

## POSTER ABSTRACT

# The establishment of effective collaboration between primary care and welfare in the promotion of mental health in patients with multi-problems

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Mark van der Wel<sup>1</sup>, Cynthia Hofman<sup>2</sup>, Isolde Driesen<sup>3</sup>, Sandra Boersma<sup>1</sup>

1: Radboud university medical center, the Netherlands;

2: Vilans, the Netherlands;

3: NIM Social Work Nijmegen, the Netherlands

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**Introduction:** Many patients who present themselves with mental health complaints to a general practitioner GP also suffer from problems in other domains. Consequently, many of these multi-problem patients qualify for health care as well as social welfare. Since 2015, social welfare professionals in most municipalities in the Netherlands work organized in so called 'area-based social welfare teams' SWTs. Especially in the Lindenholt district in the city of Nijmegen an integrated approach is important. In this area the prevalence of psychiatric diagnoses and mental health symptoms are highest of Nijmegen and a considerable part of the population has problems in various life domains. However, collaboration between a GP facility and the local SWT is in most municipalities in the Netherlands, including Nijmegen, not self-evident.

**Description of practice change implemented:** Professionals from GP facility Lindenholt and the local SWT have experimented with a new work format for collaboration, the so called "drie gesprek" in English: joint consultation with three parties in which the GP, a SWT professional and a neighborhood resident talk about the concerns and needed care of the resident.

**Aim and theory of change:** Aim of the "drie gesprek" is an effective and efficient integration of healthcare and social welfare and an integral, preventive and person-centered approach for people with mental health complaints and problems in different life domains. To implement this new work format for collaboration, three cycles of 'plan-do-check/evaluate-act' were used.

**Targeted population:** The targeted population are neighborhood residents of Lindenholt with mental health complaints in combination with problems in other domains and who receive a high level of care by both the GP and the SWT 'high users'.

**Timeline:** This experiment started in 2015 and had a timeline of two years.

**Highlights:** Actual gain lies mostly in a closer connection between GPs and the SWT. Professionals meet more often and know each other better, therefore information is shared more easily. Also, awareness about different expectations of those involved was increased.

**Conclusions:** The results of the practice change are not yet as hoped for. The first step of creating conditions for good collaboration was successful, but the next step to effective forms of integrative working is not yet achieved.

**Discussions:** A follow-up demands a revision of urgency, shared interests, ambitions for the district and a collectively drafted vision by the municipality, GPs and SWT. Only when there is enough support in time and resources, by the professionals as well as policy makers, an elaboration of this vision has a chance of succeeding.

**Lessons learned:**

- Instead of jumping to an intervention, invest in getting to know your collaborators
- Experienced barriers for effective collaboration are often not work-related but emotional.
- Don't assume you share the same vision but explicate a shared one.
- Innovation starts with visionary health professionals, but if the conditions for implementation are not well organized e.g., financial support or extra hours, integral collaboration stagnates.
- A condition for good collaboration seems to be that participating organizations are stable and there is a clear shared interest.

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**Keywords:** general practitioners; social welfare teams; integrated care; collaboration; multi problems

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