Evidence-Based Practices

Evidence-based practices (sometimes also called "best practices", "exemplary models", etc.) are those practices which research has shown to produce consistently good outcomes. This concept originated in the field of physical health with the idea that for medical conditions a specific set of practices, properly administered, would ensure the greatest likelihood of recovery. The mental health field has begun the process of scientific evaluation to identify evidence-based practices within the last 25 years.

The term “evidence-based practice” or “best practice” can refer to types of treatment or therapies (e.g. dialectical behavior therapy (DBT) as a best practice for treating borderline personality disorder), or it can be used to mean a specific practice or set of practices (e.g. a particular practice for supported housing is to ensure that housing is protected while a person is in crisis). Evidence-based practice, or the term “exemplary model” can also refer to a particular program (e.g. the National Alliance for the Mentally Ill’s (NAMI) Family-to-Family model for family psychoeducation). Programs or practices which preliminary evidence suggests may qualify as an evidence-based practice are also called “promising practices” or “emerging practices”.

Over the past few years, there has been an upsurge of interest nationwide in evidence-based practices for mental health. The landmark Surgeon General’s Report on Mental Health, released in 1999, found that scientifically proven, state-of-the-art treatments for even the most serious of psychiatric illnesses are still not being implemented in community settings. The Surgeon General’s Report identified multiple causes for these service gaps, including practitioners’ lack of knowledge of research results, and lack of funds to introduce innovations.

State mental health agencies, including the New York State Office of Mental Health, are turning to evidence-based practices as a way of ensuring that they fund the best quality care for people with psychiatric illness. A number of organizations, federal, state, and private, have begun the process of evaluating existing research and identifying and promoting evidence-based practices. Different organizations and agencies may use differing criteria, but research must meet generally accepted standards to be considered reliable.

While evidence-based practices sound like an inarguable concept, some valid concerns have arisen:

Overgeneralization - A research study might find that a specific program or treatment is highly effective, but if the study participants were all demographically similar, the results may not necessarily translate to other groups of people. A program that served single people without families well may not meet the needs of parents caring for young children. Treatment guidelines based on the findings of a study using healthy adults aged 18-35 may not apply to elderly patients with other health conditions.
The difficulty of measuring “recovery” - Subjective intangibles such as “recovery” are difficult to measure compared to easily quantifiable units such as “number of days worked” or “number of days spent receiving inpatient psychiatric services”. Evidence may show a particular employment program placed the greatest number of people in a job over a period of time, but one needs to ask what sorts of jobs participants were being placed in: minimum wage or living wage? Low-skill jobs with limited opportunity for promotion or career track jobs? How did employment enhance or detract from overall functioning?

Funding cuts - As funding agencies turn to evidence-based practices to ensure quality care, some fear that funding will be cut to otherwise effective programs which have not yet been scientifically assessed.

Despite controversy, evidence-based practices have a scientifically proven record of delivering beneficial outcomes. Providers will find it harder to justify business-as-usual by saying, “That’s the way we’ve always done it”. The growing increase in awareness of evidence-based practices is leading funders, policymakers, mental health professionals, and recipients and their families to seek out treatments for psychiatric illness that have been built upon a solid, scientific base.