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Beyond Treatment As Usual (TAU)
For Major Mental Illness
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Albert Einstein famously said, "Insanity is doing the same thing over and over again and expecting different results." It's been 60 years since antipsychotic medications came into widespread use and 20 years since the introduction of atypical antipsychotics. But far too many people remain stalled in their recovery from major mental illness. Most mental health agencies practice "Treatment As Usual" or TAU. They advise their clients: "Take your meds, stay out of trouble and maybe you'll get better." But even if TAU includes more than meds (e.g., Assertive Community Treatment [ACT], supportive employment, housing programs, community support, etc.), there needs to be effective ways to address cognitive deficits and negative symptoms. What we have now is incomplete recovery due to incomplete treatment; thus, we are doing maintenance management, not active treatment.

"Whatever part of the problem you are trying to solve, make sure you're not just attacking the noisy part of the problem that happens to capture your attention." writes Freakonomics authors Levitt & Dubner (1). "Before spending all of your time and resources, it's incredibly important to properly define—or better yet, redefine the problem." And "Only by redefining the problem was he able to discover a new set of solutions."

Are we too focused on the noisy part of mental illness: the positive symptoms of hallucinations and delusions which usually respond to medications? What of the more insidious cognitive deficits and negative symptoms of impaired memory, processing speed and lack of social cognition that prevent more complete recovery?

The problem needs to be redefined as "Incomplete Recovery" and our focus shifted to impaired cognition and social functioning in addition to the noisier acute psychotic symptoms. Such broader based thinking leads to new discoveries, innovative solutions and better treatment outcomes for those experiencing major mental illnesses.

The sooner and more aggressively we intervene, as is the case with every chronic health condition, the more likely we are to get to recovery with the lowest possible investment of resources. By waiting until stage four of the illness, we make recovery less likely and consign ourselves to the kind of maintenance management strategies that may prolong life, but typically do not help an individual recover fully.

In 2010, the estimated 30-day hospital readmission rate for clients with schizophrenia was 22.3%. Schizophrenia has among the highest 30-day readmission rates for the most frequently treated conditions in U.S. hospitals. Other conditions with high readmission rates include congestive heart failure, at 24.7% and acute and unspecified renal failure, at 21.7%. (2) Physical health organizations are investing millions to reduce readmissions