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Article

Assertive Community Treatment for Patients with Schizophrenia

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Abstracts

Introductions: Schizophrenia is a long-term, severe mental disorder involving a breakdown in the relation between thought, emotion, and behavior, leading to faulty perception, inappropriate actions and feelings, withdrawal from reality and personal relationships into fantasy and delusion, and a sense of mental fragmentation. **Methods:** The treatment of schizophrenia requires a holistic approach such as psychopharmacology therapy and psychosocial rehabilitation. The combined treatment has some advantages compared to medication alone. Assertive Community Treatment is one of the psychosocial rehabilitation. It is a healthcare program with multidisciplinary approaches and team members. **Results:** They have got to work as a team to provide intensive care to patients with severe mental disorders. They serve to treat the patient holistically in the patient's environment rather than in the hospital. **Conclusions:** Some studies showed that Assertive Community treatment could reduce hospitalization, improved the quality of life of patients, and reduced the symptoms experienced by the patients.

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Introduction

Mental disorders have a profound effect on the mental health of people. They account for about 12-15% of total disabilities in the world, higher than those caused by cardiovascular disease and that number is twice as much as the rate of disability caused by all forms of cancer [1]. Most serious mental disorders are diagnosed with schizophrenia and bipolar disorder, but there are several other diagnoses such as major depression and severe anxiety [2]. The results of Basic Health Research in 2013 indicated that the prevalence of serious mental disorders such as schizophrenia in the Indonesian population reached 1.7 per 1000 population or around 400,000 people [3]. Schizophrenia has a lower prevalence than other mental disorders (less than 1% of the population) but uses about 40% of mental health services [4].

Management of schizophrenia must still involve effective pharmacological therapy although there has never been adequate. More than twenty percent of patients taking antipsychotics did not respond well while most indicated residual symptoms. Others showed non-adherence to treatment [5]. Handling schizophrenia requires a holistic approach which includes a psychosocial one. The management of schizophrenia with psychopharmacological therapy combined with psychosocial rehabilitation has more advantages over medication alone. Hogarty and Ulrich found that the recurrence rate within 1 year in schizophrenic patients was about 40% in only drug-treated patients and about 20% in combination medication and psychosocial rehabilitation patients [6]. Psychiatric rehabilitation includes vocational therapy, family intervention, psychoeducation, social skills training, cognitive remediation/ rehabilitation Assertive community treatment. Several studies showed that Assertive community treatment could reduce the number of hospitalizations, improve the quality of life of patients (including work and social skills), and decrease the symptoms experienced by patients [7].

Discussions

Schizophrenia

Schizophrenia is a serious mental disorder that affects the functioning of the individual, characterized by disturbances in assessing reality, disorders of thought and communication processes, of feeling and showing emotions and behaviors that tend to last a long time [8].

Management of Schizophrenia

Treatment of schizophrenic patients is divided into three phases, namely: the phases of acute, stabilizing, and stable. The goals of treatment in the acute phase, that is acute psychotic episodes, are to prevent the harm they cause by themselves, to control disruptive behavior, and to reduce the severity of psychosis and associated symptoms (such as agitation, aggression, negative and affective symptoms). Antipsychotic drugs are the most important interventions for patients in any acute episode. The goal of treatment in the stabilization phase is to maintain or control the existing remission symptoms, decrease stress in the patient, minimize the likelihood of relapand se, improve patient adaptation in society. The goals of treatment in the stable phase are to maintain symptoms of remission, minimize the risk of recurrence, and optimize the function and recovery process in patients in this phase, such as social skill training, vocational rehabilitation, cognitive behavior therapy, family therapy, and Assertive community treatment [9,10].

In addition, the management of schizophrenia can be divided into pharmacological and non-pharmacological therapies (Psychiatric Rehabilitation). Psychiatric rehabilitation (also known as psychosocial and biopsychosocial rehabilitation) is a process to help people acquire and use

the internal and external skills, support and resources needed to live a better life and be able to work in their environment. It also helps people to define and prioritize their life goals, identify ways to achieve them, develop the skills needed, and support to achieve these goals Some of the psychosocial rehabilitations are Assertive community treatment, family intervention, vocational therapy, social skill training, and cognitive remediation / rehabilitation [11-14].

Definition of Assertive Community Treatment

Assertive community treatment is a health service with a multidisciplinary team approach that provides comprehensive and flexible services, support and rehabilitation services for patients with severe mental disorders carried out in the community where the patient lives, with the principle of patient-centered orienting on recovery and community-based services [15].

History of Assertive Community Treatment

Assertive community treatment was first developed by Leonard Stein and Mary Ann Test and some colleagues in 1970 in the United States. Assertive community treatment is also known as Assertive outreach, mobile treatment teams, the full service model. It was a program derived from the Training in Community Living (TCL) program developed at the Mendota Mental Health Institute in Madison, Wisconsin in the 1970s, so it was also known as the Madison model [16,17].

Description of Assertive Community Treatment

Assertive community treatment has the following characteristics [2,18,19]:

1. Multidisciplinary Team. It is a combination of some professionals with various professions in the health sector working together to provide services to patients. It consists of psychiatrists, nurses, social workers, psychologists, occupational therapists, assistants of medical rehabilitation and program.
2. An integrated service. It means that most interventions are carried out by members of the team and regular meetings are held and attended by team members to coordinate the intervention plans.
3. A low staff-to-patient ratio allows maximum service delivery, that is, One team member (staff) is responsible for treating 10 patients.
4. Make some contacts in the neighborhood of patients, and visit to their homes or environments. The team will do some assessments or observations directly related to what happens in the patient's residence so that more accurate results are obtained about the problems faced by the patient.
5. Therapeutic management. It means that the team will evaluate the treatment in the patient, including the drugs taken by the patient, the effectiveness of therapy, possible side effects and patient adherence to treatment.
6. Focusing on daily problems of patients and individual services.
7. Prompt access to problems experienced by patients especially the ones that belong to a psychiatric emergency department.
8. Assertive outreach includes home visits, care or counseling related to social activities, visiting clients or patients at the police station and the homeless on the streets if necessary.

Patient Acceptance Criteria for Assertive Community Treatment

The Assertive Community Treatment Team can work with the community and institutions or referral sources in the community to determine the eligibility of individuals to enter the assertive community treatment program and can effectively prioritize new patients in the program. The

team is highly expected to be able to respond to any existing referrals. In the initial program, they received patients gradually up to a maximum capacity of 180-220. The number of team members in the assertive community should be limited. If many people involve in the team, it will be difficult to make time arrangements and meetings. The team suggested in the assertive community strategy consists of 10-12 members who are professional in their fields [20].

The criteria for patient acceptance based on Berry F.W., 2013 are [15]:
1. Patients with severe mental disorders and persistently annoy their ability to live in the community. Priority is given to patients who have recently returned from hospitals or institutions diagnosed with schizophrenia, other psychotic disorders (such as schizoaffective), or bipolar disorder because these disorders often cause long-term mental disabilities, AND
2. Patients with impaired performance of significant daily functions indicated by the following three or more criteria:
a. Maintaining personal hygiene;
b. Meeting nutrition or food needs;
c. Doing work or personal business;
d. Obtaining medical, legal and housing services;
e. Recognizing and avoiding general harm or any harm to oneself and property;
f. Repetitive or persistent failure to perform everyday tasks;
g. Inability to consistently perform the role of housewives;
h. Maintaining safe and stable living conditions; AND
3. Individuals with minimal response to community based treatment (other psychosocial rehabilitation); AND
4. Patients with two or more of the following problems which are the indicators of the need for continuous service (i.e. greater than 8 hours of service per month):
a. Three or more hospitalizations per year or extended hospital stay (60 days in the past year) or psychiatric emergency services.
b. Persistent and recurring symptoms, or symptoms of harm to self or others.
c. Patients with substance use (more than 6 months).
d. Patients with a high risk of committing or previous criminal history (eg prisoners).
e. Chronic homeless patients (for example, one long episode of homelessness for one year or four episodes of homelessness in three years).
f. Inability to participate in clinic-based services; AND
If the patient meets one or more of the following criteria of numbers 1, 2, and 4, except number 3 above can be waived, it means that:
a. Patients with legal cases, OR
b. Within 6 months the patient has been incarcerated twice or more or for his/her behavioral condition; OR
c. Within 6 months, the individual was admitted to a mental hospital twice or more for treatment of emergency psychiatric conditions.
The criteria for patients admission based on Botha et al 2008 are:
1. Schizophrenia or schizoaffective disorder
2. Age 18-59 years
3. Current treatments need with antipsychotics
And they must meet the general PLUS criteria either (A) or (B) or (C) such as follows:
(A) ≥3 times admitted in 18 months / ≥ 5 times admitted in 36 months
(B) ≥2 times admitted in 12 months AND treated with clozapine
(C) ≥2 times admitted in 12 months AND ≥120 days in hospital

Duties of the Assertive Community Treatment Team Members

The team members are responsible for

their regular patients, and they must also know the patients of other team members. If it is needed, fellow team members will provide some inputs followed up by team members who are responsible for the patients [21].

Assertive Community Treatment Services
The services provided can be divided into three processes based on the point of view of team members, and they include [21-23].
1. Destabilization
Destabilization is a crisis situation, the possibility of relapse, an increase in symptoms or drug use. In this case, the team provides optimal interventions so that patients can cope and pass up to a stable episode, without relapse and hospital care. It strongly focuses on problem solving which requires supervision, guidance, support or assistance for personal care.
2. Treatment
Treatment includes not only drugs but also psychological interventions or some focusing on addiction problems or skills training.
3. Recovery
In recovery phase, the patient works on the recovery process from himself and is supported by the team with rehabilitation.
The services provided by the assertive community treatment program are as follows [24,22] :
1. Rehabilitation approach for everyday life. The team educates patients on specific health topics such as nutrition, exercise, diabetes and its prevention, heart disease, stress management and relaxation.
2. Approaches to the family, and they include crisis management, family counseling and psychoeducation.
3. Job opportunities which emphasize on helping patients find jobs, providing liaison with employers and training for patients.
4. Health promotion which covers giving health education, providing a liaison for acute medical care, and offering sex and reproductive education counseling.
5. Treatment support which includes ordering drugs from pharmacies, providing drugs to patients, giving education about drugs, and monitoring medication adherence and possible side effects.
6. Housing assistance which means finding a suitable shelter, or renting a safe house and how to pay for it, buying and repairing household items, and improving household skills.
7. Financial management which includes planning the budget, solving financial problems, and increasing the independence of financial management.
8. Counseling which focuses on using a problem-oriented approach, ensuring that goals are addressed by all team members, promoting communication skills, and providing counseling as part of a comprehensive rehabilitative approach.

Discontinuation of Assertive Community Treatment

The limitations of schizophrenic patients are often long-term or chronic, and the disease may undergo fluctuating improvement, remission, relapse or experience recurrent psychosis, and then improve again and lead to recovery. Some patients, however, can achieve permanent recovery and remission. Symptom remission means symptom relief, and functional remission means the patient's social functioning has improved. Symptom remission is when the patient is free from any symptoms for 3 months. When there is remission, assertive community treatment can be discontinued, but the termination of the service program is based on the wishes of the patient himself for the desire to live life without any guidance or assistance from the team. In principle, the team of assertive community treatment will agree with the patient's desire to quit the service program after several criteria are seriously considered and dis-

cussed by the team and the patient in some meetings. A patient must function according to the following criteria for a minimum of two years [21]:

a. There is no complex drug taking, and the patient must be able to handle the requirements associated with the procedures of a prescription drug such as taking some medications.

b. The existence of an adequate support system assessed by a multidisciplinary team.

c. The patient has daytime work activities assessed by a multidisciplinary team.

d. Independent accommodation (it means that patients living in a psychiatric unit or institution are not eligible and if the disability is so great that the patient is unable to live independently then ongoing treatment and recovery support will always be needed).

e. A fairly good and regular financial condition.

In addition to the above criteria, it is necessary to pay attention to the following matters, namely:

a. Discontinuation from the program is the patient's desire and he has confidence in his recovery process.

b. The patient can receive any guidance and assistance if needed.

c. The patient can ask for help if needed.

d. A practitioner in primary care is available to monitor the patient (e.g. general practitioner, psychologist, or nurse)

Evaluation of the assertive community treatment program

The Fidelity scale is applied in the evaluation of the assertive community treatment program. It is the Dartmouth Assertive Community Scale (DACTS) developed by Teague, Bond, and Drake in 1998. The DACTS contains 28 elements of specific program evaluation to measure the implementation of the Assertive community treatment program. Each statement uses a Likert scale of 1-5, it means that 1 is not implemented and 5 is fully implemented. The Fidelity scale consists of 3 categories, namely: human resources (structure and composition), organizational boundaries, and nature of services. The maximum DACTS score achieved is a total points of 140. Each ACT service is expected to achieve a total DACTS score of at least 112 with a minimum score of 4.0. If there is a score below 3.0 on the DACTS, the ACT service program requires a corrective action plan according to the underscore [25,23].

Conclusions

Schizophrenia is a serious mental disorder affecting the functioning of the individual, characterized by disturbances in assessing reality, thinking and communication processes, feeling and showing emotions and behavior, and tends to last a long time. The management of schizophrenia requires a holistic approach involving psychopharmacology and psychosocial rehabilitation. The combination treatment of psychopharmacological therapy and psychosocial rehabilitation has more advantages over medication alone.

Psychiatric rehabilitation can help schizophrenic patients to face interpersonal barriers, social problems, and problem-solving skills, restore the patient's ability to live independently, and reduce rehospitalization. One of the psychosocial rehabilitation is Assertive community treatment. It is a health service provided for patients with severe mental disorders and applies a multidisciplinary team approach in which services are carried out holistically in the patient's environment. This service program focuses on the problems faced by patients. Several studies have shown that Assertive Community Treatment can reduce the number of hospitalizations, improve the quality of life of patients and reduce the symptoms experienced by patients.

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Not Declaration

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