

Effects of Assisted Outpatient Treatment on Psychotic Symptoms

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### Abstract

The effects of outpatient treatment for patient with psychotic symptoms have proven to be successful. Patient with psychotic symptoms suffer an array of debilitating symptoms from hallucinations, anosognosia and delusions. These symptoms make it hard for an individual to care for themselves, they will not be able to function successfully in society and they will endure rejection and alienation from others. According to a study done in 2017 by Substance Abuse and Mental Health Services Administration (SAMHSA), 9.8 million Americans suffered with a serious mental illness. Out that number many do have insurance or cannot afford to go to an outpatient care for help, this leads to a continuous cycle on patients. Assisted outpatient programs uses evidence-based practices to reduce the occurrence of psychiatric patients being incarcerated and hospitalized. Through assisted outpatient programs patient are able to get treatment, personal empowerment and build relationships.

In 1999, New York State created a court ordered treatment in the community for people with severe mental illness at risk of relapse or deterioration absent voluntarily compliance with prescribed treatment (Swartz et al.,2014). Patients must adhere to a mental health treatment while living outside of a psychiatric institution. In New York state Kendra's law is one example of a court ordered treatment. To be qualified for this law patients must be at least 18 years of age, diagnosed with mental illness, have a history of treatment noncompliance that has resulted in psychiatric hospitalization or incarceration at least twice in the past 36 months, or committing serious acts or threats of violence to self or others in the past 48 months. There is a theory that involuntary commitment to outpatient treatment leads to a better clinical outcome for a patient. Better treatments and outcomes leads to a reduction in total hospitalization days and reductions in service costs for persons with serious mental illness ( Swanson et al., 2013). Assisted outpatient treatment was linked to improvements in social functioning and increased quality of life. Assisted outpatient treatment can only be effective when more intensive services are provided, precluding its use as an inexpensive intervention. There is a growing belief that assisted outpatient treatment undermines the delivery of voluntary mental health services and drives consumers away from the mental health. However, outpatient visits were more frequent among participants with clear clinical need, and among those who continued treatment beyond an initial court order (Kisely and Campbell, 2015).

Assisted outpatient treatment mostly targets people who suffer from major psychiatric disorders such as schizophrenia, schizoaffective disorder, mood disorders, and other disorders that significantly impair social functioning. Key symptoms addressed in the treatment programs include positive psychotic symptoms such as delusions or hallucinations and negative

psychotic symptoms such as anhedonia, avolition, and alogia. (Munetz et al., 2014). Treatment and recovery are aimed to close the gap and give patient a fair chance at success. The affordable care act and Medicaid allows patient to get coverage. With this they are able to receive treatment and medication. The main goal of assisted outpatient treatment as reported by New York state office of mental health is, reduced rates of hospitalization and increased receipt of psychotropic medications appropriate to the individual's diagnosis. If assisted outpatient treatment is discontinued after six months, these reductions of hospitalization rates and improved receipt of psychotropic medications are sustained only if recipients continue to receive intensive case management services. The relationship between psychotic symptoms and case managers over time showed significant variance in intercepts across participants. This effect of case managers on symptom reduction is an important finding and highlights a possible pathway. It supports the idea that the positive effects of compulsory outpatient treatment might be mediated by the increased use of case management, which supports the research on the effectiveness of intensive case managers (Dieterich et al., 2010).

If assisted outpatient treatment continues than 6 months or more, reduced rates of hospitalization and improved receipt of medications are sustained whether or not intensive case management services are continued after assisted outpatient treatment is discontinued. Thus, it appears that improvements are more likely to be sustained if AOT continues for longer than 6 months (Schwartz et al.,2009). Frequency contact with psychiatrists or utilization of mental health services, patients in assisted outpatient there was a significant decrease in the amount of patient visiting emergency room visits for mental health reasons (Swanson and Swartz 2014). Having a constant schedule, having access to medication and treatment helped patient managed a good cognitive thought process and reduce hallucinations. Results from a study performed by

Swartz and Swanson (2014) suggest that there is a positive effect of assisted outpatient treatment on symptoms is related to the availability of mental healthcare service use. Assisted outpatient programs should continue focus on the availability of healthcare services and alternative methods to engage patients in treatment (Kisely and Campbell, 2015).

In conclusion, based on studied performed thought the year it has shown that there is a positive effect on patients who are in assisted outpatient treatment. Hospitalization rate, incarceration rates reduce when these patients are properly managed. In different states across the US including New York, there are out-ordered mandates so a patient can go to outpatient to improve their condition. It is imperative they receive a fair and just chance to get better. This can only be done with intensive services that last more than 6 months. Leaving outpatient before 6 months, the patient will relapse and go back into the cycle. However, 6 months or more have been prove to show a significant reduction in psychotic symptoms such as hallucination. The services available in outpatient clearly improve recipient outcomes. Having a court-order, and patient being required to be monitoring has additional benefits in improving outcomes because patient has been ordered to remain in care.

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