

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

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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...

<b>Ethische beoordeling</b>	Positief advies
<b>Status</b>	Werving gestopt
<b>Type aandoening</b>	-
<b>Onderzoekstype</b>	Interventie onderzoek

## Samenvatting

### ID

NL-OMON25740

### Bron

NTR

### Verkorte titel

N/A

### Aandoening

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.

## Ondersteuning

**Primaire sponsor:** Mentrum Mental Health Organisation

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1070 AV Amsterdam  
tel: (020) 590 50 00  
**Overige ondersteuning:** N/A

## Onderzoeksproduct en/of interventie

### Uitkomstmaten

#### Primaire uitkomstmaten

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

## Toelichting onderzoek

#### Achtergrond van het onderzoek

N/A

#### Doel van het onderzoek

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.

#### Onderzoeksopzet

N/A

## Onderzoeksproduct en/of interventie

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.

## Contactpersonen

### Publiek

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Rehabteam  
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## Wetenschappelijk

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Rehabteam  
Sarphatistraat 8-14  
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## Deelname eisen

### Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)

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.

### Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)

1. Severe harddrug addiction.

## Onderzoeksopzet

### Opzet

Type:	Interventie onderzoek
Onderzoeksmodel:	Parallel
Toewijzing:	Gerandomiseerd
Blinding:	Open / niet geblindeerd
Controle:	Geneesmiddel

## Deelname

Nederland  
Status: Werving gestopt  
(Verwachte) startdatum: 01-07-2005  
Aantal proefpersonen: 68  
Type: Werkelijke startdatum

## Ethische beoordeling

Positief advies  
Datum: 10-11-2006  
Soort: Eerste indiening

## Registraties

### Opgevolgd door onderstaande (mogelijk meer actuele) registratie

Geen registraties gevonden.

### Andere (mogelijk minder actuele) registraties in dit register

Geen registraties gevonden.

### In overige registers

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

## Resultaten

### Samenvatting resultaten

5 - Assertive community treatment (ACT) versus casemanagement in treating homeless pa ... 11-05-2025

N/A