

## **The Limits of Limit-Setting in Veterans with Severe Mental Illness**

VISN 1 MIRECC health services researchers have found that limit-setting fails to prevent negative outcomes in VA patients with severe mental illness. Treatment outcomes after 6 months were poorer in most areas for patients who received limit-setting compared with those who did not. Study participants were 1,564 veterans who received treatment in one of the VA's 40 Mental Health Intensive Case Management (MHICM) teams. These innovative programs are based in the high effective Assertive Community Treatment (ACT) model which emphasizes high staff/client ratios, delivery of services in community settings, a practical problem-solving approach and high continuity of care. Limit setting delivered by MHICM teams included a range of interventions that involve limiting a patient's freedom to stop or prevent maladaptive or self-destructive behavior. The researchers defined 5 categories of limit setting including contracting for behavior change, withholding of support until behavior improves, using external authorities such as probation officers, assigning a money manager and arranging for hospitalization. Limit setting is controversial. On the one hand, these measures are intended to be taken to avoid negative consequences to the patient. On the other hand, these measures involve a degree of coercion "for the patient's own good." The current study is one only a few studies that have attempted to gauge the effectiveness of limit setting. The researchers, Robert Rosenheck and Michael Neale, urge caution about interpreting the findings as showing that limit setting is harmful. They point out that patients who did not receive limit setting may be less disturbed than those who did. These pre-existing differences could account for the better outcomes for comparison patients. However, this study adjusted the outcome assessments to reduce the impact of pre-existing differences. If limit-setting was effective, the researchers would have expected the patients receiving them to have comparable outcomes to those who did not. Instead, the outcomes were worse. The researchers suggest that limit-setting interventions need closer scrutiny in future studies.