

cambridge.org/psm

Mike Firm¹, Maria Alonso-Vicente² and Dieneke Hubbeling²

Correspondence

Cite this article: Firm M, Alonso-Vicente M, Hubbeling D (2018). The Ferrari v. the bicycle. *Psychological Medicine* **49**, 170–171. <https://doi.org/10.1017/S0033291718002179>

Received: 22 July 2018

Accepted: 26 July 2018

First published online: 24 August 2018

Author for correspondence:

Dieneke Hubbeling, E-mail: dieneke@doctors.org.uk

¹Springfield Consultancy and ²South West London and St. George's Mental Health NHS Trust

We congratulate Luo *et al.* (2018) on the results of their randomised-controlled trial of assertive community treatment in mainland China. They reported statistically significant differences between the assertive community treatment group and the control group with less admissions, less relapses and shorter duration of relapses and increased employment in the assertive community treatment group. They rightly stated that further research with a larger sample will be necessary before firm conclusions can be drawn. Apart from sample size we consider two other issues important:

- The very low treatment intensity in the control group
- Whether an intermediate flexible model would bring similar gains and offer greater value and opportunity for spread in such a large country

The added value of orthodox assertive community treatment (ACT) in developed countries is under scrutiny. Although there is a lot of evidence in favour of ACT from studies conducted in the United States (Dixon, 2000), these results were not replicated in Europe. Randomised-controlled trials in the United Kingdom (Killaspy *et al.*, 2006) and the Netherlands (Sytema *et al.*, 2007) failed to show a reduction in bed use. A likely explanation for this difference is the increasingly marginal gap between the quality of care and treatment in the control and intervention group.

Luo *et al.* (2018) mention that the control group in their study should get at least an out-patient appointment in a psychiatric clinic every 3 months, and a home visit by a public health professional also every 3 months, but that this does not always happen due to limited resources, hence patients in the control group received a visit every 3 months and a monthly telephone call. Patients in the control arm of studies in ACT with a negative outcome (Killaspy *et al.*, 2006; Sytema *et al.*, 2007) received more input, typically averaging fortnightly contact. We would have liked to have seen Luo *et al.* report the actual number of contacts in both the ACT group and the control group. On the face of it, it would seem that they have tested a 'Ferrari' model of community treatment against a bicycle and found the Ferrari superior.

The basic idea behind specialist ACT is offering intensive contact to individuals with high levels of relapse and service use, but it could well be that standard care models can be enhanced flexibly by adjusting the number of contacts during crisis situations. This is the idea behind flexible assertive community treatment (FACT), namely offering routine care when possible and more intensive care when needed. There are currently no randomised-controlled trials for FACT but in a number of non-randomised studies FACT was effective (Nugter *et al.*, 2016; Sood *et al.*, 2017; Firm *et al.*, 2018). Though we do not have knowledge of the Chinese context, it could be that FACT or other intermediate models represents the mid-range Toyota in our simple analogy, reliable and designed for mass consumption rather than for the lucky few.

Conflict of interest. Mr Firm works with the South West London and St. George's Mental Health Trust and with Springfield Consultancy. Springfield Consultancy has been commissioned to deliver training on FACT. Dr Alonso-Vicente and Dr Hubbeling are with the South West London and St. George's Mental Health NHS Trust, London and have no conflict of interest to declare.

References

- Dixon L (2000) Assertive community treatment: twenty-five years of gold. *Psychiatric Services* **51**, 759–765.
- Firm M, Alonso-Vicente M, Hubbeling D, Holley J, White SJ and Jones B (2018) The replacement of assertive outreach services by reinforcing local community teams: a replication study reporting comparative outcomes and patient reported experience. *Journal of Mental Health* **27**, 157–163.
- Killaspy H, Bebbington P, Blizard R, Johnson S, Nolan F, Pilling S and King M (2006) The REACT study: randomised evaluation of assertive community treatment in north London. *British Medical Journal* **332**, 815–818.
- Luo X, Law SF, Wang X, Shi J, Zeng W, Ma X, Chow W, Liu S, Zhao W, Liu X, Yao S and Phillips MR (2018) Effectiveness of an assertive community treatment program for people with severe schizophrenia in mainland China – a 12-month randomized controlled trial. *Psychological Medicine*, in press.

© Cambridge University Press 2018

CAMBRIDGE
UNIVERSITY PRESS

- Nugter MA, Engelsbel F, Bähler M, Keet R and van Veldhuizen R** (2016) Outcomes of FLEXIBLE assertive community treatment (FACT) implementation: a prospective real life study. *Community Mental Health Journal* **52**, 898–907.
- Sood L, Owen A, Onyon R, Sharma A, Nigriello J, Markham D and Seabrook H** (2017) Flexible assertive community treatment (FACT) model in specialist psychosis teams: an evaluation. *BJPsych Bulletin* **41**, 192–196.
- Sytema S, Wunderink L, Bloemers W, Roorda L and Wiersma D** (2007) Assertive community treatment in the Netherlands: a randomized controlled trial. *Acta Psychiatrica Scandinavica* **116**, 105–112.