



Tidlig avklaring i psykisk helsevern: MEET-studien

Measure the Effect of the Early assessment Team

Protokoll og foreløpige analyser fra baseline

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ABSTRACT

Background: Mental health care services are facing challenges due to the increasing number of referrals of patients with multifaceted problems. This study aims to describe the Early Assessment Team (EAT), a novel method of organizing intake assessments for the outpatient mental health


Det er økende press på psykiske helsetjenester både i kommune- og spesialisthelsetjeneste. Konsultasjonsraten ved poliklinikkene i psykisk helsevern (PH) er tredoblet siden 1998 (Kalseth et al., 2020). Det meste av virksomheten er tilknyttet distriktpsikiatriske senter (DPS), som står for 82 prosent av de polikliniske og 86 prosent av de ambulante årsverkene i PH (Pedersen & Lilleeng, 2019). Mange pasienter med psykiske helseplager har sammensatt problematikk. Det kan være somatisk sykdom så vel som vansker i sosiale forhold som utdanning, jobb, økonomi eller mangel på emosjonell støtte (Schjötz et al., 2017). Sammensatte helseutfordringer krever individtilpassede vurderinger, og vies økt interesse i nyere forskningslitteratur (Suls et al., 2019; Xu et al., 2017). Samtidig er helhetlig helsehjelp ofte tid- og kostnadskrevende (Wang et al., 2018). Flere har argumentert for at innsatsstyrt finansiering av helsevesenet som organiseres ut fra enkeltdiagnoser, er lite tilpasset kompleks problematikk (Prior & Vestergaard, 2018). Kartlegging blant medlemmer av Norsk psykologforening i 2019 og 2021 viste at mange behandlere i spesialisthelsetjenesten rapporterer om begrensede rammevilkår for å få gitt god nok behandling (Norsk psykologforening, 2019, 2021). I årene som kommer, vil allmennpoliklinikkene ved DPS sannsynligvis stå overfor utfordringer tilknyttet avklaring og planlegging av helsehjelp. Det er behov for innovative løsninger for å frigjøre mest mulig kapasitet til pasienter med de alvorligste psykiske lidelsene, spesielt de som er mest utsatt for å falle gjennom mellomstadiene og ikke får riktig sted til

- [Tidlig avklaring: ny tilnærming for vurdering og planlegging av behandling i poliklinisk psykisk helsevern | Tidsskrift for Norsk psykologforening \(psykologtidsskriftet.no\)](https://www.psychologtidsskriftet.no)

Randomisert kontrollert studie pågår fra 2021

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STUDY PROTOCOL **Open Access**

Measuring the Effect of the Early assessment Team (MEET) for patients referred to outpatient mental health care: a study protocol for a randomised controlled trial 

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Abstract

Background Referrals to specialised mental health care (such as community mental health centres; CMHC) have increased over the last two decades. Patients often have multifaceted problems, which cannot only be solved by such care. Resources are limited, and triaging is challenging. A novel method which approaches patients early and individually upon referral to a CMHC—possibly with a brief intervention—is an Early assessment Team (EaT). In an EaT, two therapists meet the patient early in the process and seek to solve the present problem, often involving community services, primary health care, etc; attention is paid to symptoms and functional strife, rather than diagnoses. This is in contrast to treatment as usual (TAU), where the patient (after being on a waiting list) meets one therapist, who focuses on history and situation to assign a diagnosis and eventually start a longitudinal treatment. The aim of this study is to describe and compare EaT and TAU regarding such outcomes as work and social adjustment, mental health, quality of life, use of health services, and patient satisfaction. The primary outcome is a change in perceived function from baseline to 12-month follow-up, measured by the Work and Social Adjustment Scale.

Method Patients (18 years and above; $n=588$) referred to outpatient health care at a CMHC are randomised to EaT or TAU. Measures (patient self-reports and clinician reports, patients' records, and register data) are collected at baseline, after the first and last meeting, and at 2, 4, 8, 12, and 24 months after inclusion. Some participants will be invited to participate in qualitative interviews.

Trial design The study is a single-centre, non-blinded, RCT with two conditions involving a longitudinal and mixed design (quantitative and qualitative data).

Discussion This study will examine an intervention designed to determine early on which patients will benefit from parallel or other measures than assessment and treatment in CMHC and whether these will facilitate their recovery. Findings may potentially contribute to the development of the organisation of mental health services.

Trial registration ClinicalTrials.gov NCT05087446. Registered on 21 October 2021.

Keywords Community mental health centre, Health service development, Intake assessment, General mental health

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