



ABSTRACT FORM

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Title of the contribution/Titolo del contributo	Community as Therapy; Beyond Integrated Care		
Objectives/Obiettivi	Understanding community as the cement for reintegration		

People with Serious Mental Illness (SMI) need at least three services to thrive in the community; psychiatric care, medical care, and a place of support, a community.

Recently there has been a push to integrate primary care and psychiatric care under one roof. Data shows that persons with serious mental illness (SMI) have difficulty accessing appropriate care for other medical conditions. This problem is exacerbated by a need to go to multiple sites for these services. Furthermore, persons with SMI have excess mortality with decreased life expectancy. The reasons for these differences are complex.

Since 2000, Fountain House created an integrated clinic; providing Primary Care in a psychiatric clinic dedicated exclusively to the treatment of people with SMI. We have shown that by providing community with a place and a purpose enables reintegration into the larger world. To create real purpose, we have designed programs including ;employment, education, housing and networks of social support. The final unique feature is a clarity of roles and a separation of primary focus. The clinic staff focus on treating the symptoms of the illness and the Fountain House community focuses on building the strengths of the individual through social practice.

Our model centers on the belief that a person with SMI, given appropriate resources can achieve a significant improvement in quality of life. Provided these resources we can successfully reduce the use of both psychiatric and general hospital beds and a reduction in emergency room use. This sense of purpose leads to ownership of one's self. The place (community) gives people an escape from the social isolation that is often the major source of relapse. Once the person has a place and a purpose it leads to better health outcomes due to better nutrition, exercise and follow through with what outside clinicians recommend. All this is the result of the relationships that are established between members and staff.

The most common outcome measures in the treatment of SMI is relapse rates or rehospitalization rates. FH members, in general have lower relapse rates, but when combined with FH clinic that rates becomes even lower. Our relapse rate is roughly about 10% as compared to closer to 50% rate in the general SMI population. Recent data has shown that the most expensive aspect of treating SMI is medical expenses. Data shows that cost for the treatment of illnesses such as complications from Diabetes, Congestive heart failure, Hypertension, Chronic obstructive pulmonary disease cost more than psychiatric care.