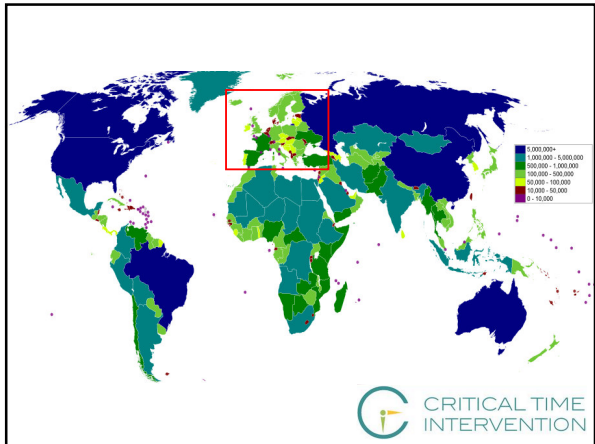


CTI in The Netherlands


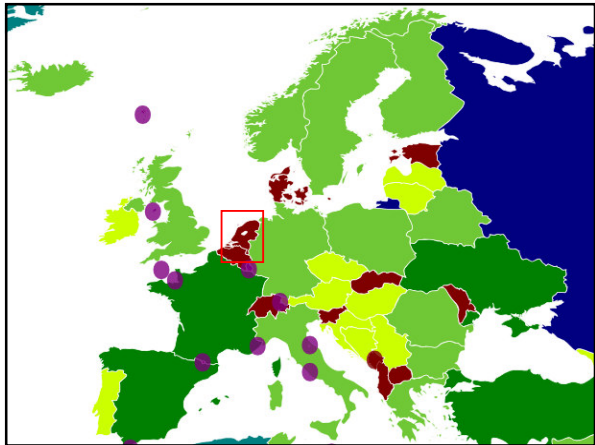
A comparison of a CTI and an ACT team

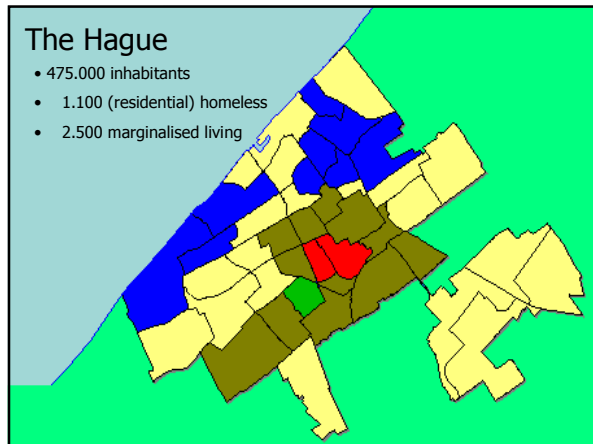
Albert M van Hemert
 Leiden University Medical Center
 Parnassia Bavo Groep
 The Netherlands





<p>United States</p> <ul style="list-style-type: none"> • 9,629,091 km² • 300 million inhabitants • 31 inh. / km² <p><u>Health care system</u></p> <ul style="list-style-type: none"> • 45,615 psychiatrists • 1.5 / 10.000 • Insurance issues • Mainly competitive mental health care system (?) 	<p>The Netherlands</p> <ul style="list-style-type: none"> • 41,528 km² • 16 million inhabitants • 384 inh. / km² <p><u>Health care system</u></p> <ul style="list-style-type: none"> • 2,164 psychiatrists • 1.4 / 10.000 • ± National insurance • Mainly single mental health care providers within regions (±national)
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Difficult to engage patients

- Serious mental disorder (Psychosis, addiction, other)
- Unable to maintain primary living conditions
- In need of professional care
- Insufficient care provided
- Not seeking care / avoiding care

Similarities and Differences in Homelessness in Amsterdam and New York City

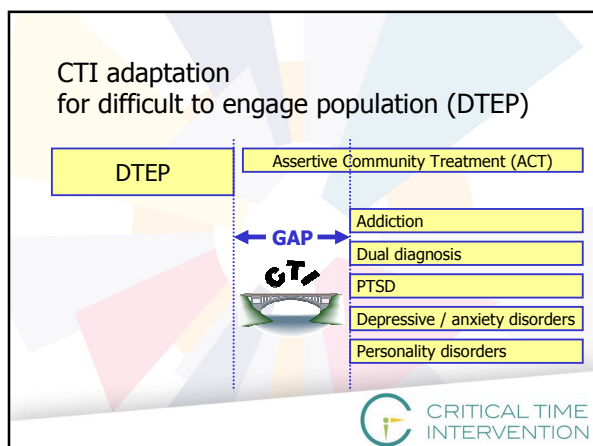
Johan Slegers, M.A.

As in New York City, many of the homeless in Amsterdam are mentally ill or have substance use disorders. The increase in the number of homeless people in Amsterdam consists largely of mentally ill people who would have been admitted to a mental hospital 20 years ago and of older, long-term heroin abusers who can no longer live independently. Thus institutional factors such as fragmentation of services and lack of community programs for difficult-to-serve people are a likely explanation for the growing number of homeless people in Amsterdam. (*Psychiatric Services* 51:100-104, 2000)

Parnassia Bavo Psychiatric Institute

Specialized programs

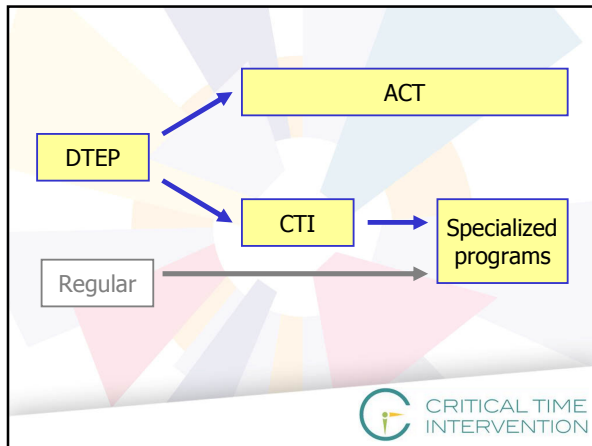
- Depressive disorders
- Anxiety disorders
- Posttraumatic stress
- Somatoform
- ADHD
- Personality disorders
- Sexual dysfunction
- Relational problems
- Mentally disabled
- Developmental disorders
- Psychotic disorders
- Addiction care
- Forensic care
- Care for the elderly
- Primary care service
- Emergency service



CTI Translation (2003-2006)

Elie Valencia
Diede Schols
Wijbrand Hoek

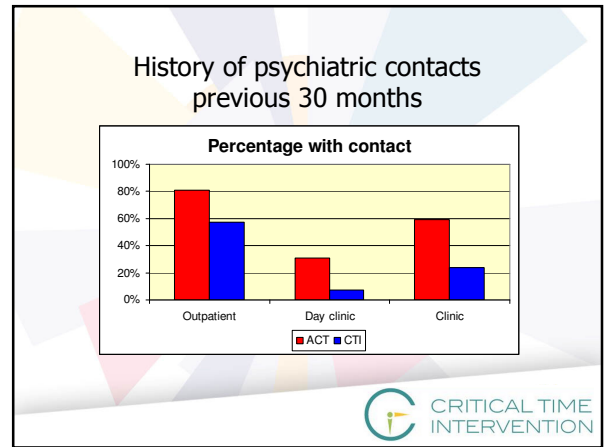
- Manual
- Workbook
- Case description



	CTI	ACT
Approach	Assertive	Assertive
Aim	Connect to support systems	Treatment
Scope	Focused	All care
Duration	9 months	Unlimited
Indication	Low threshold	High threshold
Caseload	± 25	± 10

Diagnoses in CTI and ACT groups

	CTI (n=171)	ACT (n=108)
Psychosis		68 (63%)
Addiction		25 (23%)
Mood		2 (2%)
Anxiety		1 (1%)
Other		10 (11%)



- ### ACT versus CTI
- Different service models
 - Our ACT team serves patients with psychotic disorders with a more extensive history of psychiatric care
 - Our CTI team serves non-psychotic patients with a less extensive history of psychiatric care

