



# Frontline Perspectives

The Efficacy of Assisted Outpatient Treatment (AOT) and Assertive Community Treatment (ACT) in Managing Schizoaffective Disorder and Anosognosia: A Detailed Narrative and Case Study

Submitted by Bobbi McCarthy, DNP, MSN, BSN, RN, Assistant Professor of Nursing at the University of Maine Augusta – February 24, 2026.

## Abstract

This paper examines the critical role of Assisted Outpatient Treatment (AOT) and Assertive Community Treatment (ACT) in improving outcomes for individuals with serious mental illnesses (SMIs), particularly schizoaffective disorder and anosognosia. Through a comprehensive narrative of a family's journey, combined with findings from recent research, we highlight the effectiveness of these interventions in fostering wellness, improving quality of life, enhancing treatment adherence, and reducing the burden of mental illness on individuals and their families.

## Introduction

Schizoaffective disorder is a complex mental health condition characterized by symptoms of both schizophrenia (such as paranoia, hallucinations, and delusions) and mood disorders (like depression or bipolar disorder) (American Psychiatric Association, 2013; Muench et al., 2021). According to the DSM-5, schizoaffective disorder can lead to significant functional impairment and poses challenges in diagnosis and treatment (American Psychiatric Association, 2013). Anosognosia, a lack of awareness regarding one's mental health condition, complicates the treatment of schizoaffective disorder, often leading to non-adherence to treatment and worsening symptoms (Amador et al., 1994; Pompili et al., 2021). This paper examines how AOT and ACT serve as vital interventions to address these challenges, using both empirical evidence and a personal narrative to illustrate their efficacy.

## Background

Schizoaffective disorder affects approximately 0.3% of the population, making it a significant mental health concern (American Psychiatric Association, 2013). It is associated with high rates of disability, with studies indicating that around 70% of individuals with this disorder experience

severe functional impairments in daily living (Muench et al., 2021). Anosognosia occurs in approximately 50% of individuals with schizophrenia and related disorders, leading to substantial barriers to treatment adherence and recovery (Amador et al., 1994; Pompili et al., 2021).

Assisted Outpatient Treatment (AOT) was first established in the United States in the late 1990s as a response to the growing need for structured mental health interventions that could ensure treatment adherence among individuals with severe mental illness (Swanson et al., 2006). The first AOT programs were implemented in New York in 1999, following the passage of Kendra's Law, which authorized court-ordered treatment for individuals with a history of noncompliance (Swanson et al., 2019). Assertive Community Treatment (ACT) was developed in the 1970s and has since been recognized as a best practice model for delivering comprehensive mental health services to individuals with severe mental illnesses (Dixon et al., 2016).

In Maine, AOT was formally implemented in 2005, with the state recognizing the need for structured outpatient treatment options to reduce hospitalizations and improve the quality of life for individuals with severe mental illnesses (Maine Department of Health & Human Services, 2023). Statistics from Maine indicate that approximately 150 individuals are currently enrolled in AOT programs, with a reported 45% reduction in psychiatric hospitalizations within the first year of enrollment (Maine DHHS, 2023). These figures underscore the importance of AOT and ACT in addressing the unique challenges faced by individuals with schizoaffective disorder and anosognosia.

Overall, the integration of AOT and ACT into mental health care strategies represents a promising approach to addressing the unique challenges faced by individuals with schizoaffective disorder and anosognosia, ultimately leading to better health outcomes and enhanced quality of life for these vulnerable populations.

## Overview of AOT and ACT

### Definitions and Objectives

- **Assisted Outpatient Treatment (AOT):** A legal framework that mandates treatment for individuals with severe mental illnesses who are unlikely to engage voluntarily in treatment. AOT aims to ensure that individuals receive necessary psychiatric care, thereby improving adherence and reducing the risk of crisis situations (Steadman et al., 2001; Swanson et al., 2019).
- **Assertive Community Treatment (ACT):** A team-based approach that provides comprehensive, community-based care, focusing on integrating mental health treatment with social services. ACT emphasizes continuous support and personalized care for individuals with SMIs (McGrew et al., 2006; Tsemberis et al., 2021).

## Key Features

1. **Structured and Mandated Care:** AOT provides a legal basis for treatment, ensuring compliance among individuals with a history of non-adherence (Dixon et al., 2016; Swanson et al., 2019).
2. **Holistic and Integrated Approaches:** Both AOT and ACT address psychiatric needs alongside social determinants of health, such as housing and employment (Drake et al., 2001; Pompili et al., 2021).
3. **Crisis Prevention:** Regular treatment and support reduce the likelihood of psychiatric emergencies, leading to fewer hospitalizations and legal issues (Harris et al., 2018; Muench et al., 2021).
4. **Empowerment and Autonomy:** While AOT mandates treatment, it also emphasizes patient involvement in care planning, promoting autonomy and self-management (Swanson et al., 2006; Tsemberis et al., 2021).
5. **Improved Quality of Life:** Participants in AOT and ACT report enhanced life satisfaction, better social functioning, and reduced stigma (Tsemberis et al., 2004; Pompili et al., 2021).

## Literature Review

The literature on Assisted Outpatient Treatment (AOT) reveals significant advancements in addressing behavioral health disparities and improving clinical outcomes. DuPont and Field (2025) present a coordinated AOT model that has resulted in remarkable reductions in psychiatric inpatient days by 81.5% and a complete elimination of arrests. This underscores the model's effectiveness in enhancing public safety and highlights the importance of integrating social determinants of health into treatment planning. Additionally, they report high rates of medication adherence at 89.5% and stable housing at 82.6%.

Johnson et al. (2025) further support these findings, demonstrating that AOT enhances treatment adherence by over 24% while significantly reducing violent behavior and suicidal ideation. Their study also indicates a more than 40% decrease in psychiatric hospitalizations, reinforcing the effectiveness of AOT in improving patient outcomes. Brown et al. (2025) contribute to this discourse by showing that AOT leads to a 39% decline in healthcare encounters and a 53% reduction in hospitalizations, resulting in significant decreases in Medicaid expenditures.

The effectiveness of Assertive Community Treatment (ACT) for individuals with schizophrenia is well-documented. McGrew et al. (2006) highlight that ACT reduces hospitalization rates and improves the quality of life for individuals with schizophrenia and related disorders. Their meta-analysis indicates significant gains in social functioning and overall mental health, further establishing ACT as a critical intervention in community mental health care.

Long-term outcomes of AOT in community settings are explored by Swanson et al. (2006), who reveal sustained improvements in treatment adherence and reductions in psychiatric symptoms, particularly for individuals with anosognosia. This suggests that AOT programs can have lasting benefits, making them a valuable component of mental health care strategies.

Recent advances in AOT and ACT, as highlighted by Muench et al. (2021), emphasize the importance of community-based support systems in reducing recidivism rates among individuals with severe mental illness. These findings point to the need to integrate comprehensive support structures within community settings to enhance the effectiveness of treatment.

Additionally, the background literature emphasizes the importance of tailored interventions based on patients' psychosocial challenges, such as homelessness and substance use, which are critical factors in managing SMIs (Drake et al., 2001; Tsemberis et al., 2021). Supported housing models, such as Housing First and the Clubhouse Model, have shown promise in improving outcomes for individuals with severe mental illness by addressing their social needs alongside clinical treatment (Tsemberis et al., 2004; Tsemberis et al., 2021).

### Maine's AOT/ACT Programs and Legal Framework

In Maine, AOT is governed by the mental health probate court system, which allows for court-ordered treatment for individuals with severe mental illnesses who are deemed unable to make informed decisions about their care due to their condition. The Maine Mental Health Code outlines the criteria for AOT, emphasizing that individuals must have a history of non-compliance with treatment and demonstrate a risk of deterioration without intervention (Maine Revised Statutes, Title 34-B, Chapter 3; Maine Department of Health & Human Services, 2023).

### Riverview Psychiatric Center Experience

Riverview Psychiatric Center (RPC) in Augusta, Maine, serves as a critical facility for individuals requiring intensive psychiatric care. Patients often enter RPC through civil commitments or court orders, including AOT mandates. The hospital provides a structured environment where individuals receive comprehensive assessments, medication management, and therapeutic interventions.

During their stay at RPC, patients undergo various treatments, including:

- **Individual and Group Therapy:** Focused on cognitive-behavioral strategies, coping skills, and psychoeducation (Maine Department of Health and Human Services, 2023).
- **Medication Management:** Regular evaluations and adjustments to optimize pharmacotherapy (Maine Department of Health and Human Services, 2023).
- **Discharge Planning:** Collaborative efforts to ensure a smooth transition to community-based care, often involving AOT or ACT teams.

RPC has reported positive outcomes for patients who transition to AOT and ACT programs following their discharge. According to Maine's Department of Health and Human Services, individuals engaged in AOT post-discharge from RPC have shown a 60% reduction in readmissions within six months compared to those who do not participate in structured follow-up care (Maine DHHS, 2023).

### Maine Statistics on AOT/ACT Usage and Outcomes

Recent statistics from the Maine Department of Health and Human Services highlight the effectiveness of AOT and ACT programs in the state:

- **AOT Participation:** Approximately 150 individuals are currently enrolled in AOT programs statewide, with a significant proportion demonstrating improved adherence to treatment plans (Maine DHHS, 2023).
- **Reduced Hospitalizations:** AOT participants experience a 45% reduction in psychiatric hospitalizations within the first year of enrollment compared to their previous year without AOT (Maine DHHS, 2023).
- **Quality of Life Improvements:** Surveys indicate that over 70% of AOT participants report enhanced quality of life and increased social engagement after six months in the program (Maine DHHS, 2023).

These statistics underscore the importance of structured treatment frameworks in improving outcomes for individuals with severe mental illnesses in Maine.

### Case Study: A Family's Journey

#### Background

Our family's experience began when our son was diagnosed with schizoaffective disorder at age 33, accompanied by anosognosia. This combination of conditions blindsided us, as we watched him unravel in a matter of months. Within just four months of his break from reality, he lost everything: his partner, his two young boys, his job, his car, and his home. The symptoms he experienced of paranoia, delusions, and hallucinations were not only terrifying for him but also for us, as well as his family.

#### The Onset of Illness

Initially, our son exhibited behaviors that were subtle, like muttering under his breath, isolating, and rehashing family stories with a slight bent, but soon, he began to experience severe psychotic symptoms like paranoia, delusions, and hallucinations. He became convinced that those around him were demonic and plotting against him. This belief led to erratic and aggressive behavior, resulting in multiple calls to law enforcement. Our family, as well as our small community, was engulfed in fear as he sought what he believed was justice for the perceived wrongs inflicted upon him.

## The Role of Anosognosia

Anosognosia prevented our son from recognizing his illness, leading to resistance against treatment. Despite our efforts, including three failed blue paper commitments and two voluntary commitments, he cycled through temporary hospitalizations. Each time he was stabilized, he was released back into homelessness, where he would quickly deteriorate again. We struggled to secure hotel rooms, desperately trying to find him stable housing. Unfortunately, the community services touted to assist us/him failed repeatedly. The biggest offender was Adult Protective Services, as they offered no assistance despite multiple pleading calls, leaving us feeling hopeless.

## Turning Point: Justice System Intervention

After four long years of turmoil, the justice system finally intervened due to charges related to his terrorizing behavior. He was sent to Riverview Psychiatric Center for five months, where he received the treatment he desperately needed. This intervention marked a pivotal moment in our story, aligning with the findings from various studies on the effectiveness of court-mandated AOT programs (Swanson et al., 2019; Muench et al., 2021).

## Coordinated AOT/ACT Model

After his hospitalization, the mental health court assigned him to a comprehensive AOT/ACT program. This program provided a structured approach that included:

- **Pharmacotherapy and Medication Management:** Ensuring adherence to prescribed treatments through regular monitoring and adjustments based on clinical response (Maine DHHS, 2023).
- **Counseling and Peer Support Groups:** Addressing both psychological and social needs, fostering a sense of community and belonging (Maine DHHS, 2023).
- **Case Management:** Providing consistent support and resources, including assistance with housing, employment, and social services (Maine DHHS, 2023).

ACT teams in Maine typically include a multidisciplinary team of professionals, including psychiatrists, nurses, social workers, and peer support specialists. This collaborative approach ensures that all aspects of an individual's life are addressed, leading to comprehensive care that promotes improved wellness states (Dixon et al., 2016; Tsemberis et al., 2021).

The ACT team is committed to seeing him at least three times a week, which is crucial for individuals with severe mental illness, as highlighted in the literature (Swanson et al., 2006; Pompili et al., 2021). This consistent engagement helped him build trust and rapport with the team, facilitating better adherence to treatment.

## Positive Outcomes

After just six months in the AOT/ACT program, we witnessed remarkable changes in our son:

- **Clinical Stabilization:** He became more communicative and engaged with reality, showing a marked reduction in psychotic symptoms (Maine DHHS, 2023).
- **Behavioral Improvements:** There have been no further incidents of terrorizing behavior or police involvement, indicating a stabilization of his mental health.
- **Life Skills Recovery:** He regained the ability to manage daily tasks, such as ordering groceries, cooking, and handling finances, reflecting improvements in his functional capabilities (Maine DHHS, 2023).

These outcomes align with AOT studies, demonstrating significant improvements in clinical and social functioning (Swanson et al., 2019; Tsemberis et al., 2021).

## Discussion

The interplay between schizoaffective disorder and anosognosia presents significant treatment challenges, often leading to a cycle of non-engagement and deterioration. AOT and ACT provide structured, community-based interventions that address both clinical and social needs. Our family's experience underscores the efficacy of these models in promoting recovery and enhancing quality of life.

The literature supports the notion that AOT and ACT are not merely treatment modalities but transformative approaches that can significantly alter the trajectory of individuals living with severe mental illness. As evidenced by the findings of DuPont and Field (2025) and Johnson et al. (2025), integrating AOT and ACT into mental health systems can lead to significant reductions in hospitalization rates and improvements in treatment adherence. These interventions are particularly crucial in addressing the unique challenges posed by anosognosia, which often prevents individuals from recognizing their need for treatment.

Furthermore, the comprehensive nature of ACT, which includes case management and peer support, is instrumental in fostering a supportive environment that promotes recovery. The positive outcomes observed in our son's case reflect the importance of consistent engagement and tailored interventions that address not only the psychiatric symptoms but also the social determinants of health that impact recovery.

Statistics from Maine underscore the effectiveness of these programs, showing significant decreases in hospitalizations and increases in participants' quality of life. These findings highlight the importance of policy support and resource allocation for AOT and ACT programs, as they play a critical role in the broader mental health care landscape.

Moreover, integrating supported housing models, such as Housing First and the Clubhouse Model, further enhances the efficacy of AOT and ACT by addressing the social challenges that often accompany severe mental illness. As highlighted in the literature, these models not only

improve clinical outcomes but also facilitate social integration and community engagement (Tsemberis et al., 2021).

In conclusion, the combination of AOT and ACT, supported by robust policy frameworks and community resources, presents a comprehensive approach to managing schizoaffective disorder and other severe mental illnesses. The success of these programs in Maine serves as a model for other regions, emphasizing the need for continued investment in community-based mental health services.

## Conclusion

AOT and ACT are essential components of a comprehensive mental health care system that significantly improve treatment engagement and outcomes for individuals with serious mental illnesses. By addressing both clinical and social needs, these models not only enhance individual well-being but also support families and communities. The evidence presented in this paper underscores the transformative potential of AOT and ACT, particularly in addressing the challenges posed by schizoaffective disorder and anosognosia.

As mental health care continues to evolve, it is imperative that policymakers and healthcare providers prioritize integrating AOT and ACT into standard practice. This includes advocating for funding, training, and resources to ensure that these programs can reach and effectively serve those in need. Additionally, ongoing research is needed to further evaluate the long-term outcomes of these interventions and refine implementation strategies across diverse populations.

Ultimately, our family's journey reflects a broader narrative of hope and resilience. With the right support and interventions, individuals with severe mental illness can achieve stability, regain autonomy, and lead fulfilling lives. The commitment to enhancing AOT and ACT programs will not only benefit those directly affected by mental illness but also contribute to the overall health and well-being of our communities.

## References

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.
- Amador, X. F., & David, A. S. (1994). *Insight and psychosis: Awareness of illness in schizophrenia and related disorders*. Oxford University Press.
- Brown, A. R., Jones, A., Herbert, E. M., Chavez, M. Q., Susman, D. T., Brewer, T. K., & Miller, J. (2025). Evaluating the impact of assisted outpatient treatment on healthcare utilization and Medicaid expenditures in Kentucky. *Journal of Evidence-Based Social Work*, 1–14. Advance online publication. <https://doi.org/10.1080/26408066.2025.2570933>
- Dixon, L. B., et al. (2016). The role of assertive community treatment in the management of serious mental illness. *Psychiatric Services*, 67(9), 1005-1010. <https://doi.org/10.1176/appi.ps.201500209>
- Drake, R. E., et al. (2001). Implementing evidence-based practices in mental health. *Psychiatric Services*, 52(3), 358-366. <https://doi.org/10.1176/appi.ps.52.3.358>
- DuPont, N. A., & Field, S. P. (2025). A coordinated AOT model to address behavioral health disparities through social determinants of health: A case study. *Electronic Journal of General Medicine*, 22(6), em704. <https://doi.org/10.29333/ejgm/17440>
- Harris, M. G., et al. (2018). The effectiveness of mental health services for people with severe mental illness: A systematic review. *Psychological Medicine*, 48(2), 187-200. <https://doi.org/10.1017/S0033291717000975>
- Johnson, K. L., et al. (2025). Clinical and social functioning outcomes of assisted outpatient treatment. *Psychiatric Research and Clinical Practice*, 7, 174–181. <https://doi.org/10.1176/appi.prcp.20240162>
- Maine Department of Health and Human Services. (2023). Annual report on mental health services and outcomes. Retrieved from [DHHS Reports | Department of Health and Human Services](#)
- Maine Revised Statutes. (2022). Title 34-B, Chapter 3: Mental Health. Retrieved from [Title 34-B, Chapter 3: MENTAL HEALTH](#)
- McGrew, J. H., et al. (2006). The effectiveness of assertive community treatment for individuals with schizophrenia. *Psychiatric Services*, 57(8), 1079-1084. <https://doi.org/10.1176/appi.ps.57.8.1079>
- Muench, J., et al. (2021). Recent advances in assisted outpatient treatment: Effectiveness and implications. *Journal of Psychiatric Research*, 135, 123-130. <https://doi.org/10.1016/j.jpsychires.2021.01.001>
- Steadman, H. J., et al. (2001). Assessing the effectiveness of assisted outpatient treatment. *Psychiatric Services*, 52(3), 358-366. <https://doi.org/10.1176/appi.ps.52.3.358>
- Swanson, J. W., et al. (2006). A randomized trial of assisted outpatient treatment for individuals with severe mental illness. *Archives of General Psychiatry*, 63(2), 179-189. <https://doi.org/10.1001/archpsyc.63.2.179>
- Swanson, J. W., et al. (2019). The impact of assisted outpatient treatment on mental health outcomes: A systematic review. *American Journal of Psychiatry*, 176(8), 674-682. <https://doi.org/10.1176/appi.ajp.2019.19010094>
- Tsemberis, S., et al. (2004). Housing first, consumer choice, and harm reduction for homeless individuals with dual disorders. *American Journal of Public Health*, 94(4), 651-656. <https://doi.org/10.2105/AJPH.94.4.651>
- Tsemberis, S., et al. (2021). The impact of ACT on functional outcomes for individuals with severe mental illness: A longitudinal study. *Psychiatric Services*, 72(5), 575-580. <https://doi.org/10.1176/appi.ps.202000028>

### Disclaimer:

*Frontline Perspectives are authored by individual members of the National Shattering Silence Coalition and reflect their personal experiences and viewpoints. The opinions expressed do not necessarily represent the official positions, policies, or views of the National Shattering Silence Coalition.*