ACT oriented psychiatry practices in two outpatient clinics in two different countries

Some reflections

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AKADEMISKA SJUKHUSET

Soft science warning!

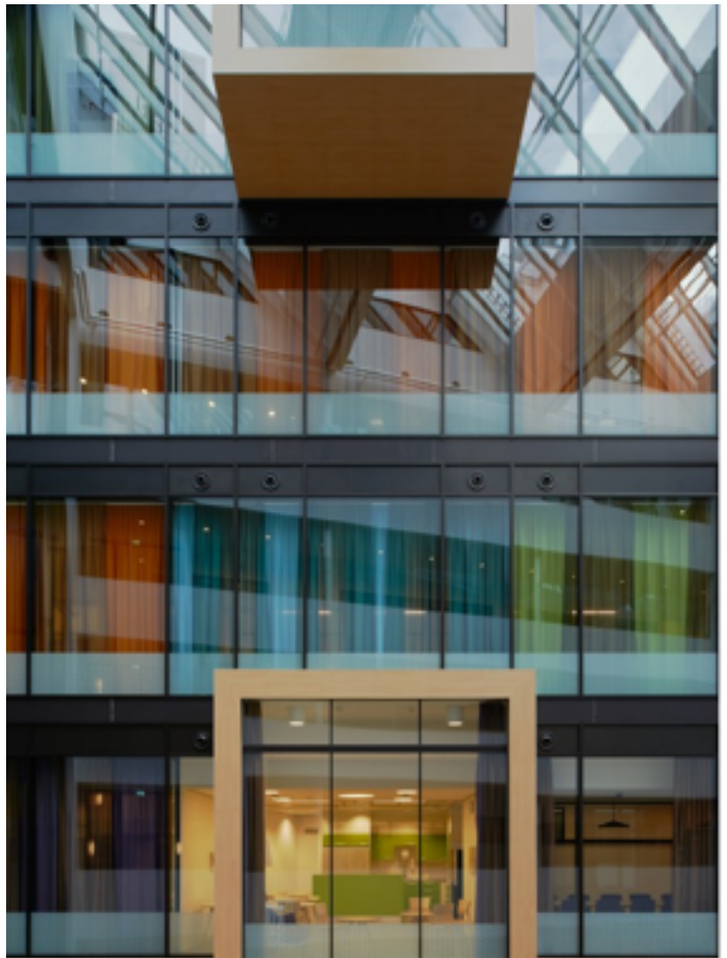
The facts are coming! The facts are coming!

My personal psychiatry journey

Ankara, Denizli, Van, Kastamonu, Istanbul / Turkey

Uppsala / Sweden


Norrbotten
Luleå
Västerbotten
Umeå
Jämtland
Västernorrland
Östersund
Härnösand
Gävleborg
Dalarna
Falun
Gävle
Uppsala
Uppsala
Värmland
Karlstad
Örebro
Örebro
Södermanland
Nyköping
Stockholm
Linköping
Västra Götaland
Östergötland
Gothenburg
Jönköping
Jönköping
Kalmar
Gotland
Visby
Halland
Växjö
Halmstad
Kronoberg
Kalmar
Blekinge
Karlskrona
Skåne
Malmo



Psychiatry Division

AKADEMISKA SJUKHUSET

- Affective Disorders
- Acute and consultation psychiatry
- Child and adolescent psychiatry
- Addiction and neuropsychiatry
- Clinical Research Unit
- Psychosis Clinic
- Forensic Psychiatry Unit
- Old age psychiatry

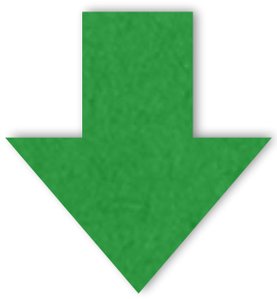
Affective disorders unit

- Bipolar disorder
- Severe affective disorders
- Personality disorders
- Neuropsychiatric problems
- General outpatient psychiatry clinic


Kırklareli
Edirne
Tekirdağ
İstanbul
Yalova
Kocaeli
Sakarya
Çanakkale
Bursa
Bilecik
Balıkesir
Kütahya
Eskişehir
Manisa
Uşak
Afyon
İzmir
Aydın
Denizli
Isparta
Burdur
Muğla
Antalya
Konya
Karaman
Mersin
Aksaray
Niğde
Nevşehir
Kırşehir
Ankara
Kırıkkale
Çankırı
Bartın
Zonguldak
Karabük
Düzce
Bolu
Kastamonu
Sinop
Samsun
Çorum
Amasya
Tokat
Yozgat
Sivas
Kayseri
Ordu
Giresun
Trabzon
Rize
Artvin
Ardahan
Gümüşhane
Bayburt
Erzincan
Tunceli
Elazığ
Malatya
Kahraman-maraş
Adıyaman
Adana
Osmaniye
Gaziantep
Kilis
Hatay
Şanlıurfa
Mardin
Diyarbakır
Batman
Siirt
Bitlis
Bingöl
Muş
Erzurum
Kars
Iğdır
Ağrı
Van
Şırnak
Hakkari

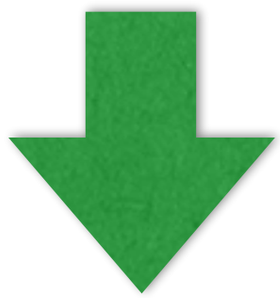
	Uppsala	Kastamonu
ECA	330.000	300.000
Number of daily patient visits	6-7 per doctor	~50 per doctor
Number of monthly patient visits	100-120 per doctor	~1000 per doctor
Patient type	Affective disorders	General psychiatry

- Ease of access to a psychiatrist and allocated time for an individual patient



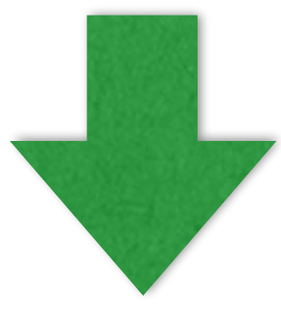
different <u>priorities</u> in the meeting

- Predominant attitude of the doctor (culture)



differences in <u>style</u> of introducing the concepts

- Unspoken role attributions to psychiatrist in the system



different <u>pursuits</u> in the clinical work

- **Easy access** to psychiatrist, **very short time** in the meeting

I need to make the doctor aware of my problems quickly!

I need to choose the most feasible (best?) intervention for my patient.

(not necessarily “bad” in the bigger scale)

- **Difficult access** to psychiatrist (long waiting time) but **long time** in the meeting

At last!
This is my chance to
get rid of all of my problems!

I have to cover all aspects of my patient.
(Prediction?, diagnosis, pharmacology,
cooperation, insurance, follow-up, other?)

More paternalistic

- Predominant attitude of the doctor (culture)

More egalitarian

differences in <u>style</u>

- Diagnose and treatment
- Organising authorities for patient's basic needs
- Psychoeducation
- "Being there" when needed
- Other

- Unspoken role attributions to psychiatrist in the system

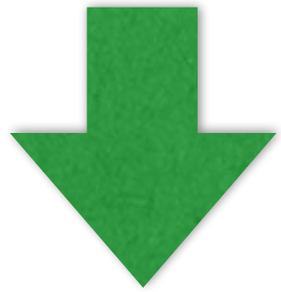
different pursuits in the clinical work

- Member of a team:
  highly specialised,
  qualified personal with
  specific expertise

- Well-defined (unspoken)
  role assignments of the psychiatrist
  (Diagnose and treat the disease)

Different caregivers deal with
different “problems”

- Unspoken role
  attributions to
  psychiatrist in
  the system



different <u>pursuits</u>
in the clinical
work

Diagnose-driven care

1. Clustering symptoms to a diagnose and/ or planning/performing sophisticated diagnostic psychological tests
2. Putting the diagnose
3. Beginning to think on the basis of diagnose

Bits of unstructured ACT in psychiatric practice

- To remember values: forgotten?!
- We had the concept of functioning? (social and vocational)
- Reformulating symptoms and meanings of symptoms as the other side of (or extensions of) values

Bits of unstructured ACT in psychiatric practice

- To associate with the content with a different perspective

- Not getting lost in the content

Bits of unstructured ACT in psychiatric practice

- Less priority to “feeling better”
- It is not needed to wait until “feeling better” to begin with a small step,
- it might be OK to choose to be willing to experience difficult emotions in certain contexts

Medical model?

- In order to safeguard institutional interests and working with “a sense of coherence”
    - Tendency to reject unfamiliarity
        - Social, economical and political determinants
- Medicine helping mainly for “containing anxiety”
- Psychiatry as a medical science working with medical model?

- Thanks!

- www.act.care

- direncsakarya.com