

Stig Bjønness, førsteamanuensis/ klinisk spesialist i psykiatrisk sykepleie

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# Samvalg for ungdom med psykisk lidelse Hva, hvorfor og hvordan?

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Fredagsforelesning Helgelandssykehuset 17. juni 2022



# Thea og Markus

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Dårligere utdanning

Redusert fysisk helse

Kortere levealder



- De fleste psykiske lidelser oppstår i ungdomsårene
- En av vår tids største helseutfordringer
- Økende antall unge henvises med akutte og alvorlige tilstander
- De mest alvorlig syke har behov for døgnbasert behandling

Utenforskap

Rusbruk

Selv mord



# Tidligere forskning

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- Lite forskning om samvalg for ungdom, spesielt i døgnbehandling
- Lite forskjell på voksen og ungdom sin kapasitet til å ta avgjørelser.
- Samvalg øker autonomi og selvfølelse
- Informasjon, relasjon og terapeutens teknikk fremmer brukermedvirkning og samvalg

Hayes (2018); Coulter et al. (2011); Sa Silva (2012); Langøien et al. (2021); Cheng (2017); Hayes et al. (2021)

# Målet med studien

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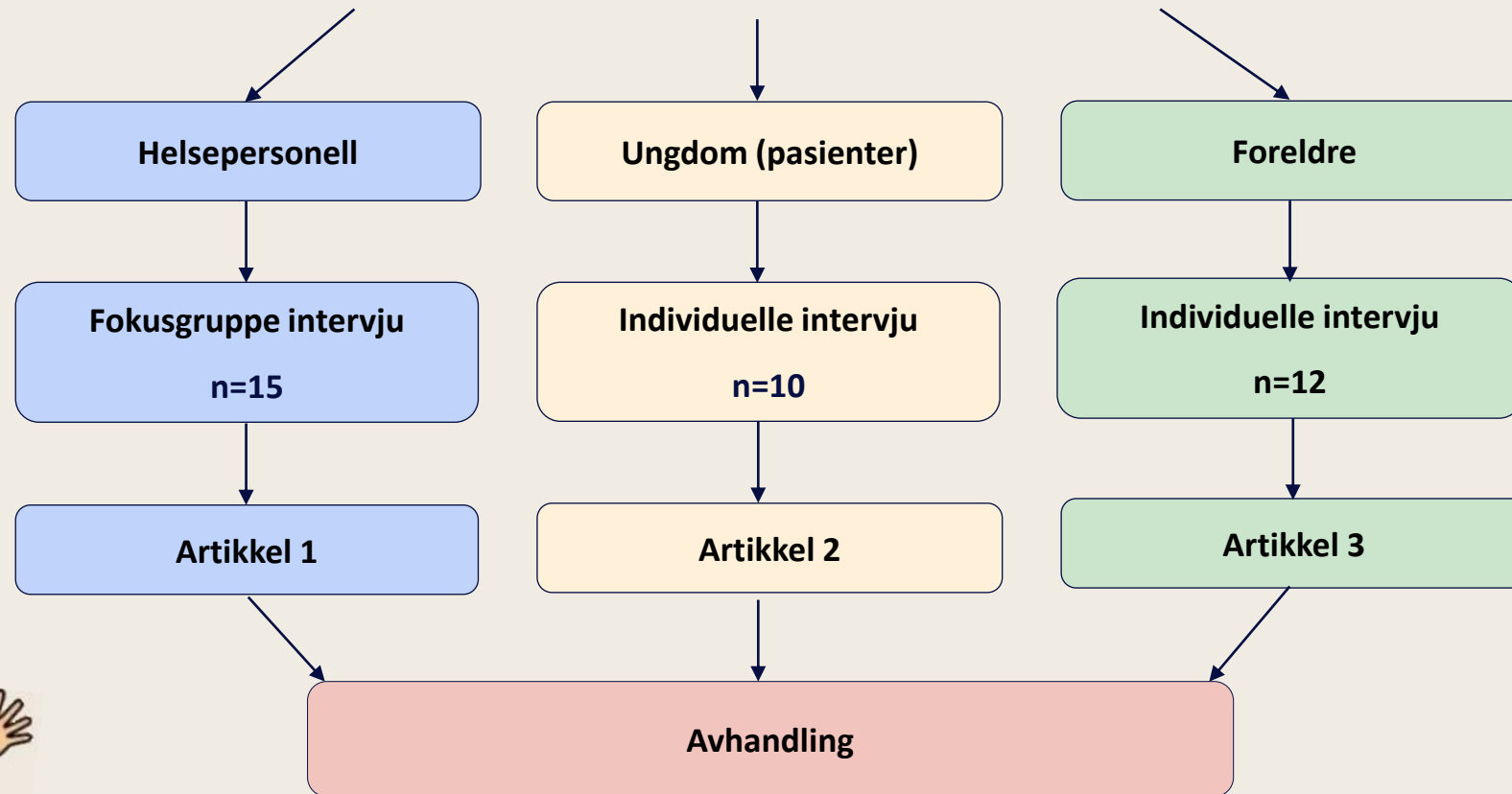
Brukermedvirkning og samvalg i døgnbehandling av ungdom

- Undersøke erfaringer
- Hva innebærer samvalg i behandling av ungdom?
- Muligheter og utfordringer med og samvalg



# Design

Erfaring med brukermedvirkning og samvalg



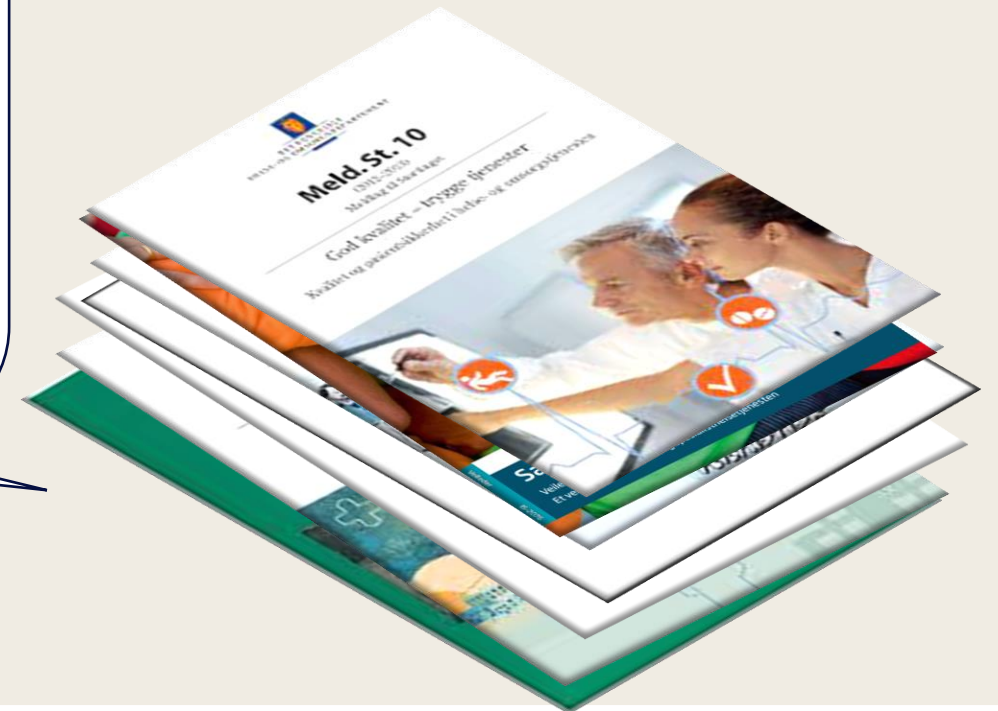
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# Hva er samvalg?

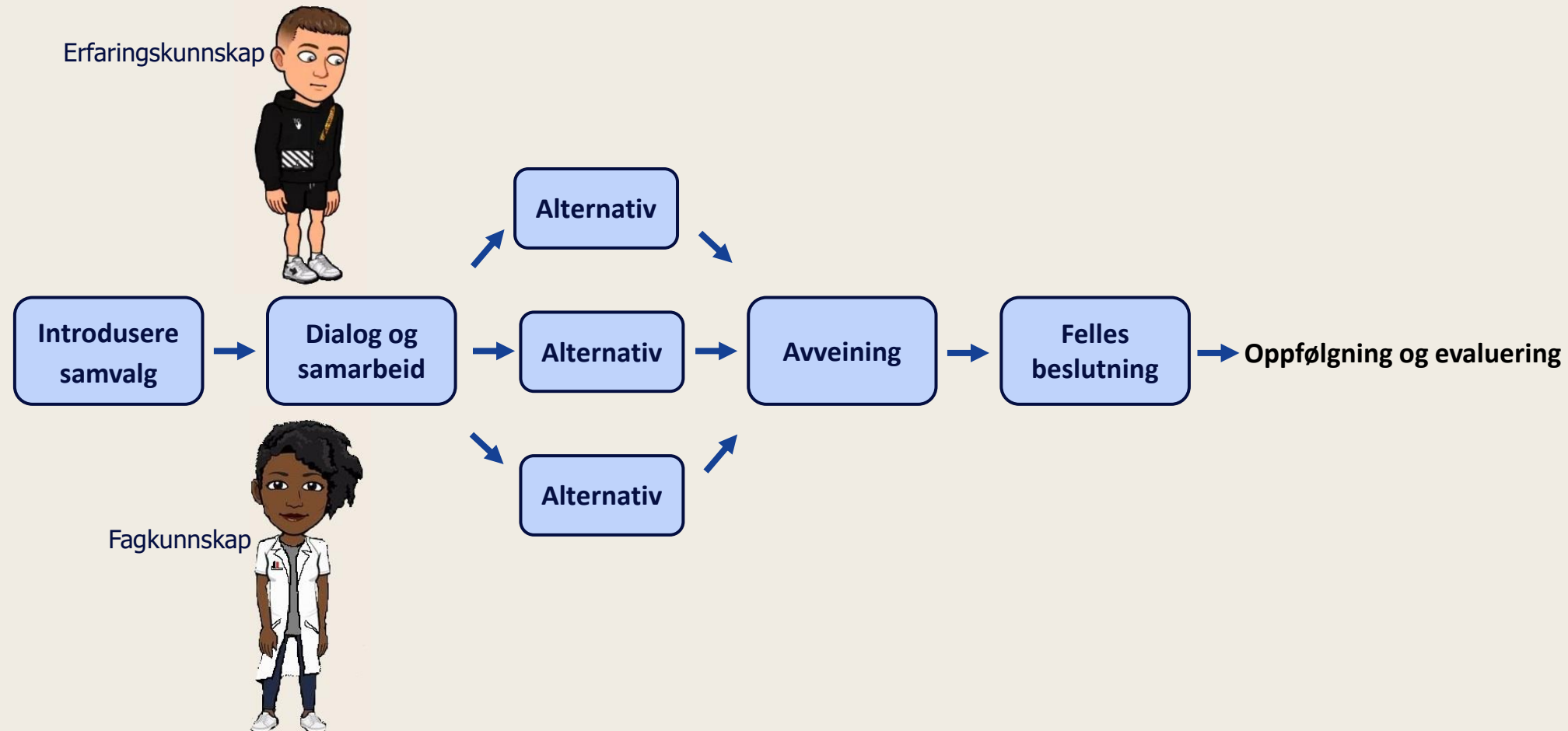
# Medvirkning i egen behandling

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*Brukermedvirkning innebærer at brukeren betraktes som en likeverdig partner i diskusjoner og beslutninger som angår hans eller hennes problem. Samtidig har brukermedvirkning en terapeutisk verdi og er et virkemiddel for å forbedre og kvalitetssikre tjenestene. (Helsedirektoratet, 2017)*



# Samvalg



Etter Chales et al. (1997); Elwyn et al. (2000); Curtis et al. (2010)



# Brukermedvirkning

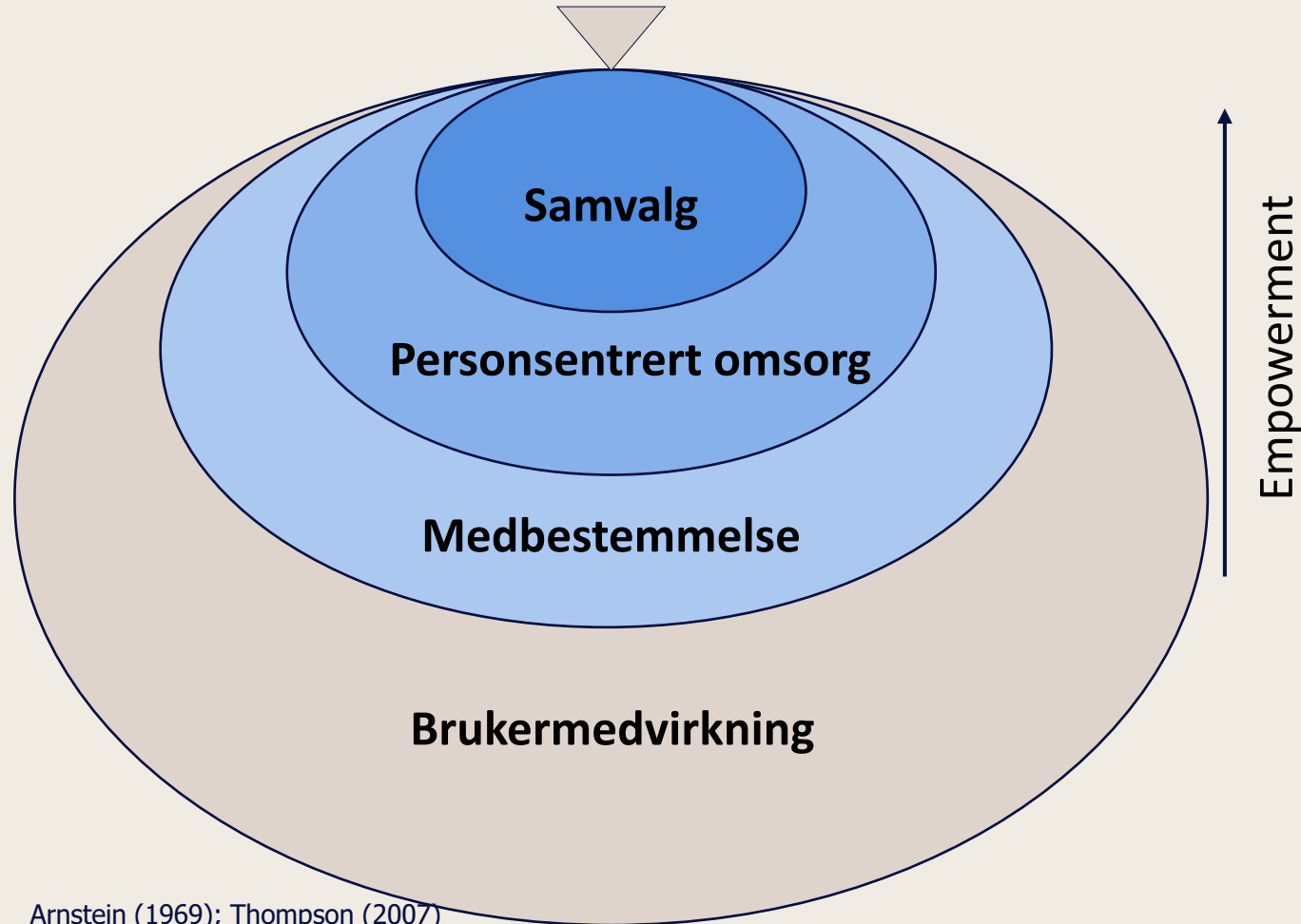
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Arnstein (1969); Thompson (2007)

# Fra medvirkning til medbestemmelse

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Arnstein (1969); Thompson (2007)

# Resultater

## User participation and shared decision-making in adolescent mental healthcare: a qualitative study of healthcare professionals' perspectives

Stig Bjønness<sup>1,2\*</sup>, Petter Viksvæen<sup>1</sup>, Jan Olav Johannessen<sup>2,3</sup> and Marianne Storm<sup>3</sup>

**Abstract**  
**Background:** Most mental health problems occur in adolescence. There is increasing recognition and shared decision-making in adolescents' mental healthcare. However, research in this field is still sparse. The objective of this study was to explore healthcare professionals' perspectives on use and opportunities for shared decision-making in Child and Adolescent Mental Health Service (CAMHS) inpatient units.  
**Methods:** Healthcare professionals at CAMHS inpatient units participated in three focus group interviews with experience with user participation and shared decision-making were recruited in Norway.  
**Results:** Five themes emerged: (1) involvement before admission; (2) sufficient time to feel safe; (3) therapy; (4) access to meetings where decisions are made; and (5) changing professional attitude.  
**Conclusion:** User participation and shared decision-making require changes in workplace culture to allow for individualized mental health services that are adapted to adolescents' needs. This calls for that challenges clinical pathways and short-stay hospital policies. The results of this study may inform strengthening user participation and the implementation of shared decision-making.  
**Introduction**  
The prevalence of mental illness among adolescents is increasing. The prevalence of mental illness among adolescents is increasing. The prevalence of mental illness among adolescents is increasing.

**Background**  
Most mental health disorders start in adolescence [1, 2]. Adolescence is a unique transitional life period with significant biological, physical, psychological and social changes. These changes increase adolescents' susceptibility to mental illness. However, mental health problems are common among adolescents. The prevalence of mental illness among adolescents is increasing. The prevalence of mental illness among adolescents is increasing.



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## I'm not a diagnosis: Adolescents' perspectives on user participation and shared decision-making in mental healthcare

Stig Bjønness<sup>1,2\*</sup>, Trond Grønnestedt<sup>2</sup>, Marianne Storm<sup>3</sup>

**Abstract**  
**Background:** Adolescents have the right to be involved in decisions affecting their healthcare. However, research in this field is still sparse. The objective of this study was to explore adolescents' perspectives on user participation and shared decision-making in mental healthcare.  
**Methods:** We conducted one-to-one interviews with adolescents (14-18 years old) in this qualitative study. The interviews were audio-taped and lasted approximately 30 minutes. The interviews were conducted in a private setting. The interviews were conducted in a private setting. The interviews were conducted in a private setting.

**Introduction**  
Most mental disorders emerge in adolescence, and left untreated, mental illness is a serious public health problem [1, 2]. Inpatient mental health services for the most acutely ill adolescents, and there is an increasing need for this type of service [3, 4]. However, stigma and a distant need for adolescent care hinders adolescents from seeking or receiving help [5]. Thus, acute inpatient treatment can also result in involuntary treatment [6]. The United Nations Convention on the Rights of the Child, national legislation and policies provide the

framework for adolescents' right to decisions that affect their healthcare. However, research in this field is still sparse. The objective of this study was to explore adolescents' perspectives on user participation and shared decision-making in mental healthcare.

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## Parents' perspectives on user participation and shared decision-making in adolescents' inpatient mental healthcare

Stig Bjønness MD, PhD candidate<sup>1,2,3\*</sup>, Trond Grønnestedt PhD, Associate professor<sup>2</sup>, Jan O. Johannessen PhD, Professor<sup>2,3</sup>, Marianne Storm PhD, Professor<sup>2</sup>

**Abstract**  
**Background:** Parents are a resource that can be of considerable importance in supporting their adolescents' recovery and shared decision-making processes. However, involving both adolescents and their parents in treatment creates challenges. Understanding the roles of all decision stakeholders is vital to the implementation of shared decision-making and delivery of high-quality healthcare services.  
**Objective:** The aim of this study is to explore parents' experiences with adolescents' participation in mental health treatment and how parents perceive being involved in decision-making processes.  
**Design:** This was a qualitative study with a phenomenological, inductive design. Content analysis of data from qualitative interviews was performed.  
**Setting and Participants:** This study took place in a Norwegian public healthcare setting. Twelve parents of adolescents who received treatment for severe mental illness participated.  
**Results:** Four themes were identified: (1) self-determined treatment, but within limits; (2) the essential roles of parents; (3) the need for information and support; and (4) the fight for individualized treatment and service coordination.  
**Conclusion:** User participation is vital in adolescent mental healthcare and parents play essential roles regarding the shared decision-making process. However, user participation and shared decision-making pose several dilemmas. Parental involvement in treatment decisions may be necessary when adolescents are mentally ill, but could simultaneously hinder those adolescents' empowerment and recovery. Cooperation among parents, adolescents and healthcare professionals can improve treatment engagement and adherence, but may be challenged by divergent interests. Healthcare providers should provide family-oriented services to utilize the potential of parents as a resource and minimize conflicting interests.  
**Patient or Public Contribution:** Two adolescent user representatives participated in designing the study.

**Introduction**  
Most mental disorders emerge in adolescence, and left untreated, mental illness is a serious public health problem [1, 2]. Inpatient mental health services for the most acutely ill adolescents, and there is an increasing need for this type of service [3, 4]. However, stigma and a distant need for adolescent care hinders adolescents from seeking or receiving help [5]. Thus, acute inpatient treatment can also result in involuntary treatment [6]. The United Nations Convention on the Rights of the Child, national legislation and policies provide the

framework for adolescents' right to decisions that affect their healthcare. However, research in this field is still sparse. The objective of this study was to explore adolescents' perspectives on user participation and shared decision-making in mental healthcare.

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# Delstudie 1- helsepersonell

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- Samtale før innleggelse der brukermedvirkning tematiseres og felles mål utformes
- Trenger rutiner og kultur som legger til rette for samvalg
- Tilrettelegge for deltakelse i møter
- Fleksibilitet i behandlingen



*Alle skal inn og ut forttest mulig -for her er den neste som skal inn.. Det er sånne ting som kompliserer brukermedvirkning og samvalg*

# Delstudie 2 – ungdommer (pasienter)

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- Tilrettelagt informasjon og behandlingsalternativer er forutsetninger for samvalg
- Brukermedvirkning forutsetter at helsepersonell har tillit til ungdommene og møter dem som likeverdige
- Diagnoser oppleves som merkelapper som kan hindre brukermedvirkning og samvalg



*Forrige gang jeg var her ble det bare sagt at jeg skal gjøre sånn og sånn, og jeg lurte på hvorfor og fikk vite at sånn er det bare. Og da ble det sånn at jeg ikke hadde lyst til å følge det.*

# Delstudie 3 - foreldre

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- Foreldredilemmaet; ungdom er avhengig av sine foreldre, men uten brukermedvirkning har de lite til eieforhold og utbytte av behandlingen
- Foreldre har viktige roller som fremmet samvalg
- Foreldre er pådrivere av individuelt tilrettelagte tiltak
- Foreldre har behov for informasjon og støtte



*Det som jeg synes var det vanskeligste som pårørende når han ble innlagt, var at du skal la de være delaktige i behandlingen. Vi har gått mange runder. Og vi må ha hendene på ryggen.*

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# Hvorfor samvalg?

# Medvirkning i egen behandling

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- Lovpålagt
- Helsepolitiske føringer
- Kvalitetsmål
- Samvalg skal være den normale kliniske praksisen



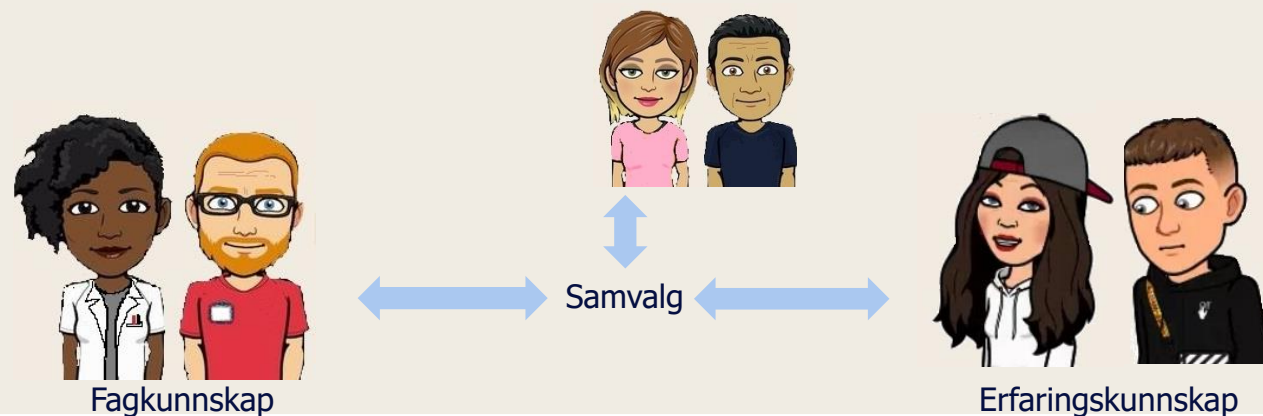
Prop. 121 S (2018-2019); Helsedirektoratet (2021); Pasient- og brukerrettighetsloven (2021); Meld.St. 7 (2019-2020)



# «Effekten» av samvalg

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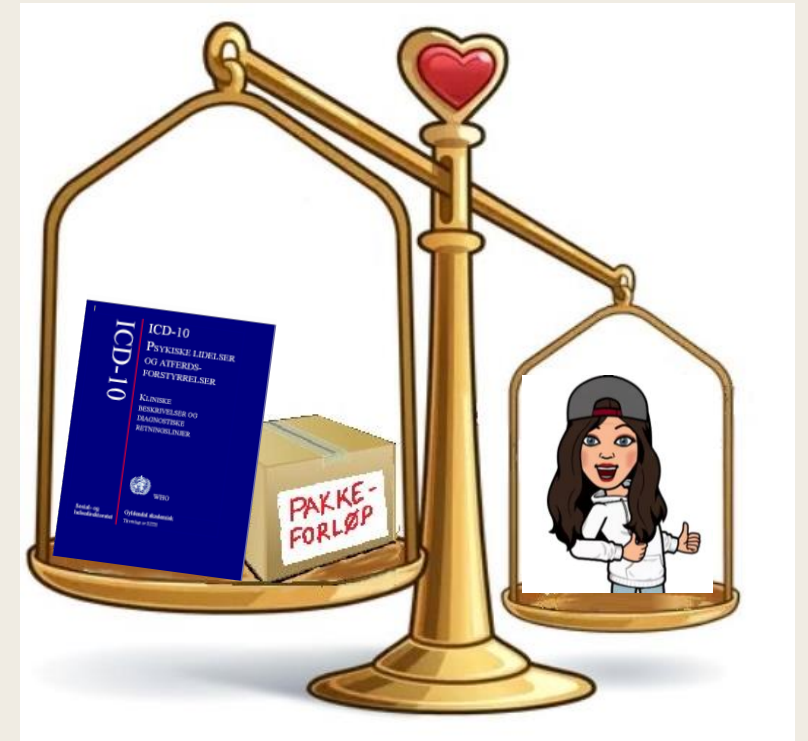
- Flere fullførere og følger opp behandling
- Assosieres med bedre behandlingsresultat
- Kombinerer evidensbasert kunnskap og erfaringskunnskap



# Hvorfor samvalg

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- Øker selvbestemmelse og selvfølelse
- Det er utfordringer med brukermedvirkning og samvalg i akutteneheter
- Økt eierskap til egen behandling  
- Øker ungdommens engasjement, kan redusere reinnleggelser/tvang
- De med alvorlig psykisk lidelse har størst potensiell nytteverdi av samvalg



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# Hvordan lykkes?

# Hvordan

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- Standardisering utfordrer individuell tilrettelegging
- Vektlegge funksjon framfor diagnoser
- Rammer som tillater fleksibilitet



# Hvordan

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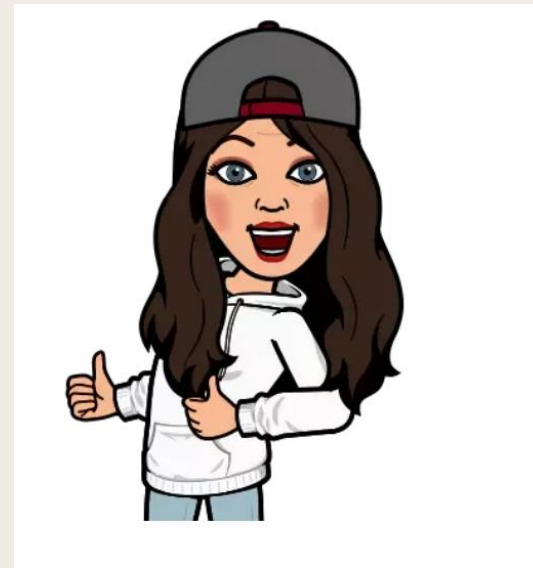
- Etablere samarbeid, introdusere brukermedvirkning og samvalg før behandling/innleggelse
- Behandlingskultur; heve kunnskap, etablere rutiner, trene
- Tilby tiltak som er foreldre- og familieorienterte
- Koordinering av behandlingstiltak på tvers av instanser



# Hvordan

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- Relasjon
- Sette av tid
- Våge å gå utenfor boka



# Brukermedvirkning vol 2

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- Se personen!
- Likeverdighet og partnerskap
- Fleksibilitet i behandlingen
- Relasjon
- Kontinuitet
- Foreldre er viktige støttespillere
- Pasientens mål og meninger vektlegges
- Individuell tilrettelegging

