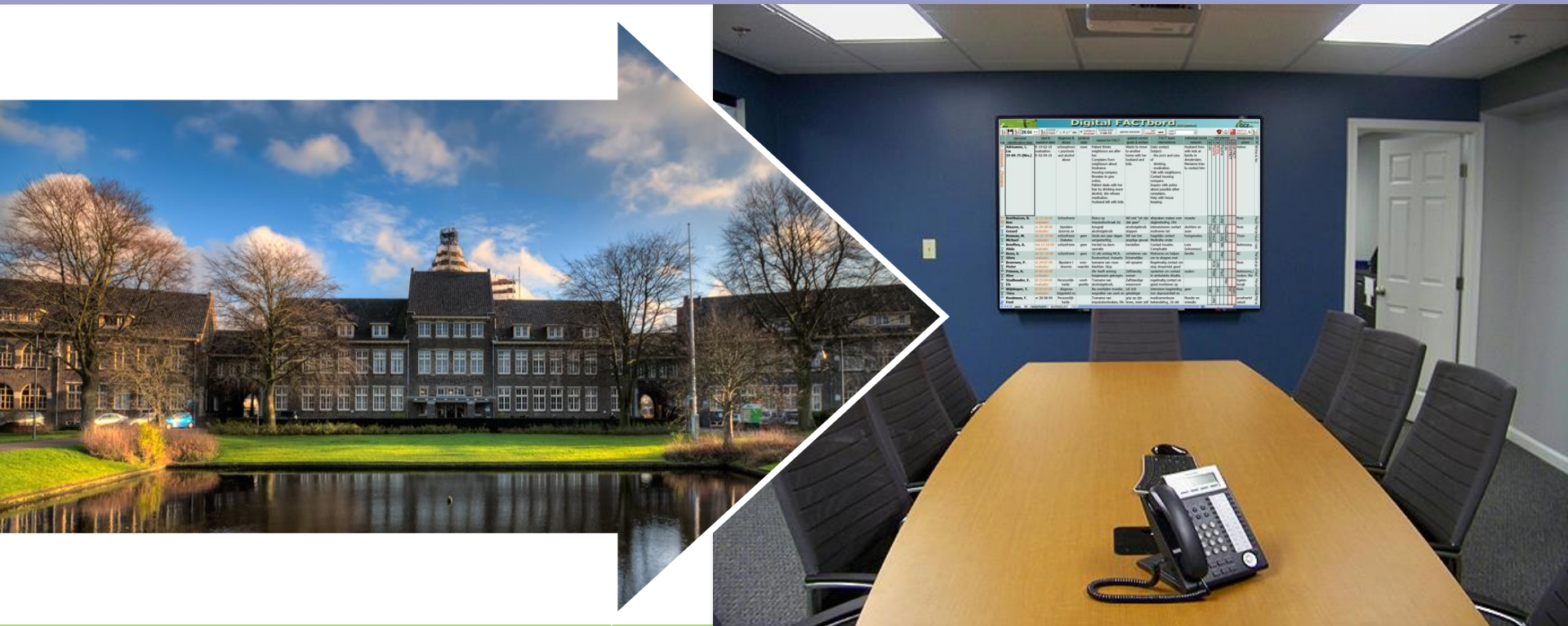




René Keet





Flexible ACT

From admission to the ward to admission to the board

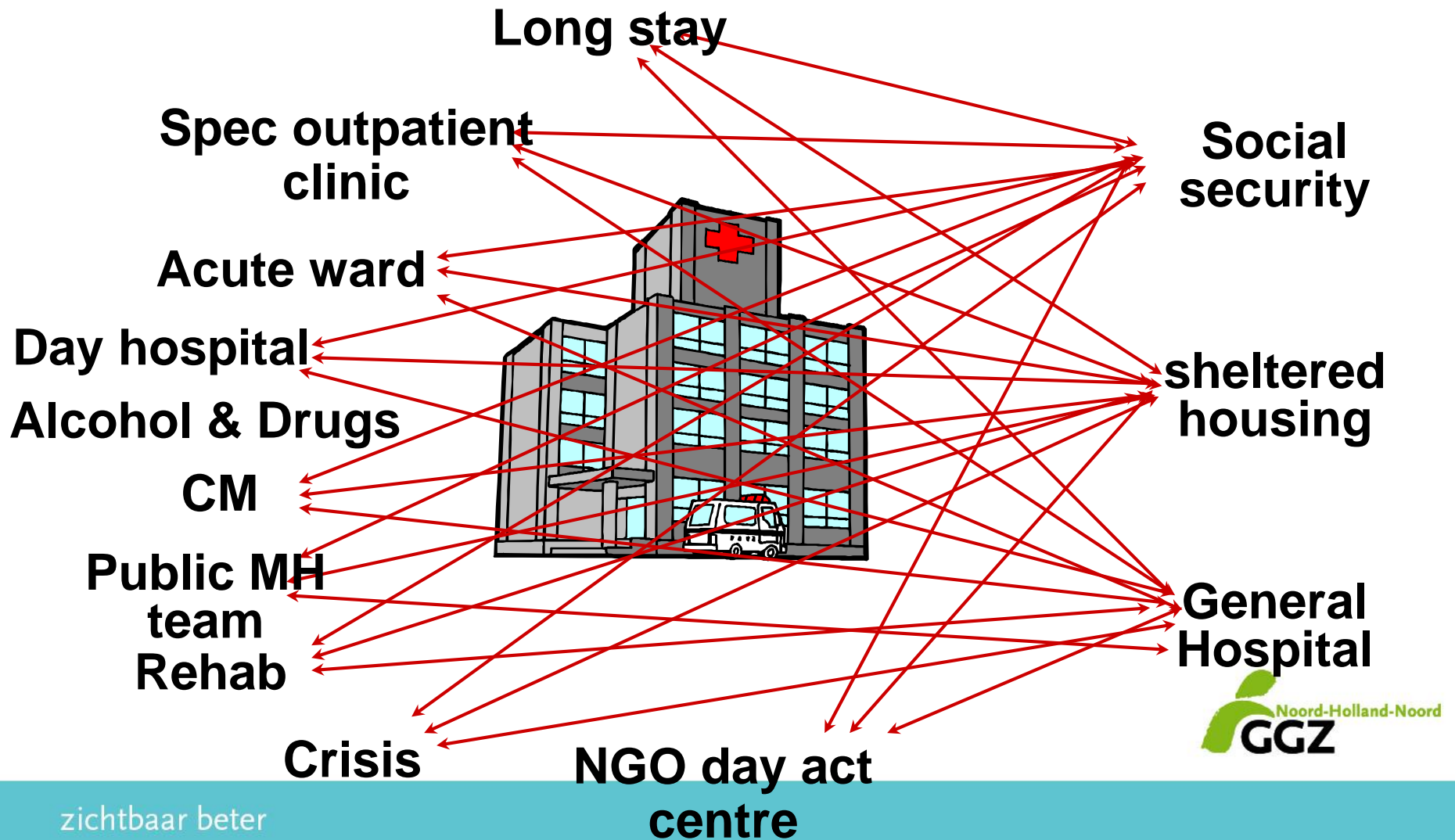


Cinderella care for persons with severe mental illness



- + Care is fragmented
- + Evidence not available
- + Little connection in organisation
- + No evaluation

Cure and Care for SMI



ACT

- Assertive
- Community
- Treatment

ACT

ACT team 10 FTE: 100 patients

Three essential techniques:

1 assertive outreach

2 shared caseload

3 multidisciplinary approach.

ACT needs adaptation

- 1:10 ratio too intensive
- 1 mode of care
- Needs of care fluctuate
- Focus on binding: ever lasting care
- Large regions (problem in rural areas)
- → Flexible ACT

Asylums

Essays on the social situation of mental patients and other inmates

ERVING GOFFMAN

with a new introduction by William B. Helmreich





Source reference:
EU Compass

Flexible Assertive Community Treatment (F-ACT)

integrated care for persons with Severe and persistent Mental health Issues (SMI)

Size of problem in Europe: SMI affect about 2% of population but cause highest costs of health systems. Mental disorders rank 1st cause of Years Lost due to Disability (YLDs).

Added value:

Traditional/usual care	F-ACT model
Hinders recovery & participation in society, frequent acute crisis & hospital admissions, revolving door syndrome, police presence, family alienation & social exclusion. Inequities in housing, finance, work, social contacts, etc	Evidence-based service delivery model of care focused on symptomatic & personal recovery by providing flexible, assertive community mental health care, and integrating medical & social interventions.



Flexible ACT features

- *two levels of care*
- *daily meeting*
- *recovery-oriented care*
- *working in a well defined region*
- *evidence-based medicine*
- *comprehensive care plan*

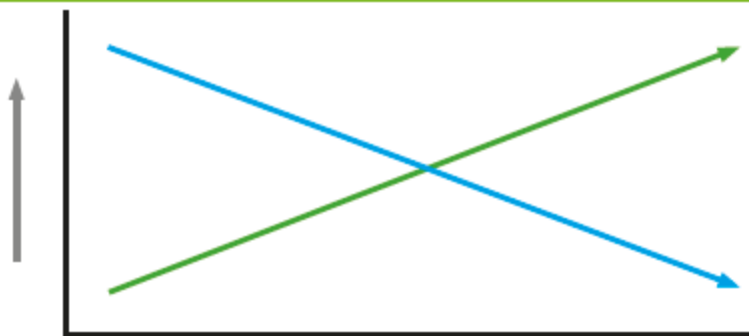


Flexible ACT team

- Multidisciplinary team, 10 FTE:200 SMI patients
- Catchment area = 50.000 inhabitants
- Collaboration with social stakeholders
- Opportunities case finding/case binding
- Focus on recovery
- Collaboration with informal carers



Outcomes/Results:



Continuity of care,
Remission in symptomatic and personal recovery,
Outcome (Quality of Life)

Drop Out < 2%
Admission Rates < 10-30%
Costs per patient

Transferability to other settings

- Well described model with a model fidelity scale;
- The ability to adapt the model to different contexts.
- Broad implementation and adaptation in several countries; > 300 certified F-ACT teams in The Netherlands, in regions in the British Isles, the Nordic countries, Central and Eastern Europe, Canada, Hong Kong and Australia



Flexible ACT team

- Multidisciplinary team, 10 FTE:200 SMI patients
- Catchment area = 50.000 inhabitants
- Collaboration with social stakeholders
- Opportunities case finding/case binding
- Focus on recovery
- Resource group: involvement of carers



ACT when needed

- 30 – 40 clients on digital FACT board
- Not a stable group on board
- Shared caseload: sharing knowledge/
sharing ideas/ sharing the burden
- Coordination
- Continuity of care



Digital FACTbord v2.0 LdeMooij																	
personal identification data	start & evaluation date	diagnose & abuse	juridical state	reason for FACT	patient current goals & wishes	FACT team interventions	individual social network	visit planner				(temporary) adres					
cat	m	t	w	t	f	s	s					D					
L. Christvoork / Toename	Adriaanse, L. Lia 19-04-75 (Mrs.)	fr 19-02-10 evaluation: fr 02-04-10	schizophre c psychosis and alcohol abuse	none	Patient thinks neighbours are after her. Complains from neighbours about noise. Patient deals with her fear by drinking more alcohol, she refuses medication. and left with kids.	Wants to move to another home with her husband and kids.	Daily contact. Subject: - the pro's and cons of drinking. re decision. Fallow neighbour contact housing company. Inquiry with police about possible other complains. Help with house keeping	Husband lives with kids at family in Amsterdam. Marianne tries	Leo	Paoline	Wilma	Paoline	leo	Visit FACT	call FACT	Heiloo	Wilma & leo

Admission to the board

- Crisis prevention
- Life event
- Intensification of treatment
- Hard to engage
- Admission: hospital: transmural
- New patient in team
- Coercion

26:04
 aantal regels 1 2 alles
 huidige rij bovenaan
 huidige cliënt **1 van 15**
 namen anoniem
 jaar overzicht **aan**
 snel naar:

cat	personal identification data	start & evaluation date	diagnose & abuse	juridical state	reason for FACT	patient current goals & wishes	FACT team interventions	individual social network	visit planner							(temporary) adres	D K
									m	t	w	t	f	s	s		
1. Crisivoork. /Toename	Adriaanse, L. Lia 19-04-75 (Mrs.)	fr 19-02-10 evaluatie: fr 02-04-10	schizofrenie c psychosis and alcohol abuse	none	Patient thinks neighbours are after her. Complains from neighbours about hindrance. Housing company threaten 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	Wilma	Pauline	Leo	visit FACT	call FACT	Heiloo	Wilma & leo
1. Cr	Benthuizen, B. Ben	di 13-10-09 evaluatie:	Schizofrenie		Risico op impulsdoorbraak bij terugval alcoholgebruik	Wil niet "uit zijn dak gaan"	afspraken maken over dagbesteding. Dhr	moeder		Pauli	Lotty					thuis	Paulir
2. In	Blaazer, G. Gerard	vr 28-08-09 evaluatie:	bipolaire stoornis en		terugval alcoholgebruik	alcoholgebruik stoppen	intensiveren contact motiveren tot	dochters en zoon	noud	Mari	noud	noud				thuis	Maria
2. In	Bosman, M. Michael	do 01-10-09 evaluatie:	schizofrenie Diabetes	geen	Sinds een paar dagen vergeetachtig,	Wil van het angstige gevoel	Dagelijks contact Medicatie onder	huisgenoten.	Carel	noud	Lotty	noud				Thuis	noud
2. In	Briefbies, A. Alida	ma 12-10-09 evaluatie:	schizofrenie	geen	Herstel na darm operatie	herstellen	Contact houden. Complicatie	Loes (schoonzus)	Wb		Wb					Buitenzorg	rose
3. In	Been, S. Silvia	do 01-10-09 evaluatie:	schizofrenie	geen	15 okt ontslag MCA. Rookverbod. Huisarts	verbeteren van lichamelijke	Motiveren en helpen om te stoppen met	familie	Cees		Mari					BZ	Maria
3. In	Broersen, P. Pieter	vr 24-07-09 evaluatie:	Bipolaire I stoornis	voorwaardel.	toename van rouw klachten. Stop	wil opname	Regelmatig contact om stop droperidol goed			Anja	Lotty					thuis	anja e
3. In	Prinsen, A. Alex	di 06-10-09 evaluatie:			dhr heeft woning toegewezen gekregen.	Zelfstandig wonen	opstarten cm contact in ambulante situatie.	ouders		Peter	Pauli					Buitenzorg / ouders. Per	Peter
3. In	Stadhouder, E. Els	di 15-09-09 evaluatie:	Persoonlijkheids-	voortgezette	Toename van alcoholgebruik.	Zelfstandige woonvorm	regelmatig contact en goed monitoren op					Mari				Egelenborgh	Maria
3. In	Wijkoper, T. Thea	di 05-05-09 evaluatie:	diagnose bijgesteld nu		Na overlijden moeder, wegvallen van werk en	wil zich gelukkiger	intensieve begeleiding ivm depressiviteit en	geen	lotti	Leo			Bel	bezo	thuis	Frédé	
5. Op	Kwakman, F. Fred	vr 28-08-09	Persoonlijkheids-		Toename van impulsdoorbraken, life	grip op zijn leven, meer zelf	medicamenteuze behandeling, 16 okt	Moeder en vriendin		Lotty						proefverlof vanuit	Maria

Rich Multidisciplinary team

- psychiatrist
- team co-ordinator
- community nurse, of whom 2 have addiction expertise
- psychologist
- peer worker
- IPS



Stichting
Centrum
Certificering
ACT en FACT

www.ccaf.nl

Certification and model fidelity of ACT and FACT

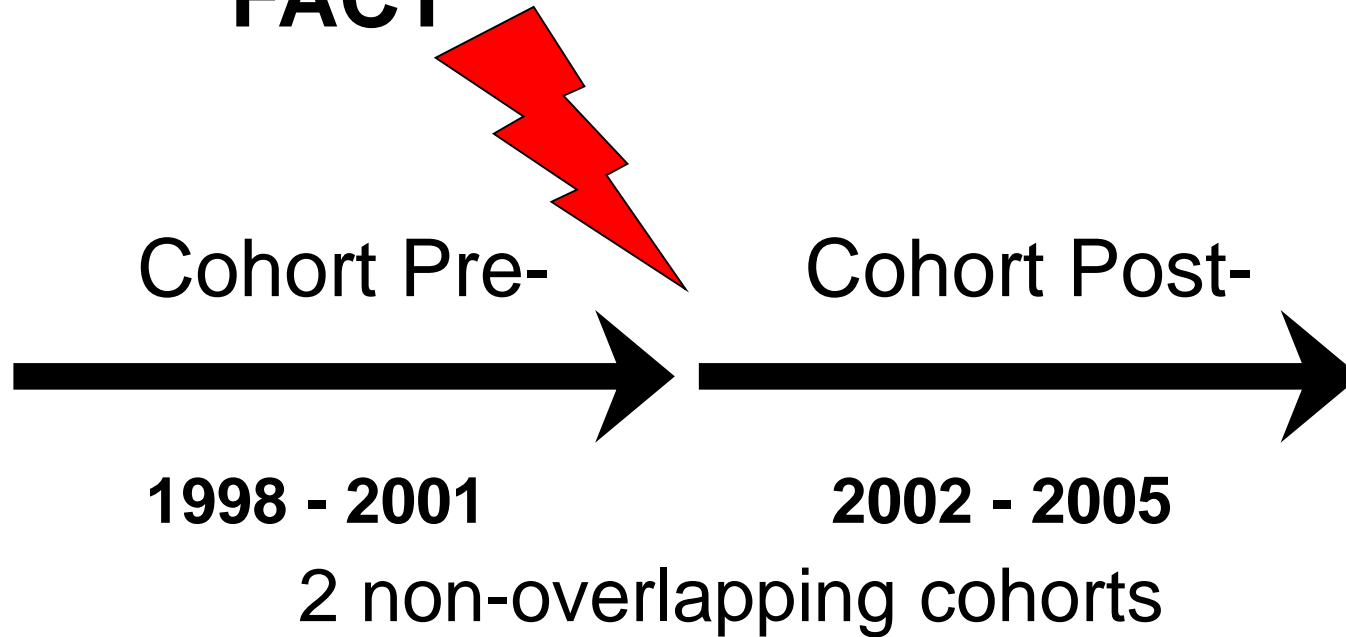


Research on Flexible ACT

- The Netherlands
 - Introduction of FACT and remission of schizophrenia
 - The introduction of FACT in a new region
- UK
 - Introduction of FACT and bed use and clinical outcomes in London



FACT



Did Flexible ACT
result in more Remission?

Bak M et al. SSPE 2007



**Pre-assertive outreach
1998 – 2001**

No remission



19%
probability

Remission

**OR=2.21
(1.03 - 4.78)**

**Post-assertive outreach
2002 – 2005**

No remission



31%
probability

Remission

Remission: higher with FACT

Bak M et al. SSPE 2007



A dismantling study of assertive outreach services: comparing activity and outcomes following replacement with the FACT model

Mike Firn, Keelyjo Hindhaugh, Dieneke Hubbeling, Gwyn Davies, Ben Jones & Sarah Jane White

Social Psychiatry and Psychiatric Epidemiology
The International Journal for Research in Social and Genetic Epidemiology and Mental Health Services

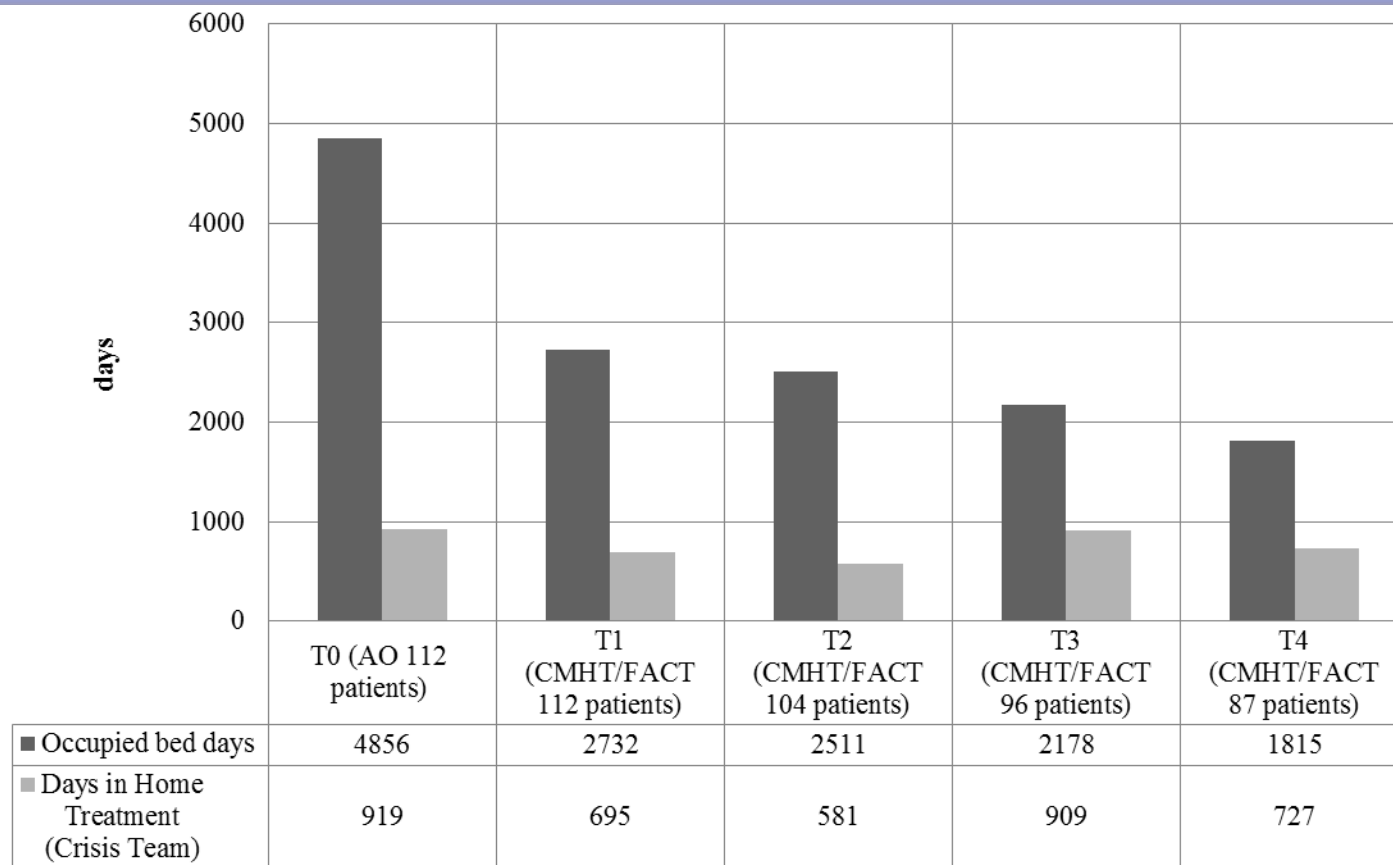
ISSN 0933-7954
Volume 48
Number 6

Soc Psychiatry Psychiatr Epidemiol
(2013) 48:997-1003



2013 publication





Bed and Crisis use For AO patients



data from Mike Firm



Flexible ACT in West-Friesland

zichtbaar beter

www.f-actnederland.nl

F-FACT
Nederland

*Outcomes of FLEXIBLE Assertive
Community Treatment (FACT)
Implementation: A Prospective Real Life
Study*

**M. Annet Nugter, Fabiana Engelsbel,
Michiel Bähler, René Keet & Remmers
van Veldhuizen**

Community Mental Health Journal

ISSN 0010-3853

Community Ment Health J
DOI 10.1007/s10597-015-9831-2

Volume 51 Number 2

Community Mental Health
Journal

ONLINE
FIRST

2015 publication



Instruments

- FACTs FACT-scale (based on DACT)
- HoNOS Psychosocial functioning
- Remission tool Eight critical items of PANSS
- MANSA Quality of Life
- CANSAS Needs for Care
- VMP Dutch instrument to measure social inclusion
- 'Thermometer' Patient's satisfaction
- Electronic patient files Face to face contacts, admissions, dropouts



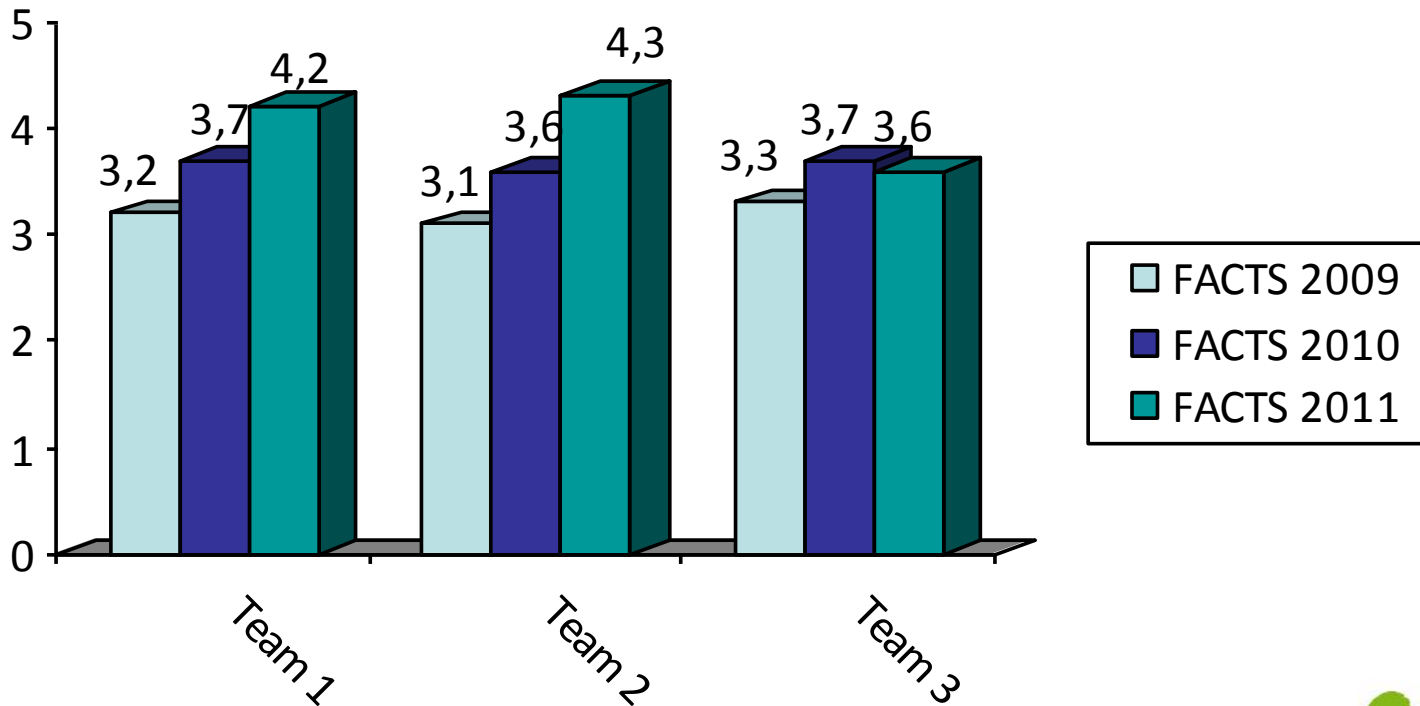
Main diagnosis	N=298
Schizophrenia	180 (60%)
Bipolar	23 (8%)
Other mood disorders	22 (7%)
Anxiety disorders	24 (8%)
Male	168 (56%)
Mean age	44

Patients DSM IV, gender, age

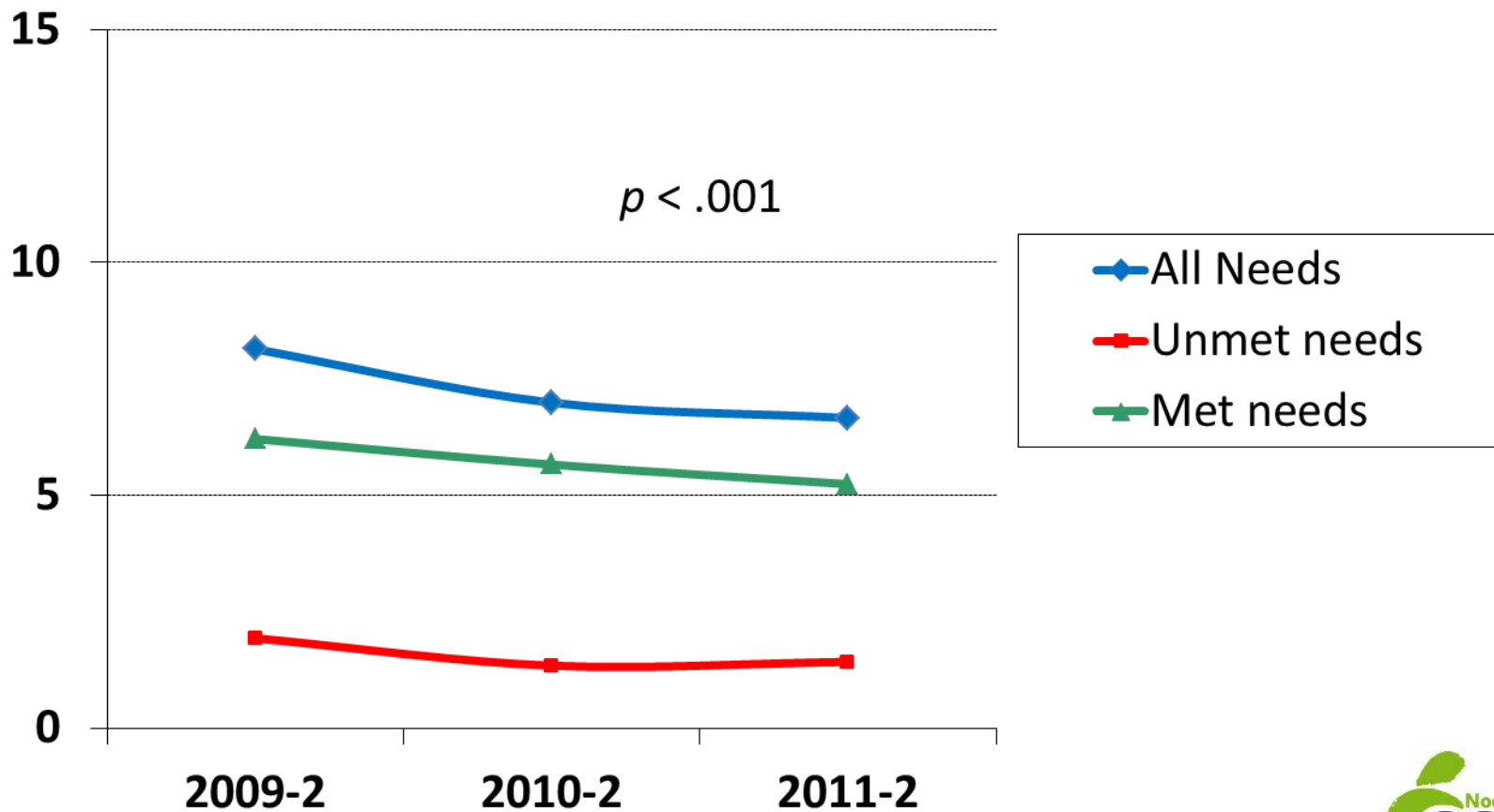


Model Fidelity

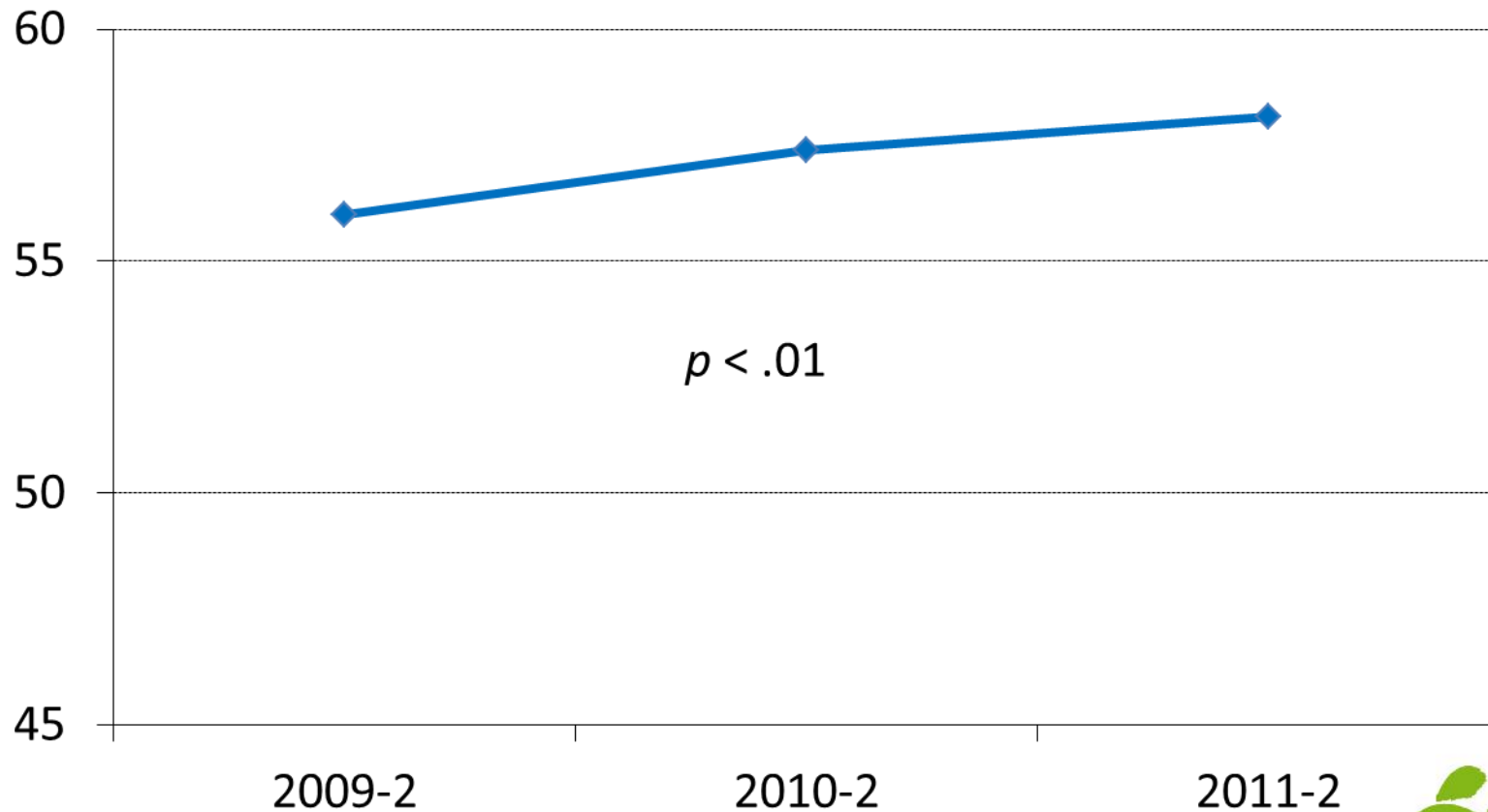
Totaalscores FACT-schaal per team



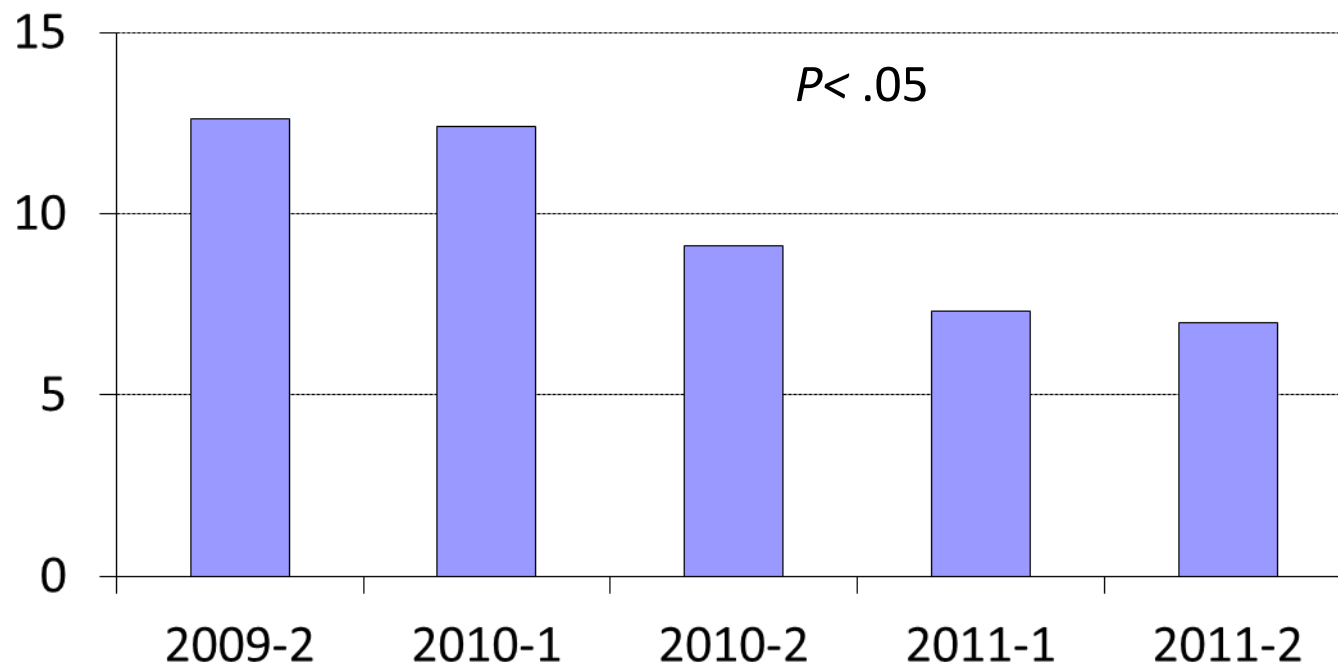
CANSAS



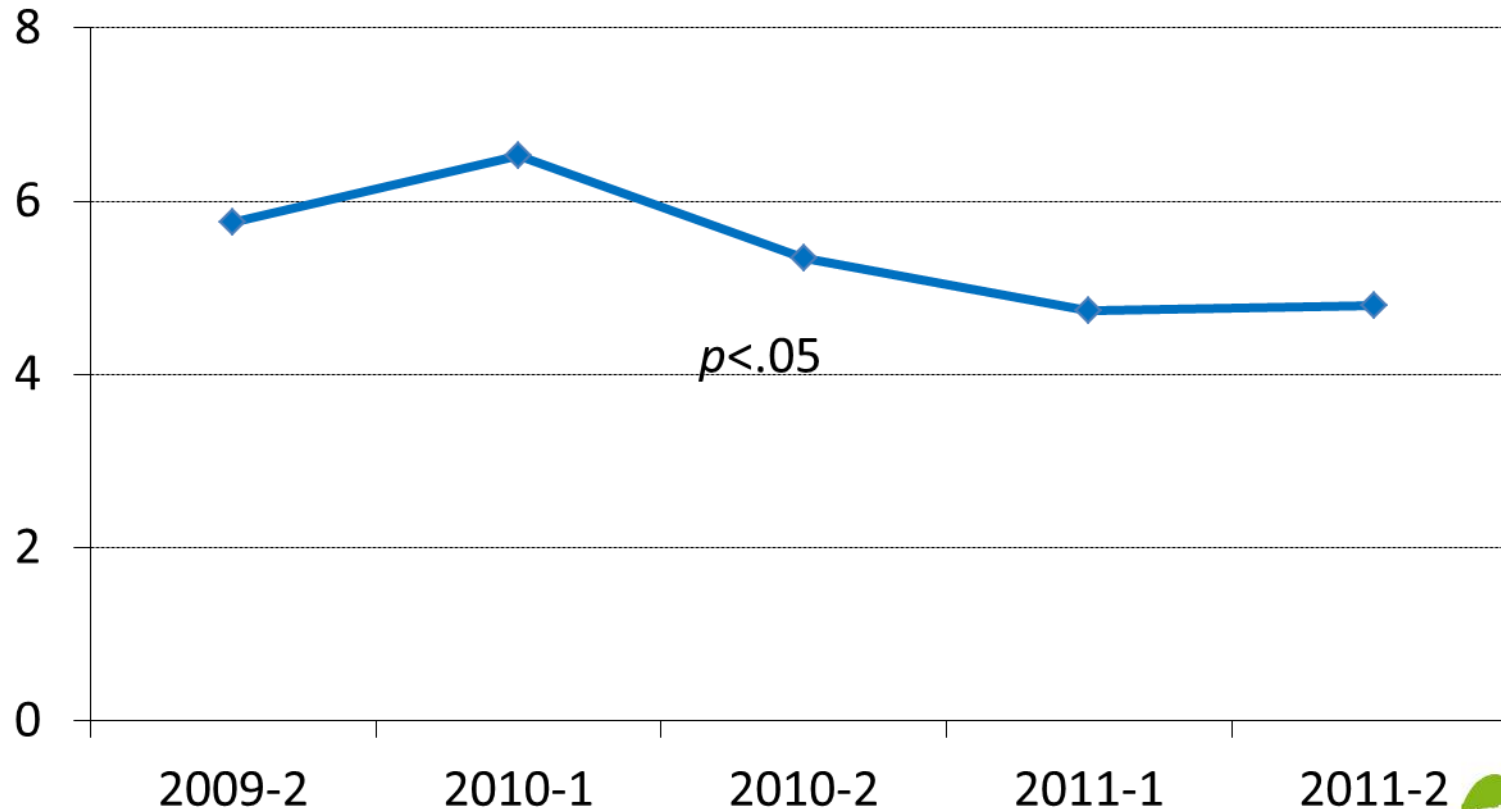
MANSA



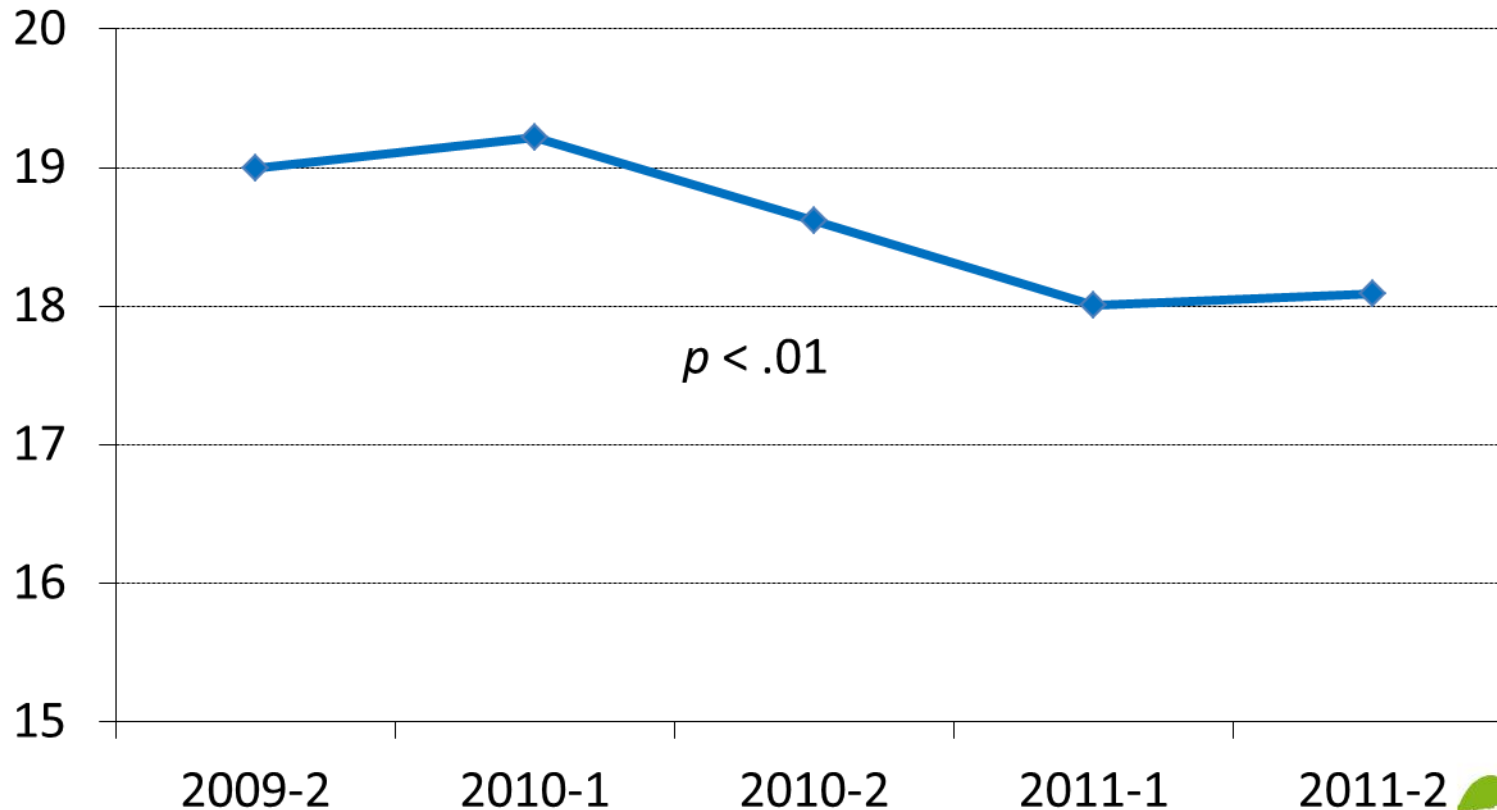
% patients admitted



Hospital days per patient



Face to face contacts per patient



Research on Flexible ACT

- Implementation takes time
- Less needs of care
- More remission
- Less and shorter admissions
- Less use of care
- Better quality of life



Summary Flexible ACT

- Multidisciplinary teams
- Flexible response
- Admission to the board
- Integration of medical and social interventions
- Orientation on recovery
 - From what's wrong to what's strong
- Collaboration with hospital



Manual

Flexible
Assertive
Community
Treatment

Vision, model, practice and organization

by J.R. (Remmers) van Veldhuizen
and M.(Michiel) Bähler

www.factfacts.nl

2013 Groningen, The Netherlands; Manual Flexible ACT (2013)
Veldhuizen, J.R. van & Bahler, M.; www.factfacts.nl.

Read more?
Free download



www.ggz-nhn.nl/fit-academy



<https://youtu.be/3pUyvSW6wB4>



F-ACT in other countries

Moldova: <https://youtu.be/aCWvM7LM5il>

England: <https://youtu.be/3pUyvSW6wB4>

Norway: <https://youtu.be/g3wRIQIN5EA>

Sweden: https://youtu.be/Ka_FTW8zkf4

Croatia: <https://youtu.be/y9TalnrbjBps>





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13-14 JUNE, 2019

Lille

The sixth meeting of the EUCOMS Network

HUMAN RIGHTS

Additional information & detailed programme to follow soon.

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Thank you for
your attention!

