

Experiences with Assertive Community Treatment for people with severe mental illness in Norway



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This presentation



- What is Assertive Community Treatment (ACT)?
- ACT in Norway – background
- The research based evaluation of the first 12 ACT teams
- Results from the evaluation
- Implications and status 2019

Assertive Community Treatment (ACT)

- **Madison, Wisconsin 1970s:** Len Stein, Mary Ann Test and colleagues
 - Deinstitutionalisation – asylums were closing
 - Severe mental illness
 - Recurring admissions in mental hospitals
- **NICE Guidelines** (Schizophrenia 2010, pg 338):
 1. to keep people with serious mental health problems in contact with services
 2. to reduce hospital admissions
 3. to improve outcomes (particularly quality of life and social functioning)

Assertive Community Treatment (ACT)

- «Moving staff from hospitals to the community»
- Multidisciplinary team (team leader, psychiatrist, [psychiatric] nurses, co-occurring disorder [COD] specialist, employment specialist, peer specialist)
- 24/7 services
- Wide range of services (e.g. psychiatric services, social services, support social network, employment services, «housing first», «illness management and recovery – IMR»)

Effective components

ACT is a well documented service delivery model and an arena for evidence based interventions for treatment and follow-up

1. Low caseload
2. Regular home visits (continuity)
3. Most of visits are out of office
4. Responsible for all services
5. Multidisciplinary
6. Psychiatrist

ACT in Norway - improving services

- After 10 years of resources and funding allocated to improve mental health services many people with severe mental illness were still struggling to have their needs met (*IS 1554 Directorate of Health*)
- **2009:The Coordination Reform**
 - “Proper treatment – at the right place and right time”
 - Implementation of ACT to improve services and to ensure continuity
- ACT is one of the best documented complex service delivery model for people with severe mental illness, severe comorbidity, impaired functioning, in need of services from different providers (health and social welfare)

ACT in Norway – research based evaluation



- Funded by Directorate of Health
- 12 teams, 338 patients included
- 142 patients participated in research
- Follow-up first 2 years in ACT
 - *Clinician-rated and self-report questionnaires
 - *Public registers
 - *Interviews («users ask users», relatives, team members, other professionals)
- Compared to non-participants
 - *Fewer with co-occurring substance abuse
 - *Less severe symptoms
 - *Better functioning

ACT in Norway – results (1)

At baseline – starting up with ACT (N=142)

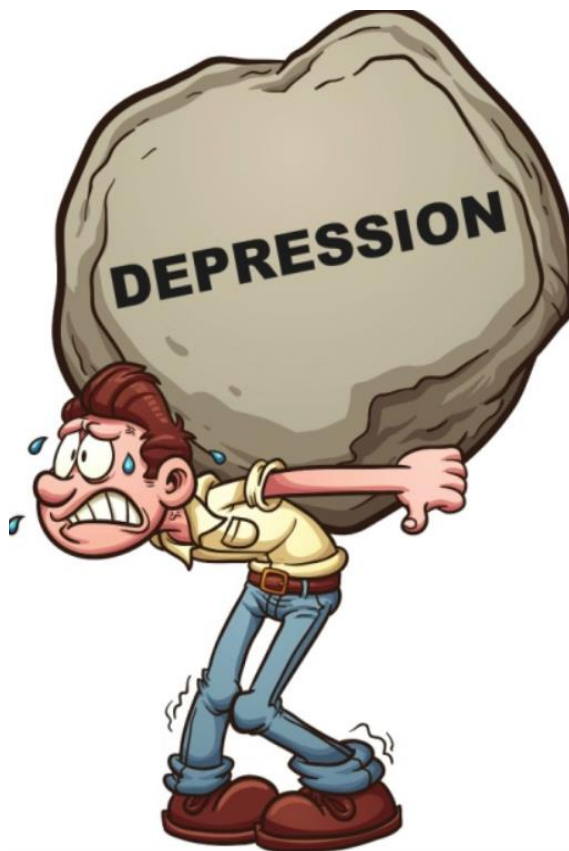
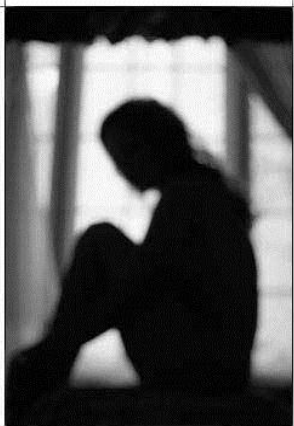
- Most participants had schizophrenia, other psychotic disorders, or bipolar disorder (>90%)
- Approximately 2/3 had severe ongoing substance use problems
- Severe symptoms (GAF symptom score: 41 – reality testing, delusions, etc.)
- Severe impairment in functioning in most areas (everyday practical and social functioning)
- Mixed satisfaction with quality of life

ACT in Norway – results (2)

After two years with ACT

- Improved living situation (↓ homeless, ↑ private/public housing)
- Less severe symptoms (GAF-S 41 → 45)
- Higher level of functioning (GAF-F 40 → 43)
- Fewer had problematic use of substances (AUDIT/DUDIT 59 → 51%)
- More satisfied with life in general (MANSA1 4.13 → 4.41)

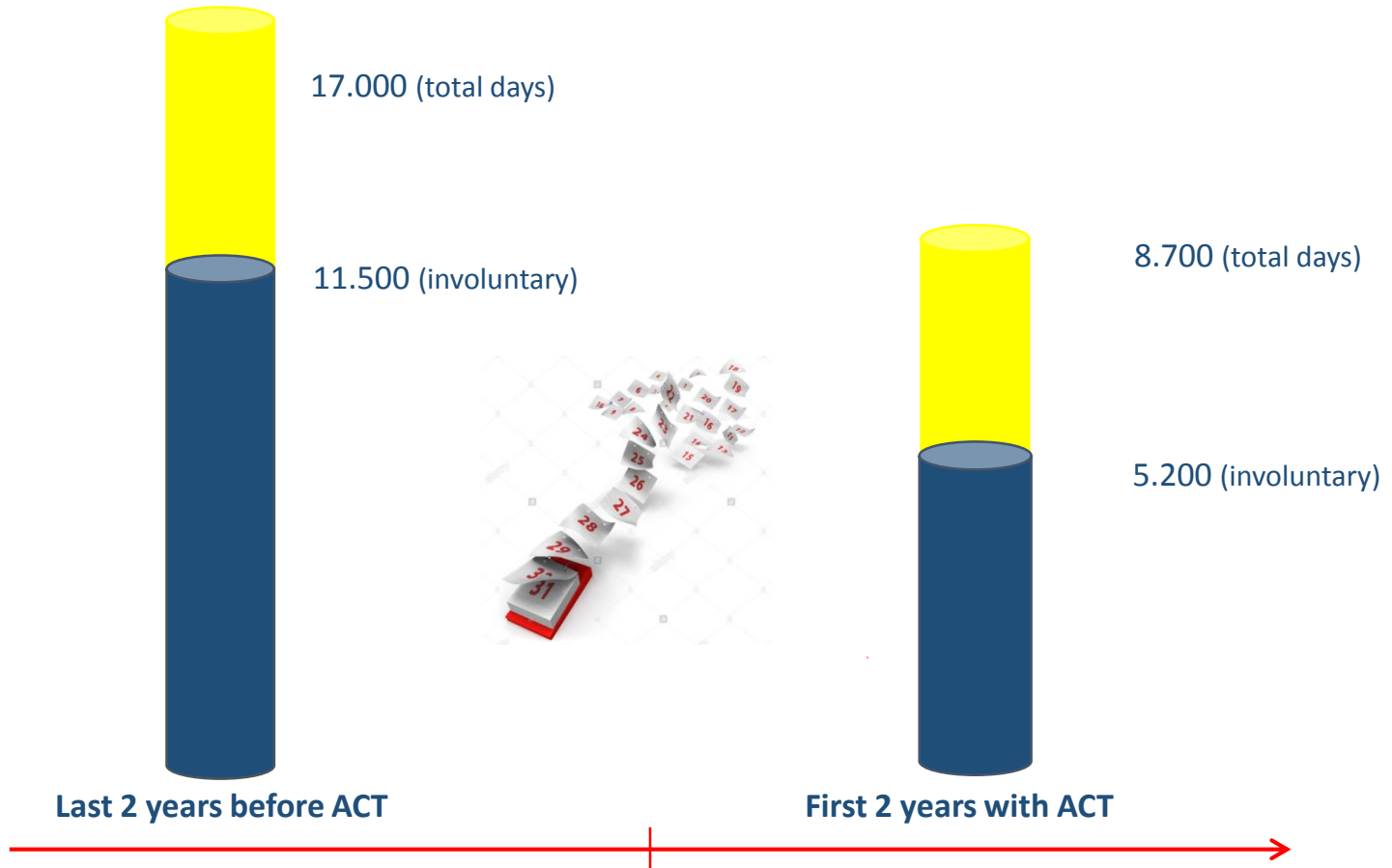
Subjective quality of life



↓ **Quality of life**

↑ **Quality of life**

Inpatient days in mental hospitals



ACT in Norway – results (3)



Community Ment Health J
DOI 10.1007/s10597-016-9994-5



BRIEF REPORT

Are Users Satisfied with Assertive Community Treatment in Spite of Personal Restrictions?

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Received: 13 April 2015 / Accepted: 27 January 2016
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- «Users ask users» - interviews, 70 participants
- General high satisfaction with ACT services
 - Types of services (e.g. support, treatment, practical help)
 - Organization of services (e.g. outreach, multidisciplinary)
- Relationship with primary contact: high satisfaction
- Participants believe in recovery for themselves and express positive thoughts about future
- Patients under Involuntary Outpatient Treatment (IOT/CTO) more satisfied

ACT in Norway – results (4)

Relatives (N=36):

- In general: satisfied with the help from ACT for their relative and for themselves
- In particular: amount of help, outreach services, more team members in contact with their relative
- However: relatives still feeling excluded and helpless

Team members (from all twelve teams):

- Positive experiences with working according to the ACT model in Norway
- Possibility of long-term, outreach, and flexible follow-up – they have time to build strong relationships with their patients

Collaborating partners (from four teams):

- ACT teams build bridges between and coordinate services, represent continuity, availability, build strong and trustful relationships with patients

ACT in Norway – summary

- 2009: ACT was introduced (one pilot team in 2007)
- First 12 teams were included in the research based evaluation, 142 of 338 patients participated
- The ACT teams were able to recruit the intended target group
- Small but significant improvements in most areas after 2 years in ACT and half the inpatient days, including involuntary, despite severe ongoing substance use
- All sources are positive (with nuances) of ACT model

ACT in Norway – implications and status 2019

- ACT can be successfully implemented in Norway (fidelity to the model)
- High satisfaction amongst patients (participants), relatives, team members, and professionals from other agencies
- BUT: ACT represents new service organisation in Norway and there is a need for similar services to reach other populations – Flexible ACT
- Status in Norway today:
 - 8 ACT teams, 26 FACT teams, 26 ongoing FACT pilot projects, 63 FACT projects in start-up
- Clinical pathway for psychosis: assessments, treatment, follow-up: (F)ACT model

Thank you for your attention



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