



Serious mental illness and assisted outpatient treatment

Presented by:

Scott Smith

Consultant, Center for Behavioral Health and Justice

Overview of assisted outpatient treatment

Important terminology

- **Crisis:** A *temporary* state where an individual has exhausted their ability to cope with the psychological/emotional demands they are facing.
- **Developmental disability (DD):** Conditions resulting in impairment in the areas of physical control, speech, intellectual ability, and/or behavior (e.g. autism spectrum disorder).
- **Mental illness:** A *maladaptive* pattern of psychological, emotional, and/or social behavior not related to an individual's culture or developmental stage. Can be short-term or long-term (e.g. PTSD, depression).



Important terminology

- **Serious mental illness (SMI):** A mental illness that is so severe it results in an individual being unable to function without significant support. An individual is considered disabled and eligible for disability benefits (e.g. schizophrenia, bipolar disorder).
- **Psychosis:** An impairment in reality testing (what seems real to them is not real to everyone else, such as hearing voices). Common to many mental illnesses (not just schizophrenia) and not always present with SMI.



Serious mental illness

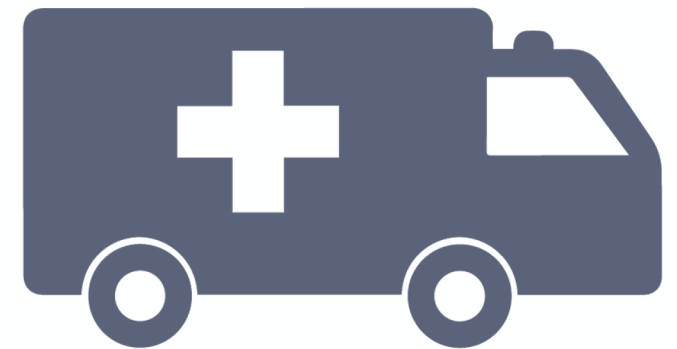
Compared to others living with a mental illness, individuals living with SMI are...

- ...more likely to not seek treatment.
- ...more likely to not adhere to existing treatment.
- ...less likely to function independently.
- ...less likely to maintain good social supports.
- ...less likely to recognize they have an illness at all.



Serious mental illness

- Untreated SMI is a significant contributor to increased rates of:
 - Suicidal and self-harming behaviors.
 - Violent behaviors.
 - Homelessness and housing insecurity.
 - High utilization of ER's and inpatient psychiatric hospitalization.
 - **Contact with law enforcement.**



Serious mental illness

There are many reasons why individuals living with SMI do not treat their illness. AOT is especially well-suited to address the following:

- Poor access to mental health treatment.
- Housing instability.
- Alcohol and other drug use.
- Paranoia related to treatment.
- Anosognosia (impairment in the ability to recognize one's illness).

Anosognosia

Anosognosia: impairment in the ability to recognize one's illness.

- Historically recognized as occurring in stroke patients and individuals with dementia.
- Increased evidence that it may also be a factor among individuals living with an SMI.
- Since 2000, the American Psychiatric Association has described the symptom as it occurs in the course of schizophrenia as, “comparable to ... anosognosia”



Anosognosia

Anosognosia: impairment in the ability to recognize one's illness.

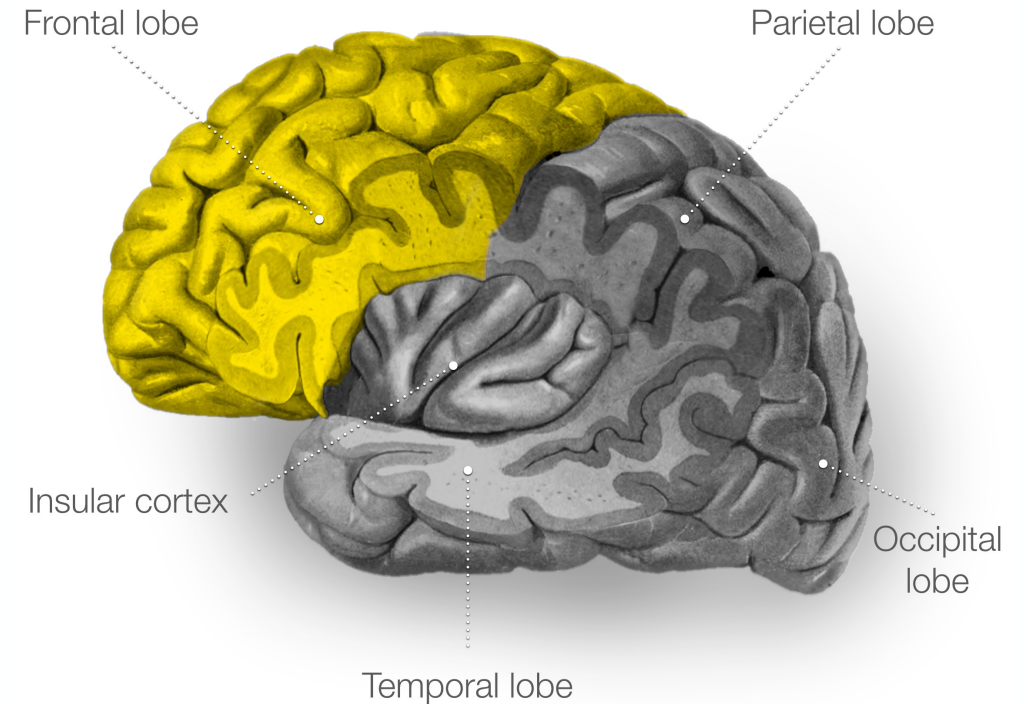
- Can be very common among individuals with SMI:
 - ~ **50-98%** of individuals living with **schizophrenia**.
 - ~ **40%** of individuals living with bipolar disorder.
- Can result in resistance to treatment.
- Inconsistent treatment can cause SMI to become worse.



Anosognosia

Anosognosia: impairment in the ability to recognize one's illness. Suspected to be caused by neurological damage to one or more of the following regions of the brain:

- **Frontal lobe** - Body movements, thinking, feeling, imagining, decision-making.
- **Prefrontal cortex** – Part of frontal lobe responsible for decision making, judgment, planning, regulating emotions, and impulse control.

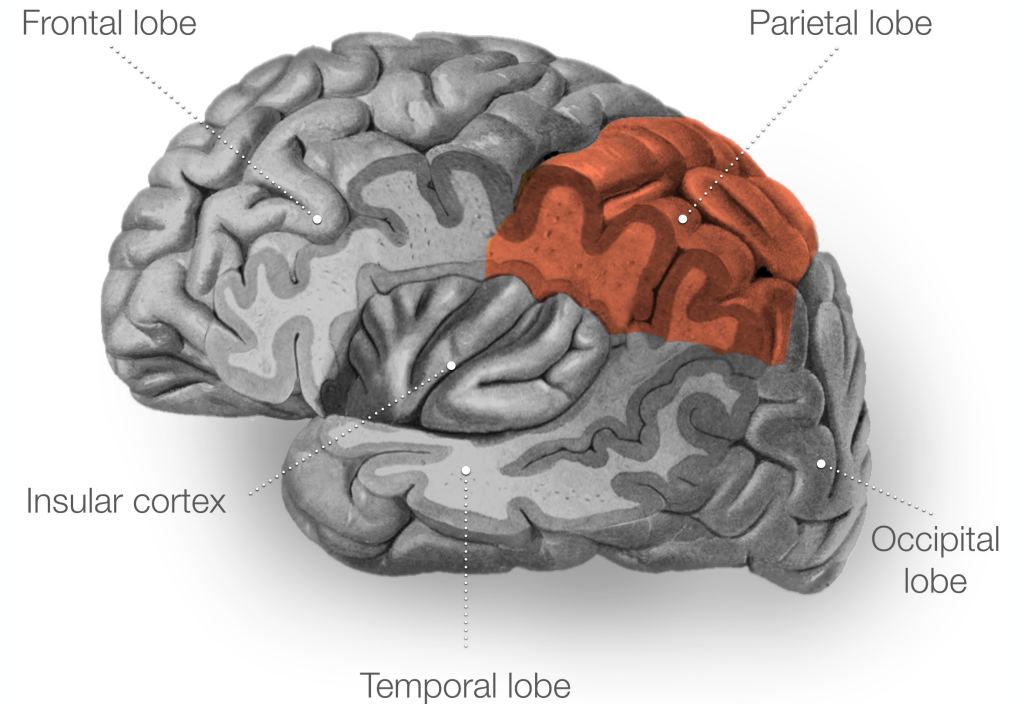


Adapted from illustration from "Sobotta's Textbook and Atlas of Human Anatomy" 1908, now in the public domain.

Anosognosia

Anosognosia: impairment in the ability to recognize one's illness. Suspected to be caused by neurological damage to one or more of the following regions of the brain:

- **Parietal lobe** – recognition and integration of sensory information (i.e., respond properly to data from our 5 senses). Especially important in processing the touch stimuli, such as:
 - Pressure.
 - Pain.
 - Heat & cold.

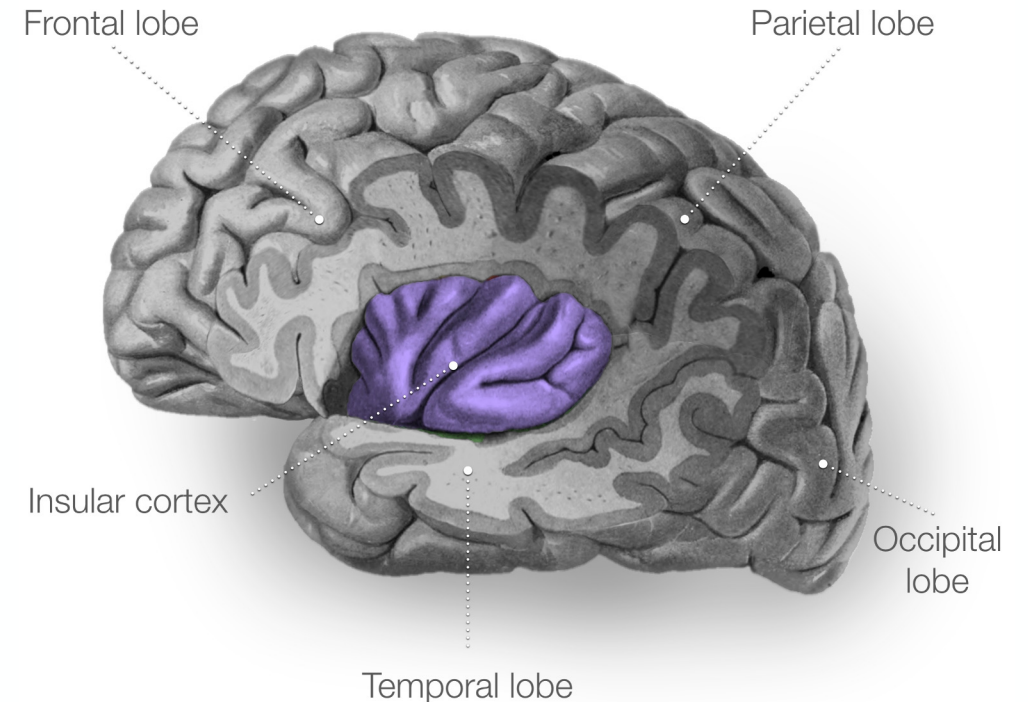


Adapted from illustration from "Sobotta's Textbook and Atlas of Human Anatomy" 1908, now in the public domain.

Anosognosia

Anosognosia: impairment in the ability to recognize one's illness. Suspected to be caused by neurological damage to one or more of the following regions of the brain:

- **Insula** – responsible for very high-level functions, including:
 - Emotional reaction.
 - Evaluating the intensity of pain.
 - Risky decision making.
 - Formation of social emotions.
 - Awareness of self, or interoception..

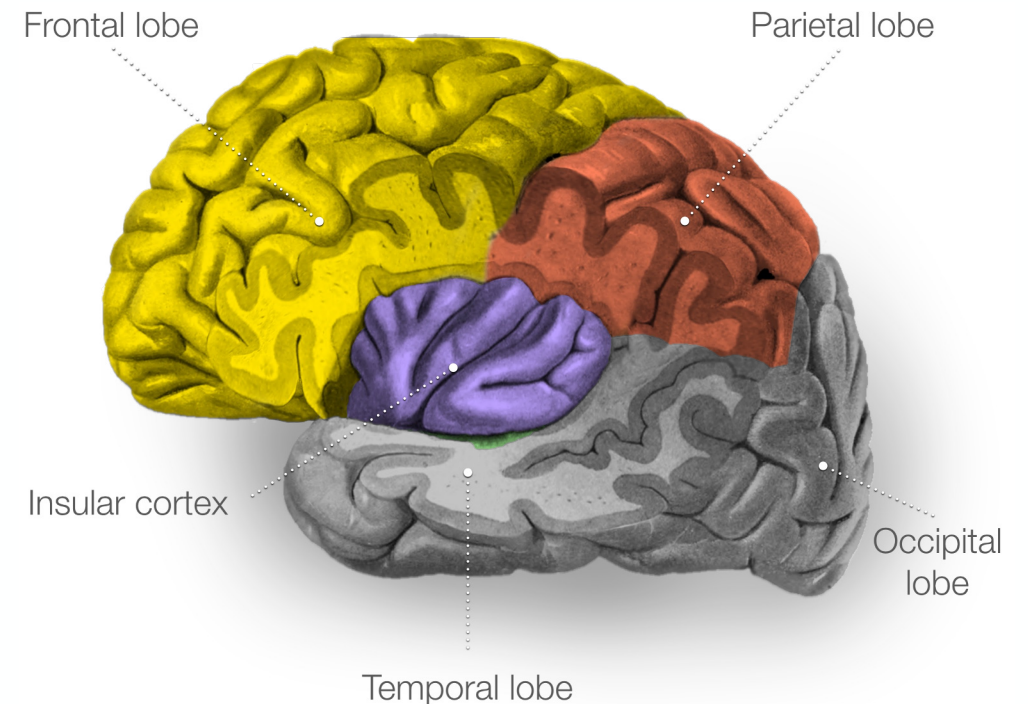


Adapted from illustration from "Sobotta's Textbook and Atlas of Human Anatomy" 1908, now in the public domain.

Anosognosia

Anosognosia: impairment in the ability to recognize one's illness. Suspected to be caused by neurological damage to one or more of the following regions of the brain:

- **Frontal lobe**
- **Prefrontal cortex.**
- **Parietal lobe.**
- **Insula.**



Adapted from illustration from "Sobotta's Textbook and Atlas of Human Anatomy" 1908, now in the public domain.

The purpose of AOT orders

- The goal of AOT is to reduce the negative consequences associated with untreated SMI, especially:
 - Suicidal and self-harming behaviors.
 - Violent behaviors.
 - Housing instability.
 - Alcohol and other drug use.
 - High utilization of emergency rooms and inpatient psychiatric hospitals.
 - Criminal behavior.
 - Contact with law enforcement.



The purpose of AOT orders

AOT addresses the problem of treatment non-adherence from two directions:



Individual

Compelling an individual via court order to receive mental health treatment.



The mental health system

Committing the mental health system to provide treatment.

Eligibility

AOT is available to **adults** who have a serious mental illness or developmental disability and...

- ... do not understand they need treatment due to impaired judgement as a result of their illness (e.g., anosognosia).
- ... are unlikely to voluntarily participate in, or adhere with, treatment to keep them from harm.
- ... have a mental illness, not substance use disorder, not dementia (including Alzheimer's)

Services available via AOT

- Case management.
- Medication (often via long-acting injectable [LAI] formulations).
- Lab tests to determine medication adherence/ efficacy.
- Outpatient therapy (individual and/or group).
- Day or partial-day programs.
- Educational or vocational training.
- Supervised living (e.g., group homes).
- Assertive Community Treatment (ACT, FACT teams).
- SUD testing and/or treatment.
- Other services at the court's discretion that can prevent relapse or deterioration of the individual's mental health.



Visit the assisted outpatient treatment toolkit at:
behaviorhealthjustice.wayne.edu/aot

This training is presented as a part of the
Assisted Outpatient Treatment Toolkit
to learn more visit:

<http://behaviorhealthjustice.wayne.edu/aot>