

# *FACT*



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# ***FLEXIBLE ASSERTIVE COMMUNITY TREATMENT***

***Remmers van Veldhuizen, psychiatrist  
Chairman of Certification Centre for ACT & FACT***

## *Our Mission:*



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***To find people with severe mental illness and link them to a mental health care system that supports recovery and social inclusion.***

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CHRIS MADDEN



# *Prof. Arie Querido*



- **1930:**
- ***Psychiatric crisis***  
***Home care teams***
  
- **1949:**
- ***MHCS = 'device'***
- ***1) adapt patient***
- ***2) adapt community***
- ***3) BUFFER***

# ***Binding Care: Querido (1949): a metaphor:***



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- ***Social psychiatry is a device, an interface between the patient and the community***
  - *Influences the patient to adapt to community*
  - *Influences community to support the patient*
  - *Acts as a buffer between patient and community*
- ***This device spreads the burden across sides - the patient and the community***
- ***But it also takes some of the burden on its own shoulders***



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# *Pioneers*

- *Len Stein*
- *Mary Ann Test*
- *Arnold Marx*
  
- *alternative to mental hospital*
- *training in community living*
  
- *Assertive Community Treatment*



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# ***FLEXIBLE ASSERTIVE COMMUNITY TREATMENT***

# ***FACT***

# *FACT Principles*



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1. Being there-  
presence in the  
places where our  
clients want to  
succeed

2. Support for  
community  
participation  
  
(IPS & ISN)

3. Linking clients to  
the MHC network.  
Continuity of care  
in community  
and hospital

4. ACT

Flexibly available  
at any time.

5. Treatment

EBM  
and guidelines

6. ICM

to support  
recovery and  
rehabilitation

**blocks building FACT**





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## ***FACT team***

- ***Multidisciplinary outreaching  
Community treatment team***
- ***Working with all (100%) SMI in a  
circumscribed region / district***
- ***Catchment area of 40 – 50,000  
inhabitants → ± 200 patients***

# ***FACT: multidisciplinary treatment & outreach team for 200 patients***



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- ***1 team leader/case worker***
- ***7 case managers***
  - ***nurses, CPN, social workers and addiction workers***
- ***0.8 - 1 psychiatrist***
- ***0.8 psychologist***
- ***0.5 job coach (IPS)***
- ***0.6 Peer specialist***



# ***FACT: two modes of operation***

- **1) Low-Level**
  - *individual support for 80 - 90 % of clients*
  - *individual outreaching CM*
  - *multidisciplinary interventions*
  - *Treatment plan < 1 year*
  
- **2) High-Level**
  - *ACT by the whole team for 10 - 20% of clients*
  - *shared caseload*
  - *daily team meetings & coordination*

Cat	Patiënt Credentials.	Start Date & Evaluation	Diagnose & Abuse	Legal Status	Reasons for FACT	Patient Present Goal & Wishes	FACT Team Interventions	Individual Social Network	Visit Planner						(temp.) Adress	C
									m	t	w	t	f	s		
1. Crisisprevention /Nuisance	Beacon, W. Wilma 27-02-60 (Ms.)	wo 06-04-11 evaluation: wo 18-05-11	schizophrenic psychosis and alcohol abuse	none	Patient thinks neighbours are after her. Complains from neighbours about hindrance. Housing company threatens to give notice. Patient deals with her fear by drinking more alcohol, she refuses medication. Husband left with kids.	Wants to move to another home with her husband and kids.	Daily contact. Subject: - the pro's and cons of drinking. - medication. Talk with neighbours. Contact housing company. Inquiry with police about possible other complains. Help with house keeping.	Husband lives with kids at family in Amsterdam. Marianne tries to contact him	Leo	Pauline	Pauline	Leo	visit FACT	call FACT	Heiloo	Joshua & Chloe psy: Nicoo
1. Cr	Green, P. Peter	zo 13-03-11 evaluation:	Persoonlijkheids-		Toename van impulsdoorbraken,	grip op zijn leven, meer zelf	medicamenteuze behandeling, 16 april	Moeder en vriendin		Lotty					proefverlof vanuit	Ruby
2. In 2.	Campell, J. Jack	ma 17-01-11 evaluation:	schizofrenie	geen	Herstel na darm operatie	herstellen	Contact houden. Complicatie	Loes (schoonzus)	Wb		Wb				Buitenzorg	Leo & Ruby
2. In 2.	Evans, A. Alida	zo 13-03-11 evaluation:	Bipolaire I stoornis	voorwaardel.	toename van rouw klachten. Stop	wil opname	Regelmatig contact om stop droperidol		Anja	Lotty					thuis	Leo & Ruby
2. In 2.	Taylor, L. Louis	do 13-01-11 evaluation:	waanstoornis	geen	Zorgmijder Nu hoge rekeningen van de	Wil zelf bepalen	Contact maken en proberen te behouden	Ouderenzorg. Lid van	Lotty						Thuis	Leo & Ruby
3. In 3.	Clark, F. T. Fred	do 13-01-11 evaluation:			dhr heeft woning toegewezen	Zelfstandig wonen	opstarten cm contact in ambulante situatie.	ouders		Pete	Pauli				Buitenzorg / ouders.	Ella & Paulir
3. In 3.	Patel, J. Jean	zo 13-02-11 evaluation:	Schizofrenie 6. terugval	geen	Risico op impulsdoorbraak bij	Wil niet "uit zijn dak gaan"	afspraken maken over dagbesteding. Dhr	moeder	Leo	Leo	Leo	Lotty	Bezo		thuis	Oliver
4. He 4.	Edwards, G. Gerard	zo 13-03-11 evaluation:	schizofrenie Diabetes	geen	Sinds een paar dagen vergeetachtig,	Wil van het angstige gevoel	Dagelijks contact Medicatie onder	huisgenoten.	Care	nou	Lotty	Lotty	nou		Thuis	Oliver
4. He 4.	Leave, M. Margareth	di 01-03-11 evaluation:	schizofrenie	geen	15-3 ontslag MCA. Rookverbod. Huisarts	verbeteren van lichamelijke	Motiveren en helpen om te stoppen met	familie	Cees		Mari				BZ	Wilma
5. Ac 5.	Bolt, L. Leonard	zo 13-03-11	bipolaire stoornis en		terugval alcoholgebruik	alcoholgebruik stoppen	intensiveren contact motiveren tot	dochters en zoon	nou	Mari	nou	nou			thuis	Olivia
5. Ac 5.	Mitchell, E.W. Eveline	zo 13-03-11	Schizo-affectieve	RM	Psychotische decompensatie tgv	wil uiteindelijk zelfstandig	Dhr gebruikt nu cisordinol depot en	Moeder, broer en zussen,	Anja		Anja				Olvendijk	Olivia

# ***FACT board indications: reasons to switch to high-level care***



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- ***Temporary***
  - *Crisis, life events, threat of readmission*
  - *Intensification of treatment*
- ***Long-term & revolving-door clients***
- ***Treatment avoiders***
- ***High-risk treatment avoiders***
  - *Risk management, involuntary interventions*
- ***Admission***
  - *Hospital, prison, IDDT unit*
- ***Legal***
  - *Conditional discharge, community orders*

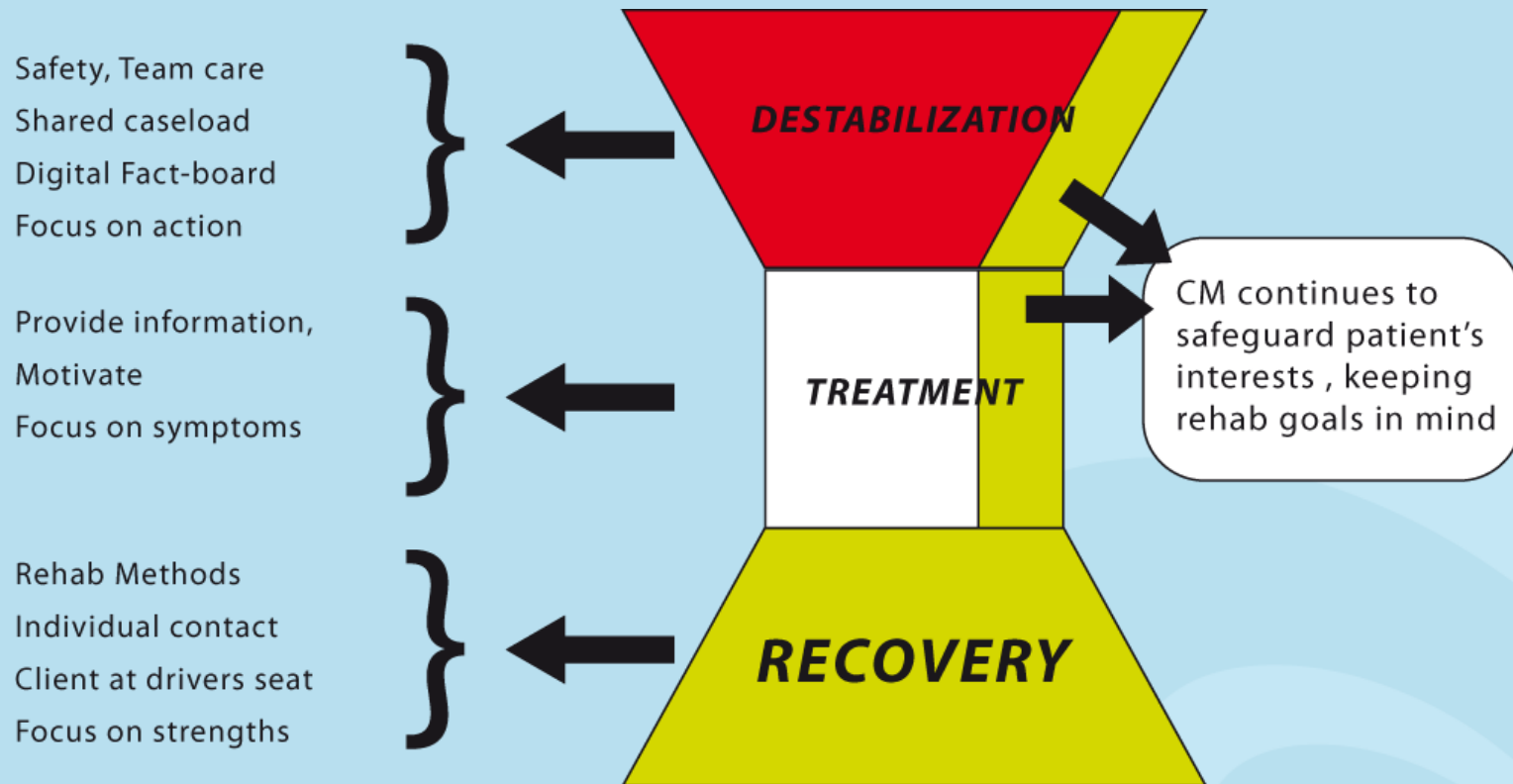
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## *up- and downgrading:*

- ***Crisis → listed on FACT board, shared caseload***
- ***Stable → removed from board to low-level, individual CM***
- ***→ changing roles***
- ***Continuous flexibly changing roles are the core product of FACT:***
  - *Long-term individual CM*
  - *Multidisciplinary treatment*
  - *Intensive care with ACT*
- ***→ The hour-glass model***

# Process





# Handboek FACT

Remmers van Veldhuizen  
Michiel Bähler  
Diana Polhuis  
Jim van Os (red.)

de Tijdstroom



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## (F)ACT IN NEDERLAND



# *Certification Centre for ACT & FACT*



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- ***WWW . CCAF . NL***
- ***Model fidelity scales: DACTS & FACTS***
  - *Organization / structure*
  - *Output (services delivered, service level)*
  - *Outcome (ROM)*
- ***In order to safeguard the minimal service level***
- ***Transparency to funding bodies***

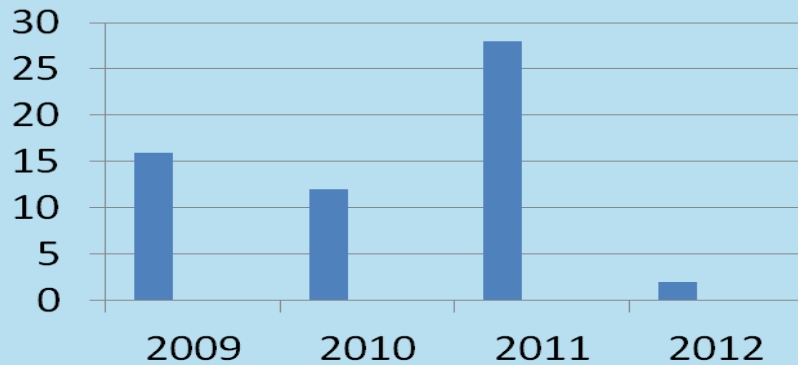


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# Certification



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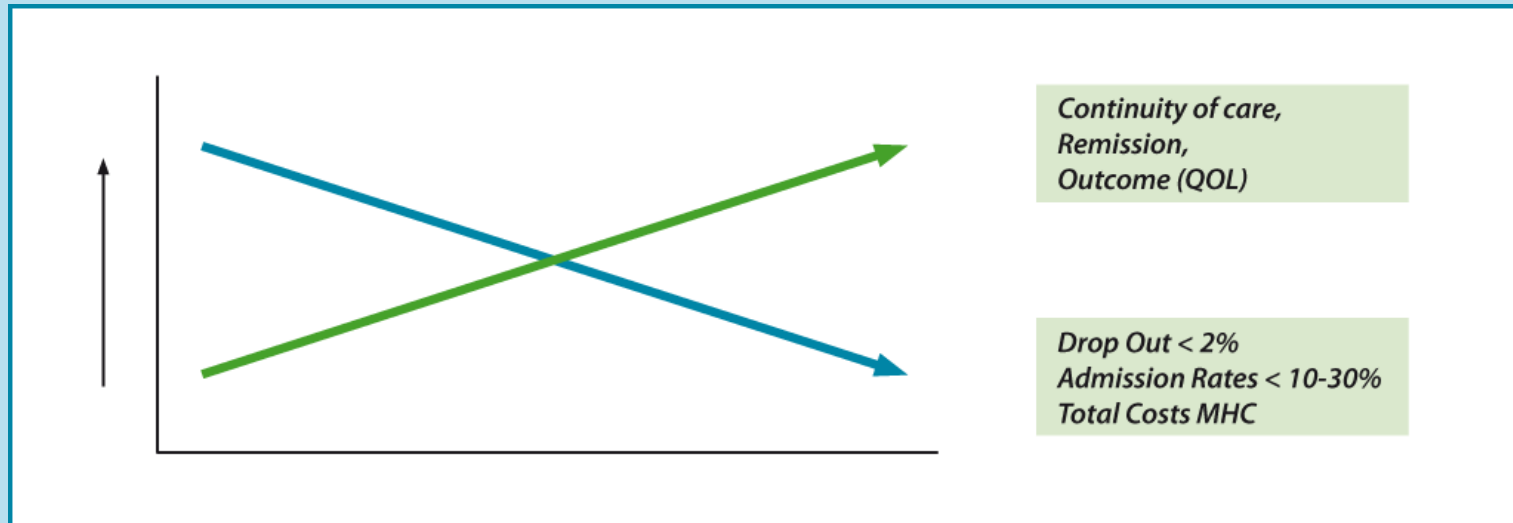


**2011 : >>>30 teams  
auditted**



The CCAF:  
Certification Centre for ACT and FACT  
providing effective and transparant care







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# ***FACT advantage (1): continuity***

- ***No-discharge policy***
  - *‘stepping down’ in the same team*
  - *Continuity of care & treatment*
  
- ***In 4 years ± 60% of all patients need high-level care (on the FACT board)***
  - *Relapse or recurrent problems ‘normal’*
  - *The revolving door is now within the team*



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# ***FACT advantage (2): provides organizational framework for EBM***

- ***Medication + Medication Management  
Cognitive Behavioural Therapy***
- ***Family: support***
- ***Psychoeducation***
- ***Supported employment (IPS)***
- ***Not EB: rehabilitation, recovery***



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## ***FACT advantage (3): within the community***

- ***The district-based model ensures good conditions for community care***
- ***Working with support systems***
- ***Being in close contact with neighbourhood, GP and police***
- ***Organizing accountability, safety***
- ***Low thresholds for case-finding***
- ***→ Querido's device !***

# *The seven C's*

- ***Cure (EBM, medication, CBT, IDDT)***
- ***Care (care, nursing, rehab)***
- ***Crisis (prevent or shorten admission)***
- ***Client know-how (peer specialist, recovery)***
- ***Community (CSS, family, housing)***
- ***Control (legal / safety / risk management)***
- ***Check (evaluation, outcome monitoring)***





**FLYING DUTCHMAN..**

**SAILING THE SEVEN C's  
& building bridges...**