

Network Psychiatry including resourcegroups

Webinar Eucoms

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Starting points

- “at the end of the day, each patients’ care is only as good as the care that is actually delivered” ...
- “care is delivered in clinical microsystems, which are the basic building blocks of health care”

(Quality by design, a clinical microsystems approach.
Nelson, Batelden, Godfrey, Wiley 2007)

The microsteem

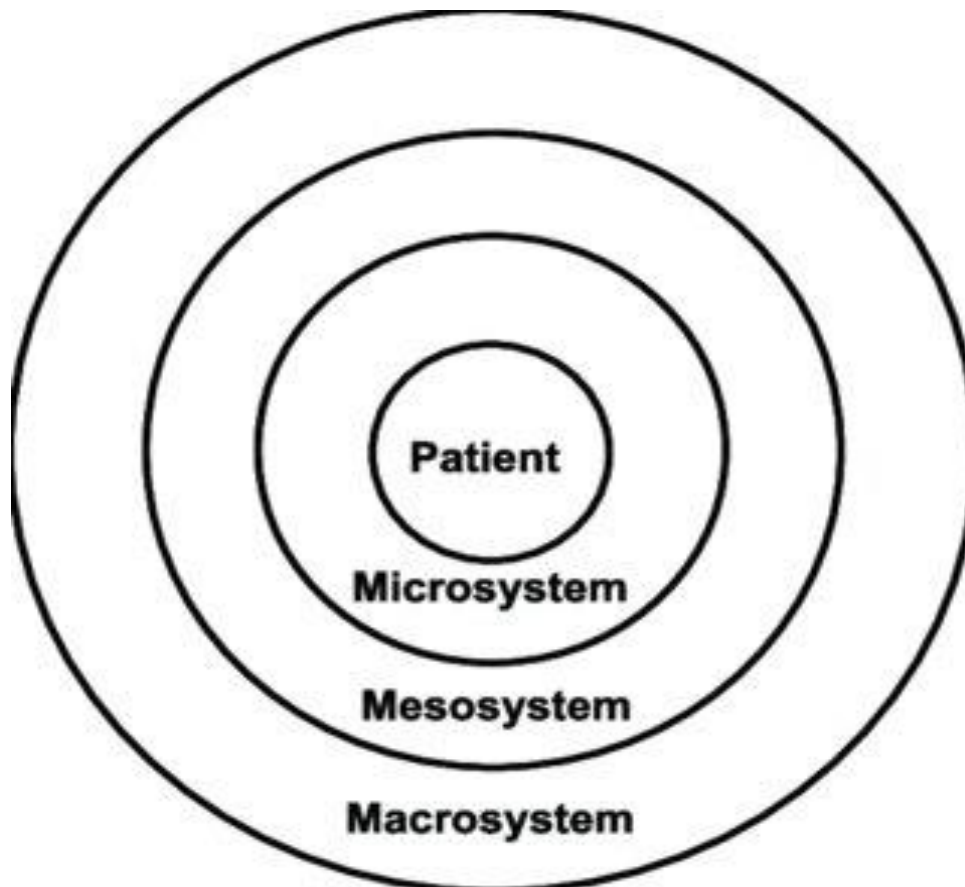
- Medical microsteem
 - Patients, doctors, nurses
 - and other medical staff



- Social microsystem
 - Significant others
 - Social domain



The microsystem



Network Psychiatry

- An attempt to:
 - Give a practical solution for dealing with complexity
 - Combine principles of evidence- and practice-based care as well as recovery-oriented care
 - Work together in the micro-, meso, and macrosystem, accross the medical and social domain

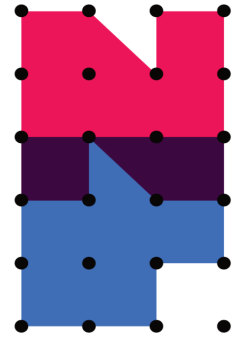
Netwerkpsychiatrie

Samenwerken aan herstel en gezondheid



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Leading Principles



1. Recovery vision central in the network
2. Service user as the director of his own care process: “nothing about us, without us”
3. Cooperation with significant others, from the start, in Resourcegroups

Leading Principles

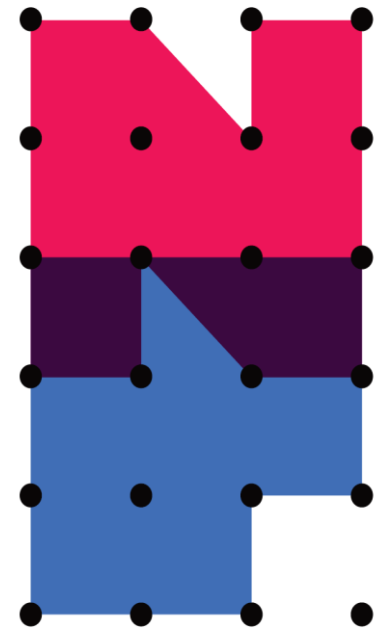


5. Collaboration between psychiatric/medical and social domain
 - On the level of the service user (resourcegroups)
 - On the level of institutions
 - Stimulating mutual dialogue, respect for different perspectives accros different domains
6. Providing continuation of care
 - In a network of formal caregivers
 - By organizing a stable informal network

Network Psychiatry: collaboration between medical and social domain

1. On the level of the service user:
Resourcegroup

2. On the level of organisations



The Resourcegroep

- Starts with a “Network Intake”
- Service user is the director of his RG
- He/she nominates the members of the RG
- Support from case manager / peer worker

Key elements of the Resource group

- The structure**
- The heroic client**
- The patient as an informed partner to the professionals**
- Working alliances by person-to-person sessions**
- The clinical microsystem resource group format for shared decision-making**

What are the basic principles?



1. Service user is the director

- » Nomination of RG members? Targets in the RG plan? Chairman? Location? Frequency of the meetings?
- » Developing ownership and responsibility

What are the basic principles?



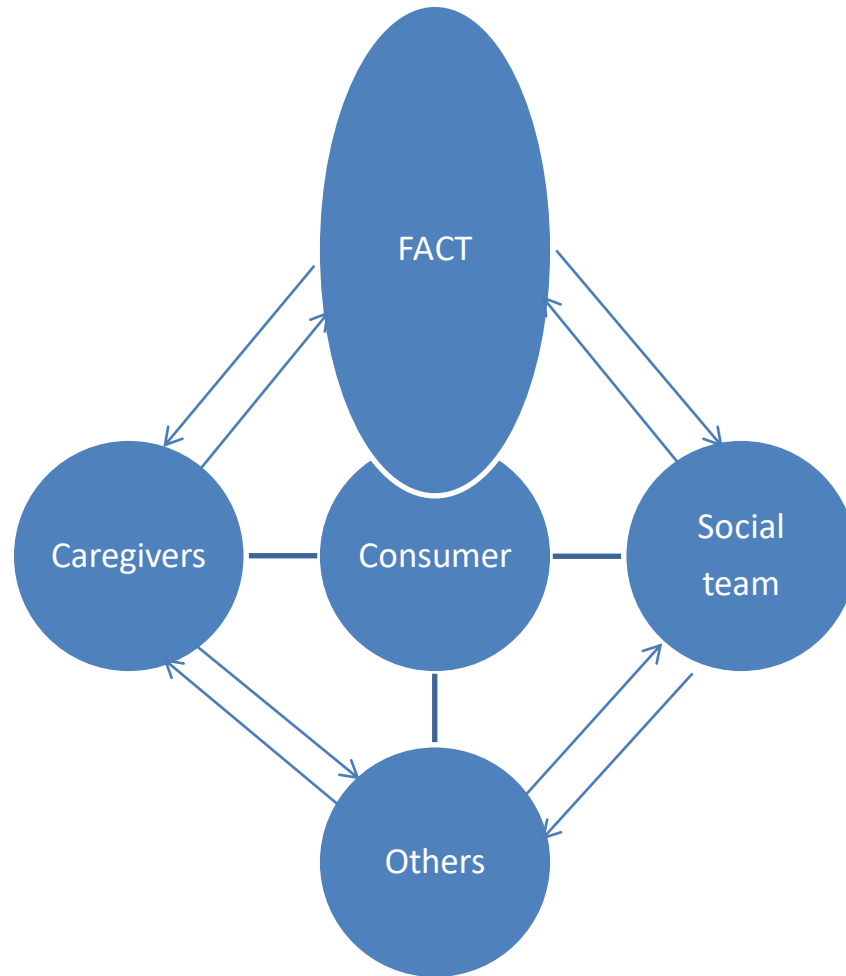
2. Structural involvement of significant others and activating the social environment

What are the basic principles?

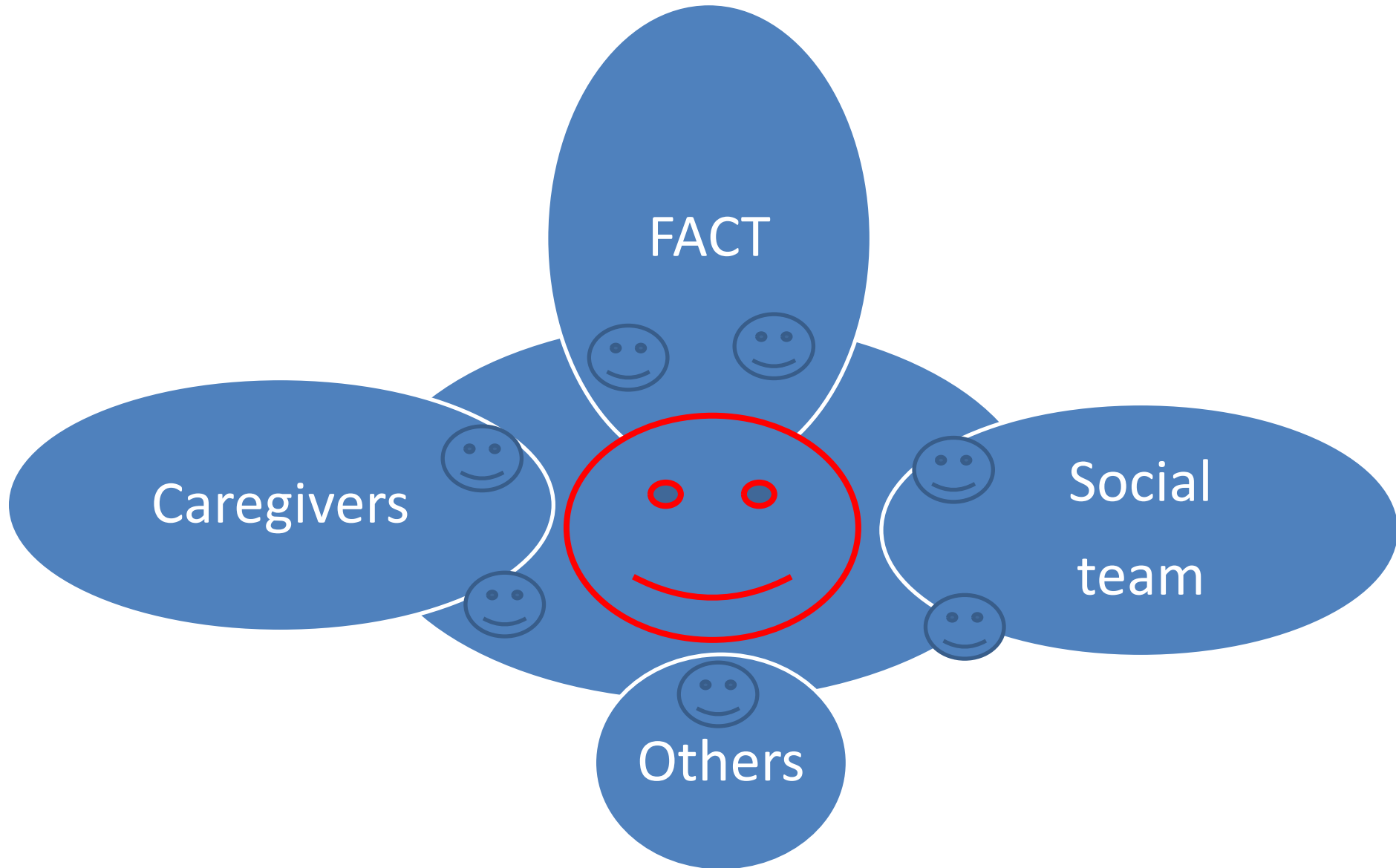


3. Continuity of care

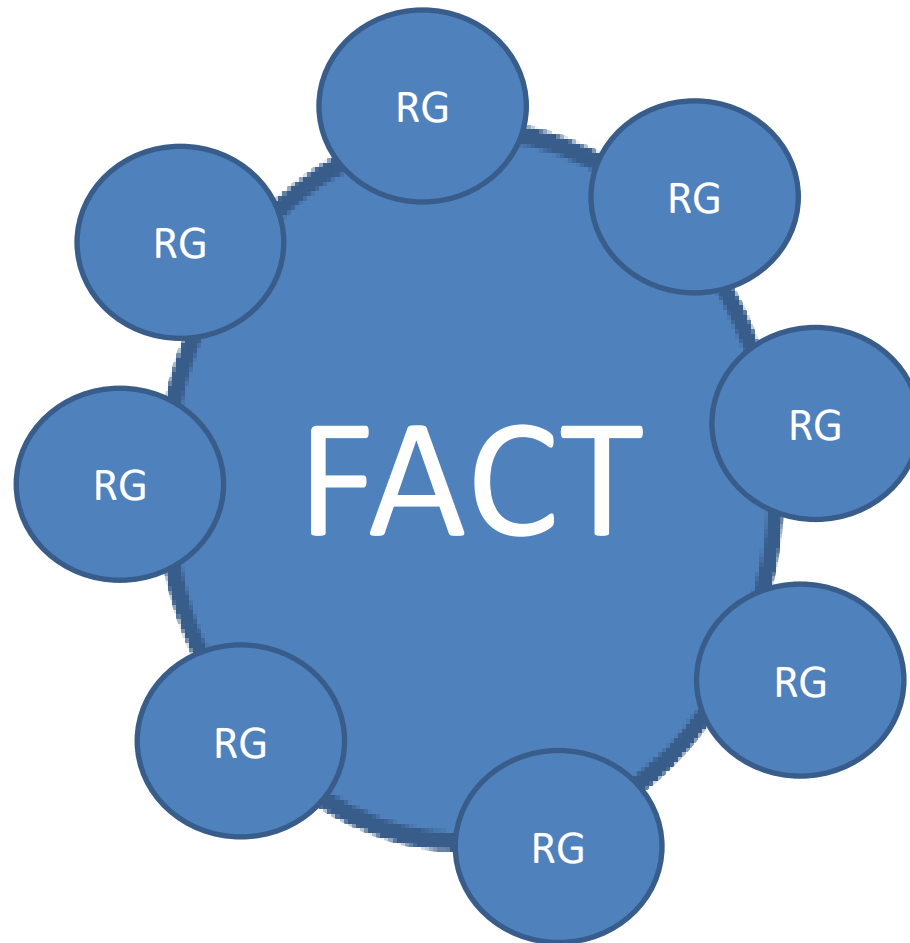
FACT



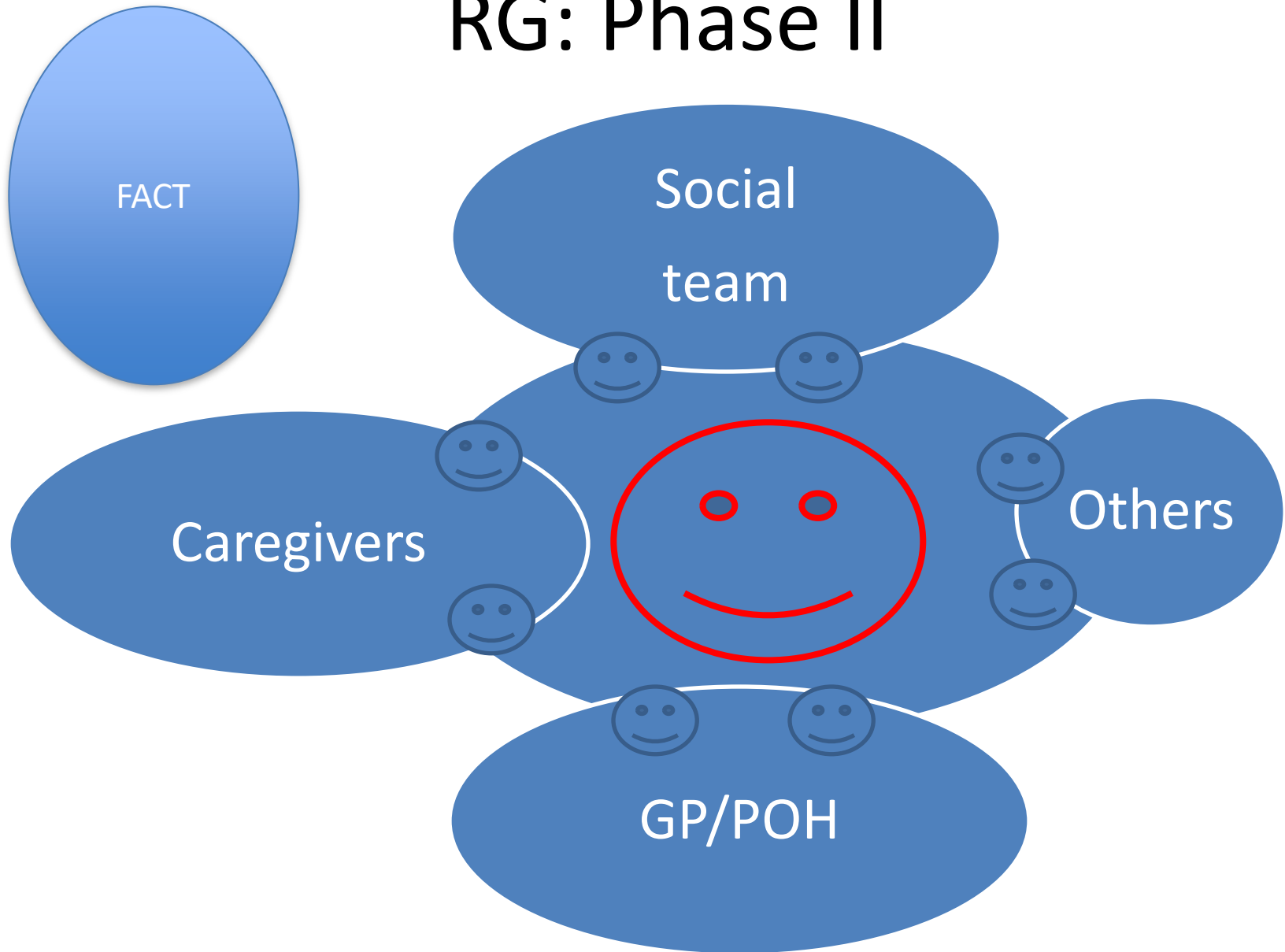
RG Phase I



FACT and RG



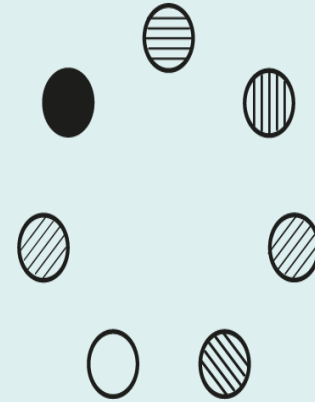
RG: Phase II



Aims of a Resourcegroup



**Create a resilient
network**



**Develop
meaningful roles**

RCT: Effectiveness of Resource Groups for Improving Empowerment, Quality of Life, and Functioning of People With Severe Mental Illness

POPULATION

93 Men, 65 Women



Adults with a severe mental illness who were estimated to be in care for at least 12 mo

Median age, 38 y; range, 20-66 y

SETTINGS / LOCATIONS



9 Mental health care centers in the Netherlands

INTERVENTION

158 Patients randomized



80 Flexible assertive community treatment (FACT) + resource group (RG)
Patients chose RG members who met quarterly to discuss self-formulated goals

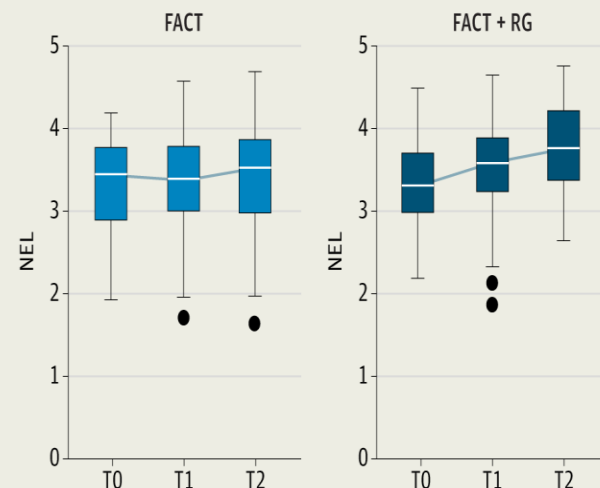
78 FACT only
Multidisciplinary community treatment and care as usual

PRIMARY OUTCOME

Self-reported empowerment measured using the mean score of the Netherlands Empowerment List (range, 1 [low empowerment] to 5 [high empowerment]) at 0, 9, and 18 mo

FINDINGS

Randomization to FACT + RG was associated with a clinically significant increase in empowerment

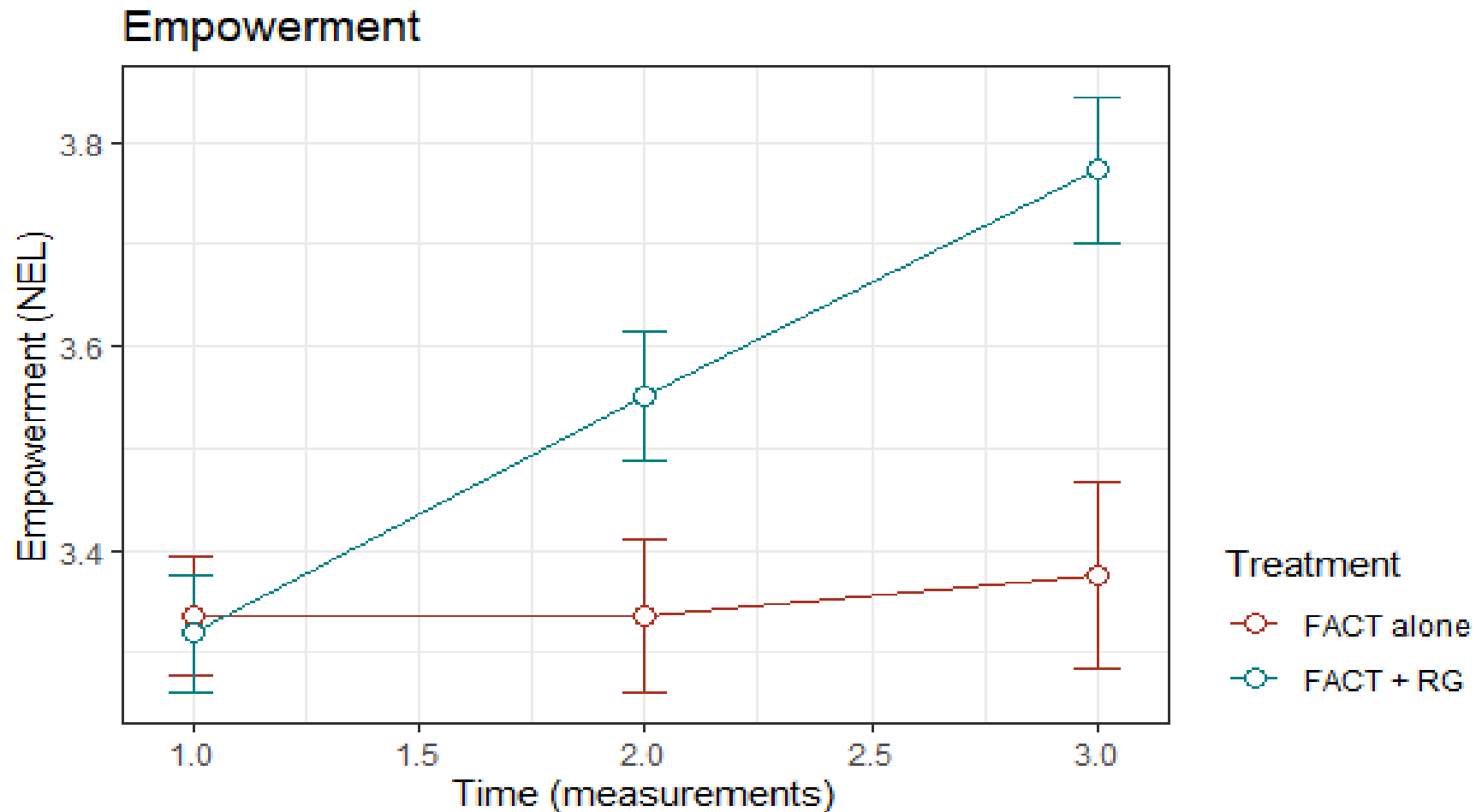


FACT + RG: mean empowerment slope, 0.423

FACT as usual: mean empowerment slope, 0.018

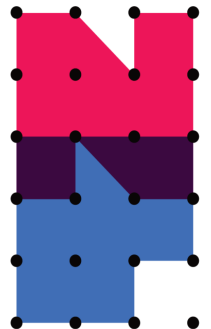
Estimated treatment difference: $b = 5.376$, $P < .01$

Primary outcome

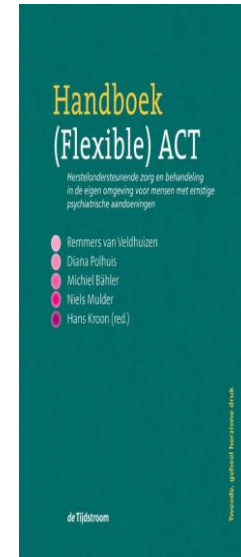


Network Psychiatry

- On the level of the service user
- On the level of organisations



Network Psychiatry



SOCIAAL
DOMEIN



valente⁷

Network Psychiatry



valente⁷

So everybody must have a Resourcegroup?

- Not an “heal all” or panacea
- Custom made!
- *Recovery process is a social proces*

Thank you!



Any questions?