
POSTER ABSTRACT

MISSION IMPOSSIBLE? Integrated services for people with SMI and SUD - The importance of good leadership and management.

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Lars Poverud¹²³⁴

1: City of Oslo, Oslo, OSLO, Norway

2: Lovisenberg Diaconal Hospital, Oslo, Norway

3: Inland Norway University of Applied Sciences, Lillehammer, Innlandet, Norway

4: Eucoms, Heerhugowaard, Netherlands

Introduction: Better services for people with mental illness and substance use disorder (SUD) can be looked at as a Mission Oriented Innovation (MOI). People with severe mental illness (SMI) and SUD are often in the need of a range of different services, and different service models for coordinating such services have been introduced through the years.

Aim: This study explores what inhibits and promotes integrated services for people with SMI and SUD in the service model FACT – Flexible Assertive Community Treatment.

Methods: This is a qualitative explorative multiple-case study with the use of focus group interviews and reflexive thematic analysis (RTA) of team members in three different FACT-teams in Norway.

Results: In team A the themes ‘Poor and lacking communication’, ‘Culture & Attitude’ and ‘Some resources are missing’ inhibits integrated services. And ‘A holistic and open work environment’, ‘Systemic assertive’ and ‘Focus on social recovery’ promotes. In team B ‘Lack of resources’, ‘Incorrect focus or problem focused practice’ inhibits, and ‘Function recovery advocacy & practice – Function FACT’ and ‘Good triple Management’ promotes. In team C ‘Administration & Management matters’, ‘Segregation & Prioritizing’ and ‘External interaction’ inhibits, and ‘Skilled, creative & dedicated team members’, ‘The FACT service model’ and ‘Internal & external cooperation’ promotes.

Conclusion: Will be presented at the conference.

The study also has PPI - Personal and Public Involvement with the engagement of three peer co-researchers contributing to the research project INNOFACT from start to end. The next step is to summarize and conclude regarding the importance of good leadership and management that will be presented at the conference. Later on the peer co-researchers will interview the patients about the same research questions.

There are to our knowledge no studies about what inhibits and promotes integrated services for people with dual (and multiple) diagnosis in the service model FACT.