

# Assertive community treatment (ACT) versus case management in treating homeless patients with severe mental illness; a randomized controlled trial.

No registrations found.

<b>Ethical review</b>	Positive opinion
<b>Status</b>	Recruitment stopped
<b>Health condition type</b>	-
<b>Study type</b>	Interventional

## Summary

### ID

NL-OMON25740

### Source

Nationaal Trial Register

### Brief title

N/A

### Health condition

The participants of these study are patients of the Rehabilitation-team for homeless psychiatric patients (Rehabteam) of the Mentrum Mental Health Organisation in Amsterdam, Netherlands, and were registered as being homeless at the start of the study. Homeless patients are referred by shelters, police, emergency wards or found by the team itself on the streets. Most of the patients that are registered by the Rehabteam, suffer from psychotic disorders (mainly schizophrenia) and to a lesser extend major affective disorder. A large group of these patients also have a substance abuse disorder. A description of the studied group will also be a topic of our study.

## Sponsors and support

**Primary sponsor:** Mentrum Mental Health Organisation

Postbus 75848

1070 AV Amsterdam

tel: (020) 590 50 00

**Source(s) of monetary or material Support:** N/A

## **Intervention**

## **Outcome measures**

### **Primary outcome**

1. More stabile housing in the ACT-group;
2. Less social hindrance (i.e. police contacts);
3. Higher quality of life.

### **Secondary outcome**

1. 'More' psychiatric care (i.e. medication, regular contacts);
2. In the first 12 months more, in the second year less psychiatric admissions (-days).

## **Study description**

### **Background summary**

N/A

### **Study objective**

Homeless patients with severe mental illnesses have to deal with a broad spectrum of problems. Besides the housing problems they have poor physical and mental health, none or low financial income, difficulties in fulfilling social obligations, have relational handicaps, etc. This is more of importance as homeless psychiatric patients are typically avoidant in seeking help or accepting any help if offered. Assertive community treatment is a treatment model, developed in the United States in the seventies, that is characterised by a multidisciplinary team approach and a low caseload of patients per worker. Although research results are partially contradictive, the general opinion in research literature is that assertive community treatment leads to less acute admissions in psychiatric hospital, shorter duration of the admissions and both a higher grade of satisfaction with the care by patients and workers, in comparison with treatment by casemanagement teams. The effect of ACT for homeless patient has hardly been studied. We hypothesize that ACT leads to more stabile housing conditions and more stabile treatment contacts than casemanagement.

### **Study design**

2 - Assertive community treatment (ACT) versus casemanagement in treating homeless pa ... 14-05-2025

N/A

## **Intervention**

Workers from the Rehabteam of Mentrum Mental Health Organisation in Amsterdam, Netherlands, has in the past decade treated homeless patients via the casemanagement treatment model. The team is formed by specialised psychiatric nurses who were backed by a consulting psychiatrist for drugtreatment and (involuntary) admissions. In the last years workers felt that they lacked time and specific knowledge to consolidate the progression they made in treatment. For instance: when a patient was motivated for drugtreatment, at the same time the medical insurance was stopped, because the patient could not pay the bills, etc. Sitevisits to other teams in different cities and countries brought the idea of assertive community treatment. In July 2005 a separate ACT-team was started within the Rehabteam. The ACT-team attracted a social worker, an experience worker, an office manager, etc. The remaining Rehabteam kept working via the casemanagementmodel. Only a portion of the homeless patients could be assigned for the ACT-team. A random sample of the homeless patients was assigned to the ACT-team. This made a comparison with the casemanagement team possible.

### **Intervention 1:**

Assertive community treatment team; treatment during 24 months.

### **Intervention 2:**

Casemanagement team; treatment during 24 months.

Data from the teamworkers/nurses will be collected at the start, after 12 months and after 24 months.

## **Contacts**

### **Public**

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## Eligibility criteria

### Inclusion criteria

1. Registered as patient of the Rehabteam, Mentrum;
2. Diagnosed as having a severe mental illness;
3. Sleeping at least one night outside or in a shelter in the last month.

### Exclusion criteria

1. Severe harddrug addiction.

## Study design

### Design

Study type:	Interventional
Intervention model:	Parallel
Allocation:	Randomized controlled trial
Masking:	Open (masking not used)
Control:	Active

## Recruitment

NL	
Recruitment status:	Recruitment stopped
Start date (anticipated):	01-07-2005
Enrollment:	68
Type:	Actual

## Ethics review

Positive opinion	
Date:	10-11-2006
Application type:	First submission

## Study registrations

### Followed up by the following (possibly more current) registration

No registrations found.

### Other (possibly less up-to-date) registrations in this register

No registrations found.

## In other registers

Register	ID
NTR-new	NL881
NTR-old	NTR896
Other	: N/A
ISRCTN	ISRCTN wordt niet meer aangevraagd.

## Study results

### Summary results

5 - Assertive community treatment (ACT) versus casemanagement in treating homeless pa ... 14-05-2025

N/A