



DATA TRENDS: June, 2004 #100

Summaries of research on mental health services for children and adolescents and their families



Evidence-based Practice and a Recovery Approach to Mental Illness

Source: Anthony, W., Rogers, E. S., & Farkas, M. (2003). Research on evidence-based practices: Future directions in an era of recovery. *Community Mental Health Journal*, 39(2), 101-114.

In this article the authors discuss two important influences on policy and practice in mental health services, specifically concurrent developments in the concept of recovery and research on evidence-based practice. They define these concepts, discuss some of the existing challenges for mental health systems, and suggest necessary changes if evidence-based practice research is to be compatible with a recovery orientation to mental health.

Recovery

The authors of this paper argue that a shift from pathology-based to positive psychology and the convergence of knowledge from two sources precipitated “the concept of the recovery vision” (p.102). The two identified sources of knowledge are written descriptions of recovery from people with mental illness, and empirical research, in particular reviews of “a number of long term outcome studies”¹ (p.102). Recovery is described as “a way of living a satisfying, hopeful and contributing life and involves the development of new meaning and purpose in a person’s life as that person grows beyond the catastrophic effects of mental illness” (p.102).

Evidence-based practice

Models of evidence-based practice have been adopted by many health care organizations, as a way of demonstrating the effectiveness and efficacy of services. These authors define evidence-based care “as an approach to classifying health care outcome research according to the quality and quality of empirical evidence supporting a particular intervention” (p.103). Although different hierarchies have been constructed to classify evidence, there is general agreement that evidence-based practices are “those interventions which have been studied using research designs that are least vulnerable to bias, where the results are more generalizable, where the internal validity is high and there is confidence in being able to attribute the outcomes under study to the interventions being examined” (p.104). Thus the “most potent and unequivocal evidence” are derived from “large randomized clinical trials with unequivocal findings and with rigorous controls” (p.103).

Challenges and Suggestions for The Integration of Recovery and Evidence-based Approaches

These authors note that since much of the existing evidence-based practice research preceded “the recovery vision”, there is a need for “additional evidence-based practice research” that is compatible with “a recovery-oriented mental health system” (p. 105). They propose a number of changes, summarized in Table 1, necessary to achieve this goal.

Prepared by the Research and Training Center for Family Support and Children’s Mental Health, Portland State University, P.O. Box 751, Portland, OR 97207-0751, (503) 725-4040 in collaboration with the Research and Training Center for Children’s Mental Health, University of South Florida. Contact datatrends@pdx.edu, or www.rtc.pdx.edu.

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Table 1 Suggestions for the Integration of Recovery and Evidence-based Approaches

- Include measures that are important to consumers (e.g. quality of life, empowerment, satisfaction) and investigate why much existing research does not show impact on these outcomes
- Incorporate measures of subjective experience in addition to standardized quantitative measures
- Conduct research on the role of significant relationships in recovery
- Use the different types of evidence available (e.g. quasi-experimental and correlational)
- Examine outcomes for different components of a program model
- Test the generalizability of evidence-based practices in diverse populations and geographic settings.

Conclusion and Implications

Transforming the mental health system so that care is both excellent, and driven by consumers and families are two of the major goals specified in the report of the President's New Freedom Commission on Mental Health. Although the knowledge gained from evidence-based research is an important part of improving care, these authors raise important questions about how excellence is defined. The recommendations made for integrating knowledge gained from the study of recovery provide some ways to represent the experiences of consumers and families in defining excellence. This is essential of these goals are to be achieved.

Reference

¹Harding, C. M. & Zahniser, J. H. (1994). Empirical correction of seven myths about schizophrenia with implications for treatment. *Acta Psychiatrica Scandinavica Supplementum*, 90(384 Suppl), 140-146.