5. Compared to standard psychiatric care in the community, the training in Community Living Programme developed by Stein & Test helped patients to:
   a Live independently
   b Obtain employment
   c Stop medication without relapse
   d Comply with medication.

MCQ answers

1	2	3	4	5
a T	a F	a T	a F	a T
b T	b F	b F	b T	b T
c F	c T	c F	c F	c F
d F	d T	d F	d T	d T
e T		e T		

Commentary

Steven R. Hirsch

It is difficult not to be won over by the description of assertive community treatment that promises nearly total caring for the most chronically disabled mentally ill, including "the material essentials of life such as food, clothing and shelter, coping skills necessary to meet the demands of community living and motivation to persevere in the face of life's adversity". If we keep in mind that this approach is for patients who in previous decades would have spent their life in a mental institution, one can readily justify the transfer of expense and resources to this hopefully more humane form of treatment which allows patients to live within the context of open society, a preference they inevitably opt for when surveyed after a move from hospitalisation to community care.

Unfortunately there are serious questions as to what extent this model can meet the shortcomings of community care in modern Britain. Even 15 years after the Stein & Test (1980) original article there does not seem to be a description in the literature of any service which has been tested over a sustained period, say 5 years. The authors of this article, are only in their second year of providing such a service and they report that the Stein & Test service, and Hoult's service in Australia were both closed down with a loss of patients' previous benefits. Nor is it clear to me whether the division between Social Security, Social Services, Housing and Health in the UK allow for the type of total combined approach which ACT seems to require. Care management should offer such an opportunity by providing a single total budget for patients selected for such treatment so perhaps this should be combined with ACT.

It would appear that ACT should improve the quality of life and level of functioning of some patients with chronic mental illness. There is a problem in identifying which patients should receive this type of care as opposed to alternative approaches, such as the provision of a haven of supervised residential homes for patients who cannot function even when offered ACT. There are also the groups who are violent, abuse drugs, or remain resistant to assertive outreach because of their own peculiar psychopathology. These limitations should be given recognition by advocates of any single approach so that a comprehensive mental health system can be provided to replace institutional care of the past.

Purchasers and providers should keep a reasonable balance between the resources invested into the most severe mentally ill and the resources required by the rest of the population, so that they too can have decent and respectable facilities when they require acute treatment in hospital, and have access to psychologists, psychiatrists and community psychiatric nurses even when they do not fall into the most severely disabled group. Advocates for mental health services should approach assertive community treatment with some caution until knowledge of the cost and benefits and the ability to sustain such a service on a long-term basis has been well established.

Professor Hirsch is Professor of Psychiatry at Charing Cross and Westminster Medical School, St Dunstan's Road, London W6 8RP.

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