INNOVATION Awards 2013

Connecting Minds
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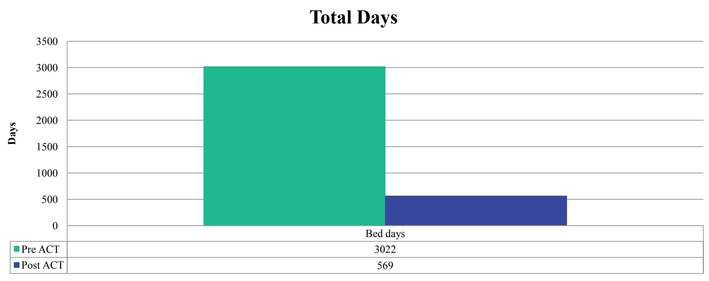
Implementing an Assertive Community Treatment Team to support consumers with a serious mental illness to live a life of their choosing in the community – Minister for Mental Health Award for Excellence in the Provision of Mental Health Services

Introduction

2012 saw the development and redesign of a community mental health team in direct response to the needs of consumers severely impacted by the effect of their mental illness.

An Assertive Community Treatment (ACT) team was established to work collaboratively and intensively with consumers to support them to live a fulfilling life in the community and reduce the number and length of hospital admissions.

After 12 months of implementation, an evaluation of outcomes achieved has shown a dramatic decrease in days in hospital and number of admissions for consumers supported by this team.



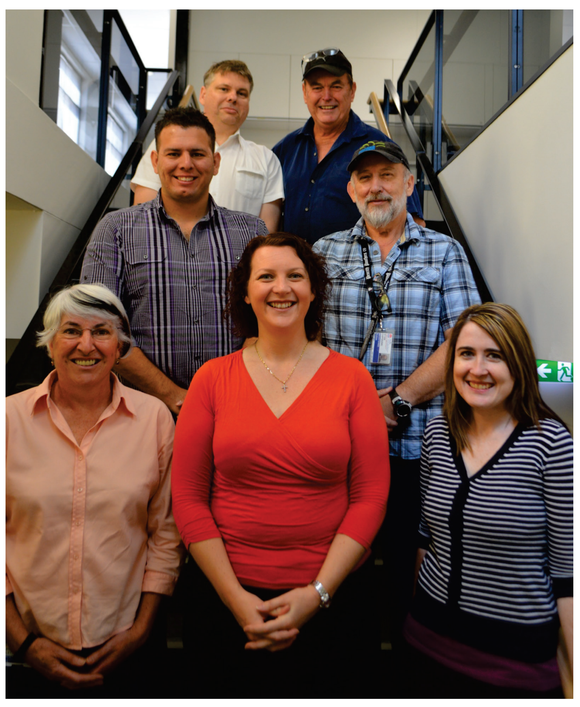
	Bed days
Pre ACT	3022
Post ACT	569

Total hospital bed days decreased

Aim

The aims of the ACT team are to:

- support people with a serious mental illness to live a fulfilling life in the community
- build rapport and engage with consumers to meet their needs
- reduce acute health service usage and therefore increase the time that people spend in their own environment
- improve psychosocial functioning that may have previously led to relapse of mental illness



Helen Hallett , Bethany Pade, Kirrily Warner, Enrique Albornoz, Stanley Capouski, James Adrigan, and Colin Rath
Absent from Photo: Joanna Luczak-Kaczynska

Method

Core principles of the ACT model were identified and a plan established to work as close to the model as possible incorporating available resources. Regular reviews using the ACT Fidelity Scale guided improvements during service set-up.

Practices implemented to ensure quality of services provided include:

- daily team meetings
- interactive case reviews with reflection on collaborative care planning
- creation of Clinical Lead position to guide practices of the team
- team management of consumers (distinct from normal case management as consumers have a primary clinician and significant team input utilising skills of multiple staff and promoting continuity of care when staff are on leave)
- identification of community resources available to support consumers, and network and build partnerships with these services to improve access
- liaison with other streams of the mental health service to ensure appropriate and comprehensive service provision when required by consumers

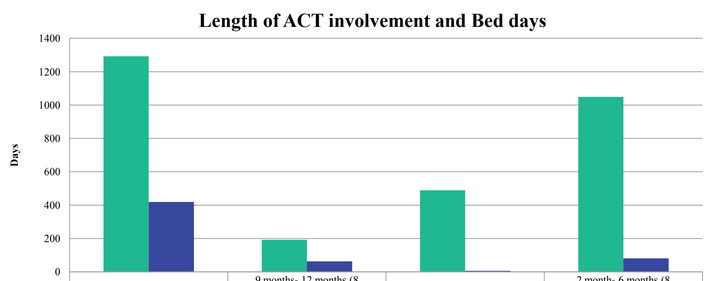
Results

Key outcomes achieved after the first year in comparison to the year prior to implementation include:

- bed days reduced from 3022 to 569
- admissions reduced from 75 to 32
- average admitted bed days per consumer reduced from 79 to 15 days

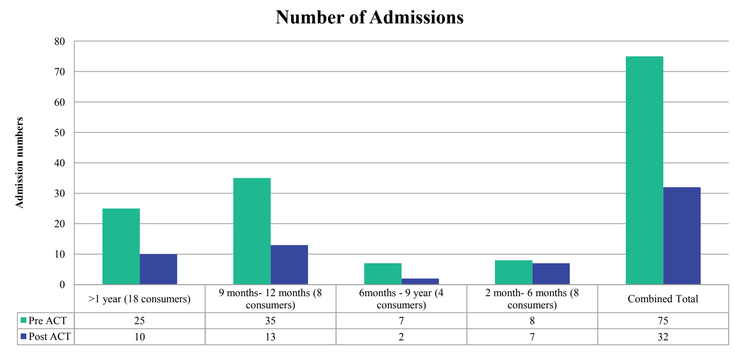
Other outcomes include:

- consumer participation with services and less reliance on Community Treatment Orders to enforce treatment and engagment with clinicians
- consumers developing and working towards goals
- improved functioning and interaction in the community
- positive feedback ie Police report reduced involvement with certain consumers
- in-reach to inpatient units and working with consumers to improve their experience when needing acute mental health services
- greater staff satisfaction



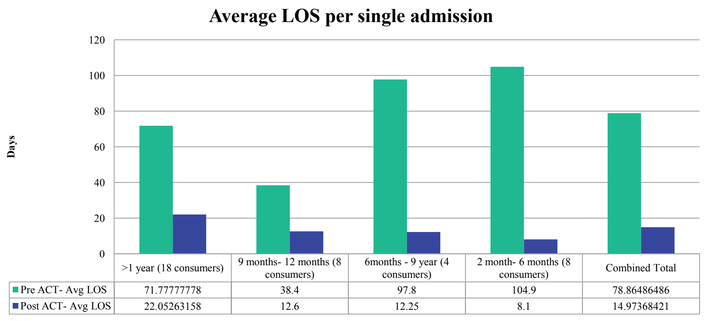
	>1 year (18 consumers)	9 months- 12 months (8 consumers)	6months - 9 year (4 consumers)	2 month- 6 months (8 consumers)
Pre ACT	1292	192	489	1049
Post ACT	419	63	6	81

Number of hospital bed days decreased



	>1 year (18 consumers)	9 months- 12 months (8 consumers)	6months - 9 year (4 consumers)	2 month- 6 months (8 consumers)	Combined Total
Pre ACT	25	35	7	8	75
Post ACT	10	13	2	7	32

Number of admissions decreased



	>1 year (18 consumers)	9 months- 12 months (8 consumers)	6months - 9 year (4 consumers)	2 month- 6 months (8 consumers)	Combined Total
Pre ACT- Avg LOS	71.77777778	38.4	97.8	104.9	78.86486486
Post ACT- Avg LOS	22.05263158	12.6	12.25	8.1	14.97368421

Average Length of Stay decreased

The team was scored scored out of 140 using the ACT Fidelity Scale at four month intervals over the first year: at 4 months - 82, at 8 months - 95, at 12 months - 101

Improvements were due to implementing a team management approach; involving the team during admission and discharge from inpatient units; recruitment to vacant positions including the Clinical Lead; and with an increased focus on comorbid substance use.

Conclusion

NBMLHD is not unique in trying to meet the needs of consumers requiring intensive support from mental health services to maintain independent living.

With the implementation of a well-researched and evidence based model of community care, the NBMLHD team has shown that, even with reduced resources, great outcomes for consumers can be achieved.

This makes ACT a viable approach for adoption of services to meet the needs of consumers.

Acknowledgements

The ACT Team would like to thank the consumers we have worked with, and our management, which supported us to develop this service.

People are seen intensively in the community and their own homes

NSW GOVERNMENT Health
Nepean Blue Mountains Local Health District