

# INPLASY PROTOCOL

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None declared.

## The comparison of various models of community psychiatry – a systematic review

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**Review question / Objective:** Review aimed to determine the effectiveness of community mental health model on patients with psychological health symptoms. Intervention was compared by model used (Community mental health center, community mental health team, assertive community treatment and flexible assertive community treatment). Examined factor of effectiveness are reduction in severity of symptoms and hospitalizations, increase in the level of functioning and wellbeing, quality of life or recovery, and level of satisfaction from intervention.

**Condition being studied:** Population of patients suffered from various conditions affecting their mental health. Most common symptoms were depressive, anxiety and psychotic disorders. Some specific disorders consisted of bipolar disorder, schizophrenic disorder, substance abuse disorder, and intellectual disabilities. Some articles focused on behavioral problems including criminal behavior.

**INPLASY registration number:** This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 25 May 2023 and was last updated on 25 May 2023 (registration number INPLASY202350094).

### INTRODUCTION

**Review question / Objective:** Review aimed to determine the effectiveness of community mental health model on patients with psychological health symptoms. Intervention was compared by model used (Community mental health center, community mental health team, assertive community treatment and flexible

assertive community treatment). Examined factor of effectiveness are reduction in severity of symptoms and hospitalizations, increase in the level of functioning and wellbeing, quality of life or recovery, and level of satisfaction from intervention.

**Rationale:** Implementation of community psychiatry may improve patients' chance of receiving effective treatment without

impairing their social functioning. For the health care system this shift may lead to improve accessibility and reduce costs of treatment. Thus, exploration of effectiveness of community psychiatry is important for decision making process in matter of implementation and development of community psychiatry. This review aims to determine the effectiveness of community psychiatry models in perspective of latest research. This review may fill the gap in current knowledge and prepare the ground for future research, that may lead to developing better interventions, to meet patient's needs.

**Condition being studied:** Population of patients suffered from various conditions affecting their mental health. Most common symptoms were depressive, anxiety and psychotic disorders. Some specific disorders consisted of bipolar disorder, schizophrenic disorder, substance abuse disorder, and intellectual disabilities. Some articles focused on behavioral problems including criminal behavior.

## METHODS

**Search strategy:** The search procedure was conducted via scientific sources browser with access to the following databases: Academic Search Ultimate, MEDLINE, SocINDEX, PsycARTICLES, PsycINFO, PubMed, Scopus, EBSCO, SpringerLink, JSTOR, Elsevier and others. Following phrase was used in browser: „Effectiveness or efficacy or effective or success or outcome or evaluation AND community mental health services OR community mental health center OR community psychiatry OR community mental health OR assertive community treatment OR flexible assertive community treatment OR community mental health team”. Search process was finished by March 2022.

**Inclusion Criteria:** In the first phase we included scientific articles in English that were published between 2017 and 2022, were presenting empirical data, were peer reviewed and were examining community mental health services. In a second filtering phase there we included only articles presenting quantitative data of the effects

of Community Mental Health Center (CMHC), Community Mental Health Team (CMHT), Flexible Assertive Community Treatment (FACT) and Assertive Community Treatment (ACT) on patients.

**Exclusion Criteria:** We excluded articles that were not exactly related to the effectiveness of community psychiatry and did not meet inclusion criteria.

The studies were divided according to the used intervention (CMHC, CMHT, FACT, ACT) and the dimensions of support effectiveness i.e., limiting severity of psychopathological symptoms and number/length of hospitalizations, increasing the level of patients' functioning, their well-being and satisfaction from received treatment and support.

Implemented search phrase was determined by agreement of the authors.

**Participant or population:** Patients receiving community psychiatry interventions.

**Intervention:** Interventions were conducted in models of community mental health center, community mental health team, assertive community treatment and/or flexible assertive community treatment.

**Comparator:** Community psychiatry interventions were compared with treatment as usual, interventions in other models of psychiatric/psychological support and within examined models, or in same model in different measures in time.

**Study designs to be included:** Only quantitative data measuring effectiveness of community psychiatry on patients. There were no restrictions on the type of study. In some data was gathered retrospectively in some it took form of paper and pencil interviews. Most studies used specific psychometric tools.

**Eligibility criteria:** In the first phase we included scientific articles in English that were published between 2017 and 2022, were presenting empirical data, were peer reviewed and were examining community mental health services. In a second filtering phase there we included only articles

presenting quantitative data of the effects of CMHC, CMHT, FACT and ACT on patients.

**Information sources:** The search procedure was conducted via scientific sources browser with access to the following databases: Academic Search Ultimate, MEDLINE, SocINDEX, PsycARTICLES, PsycINFO, PubMed, Scopus, EBSCO, SpringerLink, JSTOR, Elsevier and others.

**Main outcome(s):** Summarized effects show general positive outcomes of selected models on effectiveness measures and low risk of deterioration in mental health components. Increase in the level of functioning and reduction of institutional care were the best documented outcomes. The analysis of the quality determinants indicates the effectiveness of CMHC in reducing patients' symptoms and the number of hospitalizations or emergency visits and increasing the level of their functioning. A high level of patients' satisfaction with the obtained intervention was also demonstrated. In the ACT model groups nine showed a reduction in the level of patients' symptoms. Nine studies showed an increase in the level of patients' functioning. Nine studies showed an increase in recovery, well-being, or quality of life. Eight studies showed a reduction in the number of hospitalizations. Three studies indicate a high level of patients' satisfaction or its increase over time. Ratio of positive, neutral and negative outcomes shows respectively: CMHC 11, 0, 5; CMHT 2, 1, 1; FACT 5, 2, 2; ACT 15, 0, 2.

**Additional outcome(s):** The number of gathered articles indicate that CMHC and ACT are well examined. In contrast, smaller number of studies including CMHT and FACT models were found. In the FACT model group two studies showed a reduction in institutional care in the group of patients, three an increase in the level of functioning, one an increase in recovery, well-being or quality of life and a high level of satisfaction. In the CMHT model group one article (48) indicated a reduction in institutional care, and another (50)

indicated an increase in the level of functioning, recovery and high satisfaction with the intervention.

**Data management:** Data was divided into parts representing each of 4 examined models of community psychiatry. Every outcome from 5 established effectiveness factors or other ones was listed and rated as positive, indicating greater or satisfactory effectiveness, neutral, representing no change in effectiveness factors or no differences between compared measurements, and negative, showing lesser, unsatisfactory effectiveness or deterioration in patients' health components. Results were summarised and presented in tables to facilitate comparison process within one model and between models.

**Quality assessment / Risk of bias analysis:** There was no conducted risk of bias analysis.

**Strategy of data synthesis:** After results were summarised and presented in tables they were compared within one model and between models. Differences in the number of studies were found to hinder the intra-model comparison process for CMHT and FACT. And comparing them to CMHC and ACT. The small number of studies on CMHT and FACT preclude drawing firm conclusions. More studies within the CMHC and ACT allow inferences. The results were also analyzed in aggregate form for all models.

**Subgroup analysis:** There was no conducted subgroup analysis.

**Sensitivity analysis:** There was no conducted sensitivity analysis.

**Language restriction:** Used language should be the least limiting among others, as used language was English.

**Country(ies) involved:** Poland.

**Keywords:** CMHC; CMHT; FACT; ACT; Community psychiatry.

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**Dissemination plans:** This systematic review is to be published in journal addressing psychiatry.

**Contributions of each author:**

**Author 1 - Kacper Wilk -** Participated in designing of review and search strategy. Drafted the manuscript (abstract, introduction, methodology, results, discussion, conclusions, future directions, disclosure and references). Translated and registered manuscript.

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