

Psychosocial Interventions for Mental and Substance Use Disorders

A Framework for Establishing Evidence-Based Standards

Mental health and substance use disorders are a serious public health problem, affecting approximately 20 percent of Americans. The two often occur together and result in significant morbidity and mortality. The evidence base for the effectiveness of interventions to treat these disorders is sizable, yet no standard system is in place to ensure that people with mental health and substance use disorders receive effective psychosocial interventions.

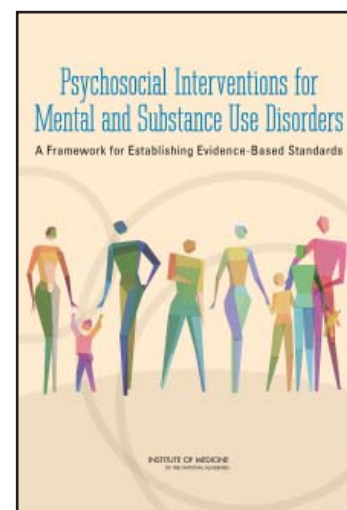
Evidence-based psychosocial interventions often are not available as part of routine clinical care for mental health and substance use disorders. The gap between what is known and what is commonly practiced can be attributed to problems of access, training, insurance coverage, quality measurement, and fragmentation of care, including the separation of primary and specialty care and poor coordination of care.

The Patient Protection and Affordable Care Act (ACA), passed in 2010, and the Mental Health Parity and Addiction Equity Act, passed in 2008, aim to improve the delivery of and access to treatments for mental health and substance use disorders. In this context, the Institute of Medicine (IOM) convened an expert committee to identify key steps to ensure that evidence-based, high-quality care is provided to individuals receiving mental health and substance use services. The resulting report, *Psychosocial Interventions for Mental and Substance Use Disorders*, details the reasons for the gap between what is known to be effective and what is currently practiced, and it offers recommendations for how best to address this gap by proposing a framework that can be used to establish standards for psychosocial interventions.

PSYCHOSOCIAL INTERVENTIONS AND QUALITY OF CARE

Mental health disorders encompass a range of conditions, including anxiety, trauma, and depression, as well as eating, personality, and psychotic disorders. Substance use disorders encompass recurrent use of alcohol and legal or illegal drugs that cause significant impairment.

Psychosocial interventions may be applied on their own or in combination with medication in the treatment of these conditions. The IOM committee defines psychosocial interventions as *interpersonal or informational activities, techniques, or strategies*



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that target biological, behavioral, cognitive, emotional, interpersonal, social, or environmental factors with the aim of improving health functioning and well-being. Examples include psychotherapies, such as cognitive behavioral therapy, which aims to correct inaccurate or negative patterns of thinking; peer-support services; and community-based treatment.

The current quality of care for both physical and mental health and substance use disorders is less than ideal. One national study indicated that among patients with a wide array of physical and mental disorders, only about 55 percent had received recommended care, while another found that only about 32 percent of patients had received at least minimally adequate treatment.

THE PROPOSED FRAMEWORK

With the goal of improving the outcomes of psychosocial interventions for those with mental health and substance use disorders, the IOM committee developed a framework to help fully realize the consistent use of high-quality, evidence-based interventions in everyday care.

Central to the framework is use of the consumer's perspective to inform the overall process. Evidence shows that consumers bring important personal experiences and knowledge of mental health and substance use disorders. The committee intends for this framework to be an iterative one, with the results of the process being fed back into the evidence base, and the cycle beginning anew.

The framework highlights the need to: (1) support research to strengthen the evidence base on the efficacy and effectiveness of psychosocial interventions; (2) identify the key elements that lead to improved health outcomes; (3) conduct systematic reviews to inform clinical guidelines that incorporate these key elements; (4) develop quality measures of the structures, process, and outcomes of interventions; and (5) establish methods for successfully implementing, sustaining, and improving psychosocial interventions in regular practice (see Figure).

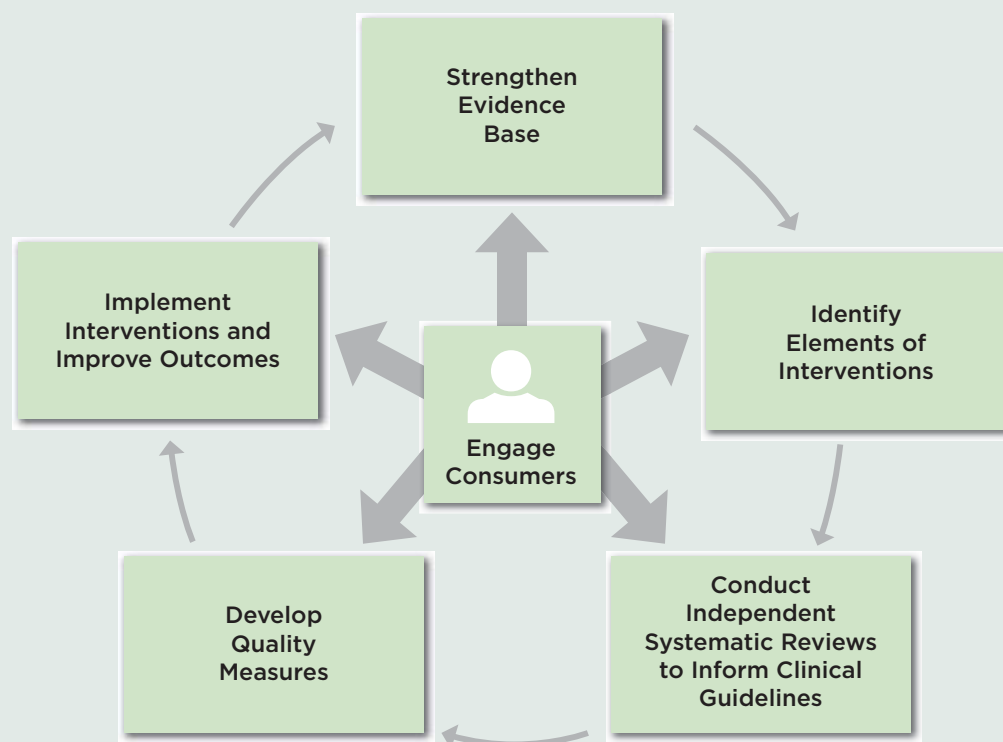


FIGURE IOM committee's framework for developing standards for psychosocial interventions.

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THE IOM COMMITTEE'S RECOMMENDATIONS

The committee proposes a framework to guide efforts of the U.S. Department of Health and Human Services (HHS) to support policy, research, and implementation strategies that promote the use of evidence-based psychosocial interventions. HHS and other public and private funding agencies should ensure that consumers are active participants in the development of practice guidelines, quality measures, policies, and implementation strategies for participants in the development of interventions for people with mental health and substance use disorders.

The IOM committee recommends that public and private funders invest in research aimed at identifying and validating elements of psychosocial interventions, as well as expanding the evidence base for their effectiveness. A common terminology should be used for identifying and classifying elements across theoretical models and interventions.

Further research to expand the evidence base for psychosocial interventions, develop and test quality measures, and design and evaluate implementation strategies and policies should be built around the key elements that drive the effects of interventions. Additionally, HHS, in partnership with professional and consumer organizations, should support the development of a coordinated process for conducting systematic reviews of the evidence for psychosocial interventions and creating guidelines and implementation materials.

Steps must also be taken to assess the quality of care being provided to those with mental health and substance use disorders. Approaches used in other areas of health care can be applied to develop reliable, valid, and feasible measures of quality, but currently there is a lack

of leadership in both developing and testing quality of care. HHS should designate an entity responsible for the development of quality measures to assess the structure, process, and outcomes related to mental health and substance use disorders.

A comprehensive quality framework should also consider the context in which interventions are delivered, including the characteristics of the consumer, qualifications of the provider, the clinic or setting in which care is delivered, the characteristics of the health system, and the regulatory and financial conditions that apply to the system. Purchasers, plans, and providers should design, evaluate, and adopt strategies that are aligned across multiple levels to continuously improve the quality of psychosocial interventions.

The recommendations offered in the report are intended to assist policy makers, health care organizations, and payers that are organizing and overseeing the provision of care for mental health and substance use disorders while navigating a new health care landscape. The recommendations also target providers, professional societies, funding agencies, consumers, and researchers, all of whom have a stake in ensuring that evidence-based, high-quality care is provided to individuals receiving mental health and substance use services.

CONCLUSION

The mental health care and substance use delivery system needs a framework for applying strategies to improve the evidence base for and overseeing the provision of quality evidence-based interventions in the delivery of care. A broad group of stakeholders must be involved to develop effective interventions that will help consumers. Through development of its proposed framework,

Committee on Developing Evidence-Based Standards for Psychosocial Interventions for Mental Disorders

Mary Jane England (Chair)

Boston University

Susan M. Adams

Vanderbilt University

Patricia A. Areán

University of Washington

John S. Brekke

University of Southern California

Michelle G. Craske

University of California, Los Angeles

Kermit Anthony Crawford

Boston University

Frank Verloin DeGruy III

University of Colorado

Jonathan Delman

University of Massachusetts

Constance M. Horgan

Brandeis University

Haiden A. Huskamp

Harvard Medical School

Harold Alan Pincus

Columbia University

Enola K. Proctor

Washington University in St. Louis

Rhonda Robinson-Beale

Blue Cross of Idaho

Sarah Hudson Scholle

National Committee for Quality Assurance

John T. Walkup

Weill Cornell Medical College

Myrna Weissman

Columbia University College of Physicians and Surgeons and New York State Psychiatric Institute

and its recommendations within each component of that framework, the IOM committee offers a roadmap for implementing evidence-based psychosocial interventions and improving the outcomes for those with mental health and substance use disorders. ♦♦

Study Staff

Adrienne Stith Butler

Study Director

Monica L. Gonzalez

Associate Program Officer

Thelma L. Cox

Administrative Assistant

Lora K. Taylor

Financial Associate

Andrew M. Pope

Director, Board on Health Sciences Policy

Study Sponsors

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