FACTS about FACT: Outcomes of different patient groups

ECAO, Juni 26th 2015
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- Clients, FACT teams
Introduction
Background: prior findings

- Prior presentation of outcomes of 2.5 years of implementation of Flexible ACT (FACT; Nugter et al., EAOF 2012):
  - Implementation of FACT takes time. Only after a year fidelity is above the cutoff score of 3.4
  - Needs for care decreased statistically significant while quality of life and treatment compliance improved
  - Number of admissions and admission days decreased statistically significant
  - No patient dropped out of treatment
  - Social contacts, psychosocial functioning, employment status and living situation did not change
Unresolved questions

- Until now, in FACT outcome research, no differentiation has been made between
  - patients for whom level of care was intensified and upgraded to ACT level
  - the relatively stable group of patients that didn’t receive ACT

- So the question remains to what extent FACT serves both patient groups equally well

- Apart from this issue, we didn’t study yet to what extent also the number of compulsory emergency admissions would change after implementation of FACT; in the Netherlands the general tendency is an increase
Goal of presentation

- To explore to what extent outcomes of 2.5 years of implementation of FACT apply equally well to patients who received ACT and patients who didn’t.
- To study to what extent the implementation of FACT resulted in changes in the number of compulsory admissions.
Methods

- 372 patients were three FACT teams were involved
- Clinical assessments were done yearly: second half of 2009, 2010, and 2011
- Hospital use, and number of face to face contacts were extracted during the whole period of 2.5 years of implementation
- FACT board data were used to analyze the frequency and duration of ACT, again during the whole period of 2.5 years.
- Analyses: Mixed Model and Generalized Mixed Model for repeated measurements
- Complete description of method: Nugter et al., *Community Mental Health Journal*, 2015
Clinical results: needs for care, functioning, remission, quality of life
No significant reduction; no significant differences between ACT/No ACT
Functioning (HoNOS totalscore

Significant less improvement when patients had longer duration of ACT
Significant more improvement in ACT group; less improvement when patients had longer duration of ACT.
Compliance problems

Significant improvement; less improvement when patients had longer duration of ACT
Proportion of unmet needs

Significant reduction; no significant differences between ACT/No ACT
Quality of Life

Significant reduction; less improvement among patients with longer duration of ACT
Summary of clinical outcomes

- FACT results in improvements in quality of life, treatment compliance, and in a reduction in the proportion of unmet needs for both, patients who did and patients who didn’t receive ACT.
- Patients who did not receive ACT did improve more on symptoms.
- Patients who received longer periods of ACT, showed less improvement in functioning, symptoms, quality of life, and compliance.
Social inclusion: work and living situation, social contacts
No significant effects were found
Duration of ACT was significant longer for patients who didn’t live independently.
Social network

No significant effects
Summary of social outcomes

- Patients without ACT and patient with ACT do not improve with regard to social inclusion parameters.
- Patients who did not live independently received longer periods of ACT.
Use of care: admissions, coercion
Higher % of admissions in ACT group, significant reduction in both groups
Hospital days

Significant more hospital days in ACT group; significant reduction for both groups
No significant reduction
Summary of outcomes regarding hospital use

- A reduction in hospital use was found. Patients who didn’t receive ACT had no admissions in the end of the study. Patients who received ACT were admitted less often.
- The duration of admission (number of admission days) increased at first in both the ACT and the No ACT group. After the first year the number of admission days showed a clear decline.
- No clear change in the number of compulsory admissions was found; which is contrary to the general tendency in the Netherlands.
Discussion

- Longer periods of ACT go hand in hand with lack of improvements, indicating that FACT is finely attuned to several aspects of patients level of functioning
- Remission levels were already high
- Admission to the ward is preceded by admission to the board
- FACT is efficient: improvements with lesser care

- But there is room for improvement
  - Social inclusion did not change
  - We did not use an assessment for recovery
More information

- Nugter, Engelsbel, Bahler, Keet, Van Veldhuizen, Community Mental Health Journal, 2015
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