

“Caught between a rock and a hard place” – between discourses of empowerment and solicitude.

Danish Public Sector Service Professionals' Discourses of Nonattendance

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“Caught between a rock and a hard place.”  
Between discourses of empowerment and solicitude:  
Danish public sector service professionals’ discourses of non-attendance

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## Abstract

Non-attendance constitutes a profound challenge in public sector services targeting young adults with mental health difficulties. Therefore, researchers and practitioners are occupied with trying to resolve this. In order for clinicians to be aware of their own naturalised and perhaps inappropriate communicative practices, we investigated the established normative organisational logics behind explanations and strategies related to non-attendance.

We performed a critical discourse analysis on material collected through participatory research throughout 2015. Three discourses were identified: solicitude, responsibility and youth discourse. Although the discourses were complex and entangled, they were used by all practitioners. Furthermore, some of the discourses, especially the responsibility and the solicitude discourses were inherently tension-filled, and practitioners experienced frustration in dealing with these tensions.

The youth discourse can be understood as a coping mechanism to deal with these tensions because it distributes responsibility for non-attendance to general social and cultural processes.

## Key words

Mental Health and Illness < Adolescents, Youth, Young Adults; Recovery < Adaption, Coping, Enduring; Health Behavior < Behavior; Quality of Care < Caregivers, Caretaking; Doctor-Patient, Nurse-Patient < Communication; Complexity; Culture of < Health Care; Interprofessional < Health Care; Power, Empowerment; Psychiatry

## Introduction

Missed appointments and no-shows are a challenge to public service systems (J. A. DeFife, Conklin, Smith, & Poole, 2010; Pillay, Wassenaar, & Kramers, 2004), and in psychiatry, the rate of non-attendance<sup>i</sup> is double that of other specialties (Killaspy, Banerjee, King, & Lloyd, 2000; Stewart, 2013). Young people are especially vulnerable in regard to mental health services (Munford & Sanders, 2016), and due to a gap between child/adolescent and adult mental health services, many youth risk not getting the treatment they need in time or at all; only about half of children and adolescents with mental health difficulties receive treatment at all (Weitkamp, Klein, & Midgley, 2016). Furthermore, youth who do receive treatment have the highest risk of missing appointments (Chariatte, Michaud, Berchtold, Akre, & Suris, 2007).

Missed appointments prevent people with mental health difficulties from getting professional help, increase risk of hospital admission (Chariatte et al., 2007), delay access for other patients (Kenwright & Marks, 2003) and increase the risk of suicide attempts (Pillay et al., 2004). Hence, non-attendance is not only a problem for service users, but it is also a problem in regard to inefficient use of resources as well as for staff morale (J. A. DeFife et al., 2010; Kenwright & Marks, 2003; Wiseman & McBride, 1998).

Because of high levels of non-attendance throughout mental health services, there has been great attention in the literature on understanding factors contributing to service (dis)engagement and what might enhance attendance rates (Anderson et al., 2006; Block & Greeno, 2011; Jared A. DeFife, Smith, & Conklin, 2013; Edlund et al., 2002; Gibson, Cartwright, Kerrisk, Campbell, & Seymour, 2016; Henzen, Moeglin, Giannakopoulos, & Sentissi, 2016; Iachini, Hock, Thomas, & Clone, 2015; Munford & Sanders, 2016; Munson et al., 2016; Sheridan & McArdle, 2015; Thompson, Bender, Lantry, & Flynn, 2007).

In two public service sectors in Denmark, the RENEW (Rehabilitation for Empowerment,

Natural Supports, Education and Work) (Malloy, 2013) model was introduced to develop a targeted intervention to help young adults with mental health difficulties become more engaged in services as well as move closer toward attaining education. The initial focus of the project was not to investigate non-attendance, but to develop and adjust RENEW to the Danish setting through a participatory research approach. However, throughout 2015, it became clear that non-attendance was a prominent focus point in the public service sector, and hence, it was an inevitable topic in professionals' discussions as well as the occasional source of great frustration. There were many tape-recorded discussions about how RENEW could be qualified to try to reduce non-attendance; therefore, it made sense to investigate how this predominant focus on non-attendance has influenced professional's understanding of their work and of youth.

In this article, we investigate professionals' discussions about non-attendance. By using discourse analysis, we will be able to better understand professional frustration by drawing attention to inherent and perhaps inappropriate practices which are based on naturalised and common-sense assumptions (Fairclough, 1992c, p. 90). Moreover, understanding discourses about non-attendance will help to reveal established normative organisational logics and identify ongoing or future cultural changes within the organisations (Jørgensen & Phillips, 2002). This will enable professionals to be critical towards their own, perhaps inappropriate practices.

Crawford et al. has described how compassionate language seems to be reduced due to time pressure in an environment of process-focused as opposed to person-focused care (Crawford, Gilbert, Gilbert, Gale, & Harvey, 2013). Kenwright and Marks describe how non-attending patients are referred to as 'unmotivated' or 'unreliable' (Kenwright & Marks, 2003), which might have unfortunate consequences for patient-staff relations.

Based on empirical data from the participatory work with the RENEW model in Denmark,

the purpose of the article is to investigate common-sense assumptions and inherent organisational logics by identifying discourses in professionals' negotiations about youth's non-attendance. Furthermore, we will discuss how potential tensions between discourses can be understood in the context of a broader social context of public service sectors targeting youth with mental health difficulties.

## The present study

This article is based on empirical data from a study with a participatory approach in which a researcher and professionals have been adjusting and further developing the RENEW model (Rehabilitation for Empowerment, Natural Supports, Education and Work) (Malloy, 2013). In Denmark, RENEW targets young adults aged 18-30 with mental health difficulties, and the project was implemented in two public health service sectors: out-patient treatment in mental health services in the Capital Region of Denmark, and in an occupational centre in the City of Copenhagen<sup>ii</sup>.

Secondary mental health services are free once patients have been referred through their general practitioner, and patients have a right to get a psychiatric assessment within one month, and a right to receive treatment within one to two months, depending on the severity of the disease. Treatment in out-patient services for non-psychotic disorders is restricted through so-called 'packages' comprising a certain number of different services dependent on diagnosis, e.g. patients with anxiety disorder receive a standardised package of 15 hours of clinical treatment altogether (Danish Regions, 2014). Treatment is typically interdisciplinary and managed by a psychiatrist, a psychiatric nurse and/or a trained psychologist and, if needed, a social worker and a physiotherapist.

There are different types of occupational centres in Denmark, with the purpose of getting citizens on public welfare services into either education or employment, depending on age. The centre in this study targets young adults on social welfare benefits aged between 18 and

30 years. Most young adults connected to the centre have mental or social difficulties, and some have psychiatric diagnoses. The centre's main purpose of getting youth into education is aligned with the political agenda in Denmark, where it is decided that minimum of 95% of a youth generation should complete a formal education after finishing compulsory school levels (Cederberg & Lingärde, 2008; Danish Ministry of Education, 2015). Once connected to the centre, it is obligatory to attend meetings, and if youth fail to appear, their social benefits are reduced dependent upon the number of missed appointments.

RENEW was developed in an American setting, and therefore, the purpose of this project was to further develop it in collaboration with staff, in order for it to make sense in the two Danish public service organisations. In December 2014, professionals were trained to work with youth in accordance with the RENEW model, and throughout 2015, professionals and a researcher held regular meetings to discuss the content of the model and implementation challenges. Throughout this process, professionals worked with youth while also participating in developing and adjusting the model. Hence, they could use practical experiences in the development process and test the changes made along the way. When working with the model, the researcher introduced the common term 'youth' to describe the target group instead of public sector service conventionally used terms like 'patient' for psychiatry or 'citizen' for the occupational sector. This allowed professionals to speak a more common language. The term 'youth' will therefore also be preferred throughout the remainder of this article.

## Method

### Data collection

Throughout the development process, the Michaela Hoej had offices both in the occupational centre and in the mental health clinic. Hence, she was part of the research field. In addition to her, five interdisciplinary professionals from the occupational centre and six from the mental

health centre participated in the empirical project activities. The mental health services project team consisted of three nurses, one social worker, one psychologist and one psychiatrist, while the team in the occupational centre consisted of two nursing aids, one psychologist, one nurse and one team member with a Master's degree in social science<sup>iii</sup>. Recruitment for RENEW was voluntary in both the occupational centre and the mental health clinic, and professionals were informed of the research character of the project from the beginning. In the outpatient clinic, team members consisted of approximately 15 to 20 professionals, and 4 volunteered to work with RENEW, whereas in the occupational centre, recruitment took place through a listing of a vacant positions on the intranet, where all 100 staff members could apply; however selected staff members were encouraged to apply. Four people were chosen out of the applications received.

The qualitative empirical data in this article were collected throughout 2015, see Table 1.

<b>Type of data</b>	<b>Context</b>	<b>Typical number of participants</b>	<b>Notes</b>
11 observations, field notes	Observations on professional and youth meetings in both sectors to work in accordance with the model	3; professional, youth and Michaela Hoej	Each observation lasted appr. one hour, and the observations was done from a withdrawn and non-participatory researcher position
6 dialogue meetings, video recordings	Professionals from both sectors were gathered in intersectoral workshops for the purpose of adjusting the model and sharing experiences	9; all participating professionals and Michaela Hoej <sup>iv</sup>	Four workshops each lasted one whole workday, while two lasted 3-4 hours (half a day) each. Researcher participated through facilitation of meetings.
14 methodological meetings, audio recordings <sup>v</sup>	Professionals met with Michaela Hoej regularly to discuss challenges and questions that had emerged	5; professionals from one sector and Michaela Hoej	One hour meetings. Not intersectoral. Researcher participated through facilitation of meetings.

**Table 1. Data collection and description of empirical material**



Detailed summaries in writing from audio and video recordings from the dialogical and methodological meetings were made by a research assistant. Whenever there were discussions on absence, no-shows or non-attendance, these were fully transcribed. Summaries as well as transcriptions were then read thoroughly through while simultaneously listening to recordings, and discussions surrounding absence, no-shows or non-attendance was coded as such in NVivo. “To achieve the fullest possible understanding of the material, a rough and exploratory thematic analysis on discussions about non-attendance was then made. This did not result in selections or exclusion of the material, but rather it ensured a preliminary overview. This preliminary analysis was then followed by a more thorough critical discourse analysis based on selected analytical tools from Norman Fairclough’s framework (Fairclough, 1992c).” This will be further elaborated below.

Data were collected and analysed in Danish, and the chosen excerpts for the article were then translated into English. The primary writer did the initial translation and this as well as original citations in Danish were presented to co-authors, so all translations could be discussed to reach a mutual decision on the best possible translation.

## Ethics

The project was approved by The Danish Data Protection Agency (journal number 03610 and ID-number: RHP-2015-006). The Regional Committee on Research Ethics was also contacted for approval (Protocol number: H-7-2014-FSP15), but the project was not liable to notification, because no biological material was included in the research. Hence, no approval was necessary. Furthermore, the Danish National Board of Health was contacted (Case number 2014111813), but the project was not liable for notification here either.

When observations and interviews were conducted, informed verbal consent was collected from both professionals and youth. Participation in the research was not a condition for working with RENEW, but all professionals agreed to participate anyway. We chose not to

collect written consent for several reasons. Firstly, data collection was ongoing throughout 2015, and it seemed more appropriate to start every meeting and workshop with an oral reminder that the meeting was being recorded for research purposes than to collect written consent only once in the start-up phase of the project. Furthermore, oral consent seemed less formal, and the aim was to create a relaxing and informal atmosphere between the researcher and professionals.

Whether to involve youth more in the development process was considered at the beginning of the project, but since this was a process lasting more than a year, which would be longer than some youth participated in RENEW, it was decided to primarily involve staff. Youth was still involved in the development of RENEW through focus groups. However, the empirical data from these are not used in this article, since the focus is on which discourses professionals use when discussing non-attendance.

### Assumptions, theoretical framework and analytical strategy

As described above, discourse analysis can help shed light on inappropriate and unacknowledged organisational common-sense practices (Fairclough, 1992c; Jørgensen & Phillips, 2002), and this is what we wish to do in this article. We wish to further our understanding of inherent organisational logics by analysing discourses about non-attendance. We have identified discourses by using concepts from Fairclough's critical discourse analysis framework, because there is specific focus on linking the linguistic tradition to social practice, and by doing so, understanding microsocial as well as macrosocial processes (Fairclough, 1992c).

Methodologically, this article has a social constructivist point of view, understanding reality as not in itself immediately accessible, but shaped and framed through discourses. The relationship between discourse and social practice is dialectical in the sense that society produces discourse and discourses also produce and reproduce society. Hence, discourse is a

reflection of reality as well as a constructor of social identities, social relations, as well as knowledge and meaning structures (Fairclough, 1992c, 2001a).

In our analysis, we have sought to investigate this dialectical relationship primarily through looking at the concept of *intertextuality* which comprises the fact that texts<sup>vi</sup> absorb and are created by drawing on fragments from earlier texts (Fairclough, 1992b, 1992c). Hence, texts constitute history and facilitate change by responding to, accentuating and reworking past texts. Therefore looking at intertextuality of a text can clarify earlier assumptions and provide insight into occurring changes.

Intertextuality is a useful concept in analysing how concrete discursive practices can reflect wider macrosocial practices (Fairclough, 1995). As will be shown later in the article, in our analysis, we have utilised it to assist our understanding of how professionals' discourses about non-attendance reflect organisational logics. We have analysed intertextuality by identifying where the texts explicitly refer to an earlier text (manifest intertextuality) or where they draw on specific orders of discourses. An order of discourse is "*the way in which diverse genres and discourses and styles are networked together. An order of discourse is a social structuring of semiotic difference in a particular social ordering of relationships amongst different ways of making meaning, i.e. different discourse and genres and styles.*" (Fairclough, 2001b, p. 2). Hence, orders of discourses can be understood to be the sum of different discursive types that exist within a given domain (Jørgensen & Phillips, 2002).

Inspired by the critical discourse analysis, we have identified discourses by analysing the textual dimension descriptively. Focus has been placed on the linguistic characteristics of the text, such as vocabulary. Specifically, we examine the *ambivalence*<sup>vii</sup> in professionals' discourse representations<sup>viii</sup> to describe the entanglement and complexity of non-attendance, and we pay especial attention to whether they are sentimental or distant (Fairclough, 1992b)

to analyse which discourses the chosen wordings might represent.

We have also been particularly interested in *presuppositions*, which is the ‘taken-for-grantedness’ the text producer communicates as an already established fact (Fairclough, 1992b). Presuppositions are especially valuable in identifying inherent organisational logics in professionals’ discourse representations.

Finally, we have linked texts to context by examining *the social practice* (societal context) with focus on *ideology* and *discursive battles*. Fairclough argues that discourses can be understood to be ideological, since ideologies are ‘*built into various dimensions of the forms/meanings of discursive practices and [they] contribute to the production, reproduction or transformation of relations of domination.*’ (Fairclough, 1992c, p. 87). The most efficient ideologies are embedded in discourses and become naturalised or common-sense. When this occurs, hegemony is achieved. Hegemony should not, however, be understood exclusively as a sign of dominance, but rather as a form of leadership in which negotiation and constructing alliances through arguments takes place (Fairclough, 1992a, p. 91ff). Therefore, some ideologies hold more power in practice, and understanding the discursive battles can help us understand the professionals’ social practice. An example of this can be found in the introduction, where it is described how time pressure effects compassionate language in care (Crawford et al., 2013).

Therefore, our focus has been to look for ideologies behind discourses and to determine whether discourses reveal common-sense practices in order to determine power balances.

## Analysis

In the following analysis, we present discourse representations about non-attendance as well as described and observed explanations and strategies. The purpose is not to identify *which* particular explanations or strategies are used, but rather *how* they are represented discursively and what underlying assumptions they represent.

We will commence by introducing the complexity of understanding non-attendance. Then, we will describe the discourses derived in our analysis. We will analyse how these discourses can be understood based on intertextuality, and the focus will be on wording, ambivalence and presupposition. We will then look at the social practice by discussing which orders the discourses are part of and how some orders of discourse might hold more power than others.

### Ambivalence in discourse representations due to entanglement and complexity of discourses

Discussions on non-attendance often entail explanations and strategies, and professionals do not always agree amongst themselves, with management or with youth on which would be the best strategy.

Below is an example from a methodological meeting in which the six professionals<sup>ix</sup> from the occupational centre and author Michael Hoej participated. It is a discussion on how many youth professionals should invite to a youth group<sup>x</sup>:

- 1    *Michaela Hoej: "I would argue that eight is a fitting participant number for the youth*
- 2    *group"*
- 3    *P1: "Then we have to invite 15"*
- 4    *Michaela Hoej: "Do you think half won't show [to the youth group]?"(...)*
- 5    *P2: "Our normal attendance is... I can hardly say it... half, to make an optimistic*
- 6    *estimate..."*
- 7    *P3: "30%?"*
- 8    *P2 (continues): "...and otherwise even less... but one might expect them to feel more obliged*
- 9    *to come, though, when the group is smaller."*
- 10    *P3: "But they do still have anxiety and... it's not like... it sounds like they only come if they*
- 11    *feel like it, or something. But the ones we have here, they actually have... I mean, they*
- 12    *actually have problems which makes them unable to come, and that's not going to stop."*

- 13 P2: “Yes, but I also think, though, that there’s a difference between attending at a big  
14 [class/group] and then meeting with us individually. I mean, in relation to anxiety, right. So,  
15 I’m thinking the smaller the groups are...”
- 16 P3: “But then, on the other hand [P1] and I tried it [inviting a small number], right, and no  
17 one showed up. I mean some days, right. And it’s not... they were saying that they liked it,  
18 and they thought the group themes were relevant, they really wanted to [come], they liked the  
19 other people in the group... I mean, they actually said... Not even when you were alone with  
20 them – they didn’t say anything negative. And yet at the same, they just weren’t able to...”
- 21 P1: “But it has to be obligating somehow”

This example shows the complexity by illustrating the ambivalence in the discourse representations: Looking at vocabulary, Professional 3 argues that youth do not attend because they *are not able* (line 11) to do so, due to their *anxiety* (line 9). She says that youth has *problems*, indicating that their mental health problems are the main reason for their not attending. Although in line 12-14, the second professional understands and expresses agreement, she, as does the first in line 20, still uses the word *obliged* in line 8. This presupposes that youth stay at home when they do not feel obliged to come. This presupposition is also visible in line 16, in which the third professional highlights that youth have said that they liked RENEW, which indicates that *not* liking RENEW would be enough to make them not attend.

The concept of ambivalence, also described earlier, that appears in this dialogue was present throughout the data, and the ambivalence was not dependent on membership of professional group or on professional background.

We will now describe the three discourses identified in our analysis: the responsibility discourse, the solicitude discourse and the youth culture discourse. As exemplified in the discussion above, the discourses are not delimited entities, but rather discourses appear as a

mixture of explanations and strategies to deal with non-attendance. Each discourse offers a different perspective on the perception of youth as a result of which words are chosen in the particular discourse representation, and each discourse emanates one way of understanding the societal development, or one order of discourse. In the following section, we will analyse how these three discourses can be identified and discuss what orders of discourse they draw on.

## Solicitude discourse

The solicitude discourse is constructed with many sentimental utterances, as Fairclough might label them (Fairclough, 1992b, p. 272), and discourse representations entail descriptions of the target group as vulnerable patients in need of help. For example, in the above discussion when Professional 3 focuses on *problems* and *anxiety* as primary explanations as to why youth do not attend, this is done through a solicitude discourse. This discourse is highly salient throughout the data, and in addition to anxiety, it draws on other symptom explanations, such as depression, personality disorders, etc. Hence, the primary focus is on mental illness and vulnerability, and typical examples of discourse representations explain how it can be difficult for youth to get out of their bed, that they are anxious to come or that it can be hard for youth to attend a new service at a new place and meet new people due to their illness. Youth are explicated as fragile and in need of care, and, naturally, the primary roles of professionals in these discourse representations are the roles of caregivers and helpers. Professionals describe how it can be necessary for them to aid in making it easier for youth to attend, including, for example a) helping with transportation (on occasion, young adults from the mental health centre would have the possibility of being picked up in a taxi); b) sending them a friendly reminder of the next session via text; or c) trying to be flexible with the planning of sessions, e.g. not scheduling sessions in the morning, when it might be difficult for youth to attend due to irregular sleeping patterns. Other explicated strategies

include family engagement, e.g. arranging parents to drive youth to RENEW, or making sure their boyfriend encourages them to attend the appointment when the youth finds it difficult to leave home. We can attempt to understand this discourse through looking at intertextuality and relating to a wider social practice. By doing this, we can see that focusing on vulnerability and solicitude is related to a traditional understanding of the nursing role.

According to the American Nursing Association nursing can be defined as: “*the protection, promotion, and optimization of health and abilities, prevention of illness and injury, facilitation of healing, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, groups, communities, and populations*” (The American Nursing Association, 2017). In patients’ perspective organizational factors also effect quality of nursing (Irurita, 1999), and according to nurses themselves high quality nursing care entails interactions with family and should address ‘all needs’ of patients (Williams, 1998).

The role of the nurse have been described like that of a mother, involving physical touch, and it is connected to being intimate, engaged and empathically caring (Helman, 2007, p. 162-163). Thus, the solicitude discourse draws on an order of discourse, which might be called the nursing order of discourse. It entails an understanding of the youth as ill, and it focuses on the illness as a breakdown in the body (Helman, 2007, p. 32). Therefore, in order to help the body and mind recover, professionals will need to assist with activities which would normally be categorised as ‘private’, e.g. help with sleeping, eating, grooming, etc.

(Nettleton, 2013, p. 111). This type of work has also been characterised by Strauss et al. as *sentimental work* (Strauss, Fagerhaugh, Suczek, & Wiener, 1982), which further stipulates the sentimentality of the discourse representations within this order of discourse.

## Responsibility discourse

The responsibility discourse is detectable when professionals accentuate that the youths



themselves have a responsibility for attending services, and one strategy to try to make youth feel more responsible for attending is trying to create a sense of obligation. This strategy is represented in the positions taken by the two professionals in the discourse representation above, in which they focus on the importance of making youth feel obligated to come.

The responsibility discourse can also be seen in the following discourse representation from a dialogue meeting in which a social worker from mental health services, talks about non-attendance with a trained nursing aid from the occupational service. The social worker here explains how she perceives youths with personality disorders:

- 1 P4: *"I mean, they [youth with a personality disorder] are not afraid to say no. Like: 'No, I*  
2 *won't be bothered with that!'... And then you have to... you have to accept that – because*  
3 *they are the ones in charge – there's no point in us trying to... I mean, if you can't sell the*  
4 *service and make it interesting for them so they are able to see the point in it..."*

In line 3-4 of this discourse representation the professional highlights what she believes is fundamental in her work: youth need to be able to see the point of the service. For her, this is essential, because otherwise there is no *point in trying*. She further claims, lines 2-3, that professionals have to *accept* if a youth says 'no' because they are the *ones in charge*. This underlines youth agency and the fact that professionals can only do so much to try to make them attend. Therefore, trying to make youth attend becomes a negotiation process. This is also detectable in lines 3-4 where business-inspired linguistics are used; professionals have to do what they can to *sell the service and make it interesting*. This wording highlights the fact that negotiating the terms of attending is a bilateral process in which the youth is the consumer of the service and the professionals are the salespeople. Youths, therefore, have to take responsibility for participating in this negotiation.

In this discourse representation, the focus is not on what Fairclough describes as

sentimentalities, such as illness or problems, but rather, more distantly or prosaically on negotiating terms and making youths take responsibility.

Other negotiation strategies employed in the field to deal with non-attendance are outlined at the beginning of the RENEW process: using a RENEW contract, which is signed by both the youth and the facilitator, or explicating expectations that youth attend and, if not able to do so, at least give notice that they are not attending. Professionals also frequently discuss youth motivation, e.g. how can professionals work on making youth reflect on reasons for participating or help them see their own progress since starting. When youths are the ones who are responsible for coming, they must obviously be motivated to come; hence, focusing on motivation also speaks into a responsibility framework.

This discourse therefore places a great amount of responsibility on youth, making it not only their responsibility to attend, but also their responsibility to make the most of their own RENEW process. Placing responsibility on service-users is recognised as a general developmental tendency within the professional-patient relationship (Nettleton, 2013, p. 145), and it is part of a development within healthcare where prevention and health promotion are becoming increasingly important (Nettleton, 2013, p. 230ff). With this development, focus changes from hospitals and patients to people and their everyday lives. This results in focusing more on what measures, both preventative and curative, that individuals need to take themselves to live healthier lives. Therefore, strategies that attempt to enhance a sense of empowerment – encouraging decision-making skills and facilitating action – become increasingly important for professionals. As the responsibility discourse can be seen as part for a more general developmental tendency, we argue that this discourse is constructed through what we might call an empowerment order of discourse (Nettleton, 2013, p. 232). Focusing on empowerment might also have a ‘flipside’, however, when individuals are not able to take on this responsibility. This will be discussed further in the section *The*

*empowerment order of discourse holds more power than the nursing order of discourse.*

## Youth discourse

The final discourse we have identified is the youth discourse. This discourse representation is not present in the discussion in the first discourse representation, but is frequently present throughout data. Within this discourse representation, explanations and strategies for non-attendance are attributed to age-specific characteristics and deal with trying to understand youths in general. Hence, explanations of no-shows are attributed to how youths think and act in general. Below is an example in which professionals discuss that many youths also participate in services other than RENEW, for example treatment for cannabis use, and what this means for attendance. A mental health nurse, states:

- 1 *P5: "I'm wondering – when they're participating in many different services –*
- 2 *how focused can they then be? I mean, what is what, when you're 21 years? It's*
- 3 *not strange then, that they simply don't show. Maybe it's just more than they*
- 4 *can handle... "*

Interestingly, here the professional focuses on age as an explanation of lack of focus rather than, for example, illness. The discourse representation makes a presupposed connection between age and ability to focus and assumes that youths are not able to handle too many things at once.

The wording '*youth*' about the participants in RENEW is also explicated frequently in the data, and as opposed to e.g. 'patients', 'citizens', 'clients' or 'students', this draws the attention toward age and the generation as a whole. Professionals adapted this term from the participating researcher, because she used this term about the target group in trying to speak a common language between professionals in the two sectors. Normally, though, professionals in psychiatry would use the term *patients* (which is suited to the solicitude discourse), whereas professionals in the occupational centre would frequently refer to them as *course*

*participants*<sup>xi</sup>. Thereby, the researcher played a central role, not only in the analysis, but also as a co-creator in regard to focusing on youth.

In the following inquiry, the youth discourse is also represented. The discourse representation is from a dialogue meeting with professionals from both the occupational and mental health sector discussing how to deal with non-attendance. In this discussion a mental health nurse, expresses a wish to better understand the youths' generation to be able to come up with new strategies:

- 1 *P6: "What I'm occupied with, and what I'd like to ask you [participating researcher] is:*  
2 *how much money is there in the project? Because I was talking to some colleagues who heard*  
3 *a presentation from this guy, called... Err, I forgot the papers – Lisa, do you have them?*  
4 *Something-something – who studies youth culture. They studied how to motivate youth and*  
5 *get them employed – here I thought mainly about you guys [professionals from the*  
6 *occupational centre]... There was also somebody called Noemi... I was talking to this*  
7 *professor about it, you see. And, you know, I'd want to know more about: what is youth like*  
8 *nowadays – what's the culture? Because I notice that sometimes I'm like: Oh my God, can't*  
9 *you just pull yourself together [and attend] – I mean, I get kinda really uptight-mom-ish.*  
10 *Like, those skills connected to showing up on time at the dentist. You sure don't have those*  
11 *with you from back home. And I spend too much time being kinda stupid-irritated, right."*  
12 *P1: "Grumpy."*  
13 *P6: "Yeah, grumpy, right! Instead of just getting a little bit of perspective. Ok, but what is it,*  
14 *they're faced with? What do they bring with them, and what can they do then? What direction*  
15 *do you need to go in order to reach them, so I don't just end up with my grumpiness?"*

Though she is educated and employed as a nurse in a psychiatric context that strongly accentuates solicitude and care, in the above discourse representation, Professional 6 still seeks more knowledge about *youth nowadays* and the *culture* (lines 7-8) as opposed to mental

illnesses. In the above discussion, manifest intertextuality can also be identified; The professional explicitly refers to both an unnamed professor and a Noemi (Katznelson), who is a Danish professor researching youth culture and how to understand youth. Hence, in this discourse, the target group is perceived as a generation of youth with certain characteristics, which professionals need to be able to understand in order to be able to do their job, and non-attendance is described as a generation trait rather than a vulnerability.

The youth discourse draws on what we could call a youth culture order of discourse. This order of discourse is present in society in regard to how we understand youth culture as more disengaged and liberated, or as Anthony Giddens describes it, we are increasingly free to choose what we want to do and who we want to be (Giddens, 1991). Youths are described as the ‘‘me, me, me’ generation’ who, compared to earlier generations, have a reduced sense of empathy and show little consideration for others (Karkov, 2012; Konrath, O'Brien, & Hsing, 2011). Youths are also described as demanding, as having a hard time concentrating and finishing things, and even as justifying their choice (and right) to live on social benefits (Pultz & Mørch, 2015). In Denmark, the term *zapper-culture* is frequently used to describe youth as unfocused and moving quickly from one thing to another, and this term also appeared more than once in data. A similar English term *NEET* (Not in Education, Employment or Training) was first used to describe needs of 16-18 year olds not eligible for benefits, but later, the meaning has expanded both in age range and due to the fact that it is generally used to describe unemployed young people (Hutchinson & Kettlewell, 2015). With the expansion, certain characteristics have also been attached to NEET, e.g. low engagement and disruptive behaviour. This order of discourse is present in public spheres, but has also found its way into the psychiatric and occupational sectors according to this empirical data.

However, in the above discourse representation, the youth discourse is not the only discourse that can be detected. The ambivalence described earlier can also be found. In line 9, the

professional describes how she sometimes wishes youths would *pull themselves together*.

This wording represents the responsibility discourse, in which youths actively decide not to show up, and if so, it is because they do not wish to participate. Furthermore, the solicitude discourse is represented in lines 14-15, in which the professional expresses that she feels she sometimes needs to get a little perspective to understand what youth are *faced with* and what they *bring with them*. This presupposes youth being faced with difficulties, e.g. symptoms, bringing along some sort of difficult baggage that needs to be taken into consideration when dealing with them.

## Discussion

We will now discuss the above findings by looking first at how the discourses are interrelated, with a focus on the tensions and similarities between them. We will then connect them to social practice by looking at inherent organisational logic and by analysing discursive battles between the different discourses. Furthermore, we will discuss how tensions between discourses and inherent logic leads to frustration for professionals, and how the youth discourse can be understood as a venting mechanism to cope with this frustration. To underline our analytical points further, data will also be introduced in this section.

### Discourse interrelation: tensions and similarities

Looking at social practices, discourses about non-attendance are ambivalent, interwoven, tension-filled at times and even contradictory.

The solicitude discourse and the responsibility discourse are, for example, inherently tension-filled. The responsibility discourse emanates from an empowerment order of discourse that places agency and accountability on youths, whereas the nursing order of discourse places agency and responsibility on the professionals.

Contrarily, the youth culture and the responsibility discourse have similarities, and they even

coincide with regard to some of the strategies proposed to reduce non-attendance. For example, giving youths structuring tools, such as week or day planners, helping them to manage their time more constructively or praising them for regular attendance. Professionals also discussed the possibility of using ‘time-outs’ from the service, meaning youths should be banned for a period if they failed to give notice when not attending (this was never effectuated, though). More ‘punishment’ style strategies included different forms of sanctioning, e.g. (for the municipal part of RENEW) reducing youth social benefits if they neglected to attend without cancelling. A different ‘punishment’ style strategy discussed was saying names of non-attendees out loud in the group (which professionals knew youth would not like) or telephoning them. Interestingly, however, telephoning youth was explicated as both a punishment for not attending and a strategy to get them to come on other occasions. Hence, telephoning youth was both understood to be caring and punishing, dependent on context. Therefore, telephoning as a strategy is not immediately possible to ascribe to one discourse rather than another.

### The empowerment order of discourse holds more power than the nursing order of discourse

So, how can we understand the interrelated and complex discourses and the ambivalent discourse representations? To answer this question, Fairclough suggests analysing discursive battles and power relations by looking further at inherent organisational logic and social practices.

We claim that the empowerment order of discourse holds more power than e.g. the nursing order of discourse and build on this with two arguments:

- 1) As described above, the solicitude discourse is related to a nursing order of discourse, and the nursing order of discourse is an established discourse within healthcare systems. However emotional labour and nursing tasks are carried out by those in

lower positions in the medical hierarchy (Helman, 2007, p. 94-95; Nettleton, 2013, p. 142-143), which means that not much power is associated with this discourse.

- 2) The empowerment order of discourse can be understood in the light of the governance regime, New Public Management (NPM), used for decades in public service systems. The empowerment order of discourse builds on the idea that individuals can and should take responsibility for themselves and their own lives. Working on making youth take responsibility then, in essence, is an indirect form of governing, since the purpose is for youth to self-regulate, or *conduct their own conduct*, rather than trying to manage them through authoritarian or disciplinary actions (Dean, 1999).

Since empowerment can be understood as a strategy for governing individuals with the aim of reducing non-attendance, it can be understood in the light of NPM. NPM has been widely used to manage health systems through strategies such as decentralisation, visible control systems, goal setting through means of quantitative indicators of success, performance measurements and trying to raise efficiency levels by ‘doing more with less’ (Hood, 1991).

One strategy to raise efficiency in an organisation can be to raise levels of empowerment among workers (Argyris, 1998; Kaymakçı & Babacan, 2013).

Similarly, in this project, one strategy to raise efficiency is empowering youth through increasing their sense of responsibility. Other strategies include registering attendance and formalising procedures through a LEAN<sup>xii</sup>-regime (Lawal et al., 2014), e.g. implementing an ‘attendance-sheet’ to be filled out by youths in order to contain possible future attendance challenges. These strategies all contribute to raising efficiency through reducing non-attendance, and they also match NPM strategies. Since the empowerment order of discourse can be understood in an NPM perspective, it becomes evident that this order of discourse carries more power than does the



nursing order of discourse. The empowerment order of discourse reflects a governing style with great political and managerial support, whereas the nursing order of discourse, though persistent in public service sectors, is less influential.

Since the empowerment order of discourse is more powerful than the nursing order of discourse, a related and highly relevant discussion becomes about how the empowerment order of discourse might influence social practice:

Though empowerment in the above-described governing understanding might seem somewhat calculated, it is clear from the discourse representations in this material that professionals' aspirations to help youths take responsibility and become more empowered comes from a place of care. However, the question is: is it possible to 'give' someone empowerment? Yeich and Levine argue that it is not: "*Empowerment seems to be a process that one must do for oneself – not something that someone can do for or to another*" (Yeich & Levine, 1992). Furthermore, if empowerment is to be understood as an individual process, there will be individuals who cannot live up to this and therefore do not become empowered or able to take on this responsibility. This group therefore risks further marginalisation as a result of the empowerment order of discourse.

## Professional frustration

It has been established that the empowerment order of discourse holds more power than the nursing order of discourse, and that there is a predominant organisational focus on raising efficiency. The tensions between the two discourses and the organisational focus on efficiency also cause frustration and exhaustion among professionals because they perceive it as a pressure:

- 1 P6: "*We feel a pressure when youth don't show up. We don't have enough confrontation*
- 2 *hours with youth, and then we feel pressured to come up with solutions to solve this problem.*
- 3 *(...) It's a defence against system pressure, right."*

In the discourse representation, the professional expresses how they feel obliged to act, but at the same time, they lack meaningful and efficient options available for action. Furthermore, professionals also express the feeling of being '*caught between a rock and a hard place*' (direct quotation). In the organisations, there is, as described, a profound focus on attendance, and professionals explicate how it would be nice to sometimes focus on different aspects in their work.

As expressed in the above quote, professionals feel pressured and caught in the middle, and they express, how they feel that many of the strategies available to deal with non-attendance seems inappropriate and lacking effect. For example, at one methodological meeting, Barbara explained that management assigned her the task of trying to get her colleagues to integrate an exercise focusing on reducing non-attendance in their youth group work. She therefore presented the idea of integrating the exercise in the youth group to her colleagues. However, in a discussion about whether to use it, it became evident that Barbara herself did not find the exercise valuable and that she would have found other initiatives more helpful, e.g. installing a system with automatic text-message reminders to youth before sessions.

Hence, professionals feel that some tools introduced by the organisation to try to reduce non-attendance are inappropriate and add pressure to both them and the youths; e.g. the above exercise or registration of non-attendance that might lead to a reduction in social benefits. Furthermore, they do not believe these tools will work in practice. At the same time, they feel that meaningful tools, e.g. a text messaging system, might actually work, but that the organisation does not acknowledge these tools or their potential benefits. This underlines the tension between the nursing order of discourse and the empowerment order of discourse, which leads to great frustration for professionals.

## A venting mechanism

In this section, we will answer the following question: How does the youth culture order of

discourse fit into the order of discourse puzzle?

The tensions between the responsibility and the solicitude discourse lead to great amounts of frustration among professionals because they are the ones expected to act in accordance with both discourses (and it is debateable whether this is possible at all), while at the same time reducing non-attendance. Therefore, there is an inherent risk that professionals will be criticised for not fulfilling their duties to reduce non-attendance while also caring for the target group. Hence, professionals, being placed in this inextricable situation, seek new and different ways to understand non-attendance through a distinct and more general youth culture perspective, as exemplified by the request for more knowledge about youth culture.

When professionals relate non-attendance to the *youth generation* and the *youth culture*, non-attendance is interpreted as a result of more general cultural and societal processes.

Therefore, in this order of discourse, the problem of non-attendance is a general cultural trait, which must be handled at a general level, rather than trying to change the behaviour of the individual youth. Therefore, responsibility for reducing non-attendance becomes detached from both professionals and the individual youths.

Hence, the youth discourse can be understood as a coping mechanism by which professionals allocate the responsibility for high rates of non-attendance to larger cultural and social processes. Furthermore, this framing entails a distancing of oneself from youth, since the problem of non-attendance is no longer related to the individual youth sitting in front of the professional, but rather the youth generation as a whole. This can be related to our earlier description of Crawford et al.'s conclusion that time pressure and an environment of process-focused care seem to reduce compassionate language (Crawford et al., 2013). Using less compassionate language due to time pressure and process-focused environments can be interpreted as a coping strategy as well, and it might be an expression of the same distancing process we have identified in our material regarding youth discourse.

## Implications for practice

We have described how the inherent tensions between the empowerment and the nursing order of discourse might result in professional frustrations leading to integration of the youth culture order of discourse in practice as a coping mechanism. Therefore, one important implication for practitioners is being aware of how focusing on youth responsibility for attending is part of an empowerment order of discourse, which can be understood as being connected to NPM. This is especially important in light of the newest literature on the ineffectiveness of NPM (Hood & Dixon, 2015). Furthermore, the professionals' experiences of pressure due to organisational attempts to streamline health care services are also described elsewhere (Allen, 2015; Martin, Armstrong, Aveling, Herbert, & Dixon-Woods, 2015). Therefore, this article adds to the existing discussion dealing with how health care professionalism might be challenged by management initiatives focusing on optimal utilization of services.

A different but equally important practical implication is the risk of further marginalisation of the most vulnerable youth group when choosing an empowerment-based approach in trying to reduce non-attendance.

Finally, this article calls for reflections on the implications of the use of the youth culture order of discourse as a coping mechanism for professionals. By introducing more general cultural and social explanatory processes for youth non-attendance, this also alleviates professionals of their responsibility to deal with the issue. Professionals and policy-makers in countries such as Denmark, that pride themselves on having strong social safety net in the form of social welfare systems for the most vulnerable groups, must ask themselves if this would be a desirable outcome. If not, we need to assist professionals in dealing with the frustration they experience due to the tensions between the empowerment and nursing orders of discourse – perhaps simply by acknowledging them and reflecting on them collectively.

## Limitations and recommendations for future research

A majority of qualitative research uses interview data, but in this article, we chose to use empirical materials from ‘real-life’ situations. Hence, we did not ask professionals to directly reflect and comment on non-attendance in an interview, but our empirical material on non-attendance comes from professionals’ naturally occurring discussions on how RENEW could most appropriately be adjusted to a different context. We argue that this is a methodological strength, since the material then represents the professionals’ discourse representations from actual situations, rather than ‘artificial’ interview situations, in which they were merely asked to describe or comment on these situations (Silverman, 1993). Furthermore, in interview situations, interviews might also be affected by how the interviewee and interviewer perceive each other and the situation (Silverman, 1993). By using ‘real-life’ material, we believe that the material is less ‘edited’ or ‘processed’ by the individual professional and that the language in our discourse representations is a representation of how professionals would speak in natural settings.

We chose to do a critical discourse analysis. This approach is very extensive, and therefore, we singled out specific analytical tools. It might be argued that we have neglected to use key concepts, e.g. consummation of the text. This would have entailed a more thorough analysis of how the receiver of the text employs earlier discourses in understanding and interpreting the text (Jørgensen & Phillips, 2002). We argue, however, that it would not be possible to do a thorough analysis of every concept from Fairclough’s terminology in one article. Hence, this can potentially be investigated elsewhere.

Nuances in language might be lost in translation processes, and this is obviously important when analysing texts discursively. Therefore data was collected in Danish in order for participants to be able to use the mother-tongue when discussing non-attendance.

Furthermore we chose to do the analysis in Danish, and then translate the selected discourse

representations mutually afterwards. It is most likely unavoidable that modest nuances of meaning might be perceived slightly different. However, we argue that the important meaning structures are preserved because of a rigorous translation process. Furthermore, to ensure transferability, we chose to describe original Danish meanings of words in the text and in notes, when translations were debated between authors.

The critical discourse analysis was chosen for two reasons. The first reason is that we have not been able to find critical studies on discourses of non-attendance. The literature regarding non-attendance is action-oriented and deals with prevalence, as well as reasons and strategies for professionals. However, we strongly advocate the importance of knowing the contingencies of having a profound focus on non-attendance, which is the reason why this approach was chosen. A second reason was to try to create some analytical distance, since the primary author was part of the field of investigation and development process. For example, as earlier described, it was discovered in the analytical phase that the primary author might have contributed to a particular focus on youth. Hence, it was necessary to try to create both physical and analytical distance from the object of investigation.

Fairclough argues that discourses constitute the social organisation of institutions, reflecting (and shaping) the norms and conventions embedded in them (Fairclough, 1992c). In the occupational sector, a predominant control-mechanism is reducing the social benefits for youths if they do not live up to their responsibilities (e.g. coming to services), and in the mental health sector, the overall aim is to heal people. Therefore, we might have expected that the professionals from the occupational sector would have been more inclined to use the responsibility discourse and that professionals from the mental health sector would have been more inclined to use the solicitude discourse. However, as described earlier, we did not see any clear distinctions between how discourses were used in the two areas. We have identified two possible explanations for this:

- 1) The professionals in the occupational sector were a selected, and perhaps not representative, group of occupational professionals, who might have been more inclined to use the solicitude discourse in their discourse representations than their co-workers. They did after all volunteer to participate in a project working with youths in cooperation with mental health professionals, and some were even trained health professionals who had earlier worked in mental health settings. These combined factors will most likely have influenced their perspective.
- 2) It could also be, however, that both empirical settings were part of the same public service sector, in which discourses were more influenced by the pressure of implemented performance measurements inspired by NPM (e.g. registering attendance), than they were by the overall organisational aims.

Whether both, none or only one explanation applies, this will be worth investigating in similar public sector services. In the Introduction, we described how patients are described by Kenwright and Marks to be ‘unreliable’ and ‘unmotivated’ (2003). This might be a different example of a distancing process taking place in discourses about non-attendance. Therefore, it might be relevant to investigate whether this practice of placing responsibility for non-attendance in social and cultural processes takes place in other contexts than public social services targeting youth with mental health vulnerabilities, and, if so, what discourses might replace the youth discourse.

## Concluding comments

In this article, we have investigated the complexity of understanding non-attendance in services provided for young adults with mental health difficulties. We uncovered three discourses used when discussing non-attendance: a solicitude discourse, which was based on understanding, with a focus on caring and providing the necessary help to assist what is

believed to be a vulnerable target group in attending a needed service; a discourse drawing on ideas from NPW, in which negotiation of terms for attending is the focus, and the target group is primarily responsible for their own process; and finally, a discourse drawing on the understanding of the youth generation as disengaged, demanding and with low engagement as an explanation for their lack of attendance.

We described how these discourses are often used simultaneously when discussing non-attendance, although there are inherent tensions between them. It is, for instance, contradictory to both provide unconditional assistance to aid youths in attending while also expecting youths to take responsibility for coming themselves. The tensions between discourses create frustration for professionals because they feel caught in what they feel is an inextricable situation. They experience pressure to act in accordance with the NPM understanding *while also* attending to their role as an empathetic and understanding caregiver.

In order to cope with this situation, professionals search for new explanations that provide a strategy to place responsibility for dealing with youth non-attendance elsewhere, such as on societal and cultural processes. Explaining and understanding non-attendance through discourses from spheres which are normally not considered part of the mental health public service sectors might, however, have unforeseen consequences. Discourse representations regarding non-attendance in public mental health services that entail certain generation-dependent presuppositions about youth might construct a different framework for the work. For instance, attributing the characteristics of the youth generation to the individual youth in the service takes away responsibility from professionals to deal with non-attendance, while also constructing new explanatory models for understanding youth with mental health difficulties.



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Student Assistant Sara Lisberg Larsen

## Data

The empirical material generated in this project will not be publicly available due to the rules of the Danish Data Protection Agency. It will, however, be available from the corresponding author, after publication, upon reasonable request and following a signed confidentiality agreement with the Danish Data Protection Agency in the Capital Region of Denmark.

## Declaration of conflicts of interest

The Authors declare that they have no conflicts of interest.

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## Notes

<sup>i</sup> Consensus about the terminology on patients not attending services is not established in the literature. In this article, we have chosen the terminology ‘non-attendance’, unless referring to literature using a different terminology.

<sup>ii</sup> Mental health difficulties constituted non-psychotic diagnoses, such as depression, personality disorders, anxiety and stress in mental health services, but young adults attached to the occupational service constituted a broader mental health profile, ranging from people in treatment for psychotic as well as non-psychotic disorders to people without diagnoses.

<sup>iii</sup> The professional with a master’s degree in social science did not participate in the workshops, because she joined the RENEW team in September 2015. She did, however, participate in methodological meetings.

<sup>iv</sup> Furthermore a student assistant participated at occasions to help with practicalities such as video recordings etc.

<sup>v</sup> There was one meeting which was not audio recorded, but detailed written minutes of this meeting were taken

<sup>vi</sup> Text is to be understood in a broad sense, including both written and spoken language as well as photos and non-spoken language (Fairclough, 1995)

<sup>vii</sup> Fairclough on ambivalence: *‘Intertextuality is the source of much of the ambivalence of texts. If the surface of a text may be multiply determined by the various other texts that go into its composition, then elements of that textual surface may not be clearly or unambiguously placed in relation to the text’s intertextual network, and their meaning may be ambivalent-different meanings may coexist, and it may not be possible to determine “the” meaning.’* (Fairclough, 1992b)

<sup>viii</sup> Instead of the term *quotation*, the term *discourse representation* is used when describing a text because it accentuates that particular words are chosen as opposed to other

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words, and hence, that the words, tone, etc. is a (more or less) conscious choice (Fairclough, 1992b).

<sup>ix</sup> All names in this article have been changed to protect informants' anonymity.

<sup>x</sup> A youth group where youth meet to discuss their RENEW process and share experiences is part of the RENEW process in Denmark.

<sup>xi</sup> The target group was actually 'kursist' in Danish, which directly translates to participant in course.

<sup>xii</sup> There are different definitions of LEAN, but generally LEAN is described as a set of tools and techniques for improving practice through eliminating waste and adding value (Poksinska, 2010).

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## References

- Allen, D. (2015). Inside 'bed management': ethnographic insights from the vantage point of UK hospital nurses. *Social Health & Illness*, 37(3), 370-384. doi: 10.1111/1467-9566.12195
- Anderson, C. M., Robins, C. S., Greeno, C. G., Cahalane, H., Copeland, V. C., & Andrews, R. M. (2006). Why Lower Income Mothers Do Not Engage With the Formal Mental Health Care System: Perceived Barriers to Care. *Qualitative Health Research*, 16(7), 926-943. doi: 10.1177/1049732306289224
- Argyris, C. (1998). EMPOWERMENT: THE EMPEROR'S NEW CLOTHES. *Harvard Business Review*, 76(3), 98-105.
- Block, A. M., & Greeno, C. G. (2011). Examining Outpatient Treatment Dropout in Adolescents: A Literature Review. *Child & Adolescent Social Work Journal*, 28(5), 393-420. doi: <http://dx.doi.org/10.1007/s10560-011-0237-x>
- Cederberg, M., & Lingärde, S. (2008). Educational Policies that Address Social Inequality. Danish case study report 1. Reaching 95 percent Successful Completion in Youth Education. <http://archive.londonmet.ac.uk/epasi.eu/CaseStudyDK1.pdf>: Malmö University.
- Chariatte, V., Michaud, P. A., Berchtold, A., Akre, C., & Suris, J. C. (2007). Missed appointments in an adolescent outpatient clinic: descriptive analyses of consultations over 8 years. *Swiss Medical Weekly*, 137(47-48), 677-681. doi: 2007/47/smw-12050
- Crawford, P., Gilbert, P., Gilbert, J., Gale, C., & Harvey, K. (2013). The language of compassion in acute mental health care. *Qualitative Health Research*, 23(6), 719-727. doi: 10.1177/1049732313482190
- Danish Ministry of Education. (2015). 95-percent-objectives (95-procent-målsætning). Retrieved December 9th 2016, 2016, from <https://www.uvm.dk/Aktuelt/I-fokus/95-procent-maalsætning>

---

Danish Regions. (2014). Packages for anxiety and social phobia (Pakkeforløb for angst og social fobi).

Retrieved November 3rd, 2016, from <https://www.psykiatri-regionh.dk/vejledning-og-rettigheder/rektigheder/behandlingspakker/Documents/Pakkeforl%C3%B8b%20for%20angst%20og%20social%20fobi.pdf>

Dean, M. (1999). *Governmentality - Power and Rule in Modern Society*. London, Thousands Oaks, New Delhi, Singapore: SAGE Publications.

DeFife, J. A., Conklin, C. Z., Smith, J. M., & Poole, J. (2010). Psychotherapy appointment no-shows: rates and reasons. *Psychotherapy (Chicago)*, 47(3), 413-417. doi: 10.1037/a0021168

DeFife, J. A., Smith, J. M., & Conklin, C. (2013). Psychotherapy Appointment No-Shows: Clinicians' Approaches. *Journal of Contemporary Psychotherapy*, 43(2), 107-113. doi: 10.1007/s10879-012-9216-6

Edlund, M. J., Wang, P. S., Berglund, P. A., Katz, S. J., Lin, E., & Kessler, R. C. (2002). Dropping Out of Mental Health Treatment: Patterns and Predictors Among Epidemiological Survey Respondents in the United States and Ontario. *American Journal of Psychiatry*, 159(5), 845-851. doi: doi:10.1176/appi.ajp.159.5.845

Fairclough, N. (1992a). *Discourse and Social Change*: Polity Press.

Fairclough, N. (1992b). Intertextuality in critical discourse analysis. *Linguistics and Education*, 4(3), 269-293. doi: [http://dx.doi.org/10.1016/0898-5898\(92\)90004-G](http://dx.doi.org/10.1016/0898-5898(92)90004-G)

Fairclough, N. (1992c). A Social Theory of Discourse. In N. Fairclough (Ed.), *Discourse and Social Change* (pp. 62-100). Cambridge: Polity Press.

Fairclough, N. (1995). Critical Discourse Analysis and the Marketization of Public Discourse: The Universities *Critical Discourse Analysis - The Critical Study of Language* (pp. 130-166). London: Longman.

- 
- Fairclough, N. (2001a). Critical Discourse Analysis as a Methods in Social Scientific Research. In R. Wodak & M. Meyer (Eds.), *Methods in Critical Discourse Analysis* (pp. 122-137). London: Sage.
- Fairclough, N. (2001b). The dialectics of discourse. from <https://www.sfu.ca/cmns/courses/2012/801/1-Readings/Fairclough%20Dialectics%20of%20Discourse%20Analysis.pdf>
- Gibson, K., Cartwright, C., Kerrisk, K., Campbell, J., & Seymour, F. (2016). What Young People Want: A Qualitative Study of Adolescents' Priorities for Engagement Across Psychological Services. *Journal of Child and Family Studies*, 25(4), 1057-1065. doi: 10.1007/s10826-015-0292-6
- Giddens, A. (1991). The Trajectory of the Self *Modernity and Self-Identity* (pp. 70-108). Great Britain: Blackwell Publishers.
- Helman, C. (2007). *Culture, Health and Illness* (5th ed.). Florida: Taylor and Francis Group.
- Henzen, A., Moeglin, C., Giannakopoulos, P., & Sentissi, O. (2016). Determinants of dropout in a community-based mental health crisis centre. *BMC Psychiatry*, 16, 111. doi: 10.1186/s12888-016-0819-4
- Hood, C. (1991). A PUBLIC MANAGEMENT FOR ALL SEASONS? *Public Administration*, 69(1), 3-19. doi: 10.1111/j.1467-9299.1991.tb00779.x
- Hood, C., & Dixon, R. (2015). What We Have to Show for 30 Years of New Public Management: Higher Costs, More Complaints. *Governance*, 28(3), 265-267. doi: 10.1111/gove.12150
- Hutchinson, J., & Kettlewell, K. (2015). Education to employment: complicated transitions in a changing world. *Educational Research*, 57(2), 113-120. doi: 10.1080/00131881.2015.1030848
- Iachini, A. L., Hock, R. M., Thomas, M., & Clone, S. (2015). Exploring the Youth and Parent Perspective on Practitioner Behaviors That Promote Treatment Engagement. *Journal of Family Social Work*, 18(1), 57-73. doi: 10.1080/10522158.2014.974293

- 
- Irurita, V. (1999). Factors affecting the quality of nursing care: The patient's perspective. *International Journal of Nursing Practice*, 5(2), 86-94. doi: 10.1046/j.1440-172x.1999.00156.x
- Jørgensen, M. W., & Phillips, L. J. (2002). *Discourse Analysis as Theory and Method*. London, California & New Delhi: Sage Publications.
- Karkov, R. (2012, March 25, 2012). Understanding today's rude teens, *ScienceNordic.com*.
- Kaymakçı, K., & Babacan, S. (2013). Employee empowerment in new public management approach and a research. *European Journal of Research on Education*, 2, 63-70.
- Kenwright, M., & Marks, I. M. (2003). Improving first attendance for cognitive behaviour therapy by a partial booking appointment method: Two randomised controlled trials. *Journal of Mental Health*, 12(4), 385.
- Killaspy, H., Banerjee, S., King, M., & Lloyd, M. (2000). Prospective controlled study of psychiatric out-patient non-attendance. Characteristics and outcome. *British Journal of Psychiatry*, 176, 160-165.
- Konrath, S. H., O'Brien, E. H., & Hsing, C. (2011). Changes in Dispositional Empathy in American College Students Over Time: A Meta-Analysis. *Personality and Social Psychology Review*, 15(2), 180-198. doi: 10.1177/1088868310377395
- Lawal, A. K., Rotter, T., Kinsman, L., Sari, N., Harrison, L., Jeffery, C., . . . Flynn, R. (2014). Lean management in health care: definition, concepts, methodology and effects reported (systematic review protocol). *Systematic Reviews*, 3, 103-103. doi: 10.1186/2046-4053-3-103
- Malloy, A. M. (2013). The RENEW Model: Supporting Transition-Age Youth With Emotional and Behavioral Challenges. *Emotional & Behavioral Disorders in Youth*, 38-48.
- Martin, G. P., Armstrong, N., Aveling, E.-L., Herbert, G., & Dixon-Woods, M. (2015). Professionalism Redundant, Reshaped, or Reinvigorated? Realizing the "Third Logic" in Contemporary Health Care. *Journal of Health and Social Behavior*, 56(3), 378-397. doi: doi:10.1177/0022146515596353

- 
- Munford, R., & Sanders, J. (2016). Understanding service engagement: Young people's experience of service use. *Journal of Social Work, 16*(3), 283-302. doi: 10.1177/1468017315569676
- Munson, M. R., Cole, A., Jaccard, J., Kranke, D., Farkas, K., & Frese, F. J. (2016). An Engagement Intervention for Young Adults with Serious Mental Health Conditions. *The Journal of Behavioral Health Services & Research, 43*(4), 542-563. doi: 10.1007/s11414-014-9424-9
- Nettleton, S. (2013). *The sociology of health and illness* (3rd ed.). UK and USA: Polity Press.
- Pillay, A. L., Wassenaar, D. R., & Kramers, A. L. (2004). Attendance at Psychological Consultations following Non-Fatal Suicidal Behaviour: An Ethical Dilemma. *South African Journal of Psychology, 34*(3), 350-363. doi: 10.1177/008124630403400302
- Poksinska, B. (2010). The Current State of Lean Implementation in Health Care: Literature Review. *Quality Management in Healthcare, 19*(4), 319-329. doi: 10.1097/QMH.0b013e3181fa07bb
- Pultz, S., & Mørch, S. (2015). Unemployed by choice: young creative people and the balancing of responsibilities through strategic self-management. *Journal of Youth Studies, 18*(10), 1382-1401. doi: 10.1080/13676261.2014.992318
- Sheridan, G., & McArdle, S. (2015). Exploring Patients' Experiences of Eating Disorder Treatment Services From a Motivational Perspective. *Qualitative Health Research*. doi: 10.1177/1049732315591982
- Silverman, D. (1993). *Interpreting Qualitative Data. Methods for Analyzing Talk, Text and Interaction*. London: Sage Publications.
- Stewart, K. D. (2013). Factors Contributing to Engagement During the Initial Stages of Treatment for Psychosis. *Qualitative Health Research, 23*(3), 336-347. doi: 10.1177/1049732312468337
- Strauss, A., Fagerhaugh, S., Suczek, B., & Wiener, C. (1982). Sentimental work in the technologized hospital. *Sociol Health & Illness, 4*(3), 254-278.
- The American Nursing Association. (2017). What is nursing? Retrieved March 14th 2017, from <http://www.nursingworld.org/EspeciallyForYou/What-is-Nursing>



- 
- Thompson, S., Bender, K., Lantry, J., & Flynn, P. (2007). Treatment Engagement: Building Therapeutic Alliance in Home-Based Treatment with Adolescents and their Families. *Contemporary Family Therapy: An International Journal*, 29(1/2), 39-55. doi: 10.1007/s10591-007-9030-6
- Weitkamp, K., Klein, E., & Midgley, N. (2016). The Experience of Depression: A Qualitative Study of Adolescents With Depression Entering Psychotherapy. *Global Qualitative Nursing Research*, 3. doi: 10.1177/2333393616649548
- Williams, A. M. (1998). The delivery of quality nursing care: a grounded theory study of the nurse's perspective. *Journal of Advanced Nursing*, 27(4), 808-816. doi: 10.1046/j.1365-2648.1998.00590.x
- Wiseman, M., & McBride, M. (1998). Increasing the Attendance Rate for First Appointments at Child and Family Psychiatry Clinics: An Opt-in System. *Child & Adolescent Mental Health*, 3(2), 68-71. doi: 10.1111/1475-3588.00214
- Yeich, S., & Levine, R. (1992). Participatory Research's Contribution to a Conceptualization of Empowerment<sup>1</sup>. *Journal of Applied Social Psychology*, 22(24), 1894-1908. doi: 10.1111/j.1559-1816.1992.tb01529.x