

CONFERENCE ABSTRACT

To what extent is patient-rated quality of life associated with continuity of care, therapeutic relationships and unmet need for services? A study of outpatient mental health service users in Norway

17th International Conference on Integrated Care, Dublin, 08-10 May 2017

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In addition to attending to patients' mental and somatic health, mental health services now often offer assistance across many spheres of patients' lives, such as housing, social activities, and employment. Patient-centered recovery is an aim attempting not only to help patients to control symptoms, but also to help them manage everyday life and live as good lives as possible with their illness. Changes to the delivery of care have resulted in an increased emphasis on the quality of the therapeutic relationship between patients and clinicians, the continuity of care and to meeting as many of patients' needs as feasible.

Both the therapeutic relationship and continuity of care are key to mental health services' interaction with patients in their day-to-day lives, but have not been systematically investigated in relation to patient-rated outcomes including quality of life (QoL). There is scarce evidence of a relationship between the goal of improving patients' QoL and their assessments of their therapeutic relationships as well as how they perceive continuity of care.

In this study, we investigate whether there is an association between how mental health outpatients in Norway experience their therapeutic relationships, continuity of care and unmet needs, and how they assess the quality of their lives.

A two stage cross sectional study was performed. Firstly, a national mapping among patients receiving mental health outpatient treatment during a fourteen day period in 2013 (n=23167), and at the same time a service user-generated Continuity of care-measure (n=15258). Secondly, a follow-up survey was performed ten months later among service users who accepted to be contacted again (n=4338). In total, 1327 responded in the follow-up study. Regression analysis was performed to investigate factors associated with QoL (measured by MANSA).

The results show that patient-rated QoL-outcome is strongly related to therapeutic relationship with closest provider and to continuity of care. Also unmet need for unmet need

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for activity center/day center and meeting places for users were significantly associated (negative) with QoL, as were unmet need for social services and individual support contact. Furthermore, the results show that having good contact with family and friends is highly important for QoL. The same applies for living together with spouse or cohabitant as opposed to living alone. As in most other studies QoL associates with socioeconomic status. Also in line with other studies, the results show that QoL is actually higher among patients with a severe diagnosis (smi) compared to non-smi diagnosis.

The findings show the importance of including relatively simple actions of everyday life in terms of activity and social life that give people with mental illness a good opportunity to improved QoL. Furthermore, that mental health services have to maintain focus on continuity of care and a good relation between patient and provider, and that support from family and friends should be utilized to the fullest. The study supports the importance of a recovery perspective.

Keywords: mental health; quality of life; therapeutic relationship; continuity of care; unmet needs
