

# FACTS about FACT : Outcomes of different patient groups

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Annet Nugter.

Head of department of Research and Monitoring  
Mental health service organization “Noord-Holland-Noord”,  
The Netherlands



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- Clients, FACT teams

# Introduction



# Background: prior findings

- Prior presentation of outcomes of 2.5 years of implementation of Flexible ACT (FACT; Nugter et al., EAOF 2012):
  - Implementation of FACT takes time. Only after a year fidelity is above the cutoff score of 3.4
  - Needs for care decreased statistically significant while quality of life and treatment compliance improved
  - Number of admissions and admission days decreased statistically significant
  - No patient dropped out of treatment
  - Social contacts, psychosocial functioning, employment status and living situation did not change

# Unresolved questions

- Until now, in FACT outcome research, no differentiation has been made between
  - patients for whom level of care was intensified and upgraded to ACT level
  - the relatively stable group of patients that didn't receive ACT
- So the question remains to what extent FACT serves both patient groups equally well
- Apart from this issue, we didn't study yet to what extent also the number of compulsory emergency admissions would change after implementation of FACT; in the Netherlands the general tendency is an increase

# Goal of presentation

- To explore to what extent outcomes of 2.5 years of implementation of FACT apply equally well to patients who received ACT and patients who didn't
- To study to what extent the implementation of FACT resulted in changes in the number of compulsory admissions

# Methods

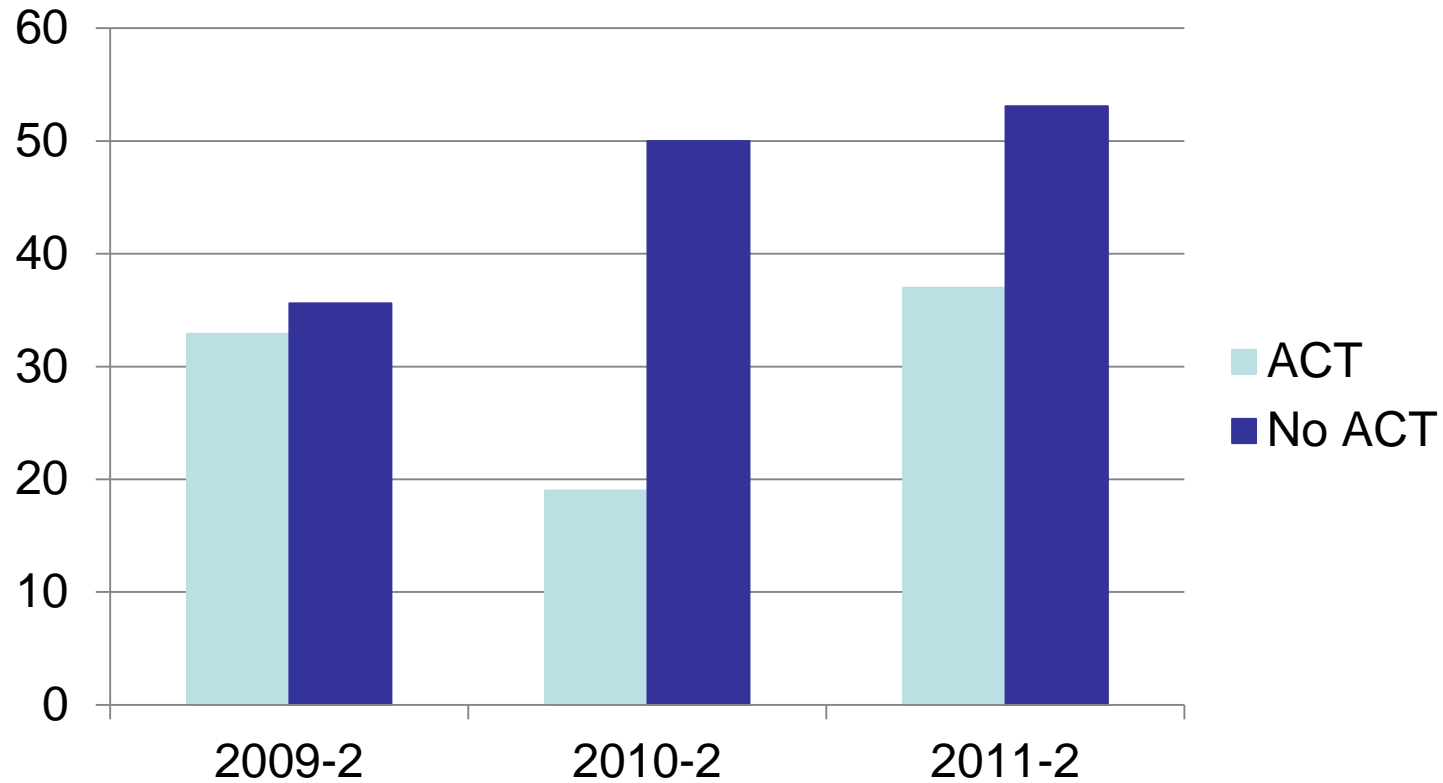
- 372 patients were three FACT teams were involved
- Clinical assessments were done yearly: second half of 2009, 2010, and 2011
- Hospital use, and number of face to face contacts were extracted during the whole period of 2.5 years of implementation
- FACT board data were used to analyze the frequency and duration of ACT, again during the whole period of 2.5 years.
- Analyses: Mixed Model and Generalized Mixed Model for repeated measurements
- Complete description of method: Nugter et al., *Community Mental Health Journal*, 2015

Clinical results: needs for care,  
functioning, remission, quality of life



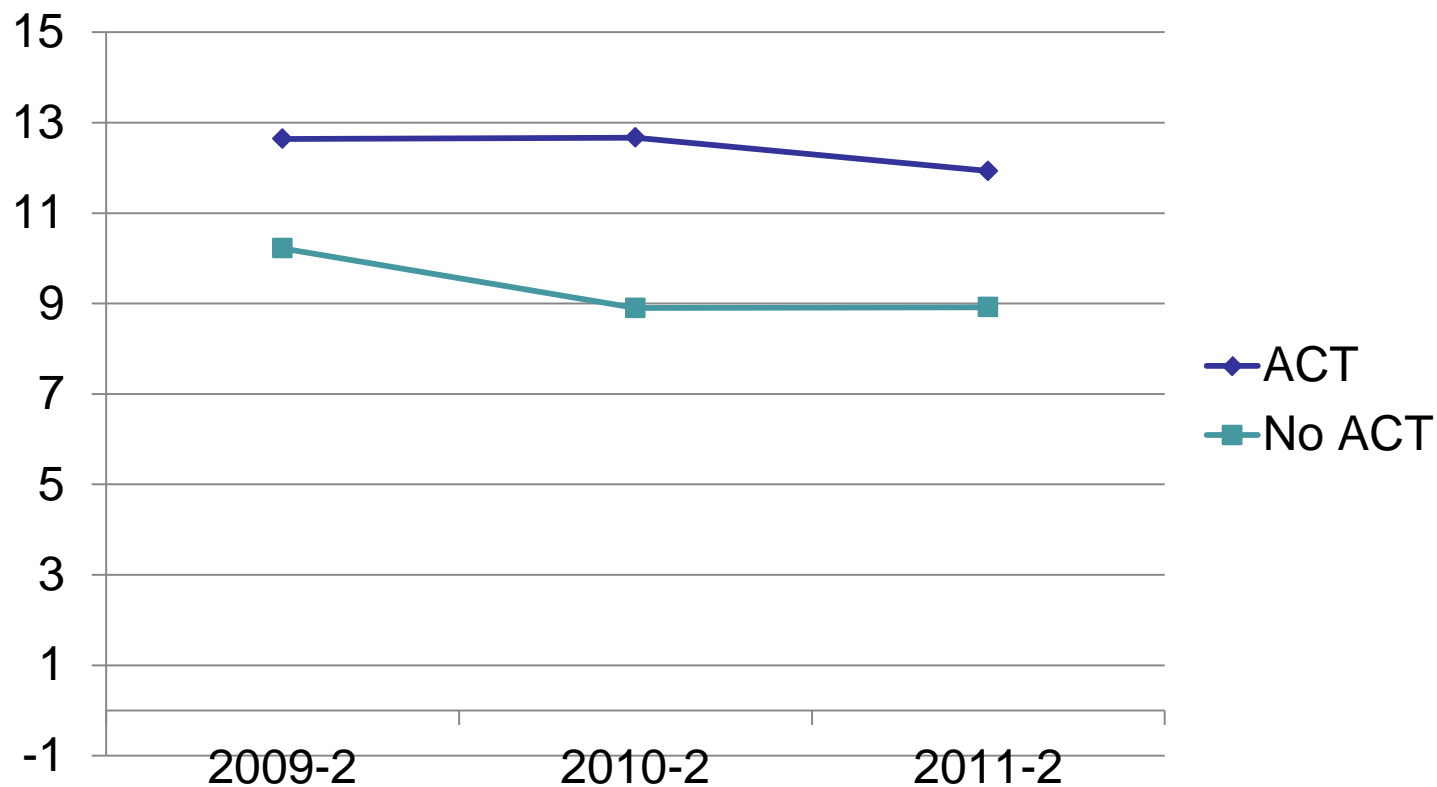


# Remission



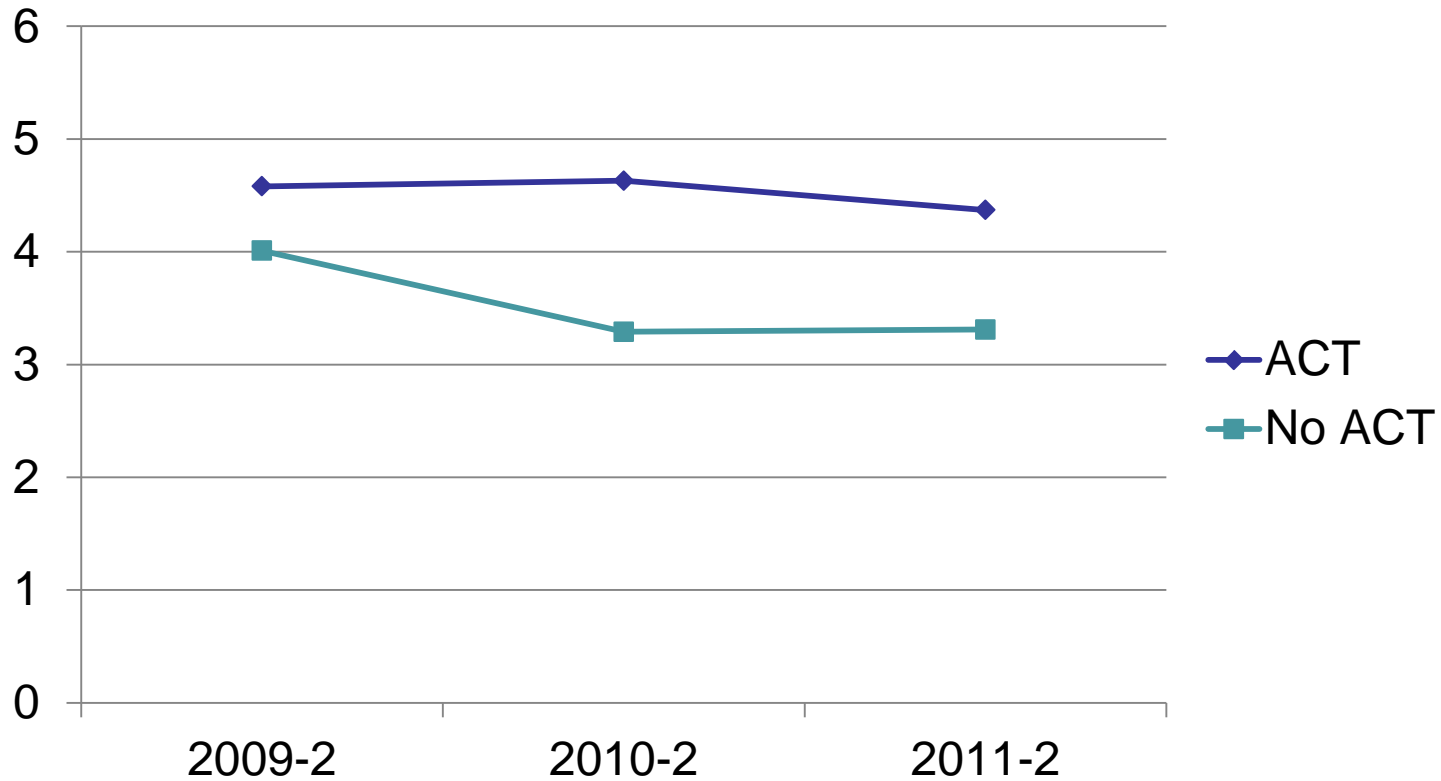
No significant reduction; no significant differences between ACT/No ACT

# Functioning (HoNOS totalscore)



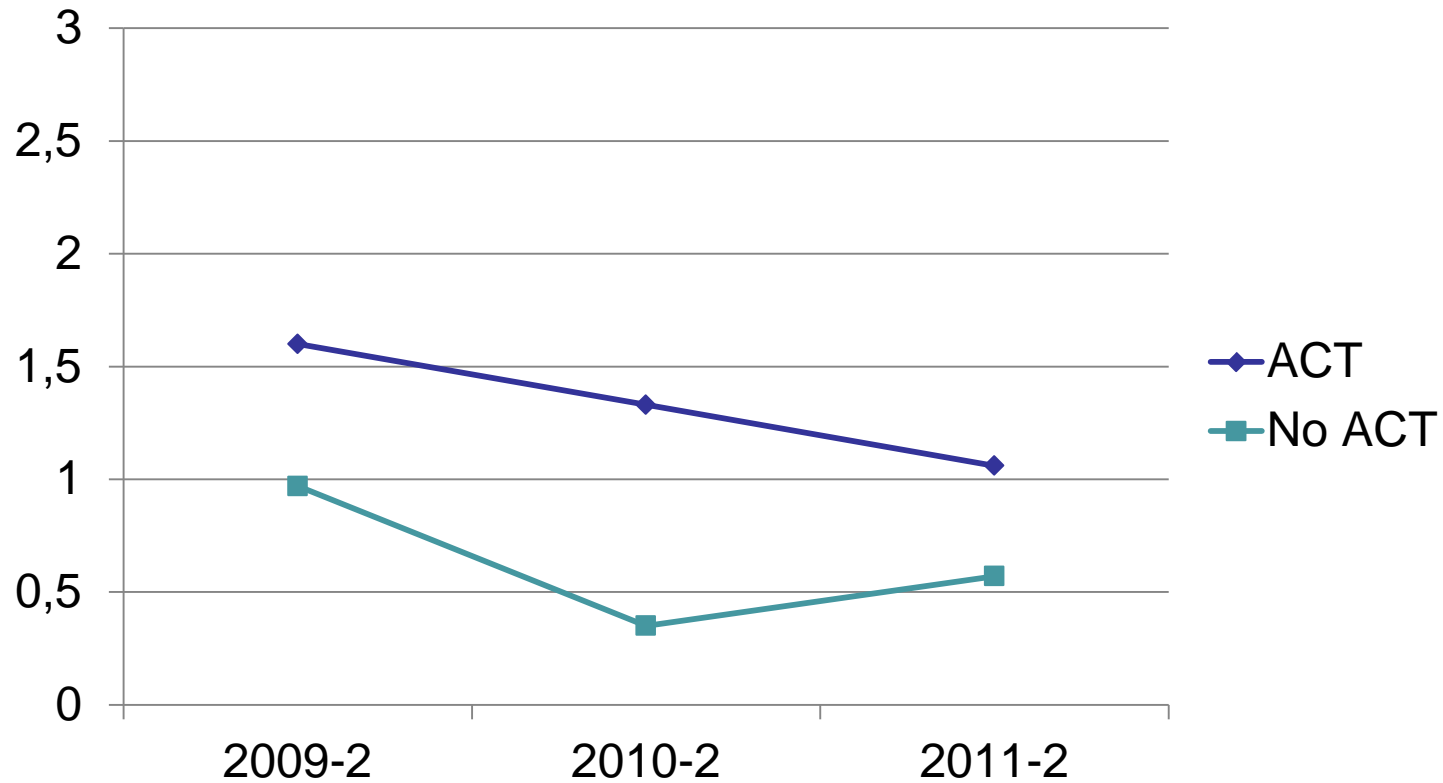
Significant less improvement when patients had longer duration of ACT

# Symptoms (subscale HoNOS)



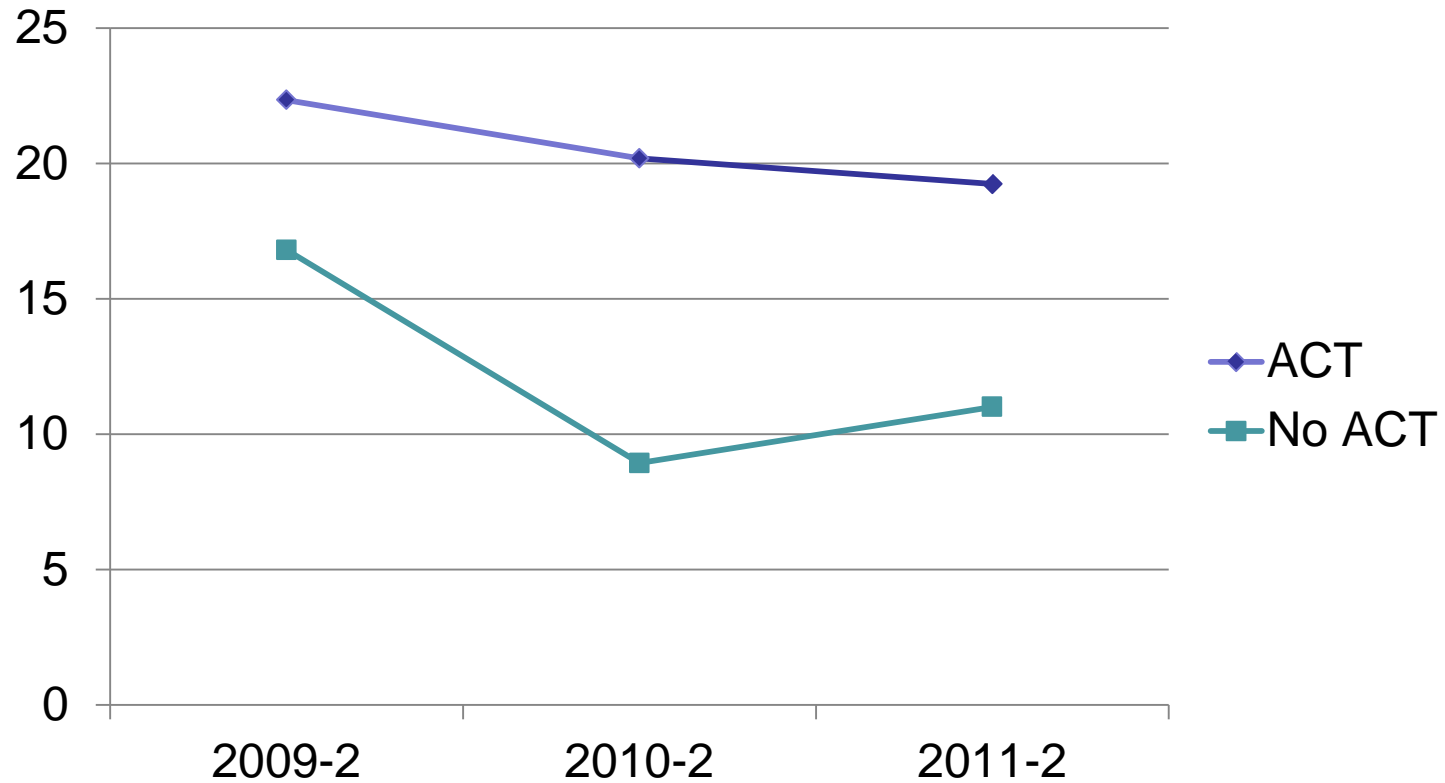
Significant more improvement in ACT group; less improvement when patients had longer duration of ACT

# Compliance problems



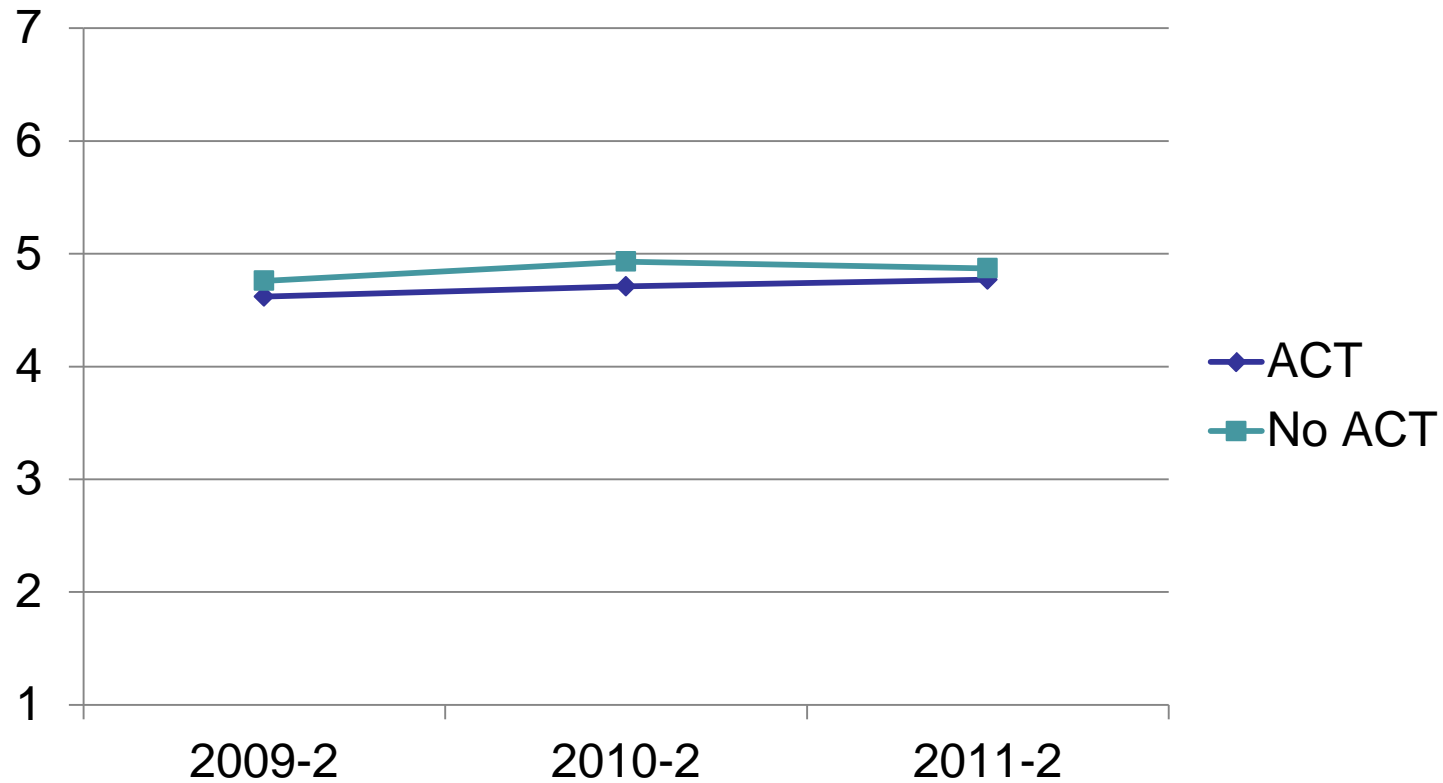
Significant improvement; less improvement when patients had longer duration of ACT

# Proportion of unmet needs



Significant reduction; no significant differences between ACT/No ACT

# Quality of Life



Significant reduction; less improvement among patients with longer duration of ACT

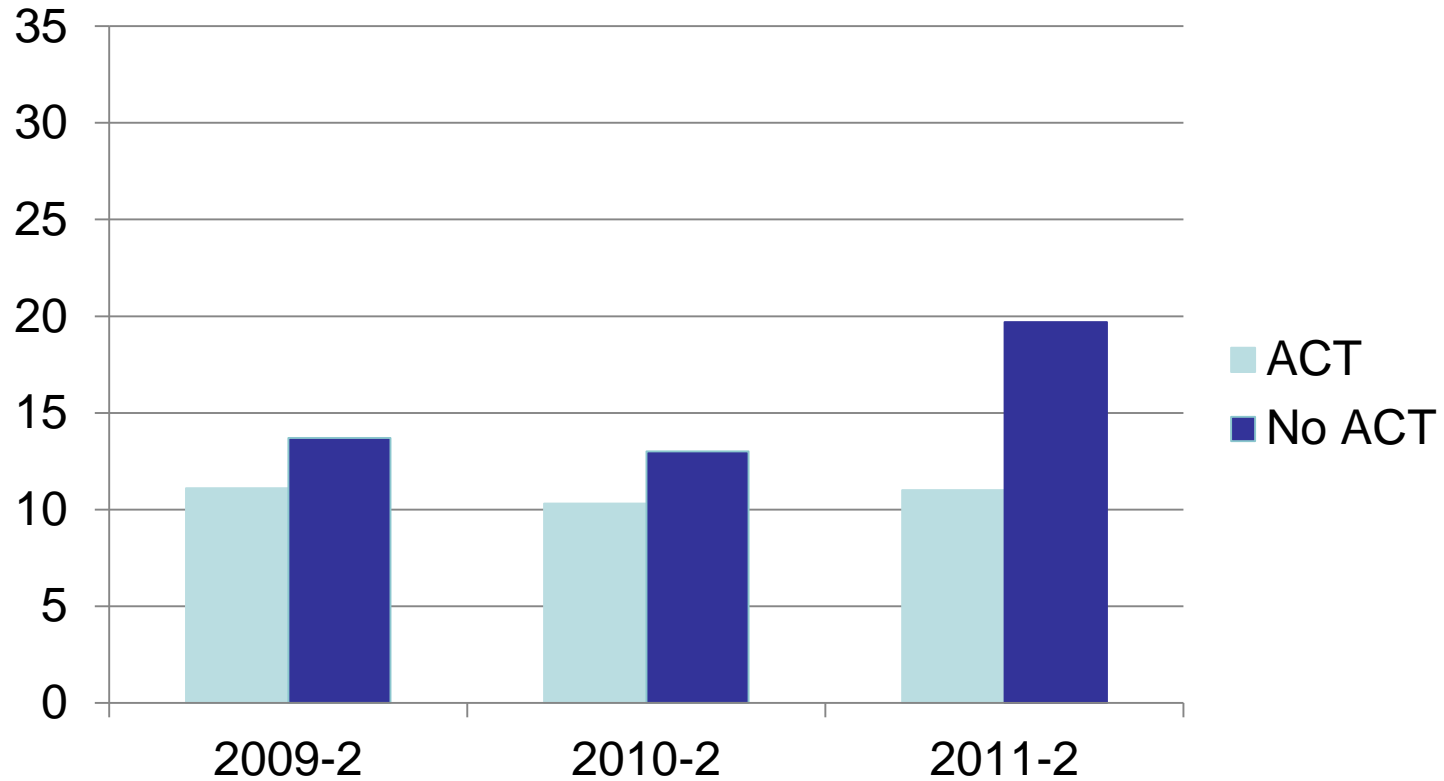
# Summary of clinical outcomes

- FACT results in improvements in quality of life, treatment compliance, and in a reduction in the proportion of unmet needs for both, patients who did and patients who didn't receive ACT
- Patients who did not receive ACT did improve more on symptoms
- Patients who received longer periods of ACT, showed less improvement in functioning, symptoms, quality of life, and compliance

# Social inclusion: work and living situation, social contacts

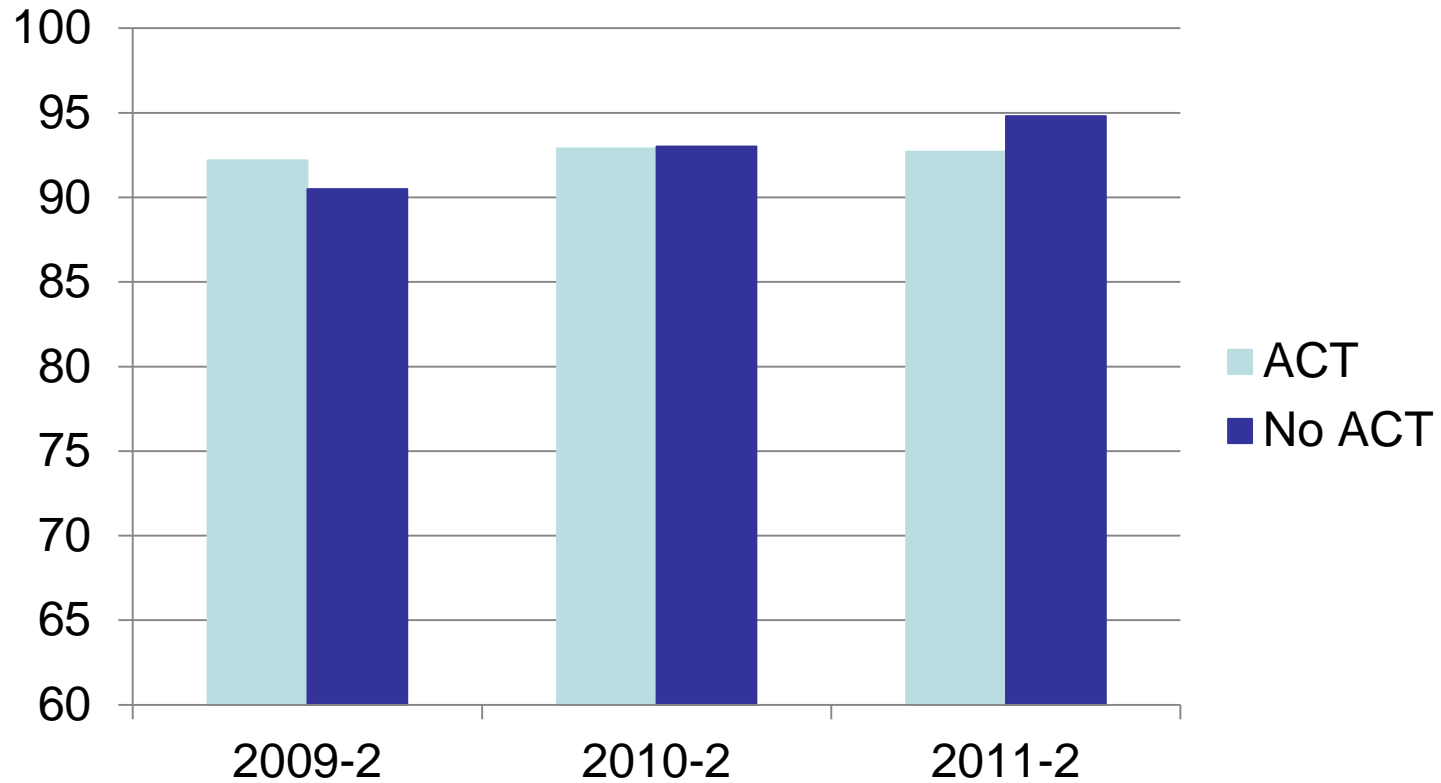


# % of patients with paid employment



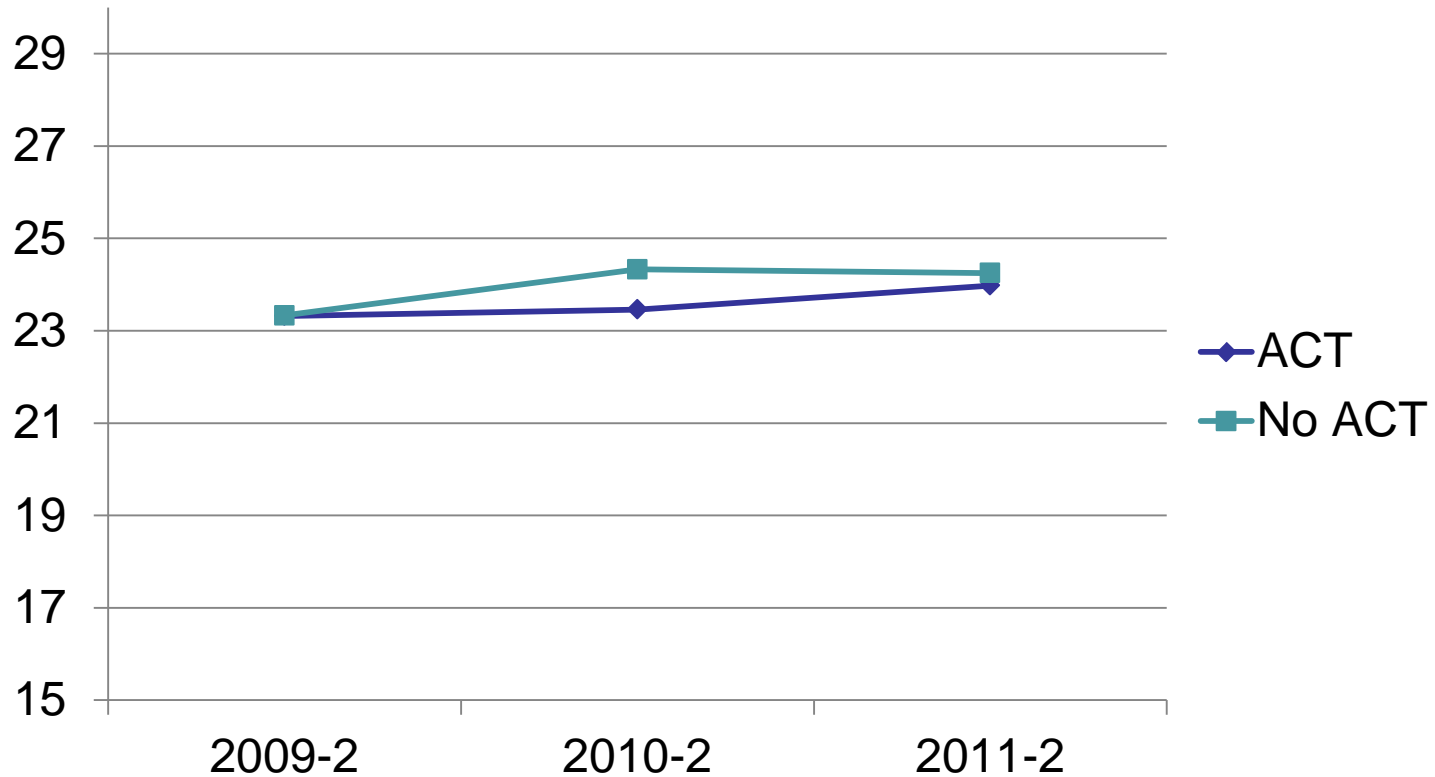
No significant effects were found

# % of patients living independently



Duration of ACT was significant longer for patients who didn't live independently

# Social network



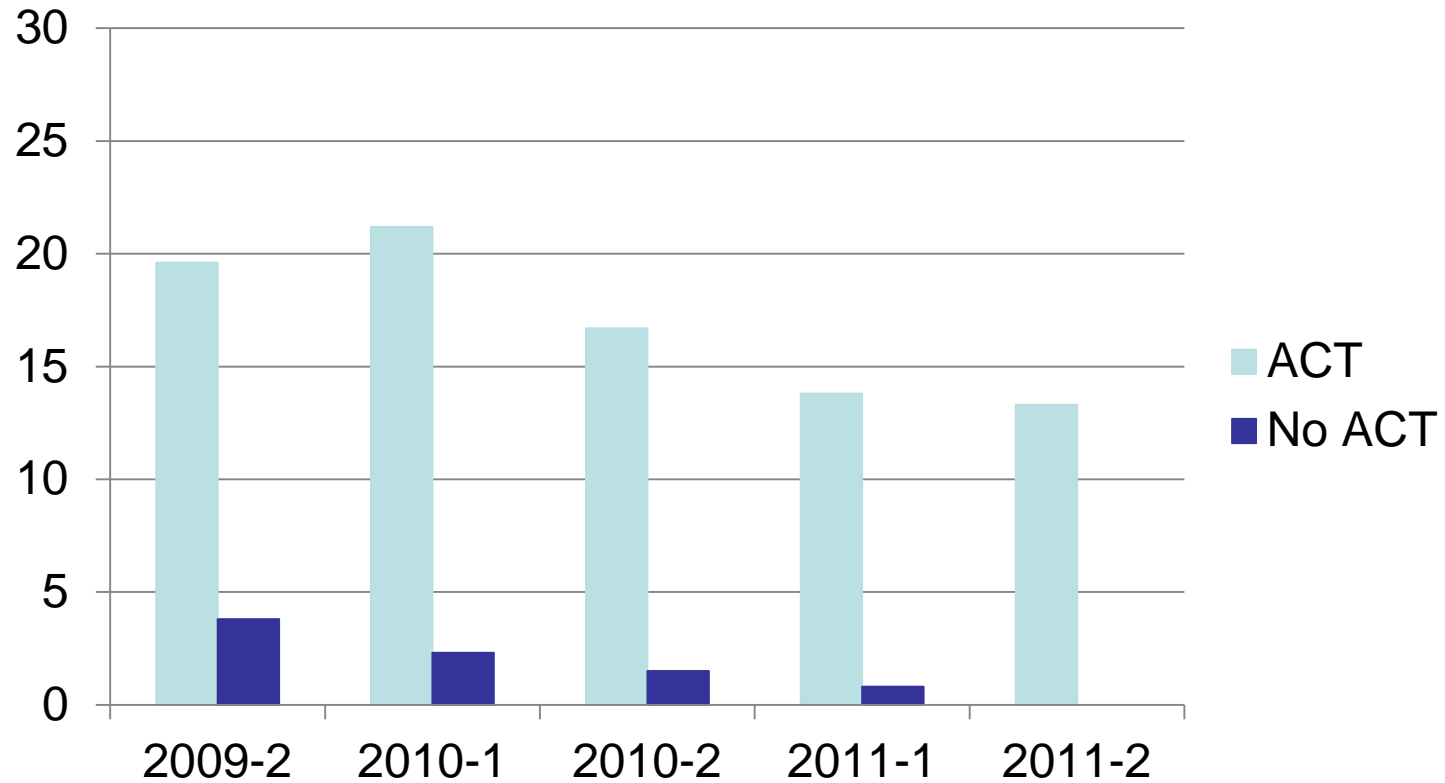
No significant effects

# Summary of social outcomes

- Patients without ACT and patient with ACT do not improve with regard to social inclusion parameters
- Patients who did not live independently received longer periods of ACT

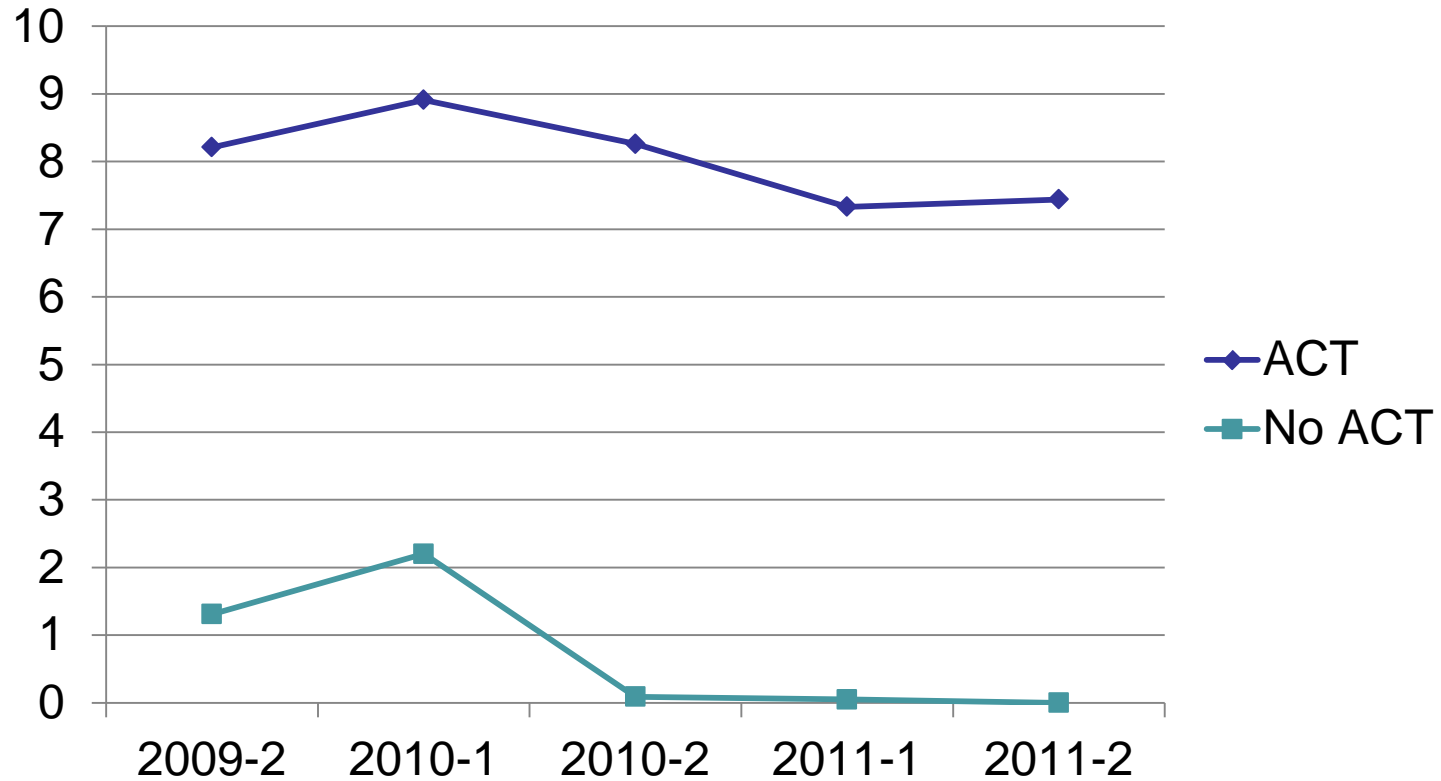
# Use of care: admissions, coercion

# % of admissions



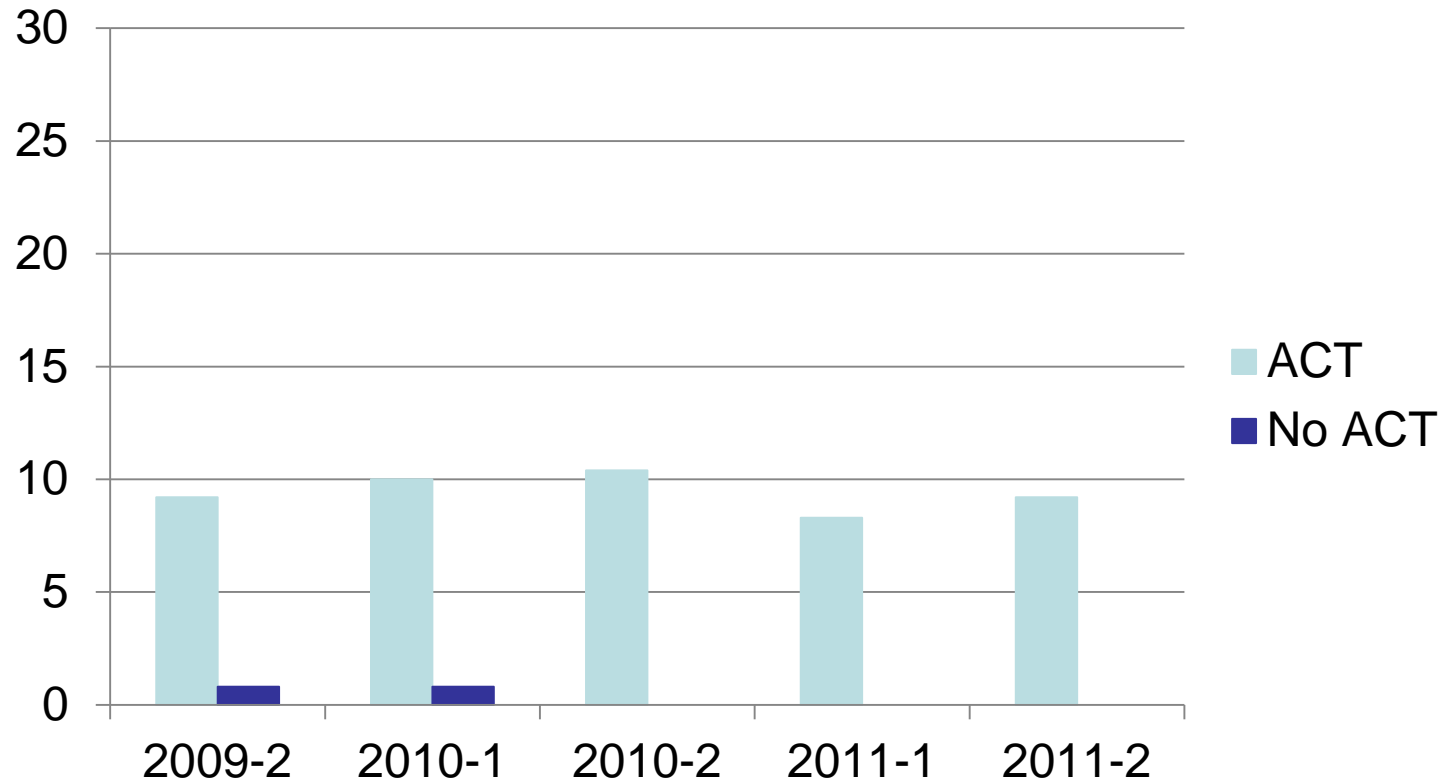
Higher % of admissions in ACT group, significant reduction in both groups

# Hospital days



Significant more hospital days in ACT group; significant reduction for both groups

# % of Compulsory admissions



No significant reduction



# Summary of outcomes regarding hospital use

- A reduction in hospital use was found. Patients who didn't receive ACT had no admissions in the end of the study. Patients who received ACT were admitted less often
- The duration of admission (number of admission days) increased at first in both the ACT and the No ACT group. After the first year the number of admission days showed a clear decline
- No clear change in the number of compulsory admissions was found; which is contrary to the general tendency in the Netherlands

# Discussion

- Longer periods of ACT go hand in hand with lack of improvements, indicating that FACT is finely attuned to several aspects of patients level of functioning
- Remission levels were already high
- Admission to the ward is preceded by admission to the board
- FACT is efficient: improvements with lesser care
- But there is room for improvement
  - Social inclusion did not change
  - We did not use an assessment for recovery

# More information

- Nugter, Engelsbel, Bahler, Keet, Van Veldhuizen, Community Mental Health Journal, 2015
- [a.nugter@ggz-nhn.nnl](mailto:a.nugter@ggz-nhn.nnl)