This issue of *Psychiatric Annals*, guest edited by Dr. Michael B. Knable, focuses on residential treatment for patients with serious mental illness. I read this series of articles after coming home from teaching at the University of New Mexico Medical Center in the Department of Psychiatry.

That day I’d been discussing a patient with one of my assigned outpatient residents. The patient had barely left home for 24 years because of overwhelming anxiety—this included the fact that she had not even attended school since fifth grade!

The resident was very bright and curious to learn, but I had been previously concerned, after observing his development as an outpatient psychiatrist over the 1-year clinical rotation, that he was still too aloof with his patients. I wanted to see more empathy conveyed. He had sent the patient to a socialization group sponsored by our clinic at her last visit. The patient surprised him by not only going, but also telling him that she preferred being there to being sequestered at home. He was delighted—with this therapeutic triumph—he shook his head, smiled and said “We just can’t do it alone—for our patients.” Somehow, in that moment, I was reassured and thought “he is doing just fine.”

So this issue is more than just about residential treatment, it conveys to the practicing clinician that we must seek to create holistic treatment settings.

We Are Learning How to Do It—Why Isn’t It Being Done?

Jan Fawcett, MD

It conveys to the practicing clinician that we must seek to create holistic treatment settings.
That article is followed by a description of the value of cognitive remediation by Drs. Alice Medalia and Alice M. Saperstein. Within a residential rehabilitation setting, they define the contribution of cognitive remediation efforts embedded in a rehabilitation setting and the impact this can make.

The final contribution describes the important values of case management, and efforts to unify patients’ case information, which is often spread across many health platforms (psychiatrist, primary care physician, counselor, specialist).

This all led me to remember the 1960s when we had entered the era of community psychiatry, which seemed to shrink up due to inadequate funding by the early 1970s. Not enough research surfaced to illustrate the cost-effectiveness of community psychiatry, so Congress discontinued funding for mental health centers.

How is it that this country has one of the highest ratios of people in jails and prisons in the world, but cannot “afford” a treatment system that could more successfully re-establish many individuals with persistent mental illness and help them launch more meaningful, happy, and productive lives at a reasonable cost? Food for thought.

Call for Feature Articles

Psychiatric Annals invites you to submit a manuscript for consideration as a published Feature Article in the journal. The journal welcomes full-length, in-depth review articles that feature progressive topics of interest to psychiatrists, psychiatric residents, and other mental health clinicians and professionals who work to find the best treatment modalities for people with mental disorders. All articles should be between 1,500 and 2,500 words and contain an abstract and references; tables and figures, which should be original, are optional components of the manuscript. Email complete submissions to psyann@healio.com.