WELCOME TO THE FIRST EUROPEAN CONGRESS ON ASSERTIVE OUTREACH
"CROSSING BORDERS"
October 6 and 7, 2011, Rotterdam, The Netherlands

European Assertive Outreach Foundation
16 Countries

- Austria 3
- Belgium 35
- Canada 1
- Czech 6
- Denmark 19
- UK 31
- Germany 1
- France 6
- Ghana 1
- Hong Kong 5
- Italy 1
- Netherlands 386
- Norway 35
- Spain 15
- Sweden 44
- Switzerland 4
EAOF PARTY “CROSSING BORDERS”

October 6th, 2011

20.00 – 24.00 hour

LIVE MUSIC

Funky/Jazz/Rock band “Offside”

Location:
Museumrestaurant “De Pappegay”
(Schielandshuis)

Do you want to join the party?
Tickets are available at the entrance € 45,--
Programme

- **9.35 Effective ingredients of AO**  
  —  Prof. T.P. Burns

- **10.00 ACT implemented in some European countries, although poor evidence; why?**  
  —  Prof. Dr. J. van Os

- **10.30 Break**

- **11.00 Official opening of the first European Congress on Assertive Outreach “Crossing Borders”**  
  —  HRH Princess Margriet

- **11.05 FACT: a new model for all SMI patients**  
  —  Drs. J. R. van Veldhuizen

- **11.25 Experts of experience in FACT, why and how?**  
  —  M. van Bakel, D. Boertien

- **11.45 Break and departure of HRH Princess Margriet**

- **12.15 Lack of care for difficult to engage patients in EU**  
  —  Prof.dr. C.L. Mulder

- **12.45 Comments**  
  —  Prof.dr. S. Priebe

- **13.00 Lunch and posters**
Have Fun!

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First European Assertive Outreach Congress

Opening by HRH Princess Margriet of the Netherlands
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- Focus on outpatient care, including AO, for (difficult to engage) patients with severe mental illness
- The aims of the EAOF are to
  - Help ensure that these patients get the best quality outpatient care
  - Set up a European network
  - Stimulate a European-wide dialogue about the best models (two year conferences)
  - Stimulate research on effective models and ingredients
First European Assertive Outreach Congress

Opening by HRH Princess Margriet of the Netherlands
Outpatient Care for difficult to engage severely mentally ill patients in Europe

C.L. Mulder, T. Ruud, M. Bahler, H. Kroon, S. Priebe
Fundamental problem in mental health

- 50-75% of people with severe mental illness do not seek treatment

- Reasons for not seeking treatment:
  - Lack of insight
  - Negative experiences with (involuntary) treatment
  - Stigma
Untreated severely mentally ill patients...

- Worse prognosis
- Danger to self
  - Suicide
  - Neglect
- Danger to others
  - Violence
  - Nuisance
- Homelessness
- Imprisonment

(Torrey & Zdanowicz, Psych Serv 2001)
Neglect
Severe Neglect
Social Breakdown
Danger to others
The Motivation Paradox

in patients with SMI
Motivation Paradox

Classic Assumption

Problems

 lname

Distress

Motivation

Motivation Paradox in SMI

Problems

J

Motivation
Problem level and motivation for treatment in severely mentally ill ACT patients

HoNOS Score

Motivated for treatment (n=745)
Not motivated for treatment (N=277)

P<0.001

(Kortrijk et al. submitted)
Conclusion: Severely mentally ill patients with more problems are less motivated for treatment
Thus: assertive outreach is needed for severely mentally ill patients, especially for the difficult to engage subgroup
Assertive Outreach in Europe?
Assertive Outreach

• AO as a model: ACT / AO

• As an ingredient: being assertive and doing outreach
Aims

Study differences between European countries in:

• Outpatient care for patients with severe mental illness
• Implementation of AO
• Outpatient care for difficult to engage first episode psychosis patients in large cities
• Outpatient care for difficult to engage chronic psychotic patients in large cities
Methods

• Questionnaire was sent to one representative of each EU country + Switzerland and Norway
• Representatives were chosen because of their knowledge about outpatient care and AO in their country
• Opinion of the representative
27 EU countries + Norway and Switzerland

- **Response 22 countries (76%)**
  - Austria
  - Belgium
  - Bulgaria
  - Czech Rep
  - Denmark
  - Finland
  - France
  - Germany
  - Greece
  - Italy
  - Latvia
  - Lithuania
  - Luxembourg
  - Netherlands
  - Norway
  - Poland
  - Portugal
  - Slovakia
  - Spain
  - Sweden
  - Switzerland
  - United Kindom

- **475 Million people (92%)**

- **Missing: 7 countries (24%)**
  - Cyprus
  - Estonia
  - Hungary
  - Ireland
  - Malta
  - Romania
  - Slovenia
Mental Health Care for SMI patients

- Hospital based
- Community based
- Mixed

<table>
<thead>
<tr>
<th></th>
<th>Countries</th>
<th>Citizens</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital based</td>
<td></td>
<td>50</td>
</tr>
<tr>
<td>Community based</td>
<td>50</td>
<td>50</td>
</tr>
<tr>
<td>Mixed</td>
<td>5</td>
<td>0</td>
</tr>
</tbody>
</table>

%
Difficult to engage patients enter the mental health system through:

<table>
<thead>
<tr>
<th>Service</th>
<th>Number of Countries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Informal Care</td>
<td>18</td>
</tr>
<tr>
<td>General Practitioner</td>
<td>8</td>
</tr>
<tr>
<td>Police</td>
<td>16</td>
</tr>
<tr>
<td>Crisis Services</td>
<td>4</td>
</tr>
<tr>
<td>Municipal Services</td>
<td>6</td>
</tr>
</tbody>
</table>
Reasons for difficult to engage patients to enter the mental health system:

Number of countries (max n=21)

- Psychiatric symptoms
- Decreased functioning
- Violence
- Suicide risk
- Social Breakdown
- Nuisance

- Psychiatric symptoms: 16
- Decreased functioning: 7
- Violence: 16
- Suicide risk: 6
- Social Breakdown: 6
- Nuisance: 11
In large cities, is there a systematic way to detect difficult to engage patients?

Yes
No
Missing
Implementation of Assertive Outreach as a model in Europe

Definition of AO:

• Caseloads of below 15 service users per staff member
• Contact mostly at service users’ homes and in other community settings
• Frequency of contact that is substantially greater than usual local continuing care

(Definition: European Service Mapping Schedule II)
In large cities, any form of AO available for difficult to engage SMI patients?

Yes; 9

No; 13
Implementation of AO in 2011

- Whole country; 3
- Some regions; 6
- One region; 3
- None; 10

Plans for implementation of AO

- Whole country; 3
- Some regions; 8
- One region; 2
- None; 9

(Denmark, UK and NL)
Case History Peter: First Episode Psychosis

- Peter, 23 years, living with his parents in a large city.
- Friends noticed strange behaviour, but no aggression
- Stopped classes since one year
- Withdrawal from social contacts
- Does not take drugs
- Parents noticed strange behaviour: room a mess, strange answers, talking to himself
- Not aware of his strange behaviour and does not want any help
Typical case history?

• 22 countries (100%): yes
First episode patient, not wanting help
Parents would go to:

- General Practitioner
- General hospital
- Psychiatric hospital
- Outpatient clinic
- Community Mental Health Team
- First Episode Psychosis Team
- AO team
- Police
GP examines Peter, who does not want help; GP would send patient to:

- General Practitioner (self)
- General hospital
- Psychiatric hospital
- Outpatient clinic
- Community Mental Health Team
- First Episode Psychosis Team
- AO team
- Police

Number of countries
Peter is voluntary admitted, diagnosed with schizophrenia, but leaves hospital prematurely; hospital would call:

Number of countries (max n=21)
Peter is **involuntary** detained, diagnosed with schizophrenia, but escapes from hospital; hospital would call:

Number of countries (max n=21)
Case History George, 45 years

• George, 45 years, living on the streets in a large city
• Actively hearing voices and has paranoid delusions
• Eats left-overs
• Not dangerous to others or himself
• Dirty cloths, smells badly, long hair and beard
• Somatic situation unknown
• Unknown income and health insurance
• Drug use unknown
• Psychiatric history unknown
• Citizens notice “strange behaviour”
• George does not want help
Typical case history?

- Yes : 16 (73%) countries
- No  : 6 (27%) countries

» Bulgaria, Finland, Italy, Norway, Slovakia, Switzerland (few homeless)
In your country, would George receive any help?

Yes; 17
No; 5
Citizens want help for George, they would call:

- General Practitioner
- General hospital
- Psychiatric hospital
- Outpatient clinic
- Community Mental Health Team
- AO team
- Police
GP has examined George, he would refer to:

Number of countries (max n=21)
George is voluntary admitted, diagnosed with schizophrenia, but leaves hospital prematurely; hospital would call:
George is **involuntary** admitted, diagnosed with schizophrenia, but escapes from hospital; hospital would call:
How satisfied are you in general with the quality of outpatient care for SMI patients in large cities in your country?

Highest scores: Denmark, UK (8)
Lowest scores: Czech, Luxemb, Portugal (2)
How satisfied are you with the quality of outpatient care for difficult to engage SMI patients in large cities your country?

Highest scores: Denmark, Netherlands (7)
Lowest scores: Czech, Lithuania, Portugal (0)
When AO is available, more satisfaction?

* P<0.05

Satisfaction

- Satisfaction general outpatient care
- Satisfaction outpatient care for difficult to engage patients

AO
No AO

*: P<0.05
Outpatient care: associations with national income?
AO only in rich countries?

![Bar chart showing comparison between AO and No AO in rich and poor countries. The chart indicates that 50% of rich countries have AO, while 50% of poor countries have No AO.](image-url)
Satisfaction with outpatient care

![Bar chart showing satisfaction levels for General OC and Outp Care DEP for 50% Rich and 50% Poor. The chart indicates a significant difference (P<0.05) in the Outp Care DEP category.

* : P<0.05
Conclusions

• **Motivation paradox:** less motivation for treatment is associated with having more problems

• AO is needed for DEP

• 50% outpatient care in Europe hospital based

• AO in only 40% of large cities
Conclusions

• Large European differences in pathways to care

• DEP enter the mental health system through informal care or the police

• DEP enter the MHS because of symptoms, violence and nuisance, not because of self neglect or social breakdown
Conclusions

• Representatives: quality of general outpatient care: inadequate

• Representatives: quality of outpatient care for DEP: very inadequate, even in rich countries

• There does not seem to be a direct association between income and the availability of AO
Statement

The organisation of outpatient care for difficult to engage patients is not a matter of money but of culture or opinions of stakeholders.
Comments by Prof. Stefan Priebe

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