

Implementation of Assertive outreach in Europe

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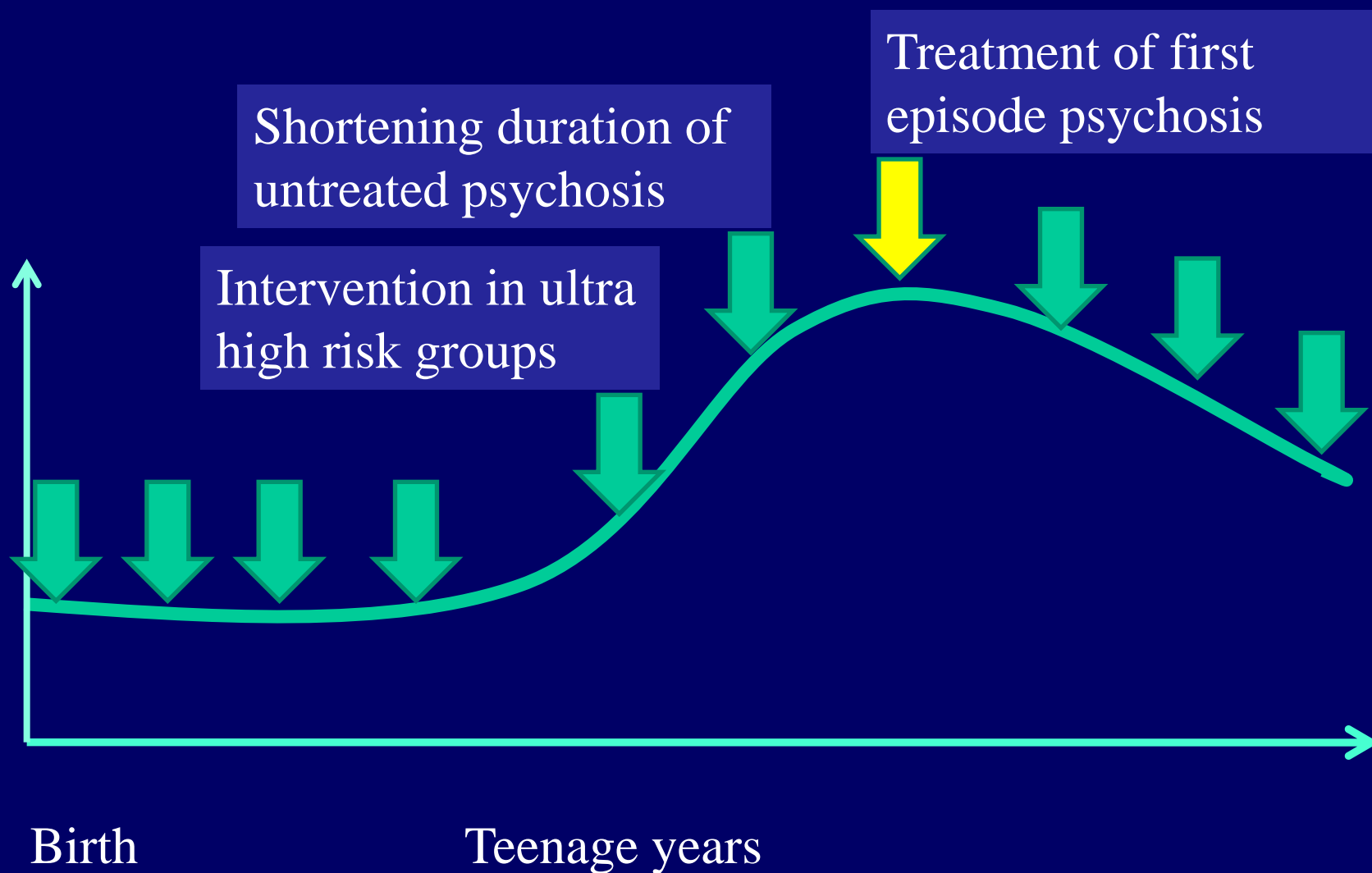
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Bottle message found in a fax machine

Kenneth shows up in the community mental health centre and asks for a consultation. He asks if it is possible that a person can come to his apartment and help him with all the problems he is unable to handle. He has now moved out of the catchment area of the centre, and he never used the centre really systematically, and he should now be affiliated with Bispebjerg Hospital. He thinks he might have a doctor at the hospital, but he doesn't know who it is. There are also social workers at the hospital. Copy of this case note should be faxed to Bispebjerg Hospital.

Doctor D

Phases in development of psychosis



The UK - LEO Trial

(Lamberth Early Onset)

144 patients randomised

Specialised care, N= 71

76% Contact with team

56 % Family intervention

51 % Vocational
intervention

55% Psychological
intervention

Standard care, N=73

59% Contact with team

33 % Family intervention

23% Vocational
intervention

27%% Psychological
intervention

The LEO Trial

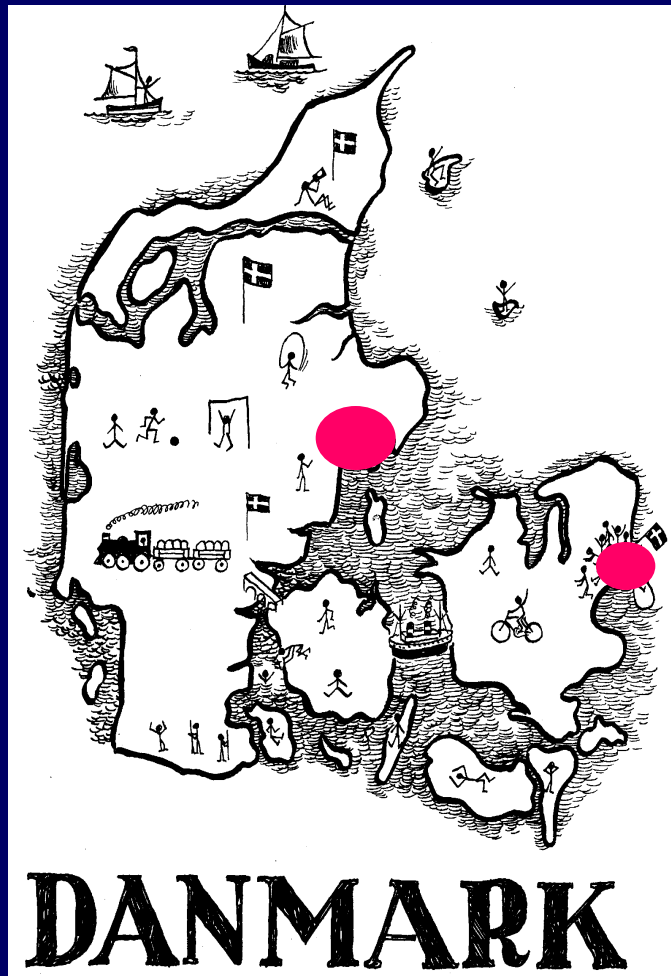
(Lamberth Early Onset)

- Specialised care
- 30 % relapse
- 33 % readmission

- Standard care
- 48 % readmission
- 51 % readmission

Follow-up based on medical records after 18 months

A two-site randomised clinical trial of assertive specialised psychiatric treatment



First episode psychosis

Five- and ten-year follow-up

Specialised Assertive Intervention by OPUS team

- Assertive Community Treatment
—(staff: patient ratio 1:10)
- Psychoeducational multi family groups
- Social skills training

The OPUS team

(8-12 staff members)

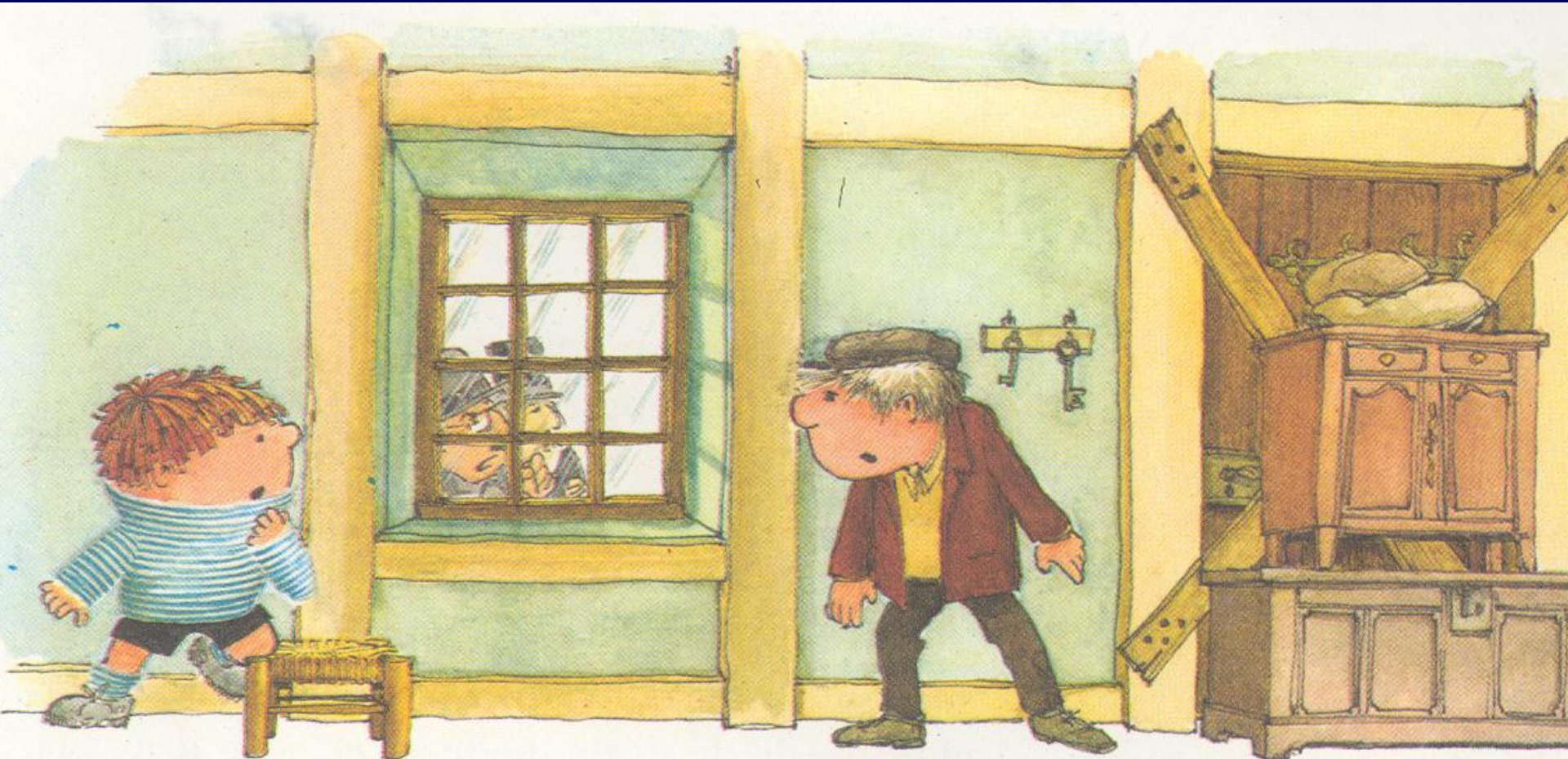
- Psychiatrist
- Psychiatric nurse
- Psychologist
- Social worker
- Occupational therapist
- Labour market/ educational guide

Assertive Community Treatment

- Multidisciplinary team, caseload 1:10
- Team follows the patients during in – and outpatient treatment
- Flexible frequency of contact (weekly)
- Home visits
- Coordinate different institutions involved in the treatment of the patient. GP, somatic department, creditors and social services.



Can contact be established?





For instance how to respond to an unpleasant official letter



Or how to respond when neighbours complain about too much wornout furniture placed in the corridor

The OPUS Program for involving the family:

- Consequently involving families
- Workshops for relatives
- Single family sessions
- McFarlanes model for psychoeducational multi-family groups, every second week for 1½ year.
- On – going possibility for contact to the patient's primary team member

The multi-family group

- 4 - 6 patients and their relatives
- The group meets for 1½ years
- The group meets every second week for 1½- hour meetings
- The method is problem solving

Common problems

- Medication side effects
- Waking up in the morning
- Going to school
- Moving away from home
- Maintaining relations
- Conversation
- Parents holiday
- Drug abuse

Most important sentence

“Thank you for being so engaged”

Inclusion Criteria

Age 18-45

A diagnosis (ICD10 research criteria) of F2:

schizophrenia, schizotypal disorder, delusional disorder, acute psychosis, schizoaffective psychosis or unspecified non-organic psychosis

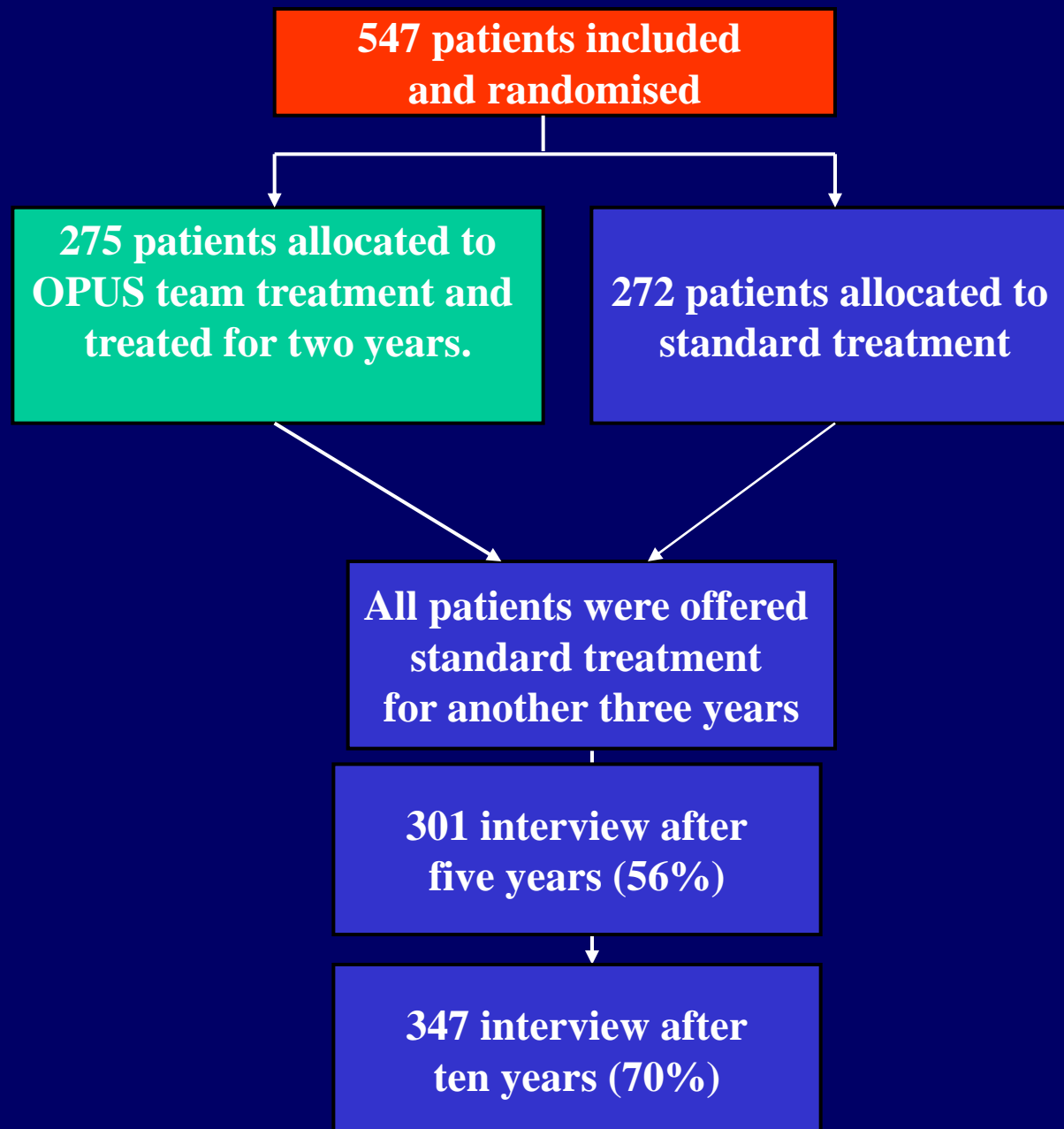
Patients have so far not had adequate treatment,
defined as 12 weeks of anti-psychotic medication

Assessments

- SCAN (Schedule for Clinical Assessment in Neuropsychiatry)
- SAPS (Schedule for Assessment of Positive Symptoms)
- SANS (Schedule for Assessment of Negative Symptoms)
- GAF (function and symptoms)
- Demographic data including educational, employment and housing status
- Lancashire Quality of Life Scale
- Client Satisfaction Questionnaire
- Life Chart Schedule
- Cognitive test (BACS).

Registerbased follow-up

- Central Civil Register (CPR)
- Complete case records from all mental health services in the catchment areas
- Danish Psychiatric Central Case Register
- Cause of Death Register
- Statistic Denmark
- Database with all addresses for psychiatric nursing homes and staffed group homes

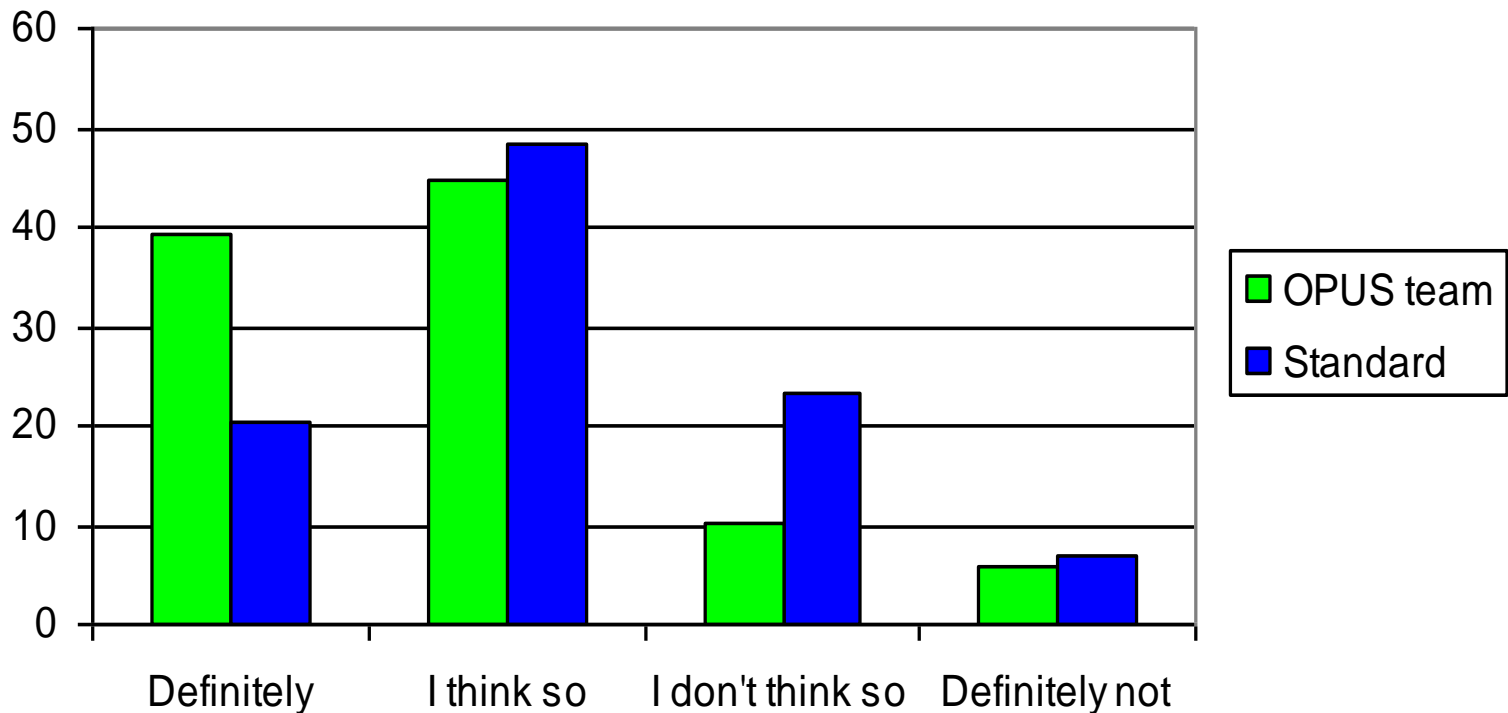


Out-patient contacts and family intervention during the two-year intervention periode

	OPUS	Standard
Out-patient contacts	77	27
Family groups	46 %	2 %

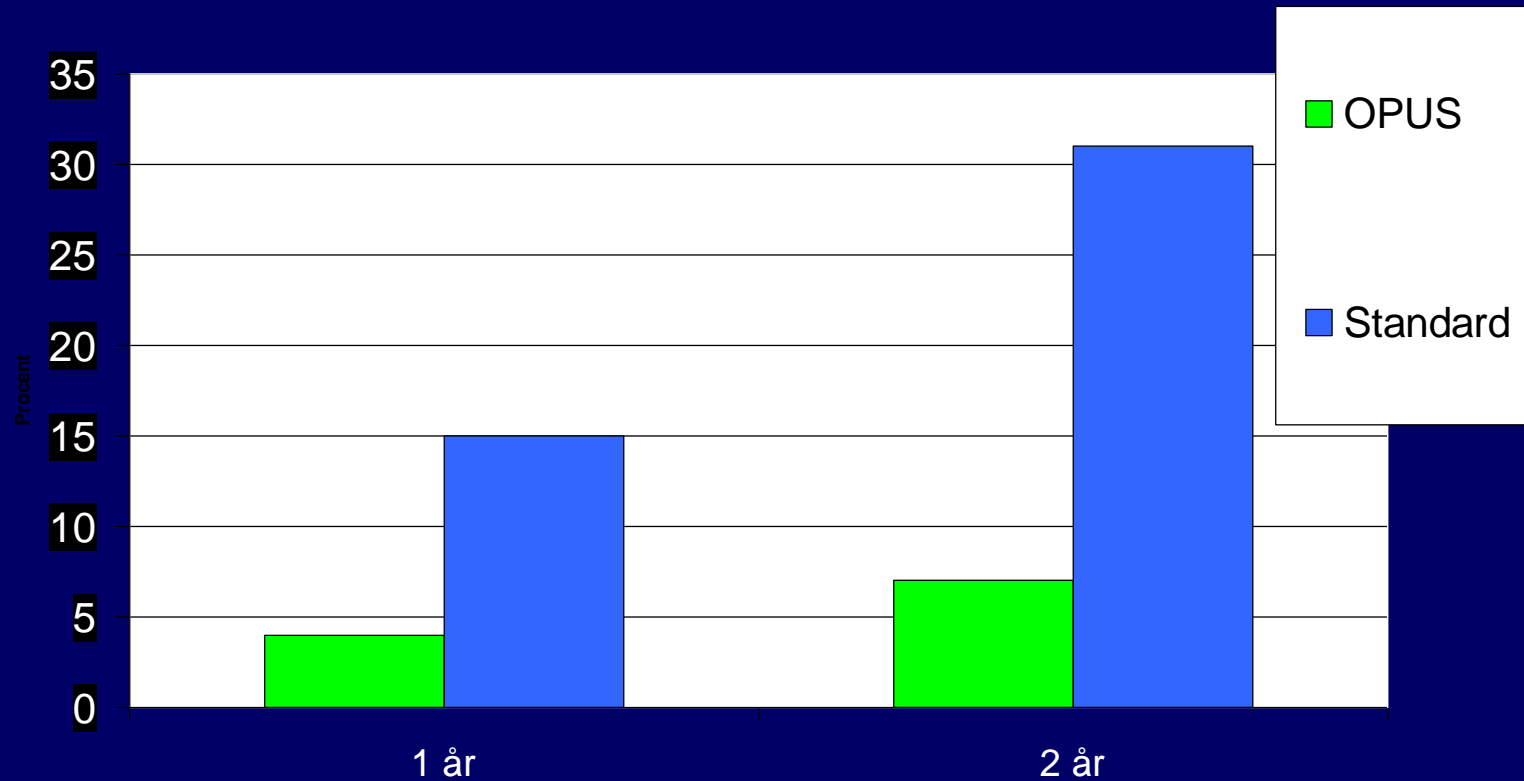
Satisfaction with treatment 2 y

Would you recommend this treatment to a friend?



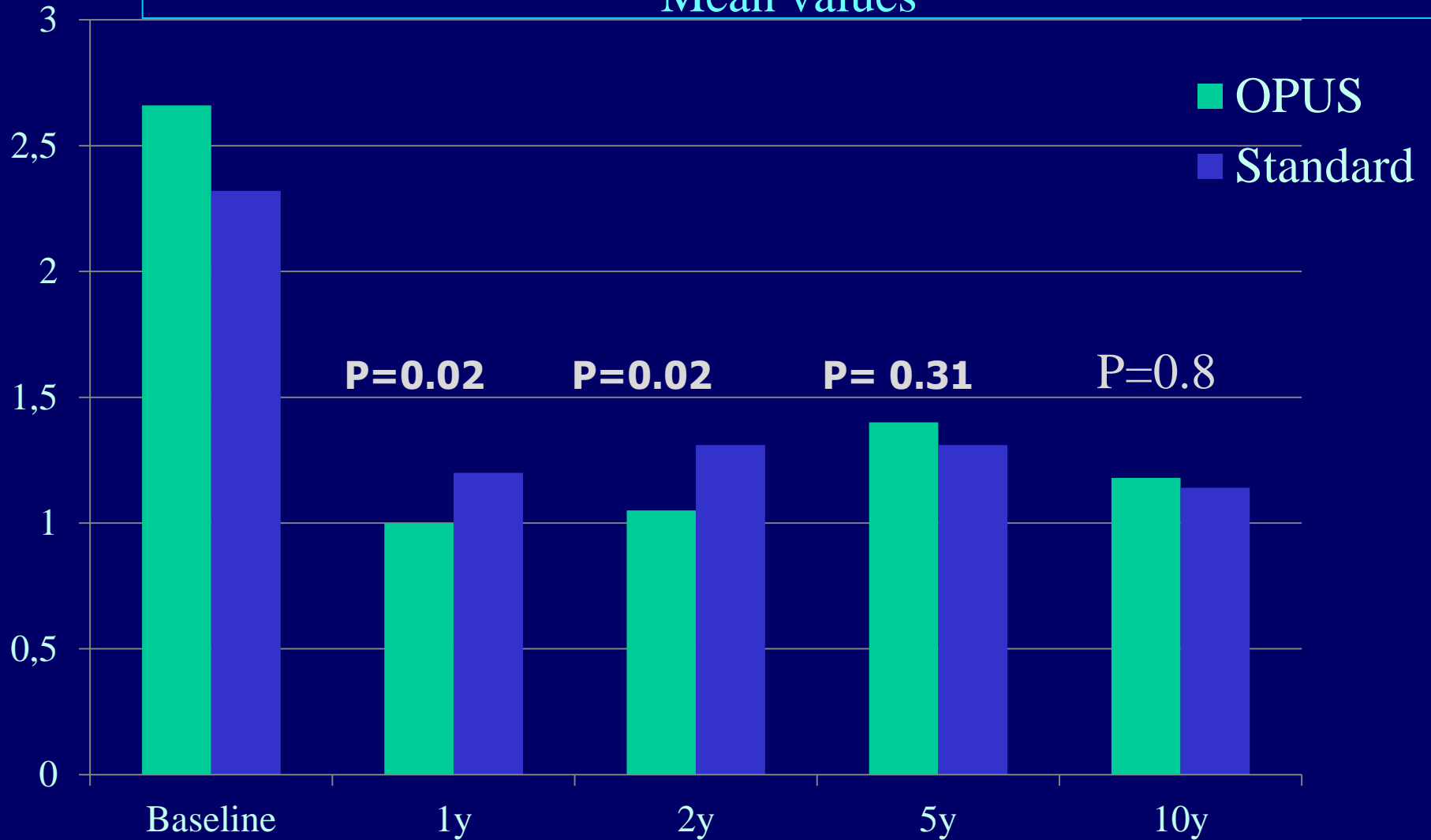
Drop-out

No out-patient treatment



Psychotic dimension

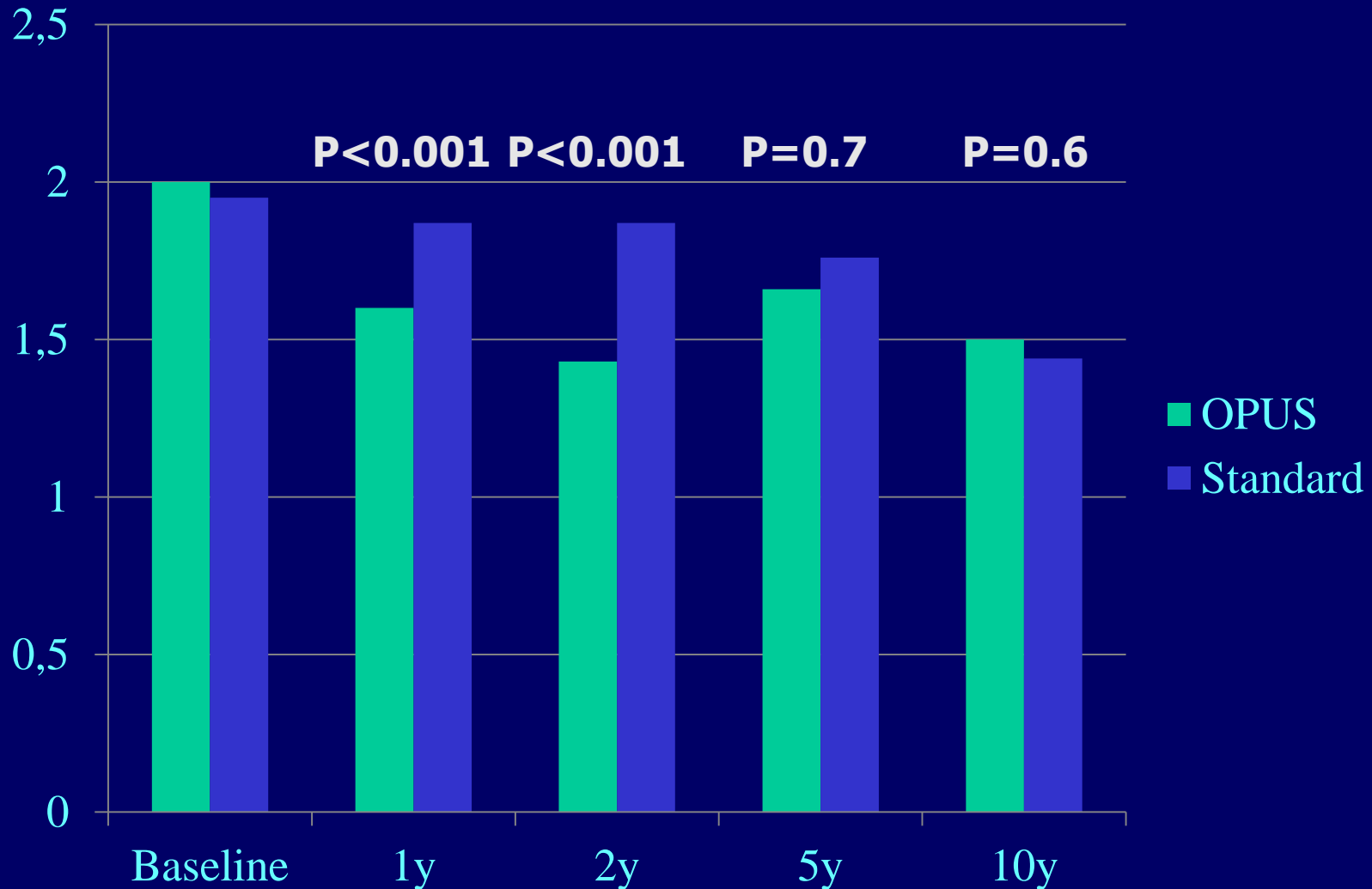
Mean values



Bertelsen et al, Arch Gen Psych 2008

Negative dimension

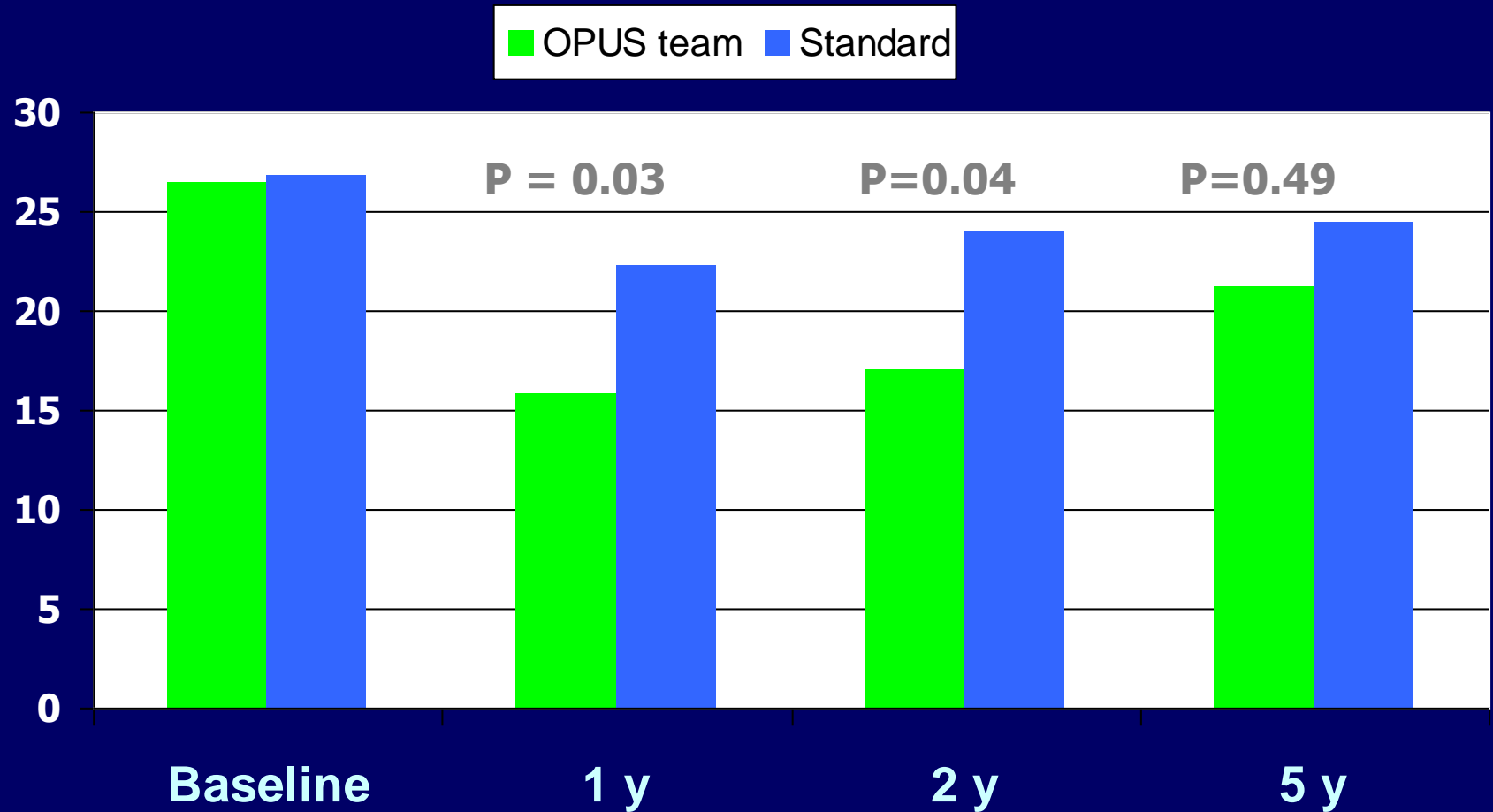
Mean values



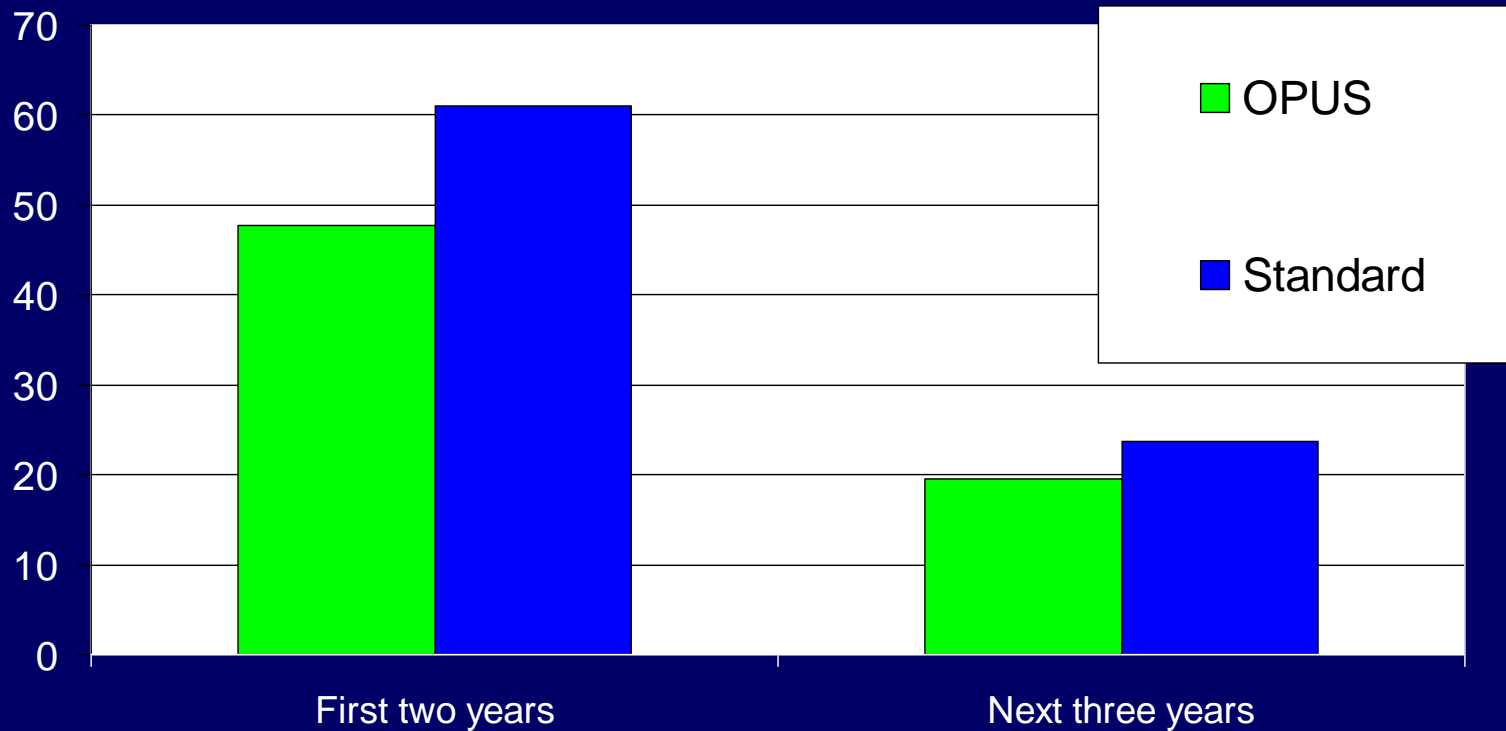
Bertelsen et al, Arch Gen Psych 2008

Substance abuse

Comorbid substance abuse (%)

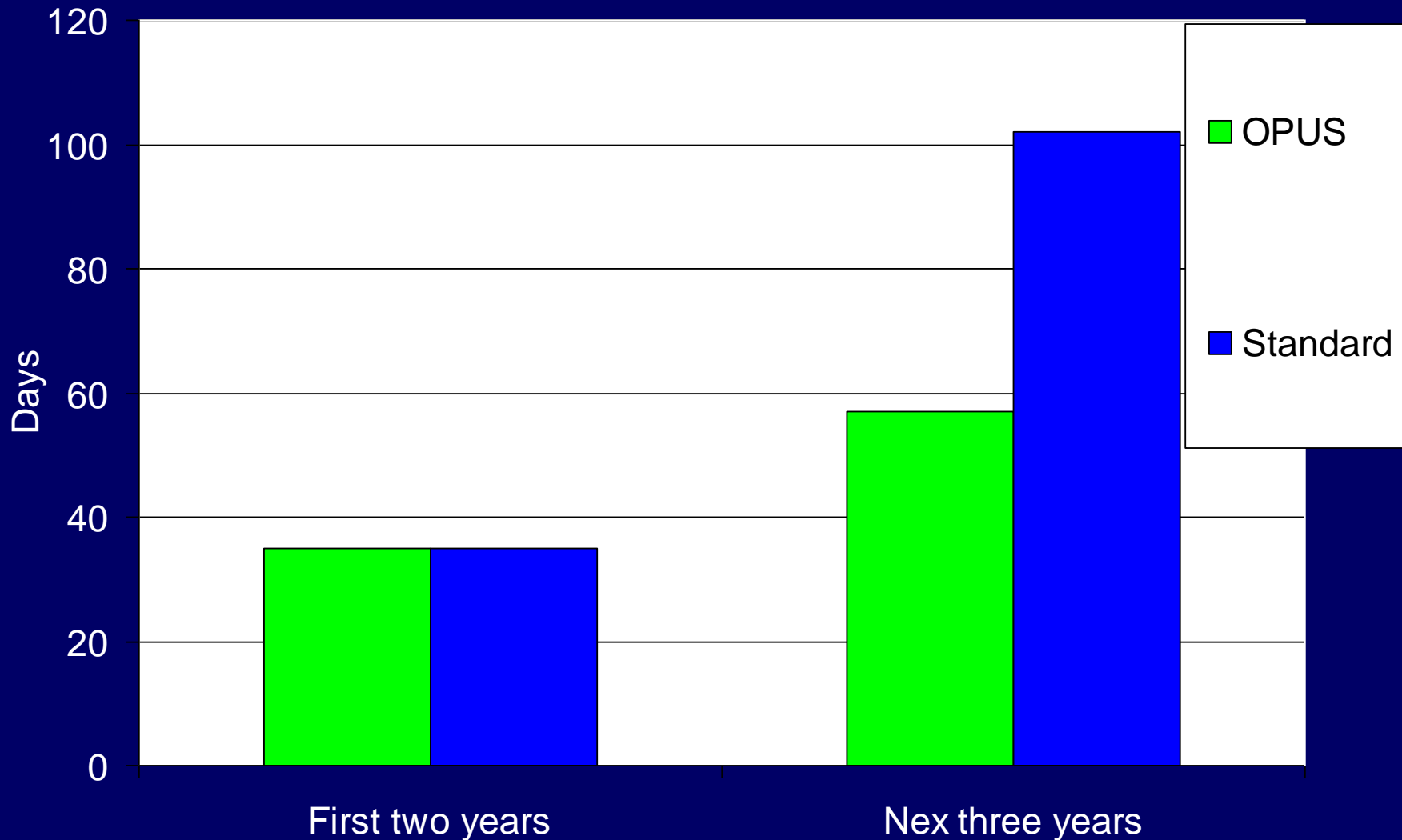


Use of beddays during and after the OPUS-trial



Use of supported housing

Living in an institution



The Danish OPUS Trial

Conclusion:

- Psychotic and negative symptoms and substance abuse was significantly better after two years of intervention.
- Difference disappeared when patients in OPUS treatment were transferred to standard treatment after two years

The Danish OPUS Trial

Conclusion:

- Significant more satisfaction with treatment in OPUS-team treated group after two-years
- Significantly better adherence in OPUS-team treated group
- Low dose strategy successfully implemented in OPUS (20 percent lower dosage antipsychotic medication)

The Danish OPUS Trial

Conclusion:

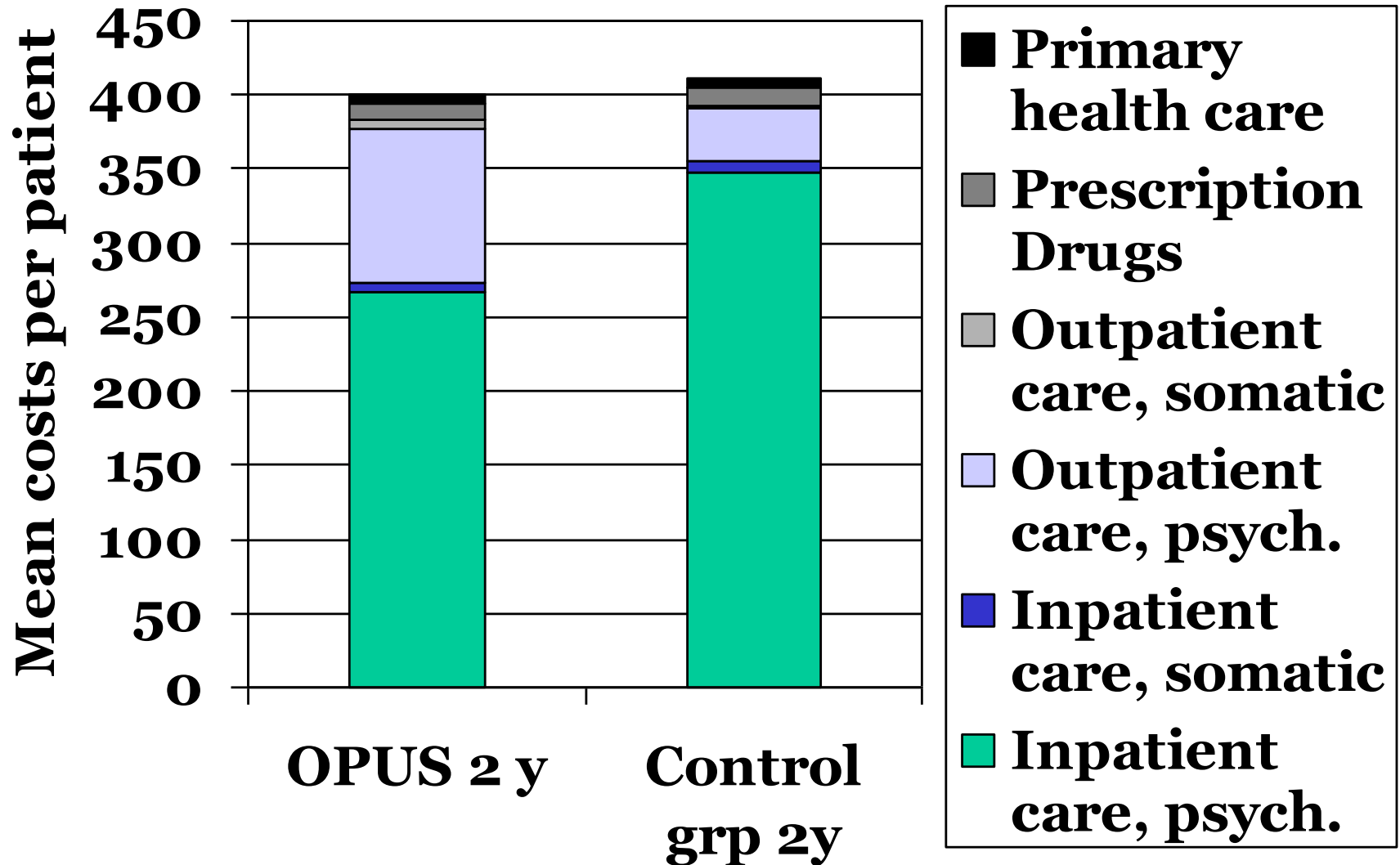
OPUS was associated with 22 percent reduction in standard

OPUS is cheaper and better
Mean saving: 39 bed days (20%)
and 50 days in supported housing in
the five year period

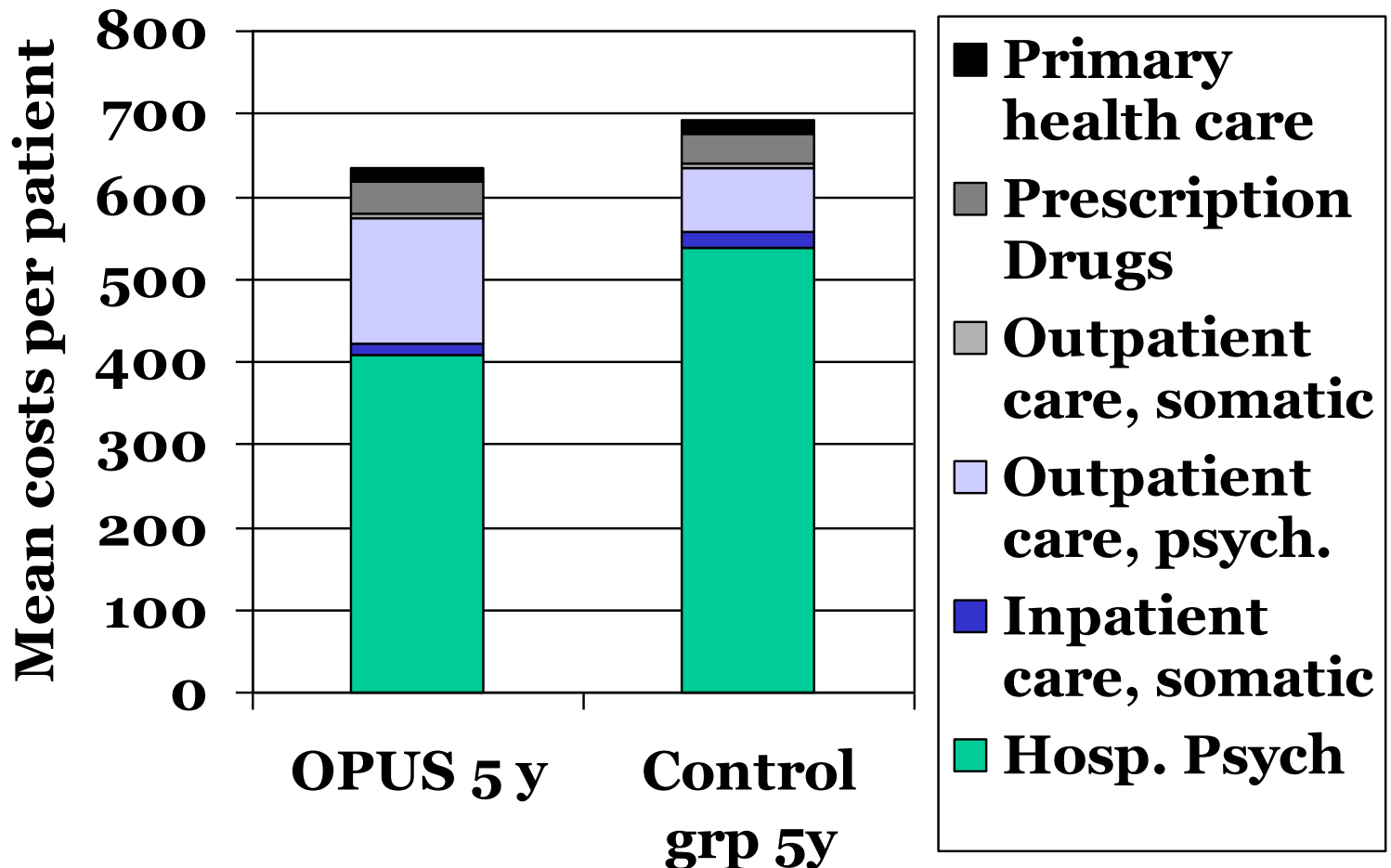
- Fewer in the OPUS group in supported housing after five years
- OPUS treatment was cheaper and better than standard treatment



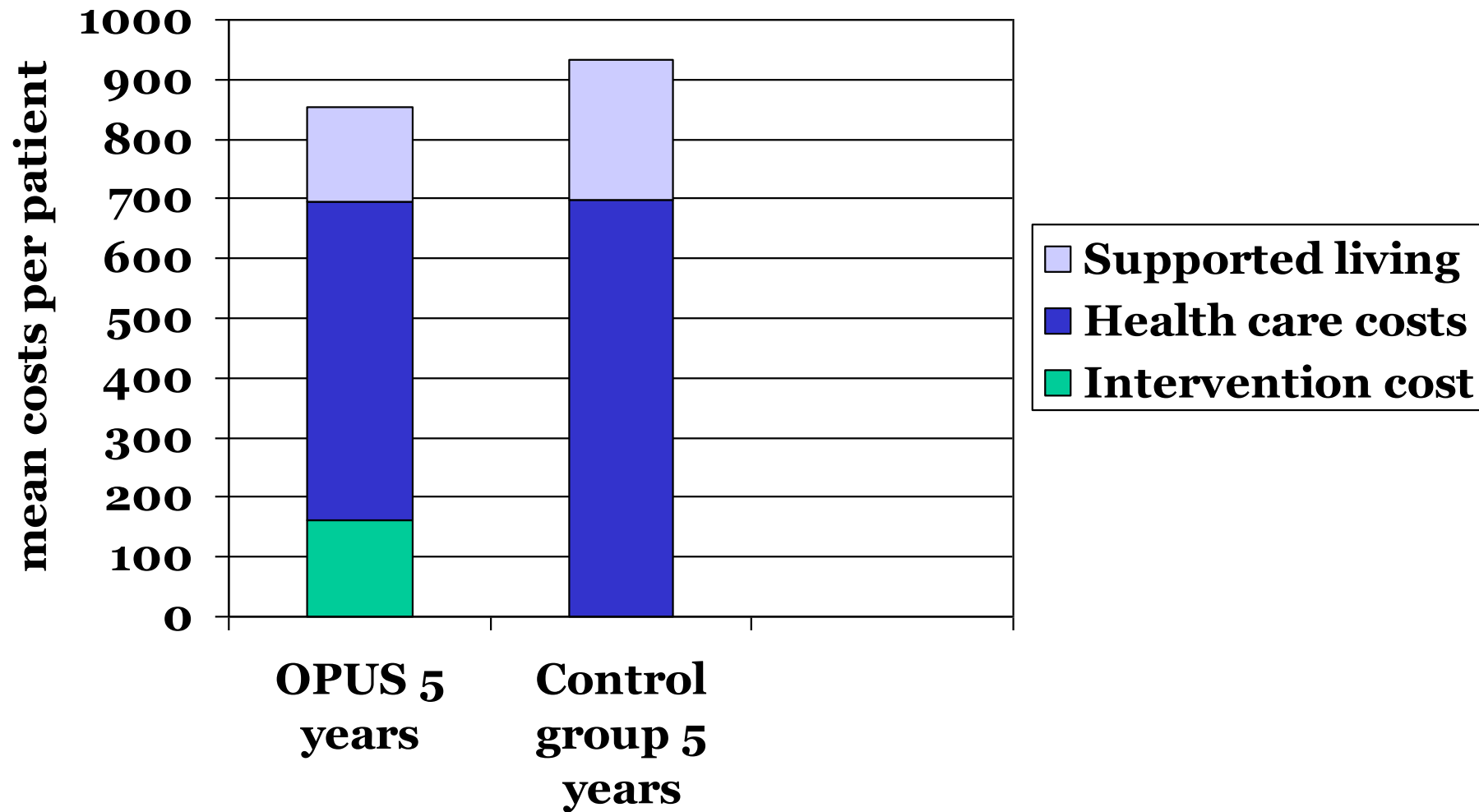
Mean health care cost per patient in 1000 DDK within 2 years, 2009 prices, 3% discount rate



Mean health care cost per patient in 1000 DDK within 5 years, 2009 prices, 3% discount rate



Mean total costs per patient in 1000 DDK within 5 years, 2009-prices, 3% discount rate



Painkiller or driving licence

- Training effect - driving licence

 - Psycho educative approach

 - Warning signs
 - Effect of medication
 - Symptom management
 - Training social skills

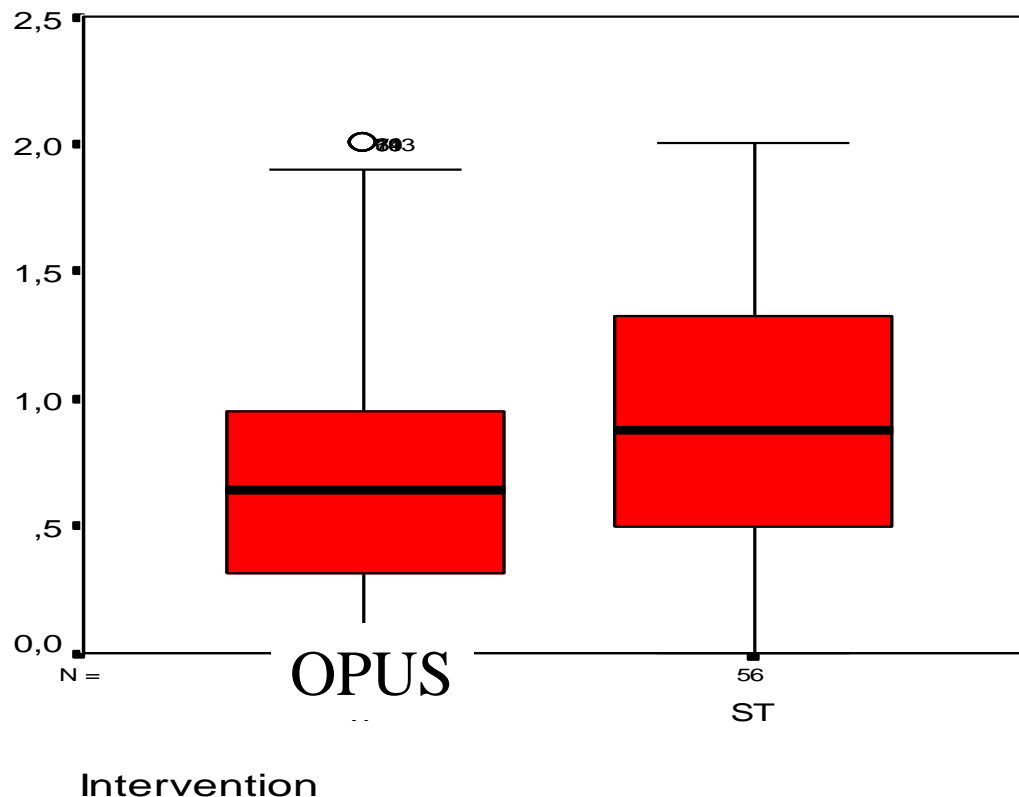
- Compensation - painkiller

 - Assertive approach
 - Supportive

The relatives

- Effect after one year specialised assertive treatment

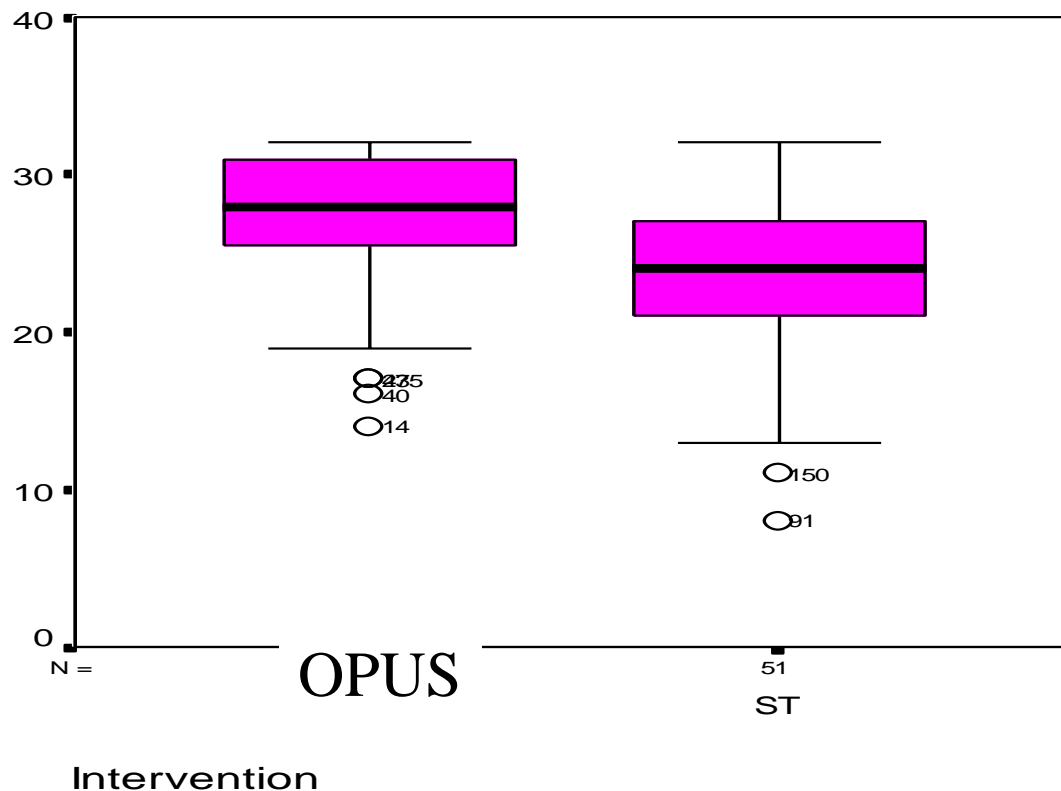
Relatives stress-score, one-year Social Behaviour Assessment Schedule



**OPUS vs
ST:
P= 0.04**

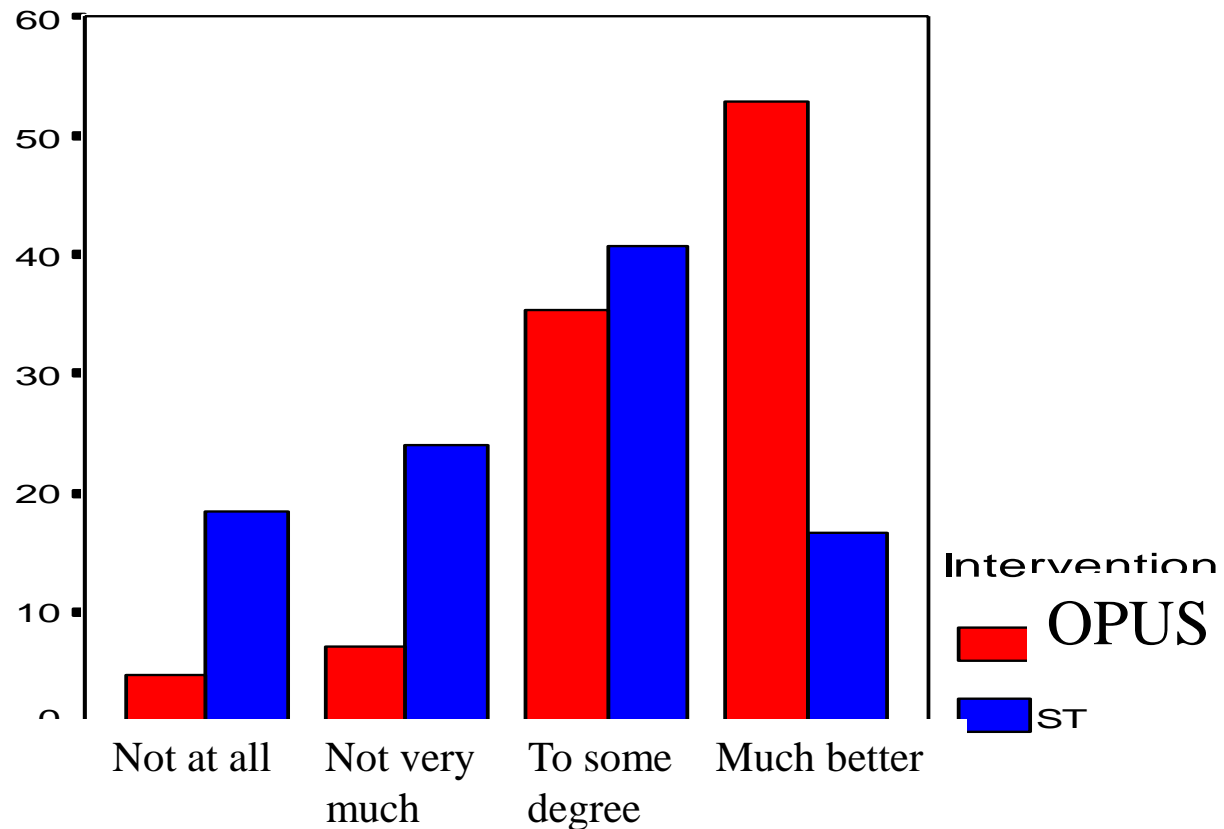
Jeppesen,
Br J Psych, 2005,
Vol 87, Suppl 48

Satisfaction with treatment, relatives, one-year follow-up



T-test
mean diff =
4.26 (2.7-5.9)
 $p < 0.001$

“Did the treatment help you to a better understanding of your mentally ill relative?”



The extension trial OPUS II

The critical period?

400 patients treated in OPUS in two years

```
graph TD; A[400 patients treated in OPUS in two years] --> B[200 patients continue OPUS treatment for another three years]; A --> C[200 patients are transferred to CMHC, ACT-teams or primary care];
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**200 patients
continue OPUS
treatment for another
three years**

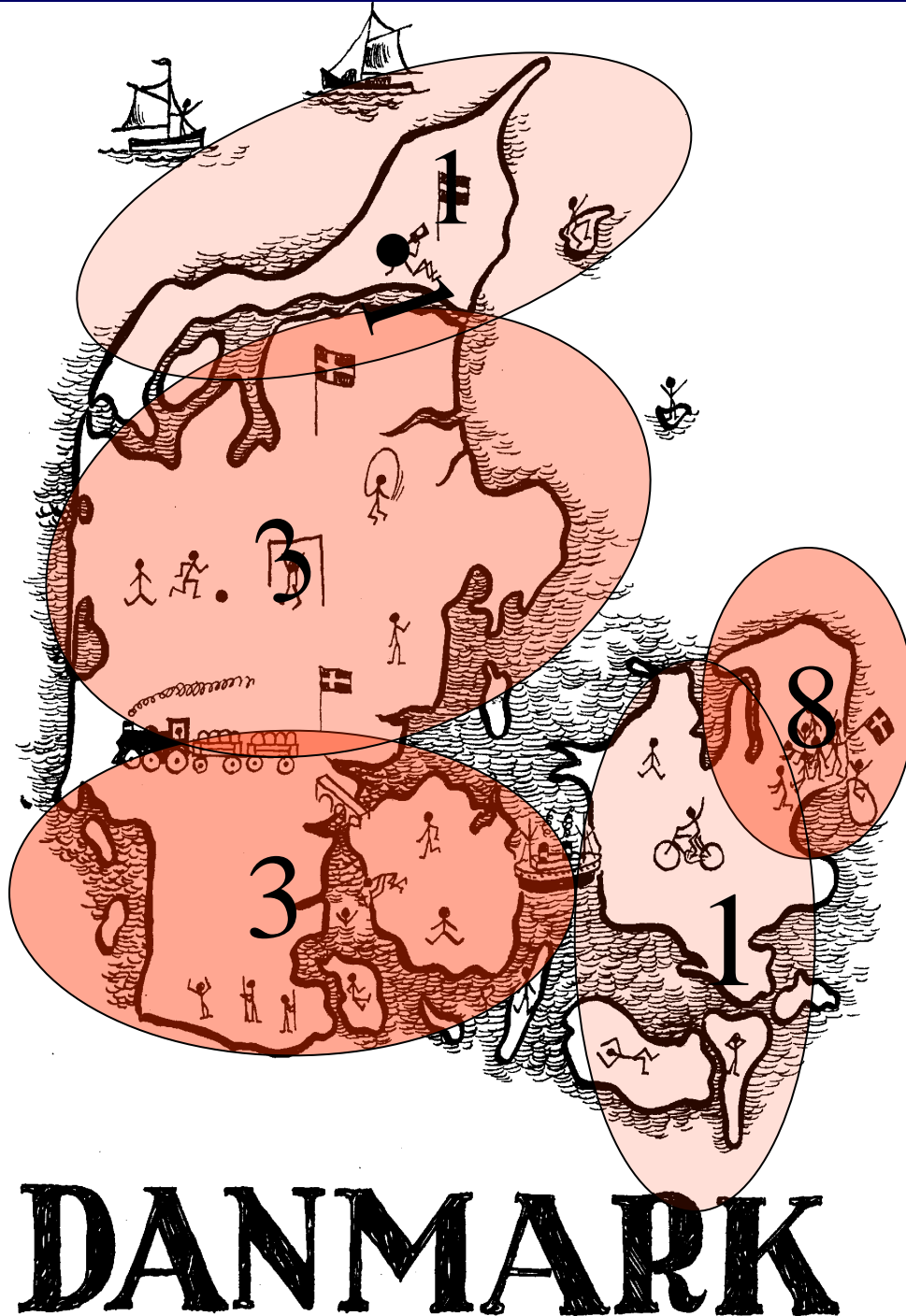
**200 patients are
transferred to
CMHC, ACT-teams
or primary care**

Project started 2009, 400 patients will be recruited before November 2011

Summary of evidence for EIS

- **Nice, Schizophrenia 2009:** Offer early intervention services to all people with first episode psychosis. Provide comprehensive range of treatments
- **Cochrane, Early intervention in psychosis 2011:** Some support for specialised early intervention services, but further trials would be desirable, and there is a question of whether gains are maintained
- **Port, Schizophrenia, 2009:** Current evidence does not support any evidence-based treatment recommendations at this time, primarily due to small numbers of studies for any given intervention and some inconsistencies among the findings

16 OPUS/ Early intervention teams





Early Intervention Services in Europe

Background ACT

- Stein & Test's original study (1980)
 - Reduced days at hospital
 - Improved clinical outcome, social functioning, likelihood of employment, adherence to antipsychotic medication, quality of life
- Australian study by (Hoult.et.al 1983)
- ACT began to gain influence on international service development
- Cochrane Review (Marshall & Lockwood1998)

Background

- **Recent studies do not confirm the positive results of earlier studies**
 - ACT no longer reduces inpatient service-use
- **Metaregression Burns et al. 2007**
 - ACT has no demonstrated effect on hospitalisation

Why this difference?

➤ THE CONTROL GROUP?

- A clinical successful outcome is determined just as much by the control group as by the intervention group

A diagram on a dark blue background. At the top left is a yellow-outlined circle containing the word 'CONTROL' in white serif font. Below it is a red-outlined circle containing the word 'ACT' in white serif font. At the bottom is a horizontal black arrow pointing to the right, with '1980' at its tail and '2011' at its head.

CONTROL

ACT

1980

2011

“End of road for treatment-as-usual studies?”

BMJ, Burns 2009

- ACT no longer seems to reduce inpatient service use
- ACT continues to improve engagement with services and user-satisfaction
- More studies in other European countries with modern mental health services are needed to illuminate whether the UK findings are representative

- The needs of the group of reluctant patients with severe mental illness remain difficult to meet
- We need to find an effective approach for managing this group of patients for whom psychiatric care is essential

Characteristics of Interventions

Team size 80-100 pts
Case load of max. 10 patients

Extended hours

Assertive

Home visits
Community

No drop-out policy
make contact

Team approach

Frequent team meetings

Team

Team size 300 pts
Case load of 30 patients

Office hours only

Community

Mainly office based
Mental Health

Discharge if unable to
teams

Case-management

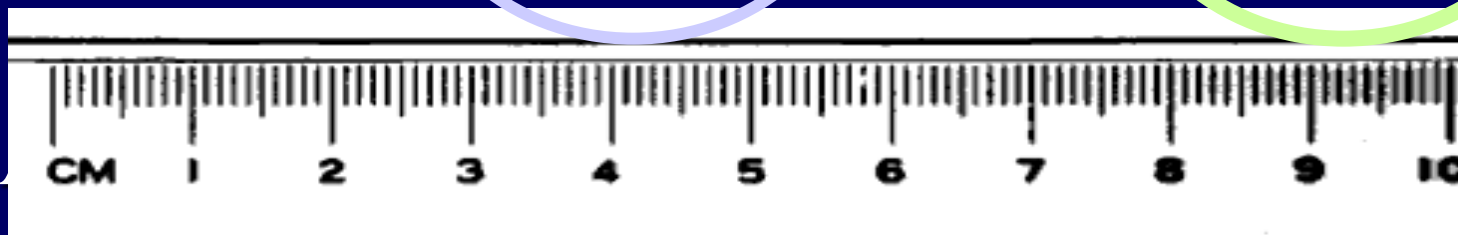
Weekly/monthly meetings

Referral to outside
agencies

MODEL FIDELITY

CMHT
41%

ACT
91%

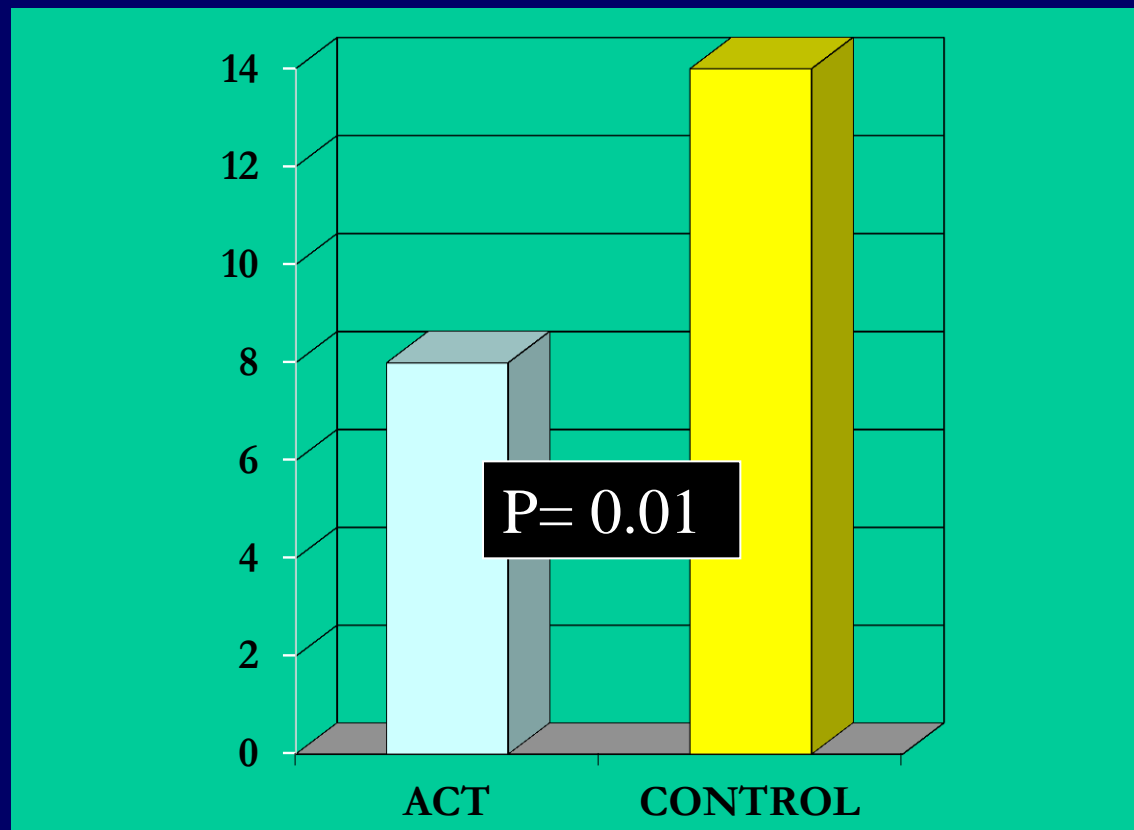


(IF-ACT) = 14-item Index of Fidelity to
Assertive Community Treatment scale

RESULTS: TWO YEAR FOLLOW-UP

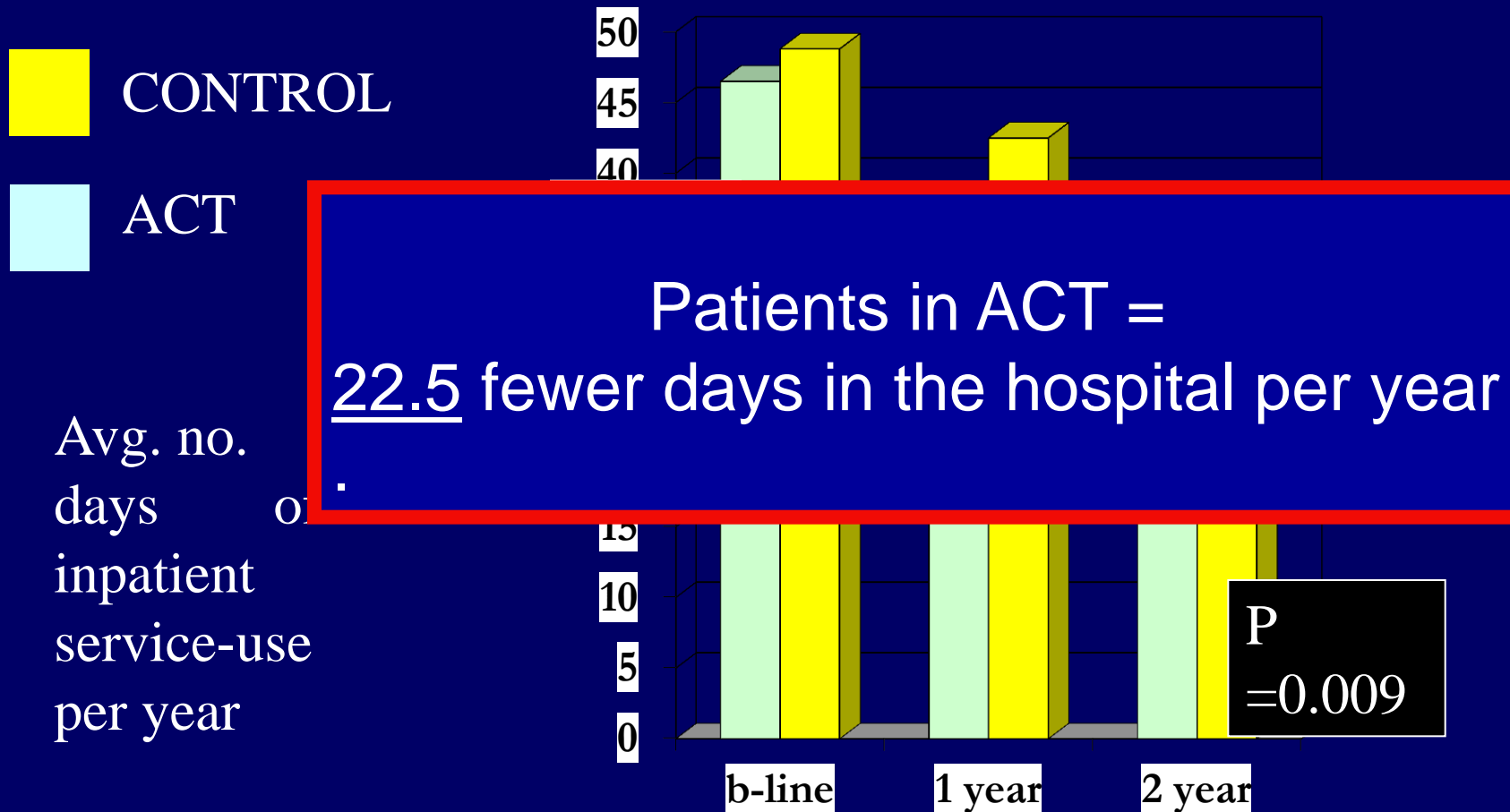
Number of patients lost to treatment

% of patients
lost to treatment



RESULTS: TWO YEAR FOLLOW-UP

Inpatient service-use



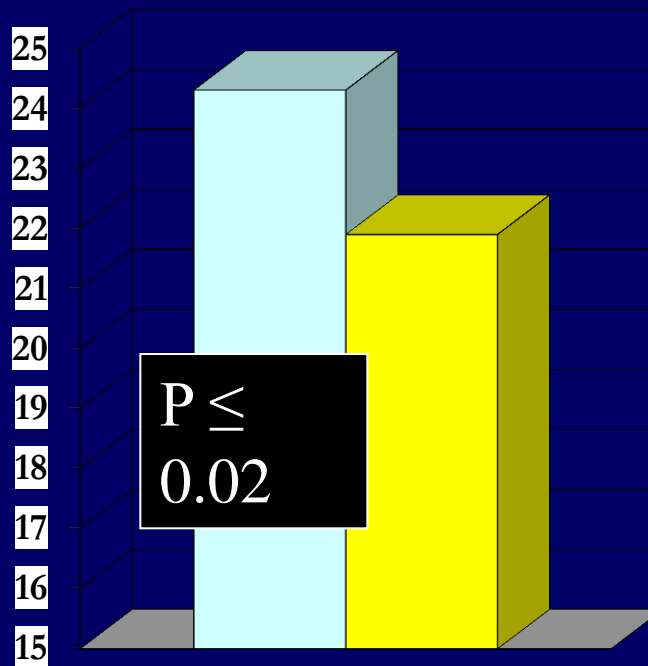
RESULTS: TWO YEAR FOLLOW-UP

User satisfaction (CSQ)

 **CONTROL**

 **ACT**

Score on
CSQ (0-25)



Study I: In Summary

- ACT was more effective than standard treatment in regards to:
 - Engaging patients
 - Reducing hospitalisation
 - Improving user satisfaction
 - Improving social functioning
 - Improving adherence to antipsychotic medication

Summary of Evidence for ACT

- Cochrane, ACT for those with severe mental disorder, 1998: Clearly favours ACT
- NICE, Schizophrenia, 2009: Not mentioned
- PORT, Schizophrenia 2009: Systems of care serving persons with schizophrenia should include a program of ACT. This intervention should be provided to individuals at risk for repeated hospitalizations or homelessness



Assertive Outreach in Europe ?

Bed use outcomes in AO are not relevant

- Answer: It should not stand alone

AO does not offer lasting benefit in the first episode psychosis and therefore is not cost effective

- Answer: Not true

AO is associated with higher user satisfaction
among patients and relatives

Answer: Yes definitely. Very important

Thank you for your attention