Towards 10 Years of ACT in Ljubljana, Slovenia

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3rd European Congress on Assertive Outreach
June 2015, Oslo, Norway
PSYHIATRIC HOSPITALS
OUTPATIENT CLINICS
GP'S
EMPLOYMENT AGENCIES
NGO'S
CENTER FOR SOCIAL SERVICES

SERVICE PROVIDERS

HEALTH SERVICES
ACT TEAMS SUPERVISED CARE
DISTRICT NURSES
CMHT

PROVIDERS OF SOCIAL SERVICES
COMMUNITY CARE COORDINATORS
2005: Leonardo Da Vinci mobility project: - Professional exchange to learn community psychiatry at Luton and Bedfordshire MH Trust

2006: First 20 patients

2007: Full capacity service (60 patients)

2015: 6 ACT teams
**ACT BASED TEAMS**

- Secondary care level
- MODEL OF CARE: ACT
- Patients with HDM
- Addressing the functioning of people with HDM
- Referred by different services
- Duration of care: 3 years
- TEAM: 2 nurses, OT, Social worker, 0.5 psychiatrist, 0.5 clinical psychologist

**CMHT**

- Primary care level
- MODEL OF CARE: ???
- Patients with HDM
- Addressing depression, suicide, prevention
- Referred by GP’s, found in the community
- Duration of care: ???
- TEAM: 2 nurses, OT, 0.5 psychiatrist, 0.5 clinical psychologist
Pozdrav iz Ljubljane
Assertive community treatment team in University Psychiatric Hospital Ljubljana

- Addressing the needs of patients with HMD; revolving door syndrome
- 3 community care programs
  - ACT (60)
    - ACT for patients under supervised care under Mental Health Act (10 and counting)
  - Family placement community care (27 patients)
- Service capacity: 60 patients (+10 in supervised care)
- Duration of treatment: 3 years (often more)
Model of treatment

- Continuous long term care – 24/7, 356 days
- Highly individualized, well planned support
- Low staff to patient ratio
- Interventions in community/at home
- Multidisciplinary team skilled for various interventions

CASE MANAGEMENT

Low staff to patient ratio
ACUTE HOSPITALWARDS, OUTPATIENT SERVICES

• IDENTIFICATION

REHABILITATION DAY CARE WARD

• Assessment, planning, rehabilitation, negotiation of care, key worker selection

COMMUNITY TREATMENT

• Home visits – 1/week
• Team meetings
• Care planning and evaluation / 3 months

DISCHARGE TO STANDARD TREATMENT

• Evaluation
• Lower level of care
Key Methods

1. • Psychoeducation

2. • Skills training: social, everyday, medication

3. • Family therapy

4. • CBT, metacognitive training

6. • COORDINATING CARE WITH THE SERVICES: supported work, supported living..., health care system
TEAM MANAGER: ORGANIZING + BASIC SUBSTANCE ABUSE + CASE LOAD

SOCIAL WORKER: PROVIDES HOUSING, FINANCES, EMPLOYMENT, DEBTS WRITE OFF

PSYCHOLOGIST PREGNANT

ALL OTHERS ARE JUST WORKING
The team

- Nurses (2,5)
- Social worker (1,5)
- Psychiatrist (0,5)
- OT (1)
- Psychologist (1)
- Clinical psychologist (0,5)

All the patients have their own outpatient psychiatrists

- Contacts – key worker
- Care planning – the team
Outcomes...
INCLUSION CRITERIA

1. Age group: 18-60 years

2. Serious and persistent mental disorder

3. Poor adherence to standard outpatient treatment

4. Recurrent hospitalizations

5. Severe impairments in everyday functioning

6. Persistent symptoms of mental disorder

7. Autoagresive or hetero aggressive behaviour

8. Co-existing problems: homelessness, substance abuse
Who do we treat?

- Schizophrenia: 110; 76%
- Schizoaffective disorder: 12; 8%
- Personality disorder: 8; 6%
- Bipolar: 7; 5%
- Other: 7; 5%

PRIMARY DIAGNOSIS
What happens? (N=144)

- Successful discharge: 42%
- In program: 39%
- Referred to other services: 7%
- Rejected treatment: 7%
- Treatment not possible: 5%
The difference between year before and during the treatment is statistically significant (t=14,23; p<0,001).

The difference between groups after discharge is statistically significant (F=11,59; p=0,001).

54% of patients were not hospitalized during treatment.

Long treatment patients (12.9%) account for 31% of hospitalization.
Comorbidities

- Substance abuse
- Violence*
- Suicidal behavior
- Nonadherence*

*statistical significance p= <0,001
BEYOND THE NUMBERS
Patients with standard treatment are overall statistically more satisfied with treatment and with professional skills of staff ($t=-2.28$, $p=0.025$), while ACT patients have more and more diverse interventions, more contacts and more professionals involved.
Get a Weim, change your life!
THANK YOU!