A national survey of assertive outreach treatment services for people who frequently attend hospital due to alcohol related reasons in England

Stephanie Fincham-Campbell1, Andreas Kimergård1, Amy Wolstenholme1, Ros Blackwood1, Robert Patton2, Jacklyn Dunne1, Paolo Deluca1, and Colin Drummond1

1 Addictions Department, National Addiction Centre, Institute of Psychiatry, Psychology and Neuroscience, King’s College London, London, UK
2 School of Psychology, University of Surrey, Guildford, UK

Background
Assertive outreach treatment is a model of community service provision originally developed in the 1970s to support people with severe mental illnesses (Stein and Test, 1980). Assertive outreach treatment services have recently been developed to work specifically with people who are alcohol dependent and people who frequently attend hospital due to alcohol related problems.

There is currently limited information about the number of AAOT services in England and their operational characteristics.

Aims
The aim was to classify and characterise alcohol assertive outreach treatment (AAOT) services for patients in emergency departments (EDs) in England according to their concordance with six core AAOT components

Alcohol Assertive Outreach Treatment (AAOT)

- Low patient caseload
- Multidisciplinary team
- Regular contact in the community
- Persistent attempts at contact
- Focus on health and social care
- Flexibility towards patient’s goals
- Openness
- Ethos of ‘going the extra mile’ for patients
- Extended care


<table>
<thead>
<tr>
<th>AAOT components</th>
<th>High-level AAOT services</th>
<th>Mid-level AAOT services</th>
<th>Low-level AAOT services</th>
</tr>
</thead>
<tbody>
<tr>
<td>A caseload of between 10 and 20 patients per AAOT practitioner</td>
<td>100%</td>
<td>23%</td>
<td>6%</td>
</tr>
<tr>
<td>Input from a multidisciplinary team</td>
<td>33%</td>
<td>15%</td>
<td>0%</td>
</tr>
<tr>
<td>Regular contact (at least once a week)</td>
<td>100%</td>
<td>77%</td>
<td>6%</td>
</tr>
<tr>
<td>50% of contacts occurring outside of the service settings</td>
<td>100%</td>
<td>73%</td>
<td>6%</td>
</tr>
<tr>
<td>A focus on both health and social care needs</td>
<td>100%</td>
<td>100%</td>
<td>94%</td>
</tr>
<tr>
<td>Extended care provided for a prolonged period of 12 months</td>
<td>100%</td>
<td>77%</td>
<td>0%</td>
</tr>
</tbody>
</table>

References


Conflict of interest declaration
None

Correspondence: Stephanie Fincham-Campbell, PhD student, National Addiction Centre, PO48, Institute of Psychiatry, Psychology & Neuroscience, Addiction Sciences Building, 4 Windsor Walk, Denmark Hill, London, SE5 8BB stephanie.fincham-campbell@kcl.ac.uk