

Experiences from bilateral cooperation Program CZ 11, 2014-2016

Bror Just Andersen
Program Manager, PhD

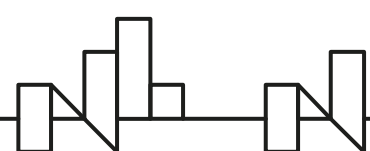
Management MHA
Vestre Viken HT

16.01.2019

Experiences from bilateral cooperations

Program CZ 11, 2014-2016

- The main activity of CZ 11 projects was development and translation of guidelines, procedures, project plans and organizational structures.
- We had a standard unified agreement and I was consulted already in the planning process and some of the goals and key factors for evaluation were changed before signing the collaboration agreement and sending the application. Since then I have been regularly involved through professional guidance on operational factors as well as structure and methods for clinical, structural and research evaluation. We have communicated through dialog on the phone, e-mail, videoconference and visits.
- For us (my workplace) this has been a unifying process, we had to see our psychiatric center in a different, more developmental view and it was professional developing and very interesting to have such close cooperation with services in a total different setting.
- The projects have been exclusively positive – both professional and interpersonal. We still have dialog on e-mail and videoconference



Psychiatrická léčebna Šternberk

Bilateral cooperation CZ 11, 2014-2016



- Main contact; Ing. Martina Pešatová, MUDr. Hana Kučerová and Martin Vaverka
- Establishing project START – CRS and Multidisciplinary cooperation in Restart Olomoucká
- The aim of the project was to develop the comprehensive rehabilitation system in care for long-term SMI patients

Psychiatric Sanatorium Šternberk
organizes the professional conference

PSYCHIATRY WITHOUT BORDERS

When: Thursday, September 3, at 10 a.m.

Where: Expozice času, ČSA 19, Šternberk

Beerum District Psychiatric Center - the development of a local based specialist mental health and addiction outpatient and small unit inpatient services in Norway

- HANNE REICHELT, Section Leader Addiction Outpatient
- BROR JUST ANDERSEN, PM, Special Advisor of Quality
- JAN OTTERDAL, Section Leader Psychiatric Rehabilitation Outpatient Clinic

Project START - KRS

Comprehensive Rehabilitation for Self-Sufficiency

- Bc. JAROSLAVA KUPKOVÁ
- PhDr. JIŘÍ HILLER

Field Psychosocial Team

- Mgr. DAGMAR ŘÍHOVÁ, MANA, o.s.

Return to Ordinary Life - Case History

- Mgr. MILENA BRZOBOHATÁ, Charity Olomouc

Registration: from 9.30 a.m. (expected end of the Conference at 2 p.m.)

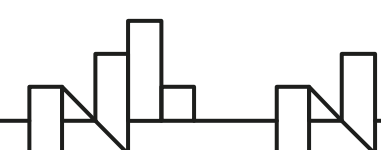
Participation fee: free entry

Booking: send your applications to info@plstb.cz or call phone number:
555 085 402 (give the name of your organization and a list of participants)

Refreshment: provided

Organizer: Psychiatric Sanatorium Šternberk, Olomoucká 1848/173, Šternberk

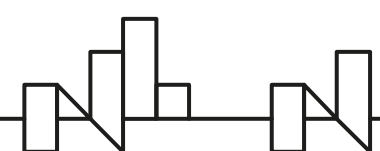
PODPOŘENO GRANTEM Z NORSKA
SUPPORTED BY A GRANT FROM NORWAY



Psychiatrická nemocnice v Opavě

Bilateral cooperation CZ 11, 2014-2016

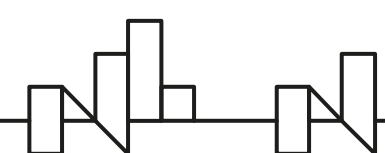
- Main contact; Ivana Strossová + FOKUS-Opava
- Restructuring in the hospital and establish a Interdisciplinary Assertive Outreach Team in Opavě
- The aim of the project was to create conditions for a gradual realization of transformation of the psychiatric care as inpatient psychiatric care into mental health care in the patient's natural environment. To reach the goal there was establishing three complex, mutually interconnected programs and activities;
 - 1. A new rehabilitation department focusing on mental health,
 - 2. Reconstruction of facilities, and
 - 3. Destigmatization campaign



Fakultní nemocnice Brno

Bilateral cooperation CZ 11, 2015-2016

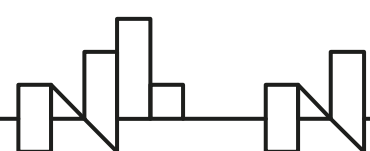
- Main contact; Doc. MUDr. Tomáš Kašpárek, Ph.D and Mgr. Jiří Šupa, Ph.D.
- Establishing Interdisciplinary Assertive Outreach Team, Sdružení Práh
- The aim of the project was to improve health, social status and residence problems of people with SMI. The goal is reduction of their long-term hospitalization



Additional cooperation with;

Program CZ 11, 2016

- The Silesian University in Opava, Faculty of Public Policies (lecture I 2016, Article in the Journal Social Pathology and Prevention 2016)
- Centre for Mental Health Care Development, Praha (conference „Current Trends in Mental Health Care“, 11th to 13th April 2016, Gröbe villa)
- Main activity lectures, dialog concerning status and development
- of mental health and publishing an article in a Czech journal



Universal preventive mental health among children and youth

Bror Just Andersen, Dr. Psychol,
Project Manager, Special Advisor
Clinic for Mental Health and Addiction
Vestre Viken HT



Mental Health problems in Norway

- Between 15 and 20% of all children and young people in Norway have mental health problems that influence their ability in daily functioning and
- between 5 and 7% have mental health challenges that classifies for a diagnose
- Initially we also found that quite a lot of youth had difficulties with understanding when they where about to develop mental health problems and at the same time difficulties to share the problems with others

Risk factors

- family relationships
- marginalization
- social isolation
- low integration
- bullying
- pressure of performance
- traumatic childhood
- cultural conflicts between generations
- general lifestyle

Protective factors

- Largely opposite of risk factors;
- family relationships
- social support
- participation and activity
- self-regulation
- general lifestyle

An example of a manualized evidence based preventive mental health intervention in school

VIP



The intervention

- **VIP** is the Norwegian abbreviation for Very Important Problems (it contains guidance and information about mental health issues). The intervention focuses on mental health in everyday life, and lowering the threshold to talk about mental problems and illnesses
- VIP places the topic of mental health on the agenda in school and home - it was established in 1999 as a result of a initiative from inlying young patients in cooperation with health personell
- The program focus on giving youth answers on growing curiosity or uncertainty on inner development, and gives them a relation to the places they can seek help

VIP

- the intervention is universal, quite short (takes 3-5 hours to carry out) with relatively low costs, it separates from many other interventions by focusing on dialogue, involvement and empowerment
- the intervention is based on developed and refined VIP manual and adapted educational materials to provide information and help in implementing the project
- in Norway the program has been developed in accordance with the content of the general curriculum for upper secondary schools, and many schools have included it in their annual teaching plans
- the target group is youth and teachers in secondary school - in Norway the intervention is implemented in over 200 schools

Effects of preventive mental Health in School

Effects of VIP on stigma and mental health



The goal for the research



investigate the effect of implementing a brief preventive intervention on knowledge, behavior and variations in the condition of the mental health among youth


Main question



Do youth behavior and attitude in coping with mental health problems and searching for help change with their level of knowledge?

If so, does this affect the level of mental health problems in general?

Outcome variables

- 
- the students' knowledge about mental health
 - the ability of recognize signals of mental health problems
 - attitudes towards and behavior in helpseeking
 - the students' level of mental health problems

Changes in knowledge indexes from before to after the intervention, and after 12 month, N = 1348

Index	Cohens d 1-3 weeks after	Cohens d 12 moth after
1. Knowledge of mental disorders	0,58***	(0,31)
2. General knowledge of mental health	0,30*	0,41*
3. Knowledge about diagnosis and forms of expression	-	0,42*
4. Ability of connecting symptoms to diagnosis	0,34**	0,53*
6. Knowledge of support services within mental health in general	0,51***	0,38*
7. Knowledge of local community support agencies within the mental health	0,74***	0,39*

Effects on everyday life
directly after to 12 month after

SDQ-Nor total (screening mental health status)			
Difference of change	16,5 %		
Cohens d	0,15		
Sig. t-test	,007*		
Peer problems			
Difference of change	31,8 %		
Cohens d	0,31		
Sig. t-test	,009**		
Anxiety			
Difference of change	53,5 %		
Cohens d	0,37		
Sig. t-test	,001***		

The results in the frame of health treatment

- If you look at the results of Asprin as a prophylaxis for heart attack the NNT = 129
- for VIP as prevention for peer problems and anxiety the NNT = 103...

Questions?

Come along and ask me in the session after lunch 😊

If nothing goes right – go left...

Thank you for your attention

phone: +47 41 61 01 27
e-mail: broand@vestreviken.no
twitter: @BjaBror