Schizophrenia and stroke are 2 serious brain disorders that involve brain damage and disability. Yet the difference between the 2 disorders is stunning in terms of how resources are invested for their acute treatment and long-term rehabilitation.

Consider stroke. Guidelines for acute treatment, access, intervention, prevention of post-hospitalization relapse, and rehabilitation are extensively spelled out and implemented.1 (See this article on CurrentPsychiatry.com for a Box that outlines Mayo Clinic guidelines for stroke management, as a demonstration of the comprehensiveness of the approach.)

Schizophrenia and related severe mental illnesses (SMI) need a similar all-inclusive system that seamlessly provides the myriad components of care needed for this vulnerable population. I propose the term “therapeutic placenta” to describe what people with a disabling SMI brain disorder deserve, just as stroke patients do.

Closing asylums: Psychosocial abruptio placenta

In a past Editorial,2 I described the appalling consequences of eliminating the asylum, an entity that I believe must be a key component of the SMI therapeutic placenta. The asylum is to schizophrenia as the skilled nursing home is to stroke. SMI patients suffered extensively when asylums were shut down; they lost a medical refuge with psychiatric and primary care, nursing and social work support, occupational and recreational therapies, and work therapy (farming, carpentry shop, cafeteria, laundry, etc.). For SMI, these services are the psychosocial counterpart of various physical rehabilitation therapies for stroke patients that no one would ever dare to eliminate.

Persons with schizophrenia and other SMI have suffered tragically with rupture of the main components of the therapeutic placenta that existed for decades before the advent of medications. The massive homelessness, widespread incarceration, persistent poverty, rampant access to alcohol and drugs of abuse, early death due to lack of primary care, and absence of meaningful opportunities for vocational rehabilitation are all consequences of a neglectful society that refuses to fund a therapeutic placenta for the SMI population.

The public mental health system in charge of SMI patients is broken, disconnected, and failing to pro-
vide the necessary components of a therapeutic placenta. It should not be surprising to witness the terribly stressful life and premature mortality of SMI patients, who are modern-day les misérables.

The Table lists what I consider to be the necessary spectrum of health care services through the life of an SMI patient that an optimal therapeutic placenta must provide until an effective prevention or a cure for SMI is discovered.
An effective therapeutic placenta is imperative if health care for SMI patients is to approach the spectrum of care available to stroke patients.

Reasons to be hopeful
Admittedly, encouraging steps are being made toward establishing a therapeutic placenta for SMI:

The RAISE Study\(^1\) and Navigate Program\(^4\) demonstrate that implementing a comprehensive program of acute treatment and psychosocial interventions and rehabilitation yields better outcomes in SMI.

The Institute of Medicine released a landmark report on psychosocial interventions for mental illness and substance abuse disorders. It outlines a new model for establishing the effectiveness of intervention and the implementation of psychosocial strategies in clinical practice.\(^5\)

The 21st Century Cures Act, if passed by Congress and signed by the President, will increase funding for the National Institutes of Health, which in turn will bolster the budgets of the National Institute of Mental Health, National Institute on Drug Abuse, and the National Institute on Alcohol Abuse and Alcoholism and enhance the chances of discovering better treatments and prevention of SMI.

The Helping Families in Mental Health Crisis Act, more directly relevant to mental health and psychiatry, proposes, if passed, to:

- enhance evidence-based and scientifically validated interventions in the public sector
- raise the profile of mental health within the federal government by creating a position of Assistant Secretary for Mental Health in the U.S. Department of Health and Human Services, who will have oversight of both research and mental health care within the federal government.

Unacceptable disparity must be remedied
Planning an effective therapeutic placenta is imperative if health care for SMI patients is to approach the comprehensive spectrum of treatment, rehabilitation, and prevention available to stroke patients. Although stroke is regarded as a sensory-motor brain disorder, it is also associated with mental symptoms, just as schizophrenia is associated with sensory-motor symptoms. Both are disabling brain disorders: one, physically and cognitively; the other, mentally and socially. Both require a therapeutic placenta: Stroke is supported by one; schizophrenia is not. This is an unacceptable disparity that must be addressed—soon.

Henry A. Nasrallah, MD
Editor-in-Chief

References
### Mayo Clinic offers guidelines for managing stroke

<table>
<thead>
<tr>
<th>Where is care provided?</th>
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<tbody>
<tr>
<td>Intensive care unit → hospital ward → inpatient rehabilitation → outpatient follow-up and rehabilitation → skilled nursing facility → home-based programs</td>
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<tr>
<th>Who provides care?</th>
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</thead>
<tbody>
<tr>
<td>Neurologists, psychiatrists, primary care physicians, hospital nurses, rehab nurses, physical therapists, occupational therapists, speech and language pathologists, dietitians, social workers, psychologists, recreational therapists, vocational counselors</td>
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<tr>
<th>What rehabilitation services are offered?</th>
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<tbody>
<tr>
<td><strong>Physical activities</strong> (motor skills, mobility training, range of motion therapy, constrained-induced therapy)</td>
</tr>
<tr>
<td><strong>Technology-assisted physical activities</strong> (functional electric stimulation, robotic technology, wireless technology, virtual reality, non-invasive brain stimulation)</td>
</tr>
<tr>
<td><strong>Cognitive and emotional therapy</strong> (for communication disorders, psychological evaluation and treatment, medications)</td>
</tr>
<tr>
<td><strong>Experimental therapy</strong> (eg, stem cells or alternative therapies such as massage, herbal therapy, and acupuncture)</td>
</tr>
</tbody>
</table>

*Rehabilitation might start 24 to 48 hours after a stroke, during the acute hospital stay, and continue for months or years*