



## MYTHS ABOUT ASSISTED TREATMENT

Some individuals and organizations have raised concerns about reforming Assisted Treatment Laws. Much of this is based on misinformation or misunderstanding. The following document sheds light on the myths surrounding reform of Assisted Treatment Laws.

**MYTH: *Assisted Outpatient Treatment is going to fill hospital wards.***

**REALITY:** Assisted Outpatient Treatment is designed to help people succeed out of the hospital. It helps those with a history of non-compliance induced dangerousness comply with treatment and therefore prevents them from deteriorating to the point where they need hospitalization. The recent pilot Assisted Outpatient Treatment program at Bellevue Hospital in New York City cut hospital stays in half.

**MYTH: *Assisted Treatment will empty hospital wards.***

**REALITY:** Inpatient hospitalization will still be needed for those incapable of surviving safely in the community. Assisted Outpatient Treatment facilitates early short-term rehospitalization for those noncompliant and likely to become dangerous.

**MYTH: *Assisted Outpatient Treatment does not work.***

**REALITY:** Studies in Iowa, North Carolina, Hawaii, Arizona and other states have definitively proven Assisted Outpatient Treatment works. Some say one study (of the Pilot Assisted Outpatient Treatment Program at Bellevue Hospital in NYC) did not show a beneficial effect. That study was deeply flawed because both the violent and those lacking capacity to make their own decisions—the two groups the program was meant to help—were excluded from the study. In addition those with substance abuse problems were over-represented in the court ordered group, thereby skewing results. However, contrary to claims, and even with those biases, the Bellevue study clearly showed following advantages of Assisted Outpatient Treatment:

- Assisted Outpatient Treatment cut hospital stays in half: from 101 days in the 11 months following discharge for those without court orders to 43 days of hospitalization for those with them. Thus those who did not have court ordered treatment spent 14 weeks in the hospital, compared to six weeks for those who did have a court order.
- Of those with substance abuse problems, 66 percent of the court ordered subjects were able to be rehospitalized versus only 44 percent of the controls.
- Controls who were rehospitalized were 2 ½ times more likely than those in the court ordered group to have to be transferred to the state hospital (i.e. needed long term hospitalization).
- When service providers were asked to assess the medication compliance of their patients, 57 percent of individuals that received medication orders from the court at the time of their hearing were viewed as 75-100 percent compliant, but only 39 percent of those with commitment orders that did not include medication compliance conditions were so highly rated.

**MYTH: *Assisted Outpatient Treatment will bust the budget.***

**REALITY:** Assisted Treatment is not expensive because it does not mandate any services that individuals with brain disorders are not already entitled to (example: case management, medications, rehabilitation). Assisted Outpatient Treatment Orders merely require the system to facilitate compliance for non-compliant individuals by giving them the services they need to keep well and the surrounding community safe. Individuals subject to Assisted Treatment Orders rarely violate the orders and hence interventions are infrequent. The data is also clear that the savings in hospital costs, forensic costs and other costs far offset any incremental cost of Assisted Treatment. In an article in *Schizophrenia Bulletin*, Dr. Peter Weiden and Dr. Mark Olfson calculated that nationwide, over two years, the direct costs of rehospitalization attributable to neuroleptic noncompliance is approximately \$700 million with \$370 million for the first year and \$335 million for the second. Assisted Treatment, by increasing compliance can generate savings that could be reinvested in the community.

**MYTH: *Assisted Outpatient Treatment is Unconstitutional.***

**REALITY:** Forty-one states and the District of Columbia have Assisted Outpatient Treatment laws. The Supreme Court has overturned none of these laws.

**MYTH: *Assisted Treatment infringes on civil liberties.***

**REALITY:** It is the illness, not the treatment that restricts civil liberties. Medicines can free individuals from the “Bastille of their psychosis” and enable them to engage in a meaningful exercise of their civil liberties. Assisted Outpatient Treatment cuts the need for incarceration, restraints, and involuntary inpatient commitment, allowing individuals to retain more of their civil liberties.

**MYTH: *Assisted Treatment requires individuals to take life-threatening medications.***

**REALITY:** All the medicines used to control neurobiological disorders have been determined by the FDA to be safe when used according to labeling requirements. Overdosing on these medicines is difficult. However, all medicines, including those used to treat neurobiological disorders have different efficacy and side effect profiles. The practice of balancing the side effects of the medicines with the likely benefits is not superceded by Assisted Treatment Legislation.

**MYTH: *If we had more community treatment, we wouldn't need Assisted Treatment.***

**REALITY:** There is no doubt that an improved community based system would cut down on the number of individuals who need assisted interventions. Assisted Treatment is not an alternative to community treatment; it is a way to see that community treatments get utilized by those who may lack insight into their illness.

**MYTH: *Voluntary programs are better than involuntary ones.***

**REALITY:** This is true, but assisted treatment is far preferable to no treatment at all. The only individuals subject to Assisted Treatment would be those who fail to participate in voluntary services because they are incapable of making rational medical decisions. Even with Assisted Treatment, individuals would be free to voluntarily participate in services.

**MYTH: *All “consumers” oppose Assisted Treatment.***

**REALITY:** There are a variety of viewpoints within the consumer community. Some consumers oppose Assisted Treatment. Other consumers support Assisted Treatment. The Treatment Advocacy Center has consumers on its board and staff and in its membership, all of who support wider use of this valuable treatment mechanism. A study reported in the February 7, 1997 issue of *Psychiatric News* of forcibly treated, discharged psychiatric patients found that 60 percent retrospectively favored having been treated against their will.