FACT

Stichting
Centrum
Certificering
ACT en FACT

CCAF

FLEXIBLE ASSERTIVE COMMUNITY TREATMENT

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

Our Mission:

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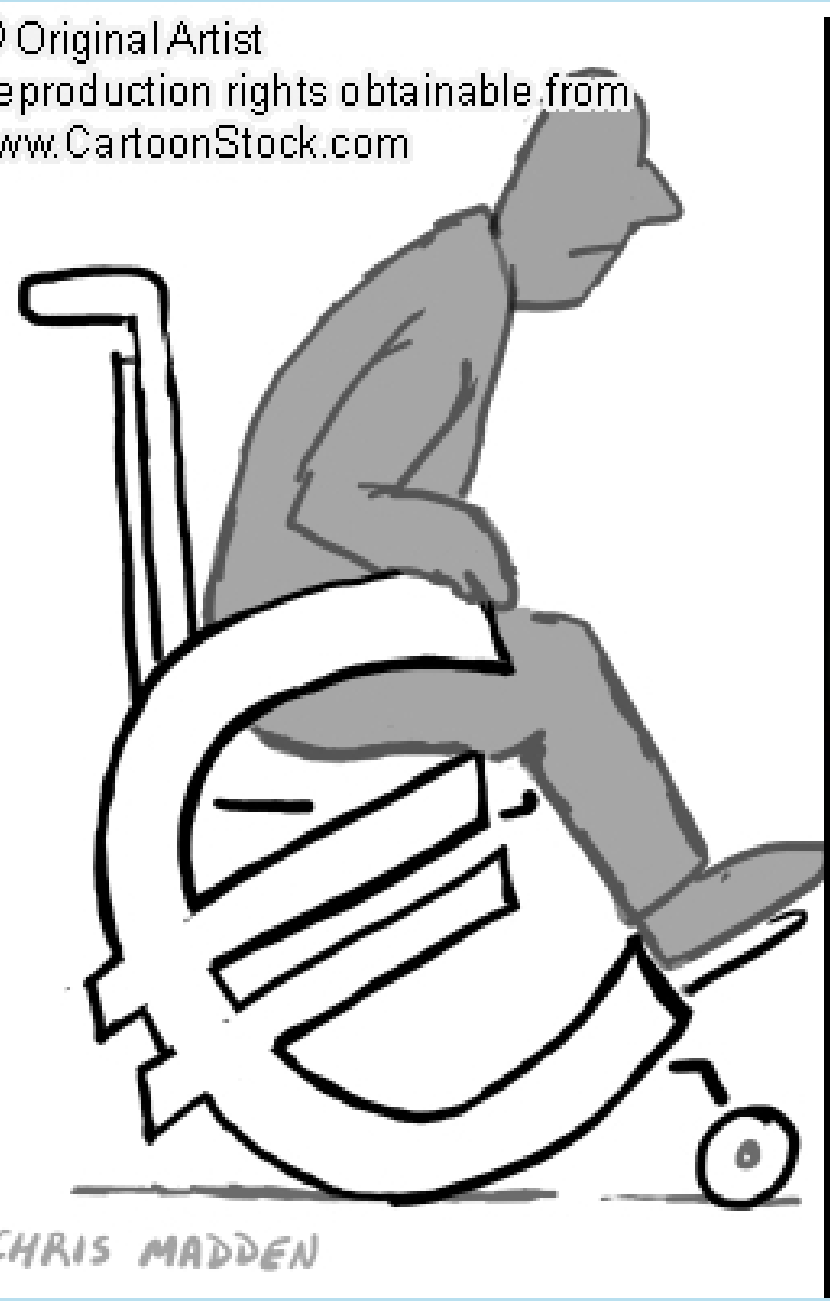
To find people with severe mental illness and link them to a mental health care system that supports recovery and social inclusion.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CHRIS MADDEN


NOT WANTED
OR
LOVED
PLEASE HELP
GOD BLESS
Jn 3:16

Prof. Arie Querido

- *1930:*
- *Psychiatric crisis Home care teams*

- *1949:*
- *MHCS = ‘device’*
- *1) adapt patient*
- *2) adapt community*
- *3) BUFFER*

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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***

Pioneers

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- ***Len Stein***
- ***Mary Ann Test***
- ***Arnold Marx***

- ***alternative to mental hospital***
- ***training in community living***

- ***Assertive Community Treatment***

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FACT Principles

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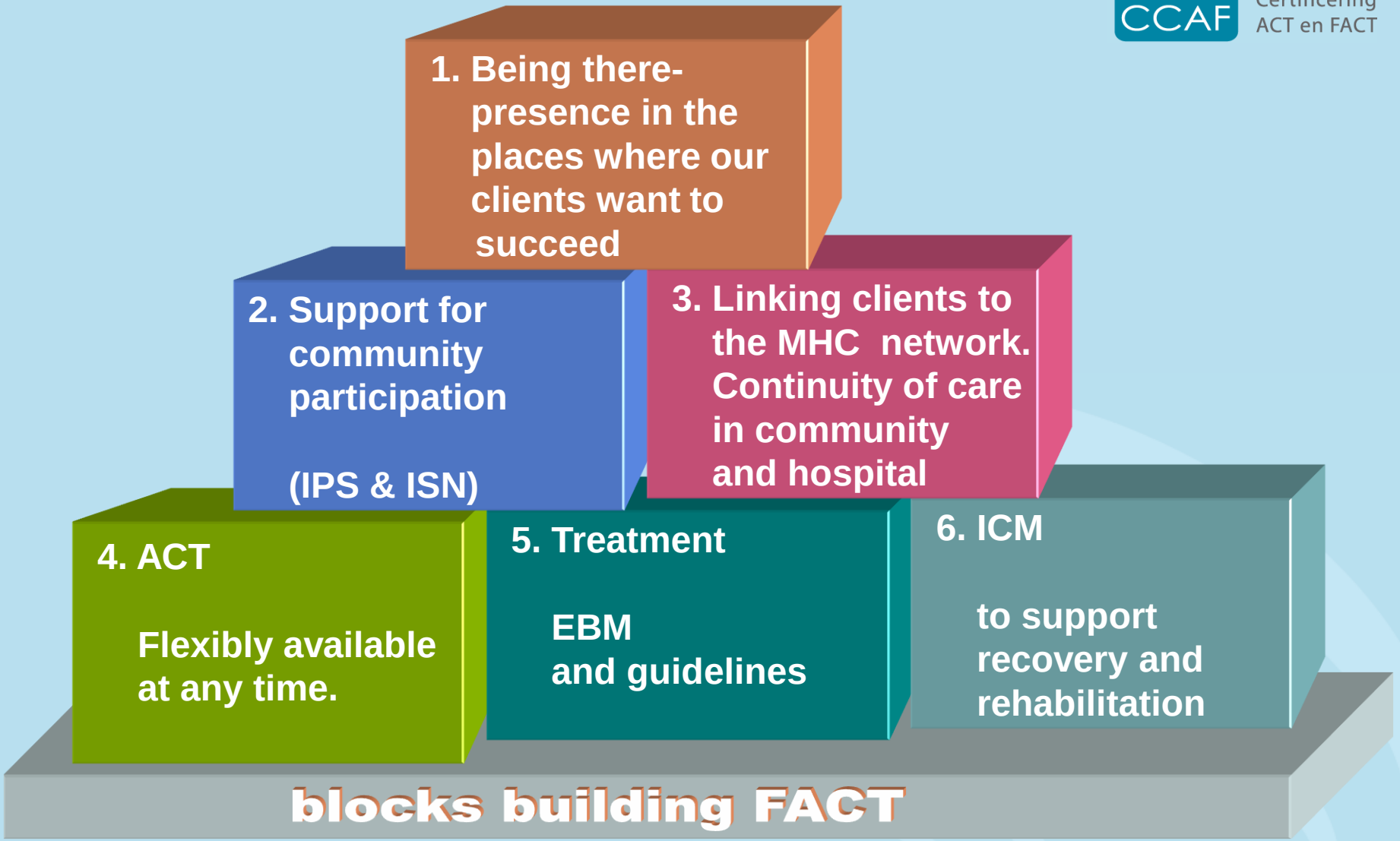

Flexible ACT : FACT team

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- ***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

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- ***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*

The Fact-boardmeeting

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- The Fact-boardmeeting fulfils a central role in the Fact way of work.
- Goals are (amongst others)
    - efficient organisation of the work..
    - effective exchange of information about the patients.
- The meeting is daily.
- Is has a tight schedule.

Digital FACTboard v2.3 LdeMooij

Digitaal Factbord GGZnhn

GGZ zichtbaar beter

00:00 Set | Listed Rows 1 2 all | Selected Patient 1 van 13 | Printout | Anonymous | Year Overview On | Quick Search | Use Textform | BackUp & Close

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 m	t	w	t	f	s visit FACT	s call FACT	(temp.) Adress	C	C
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 threats 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	Joshua & Chloe psy: Nico	
1. Cr	Green, P. Peter	zo 13-03-11 evaluation:	Persoonlijk-heids-		Toename van impulsdoorbraken,	grip op zijn leven, meer zelf	medicamenteuze behandeling, 16 april	Moeder en vriendin		Lotty						proefverlof vanuit	Ruby	
2. In	Campell, J. Jack	ma 17-01-11 evaluation:	schizofrenie	geen	Herstel na darm operatie	herstellen	Contact houden. Complicatie	Loes (schoonzus)	Wb			Wb				Buitenzorg	Leo &	
2. In	Evans, A. Alida	zo 13-03-11 evaluation:	Bipolaire I stoornis	voor-waardel.	toename van rouw klachten. Stop	wil opname	Regelmatig contact om stop droperidol			Anja	Lotty					thuis	Leo &	
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FACT | LEGAL STATUS | WAITINGLIST | BOARDMEETING | CASELOAD

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:

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- ***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

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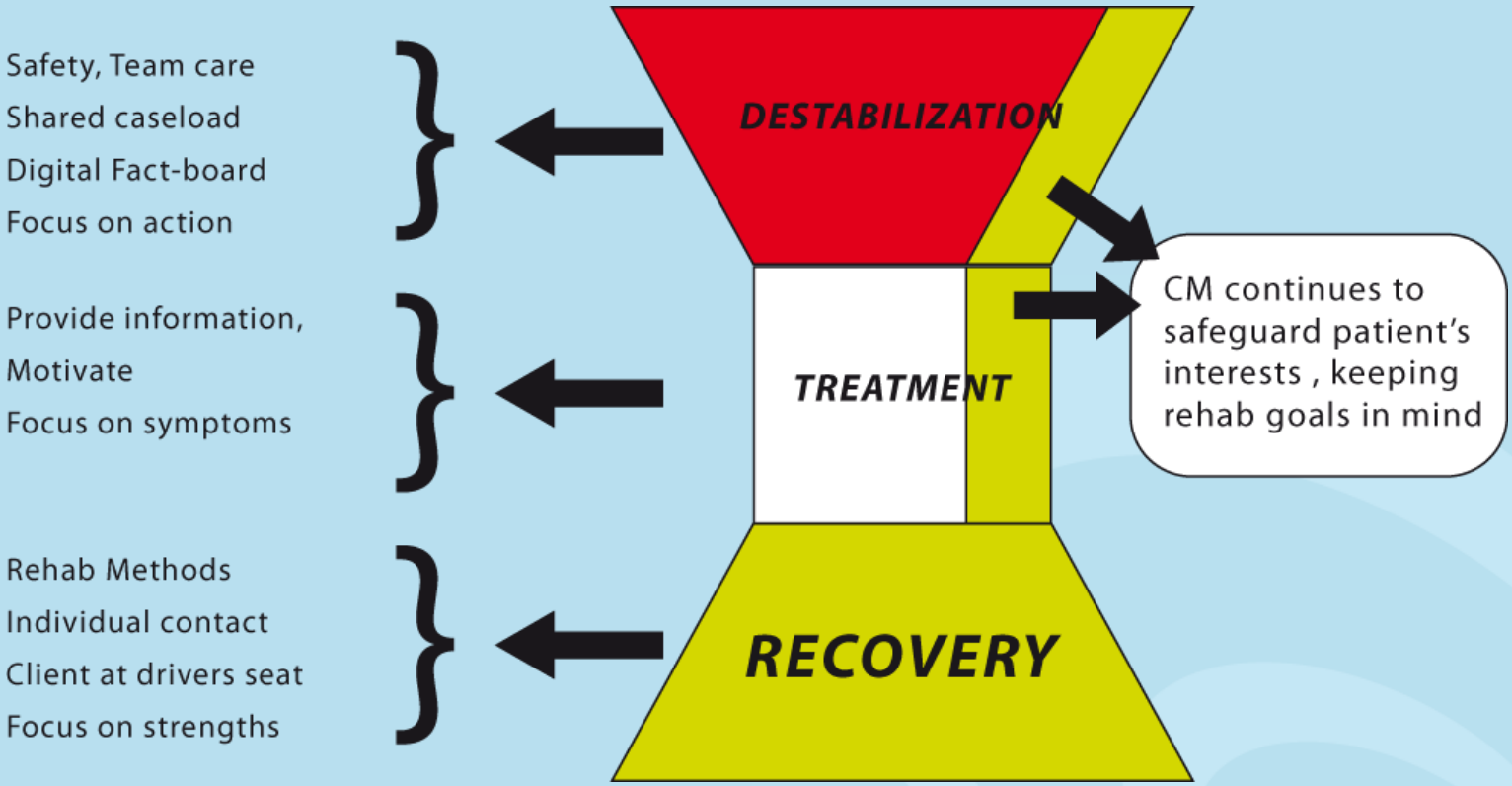

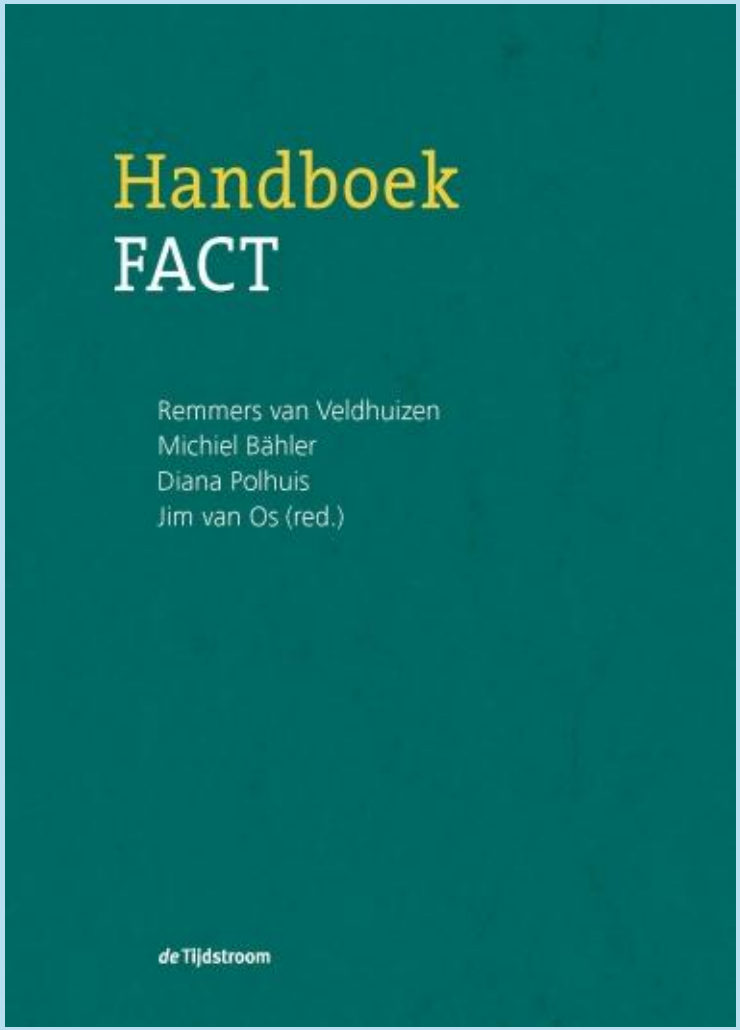

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Certification Centre for ACT & FACT

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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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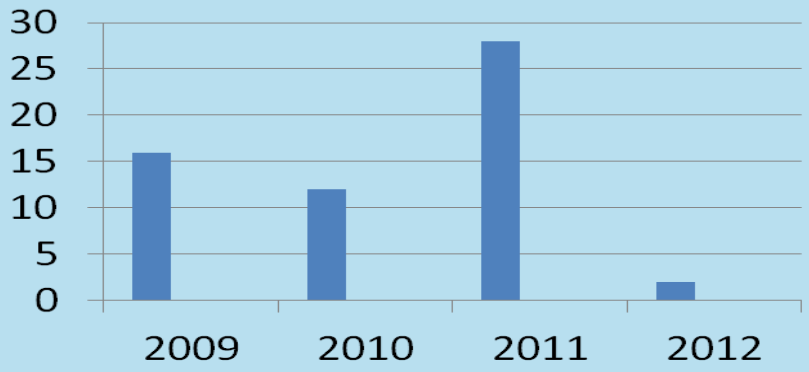
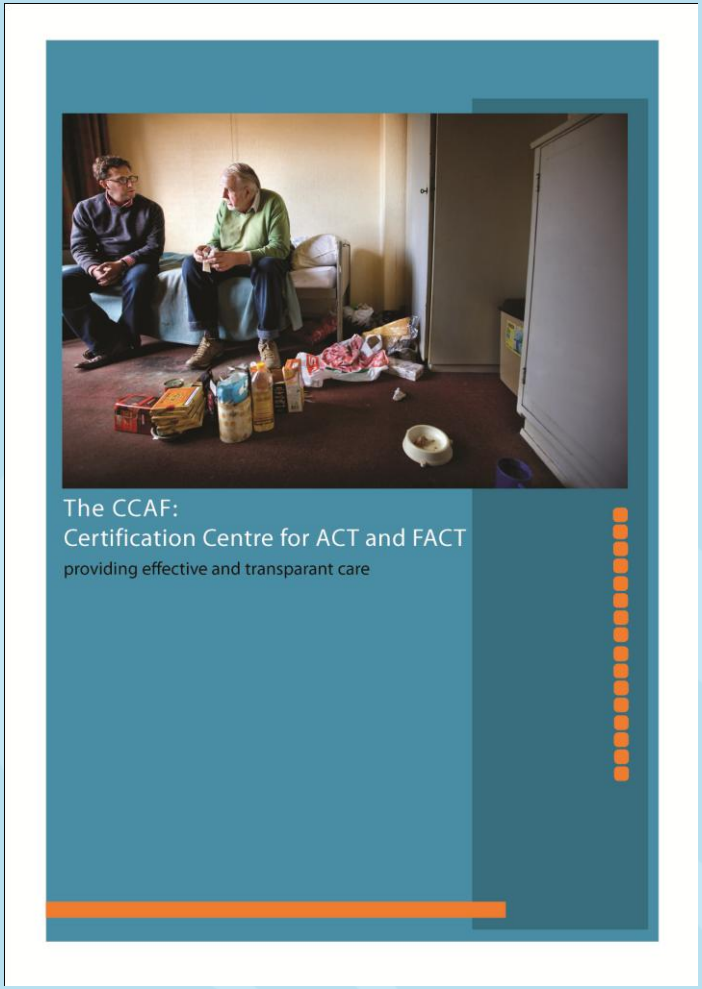


2011 : >>30 teams auditted



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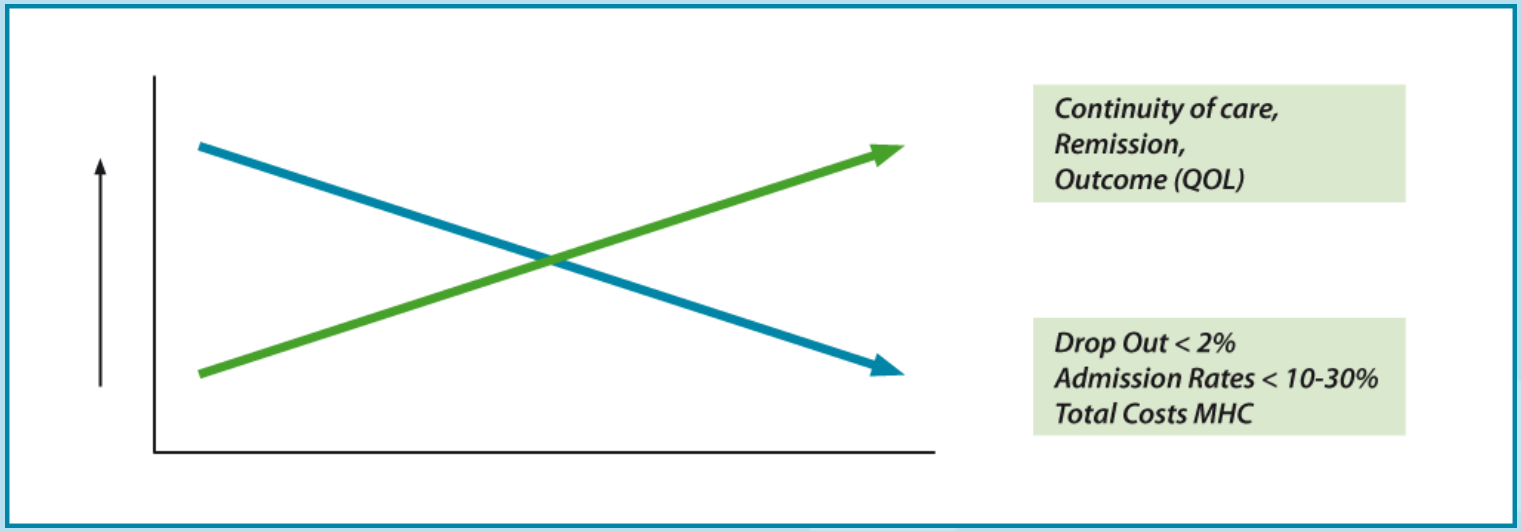

Mike Firn at el
FACT model in Londen

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- ***Assertive Outreach teams dismantled and integrated in Community Mental Health Teams***
- ***→ new teams with FACT procedure***

- ***" A dismantling study" Soc. Psychiatry Psychiatr Epidemiology (2012)***
- ***FACT procedures easily implemented and appreciated***
- ***Preventing patients staying too long in ACT / AO***
- ***Reduction of Hospital days***
- ***Cost effective compared to AO***
- ***" Enhancing multi-disciplinary CMHT's with FACT provides a clinically effective alternative to specialist ACT teams."***

Differences ACT← →FACT

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Focus	20% most severely	All SMI in a region
Patients /team	80 - 100	180-220
Region Inhabit.	>>250.000	+ 50.000
Team	Multi-disciplinary	= ACT + IPS+ psychologist
Caseload	1 : 10	1: 15 - 25
Psychiatrist	1 : 100	0,8 : 200
On whiteboard / digi-board	All patients	20 – 30 (10 -15%)

The 20 / 80 % debate

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- ***ACT claims 20% most severely SMI***
- ***Less than 20 % are on the FACT-board at one moment***
- ***Hypotheses:***
  - *Literature not based on evidence*
  - *ACT teams serve also more stable patients*
  - *In FACT a larger group (60 %) is sometimes over the years for one or more episodes on the FACT board*
  - *Cuddeback, Morrissey & Meyer (2006): 50% of SMI eligible for ACT*

FACT advantage (1): continuity

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- ***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*

FACT advantage (2): provides organizational framework for EBM

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

FACT advantage (3): within the community

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- ***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 !***

Bedden in Europa 2009 (WHO)

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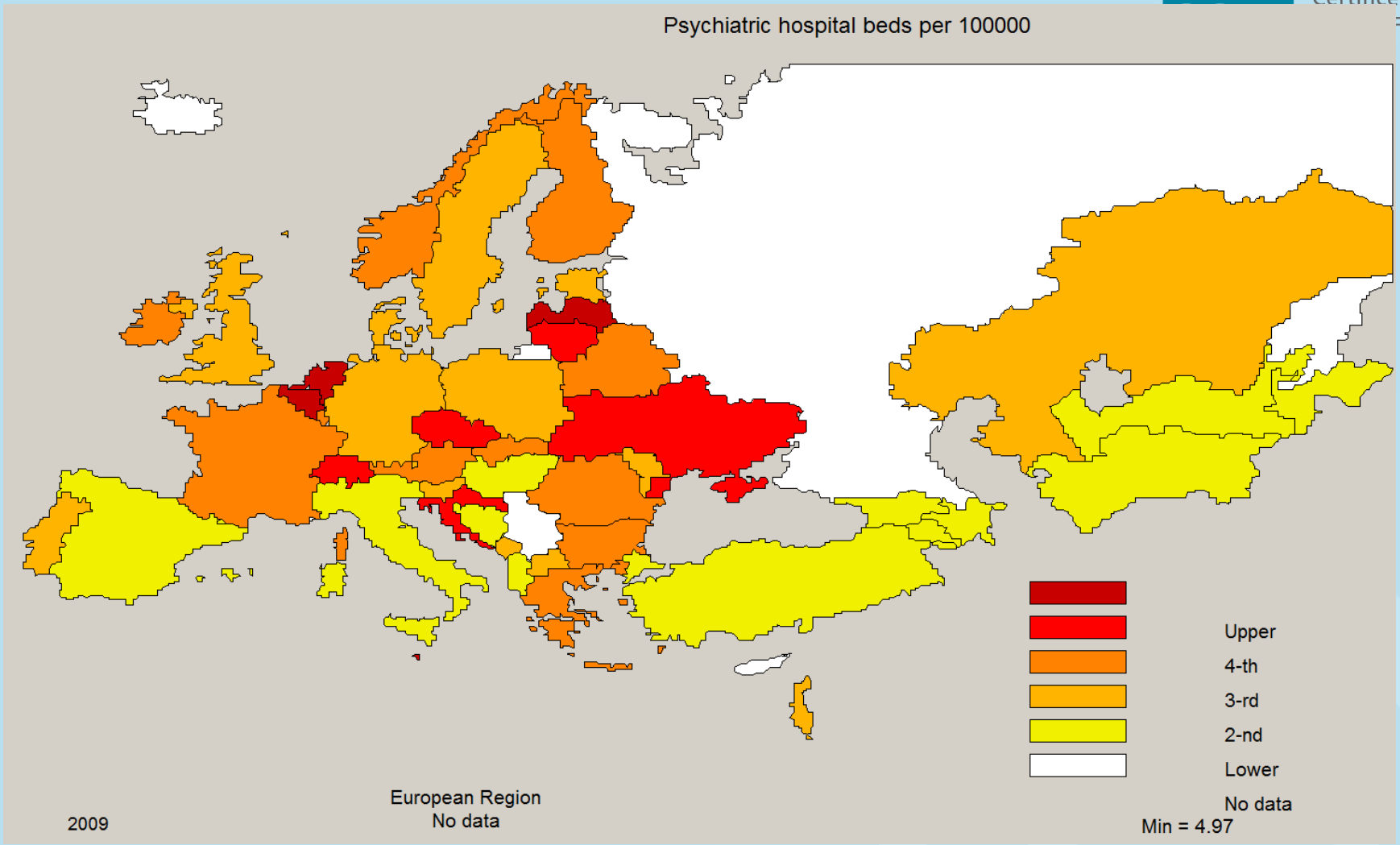

Totaal aantal bedden en plaatsen in residentiële psychiatrie per 100.000 inwoners

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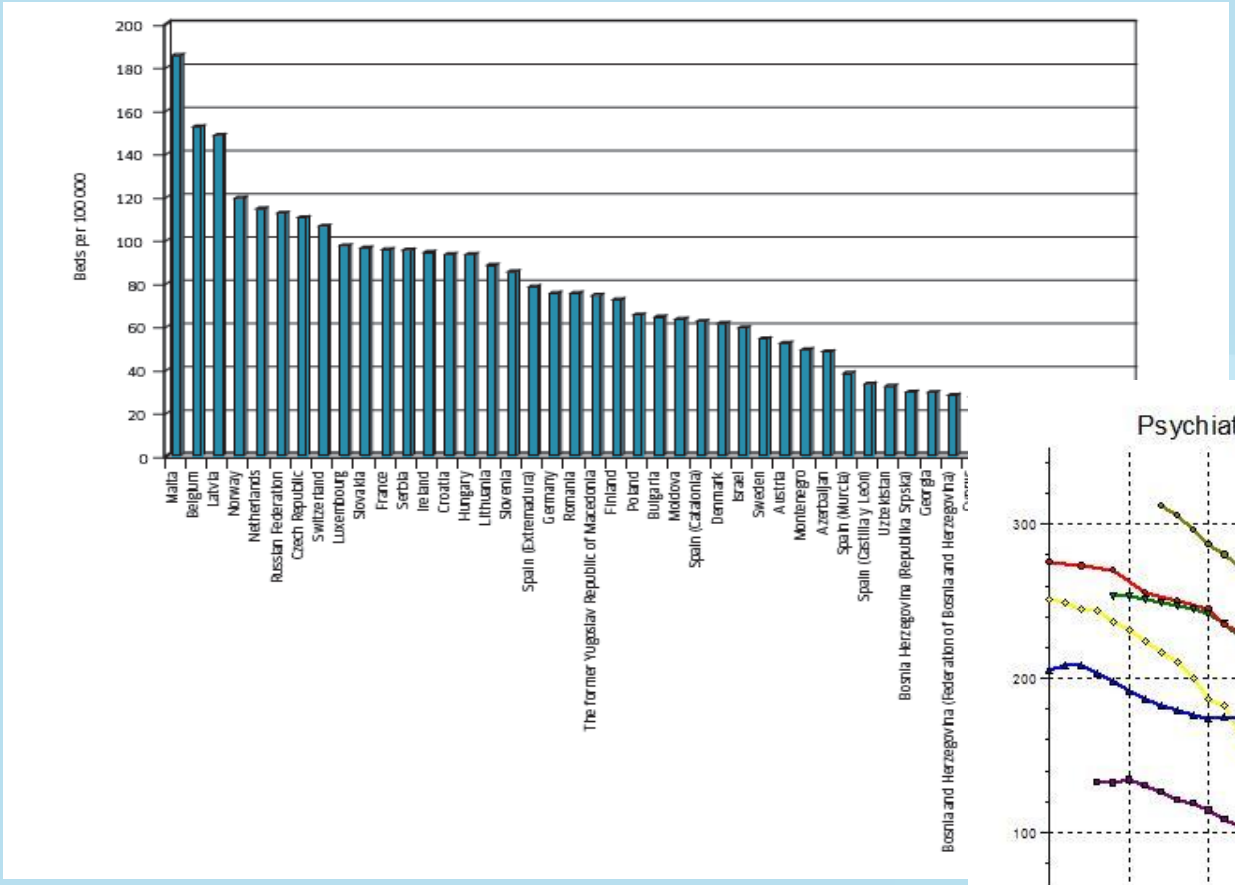

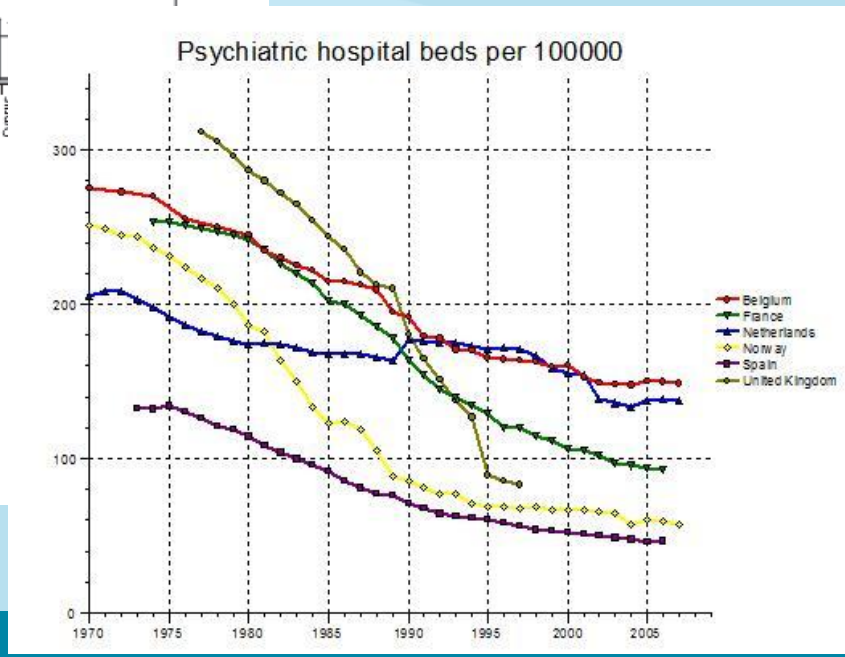

BEDS per 100.000 inhabitants (2008)

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	Psychiatric hospital	***Sheltered Living***	***Total***
Netherlands	***110***	***52***	***162***
England	*63*	*22*	*85*
Germany	*128*	*18*	*146*
Spain	*43*	*13*	*56*
Sweden	*58*	*88*	*146*
GGZ NHN	***77***	***31***	***108***

Lessons from the first FACT region

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- ***600.000 inhabitants***
- ***one organization is responsible for the inpatient and outpatient care for the severely mentally ill and for the supported housing and day centres.***
- ***semi rural: the largest cities in this area are 160.000 inhabitants***
- ***Not many homeless → no reason for ACT and/ or Housing First***

Differences rural or city

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- ***(semi) rural***
- ***More travelling distances***
- ***± 200 FACT patients in 50.000 region***
- ***More social support, less homeless***

- ***Cities***
- ***In 40.000 -45.000 → 200 FACT patients***
- ***More homeless***
- ***Wandering from region to region → ACT***

Reduction of Beds

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- ***Formal policy : in 2020 one third of the beds has to be built off***
  - *This regards all kind of psychiatric beds (the short term beds & the long term)*

- ***Simultaneously more outpatient and outreaching care***
- ***Rather good to implement***
- ***But specific (financial) problems: what to do with the old buildings***

FACT and FACT-like teams for other groups

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- ***Forensic FACT***
  - *Linking MHC and penal system, risk management, cooperation probation officer*
- ***Early Intervention Services***
  - *Sometimes (cities) stand alone, sometimes (rural) integrated in FACT*
- ***Juvenile and Children***
- ***Bipolar Outreach Team***
- ***Psychiatric Crisis Teams or CRHTT***
  - *Crisis Resolution Home Treatment Teams*
  - *S. Johnson; J. Hoult UK/Australia*

PARADIGMSHIFT

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- ***Institutional paradigm***
  - *We'll help you under our conditions*
  - *At the territory of the institute*

- ***(Social) Support Paradigm***
  - *We'll support you in your own environment to live the life you want*
  - *At home, at the territory of the patiënt and family*

Advantages home treatment and outreaching support

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- ***Assessment in real life***
  - *Strenghts, weakness*
  - *Recovery support*
- ***Contact with family , neighbors***
  - *Inclusion oriented*
- ***Solutions in practice***
- ***Training on the spot***
- ***Territory = identity***

DROP OUT: risk for relapse and crisis admissions

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- ***In care as usual > 20 % in 2 years (Wunderink et al)***

- ***In FACT region < 5 % p. year and less..***

- ***Continuity of care***
- ***'Binding care'***
- ***Attractive care***

Attractive care

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- ***Normal equivalent personal relation***
- ***Possibility to work on their own goals and their own vision of 'recovery'***
- ***Frequently: to try to find and keep some real paid work***

- ***FACT has different workers, with their own style and '' click''.***
- ***Peer specialists, rehab specialists***
- ***IPS workers***

New mental health ACT

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- ***More workable 'community treatment orders'***
- ***Self binding orders***
- ***Psychiatric Advanced Directives***
- ***New criteria : significant risk for serious harm (now: danger)***
- ***Acute Holding regulated (first aid by police or ambulance)***

The seven C's

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- ***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...

Literature

Stichting Centrum Certificering ACT en FACT

- **Veldhuizen, J. R. van, (2007). FACT: A Dutch Version of ACT, Community Mental Health Journal, (43), 4, 421-433.**
- **Drukker, M. a.o. (2008); Nugter a.o.(2009); GGZ NHN (2010)**
- **Van Vugt a.o. (2011): ACT in the Netherlands: Outcome and Model Fidelity. La Revue Canadienne de psychiatrie, vol 56,n0 3, mars 2011**