

Volume 15, 27 May 2015

Publisher: Uopen Journals

URL: <http://www.ijic.org>

Cite this as: Int J Integr Care 2015; Annual Conf Suppl; [URN:NBN:NL:UI:10-1-117010](https://nbn-resolving.org/urn:nbn:nl:ui:10-1-117010)

Copyright: 

Conference Abstract

'Individual Plan' – helpful or not for mental health service users?

Marian Ådnanes, SINTEF, Norway

Solveig Osborg Ose, SINTEF, Norway

Jorid Kalseth, SINTEF, Norway

Correspondence to: **Marian Ådnanes**, SINTEF, Norway, E-mail: marian.adnanes@sintef.no

Abstract

The deinstitutionalisation and restructuring of mental health services have led to greater complexity of services and have made it more challenging to ensure continuity of care. Fragmented services are a well-known problem. 'Individual Plan' is a tool for more integrated services, and also a legal right in Norway for people in need of long-term, coordinated treatment and follow-up. Research shows that 'Individual Plan' is not widespread among mental health services users in Norway even though it is emphasised constantly as an important tool by the national health authorities. This seems to be related to implementation problems and, in some cases, that it is not wanted by patients.

Our study investigated if mental health services users experience continuity of care differently based on whether or not they have an 'Individual Plan.'. Since 'Individual Plan' primarily is developed for patients with severe mental illness (SMI), we compared this group with patients who have common mental illnesses.

A comprehensive mapping of patients was conducted in all clinics and departments providing outpatient treatment in the 15th-28th April 2013 time period. 47% (n=15 258) of the total population of outpatients in treatment during the registration period were mapped. Each patient's therapist was responsible for filling out a mapping form describing the patient's background, diagnosis, and health and social services received. The patients filled out users' self-rated continuity of care, CONTINU-UM (Rose et al., 2009), containing 17 questions to find out about users' views, experiences and satisfaction with different aspects of continuity of care over the past 12 months. Linear regression-analyses were performed with CONTINU-UM-items as dependent variables, controlling for important background variables.

The results showed that 'Individual Plan' seems to work differently for patients with SMI compared to patients with common mental illnesses. SMI patients with an 'Individual Plan' felt less helped by the services in terms of moving forward, compared to SMI patients without 'Individual Plan.' In patients with common mental illnesses, the result was the opposite. Furthermore, patients with common mental illnesses who had an 'Individual Plan' also had significantly better access to and support from services, less waiting times, and opportunities to choose among treatments

compared to other patients within the same category but without 'Individual Plan.' Among patients with severe mental illnesses, having an 'Individual Plan' actually involved more disadvantages than advantages – among them fewer opportunities to choose between different treatments.

The results indicate that patients with severe mental illnesses seem to be less helped by an 'Individual Plan' compared to patients with common mental illnesses. This is quite the opposite of what was expected, as 'Individual Plan' is a tool for more integrated services first and foremost for patients with severe mental illnesses.

This is the first comprehensive study of 'Individual Plan' as a tool within mental health services in Norway. The result raises questions about the usefulness of 'Individual Plan' as a tool for people with severe mental illnesses.

Keywords

mental health; individual plan; smi-patients

PowerPoint presentation

<http://integratedcarefoundation.org/resource/icic15-presentations>