Assertive Community Treatment: Reflections on Lessons Learned

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Goals/Objectives

- Define Assertive Community Treatment
- Identify essential elements of an ACT Team
- Identify the pillars of Community Psychiatry
- Discuss the operation of an ACT team during a pandemic
- Evaluate Role of ACT team during Civil Commitment
Assertive Community Treatment

- Evidence-based practice since 1970s
- Denationalization
- Madison, WI
- “Hospital without walls” team approach
- Ultimate in psychiatric tertiary prevention

Essential Elements of ACT

- Team approach using multidisciplinary staff with shared responsibility for clients
- Integrated services, in which the team is the provider of clinical and rehabilitative services
- Assertive individualized approach to treatment. Services provided during home visits or in various community locations
- Low patient to staff ratio
- Rapid access to services and crisis services 24/7
- Time unlimited
Members of the ACT Team

- An ACT team is required to have the following:
  - Team leader (licensed mental health professional)
  - Psychiatric care provider
  - Licensed mental health professional
  - Registered nurse
  - Co-occurring disorder specialist
  - Vocational specialist
  - Mental health certified peer specialist
  - Program administrative assistant

Assertive Community Treatment

- Initial goal is to reduce institutional care
- Emphasize recovery orientation; incorporate illness management and recovery services
- Service Delivery in the Community
  - Work in the Community allows more complete and accurate assessments
  - Patients highly value assistance with everyday problems
Psychiatric crises
Unnecessary psychiatric hospitalizations
Homelessness
Prevention of disability through early intervention

In 2001: > 25 RCT
Increases community tenure for patients with extensive psychiatric hospitalisations
Improves residential outcomes
  ▶ Reduction in homelessness
  ▶ Residential stability
Sustains engagement in treatment
Clients and their families express higher satisfaction with services
Enhances self-reported quality of life
Central Pillars of Community Psychiatry

Epidemiology
Public Health and Prevention
Financing
Recovery and Person-Centeredness
Advocacy

Further Adaptations and Reflections by an Assertive Community Treatment Team to Serve Clients with Severe Mental Illness During COVID-19

- Greg Couser, Monica Taylor-Desir, Susan Lewis, Telilah Greisbach
Patient Population

- 42 patients
- 100% - SPMI Diagnoses
- 74% - dual diagnoses
- 41% - active legal issues
- 15% - housing instability
- 38% - unemployed

Adjusting to the Pandemic

- Define and maintain essential services while limiting risk of contagion
  - Which patients have priority
  - Screening
  - Physical space
Table. Barriers and Enablers to Coronavirus Disease 2019 (COVID-19) Vaccine Access for People With Serious Mental Illness (SMI)

<table>
<thead>
<tr>
<th>Barriers</th>
<th>Solutions</th>
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<tbody>
<tr>
<td>Vaccine awareness and education</td>
<td>Mental health professionals should begin discussions with consumers about vaccinations for preventive health, addressing safety concerns, and vaccine misconceptions</td>
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<tr>
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<td>Develop vaccine education and awareness programs for people with SMI</td>
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<td>Discuss physical health comorbidities and risks of COVID-19 in an open and supportive manner with people with SMI</td>
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<td>Advocacy for vaccination programs within mental health services</td>
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<td>Policies</td>
<td>Early discussion within health care service networks about distribution and administration processes especially if there are specific cold chain requirements</td>
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<td>Emergency legislation or governmental recommendations to allow for short-term increases in clinicians to administer vaccinations</td>
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<td>Structural resources for a</td>
<td>Commence vaccination program for influenza while COVID-19 vaccine is being developed</td>
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<td>vaccination program</td>
<td>Align with existing preventive health programs such as smoking cessation and metabolic monitoring</td>
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<td>Engage peer workers to provide education about vaccine, including their own personal experiences about receiving vaccines</td>
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<td>Engagement to a vaccination</td>
<td>Release of vaccination program at, or in parallel with, public mental health clinics and mental health professionals’ offices</td>
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<td>program</td>
<td>Training for mental health professionals to deliver vaccine, where appropriate</td>
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<td>Outreach to at-risk individuals, where safe and feasible, including home-based visits to administer vaccine and/or transportation support for people with SMI to attend vaccination clinics</td>
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<td>Cost</td>
<td>Government and/or health insurance subsidy for vaccine with no cost to patient</td>
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<td>Adequate resourcing for mental health services if tasked with vaccine rollout</td>
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<tr>
<td>Monitoring of vaccination program</td>
<td>Work with immunization registries to identify people with SMI who are at risk or have not yet received vaccination</td>
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The Interface of ACT & Civil Commitment

- Assertive Community Treatment is Voluntary
- Civil Commitment: often involuntary

- What is the Role of ACT in Civil Commitment?
  - Pre-Petition Screening
    - Interview patient
    - Explore alternatives to commitment
    - Provide notice about rights
  - Interface with inpatient treatment team
  - Continuing Commitment if necessary