

4.9 Assertive outreach for mentally ill problem substance users: follow the manual

Findings A influential US study has reported that assertive community treatment for serious mental health and substance use problems works far better when faithfully implemented. The report is the latest from the New Hampshire study comparing assertive community treatment ('assertive outreach') with standard case management. Seven centres delivered both to randomly selected patients, primarily male alcohol abusers with schizophrenia and allied disorders. Earlier reports had found both approaches roughly equally effective, perhaps because in practice they were quite similar [Nugget 2.12](#). But the featured study revealed a clear gap in outcomes *between* the assertive programmes. The four which more fully implemented core elements did much better than the rest. These 'high fidelity' programmes differed by more assertively engaging clients in the community and delivering services there rather than at the office. They also provided greater continuity of care through stable staffing and 24-hour responsibility for clients. Lastly, they adhered to a non-confrontational drug treatment model which motivated recovery through stages rather than demanding immediate abstinence. By six months a gap had opened between the substance problems of clients in the two sets of assertive programmes which by a year had reached statistical significance. It remained significant throughout the rest of the three-year follow-up, at the end of which nearly 60% of clients in the high fidelity programmes were in remission but just 15% in the remainder. Admissions to hospital were also fewer. Outcomes were roughly even in terms of accommodation, mental health, social functioning and quality of life. [LINKS](#) [Nugget 2.12](#)

In context Assertive outreach is an alternative to institutional care for mentally ill clients not reached by conventional services, among whom are many with substance problems. Such approaches are now being implemented across Britain. Evidence for added benefit from any integrated drug/mental health treatment is weak, but is strongest for newer programmes of the type tested in New Hampshire.

Though high fidelity programmes performed better, they did so only on the outcomes targeted most directly by the model – retention, substance use, and hospital admissions. Only an evaluation designed to test high versus low fidelity programmes could eliminate other explanations for the results, but this pattern strongly suggests that the elements of the programme (outreach, assertive engagement and a dual diagnosis treatment model) designed to achieve its core objectives actually do so. Other studies have also found that fuller implementation improves outcomes. In the featured study its importance might even have been underestimated: high and low fidelity programmes were similar in many respects, and assertive outreach has recorded its most convincing results among homeless clients in deprived, racially mixed, inner city areas, rather than the more settled populations in the areas studied.

Practice implications The study's message is not that assertive community treatments are better than conventional approaches, but that if these are to be adopted, this should be wholehearted. New manuals cited in the study should aid this process. A profile is emerging of the type of integrated approach which offers the best chance of success, especially with substance misusers with serious mental health problems compounded by poor housing and social isolation. It will probably feature assertive outreach to engage and retain clients, intensive case management to ensure they receive the required services, and interventions geared to the patient's willingness to recognise and respond to their substance problem – too intensive or demanding an initial approach results in high drop out. Important quality factors include careful recruitment, staff training, low caseloads shared across a team, and access to support services.

Featured studies McHugo G.J., *et al.* "Fidelity to assertive community treatment and client outcomes in the New Hampshire dual disorders study." *Psychiatric Services*: 1999, 50(6), p. 818–824. Copies: apply DrugScope.

Additional reading Drake R.E., *et al.* "Review of integrated mental health and substance abuse treatment for patients with dual disorders." *Schizophrenia Bulletin*: 1998, 24(4), p. 589–608. Copies: apply DrugScope.

Contacts [Gregory McHugo](#), New Hampshire-Dartmouth Psychiatric Research Center, 2 Whipple Place, Suite 202, Lebanon, New Hampshire 03766, USA, e-mail gregory.j.mchugo@dartmouth.edu.