September 12, 2023

The Honorable Michael Day
Chair, Joint Committee on Judiciary
24 Beacon Street, Room 136
Boston, MA 02133

The Honorable James Eldridge
Chair, Joint Committee on Judiciary
24 Beacon Street, Room 511-C
Boston, MA 02133

Dear Chair Day, Chair Eldridge, and Members of the Joint Committee on the Judiciary:

Re: Testimony in opposition to H.1694/S.980, An Act to provide critical community health services

My name is Kim Mueser and I am a clinical psychologist and professor in the Departments of Occupational Therapy and Psychological and Brain Sciences at Boston University. I was formally the Executive Director of the Center for Psychiatric Rehabilitation at Boston University, where I still work. My area of research is on the development and evaluation of psychosocial interventions for people with schizophrenia and other serious mental illnesses (SMI), and more broadly on evidence-based practices for the treatment of SMI. I am the co-author of over 400 peer reviewed journal articles, over 20 books, and over 100 book chapters. I have also had family members with SMI.

An "evidence-based practice" is an intervention for a disorder that has been scientifically evaluated in multiple rigorously controlled studies and found to improve outcomes more than standard treatment.[1] I oppose the passage of this bill allowing "assisted outpatient treatment" (AOT) or commitment to outpatient mental health treatment of people with SMI for the simple reason that research indicates that it does not work, and the broad consensus in the field at this time is that AOT is *not* an evidence-based practice for improving the outcome of SMI.[2,3]

While AOT is not effective, the good news is that a growing number of evidence-based practices have been shown to be effective, including several psychosocial interventions. I will briefly describe four of these interventions here.

First, training in *illness management and recovery* involves teaching individuals with SMI about the nature of their disorder and how to manage it while helping them set and pursue their own recovery goals. Teaching clients such information and skills empowers them take control over their illness and to get on with their lives. Indeed, research shows that illness management and recovery programs reduce hospitalizations and improve psychosocial functioning and quality of life in people with SMI.[4-6]

Second, *family psychoeducation* is an intervention in which a member of the client's treatment team works with the family (including the client) to teach them about the psychiatric illness and the principles of its management, as well as strategies for reducing stress and solving problems together. By reaching out and engaging family members in a collaborative relationship with the treatment team, family psychoeducation is effective at reducing relapses and rehospitalizations, lowering family burden, and increasing client functioning.[7-9]

Third, *supported employment* is an approach to helping individuals with SMI get and keep competitive jobs in areas that are of interest to them. In contrast to traditional vocational rehabilitation programs in which individuals are given extensive amounts of training before helping them find jobs, supported employment works by rapid job search for competitive jobs (usually within a month of joining a program), and then providing supports to help the person stay on and succeed in the job. Numerous studies show that supported employment is both more effective at improving competitive work outcomes than other approaches,[10,11] and that success in achieving work is associated with significant reductions in psychiatric hospitalizations.[12-14]

Fourth and last, Coordinated Specialty Care programs (CSC) are for people who have recently developed a first episode of psychosis, which is often the beginning of a schizophrenia spectrum disorder.[15] CSC programs typically provide pharmacological treatment, family, psychoeducation, individual or group psychotherapy, supported employment and education, and peer support. Extensive research throughout the world shows that CSC programs improve the broad range of outcomes of individuals early in the treatment of a psychosis, including symptom severity, psychosocial functioning, involvement in work or school, while also reducing psychiatric hospitalizations.[16]

We have numerous tools at our disposal in the form of evidence-based practices for improving the long-term course of SMI. We owe it to individuals with SMI to provide them with the most effective treatments possible based on the best available scientific research, and to refrain from imposing interventions that lack empirical support, especially those that limit individual freedoms and are potentially harmful, such as outpatient commitment to treatment.

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Sincerely,

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