SMIAdviser
A Clinical Support System for Serious Mental Illness

An APA and SAMHSA Initiative
AMERICAN PSYCHIATRIC ASSOCIATION
SAMHSA Substance Abuse and Mental Health Services Administration

In Partnership With
TREATMENT ADVOCACY CENTER

What is Assisted Outpatient Treatment?

Assisted outpatient treatment (AOT) is a tool that **civil courts and mental health systems employ collaboratively** to help individuals with serious mental illness (SMI) reverse the cycle of repeat hospitalization and incarceration. Through a court order and enhanced monitoring, AOT aims to
(1) **motivate** and **assist individuals** with SMI to engage in treatment; and
(2) ensure that the mental health system is attentive to the needs of its most vulnerable clients.

The Revolving Door of Untreated Serious Mental Illness

AOT Frequently Asked Questions:

What are the potential benefits?

AOT, when used appropriately, can dramatically reduce hospitalization, criminal justice involvement, treatment disengagement and a range of harmful behaviors for its target population,[1] along with the associated resource strain and fiscal burden on public mental systems.[2]

When is it appropriate to seek participation of clients in AOT?

AOT is not appropriate for all (or even most) individuals with SMI. It is an intervention designed for the small subset who have demonstrated an inability to maintain treatment engagement on a voluntary basis (often due to an inability to recognize their own illness and need for treatment), resulting in repeat hospitalizations and/or arrests. Many state AOT laws are limited in application to individuals with this personal history of non-adherence to treatment. Although AOT can benefit many individuals who struggle with substance use disorders in addition to their mental illness,[3] there is no research supporting the efficacy of AOT when a substance use disorder is the sole diagnosis.

How are court orders enforced?

It is not unusual or alarming for an AOT participant to miss one or more scheduled appointments, or even to stop taking prescribed medication, in violation of the AOT court order. This alone would not be legal grounds to revoke outpatient status and seek to commit the participant to a hospital. Nor should it ever be grounds to hold a participant in contempt of court (a counter-therapeutic response prohibited in many states) or to forcibly administer medication. Instead, non-adherence to the court order should trigger a re-evaluation of the participant's current clinical needs (which may require a short-term hold for a psychiatric exam) and a re-appearance before the judge to consider a change in legal status. Experience shows that this timely response to non-adherence is an important mechanism for AOT to be effective.

Does every AOT participant require Assertive Community Treatment (ACT)?

No. Treatment services should be tailored to each participant's needs, although some statutes do require some forms of intensive treatment.[4] Many participants require intensive treatment services after long periods of untreated illness. Others quickly gain functioning once adherent to medications for a short period. Regardless of treatment intensity, all interventions should focus on engagement and the participant's goals.

Did You Know?

A court order is essential to the AOT model.

While some jurisdictions have used the term "AOT" for programs that include non-court-ordered services, and some allow avoidance of the court order with agreement to adhere to treatment, research on AOT in particular shows that attaching a court order and its monitoring to mental health services improves outcomes for individuals with histories of treatment disengagement.[5] The court order also exerts influence on providers to maintain service quality and remain mindful of the participant's engagement level, by imparting a sense of mutual responsibility and accountability to the judge.

The length of the court order matters.

Research indicates that gains achieved under an AOT court order are more likely to be sustained after AOT and intensive services end if the participant remains in AOT for at least six months.[6] A program's decision to allow an AOT order to lapse (i.e., not seek renewal of the order upon expiration) should not be based solely on the participant's success in avoiding hospitalization and arrest during the AOT period; a clinical evaluation should also consider whether the participant has come to recognize the importance of treatment adherence in maintaining those improvements. However, in some cases non-renewal will be appropriate upon a clinical determination that, despite best efforts, the person is not likely to benefit from continued AOT.

Although AOT is legally authorized in all but three states, it remains unavailable in many jurisdictions.[7]

Only one state, New York, requires every county to implement AOT. While a few other states have accomplished widespread implementation, most have seen programs established only in certain jurisdictions. And even within a state, AOT programs are subject to wide variation based on availability of resources, levels of community and stakeholder buy-in, and differences in program philosophy.

References

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