Assertive Outreach
NAPHA programme

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10:10 Background to introducing AOT in the UK, including the experience of services in Birmingham.
10:35 Concept of fidelity and AOT principles; why fidelity is important.
11:00 Assertiveness and outreach in practice – philosophy of care for outreach clients, their family and others.

11:25 BREAK

11:45 AOT in relation to the wider system of community services and hospital – how does the rest of the system adjust to this new service?
12:10 Connecting to other agencies and services.
12:30 Group discussion

13:00 LUNCH

14:00 Starting up a service; relevance of the Birmingham experience: timescales and timelines from the planning stage through to an up-and-running team.
14:25 Problems around start-up
14:50 Group discussion

15:20 BREAK

15:40 Teams and Inter-professional working; roles and relationships, to include psychiatrist
16:05 Team manager role; organisation, leadership
16:30 Questions and answers (plenary)
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Background to introducing AOT in the UK, including the experience of services in Birmingham.
COMMUNITY MENTAL HEALTH TEAM

Primary Care & Continuing Need:
Liaison

Rehab and Recovery

HOME TREATMENT TEAM

CONTINUING NEED
ASSERTIVE OUTREACH TEAM

Residential based care:
Hospital Beds, Day services, Crisis Homes,

Birmingham Service Map
COMMUNITY MENTAL HEALTH TEAM
Primary Care & Continuing Need:
Liaison

CONTINUING NEED
ASSERTIVE OUTREACH TEAM

HOME TREATMENT TEAM

EARLY INTERVENTION TEAM

Residential based care:
Hospital Beds, Day services, Crisis Homes,

Birmingham Service Map
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Concept of fidelity and AOT principles;
why fidelity is important.
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Fidelity
Fidelity

‘ACT is a clinically effective approach to managing the care of severely mentally ill people in the community. ACT, if correctly targeted on high users of in-patient care, can substantially reduce the costs of hospital care whilst improving outcome and patient satisfaction. Policy makers, clinicians, and consumers should support the setting up of ACT teams’.

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Assertiveness and outreach in practice – philosophy of care for outreach clients, their family and others.

From Stefan Priebe, Jay Watts, Mike Chase, Alksandra Matanov presentation:
Processes of disengagement and engagement in Assertive Outreach patients
1. Social support and engagement without focus on medication

- Social and practical nature of support regarded as positive and distinctive
- Feeling to be seen as a person, and interest is not limited to compliance with medication
- AO perceived as reducing social isolation
- Practical support valued as improving quality of life
Social support and engagement without focus on medication

“They talk about day to day stuff with me you know. It’s interesting really, they take an interest in my life.”

“You don’t talk to them purely about how I have taken my tablets and this. I mean it is broader than that.”
2. Time and commitment

• AO workers are available, easy to contact, and willing to listen, help and visit patients at their home
• Commitment and reliability help to overcome mistrust
• Particularly effective over time
“They have more people around…I just pick up the phone and they come down. I don’t have to make an appointment or anything which is good.”

“The team and I have been through a lot. They have seen me in a good position and the team have seen me in bad conditions, so they have … a much better idea …of my moods and how to react to things. So we have a good working relationship.”
3. Partnership model of therapeutic relationship

- Active role in decision making
- All AO staff, including psychiatrists, are perceived to take on board the patient’s experiences and views
- Appreciation of non-judgemental attitude, eg concerning drug abuse
Partnership model of therapeutic relationship

“He seems more concerned about me...when I suggested that I wanted to stop medication for a while, he actually let me and he did actually come across as if he was concerned about me hallucinating again. And he wasn’t too pushy...He wanted me to be more involved in my own health, in looking after my own health rather than him.”
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AOT in relation to the wider system of community services and hospital – how does the rest of the system adjust to this new service?
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Connecting to other agencies and services.
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Starting up a service; relevance of the Birmingham experience: timescales and timelines from the planning stage through to an up-and-running team.
Getting the organisation right

means getting the:
right people with the
right support and the
right resources in the
right place at the
right time for the
right reason
Starting up a service

Finding the right:
– Service users;
– Leader;
– Team;
– Premises;
– Resources;
– Routines
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Problems around start-up
Problems around start-up

- Building a team caseload/ pressure to take referrals
- Links to hospital services
- Untoward incidents
- Team members who don’t fit in
- Budgets
- Data collection
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Teams and Inter-professional working; roles and relationships, to include psychiatrist
Inter-professional working - the competent team

• Safe means working as a team, knowing every decision is made in such a way that the team supports that decision.
• Effective means that each decision is made in the best interest of the patient.
• Efficient means that the decision makes the best use of the resources of the system.
• Consistent means working to the same goals and know what to expect from each other.
• Innovative means learning from experience.
Teams and Inter-professional working

• Communication
• Joint decision-making/ shared responsibility
• Team days
• Joint training
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Team manager role; organisation, leadership
Team manager role; organisation, leadership

- Ensuring authority; lines of accountability
- Resource management; budget control
- Providing programme structure
- Holding team to account; use of data
- Practical involvement; seeing service user
- Dealing with conflict
- Supervision and support