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Conference Abstract

The coordinators role in the care of children with psychiatric and social comorbidity

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Abstract

Introduction: Care for children with psychiatric and social comorbidity is getting more specialized. This has increased the need to coordinate the interventions of the separate specialists. We describe the coordinator-role within an organized cooperation between parents, schools and different caregivers.

The practice of the coordinator: A formal agreement between organizations empowers the coordinator to support the necessary long-term cooperation. The coordinator plans and organizes meetings to solve various problems that regularly appear. The coordinator's field of work is to establish and to uphold the organizational structures and the cooperation for the network around each individual child.

The coordinator-role: There is a need for a complex and adjustable coordinator-role for to handle conflicts and problems in this cooperation across professional and institutional boundaries. It is also important that the role of the coordinator rests on organizational independence from all other participants in the network. This is necessary for the coordinator's outside perspective and ability to handle conflict situations. The craft of the coordinator rests on multiple knowhow like mental health consultation, psychological and psychiatric knowledge, psychotherapeutic skills, and organizational knowledge.

Impact of interventions of the coordinator: The support of the coordinator enhances every participant's – in the child's family and in the professional network – ability to find their own role and task and to accept the others' different roles in the cooperation. The coordinator also facilitates the understanding of problematic emotional processes and adaption to changing conditions. When critical incidents occur in the working process, the coordination is often crucial for to avoid a breakdown in the cooperation. It also ensures the necessary continuity in relations in the care of these multiple problem children.

Lessons learned: The outcome of the care improves when the participants' cooperation reaches a relation of trust and also has access to a common space of reflection. It is essential to uphold cooperative structures but also boundaries between every participant's task, when working with

children and families with multiple psychiatric and social problems. At the same time, this support must be flexible and adapt to upcoming needs and changing conditions.

The coordinator's task is not to aim for consensus. Each participant's understanding of the child's problem will differ according to their point of view. The overall ambition is for the network to contain all different perspectives. Our experience is that this approach has a decisive impact on finding adequate solutions to every individual situation.

Long-term care-contacts and continuity, even with long intervals between meetings, is fundamental for the socio-emotional and cognitive development of the child.

Keywords

care coordination, interprofessional collaboration, cooperation
