

Activities of the Assertive Outreach Team (AOT) at Tottori Medical Center and The reduction of beds

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Abstract

In 2011, Japanese psychiatry departments had 269 hospital beds per 100 thousand people in the population, which is an exceptionally high ratio compared to other nations. The reason behind this has been criticized to be the significant lack of community services for patients with mental disorders which prevents patients with severe and persistent mental disturbances from sustaining lives in the community. The assertive outreach treatment (ACT) is known to be an effective method in this type of situation; however, it has not taken root in Japan yet. Given that, we at the Tottori Medical Center launched an assertive outreach team (AOT) under that name with the goals of promoting the discharge of patients and supporting their ability to adjust to living in the community. The AOT at our center is a multi-professional team, composed of psychiatrist, nurse, psychiatric social worker, occupational therapist and clinical psychologist and currently supports the community lives of eight users. All eight users are diagnosed with schizophrenia, and are thus patients of severe and persistent mental disturbances. The intervention of the AOT has significantly decreased the total time in hospitalization, the length of the longest hospitalization, and the lengths of single hospitalizations. Furthermore, visits after discharge allows the AOT staffs to detect psychiatric symptoms early so that patients can be re-hospitalized promptly before conditions worsen. Therefore, introducing the multi-professional AOT home-visitation service to the standard clinical approach has a great advantage of allowing efficient use of limited medical resources. We were able to confirm that in the normal clinical situation in our country, AOT was effective in supporting the community lives of patients with severe mental disorders, even if the active outreach service AOT does not conform exactly to the ACT model standards for fidelity. Although there are currently not enough funds allocated to this form of visiting service in Japan, it is essential to introduce an active outreach team to the normal clinical setting. Tottori J. Clin. Res. 7(2), 101-108, 2016

Key Words: assertive outreach, community support, schizophrenia, discharge management

Introduction

The number of psychiatry hospital beds in our nation in 2011 was 269 per 100 thousand people in the population, which is exceptionally high compared to other OECD countries¹⁾ (Fig. 1). The majority of these beds are used for long-term, rather than acute care. This is a problem that has been criticized, and a major reason behind this problem is the significant lack of community services. Despite the great efforts that psychiatric hospital staff has been putting into encouraging discharge, it is a challenge for patients with severe and persistent mental disorders to continue living in the community. Although the ACT system is named as one of the effective methods under such circumstance, it is not introduced yet into standard

care in Japan. The population of the Tottori prefecture Eastern Area is 230 thousand, and there are four psychiatric hospitals in the area. There are a total of 689 beds, which equates to 298 beds per 100 thousand inhabitants. The National Hospital Organization Tottori Medical Center is one of the psychiatric hospitals in the region, with 142 beds in its three psychiatric wards. Many of the wards have long-term inpatients, many of whom have fallen into the pattern of institutionalism. As mentioned above, one of the reasons for this is the lack of community care services in the Tottori Prefecture Eastern Area, as well.

As such, the active outreach team (AOT) was launched in the Tottori Medical Center. Its founding goals were to 1) encourage hospitalized patients'