SUMMARY: Some people with schizophrenia and bipolar disorder refuse treatment. The main reason they do so is that they have no awareness of their illness and do not think that they are sick; this is called anosognosia. Some people who refuse treatment can be persuaded to accept it by patiently working with them or by offering them a reward if they do so. Others continue to refuse treatment; in such cases there are a few options which vary by state depending on the laws of that state. The most effective of these options are assisted outpatient treatment (AOT); conditional release; and mental health courts.

- **Assisted Outpatient Treatment (AOT)**

  AOT is a form of outpatient commitment in which mentally ill individuals are told by court order that they can live in the community as long as they follow their treatment plan, but if they do not do so, they can be involuntarily returned to the hospital. It is available in all states except Massachusetts, Connecticut, Maryland, Tennessee, and New Mexico. The criteria for being put on AOT varies somewhat by state but usually includes having had a history of not following treatment plans and becoming dangerous to self or others when not being treated. Examples of AOT are Kendra’s Law in New York and Laura’s Law in California. AOT has been shown to be effective in reducing rehospitalizations, incarcerations, victimizations, episodes of violence, and homelessness.


- **Conditional release**
Patients who have been legally committed to a hospital can be released on the condition that they are compliant with medication. Violation of the condition can result in rehospitalization. In most states, the hospital director has the authority to do this without asking permission of the courts. Forty states have laws permitting conditional release. In the past, this form of assisted treatment was widely used for both civil and forensic (criminal) cases, but now it is used mostly for the latter.

Until recently, New Hampshire was the leading state using conditional release for civilly committed patients; in 1998, 27 percent of patients released from the New Hampshire State Hospital were put on conditional release. In the only study of the effectiveness of conditional release on medication compliance reported to date, 26 severely psychiatrically ill patients were conditionally released from the New Hampshire State Hospital with assessment of various measures for the year prior to hospitalization and the two years following conditional release. The results were as follows:

<table>
<thead>
<tr>
<th></th>
<th>Year prior to hospitalization</th>
<th>First year on conditional release</th>
<th>Second year on conditional release</th>
</tr>
</thead>
<tbody>
<tr>
<td>Months of medication compliance</td>
<td>2.9</td>
<td>10.4</td>
<td>10.7</td>
</tr>
<tr>
<td>Episodes of violence (rated on a 7-point scale)</td>
<td>5.6</td>
<td>2.4</td>
<td>1.1</td>
</tr>
</tbody>
</table>

The patients on conditional release thus had markedly improved medication compliance ($p < 0.001$) and decreased episodes of violence ($p < 0.001$).

A study of conditional release in Australia reported that it decreased the death rate for those on conditional release by 14 percent.

Among forensic (criminally committed) psychiatric patients, conditional release is more widely used. The best known example is Oregon’s Psychiatric Security Review Board, which has been studied and reported to be highly effective in reducing future criminal behavior. Additional studies on the effectiveness of conditional release for insanity defense acquittees have been carried out in Maryland, Illinois, California, New York, and Washington, D.C.


Mental Health Courts

Mental health courts are courts set up specifically to adjudicate only those cases in which a person with a mental illness has been charged with a crime. Some mental health courts take both misdemeanors and felonies, others only the former. Mental health courts are a form of jail diversion for mentally ill individuals charged with crimes. In most cases, the judge gives the defendant the choice of going to jail or cooperating with an outpatient treatment program, including medication. If the person refuses to follow the treatment plan, he/she can be sent to jail. Mental health courts have been shown to be very effective in keeping people on medication, and in reducing rehospitalizations, incarcerations, and violent behavior. The main limitation of such courts is that a mentally ill person has to have committed a crime in order to be eligible.

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- Assertive case management

Under assertive case management, case managers actively seek out at their homes or elsewhere in the community patients who do not follow up with appointments. The Program of Assertive Community Treatment (PACT or ACT teams) is the best known example of this. Multiple studies have demonstrated that PACT teams decrease rehospitalization days. In a Baltimore study of homeless individuals with severe psychiatric disorders, 77 were assigned to a PACT team and compared with 75 others assigned to traditional outpatient treatment. During the following year, those treated by the PACT team had fewer hospital days (35 versus 67), fewer days living on the streets (10 versus 24), and fewer days in jail (9 versus 19). Those treated by the PACT team also had increased medication compliance (either intermittently or fully compliant), from 29 percent at the start to 55 percent after one year; however, "approximately one-third of the subjects were noncompliant at any given time point." Assertive
case management would therefore appear to be an effective method of assisted treatment for some patients but not others.


- **Representative payee**

  To assist with money management, a patient’s SSI, SSDI, or VA disability check can be assigned to the patient’s family, case manager, or psychiatric clinic as the representative payee. Studies have shown that using a representative payee reduces hospitalization days, substance abuse, and days spent homeless. No study has been done on the effect of using representative payees to improve medication compliance. Anecdotal information, however, suggests that this arrangement is not unusual, e.g., the patient must accept a depot antipsychotic injection as a condition for being given his/her monthly check. In a U.S. Third Circuit Court of Appeals ruling, the court ruled that a man with epilepsy and borderline mental retardation was not entitled to SSDI benefits unless he demonstrated compliance with his anti-epileptic medication (*Brown v. Bowen*, 845 F2d 1211, 3rd Circuit, 1988).


- **Paying patients**

  Several studies of nonpsychiatric patients have demonstrated that paying patients to take their medication is effective. Cash, vouchers, lottery tickets, and gifts have been used to improve compliance for patients taking medication for tuberculosis, hypertension, and substance abuse. One study was also done for a small number of patients with serious mental illnesses taking depot antipsychotics.

Conservatorship

Conservatorships and guardianships occur when a court appoints an individual to make treatment decisions for another individual who is believed to be mentally incompetent. They are used most frequently for individuals with mental retardation and with severe neurological diseases such as Alzheimer’s disease; they are less often used for individuals with severe psychiatric illnesses except in California. In one study done in that state, "of the 35 patients who were placed on conservatorship, 29 (83 percent) remained stable as long as the conservatorship lasted," but for the 21 patients whose conservatorship was terminated, only 9 (43 percent) remained stable after termination.”


Substituted judgment

This is closely related to outpatient commitment and conservatorship. In Massachusetts, which does not have an outpatient commitment statute, patients with severe psychiatric illnesses have the right to refuse medication. A mental health professional can take such an individual to court; if the court finds that the patient is incompetent, it may use a substituted judgment standard, appoint a guardian, and order the patient to take medication. In a six-month study of patients subjected to such a procedure, their admissions decreased from 1.6 to 0.6, and hospital days decreased from 113 to 44. Reflecting on substituted judgment, Dr. Jeffrey Geller noted: "In one of the more ironic outcomes of mental health law over the last two decades, the right to refuse treatment court decisions have become the basis in Massachusetts for involuntary community treatment orders."


Geller JL. On being "committed" to treatment in the community. Innovations and Research 1993;2:23–27.

Advance directives

Increasingly used in all areas of medicine, individuals formulate directives at the time they are well regarding what they want to happen when they become sick. In a few states, individuals with severe psychiatric disorders, during a period of remission, can sign an advance directive instructing that they be treated or not be treated if they become sick again. Advance directives are also known as "Ulysses contracts" after the Greek hero who, while sailing past the island of the deadly seductive Sirens, instructed his crew to bind him to the mast and "be strictly
enjoined, whatever he might say or do, by no means to release him till they should have passed the Sirens' island."

The efficacy of advance directives as assisted treatment has not been studied. One possible problem is that advance directives can be signed by individuals who have no awareness of their illness at the time they sign. In such cases advance directives may become an impediment to necessary treatment rather than being a form of assisted treatment.

Campbell LA, Kisely SR. Advance treatment directives for people with severe mental illness. *Cochrane Database of Systematic Reviews* 2009, Issue 1.


- "Benevolent coercion"

"Benevolent coercion" is Dr. Jeffrey Geller’s term for threatening to institute legal proceedings to compel treatment for patients who do not comply with treatment. Geller reported that he informed his patients that "if the lithium level fell below 0.5 meq/liter, the patient would be involuntarily admitted to a state hospital." According to Geller, such "benevolent coercion" is an effective method of assisted treatment. Anecdotal evidence suggests that it is used widely but rarely discussed publicly.


- Conclusions

Assisted treatment for individuals with severe psychiatric disorders can be achieved by different methods. In publications it is usually implied that only one such method is being used, but in fact more than one are often being used at the same time. For example, the PACT program of assertive case management is sometimes combined with the use of guardianship in Wisconsin. And many of the patients in the Baltimore PACT study of homeless individuals were given representative payees as well as assertive case managers.

Although all forms of assisted treatment appear to be effective for some patients with severe psychiatric illnesses, efficacy for treatment compliance has only been clearly established for outpatient commitment. The paucity of research on assisted treatment is surprising given its importance.