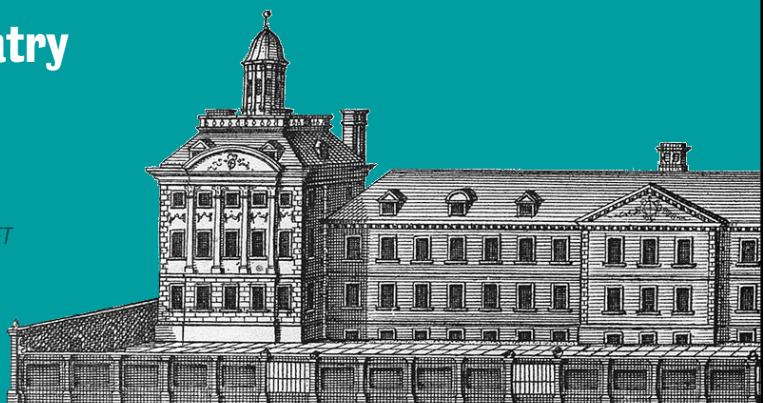


## **Topic in Action 1.3:** **Community psychiatry**

**Dr Frank Holloway**

*Emeritus Consultant Psychiatrist SLaM NHSFT*



### Community psychiatry: A brief introduction



**The rise of  
community  
care**

**The US  
“Community  
Mental Health  
Center” movement**

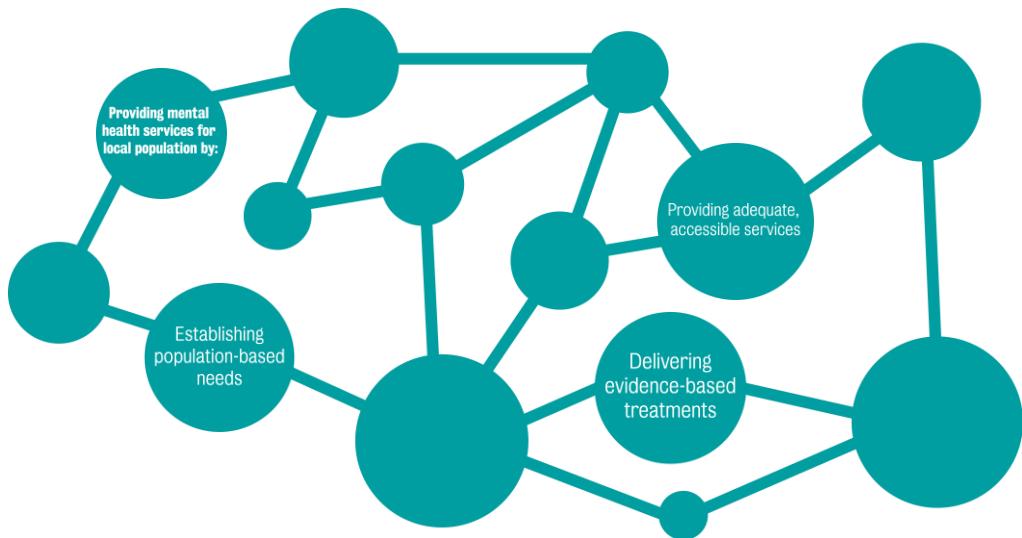
**The 1959  
Mental  
Health Act**

**Community  
psychiatry and  
“Community  
Mental Health”**

**Community  
mental health  
services**

Thornicroft et al. (2011)

## Community psychiatry: Definition



Thornicroft & Szmukler (2001)

**Week 1** A history of 'madness': Deinstitutionalisation to community care

Topic in Action 1.3: Community psychiatry

3 of 22

## Community mental health

### USA: Community Mental Health Centers Act 1963:

Network of CMHCs focused on therapy for minor disorders

CMHC movement is seen as a failure

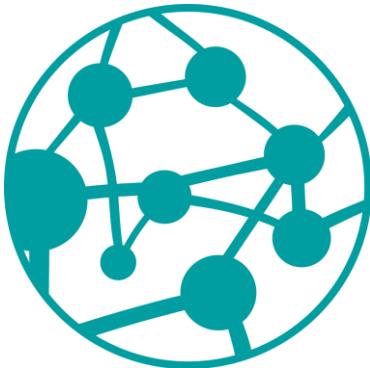
**Week 1** A history of 'madness': Deinstitutionalisation to community care

Topic in Action 1.3: Community psychiatry

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## Community care

### Wealthy countries



Community care based on the infrastructure of a welfare state

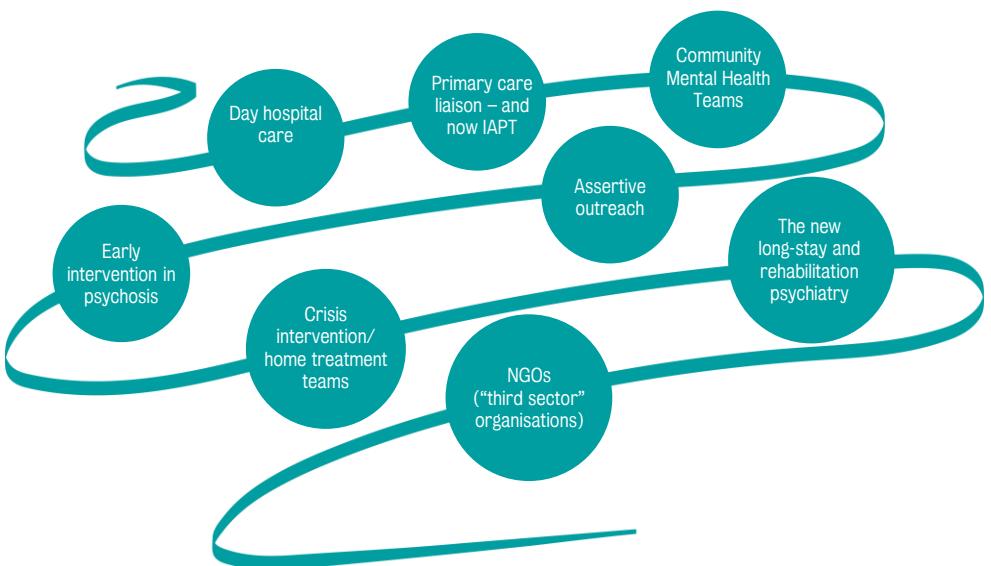
### Low-income countries



Care outside hospital depends on families, NGOs & outpatient services

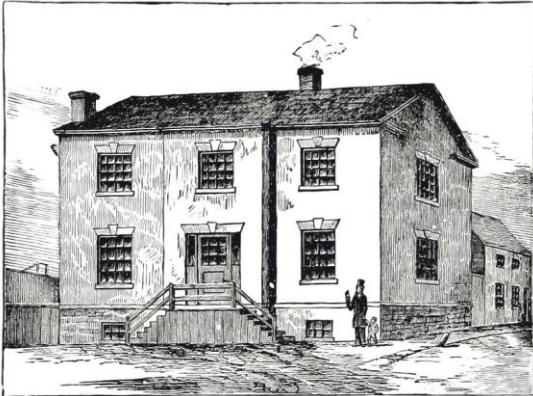
## Adventures in community psychiatry (1)

### A bit about my background



## Adventures in community psychiatry (2)

UK: most treatment for mental disorder = primary care



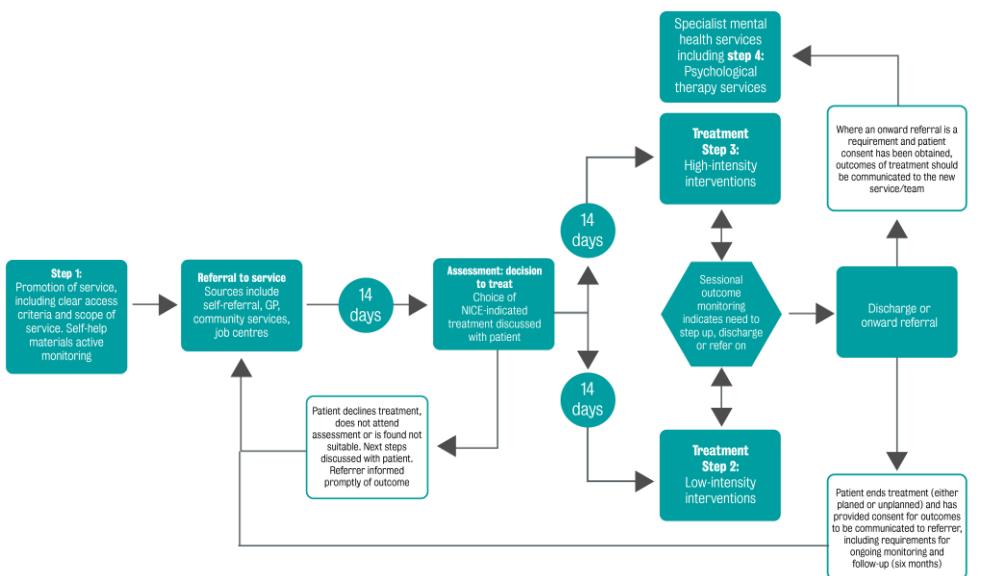
### Models:

1. Shifted outpatients
2. Education
3. Consultation
4. Shared care
5. Easy access to specialist care

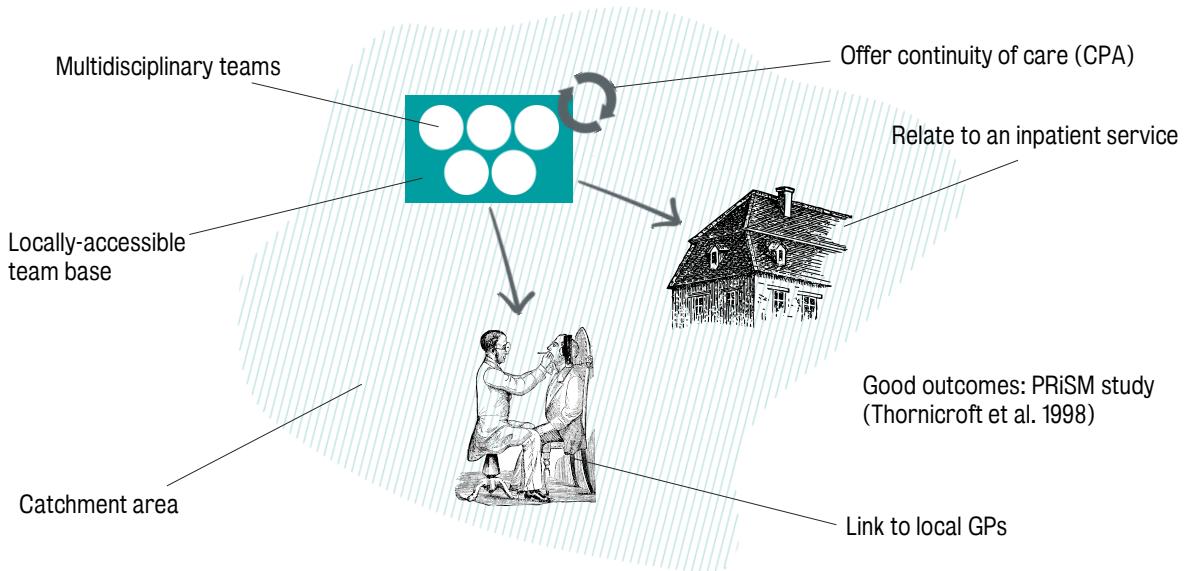
IAPT: direct access to psychological therapies

Current reality: Return from secondary to primary care

## A diversion into IAPT (increasing access to psychological therapies)



## Adventures in community psychiatry (3)



Thornicroft et al. (1998)

## Adventures in community psychiatry (4)

### Specialist teams

#### 1. Assertive Outreach



(or click "Next" to continue)

Not been shown to be superior to CMHTs in the UK

Department of Health (2001); Holloway & Carson (2016); Killaspy et al. (2005); Marshall. & Lockwood (1998); Thornicroft et al. (1998)

## Adventures in community psychiatry (5)

X

**Enormous international literature**

**“** In the early 1990s the Cochrane collaboration was established in the UK to facilitate systematic reviews of the efficacy of health interventions. The Cochrane database of systematic reviews has become the 'gold standard' of evidence for many in the health field, and these reviews have been described as 'providing the highest levels of evidence ever achieved on the efficacy of preventive, therapeutic and rehabilitative regimens.

**”**

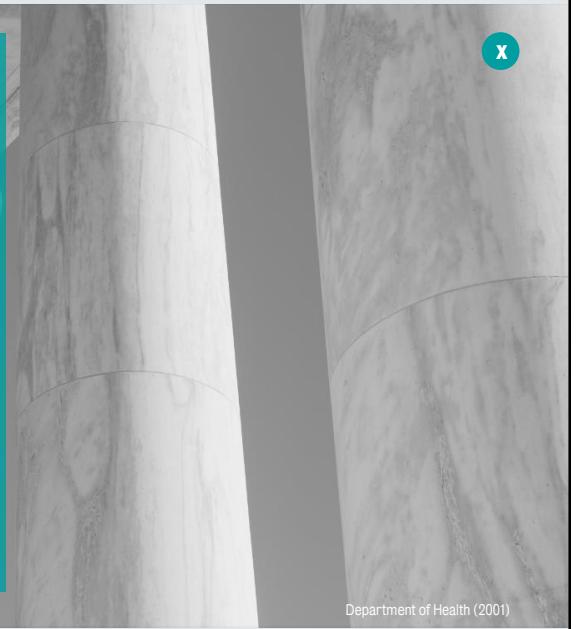
Ziguras et al. (2002)

## Adventures in community psychiatry (6)

X

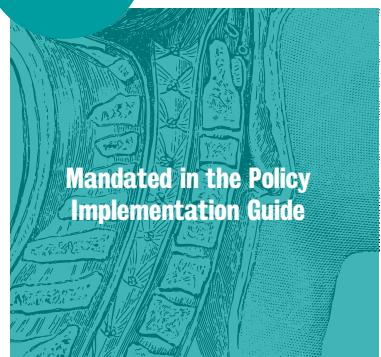
**Government policy**

**“** Within any population there is a small number of people with severe mental health problems with complex needs who have difficulty engaging with services and often require repeat admission to hospital. Assertive outreach (or 'PACT' – Program of Assertive Community Treatment) has been shown to be an effective approach to the management of these people.

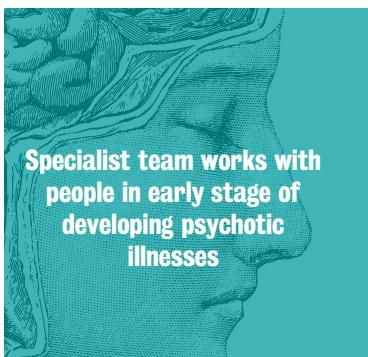
**”**

Department of Health (2001)

## Adventures in community psychiatry (7)

*Specialist teams***2. Early Intervention in Psychosis Services**

**Mandated in the Policy Implementation Guide**



**Specialist team works with people in early stage of developing psychotic illnesses**



**Evidence base suggests that any early gains are lost once patient reverts to "treatment as usual"**

Department of Health (2001)

Week 1 A history of 'madness': Deinstitutionalisation to community care

Topic in Action 1.3: Community psychiatry 13 of 22

## Adventures in community psychiatry (8)

*Specialist teams***3. Crisis Resolution/Home Treatment Teams**

**"Gate-keeping" for admission and support**



**Some evidence for a significant reduction in admissions**



**Less reduction in bed days**

Department of Health (2001)

Week 1 A history of 'madness': Deinstitutionalisation to community care

Topic in Action 1.3: Community psychiatry 14 of 22

## Adventures in community psychiatry (9)

*The hope was that:*

- need for admission would be diminished
- need for long-stay care would be abolished



*But this was not the case:*

- admission rates similar
- new long-stay individuals continued to accumulate

## Adventures in community psychiatry (10)

### Specialist teams

#### 4. "Functionalised" mental health services



## The third sector: social inclusion and peer-led services (1)

Social inclusion

Peer-led services

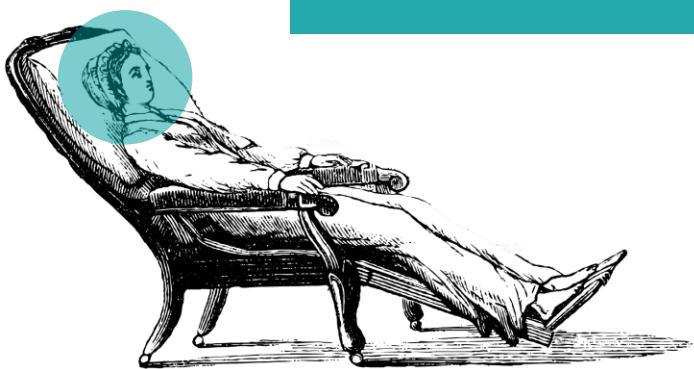
Carer support projects



## The third sector: social inclusion and peer-led services (2)

Role of “third sector” = specific to a health and social care system

Policy in England supports use of “personalised budgets”: allows people to purchase the care they need from wherever they want to



## Creative, social & leisure activity

### *Importance of creative, social and leisure activities*

These services try to address the barriers of stigma and social exclusion

Under-resourced and diminishing

Not valued by health or social care funders



Davidson & Strauss (1992)

## Implications of community psychiatry

- there is evidence that services developed during era of deinstitutionalisation worked well
- “functional” split in contemporary services has strengths and weaknesses
- we lack data about what should work for whom
- not everything works well everywhere
- there are some general principles
- services aren’t treatments

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**End of topic**