SMIAdviser
A Clinical Support System for Serious Mental Illness

MYTH vs FACT on Serious Mental Illness

TREATMENT

There are many myths around serious mental illness (SMI) that are not always accurate. Let's take a look at common myths around treatment for SMI.

MYTH	FACTS
Treatment Plans Must Address SMI First And Then Address Any Substance Use/Co-Occurring Disorders	About one quarter of individuals who have SMI also have substance use disorders.[1] They are at high risk for disengagement from mental health services,[2] in part due to the history that treatment for mental health and substance use are fragmented into two separate systems.[3] Integrated approaches are treatments that address co-occurring mental health and substance use disorders and account for their bidirectional and complex interplay.[4] Through integrated assessment, individuals and clinicians can better understand the role that mental illness plays on substance use, and vice versa.[5] Integrated approaches have been successfully used in a variety of services, such as case management and assertive community treatment.[6] Overall, data on integrated treatment are not definitive. However, they do suggest that integrated treatment increases the probability that persons with schizophrenia and co-occurring disorders have better treatment participation.[7] They may also have some reductions in substance use, more days in stable housing, and greater reductions in psychiatric hospitalization and arrests.[7]

MYTH	FACTS
It Is Too Difficult And Not Possible To Help Individuals Who Have SMI To Quit Smoking	There is strong evidence that treatment for nicotine use disorder is both efficacious and tolerable for individuals who have SMI. In fact, it is comparable to that for persons without SMI. The most effective treatments include varenicline and bupropion (versus nicotine replacement and placebo) for sustained remission of six months or more.[8]

MYTH	FACTS
Electroconvulsive Therapy (ECT) is Not An Effective Treatment Option For SMI	ECT is actually considered the most effective intervention for severe depression.[9] Numerous clinical studies show that it is both safe and effective compared to placebo and antidepressants.[10] Even during the height of the COVID-19 pandemic, ECT was deemed a vital treatment[11] given its numerous benefits.

MYTH	FACTS
There Is Little Evidence That Measurement-Based Care Impacts Recovery From SMI	A great deal of research shows that Measurement-Based Care (MBC) has a favorable impact on recovery from SMI.[12,13] The cornerstone of MBC is a treatment team approach that fosters routine, objective assessment. Interpretation and communication follows that, if when adjustments are needed to the intervention plan to improve outcomes. Assessments should include symptoms and functioning and interventions to be adjusted may include therapy or medications. One of the basic principles of MBC is: Things that get measured get better, and get better faster. ✔ MBC increases the likelihood for improvement and even recovery ✔ MBC provides expert guidance for a care team's treatment choices ✔ MBC can detect early if a treatment is not helping so adjustments can be made ✔ MBC bolsters an individual's participation in treatment

Sources:

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