CRISIS INTERVENTIONS AND ASSERTIVE OUTREACH MODELS: WHAT HAVE WE ACHIEVED

René Keet Hamburg
September 13th 2017
I have no potential conflict of interest to report
OUTREACH, CRISIS AND OTHER TEAMS

- SPEC OUTPATIENT CLINIC
- ACT
- FLEXIBLE ACT
- SHELTERED HOUSING
- ACUTE WARD
- ACTIVITY CENTERS
- DUAL DIAGNOSIS TEAMS
- REHAB
- CRISIS TEAM
- IHT
INTEGRATED CARE: COMMUNITY MENTAL HEALTH CARE

OUTREACH, CRISIS AND OTHER TEAMS
SIX PERSPECTIVES

1. ETHICS
2. PUBLIC HEALTH
3. RECOVERY
4. EFFECTIVENESS
5. NETWORK
6. PEER EXPERTISE
TOTAL INSTITUTIONS

COMPULSORY

VOLUNTARY

VIOLATION OF HUMAN RIGHTS

HELPFUL?
DEINSTUTIONALISATION ON USA

- REVOLVING DOOR
- STREET / JAIL
- RECOVERY
HUMAN RIGHT

UN GENERAL ASSEMBLY 2007

- LIVE AND PARTICIPATE IN THE COMMUNITY
- RIGHT TO EDUCATION
- RIGHT TO HEALTH
- RIGHT TO EMPLOYMENT AND SOCIAL PROTECTION
2. PUBLIC HEALTH

ADDRESSING THE NEEDS OF THE POPULATION
1 PUBLIC HEALTH PERSPECTIVE: ACCESSIBILITY, NEEDS BASED
NEEDS OF THE ENTIRE POPULATION

WORK IN A WELL DEFINED AREA
- SMALL ENOUGH FOR PRESENCE, LARGE ENOUGH FOR MULTIDISCIPLINARY TEAM

TEAM DOCUMENT:
- RESOURCES
- DEMOGRAPHICS
- NEEDS ASSESSMENT
- STAKEHOLDERS
PUBLIC HEALTH: STIGMA CONTACT TLC3

- Targeted (eg employers)
- Local
- Contact between people with and without mental illness
- Credible: clients in the lead
- Continuous
3. RECOVERY

BUILDING ON PERSONAL GOALS AND STRENGTHS
YOUR JOURNEY

RECOVER YJOURNE
RECOVERY
SYMPTOMS
FUNCTIONING
IDENTITY
RECOVERY

SYMPTOMS

FUNCTIONING

IDENTITY
4. EFFECTIVENESS

INTERVENTIONS BASED UPON NEEDS
Oil and Water or Oil and Vinegar? Evidence-Based Medicine Meets Recovery

Larry Davidson · Robert E. Drake · Timothy Schmutte · Thomas Dinzeo · Raquel Andres-Hyman
EFFECTIVENESS > EVIDENCE BASED

- BE WELL DEFINED (FIDELITY SCALE)
- REFLECT CLIENT GOALS
- BE CONSISTENT WITH SOCIETAL GOALS
- SCIENTIFIC EVIDENCE OF EFFECTIVENESS
- DURABLE OUTCOMES
- MINIMAL SIDE EFFECTS
- REASONABLE COSTS
- ADAPTABLE TO DIVERSE COMMUNITIES/SUBGROUPS
- EASY TO IMPLEMENT

BOND DRAKE AND BECKER 2010
EFFECTIVE INTERVENTIONS: RECOMMENDED

PSYCHOPHARMACOLOGY
COGNITIVE BEHAVIORAL THERAPY
MOTIVATIONAL INTERVIEWING
E-HEALTH, M-HEALTH: E-COMMUNITY
IPS/ HOUSING FIRST
5. NETWORK

A WIDE NETWORK OF SERVICES AND RESOURCES
NETWORK

SELF-HELP

RESOURCES GROUP

COMMUNITY SERVICES

MENTAL HEALTH CARE

PERSON
LEAP OF FAITH
INDIANA JONES AND THE LAST CRUSADE (1989)
GRAND CANYON SKYWALK
ARIZONA, USA
NETWORK MENTAL HEALTH SERVICES:

ESSENTIAL FUNCTIONS/TEAMS:

- PREVENTION
- EARLY DETECTION
- TREATMENT AND OUTREACH NEW CASES
- TREATMENT AND OUTREACH LONG TERM CASES
- CARE FOR THE HARD TO ENGAGE
INTEGRATION WITHIN MENTAL HEALTH SERVICE

MILD, MODERATE AND SEVERE MENTAL ILLNESS

DUAL DIAGNOSIS

MEDICAL AND SOCIAL INTERVENTIONS

• INDIVIDUAL PLACEMENT AND SUPPORT
• HOUSING FIRST

COMMUNITY CARE AND HOSPITAL CARE AND COMMUNITY CARE AND
6. PEER EXPERTISE

PATIENT IS COCREATOR OF CARE
PATIENT IS COCREATOR

INDIVIDUAL LEVEL
- TREATMENT, SHARED DECISION MAKING

SYSTEM LEVEL
- TEAM

POLICY LEVEL
- SERVICE, GOVERNMENT

NOTHING ABOUT US WITHOUT US
PEER EXPERTISE

EXPERIENCE → PEER
KNOWLEDGE → PEER EXPERTISE

PEER WORKER IN TEAM: TRAINING

PEER KNOWLEDGE AND EXPERTISE OF OTHER PROFESSIONALS
<table>
<thead>
<tr>
<th>PERSPECTIVES</th>
<th>PRINCIPLES</th>
</tr>
</thead>
<tbody>
<tr>
<td>ETHICS</td>
<td>HUMAN RIGHTS UNDERLYING ALL PUBLIC HEALTH</td>
</tr>
<tr>
<td>PUBLIC HEALTH</td>
<td>POPULATION, NATIONAL USE OF</td>
</tr>
<tr>
<td>RECOVERY</td>
<td>PATIENT JOURNEY, BUILDING ON PERSONAL GOALS AND STRENGTHS, HELP NOT HINDER</td>
</tr>
<tr>
<td>EFFECTIVENESS</td>
<td>RECOMMENDED INTERVENTIONS, EFFECTIVE INTERVENTION</td>
</tr>
<tr>
<td>NETWORK</td>
<td>COMMUNITY NETWORK A WIDE NETWORK OF SERVICES AND RESOURCES, INTEGRATION</td>
</tr>
</tbody>
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What Have We Achieved?

**Ethics**

Little: limited life expectancy/competitive jobs/participation in community life

**Public Health**

Little, insufficient focus, underestimation of importance

**Recovery**

Hope: paradigm shift, risk of window dressing

**Effectiveness**

Hope: start of paradigm shift in research, risk of divided camps

**Network**

A lot: models for organisation of community mental health
WE HAVE A LONG JOURNEY OF HOPE TO GO
Do you want to be added here as well?
Special thanks to
THANK YOU FOR YOUR ATTENTION!

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