

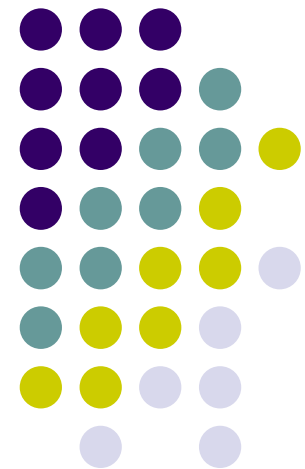
# ASSERTIVE OUTREACH

across

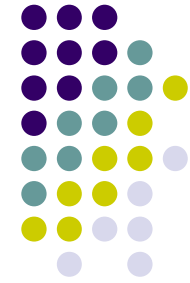
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Staffordshire and  
Shropshire

*Val Phillips*  
*Carol Molloy*



# KEYS TO ENGAGEMENT



- THERE IS A SMALL, BUT SIGNIFICANT GROUP OF PEOPLE WITH SEVERE AND ENDURING MENTAL HEALTH PROBLEMS, WHO HAVE MULTIPLE, LONG-TERM NEEDS AND WHO CANNOT OR DO NOT WISH TO ENGAGE WITH SERVICES.

SAINSBURY CENTRE FOR MENTAL HEALTH  
1998



- ASSERTIVE OUTREACH TEAMS ESTABLISHED AS A RESPONSE TO THESE CONCERNS
- *AO REFERRAL CRITERIA:* SERVICE FOR THOSE WITH SEVERE AND ENDURING MENTAL HEALTH PROBLEMS WHO FIND IT DIFFICULT TO MAINTAIN LASTING CONTACT WITH SERVICES

# EFFECTS OF NON-ENGAGING



- FREQUENT RELAPSES
- SYMPTOMS POORLY CONTROLLED
- FREQUENT HOSPITAL ADMISSIONS, OFTEN DETAINED UNDER MHA
- POORER LONG TERM PROGNOSIS
- POOR QUALITY OF LIFE
- CHAOTIC LIFE STYLE
- INCREASED RISKS AND VULNERABILITY
- DAMAGED RELATIONSHIPS
- CHANCES OF RECOVERY REDUCED

# REASONS FOR NON-ENGAGEMENT



PRIEPE ET AL (2005):

REASONS SERVICE USERS CITED FOR NOT ENGAGING:

- REPORTED DESIRE TO BE INDEPENDENT
- NOT LISTENED TO
- NO ACTIVE ROLE IN TREATMENT
- THEIR EXPERIENCES NOT ACKNOWLEDGED
- POWER ISSUES
- PATRONISING MENTAL HEALTH WORKERS
- BAD EXPERIENCES OF MH SERVICES
- AFFECTS OF MEDICATION – SIDE EFFECTS
- NOT ACCEPTING ILLNESS
- NOT WANTING TO ACCEPT PATIENT ROLE

# HOW DO WE HELP PEOPLE TO ENGAGE?



- TIME INVESTED BY ASSERTIVE OUTREACH WORKERS
- COMMITMENT
- EASY TO CONTACT
- VISITS IN ENVIRONMENT TO SUIT INDIVIDUAL
- NOT FOCUSSED ON MEDICATION
- SOCIAL, PRACTICAL SUPPORT (SHEPHERD ET AL (1994), RELATIVE VALUES)
- GIVEN ACTIVE ROLE
- THEIR EXPERIENCE LISTENED TO
- INVOLVEMENT OF COMMUNITY PHARMACIST RE COMPLEX MEDICATIONS, CONCORDANCE AND SIDE EFFECT ISSUES, SUPPORT WITH NURSE

# REPORT ON ASSERTIVE OUTREACH IN ENGLAND STATED



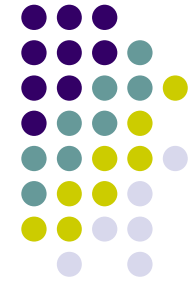
‘ASSERTIVE OUTREACH IS REMARKABLY  
SUCCESSFUL IN ENGAGING SERVICE  
USERS AND LOSS OF CLIENTS RARELY  
OCCURS’

***DOH OCTOBER 2005***

2011-2012 Q3 Assertive Outreach Broken Engagement Summary

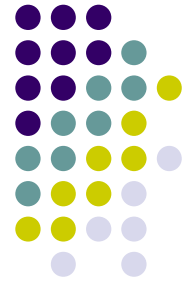
**CQIN**

Team	Patient Level	Team Level	Calculated Indicator
South Staffs	There were no episodes of broken engagements as per CQIN schedule definition for this quarter.	0/242	0
Telford & Wrekin	There were no episodes of broken engagements as per CQIN schedule definition for this quarter.	0/62	0
Shropshire	There were no episodes of broken engagements as per CQIN schedule definition for this quarter.	0/100	0





# CONCLUSIONS



- TIME INTENSIVE APPROACH
- EXPENSIVE
- INVOLVES SOME THERAPEUTIC RISK TAKING
- CHARACTER, ATTITUDES, VALUES, STYLE OF WORKING, ABILITY TO BE FLEXIBLE AND CREATIVE ESSENTIAL
- NEEDS HIGHLY SKILLED, KNOWLEDGEABLE AND EXPERIENCED STAFF
- FIDELITY TO AO MODEL
- PROMOTES RECOVERY
- PROMOTES SOCIAL INCLUSION
- HIGH CLIENT SATISFACTION



- IN THE PAST PEOPLE WERE EXPECTED TO FIT SERVICES
- THUS SOME PEOPLE WOULD NOT ENGAGE WITH SERVICES, THIS HAVING A DETRIMENTAL EFFECT ON THE COURSE OF THEIR ILLNESS AND THEIR QUALITY OF LIFE
- ASSERTIVE OUTREACH MODEL ALLOWS FOR A SERVICE THAT FITS THE INDIVIDUAL
- ENGAGING PEOPLE IN A CREATIVE MANNER IS THE CORE COMPONENT OF THAT MODEL AND IS CRUCIAL IN THE RECOVERY PROCESS