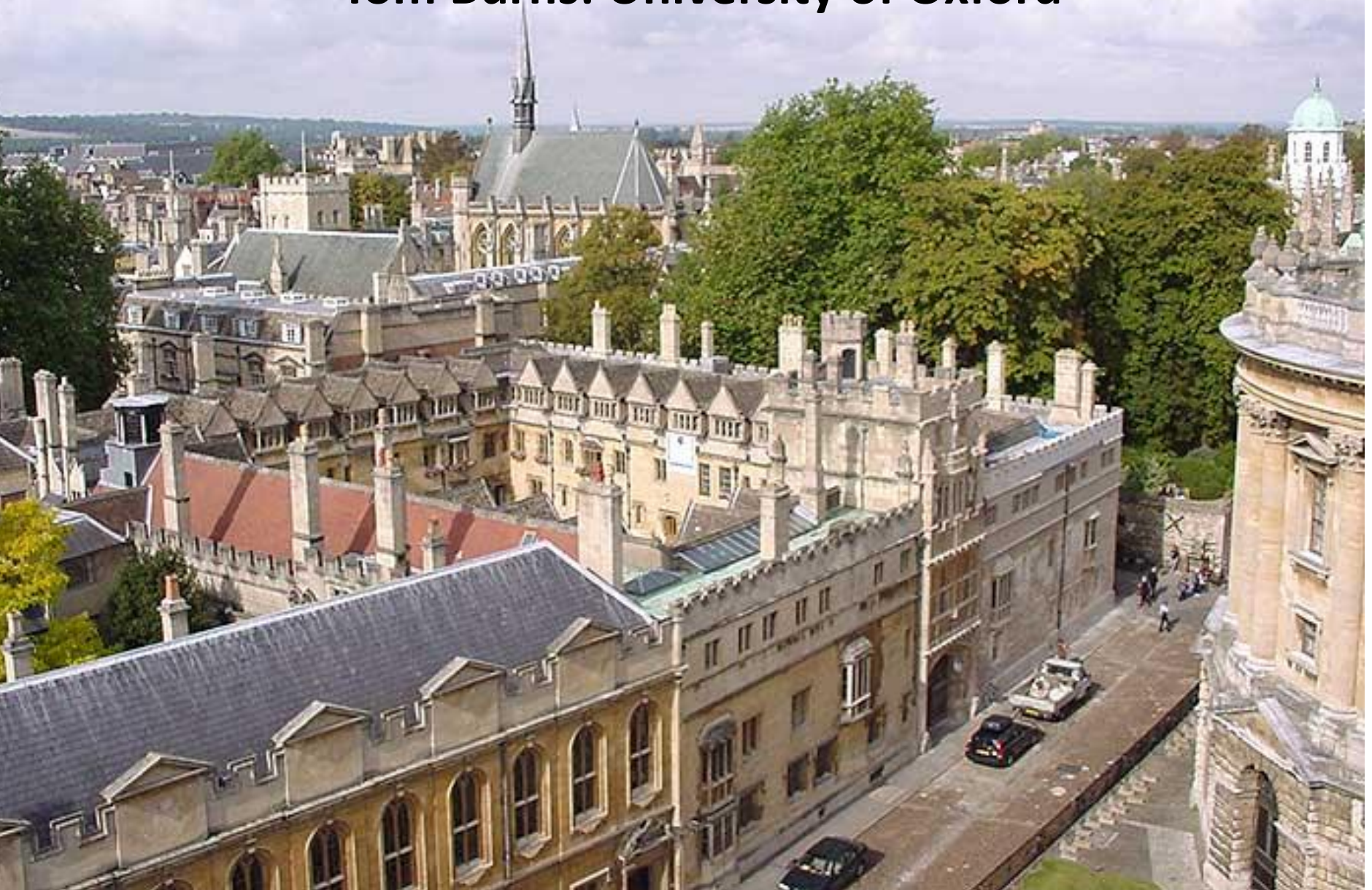


Effective Ingredients in Assertive Outreach (ACT)

Tom Burns: University of Oxford



PACT - Stein & Test 1980

- Project for Assertive Community Treatment
- 126 psychotic patients in RCT of:
 - Intensive case management (ACT)
 - Treatment as usual
- Results:

• Hospitalisation	Reduced
• Social Functioning	Improved
• Symptoms	Same/Improved
• Employment	Enhanced
• Costs	Equivocal

PACT Clinical Practice

- Low case loads 1:10
- Frequent contact (weekly to daily)
- *In vivo* (outreach to home and neighborhood)
- Daily team meetings
- Multidisciplinary work ‘whole team approach’
- Flexibility, crisis stabilization, available 24/7
- Not time limited

- Emphasis on medication
- Emphasis on survival skills and circumstances
 - Accommodation, food, money
 - Social functioning – leisure, work and substance abuse

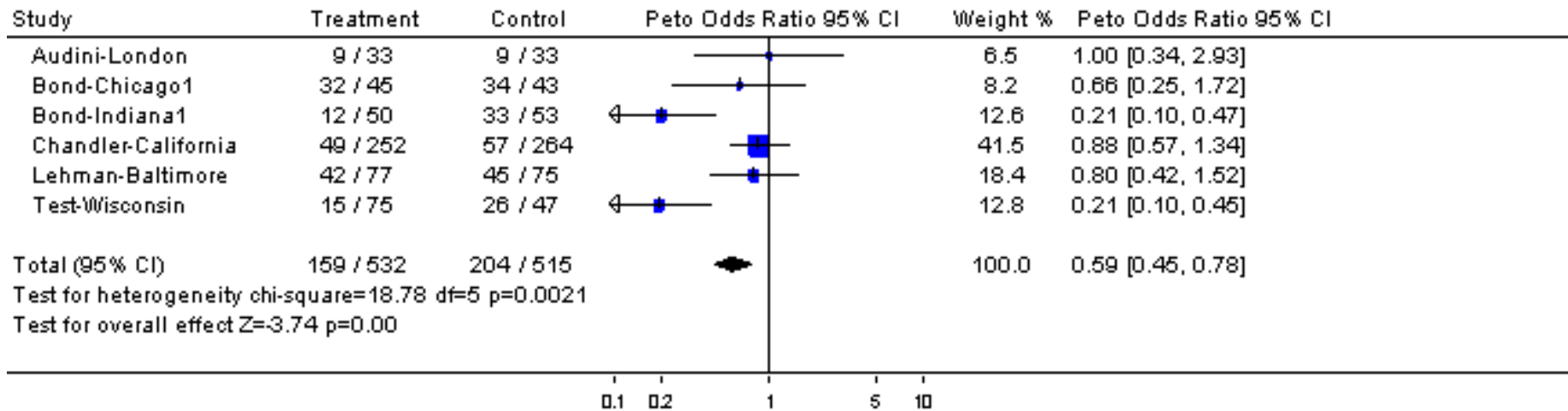
ACT research takes off

- Over 50 studies in Meuser's 1998 review
 - Of which >30 ACT like
 - Mueser KT, Bond GR, Drake RE, Resnick SG. Models of community care for severe mental illness: a review of research on case management. Schizophrenia Bulletin 1998;24(1):37-74.
- Over 90 studies in Catty 2002 review
 - Of which >60 ACT like
 - Catty J, Burns T, Knapp M, Watt H, Wright C, Henderson J et al. Home treatment for mental health problems: A systematic review. Psychological Medicine 2002;32:383-401

-

ACT vs Standard Care Hospital Admissions

Review: Assertive community treatment for people with severe mental disorders
 Comparison: 01 ACT vs STANDARD CARE
 Outcome: 03 Admitted to hospital during study



Marshall M, Lockwood A. Assertive Community Treatment for people with severe mental disorders (Cochrane Review). The Cochrane Library [3]. 25-2-1998.

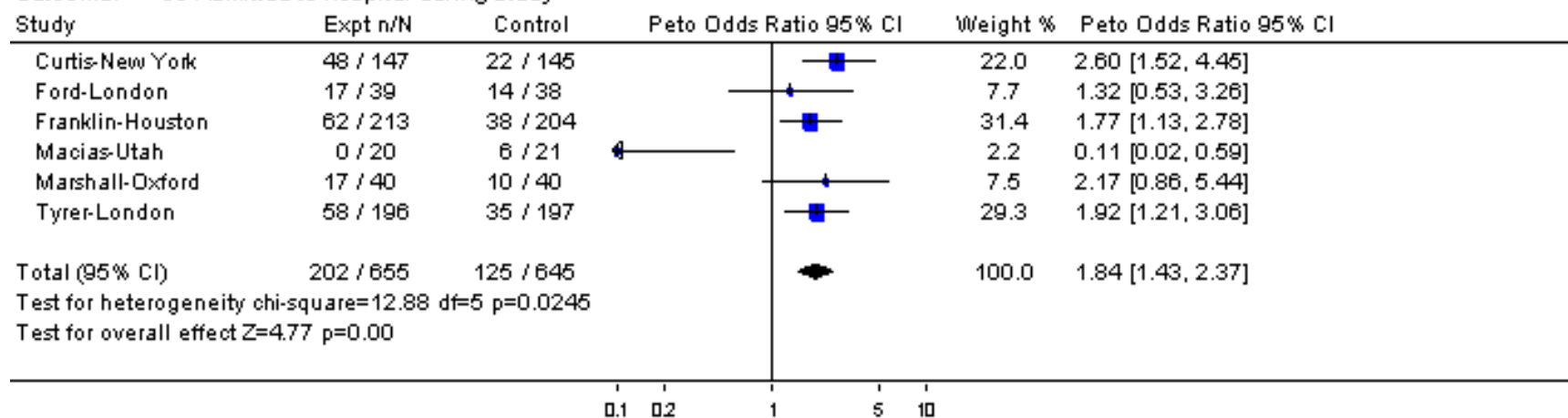
Case Management vs Standard Care

Hospital admissions

Review: Case management for people with severe mental disorders

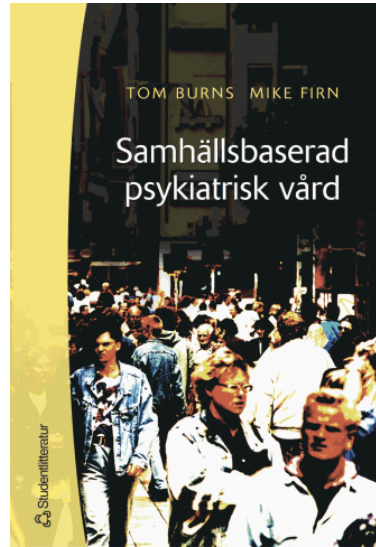
Comparison: 01 CASE MANAGEMENT vs STANDARD CARE

Outcome: 03 Admitted to hospital during study



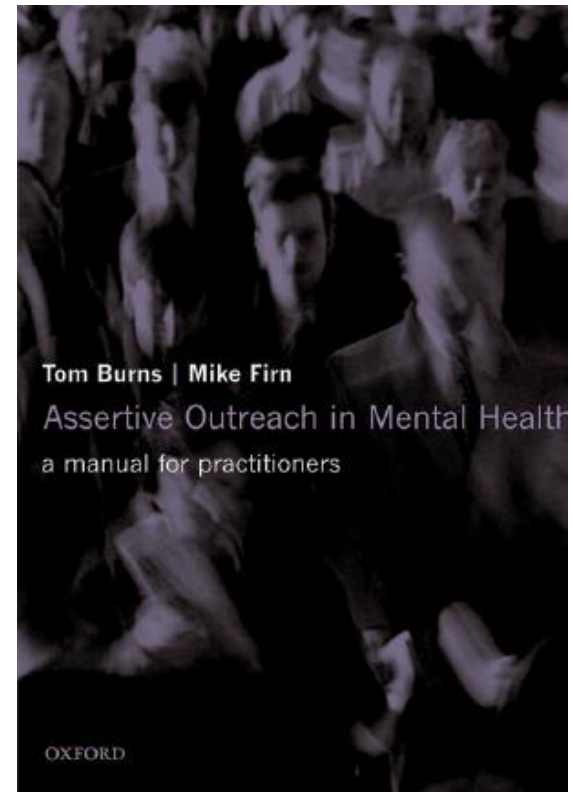
Marshall M, Gray A, Lockwood A, Green R.
 Case management for severe mental disorders
 (Cochrane Review). The Cochrane Library [1]. 2001.

Clinical practice extensively described



Assertive Outreach in Mental Health A Manual for Practitioners Tom Burns and Mike Firn, OUP

**Excellent book –
available in English, Italian and Swedish**



The intellectual puzzle

- No European study has replicated the reduced hospitalisation found in US ACT studies.
- UK700 and PRiSM showed no difference

ARTICLES

Intensive versus standard case management for severe psychotic illness: a randomised trial

*Tom Burns, Francis Creed, Tom Fahy, Simon Thompson, Peter Tyrer, Ian White, for the UK 700 Group**

Lancet 1999; 353: 2185–89

- Without this surprising finding we would be no further forward in understanding ACT

Attempting to answer the question empirically:

Going beyond definitions

BMJ **Use of intensive case management to reduce time in hospital in people with severe mental illness: systematic review and meta-regression**

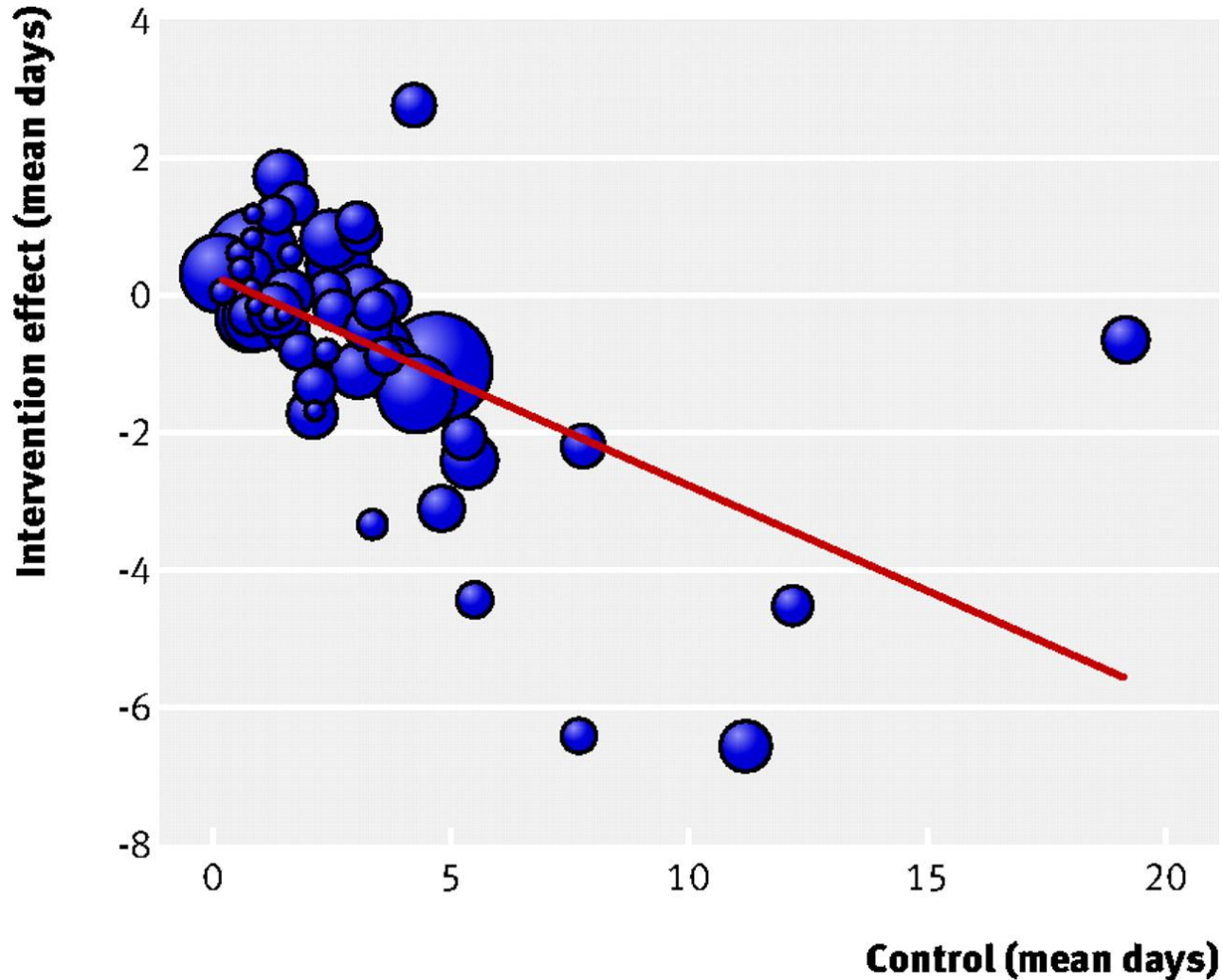
Tom Burns, Jocelyn Catty, Michael Dash, Chris Roberts, Austin Lockwood and Max Marshall

BMJ 2007;335:336-; originally published online 13 Jul 2007;
doi:10.1136/bmj.39251.599259.55

Impact of current bed usage

**Metaregression of Intensive Case management studies
Control group mean v mean days per month in hospital.**

Negative treatment effect indicates reduction relative to control



Burns, T. et al. BMJ 2007;335:336

Impact of model fidelity (ACT)

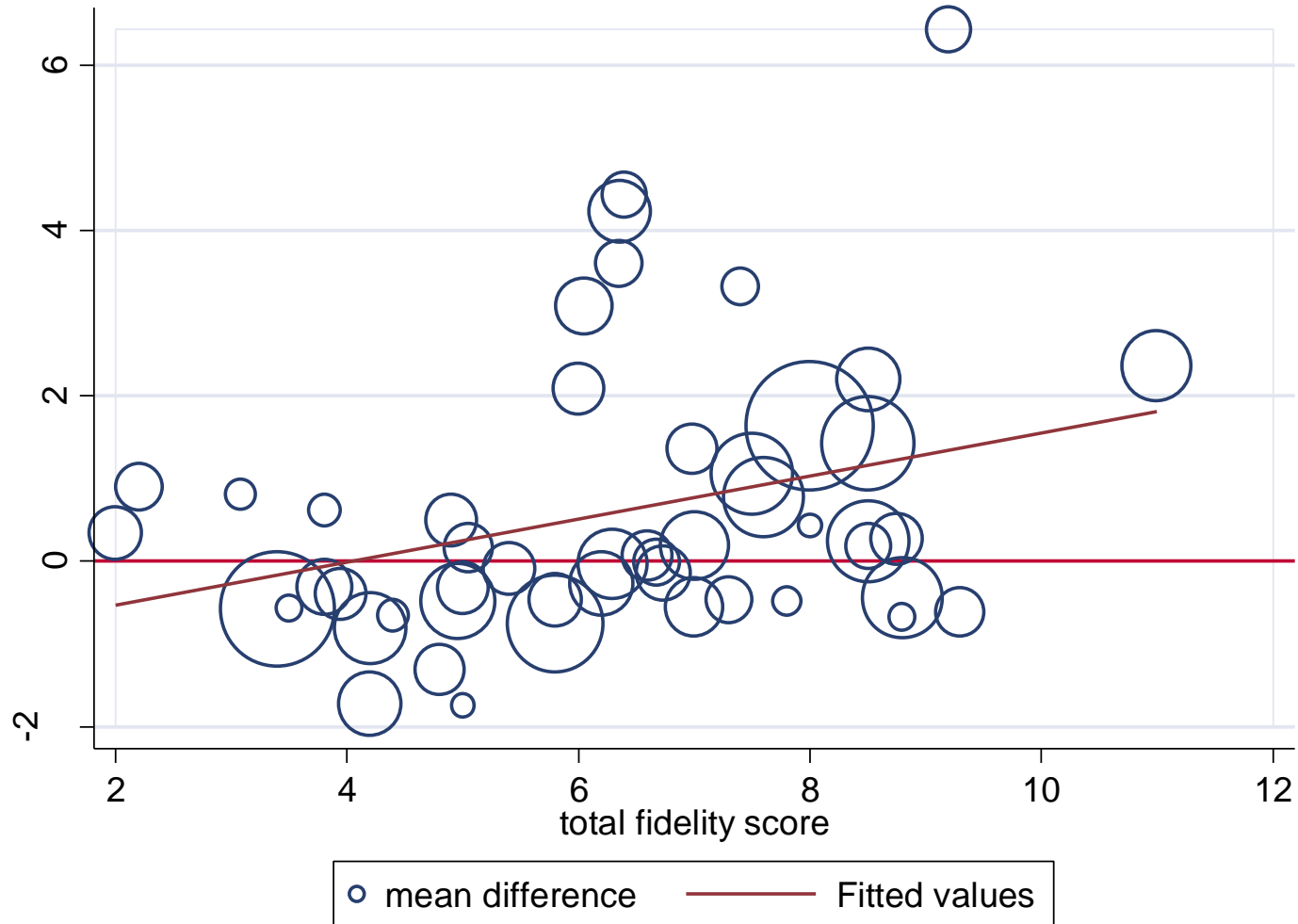
Measured using IFACT scale:

process

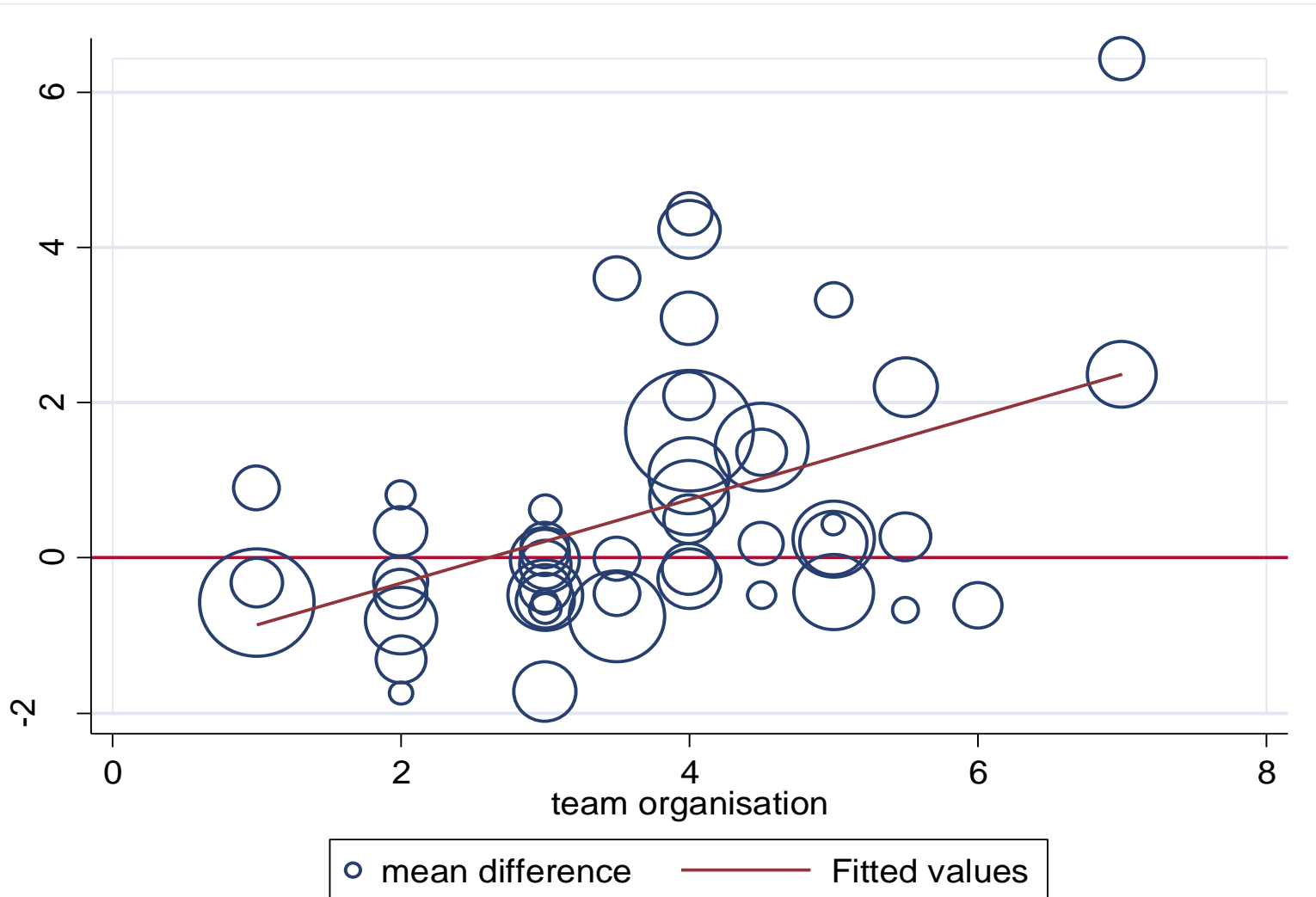
staffing

treatments

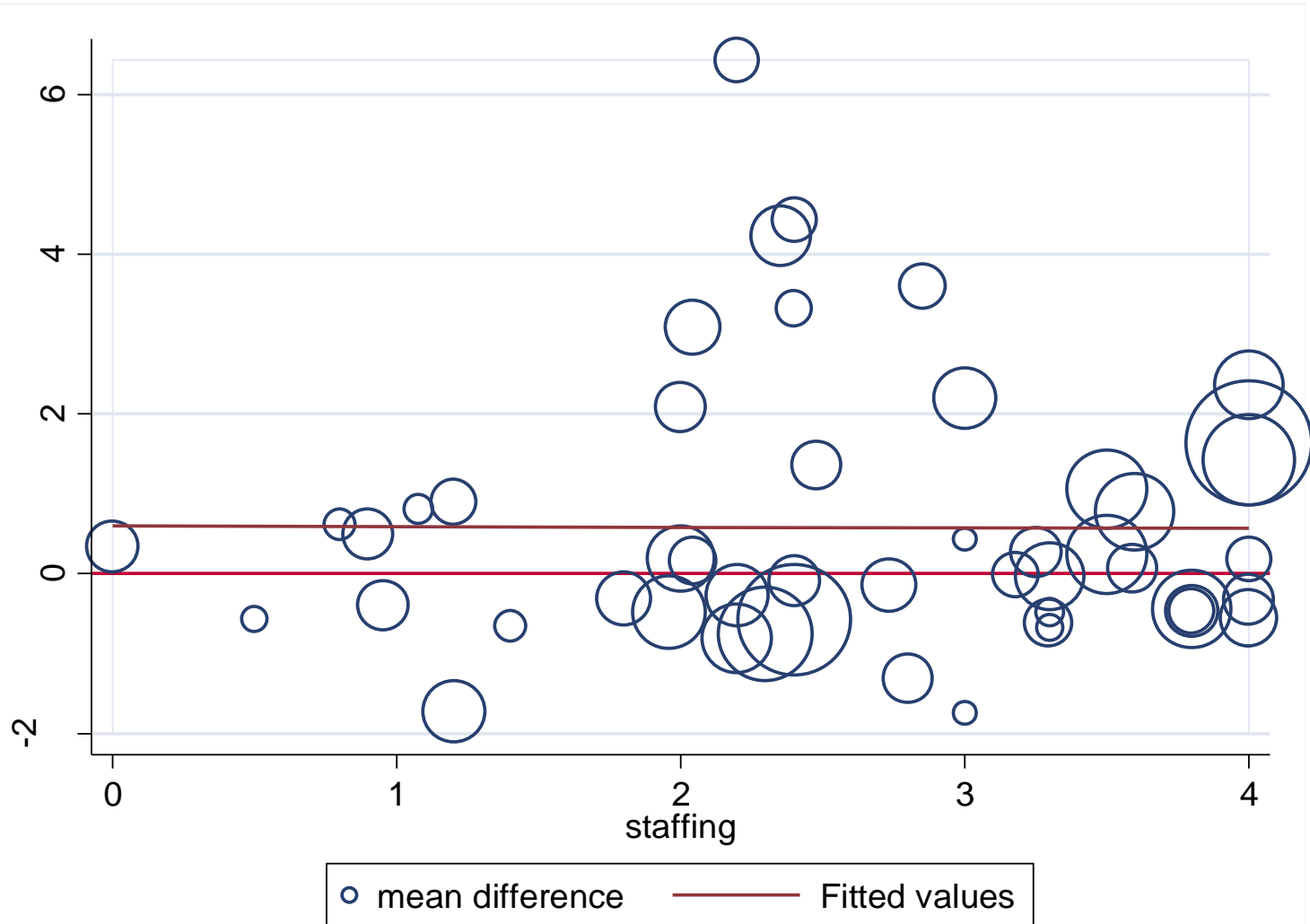
Meta-regression of Fidelity v Reduction in IP days



M-R of Team organisation v Reduction in IP days



M-R of Team staffing v Reduction in IP days



Testing for characteristics of home-based care using cluster analysis and regression

Soc Psychiatry Psychiatr Epidemiol (2004) 39: 789–796

DOI 10.1007/s00127-004-0818-5

ORIGINAL PAPER

Christine Wright · Jocelyn Catty · Hilary Watt · Tom Burns

A systematic review of home treatment services

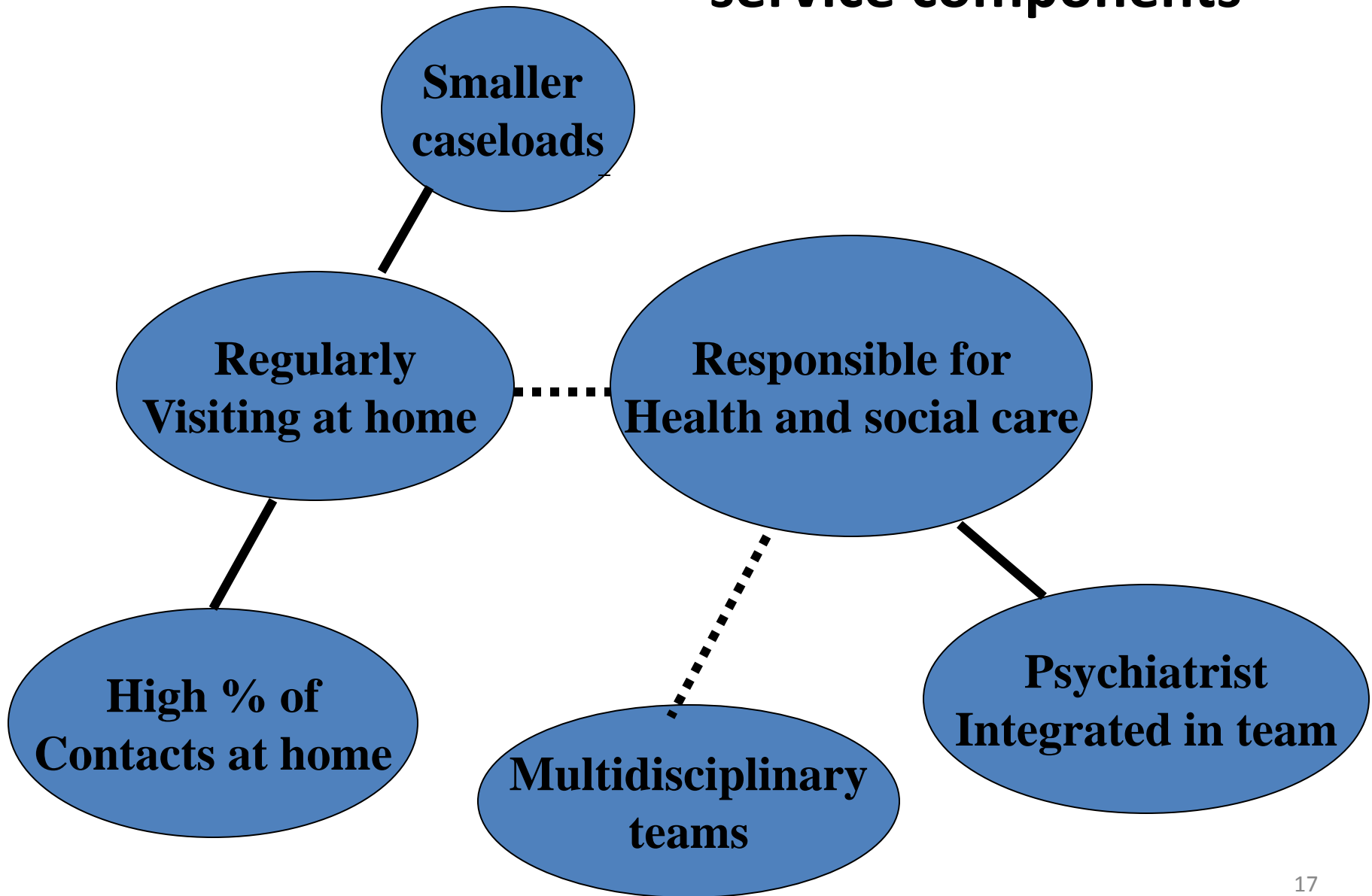
Classification and sustainability

20 characteristics of home-based care

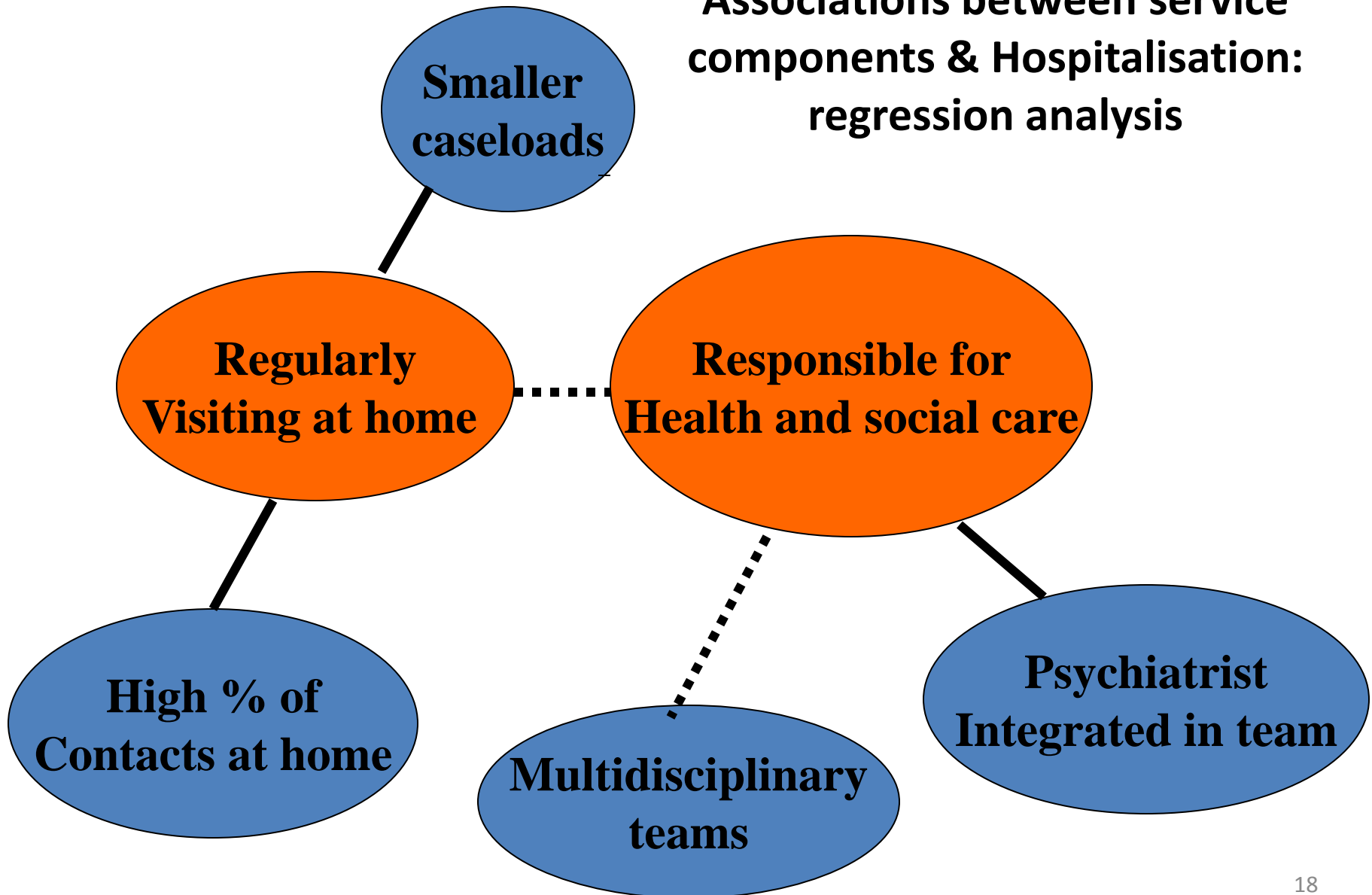
Experimental services only

60 of 90 replied, international response

Associations between common service components



Associations between service components & Hospitalisation: regression analysis





Conclusion: Effective ingredients

- **Home visiting**
- Integrated psychiatrist
- **Combined health and social care**
- Multidisciplinarity
- Small caseloads (1:20)
- Team organisation: not specifics of staffing

What have we learnt about
research methodology?

1 –Describe control services properly

- Journals should require adequate descriptions of control services in community psychiatry trials
- We should require this too before reading them
- *Burns T, Priebe S. Mental health care systems and their characteristics: a proposal. Acta Psychiatrica Scandinavica 1996 December;94(6):381-5.*



2 –Treat both experimental and control services equally in interpretation

- RCTs require equipoise to initiate them
- Outcomes should be interpreted equally
 - Where control has same outcome but significantly ‘cheaper’ then it is superior
 - CMHTs persistently deliver equally to ACT – therefore ACT has inferior cost-effectiveness



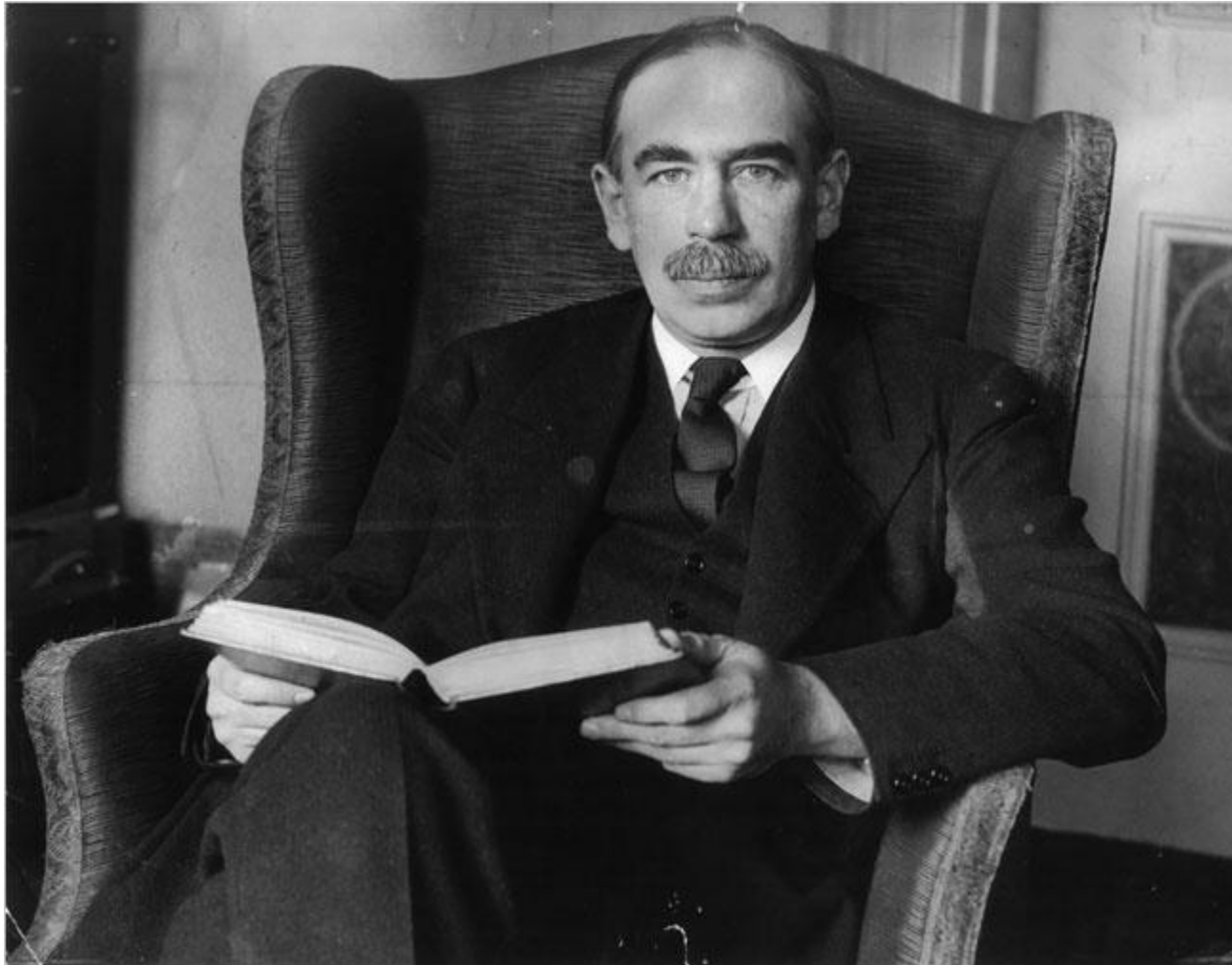
*End of the road for Treatment as Usual studies? (2009)
BJPsych, 194, in press*



Conclusions 3

Research methodology

- Community Psychiatry research needs intense attention to methodology
- Greater rigour, not flexibility, is called for in complex and *'fuzzy'* interventions
- Do not change essentials or test it! (CBT)
- There is no placebo control service in CP, only an active comparator service
- International results must be tested for local context



“When the facts change, I change my opinion. What, sir, do you do?”

John Maynard Keynes, economist

Good news and bad news

- The bad news
 - Most of that effort ensuring model fidelity was unnecessary
 - Community care models do not ensure enduring bed reductions
- The good news
 - We know better what works
 - We can get the same good results as ACT without
 - Very small case loads
 - 24 hour services
 - Highly prescriptive staffing
 - High quality assertive outreach available for more patients

Thank you for listening And greetings from Oxford

