of difference that alienates people from their communities (Cogan et al., 2021; Vervliet et al., 2019). In addition, relative poverty decreases the accessibility of opportunities for participation (Topor et al., 2019). By contrast, experiences of being acknowledged and viewing oneself as an appreciated, active participant in the community may facilitate social inclusion for persons with mental health and substance use problems (Davidson et al., 2008). Access to necessary material, financial, and social resources can also promote social inclusion (Hennessy, 2017).

Social inclusion refers to processes of social integration through improving the conditions for participation both for individuals and groups (WHO, 2021a, 2021b). This, in turn, may have positive implications for health and well-being. Social inclusion encompasses the right to be included, as well as opportunities for involvement in practice (Davey & Gordon, 2017). Experiences of social inclusion include intrapersonal and interpersonal dimensions, and the relationship between citizens and between citizens and the state (Lister, 2007). Furthermore, experiences of social inclusion require a degree and type of participation and involvement in the community that feels sufficient and subjectively meaningful to the individual (Le Boutillier & Croucher, 2010). In addition, more objective factors such as housing, education, employment, leisure, and social support are important (Filia et al., 2019). Social inclusion is typically positioned in relation to social exclusion (O'Donnell et al., 2018; Wright & Stickley, 2013), which can be conceptualized as restricted opportunities for participation and involvement in society (WHO, 2021a, 2021b). As such, marginalization and social inequalities in health and welfare may be the result of processes of social exclusion (Wright & Stickley, 2013). Overall, social inclusion can best be promoted through systemic efforts to create welcoming communities (Snethen et al., 2021).

Rowe et al. (2012) developed a citizenship framework that we consider highly relevant for conceptualizing and promoting social inclusion. They define citizenship as community membership obtained through access to "the five Rs," namely the interrelated dimensions of rights, responsibilities, resources, relationships, and roles (Rowe et al., 2012). *Rights* concerns access to various fundamental rights, such as the right to housing and the right to healthcare. *Responsibilities* points to tasks and duties in the community, such as the social obligation



to help a neighbor or to participate in community activities. *Resources* refers to the availability of various essential material, financial, and social resources, including a reliable source of income and positive community arenas. *Relationships* refers to rewarding, reciprocal contact with others, for instance at work or with family. Finally, *roles* concerns the possibility for taking on social roles which are valued by others, such as friend or teammate. Psychologically, citizenship relies on an individual's experience of belonging and connectedness in their respective communities, and socially, citizenship involves recognition by others as an appreciated community member (Rowe et al., 2012). Citizenship and human rights are closely interrelated (WHO, 2021b), and the degree to which the dimensions are made available to people will have implications for their lived experience of being socially included or excluded (Rowe et al., 2012).

Participation in activities, including physical exercise, has been described as facilitating well-being for persons with experiences of mental health and substance use problems by promoting meaning, agency, and capability as well as a sense of belonging and opportunities for contributing and being viewed as resourceful by others (Litwiller et al., 2017). In terms of physical exercise, both individual participation and team participation have been identified as beneficial for well-being, although team participation in particular has been found to be associated with enhanced experiences of social inclusion due to creating possibilities for social interactions, connectedness, and friendships (Andersen et al., 2019; Benkwitz et al., 2024; Eather et al., 2023).

Structural factors such as facilities, equipment, personal economy, and transport may play a crucial role in affecting participation in physical exercise (Collins, 2004). Moreover, the availability of a safe and supportive environment is an essential prerequisite for positive experiences with physical exercise (Dasso, 2019). Social environments may be perceived as supportive if characterized by a flexible, reciprocal, and non-judgmental atmosphere (Litwiller et al., 2017). Efforts to promote social inclusion through physical exercise can include supporting participation in a variety of activities, facilitating meaningful social relationships, and providing the resources, facilities, and circumstances needed to nurture personal interests and abilities (Repper & Perkins, 2009; Snethen et al., 2021).

Community sports initiatives may be particularly suitable settings for promoting planned, purposeful, structured, and repetitive physical exercise within an empowering social context (Benkwitz et al., 2024; Dasso, 2019). Community sports initiatives have been defined in the following terms:

Community sport activities are low threshold and financially accessible, and organized locally, in specific—often urban—neighborhoods. The activities are not usually high level or competitive in nature. The above aspects make the community sport setting a fitted context for meeting like-minded people in a safe and accessible manner, and potentially a powerful tool to reach socially disadvantaged groups. (Van der Veken et al., 2020a, p. 2)

Community sports may facilitate social inclusion in many ways, including through introducing and acknowledging every participant, distributing roles, establishing shared goals, and appreciating effort (Van der Veken et al., 2020a, 2020b). Community sports may further contribute to experiences of positive identity, meaning, hope, and connectedness, thereby strengthening social inclusion (Benkwitz & Healy, 2019).

Community sports initiatives are offered to various target populations across communities and countries to address social inequalities in opportunities for physical exercise (WHO, 2021a, 2021b). Some recent studies



have assessed how community sports initiatives for persons with experiences of mental health and substance use problems may facilitate social inclusion (e.g., Benkwitz & Healy, 2019; Healy et al., 2023; Ogundipe et al., 2020; Oudshoorn et al., 2022).

Benkwitz and Healy (2019) and Ogundipe et al. (2020) explored the role of street soccer in recovery and social inclusion. Healy et al. (2023) focused on the value of adding physical activity into peer support groups for enhanced social inclusion, and Oudshoorn et al. (2022) studied the role of community sports as an intervention for social inclusion for persons with experiences of housing instability. Benkwitz and Healy (2019) found that enhanced connectedness was an especially important outcome of participation in street soccer, with opportunities for valued social interactions and social support. Similarly, Ogundipe et al. (2020) found that being part of a supportive team boosted participants' sense of identity and self-worth and gave them opportunities to support others in return. These intrapersonal and interpersonal aspects were also emphasized among participants with experiences of housing instability who were involved in a community sports intervention, indicating that participation made a positive difference in their everyday lives (Oudshoorn et al., 2022). Finally, user involvement and collaboration were highlighted as important aspects in successfully promoting physical activity in peer support groups (Healy et al., 2023). Inspired by these studies, which focused on specific activities and arenas, the aim of the present study was to explore how members and coaches of a community sports initiative intended for a broader population, with a wider range of activities offered, experience participation and in which ways participation may contribute to experiences of social inclusion.

2. Methods

2.1. Setting

In Bergen, Norway, the non-hierarchical community sports initiative Psykiatrialliansen (The Psychiatric Alliance) aims to promote participation in physical exercise and social inclusion. Psykiatrialliansen served as the case for the present study. Psykiatrialliansen was initially established in 2006 as a community initiative in collaboration between specialist health services and municipal services for persons with mental health and substance use problems. Although Psykiatrialliansen aims to serve persons with past or present experiences of mental health and substance use problems, anyone in the community who is interested in participating in their activities is welcome to join and diversity is encouraged (Psykiatrialliansen, n.d.). In addition, anyone who participates in any given activity is considered a participant on the same level as everyone else. Disclosure of mental health or substance use status is not required nor is active involvement in treatment. The 31 activities currently offered by Psykiatrialliansen include running, swimming, yoga, hiking, spinning, soccer, and climbing, and all activities are organized at ordinary sports arenas across the city, free of charge. The activities are arranged nearly every day throughout the week. At present, Psykiatrialliansen has approximately 450 active participants. Their slogan is "Everyone is welcome, always."

2.2. Design

The aim of this study was addressed using qualitative methodology, with in-depth focus group interviews, paired interviews, and individual interviews. This study was part of a mixed-methods pragmatic evaluation of well-being and social inclusion among members and coaches involved in activities offered by Psykiatrialliansen



(hereby primarily referred to as "the community sports initiative") and has been developed based on a dataset which was described in a report summarizing the evaluation project in Norwegian (Karlsson et al., 2023).

2.3. Competency Group

Competency groups are established to facilitate user involvement, dialogue, and knowledge construction based on multiple perspectives in research projects (Borg et al., 2012). Relevant stakeholders (e.g., users and staff) are invited to follow the process of developing and conducting research projects alongside researchers, with the intent of representing multiple perspectives and voices (Borg et al., 2012). Competency groups themselves may function as arenas for promoting social inclusion within research by ensuring representation in knowledge production (Borg et al., 2012). In the initial stages of the evaluation project, a competency group was established, comprising two members, two coaches, two employees, and at least one of the researchers involved in the project. The intention was to use the competency group as a collaborative venue to inform and guide the research process. In total, four competency group meetings were held while developing and conducting the study.

2.4. Recruitment and Sample

Over a period of five days in January 2022, members and coaches involved with the community sports initiative were invited to participate in the study. Recruitment was carried out by two of the researchers (MB and BK), or other members of the competency group, directly before or after a physical exercise session. Anyone who participated in activities offered, whether a member or a coach, was considered within the target population, in accordance with the community initiative's general principles. There were no specified exclusion criteria. In total, 33 participants and coaches participated in the interviews (14 women, 19 men), several with experience in both roles. The duration and frequency of their involvement with the community sports initiative were not recorded, but several participants mentioned being involved for a prolonged period and regularly participating.

2.5. Data Collection

A total of five focus group interviews, two paired interviews, and two individual interviews were carried out. The focus group interviews were scheduled to take place following various physical activity sessions over the course of a week. In seeking to accommodate all prospective participants who expressed interest in the study, we set up additional interviews, paired and individual. All interviews were conducted in Norwegian. The focus groups consisted of between three and eight participants each and were conducted by two of the authors (MB and BK) and a member of the competency group. The interviews lasted approximately 1 hour with some variation in duration between interviews. A semi-structured interview guide was developed to address experiences related to participation. The interview guide included questions such as:

- What are your experiences with participating in this community sports initiative?
- What makes you keep coming back?
- How has participation influenced your everyday life?
- What is beneficial about participating?
- What is not beneficial about participating?



Participants were asked to provide concrete examples when possible. The same interview guide was used as the basis for both the focus group interviews as well as the individual interviews.

2.6. Analysis

The interviews were transcribed verbatim (see Acknowledgments) and resulted in data material consisting of 103 written pages in Norwegian. The analytic strategy was two-tiered. Initially, two of the authors (MB, professor and occupational therapist; and BK, professor and nurse) engaged in thematic content analysis (Kvale & Brinkmann, 2015) to identify a range of meaningful themes in the transcribed data material, which were summarized in the initial evaluation report in Norwegian. This process involved the following: naïve readings of each interview to identify similarities and differences; preliminary interpretations organized into meaningful units which were compared and contrasted; comparisons of the analyses; and an overall analysis, in which individual themes and subthemes were identified (Kvale & Brinkmann, 2015).

Next, a deductive approach to thematic analysis (Braun & Clarke, 2006) was applied to reanalyze the material with particular emphasis on issues related to social inclusion. The analysis was based on the citizenship framework developed by Rowe et al. (2012), which is operationalized as access to rights, responsibilities, resources, relationships, and roles, in addition to recognition by others and a sense of belonging. The application of this conceptual framework for the purpose of qualitative data analysis represents a novel approach. The material was reread in its entirety by the first author (LN, researcher and psychologist) before initial codes were generated. These codes were then grouped into preliminary subthemes, and these subthemes were later thoroughly reviewed and revised, resulting in a final outline (Braun & Clarke, 2006). All quotes touching on issues related to social inclusion were translated into English by the first author, with an emphasis on attempting to provide translations that were as literal as possible, without compromising the meaning of the statements, and preserving the formulations of the participants. This two-tiered approach enabled the personal and interdisciplinary perspectives of all three authors to inform the final analysis.

2.7. Ethical Considerations

The study was notified to and approved by the Norwegian Centre for Research Data (project number 873036). Participants received written and oral information about the purpose of the study and provided written informed consent. Participants were informed about the voluntary nature of the study and the right to withdraw. At the end of each interview, participants were asked for feedback on their experience of being interviewed. When writing up the findings, identifying information was removed, and each participant was provided with a pseudonym to further ensure anonymity.

3. Findings

3.1. Experiences of Social Inclusion

Through our analysis, we developed one main theme related to social inclusion, which was named "experiences of social inclusion." Based on the citizenship framework (Rowe et al., 2012), we further developed three subthemes which encompassed four of the "five Rs," as well as recognition and sense of



belonging. These subthemes were linked with experiences of social inclusion: (a) access to resources, (b) recognition through responsibilities and roles, and (c) a sense of belonging through relationships (see Figure 1). Each of these are described in greater detail below.



Figure 1. Illustration of the main theme and subthemes.

3.1.1. Access to Resources

During the interviews, several participants directly or indirectly referred to *resources* as important for experiences of social inclusion. Some participants talked about physical exercise itself being a resource in their personal journeys, as exemplified by the following quote made by Oscar: "Kayaking has helped me have a life that I have managed, even if it has looked dark at times." In a similar vein, Thomas explained how physical exercise had had a surprising, positive impact on changing things up in life: "For me it was climbing that helped when I was ill....I have a fear of heights and didn't need that kind of exercise at all, or that's what I thought. But for that to be the turning point."

In addition to physical exercise being a direct resource in the participants' lives, the community sports initiative was also perceived as a resource in a broader sense. Kasper stated it this way:

I don't know, I was, I did have some problems with substance use and stuff before, so if it wasn't for Psykiatrialliansen I would have probably been stuck on that today. And probably worse as well, I think, but I can't say for sure. But it has at least helped me out of it. Having somewhere to be.

For many, the community sports initiative was an organizing resource, adding structure and meaning to their everyday lives: "Going out the door and having somewhere to be" (Maria). Lars expanded on the value of having somewhere to be: "The emphasis that Psykiatrialliansen has on people, and not necessarily the activity itself. The activity is an excuse to give people a better day, or structure." Indeed, several participants highlighted a wish for activities during the evenings and weekends, given that most activities took place in the daytime and during weekdays. The physical exercises organized by the community sports initiative further functioned as a source of predictability and stability in participants' everyday lives:

I've heard that thing about having something to look forward to. Several people have said that, that it's nice to have some structure during the week. It is difficult to fit in with the rest of society. That's probably a bit too challenging for some, me included. Having some structure, on Mondays it's circuit training, on Tuesdays it's soccer, to have a planned week. Some expectations for the week, or....Predictability was the word I was looking for. (Andrea)



The community sports initiative was also seen as a material resource that facilitated physical exercise. The initiative sometimes contributed with workout equipment, such as shoes, and made sure to not require any fees. This reflected an important principal value for the initiative, keeping the thresholds for participation low to ensure accessibility. Another participant referred to how the community sports initiative facilitated physical exercise, stating that: "I wouldn't have worked out otherwise. First of all, it's very expensive. And I'm not that good. So....I would feel a bit uneasy at a regular fitness center" (Lisa).

Most widely and explicitly described, however, was the experience of the community sports initiative acknowledging and promoting the individual's personal resources:

I joined the running group and was viewed as a resource. So, then you can start working here....Here I have been able to show that I can be good at a sport, and I can actually be a resource for others. (Nils)

Through being viewed as a resource, participants could view themselves as resourceful. This recognition made the experience of ability available to participants, and the roles of member and coach became fluid rather than fixed. Correspondingly, a coach expressed that:

We notice at all our workouts, right, we notice that people start doing better. And then we think that okay, we probably play a role in that, right. But we think that it's the person who starts doing better....And people start using their own resources and discover them. And some people take some time, but they [the resources] always, always start showing. And I think that's because we don't look for the stuff that doesn't work. We look for what works. (Alexander)

One participant, Maria, gave an example of what this supportive approach, or "looking for what works," facilitated for her: "When you struggle with social anxiety and this and that, then it's not that easy to go to an activity with a bunch of people you've never met before." She described still facing similar mental health struggles, but she felt welcomed and comfortable joining the activities provided by the community sports initiative and she gained confidence through participating.

Individual personal resources were cultivated through the team atmosphere, but also revealed themselves directly through participation in activities. One participant, Oscar, used kayaking as a metaphor for life. Facing the big waves at sea made him realize that he was able to tackle a challenge and cope with risk and fear. Other participants told similar stories of becoming and viewing themselves as capable. Nils described how his perception of himself in relation to physical exercise had changed since becoming a member:

I was one of those who was picked last in physical education as a kid. At school and stuff. And I made an effort, but I wasn't good, ability-wise. But then I joined a training session with some people who were collaborating with Psykiatrialliansen and got in better shape and stuff, and I had the joy of becoming good at a sport.

3.1.2. Recognition Through Responsibilities and Roles

In several interviews, participants talked about *responsibilities* and *roles*, and these dimensions often intersected, connecting both personal and relational aspects of social inclusion. In terms of responsibilities,



one participant said: "There are expectations, not that you need to come, but that people are happy if you come, and that is probably what gets a lot of people out the door" (Lars). This highlights the decision to come to workouts as a flexible social responsibility. An important aspect of the responsibility to show up, however, was the personal choice and agency involved in doing so: "And you make the choice yourself. You yourself show up. And it's up to you" (Karl). Some illustrated the collective responsibility in empowering each other to join in, which had a positive impact on the rest of the day or even on the next: "We try to enhance each other's strengths. Enhance each other's moods and empower each other. Good experiences that we can bring with us" (Benjamin).

Responsibilities were distributed in an inclusive manner:

It's not such a big deal why you're here, or what diagnosis, as long as they can see that you can behave. As long as they can see that you are a kind person, they trust that you can contribute. (Lars)

Sometimes, however, being able to show up to activities without having formal responsibilities created the space to just participate and be present, which was perceived as more relaxing and enjoyable. Overall, however, being involved gave the participants an opportunity to give back and to feel valued through contributing.

An important aspect of becoming involved with the community sports initiative was gaining access to socially valued roles, as seen in the narrative of a participant who started playing floorball and had struggled at first, but then experienced a shift:

But then my self-confidence increased, and then I started getting into it [the sport]. And after a while I became the one who attended the most activities. I went to activities from Monday to Friday, often twice per day. And then later I became a coach....I have seen new things. Seen how people are and have a new perspective on life. (Kasper)

While some had the role of members and others had the role of coaches, and some had both, everybody was seen as equally welcome: "It's not just the coaches that are nice and say hi and support you and stuff like that. It's the participants, too" (Andrea). Some expressed that they had been supported in taking on new roles within the community sports initiative, and how this, in turn, functioned as a first step to other valued roles in mainstream society: "And I was probably a member for a few years before I started being a coach. And for me, being a coach for Psykiatrialliansen was probably the first step into employment. And it was a very important step" (Ole). It also promoted a positive sense of self and a sense of being part of something bigger than oneself. One participant, Silje, talked about how she had experienced growth through learning new skills within a social context. Furthermore, getting to know other people and their life stories made her feel less lonely: "Here, nobody's perfect. You are simply yourself" (Silje). Correspondingly, Ole stated: "It's as fun for me with the social aspects of the workouts, and that you also get to coach others and benefit from those tasks. And yeah, it's fun to see growth in the people you coach, as well."

Coaches had an important role in promoting social inclusion. When reflecting on the motto of Psykiatrialliansen ("Everybody is welcome, always"), which was actively used, a coach said the following: "Because it says something about how you meet everyone, right. You need to create space; you need to create meaning. And you need to see people, and you should use each person's name. You should validate



identity" (Alexander). The ability to make a difference for others and to empower them to take on positive roles was highly valued:

Especially this one time when we took some people climbing, then we took [public transport] to the climbing center. And it was difficult to get the conversation going. And it was me and two others. And I tried to talk and tried to involve [them], and there was no conversation. But then on the way back I couldn't get a word in. That mastery, and they wanted to post pictures on Facebook, and I had taken pictures of them. And they were calling people, and they talked to me, and they were in a totally different place. (Emil)

The way the community sports initiative was defined provided members and coaches alike with a community that facilitated physical exercise outside of the mental health system and on equal terms, which made a difference in terms of roles:

We're not going to a treatment service, we're going spinning. And it's low threshold. You take it easy if you like. And then you give it all if you like. And nobody is any better than anyone else, or above anybody. (Karl)

Furthermore, the activities gave people valued sport-related roles, regardless of ability. Ida, who had started playing soccer as an adult, put it this way: "I'm no soccer player by nature, but at the same time I do function as a soccer player on the field." This was in contrast to how, in the past and in other contexts, being a person with mental health and substance use problems had played a defining role, impacting one's sense of identity:

You need to get some time off from being ill. Because that is a small part of you, but it takes over every part of you. If you are constantly reminded of how ill you are and how little you are able to do, as is the case in the real world, where if you are somewhat different, or don't fit in at times, or are sick....You have to explain yourself, maybe. Then it's so nice to just come here. You're there to play soccer, that's what you're there for. (Daniel)

Finally, through being part of the initiative, the participants experienced a broader recognition by others, not only in particular roles, but also simply as a person in the world:

I live just on the other side of the road. Just walking through the underground tunnel and seeing people who are attending or have attended a workout, seeing that joy, or that smile that I get just for being human, and then I know what I have been like for 20 years and what I've been doing. I wouldn't even dare smile to myself. I can't really describe....It is hard to put into words how much that means. (Fredrik)

3.1.3. A Sense of Belonging Through Relationships

In interviews, participants described the importance of *relationships* and connectedness in facilitating a sense of belonging with the initiative, and experiencing a sense of belonging was a deeply relational process. In addition to making resources, roles, and responsibilities available to members and coaches, the initiative had an inclusive atmosphere that was described by one participant in the following terms: "Everybody's included, and everybody's welcome. And that's what I like best" (Jonas). Similarly, another participant



described the experience of stepping into a new community without the need to explain oneself: "I think it is the openness. Being met....There is no judgement, no stigmatization, and no questions, like who are you, where are you from, and who referred you here" (Karl). This approach contributed to the sense of being part of an inclusive community:

It means a lot to me and others that none of the coaches ask, "Why are you here?" Or that nobody asks, "What is your diagnosis? Are you hospitalized?" Or something along those lines. They just say, "Come join us." (Karl)

This was perhaps linked with shared lived experiences of personal struggles or of being next-of-kin to someone who had had such struggles in life: "Everybody knows that we are struggling with our own stuff or have struggled with stuff. And then I think that yeah, then people feel that the thresholds are lower, that here people understand" (Emil). Many participants gave similar accounts of feeling welcomed.

This inclusive atmosphere appeared to be related to the team spirit that characterized the various activities: "Here we play together like a team" (Ida). Similarly, Emil stated that the essence of the community sports initiative was in doing things together: "It's about showing up. About showing up and doing something with others. And everything that an organized activity represents." Lars also referred to the team spirit: "I had not expected it [participation] to be such a good experience. And the reason was that the thresholds were so low. No one expects anything from you, but everyone wants you to...have a good experience." The initiative was described as always accessible due to the absence of thresholds. Further, being part of an accessible community created a sense of belonging that did not rely on mental health or require well-being:

For me it has been important to be part of something. A community, in a simple way, that I can go to regardless of how I feel. I mean, if I'm in poor mental shape, then it's hard to be social, and it's hard to work, and it's difficult to have responsibilities and stuff. But going to a workout, that's always possible, regardless of how I feel. (Julie)

The community sports initiative was also an arena for establishing friendships with others: "So then I straight up needed to make new friends. And then this was a good way to make friends" (Ida). For many, the initiative was an important venue for facilitating a broader connectedness: "I have gained more friends in this community, or network, than ever before in my life" (Sara). One participant, Henrik, elaborated on the value of making friends through the community sports initiative and the joy he found in being able to make a difference both for himself and for others. Some participants even described the people involved with Psykiatrialliansen as a family:

It's more like a family, to put it that way. Everybody takes care of each other. If anybody sees that anybody's sad, there's always cheering up. There's no, like, "Look at that person," right? There's no exclusion. Everybody gets to play. (Silje)

Recognition from others and recognizing others were important aspects of feeling connected to the initiative as a community, both during activities and outside of the realm of the activities:

When I'm out and about, after working out, I sometimes run into people I have attended an activity with. And it's not like we always say hi and bye, but we maybe nod to each other. Or, like....A gesture.



And, because it's like....That's what it's about, I think, being seen....And that's one of the reasons I keep returning, week after week. (Ida)

Subsequently, through involvement with the community sports initiative, the participants got to know others and to be known, thus promoting relationships and a sense of belonging: "The groups are quite small, so that if you join several times then you become a group of people who meet and talk. It's very nice when someone says 'Hi! There you are. Where were you last time?'" (Viktor). This represented a new type of experience for some.

The community sports initiative further became a welcoming community by facilitating playfulness and accepting people regardless of ability. Some talked about the importance of being accepted even if they were clumsy. This contributed to creating a unique community where connectedness was valued over ability:

I see that new people are well received. It is a unique community. And this one guy, he was extremely happy because he had scored a goal. And then some other woman said, "Yeah, but he scored a goal for the other team." Oh well, but it was still a goal. And they just cheered him on. (Camilla)

The community sports initiative was sometimes described in contrast to mainstream society, which was perceived by some as not particularly welcoming. Instead of valuing status and external factors, the shared goals and experiences were seen as essential: "Here all status symbols and your education and job and your money, that doesn't matter here....You can start talking about where you're hiking and where you're going and what you've done" (Oscar).

One participant wished he had known about the initiative sooner, as it could have served as a welcome break from the substance-using community and compensated for the lack of other social networks following a period of inpatient treatment: "But when I was standing there with two empty hands, and the only place I knew I could get social contact was in the substance-using community, at that point [the initiative] would have been golden" (Karl).

Involvement with the community sports initiative also served as a bridge to mainstream society, and thus to social inclusion in a broader sense. One participant described it in the following way: "You have to start somewhere. Like, that's what Psykiatrialliansen has meant to me, to put it that way. Stepping out into the community, society" (Maria). Another participant told a similar story of how the team bridged relationships with mainstream society:

And like a lot of people say, they start at our [lived experience] café, and then they start going to cafés with friends. And kind of, I mean, regular cafés. And the same with [the community sports initiative], that they start climbing with them, and then they join a regular climbing community, or a different climbing community, right. It can be a stepping stone or something like that, into regular life. (Camilla)

While several participants had experienced staff within the mental health system informing them of the community sports initiative and thus connecting them with opportunities for participation in physical exercise, the experience of joining the initiative also contrasted with physical exercise initiatives within mental health systems:



Everywhere you go, physical exercise within mental health [services], you have to fill out forms. You have to be registered as a user, and....But here it's not like that. You don't need that here. You can bring people. If you for instance want to bring a support contact, or....Whoever. Parents or anyone at all. You can bring anyone to a workout, and they are all welcome. (Ole)

4. Discussion

In this study, we explored experiences of social inclusion among members and coaches involved with Psykiatrialliansen in Bergen, Norway through a conceptual framework for citizenship, thus identifying specific experiences related to resources, responsibilities and roles, and relationships. Each of these three dimensions pertaining to experiences of social inclusion will be discussed below.

First, among the participants, experiences of social inclusion related to resources. Overall, the community sports initiative facilitated access to tangible opportunities for physical exercise and fitness, but involvement also facilitated access to positive connections. Access is an essential dimension within inclusive citizenship frameworks, highlighting the role of society and community in making opportunities available for people (Lister, 2007). Indeed, the stories shared by the participants emphasized their experiences of how community sports provided them with a place for social inclusion and opportunities that would otherwise be perceived as out of reach due to barriers such as cost and fitness. Further, involvement added meaningful activities, structure, and routines in everyday life by giving the participants somewhere to be, which has also been described as valuable in previous research on community sports initiatives (Oudshoorn et al., 2022; Van der Veken et al., 2020b). The need to participate in activities is deeply existential and access to activities may contribute to a sense of community, which can counter previous experiences of exclusion (Benkwitz & Healy, 2019; Doroud et al., 2018). This may be the case particularly when feeling welcomed by others (Snethen et al., 2021). The community sports initiative explored here actively worked to make people feel welcomed, through supporting participants in cultivating their interests and skills. This effort positively changed how the participants viewed themselves and their relationships with others. A similar focus on emphasizing resources has also been described in other community sports initiatives, where participation has been reported to help people develop skills, self-confidence, and rewarding relationships (Benkwitz & Healy, 2019; Oudshoorn et al., 2022).

Second, experiences of social inclusion depended on *responsibilities* and *roles*. This intersected with the participants seeing themselves and being seen by others as resourceful. Through recognition within a supportive and flexible atmosphere, the participants felt empowered to take on positive responsibilities and roles, such as soccer player, teammate, member, and coach. Being given opportunities to take on responsibilities was perceived as different from being presented with expectations or demands and was associated with having a variety of opportunities for contributing. Furthermore, the roles of member and coach both had valuable qualities. Furthermore, they were intersecting and fluid, and the responsibilities that came with each role were flexible and up to each person to define for themselves. This is important as many persons who have a history of mental health and substance use problems have experienced prolonged disengagement from activities in everyday life. Many may therefore lack opportunities to be regarded as active citizens and to hold responsibilities and valued roles (Blank et al., 2015; Sutton et al., 2012). However, being recognized and seen as a resourceful contributor is important for personal and social identity and is deeply connected to well-being and social inclusion (Nordaunet & Sælør, 2018; Van der Veken et al., 2020b).



Accessing new responsibilities can therefore be an important part of building or rebuilding positive identity and self-confidence as a community member (Van der Veken et al., 2020b; Vervliet et al., 2019).

Third, experiences of social inclusion relied on *relationships*, encompassing relationships with other people as well as with society (Lister, 2007). The participants described how they had gained friendships through the community sports initiative. Some even compared their relationships with other members and coaches with family relationships, indicating the significance of the relationships acquired through involvement. Social inclusion is a relational process, and embedded in this is both the process of making friends and building a social network (Eather et al., 2023). Establishing new friendships while struggling with mental health or substance use problems can nevertheless be challenging, in part due to experiences of exclusion from everyday responsibilities and roles over time, and a subsequent sense of being different from others and being viewed by others as different (Cogan et al., 2021; Vigdal et al., 2024). Although the process of building social networks can be lengthy and demanding, especially if lacking arenas for relating to others, access to arenas such as community sports initiatives can facilitate a sense of belonging (Benkwitz & Healy, 2019; Oudshoorn et al., 2022). Social arenas that offer contact within a structured format can provide safety and predictability, which is valuable in making it easier for people to relax and join in as they are (Vigdal et al., 2023). Interestingly, the participants in this study described experiences of being immediately included when joining the community sports initiative, as if they had been involved for years. While the value of returning and prolonged participation was emphasized, it also seemed as though the temporal dimension involved in building social networks was at least partially lifted by the inclusive team spirit. For some, the community sports initiative was a welcoming community separate from society, built on common ground, and for others it served as a bridge to mainstream society. This points to the capacity of community sports to promote a sense of belonging both within specific communities and on the broader societal level (Litwiller et al., 2017).

Overall, our analysis indicates that the multidimensional citizenship framework developed by Rowe et al. (2012) appears relevant in understanding how participation in community sports can contribute to social inclusion. More specifically, the subthemes of resources, responsibilities and roles, and relationships appear to be overlapping. We found responsibilities and roles to be so closely connected in the material that they were better understood in combination than independently. Additionally, each subtheme contained qualities which tapped into other dimensions. This was for instance seen in how there was an emphasis on multiple forms of resources both in relation to responsibilities and roles, as well as relationships. Interestingly, however, we did not identify the dimension *rights* in our material. One potential explanation for this is that within the Norwegian context, relational aspects of citizenship appear to be somewhat distinct from formal rights (Nesse et al., 2022). Likewise, community sports initiatives may have greater potential to address relational citizenship than formal aspects of citizenship in practice.

The citizenship framework applied in this study was originally developed based on a mixed-methods collaborative approach, which resulted in a quantitative measure (Rowe et al., 2012) and inspired similar projects (MacIntyre et al., 2019). The quantitative measure has been used as the basis for qualitative studies about treatment providers' perspectives on promoting citizenship (Clayton et al., 2020; Ponce et al., 2016), but has not previously been applied as an analytical framework with participants with mental health and substance use problems within a community sports context. By utilizing a concrete, conceptual framework for social inclusion, we argue that we have been able to identify and expand on some core dimensions with significance for community sports. Subsequently, we argue that the study provides important insights into



social inclusion within community sports initiatives. It also adds to the literature by utilizing a community sports initiative with a broader range of available activities as a case for exploring this topic. Interestingly, the findings of our study mirror aspects that have been highlighted in studies of community sports initiatives which focus on one specific sport (e.g., Benkwitz & Healy, 2019; Ogundipe et al., 2020), especially regarding participation as a pathway to experiencing a sense of belonging in the community.

Although this study is based on the voices of multiple members and coaches, some perspectives may be less represented, as the community sports initiative currently has several hundred members and coaches. In addition, it may be more challenging for participants to bring up more critical perspectives in in-depth interviews, perhaps particularly in focus groups. However, we found the themes related to experiences of social inclusion to be consistently present and emphasized across interviews, indicating the trustworthiness of the findings.

5. Conclusions and Implications for Practice and Further Research

In this study, the community sports initiative Psykiatrialliansen was described by members and coaches as a community that promoted social inclusion through access to various personal and social resources, recognition as community members through responsibilities and valued social roles, and the development of a sense of belonging through relationships. Overall, participation contributed to experiences of social inclusion which were multifaceted and intertwined. Through its atmosphere, team spirit, flexibility, and low thresholds, the community sports initiative was more than just an arena for physical exercise. This study indicates that community sports initiatives may function as venues for social inclusion both by serving as welcoming, low-threshold communities separate from and within society as well as by connecting people with themselves, others, everyday life, and society at large through participation and involvement. The study implies that person-centered and strengths-based approaches are vital in promoting social inclusion in such settings in practice. Given that the addressed citizenship dimensions appear to be central indicators of social inclusion, future studies could continue to explore how these, and other, dimensions may be strengthened through community sports. This includes the dimension related to rights, which was not identified in this study.

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Conflict of Interests

The authors declare no conflict of interests.

Data Availability

The data are not publicly available to protect the privacy of the participants.



References

- Andersen, M. H., Ottesen, L., & Thing, L. F. (2019). The social and psychological health outcomes of team sport participation in adults: An integrative review of research. *Scandinavian Journal of Public Health*, 47(8), 832–850. https://doi.org/10.1177/1403494818791405
- Benkwitz, A., & Healy, L. C. (2019). 'Think football': Exploring a football for mental health initiative delivered in the community through the lens of personal and social recovery. *Mental Health and Physical Activity*, 17, Article 100292. https://doi.org/10.1016/j.mhpa.2019.100292
- Benkwitz, A., Ogundipe, E., & Spencer, K. (2024). A step towards community inclusion for individuals experiencing mental health challenges: Promoting social inclusion and social recovery through physical activity. *Mental Health and Social Inclusion*. Advance online publication. https://doi.org/10.1108/MHSI-06-2024-0100
- Blank, A. A., Harries, P., & Reynolds, F. (2015). 'Without occupation you don't exist': Occupational engagement and mental illness. *Journal of Occupational Science*, *22*(2), 197–209.
- Borg, M., Karlsson, B., Kim, H. S., & McCormack, B. (2012). Opening up for many voices in knowledge construction. *Forum: Qualitative Social Research*, 13(1). https://doi.org/10.17169/fqs-13.1.1793
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. https://doi.org/10.1191/1478088706qp063oa
- Buecker, S., Simacek, T., Ingwersen, B., Terwiel, S., & Simonsmeier, B. A. (2021). Physical activity and subjective well-being in healthy individuals: A meta-analytic review. *Health Psychology Review*, 15(4), 574–592. https://doi.org/10.1080/17437199.2020.1760728
- Clayton, A., Miller, R., Gambino, M., Rowe, M., & Ponce, A. N. (2020). Structural barriers to citizenship: A mental health provider perspective. *Community Mental Health Journal*, 56, 32–41. https://doi.org/ 10.1007/s10597-019-00490-w
- Cogan, N. A., MacIntyre, G., Stewart, A., Tofts, A., Quinn, N., Johnston, G., Hamill, L., Robinson, J., Igoe, M., Easton, D., McFadden, A. M., & Rowe, M. (2021). "The biggest barrier is to inclusion itself": The experience of citizenship for adults with mental health problems. *Journal of Mental Health*, 30(3), 358–365. https:// doi.org/10.1080/09638237.2020.1803491
- Collins, M. (2004). Sport, physical activity, and social exclusion. *Journal of Sports Sciences*, 22(8), 727–740. https://doi.org/10.1080/02640410410001712430
- Dasso, N. A. (2019). How is exercise different from physical activity? A concept analysis. *Nursing Forum*, 54(1), 45–52. https://doi.org/10.1111/nuf.12296
- Davey, S., & Gordon, S. (2017). Definitions of social inclusion and social exclusion: The invisibility of mental illness and the social conditions of participation. *International Journal of Culture and Mental Health*, 10(3), 229–237. https://doi.org/10.1080/17542863.2017.1295091
- Davidson, L., Andres-Hyman, R., Bedregal, L., Tondora, J., Frey, J., & Kirk, T. A., Jr. (2008). From "double trouble" to "dual recovery": Integrating models of recovery in addiction and mental health. *Journal of Dual Diagnosis*, 4(3), 273–290. https://doi.org/10.1080/15504260802072396
- Doroud, N., Fossey, E., & Fortune, T. (2018). Place for being, doing, becoming and belonging: A meta-synthesis exploring the role of place in mental health recovery. *Health & Place*, *52*, 110–120. https://doi.org/ 10.1016/j.healthplace.2018.05.008
- Eather, N., Wade, L., Pankowiak, A., & Eime, R. (2023). The impact of sports participation on mental health and social outcomes in adults: A systematic review and the 'Mental Health through Sport' conceptual model. *Systematic Reviews*, 12(1), Article 102. https://doi.org/10.1186/s13643-023-02264-8
- Fancourt, D., Aughterson, H., Finn, S., Walker, E., & Steptoe, A. (2021). How leisure activities affect health:



A narrative review and multi-level theoretical framework of mechanisms of action. *The Lancet Psychiatry*, 8(4), 329–339. https://doi.org/10.1016/S2215-0366(20)30384-9

- Filia, K., Jackson, H., Cotton, S., & Killackey, E. (2019). Understanding what it means to be socially included for people with a lived experience of mental illness. *International Journal of Social Psychiatry*, 65(5), 413–424. https://doi.org/10.1177/0020764019852657
- Healy, L. C., Benkwitz, A., McVinnie, Z., Sarkar, M., Islin, M., Brinded, A., Dodge, B., Opacic, S., Swithenbank, Z., Ranasinghe, S., Oliver, J., Karanika-Murray, M., & Nevill, M. E. (2023). Embedding physical activity into community-based peer support groups for those severely affected by mental illness. *International Journal* of Environmental Research and Public Health, 20(3), Article 2291. https://doi.org/10.3390/ijerph20032291
- Hennessy, E. A. (2017). Recovery capital: A systematic review of the literature. Addiction Research & Theory, 25(5), 349–360. https://doi.org/10.1080/16066359.2017.1297990
- Karlsson, B., Nesse, L., & Borg, M. (2023). Det er ingen terskel her: Erfaringer med meningsfulle aktiviteter, medborgerskap og livskvalitet i Psykiatrialliansen. University of South-Eastern Norway. https://openarchive. usn.no/usn-xmlui/handle/11250/3067074

Kvale, S., & Brinkmann, S. (2015). Interviews. Sage.

- Le Boutillier, C., & Croucher, A. (2010). Social inclusion and mental health. *British Journal of Occupational Therapy*, 73(3), 136–139. https://doi.org/10.4276/030802210X12682330090578
- Lister, R. (2007). Inclusive citizenship: Realizing the potential. *Citizenship Studies*, 11(1), 49–61. https://doi.org/ 10.1080/13621020601099856
- Litwiller, F., White, C., Gallant, K. A., Gilbert, R., Hutchinson, S., Hamilton-Hinch, B., & Lauckner, H. (2017). The benefits of recreation for the recovery and social inclusion of individuals with mental illness: An integrative review. *Leisure Sciences*, *39*(1), 1–19. https://doi.org/10.1080/01490400.2015.1120168
- MacIntyre, G., Cogan, N. A., Stewart, A. E., Quinn, N., Rowe, M., & O'Connell, M. (2019). What's citizenship got to do with mental health? Rationale for inclusion of citizenship as part of a mental health strategy. *Journal* of Public Mental Health, 18(3), 157–161. https://doi.org/10.1108/JPMH-04-2019-0040
- Nesse, L., Gonzalez, M. T., Rowe, M., & Raanaas, R. K. (2022). Citizenship matters: Translating and adapting the Citizenship Measure to Norwegian. Nordic Studies on Alcohol and Drugs, 39(3), 262–278. https://doi.org/ 10.1177/14550725211018604
- Nordaunet, O. M., & Sælør, K. T. (2018). How meaningful activities influence the recovery process. Advances in Dual Diagnosis, 11(3), 114–125. https://doi.org/10.1108/ADD-01-2018-0002
- O'Donnell, P., O'Donovan, D., & Elmusharaf, K. (2018). Measuring social exclusion in healthcare settings: A scoping review. *International Journal for Equity in Health*, 17, Article 15. https://doi.org/10.1186/s12939-018-0732-1
- O'Donoghue, G., Kennedy, A., Puggina, A., Aleksovska, K., Buck, C., Burns, C., Cardon, G., Carlin, A., Ciarapica, D., Colotto, M., Condello, G., Coppinger, T., Cortis, C., D'Haese, S., De Craemer, M., Di Blasio, A., Hansen, S., Iacoviello, L., Issartel., J., . . . Boccia, S. (2018). Socio-economic determinants of physical activity across the life course: A "DEterminants of Dlet and Physical ACtivity" (DEDIPAC) umbrella literature review. *PLoS ONE*, *13*(1), Article e0190737. https://doi.org/10.1371/journal.pone.0190737
- Ogundipe, E., Borg, M., Thompson, T., Knutsen, T., Johansen, C., & Karlsson, B. (2020). Recovery on the pitch: Street football as a means of social inclusion. *Journal of Psychosocial Rehabilitation and Mental Health*, 7, 231–242. https://doi.org/10.1007/s40737-020-00185-6
- Ohrnberger, J., Fichera, E., & Sutton, M. (2017). The relationship between physical and mental health: A mediation analysis. *Social Science & Medicine*, 195, 42–49. https://doi.org/10.1016/j.socscimed.2017. 11.008



- Oudshoorn, A., Misener, L., Richards, J., & Van Berkum, A. (2022). Support provided through sport: An evaluation of an intervention for people experiencing homelessness. *Journal of Psychosocial Rehabilitation and Mental Health*, 10, 167–177. https://doi.org/10.1007/s40737-022-00300-9
- Ponce, A. N., Clayton, A., Gambino, M., & Rowe, M. (2016). Social and clinical dimensions of citizenship from the mental health-care provider perspective. *Psychiatric Rehabilitation Journal*, 39(2), 161–166. https:// doi.org/10.1037/prj0000194

Psykiatrialliansen. (n.d.). Psykiatrialliansen. https://psykiatrialliansen.no

- Repper, J., & Perkins, R. (2009). Recovery and social inclusion. In P. Callaghan, J. Playle, & L. Cooper (Eds.), *Mental health nursing skills* (pp. 85–95). Oxford University Press.
- Rowe, M., Clayton, A., Benedict, P., Bellamy, C., Antunes, K., Miller, R., Pelletier, J.-F., Stern, E., & O'Connell, M. J. (2012). Going to the source: Creating a citizenship outcome measure by community-based participatory research methods. *Psychiatric Services*, 63(5), 445–450. https://doi.org/10.1176/appi.ps.201100272
- Snethen, G., Jeffries, V., Thomas, E., & Salzer, M. (2021). Welcoming places: Perspectives of individuals with mental illnesses. *American Journal of Orthopsychiatry*, 91(1), 76–85. https://doi.org/10.1037/ort0000519
- Sutton, D. J., Hocking, C. S., & Smythe, L. A. (2012). A phenomenological study of occupational engagement in recovery from mental illness. *Canadian Journal of Occupational Therapy*, 79(3), 142–150. https://doi.org/ 10.2182/cjot.2012.79.3.3
- Topor, A., Stefansson, C. G., Denhov, A., Bülow, P., & Andersson, G. (2019). Recovery and economy; salary and allowances: A 10-year follow-up of income for persons diagnosed with first-time psychosis. *Social Psychiatry and Psychiatric Epidemiology*, 54, 919–926. https://doi.org/10.1007/s00127-019-01655-4
- UN. (2020). Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health (A/HRC/41/34). United Nations Human Rights Council. https://www.ohchr.org/en/documents/thematic-reports/ahrc4134-right-everyone-enjoyment-highest-attainable-standard-physical
- Van der Veken, K., Lauwerier, E., & Willems, S. (2020a). How community sport programs may improve the health of vulnerable population groups: A program theory. *International Journal for Equity in Health*, 19, Article 74. https://doi.org/10.1186/s12939-020-01177-5
- Van der Veken, K., Lauwerier, E., & Willems, S. (2020b). "To mean something to someone": Sport-fordevelopment as a lever for social inclusion. *International Journal for Equity in Health*, 19, Article 11. https:// doi.org/10.1186/s12939-019-1119-7
- Vervliet, M., Reynaert, D., Verelst, A., Vindevogel, S., & De Maeyer, J. (2019). "If you can't follow, you're out." The perspectives of people with mental health problems on citizenship. *Applied Research in Quality of Life*, 14, 891–908. https://doi.org/10.1007/s11482-017-9537-4
- Vigdal, M. I., Moltu, C., Svendsen, T. S., Bjornestad, J., & Selseng, L. B. (2023). Rebuilding social networks in long-term social recovery from substance-use problems. *The British Journal of Social Work*, 53(8), 3608–3626. https://doi.org/10.1093/bjsw/bcad134
- Vigdal, M. I., Svendsen, T. S., Moltu, C., Bjornestad, J., & Selseng, L. B. (2024). Stories of building friendships during long-term recovery from problematic substance use. *Qualitative Social Work*, 23(5), 868–886. https://doi.org/10.1177/14733250241242028
- WHO. (2021a). Guidance on community mental health services. Promoting person-centered and rights-based approaches. https://www.who.int/publications/i/item/9789240025707
- WHO. (2021b). Mental health action plan 2013-2020. http://apps.who.int/iris/bitstream/10665/89966/1/ 9789241506021_eng.pdf?ua=1



Wright, N., & Stickley, T. (2013). Concepts of social inclusion, exclusion and mental health: A review of the international literature. *Journal of Psychiatric and Mental Health Nursing*, 20(1), 71–81. https://doi.org/10.1111/j.1365-2850.2012.01889.x

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