

National Academies' Report on Mental Health and Substance Abuse: Implications for Clinical Social Workers

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I was asked to attend a press event for the National Academies' Institute of Medicine release of findings, regarding the need for a "Broad Strategy to Improve Quality of Health Care for Mental Health and Alcohol and Drug Problems."

The event was packed. The committee list was impressive. The buzz was palpable. But the big question was: is this just another study that has a lot of good ideas but will be shelved, or does it have enough teeth and ability to be implemented?

Watch out, clinical social workers: if these recommendations do get implemented, we need to be armed and prepared—the operative word is "evidence-based treatment." We need to be able to prove that what we do works, based on research and/or other evidence.

The study supported a holistic view of health care, and emphasized the importance of addressing mental health and substance abuse (M/SU) disorders in order to improve general medical conditions and overall health. It acknowledged the differences between M/SU care and general medical care—one big difference being the preponderance of individual practitioners in mental health treatment.

My Take on What's Important

What are the implications for clinical social workers? Many of these recommendations we already do, as good clinicians. Below are three areas which we need to watch carefully.

1. We will need to prove that what we do works for our clients. We need to advocate for research that shows the effectiveness of different types of psychotherapy. We need to develop relationships with organizations funding such research.

As a person who appreciates knowing what works, I like this statement, But am also very wary of it. Insurance companies can, and have, turned this into a mandate for short-term, "cookbook" type psychotherapy. In fact, one such insurance company representative at the event asked the panel how, in effect, to weed out those clinicians who don't practice evidence-based treatment methods.

Psychodynamic methods or intuitive methods or faith-based methods or traditional culture-based methods could be seen as outside of the box of "evidence-based" treatment. Those of us who practice "outside the box" need to think inside the box enough to use the right lingo, and to push for research and other forms of evidence that show the efficacy of such treatment methods (Note: NIMH was not a funder of this Institute of Medicine Study and Report.)

The report stated that, “numerous studies have documented a discrepancy between Mental Health/Substance Use (M/SU) care that is known to be effective and care that is actually delivered...Poor care has serious consequences for the people seeking treatment, especially the most ill.” (page 5, Prepublication Copy, “Improving the Quality of Health Care for Mental and Substance-Use Conditions”). That sounds good, but there may be a tendency to see all methods that have not been proven or “evidence-based” as “poor care.” One way we can prevent this from happening is to be involved in the process—to advocate for inclusion of various interventions in research, and to push for funding of research on psychotherapy.

2. We need to prepare for a world in which information is shared in a large-scale way. The biggest challenge will be protection of our clients’ privacy and confidentiality. We should find out as much as we can about the National Health Information Infrastructure (NHII) and get involved in its design and implementation.
3. We need to show that competency standards for our profession do not suffer because of the isolation of solo practitioners.