Does Assisted Outpatient Treatment (AOT) Decrease Violence?

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Violent behavior by individuals with untreated severe mental illness is a significant and increasing problem. It primarily affects the families of mentally ill persons. For example, a survey of NAMI families reported that within the previous year in 11 percent of families the mentally ill person had physically harmed someone and in another 19 percent had threatened to do so.[1] However such violent behavior also affects other people in the community, accounting for approximately 10 percent of all homicides and 50 percent of mass killings. For example, the MacArthur Violence Risk Assessment Study reported that 951 individuals discharged from psychiatric hospitals committed 608 acts of serious violence (physical injury; threat or assault with a weapon including 6 homicides; sexual assault) in the year following discharge.[2] A summary of these studies concluded: "Conservatively, it seems reasonable to predict that 5 to 10 percent of individuals with severe psychiatric disorder will commit acts of serious violence each year."[3] In the vast majority of these violent incidents by individuals with severe mental illness the person was not being treated at the time. In many cases substance abuse was also an aggravating factor.

Since these acts of violence are committed by a relatively small number of mentally ill individuals and are mostly associated with not being treated, programs which have been proven to decrease violent behavior among mentally ill individuals should be encouraged. One such program is **assisted outpatient treatment (AOT)**, which requires the mentally ill person to follow a prescribed treatment plan (usually including medication) as a condition for living in the community. Studies which have demonstrated that AOT decreases violent behavior include the following:

- **AOT resulted in a 36 percent decrease in violent behavior after 1 yr.** (JW Swanson, MS Swartz, R Borum et al., Involuntary out-patient commitment and reduction of violent behavior in persons with severe mental illness. *British Journal of Psychiatry* 2000; 176: 224-231).

  In North Carolina, 262 individuals "with psychotic or major mood disorders" were randomly assigned to AOT or non-AOT outpatient care. Violent behavior was assessed as including fights involving physical contact, physical assault, or threatening someone with a weapon and was assessed every four months. For those who were continued on AOT for one year "the results were striking. The extended OPAC [AOT] group had a significantly lower incidence of violence during the year: 26.7% v. 41.6%...p=0.025."

- **AOT resulted in a 47 percent decrease in violent behavior (physically harming others) after 6 months** ("Kendra's Law: Final Report on the Status of Assisted Outpatient Treatment." New York State Office of Mental Health, March, 2005).

  This report covered 2,745 individuals who were placed on AOT in New York State (where it is called Kendra's Law) between 1999 and 2004. For 84 percent their diagnosis was schizophrenia or bipolar disorder and 52 percent had a co-occurring substance abuse

disorder. The following data was for the 6-month period before being placed on AOT and the first 6-month period on AOT.

	6-months before AOT	6-months on AOT	Percent reduction in behavior
Physically harming others	15%	8%	47%
Threatening physical harm	28%	16%	43%
Damaging or destroying property	13%	7%	46%

- **AOT resulted in a 66 percent decrease in "serious violent behavior" after 1 year.** (JC Phelan, M Sinkewicz, DM Castille et al., Effectiveness and outcomes of assisted outpatient treatment in New York State. *Psychiatric Services* 2010; 61: 137-143).

  In New York, 76 individuals on AOT were compared for one year with 108 individuals "recently discharged from a psychiatric hospital" but not on AOT. Schizophrenia, schizoaffective disorder, or bipolar disorder was the diagnosis for 84 percent of the AOT group and 90 percent of the non-AOT group. All individuals were assessed every 3 months whether they had "kicked, beaten or choked anyone; hit anyone with a fist or beaten up anyone; tried to physically force anyone to have sex against his or her will; threatened anyone with a knife, gun or other weapon; or fired a gun at someone or used a knife or a weapon on him or her." The results were as follows: "The odds of perpetrating serious violence during the 12-month follow-up were over four times [specifically 4.31] as great in the [non-AOT] comparison group as in the assisted outpatient treatment [AOT] group."

- **AOT reduced the chances of being arrested for a violent offense by 88 percent.** (BG Link, MW Epperson, BE Perron et al., Arrest outcome associated with outpatient commitment in New York State. *Psychiatric Services* 2011; 62: 504-508).

  In New York, arrest records were compiled for 86 individuals who were placed on AOT. Three-quarters of them were diagnosed with a psychotic disorder. The arrest records included the five years prior to being placed on AOT and up to three years after being placed on AOT. Violent offenses included "murder, non-negligent manslaughter, forcible rape, robbery, and aggravated assault." The chances of having been arrested for a violent offense was 8.6 times greater in the period prior to being placed on AOT compared to the period on AOT and the six months immediately following having been on AOT.

- **Conditional release resulted in an 80 percent decrease in violent behavior after 2 years.** (CD O'Keefe, DP Potenza, KT Mueser, Treatment outcomes for severely mentally ill patients conditionally discharged to community based treatment. *Journal of Nervous and Mental Diseases* 1997; 185: 409-411).

  Conditional release is similar to AOT except that the legal authority to re-hospitalize the patient is vested in the director of the state psychiatric hospital, not the court. Thus patients

on conditional release can remain in the community only as long as they follow their treatment plans. In New Hampshire 26 patients, all of whom had been hospitalized for self-harm or harm to others and were "certified as severely and persistently mentally ill," were put on conditional release and followed for two years. Episodes of violence were coded on a 7-point scale and rated monthly for the first two years on conditional release. This was then compared with episodes of violence for the year prior to their hospitalization. Compared with the year prior to hospitalization, violent behavior was reduced by 57 percent (5.6 to 2.4) in the first year and 80 percent (5.6 to 1.1) in the second year on conditional release.

[1] Steinwachs DM, Kasper JD, Skinner EA, Family Perspectives on Meeting the Needs for Care of Severely Mentally Ill Relatives: A National Survey (Final Report to the National Alliance for the Mentally Ill by the Johns Hopkins University and University of Maryland Center on Organization and Financing of Care for the Severely Mentally Ill, Baltimore, MD, July 1992).

[2] Torrey EF, Stanley J, Monahan J, Steadman HJ, and the MacArthur Study Group, The MacArthur Violence Risk Assessment Study Revisited: Two Views Ten Years After Its Initial Publication. *Psychiatric Services* 2008; 59: 147-152.

[3] Torrey EF, *The Insanity Offense: How America's Failure to Treat the Seriously Mentally Ill Endangers its Citizens* (New York: W.W. Norton, 2008), p.143.