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Experiences of municipal psychologists on their role in local public health work

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Abstract

Background: Municipal psychologists (MPs) in Norway are mandated to contribute to public health work through mental health promotion and preventive efforts. However, the literature indicates that MPs spend most of their time on clinical work. This study aimed to explore the role and situatedness of MPs in public health work, from their perspective. **Method**: A qualitative design was used, involving 12 semi-structured interviews with MPs from 8 different municipalities in the greater Oslo region. Data were analysed using thematic analysis. **Results**: Participants reported challenges related to a lack of role clarity, leading to difficulties in balancing clinical and public health work. Collaborative challenges across sectors and services also constituted major findings. Despite this, MPs remained convinced that their competencies are needed and relevant in municipal public health work. **Conclusion**: The roles of MPs need to be clearly defined. Official guidelines for their roles should be developed, and MPs should be formally included in municipal public health teams. Furthermore, legislation regarding psychological expertise in the Public Health Act can create a clear mandate for MPs and grant them greater authority.

Keywords: mental health, prevention, municipal psychologists, new public management, self-determination theory

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Norwegian municipalities identify mental health as one of their largest public health challenges (Helsedirektoratet, 2021; Riksrevisjonen, 2015). Over the years, political efforts have been made to address this issue, beginning with the Escalation Plan for Mental Health 1999–2006/2008 and the Health Care Interaction Reform 2008–2009 (Heggland et al., 2013). In 2009, a subsidy was provided by the Norwegian Directorate of Health to recruit more psychologists and test various models for their work in the municipalities (Heggland et al., 2013). The justification for this initiative was that prevention, early intervention and low -threshold services remained important areas for improvement (Schjødt et al., 2012).

The subsidy from the Norwegian Directorate of Health was replaced in 2020 by an amendment to the Health and Care Act (2011, § 3–2), which requires all municipalities to secure psychological expertise. These psychologists, often referred to as 'municipal psychologists' (MPs), were mandated to strengthen health promotion and preventive efforts, particularly concerning the mental health of children and youths (Prop. 121 S (2018–2019)). However, this directive from the ministry did not specify how this should be achieved, leaving it to the municipalities to manage implementation details. As early as 2013, MPs reported that the lack of official guidelines and clear expectations made their roles challenging (Heggland et al., 2013). The most recent Escalation Plan for Mental Health (Meld. St. 23 [2022–2023]) emphasises that it should be 'considered how the municipalities best can utilize community psychological knowledge to promote health and quality of life for the whole population through local community-based actions and actions on systems level. This will be assessed when The Public Health Act is revised' (Meld. St. 23 [2022–2023], p. 21, own translation). This suggests that the work of MPs and others in the field of public mental health may soon become more concretised, as the Public Health Act is currently under revision.

Mental health is defined as more than the absence of mental disorders (World Health Organization [WHO], 2022), and it is widely recognised that it is shaped by factors influencing our daily lives (Allen et al., 2014; Barry, 2009; WHO, 2022). These factors, or determinants, include psychological, biological and social aspects, which interact in complex and dynamic ways (WHO, 2022). In this context, public health work refers to any activity aimed at influencing the factors shaping mental health, preventing the onset of mental illness or promoting public well-being (Folkehelseloven, 2012, § 3). For psychological services, this involves interventions at group and population levels, as well as efforts to improve systems and services (Purtle et al., 2020). While

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primary indicated prevention can sometimes be viewed as public health work, this study differentiates it as clinical work on an individual level.

Public health work requires a collaborative and intersectoral approach (Hinrichsen et al., 2022), meaning that the work of MPs should be considered as one piece of a larger municipal 'puzzle'. According to Schjødt et al. (2012), the MP role should encompass the entire span from population-based to individual work, including tasks such as improving and evaluating services, educational efforts and interdisciplinary collaboration at various levels. However, studies and a members' survey conducted by the Norwegian Psychological Association (2020) indicate that MPs spend time primarily on individual treatment, examinations and diagnosis (Heggland et al., 2013; Ådnanes et al., 2013).

Given this background, the aim of this study was to explore and gain a deeper understanding of the role of MPs in local public health work in Norwegian municipalities. More specifically, we sought to understand how the MPs perceive their role through their own experiences. Study findings can benefit mental health promotion and preventive work in the municipalities by adding nuanced perspectives from the MPs, potentially leading to improvements in how their roles are defined or perceived in public health work. Moreover, experience from the practice field constitutes valuable knowledge for developing policy and providing a link between policy and practice.

Theoretical and conceptual framework

The work of the MPs addressed in this study can be understood and conceptualised at three different levels. The first level offers a holistic perspective that anchors a public health viewpoint. This level helps to explore epistemic questions centred around MPs' training, knowledge backgrounds and worldviews regarding public health work. At this level, we use the biopsychosocial model (BPS) (Engel, 1977). The BPS is a holistic approach to health and illness, seeking to challenge the dominant biomedical model, which is critiqued for being narrow and disease focused (Espnes & Smedslund, 2018). These competing models are influential at an epistemological level, shaping the worldviews and practices of various health professionals, including MPs. In this regard, we aim to use the BPS to discuss and illuminate experiences related to MPs' knowledge, training and attitudes towards public health work.

 DOI: 10.52734/JERG4951

The second level of conceptualisation pertains to the question of management and implementation. The MPs' role involves implementing public policy directives in municipalities, highlighting the need to understand the prevailing public policy management system. This level complements the epistemic level, as it can explain whether the current management system in municipalities promotes a holistic focus. Even if MPs possess the necessary knowledge and intention at the epistemic level, they still require a robust management system that supports such knowledge in practice and implementation. The New Public Management (NPM) ideology and its inspired reforms have permeated and influenced the Norwegian public sector (Christensen & Lægreid, 2009), including public health work (Helgesen, 2014). NPM borrows heavily from market-oriented approaches, which introduce values into the public sector—such as a focus on results, performance management and efficiency (Bryson et al., 2014; Chimhutu, 2016). It has been argued that the prevailing NPM regulatory regime in Norwegian municipalities prioritises activities with short - term, quantifiable results, which may disfavour robust public health and health promoting activities (Amdam, 2023). Therefore, understanding NPM values sheds light on whether the prioritisation of tasks by MPs is influenced by the values in their work environment.

The third level of conceptualisation addresses agency, individual motivation and the performance of various work tasks. This level complements both the holistic and organisational management system level. As this article examines individual roles and experiences with work tasks, a theory on individual motivation in the workplace is helpful. Ryan and Deci's (2000) self-determination theory (SDT) has been applied to explain work performance in organisations (Deci et al., 2017; Guo, 2023). SDT posits that three basic humans needs – autonomy, competence and relatedness – must be nurtured in the workplace for employees to thrive: Autonomy refers to the need for personal freedom; competence relates to individuals' abilities and capability to successfully complete their work tasks; and relatedness involves having meaningful relationships and connections at work to foster a sense of belonging (Deci et al., 2017; Guo, 2023). Conceptually, this level can help to illuminate whether the MPs' work environment effectively supports these three needs.

DOI: 10.52734/JERG4951

Methods

Study design

The study had a qualitative design, and is based on the first author's master's thesis (Granly, 2023). It aimed to understand the MPs' role and how they interpret and attribute meaning to their work experiences (Merriam & Tisdell, 2015). The study followed a social constructivism paradigm, which assumes that knowledge is socially constructed between the researcher and the participants (Kvale & Brinkmann, 2015). Semi-structured interviews were used for data collection, and reflexive thematic analysis was employed for data analysis (Braun & Clarke, 2006; 2021).

Recruitment and data collection

Recruitment began in October 2022. Purposive sampling was used to recruit psychologists employed in municipalities in the greater Oslo region in Norway who had public health-related tasks and had been in their position for at least six months. We sent a standardised email to all 30 municipalities in the region, explaining the project and requesting contact information for psychologists who met the inclusion criteria. Fourteen municipalities replied, of which we recruited from eight. The snowball method was also utilised, as four participants were recruited through suggestions from previously recruited participants (Bryman, 2016); these four were contacted via email. Initially, 14 participants were recruited, but one withdrew due to sick-leave and another because they were leaving their position.

The total number of participants was 12, from 8 different municipalities (4 which had 2 participants each). There were 2 male and 10 female participants, with ages ranging from 28 to 51 (averaging 39). They had diverse backgrounds and varying levels of work experience, ranging from limited to extensive. Their work tasks also varied: Some focused mainly on public health, some on clinical work and others on both. They were situated in different units and levels within the municipalities. Table 1 provides an overview of the participants.

Table 1

Research informant characteristics (N =12)

DOI: 10.52734/JERG4951

Age	Sex	Job title	Time in position	Specialisation	Placement in municipality	Municipal size
30–39	F	Municipal psychologist	4 years	Community and general psychology	Health and life skills service, interaction unit	100–200 km2 10–20,000
40–49	F	Psychologist specialist	6 years	Clinical family psychology	Agency for health & public health and care services	400–500 km2 7–800,000
40–49	M	Psychologist	1 year	Community and general psychology	Preventive health service, family team department	< 100 km2 30–40,000
40–49	F	Psychologist specialist	7 years	Clinical adult psychology	Preventive unit	< 100 km2 30–40,000
20–29	F	Psychologist	Just under 1 year	Community and general psychology	Department of Culture and Upbringing	200–300 km2 10–20,000
30–39	F	Psychologist	1.5 years	Community and general psychology	Department of Culture and Upbringing	200–300 km2 10–20,000
50–59	M	Municipal psychologist	Almost 3 years	None	Family service, in the family house	100–200 km2 5–10,000
30–39	F	Municipal psychologist	Almost 2 years	Community and general psychology	Health and care service	200–300 km2 5–10,000
30–39	F	Psychologist specialist	2 years	Community and general psychology	Under chief director of upbringing service	400–500 km2 7–800,000
50–59	F	Psychologist specialist and family therapist	4 years	Child and adolescent psychology Family psychology	Health service children and adolescents, preventive services & organisational development	300–400 km2 20–30,000
30–39	F	Psychologist specialist	Almost 4 years	Family psychology	Health service children and adolescents, preventive services & organisational development	300–400 km2 20–30,000
40–49	F	Psychologist	5.5 years	Community and general psychology	Health and life skills service area, Improved Access to Psychological Therapies (Rask psykisk helsehjelp)	100–200 km2 1–200,000

Note. Size of municipality is reported by km2 and number of inhabitants. Source: Fieldwork data 22/23.

Interviews were conducted by the first author in December 2022 and January 2023. Nine interviews were conducted face-to-face at the participants' workplaces, while three took place digitally. Only the first author and the participants were present during the interviews. Individual rather than focus group interviews were selected as a method, to gain insights into personal experiences and obtain a detailed picture from each participant, as each municipality and MP position

DOI: 10.52734/JERG4951

is unique. An interview guide was thoroughly tested and developed in collaboration with co-authors and a former MP. A pilot interview with an MP was conducted in December 2022 and was included in the final data set due to its quality. The interview guide focused on three main topics: the MPs' role and general experiences, enabling factors and constraining factors. It was provided in advance for those who requested it. The interviews lasted an average of one hour and were audio recorded after obtaining consent from the participants. The audios were transcribed verbatim by the first author.

The generated transcripts were not member checked; however, participants were informed that they had the right to request and review the final transcripts. Given the number of participants, the length of the interviews and the pilot testing of the interview guide, we generated sufficient and rich data that could be analysed properly and systematically; repeat interviews were thus considered unnecessary.

Data analysis

A reflexive thematic analysis approach was used to analyse the data (Braun & Clarke, 2006; 2021). Codes were generated by the first author using the computer-assisted qualitative data analysis software NVivo, version 1.7.1 (QSR International Pty Ltd., 2022). The entire data set was systematically reviewed and given equal attention in the analysis process (Braun & Clarke, 2006). Coding was performed inductively, meaning that the codes were data driven (Boyatzis, 1998).

In the process of creating themes, several versions of thematic maps were made, which helped to visualise the data. Themes and sub-themes were revisited, and the codes were reviewed to ensure that the themes emerged from the data. In this iterative analysis process, the first author took a leading role, with constant support from the co-authors. Ultimately, the analysis yielded two overarching themes and eight sub-themes, on which all authors reached consensus. Table 2 presents an example of the process.

Table 2

Examples of coding and abstraction to themes

Citation	Codes	Sub-theme	Overarching theme
Yes, I hope it will become more and more common to work at the systems level, preventive level or public health level. Today, I think that is more the exception than the rule in municipalities,	Clinical work takes over	Balancing clinical and public health work	The challenge of developing and understanding the MP role

DOI: 10.52734/JERG4951

Citation	Codes	Sub-theme	Overarching theme
I think a lot of psychologists do individual conversations.			
Actually, I don't know, because I know very little about it. We have a public health coordinator, I think it's a new person now, but it's very little direct collaboration. This is a big municipality, and what happens in the municipality is that it becomes very 'silo-y'.	Collaboration across services Collaboration with public health unit	Intersectoral collaboration as challenge	Working together for mental health – challenges, opportunities and a need for support

Ethical considerations

The study was approved by the Norwegian Center for Research Data (NSD, now SIKT) in December 2022 (reference number 628 360). Participants were provided with a detailed information letter outlining the study's aims and stating that participation was voluntary. They were also informed that they could withdraw from the study at any time. Written consent was obtained before each interview. The interviews were recorded using the Nettskjema Dictaphone app (University of Oslo, n.d.) and safely stored in accordance with data management guidelines at University of Inland Norway. During transcription, data were anonymised, and participants were given pseudonyms to protect their privacy, anonymity and confidentiality.

Findings

The findings are presented according to the two overarching themes that emerged from the analysis, with sub-themes outlined under each overarching theme. Table 3 provides an overview of these themes and sub-themes.

Table 3

Overview of overarching themes and sub-themes

Overarching theme	Sub-theme
The challenge of developing and understanding the MP role	Vague and unclear job description and guidelines Balancing clinical and public health work Personal motivation for doing public health work Psychologists as advocates for their own competence
Working together for mental health – challenges, opportunities and a need for support	Intersectoral collaboration as a challenge Interdisciplinary collaboration as a possibility Importance of social and professional support

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Overarching theme	Sub-theme
	Immediate supervisor – enabler or constrainer?

The challenge of developing and understanding the MP role

This overarching theme encompasses the participants' experiences in developing and understanding their role, and how the challenges they face influence their ability to contribute to public health initiatives.

Vague and unclear job description and guidelines

Many participants pointed to a lack of a clear job description as a challenge. They noted that municipalities lack knowledge on how to utilise the MPs' competencies, leading to confusion regarding their work tasks. Stine explained:

> You have a lot of responsibility yourself, in a way, to almost develop your own position. Even if you sort of have…yes, a job description of tasks and such, it's not very concrete. [...] You can get a bit confused or a bit like…Or at least I almost get a bit passive, because I don't always know where to begin. (Stine, MP, interview)

Several other participants also mentioned feeling overwhelmed, which sometimes led to uncertainty about their roles. The lack of clear guidelines seemed particularly challenging for those with less work experience.

Balancing clinical and public health work

One issue all participants raised when discussing their role and work tasks was how clinical work dominated (or had the potential to dominate) their time, overshadowing public health work at the group or population level, which is supposed to be a significant part of their role. Their placement within the municipality was key in determining the tasks they performed or were expected to perform. As Marte explained:

> However, many participants did not have a clear opinion about where their own position should be located. Several concluded that there is a need for specialised roles at all levels of the municipality, but to primarily focus on systems work and public

 DOI: 10.52734/JERG4951

> health work, it is necessary to be positioned as high up in the organisation as possible. They recognised the value of having at least one MP in each municipality in such a role.

Personal motivation for doing public health work

The degree to which the participants prioritised public health work over other tasks appeared to be influenced by their personal motivation for that type of work. This motivation varied among participants and seemed to depend on factors such as their educational and professional backgrounds. Many participants felt that the professional education in psychology in Norway largely focuses on training therapists and on clinical work. Despite this, most found public health work rewarding, as it provided an opportunity to reach many people. Almost none wished to entirely abandon clinical work, however. This appeared to be related to their initial motivations for becoming psychologists – connecting with, understanding and helping people. Karianne had this to say:

> It's very satisfying to help a mother with postpartum depression return to functioning. Some are so depressed that they actually don't want their child; they just want to escape and let go of everything. So, witnessing a change where they develop a normal attachment and love for their baby is very nice…and it obviously pleases me if I can contribute to that. (Karianne, MP, Interview)

Psychologists as advocates for their own competence

There was consensus among the participants that, to attain a position where they can contribute to public health work, it is necessary to convince relevant parties that MPs' competence is an important and essential resource in that work. The current perception in municipalities is that psychologists, even in MP positions, are mainly viewed as therapists. Peter shared the following reflections:

> I think psychologists are an underutilised resource in public health work. I believe we have a lot of good competence to add, but that we are a quite neglected and forgotten professional group when it comes to public health work. So that is why I say that us

 DOI: 10.52734/JERG4951

> psychologists need to learn how to take up more space and to show ourselves off.
> (Peter, MP, Interview)

Many participants agreed that advocating for their competencies was essential for gaining recognition. However, some expressed frustration about having spent many years trying to 'sell' their competence to gain entry into certain areas of the municipalities, with little or no success.

Working together for mental health – challenges, opportunities and a need for support

Here, we present the experiences and views of the participants on how aspects related to collaboration and the support they receive influence their everyday work life, especially their ability to engage in or contribute to public health work.

Intersectoral collaboration as a challenge

Intersectoral collaboration is a known challenge in public health work. Establishing effective collaborative relationships across municipal sectors and services was identified by all participants as one of the main obstacles in their work. Linda shared her thoughts on this: 'What I feel is the greatest despair, frustration and perhaps the greatest strain, is collaboration across services. Being able to create tailor-made, seamless services in practice'. She explained that this issue stems from the fact that the services operate under different legislation, framework conditions, priorities and resources. She later described the consequences of these challenges: 'Unfortunately, it has to a higher and higher degree moved in the direction of me doing things without involving others, because it makes it easier for me'.

Collaboration with the public health unit in the municipalities was also discussed. Many participants viewed a functioning collaboration with this unit as beneficial but challenging to establish. Several participants were uncertain whether a public health coordinator was employed in their municipality, and those who were aware of one had very little contact with them. Some participants reported having attempted to initiate contact and collaboration with the public health coordinator or unit, but with limited success.

 DOI: 10.52734/JERG4951

Interdisciplinary collaboration as possibility

Although aspects of collaboration were experienced as challenging, the participants generally enjoyed working with others. Many expressed a desire to create functioning interdisciplinary teams with public health as a shared area of focus. They recognised the value of working together towards common goals. As Carina stated:

> What I perhaps find the most motivating is to use my competencies in collaboration with other skilled professionals. [...] When you feel it swinging a little, and you get ideas, and you feel it moving forwards. That's the best part. That's better than discussing with other psychologists, I think. (Carina, MP, Interview)

Establishing good relationships with collaborators was highlighted by the participants as important, and it seemed to be viewed as an area where psychologists possess special expertise. Some participants also mentioned MP's knowledge of organisational and work culture, which can be useful in creating well-functioning teams. Another crucial aspect of making interdisciplinary collaboration work appears to be co-location. Some participants viewed it as easier to build relationships and collaborate naturally with others when they work in the same building.

Importance of social and professional support

Many participants emphasized the value of collaborating with professionals outside of psychology but also noted the importance of having peers within their own field for support and discussion. Several mentioned that connecting with psychologists outside the workplace is especially beneficial. While these mainly external networks helped alleviate feelings of loneliness among the MPs, the feeling was still present – as described by Elise:

> It's easy to feel lonely in this type of position. When you are the only psychologist in the municipality, and you are not really a part of a professional network or…
> My colleagues don't do what I do. They are case managers and economists and do completely different tasks. (Elise, MP, Interview)

DOI: 10.52734/JERG4951

High turnover in the MP positions was seen by participants as a general challenge, and loneliness was a contributing factor. Stability in the positions was mentioned by many as an important aspect of public health work, as it requires long-term commitment. When someone leaves, a newly employed MP must start the process almost from the beginning, since the position – as noted earlier – lacks clear guidelines.

Immediate supervisor – enabler or constrainer?

One element connecting nearly all the previously presented sub-themes is the role of the immediate supervisor. Participants who were satisfied with their supervisor highlighted how crucial this support was to their public health work. They felt trusted, supported, and understood, and they had the autonomy to carry out their responsibilities. Several participants also highlighted the importance of stability in leadership positions, as this affects public health work. Vibeke explained:

> We've had times with few leaders, changes in leadership and…people that have been here temporarily. And then it's this type of work (public health) that falls through. And it's a shame, because it leads to us just drifting, right, dealing with the lists, as they call it. And we can sit with ideas, but with no one to approve them. We need a leader who sees the value of it or just 'gets it'. (Vibeke, MP, Interview)

In addition to high turnover in leadership positions being a challenge, the participants found it challenging to have leaders who do not understand what an MP can do. This relates back to the need for MPs to advocate for their role beyond just clinical work. Some participants appeared to have found it necessary to advocate for public health work, even to their immediate supervisor.

Discussion

Lack of role clarity as a policy and management issue

Most participants described their job descriptions as vague, unclear, or not concrete enough, which left them having to develop the role themselves. This relates to the implementation challenges faced by the MPs. It also raises questions about whether municipalities value this position or consider it a priority. As outlined in the theory section, the new public management (NPM) ideology in

 DOI: 10.52734/JERG4951

municipalities may contribute to the perception that public health work is seen as a lower priority for psychologists, resulting in the role being underdeveloped. Without a well-defined or prioritised role, MPs struggle to shape their positions while navigating between public health work and clinical practice. Although similar findings were reported by the Norwegian Institute of Public Health (Heggland et al., 2013), our study offers a more nuanced and deeper understanding of this issue.

As the MP position is relatively new, this may explain the lack of clear guidelines, as it is common in public policy for 'muddling through' to be one of the implementation strategies (Howlett & Ramesh, 2003). The prevailing understanding seems to be that the MP role should encompass work at all municipal levels, meaning each MP is expected to engage in both systems/public health work and clinical practice, as well as everything in between (Schjødt, 2018; Schjødt et al., 2012). This study has shown that such expectations may be unrealistic, as many participants expressed a preference for specialised roles that account for appropriate placement within municipalities. The issue of alignment between placement and job description is also highlighted in the literature as currently inadequate concerning the MP position (Heggland et al., 2013; Sønstebø, 2015). However, the most recent Escalation Plan for Mental Health (Meld. St. 23 [2022–2023]) seems to suggest that the role of MPs may soon be more concretized.

The prioritisation of clinical work versus public health work

This study found that, for MPs, clinical work tends to be prioritised over other tasks, such as public health work. These findings are consistent with previous studies (Heggland et al., 2013; Norsk Psykologforening, 2020; Ådnanes et al., 2013). This can be explained in two ways. The first explanation is that there is a high demand for clinical services in municipalities (Norsk Psykologforening, 2020). This argument is strengthened by the fact that many MPs are situated in Health Centres or similar places, where it is easier for them to undertake immediate clinical tasks. In light of NPM, performance management is a key component. Among the two competing roles of MPs, public health work and clinical work, the latter is easier to concretise, measure and quantify. Thus, clinical work aligns better with the current influential management system (i.e., NPM).

The second argument is that MPs themselves prefer to engage in clinical work, perceiving it as more meaningful or achievable given their competencies (Deci et al., 2017). While this could be influenced by individual preference, we argue that this stems from their training. We note some recent changes in the training of psychologists towards a greater focus on health promotion and

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preventive work in some regions through the new national guidelines for health and social studies education (RETHOS) process (Viddal et al., 2022). However, professional education in psychology still predominantly emphasises clinical work and training students to become therapists (Sønstebø, 2015). Many MPs specialise in community and general psychology, which provides them with training in holistic perspectives such as the biopsychosocial model (BPS). However, their primary education remains in clinical psychology (Norsk Psykologforening, n.d.). Consequently, in line with a biomedical perspective, MPs may feel like they have more competency in undertaking clinical work at the individual level than public health work at the group and population levels.

Another interesting dimension that may explain participants' preferences regarding work tasks could be how MPs are perceived and judged by co-workers and their supervisors in relation to their competencies. As many MPs now specialise in community psychology (Sønstebø, 2015), the assumption is that they should have the competencies to work with public health at the group and population levels. However, if the general perception is that they are viewed primarily as therapists, they will continue to be allocated mainly clinical work. This necessitates an attitude change within municipalities, including among MPs' immediate supervisors. Our findings indicate that leaders in municipalities still regard MPs as professionals who focus on clinical work. Consequently, the MPs' competencies are being underutilised by municipalities, as these range from community psychology to health and mental health promotion (Sønstebø, 2015; Barry et al., 2012; Tamminen et al., 2019). This calls for general shift in attitudes towards MPs, their competencies and the conceptualisation of mental health, as it is currently narrow and predominantly biomedical in focus (Espnes & Smedslund, 2018).

Challenges and opportunities of intersectoral collaboration

By conceptualising mental health as a product of biopsychosocial factors, one recognises that actions on all determinants of mental health, including social aspects, are necessary. Actions on these social and structural factors require intersectoral collaboration (Barry et al., 2015; Hinrichsen et al., 2022). However, this study found that collaborating across municipal departments, units, services and sectors, or even attempting to establish such collaborations, was often experienced as challenging and even frustrating by the participants. They described how the silo mentality that exists in different parts of the municipalities creates boundaries that are difficult to cross.

 DOI: 10.52734/JERG4951

This lack of collaboration might impact the MPs' need for relatedness (Deci et al., 2017), which fosters a sense of enjoyment of their work tasks and environment. Our study findings suggest a high turnover of MPs, which may further indicate that they are placed in work environments where they feel lonely. This also relates to the relationships they have established with their immediate supervisors; those participants who reported good relationships felt that they were thriving. Collaborating with others, both internally and externally, was noted by our participants as one of the most important elements for public health work and as a means to carry out this work successfully (Corbin et al., 2018). In this regard, the need to belong to a team and the need for relatedness appear to be crucial for MPs to thrive in their work environments. The public health team working to advance the legislated systematic public health work in the municipalities is an example of an existing formal collaborative space in which the MPs could participate and contribute a mental health perspective (Sønstebø, 2015).

Recommendations for policy and practice

Based on both the results from this study and relevant literature, we recommend the following:

The Norwegian Directorate of Health should prioritise creating and distributing official general guidelines for municipalities on what the MP role(s) should entail. These should be adaptable to each municipality.

Requirements for community psychological expertise should be anchored in the Public Health Act (2012, §27) (which is currently being revised) in the same way community medical expertise is, to ensure that municipalities must employ at least one psychologist positioned on the same level and with similar responsibilities as the chief medical officer.

Municipalities should prioritise creating stability in MP positions, including efforts to prevent loneliness in these roles. Co-location with, as well as support from, relevant co-workers and leaders seem to be important in this regard.

A formal position should be created for MPs in the intersectoral public health teams in the municipalities.

Study limitations

In this section, we will present some potential limitations of the methodological choices we made during the research process. It is important for the credibility of the study to acknowledge such

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limitations, as they may have affected our findings. Firstly, the study used purposive sampling. While this is a strength in that it ensured that participants had the relevant information and knowledge we sought, we may have excluded other categories of participants that could have enriched the study. In this regard, using other sampling procedures might have yielded different or more nuanced results, potentially leading to other conclusions. Secondly, there was a gender imbalance in our sample, as only 2 out of the 12 participants were male. Experiences and worldviews are gendered, and therefore a skewed gender distribution may have affected our findings. Thirdly, interviews were conducted in Norwegian and translated into English; during this process, we might have lost some valuable information.

Fourthly, there was no direct member checking of the results, although participants were informed of this right. Member checking could have strengthened the study's credibility. However, we took steps to ensure that the MPs had some input regarding our findings. For example, we presented our results at the Psychology Congress in Oslo in 2023, and the MPs who were present provided feedback indicating that the experiences reported were similar to their own. Additionally, throughout the project, our contact with the Norwegian Psychological Association revealed that their members were encountering largely similar issues as those reported in our study.

The final issue we need to highlight in this section is that, as our study was conducted within the greater Oslo region, our findings may not be transferable to more rural parts of the country or other urban settings. Each municipality should therefore assess its own situation and make an informed decision on whether these findings are relevant to them. In qualitative research, generalisability is not the goal; hence, our findings should be interpreted within the context of the greater Oslo region. For future research, we recommend addressing some of these limitations through a robust study design with a broader scope than that of our study, which was primarily anchored in a master's thesis.

Conclusion

The study findings show that participants experienced challenges related to role unclarity, which hindered their ability to balance clinical and public health work. The findings further indicate implementation and management challenges regarding the MP position, both at the municipal level and with the immediate supervisor, as well as challenges related to intersectoral collaboration. To contribute more effectively to local public health work, MPs need a clearer role in this work.

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This could be achieved by establishing official guidelines for the role and making the MPs formal members of the public health teams in municipalities. Legislation recognising psychological expertise in the Public Health Act could also help create a clearer mandate for MPs and provide them with greater authority. The study enhances the understanding of the role of MPs in public health work in Norwegian municipalities, which may be valuable for policymakers, municipalities, MPs and other professionals seeking to innovate within the municipalities. However, further research is needed to explore the MP role and to complement and expand on the MP's perspectives on the situation. This can be accomplished by investigating the views and experiences of other relevant municipal employees, such as public health coordinators and municipal leaders.

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