

WELCOME TO THE FIRST EUROPEAN CONGRESS ON ASSERTIVE OUTREACH

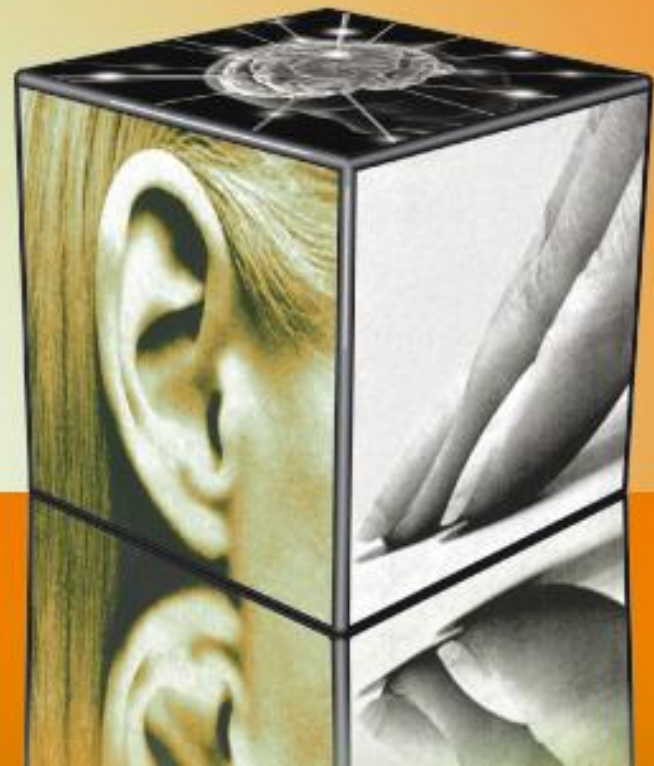
"CROSSING BORDERS"

October 6 and 7, 2011, Rotterdam, The Netherlands

European Assertive Outreach Foundation

EAOF

BUILDING BLOCK
WITH UNITED
SENSES



16 Countries

• Austria	3	• Ghana	1
• Belgium	35	• Hong Kong	5
• Canada	1	• Italy	1
• Czech	6	• Netherlands	386
• Denmark	19	• Norway	35
• UK	31	• Spain	15
• Germany	1	• Sweden	44
• France	6	• Switzerland	4

EAOF PARTY “CROSSING BORDERS”

October 6th, 2011

20.00 – 24.00 hour

LIVE MUSIC

Funky/Jazz/Rock band “Offside”

Location:

**Museumrestaurant “De Pappegay”
(Schielandshuis)**



Do you want to join the party?
Tickets are available at the
entrance € 45,--

First European Congress
on Assertive Outreach
“Crossing Borders”

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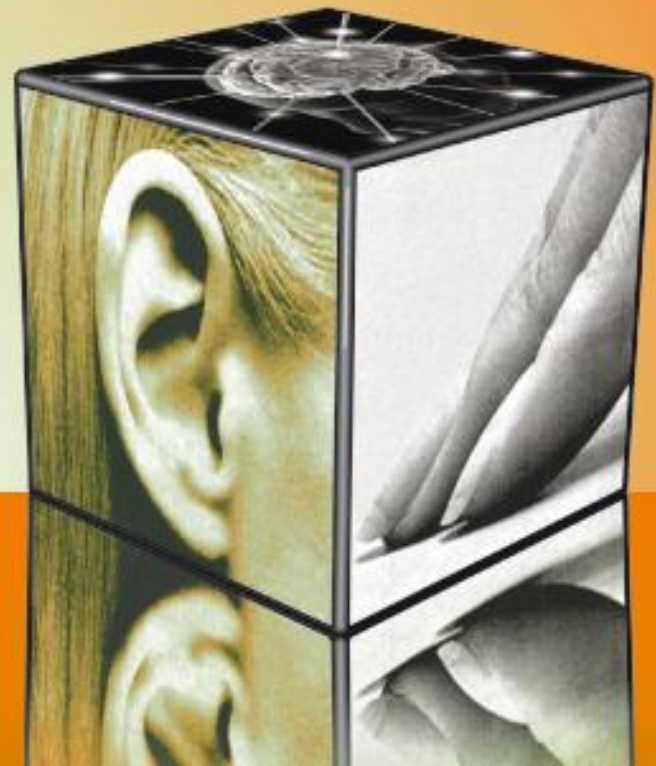
- 9.35 Effective ingredients of AO
 - Prof. T.P. Burns
- 10.00 ACT implemented in some European countries, although poor evidence; why?
 - Prof. Dr. J. van Os
- **10.30 Break**
- 11.00 Official opening of the first European Congress on Assertive Outreach “Crossing Borders”
 - HRH Princess Margriet
- 11.05 FACT: a new model for all SMI patients
 - Drs. J. R. van Veldhuizen
- 11.25 Experts of experience in FACT, why and how?
 - M. van Bakel, D. Boertien
- **11.45 Break and departure of HRH Princess Margriet**
- 12.15 Lack of care for difficult to engage patients in EU
 - Prof.dr. C.L. Mulder
- 12.45 Comments
 - Prof.dr. S. Priebe
- **13.00 Lunch and posters**

Have Fun!

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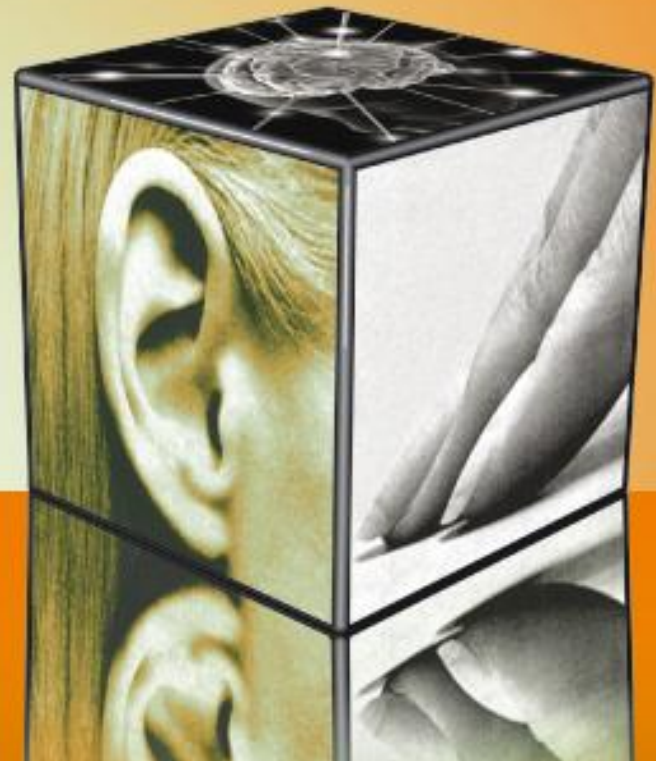
First European Assertive Outreach Congress

Opening by HRH Princess Margriet of the Netherlands

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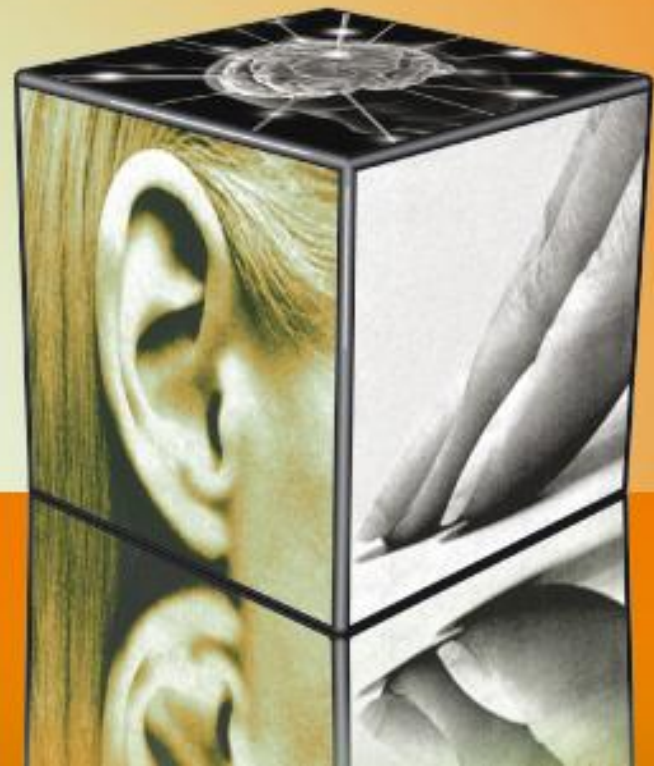
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European Assertive Outreach Foundation

- Focus on outpatient care, including AO, for (difficult to engage) patients with severe mental illness
- The aims of the EAOF are to
 - Help ensure that these patients get the best quality outpatient care
 - Set up a European network
 - Stimulate a European-wide dialogue about the best models (two year conferences)
 - Stimulate research on effective models and ingredients

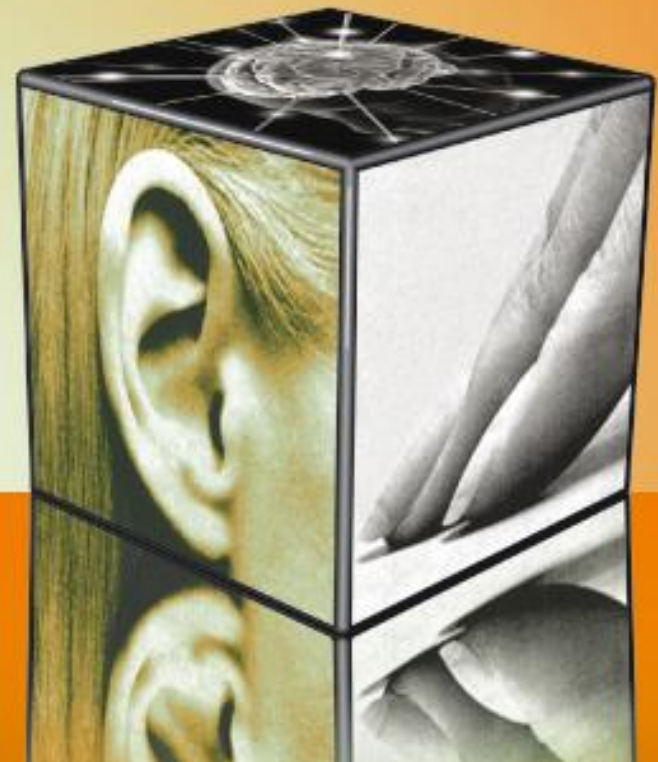
First European Assertive Outreach Congress

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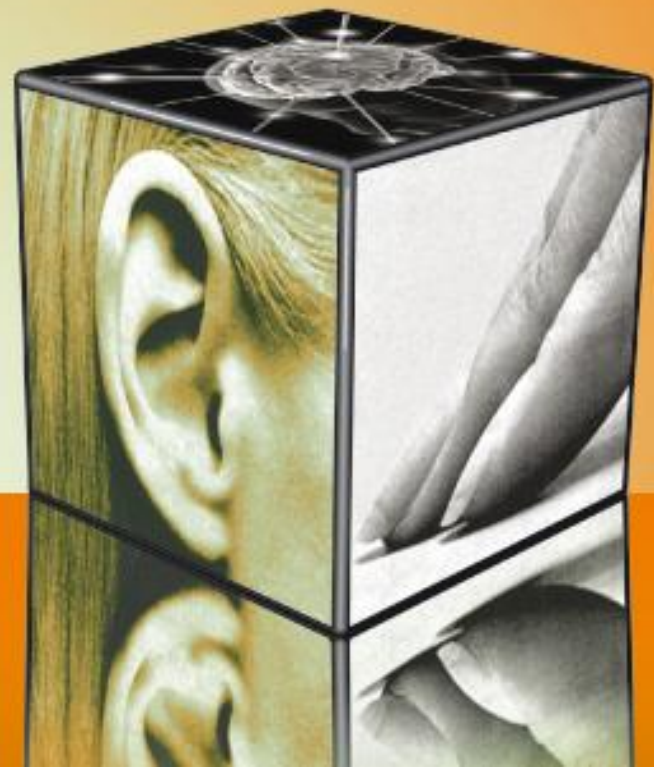
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Outpatient Care for difficult to engage severely mentally ill patients in Europe

C.L. Mulder, T. Ruud, M. Bahler, H. Kroon, S. Priebe

Fundamental problem in mental health

- 50-75% of people with severe mental illness do not seek treatment
- Reasons for not seeking treatment:
 - Lack of insight
 - Negative experiences with (involuntary) treatment
 - Stigma

Untreated severely mentally ill patients...

- Worse prognosis
- Danger to self
 - Suicide
 - Neglect
- Danger to others
 - Violence
 - Nuisance
- Homelessness
- Imprisonment

(Torrey & Zdanowicz, Psych Serv 2001)



Neglect

Severe Neglect



Social Breakdown



Danger to others



The Motivation Paradox

in patients with SMI

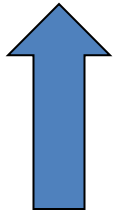
Motivation Paradox

Classic
Assumption

Problems



↔ Distress ↔ Motivation



Motivation
Paradox
in SMI

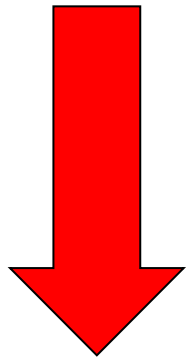
Problems



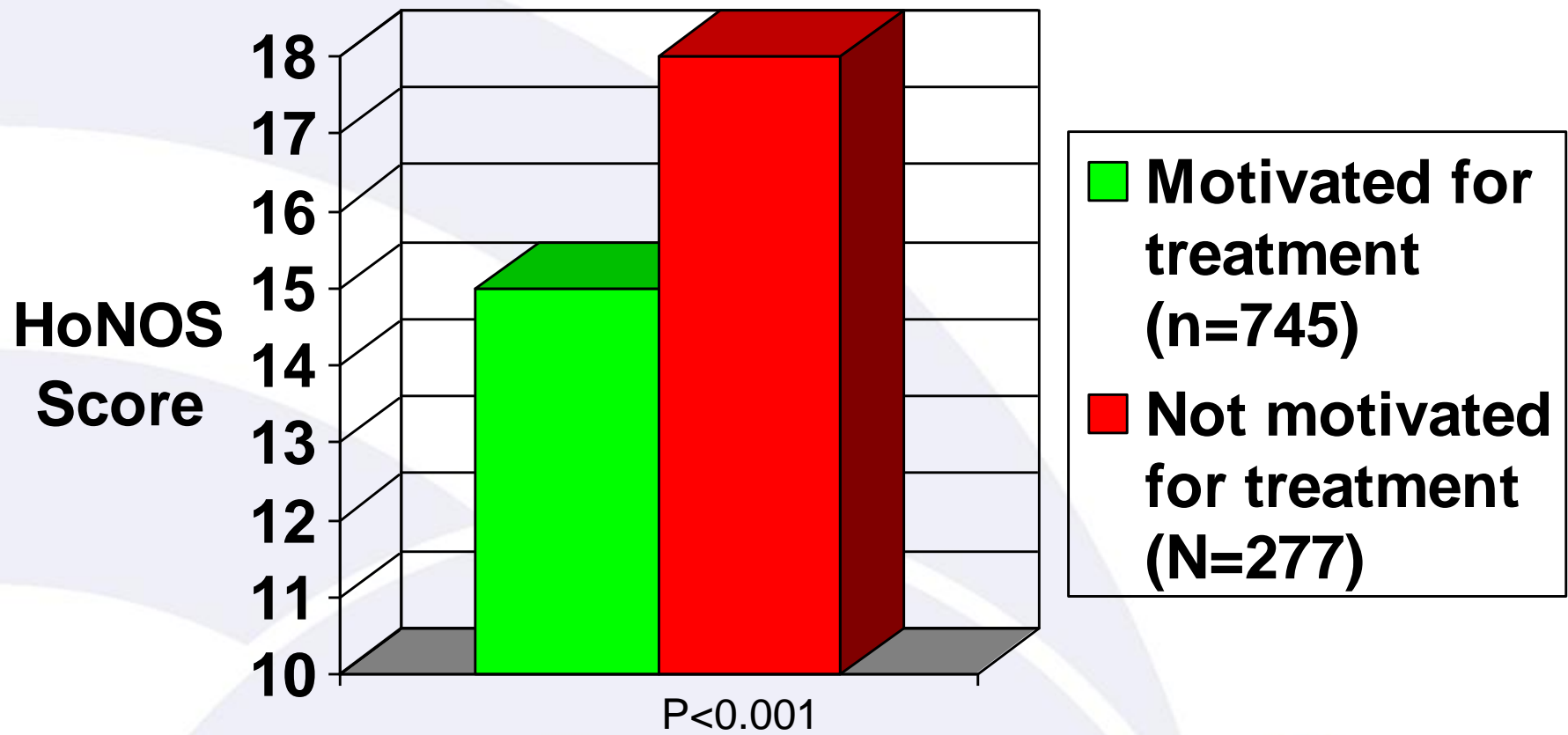
↔



↔ Motivation



Problem level and motivation for treatment in severely mentally ill ACT patients

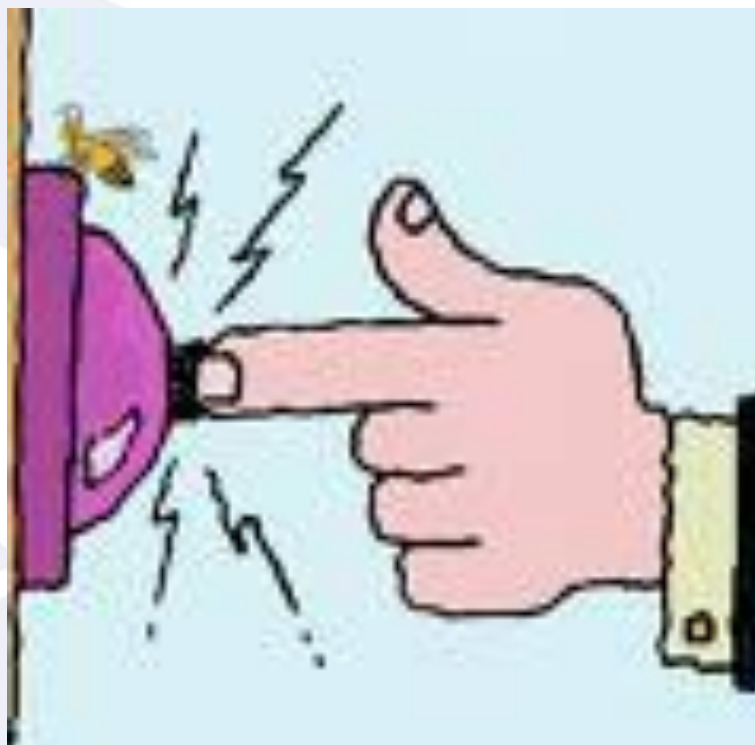


(Kortrijk et al. submitted)

Conclusion: Severely mentally
ill patients with more
problems are less motivated
for treatment

Thus: assertive outreach is needed
for severely mentally ill patients,
especially for the difficult to engage
subgroup

Assertive Outreach in Europe?



Assertive Outreach

- AO as a model : ACT / AO
- As an ingredient: being assertive and doing outreach

Aims

Study differences between European countries in:

- Outpatient care for patients with severe mental illness
- Implementation of AO
- Outpatient care for difficult to engage first episode psychosis patients in large cities
- Outpatient care for difficult to engage chronic psychotic patients in large cities

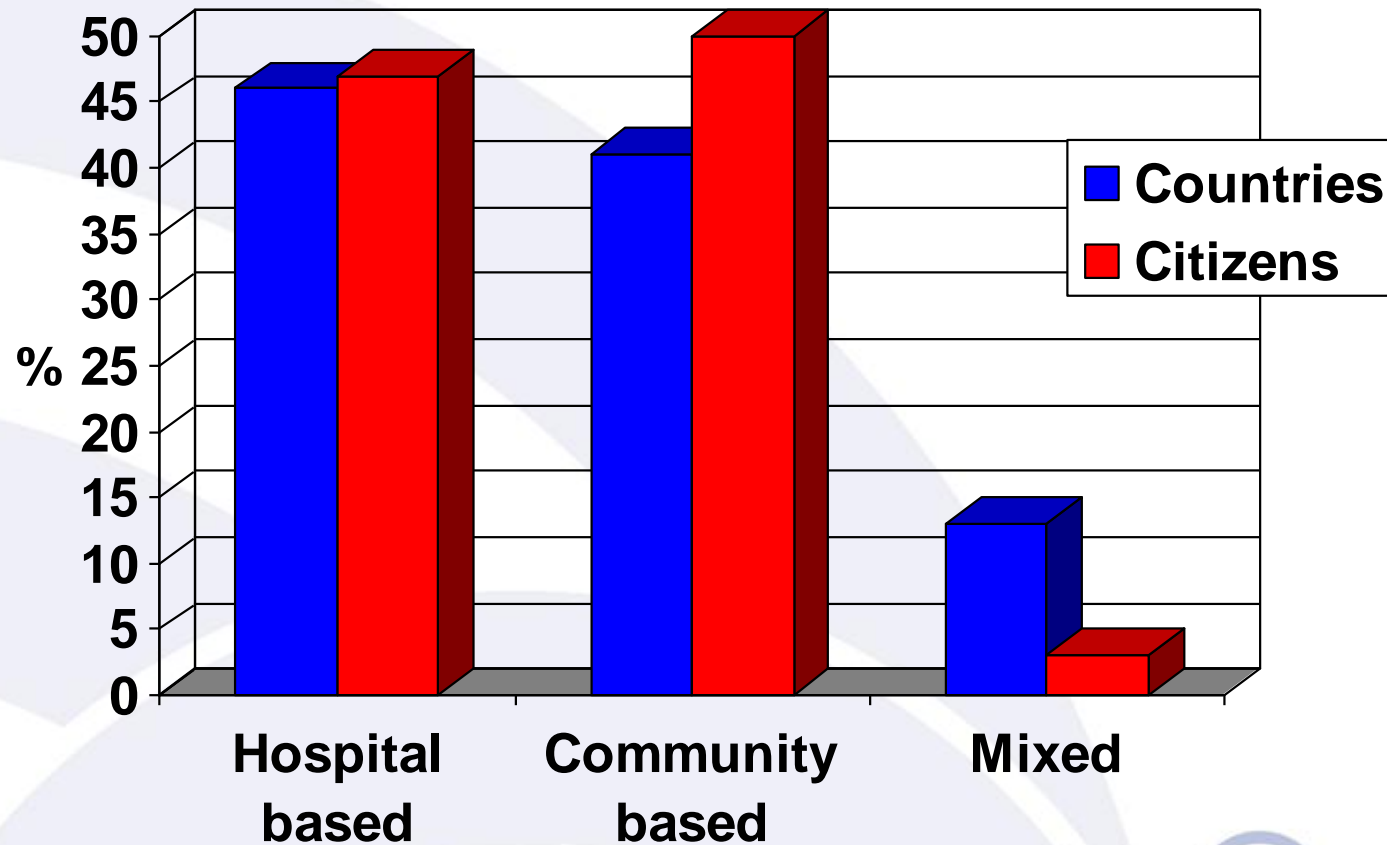
Methods

- Questionnaire was send to one representative of each EU country + Switzerland and Norway
- Representatives were chosen because of knowledge about outpatient care and AO in their country
- Opinion of the representative

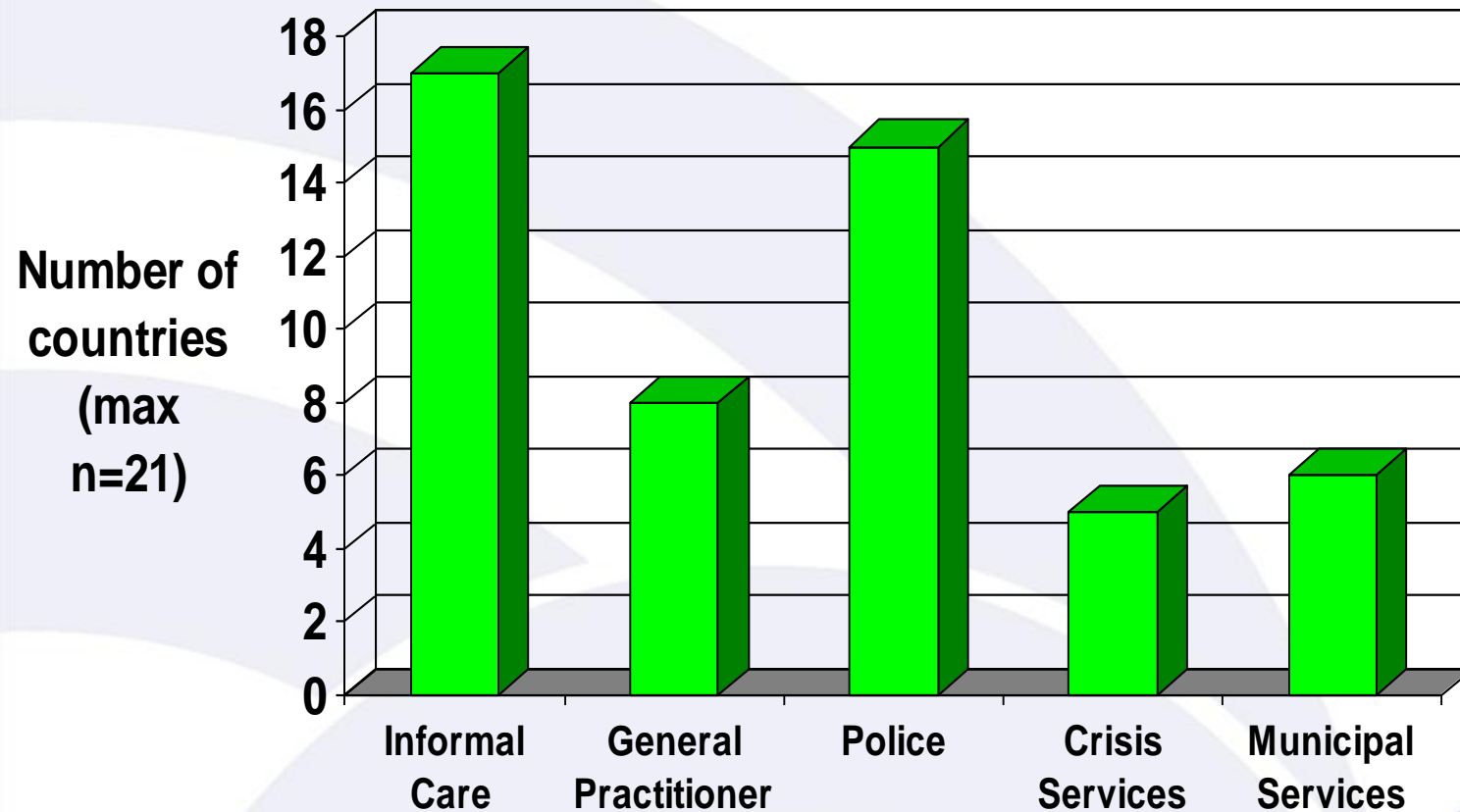
27 EU countries + Norway and Switzerland

- **Response 22 countries (76%)**
- **475 Million people (92%)**
 - Austria
 - Belgium
 - Bulgaria
 - Czech Rep
 - Denmark
 - Finland
 - France
 - Germany
 - Greece
 - Italy
 - Latvia
 - Lithuania
 - Luxembourg
 - Netherlands
 - Norway
 - Poland
 - Portugal
 - Slovakia
 - Spain
 - Sweden
 - Switzerland
 - United Kindom
- **Missing: 7 countries (24%)**
- **40 Million people (8%)**
 - Cyprus
 - Estonia
 - Hungary
 - Ireland
 - Malta
 - Romania
 - Slovenia

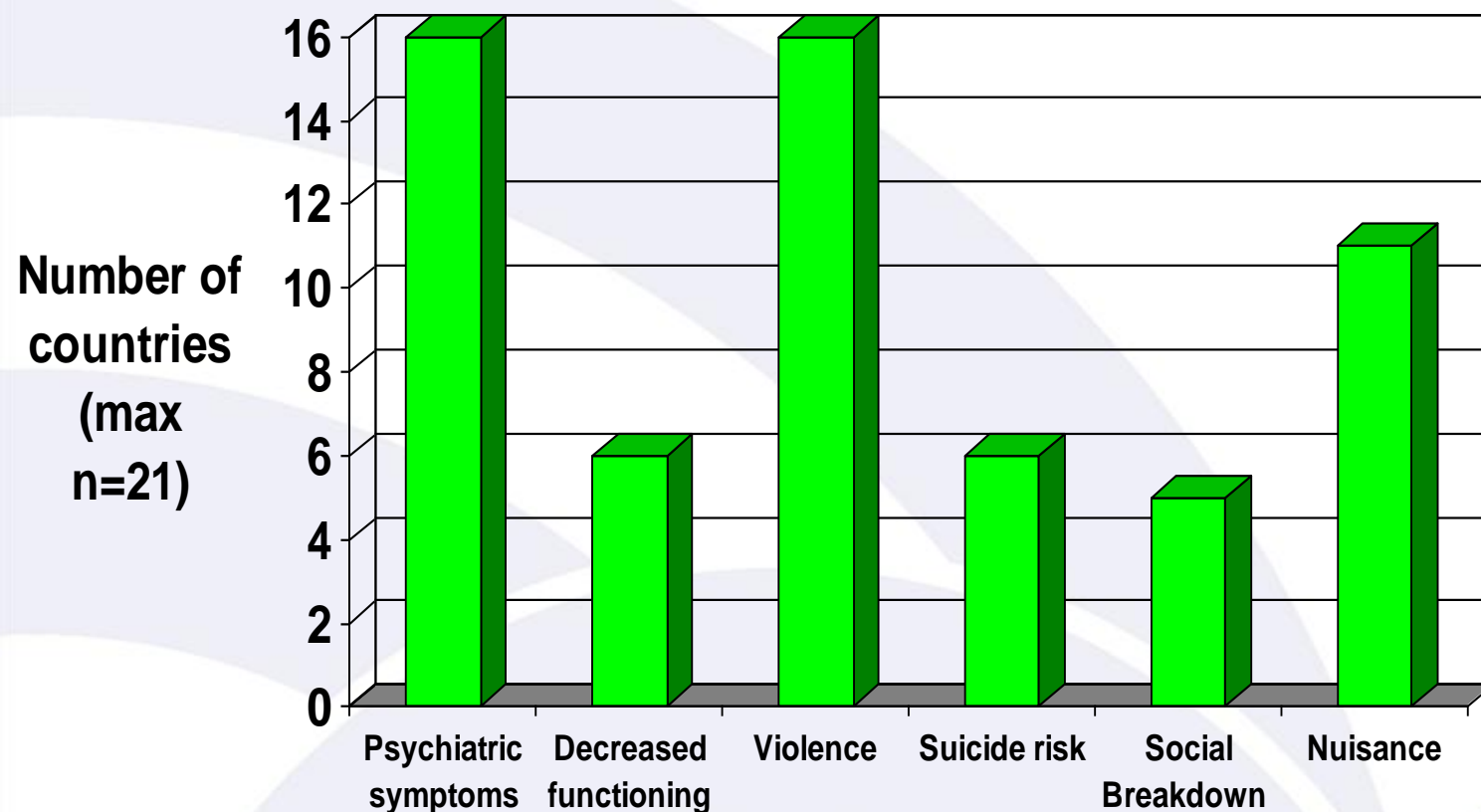
Mental Health Care for SMI patients



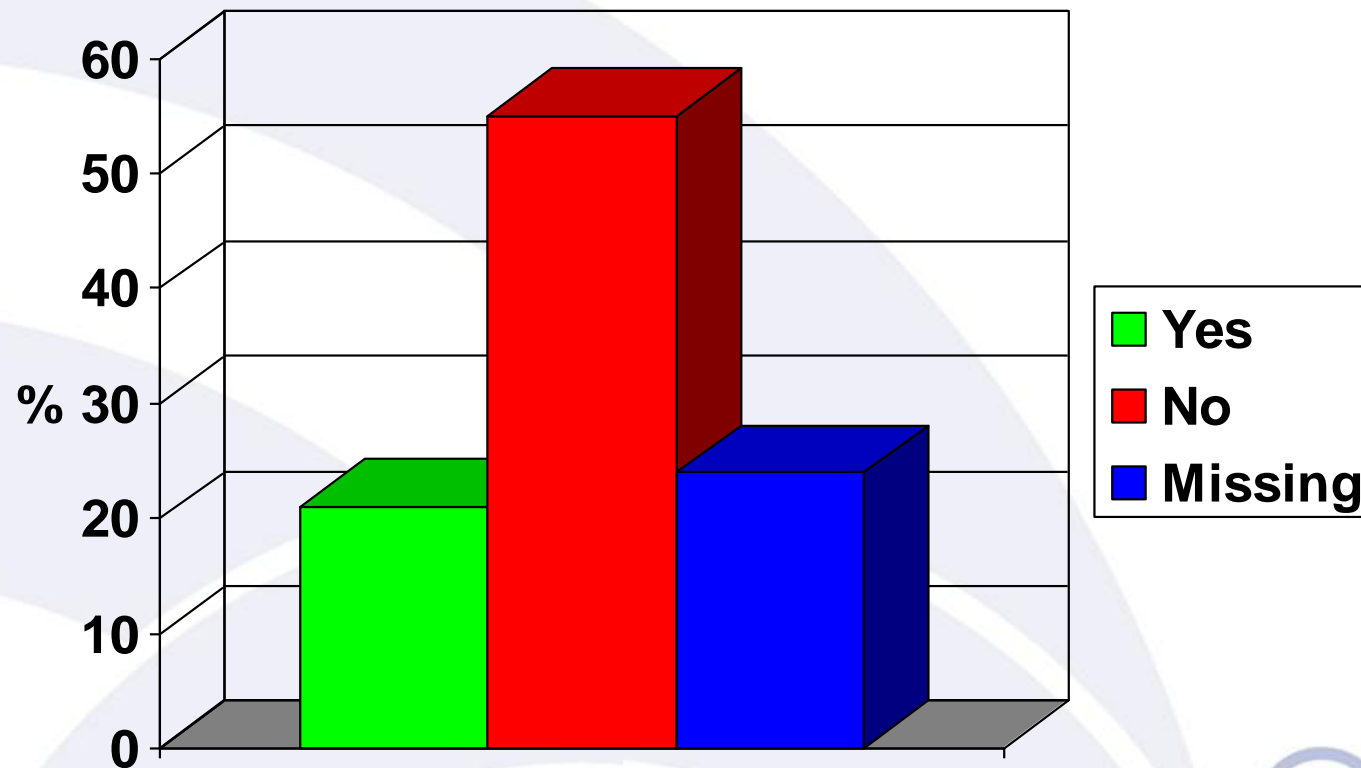
Difficult to engage patients enter the mental health system through:



Reasons for difficult to engage patients to enter the mental health system:



In large cities, is there a systematic way to detect difficult to engage patients?



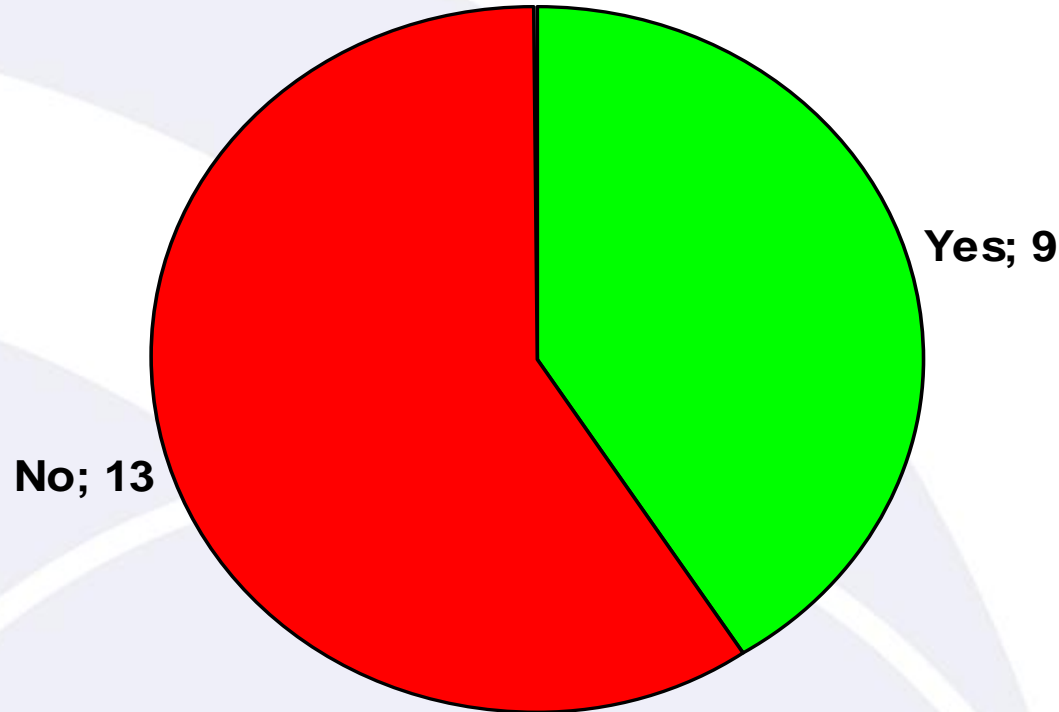
Implementation of Assertive Outreach as a model in Europe

Definition of AO:

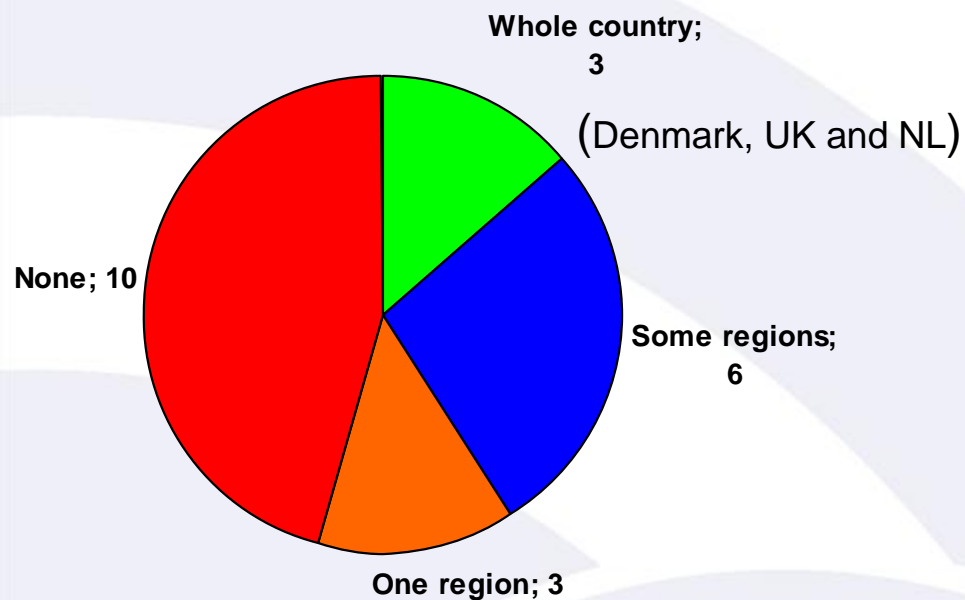
- Caseloads of below 15 service users per staff member
- Contact mostly at service users' homes and in other community settings
- Frequency of contact that is substantially greater than usual local continuing care

(Definition: European Service Mapping Schedule II)

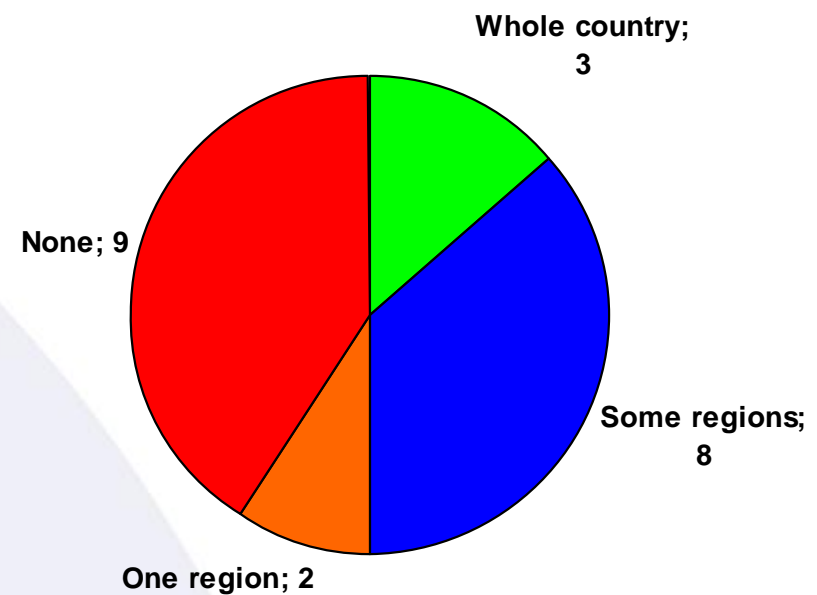
In large cities, any form of AO available for difficult to engage SMI patients?



Implementation of AO in 2011



Plans for implementation of AO



Case History Peter: First Episode Psychosis

- Peter, 23 years, living with his parents in a large city.
- Friends noticed strange behaviour, but no aggression
- Stopped classes since one year
- Withdrawal from social contacts
- Does not take drugs
- Parents noticed strange behaviour: room a mess, strange answers, talking to himself
- Not aware of his strange behaviour and does not want any help



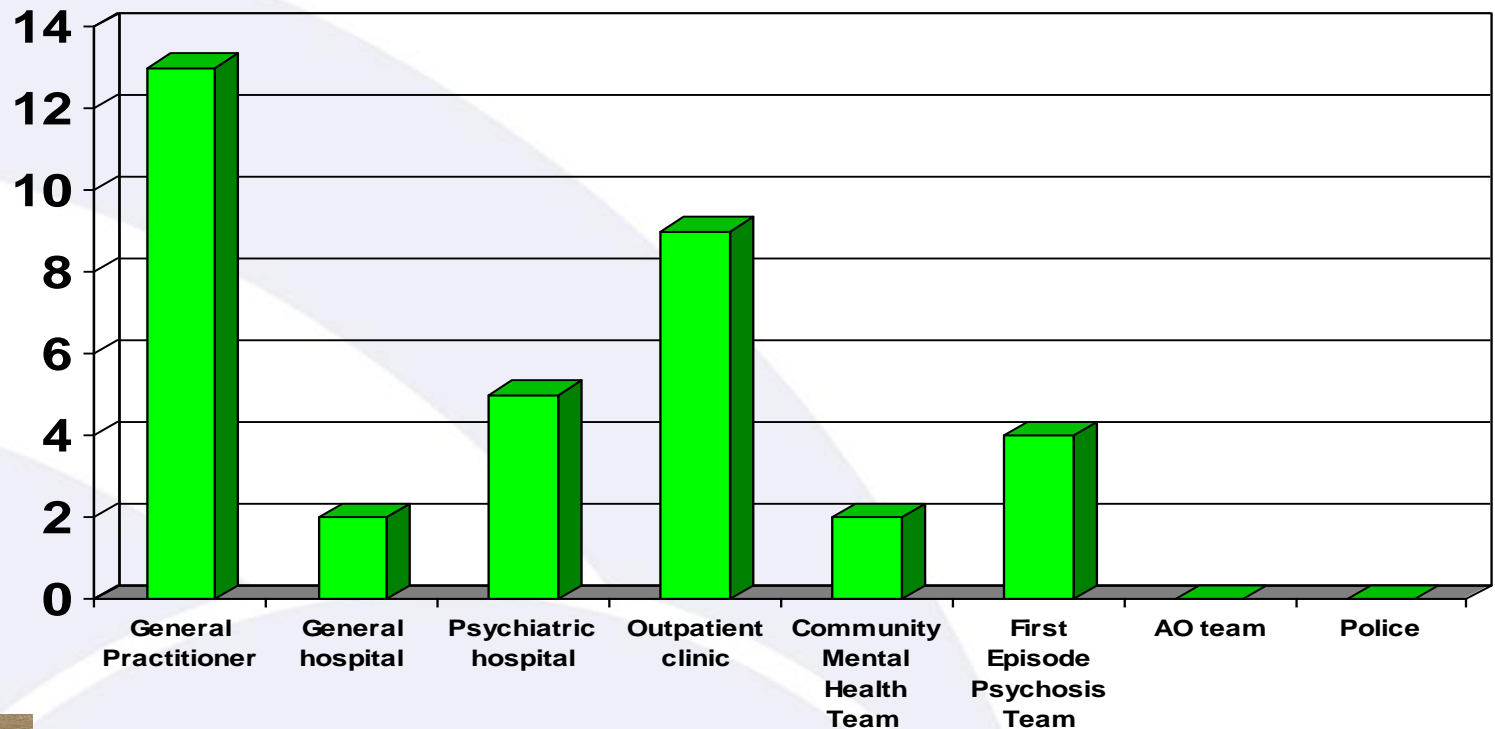
Typical case history?

- 22 countries (100%): yes

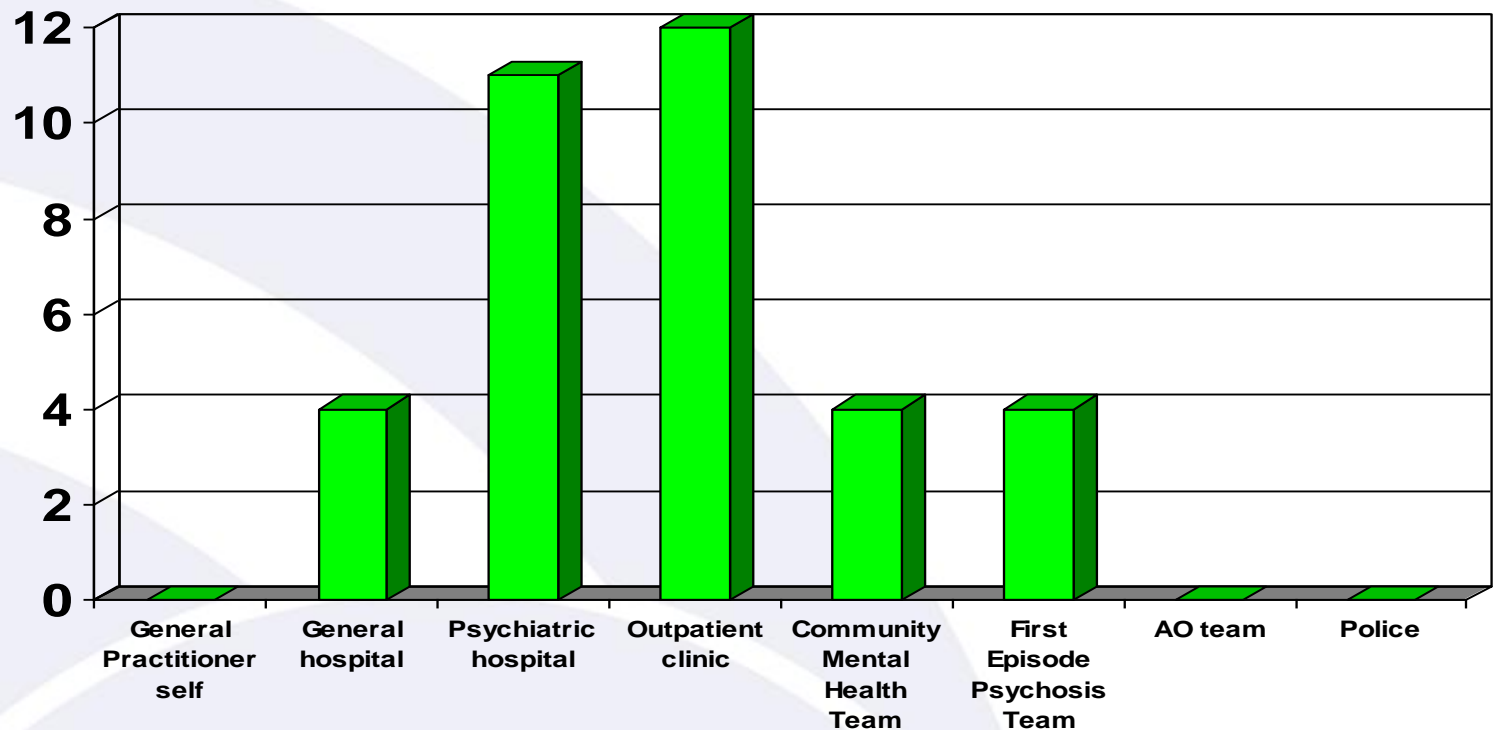


First episode patient, not wanting help

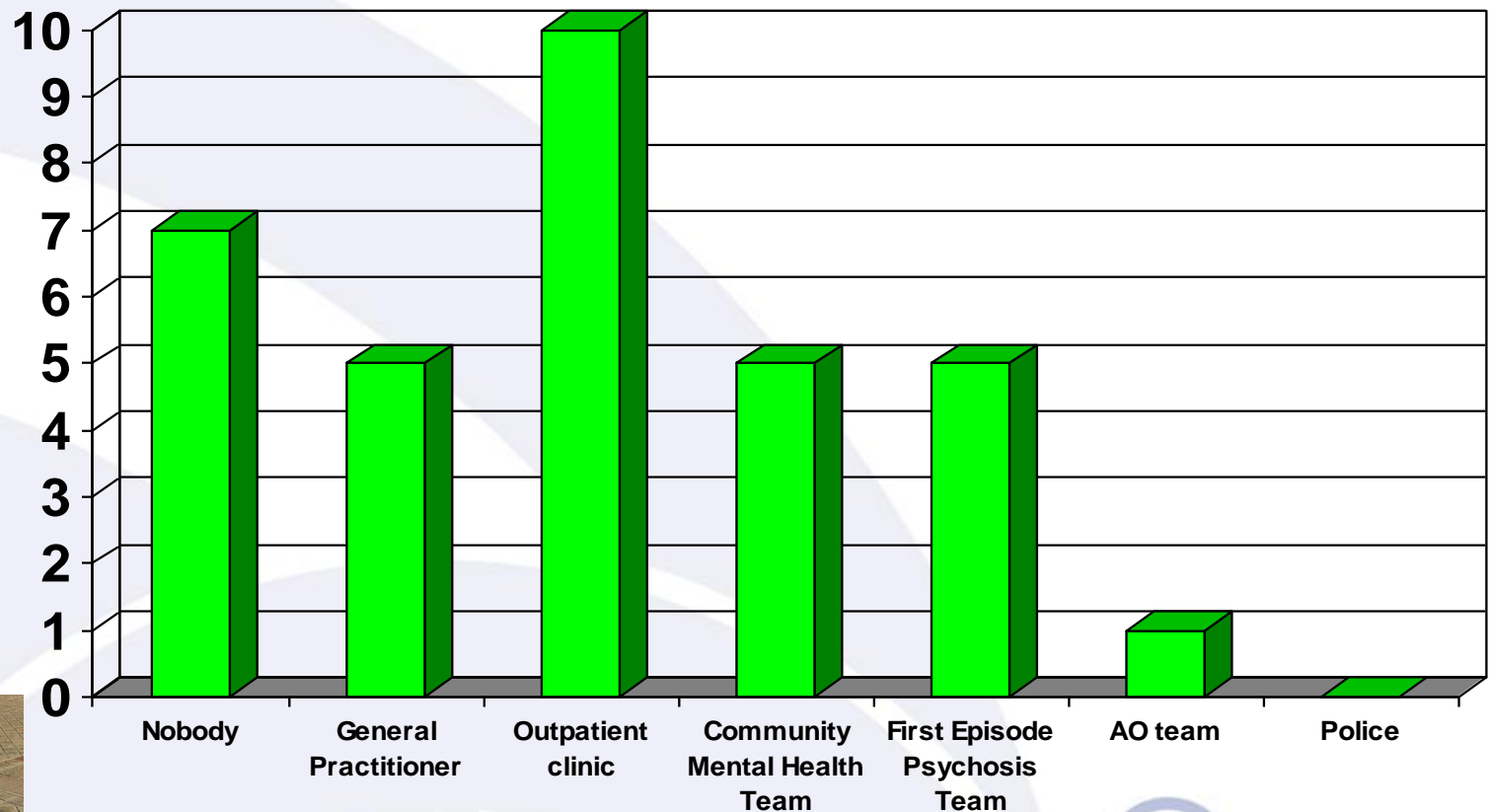
Parents would go to:



GP examines Peter, who does not want help; GP would send patient to:



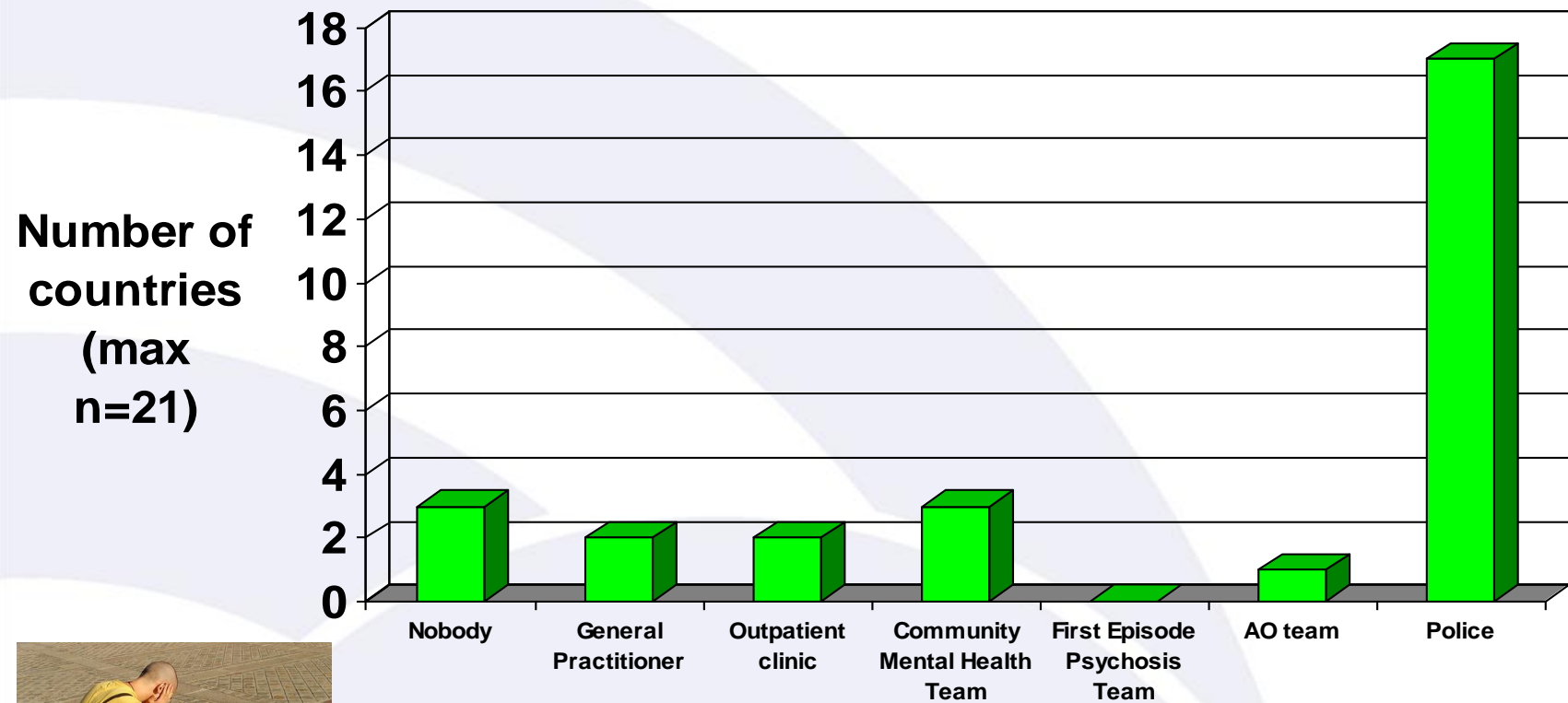
Peter is voluntary admitted, diagnosed with schizophrenia, but leaves hospital prematurely; hospital would call:



Number of
countries
(max
n=21)



Peter is **involuntary** detained, diagnosed with schizophrenia, but escapes from hospital; hospital would call:



Case History George, 45 years

- George, 45 years, living on the streets in a large city
- Actively hearing voices and has paranoid delusions
- Eats left-overs
- Not dangerous to others or himself
- Dirty cloths, smells badly, long hair and beard
- Somatic situation unknown
- Unknown income and health insurance
- Drug use unknown
- Psychiatric history unknown
- Citizens notice “strange behaviour”
- George does not want help



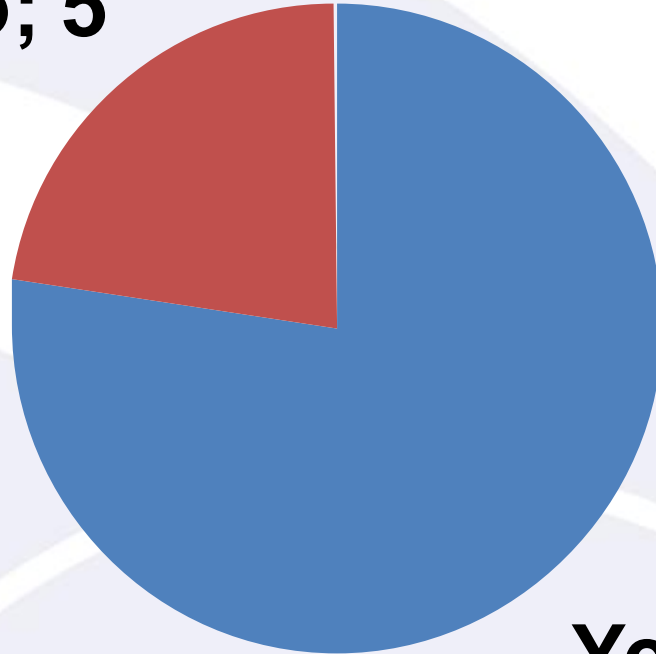
Typical case history?

- Yes : 16 (73%) countries
- No : 6 (27%) countries
 - » Bulgaria, Finland, Italy, Norway, Slovakia, Switzerland (few homeless)



In your country, would George receive any help?

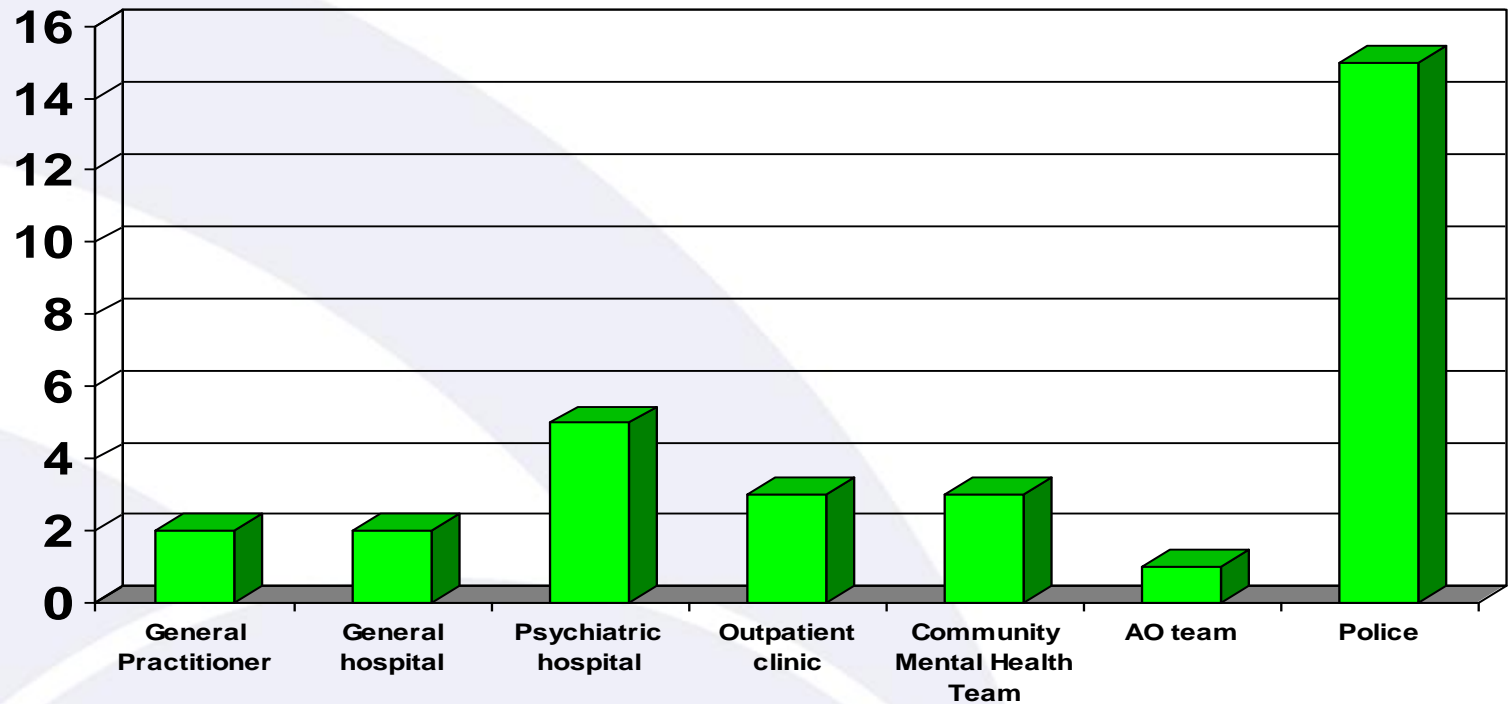
No; 5



Yes; 17

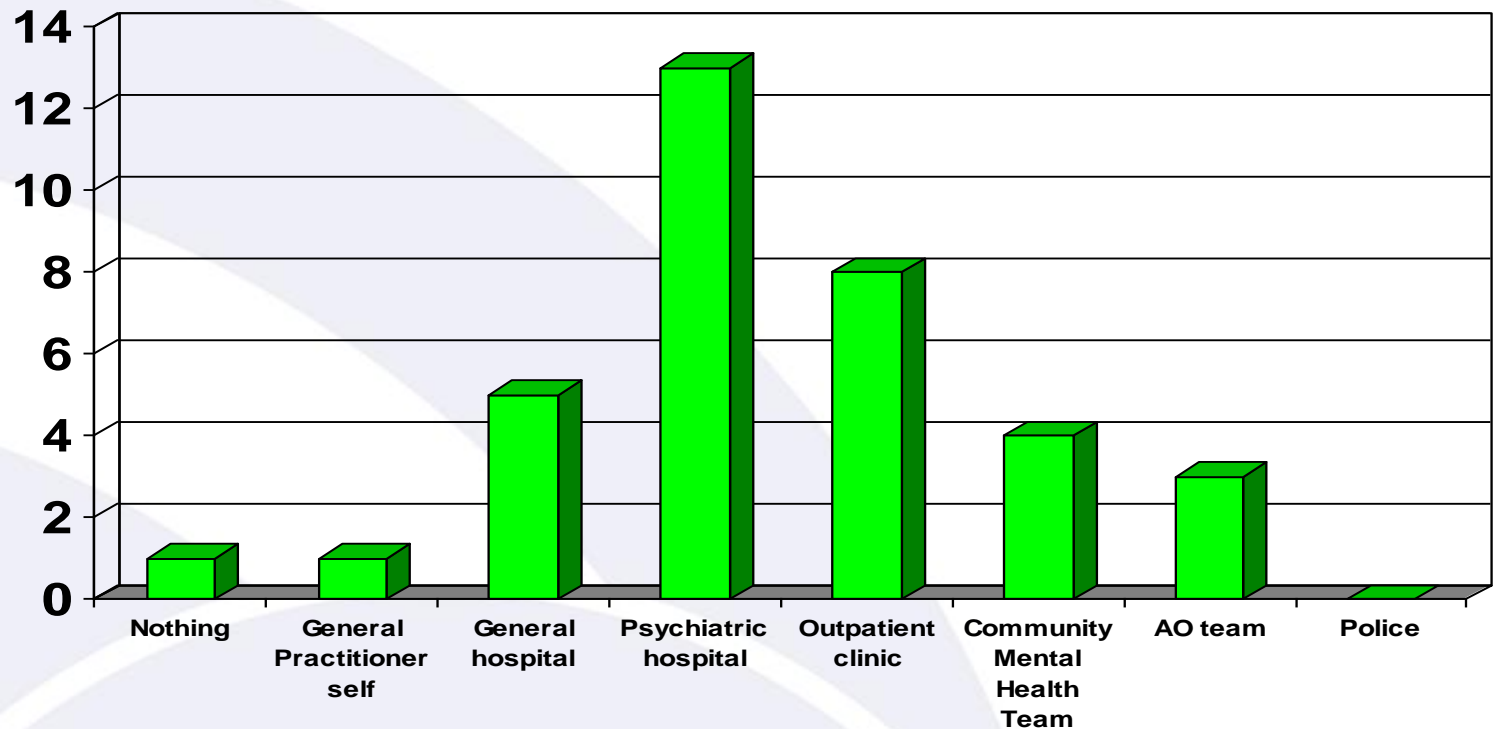


Citizens want help for George, they would call:

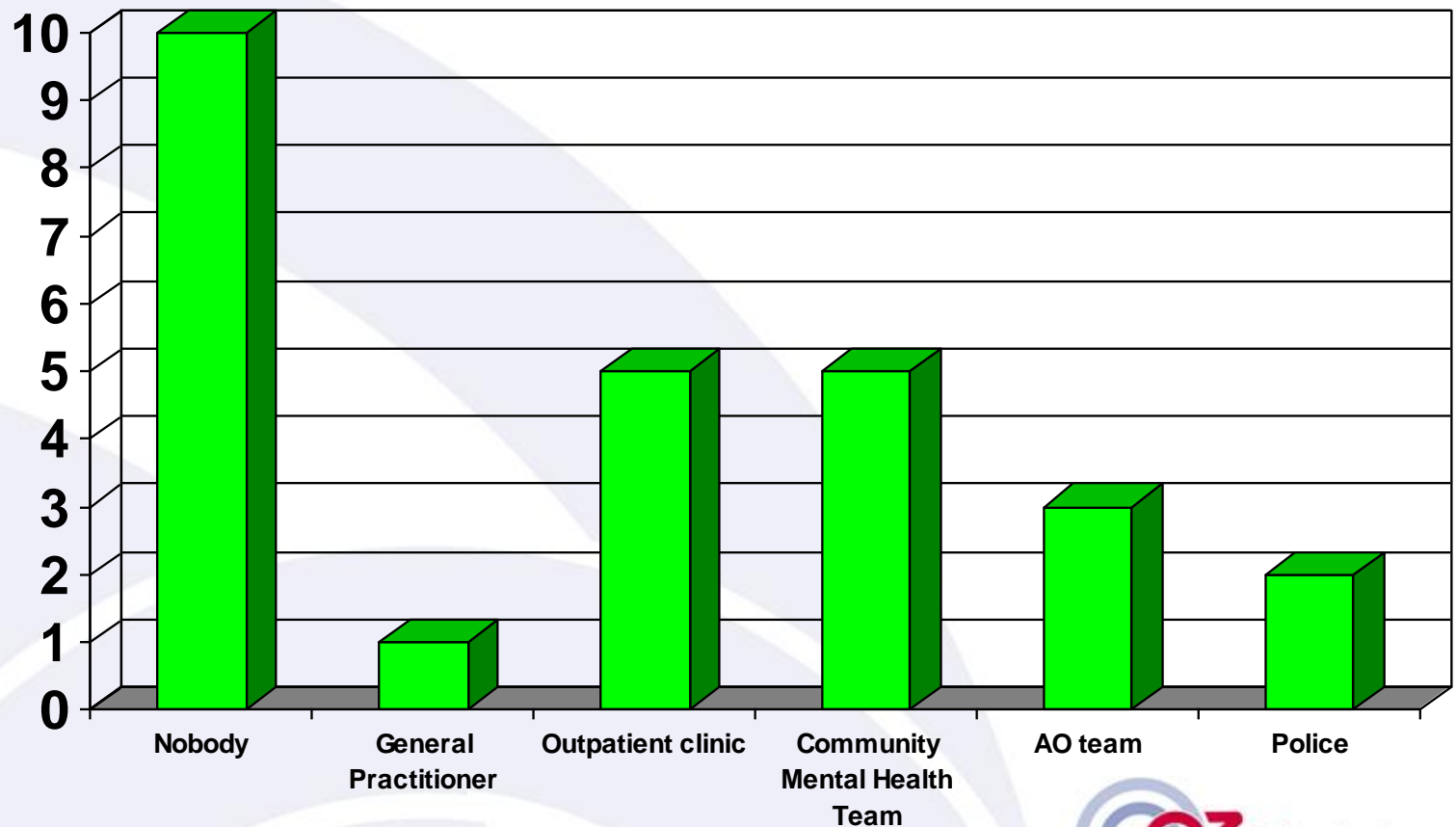


GP has examined George, he would refer to:

Number of
countries
(max
n=21)



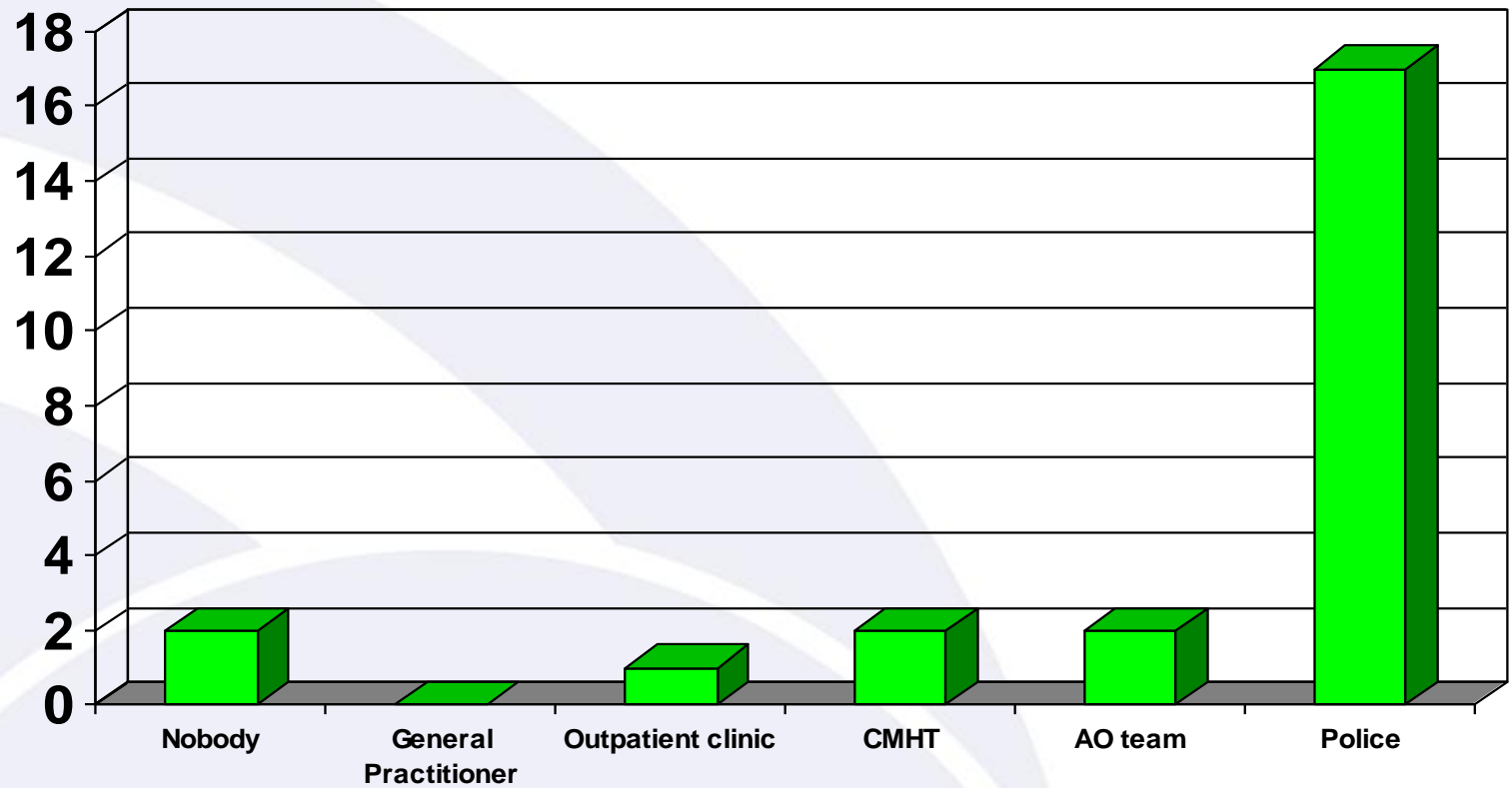
George is voluntary admitted, diagnosed with schizophrenia, but leaves hospital prematurely; hospital would call:



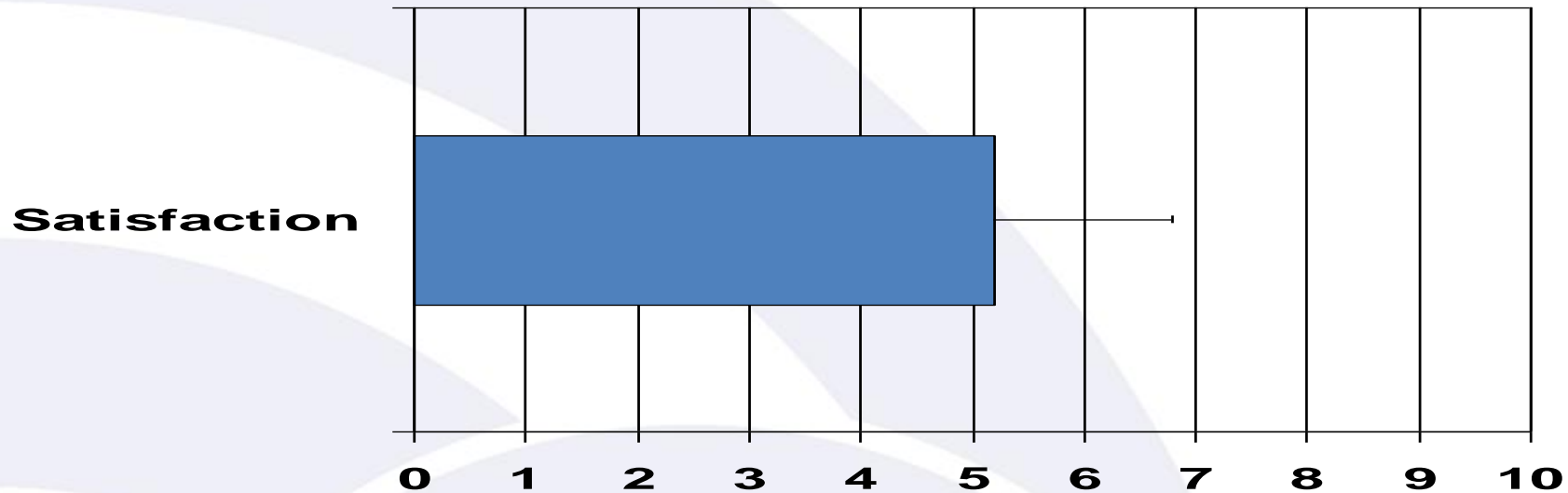
Number of
countries



George is **involuntary** admitted,
diagnosed with schizophrenia, but escapes
from hospital; hospital would call:



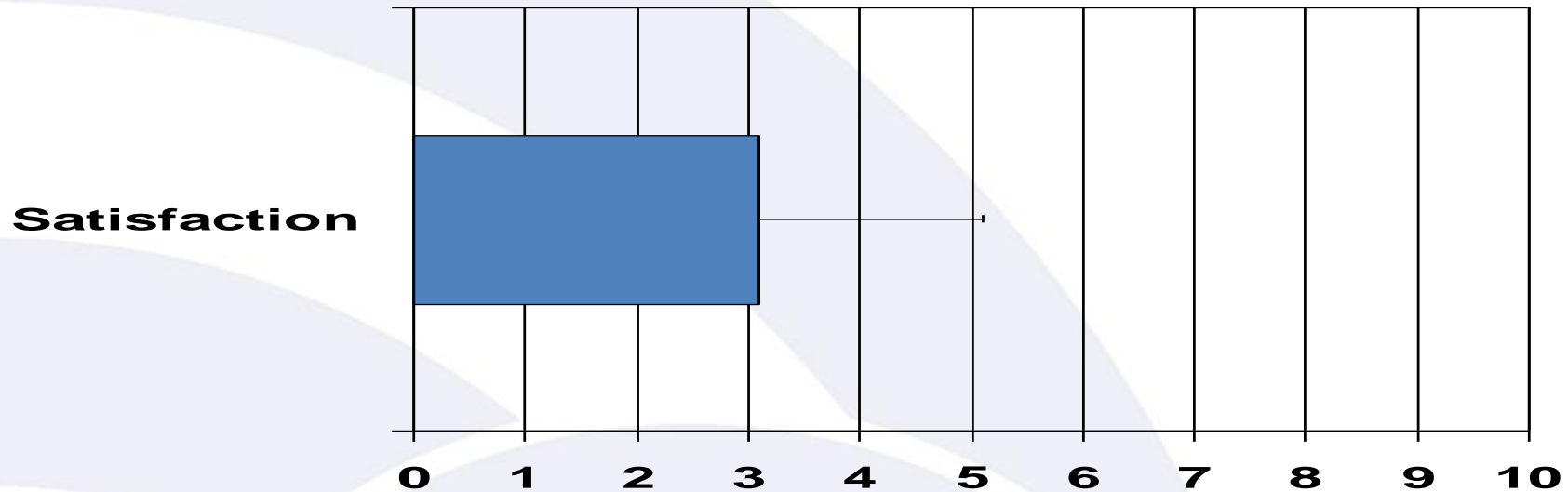
How satisfied are you in general with the quality of outpatient care for SMI patients in large cities in your country?



Highest scores: Denmark, UK (8)

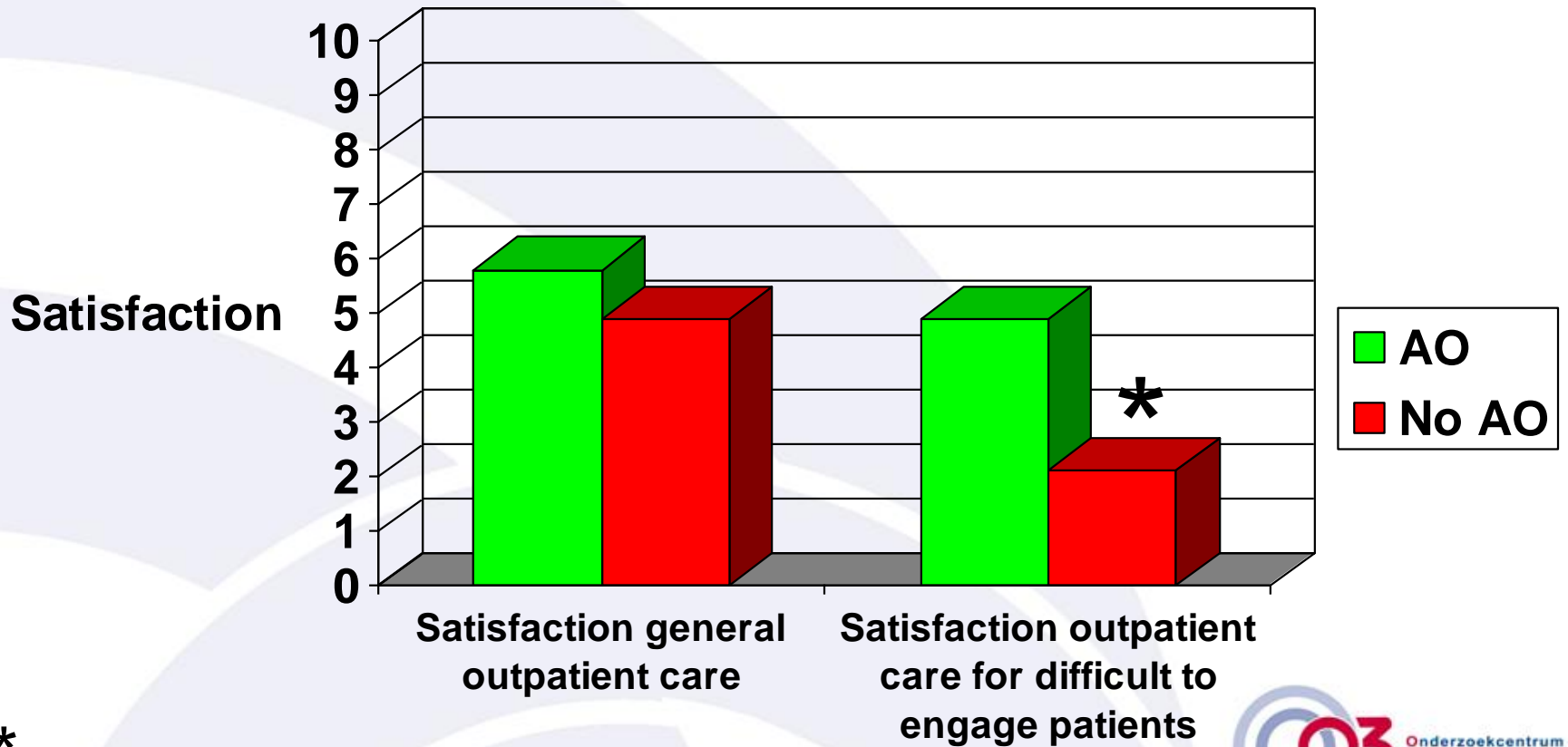
Lowest scores: Czech, Luxemb, Portugal (2)

How satisfied are you with the quality of outpatient care for **difficult to engage SMI** patients in large cities your country?



Highest scores: Denmark, Netherlands (7)
Lowest scores: Czech, Lithuania, Portugal (0)

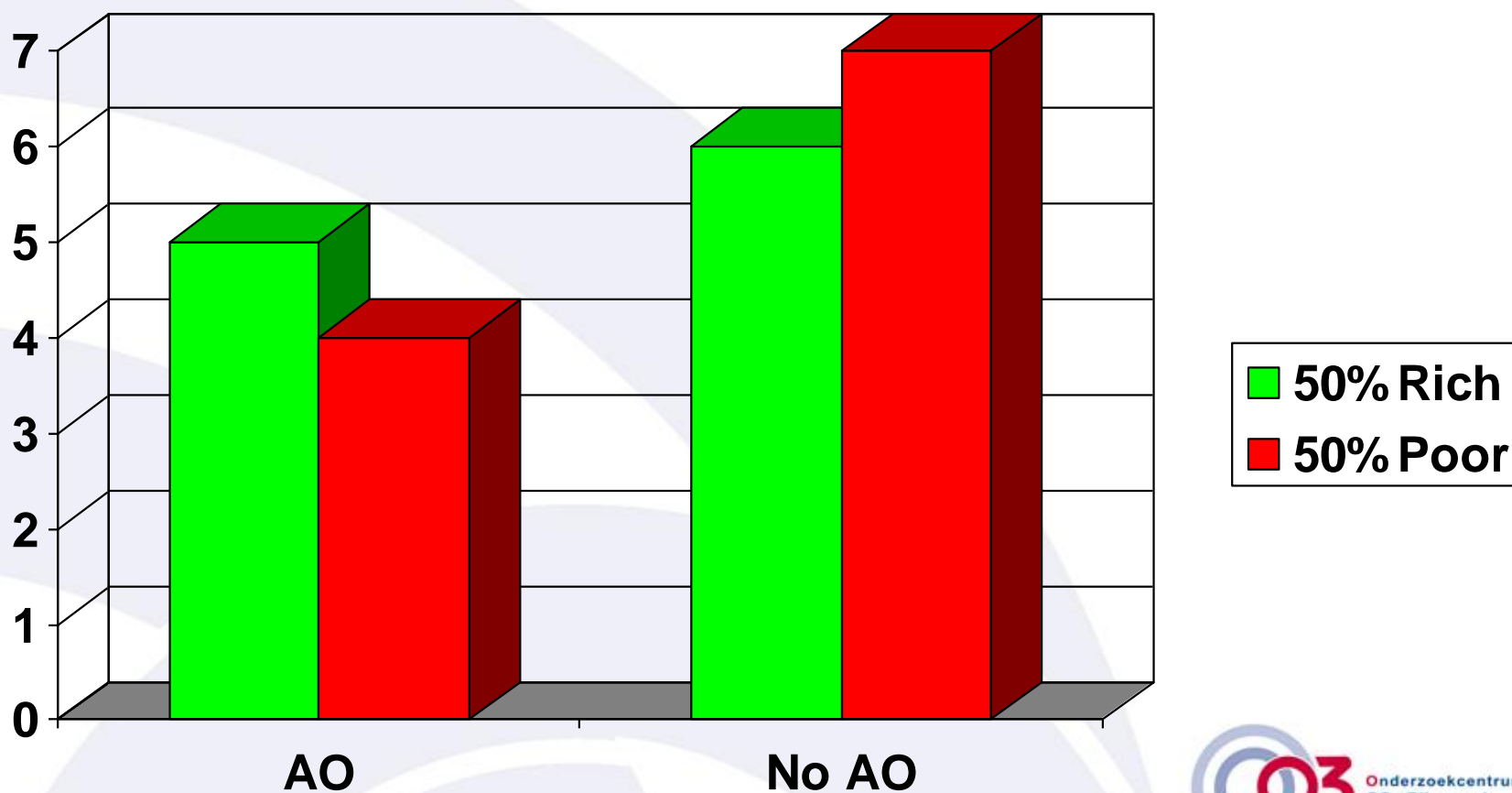
When AO is available, more satisfaction?



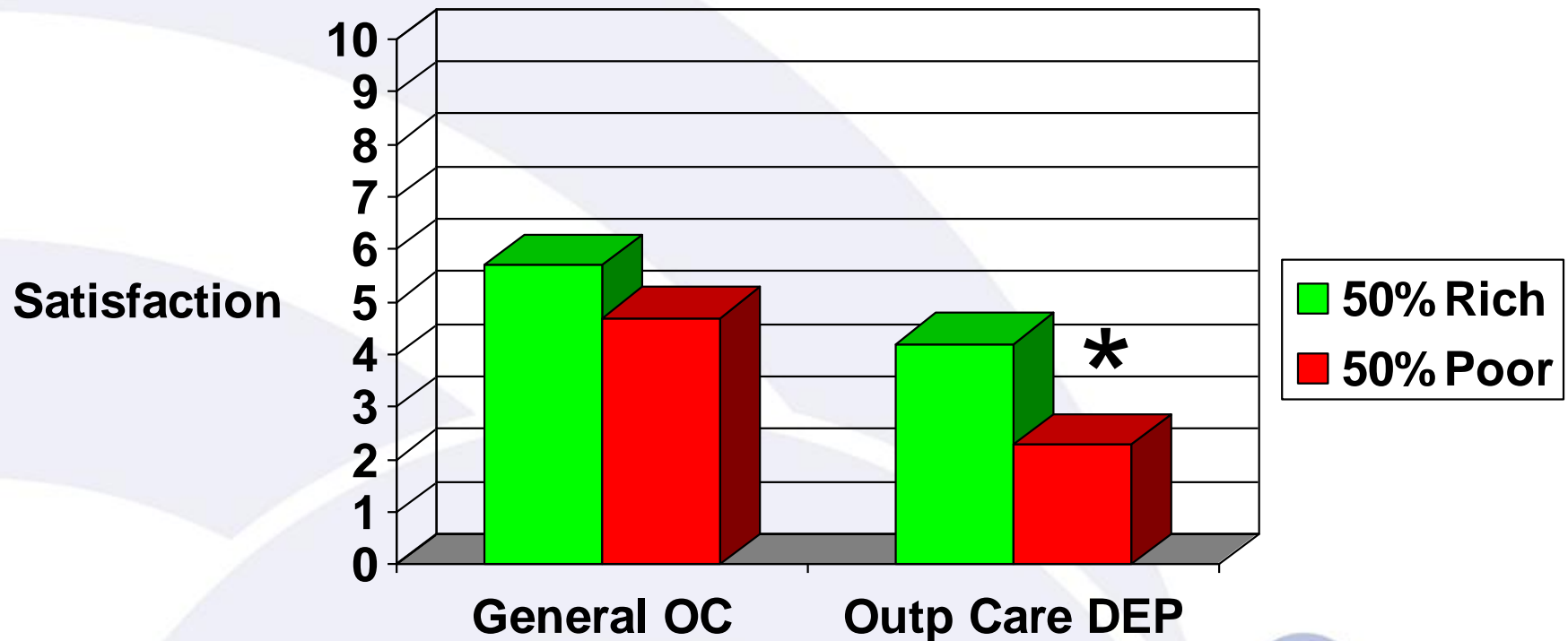
* : $P < 0.05$

Outpatient care: associations with national income?

AO only in rich countries?



Satisfaction with outpatient care



* : $P < 0.05$

Conclusions

- **Motivation paradox:** less motivation for treatment is associated with having more problems
- AO is needed for DEP
- 50% outpatient care in Europe hospital based
- AO in only 40% of large cities

Conclusions

- Large European differences in pathways to care
- DEP enter the mental health system through informal care or the police
- DEP enter the MHS because of symptoms, violence and nuisance, not because of self neglect or social breakdown

Conclusions

- Representatives: quality of general outpatient care: **inadequate**
- Representatives: quality of outpatient care for DEP: **very inadequate**, even in rich countries
- There does not seem to be a direct association between income and the availability of AO

Statement

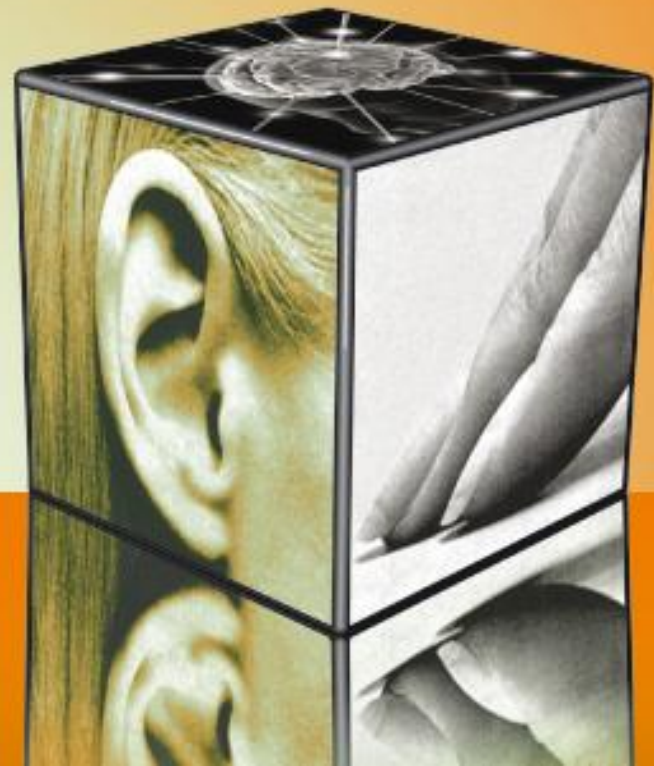
The organisation of outpatient care for difficult to engage patients is not a matter of money but of culture or opinions of stakeholders

Comments by Prof. Stefan Priebe

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