TITLE: Delivery, Evaluation, and Access to Community Mental Health Services: Guidelines and Recommendations

DATE: 22 March 2012

RESEARCH QUESTIONS

1. What are evidence-based guidelines regarding the development, organization, and delivery of community mental health services within a recovery-based model of practice?

2. What are evidence-based guidelines regarding evaluation tools for community mental health programs?

3. What are evidence-based guidelines regarding ideal timelines for patients to access community mental health services?

KEY MESSAGE

Three relevant systematic reviews and one evidence-based guideline were identified regarding the delivery of community mental health services within a recovery-based model.

METHODS

A limited literature search was conducted on key resources including OVID MEDLINE, OVID PsycINFO, PubMed, The Cochrane Library (2012, Issue 2), University of York Centre for Reviews and Dissemination (CRD) databases, Canadian and abbreviated list of major international health technology agencies, as well as a focused Internet search. Methodological filters were applied to limit retrieval to health technology assessments, systematic reviews, meta-analyses, and guidelines. The search was limited to English language documents published between January 1, 2007 and March 9, 2012. Internet links were provided, where available.
The summary of findings was prepared from the abstracts of the relevant information. Please note that data contained in abstracts may not always be an accurate reflection of the data contained within the full article.

RESULTS

Rapid Response reports are organized so that the higher quality evidence is presented first. Therefore, health technology assessment reports, systematic reviews, and meta-analyses are presented first. These are followed by evidence-based guidelines.

Three systematic reviews and one evidence-based guideline were identified regarding the development, organization, and delivery of community mental health services within a recovery-based model of practice. Additional references of potential interest are provided in the appendix.

OVERALL SUMMARY OF FINDINGS

Evidence from one systematic review\(^2\) suggested three parts to an evidence-based, theoretically defensible framework for personal recovery in mental illness:

- the 13 characteristics of the recovery journey
- five recovery processes (connectedness, hope and optimism about the future, identity, the meaning in life, and empowerment)
- recovery stage descriptions mapped into a transtheoretical model of change.

With respect to the effectiveness of elements of community mental health services within a recovery-based model, one systematic review\(^1\) found the following regarding the strength of evidence supporting the following elements:

- the effectiveness of social skills training was strong
- the effectiveness of life skills training and instrumental activities of daily living (IADL) training was moderate
- the effectiveness of neurocognitive training combined with skills training in work, participation, and IADL was moderate
- the effectiveness of client-centered interventions and of treatments with increased duration and intensity was limited but positive.

A third systematic review\(^3\) found little evidence to suggest that training and vocational interventions lead to improved non-vocational outcomes and that most of the evidence regarding a link between training and vocational interventions and improved self-esteem, social capital, engagement in daily living, and quality of life to be inconclusive. The authors suggested the following be integrated into recovery approaches in community-based adult mental health services: support at different points of the recovery process, integrated training and vocational services, and built-in peer support as a part of services.

The identified evidence-based guideline\(^4\) makes several recommendations regarding interventions in severe mental illness including:

- family therapies for patients with severe mental illness should be no shorter than six months or 10 sessions in duration
• psychoeducational programs should be integrated as a part of a larger personalized program for recovery and should last a minimum of nine months
• programs aimed at employment should be coordinated by mental health teams, institutions, and social agencies and should aim to assist with stable and productive employment.

The complete guideline is available on the web: http://www.guiasalud.es/egpc/traduccion/ingles/TMG/completa/index.html

No specific information regarding ideal timelines for patients to access community mental health services or evaluation tools for community mental health programs was identified in the abstracts of the included studies. Additional information that may be of interest is provided in the appendix.
REFERENCES SUMMARIZED

Health Technology Assessments
No literature identified.

Systematic Reviews and Meta-analyses


Guidelines and Recommendations


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APPENDIX – FURTHER INFORMATION:

Program Evaluation


Recommendations and Position Papers


Review Articles


Additional References


