Crisis resolution and 
(Flexible) Assertive Community 
Treatment

Prof.dr. C.L. Mulder

No conflicts
The Dutch Emergency Psychiatry Model

• **Outreach crisis services 24/7**
  – Triage by MD and/or nurse
  – Usually on request of:
    • Primary care physician
    • Mental health professionals
    • Emergency room specialist in a general hospital
    • Police

• Few patients are seen in the
  – Emergency room in a general hospital
  – Emergency room in a psychiatric hospital
Reasons for referral to mobile emergency services in Rijnmond Region

Suicidality: 35%
Danger to others: 20%
Psychosis: 15%
Depression: 5%
Other: 10%
Rising numbers of involuntary admissions

Number per 100,000 citizens

Planned court ordered commitments

Emergency Commitments

Figure: J. Broer
Reduction of beds parallel to increase of involuntary admissions in UK

Keown et al. BMJ 2011
De Jong..Mulder et al. JAMA Psych 2016)
Crisis Resolution and Home Treatment in Mental Health

EDITED BY
Sonia Johnson, Justin Needle
Jonathan P. Bindman AND
Graham Thornicroft

Cambridge Medicine
Crisis Intervention for People With Severe Mental Illnesses

<table>
<thead>
<tr>
<th>Study or Subgroup</th>
<th>CRISIS Events</th>
<th>CRISIS Total</th>
<th>STANDARD Events</th>
<th>STANDARD Total</th>
<th>Risk Ratio M-H, Random, 95% CI</th>
<th>Risk Ratio M-H, Random, 95% CI</th>
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<tbody>
<tr>
<td>1.7.1 by 3 months</td>
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<tr>
<td>Johnson 2005</td>
<td>49 (95% CI)</td>
<td>135</td>
<td>86 (95% CI)</td>
<td>125</td>
<td>0.53 [0.41, 0.68]</td>
<td>0.53 [0.41, 0.68]</td>
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<tr>
<td>Subtotal (95% CI)</td>
<td>135</td>
<td>125</td>
<td>86</td>
<td>125</td>
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<tr>
<td>Total events</td>
<td>49</td>
<td>125</td>
<td>86</td>
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<tr>
<td>Heterogeneity: Not applicable</td>
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<tr>
<td>Test for overall effect: $Z = 4.96 \ (P &lt; 0.00001)$</td>
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<td>1.7.2 by 6 months</td>
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<td>Fenton 1998</td>
<td>37</td>
<td>63</td>
<td>30 (95% CI)</td>
<td>48</td>
<td>0.94 [0.70, 1.27]</td>
<td>0.94 [0.70, 1.27]</td>
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<tr>
<td>Johnson 2005</td>
<td>63 (95% CI)</td>
<td>134</td>
<td>94 (95% CI)</td>
<td>124</td>
<td>0.62 [0.51, 0.76]</td>
<td>0.62 [0.51, 0.76]</td>
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<tr>
<td>Subtotal (95% CI)</td>
<td>197</td>
<td>172</td>
<td>86</td>
<td>124</td>
<td>0.75 [0.50, 1.13]</td>
<td>0.75 [0.50, 1.13]</td>
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<tr>
<td>Total events</td>
<td>100</td>
<td>124</td>
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<tr>
<td>Heterogeneity: $\tau^2 = 0.07; \ Chi^2 = 4.99, df = 1 \ (P = 0.03); I^2 = 80%$</td>
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<td>Test for overall effect: $Z = 1.38 \ (P = 0.17)$</td>
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</table>
´´A third of CRHT teams do not function as gatekeepers to acute in-patient beds, whereas a report for the National Audit Office found around half of all discharges were not facilitated by CRHT services ˝

(Hunt et al. 2016)
Suicides in the context of CRHT?

- Suicide under CRHT now 3 x in-patient care
- 37% within a week
- 43% living alone

Source: NCI, 2015
Saying this..

• We believe CRHT are important

• Good clinical experiences

• Better ways of handling crises, and not only prevention of admission
Recovery takes time...
What is good quality (outpatient) care?
Motivation Paradox

Classic Assumption

Symptoms ↔ Distress ↔ Motivation

Motivation Paradox in SMI

Symptoms ↔ Insight ↔ Motivation

Mulder et al. SPPE 2013
Flexible ACT (FACT): a Dutch version of ACT (Veldhuizen 2007)

- For all patients with severe mental illness
- Integrated care (medical, psychol and social)
- Multidisciplinary team
- Increasing continuity of care
- Flexible response (2 levels of intensity: ACT and individual case management)
- Regional teams » social inclusion
- ‘Transmural’: linking hospital & community care
FACT (continued)

- Can provide almost all necessary interventions (biopsychosocial)
- Home- as well as office-based treatment
- 200 -250 patients
- 10 fte
- FACT Board
German Version of the FACT Manual

Flexible aufsuchend-nachgehende gemeindenahe Behandlung

Flexible Assertive Community Treatment (FACT)-Manual

Vision, Modell, Praxis und Organisation | J.R. van Veldhuizen und M. Bährer
Erstellung der deutschen Version durch V. Niehaus, A. Wüstner, M. Lambert

Universitätsklinikum Hamburg-Eppendorf

ESPRI
Epidemiological and Social Psychiatric Research institute
Development of FACT in NL

• No other organisational model was implemented so fast

• >350 certified teams for 17 Million people

• Number are increasing
Situation in the Netherlands

• Usually general F-ACT teams
• Some specialty (F)ACT-teams
  – Addiction
  – Personality disorders
  – Forensic
  – Intellectual disability
  – Early Psychosis
  – Youth
Reasons for success

- Professionals like it
- Clients and families like it
- Managers like it
- Insurance companies think it is better quality of care
- Despite lack of scientific evidence
Trends in the Netherlands

• Integration of (very) specialized outpatient clinics into the FACT model for example trauma, anxiety, depression
Flexible Assertive Community Treatment

FACT-Qualitätssicherungsskala
Netherlands: high FACT fidelity

- Medication
- Presence of required medical staff
- (shared) Caseload
- Outreach
Netherlands: low FACT fidelity

- Treatment of somatic comorbidity
- Peer support in the team
- IPS

- Good diagnostics
- Psychological treatment
- Working with families
Attention to Intellectual Disability

• 50% of patients in FACT teams had IQ < 85

(Nieuwenhuizen, Noordhoorn, Naarding Nijman, Mulder, PlosOne 2016)
Attention to Trauma

Post-treatment
PE vs WL: $d = 0.78$
EMDR vs WL: $d = 0.65$

6-month FU
PE vs WL: $d = 0.63$
EMDR vs WL: $d = 0.53$

T0-T2  T0-T6
-31.8   -32.9
-31.8   -33.3
-11.6   -16.2

*Estimated means (LMM)

Vd Berg et al. JAMA Psychiatry 2013
Working with families.....
Resource Groups
RG: the evidence

• Trial on RACT in Gotheborg: effects on symptoms and functioning (Malm et al).

• RCT on effects of RG starts in 2017 in the Netherlands
FACT

- Caregivers
- Consumer
- Social team
- Others
RG Phase I

FACT

Caregivers

Social team

Others
RG: Phase II

FACT

Social team
Caregivers
Others
GP/POH
Conclusions

• FACT is a promising model for providing integrated, home based treatment and care

• Yet, we see a quality gap

• From “FACT Light -> FACT Right”