Assertive Community Treatment: Reflections on Lessons Learned

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Goals/Objectives

Define	Identify	Identify	Discuss	Evaluate
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	Role of ACT team during Civil Commitment

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Assertive Community Treatment

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

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Essential Elements of ACT

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- 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

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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

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Assertive Community Treatment

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- 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

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Assertive Community Treatment and Prevention

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- Psychiatric crises
- Unnecessary psychiatric hospitalizations
- Homelessness
- Prevention of disability through early intervention

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Assertive Community Treatment

- In 2001: > 25 RCT
- Increases community tenure for patients with extensive psychiatric hospitalizations
- 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

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Central Pillars of Community Psychiatry

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

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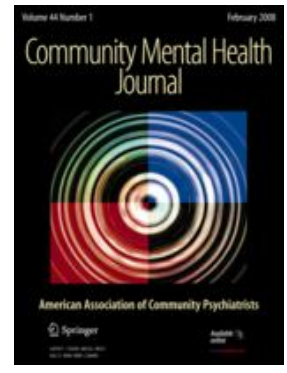
- Further Adaptations and Reflections by an Assertive Community Treatment Team to Serve Clients with Severe Mental Illness During COVID-19
  - Greg Couser, Monica Taylor-Desir, Susan Lewis, Telilah Greisbach
  - 2021 Oct;57(7):1217-1226. doi: 10.1007/s10597-021-00860-3. Epub 2021 Jun 19. PMID: 34146189; PMCID: PMC8214380.



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Patient Population

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

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Adjusting to the Pandemic

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- Define and maintain essential services while limiting risk of contagion
  - Which patients have priority
  - Screening
  - Physical space

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JAMA Network

From: **Maximizing the Uptake of a COVID-19 Vaccine in People With Severe Mental Illness: A Public Health Priority**JAMA Psychiatry. 2021;78(6):589-590. doi:10.1001/jamapsychiatry.2020.4396

Table. Barriers and Enablers to Coronavirus Disease 2019 (COVID-19) Vaccine Access for People With Serious Mental Illness (SMI)

Barriers	Solutions
Vaccine awareness and education	Mental health professionals should begin discussions with consumers about vaccinations for preventive health, addressing safety concerns, and vaccine misconceptions
	Develop vaccine education and awareness programs for people with SMI
	Discuss physical health comorbidity and risks of COVID-19 in an open and supportive manner with people with SMI
	Advocacy for vaccination programs within mental health services
Policies	Early discussion within health care service networks about distribution and administration processes especially if there are specific cold chain requirements
	Emergency legislation or governmental recommendations to allow for short-term increases in clinicians to administer vaccinations
Structural resources for a vaccination program	Commence vaccination program for influenza while COVID-19 vaccine is being developed
	Align with existing preventive health programs such as smoking cessation and metabolic monitoring
	Engage peer workers to provide education about vaccine, including their own personal experiences about receiving vaccines
Engagement to a vaccination program	Rollout of vaccination program at, or in parallel with, public mental health clinics and mental health professionals' offices
	Training for mental health professionals to deliver vaccine, where appropriate
	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
Cost	Government and/or health insurance subsidy for vaccine with no cost to patient
	Adequate resourcing for mental health services if tasked with vaccine rollout
Monitoring of vaccination program	Work with immunization registries to identify people with SMI who are at risk or have not yet received vaccination (subject to local data sharing laws)

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Central Pillars of Community Psychiatry

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- Recovery and Person-Centeredness
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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