

Evidence-based Practice in Mental Health

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There are some important knowledge gaps when it comes to services and supports for mental health problems and disorders. These gaps are not limited to our understanding of the biopsychosocial factors that bring about mental illness. They include the gaps between what we know works and what kind of treatments people in need receive.

Mental health research is critical to understanding complex and important questions related to causality, treatment and prevention of mental illness. No matter your perspective on the biological, social and/or psychological causes of mental illness, there is a robust literature on the effectiveness of psychological treatments. This is particularly true for the mental disorders most likely to affect Canadians; namely depression and anxiety. In 2002 and 2013,

the Canadian Psychological Association (CPA) commissioned reports that reviewed the cost and clinical effectiveness of psychological treatments. Dr. John Hunsley and his colleagues authored both reports and shared many findings (www.cpa.ca).

Psychological treatments are less expensive and generally as effective as medication for a number of mental health conditions. On their own, they work as well for severe as mild forms of depression but those who are treated with psychological therapies tend to relapse less as compared to those treated with medication. Psychological treatments are also as effective as medication for a range of anxiety disorders. When used in addition to medication, those treated with psychological therapies report better treatment compliance, reduced subjective burden of disease, and lower suicide rates.

All stakeholders in health agree that we should use treatments that work and research suggests that we have effective treatments for mental

health problems – be they medication, psychological therapies or some combination of the two. Mental health research can and does use rigorous and ethically-approved methods to advance knowledge. Without basing



mental health services on research that meets these standards, we have treatments that may be guided by good intentions alone. In 2012, Drs. David Dozois and Sam Mikail led a CPA Task Force, the goal of which

was to develop guidelines that help practitioners make treatment decisions based on the best available evidence. Their report discusses hierarchies and types of evidence and the importance of collecting evidence to support ongoing treatment decisions.

Despite our knowledge of effective treatments, not everyone in need is receiving evidence-based treatments. In some cases this is stigma-related. In others, this is related to factors such as mental health service delivery. Mental health is something understood broadly but not deeply; mental health service delivery, particularly when it comes to “talk therapies”, tends to be homogenized. Counselling and support are often offered interchangeably or alternatively to psychological treatments with not much understanding that – like medical treatments – there are different psychological treatments and protocols for different disorders. Mental health treatment is not one size fits all and health care providers in Canada delivering mental health

care are not necessarily trained in the delivery of evidence-based psychological treatments.

The approximately one-third of Canadians with mental health problems who seek and receive mental health care, are not nearly all receiving what research suggests will work best. Sometimes this is because funders and agencies that provide care lack understanding of the kinds of treatments that work and of the kinds of providers trained to deliver them. Sometimes it is because of a public health system that gives people what is available (e.g. a prescription from a busy primary care provider) rather than what might work best (e.g. a course of evidence-based psychological treatment that is not covered by public health insurance plans). Sometimes it is a failure of the health providers themselves who do not seek or rely on research evidence to guide their mental health work.

Equally important, however, is the dissemination of research findings to ensure that policy, funding and clinical

decision-making is based on what works and on need. Research must help provide solutions to the mental health problems that Canadians face – this realized by the Canadian Institute of Health Research’s Strategy for Patient-Oriented Research (SPOR). SPOR’s success will be measured in how well research is translated and transferred to the funders of care, the agencies through which care is delivered, and to health care providers themselves. Canadians’ mental health will depend on how well funders, agencies and providers base the care they provide on the evidence about what works. All Canada’s stakeholders in mental health rely upon research to generate and disseminate this evidence so that there is no absence of evidence guiding mental health service delivery. The excellence of our research depends on the rigour of its methodology and equally on the commitment of funders – be they federal agencies, private foundations or industry. Canada’s mental health depends on it.