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Community Mental Health Evaluation Initiative Project Newsletter

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Does ACT Apply In Canadian Inner Cities?

A project led by Dr. Donald Wasylenki, Psychiatrist-in-Chief at St. Michael's Hospital in Toronto, is investigating whether the ACT model can be implemented in a Canadian inner city environment and if it is beneficial to clients with severe and persistent mental illness in that setting. The project also seeks to determine if basing ACT in a hospital can help bring hospital and community care closer together. Finally, the study will compare the cost of ACT with another form of intensive community treatment.

This research project will examine the services and outcome of the CONTACT Mental Health Outreach Service, one component of mental health services operated by St. Michael's Hospital. The surrounding community in southeast Toronto is extremely disadvantaged, with high rates of poverty, hospitalisations for mental illnesses, homelessness and substance abuse. Until now, there have been no Canadian studies of the effectiveness of ACT in such an environment. The CONTACT team follows the ACT model and provides community treatment for severely ill individuals. The team consists of nurses, social workers, addictions counselors, an occupational therapist, peer support workers, a vocational rehabilitation therapist, a social recreation therapist, and psychiatrists and operates off the hospital site, near a large park frequented by people who are homeless, mentally ill and using substances.

In this study, clients are randomly assigned to the CONTACT team or to Community Connections, another innovative case management program at St. Michael's Hospital, which links clients with treatment and rehabilitation services in the community. These services include social recreational programming, work programs, supportive housing and volunteer companions. Community Connections staff work closely with outside agencies and play an important role in coordinating and monitoring clients' use of community resources. Clients in the study are assessed prior to the project, nine months later and again at 18 months. During the project, recognized tests used to measure mental health status will document clients' psychiatric symptoms, insight into their illness, satisfaction with the services, sense of hopelessness, housing, suicidal behaviours, thought or intentions, and levels of alcohol or drug use. To date, the researchers have completed 90 percent of the initial assessments and over a third of the two follow-up assessments.

At the same time, the service providers will be monitored to determine the amount of time spent on patient care and the types of services provided. This data will also later permit a detailed analysis of the cost-effectiveness of the program. A "fidelity" scale will be used to rate the operation of the CONTACT team against the ideal concept of an ACT team. In addition, the researchers will survey 25 relevant community agencies to see if the program has increased referrals and collaboration between community agencies and the ACT team. The survey will also address levels of satisfaction with the integration of the service.



From left to right: Margaret Gehrs, Lorne Tugg, Nicole Kirwan, Don Wasylenki, Mike Higgins, Suzanne Cohen, Nancy Read, and John Langley

In addition, four sub-studies have been initiated, using the project data to examine certain significant factors in more detail. One sub-study is probing the effectiveness of measurements of client "insight" into a patient's own mental illness, which may affect willingness to accept or cooperate with care. The other studies will consider suicidal thoughts and actions, an examination of alcohol and drug use in greater detail and the impact of personality factors on community treatment outcomes among people with major mental illness.

The clients participating in this study are among those within the health and social services system at highest risk in many categories, and are heavy users of a range of health and social services, especially impatient, crisis and emergency services. Determining the effectiveness of these two models for this group will be a valuable addition to our understanding of how to help hard-to-serve and extremely disadvantaged individuals with mental illness.

For more information on this project, contact:

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Assessing ACT

Two of the projects funded by the Community Mental Health Evaluation Initiative are studying different aspects of Assertive Community Treatment Teams.

What is ACT?

Assertive Community Treatment or ACT is currently a popular way of delivering mental health services in the community. ACT is a manner of organizing staff and services to help those people with serious mental illness, who are the heaviest users of services. This model of care helps manage the complexities of their lives in the community; their mental illness, medications, housing, family problems, money and many other factors. The idea is that if one team of helpers at one agency takes primary responsibility to help clients meet these needs, clients may achieve greater stability and are less likely to return to hospital in a crisis state. In other words, ACT aims to be a "one-stop-shop" for the clients with serious mental illness who have multiple needs when living in the community.

What is the difference between ACT and any other community mental health care?

In the ACT model, a multidisciplinary team provides care to a set roster of clients, each team member contributing their professional skills according to need. The clients develop relationships with several team members. ACT team services are available 24 hours per day, 7 days per week, and the services provided to the clients are ongoing and unlimited in duration. ACT teams are also characterized by small caseloads: between 10 and 15 clients per staff member. In ACT, treatment and rehabilitation occur in the client's natural environment, with staff spending more than 75% of their time in the field. ACT team members try to maintain relationships with their clients, keeping them involved through phone calls, home visits, seeing clients' family and friends.

Why Are ACT Teams So Important?

The ACT model has been found to be effective in helping people with serious mental illness, in a variety of ways. It is one of the more widely studied forms of community support, although the bulk of studies have been conducted in the US. These studies have demonstrated that ACT reduces time spent in hospital for many consumers and improves housing stability. ACT also improves symptoms and the quality of life for some people with serious mental illness. Both users and their families have expressed satisfaction with this type of support. In fact, ACT teams are now considered an important component of the community care system for people with serious mental illness.

Why Evaluate ACT in Ontario?

Since the ACT concept was developed in Wisconsin in 1980, it has been replicated in Canada and internationally. With the move to community mental health care, closing of long-term psychiatric hospitals and downsizing of general hospitals, ACT has become even more important. In Ontario, ACT has been endorsed by the Ontario Ministry of Health and Long-Term Care. Several dozen

such teams have been funded by the government. Studies of ACT have been favourable in other locations but if ACT is going to be a direction for Ontario community mental health dollars, we need to understand more about how it works in Ontario communities.

How is CMHEI Contributing to Research about ACT?

Research has shown that ACT teams do help people with serious mental illness in several ways, but there are many questions about ACT that are still unanswered.

Many implementations of ACT are slightly different from each other. Do these variations still achieve the same results?

Do ACT teams reduce use of crisis services and emergency departments of hospitals?

Do ACT teams help community agencies and hospitals to work better together?

Does the ACT model apply equally well to clients with varying degrees of serious mental health problems?

Does ACT work in a densely populated, poor, inner city area where clients have high rates of substance abuse and homelessness?

What is the experience and reaction among people with serious mental illness to ACT teams?

The CMHEI includes two studies to investigate the effectiveness of ACT teams under varying conditions. This multi-site investigation will also allow ACT to be compared to other types of community support so that we will better understand the roles that different programs can play in an effective system of mental health care.

Balancing ACT:

Can You Change the ACT Model and Still Be Effective, or Even More Effective?

Dr. Terry Krupa and Dr. Shirley Eastabrook of Queen's University are studying variations on the ACT model to examine the nature of these modifications and their impact on processes and outcomes. The study is also examining if critical features of the model vary with client characteristics. Very importantly, the project is also using a proactive, participatory approach to explore client experiences of ACT services.



From left to right: Bob Morrison, Ruth Woodman, Tom Melville, Terry Krupa, Nalini Stiermerling, Salinda Horgan, Dianne Lee, Diane McIntyre, and Shirley Eastabrook

The researchers are working with the staff of four community mental health programs in the Kingston and Brockville areas: the Community Integration Program, the Psychosocial Rehabilitation Program, the Assertive Community Rehabilitation Program and the Assertive Community Care Team. Two standardized "fidelity" instruments are being administered at three time periods to provide details of the four programs' adaptations to the standard ACT model. The initial assessments showed that there is variability in several critical features of ACT among the four programs. A time sample of team activities is collected each year to observe whether actual activities are consistent with what is purported.

The researchers are assessing clients in all four programs; collecting data to evaluate the outcomes of the four teams in providing mental health care in the community and examining the relationship between specific dimensions of these teams and specific outcomes. Demographic information about the clients served by each of the four teams is being collected. In addition, a subset of the clients of each team is recruited to participate in a detailed study of outcomes. Specific outcome measures focus on severity of symptoms, number and duration of hospitalisations, age, substance abuse, socio-economic status, quality of life, social adjustment, social networks, empowerment and community integration. Referral sources for each program are examined, as well as types of services utilized by clients. Approximately 200 clients from the four programs are expected to participate over three years.

This project is using a participatory research process, emphasizing the active participation of clients in all aspects of the research process, and beginning with client representation on the project Advisory Board. Twelve of the research assistants who are

conducting personal interviews are consumer/survivors. Six clients have been recruited to participate in the design and implementation of their own qualitative research study, which will give clearer insight into the client experiences of ACT. The study has also served as a training ground for several graduate students in rehabilitation.

This large and comprehensive evaluation of the ACT model and its impact on consumers of mental health services will yield very valuable quantitative and qualitative results, helping in the development of best practices in the provision of mental health care in the community.

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About CMHEI

The Community Mental Health Evaluation Initiative (CMHEI) is a provincial evaluation project conceived by the Mental Health Policy Research Group, a consortium that includes the Ontario Mental Health Foundation, the Centre for Addiction and Mental Health, and the Ontario Division of the Canadian Mental Health Association. The purpose of the consortium is to research and advocate solutions for major issues and problems in the mental health arena, with funding support from the Ministry of Health.

Website

For more information regarding the Community Mental Health Evaluation Initiative (CMHEI), please visit us online at www.ontario.cmha.ca/cmhei. You will find project descriptions and proposals, reference lists, contact information for all the research projects, a PowerPoint presentation, newsletters and press releases on CMHEI. From there, you can also download all of the questionnaires that are being used in the multi-site project and the manuals to help you understand and use these forms.

Contact Information

If you have any questions, comments or ideas regarding this and future editions of the CMHEI newsletter, or you would like to receive a copy of our next issue, please contact:

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Featured Tool

Client Contact Log

One of the goals of the CMHEI project is to collect information for evaluating cost and cost-effectiveness across study programs. This is a challenge because recording the required information can be time consuming for the staff. In addition, collected information must be detailed so that it is clear how costs are calculated and how relevant the results are to other programs.

The multisite coordinating centre worked closely with the Kingston and Toronto projects to ensure that similar cost-related information was collected from all ACT teams. This was difficult because each team is operated by an organization with a different data system and orientation, and because we were concerned about minimizing the burden of data collection. However, we believe that the process helped staff develop more ownership of the research process.

In Kingston, the multisite team worked closely with program staff for several months to develop a tool that builds on their existing data collection process. The result was a common data collection instrument, the Client Contact Log, that gives the program staff the opportunity to record all that they actually do, puts forward a common set of definitions and terms for their activities, and is the least complex format possible under the circumstances.

The Client Contact Log records the amount of time spent in each separate activity provided by ACT team members. The Client Contact Log allows for documentation of 19 different provider activities. These activities range from social-recreation, to substance abuse counseling, to legal issue involvement, to just plain 'in search of the client! The Client Contact Log also records indirect time spent by staff in meetings, training, travelling, documentation, clinical work with non-clients and even

student mentoring. The research team calculated that the ratio of direct staff time to indirect was actually 2: 1, that is, for every 2 hours spent with the client, staff spent an hour on indirect activities. Including indirect time is important for more accurate cost calculations and for understanding how staff spend time.

The Client Contact Log is also exceptional as it records, on one compact form, the location of the staff/client contact, who else was present (e.g. family member), the work shift when the contact took place and whether the contact was based on crisis, outreach or advocacy. Departing significantly from typical data collection systems, client contacts are also recorded by clerical staff, whose time actually amounted to 2% of total direct service time.

At first, staff spent about forty minutes per day completing the Log. With practice, however, this time was reduced to less than 20 minutes daily. Administrative departments of the ACT organizations also provided considerable time and support, some actually processing the log data.

Though bridging the worlds of research and service delivery requires a great deal of compromise and negotiation, the Client Contact Log has already shown that relationships can be mutually beneficial. Program staff found the resulting data helps them examine their practice patterns, identify demanding areas, and assess their overall functioning. The research team is able to produce common data from different ACT teams that is detailed enough to provide concrete evaluative results useful to the mental health system as a whole. and to other settings and providers wishing to adopt the ACT model.