Service Priorities and Programmes

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Submitting author: Dr Shuk Yan, Joey LEUNG
Post title: Associate Consultant, Kwai Chung Hospital, KWC

Is Assertive Community Treatment an effective intervention for frequent readmissions to psychiatric hospital?

Leung JSY, Lee CC
Division II, Kwai Chung Hospital

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Introduction

Modern psychiatric practice is shifting from institutional to community care. Experiences overseas showed undesirable consequences arising from hasty deinstitutionalization overseas. Case management model had been shown effective in community mental health services. We have confirmed earlier in a randomized control study that case managers in Hong Kong could reduce the admission rate, encouraged higher discharge and lowered the length of stay of chronic severely ill mental patients.

Objectives

In this study, we explored the effectiveness of Assertive Community Treatment(ACT) for severely ill mental patients during a period of rapid deinstitutionalization in Hong Kong.

Methodology

A flanking historical control design was employed. The treatment group comprised participants with 3 or more admissions to psychiatric hospitals within the preceding 12 months, and received ACT. Two historical control groups (C1 and C2), with similar inclusion criteria flanking the recruitment period of treatment group, were identified and received Treatment as Usual (TAU). Outcome data were measured at baseline, 6, 12 and 18 months.

Result

210 participants were recruited, with 70 in each of the ACT, C1 and C2 TAU groups. Readmission rates, bed-days, A&E attendances and days of missing medical appointments improved during the deinstitutionalization process, irrespective of treatment modality. In addition, ACT had superior effect in most of these outcome

parameters, compared to the TAU groups. We employed historical control design, using two TAU control groups flanking the recruitment/treatment period of ACT group, in parallel with the deinstitutionalization process. We confirmed that the current model of ACT, with a relatively small case load per case manager, round-the-clock services, multidisciplinary team approach, integration of psychiatrists in the services, and case managers responsible for health and social care, is an effective intervention for helping persons with mental illness pursue their chosen independent living in the community. The outcome variables improved with time in all groups, irrespective of treatment models. Recovery-oriented ACT had additional beneficial effect in most of the outcome compared to the TAU groups, on top of the effect from deinstitutionalization.