

Does Assertive Outreach reduce hospital beds?

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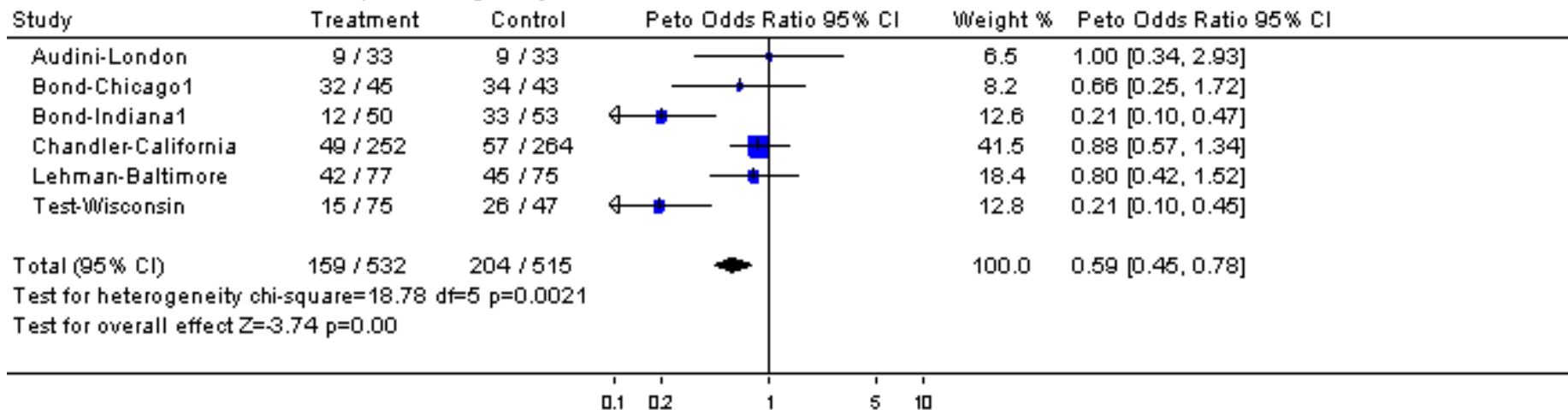
ACT vs Standard Care

Hospital Admissions

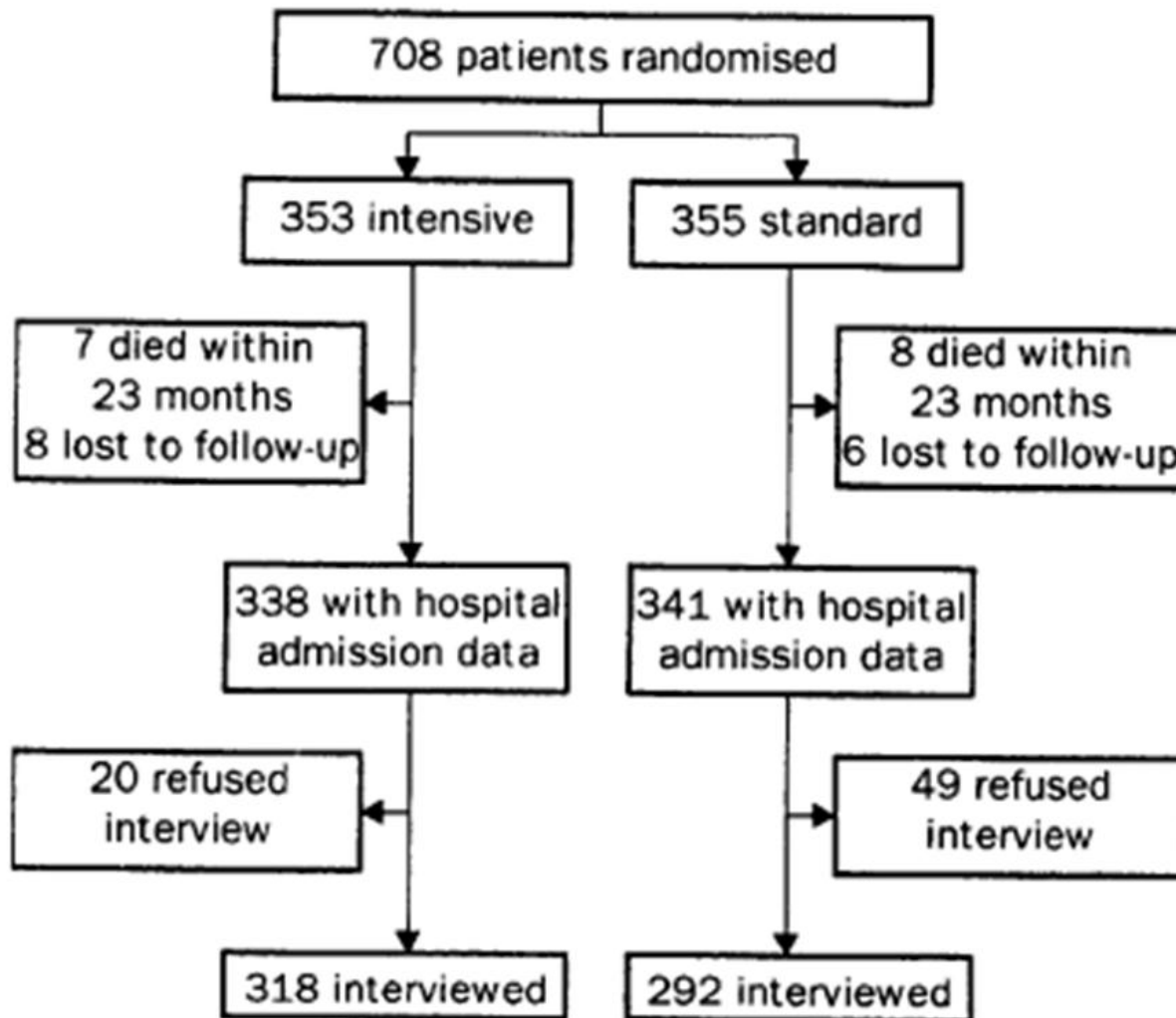
Review: Assertive community treatment for people with severe mental disorders

Comparison: 01 ACT vs STANDARD CARE

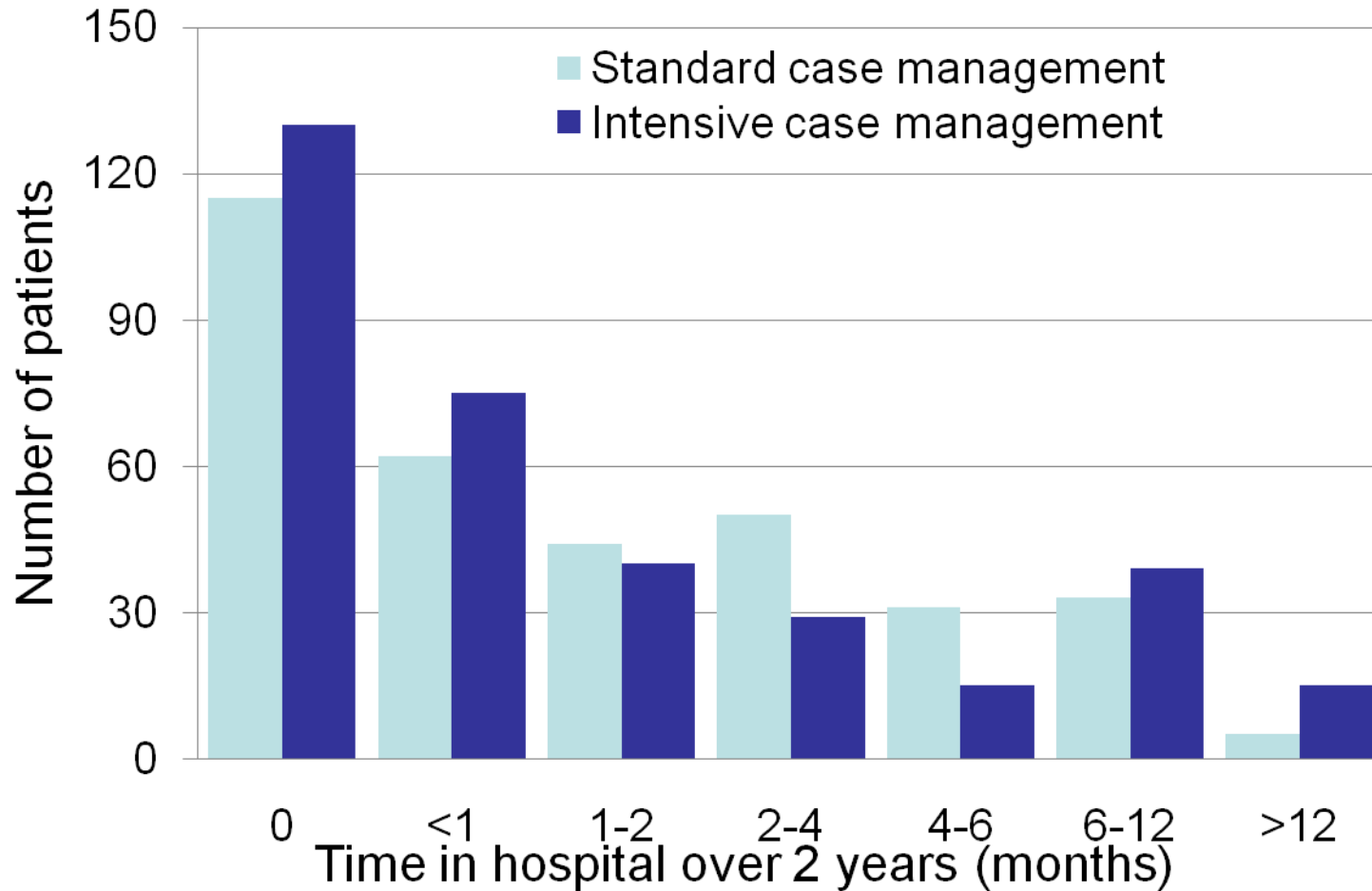
Outcome: 03 Admitted to hospital during study



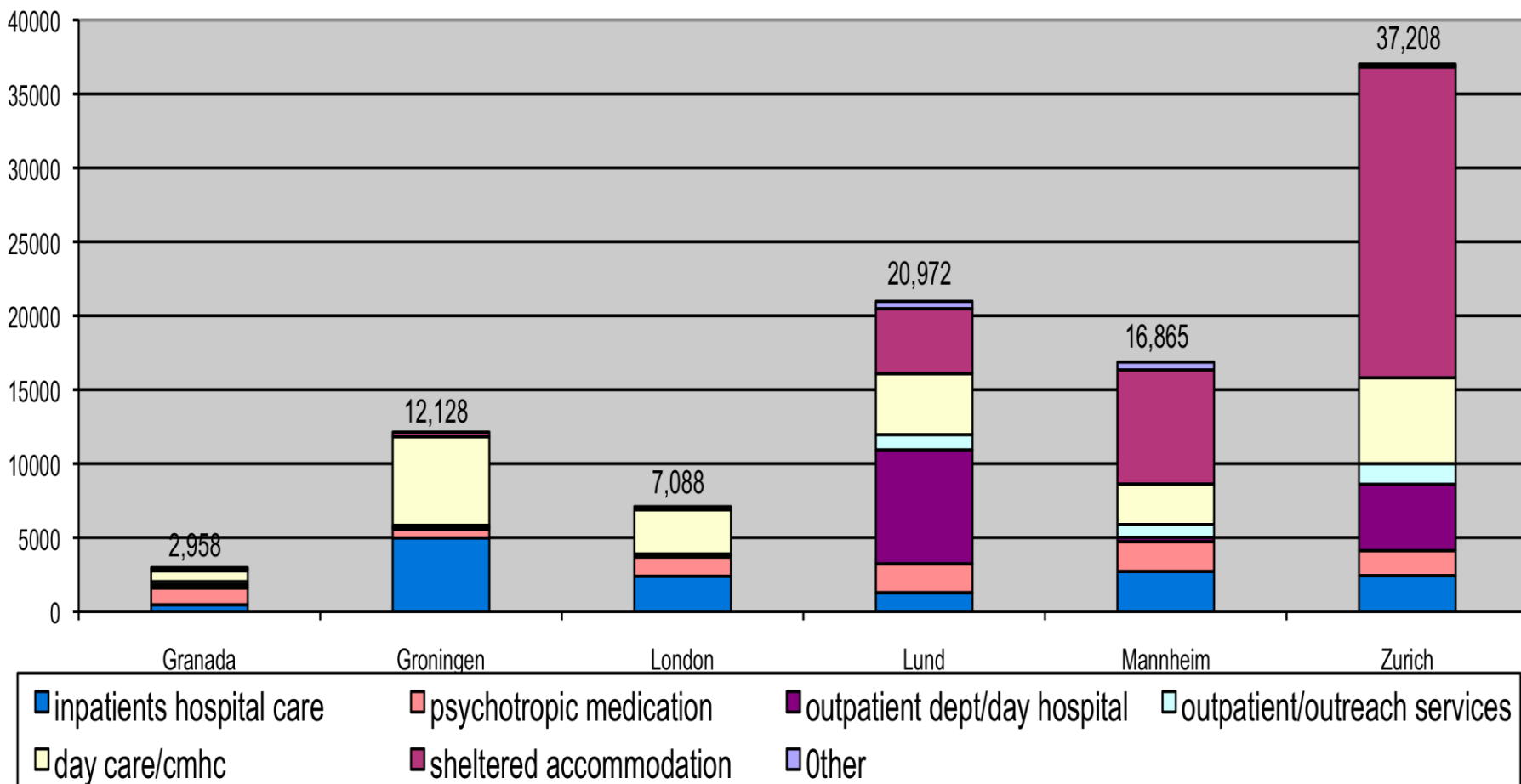
UK 700 Trial Profile



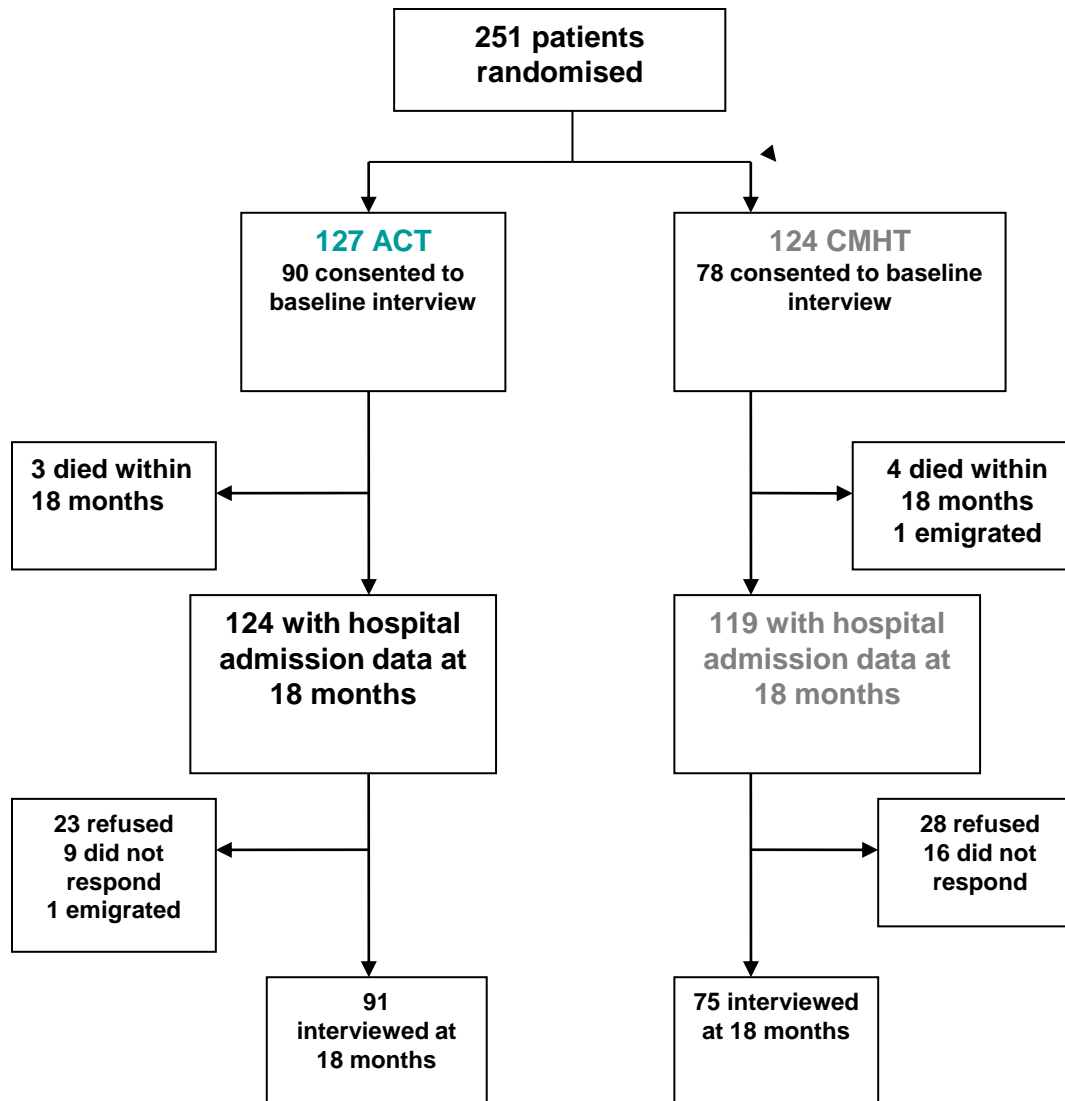
UK700 Trial: Duration of hospital admissions by case-management



Annual treatment costs for patients with psychosis



REACT



REACT: primary outcome

| | ACT n=124 | | | CMHT n=119 | | | |
|---------------------------|----------------------|--------|--------|-----------------------|--------|--------|-------------|
| | mean (SD) | median | IQR | mean (SD) | median | IQR | P |
| Total days | 162 (162) | 121 | 27-231 | 144 (140) | 130 | 14-215 | 0.53 |
| Days per admission | 65 (91) | 27 | 0-95 | 52 (66) | 27 | 0-86 | 0.51 |

AO and hospital admissions

- Different findings in US and UK
- Model fidelity
- Comparator in trials
- Probably no influence on hospital admissions as compared to standard community care in the UK

Does Assertive Outreach
reduce hospital beds?

Admissions and beds

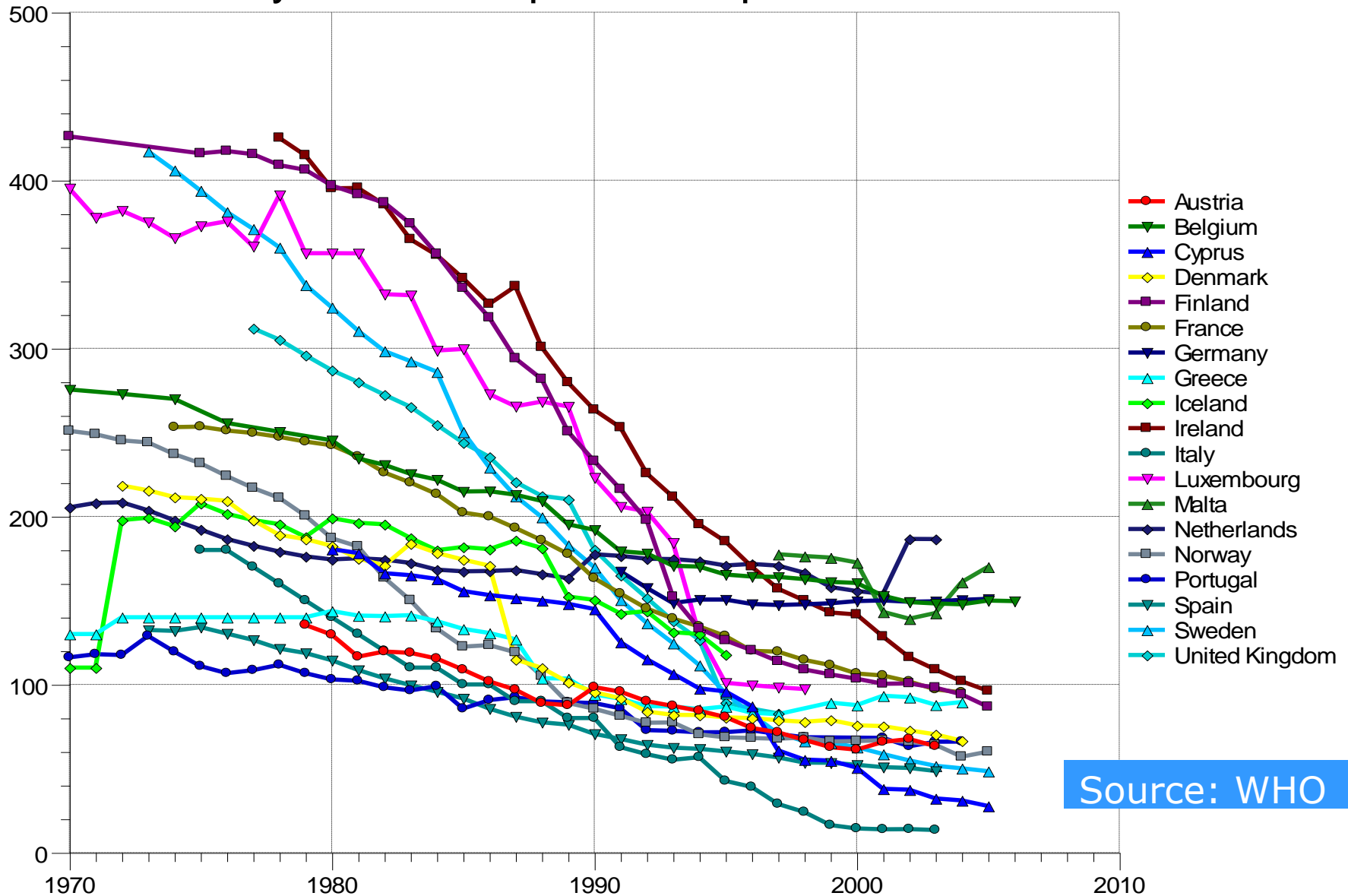
- Admissions a function of bed numbers and length of stay
- Supply and demand
- Changes of institutionalised care over time

Institutionalised care

- Conventional hospital beds
- Forensic beds
- Supported housing
- Prison

Psychiatric beds - Western Europe

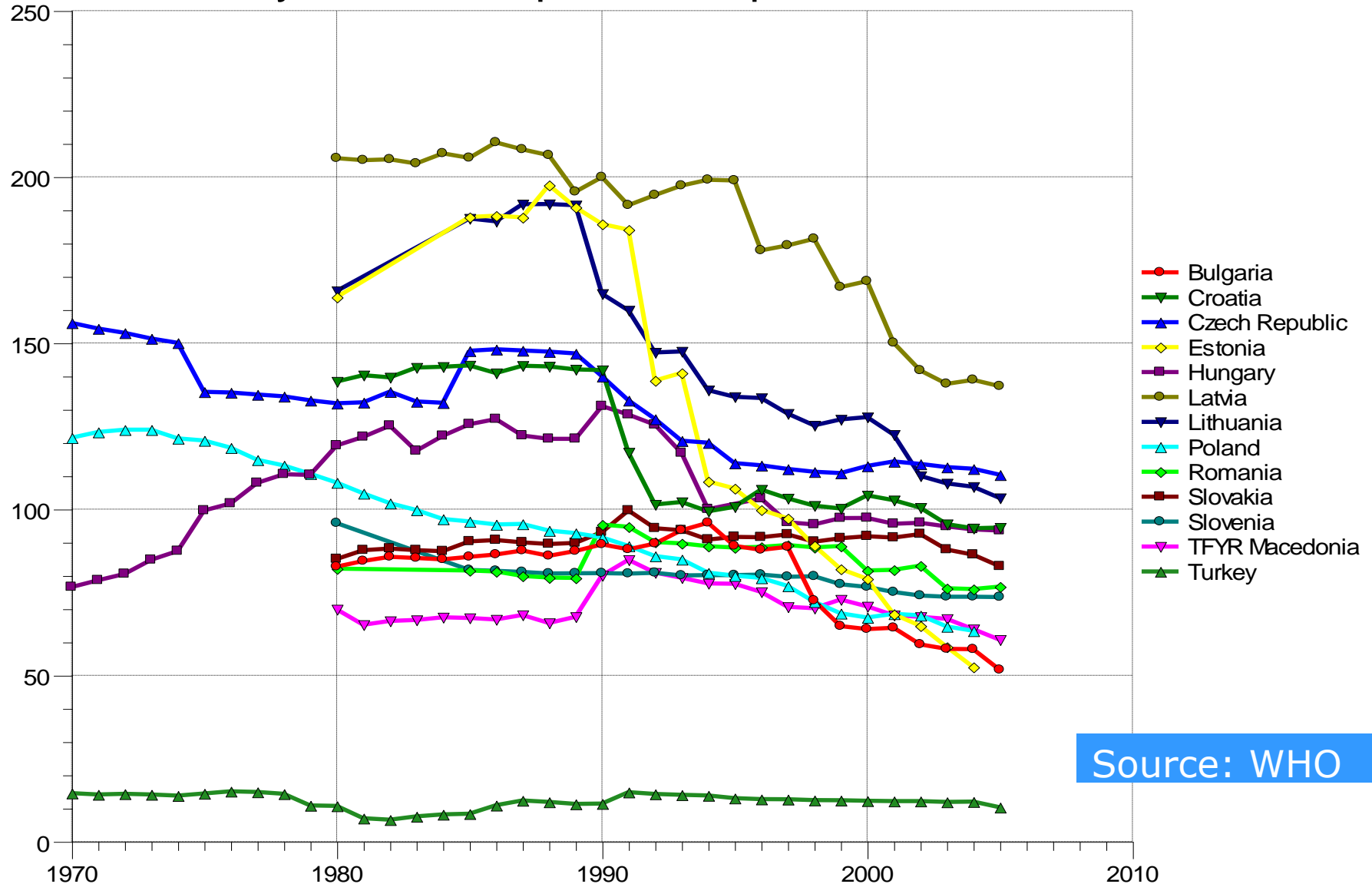
Psychiatric hospital beds per 100000



Source: WHO

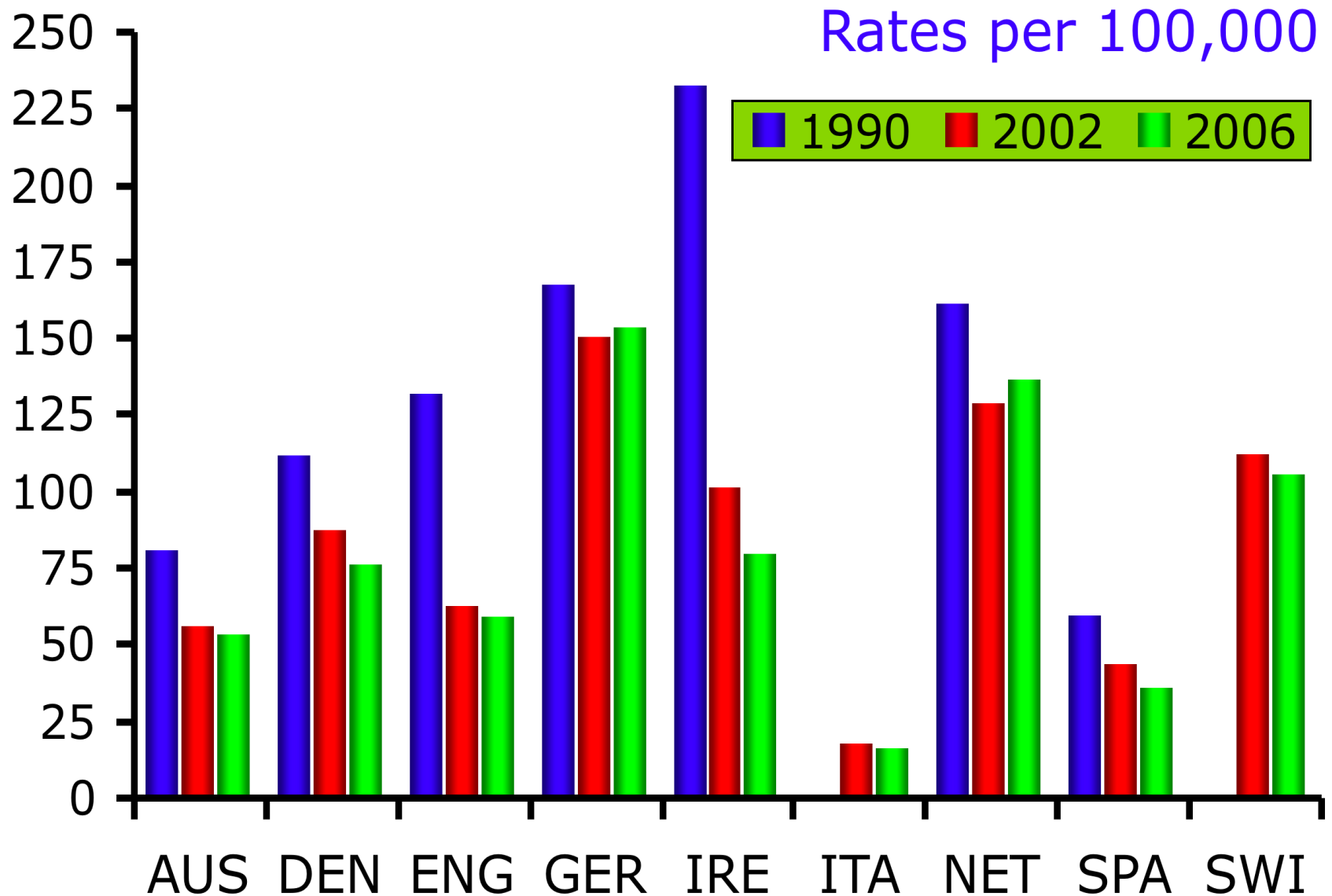
Psychiatric beds - Eastern Europe

Psychiatric hospital beds per 100000



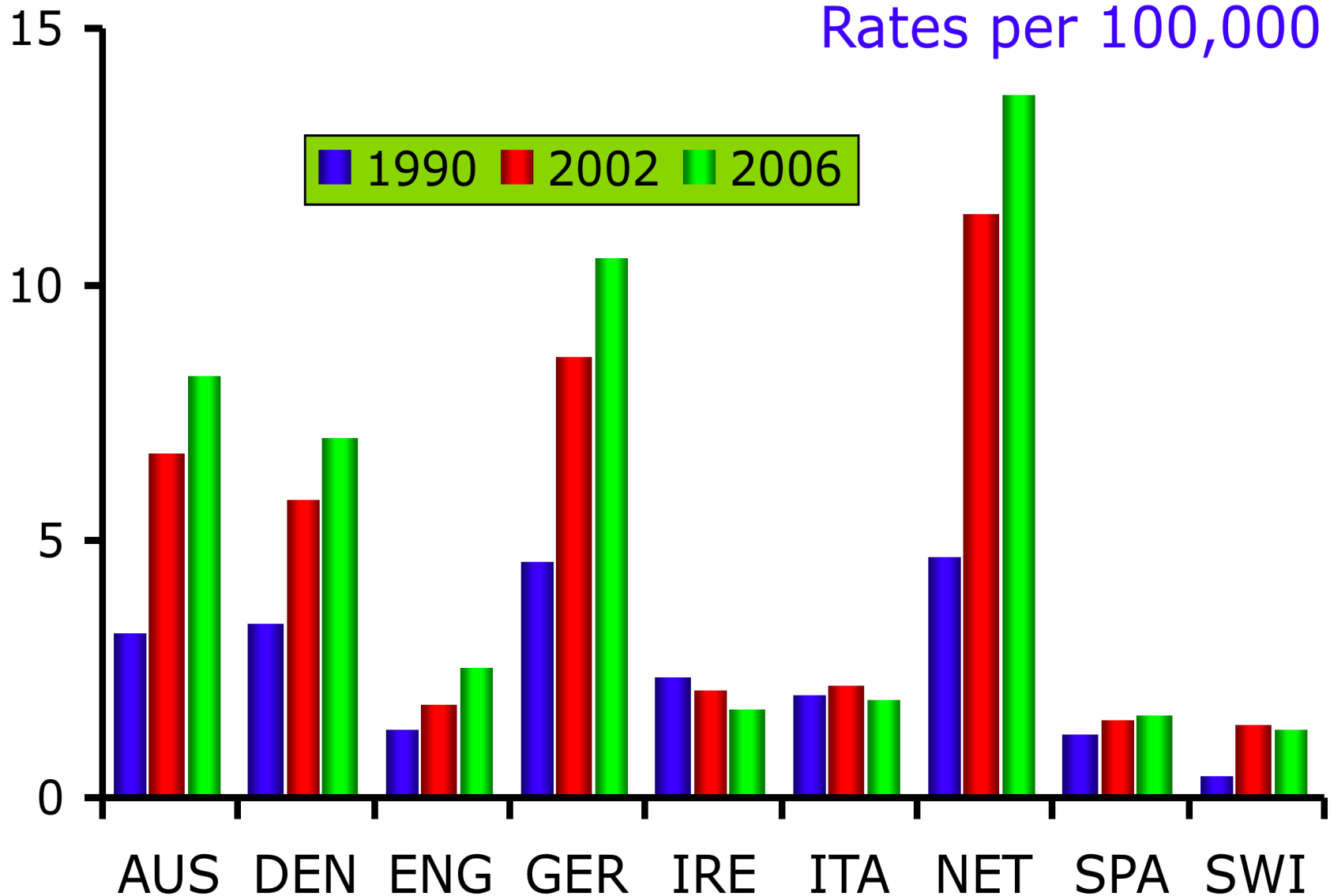
Source: WHO

Conventional hospital beds

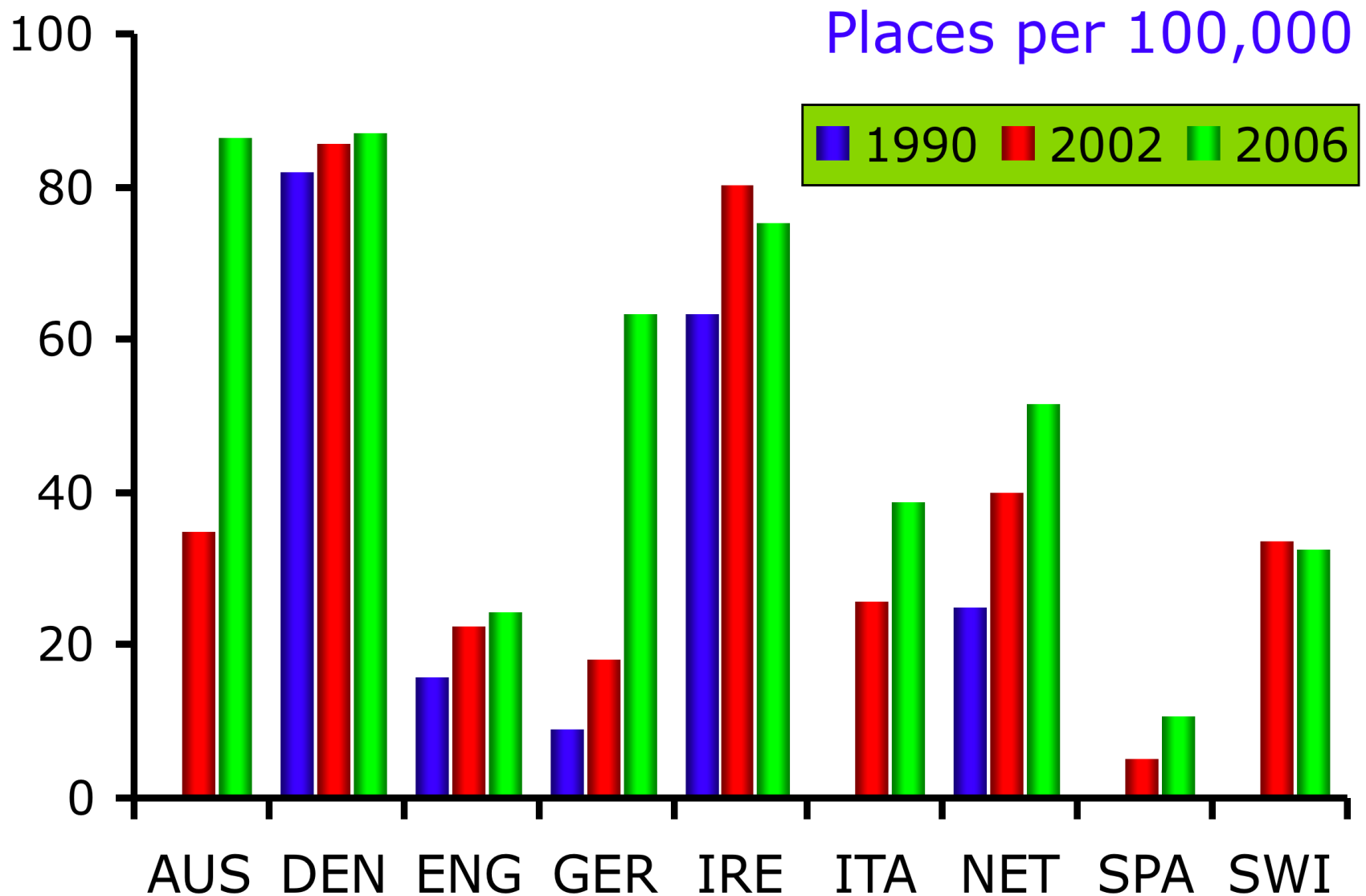


Forensic beds

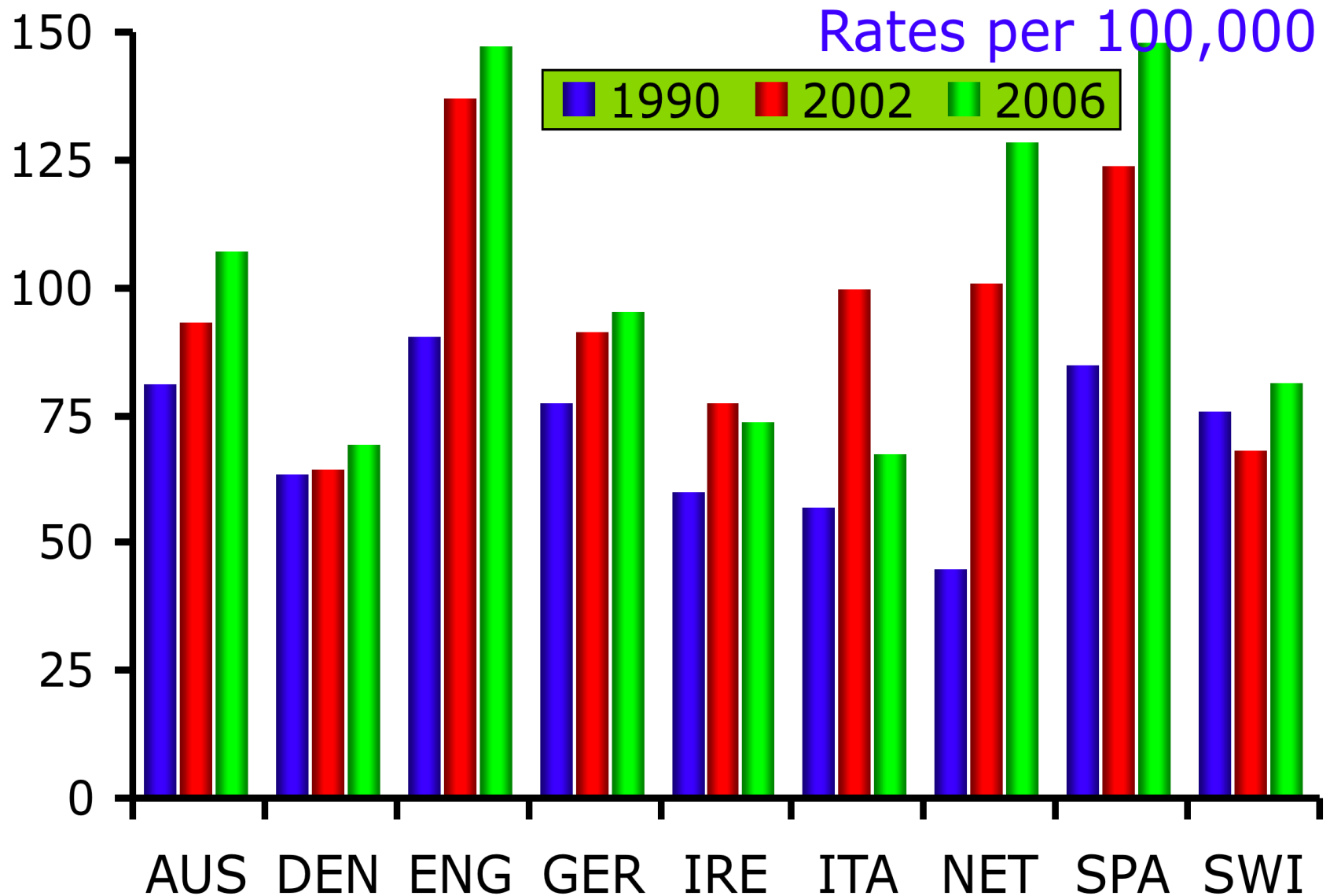
Rates per 100,000



Supported housing



Prison population



Findings

- No consistency across Europe (reduction of institutions in Ireland and Italy)
- Trend towards fewer conventional hospital beds
- Increase of forensic hospital beds
- Increase of places in supported housing
- Increase of prison population

Changes in bed provision

- De-institutionalisation
- Re-institutionalisation
- Trans-institutionalisation
- What is a psychiatric hospital bed?
- Why would one want to reduce them?













Why have bed numbers decreased?

- New treatments?
- New ideas?
- New practical experiences?
- New evidence?
- New economic situation?
- New societal and political context?

£1bn TO END MURDER IN THE COMMUNITY

Shake-up for mental health

By OONAGH BLACKMAN

A £1BILLION revolution in care in the community was launched yesterday.

The shake-up will stop thousands of severely mentally ill people being abandoned on the streets — and put an end to the tragic catalogue of murder and suicide.

In the past year alone Health Department researchers discovered 50 murders were carried out by mentally ill people.

Health Secretary Frank Dobson admitted care in the community "has failed" and ordered a wide ranging shake-up of outdated mental health laws.

The key planks of the overhaul announced by Mr Dobson are:

- **SPECIALIST** secure units in each NHS region.

- **LOCAL** accommodation for short-term 24-hour nursing care and supervision.

- **MORE** monitoring of discharged mental patients, especially those who refuse medicine.

- **24-HOUR** crisis hot-lines and emergency teams.

- **MORE** acute beds, hostels and support accommodation.

- **EXTRA** counselling and advice on medicine and therapies.

- **A NEW** framework to make local services tailor-made.

Delighted Jayne Zito, who has campaigned for changes since her husband Jonathan was murdered by a schizophrenic in 1992, said: "This is tremendous news."

At last it seems some good will come from the tragedy of all those families and patients whose lives have been devastated by a policy so ill-conceived and badly implemented it's become a national scandal.

The campaigning trust Mrs Zito set up will be part of a high-powered committee to draw up a blueprint for mental health care by next April.

Junior Health Minister Paul Boateng said: "Safety is at the heart of what we are doing — safety for patients, carers, victims

THE VICTIMS



FREDERICK GRAVER, 54

Ex-policeman died after 1992 attack in car park



SANITA KAURA, 27

Run over and killed by schizophrenic in 1994



LEWIS FULTON, 28

Policeman knifed to death after being called to house



GWENDOLINE SMITH

Stabbed in 1995 by son who also killed his brother



JACK TRINDER

Dad died in 1995 after being stabbed 21 times



ANTHONY KELLMAN

One of two killed on a patient's six-day rampage



KATIE SULLIVAN, 23

Knifed to death in 1992 while working in hostel



SUSAN CRAWFORD, 32

Stabbed 70 times by her schizophrenic boyfriend



SUSAN LOWELL

Died in arson attack with her two young daughters



NICHOLAS BOYD, 42

Schizophrenic neighbour killed cabbie in 1997



CAROLINE BURNINGHAM, 29

Mum-to-be suffocated in 1997 in identity mix-up



NINA MACKAY, 25

WPC knifed to death by patient freed by mistakes

10 inquiries into killings by London mental patients

LONDON health chiefs are carrying out 10 inquiries into killings by mentally ill patients, it emerged today.

Last week Lambeth, Southwark and Lewisham Health Authority published a long-awaited report into the death of Susan Crawford, who was stabbed by paranoid schizophrenic Michael Folkes, known as Luke Warm Luke.

The 48-page report raises serious questions about the lack of supervision and proper housing for patients who are allowed to live in the community when they are discharged from hospital.

But across London health officials are facing inquiries of a similar nature, damaging the public's perception of care in the community.

Since the murder of Jonathan Zito by Christopher Clunis there have been 36 public inquiries into such killings but many draw strikingly similar conclusions about the lack of teamwork between different agencies and the lack of facilities in the community to care for such patients.

At the beginning of next year the inquiry will be published into the

by JO REVILL
Health Correspondent

death of Dr Nina Mackay, who was killed last year by Magli El-Ghazali after she had to break into his flat.

He was a mentally disturbed man under the care of Kensington, Chelsea and Westminster Health Authority.

Lambeth, Southwark and Lewisham has two further inquiries due to be published, one of which involves Wayne Hutchinson, a schizophrenic who was allowed to leave the South-western Hospital in Tooting after a locum doctor mistakenly discharged him.

The same authority is also investigating the death of Jack Trisler, who was stabbed on Christmas Day 1990 by a patient, Matthew Hooper.

Other health authorities carrying out inquiries include North Essex, Camden and Islington, Brent and Harrow and Ealing, Hammersmith and Hounslow.

Within the next two weeks Health Secretary Frank Dobson is expected to announce his new mental health strategy. One of the key changes is the

introduction of compulsory treatment orders which will enable doctors to force patients back to hospital for medication if they fail to take it while in the community.

It is also thought Mr Dobson will find extra money for setting up new, secure units which might take as many as a thousand extra patients who are presently not in hospital.

Michael Howlett of the Zito Trust said today: "The number of inquiries being carried out at present says an



Killer: Schizophrenic Michael Folkes

CARERS FREED MAN TO KILL

How Friday's Standard reported the blunder

awful lot about inner-city services in London. "They are under enormous pressure, with space facing bed occupancy rates of 120 per cent."

"I think we have to realise that the full range of facilities for these vulnerable people are not in place and if we are going to discharge people from hospital we need them badly."

Leader comment: Page 11

be here.
Her mother Maria said: "When she gets back home she reverts back to being a little girl. She is still very much 12."
Her album Voice of an Angel, which was released last week and went straight to No 24, is a collection of Celtic folk songs recorded with the Welsh National Opera.
• The Oxford Street lights were also switched on at the weekend.



CALLMATE
SMASHES 10P
TO EUROPE
BARRIER

| | 1st | 2nd | 3rd | 4th | 5th | 6th | 7th | 8th | 9th | 10th |
|---------|-----|-----|-----|-------------|-----|-----|-----|-----|-----|------|
| FRANCE | 9 | 29 | 51% | IRELAND | 9 | 23 | 51% | | | |
| DENMARK | 9 | 29 | 51% | NETHERLANDS | 9 | 23 | 51% | | | |
| NORWAY | 8 | 28 | 75% | SPAIN | 17 | 26 | 53% | | | |
| BELGIUM | 9 | 29 | 51% | SWITZERLAND | 10 | 29 | 60% | | | |
| FINLAND | 10 | 29 | 74% | AUSTRALIA | 9 | 43 | 52% | | | |

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KRISTIANSTAD (Malmo), STOCKHOLM and OSLO!

RYANAIR

Impact of anti-psychotics

- No direct association with de-institutionalisation
- But:
 - they provided the idea of effective treatment
 - strengthened the confidence of the psychiatric profession
 - supported the belief that patients can be cared for in the community

Final statements

- AO has no direct influence on the number of hospital beds
- Even an effective prevention of admissions would not affect bed numbers
- However: There can be a substantial indirect effect on the debate about the provision of in-patient care
- It is important to focus on AO principles rather than defined models