

On the road to recovery for people in need of intensive long-term psychiatric care

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Background

The Netherlands is entering a period in which major transitions are taking place in the care of people with (serious) mental illness (SMI). The current initiative termed “Active Recovery Triad” aims at improving the mental health care for those patients who have been considered the “**permanent**” residents of psychiatric hospitals (about 7% of the SMI population in the Netherlands; van Hoof et al., 2015). Research shows that hospitalizing patients makes them more care dependent and less autonomous (van der Gulden et al., 2014). Moreover, patient outcomes are better when they live in society instead of separated from the society (Taylor et al., 2009). This group of patients has **benefited little from all the innovations** in mental health care that have been introduced in the past decades. But not only patients, also their carers and the mental health workers in this long-term protective care are in need of renewal and momentum to improve the quality of care. Importantly, the **triad patient, family (or resource group) and professional** is the explicit framework for this new model of psychiatric care.

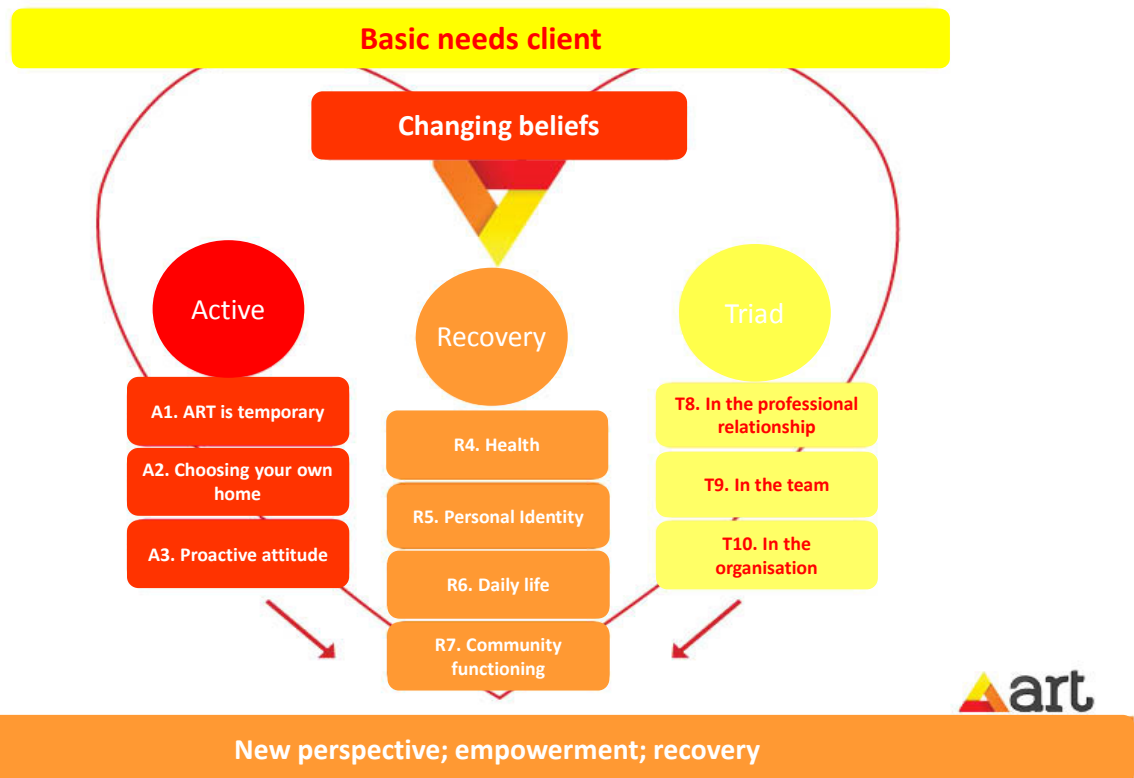


Figure 1. ART: the model

Assessing the effects of ART

To assess the effects of ART, a monitoring instrument was developed by which institutions and/or departments can monitor to which extent the ART model is implemented. Moreover, we aim to assess the relationship between implementation success and psychosocial variables.

TAKE HOME MESSAGE

Recovery is possible, even for the most handicapped group of patients. ART is a model that aims to implement this recovery-oriented perspective in psychiatric care.

References

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Taylor et al (2005) *Bmc Psychiatry*
Van der Gulden et al (2014) *Tijdschrift v. Gezondheidswetenschappen*