Choice as Governance in Community Mental Health Services

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Akademisk avhandling

som med vederbörligt tillstånd av Rektor vid Umeå universitet för avläggande av filosofie doktorsexamen framläggs till offentligt förvar i Hörsal D, Samhällsvetarhuset, fredagen den 9 juni, kl. 10.00.

Avhandlingen kommer att förvaras på svenska.

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In 2009, the Act on Freedom of Choice Systems (SFS 2008:962) was established in Sweden, and this enabled municipalities to organise services as choice models. This thesis describes and analyses the implementation of a freedom of choice system within community mental health services. Day centre services were in focus, and a case study was conducted of a major municipality that sought to be a “world-class city” in regard to citizens’ choice. The experiences of policy makers, managers, professionals, and participants were explored in interviews, and documents on a national, municipal, and city district level, as well as homepages of providers of community mental health services, were all part of the study and were analysed using content-analysis methods.

The results showed that the freedom of choice system aimed for two objectives – improvements at the individual level and financial efficiency. In practice, financial efficiency was experienced as the main objective. Increased variety of services was aimed for by the competitive model, but such variety was not observed. Instead, services tended to be more similar than specialised. Concerning new providers, they were characterised as committed professionals running companies with strained economies. Participants affected by the reform expressed anxiety and worries due to the unpredictability and uncertainty embedded in the competitive choice model. Choice within the system concerned where to go, whereas participants emphasised a wish to be able to influence the choice aspects of who carried out the service and how much time to attend the services.

The conclusion was that the freedom of choice system was implemented as a technology of governance to increase financial efficiency of services. Individual choice was not experienced as increased in any aspect except for the choice of where to go. Instead, freedom of choice actually appeared to decrease due to standardisation and hierarchical structures. Aspects that were found to be relevant when designing freedom of choice systems aiming to increase individual freedom of choice were to address predictability and continuity, to address sustainable financial premises, to analyse the predicted impact of administrative systems that are to be used, and to avoid the use of “hidden goals” in the policy-making process.

Keywords
freedom of choice systems, community mental health services