Crisis resolution and (Flexible) Assertive Community Treatment

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No conflicts

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17-0411
uitgezonderd


Psycholance

The Dutch Emergency Psychiatry Model

- **Outreach crisis services 24/7**
  - Triage by MD and/or nurse
  - Usually on request of:
    - Primary care physician
    - Mental health professionals
    - Emergency room specialist in a general hospital
    - Police
- Few patients are seen in the
  - Emergency room in a general hospital
  - Emergency room in a psychiatric hospital

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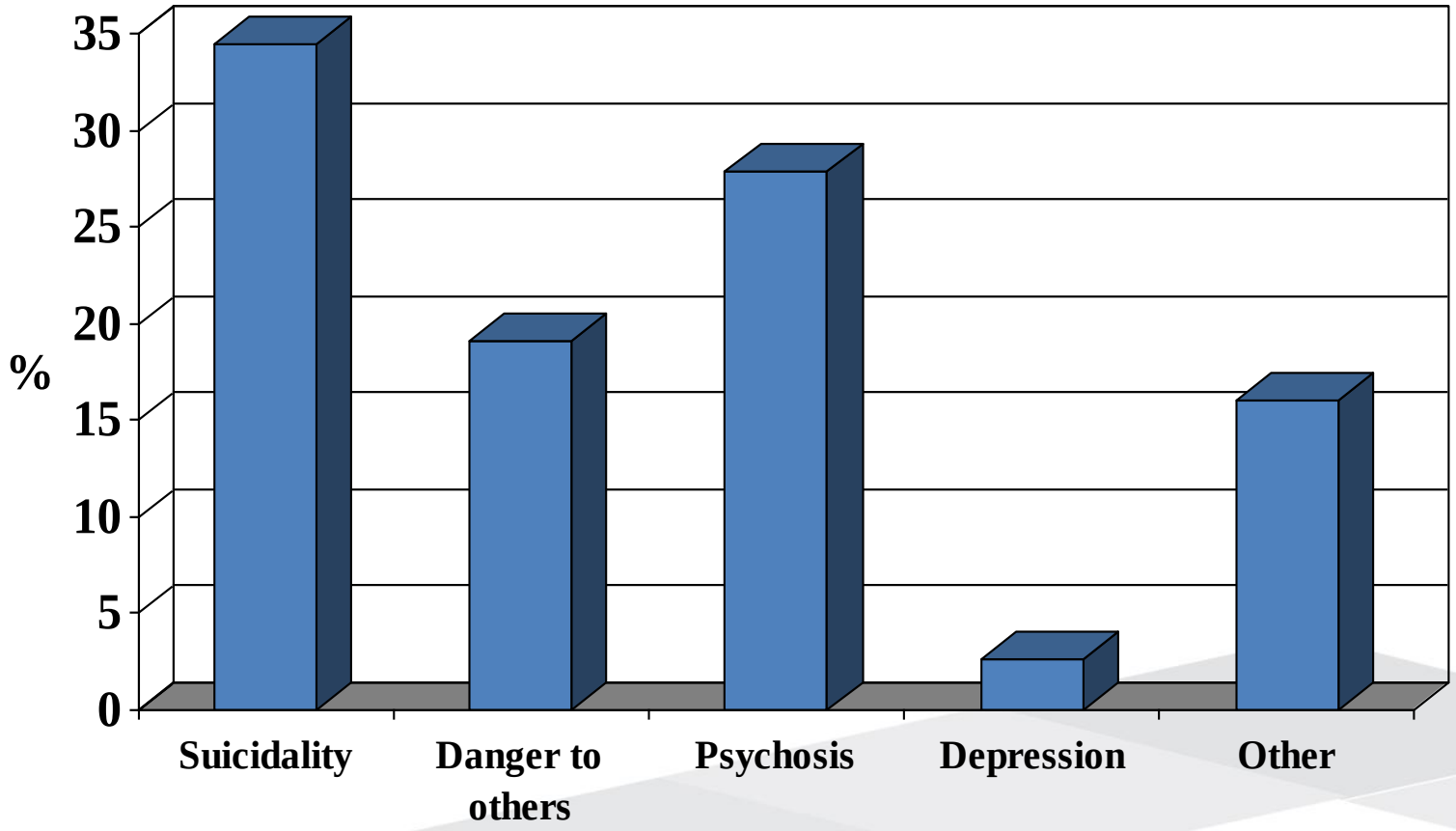
Reasons for referral to mobile emergency services in Rijnmond Region



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Rising numbers of involuntary admissions

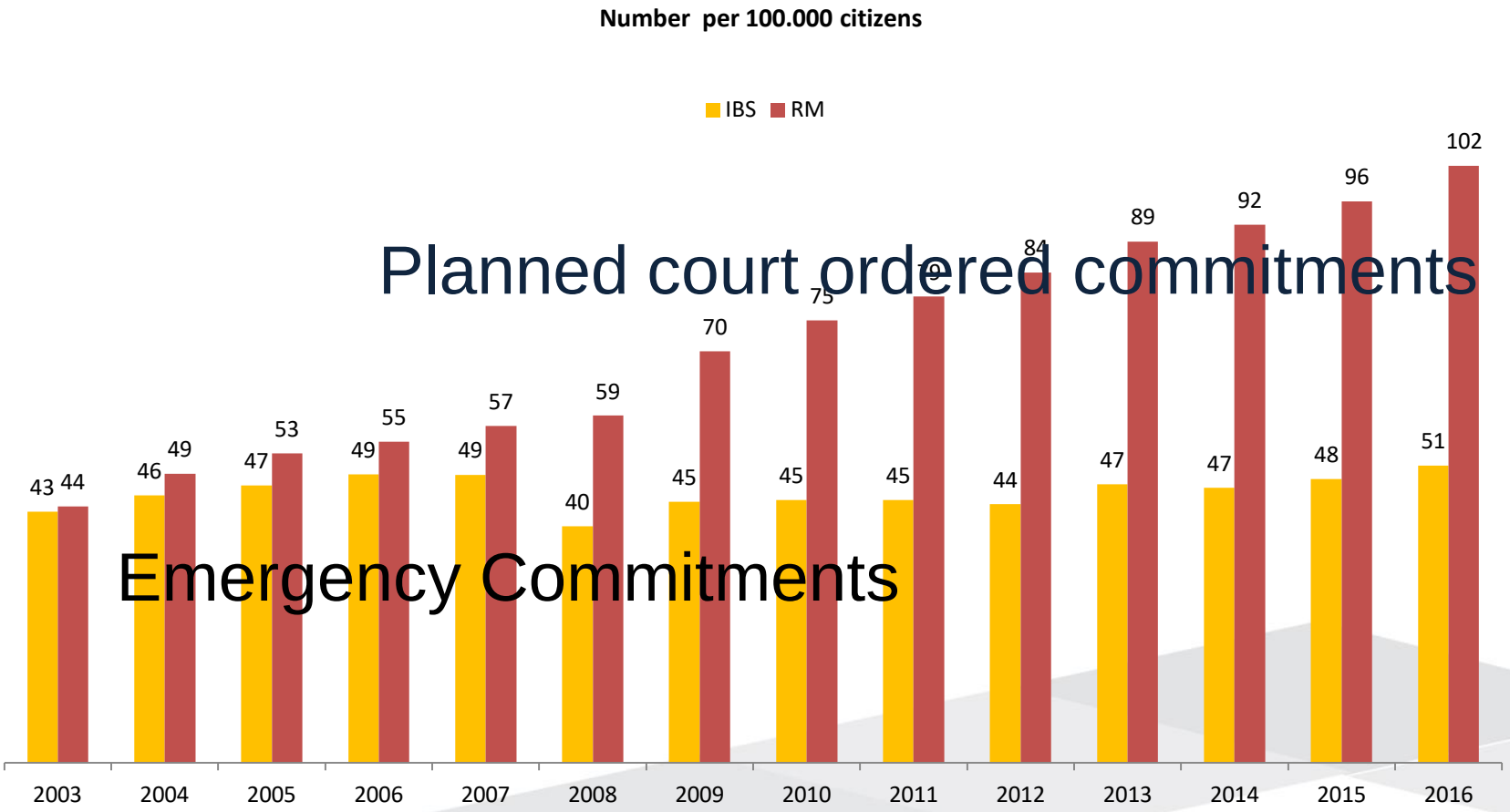

Figure: J. Broer

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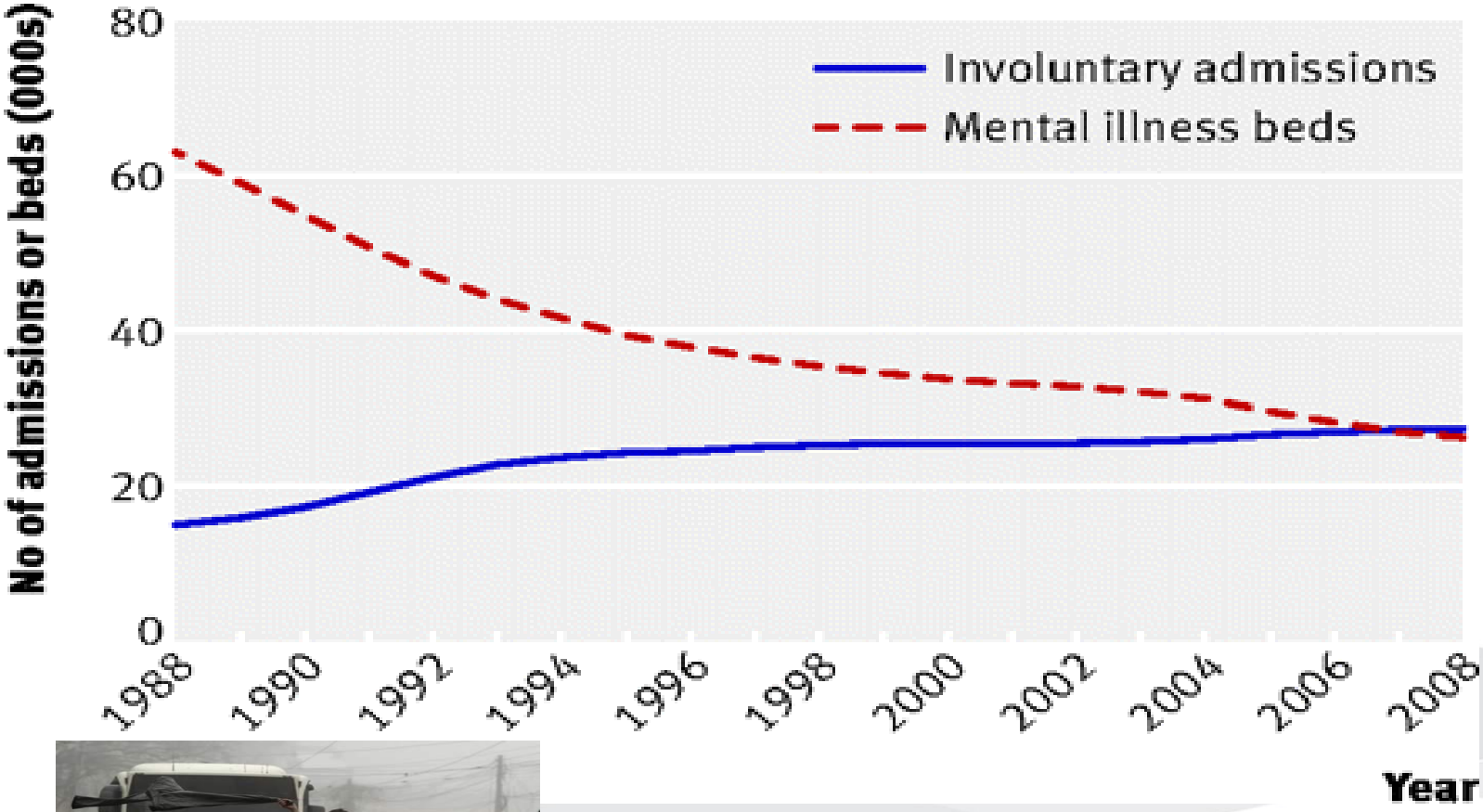
Reduction of beds paralel to increase of involuntary admissions in UK



Keown et al. BMJ 2011

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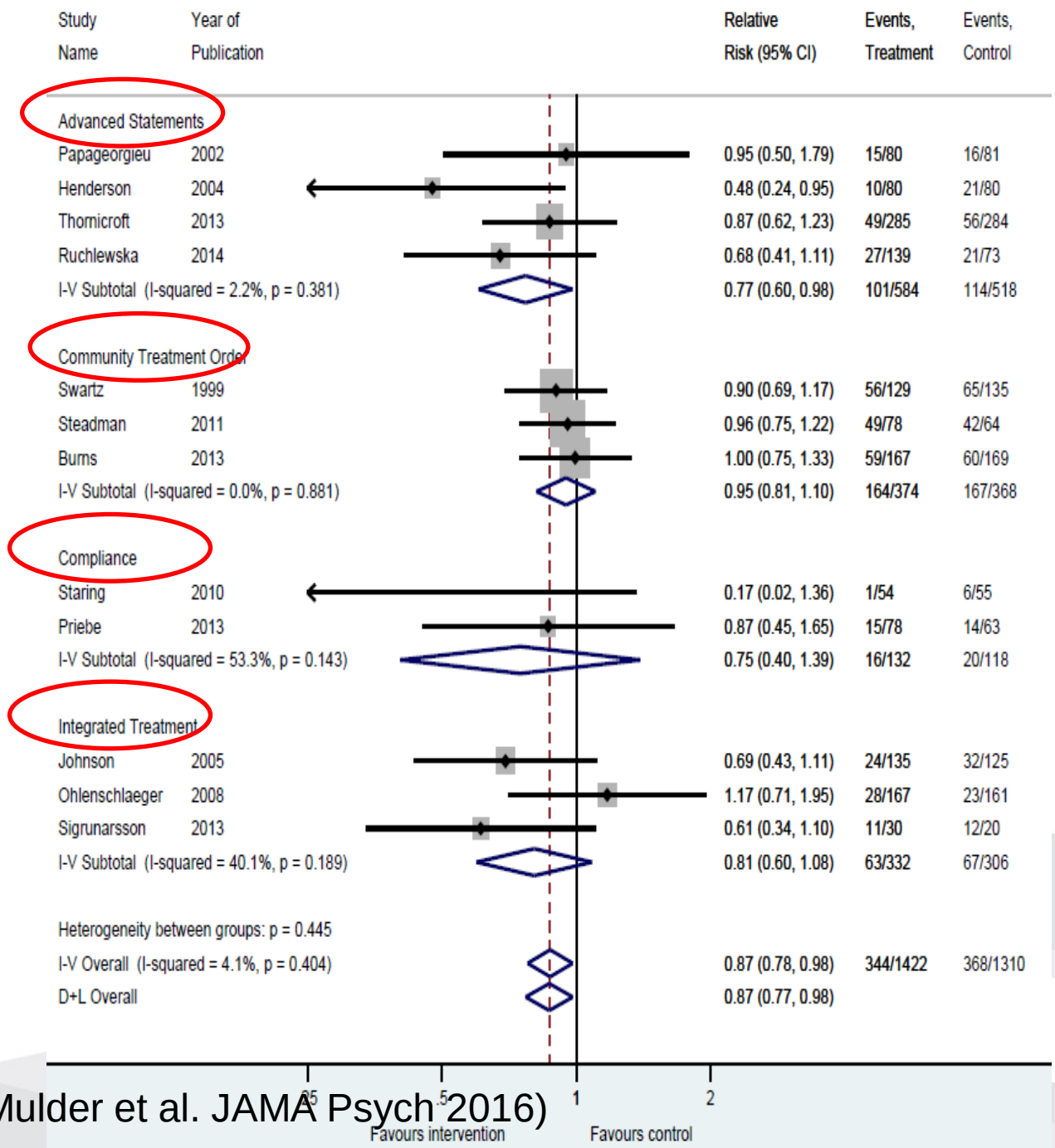

De Jong..Mulder et al. JAMA Psych 2016)

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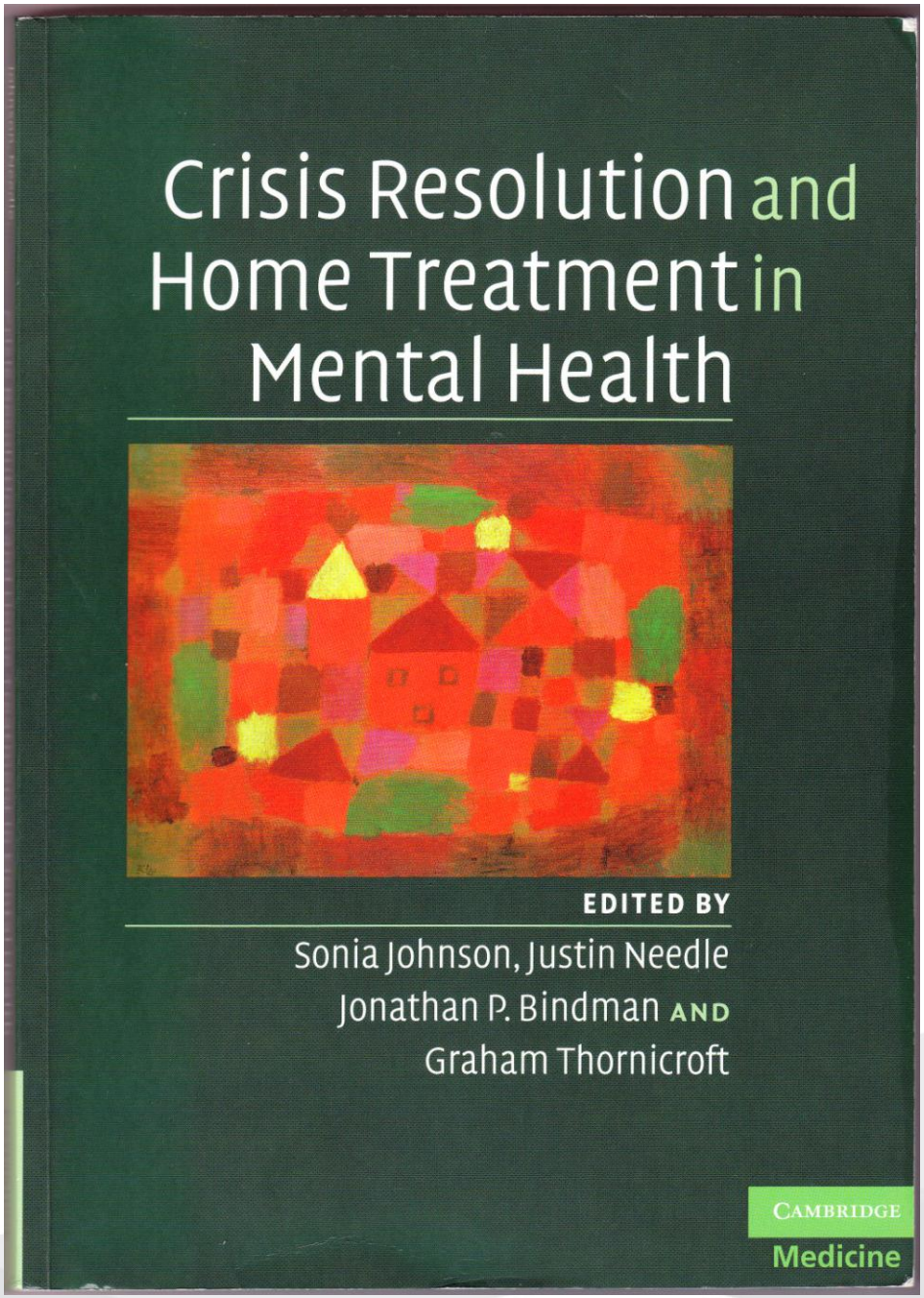

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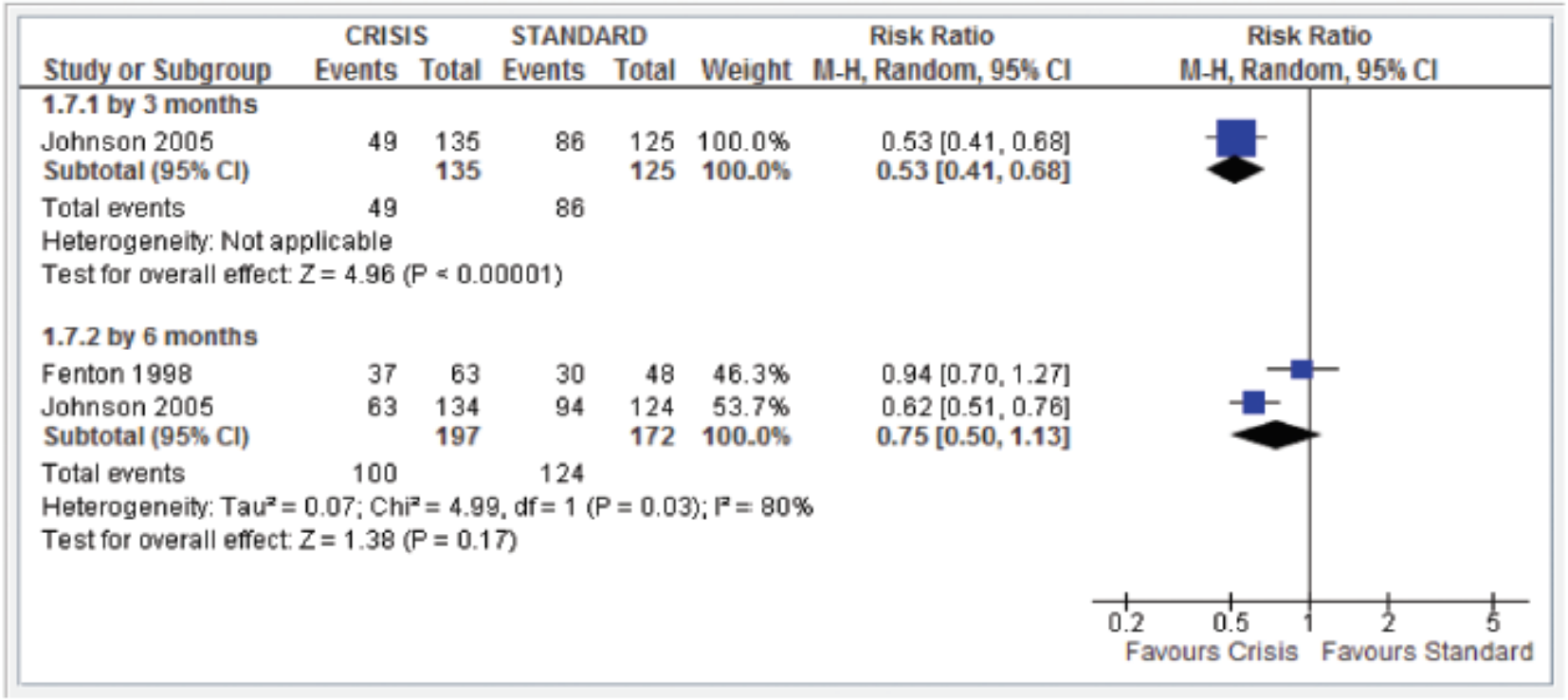
Schizophrenia Bulletin vol. 38 no. 4 pp. 676–677, 2012
doi:10.1093/schbul/sbs072

Crisis Intervention for People With Severe Mental Illnesses



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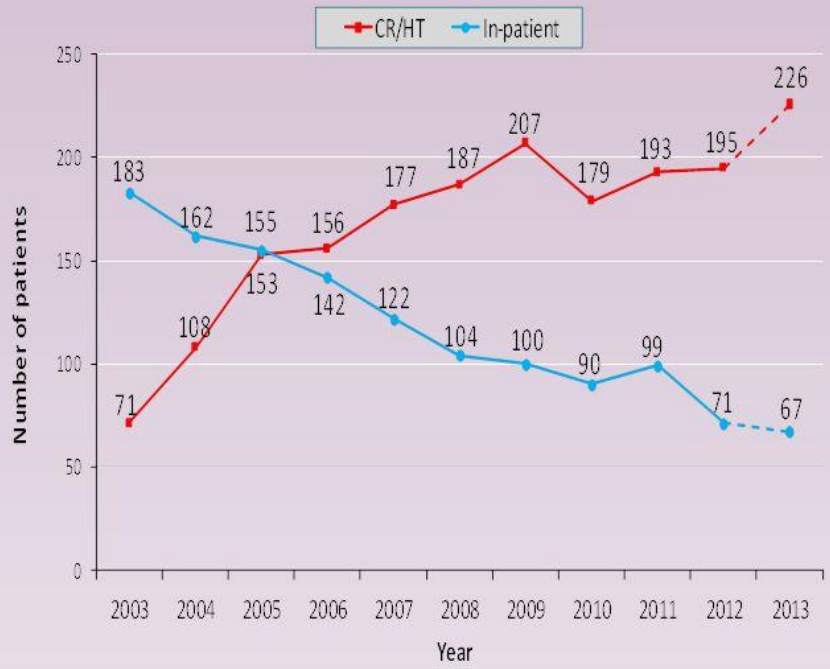
´´A third of CRHT teams do not function as gatekeepers to acute in-patient beds, whereas a report for the National Audit Office found around half of all discharges were not facilitated by CRHT services ´´

(Hunt et al. 2016)

Suicides in the context of CRHT?

Suicide in inpatients and under crisis resolution/home treatment



- **Suicide under CRHT now 3 x in-patient care**
- **37% within a week**
- **43% living alone**

Source: NCI, 2015

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Saying this..

- We believe CRHT are important
- Good clinical experiences
- Better ways of handling crises, and not only prevention of admission

Recovery takes time…

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What is good quality (outpatient) care?

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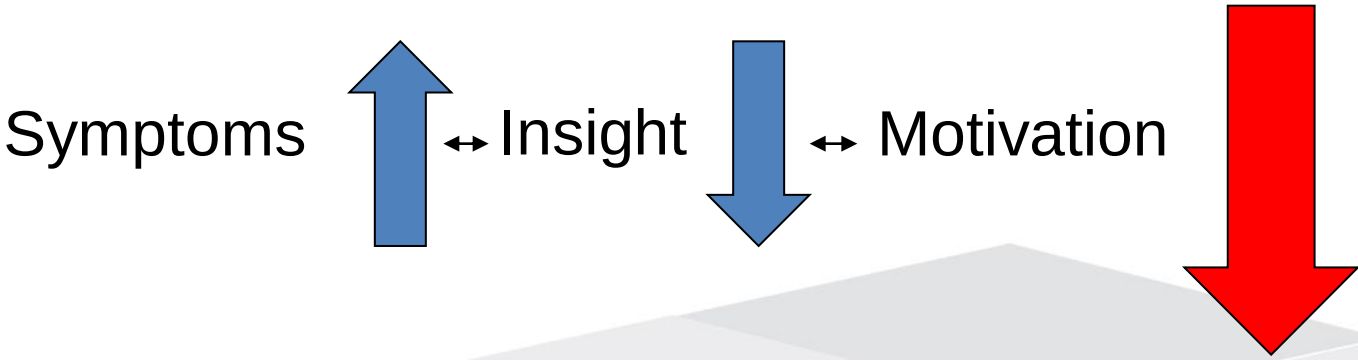
Motivation Paradox

Classic Assumption

Motivation Paradox in SMI



Mulder et al. SPPE 2013

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Flexible ACT (FACT): a Dutch version of ACT (Veldhuizen 2007)

- For all patients with severe mental illness
- Integrated care (medical, psychol and social)
- Multidisciplinary team
- Increasing continuity of care
- Flexible response (2 levels of intensity: ACT and individual case management)
- Regional teams » social inclusion
- 'Transmural': linking hospital & community care

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FACT (continued)

- Can provide almost all necessary interventions (biopsychosocial)
- Home- as well as office-based treatment
- 200 -250 patients
- 10 fte
- FACT Board

German Version of the FACT Manual

Flexible aufsuchend-nachgehende gemeindenahe Behandlung

Flexible Assertive Community Treatment (FACT)-Manual

Vision, Modell, Praxis und Organisation | J.R. van Veldhuizen und M. Bähler
Erstellung der deutschen Version durch V. Niehaus, A. Wüstner, M. Lambert

Universitätsklinikum Hamburg-Eppendorf

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Development of FACT in NL

- No other organisational model was implemented so fast
- >350 certified teams for 17 Million people
- Number are increasing

Situation in the Netherlands

- Usually general F-ACT teams
- Some specialty (F)ACT-teams
  - Addiction
  - Personality disorders
  - Forensic
  - Intellectual disability
  - Early Psychosis
  - Youth

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Hersteltalent

Reasons for success

- Professionals like it
- Clients and families like it
- Managers like it

- Insurance companies think it is better quality of care

- Despite lack of scientific evidence

Trends in the Netherlands

- Integration of (very) specialized outpatient clinics into the FACT model for example trauma, anxiety, depression

Flexible Assertive Community Treatment

FACT-Qualitätssicherungsskala

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Netherlands: high FACT fidelity

- Medication
- Presence of required medical staff
- (shared) Caseload
- Outreach

Netherlands: low FACT fidelity

- Treatment of somatic comorbidity
- Peer support in the team
- IPS
- Good diagnostics
- Psychological treatment
- Working with families

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Attention to Intellectual Disability

- 50% of patients in FACT teams had IQ < 85

(Nieuwenhuizen, Noordhoorn, Naarding Nijman, Mulder, PlosOne 2016)

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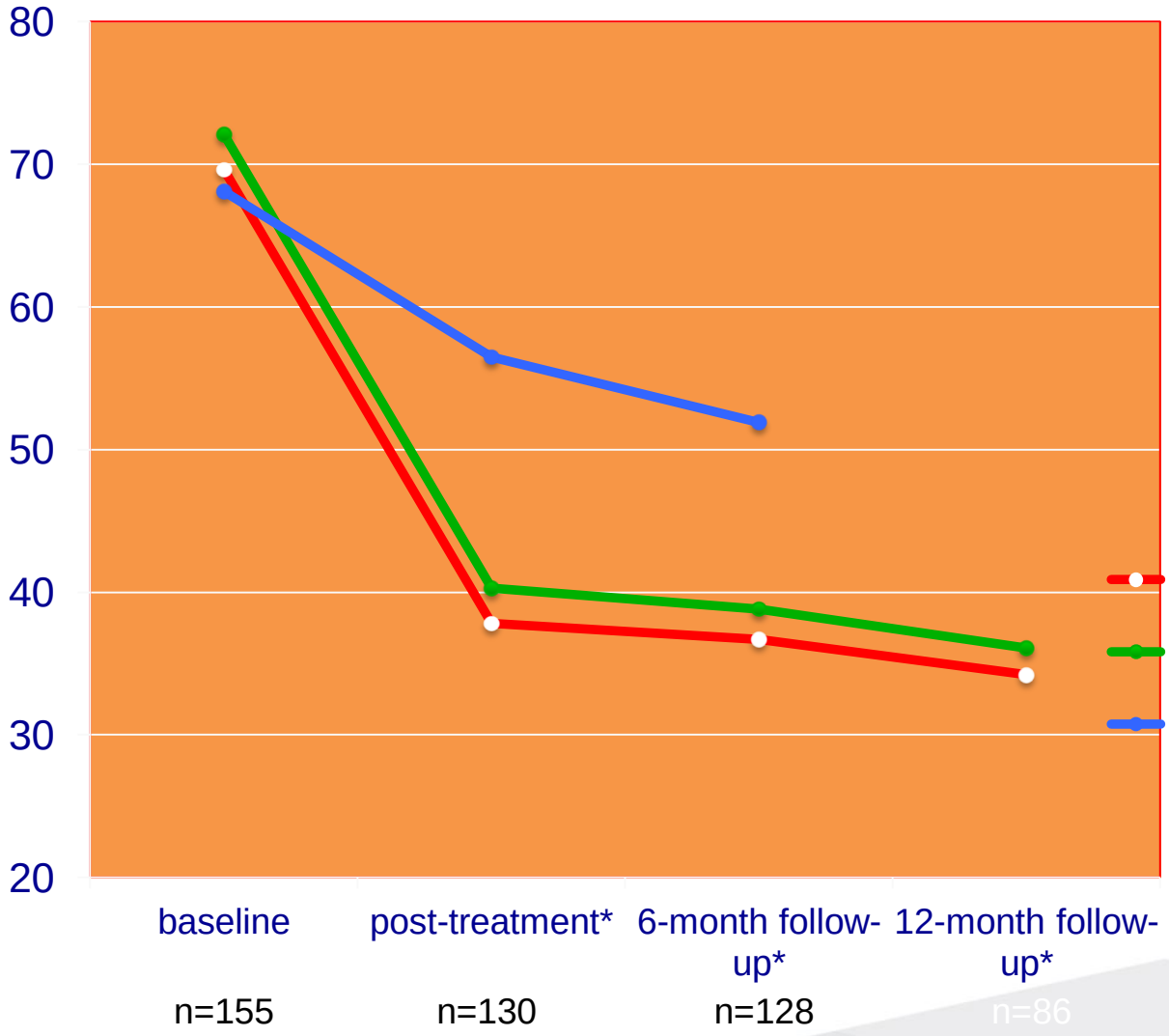
Attention to Trauma



CAPS

Post-treatment

PE vs WL: d=.78
EMDR vs WL: d=.65

6-month FU

PE vs WL: d=.63
EMDR vs WL: d=.53

	T0-T2	T0-T6
	-31.8	-32.9
	-31.8	-33.3
	-11.6	-16.2

*Estimated means (LMM)

Vd Berg et al. JAMA Psychiatry 2013

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Working with families…..

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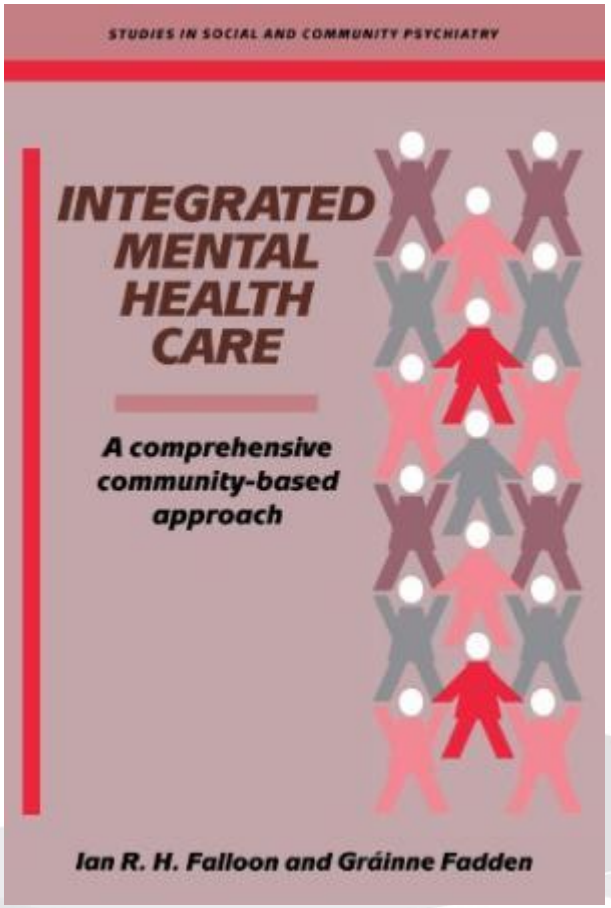
Resource Groups



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RG: the evidence

- Trial on RACT in Gotheborg: effects on symptoms and functioning (Malm et al).

- RCT on effects of RG starts in 2017 in the Netherlands

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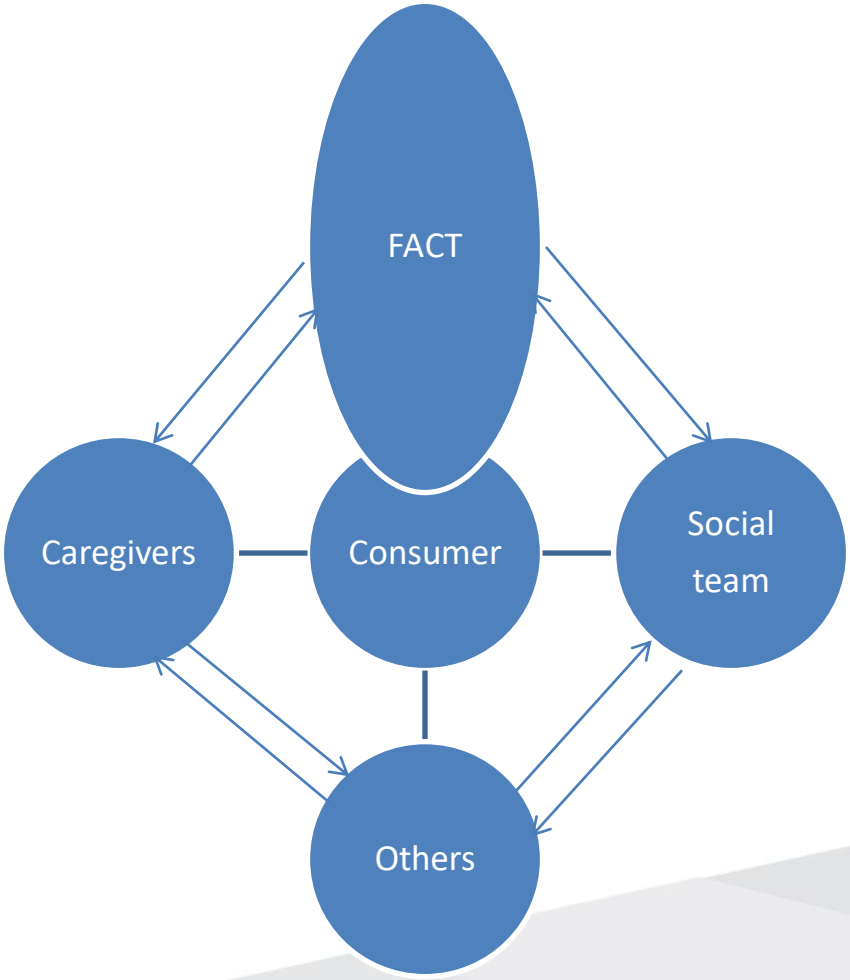
FACT



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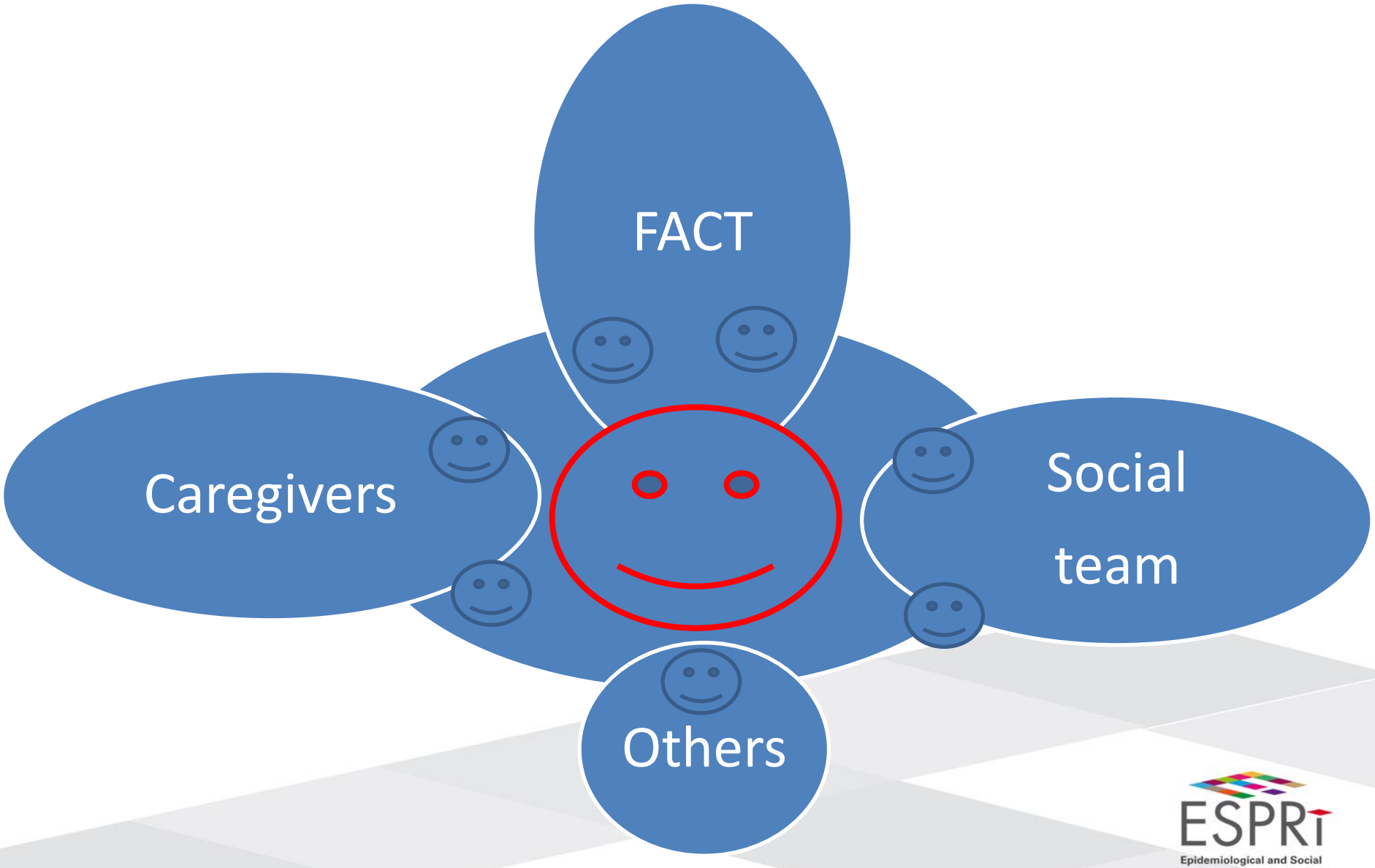
RG Phase I



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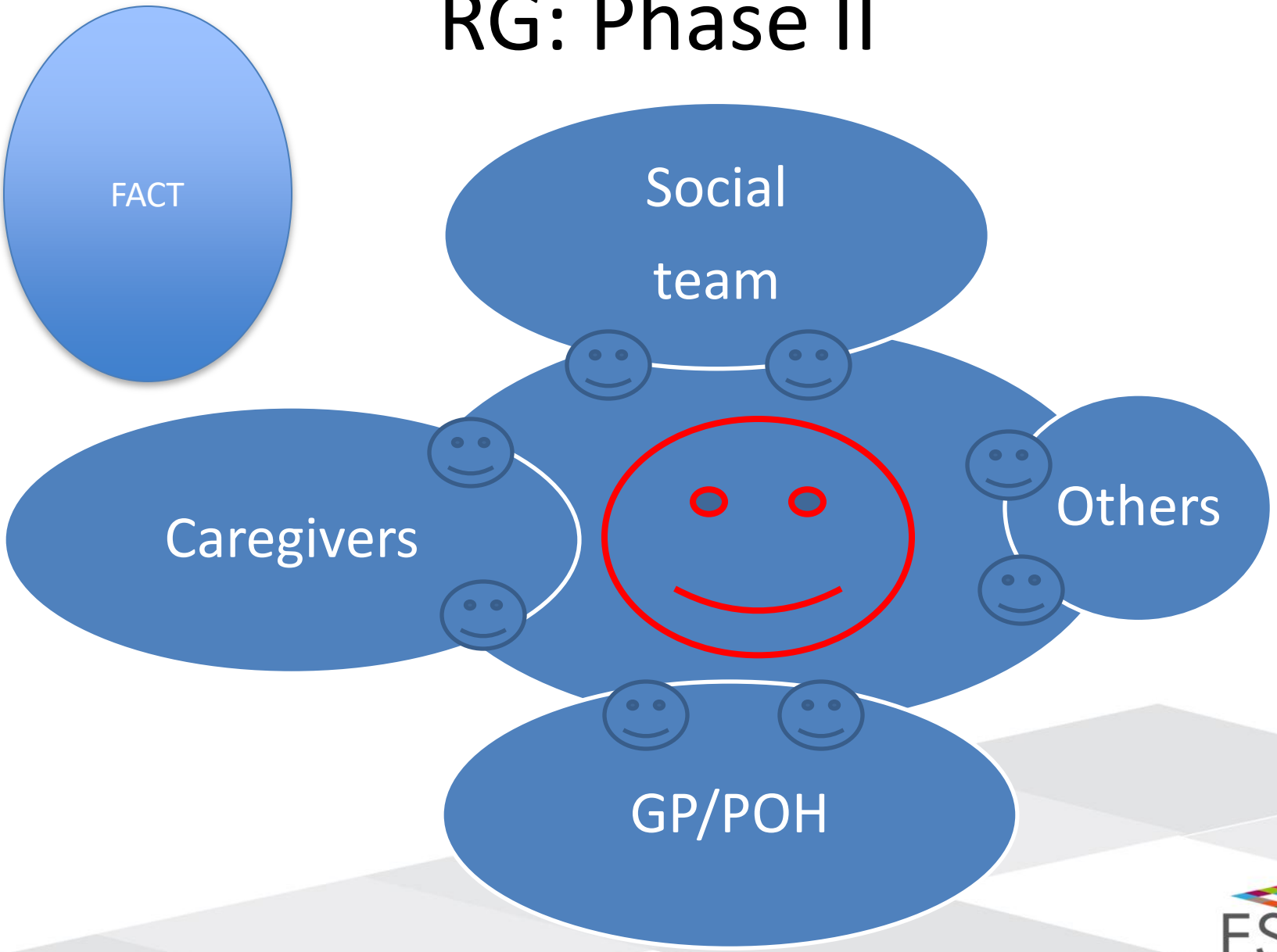
RG: Phase II



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Conclusions

- FACT is a promising model for providing integrated, home based treatment and care
- Yet, we see a quality gap
- From ‘’FACT Light -> FACT Right’’

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