

How did we get here?

- U.S. Surgeon General's Report on Mental Health report indicates that there is a growing gap between knowledge and practice and between what is known through experience and what is actually implemented in many public mental health systems.

(NASMHPD, NRI)

- States are beginning to identify EBP and to ensure that outcomes are maximized. Keys to the implementation of these initiatives include the role of leadership, the organizational culture, the available resource, and the characteristics of the infrastructure.

(NASMHPD, NRI)

How will Evidence Based Practice Help me in my Recovery?

EBP

EBP outcome variables are often reported as positively affective in randomized clinical trials and are variations on hospital relapse or recidivism, inpatient hospitalization, length of stay, symptomatology, or getting a job.

(Mueser, Bond, & Drake, 2001)

Recovery

Outcomes may assume less importance than measures related to people's goals or the progress they experience toward recovery.

How will Evidence Based Practice Help me in my Recovery?

Much of the existing, published EBT research was conceived or implemented prior to the emergence of a recovery vision.

(Anthony, Rogers, Farkas, 2003)

“There is a danger that current government funding based on ‘knowledge development and application, which tends to support the identification, study, and dissemination of a new and innovative programs is shifting to an evidence based approach’. This development potentially favors both “Big Science” and a “top-down view of best practices” in which both research and service dollars tend to flow into more traditional programs.”

(Campbell, 2002 The Key Ex. NAMHD EBP Conference 2003)

How will Evidence Based Practice Help me in my Recovery?

EBP

Evidence-based practices research has shown little effect on the array of outcomes identified by consumers as meaningful to recovery, such as quality of life, self esteem, empowerment, satisfaction, and well-being?

(Bond, Becker, Drake, Rapp, et al., 2001)

Recovery

Additional research is needed on dimensions such as quality of life, self esteem, empowerment, satisfaction, and well-being to understand them.

How will Evidence Based Practice Help me in my Recovery?

EBP

The assumption is that the program models are the differences that matter.

Recovery

Program structure is not as important as the helping process occurring between client and clinician. Processes such as goal setting, skills training, developing a person-centered plan, building relationship, housing, and coaching are what really matters.

How will Evidence Based Practice Help me in my Recovery?

EBP

Evidence-based practices are being adopted in their entirety even though some ingredients may be more important than others.

(Anthony, Rogers, Farkas 2003)

Recovery

Certain components or characteristics, rather than the entire program model, are more important. (Relationships, coaching)

How will Evidence Based Practice Help me in my Recovery?

- We at SC SHARE have designed a recovery workbook entitled “Recovery for Life, Helping Others Help Themselves”. From a funding standpoint I can tell you that I have reported that we have printed 2500 RFL books, held 89 groups, developed 58 consumer recovery leaders and they have led hundreds of consumers through the recovery program. I can tell you how many started and how many completed, I report of the important data and I can even give you outcome of their progress
- With all this data I can only tell you that recovery comes in all sizes and shapes and there is no one path to recovery, especially no consistently predictable path to recovery.

How will Evidence Based Practice Help me in my Recovery?

- Peer to peer support has been the driving force in other recovery efforts such as 12 step programs, self-help models, and any type of survival.
- This helping relationship has been the biggest facilitating change agent.
- My experience tells me when you talk to people seeking recovery people have three basic needs:
 - to be care for
 - to be connected
 - to be heard

How will Evidence Based Practice Help me in my Recovery?

- It appears that EBP is the trend and is here to stay. We are moving this way regardless of what is said here today and I would like to ask can we truly measure the recovery miracle. It's as individual as our finger print.
- How will we address or change our mental health programs when staff is burned out, over-whelmed, overworked, underpaid, boxed in, systemized.
- EBP can not just be about good papers, good research, or good justification for funding dollars. Our efforts have to be about helping people realize their dreams and reach their own recoveries.

Questions to be Addressed

- Consumer voice
- How does it fit with recovery
- Limited number of participants
- Core services deteriorating
- Practice more important than process
- System barriers (Staff training, policies)

Questions for State Planning Councils

- Consumer voice
- How does this fit with Recovery
- Limited participation vs. needs
- Where is Peer to Peer
- Will core services further deteriorate
- How will we overcome system barriers
- Do we focus more on practice more than process

State Planning Council

What are the barriers:

- Have consumers had a voice in EBP?
- How will this fit with the Recovery Movement?
- How will attitudes of staff be influenced?