ABRAMS UTBILDNING AB

Together Against Stigma
Reykjavík 2024

Presentation June 5th – Implementation of NECT (Narrative Enhancement and Cognitive Therapy) in Sweden 2014-2024.

Daniel Abrams

Hello everyone, listening in Reykjavik and all of you participating through the web today or on youtube at later point!

I'm Daniel Abrams, a Swedish psychologist and lecturer with a background in psychiatry, especially psychosis care, for the past 25 years. Formerly, head of the Competence center for Shizophenia at the Sahlgrenska University Hospital, Gotenburg, Sweden. This Psychosis department at the hospital caters to almost 3,000 patients receiving psychosis care in the greater urban area of Gothenburg. Formerly, I've also been a teacher in clinical psychology at Gothenburg University.

In this presentation, I'll try to give picture of the first decade of implementation of the NECT in Sweden and share some of the experiences from that. My perspective on this is mainly i from educating staff in psychiatry, literally from the north to the south of the country.

Since 2014, when Philip Yanos first gave a one-day course on the NECT methodology in Gothenburg, there has been an ongoing effort to establish this intervention in different formats across various settings.

One of the first steps, in 2014, was that, a national anti-stigma project called Hjärnkoll funded a Swedish translation of the NECT materials, together with a professional graphic design. Hjärnkoll, by the way, is a wordgame in Swedish that refers to "having a good grip on your brain."

As the next step after that, seven different outpatient clinics in psychosis care in Gothenburg started the first groups, combined with a pilot study with a simple before and after-measurement using Corrigan's SSMIS-sf scale. The results were surprisingly positive. After

that, a randomized controlled study was carried out, which showed the same positive results. The results were published in 2017.

I'll mention some of the features of the Swedish implementation so far. Some of them are

- **The Swedish National Board of Health and Welfare** is the supervisory authority over health care and social services on the national level. The board issues treatment guidelines for all major patient groups. The guidelines are based on the degree of evidence from research that different treatments hold. NECT holds a priority 3 out of 10 status in the national guidelines for schizophrenia. This means that the Board recommends it as a method that SHOULD be offered, both by healthcare and social services in municipalities. This kind of official guideline is authoritative and actually helpful in the implementation process.

- As a consequence of this, there's now a **national online resource** for support in NECT-implementation, offering an array of materials for both educators and clinicians. This includes demo videos from NECT sessions to be used in courses for group leaders, There are also posters, handouts, evaluation forms and templates for course certificates to download. We recorded the videos seven years ago as part of a national project, and they have proven to be very helpful as course materials.

- In total, about 1,200 people have gone through the course to become NECT group leaders. This means that, by a rough estimate, that theoretically, more than every 4th person employed in full time in psychosis care has participated in a full NECT-course.

  We don't have reliable accounts of how many NECT groups that have been arranged in total, or how many users this corresponds to. For sure, one could make a guess, but as we all know, the number of people finishing a course is not enough to know how many patient that receive the treatment.

- About 1/3 of the courses have been carried out in a digital format, either through Zoom or Microsoft Teams. The experiences from real-time online courses are very good. The exercises used lend themselves very well to the kind of virtual rooms that can be created by the software. Our experience is that these digital 2-daycourses are well comparable to courses held on-site. Except, of course, that participants miss out on the chance to chat with each other on coffe breaks and lunches.

    - Actually, the digital course format har been a prerequisite for the broad implementation, due to the Swedish geography and demographic distribution. Typically, only in the largest cities is it possible to arrange courses on-site without a high cost per participant. On smaller places, typically with one

psychiatric team in total, you rather need two or three people to go through the course each year.

  - Online courses make this possible, as one or a two at a time from a psychiatric team och community service can participate. This may sound like a very technical aspect of anti-stigma efforts, but it has made I big difference, especially for the sparsely populated northern half of Sweden.

- Recruitment methods. In some places recruitment of group participants has been a greater challange than on others. Many different methods have been tried. Some have used the same kind of roll-ups as are used in congresses like this one, guess. But of course, it's crucial that the participant can feel confidence and expect that the participation will be rewarding. The best way, so far, seems to be that former group participants share their own experience from being part of a NECT-group on occations where patients and families are invited. There are a few peer supporters that do this, the best example being from Stockholm, where one person does this as a part of his job as a peer supporter. So, outpatient clinics around Stockholm can engage this person to do this, should they arrange an open meeting to inform about anti-stigma treatment.

- Even clinical NECT groups for patients have been carried out in online formats. This arrangement may not be suitable for all patients, but for some, it can increase the availability of the treatment. This has only been tried a few times as far as I know, but it seems to have worked out very well.

- There is also a course for family members that is being tried out. This is an adaptation of the original intervention, with some necessary changes to fit the target group. The family version of the program has longer but fewer sessions and is carried out in eveningtime. It has been tried in digital format as well, and the experiences are good.

- The Swedish county of Dalarna stands out as an example of implementation on a greater scale during 2022 and 2023. In this semi-rural region in mid-Sweden, I was engaged to educate all clinical staff about the NECT methodology and non-clinical staff about stigmatization in a more general sense, to raise consciousness. This included the region's central board on healthcare, down to kitchen staff, receptionists, and security officers. Some of these presentations were only short ones, but for clinicians, it was the whole two-day course, in total about 700 people.

NECT has also inspired a lot of questions about whether the intervention is applicable for **other target groups** than persons with severe mental illness. It has also been proposed for non-clinical groups, like minorities who may suffer from stigmatization but not from mental

illness per se. Obviously, the manual and materials are about mental illness, so that’s the simple way to answer the question. But what about other target groups with mental illness,

We obviously need more research into this, but while we're waiting for that – can the NECT methodology be used as general discussion material, for so-called study circles or even self-help groups? The answers may not be obvious, but I’ll leave the question open for further consideration.

I’ll round it up here, but if you go to nect.se you’ll find more on the things I’ve presented here, even the written manuscript for this presentation. You’ll also find the next dates for the open online courses for group leaders.

Thank you all for listening!