



January 24, 2006

Jane Steinberg, PhD
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National Institute of Mental Health
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Dear Dr. Steinberg:

On behalf of the American Psychological Association (APA), I am writing to provide comments to the National Advisory Mental Health Council's Work Group on Services and Clinical Epidemiology. APA is the largest scientific and professional organization representing psychology in the United States and is the world's largest association of psychologists. APA's membership includes 150,000 researchers, educators, clinicians, consultants, and students. Through its divisions in 53 subfields of psychology and affiliations with 59 state, territorial, and Canadian provincial associations, APA works to advance psychology as a science, as a profession, and as a means of promoting health, education, and human welfare.

We commend the National Advisory Mental Health Council and the Work Group members for recognizing the need to speed the translation of evidence-based practices into effective services for people with mental disorders and to construct a research agenda with the input of the scientific and provider communities. APA shares NIMH's commitment to reducing the burden of mental illness through research that seeks to enhance access to mental health services for those in need and increase the speed at which effective treatments can be integrated into clinical practice.

The following comments seek to respond to the Work Group's three main questions in its charge, while also highlighting two overarching issues: 1) the need to improve access to mental health services, particularly for minorities and other underserved populations; and 2) addressing the capacity of mental health programs to provide psychosocial interventions that have been proven effective in naturalistic settings.

The following comments address the three main goals of the Working Group:

1. What are examples of the most pressing mental health treatment or service questions?

- NIMH-funded scientists have made significant progress in developing new treatments for a variety of mental disorders. However, there remain significant obstacles at the cultural/societal, local community, organizational, programmatic, and individual level to high quality mental health services delivery. NIMH should maintain a broad research agenda to study the combination of these factors, which significantly influence an individual's access to appropriate treatment.
- One of the greatest challenges facing policymakers, providers and patients alike is the current financing of private and public mental health services. While much progress has been made on elucidating these issues, NIMH should continue to support mental health economics research that determines the cost-effectiveness of implementing psychosocial and pharmacological interventions in community and naturalistic settings.
- Even when mental health treatments have been proven effective and are available, individuals may be discouraged from utilizing mental health services due to cultural factors, including stigma surrounding diagnosis and treatment of mental disorders. While NIMH and other federal agencies are addressing these issues, shifting demographics, especially the aging of the U.S. population and the growing numbers of people of color and culturally and linguistically diverse populations, make it even more important to study stigma issues for different populations. In the same vein, promoting cultural competence among providers is a critical element in these initiatives and essential for effective mental health services.
- For people to have access to the most effective interventions, more research is needed to determine how these treatments can best be delivered to those who need them, for example by moving the treatments out of mental health settings and into the community. To establish different treatment options for the individual, it is recommended that studies emphasize adaptive treatment designs, which can take into account individual differences and more adequately reflect the nature of clinical decision-making in the treatment of mental disorders. These designs replicate what clinicians must do in practice and offer innovative ways of addressing relevant issues in treatment, including dosing and sequencing of treatments.
- Currently, there are many psychological interventions that have not been proven effective via randomized controlled trials (RCTs). These interventions should be rigorously evaluated and barriers to conducting research on novel interventions should be identified and addressed. Additional research initiatives should relate to determining (1) the most efficacious dose-response, sequencing, and combination of treatments; and (2) how pharmacological and psychosocial treatments are most effectively integrated with more comprehensive community-based services.
- More research is needed to identify new psychological interventions for all populations, including children and older adults, but also for underrepresented

groups including subpopulations characterized by gender, gender identity, ethnicity, race, social class, disability status, and sexual orientation. Additional research is also needed on rural populations, where there is limited availability of services beyond detoxification and medication management, especially for individuals with comorbid disorders. Additionally, research on pharmacological interventions would benefit from comparison with psychosocial interventions and patients should be monitored following the termination of all treatments to ascertain the long-term duration of treatment efficacy.

- There is a critical need for research demonstrating the efficacy and effectiveness of psychological treatments across the lifespan. In particular, research on children and older adults should focus less on diagnosis and more on functional analysis of problems in daily life functioning. While the trend is towards treatment that combines psychosocial and pharmacological interventions, the impact of long term exposure to psychoactive medications should be explored. Across the lifespan, individuals with mental health disorders often have difficulties that fall within multiple diagnoses -- including emotional and behavioral problems. Research on how best to translate effective treatment strategies so that they can be delivered in community based, often overburdened, mental health programs is also critical.
- Lastly, more research is needed on comorbid conditions, including the relationship of nicotine addiction to other mental health disorders. Tobacco-related morbidity and mortality disproportionately affects those with serious mental disorders, yet evidence-based approaches to tobacco use cessation are inconsistently implemented in mental health settings. Appropriate tobacco use cessation strategies may be the single most cost-effective intervention to improve the quality of life amongst tobacco-using populations with other mental disorders.

2. What is the research evidence required for making better decisions about treatments and services?

- APA recognizes both the importance of researching the effectiveness of psychosocial interventions through RCTs, as well as the need for a broader consideration of evidence to inform practice decisions based on a provider's clinical expertise, a patient's characters, values and context, and consideration of clinical implications. In 2005, APA adopted a definition of evidence-based practice in psychology (EBPP) to promote effective psychological practice and enhance public health by applying empirically supported principles of psychological assessment, case formulation, therapeutic relationship, and intervention. As such, EBPP is the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences. A copy of the APA policy statement is attached for your review.

- Although much less research is available on clinical expertise than on psychological interventions, research on case formulation and diagnosis suggests that clinical inferences, diagnostic judgments, and formulations can be reliable and valid when structured in ways that maximize clinical expertise. Mutually respectful collaboration between researchers and expert practitioners will foster useful and systematic empirical investigation of clinical expertise. Some recommended research priorities include: 1) studying the practices of clinicians who obtain the best outcomes in the community, both in general and with particular kinds of patients or problems; 2) identifying technical skills utilized by expert clinicians in the administration of psychological interventions that have proven to be effective; and 3) improving the reliability, validity, and clinical utility of diagnoses and case formulations.
- Much additional research is needed regarding the influence of patient characteristics on treatment selection, therapeutic processes, and outcomes. Research on cross-diagnostic characteristics, polysymptomatic presentations, and the effectiveness of psychological interventions with culturally diverse groups is particularly important. Some recommended research topics include: 1) patient characteristics as moderators of treatment response in naturalistic settings; and 2) prospective outcome studies on treatments and relationships tailored to patients' cross-diagnostic characteristics, including aptitude by treatment interaction designs.
- Research on workforce training is needed in the context of implementation to understand how the most effective interventions are adopted in naturalistic practice settings. While there is extensive emphasis on developing evidence-based clinical interventions, there is limited attention to initial evidence-based training for delivery of those interventions, and negligible attention to the ongoing supervision or continuing education needed to assure that interventions are implemented and maintained with rigorous standards.
- The field needs more rigorous estimates of the gap between available and needed services. For appropriate services planning and delivery, an essential consideration is the definition of unmet treatment need. Some advocate identifying those who currently meet diagnostic criteria whether or not they self-identify as needing/wanting treatment. Others point to the predictive validity of measures of distress that do not meet current diagnostic thresholds but are associated with subsequent functional impairment and service utilization if not addressed sooner. The field will benefit from balanced consideration of these multiple points of view.
- Continued program initiatives in dissemination research are also necessary to address mechanisms for changing clinical practice to reflect the most effective interventions. APA encourages NIMH to leverage its resources by working with the Substance Abuse and Mental Health Services Administration, the Center for

Medicare and Medicaid Services, the Department of Justice, the National Institute on Disability and Rehabilitation Research and the Department of Veterans Affairs to help disseminate effective treatments in a variety of settings.

3. What are novel processes by which NIMH can shape its research agenda to ensure it addresses such questions?

- NIMH can address these issues by taking a broader approach to reach a systemic understanding of the factors that affect access to services and the capacity to sustain programs and work to bridge the science to service cycle. For providers and patients, services that are not accessible are not useful, access to services that are not effective are likewise not useful, and programs that cannot be sustained with community resources are not useful either. NIMH should take an interdisciplinary approach to understanding the diverse organizational factors and community perspectives necessary to create accessible, efficacious and useful programs of service delivery. One good example of integrating basic research, studies of efficacy, and demonstration projects is the National Child Traumatic Stress Network (NCTSN) funded by SAMHSA. NCTSN supports 70 member centers to develop and disseminate effective, evidence-based treatments; collect data for systematic study; and help educate professionals and the public about the effects of trauma on children.
- To support a broader focus on research on child mental health, NIMH should undertake an epidemiologic study of a nationally-representative sample of pre-pubertal children. The United States is the only industrialized country that has never conducted an epidemiologic study of a nationally-representative sample of pre-pubertal children. We have conducted two such studies of adults and one of adolescents is underway, but not of children. As a consequence, we do not know which children receive what kinds of services and we do not know the prevalence of mental disorders or, most importantly, how rates of disorders and service utilization vary as a function of risk factors.
- From a systems perspective, one of the most effective implementation strategies is monitoring, feedback, and the provision of incentives for performance by organizational leadership. However, there is limited consensus about evidence-based performance measures for mental health services. Providing opportunities for research in this area would be immensely beneficial. The Health Plan Employer Data and Information Set (HEDIS) measures are an example of one useful metric.
- New approaches to collecting, synthesizing, and communicating evidence related to implementation and making it clear that implementation is a key part of the process to successful use of evidence based practices is critical. One way to achieve better implementation is to involve researchers, trainers, practitioners, policy makers, consumers, primary care givers, and other key stakeholders in the

process of studying implementation strategies. NIMH could also focus on fostering a common language and set of definitions related to implementation in order to improve and increase effective communication across research and practice communities and build common frameworks for understanding these complex topics.

Thank you for providing us with the opportunity to provide some recommendations to the Work Group as it moves forward with its review of the Clinical Services and Epidemiology portfolio and research agenda. If you have any questions or would like additional information, please contact Karen Studwell, Senior Legislative and Federal Affairs Officer with the APA Public Policy Office at kstudwell@apa.org or via phone at 202.36.5585.

Sincerely,

A handwritten signature in cursive script that reads "Steven Breckler".

Steven Breckler, PhD
Executive Director for Science
American Psychological Association