Development of a balanced care model implies both hospital and community-based care/services and entails maintaining a balance between medicated and non-medicated treatments, between individual, family and community interests, as well as between methods of prevention, treatment and rehabilitation.

Nevertheless, only about half of low-income and middle-income countries provide community-based care. In Georgia, the social and economic difficulties caused radical decrease in hospital care services that was not followed by the development of outpatient and community-based services.

For introducing fundamental changes in long-term institutions for persons with severe mental illness, the country needs to develop out-of-hospital services. In these problematic contexts, an experimental outreach mobile community program was implemented to support people with severe mental illness, and improve psychosocial outcome and motivation for treatment.

**Objective:** To assess the feasibility, outcome and effectiveness of outreach community treatment piloted in Tbilisi.

**Methodology**

The study includes a quantitative (a structured survey) and a qualitative component (in-depth interviews), which together provide a more comprehensive data.

The questionnaire and the questioning route for focus group interviews were self-designed according the recommendations of World Health Organization. The following data on 50 patient involved in the program and contact characteristics were collected at baseline and 10 months after intervention: number of admissions (admissions before intervention refers to the year before the inclusion into the study), psychopathology, treatment adherence and access to social benefits.

Psychopathology was assessed using two standardized instruments: the Scale for Assessment of Positive Symptoms (SAPS) and the Scale for Assessment of Negative Symptoms (SANS) The total scores of SANS/SAPS were used to perform the analysis.

Treatment adherence was evaluated by professionals. Other outcome variables considered during the study period were the number of relapses, worsening of psychotic symptoms that caused changes in behavior and functioning.

The intervention involved all patients with lack of regular contact with the community psychiatric services that met these entry criteria:
- Diagnosis of schizophrenia according to the ICD-10
- No comorbidities with drug and alcohol dependence
- Age 11-65 years
- Having basic living skills
- Lack of social contact or job

Comparison between changes in outcome variables at baseline and after 10 months was performed. The number of admissions significantly decreased. During the evaluation, about 46% of patients had only one relapse, and 15% had more than one. There were no suicide attempts, though there was a suicide risk in some patients, assessed before intervention.

Despite the change in the treatment plan, changes in adherence were not statistically significant; all patients were at least partially adherent to the treatment regime. Moreover, at the end of follow-up, no patient was rated as not treatment-adherent, and there were only 3 dropouts among 50 patients.

The study revealed that patients and mental health professionals have positive attitudes towards the outreach community treatment.

**Number of Visits during 10 months**

<table>
<thead>
<tr>
<th></th>
<th>Number of contacts</th>
<th>Mean per patient</th>
<th>Estimated duration (minutes)</th>
<th>Main staff member involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone Calls</td>
<td>222</td>
<td>8.5</td>
<td>23</td>
<td>Nurses (35%)</td>
</tr>
<tr>
<td>Visits at Home</td>
<td>175</td>
<td>6.7</td>
<td>45</td>
<td>Psychiatrists (31%) and social workers (33%)</td>
</tr>
<tr>
<td>Outpatient Vists</td>
<td>173</td>
<td>6.7</td>
<td>30</td>
<td>Psychiatrists (55%) or psychologists (37%)</td>
</tr>
<tr>
<td>Meetings Outside</td>
<td>21</td>
<td>0.8</td>
<td>75</td>
<td>Social workers (41%)</td>
</tr>
</tbody>
</table>

**The Reasons for Non Adherence**

- Do not know: 14%
- Personality: 35%
- Side effects: 35%
- Alcohol: 17%
- Conflict in the family: 7%
- Others: 21%
- No soc support: 3%

**Conclusion**

Our results show that the monthly costs of outreach community treatment are slightly higher than the cost of standard care, while patients treated in standard care experience social exclusion, stigma and violation of human rights.

Despite all the limitations of this pilot study, the results should be considered as an experimental implementation of outreach community treatment in a low-income country and policy makers should consider, in their future mental health reforms, allocating more resources to community-based care.