PSIHIATRIČNA KLINIKA LJUBLJANA
UNIVERSITY PSYCHIATRIC HOSPITAL

Towards 10 Years of ACT in Ljubljana, Slovenia

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University Psychiatric Hospital Ljubljana
3rd European Congress on Assertive Outreach
June 2015, Oslo, Norway

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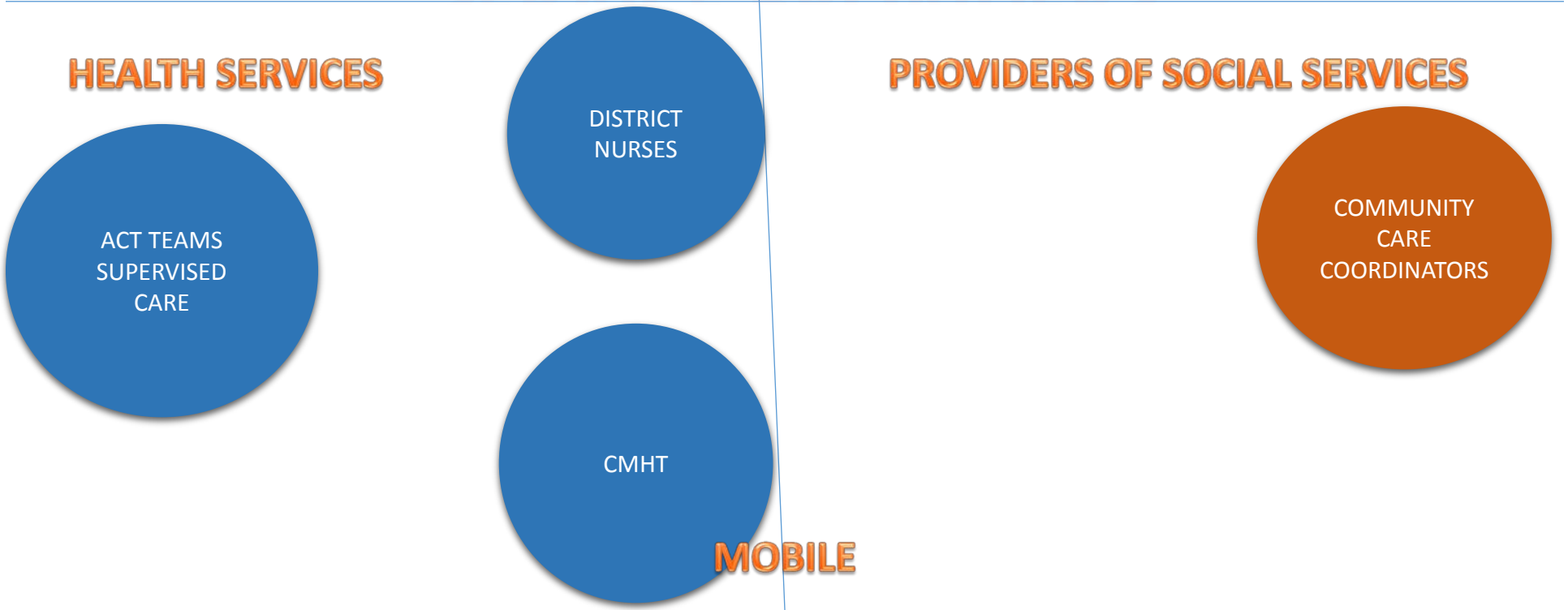
POWER GIANT
EUREKA!
ST OFFICE
H 8 KAY

20 lights + Christmas sparkle = 98
PEDESTRIANS

AUSTRIA
Klagenfurt
Varaždin
CROATIA
ITALY
Udine
Gorizia
Trieste
Gulf of Venice
Zagreb
Karlovac
ADRIATIC SEA
CROATIA
Rijeka
BOSNIA-H.

100,000-200000

SERVICE PROVIDERS

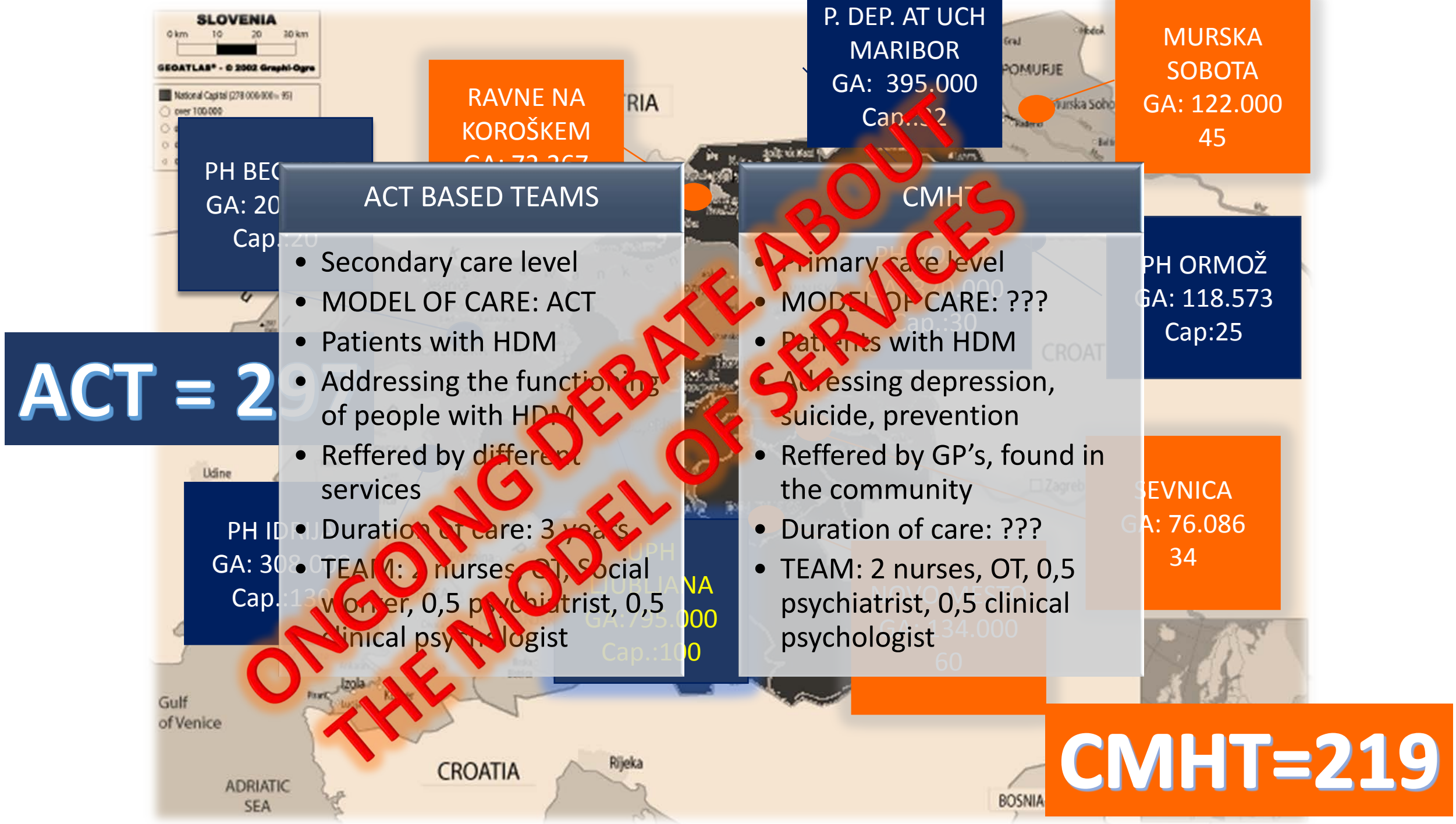


2005: Leonardo Da Vinci mobility project: - Professional exchange to learn community psychiatry at Luton and Bedfordshire MH Trust

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
- Reffered 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
- Adressing depression, suicide, prevention
- Reffered by GP's, found in the community
- Duration of care: ???
- TEAM: 2 nurses, OT, 0,5 psychiatrist, 0,5 clinical psychologist

SLOVENIA
0 km 10 20 30 km
GEOATLAS® - © 2002 Graphi-Ogre
National Capital (278 000-806 = 95)
over 100 000
over 50 000
over 10 000
other city
AUSTRIA
HUNGARY
CROATIA
ITALY
CROATIA
BOSNIA-H.
ADRIATIC SEA
Gulf of Venice
Gulf of Trieste
Klagenfurt
POMURJE
Murska Sobota
Gornja Radgona
Jesenice
Velenje
Mozirje
SAVINJSKO
Celje
Laško
GORENJSKA
Kranj
Škofja Loka
GORIŠKA
Nova Gorica
Gorizia
Udine
Postojna
PRIMORSKA
NOTRANJSKA
Trieste
Izola
Koper
Rijeka
Karlovac
Varaždin
Zagreb
UPH
LJUBLJANA
GA:795.000
Cap.:100

Pozdrav iz
LJUBLJANE

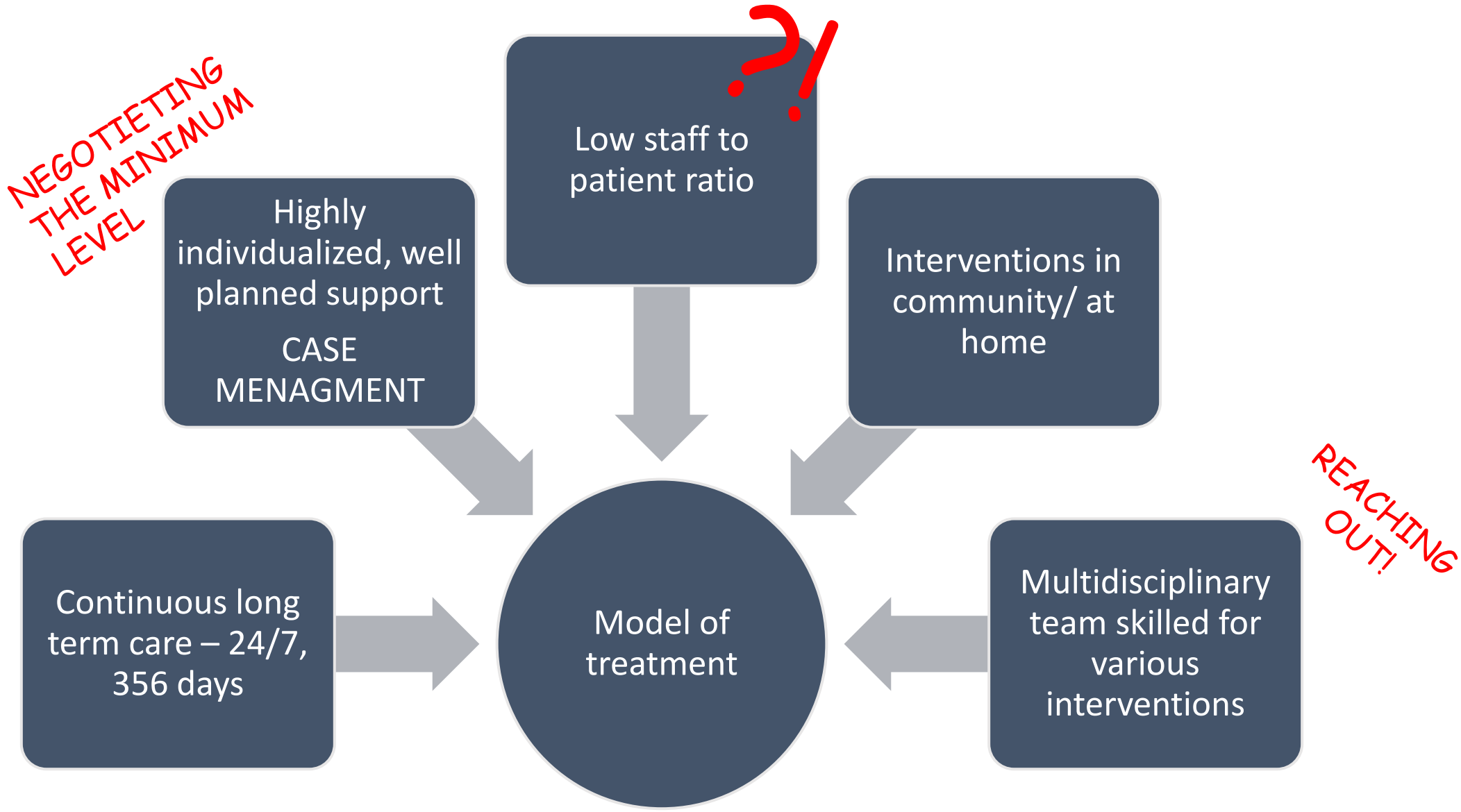
Assertive community treatment team in University Psychiatric Hospital Ljubljana

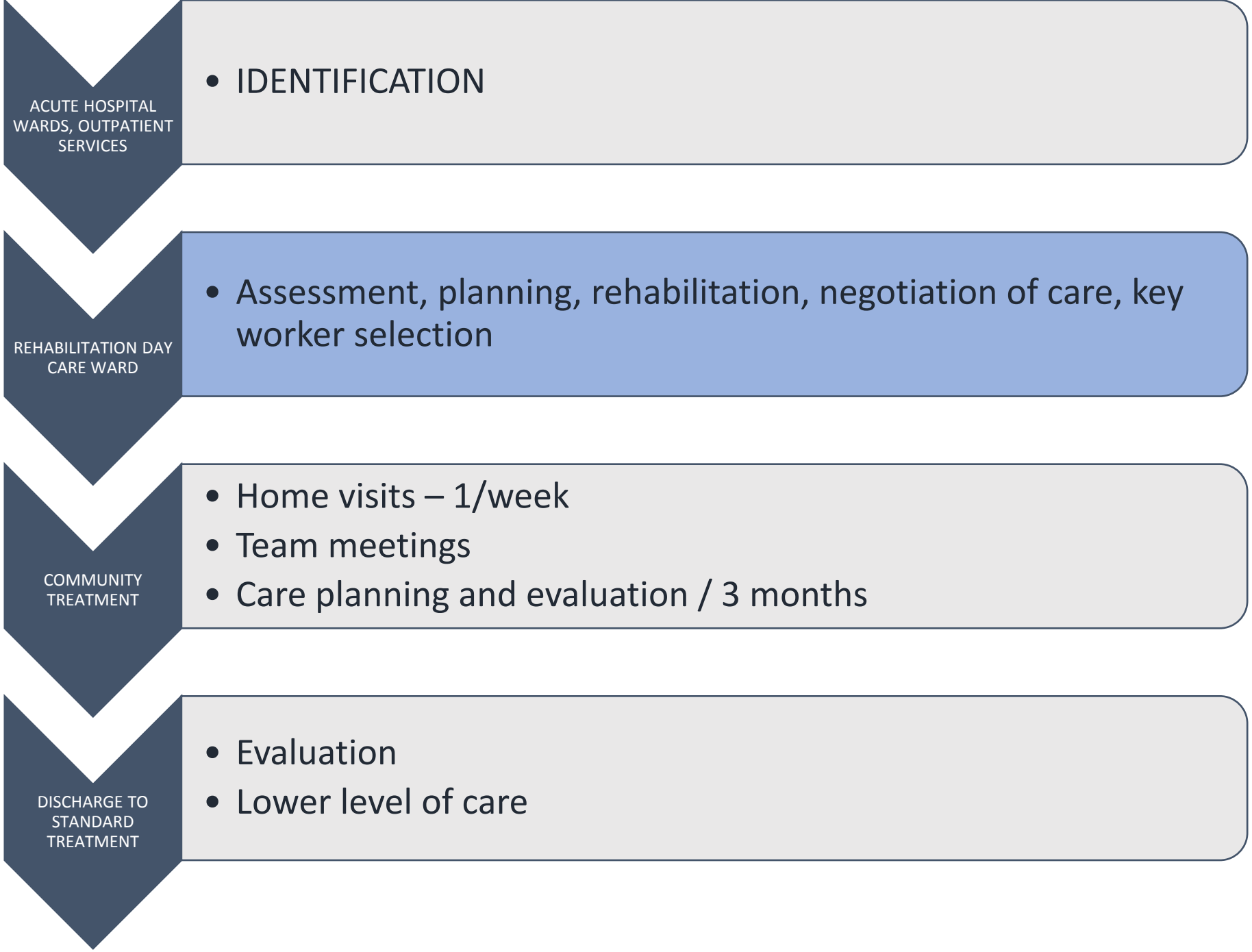
- Addressing the needs of patients with HMD; revolving door syndrome
- 3 community care programms

  ACT (60)

  ACT for patients under supervised care under Mental Health Act (10 and counting)

  family placment community care (27 patients)
- Service capacity: 60 patients (+10 in supervised care)
- Duration of treatment: 3 years (often more)


NEGOTIETING THE MINIMUM LEVEL
Highly individualized, well planned support
CASE MENAGMENT
Low staff to patient ratio
?!
Interventions in community/ at home
REACHING OUT!
Continuous long term care – 24/7, 356 days
Model of treatment
Multidisciplinary team skilled for various interventions


ACUTE HOSPITAL WARDS, 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

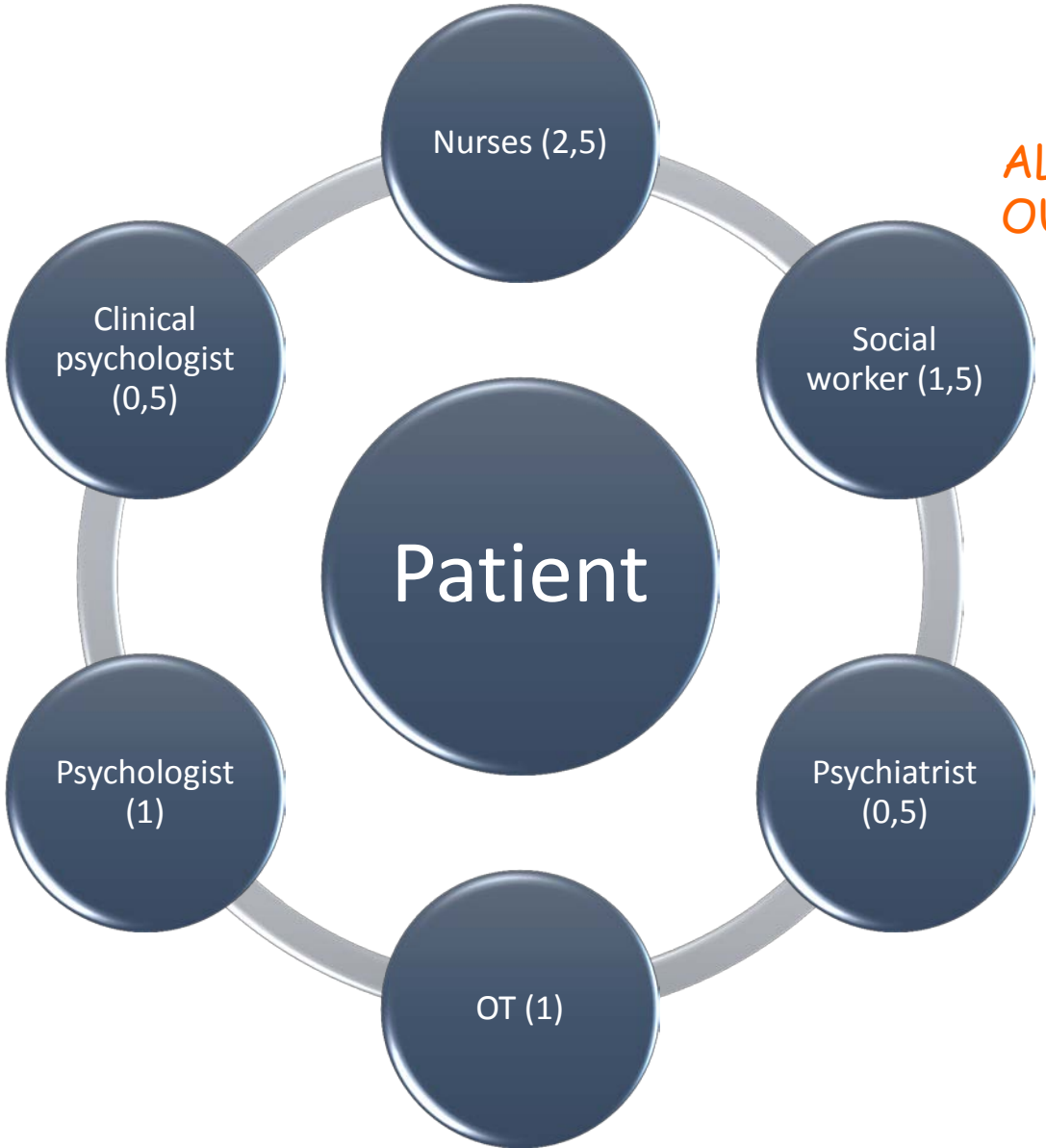
Key Methods

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

CONECTING WITH SERVICES

SOCIAL WORKER:
PROVIDES HOUSING,
FINANCES,
EMPLOYMENT, DEBTS
WRITE OFF
PSYCHOLOGIST
PREGNANT
OT
TEAM MENAGER:
ORGANIZING + BASIC
SUBSTANCE ABUSE +
CASE LOAD
ALL OTHERS ARE JUST
WORKING

The team



ALL THE PATIENTS HAVE THEIR OWN OUTPATIENT PSYCHIATRISTS

- Contacts – key worker
- Care planning – the team

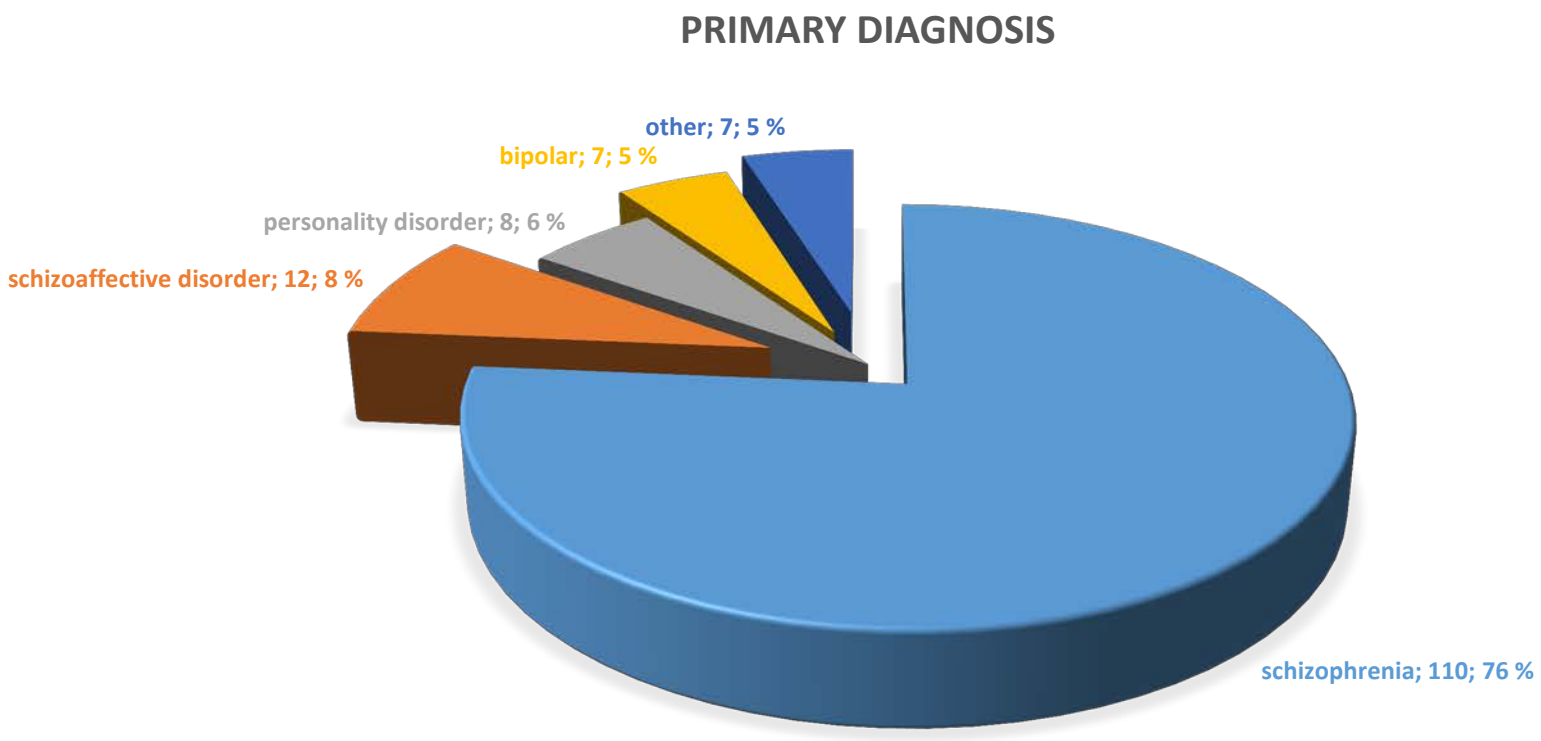
Outcomes…

INCLUSION CRITERIA

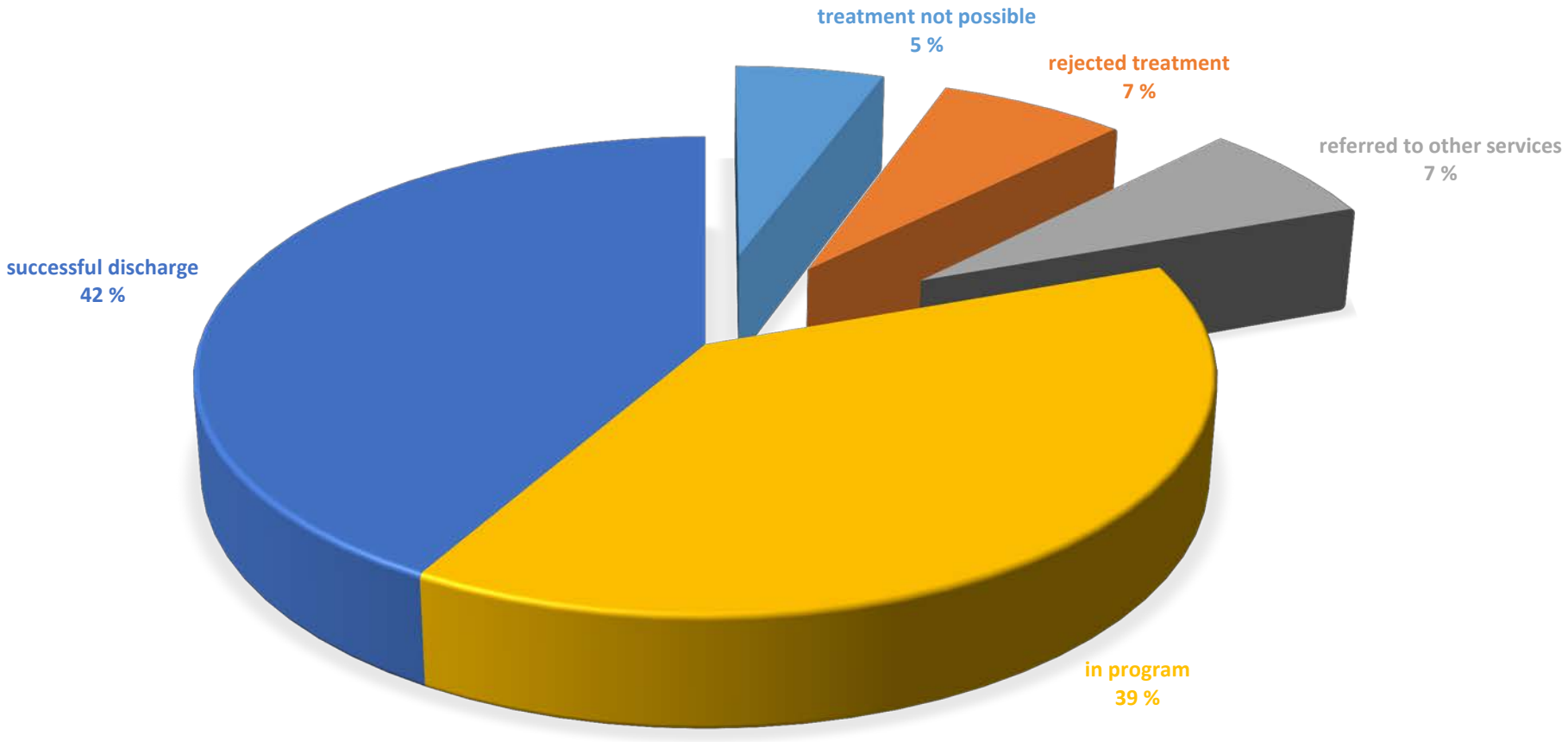
FUNCTIONING

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

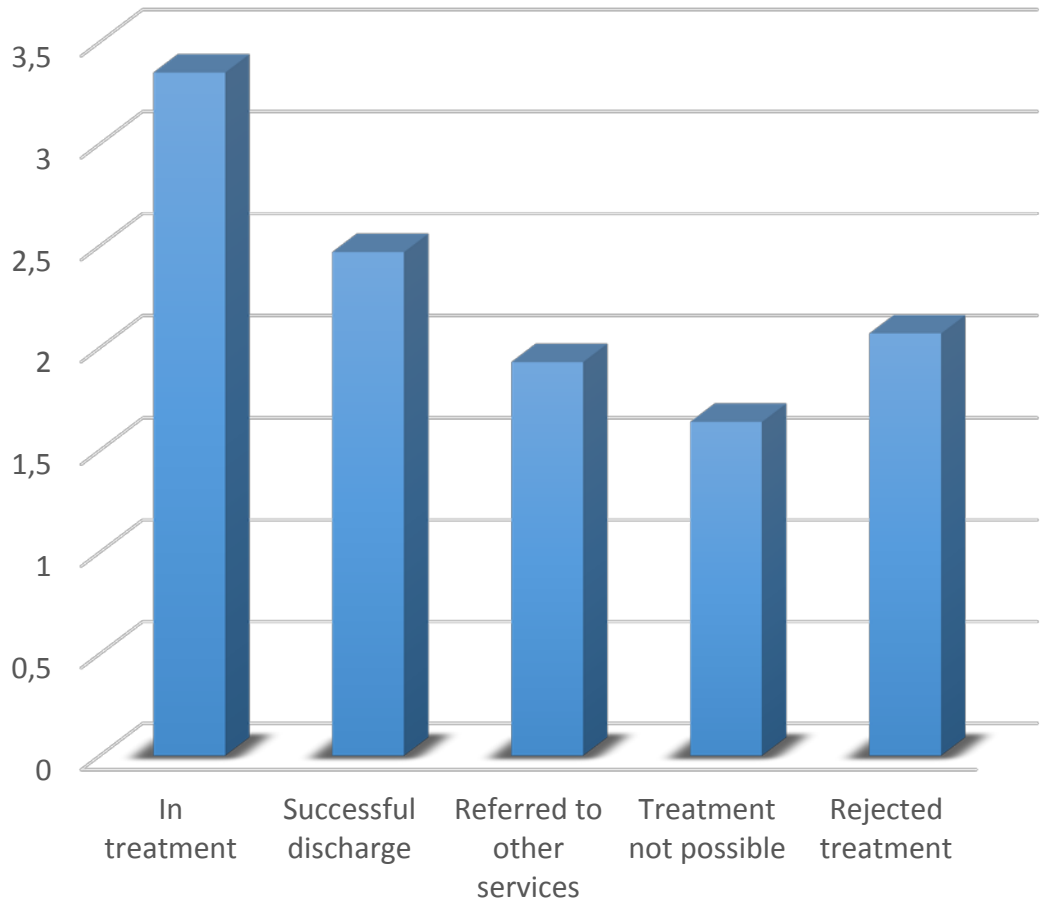
Who do we treat?



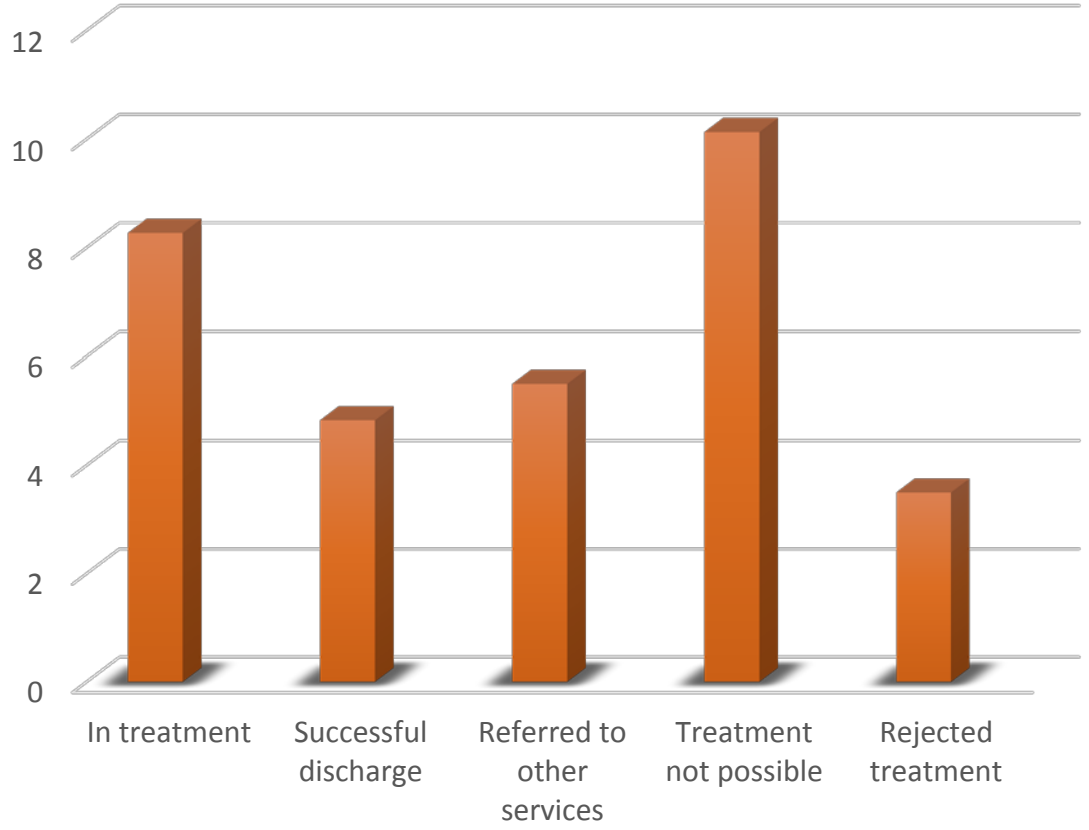
What happens? (N=144)

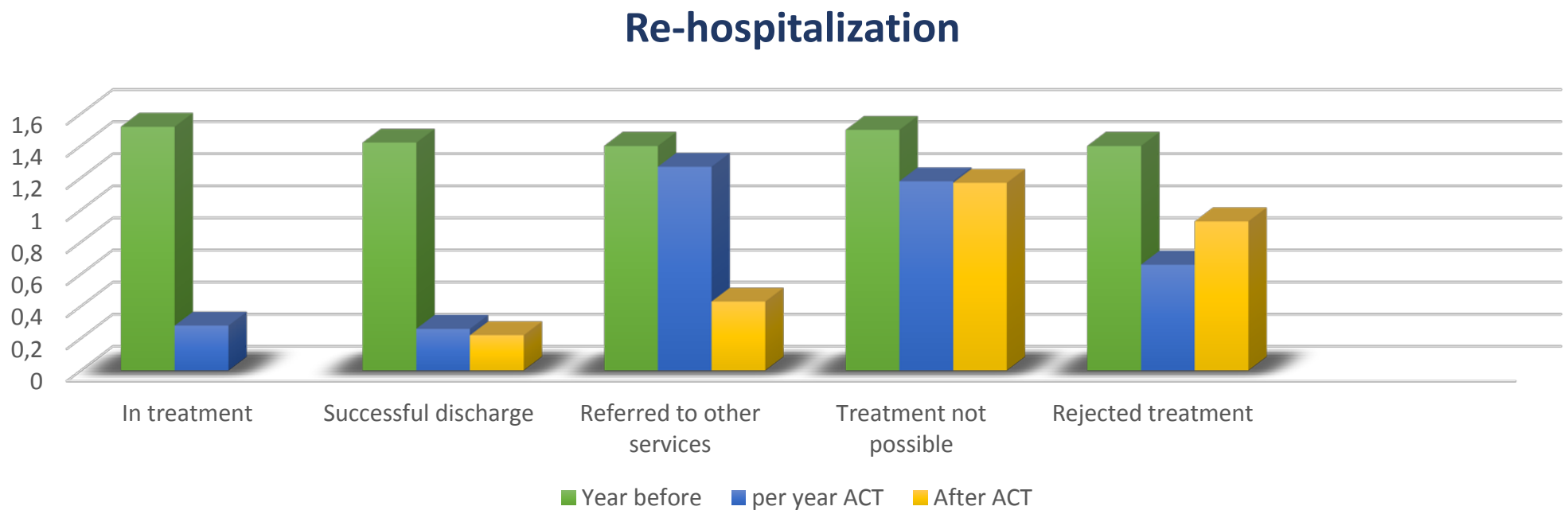


Years of treatment



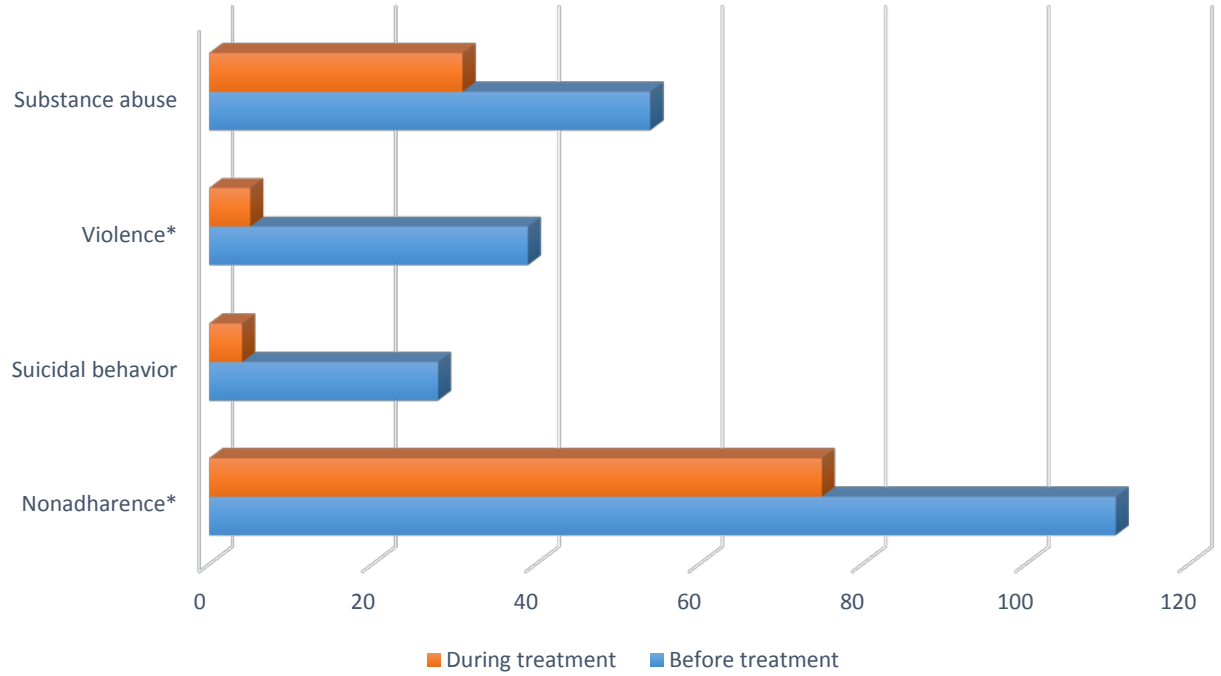
Lifetime hospitlization before the service





- The difference between year before and during the treatment is statisticaly significabt (t=14,23; p<,0001).
- The difference between groups after discharge is statisticaly 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

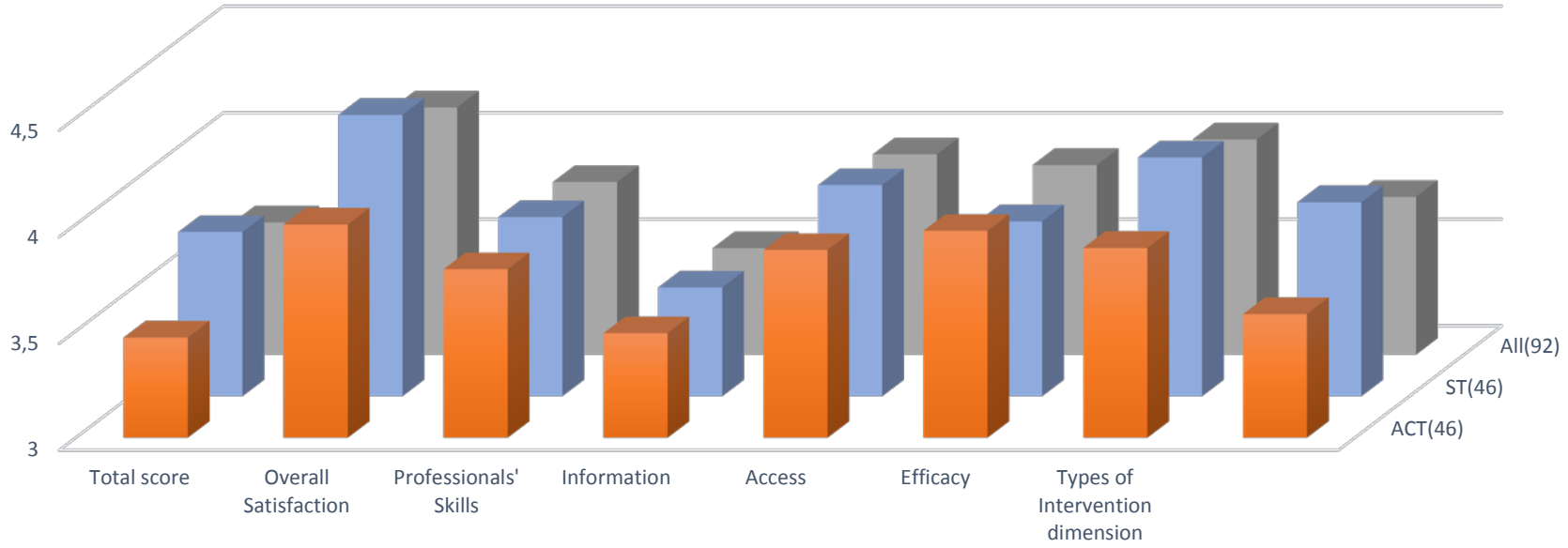
Comorbidities



*statistical significance p= <0,001

BEYOND THE NUMBERS

Satisfaction with services – comparision of standard treatment and ACT (A. Jerič, master degree)



- Patients with standard treatment are overall statisticaly more satisfied with treatment and with proffesional skills of staff (t=-2,28, p=0,025), while ACT patients have more and more diverse interventions, more contacts and more proffesionals involved.

RECOVERY

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