Evidence-Based Mental Health Best Practices
New York Association of Psychiatric Rehabilitation Services

“Assessing the Evidence Base”: Most recently, expert teams of researchers conducted an extensive review of the literature and found that “the current policy environment provides the opportunity for federal and state agencies to work with private and nonprofit sectors to transform the American health care system through development of a comprehensive set of community-based, recovery-oriented, and evidence-based services for people with mental and substance use disorders.” Following are a list of evidence-based practices they have recently published in the January to April issues of Psychiatric Services.

Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT) is a conjoint parent-child treatment that uses cognitive-behavioral principles and exposure techniques to prevent and treat posttraumatic stress, depression, and behavioral problems. TF-CBT is a viable treatment for reducing trauma-related symptoms among some children who have experienced trauma and their nonoffending caregivers.
Psychiatric Services in Advance, March 18, 2014; doi: 10.1176/appi.ps.201300255

Supported Employment is a direct service with multiple components designed to help adults with mental disorders or co-occurring mental and substance use disorders choose, acquire, and maintain competitive employment. Supported employment consistently demonstrated positive outcomes for individuals with mental disorders, including higher rates of competitive employment, fewer days to the first competitive job, more hours and weeks worked, and higher wages.

Substance Abuse Intensive Outpatient Programs (IOPs) are direct services for people with substance use disorders or co-occurring mental and substance use disorders who do not require medical detoxification or 24-hour supervision. IOPs are alternatives to inpatient and residential treatment. They are designed to establish psychosocial supports and facilitate relapse management and coping strategies. Multiple randomized trials and naturalistic analyses that compared IOPs with inpatient or residential care found comparable outcomes. All studies reported reductions in alcohol and drug use.
Psychiatric Services in Advance, January 21, 2014; doi: 10.1176/appi.ps.201300249

Residential Treatment is a commonly used direct intervention for individuals with substance use or co-occurring mental and substance use disorders who need structured care. Treatment occurs in nonhospital, licensed residential facilities. Residential treatment for substance use disorders shows value and merits ongoing consideration by policy makers for inclusion as a covered benefit in public and commercially funded plans.
Psychiatric Services 65:301–312, 2014; doi: 10.1176/appi.ps.201300242

Recovery Housing is a direct service with multiple components that provides supervised, short-term housing to individuals with substance use disorders or co-
occurring mental and substance use disorders. It commonly is used after inpatient or residential treatment. Results on the effectiveness of recovery housing suggested positive substance use outcomes and improvements in functioning, including employment and criminal activity.

**Permanent Supportive Housing** provides safe, stable housing for people with mental and substance use disorders who are homeless or disabled. Substantial literature, including seven randomized controlled trials, demonstrated that components of the model reduced homelessness, increased housing tenure, and decreased emergency room visits and hospitalization. Consumers consistently rated this model more positively than other housing models.

**Peer Support Services** are delivered by individuals in recovery to those with serious mental illnesses or co-occurring mental and substance use disorders. Approaches that added peers to traditional settings or where they were delivering recovery and relapse prevention based curricula showed some improvement favoring peers. Compared with professional staff, peers were better able to reduce inpatient use and improve a range of recovery outcomes.
Psychiatric Services 65:429–441, 2014; doi: 10.1176/appi.ps.201300244

**Consumer and Family Psychoeducation** provides adult consumers who have serious mental illness or co-occurring substance use disorders with information to support recovery. Some models also provide this service to family members. Reviews of consumer psychoeducation found that experimental groups had reduced nonadherence (primarily with medication regimens), fewer relapses, and reduced hospitalization rates compared with control groups. Multifamily psychoeducation groups (the focus of numerous studies) were associated with significantly improved problem solving ability and a reduced burden on families, compared with control groups, among other strong outcome effects.

**Behavioral Management for Children and Adolescents** is a direct service designed to help develop or maintain prosocial behaviors in the home, school, or community. The level of evidence for behavioral management was rated as high because of the number of well-designed randomized controlled trials across settings, particularly for family-centered and integrated family- and school-based interventions.
Psychiatric Services in Advance, December 17, 2013; doi: 10.1176/appi.ps.201300253

**Medication-Assisted Treatment for Illicit Opioid Use**
Detoxification followed by abstinence has shown little success in reducing illicit opioid use. Buprenorphine maintenance treatment (BMT) and methadone maintenance treatment (MMT) are pharmacological treatment programs for individuals with opioid use disorders. BMT and MMT showed similar reduction in illicit opioid use, but BMT was associated with less risk of adverse events. Results suggested better treatment retention with MMT.
Medication-Assisted Treatment With Buprenorphine: Assessing the Evidence
**Skill Building**
Skill building for adults demonstrates relatively positive evidence for improved cognitive functioning (attention and memory), improved social and daily living skills and associated functioning in the community, reduced symptomatology and improved illness management, and reduced relapses.

**OTHER EVIDENCE BASED OR EMERGING BEST PRACTICES**

The National Alliance on Mental Illness (NAMI) **Family-to-Family Education Program** is a 12-session course for family caregivers of individuals living with serious mental illness. The curriculum-based course covers a range of topics, including participants' emotional responses to the impact of mental illness on their lives, current information about many of the major mental illnesses, current research related to the biology of brain disorders, and information on the evidence-based treatments that are most effective in promoting recovery.

National Registry of Evidence-Based Programs and Practices

**Mental Health First Aid** is an adult public education program designed to improve participants' knowledge and modify their attitudes and perceptions about mental health and related issues, including how to respond to individuals who are experiencing one or more acute mental health crises (i.e., suicidal thoughts and/or behavior, acute stress reaction, panic attacks, and/or acute psychotic behavior) or are in the early stages of one or more chronic mental health problems (i.e., depressive, anxiety, and/or psychotic disorders, which may occur with substance abuse).

National Registry of Evidence-Based Programs and Practices

**Housing First**, a program developed by Pathways to Housing, Inc., is designed to end homelessness and support recovery for individuals who are homeless and have severe psychiatric disabilities and co-occurring substance use disorders. Treatment and support services are provided through an Assertive Community Treatment (ACT) team consisting of social workers, nurses, psychiatrists, vocational and substance abuse counselors, peer counselors, and other professionals. These services may include psychiatric and substance use treatment, supported employment, illness management, and recovery services. Consistent with the principles of consumer choice, Housing First uses the harm reduction approach, recognizing that consumers can be at different stages of recovery and that interventions should be tailored to each consumer's stage. Consumers' tenancy is not dependent on their adherence to clinical treatment, although they must meet the obligations of a standard lease. While consumers can refuse formal clinical services, the program requires them to meet with a team member at least four to six times per month to ensure their safety and well-being.

National Registry of Evidence-Based Programs and Practices
Wellness Recovery Action Plan (WRAP) is a manualized group intervention for adults with mental illness. WRAP guides participants through the process of identifying and understanding their personal wellness resources ("wellness tools") and then helps them develop an individualized plan to use these resources on a daily basis to manage their mental illness. WRAP has the following goals:

- Teach participants how to implement the key concepts of recovery (hope, personal responsibility, education, self-advocacy, and support) in their day-to-day lives
- Help participants organize a list of their wellness tools--activities they can use to help themselves feel better when they are experiencing mental health difficulties and to prevent these difficulties from arising
- Assist each participant in creating an advance directive that guides the involvement of family members or supporters when he or she can no longer take appropriate actions on his or her own behalf
- Help each participant develop an individualized postcrisis plan for use as the mental health difficulty subsides, to promote a return to wellness

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The Compeer Model is designed for use with adults (including veterans and their families), youth (including children with an incarcerated parent), and older adults who have been referred by a mental health professional and diagnosed with a serious mental illness (e.g., bipolar disorder, delusional disorder, depressive disorder). The program's goal is to reduce the isolation that is typically felt by these individuals and to increase their reintegration into the community. Participants, who continue to receive traditional psychotherapy, are paired with the program's trained community volunteers. The volunteer and participant spend one-on-one time together by engaging in social and recreational activities during regularly scheduled meetings in an effort to build a positive and supportive relationship. The Compeer Model incorporates three elements of support-relatedness, autonomy, and competence--which, when present in relationships, enable participants to feel secure, be more open emotionally, and experience improved mental health.

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Assertive Community Treatment
The core of ACT is a transdisciplinary team that is comprised of ten to twelve practitioners including psychiatrists, nurses, master’s and doctoral level professionals, consumers, employment specialists, substance abuse specialists, and a program assistant, who serve approximately one hundred consumers. The ratio of staff to consumers is recommended to be one to ten. ACT teams work together in a highly integrated fashion across professional boundaries to the maximum extent possible to support a consumer’s life in the community. They are available twenty-four hours a day, seven days a week. Services are provided in vivo rather than office-based settings, allowing for the delivery of supports in natural contexts where problems arise and skills are needed. The team provides care coordination on a continuous basis, including when the consumer is in the hospital.

Illness/Wellness Management and Recovery consists of psychoeducation which includes the provision of information to consumers about their illnesses, including
symptoms, stress management strategies, side effects of medications, and warning signs of impending relapse. Illness Management and Recovery uses individual and group formats, as well as combinations of both formats, depending upon need. The program consists of a series of weekly sessions designed to help consumers develop and implement strategies for the management their illness and moving forward with their lives. The goals of Illness Management and Recovery are to:

- Instill hope that change is possible
- Develop a collaborative relationship with a treatment team
- Help people establish personally meaningful goals to strive towards
- Teach information about mental illness and treatment options

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Emerging Best Practices

**Psychiatric Advance Directives (PADs)** are an emerging method of treatment planning that are designed to establish an individual's preferences for intervention should the individual become unable to communicate those preferences as result of a crisis or incapacity. There are two forms of advance directives. The instructional directive informs providers what to do about treatment in the event that the individual becomes incapacitated. The proxy directive designates an individual the consumer wants to make treatment decisions in the event that he or she becomes unable to do so. While there have been no empirical investigations of the effects of PADs, they are a promising practice to increase consumer empowerment and autonomy and improve crisis intervention planning. It is thought that they also have the potential to reduce hospitalizations, court proceedings, and costs.

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**Crisis Intervention Teams (CITs)**

The CIT program started in Memphis in 1988 and is a partnership between law enforcement, the mental health system, and consumers of mental health services and their families. Through participation in this program, CIT police officers learn to recognize common forms of mental illness and to utilize the most effective means of communicating with people undergoing crisis. The officers are trained to de-escalate the individuals in crisis and allow the consumer to participate in the decision-making regarding their treatment. CIT officers must successfully complete 40 hours of training to become certified.

A study just published in the April 2014 issue of Psychiatric Services found that “CIT training appears to increase the likelihood of referral or transport to mental health services and decrease the likelihood of arrest during encounters with individuals thought to have a behavioral disorder.”

The Police-Based Crisis Intervention Team (CIT) Model: II. Effects on Level of Force and Resolution, Referral, and Arrest

Psychiatric Services 2014; doi: 10.1176/appi.ps.201300108