

De ressurskrevende brukerne innen psykisk helsearbeid - samhandling og organisering - SINTEF Helse, 2007

ENGLISH SUMMARY

Objectives and method

The objectives of this project are (1) to increase the level of knowledge concerning the challenges associated with the development of service delivery of good quality to users' with mental conditions who are considered to be particularly resource demanding and (2) to increase the level of knowledge concerning good models for the development of services for these users – models that can contribute to providing users with the best possible array of municipal services today. The former objective is explored through a questionnaire survey in selected Norwegian municipalities and the latter objective by means of an interview study in 10 municipalities. In 129 municipalities and one local community in Oslo questionnaires were sent: single questionnaires (Q1) to the leader and 10 questionnaires (Q2) to be completed by service providers and concerning individual users (service providers with good knowledge of the individual users). 67 municipalities, including the local community in Oslo, responded giving a response rate of 52%. For the interview study (Objective 2) 10 municipalities were selected that provided good mental health services to users who are considered to be particularly demanding of resources. Sixteen informants from the 10 municipalities and four informants from associated special health services were interviewed.

Results of the Questionnaire survey

In Q1, municipalities claim to have on average 1.8 resource demanding users per 1000 inhabitants. Q2 was completed for a total of 448 users; 92% (403) of these were adults and this report focuses primarily on results from this group of individuals. Furthermore, 78% of users are said to have a “serious mental condition”, 26% an “other mental condition”, and 9% were claimed to have both a “serious” and an “other mental condition”.

Both leaders and service providers were asked which factors contributed to the characterisation of a user as resource demanding. Scoring highest were functional problems faced by users in doing their daily activities. Users' personal difficulties (in particular anxiety and depression) were scored quite important, and users' behaviour was scored as less important. As examples of behaviour - that the user isolates him/herself is considered the most important factor, while “hitting, kicking and other attacks on personnel” is the least important factor in an assessment what makes a user resource demanding. Problems associated with substance abuse scored were given relatively little weight in this assessment.

112 (28%) of users are supervised around the clock. Users without 24 hour supervision receive assistance on average between 9.6 and 15 hours per week from home care, home nursing care and others employed in mental health care. The service providers surveyed reported that for 49% of users the services provided were satisfactory; and services were deemed less satisfactory or not satisfactory for 47% of users. Deficiencies considered most important were lack of suitable living accommodations (16% of users), and lack of day supervision and 24 hour supervision at home. Services considered most lacking were a support person (31%) and municipally organised activity programmes (23%).

The most important challenges in establishing good services are considered to be capacity, competence, and coordination/collaboration with other municipal services and coordination/collaboration with speciality health services.

Too few resources are often cited in particular with reference to the lack of suitable living accommodations, 24 hour supervision and follow-up at home, during activities and under training in social skills. Service providers indicated that, for certain users who today receive insufficient services, these could be satisfactory had there been sufficient resources available. For other users, more competence rather than resources was considered essential in order to provide adequate services.

Competence includes general proficiency in mental health care, more specialised capability and relational proficiency. The possibility for both professional and proficiency development is closely linked to leadership and organisational structure.

Collaboration/cooperation with specialised health services is considered a premise to the development of good service delivery to users with severe, long-term mental conditions. Many describe good relations with specialised health care services, and service providers score above average with respect to cooperation concerning the users included in this survey. Simultaneity and a commonly shared responsibility are raised as key elements in this collaboration, as well as parity and mutual respect. Only 2-3 users in this survey were considered to have required a long-term or more permanent specialised health care service.

The survey includes only eight users between the ages of 12 and 18 years and can therefore conclude little with respect to this particular age group. Similarly, few users were over 67 years of age and there is again little basis from which to draw conclusions. None-the-less it may be worth noting that the elderly, though considered to be as resource demanding as the rest of the adult population in the survey, receive fewer services. Further research is required to determine whether these observed differences are in fact real and to uncover possible causes for them.

Interview study

Results from the questionnaire surveys laid the groundwork for the development of an interview guide for interviews with municipal employees and those employed in specialised health care delivery.

Attention was focussed on topics including capacity and competence/proficiency in municipal services, mental health care as a field of expertise and practise, user participation, cooperation internal in municipalities, cooperation within the specialised health care services, and in particular the resource demanding users that municipalities see as problematic in the establishment of a satisfactory service delivery. Results from the Interview Study constitute, together with results from the Questionnaire Survey and certain theoretical perspectives outlined in Chapter 7, a basis for the input to good models for the provision of mental health care to users who are considered to be particularly resource demanding.

The way forward – input to the good models

The clarification and further development of mental health care as a field of expertise is considered to be of importance in the provision of good services to those users with mental conditions who are considered to be particularly resource demanding:

- Mental health care is concerned with all areas of life, and it is more concerned with how one lives one's life than symptoms and diagnoses
- A better description of mental health care as a field of expertise is needed as well as a theoretical foundation of those phenomena that are considered important in routine work
- A theoretical (knowledge) debate considering what knowledge is and what is relevant and current knowledge in the field of mental health care is needed
- Different knowledge traditions (from sociology, humanistic studies, philosophy, and educational sciences) should be included in the development of knowledge in mental health care
- The knowledge of users/clients must form an important part of the knowledge-base in mental health care
- An important challenge lies in integrating knowledge of different types and from different sources in a common knowledgebase
- Attention must be paid to ethical considerations in mental health care

Mental health care must also develop further as a practical field:

- Considerable knowledge on the practice of mental health care exists as well as good descriptions of the work content/process
- The development of knowledge is needed through the evaluation and assessment of work experience

- Further development of a knowledgebase can be enhanced through research

Knowledge and competence development are essential, in particular:

- Knowledge and competence development should be a responsibility of both local and higher authorities
- Evaluation and learning through practical work experience are important elements in local knowledge development
- Attention should be focussed on the development of relational competence
- Knowledge development at a higher level should also ensure the spread and sharing of knowledge among municipalities – a competence network may be a good solution

Client participation and the user perspective are central to health care provision:

- Client participation is vital for the provision of good mental health care
- The capture and use of the users' perspective can be a demanding task
- Lorensen's and Schibye's models for interaction (outlined in the theory chapter) may be of help in putting these into practice
- Both the quality assessment and quality development with mental health care must focus attention first and foremost on the meeting between users and provider – this is the core of mental health care

Inclusion

- Participation is a foremost value in mental health care
- The work against stigmatisation and for inclusion are the responsibility of more than those employed with the mental health care system

Organisation and leadership are of importance to the provision of mental health care services in the municipality:

- Organisation of mental health care within a unit makes it more visible and creates a good environment for both professional and proficiency development
- Modern control systems such as purchaser-provider split and fee for service models do not harmonise well with the specifics of mental health care – totality, coordination, collaboration, flexibility and continuity
- Mental health care must be anchored in management
- Municipal reporting on mental health care must capture the essentials in the work and not be overly comprehensive
- Multidisciplinary collaboration in mental health care is ensured through multidisciplinary staffing in mental health care units
- In small municipalities, a collaborating team may be an alternative
- Collaboration with other units is a challenge. Municipal organisation and control must promote this type of collaboration
- Enthusiasts should be identified and encouraged.

Important factors for successful collaboration between the municipality and the specialised health care service include:

- Simultaneity and shared responsibility
- Equality and respect
- Structured and well organised terms/conditions including good agreements on cooperation

The results from this study indicate that municipalities have taken responsibility of clients with mental conditions who are particularly resource demanding. Clients with a variety of functional problems and difficulties are included in the study, and this illustrates to some extent the diversity and complexity of the duties for which municipalities are responsible. The results also indicate that municipalities are able to handle the responsibilities involved in caring for these clients. None-the-less, municipalities must become better equipped both in terms of competence and

capacity in order to develop more satisfactory services for all clients. In particular, cooperation with specialised health services should be further developed, first and foremost DPS and emergency wards.

Almost all of the informants in the interview study, both those from the municipalities and from specialised health services, indicate that there are some clients to whom the municipality will not be able to provide a satisfactory service. They are of the opinion that shared accommodations organised and run among municipalities and health districts may be a good solution.

The study includes 67 municipalities and it is uncertain whether the results are representative of all municipalities or whether the challenges identified are equally important in all Norwegian municipalities, that are themselves quite heterogeneous. There are, however, certain important factors in good mental health care that are repeated throughout the study, and in our assessment these distinguish themselves as so important that they should be considered in all municipalities.

Client participation is considered to be a condition for the delivery of good health services, and when the quality of services is to be assessed, it is the client who sits with the key to the solution. In this study the client was not approached for his/her assessment. The basis for this study was to consider the problem of resource demanding clients from the point of view of the municipality and build upon the municipality's assessment of the situation.

