



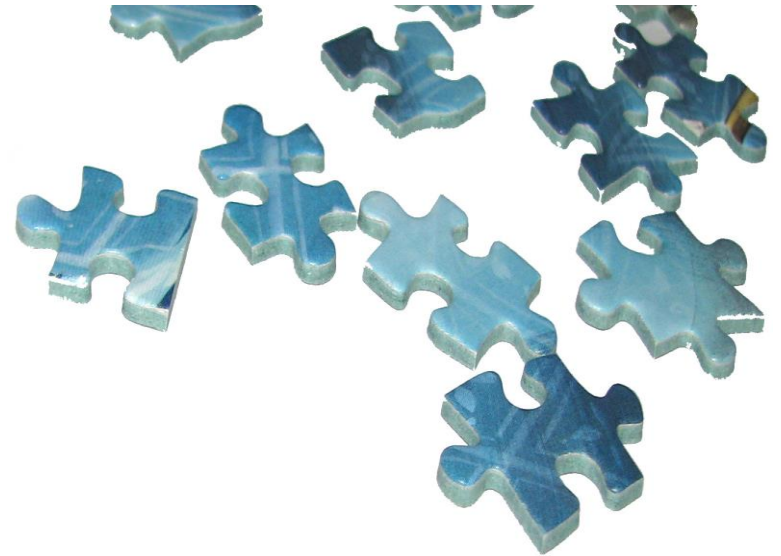
European Union
European Social Fund
Operational Programme Employment

WELKOM

Project Support of FACT model in the Czech republic,
n. CZ.03.2.63/0.0/0.0/15_023/0001126

SMI care

- ✚ Fragmented
- ✚ Evidence not applied
- ✚ Flawed organisation
- ✚ No Evaluation



Challenges

- **Participation and social inclusion**

- ✓ Loneliness
- ✓ Low grade of participation in labour (plm. 15%)
- ✓ Trauma and victimisation
- ✓ Financial obstructions
- ✓ Stigma en discriminatie

- **Treatment and care**

- ✓ Use of force and coercion
- ✓ Somatic needs → 15 years earlier death
- ✓ State of the art treatment
- ✓ Support in personal recovery and participation
- ✓ Extra attention for long lasting hospitalisation or supported housing

FACT- fidelity

Fidelity

- The degree to which a program has been implemented as intended.
- The degree to which a program is a faithful replication of the ideal or benchmark model.
- The degree to which a program includes critical features

Six Principles

FACT

1. We'll be there where the client wants to be successful!



Vision

2. Support for community participation

Fam / CSS / Stigma

3. Binding in the MHC network.

Continuity of care between Hospital and community / 7 x 24



Organisation

4. ACT
Flexible available when necessary

5. Treatment

EBM & Guidelines.

6. Focus on recovery

Peer support, WRAP, IPS

zichtbaar beter

outcomes



zichtbaar beter

items score!

- Social worker 5.00
- Casemanager 4.93
- Treatmentplan with client 4.52
- Full responsibility services 4.26
- Cooperation social system ACT 4,19
- Peer specialist 4.19
- Outreach 4.19
- Recovery oriented care plan 4.19



Gains!

- Encouraging more psychiatrist / psychologist → improvement in treatment
- Diagnostics, treatment and interventions
- Monitoring!
- Service improvement

The Dutch situation (van Vugt e.a.2018)

- Audits between 2009 and 2014 (237 teams)

Which Items FACT TEAMS score well?

Items mean teams score >4.5 :

Staffing

FACTboard meeting

Multidisciplinaire care

Waitinglist

Discharge from FACT

Responsible planning

discharge hospital

Nurse

**Treatmentplan with
client**

medicationmanagement

Admission

multi-agency coop.

- Item multidisciplinary FACT-bord scores highest = 4.80 mean



Which items FACT TEAMS score low?

Items on which teams score <3.0 are:

Peerworker

Addiction specialist

Employment specialis

Contactfrequency board

Familie interventies

IDDT model

Use of ROM

Employment spec. Mean 2.62 is lowest
het laagst scorende item.



TRENDS IN MODEL FIDELITY

- *In the period 2009-2014 **less** attention on improvement of implementation of FACT;*
- *Yet there is a **positive** correlation between this item and the total score on the FACTs.*



CONCLUSIONS

Fidelity is stable over the years

**Supported employment and outreach
decline**

Participation and recovery score low:

Still a lot to do!



Worries

- No drop out - .31

Recovery vs assertive

- When are assertive strategies necessary?
- Do they interfere with the recovery approach?

Responding to Client Choice

The balance between “letting the client do whatever he/she wants” and “running the client’s life for him/her”.



Let the client do what he/she wants (neglect)

Get the client to do what I want or think is best (Protect)

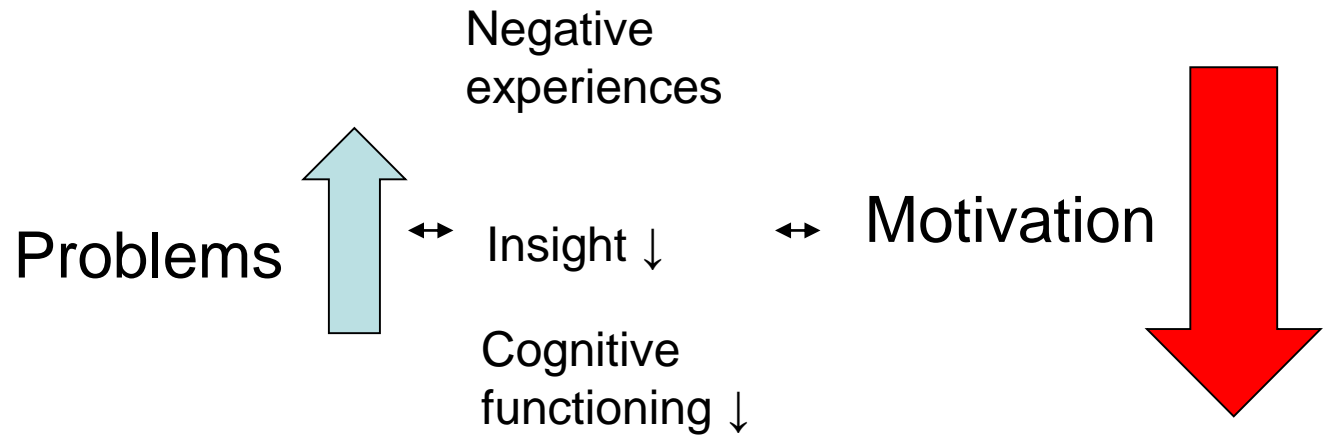


Motivation Paradox

Classic Assumption



Motivation Paradox in SMI



Reasons to intervene

- Longer periods of untreated psychosis may **worsen prognosis** (Owens, Johnstone, Miller, Macmillan & Crow, 2010).
- AO for first-episode patients has been shown to **improve short-term prognosis** (Petersen et al., 2005), although the long-term effects are uncertain (Bertelsen et al., 2009).
- AO has been shown to reduce nuisance and may help difficult-to-engage SMI patients to **stay out of the criminal justice system** (Staring, Blaauw & Mulder, 2011).

- Focus on monitoring and improving the services
- Strong Focus on recovery
- Outreach!