Should We Bring Back the Asylum?

*Oliver Freudenreich, MD*
Co-Director
MGH Schizophrenia Clinical and Research Program
Boston, Massachusetts
Social interventions have greater impact on outcomes than molecular advances.
The Right Treatment, at the Right Intensity, at the Right Time, in the Right Place

- **Right treatment**
  - Safe and effective care = evidence-based*
  - Comprehensive care
    - Medications
    - Psychological treatments and rehabilitation

- **Right intensity**
  - Stepped-up care
    - Treatment intensity adjusted based on response

- **Right time**
  - Timely care = without delay*
  - Phase-specific care

- **Right place**
  - Patient-centered = humane care*
  - Continuum of care
    - Includes asylum

*Based on Institute of Medicine’s 6 Aims (2001)
Plus Ça Change, Plus C'est La Même Chose

Improving Long-term Psychiatric Care
Bring Back the Asylum

A third sobering lesson can be taken from the findings of Killaspy and colleagues' negative trial: if even well-resourced units with determined input from dedicated teams do not improve patients' functioning at the severe end of the disorder, perhaps we should shed our current orthodoxy that demonises the asylum function of psychiatric care, to provide a place of safety, refuge, and protection. Until we make a major therapeutic breakthrough, we should ensure that we do not keep cutting the number of long-stay beds in the hope that simply discharging patients into the community will improve outcomes. Good mental health care needs investment in all aspects. No amount of community investment will ever obviate the need for some hospital beds. If communities were all that therapeutic, people

On Asylums: Essays on the Social Situation of Mental Patients and other Inmates, by Erving Goffman

Nick Bouras

Bouras N. BJP. 2014.