

Integrated Services for Patients with Dual Diagnosis.

1. Relevance relative to the call for proposals

This project addresses one of the most difficult questions in the modern welfare state: how to organize services for people with concurrent addiction and mental health problems in ways that make these services more coordinated as seen by the users. Improving services for this patient group is a highly prioritized aim in the service organizations and in education of health and welfare professions as well.

The participatory research project proposes to explore and evaluate the organization of services for patients with concurrent addiction and mental health problems (“patients with dual diagnosis”) at local levels, with a particular focus on factors that promote or prevent the implementation of integrated services. The collaboration will explore how co-ordination across professional and service boundaries can be accomplished in this local context, and go on to outline the implications for professional training. An evaluation and dissemination strategy is built into the project, to ensure relevant sharing of knowledge and implementation of findings. The proposal is based upon two observations:

- Both internationally and in Norway, in spite of national goals and strategies in order to establish integrated services, patients with dual diagnosis are usually facing fragmented and disintegrated service provision – if any services at all (Drake et al. 2001, Health Directorate 2012). Added to the general problems of creating holistic service provision based upon user perspectives, the historic divide between care organizations providing mental health services and services for people with addiction problems still remains. In Norway, this is regarded as one of the imminent political and professional challenges to solve, and has been subject to several political initiatives during (at least) the 25 years since the Escalation Plan on mental health service provision was launched (Norwegian Research Council 2009, Hdir 2014).
- The problems of creating integrated services for the patient group is reflected in the education system as well (Meld.St. 13 (2011-2012)). In spite of a number of initiatives to coordinate and integrate the education of health and welfare professions, recent analyses conclude that there is a need for a change in the structure of education planning in order to ensure that the professions will have a better understanding of both the performance of services and the need for integrated services in particular (UHR 2015). When referring to patients with dual diagnosis, the education system seems also to reflect the problems of establishing a common evidence based knowledge base, and the field of service provision education is characterized by different scientific approaches, uncertainty, ambiguity and even neglect (Ramsdal & Hansen 2016).

This proposal to Praksisvel addresses these observations by a) establishing a research project in order to establish better understanding of the challenges and possible organizational innovations to improve service provision for the patient group, and b) propose a strategy in order to present and implement education focusing on integrated services to bachelor and master students in health and welfare education.

2. The research project.

Research objectives.

Primary objective: To analyze which factors promote the organization of integrated services for patients with dual diagnosis.

Secondary objectives:

- To create multidisciplinary arenas for meetings between providers, users, researchers and educators of services for patients with dual diagnosis at local levels of service provision.
- To facilitate the exchange of knowledge and practice and build a shared understanding of the service system, development needs and strategies.
- To facilitate a shared view of learning needs in collaborative development and how local higher education programs can meet them.
- Disseminate the project learning to service users, practice, policy and academic audiences in Norway and beyond.

Background and knowledge needs.

During the last 20 years, several studies from different countries have shown a high prevalence of substance use disorders among people receiving treatment from mental health services, particularly people suffering from the most serious mental health disorders (Duke et al. 1994; Fowler et al. 1998; Mueser et al. 2000; Westermeyer 2006; Grant et al. 2004). The organization of the service system for these patients is – in Norway as in most western countries, characterized by disintegration at several dimensions: First, the historical divide between services for mental health disorders and addiction problems still exists. In addition, the Norwegian health system, being divided by the separation of specialist services at the state level of government and general services being the responsibility of local authorities, add to the disintegration of services (Ramsdal 2014). At local levels service organizations is characterized by great variation, depending partly on the seize (in population numbers and geographical area), but also embedded in the national policy principles that local authorities have a high degree of autonomy in how to organize the service provision system. Paradoxically, the growth in local services in the wake of the Escalation Plan (1998 – 2009) has established a more complex, stronger, service system, but also a more complex one – with substantial challenges regarding coordination and integration of service provision (Hansen & Ramsdal 2015).

For the patients with dual diagnosis, these characteristics of the service system adds to the particular challenges this patient group face because of the complexity of their health problems. These problems are in organization theory terms defined as typically “wicked problems” (Hannigan & Coffey 2011). There are a number of characteristics of wicked problems, but here just a few will be in focus. A fundamental challenge is that knowledge is incomplete or contradictory and that the various sub-problems are intertwined with other sub-problems. Goals and success criteria are also difficult to define. Solutions to wicked problems are thus not correct or incorrect in the sense of solving the problem or not, but should rather be described as better or worse, according to whether the problem appears to be decreasing or increasing (Einstein 2007). Some have argued that the design of programmes and services for people with substance abuse and mental illness shows precisely where the wicked problems “are” (Hannigan & Coffey 2011). Here there will be a particularly large measure of uncertainty and disagreement about the knowledge base for policies.

In the literature on wicked problems, scholars have been concerned with the strategies one can/should apply in situations such as those outlined above (Roberts 2000; Hansen 2013). The literature outlines a number of preferred solutions, but the classical one is to seek to “tame”

problems, i.e. to isolate, simplify and de-contextualise knowledge, as global reviews based on RCTs usually do when they make recommendations for “what works”. In practice, this means an attempt to solve the problems sequentially or in parallel so that they can be addressed one by one; one person deals with the substance abuse problem, another with the mental disorder, another arranges suitable housing, while a further person assists with the daily challenges of finances, social participation and everyday coping (Hansen, 2013). The alternatives are much less clear-cut, tending to emphasise dialogic approaches, multi-actor processes and interaction (Rittel & Webber 1973; Roberts 2000).

National guidelines for assessment, treatment, and follow-up of individuals living with dual diagnoses were published in 2012 (Hdir 2012). In addition, a new regulatory framework was introduced, particularly for the municipalities, in the Coordination Reform (St. meld. nr. 47 2008-2009), the new Municipal Health and Care Services Act and the new Public Health Act, both put in place in 2012 (Helse- og omsorgsdepartementet 2011), as well as the Report to the Stortinget No. 30 on a comprehensive substance abuse policy (Meld. St. 30 (2011-2012)). The guidelines (Hdir 2012) emphasize that the coordination of service provision is a major problem. The Hdir’s guidelines from 2012 states that “*persons with a ROP-illness (i.e. dual diagnosis) have the right to meet an integrated health service which is well coordinated, characterized by continuity in service provision and with coordinated patient flows that facilitate for high quality in treatment, disregarding who has the responsibility for the different parts of the services*” (Hdir 2012:89). The guidelines presents 8 recommendations regarding “coordination” of services for ROP-patients, and the implementation of these will define the frame for studying the implementation as innovation processes at local levels in this project.

The Hdir guidelines conclude, however, that these recommendations have a weak evidence base for how to organize mental health services at local levels in general and for the patients with dual diagnosis in particular. The “knowledge gap” is striking: None of the eight recommendations have been evaluated as having an “evidence level” at all, and are accordingly considered as pragmatic knowledge, much in line with organization recommendations regarding e.g. mental health team organizations (Ramsdal & Hansen 2016). One reason is, as indicated by the Health Directorate (Hdir 2012) that these patients are often referred to as “complex” and “difficult to help”, and this may be due to the wide range of factors associated with this population (Mitchel et al. 2002; Drake et al. 1991) as well as the lack of tailored service systems (Davidson et al. 2008). While evaluation approaches resting upon research on treatment models (RCT-based intervention studies, quasi-experimental studies etc.) seem to leave challenges regarding how to best organize services for the patient group in the shadows, an organization theory approach will as we see it, be fruitful in producing more specific knowledge on how to organize services as a part of a public service approach.

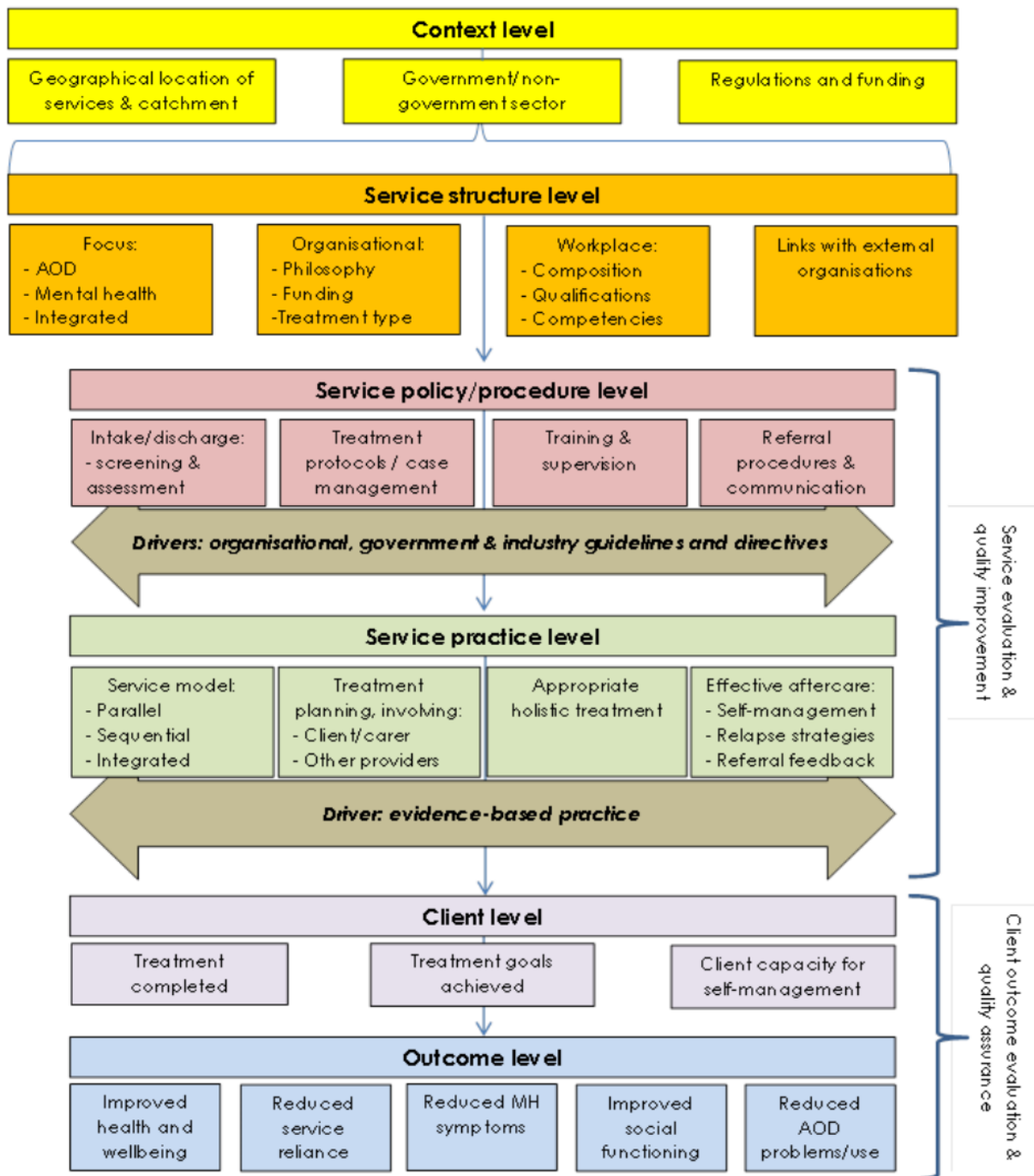
Approaches, Hypotheses and Choice of method.

Integrated services are described as “*Effective dual diagnosis programs combine mental health and substance abuse interventions that are tailored for the complex needs of clients with comorbid disorders*” (Drake et al 2001:39). The authors describe the *critical components of effective programs*, which include a comprehensive, long-term, staged approach to recovery; assertive outreach; motivational interventions; provision of help to clients in acquiring skills and supports to manage both illnesses and to pursue functional goals; and cultural sensitivity and competence. They maintain that many mental health systems are implementing dual diagnosis services, but high-quality services are rare. The authors provide an overview of the numerous barriers to implementation and describe implementation strategies to overcome the barriers. Current approaches to implementing dual diagnosis programs involve organizational

and financing changes at the policy level, clarity of program mission with structural changes to support dual diagnosis services, training and supervision for clinicians, and dissemination of accurate information to consumers and families to support understanding, demand, and advocacy” (Drake et al 2001). As we see it, these factors are at work in Norwegian services as well, as documented in national policy documents and a number of scientific articles on this subject as well.

There are two dimensions in the care of persons living with dual diagnoses that are critical for attention: (a) the need to develop service approaches focusing on improving their quality of life, and (b) the need to develop a comprehensive, integrated service approach to handle their needs for numerous specialized services and supports (such as local and specialized services, employment and housing programs, etc.) in order to deal with the prevailing evidence of fragmented and uncoordinated service provision (St. meld. nr. 47 (2008-2009); Drake & Mueser 2000; Donald, Dower & Kavanagh 2005; Kedote & Champagne 2008; Mueser & Gingerich 2013). In the Norwegian health and welfare system, municipalities (as the prime responsibility of services) will relate to specialized mental health services – e.g. hospitals, DPSs, SMPs – GPs, welfare services (NAV), prisons etc. The challenges for coordination will be approached by pointing at systemic (legal, economic, education system), organizational (the fragmentation of service provisions at different administrative levels, horizontal and vertical coordination problems), and relational challenges (collaboration between individual professional service providers). This project focus on policies on integrated services, how service organizations are set up in order to attain that goal, and the mechanisms that promote or prevent integrated services for patients with dual diagnosis in their local settings.

This focus – and the theoretical approaches to the analysis – will be based upon an analytical model which is designed so that factors that promote/prevent integration and coordinated services are identified at different levels of the complex system, of service provision for the patient group. The research design is modified from NSW Government (2015) presented as a holistic analytical model by Australian mental health authorities. The modification primarily involves identifying relevant services in a Norwegian context, while the overall approach is in accordance with the model.



Source: A Proposed framework for developing and evaluating models of care. NSW Government – Health (2015:28)

The research project is based upon analyses concerning the challenges for providing integrated services at four out of five levels in the model, and the interrelationships between services and actors at these levels (horizontally and vertically):

- 1) At the level of “context”, we ask how governmental policies are structured and performed; i.e. which services are considered relevant for the implementation of these policies, the geographical location of these services, regulations (e.g. national guidelines), funding system etc.)
- 2) At the level of “service structure” we ask how services are organized – we know that the municipal overall organization steering models for these (as for other) services vary substantially, in accordance with municipal size, socioeconomic peculiarities, and in our

context – the local professional system relating to the experience/training in organizing the service system for ROP-patients in particular).

- 3) At the “service practice level” we ask to which extent, why and how services are organized in accordance with models that can be labelled as “parallel”, “sequential” or “integrated” – and the overall treatment planning approaches – including the use of individual plans, holistic approaches.
- 4) At the “client level” we are particularly interested in treatment goals, and how approaches to “patient flows” which includes the problems of non-linear/circular models of care are being addressed in the services – as the patients see it.
- 5) The “outcome level” is not part of this project – we will however rest upon results from the project “From double trouble to dual recovery” which is being performed by the UCSN with Stian Biong as project leader. (Gunnar Vold Hansen and Helge Ramsdal have a minor role in this project in order to advise on service organization research). Prof. Stian Biong and prof. Ottar Ness will conversely participate in this project in order to advise the project on the relationship between the analyses at higher levels and the “outcome” level.

Implementing the project – Methods.

The work packages we propose are addressing factors regarding systemic, organizational and relational factors concerning coordination and collaboration between and within these levels of the service system in a holistic approach, see the analytical model above.

The research team will facilitate peer discussions and peer learning and systematically capture these processes. It will then work with participants to analyze the material collected in light of broader evidence, policy and understandings of practice nationally and internationally. It will lead on the planning and evaluation of the emergent approach, and engage national and international stakeholders to consider wider applicability of both findings and recommendations. Data will be collected by interviews, focus groups, workshops and questionnaires. The choice of methods is best described as part of the project plan below. Meeting points between users, service providers and researchers throughout the period is planned for in order to include the perspective of users in particular but also of service providers.

Planned project implementation – Project plan

The project plan is based upon the need for new knowledge both in the services and in the education system. The project will be organized as four work packages (WPs) – three will be related to the research project, one will address the training/education system (as indicated above):

WP 1: Mapping services and establish a common knowledge platform. This WP will set up the organization of local actors (municipal and specialized mental health/ abuse services, NAV, representatives from the local user organizations). Selection of users and providers to participate in the collaboration has begun, and will be finalized with the help of project partners (see letters of co-operation). We will start by mapping services and ROP patients in three municipalities, and identify the patients’ services (in the municipalities, specialized services, NAV, prison rehabilitation services, etc.) and how these are collaborating in order to achieve integrated service. Three municipal services: Marker, Halden and Oslo (Bydel Gamle Oslo) have been selected. Oslo and Halden have been selected as complex service systems in urban areas, while Marker is a less complex service system in a rural area. All the municipalities are presently in the process of improving services for the patient group based upon the Coordination Reform and Health Directorate guidelines. This will ensure comparative advantage for evaluation and establishment of wider relevance.

Based upon a mixed methods approach we will be mapping services and patients in the three municipalities, and the array of services these patients are receiving services from. This involves assessing baseline knowledge (using questionnaires, interviews, documents) and expectations of the project (interviews) among the participants. The expectations regarding how project process will lead to outcomes will be checked against evaluation findings throughout the project and at each stage, and will aid learning. It will be used by the research group to steer the project and adjust the strategy. This approach has been used successfully in a range of projects (Morton (2012)). This baseline data will be related to assess improvements regarding the evolvement of integrated services in the period the project lasts.

To establish an arena for participatory research and co-creation we will use *concept mapping* as a method. The method will be applied both as a way of structuring meetings between service providers, service users and researchers and mapping of the services. Concept mapping is both an instrument for implementation – to reach a common understanding as a foundation for collaboration and a research method that helps identify different understanding, barriers and opportunities (Brennan et al. 2012). Concept mapping is a six-step model, which is used to explore what a group of people as a whole, think is important within their field of work and to structure the complexity of ideas (Johnsen et al. 2000). The method will be employed at the exploratory stage of the study. Previous research has shown that concept mapping is a useful instrument in community mental health studies particularly for including the perspective of the service users (Johnsen et al. 2000).

WP 2: *Evaluating the level of integrated services.* A key task in WP 2 is to *evaluate service organization(s)* based upon the experiences of users and service providers in the three municipalities. In order to make the analysis comprehensive, this WP will rest upon the analytical model presented above. The data gathering will be organized by focus group methods (resting upon our experiences from data gathering in the TrickTrans I (Hansen et al. 2016,)). The focus groups will meet twice – with one year between, and will be performed by meetings where users and service providers from the three localities will meet (for a description of the second workshop, see WP 3). The focus groups will be composed as homogeneous groups during the first part of the workshop and as heterogeneous groups during the second half. This will create different dynamics within the groups with regard to exposing interests and experiences as well as a potential level conflict (Brandt 1996). As the relevant service organizations are in processes to improve services in accordance with national policies we will consider particularly whether improvements in coordination and integration of services are taking place – to which degree and how local improvement efforts are taking place, and identifying factors that promote and/or prevent improvements. Particular emphasis will be put on the eight recommendations and risk areas identified by the Health Directorate and The Norwegian Board of Health Supervision.

Suggestions for improvement initiatives will emerge from the discussions. Those that are likely to lead to change according to evidence of best practice (e.g. organizational and political buy-in) will be supported and followed up by evaluation in the last year. The initiatives will be carried out with reference to the “whole system” mapping and support system redesign based upon the analytical approach presented in the model above. The discussion will be recorded and analyzed by the research team for evaluation purposes and in order to generate short progress reports from each workshop. These reports will be circulated before the next learning event and inform the organization of that event. The reports will highlight issues of user participation.

An international paper workshop to be held in May 2019. Invitation to international researchers with particular expertise on mental health organizations in different European countries, recruited by the research team networks, i.e. the KnowandPol network in particular (see CVs for Fineide, Hansen and Ramsdal). The papers will be published as proceedings from the workshop, and will be proposed for book publication by an international publishing company.

WP 3: Final assessment of the results of the improvement strategies. Here the second workshop with participants from users and all relevant services will respond to the results of the analyses being performed in WP 2, presented by the research team. The progress reports and evaluation from WP 1 and 2 will be collated and the analysis developed to highlight areas identified for innovation and improvement by participants, the opportunities and barriers envisaged for change, and the goals for change. This will identify local learning needs for improvement and how they can be met. This workshop will be organized with participants from the first workshop, but supplemented with senior management, and the reference group, including external experts in this group.

WP 4: Follow-up, final evaluation, End of Project Conference, and dissemination. Designing a course in integrated services for patients with dual diagnosis. This course – adapted to the practical issues of student programs for all the bachelor health and welfare educations will be implemented in three ways: Firstly as a pilot offered to students at the bachelor level at UC Østfold, then being offered to bachelor students nationally. The course will also be offered to user organizations. (MH/LPP). In addition adapting a brief information course which can be offered to local administrators and politicians. The course will be developed as a parallel process to WP 2 and WP3.

End conference – will be organized with an emphasis on the results of the project related to national and international research and experiences by users and service providers. It will have three elements: Input from Norwegian and international experts on innovation, change management, quality improvement in the services, and implications for higher education. What skills are needed? Plenary session to discuss educational programs that can meet training needs.

Time Schedule

	WP 1	WP 2	Workshop 1	Workshop 2	WP 3	International workshop	WP 4	End Conference
1st q 2018								
2nd q 2018								
3rd q 2018								
4th q 2018								
1st q 2019								
2nd q 2019								
3rd q 2019								
4th q 2019								
1st q 2020								
2nd q 2020								
3rd q 2020								
4th q 2020								
1st q 2021								
2nd q 2021								

3. Organization, partnership and collaboration.

Project management.

Selection of participants

As required when viewing systems as complex adaptive systems participants will be selected to reflect different points of view. From the three municipalities managers and front line staff will be recruited, together with at least 2 users/dependents. These participants will be recruited by the local user organizations (MH/LPP). We envisage each local group to number between 7 and 10 participants, and that there will be variation in participation between workshop meetings, depending on the specific challenges with coordination in the services that is selected. Total number of participants of the workshops will be between 20 and 30 and will form a “learning set” (Bate and Roberts 2003), which will be followed over a period of 1 year. We envisage workshop participation to number 20 – 25 people who will be observed during the workshop and followed up during the evaluation. The workshop events will be digitally recorded, transcribed and analyzed by the research team.

The selection of participants to collaborative investigations and focus groups raises issues of representation and bias. We will ensure that as wide a spectrum of experience as possible will be represented. The main aim of the workshops and meetings is however to sensitize all participants to views and experiences that are not their own, to support and follow them in identification of the implications of this learning for provision, use and planning of services, and for the design of training. Service users and staff are thus only representative of themselves and their individual experience (Martin 2007).

The units of sampling and analysis are the situations in which we capture their perspectives and experience over periods of up to two years. A draft report will be generated.

- Reporting the results of the analysis based upon the comprehensive collaboration analysis model presented above.
- Reporting the learning from the process of building a joint understanding of the service system and possible areas for improvement.
- Reporting how educational needs were derived from the process and how they may be met.
- Reporting the role of users in participating in the process.

Organization of the project: The Project Team and Project Partners

Project leader: Professor Helge Ramsdal, ØUC.

Helge Ramsdals research record in the area of innovation and service co-ordination is nationally and internationally acknowledged. He is presently member of the Reference group for NAPHA, and at the advisory board of Tidsskrift for psykisk helsearbeid. He is also deputy member of Helsevel Committee NFR. He will be replaced by Catharina Bjørkquist when he is retired 2019.

Research group:

The Research Group will be responsible for the day-to-day running of the project and meet and communicate as required. The team involves a user representative and is based around an established partnership between Faculty of Health and Social Studies at University College Østfold. Alongside the Master program the group has developed research expertise and publication records in a range of areas related to co-ordination of health and social services. Pathways development and innovation strategies for pathway implementation, is of particular

relevance to this proposal. Each member will take responsibility for particular aspects according to expertise and interests:

Catharina Bjørkquist is an Associate Professor in political science at the Østfold University College, Faculty of Health and Social Studies. Her main fields of academic interest are organization and integration of public health and social services, public policy reforms, institutional adaption and organizational change and local innovation processes in the implementation of telehealth and telecare technologies.

Gunnar Vold Hansen is professor (dosent) and holds a Ph.D in Working Life Science. He has been a part of the Master's Programs in Collaborative Management in Health and Social Services since it started up nearly ten years ago. His research topics have mainly been integrated services for patients with concurrent addiction and mental health problems and *research on prison rehabilitation* services.

Mona Jerndahl Fineide an Associate Professor and holds a Ph.D in Working Life Science. She is presently dean at The University College, Faculty of Health and Social Studies. She is member of Academic Strategic Unit; the national faculty meeting of The Norwegian Association of Higher Education Institutions (UHR). Her research area is health and social welfare sector, especially mental health services and the need for integrated services. She has also studied medication-assisted rehabilitation.

Erna Haug is Associate Professor, and leads study programs in Work Inclusion and Supported Employment (SE) / Individual Placement Support (IPS). Her research has particularly been on how the NAV-office can succeed in the employment inclusion of people with disabilities, people who needs complex assistance and individual support.

PhD-student will be recruited with a special emphasis on documenting “concept mapping” as a method – theoretically and empirically. This is a method which has been applied in several fields of research, and has a potential for facilitate for data gathering from users/service providers in particular. Furthermore, she/he will facilitate for the international workshop. He/She will be offered to applicate for the PROFRES phd program.

The local partners are:

Marker municipality (see letter of collaboration dd)

Halden municipality (see letter of collaboration dd)

Oslo Gamle Bydel: (see letter of collaboration dd).

Reference group:

The reference group have participants from the national user organizations and national and international experts on the organization of mental health/dual diagnosis policies and services. Their role is to discuss and evaluate results and advice on the research process. This is to ensure that both user perspectives and research approaches are incorporated in the project. The references group will meet once a year.

Members of the reference group: Prof. Abigail Marks, Edinburgh Business School Heriot-Watt University (CV), prof. Maria Wolmesjö, University of Borås, Trond Hatling, NAPHA (att.), Marius Kristiansen NAV Østfold, Kenneth A. Johansen, RIO Rusmisbrukeres Interesseorganisasjon (att.).

4. Strategic institutional basis.

National policies.

A hearing document (Forslag til forskrift om felles rammeplan for helse- og sosialfagutdanninger) (Kunnskapsdep. 2017) has recently been published based upon a proposal from the Norwegian University and UC Council (UHR 2015). Here a framework for a new regulation system of health and social/welfare bachelor studies, promoting integration and collaboration, has been introduced. The Faculty of Health and Social studies has for several years worked on issues regarding cross-disciplinary programs in accordance with national policies, and was a central part in the CAB project, where a number of strategies were tested regarding common practice periods for students (Bjørke 2016).

ØUC strategies

The Østfold University College (HiØ) offers a broad range of one-year programmes, bachelor's and master's degree programs. One of them is; Health and Social Studies. The Faculty of Health- and Social Studies is situated in the town of Fredrikstad, and has at present 1300 students and an academic staff of approximately 100. The faculty offers professional Bachelor's Programmes in Nursing, Social Educator Training, Social Work, Child Welfare Education and Work and Welfare studies. The studies include a considerable amount of practical training. In addition the faculty offers advanced courses for Health Professionals and Master's Programs in Collaborative Management in Health and Social Services and Psychosocial Work – Professional Health and Welfare Practices. Faculty at the department has a long-standing and close relationship to services in both hospital, municipal health and welfare services, NAV and the prisons of Halden and Bastøy. The ØUC has a number of agreements on collaboration with these services, and a number of research and OED projects have been performed addressing organization and service provision. The members of the research group has substantial experience in projects relating to organizing services in mental health, and addiction and mental health services (e.g. Vold Hansen, Ramsdal, Fineide), on prison rehabilitation (Hansen), in NAV (Hansen, Haug). The research is intimately connected to the education programs at both bachelor and master levels, as well as further education (e.g. in psychosocial work for children, and mental health work).

The MSc Programme “Master in Collaborative Management in Health and Social Services” is about co-ordination of services across professions and organizations. The students are introduced to organizational theory perspectives which analyse how different forms of coordination arise and disintegrate. The study aims at developing knowledge in such a way that the students can apply and convey interdisciplinary cooperation in their professional practice and contribute to new thinking and innovative organizational processes in the health and social sector. This application is related to the faculty at this master programme in particular, with some members of the research group from bachelor studies as well).

Strategic initiative: Labor, professions and services research – Scandinavian traditions, imported solutions and local adaptation.

This focus area aims to increase knowledge about the connections between new forms of organization, work organization, working conditions and service quality. Many studies have shown that the goals and intentions that new forms of organization aim to achieve, do not necessarily mean that their work is organized in accordance with those same goals and intentions. The strategic initiative is one of three fields of study gives priority in the UCØ, as a 4-year program with four PhD students, and funding for initiating research in the field. The

initiative is a collaboration between researchers at the Faculty of Economics, Organization and languages and the Faculty of Health and Social studies. According to the plans for the initiative the health and welfare sector research is focused upon innovations in collaboration and coordination service provision, and a number of research projects have concentrated on services in mental health and dual diagnoses – particularly at the interface between specialized services and local services as seen from the perspectives of users and service providers. In 2016 a strategy to implement 2 – 3 phd programs at the UCØ level was decided by the Board. The strategy is presently in the making, and the strategic initiative on “Labor, professions and services research” has been preliminarily selected as one of the fields of study to become facilitated for the PhD program within 3 – 4 years.

Collaboration priorities by partner institutions.

The research on mental health and dual diagnoses at the ØUC is intimately related to priorities at the partner institutions abroad and in Norway. By taking part in the EU project “Knowledge and Policy in Education and Health (2007 – 2012) we have developed a network of researchers at universities in 6 countries in Europe. The “health” part of the project, in which ØUC’s representatives participated, were concentrating on mental health reforms. The collaboration has been particularly strong with researchers in Scotland. One Scottish researcher is proposed as a member of the reference group. In Sweden, the research group has worked for more than 15 years with colleagues at the Karlstad University (KAU). Three of the members of the research group have their PhDs from this university, and prof. Jan Karlsson presently has a prof. II position at ØUC – until recently he also was the leader of the strategic initiative. Prof. Karlsson and prof. Ann Bergmann are giving scientific advice on analysis issues to the research group, based upon a method of analysing “Methods for social theory” (Karlsson & Bergmann 2017). We also have established a collaboration with University of Borås, prof Maria Wolmesjö as part of an institutional strategic agreement between ØUC and UB.

In Norway, The Faculty of Health and Social studies has been a member of a network on mental health research and a strategy for developing a phd as a national collaboration between some universities and university colleges. The Faculty also is a member of the “Profres” PhD network, and one of the phd students funded by the strategic initiative is taking part in the program. All the partners have profound knowledge and priorities to the fields of study this research proposal addresses. The international and national collaboration partnerships is results from the research taking place by the research group, and facilitates for the success of the proposed project.

The proposed project is highly relevant to the overall strategies of the ØUC, both by strengthening the research on patient groups that have been and will continue to be the prioritized by the strategic initiative and research in the bachelor/master studies. Also, the aim to develop interprofessional education is very much in accordance with the strategies to change courses at bachelor level based upon national policies.

5. Project impact.

Empirical studies are needed to provide a better knowledge base regarding how to organize services based upon scientific evidence. However, present approaches has been vague on how to organize services for the patient group, as for how to best organize mental health and addiction services more generally. In this project we will study these issues based upon firm methodology, including “concept mapping” in order to make sure that the user voices are being

heard in the improvement of services. The new knowledge will also be important in the changes now being planned in the education of health and welfare professionals.

This project will consolidate and strengthen ØUC's strong commitment to the integration of research and education on practical concerns relating development of integrated health and welfare services. As indicated above, we have a long tradition of doing research that has been directed towards health and welfare problems that are considered as important both politically, by service providers and users. Particularly we consider the collaboration with users and service organizations at the local level an asset, and the project will significantly add to this. The strategic initiative on "work, professions and service provision" is representing a backbone of research in this field at our institution, and by long lasting relations with international research communities we know the results of the project will be followed with interest internationally as well. Our collaboration with the UCSN researchers will strengthen the research there by adding an organization theory approach to the recovery tradition which is highly recognised at that institution. (See 4. Strategic institutional basis for more details on this).

6. Other aspects.

Dissemination and Communication of Results.

The research team, users, providers and managers of services will work together to generate material, analyse and interpret it with relevance to everyday practice, and disseminate the findings. Ownership of findings will facilitate local implementation of findings. Ongoing evaluation based on current national and international evidence, best practice and policy will be used to steer the project and ensure wider relevance and identification of the appropriate audiences for dissemination and dialogue.

The results of the project will be published in national and international journals (Tidsskrift for psykisk helsearbeid, Tidsskrift for omsorgsforskning, Double Diagnosis – Policy & Service section, Evidence & Policy, Journal of Mental Health Management, Journal of Integrated Care) and the NAPHA web site. Papers will be presented at conferences such as NEON Conference, the International Labour Process Conference, International Conference of Integrated Care.

The international workshop in spring 2019 will be organized as a paper workshop, with invited researchers from the European network (see above). Based upon the research team's experience with this (Skorstad & Ramsdal 2009/2016), these papers is proposed to be published as a book on European experiences with organizing services for people with dual diagnosis.

An end conference will be organized in spring 2021 in order to present results from the project. Innovation, change management, quality improvement and implications for higher education are important themes. Relevant participants from national bodies, municipal and specialized services, NAV, user organisations and the research community will be invited.

The research team will design a one-week program on "integrated services for patients with dual diagnosis" to be offered as a cross-/interprofessional course where students from all bachelor programs at HiØ will participate in a pilot in order to strengthen education about dual diagnosis issues in the curriculum.

Ethical considerations and environmental impact.

Ethical considerations revolve around possible disclosure of the identities of users and providers involved in specific encounters discussed in learning events, reminders of difficult personal experiences among participants, and conflicts in relation to interpretation and description of aspects of the service. The facilitation of the learning events will ensure that identities are disguised in case material, that conflict that may arise is managed constructively, and that individuals receive support. Data sharing agreements between participants will be established so they are clear when discussions can and can't be taken back to service. From each event we will write reports that are sharable with anyone so that good practice can be shared, but people can still speak anonymously about other issues. Presentation of findings will anonymise people and situations. The project will not involve data on individual patients.

Environmental impact

It will have no environmental impact.

Gender

The Research Team (3 women, 2 men) and Reference Group (2 women, 3 men) are evenly balanced. Participation in project events will aim for gender balance and appropriate knowledge.

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