CONFERENCE ABSTRACT

First steps to develop a care model for people with Mental Health Disorders and Addictions with high complexity care needs: a collaborative process between families, professionals, and policy makers.

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Introduction

In recent years we have seen a rise in the number of people with complex care needs and a mental health disorder or addiction, and for professionals it is still difficult to define the concept of complex needs and the factors that impact in the evolution, and it is emerging as a major challenge in social, educational, judicial, occupational and health services.

To face these challenges, the Catalan Government has created the Program for the integral approach to assist people with mental health disorders and high complex needs (PAIcSaMAEC).

Description of policy context and objective

The PAIcSaMAEC was created to guarantee an interdisciplinary and interdepartmental, holistic, integrated approach, integrating people, families, and environments.

Its main purpose is to promote, evaluate and monitor the action of all agents involved in the field of mental health in each territory, to achieve more effective intervention, to develop protocols and provide recommendations for action.

Targeted population

The program is focused on specific target people with lack of stability and autonomy, social functional difficulties and with disruptive behavior, need for continuous support, and difficulty to build a life project.

Understanding complexity holistically entails to focus on: 1. Families that require support and training, 2. Professionals who require adequate conditions and need more access to updated knowledge and research to support their practice and offer evidence-based interventions, 3. Policy makers to get a clear idea of the needs to be covered.

Highlights (innovation, Impact and outcomes)

The co-design of the PAIcSaMAEC care model included 31 online meetings with 19 working groups with the participation of first-person representatives, families, professionals, and different policy makers and managers. Everyone could participate in a specific virtual platform organized by challenges.

Through this 6-month process, 406 people participated, and 17 specific reports were elaborated. 191 needs were identified, and a plan with 184 possible actions was created.

Comments on transferability

The greatest organizational challenge was to enable this participative project during COVID-19 pandemic; the multi method system let an in-depth and wide community participation with mental health professionals at macro, meso and micro level, together with social, mental health and addiction, education, justice, ethics and housing sectors.

Conclusions

Integrating participatory methodologies for the identification and prioritization of needs in cases of people with complex social care needs helped to determine some of the most valuable actions: 1. the need to create and provide training and promote research in the field of high complexity in mental health to achieve more competent professionals, 2. to be more aware of the need to support the families and their empowerment in how to prevent and manage high complex needs at community level, 3. to create a specific interdisciplinary program to address the disruptive complex cases at territorial level when it is very difficult to manage within the traditional system. Teenagers with a high disruptive behavior were considered the priority group and this program intends to offer them better opportunities and conditions to start their life project.