

# Implementing a FACT Model of Treatment in a Rural Setting

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# What is FACT?

- Flexible Assertive Community Team
- Developed from the ACT model in the Netherlands
- Target group:
  - Serious mental illness
  - Often substance misuse
  - Housing problems
  - Often readmissions
  - Does not want contact with services
  - Etc

# What is FACT?

- Outreach team
- Switches between individual case management and more intensive shared follow up dependent on current functioning
- Multi-disciplinary team:
  - Peer support
  - Psychiatrist
  - Psychologist
  - Nurses
  - Social workers
  - And more
- Daily meetings to discuss those patients in more need of intensive follow-up

# What is FACT?

- Developed in a more urban setting
- Short distances
- Access to a variety of services and professionals

# National Policy

- Since 2010
- Encourage establishment of either ACT or FACT teams in the whole of Norway
- Project funds available
- National training

# Criteria for Establishing a FACT Team

- Catchment area population at least 50 000
  - Dependent on the target group
- Minimum 200 patients in a FACT team
- Maximum 1 hour away from services (Urban)
- Access to:
  - Psychiatrist
  - Psychologist
  - Nurses
  - Social workers
  - Peer support

# Salten DPS's Catchment Area

- 12 municipalities
  - 2 island communities
  - 3 hour drive away from SDPS
  - Population from 650 to 50 000
  - Large variation in available health professionals in the municipalities

# Salten DPS's Catchment Area

- Salten DPS
  - Outpatient services
    - Psychosis Team
    - Polyclinic
    - Crisis intervention team
  - Inpatient services
    - 2 general psychiatric wards with 10 beds each
- Nordland Hospital trust
  - Acute wards
  - Rehabilitation & secure wards
  - Psycho geriatric ward
  - And more



# North Salten

- Hamarøy & Steigen municipalities
  - 3 hour drive from Bodø
- Population 1780 & 2556
- Farming and fishing

# Challenges

- Long distances
  - Within the municipalities
  - From the hospital services (eg psychiatrist)
  - Difficult for assertive services
- Lack of a variety of resources
  - Qualified staff
  - Crisis services
  - GPs

# Solutions

- Skype meetings
- Psychiatrist on a consultative basis
- Use of Skype for patient consultations