

Closing the gap

A broader perspective

EAOF 2025

Lars Linderöth

Psychiatrist

Addiction specialist

Closing the gap

Psychiatry – addiction treatment

- In Norway this has been focused since 1995
 - Has this been helpful?
- National guidelines 2011
 - Implementation programme
 - Vast investments
 - Education programs
 - Translation of manuals
 - Website
 - Establishing ACT and FACT teams

Closing the gap

Still we have a long way to go

Therefore it might be useful to take a look at other relevant gaps

Closing the gap - Research

Between evidence based treatment and the DD population

- RCTs are not possible in the DD group
- The most severely ill patients will as a rule be excluded from treatment studies about i.e. medication and specific interventions

Lack of evidence should not lead to patients not getting treatment

Closing the gap – Research ctd

Therefore we need to

- start using the methods that are evidence based
- adjust findings in studies in order to be useful for DD patients
- work on basis of hypothesis
- think outside the box (i.e. the books)
- consult other (health and social) professions
- be able to work more or less in the dark

Closing the gap

If the only tool you have is a hammer,
all problems will look like a nail

Closing the gap - Challenges

- We tend to overlook what we do not recognize and what we do not know how to treat
- Misinterpretation is common when there is a lack of knowledge
- All at the same time: the areas that are not in focus will aggravate the areas treated
- We must see the whole person and attend all relevant aspects
- Remember that you see the patient from your angle – others from theirs. The answer is often somewhere inbetween
- Name the obvious: Avoidance is the property of the therapist that has the highest correlation with a poor result

Closing the gap – Other conditions

- Low IQ
- Brain injury
- Autism spectre disorders
- Conduct disorders
- Cultural and ethnical issues
- Somatic conditions – QOL and premature death
- Nutrition
- Mastering conflicts
- Poor level of education

Closing the gap - Evaluation

Does the patient benefit from treatment?

Is the treatment harmful in any way?

We must evaluate all treatment interventions, systematically and even sometimes constantly, often with the assistance from colleagues

Closing the gap – Therapist/patient

I need to reduce my importance –
and increase the patients

Closing the gap – Acting out/acting in

Psychotic and deeply depressed people experience just as much suffering and is in just the same need of treatment if they are no bother or invisible compared to the ones that are acting out or suicidal

Closing the gap - Education

vs the actual patient population

YAVIS Young, Attractive, Verbal, Intelligent, Social

Education is often focused on evidence based interventions – without suggesting how to adjust treatment to the most severely ill patients, often with a combination of challenges and conditions

Thus we tend to educate our future colleagues in a way that is not helpful for the most severely ill

Closing the gap – Education _{ctd}

If the gap between what you actually know about and what you need to know is substantial, we risk ending up with

- Refusing referrals
- Discharging patients from treatment as
 - Treatment resistant – «Everything has been tried before» «we must use resources on those who benefit from treatment»
 - Not motivated
 - Having too much resistance
 - Not being in our target group
 - Patient does not fit in
- Referring to other services as «the right treatment»

Closing the gap - Resistance

Does not only occur in patients

- When we feel hopeless or useless
- When we do not understand
- When the patient does not improve (in a relative short time)
- When we dislike the patient
- When we cannot cope with the patients way of life

Closing the gap - Organization

Between different parts of the treatment systems

- Moving from inpatient to outpatient units
 - Noone takes the responsibility when you go home from work
 - Traditional inpatient wards are hierarchically organized and responsibilities are clearly defined
 - Outpatient teamwork is totally different
 - What is specialized tasks and what is on a community level?

Closing the gap - Professions

Between professions

- It is not unusual that members of different professions have a clear and rigid understanding of their field of work. Not discussed with or agreed upon by other professions
- When everything overlap – then what?

Closing the gap - Funding

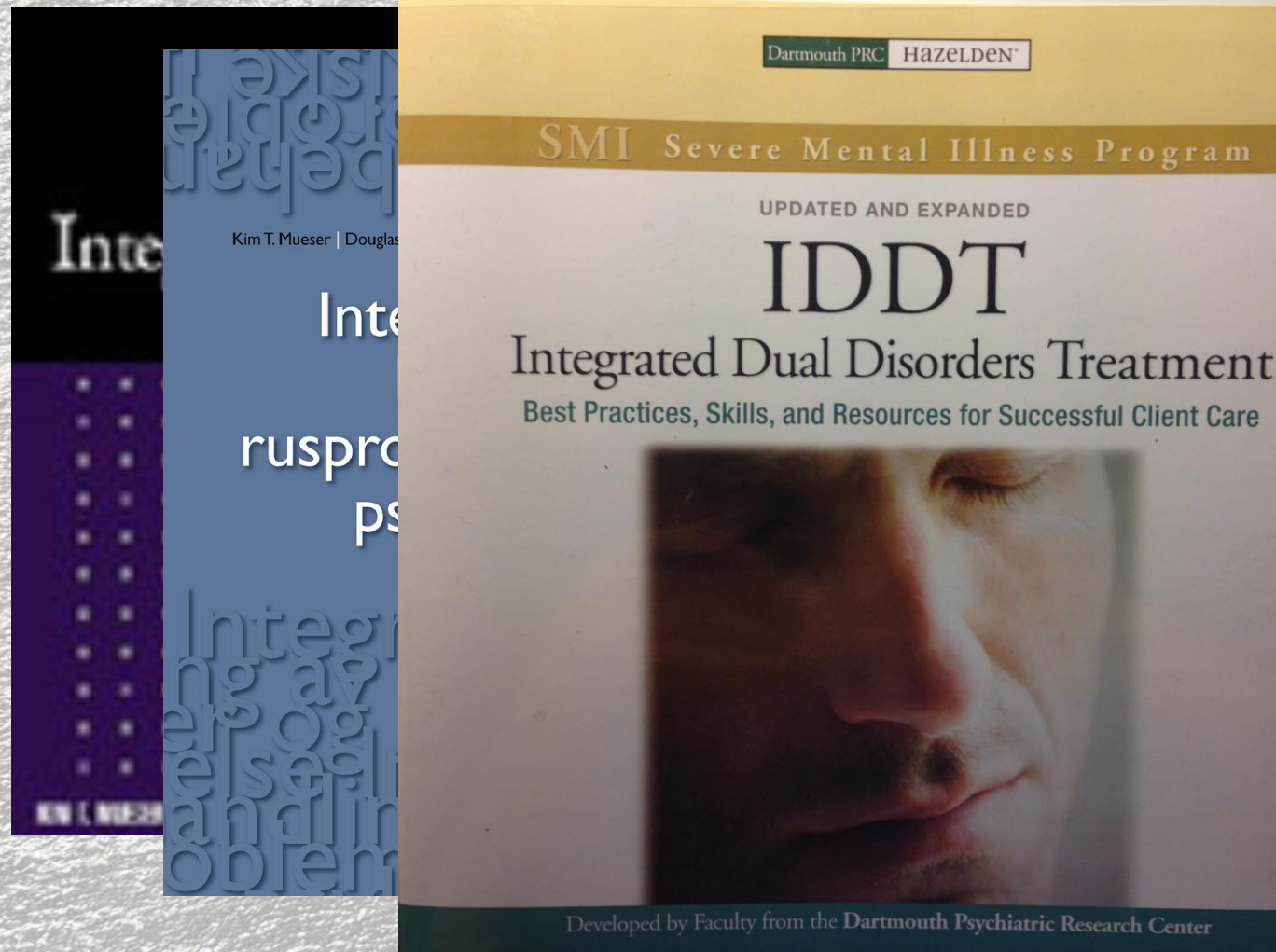
- The most severely ill cannot speak for themselves
- Few others do
- Specific services will be challenged financially by other services
- The needs of the population should decide where the money goes
- When resources are too small and there is no more capacity, we tend to protect ourselves as opposed to solving the problem together

Closing the gap - Funding

We must approach

- Polititians
- Policy makers
- Bureaucrats

both local and national as a part of our job





www.iddt.no

Closing the gap - Summary

- Between all specialist services
- Between different professions
- Between what is taught and what patients need
- Between actual needs and funding

We need to get to know one another. So that we can carry the burden of integrating services rather than the patient

Closing the gap

Thank you for your attention