Psychiatria Danubina, 2009; Vol. 21, Suppl. 1, pp 29–30 Conference paper
© Medicinska naklada - Zagreb, Croatia

ASSERTIVE OUTREACH IN SLOVENIA; IDENTIFICATION OF TARGET GROUP AND GOALS OF TREATMENT IN A NEW PROGRAM

Mirjana Furlan

Zdravstveni zavod Furlan Ljubljana, Slovenia

SUMMARY

A team from the Rehabilitation unit of Ljubljana psychiatric clinic attended a course on community care in London in October and November 2005. Because we decided that the methods presented to us could be of great use in Slovenia where the Health system is lacking such services we decided to implement them after our return. Immediately after we returned we started to carry out our plan. We designated our target group which were patients who poorly participated in treatment or had multiple and severe difficulties functioning and retaining ther progress after discharge. Our goals were to improve patient participation in treatment before and after discharge, less and shorter hospitalizations and better integration of patients into society. Initial results are very positive, which leaves me much hope for further implementation of assertive outreach and community care in Slovenia

Key words: *assertive outreach – Slovenia - community care - patient participation*

* * * * *

Introduction

In October and November 2005 a six-member team of Enota za rehabilitacijo Psihiatrične klinike Ljubljana (Rehabilitation unit of Ljubljana psychiatric clinic – ER in further text) attended a course as a part of the international exange project Leonardo da Vinci. For six weeks we learned about organization and workings of community care teams under mentorship of med. dr. Mark Agius (Agius 2006).

Methods

In ER we mostly treat patients with severe psychotic disorder, whose diseases have an unfavourable course.

Upon admission to the ward a multi-disciplinary team (a psychiatrist, a psychologist, a graduate nurse, a socal worker and work thera-peutist) prepares a individual plan of treatment. The plan is synchronised with goals that are agreed upon by the members of the team and the patient. In a lot of cases family members participate in defining the goals.

Activities in our ward are organised in such a way, as to permit the patient to acqure new skills, improve his functioning, get in better terms with himself and his disease and improve his recognition, control and relaxation of symptoms. In our ward the patient aranges his therapy himself.

Several times every year we carry out a structured educational program for patients and their family members.

With this method of treatment we achieved better cooperation with the patient and better functioning after discharge. But in Slovenia there is the problem of an insufficient ambulatory network, after discharge the patients are mostly left on their own. They have an appointment with an ambulatory psychiatrist once a month at most, mostly once every 2-3 months. If they are fortunate and there is a center of one of the non-govermental organisations nearby, they can join it. Family members are often already disheartened, weary and unable to actively help. So the improvement achieved during hospitalization soon wears out and additional hospitalizations - including involuntary ones – are reccurent.

All these were the reasons why, while still in England, we decided that after our return that we would organise assertive outreach in Slovenia. We presented our plan at a conference in Cabridge and started to carry it out immediately after our return.

First of all we designated our target group and goals of treatment.

Paper presented at ISPS Meeting, Bled, February 2006

Target group

Our target group included:

- patients with a severe psychotic disorder, who poorly participate in treatment or refuse or irregularly attend treatment or do not or irregularly attend appointments with an ambulatory psychiatrist;
- patients who are oftenly hospitalized or hospitalized for along period of time;
- patients who cooperate poorly with assigned services (social work centers, home nursing, non-goverment organisations);
- patients who have multiple difficulties; social isolation, conflicts with family and enviro-ment, poor care for their own health, or accomodation problems...

Goals of Treatment

Our Goals of Treatment were:

- better participation in treatment;
- decrease in number and lenght of hospitali-zations;
- decrease in number of involuntary hospitali-zations;
- improvement in functioning;
- improvement of relationship with family members and surroundings;
- widening of social network;
- organisation of a suitable accomodation.

We decided that initially we will only include patients after discharge from our ward. Before the discharge we arranged the treatment together with the patients, their families, and if necessary with external services (social work centers, nursing services, non-goverment organisations...). We assigned a care coordinator and agreed on thefrequency and goals of home visits.

Results and Conclusion

Initial responses and results are very positive, so I firmly believe that assertive outreach will strenghten and expand and that other forms of community care will gradually be introduced in Slovenia.

REFERENCES

1. *Agius M, Furlan M, Bulic I, Zmuc L, Zajelda B, Susnik V, Jeric A. The development of a Leonardo Program for teaching Community Psychiatry. Psychiatria Danubina 2006; 18:193-199.*

Correspondence:

Mirjana Furlan, MD
Zdravstveni zavod Furlan Ljubljana, Slovenia