Much has been written about the difficulties in providing high-quality, consistent, and structured care for patients with severe mental illness in the United States. For most patients with private insurance, care consists of relatively frequent short-term stays in general hospitals for “crisis stabilization,” followed by discharge to private practitioners, many of whom are not equipped to provide the numerous types of support and assistance that these patients require. The availability of intensive, intermediate levels of care, such as residential treatment, partial hospitalization, assertive community treatment, or intensive case management, appears to be quite deficient in most parts of the United States. One could argue that there is greater availability of these services for patients with public insurance who are either indigent or disabled, but the degree to which these programs offer a real chance for rehabilitation and reintegration into the community is not known. Clearly, there is a need for creative solutions to these problems, and this issue of *Psychiatric Annals* offers the views of several groups working in this area.

We begin with a survey of the availability of beds providing 24-hour supervised care in the United States and the effectiveness of the residential treatment model. Although programs providing these types of services are highly heterogeneous, there is a great need for research to determine the possible therapeutic and economic benefits of this type of intervention. The United States has fewer such beds available than several other developed countries, and an accurate assessment of the need for such services should be a top priority for agencies supporting psychiatric services research.

Drs. Robert E. Drake, David C. Strickler, and Gary R. Bond, building on their impressive body of work at the Dartmouth Psychiatric Research Center, discuss some of the advantages and disadvantages of residential treatment and argue that psychiatric rehabilitation with a focus on functional recovery and community reintegration is difficult to achieve in most residential settings. They also summarize the clear evidence suggesting that supported employment, which is grossly underutilized in this country, is a major factor contributing to functional recovery.

Dr. Ross Ellenhorn has contributed a review of the evidence-based practice of assertive community treatment and how this technique is increasingly perceived as part of the complex “living system” needed for recovery and rehabilitation.

Drs. Alice Medalia and Alice Saperstein summarize the growing literature on cognitive impairments in persistent mental illness as a specific target for treatment. They also describe how these approaches might be integrated in residential settings. Although the literature suggests that improvements in cognition can be achieved with the types of technologies reviewed in their report, it remains to be determined if gains in cognitive skills contribute to overall functional recovery in the community, and if these interventions compare favorably to other strategies such as social skills training.

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