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**POSTER ABSTRACT****Interdisciplinary collaboration in the diagnostic practice of the Integrated Youth Care in Flanders: A focus group study**

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Cynthia Van Gampelaere<sup>1</sup>, Kimberly Vannieuwenhove<sup>1,2</sup>, Rachida El Kaddouri<sup>1</sup>, Julie De Ganck<sup>1</sup>

1: Kwaliteitscentrum voor Diagnostiek vzw, Ghent, East-Flanders, Belgium

2: Ghent University, Ghent, East-Flanders, Belgium

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**Background:** In 2020, the Flemish Centre of Excellence in Diagnostics (Kwaliteitscentrum voor Diagnostiek vzw) published the General Intersectoral Guidelines for Diagnostics (GIGD). The goal of the GIGD is to aid professionals working in different (mental) health care sectors in Flanders to implement high-quality diagnostic processes. The GIGD defines high-quality diagnostic processes by naming and explaining seven important practices. It is unclear, however, how the GIGD impacted the diagnostic field since its publication and to what extent the practices are implemented. Therefore, this study examined how one of those practices, namely interdisciplinary collaboration, is used in the Integrated Youth Care in Flanders and what the needs are to strengthen this practice further.

**Methods:** Focus groups were organized with professionals in diagnostics working in nine organisations of the Integrated Youth Care in Flanders, among which centers of mental health care, rehabilitation, developmental disability, student guidance, pediatric psychiatry, etc. The number of participants of each organisation ranged from 1 to 15, with no participants from the centers of pediatric psychiatry. In total, 65 professionals participated. In each focus group, an introduction in the GIGD was followed by a structured discussion about the way in which diagnostic processes are carried out in each organisation and how interdisciplinary collaboration is present and which difficulties are met during the process.

**Results:** Participants from all organisations agree that interdisciplinary collaboration is at the heart of good diagnostic trajectories within their own organisation. Important features concern the inclusion of multiple and diverse viewpoints in an interdisciplinary team with members from different backgrounds and levels of experience; a trusting atmosphere to discuss and promote different opinions; time and resources to allow an in-depth discussion; an (external) supervisor to moderate and guide group processes. Participants further highlight the importance of continuous and joint care across organisations in Child- and Youth care. However, several pitfalls were addressed, which seem hard to overcome, such as a lack of trust due to incomplete and erroneous knowledge about each other's professional operations, endless waiting lists thwarting appropriate continuation of care, and rigid policy requirements and restrictions.

**Conclusion:** All participating organisations understand the importance of interdisciplinary collaboration as a prerequisite for high-quality diagnostic processes and integrated care and long

for more collaboration. However, several pitfalls and obstacles complicate matters. There is need for practical guidelines, information dissemination, workshops and intervisions, financial aid and more leeway in intersectoral endeavors to help professionals overcome these obstacles.