The patient experience with integrated community treatment provided in their direct neighborhood: a qualitative study

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Methods
» In depth semi-structured interviews of ±60 minutes with 17 patients, audiotaped and transcribed.
» Nvivo Software used for qualitative analysis.
» Open and axial coding by two investigators.
» Respondent validation to enhance quality of data analysis.

Mean age 46.6 years (SD=9.64)
Men 82.4 % (n=14)

Diagnoses
» Schizophrenia or psychosis related disorder 52.9 % (n=9)
» Schizoaffective disorder 23.5 % (n=4)
» Mood disorder 11.7 % (n=2)
» Personality disorder 11.7 % (n=2)

Table 1. Characteristics of patients (n=17)

Introduction
In 2016 a new form of integrated community treatment for patients with serious mental illnesses was implemented in two neighborhoods in the city of Utrecht (352.795 inhabitants) in the Netherlands. This form of treatment is characterized by close collaboration of psychiatric care, somatic care (i.e. general practitioner, nurse practitioner), supported housing and other facilities.

Objectives
» Investigating experiences of patients with ‘neighborhood-based integrated mental health care’.
» To study if and how it supports personal and social recovery.

Results
What is the contribution of neighborhood-based integrated mental health care?

Access to a broader range of care products
“Nowadays, the [mental health] case manager has a lot more in her toolbox. It’s much easier for her to call in a psychologist, for instance. It’s not a huge procedure any more.”

Integrated help with social recovery
“The team offers help on all areas in life […] They were always helpful, but it was different. The focus was on smaller points, not on the big picture.”

Feeling safe & supported nearby
“Nowadays, the care workers are close by, so it’s easy to get in touch … and it makes me feel safe to know someone will always be there if things go wrong.”

A personalized approach
“It’s become a lot more personal. I used to have the feeling that there was a huge distance between my mental health care worker and myself. That I was just a face in the crowd. It feels different now. They are very committed.”

Discussion and Conclusions
The multidisciplinary collaboration with organizations from the somatic and social domains, the improved accessibility of care, the more personalized approach and the feeling of being welcome and heard are highly appreciated by patients. As points of improvement patients mention that their own team of mental health care workers are not 24 hours a day accessible and that it can be unclear which organization in the neighborhood to approach, structure is lacking. Although this new form of community treatment is still in progress, overall experience of patients with ‘neighborhood-based integrated mental health care’ is positive.