

Evidenced-Based Practices

“Quality and accountability involve the adherence to evidence based practice (EBP) and fidelity to those specific program models that are shown to produce consistently cost effective results. Without model fidelity, an organization risks not achieving the positive outcomes demonstrated in the research. In fact growing evidence finds that even some of the most popular and well-disseminated programs are not evidence-based and in fact can be counter productive.” DHM/DD/SAS State Plan 2005

Evidenced-based practices (EBPs) are practices that have been:

- Shown to be efficacious and to produce meaningful outcomes in controlled research studies
- Replicated by other researchers
- Documented to describe the model and how the service is provided
- Replicated in real-life treatment settings

Community Support Service (or Community Support Team or ACTT) becomes the “umbrella” service in which most EBPs will be delivered in the enhanced services model. North Carolina has identified six EBPs for severe mental illness:

1. Wellness (Illness) Management and Recovery: A broad set of strategies designed to help individuals with serious mental illness collaborate with professionals, reduce their susceptibility to the illness, and cope effectively with their symptoms. Recovery occurs when people with mental illness discover, or rediscover, their strengths and abilities for pursuing personal goals and develop a sense of wellness.
2. Family Psycho-Education: The provision of information, clinical guidance and support to families of seriously mentally ill consumers. Psycho-Education can be provided in single-family and multi-family groups. The format is structured and pragmatic to assist people with developing skills for handling problems posed by mental illness. Over time, practitioners, family members and consumers form a partnership as they work toward recovery.
3. Assertive Community Treatment Team (ACTT): A comprehensive community-based model for delivering treatment, support and rehabilitation services to adults with severe mental illness. A team of professionals assumes direct responsibility for providing the specific array of services needed by a mental health consumer, for as long as they are needed.
4. Supported Employment: A well-defined approach to helping people with disabilities participate as much as possible in the competitive labor market, working in jobs they prefer with the level of professional help they need. Supported Employment programs for persons with mental illness typically provide individual placements in competitive employment—that is, community jobs paying at least minimum wage that any person can apply for—in accord with client choices and capabilities.

5. Integrated Dual Disorders Treatment: Promotes ongoing recovery from co-occurring severe substance abuse and severe mental illness by providing service agencies with specific strategies for organizing and delivering services. Co-occurrence is common—about 50 percent of individuals with severe mental disorders are affected by substance abuse. Dual diagnosis is associated with a variety of negative outcomes, including higher rates of relapse, hospitalization, violence, incarceration, homelessness and serious infections such as HIV and hepatitis.
6. Medication Management Approaches in Psychiatry (MedMAP): MedMAP is designed to involve consumers, family members/supporters, practitioners, program leaders, and the public mental health authority in a united effort to practice medication prescribing in the interest of recovery of the consumer. MedMAP provides guidelines and algorithms that were developed using research and evidence to help the agencies, practitioners, and consumers achieve the best possible recovery outcomes. Currently established as an EBP only for schizophrenia, it is likely that in the near future this approach will be expanded to include the pharmacological treatments for other mental illnesses.

Information and Training on Evidenced-Based Practices

1. Southern Regional AHEC (www.SouthernRegionalAHEC.org ; (910) 678-7226) in conjunction with other Regional AHECS throughout the state is presenting a series of trainings on North Carolina Evidence Based Practices between February and June 2006.
2. The North Carolina Evidence Based Practices Center (www.ncebpcenter.org) was created by the Southern Regional AHEC with support of the Duke Endowment to be a comprehensive resource center for organizations involved in implementing evidence based mental health practices in treating the severely mentally ill.
3. The Substance Abuse and Mental Health Services Administrations' (SAMHSA) Center for Mental Health Services has “toolkits” for EBPs on their website: (<http://www.mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits/>). Five excellent evidence-based practice toolkits can be downloaded:
 - a. Illness Management and Recovery
 - b. Assertive Community Treatment
 - c. Family Psychoeducation
 - d. Supported Employment
 - e. Co-occurring Disorders: Integrated Dual Diagnosis Treatment