



UMEÅ UNIVERSITET

# Integrerade psykosociala insatser

Policy, implementering och praktik i ett  
komplext verksamhetsfält

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## Akademisk avhandling

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Integrated Community Mental Health Services: Policy, Implementation and Practice in a Complex Field

**Abstract**

This thesis examines how national-level policymakers in Sweden have handled the development of psychosocial interventions in the area of community mental health services, and analyzes facilitators and barriers in the implementation of community-based and integrated models of care.

**Methods**

Three national-level mental health policies from the last 20 years were analyzed. The implementation of 14 IPS-programs and one ACT-team was studied for a time period of three years. The data consisted of program fidelity assessments and interviews about implementation with leaders, staff and collaboration partners. The *Sustainable Implementation Scale* (SIS) was used to identify facilitators and barriers to implementation. After three years, the sustainability of all programs was assessed.

**Results**

Mental health policies have involved high levels of ambiguity and conflict in relation to both the goals and the means. The government has prioritized soft steering strategies. Over time, these policies have (at least to some degree) been clearer when psychosocial interventions are being described, but independent agencies are still responsible for selection, framing, and implementation of the interventions.

High fidelity implementation of the integrated models IPS and ACT is possible, even in the context of a sectorized welfare system. However, there are a number of implementation barriers, including involved agencies disparate traditions and regulations, and difficulties in securing long-term funding. Some of the staff considered the characteristics of the interventions as problematic. The ability to establish collaboration, both horizontally (with partners at the same hierarchical level), and vertically (between management and staff) was critical for the implementation result. A team leader with the mandate to influence collaboration, and the staff's ability to navigate around barriers were facilitators to effective implementation. Additional facilitators were careful planning, the formation of a dedicated steering group, regularly-performed program fidelity assessments, and a plan for local funding early in the implementation process.

**Conclusions**

At a grass-root level, the unclear policies and soft steering strategies used lead to several difficulties, including unclear responsibility definitions and collaboration challenges between agencies. Instead of prioritizing the work with their clients, the staff are forced to put a lot of time and energy into solving these problems. In most cases, team leaders and staff are able to reach high program fidelity at a team level. However, a sustainable implementation demands that a program has been anchored both vertically and horizontally. There is a need for a holistic approach by researchers and decision makers, both in the area of policymaking and implementation of selected psychosocial interventions. Assessments of program fidelity and implementation have the potential to help agencies identify strengths and opportunities for growth both within each entity and between involved organizations. In order to implement the selected models successfully at an organizational level, the programs' vertical legitimacy has to increase, and plans for long-term local funding strategies have to be initiated early in the implementation process.

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