

# National Plan for Self-Help

Booklet title: National Plan for Self-Help

Issued: 10/2004

Order number: IS-1212

Issued by: The Directorate for Health and Social Affairs

Contact: Department for Mental Health

Postal address: P.O. Box 7000 St Olavs plass, 0130 Oslo

Visitors' address: Universitetsgata 2, Oslo

Telf.: (47) 24 16 30 00

Fax: (47) 24 16 30 01

[www.shdir.no](http://www.shdir.no)

The booklet may be  
ordered from:

The Directorate for Health and Social Affairs

c/o Trykksaksekspedisjonen

e-mail: [trykksak@shdir.no](mailto:trykksak@shdir.no)

Tel.: (47) 24 16 33 68

Fax: (47) 24 16 33 69

When ordering, please state order no.: IS-1212

Issued in cooperation  
with:

Norsk Selvhjelpsforum

(Norwegian Forum for  
Self-Help)

# P r e f a c e

In working on the Escalation Plan for Mental Health (1999-2008), great emphasis has been placed on changing people's attitudes and on user involvement. This means having respect for users' experience and the knowledge and insight they have into their own life situation and how the public mental health and other services function.

Self-help is aligned with self-mastery and user involvement. The self-help effort represents initiatives that are aimed at strengthening the ability and opportunity of individuals to partake in their own process of change.

In an effort to strengthen the self-help work and to make it more accessible in the field of mental and psychological health, the Directorate for Health and Social Affairs gave the Norwegian Self-Help Forum the task of preparing a draft plan to strengthen the self-help effort. The anchoring of the self-help planning work has been continued in the Directorate for Health and Social Affairs. This National Plan for Self-Help has come into being through a long and complex process, which started with the work done by the Norwegian Self-Help Forum, helped by various external contributors.

The National Plan for Self-Help is presented here in the form of a report issued by the Directorate for Health and Social Affairs, which has also been given the task of implementing the plan.

# Index

<b>P r e f a c e</b>	<b>3</b>
<b>Introduction</b>	<b>5</b>
<b>1. The plan's main objectives</b>	<b>6</b>
<b>2. Self-help in a public health perspective</b>	<b>7</b>
<b>3. Some examples of development work and research into the field of self-help</b>	<b>10</b>
<b>4. Areas of concentration and development</b>	<b>12</b>
<b>5. Initiatives</b>	<b>14</b>
5.1 Nodal point	14
5.1.1 Tasks in a nodal point	15
5.2 Research, knowledge development and dissemination	16
5.2.1 Research	16
5.2.2 Knowledge development and dissemination	16
5.2.3 Finance	16
5.3 Grant scheme	17
5.4 National conference	17
5.4.1 Finance	17
5.5 International conference	17
<b>6. Draft budget</b>	<b>18</b>
<b>Literature</b>	<b>19</b>

# Introduction

In a public health perspective, mental and psychological health is a central element and is closely connected with such terms as mastery, the ability to change, and quality of life. It concerns the personal resources of individuals in day-to-day life, our ability to resist psychological and physiological trauma, and our ability to manage our own lives.

In everyone's life, situations occur that affect our psychological health. Also outside influence from the community and other people helps shape the framework of the individual's living conditions - which in turn is important for their psyche. These frameworks vary from one person to another and so does the limit of endurance and the ability to change. Mental and psychological health is far more than just the absence of psychological problems and mental illness.

In a public health perspective it is important to acknowledge that people are different. There is no common recipe or method of achieving good mental health. An important part of the authorities' responsibility is to create the space that is required for various mental health processes and services. It is necessary to strengthen the ability of individuals to make use of the opportunities that are available. In this way people can be helped to help themselves. The principles of involvement and strengthening are extremely important in the self-help effort.

In the mental and psychological health work, where several angles of approach need to be applied simultaneously, the self-help effort may be an important mastering tool. Both research and empirical knowledge have shown that self-help can be of importance for the quality of life of individuals. (Bell, Charping and Strecker, 1990; Hjemdal et. al. 1996; Thuen et. al., 1998).

## 1. The plan's main objectives

In "Folkehelsemeldingen" (The Public Health Report) (Report No. 16 to the Storting, 2002/2003), the following objectives have been set for a national concentration on the self-help work:

*"The overriding objective of the national plan is to strengthen the self-help work. This endeavour aims to ensure that previous experience from self-help-related work and projects is brought into use and further developed, and to strengthen the self-help work in existing networks. At an overarching level, the plan is intended to help build up and pave the way for structures that ensure the self-help work is strengthened and continued after 2006. The objective is to make self-help as a method available to more people, to promote systematic method development and knowledge about self-help, and to be instrumental in ensuring that the self-help tool can be used in mental and psychological health work, both by the users and the helpers/professionals." (p. 58)*

There are very few clear limitations with regard to which groups can benefit from self-help.

The national concentration on self-help in mental and psychological health is a development effort whose objective is to bring together all the experience and knowledge gained in the self-help work and to make it generally available. Via the plan, a development effort will be carried out with regard both to content of the self-help and methods of organising the work.

## 2. Self-help in a public health perspective

In the *Escalation Plan for Mental Health* (Proposition no. 63 to the Storting, 1997/98), which received cross-political support by the Norwegian Storting (Recommendation No. 222 to the Storting, 1997/98), several specific proposals were presented to strengthen the mental health work. The Escalation Plan emphasises prevention whenever possible or, alternatively, to attempt to influence the course of events, the degree of seriousness and the consequences. Also highlighted are normalisation, welfare, improved quality of life and participation in community life through independence, self-reliance and the ability to master one's own life. Subsequent public documents related to the Escalation Plan and in the political debate also emphasise skills upgrading, information, attitude change and user involvement. This means showing respect for the users' experience and the knowledge and insight they have into their own life situation – and into how the public mental health and other services function. These are efforts that are aimed at strengthening the ability and opportunities of individuals to participate in their own change process – something that needs to be an overriding objective.

Self-help is aimed at self-mastery and user participation. The basic principles of self-help work - independence and the ability to master one's own life - can result in an improved quality of life and can increase the opportunities of the individual to partake in the community.

Self-help is not intended to relieve the work of the public service system, but is rather a supplement or an alternative to professional help.

### *Self-help as a concept*

Self-help is a concept that is used in various contexts and that is at present diffuse and abstract for many. However, organisations and experts appear to agree on the following points:

- Self-help is to take active responsibility for one's own life situation.
- Self-help is run on the initiative of the people in question, and self-help groups are run by people with a common problem.
- Self-help can be a supplement and an alternative to public mental health and other services.

*"Self-help is to get hold of one's own possibilities, discover one's own resources, assume responsibility for one's own life and steer it in the desired direction. Self-help is to set in motion a process leading from passive recipient to active participant in one's own life".*

Angstringen Norway's description of self-help is highlighted in Report no. 16 to the Storting 2002/2003 *Prescription for a Healthier Norway: Public Health Politics*, as an example of how to make manifest the content of the self-help work.

Compared to the National Plan for Self-Help, it will be an interim objective to work to ensure a clear understanding of the content of the self-help work, based on experience gained in various arenas.

Self-help is built on the principle of mutual help and the work is based on the participants' own experience and knowledge. It is a method that motivates individuals to use their own resources to enable them to handle the stresses they meet. It is a process that can better enable individuals to identify and articulate their problems and thereby create a basis for improving their own life situation. This mobilisation of individuals' own power is known internationally as "*empowerment*".

Group dynamic is one of the main supporting mechanisms of the self-help work, and for many people the term self-help will be synonymous with self-help groups. The work done in these groups is based both on systematic user experience and on professional/research-based knowledge – including relation building.

The self-help literature differentiates between self-organised, initiated and reinforced self-help (Høgsbro, 1992). Self-organised self-help consists either of groups that have arisen spontaneously or that are organised by self-help organisations. Initiated self-help is established by persons who do not have the same problem themselves. Reinforced self-help refers to self-help groups that are headed by professionals or by persons who have had external guidance in heading a group of this nature. Somewhere between self-organised self-help and reinforced self-help we find the peer groups, which are headed by peers with the same illness or complaint, but who have worked on their situation and managed to distance themselves from the problem in such a way that they are able to guide and help others without having to seek the same type of help for themselves.

Much of the self-help literature is critical towards using the term self-help groups if professional or external instructors take part, as this contravenes the principles of mutuality and autonomy. In the continuous effort to strengthen the field of self-help it must be respected that some self-help organisations want to differentiate between various methods of running self-help groups.

Self-help groups can also arise spontaneously between people in the same situation, but the initiative will rarely be taken by self-help organisations or other volunteer organisations that pave the way for such groups. Public bodies can also take the initiative. Self-help work is found within a number of areas or problem fields. These may consist of groups of patients with chronic or long-term illnesses, their next-of-kin, people who experience life problems such as anxiety, depression, grief, break-

down of marriage or relationship, etc. This type of work is often carried on within various organisations, such as The Norwegian Association of the Disabled (Norges handicapforbund), Mental Health Norway (Mental Helse Norge), Angstringen Norway or The Interest Group for Women With Eating Disorders. Extensive experience has been gained from the women's refuges in the use of self-help for people with psychological trauma. Self-help is also used as a tool by people in difficult situations who feel discriminated against or who for other reasons need to fortify themselves and their self-image.

In recent years self-help has also emerged based on communication via the Internet. This includes both more regular structures/groups and relations between two or more persons without any obligations. Without the ability to produce any total overview, it is clear that this form of self-help is growing dramatically.

Self-help is a multifarious term for a broad field, and in order to further the work of strengthening self-help it is important to clarify the term. This has to be done with respect for the organisations that work with self-help as a basic principle, while at the same time it is necessary to see the opportunities offered in the broad spectrum of self-help activity.

### 3. Some examples of development work and research into the field of self-help

In 1935, Alcoholics Anonymous (AA) was established in Norway. This was the first organisation that consciously and deliberately used the principles of self-help and self-mastery. Consequently, this organisation has considerable experience.

In the mid-1980s, there was a considerable flowering of self-help activity. In 1986 individuals suffering from anxiety started their own self-help organisation, later named the Angstringen Norway. In 1987 the Interest Group for Women with Eating Disorders (IKS) was established. Gradually, more organisations started to use self-help: for example, self-help groups were set up for bereaved people through the project Grief and Care ("Sorg og Omsorg"). (Thuen, 1995)

As early as 1976, important American researchers published a book that describes the special characteristics of self-help work, "*Self-help in a Modern World*" (Katz and Bender, 1976). In Europe, too, a great deal of development and research work has been carried out in relation to self-help, which both defines self-help work and investigates how self-help groups contribute to self-mastery and empowerment processes. Close to the Norwegian reality, it is natural to point to experience as documented by, for example, Ulla Habermann of Denmark and the German researcher and psychologist, Jurgen Matzat.

The need to systematise experience and to disseminate knowledge related to self-help led to the establishment of the foundation Norwegian Self-Help Forum (Norsk selvhjelpsforum) in 1998.

A number of studies have been made of various forms of self-help groups. The research has mainly been aimed at the participants' subjective perceptions of their participation in the groups, as well as case studies. Ethnographical descriptions have often been used as a research approach to the field. These studies have helped to disseminate information and interest in self-help activities and to call attention to issues for further research.

A major research project in self-help took place from 1992-95 under the direction of Høyskolen in Oslo (Oslo university college). The project was named Study Centre for Self-Help ("Studiesenter for selvhjelp") and was financed by the Directorate for Health and Social Affairs. An extensive mapping of the self-help field was done, and groups with extremely different profiles as regards participants' problems, life enjoyment and ethnic background were evaluated. The project concluded by among other things describing the need for a central resource centre (Hjemdal et.al.1996).

The joint venture project Grief and Care ("Sorg og Omsorg") was started in 1986, with the objective of developing models for local support initiatives for surviving relatives (self-help groups). In 1995 experience from this work showed that self-help groups for the bereaved are effective from a health-promoting and preventive perspective. The project gained experience that highlighted the need for structure, guidance and a framework to enable the self-help work to meet the human challenges, without becoming professionally chaired groups.

The research has found that getting together with other people is very important. Participation in the group enables one to understand oneself better and the participants are given social support. This confirms that mutuality and community are the most important supportive elements in self-help, and that to be seen and heard in a difficult period in one's life establishes security and makes it easier to accept oneself (Eidheim, 2000).

The relatively few studies that have measured the effect of self-help, for example in relation to psychological symptoms (these studies mainly concern experimental support and discussion groups and not self-organised groups) have shown that there is an effect in relation to reduced depression and anxiety, improved self image, and better adaptation to a challenging situation (Thuen et.al. 1998).

## 4. Areas of concentration and development

The national concentration on self-help in mental health is a development effort which is intended to bring together experience and knowledge gained from self-help work, and to make it generally available. Through the plan, development work will be carried out with regard both to the content of self-help and ways in which to organise the work.

At present, self-help work is non-uniform, fragmented and marked by weakly developed networks and interaction. The lack of systematic information work makes self-help inaccessible as a tool. There has also been too little research done into self-help methodology and the effect of self-help work.

Therefore, the challenge is to help ensure that the various players become active participants in the development of self-help work and in highlighting self-help as a tool, both for users and helpers.

The National Plan for Self-Help will promote both practice and research, and will in this way contribute to further development of self-help methods, both in practical self-help and in research.

### *Target groups and areas of development*

The main objective of the plan is to strengthen self-help work in general. This entails concentrating in all areas that are now using self-help as a tool, but it is also a clear intention to make the principle of self-help known – and used – in new areas.

The concentration on self-help must include everyone for whom self-help may be of use, with the focus on psychological health and own mastery.

In areas where there is extensive experience, such as self-help groups for the traumatised (e.g. victims of violence), women with eating disorders (The Interest Group for Women with Eating Disorders, IKS), and people suffering from anxiety (Angstringen Norway), it is important to continue and strengthen the work and to help ensure that the experience may be useful to others.

In relation to the Escalation Plan for Mental Health 1999-2008 we consider it of particular importance to focus on:

- health-promoting and preventive work aimed at the general population
- self-help activity adapted for children and young people
- self-help activity for the next of kin of patients with mental illness
- work to strengthen helpers
- experimental activities in conjunction with target groups where there so far is little experience of self-help, for example people with serious mental illness

On the basis of the mentioned projects and experience from self-help work, we are now able to see the contours of a future field of self-help. A field is emerging where the different players accept responsibility for developing, carrying out and anchoring self-help work within their field of operation. It will be important to continue development work based on experience, also in areas where there is scant previous experience. The work to strengthen the field of self-help will be carried out within the following main areas:

- Self-help in user organisations as a supplement to other activity and as an ideological platform in the work done with interest and socio-political issues
- Self-help in more spontaneously emerged groups for people with common problems, independent of organisation or service systems - for example in the wake of major accidents
- Self-help in net-based groups or networks
- Self-help as an extension of the public service system - as a supplement that strengthens the performance of the service
- Work on creating an overview and systematisation of existing knowledge and further development work, information and research in relation to self-help
- Upgrading of helpers' skills in relation to self-help- both professional and volunteer helpers

## 5. Initiatives

In the "Public Health Report" (Report no. 16 to the Storting, 2002/2003) five initiatives have been listed:

- Establish a nodal point to carry out extensive information and dissemination work, knowledge development and to act as coordinator in a self-help network.
- Strengthen the self-help work through funds for research and knowledge development.
- Establish a grant scheme for self-help to stimulate increased self-help activity in relation to mental health.
- Organise a national conference in 2003 (comment: The conference will be held in 2004) which is intended to gather players in the field of self-help and to initiate a self-help network.
- Organise an international conference in 2005 aimed at expanding knowledge about self-help.

### 5.1 Nodal point

The Government wants to establish a nodal point as it sees the need to strengthen the self-help work in relation to mental health. This is basically intended as a time-limited project but, if the evaluation at the end of 2007 so indicates, it will be assessed whether the nodal point should be established with a more long-term time horizon. The nodal point is intended to help gather, systematise and disseminate the knowledge that exists, and to emphasise model development around self-help and mental health. Through network effort and dissemination activities the objective is to create synergy effects across different environments.

The nodal point is intended to ensure:

- that information about self-help opportunities is made available to the population in general
- that more people make use of the opportunity for self-help
- that a network and permanent structures are established
- the exchange of knowledge about self-help
- development of knowledge through the acquisition of empirical knowledge
- that self-help is established as a separate field of work
- that the self-help work is further developed and that the development work is given an anchoring

- that a holistic way of thinking is established across volunteer and public organisations - and to create growth by the exchange and development of knowledge
- that the work carried out by the user and patient organisations is strengthened through self-help activities

### **5.1.1 Tasks in a nodal point**

- coordinator and meeting place for network activities
- dissemination of information – what is self-help and how should it be used? Target groups are
  - volunteer organisations
  - the health and social services, the educational sector and other public agencies
  - the general public
- contribute to training of initiators of self-help groups and establishment of new groups in various arenas
- contribute to follow-up and supervision of initiated activities
- acquisition, systematisation, development and further dissemination of knowledge - both empirical and research
- stimulate self-help activity by means of net-based solutions

### Players

Future work will be based on cooperation between networks, organisations and individuals. These include volunteer organisations, occupational organisations, educational and research organisations and other public bodies. The Norwegian Self-Help Forum NSF (Norsk Selvhjelpsforum) conducted extensive meetings while working on the basis document for the self-help plan. NSF concluded subsequently that there is a need for knowledge and opportunities for implementing self-help work in the various participants' own organisations, and that there may be great potential in merging the organisations together into a single network. The network participants should appoint contact persons.

### Staffing

The nodal point must be staffed so that it is capable of handling the tasks allocated to it with systematic gathering of knowledge, dissemination of information, establishing and follow-up of self-help activity and also acting as coordinator in a network. The network must also have knowledge of the field of self-help and of self-help as a method.

### Organisation/anchoring

The nodal point function will be advertised. Beyond the functional requirements that have already been indicated, emphasis will be placed on the nodal point being tied to a body/institution with a professional and technological infrastructure based on empirical fact. The Directorate for Health and Care Services, or the Directorate for Health and Social Affairs will further define the task of establishing and operating the

nodal point. A steering group will be established for the nodal point.

### Finance

The nodal point shall be operationally funded through annual letters of allotment.

### Evaluation

The organisation of the self-help work, including the nodal point, shall be evaluated by the end of 2007.

## **5.2 Research, knowledge development and dissemination**

### **5.2.1 Research**

Research highlights and documents factors that are effective in the self-help work and may help to utilise and further develop the self-help work in various arenas. This includes:

- establishing contact with research environments in order to create a basis for conducting research and to stimulate research into self-help
- establishing a broadly composed reference group for research into self-help
- disseminating knowledge about self-help with based on findings in ongoing research and otherwise making continuous use of research findings.

### **5.2.2 Knowledge development and dissemination**

Organised structures will be established for skills upgrading and increased knowledge of self-help as an ideology and tool in the volunteer sector, the public service system, professions and educations. This is a "Self-Help School" that will be organised so that there is a continuous opportunity to participate in training and exchange of experience concerning self-help.

Project reporting will be an important contribution to knowledge development.

### **5.2.3 Finance**

Funds for research and knowledge dissemination will be managed in cooperation between the nodal point and the Directorate for Health and Social Affairs.

### **5.3 Grant scheme**

A grant scheme will be established based on project support, which will be administered by the Directorate for Health and Care Services, or alternatively by the Directorate for Health and Social Affairs. Project criteria will be formulated by the nodal point's reference group in collaboration with the Directorate for Health and Care Services, alternatively the Directorate for Health and Social Affairs.

### **5.4 National conference**

During 2004, a national conference will be organised in order to start the systematic build-up of networks. The conference is intended to function as a meeting place and collaboration arena for those involved in practical work with self-help, professionals in the health and social administrations, researchers in the field and educational personnel in relevant professional areas. One of the conference's objectives is to establish a network of self-help contacts. The conference is also intended to result in responsibility being placed on participants from different environments with regard to participation in the development work. A written summary of the conference proceedings will be made to ensure the knowledge gained can be widely disseminated.

The nodal point shall organise annual work conferences.

#### **5.4.1 Finance**

The nodal point shall be allocated funds for the implementation of the conference(s).

### **5.5 International conference**

In 2005 an international conference will be organised with the aim of expanding knowledge about self-help and of utilising international networks to strengthen the national knowledge basis.

## 6. Draft budget

<b>Year</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
<b>Total</b>	NOK 3.95m	NOK 5.95m	NOK 6.45m	NOK 6.35m	NOK 2.55m	NOK 1.80m

This is a provisional budget. A final financial plan for the project will be presented when the nodal point's tasks have been finally clarified.

# Literature

Angstringen (2001): Angsten for livet: 5 mennesker – fem historier. Oslo.

Antonovsky, A (2000): Helbredets mysterium : at tåle stress og forblive rask /på dansk ved Amnon Lev. København : Hans Reitzel Forlag, Patogenese og salutogenese: et komplementært forhold, side 30 - 33, kap 2 og 3 side 33 - 81 - 51 sider

Aarø, Leif Edvard E (1997): Skolen – ressurs eller risikofaktor? I boka Ungdom, livsstil og helsefremmende arbeid, redigert av Knut Inge Klepp og Leif Edvard Aarø. Universitetsforlaget, Oslo.

Baklien, Bergljot, Dialogen og bevegelsen: prosessevaluering av utviklingsprosjektet VEPS / Bergljot Baklien og Anne Solberg, NIBR prosjektrapport ; 1997:30, Oslo : Norsk institutt for by- og regionforskning, 1997, 82-7071-031-8

Bell, W.J, J.W. Charping og J.B. Strecker (1990): Client perceptions of the effectiveness of divorce adjustment groups. Journal of Social Service Research. 13:9-32.

Bergh, Steinar (red.) (2001) : Følelser er fakta : Steinar Bergh og Aase Frostad Fasting (red), - Oslo, Funksjonshemmedes studieforbund, 2001, 82-91174-10-5,

Eidheim, Frøydis: Selvhjelp i folkehelsearbeid : En forstudie i Angstringen / Frøydis Eidheim, - NIBR-Notat: 2000:112, Oslo, Norsk institutt for by- og regionforskning, 2000, 82-7071-230-2 (37 sider)

Fyrand, Live (1992): Perspektiver på sosialt nettverk. Universitetsforlaget, Oslo.

Goksør, Torill (1991): Selvhjelpsgrupper for kvinner med spiseforstyrrelser. Rapport nr. 1. IKS. Interessegruppa for kvinner med spiseforstyrrelser.

Habermann, Ulla et. Al. Oppfordring til selvhjelp .- København, Sosialpolitisk forlag, 1989

Halvorsen, Rune (2002): The Paradox of Self-Organisation among Disadvantaged People: A Study of Marginal Citizenship. Institutt for sosiologi og statsvitenskap. Dr. politavhandling, NTNU, Trondheim.

Hjemdal, Ole K, Sigrun Nilsen, Bjørn Riiser og Sissel Seim (1996): Kunsten å løfte seg etter håret! Om selvhjelp i Norge. HiO-rapport 1996:3.

Høgsbro, Kjeld (1992): Sociale problemer og selvorganisert selvhjelp i Danmark. Samfundslitteratur, Fredriksberg.

Unni Kristiansen et al: .Brukerperspektivet, fra intensjon til utførelse : erfaringer fra VEPS-forsøket 1994-1997, Dragvoll : Senter for etterutdanning, ALLFORSK

Mazat, Jurgen Away with the experts?: Self-help groupwork in Germany I: Groupwork, Vol 6 (1), 1993

Mazat, Jurgen Self-help groups in West Germany : Development of the last decadel: Acta Psychiatrica Scandinavia, Suppl., 337 76:42-51, 1987

Nilsen, Sigrun (1999): Vi er internasjonale. En studie av innvandrerkvinnens hverdagsliv i krysspress mellom underordning og frigjøring. Gøteborg Universitet. Skriftserien. Rapport nr.5.

Norges offentlige utredninger NOU 1998:18 – Det er bruk for alle. Styrking av folkehelsearbeidet i kommunene

Norsk Selvhjelpsforum (2002): Nasjonal plan for satsning på selvhjelp (Forslag til plan), Oslo 2002

Olsen, Bennedichte og Marit Grefberg (2001): Å være i samme båt. Likemannsarbeid i funksjonshemmedes organisasjoner. En veileder. Sosial- og helsedepartementet.

Rönmark, Lars (1999): Fallna löv. Om coping vid förlust av små barn. Zenon, Gøteborg.

Seim, Sissel, Ole K Hjemdal og Sigrun Nilsen (1997): Selvhjelp blant marginale grupper. HiO-rapport 1997:1

Sosial- og helsedepartementet (2000): Faktarapport om årsaker til psykiske plager og lidelser.

St. meld. nr. 25 (1996-97): Åpenhet og helhet.

St prp nr 63 (1997-98): Om opptrappingsplan for psykisk helse 1999-2006.

St.meld.nr.16 (2002-2003): Resept for et sunnere Norge, Folkehelsepolitikken.

Talseth, Solbjørg og Hoel, Kate (1999): Selvhjelpsboken ISBN –82-994374-1-5

Talseth, Solbjørg og Vogt Godager, Eli (1996): Deltakelse i Angstringen – Oslos selvhjelpsgrupper: Hvilke erfaringer har vi gjort siden 1986? Angstringen, Oslo.

Thuen, Frode og Benedicte Carlsen (1998): Selvhjelpsgrupper. Hva kjennetegner dem, og hvorfor har de vokst fram? Tidsskrift for samfunnsforskning, årgang 39, nr. 1: 28-48.

Thuen, Frode m.fl (1998): Støttegrupper etter samlivsbrudd. En presentasjon av tidligere forskning og egne erfaringer med grupper. Tidsskrift for Norsk psykologforening 35: 452-461.

Thuen, Frode (1995): Evaluering av Samarbeidsprosjektet Sorg og Omsorg. Del II: Noen foreløpige

resultater. Tidsskrift for norsk psykologforening. 32:406-413.

Thuen, Frode og Arvid Skutle (1995): Evaluering av Samarbeidsprosjektet Sorg og Omsorg. Del I: En metodologisk tilnærming. Tidsskrift for norsk psykologforening. 32:328-336.