



How do you transform a large child and adolescence psychiatry service while continuing to care for patients every day?

World Congress of Psychiatry,
Stockholm

BUP Stockholm – Göran Rydén,
Madeleine Ardbo



Some useful links

Medical Priorities –
memorandum for BUP
Stockholm

Prioritisation – procedure
for BUP Stockholm

Prioriteringscentrum –
Linköpings universitet



The allegory

The cottage in Stenkyrka, Gotland

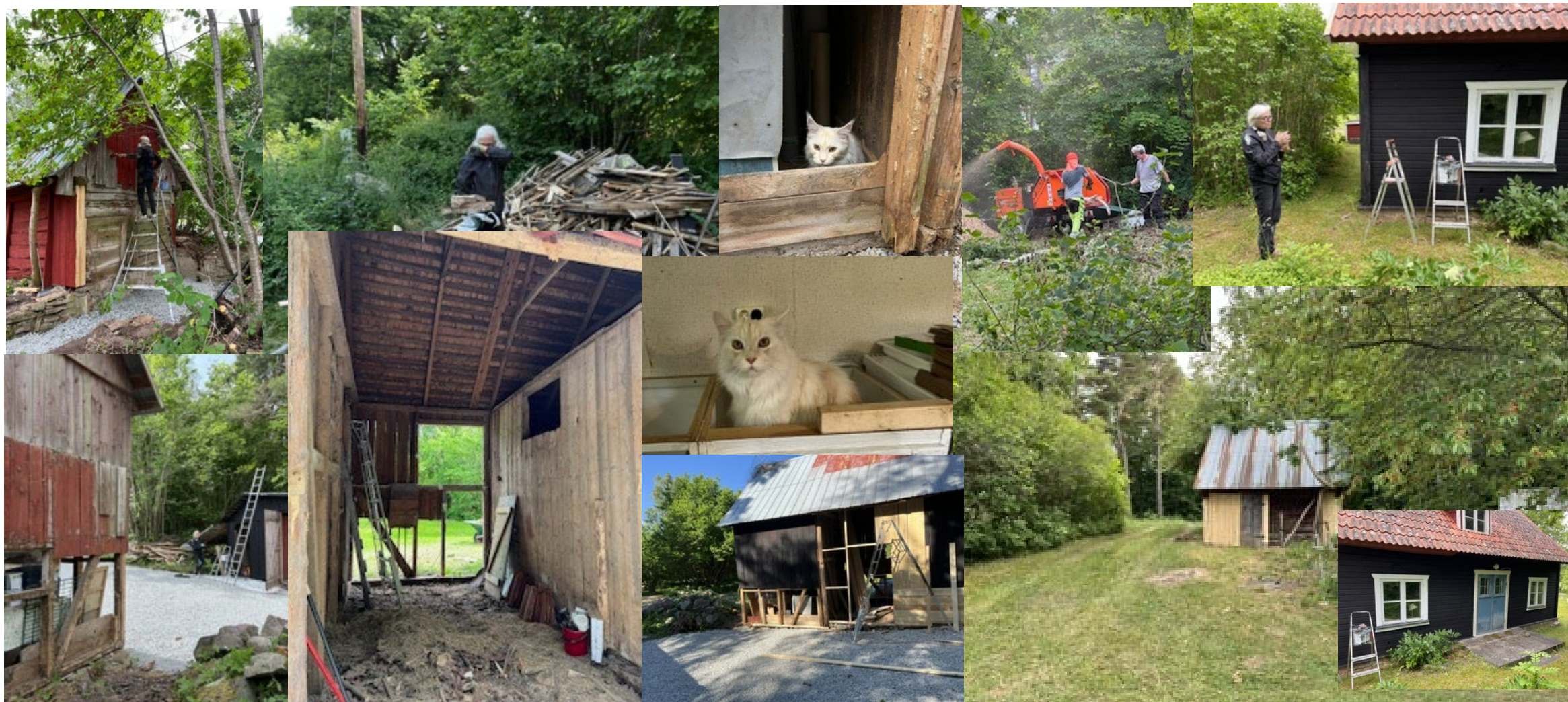




















Ten lessons

- First lesson – fall in love with the cottage, and have a strong why.
- Second lesson – make a plan, and equip leaders to create the conditions for people to follow it.
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Stockholm Region – some facts and context for Child and Adolescent Mental Health Services

Population: ≈2.5 million

Children & adolescents (0–17 yrs): ≈540,000

Municipalities: 26

Children seen by BUP annually: ≈6,5% of all children and adolescents, Ca 30 000 patients at BUP Stockholm

BUP Stockholm workforce: ≈1,300 employees

Neurodevelopmental assessments/year: ≈ 4,000

Children with ADHD medication follow-up: ≈ 4,000

BUP Stockholm serves one of the largest child and adolescent populations in Europe within a single regional public mental health system.



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Love and work

- Professionals want to help children and adolescents who suffer
- BUP can offer an arena to be able to help
- In a matter of speaking: It is all about love and how to organize all this love





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A strong how: Vision and promises to the patient

- Our vision is to offer the right care when and where you need it – for specialized, equal, and knowledge-based child psychiatry with a focus on development and participation.
- This vision is embodied in our ”promises to the patient”
 - Respect
 - Effective care
 - Safe care
 - Patient involvement
 - Empathy
 - Readiness for complaints
 - Trust and availability





A strong how: Quality as an answer to what to improve

- WHO Quality framework:
 - Effective: Deliver evidence-based care to those who need it.
 - Safe: Avoid all preventable harm to patients.
 - People-centred: Respond to individual needs, values, and preferences.
 - Timely: Reduce wait times and harmful delays.
 - Equitable: Provide equal quality regardless of gender, race, or status.
 - Integrated: Provide a full range of life-course services.
 - Efficient: Maximize resource use and avoid waste.





Make a plan: How to do the why

- Vision as mentioned
- Patient involvement as mentioned
- A clear definition for Quality as mentioned
- Focus on process and continuous improvement
- Change occurs while the show goes on
- All our managers have been trained in Developmental Leadership. Over the years, we have also clarified the purpose and responsibilities of management teams. We are now making the core principles available to all staff.
 - We are role models – we practise what we preach.
 - We build trust – people grow when they are trusted.
 - We create direction – everyone understands why we are changing.
 - We develop together – curiosity, reflection and learning are part of the work.



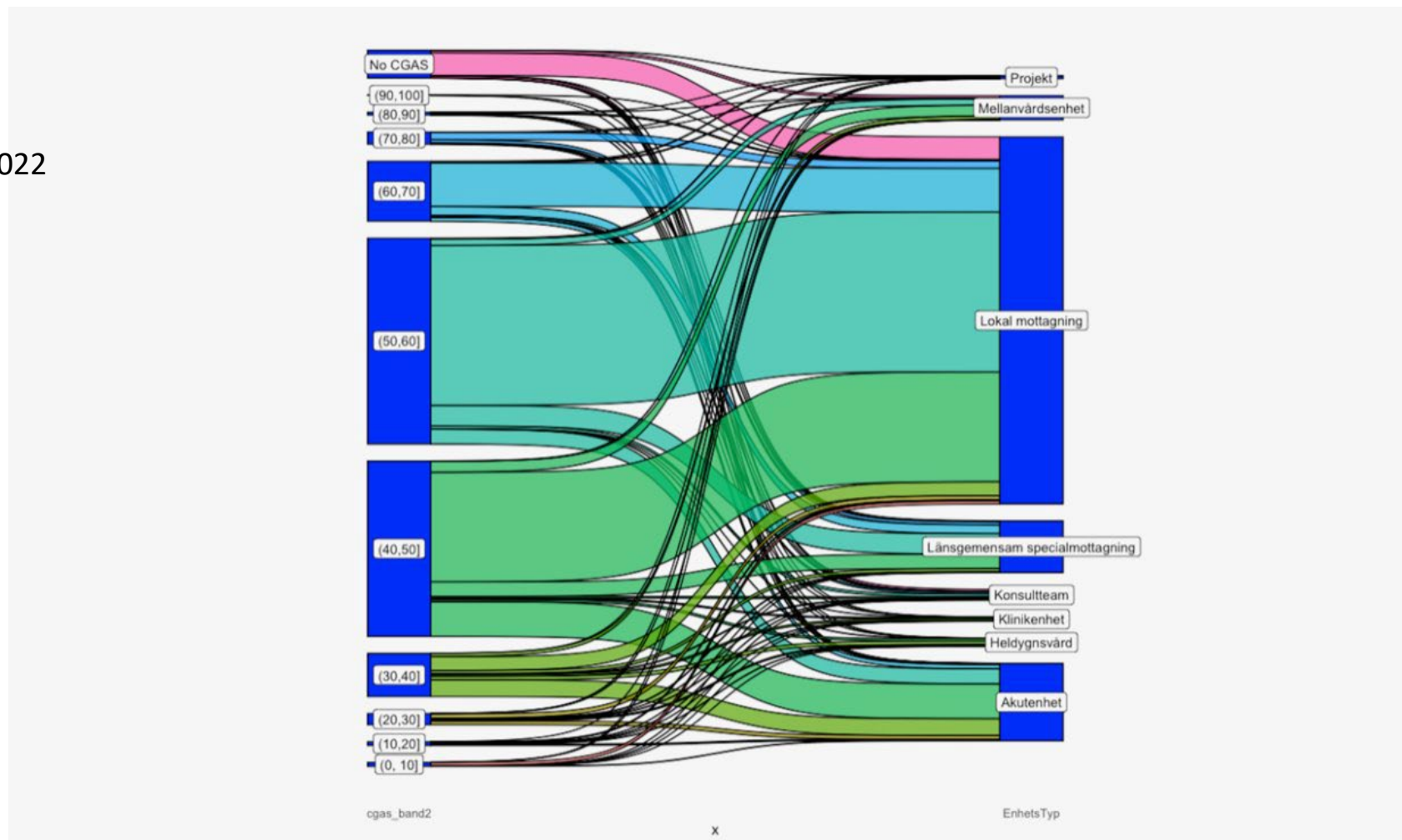
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A study together with KTH Royal Institute of Technology

Time frame – 2015-2022
40 CAMHS units
~50 000 patients
~1 million visits





Four main findings from the KTH study

1. There was a group of patients with very long episodes of care without clearly described treatment content.
2. Our outpatient clinics often behaved rather like primary-care clinics: most patients received roughly the same amount of care, regardless of their condition.
3. We saw high and rapidly increasing flows of patients with ADHD and autism.
4. Clinicians spent a great deal of time coordinating care and managing queues.





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Roll up your sleeves and do the work





Leadership skills and continuous improvement





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Treatment manuals and support



BUP:s vårdprocesser och behandlarstöd 2.0

[Skapa genväg](#)[Följ](#)

BUP:s behandlarstöd har nu en ny struktur, med den här sidan som ingångssida. Tidigare sidor BUP:s vårdprocess, BUP Behandlarstöd och Neuropsykiatrisk diagnostik har uppgått i den nya strukturen.

Under den här sidan finns följande sidor:

- [Behandlarstöd för BUP:s specifika vårdprocesser](#)
- [Behandlarstöd för BUP:s övergripande vårdprocess](#)

Genom att klicka dig vidare på sidorna hittar du mer information och stöd kring hur du kan använda behandlarstödet.





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Overarching principles

- Definition of Quality (WHO) – we have talked about that
- Priorities – we will talk about this in a couple of minutes
- Specialization, standardization and variation– let ´s talk about Brent James



Swedish National Centre for Priorities in Health

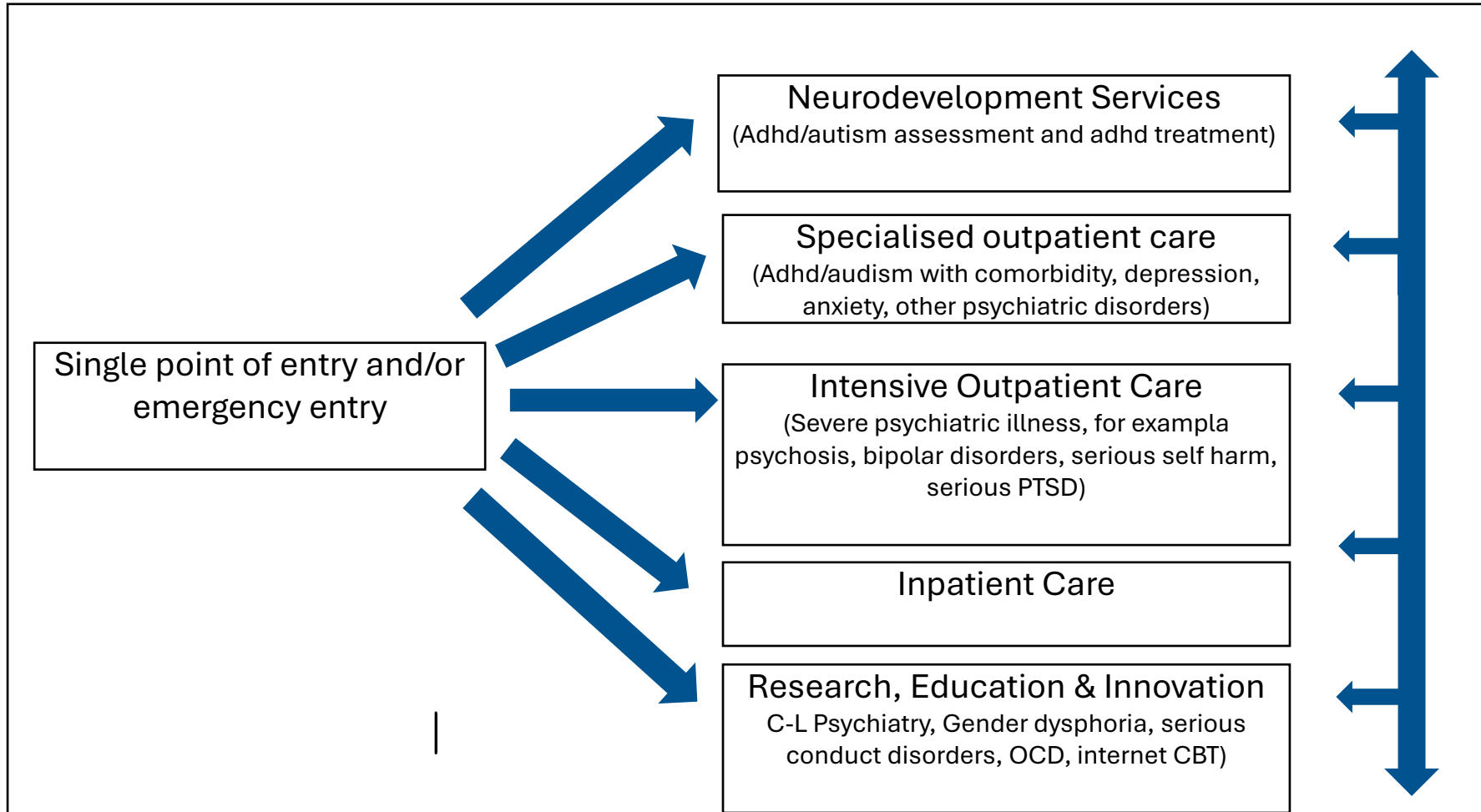




Principles and framework: Intermountain hospital, priorities and quality

- Brent James three pillars for tackling complex healthcare:
 - Specialization (Be really good at what you are doing and cooperate over the gaps)
 - Mass Customization (Create and iterate standards and clinical pathways for common disorders)
 - Variation when needed (Clinicians have the freedom to deviate from standards whenever it is clinically motivated but, document and use it when standards are revised)
- Let medical priorities guide resource allocation
- Defining Quality according to WHO principles

Specialization in BUP Stockholm

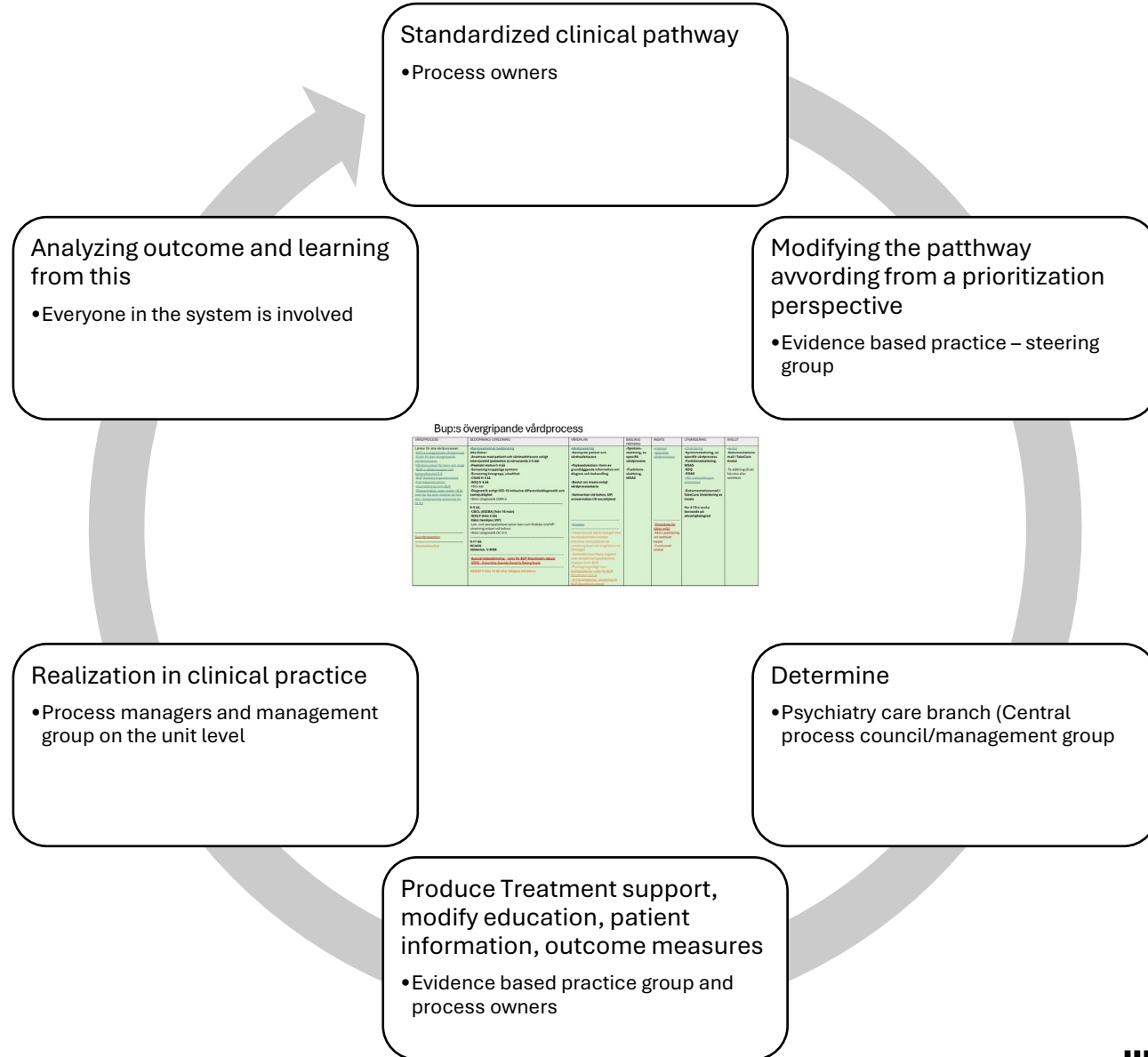




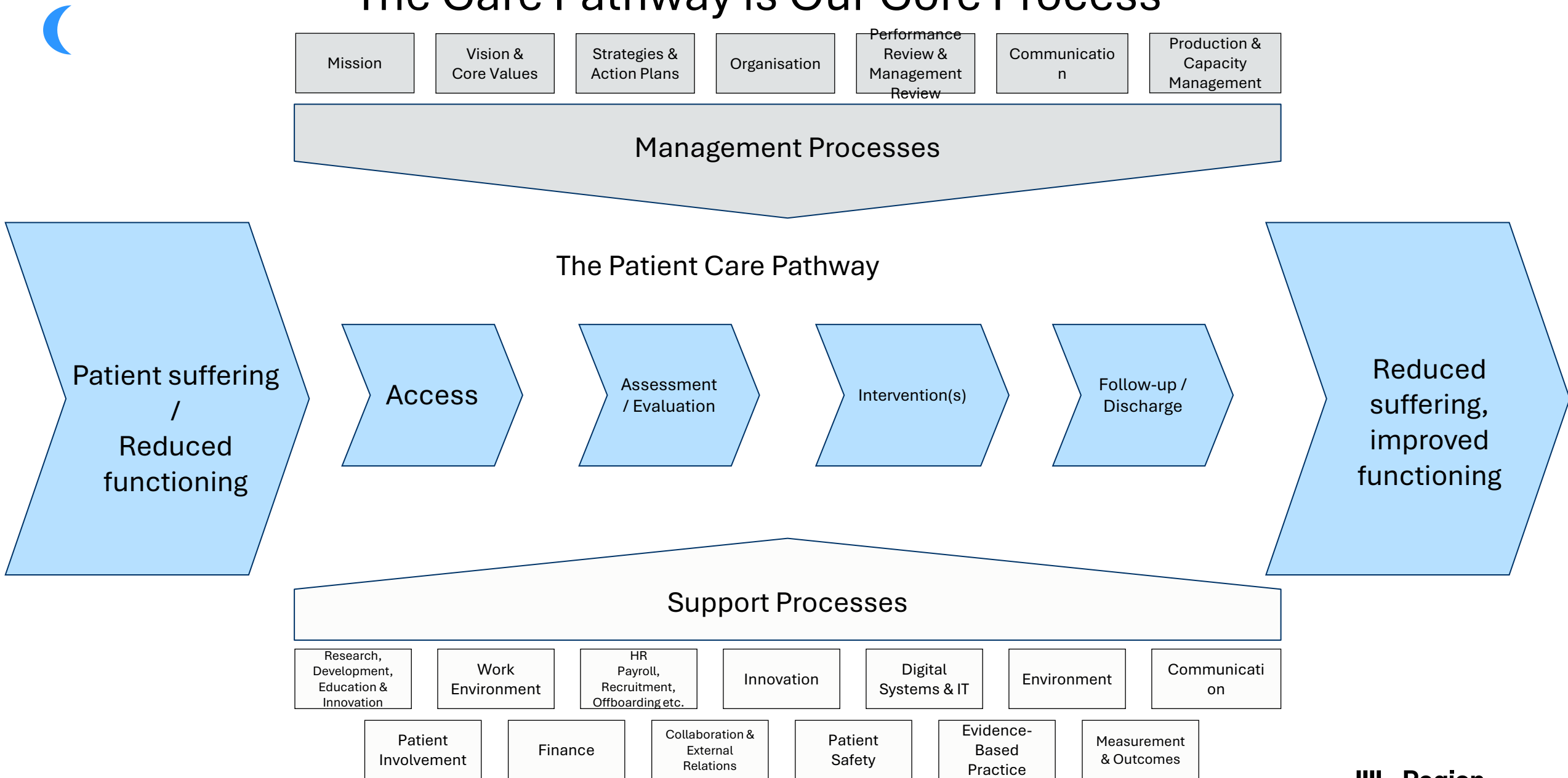
Bup:s övergripande vårdprocess

VÅRDPROCESS	BEDÖMNING/ UTREDNING	VÅRDPLAN	BASLINJE-MÄTNING	INSATS	UTVÄRDERING	AVSLUT
Länkar för alla vårdprocesser: -BUP:s övergripande vårdprocess -Rutin för den övergripande vårdprocessen -Vårdprocesser för barn och unga -BUP:s vårdprocesser och behandlarstöd 2.0 -BUP Bedömningsinstrument -Farmakainstruktion -Journalföring inom BUP -Orospanmälan, barn under 18 år som far illa eller riskerar att fara illa - övergripande anvisning för SLSQ	-Barnpsykiatrisk bedömning Alla åldrar: -Anamnes med patient och vårdnadshavare enligt intervjustöd (patienten ej närvarande 2-5 åå) -Psyiskt status fr 4 åå -Screening kroppsliga symtom -Screening övergrepp, utsatthet -CGAS fr 4 åå -SDQ fr 4 åå -Mini-kid -Diagnostik enligt ICD-10 inklusive differentialdiagnostik och samsjuklighet -Stöd i diagnostik DSM-5 ----- 0-5 åå: -CBCL (ASEBA) (från 18 mån) -SDQ F (från 4 åå) -Våld i familjen (VIF) -Lek- och samspeletsobservation barn och förälder (vid NP-utredning enbart vid behov) -Stöd i diagnostik DC 0-5 ----- 6-17 åå: RCADS Våldsrisk, V-RISK ----- -Suicidriskbedömning - rutin för BUP Stockholm (docx) -SSRS - Columbia-Suicide Severity Rating Scale ----- ASSIST-Y från 13 åå eller tidigare vid behov	-Vårdplanering -Samtycke patient och vårdnadshavare -Psykoedukation i form av grundläggande information om diagnos och behandling -Beslut om insats enligt vårdprocesskarta -Samverkan vid behov, SIP, orospanmälan till socialtjänst ----- -Krisplan ----- -Observera att det är befogat med barnpsykiatriska insatser inklusive neuropsykiatrisk utredning även när drogfrihet inte föreligger. -Samverka med Maria ungdom men fortsatt barnpsykiatriska insatser inom BUP -Provtagning enligt rutin Substansbruk - rutin för BUP Stockholm (docx) -Urinprovtagning - anvisning för BUP Stockholm (docx)	-Symtomskattning, se specifik vårdprocess -Funktionskattning, WSAS ----- -Insatser -Specifika vårdprocesser ----- -Checklista för säker miljö -Aktiv uppföljning vid uteblivet besök -Funktionell analys	-Utvärdering -Symtomskattning, se specifik vårdprocess. -Funktionsskattning, WSAS -SDQ -CGAS -Mål i behandlingen, arbetsblad -Dokumentationsmall i TakeCare Utvärdering av insats Var 4-12:e vecka beroende på allvarlighetsgrad	-Avslut -Dokumentationsmall i TakeCare Avslut -Ta ställning till att hänvisa eller remittera	

A process for the process – a lean learning loop

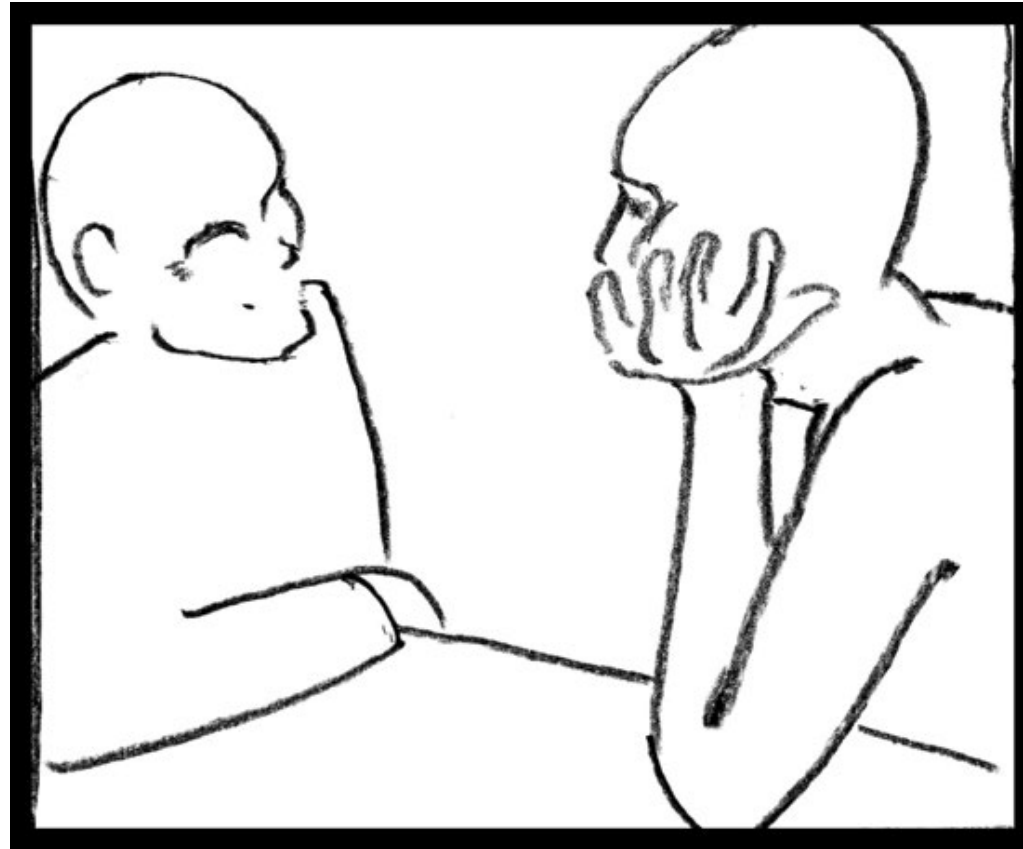


The Care Pathway is Our Core Process





Wanted variation – professional judgement and person-centered care in a complex setting





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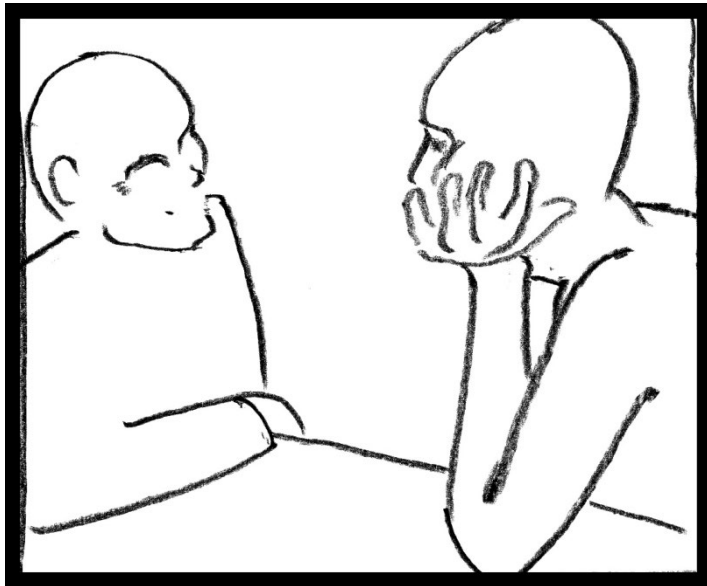




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The "unsolvable" dilemma?



Person-centered care



Equal care



Ethical principles in Swedish healthcare

- The principle of human dignity – a fundamental principle of equal treatment and overall guidance for what should not determine priorities
- The principle of need and solidarity – those with greater needs take precedence over those with lesser needs – The benefit needs to be weighed up – Monitor weak groups – In the model: the severity of the health condition and the patient benefit from the measure
- The principle of cost-effectiveness – Subordinate to the other two principles – Interpreted so that those with more severe conditions can be treated with measures that cost significantly more compared to those with less severe diseases if there are effective measures. – In the model: Assessment of patient benefit and cost

Prop. 1996/97:60

It's not easy to make prioritise...

Which training programmes should we give priority, and who do we need to educate?

How many patients is it reasonable for a clinician to be responsible for, depending on the patient population in which that clinician specialises?

If a research institution asks us to participate in a study in an area far removed from what we consider high-priority care, should we really agree – knowing how much clinical time it may consume and how uncertain the value for our patients may be?

Which patient should I give priority – should I choose a more expensive treatment or not?



9 2026-09-20 BUP Stockholm, SLSS

Region Stockholm

Swedish National Centre for Priorities in Health



[Linköping University](#) / [Research](#) / Swedish National Centre for Priorities in Health

Swedish National Centre for Priorities in Health



Urgency

Omgående	Bedömning ska ske omedelbart. Överväg hänvisning till 112.
Närmaste dygnet	Bedömning ska ske inom det närmaste dygnet.
Vardag närmaste tiden	Bedömning bör ske inom den närmaste veckan, eller i vissa fall, de närmaste veckorna.
Avvakta	Den sökande kan avvakta annan vårdkontakt. Ofta är man då hjälpt av råd om egenvård.

Horizontal priorities

Hälsotillstånd	Insatser/åtgärder (beskrivna översiktligt, se vidare processkartor)	Prioritering
Bipolär sjukdom (1 och/eller 2)	Farmaka, psykologiska insatser inkl. stöd till patient och närstående	1
Depression, svår	Farmaka, ECT, KBT	1
Psykosjukdom, inkl. schizofreni	Farmaka, stödsatser till patient och närstående	1
Anorexi, svår bulimi	Läkarbedömning inkl. labprovtagning, Sjuksköterska, FBT, farmaka v b, HDV v b	1
PTSD, svår	TF-KBT	1
Autism, svår/måttlig	Utredning, remiss till Hab.	2
EIPS	DBT, basbehandling EIPS	2
OCD, svår	KBT, farmaka	3
BDD, svår	KBT, farmaka	3
Självskadebeteende, svårt	KBT/DBT, basbehandling självskada	4
Beteendesyndrom/Uppförandestörning, Svår trots	Samverkan, Komet, CPP, PCIT, riskbedömning, farmaka v b, diagnostik	4
Depression, måttlig	Psykologiska insatser, KBT, farmaka	4
Psykotiska symtom	Farmaka, stödsatser	4
Dysmorfofobi, måttlig	KBT	4
PTSD	TF-KBT	5
OCD, måttlig	KBT	5
Adhd	CS, remiss till Hab	6
Autism, måttlig/lindrig	Utredning, remiss till Hab	6
Ängest, separation	KBT	7
Ängest, GAD	KBT, farmaka v b	7
Trots, ej svår	Samverkan, Komet, riskbedömning	7
Ängest, social fobi	KBT, farmaka v b	8
Självskadebeteende, ej svår	KBT, basbehandling självskada	9
Ätstörning UNS, inkl bulimi (ej svår)	FBT	9
Tics/Tourettes, svår	I-KBT, ERP/HRT, farmaka	10
Trichotillomani, dermatillomani	KBT	10
Tics/Tourettes, måttlig	I-KBT, HRT	10
Tillstånd hos små barn 0-5:11 år är ej skattade och prioriterade. Arbetsgrupp pågår.		
Problematisert sexuellt utagerande beteende är ej skattat och prioriterat. Patientgruppen är liten och kunskapsunderlaget oklart.		

Adhd: An example of how we have taken the consequences of priorities made – organizing health care and building new structures for the adhd pathway

Adhd

VÄRDPROCESS	BEDÖMNING/ UTREDNING	VÄRDPLAN	BASLINJE- MÄTNING	INSATS	UTVÄRDERING	AVSLUT
ADHD	ADHD (barn till instrument) Små barn (barn till instrument) -ADHD-intervju vid utredningsbesök eller liknande diagnostisk intervju -SNAP-IV -Läkarbedömning inkl psykiatrik och somatisk status		-SNAP-IV	-Läkemedelsbehandling med centralstimulantia, se Färdskattningsinstruktion .	-SNAP-IV -Biverkningskattning	

Att beakta

- [Adhd behandlarstöd](#).
- [Utredningsmallarna inom BUP Stockholm](#).
- Minst en läkare och en psykolog ska delta i utredningen.
- Information om ADHD-center och samhällets stöd (se [NP-manual](#)).
- För barn 0-5 år, se vårdprocessen för små barn.

We identified increasing demand for neurodevelopmental disorders.

Clinical pathway redesigned.

Priority clarified.

Dedicated section created.

Competence concentrated.

Outcome measured.



Example – organisational consequences

- Adhd only
 - more patients per co-worker
 - Limited treatment offer
- Adhd with co-morbid illness
 - Fewer patients per co-worker
 - Broader treatment offer depending on the co-morbidity
- The strange outcome – patients and their parents are satisfied with their care



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From data to a learning mental health system

Patient

- Better outcomes
- Greater involvement in evaluating care
- More informed choices and shared decisions
- Greater transparency and predictability
- Safer, more equitable and better coordinated care

Clinician

- Feedback on treatment progress
- Better support for clinical decisions
- Early alerts when attention is needed
- Insight into strengths and areas for improvement
- A clearer overview of patients and priorities

Manager

- Better prioritisation and resource allocation
- Early identification of areas needing support
- Support for implementation of evidence-based care
- Assurance of quality and adherence to key care processes
- Rapid evaluation of new initiatives and ways of working

Management

- Strategic prioritisation and resource allocation
- A system-level view of access, equity and outcomes
- Early identification of emerging system pressures
- Evaluation of investments and major initiatives
- Better forecasting and long-term planning



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A place to live in, and enjoy





So – from allegory to reality, what do we learn?

We never really finished renovating the house.

Because houses are never finished.

Gardens are never finished.

Neither are healthcare systems.

Leadership is not about completing the work.

It is about leaving the garden in better condition than when you arrived.





Thank You!



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