ASSERTIVE OUTREACH IN SPAIN

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THE STARTING POINT

- IN SPAIN, THE PSYCHIATRIC REFORM BEGAN MORE THAN 30 YEARS AGO.
- THE IMPLEMENTATION OF THE COMMUNITY ATTENTION MODEL HAS MEANT A CONSIDERABLE ADVANCE COMPARED TO THE FORMER INSTITUTIONAL MODEL...but
- THIS DOES NOT MEAN THAT THERE IS NO NEED TO EVALUATE THE ACHIEVEMENTS.

THE ORGANIZATION OF THE HEALTH ASSISTANCE IN SPAIN

- IN SPAIN THERE IS A UNIVERSAL COVERAGE OF HEALTH WITH PUBLIC FINANCING IN CO-EXISTENCE WITH PRIVATE ASSISTANCE

- HEALTH PLANNING AND MANAGEMENT IS DECENTRALIZED IN THE 17 AUTONOMOUS COMMUNITIES OF SPAIN…

- COORDINATED THROUGH THE MINISTRY OF HEALTH

CURRENT SITUATION IN SPAIN (I)

- THIS MANAGEMENT IS IMPERFECT AS INFORMATION AND EVALUATION SYSTEMS HAVE SERIOUS EFFECTIVENESS PROBLEMS.

- SO, THERE IS AN IRREGULAR DEVELOPMENT OF THE ASSISTANCE SYSTEM… WITH DIFFERENCES IN THE SYSTEM WHICH AFFECT THE MODEL.

CURRENT SITUATION IN SPAIN (II)

- THERE IS AN INADEQUATE DEVELOPMENT OF THE REHABILITATION SERVICES…
- CONTINUOUS INCREASE OF COMMON MENTAL DISORDERS
- WE NEED TO IMPROVE PSYCHIATRIC ATTENTION FOR CHILDREN, YOUTH AND GERIATRIC POPULATION.

BUT…WHO IS IN CHARGE OF THE SEVERE MENTAL ILLNESS IN SPAIN?

- INFORMAL CARERS: ALMOST ALL OF THE TOTAL
- THE PROFILE OF THE CARER IS A WOMAN (MOTHER OR WIFE), -56 YEARS OLD, HOUSE WIFE, MEDIUM-LEVEL EDUCATION AND WITH AN IMPORTANT PSYCHIATRIC MORBIDITY.

AND WHAT TO EXPECT FROM THE CARER?

- ALL:
- GENERAL CARE OF THE PATIENT
- WITH CONTROL OF THE ADHERENCE TO THE TREATMENT AND
- MOBILIZATION INCLUDING PERSONAL HYGIENE, AND IN SOCIAL AND, IF POSSIBLE, LABOUR RELATIONS… AND OF COURSE…
- CONTROL OF THE DISRUPTIVE BEHAVIOURS

WHAT ARE THE CHARACTERISTICS OF THE PERSONS WITH SEVERE MENTAL ILLNESS?

(NOWADAYS IN SPAIN)

- THEY HAVE BETTER PHYSICAL HEALTH WITH
- INCREASE OF THEIR LIFE EXPECTANCY.
- THEY DEPEND MAINLY ON THEIR FAMILIES
- WITH SCARCE OR NO RELATIONAL, ECONOMIC AND LABOUR AUTONOMY BUT
- THEY ARE IN LESS NEED OF HOSPITAL ADMISSION COMPARED TO OTHER SIMILAR COUNTRIES (Salvador Carulla and cols. 2005)

SOME CRITICAL ASPECTS THAT ESPECIALLY AFFECT THE SEVERE MENTAL ILLNESS

- THE LACK OF COMMUNITY RESOURCES MAKES THE FAMILY RESPONSIBLE FOR MAINTAINING THE PATIENTS INSIDE THE COMMUNITY
- THE EXISTENCE OF MULTIPLE DEVICES AND PROGRAMMES MAKES THE COORDINATION DIFFICULT AND
- THERE IS A LATE ACCESS TO REHABILITATION SERVICES
- AND THERE IS A CLEAR LACK OF HOME-BASED INTERVENTION MEANS.

AO in Spain

- Nowadays, attention to SMI in Spain is undergoing a considerable transformation. But only 4 of the 17 Autonomic Communities (Andalucía, Asturias, the Canary Islands and Navarra) have closed their psychiatric hospitals as our General Health Law stated in 1986 (25 years ago!).

- We strongly believe that as long as attention devoted to SMI remains mainly focused on Mental Health Centers, domiciliary interventions will remain at a very low level.

AO in Spain

- On one hand, there are several regions where domiciliary interventions with SMI are delivered only by the Social Services staff.
- From our point of view, this way of delivering services might be only useful for providing care but not treatment.
- Our General Health Law states that psychiatric rehabilitation has to be developed by Health Services with the support of Social Services and not vice versa
- We strongly propose AO in our country as the most effective delivery model for providing a comprehensive treatment, rehabilitation and support services to persons with SMI .

AO in Spain

- On the other hand, good results obtained by the AO team of Avilés SINCE 1999 have encouraged many policymakers to include AO in their MH Services.

  "The Avilés Model" has been a guide for implementing AO in some cities all over the country. Nowadays, In Spain are working, as far as we know, 30 AO teams

  Three AO teams for homeless in Madrid, Barcelona and Málaga, one AO team for EPI in Gerona and one Crisis Resolution Team in Sagunto (Valencia)

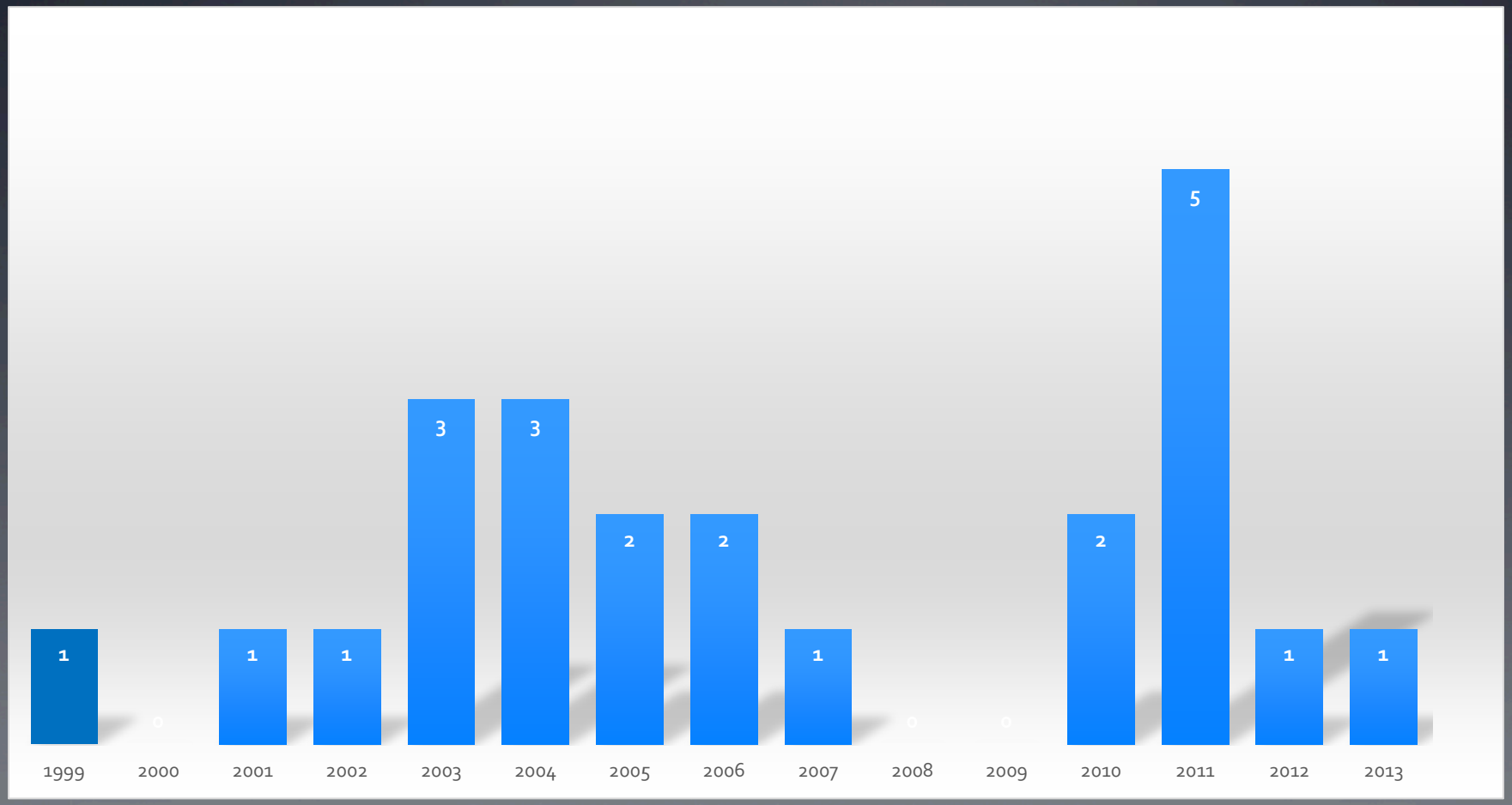
Situation


Burela
Avilés
Oviedo
Bilbao
La Coruña
Ferrol
Lugo
Vitoria
Santiago de Compostela
Orense
Valdeorras
Monforte
Vigo
Barcelona
Zamora
Valladolid
Segovia
Madrid
Sagunto
Valencia
Ibiza
Albacete
Murcia
Lorca
Cartagena
Sevilla
Almería
Málaga
Jerez de la Frontera
Puerto Santa María
Santa Cruz de Tenerife
Las Palmas
Image Landsat
Data SIO, NOAA, U.S. Navy, NGA, GEBCO
Map Data © 2013 AND

Data Analysis

- STARTING DATE
- Not all ACTTs in Spain began to operate at the same time; instead, great differences between regions were found.
- All of them have been developed over the past 14 years, since 1999, when Aviles ACTT started, to the most recents, opened this year in Mallorca, which teams are in building phase.
- Most of them began to operate in 2011, when a 21.7% were developed.

New Teams. Start year



CONCLUSIONS

- 1.-There are 32 ACTTs working in Spain currently
- 2.-More than half of them have one or two psychiatrists in their structures, they have not any psychologist, they have from 1 to 4 nurses, they have some social worker, but they have not any educator or administrative assistant.
- 3.-All Spanish ACTTs studied make meetings both for internal coordination and monitoring patients.

Conclusions

- 4- The most frequent is that Spanish ACTTs make intensive monitoring reviews of patients in the community.
- 5.- There is great variety regarding the professionals who carry out the monitoring of patients.
- 6- The individualized treatment program is developed by the professionals of the team in almost all ACTTs.
- 7- All the studied Spanish ACTTs offer to their users to contact them by phone as part of their assistential activity.
- 8- The main reasons for phone contact in most of ACTTs are: cancel and request consultations, urgencies, ask for support and also is used by the users' relatives to ask for support.

Conclusions

- 9- All studied ACTTs make coordinations with the institutions/services of the community through meetings with them.
- 10- The most frequent in ACTTs is to provide assistance to referred patients in less than a week.
- 11- All ACTTs respond in an emergency going where the patient is as soon as possible.
- 12- There is a great variety among the Spanish ACTTs about which professionals should carry out each assistential activity.

Conclusions

- 13- The ACTTs in Spain don´t offer an availability of 24 hours a day all week. The most frequent here is to offer an availability of 8 hours a day the five business days.

- 14- It is important to remember that multidisciplinary teams are characterized by having different professionals who enhance the treatment of the patient and not by having the professionals doing their job and someone else's.

Two important papers

- A solution to the ossification of community psychiatry
  Peter Tyrer
- The Psychiatrist (2013), 37, 336-339, doi: 10.1192/pb.bp.113.042937

Important paper

- **Specialisation and marginalisation: how the assertive community**
- **treatment debate affects individuals with complex mental health needs**
- Alan Rosen, Helen Killaspy and Carol Harvey
  The Psychiatrist Online 2013, 37:345-348.

SERVICIO DE SALUD
DEL PRINCIPADO DE ASTURIAS

The Avilés Model as a guide for ACT implementation in Spain

This is Spain and this is Asturias

ASTURIAS

Is a industrial region in the north of Spain with a million population and a beautiful landscape. Avilés is one of its main cities with 160.000 inhabitants.

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The facilities we have for Mental Health care in Avilés are:

- Two MHC for adults
- One MHC for children and youth
- Unit of Addictive Behaviours
- Hospitalization Unit (16 beds)
- Psychosocial Rehabilitation Unit (20 beds)
- One ACT team.

In 2002 Asturias closed the Psychiatric Hospital

Our ACT team is formed by:

Two psychiatrists (one of them also working in UR)

Four university qualified nurses.

Three nursing assistants.

Two social workers (partial dedication)

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ACT team internal organization

- **Our team provides services from Monday to Friday, from 8 until 15 hours.**
- This is our main weakness.
- The psychiatrist is the CLINICAL LEADER while a nurse leads the organization of the team

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sespa
Servicio de Salud
Principado de Asturias
16V
LAND ROVER

KEY POINTS OF ACT IN SPAIN

1) Team depending from Health Services

2) Public Funding

3) Self-governed but strong relationship with other facilities

4) Continuity and comprehensiveness care. Recovery orientated

5) Adressed to patients diagnosed with psychosis mainly

AVILÉS MODEL

6) Team members spend 80% of their time in the community

7) Home visits always made by a couple of workers

8) Key workers: psychiatrist, nurse, social worker

9) Staff patients ratio 1/15

10) Strong coordination with Therapeutic Communities (facilities attending users during 24 hours-day)

THE AVILES MODEL…

Is a rehabilitation-oriented model, based on the ACT model by Stein & Test but different in some ingredients.

We are aware that the Avilés Model has not been formally evaluated but naturalistic studies are encouraging.

On the other hand, our public, free, and universal mental health system is different than the U.S. one . And we have less resources in our MHS than NHS in UK.

We think that psychosocial interventions are inevitably influenced by culture, health system and other factors.

THE AVILES MODEL: A PROPOSAL

So, our model should be viewed as an adaptation of the ACT-AO-FACT model to fit into our health system to obtain the greatest outcomes.

But we know too, that scientific disagreements should be solved by data instead of by opinions. We are now working hard in the empirical confirmation of our proposal.

OUR ACTIVITY between1999-2015

Patients admitted.....201

Discharges.....41

Drop outs.....7

Family Decission.....3

Patient Decission.....4

Deaths.....12

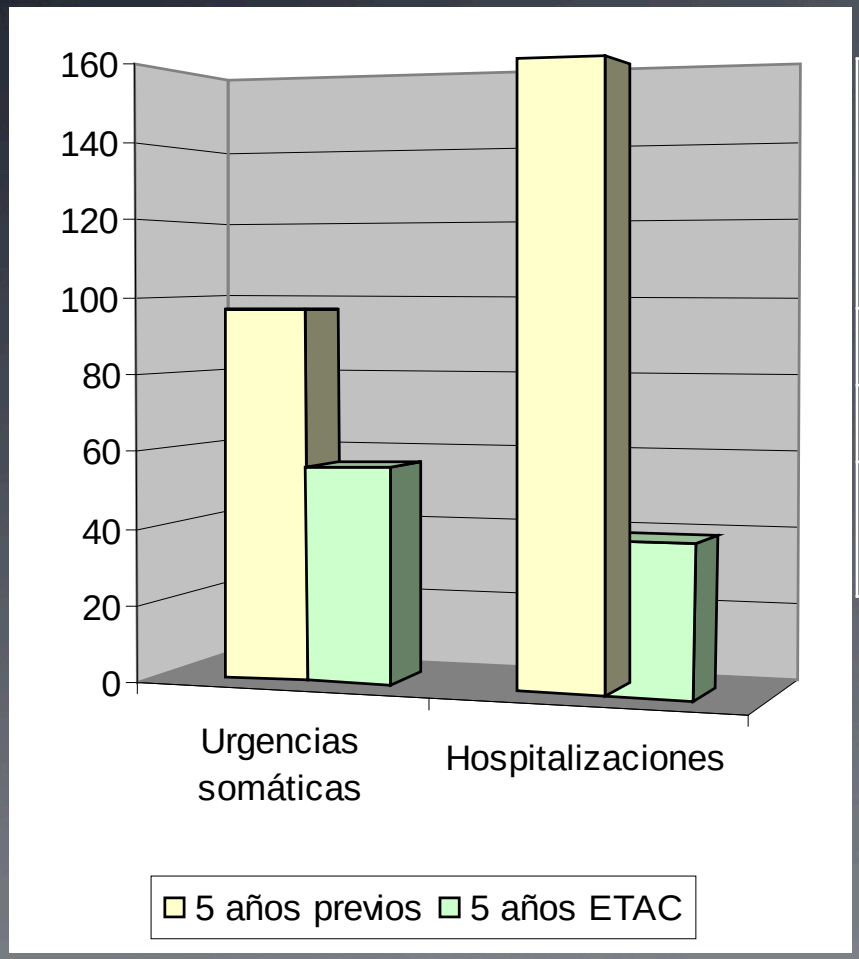
Suicides.....6

Patients in jail.....3

Patients in trouble with police....4

Compulsory admissions.....17

ACT, s activity with 35 patients during 5 first years (1999-2004)



	5 years before ACT	5 years after ACT
Emergencies	**97**	**56**
Hospitalizations	**160**	**39**
Days of hospitalization	**2628**	**711**

AO in Spain

- AO teams in Spain:
- conformed mainly by nurses, social workers and psychiatrists
- Caseload 15 patients each worker
- 80% of the interventions are carried out in the community
- Many difficults to give attention during 24 hours
- Close relationships with the other resources of the MHS

Our main success has been that…

- We got ACT included in the Spanish Plan of Mental Health delivered in 2007.
- Today, AO is the community intervention most demanded by users and carers in Spain (www.feafes.es)

Conclusions

- The finding across scientific evidence that people with SMI can be addressed in standard health and social resources according to a community care model like WHO states
- The demonstration that, against the dominant idea in the past, people with serious mental illness can achieve longstanding recovery.
- The appearance of the patient's home environment as the more privilegiated place of intervention to promote recovery from mental illness.

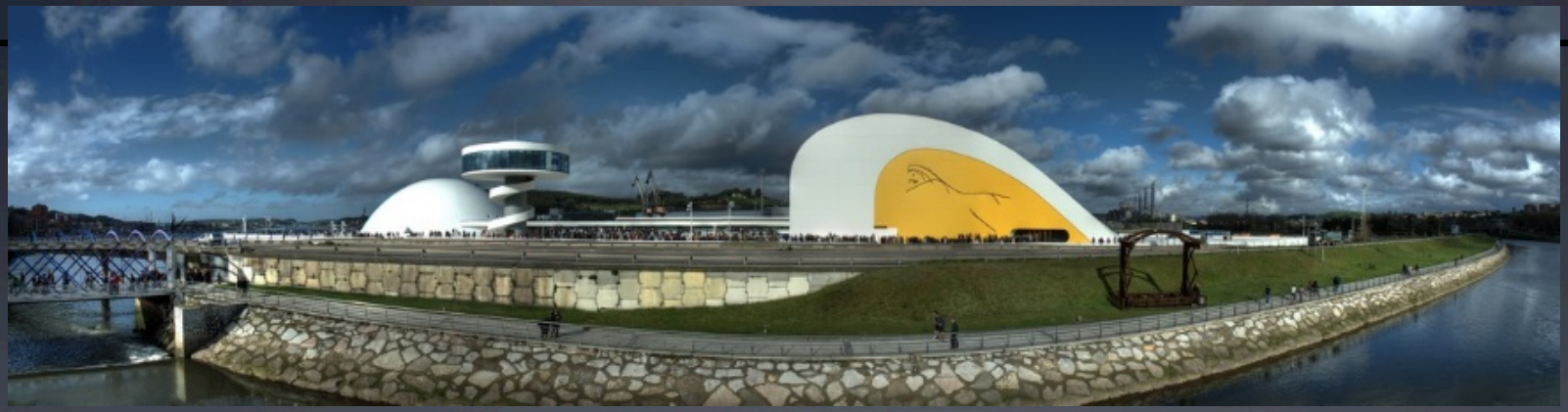
XII Spanish Congress in ACT

- 1-3th JULy, 2013
- AVILÉS, ASTURIAS, SPAIN

www.modeloaviles.com

www.simtacaviles2015.com

ACT team- Avilés



Thanks¡¡¡¡

ASSERTIVE COMMUNITY TREATMENT TEAM - AVILES