Assessing Community Treatment (ACT)

What is Recovery in Schizophrenia?

Many psychiatric disorders, schizophrenia included, are insurmountable for the majority of patients afflicted. Recovery might encompass symptom relief, housing independence, employment, and social/recreational activities. Recovery may also be seen as a process involving hope for the future, psychological well-being, goal orientation, and empowerment.

In the context of mental illness, recovery is often not a linear process but a dynamic and variable journey involving hope for the future, psychological well-being, goal orientation, and empowerment. Several factors have been shown to improve the chances of recovery for most individuals, such as adequate symptom management with minimal side effects, the capacity to address virtually all of these factors that are so integral to recovery—assertive care, stable housing, employment-support services, medical care, and assertive care is provided outside of the clinic. There is no time-limit for services; the patient remains active and engaged as long as they are able to do so. ACT is characterized by a team approach, with continuous, intensive care in the community. ACT is offered by a team of specialists, including a case manager, a board-certified psychiatrist, a nurse, and a social worker.

ACT Services

- Medication prescription, administration, and monitoring
- Illness management and recovery skills
- Continuous assessment and intervention
- Medical care
- Crisis intervention
- Employment-support services
- Transportation
- Intervention with support networks
- Individual supportive therapy
- Housing support services
- Integration of patient’s wishes in treatment planning
- Incorporation of recovering patients as peer specialists on ACT team

ACTs with the highest fidelity to the original model are most successful whereas others propose that the most cost-effective ACT-like programs are cost-effective as standard care, with the increased cost of the intensive care delivered outside of the clinic. ACT is not cost-effective for all patients with schizophrenia; only those who are severely disabled by their mental illness, have numerous hospitalizations, or are highly functioning benefit from ACT. In a cost-effectiveness analysis done in 2010, the ACT team was able to demonstrate reduced hospitalization, reduced emergency room visits, and reduced substance abuse.

What is ACT?

Assessive Community Treatment (ACT) was developed in the 1970s by Drs. Mary Ann Test, Arnold Marx, and Leonard Stein at the Mendota Mental Health Institute in Wisconsin. They realized that most patients with schizophrenia were not receiving the medication they needed; access to adequate care was also an issue and results in over-medication of patients with schizophrenia being. Those who initiate treatment often drop out of care due to lack of involvement and concern. ACT is a team approach with continuous, intensive care in the community. ACT is offered by a team of specialists, including a case manager, a board-certified psychiatrist, a nurse, and a social worker.

How Can ACT Contribute to Recovery Efforts of Patients with Schizophrenia?

- Reduced hospitalization
- Reduced criminal activity
- Reduced substance abuse
- Stable housing

 Element of Recovery

Symptom management

- Physical health
- Reduced hospitalization
- Reduced criminal activity
- Reduced substance abuse
- Stable housing

Employment

- Community involvement
- Family involvement

Cognitive ability

- Empowerment

Is ACT Worth the Cost?

Avoiding crisis events is important to the quality of life and recovery goals of the patient. Early and assertive intervention has been shown to prevent risk for future crises and improve disease progression, both of which are beneficial to recovery. Many studies have shown the benefits of an ACT program including reduced hospitalization, reduced medication, improved adherence, increased social and home stability, increased employment, increased medication adherence, continuous treatment engagement, patient satisfaction, and improvement in symptoms, cognition, and functioning. These benefits seen with ACT are evident in the studies mentioned above.

Despite the fact that ACT has been included in the Schizophrenia-Psychosis Outcomes Research Team (PORT) recommendations, it is not standard of care that is used in every clinical practice. One reason stems from the projected cost of instituting and maintaining an ACT program. There is a debate over how to implement an ACT program due to the increased cost of the intensive care delivered outside of the clinic. ACT is not cost-effective for all patients with schizophrenia; only those who are severely disabled by their mental illness, have numerous hospitalizations, or are highly functioning benefit from ACT. In a cost-effectiveness analysis done in 2010, the ACT team was able to demonstrate reduced hospitalization, reduced emergency room visits, and reduced substance abuse.