

Improving long-term clinical care: implementation of a method for renewed diagnosis and treatment (DITSMI).

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Main study: background

- Risk of **misdiagnosis and undertreatment** for persons with severe mental illness (SMI) in long-term psychiatric care.
- DITSMI: **multidisciplinary re-evaluation** of DSM-V classification, **renewed and holistic diagnosis** (incl. psychiatric, somatic and social functioning) and **new treatment proposal** according to guidelines.



Implementation study: background

- **Aim:** implement DITSMI in our organization providing long-term care for persons with SMI.
- **Learning network** consisting of four participating organizations.
- Outcomes: **potential adaptations** in classifications, diagnoses, treatment indications, medication use, use of psychiatric care services, and functional changes.
- Detect implementation **facilitators** and **barriers**.

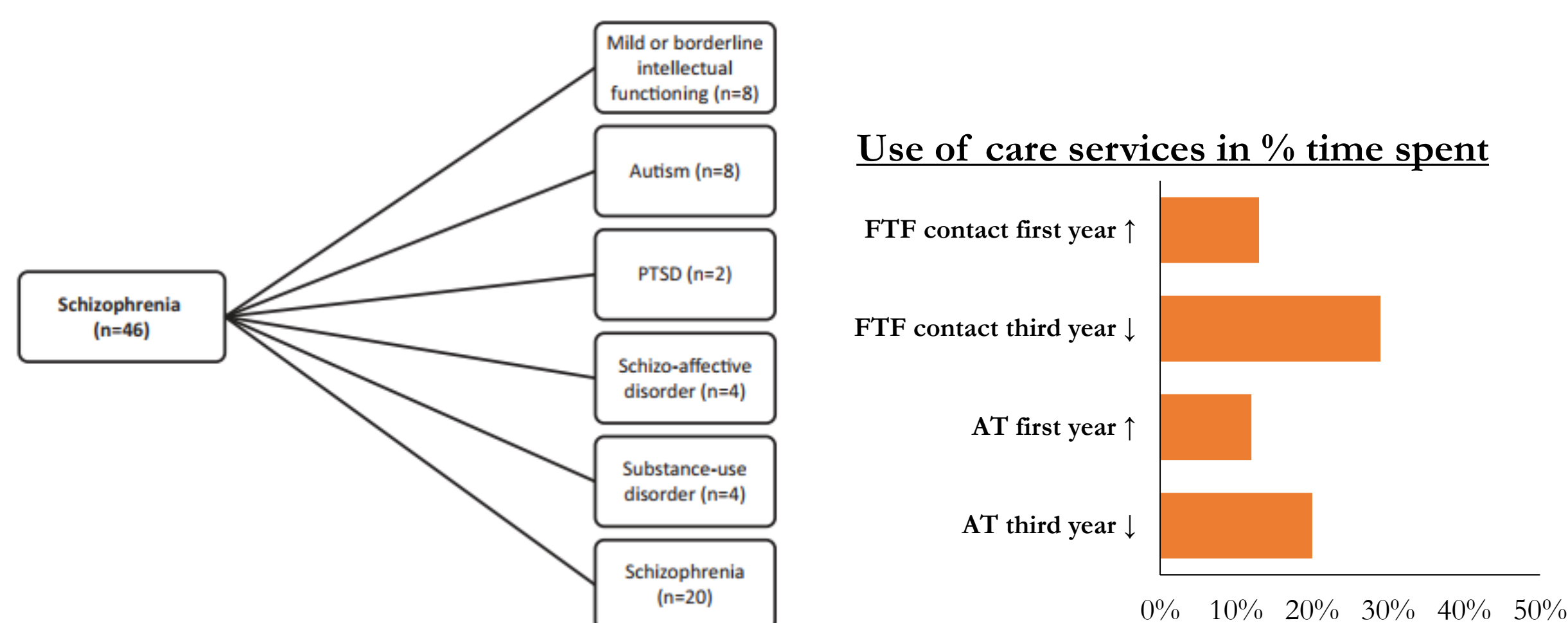
DITSMI®



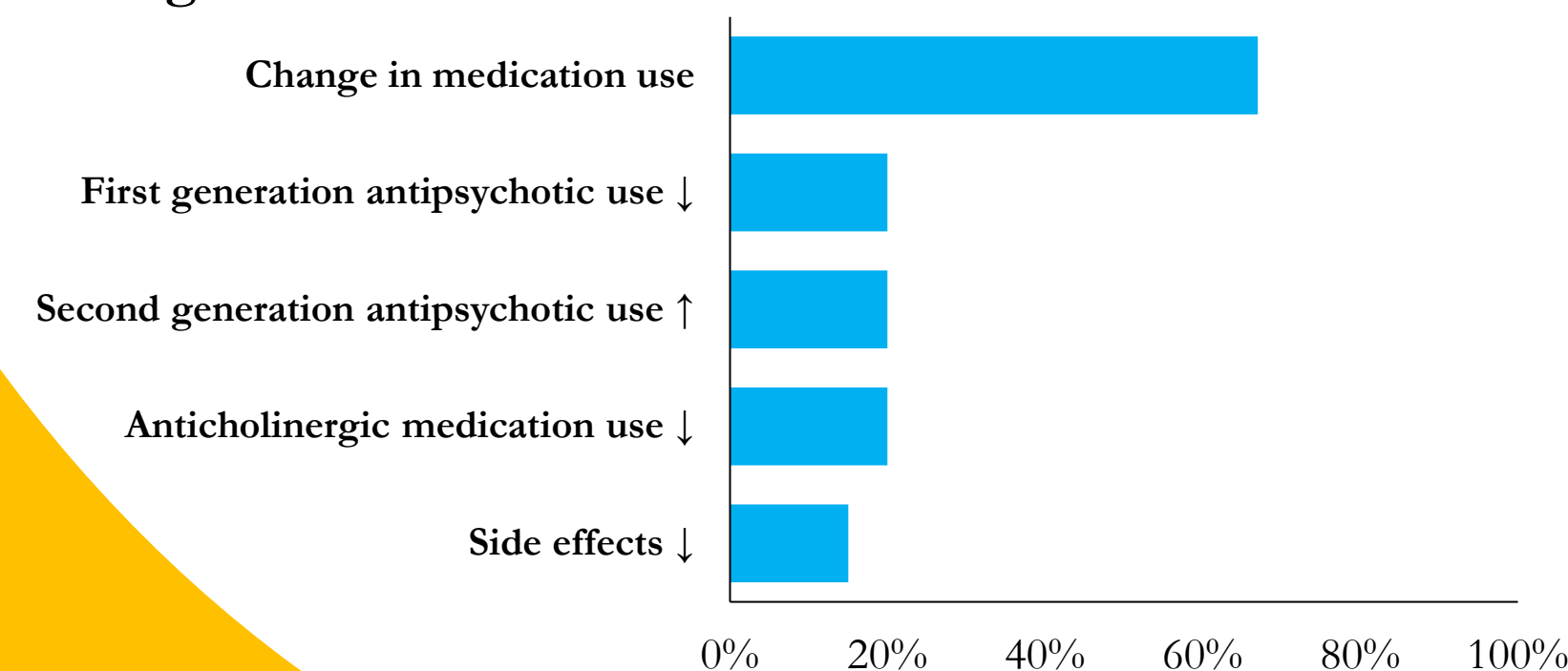
Main study: results

- 83 persons with SMI (49 ± 11.8y; 31% female; care history 21 ± 8.9y). After three years of DITSMI:
 - ✓ 49% DSM-IV classifications changed
 - ✓ 67% treatment proposals changed.

Changes in main classification Schizophrenia



Changes in medication use for % service users



Implementation study: results

- **Facilitators:** blended project leader + practitioner role, embedding in **recovery-oriented care (ART)**.
- **Barriers:** organizational complexities, limited resources.
- Lentis: 13 persons with SMI included.
- Extra care is needed for issues surrounding **pharmacotherapy, neuropsychology, intellectual disability, autism spectrum disorder, social-emotional functioning.**



DIB-consult

DITSMI can be recommended as appropriate care for persons with SMI receiving long-term care.

