

Evidence-Based Practice for Adults with Serious Mental Illness

Sustaining Services and Monitoring
Fidelity Amidst a Pandemic

National Dialogues on Behavioral Health Conference

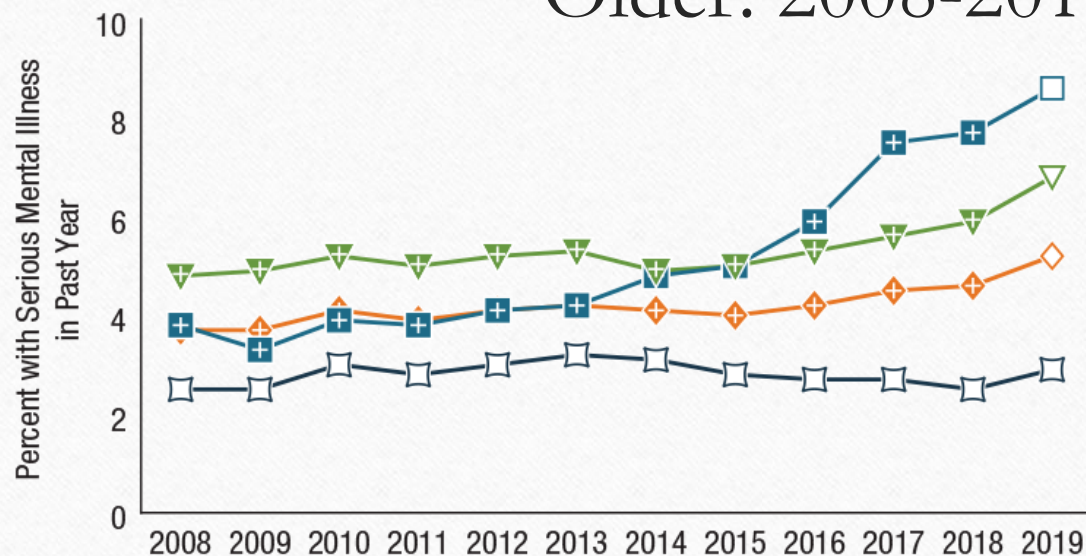
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Serious Mental Illness (SMI)

- Substance Abuse and Mental Health Services Administration (SAMHSA) estimates that 1 in 5 adults in the US are living with a mental illness (*2019 National Survey on Drug Use and Health (NSDUH) Annual National Report, SAMHSA <https://www.samhsa.gov/data/report/2019-nsduh-annual-national-report>*)
- SMI: “mental, behavioral, or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities.” – (NIMH <https://www.nimh.nih.gov/health/statistics/mental-illness>)
- 2019 an estimated 13.1 million adults in the US living with SMI (5.2% of all adults) (NIMH <https://www.nimh.nih.gov/health/statistics/mental-illness>)

Serious Mental Illness in the Past Year among Adults Aged 18 or Older: 2008-2019



2019 NSDUH Annual National Report, SAMHSA

(<https://www.samhsa.gov/data/report/2019-nsdub-annual-national-report>)

—◇— 18 or Older —□— 18 to 25 —▽— 26 to 49 —□— 50 or Older

Age	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
18 or Older	3.7 ⁺	3.7 ⁺	4.1 ⁺	3.9 ⁺	4.1 ⁺	4.2 ⁺	4.1 ⁺	4.0 ⁺	4.2 ⁺	4.5 ⁺	4.6 ⁺	5.2
18 to 25	3.8 ⁺	3.3 ⁺	3.9 ⁺	3.8 ⁺	4.1 ⁺	4.2 ⁺	4.8 ⁺	5.0 ⁺	5.9 ⁺	7.5 ⁺	7.7 ⁺	8.6
26 to 49	4.8 ⁺	4.9 ⁺	5.2 ⁺	5.0 ⁺	5.2 ⁺	5.3 ⁺	4.9 ⁺	5.0 ⁺	5.3 ⁺	5.6 ⁺	5.9 ⁺	6.8
50 or Older	2.5	2.5	3.0	2.8	3.0	3.2	3.1	2.8	2.7	2.7	2.5	2.9

+ Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

Evidence-Based Practice

- “Evidence-based practice is the integration of the best available research with clinical expertise in the context of patient characteristics, culture and preferences.” (<https://www.apa.org/practice/resources/evidence>)
- Fidelity measurement ensures consistency in service delivery
- Assertive Community Treatment was severely impacted by COVID

Impact of COVID – What changed?

- *Varied by state and municipality*
- Unable to have clients in clinics
- Unable to deliver services in person
- Unable to facilitate group sessions
- Impact of client's fears on treatment

How do Fidelity Reviews work now?

- Should fidelity reviews be conducted?
- Can they be done remotely?
- How do remote reviews work? Are they comparable to in-person reviews

What worked?

- Providers were creative delivering services
- Increased use of technology
 - Tele-health via a variety of platforms
- Remote reviews

How do we carry these changes forward?

- Continued emphasis on tele-health
- Bring back service delivery in the community, but with an emphasis on new skill development
- Need to modify fidelity tools to acknowledge the efficacy of tele-health
- Keep being creative in service delivery, clients report feeling supported and that they are learning new skills

Additional Resources

- SAMHSA Evidence-Based Practices Resources Center (<https://www.samhsa.gov/ebp-resource-center/about>)
- June 2021 Center for Mental Health Services w/in SAMHSA released “Telehealth for the Treatment of Serious Mental Illness and Substance Use Disorders” (https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP21-06-02-001.pdf)
- SAMHSA has 4 NEW EBP and SMI-related publications on their website
- Mental Health Technology Transfer Center (Region 10) focuses on EBPs (<https://mhttcnetwork.org/centers/northwest-mhttc/areas-focus>)
- UNC Center for Excellence in Community Mental Health COVID Resources (<https://www.med.unc.edu/psych/cecmh/education-and-training/unc-institute-for-best-practices/covid-19/>)

Thank you!
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