

Commentary

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Information Needs for Community Practice: Responding to the Challenge

One of the current key concerns for those who provide mental health services is having data that inform them on the best ways to care for the varied populations they see in community settings (i.e., the 'real world'). As Dr. Essock so eloquently states in her recent paper we need information on 'what works, with whom and how to make sure those are the services that get delivered'.¹ Although we have made tremendous advances in the treatment of mental disorders in the last several decades, much of the information we have learned from research has not been especially helpful for informing what to do in community practice settings. In addition, when data are clear on what to do, many providers and/or consumers do not utilize it. This was one of the important findings of the PORT study in schizophrenia reported recently in this journal by Dr. Tony Lehman and colleagues.²

What Works

Traditional clinical trials are good at answering what works, but they focus on providing information to ensure that a particular intervention (e.g., a medication) actually works and, in the case of pharmaceutical agents, can make it through the regulatory process. This means the agent must show an effect on the illness it is purported to treat and be safe in humans. With these data the pharmaceutical company can obtain approval to bring the agent to market.

Studies such as these limit the kinds of person that can participate to avoid those with co-morbid problems. Treatments in these studies are delivered under optimal conditions and intense measures are often used to ensure that both the clinician and consumer adhere to a very specific treatment protocol. In addition, the types of outcome studied are usually limited to clinical symptomatology and fail to address important policy outcomes such as long term disability, ability to return to work and cost of the interventions. The context and influence of the health system

(including the financing mechanism) is not only ignored but the study is often designed to control for such influences.

Such tightly controlled studies with homogeneous subjects are important and necessary to show what is ideally possible with a given intervention. They provide data on what interventions are likely to work for people with a particular illness. However, one should not expect that they are informative for policy decisions at a more global level or for decisions in everyday community practice.

For Whom

To know what works for people who present in community practices and to develop policy relevant information requires new types of study beyond the traditional clinical trial that seeks to prove the efficacy of an intervention. Consumers present in community practice settings with a variety of problems and with varied expectations and desires for treatment interventions. The clinician wants data that will inform him/her on what specific treatment will have the best chance of success in the person who presents for treatment. Policymakers and payers want to know what treatments are best for the populations they cover and which are the most cost effective.

The National Institute of Mental Health (NIMH) has become increasingly interested in research efforts that can address the concerns of these varying participants in clinical treatment. In an effort to provide the data needed, the NIMH convened a special workgroup of its National Advisory Mental Health Council, the Clinical Treatment and Services Research Workgroup. This workgroup consisted of treatment and services researchers, policymakers, consumers and other public participants with a wide variety of backgrounds. They recently issued a summary of their recommendations for innovations in treatment and services research, *Bridging Science and Service*. This report is available on the NIMH web site (www.nimh.nih.gov). The ultimate goal of recommendations from this report is to ensure that we know what works, for whom and how to make sure that the best care possible is a part of everyday practice. The NIMH intends to implement them in the most expeditious manner possible.

Among the most important of these is the recommendation that the NIMH should increase the public health usefulness of its research for all stakeholders through informed priority setting and should identify key perspectives in research through its convening power. To do this means the NIMH must work with a variety of constituents (consumers,

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providers, policymakers etc) to set research priorities and maintain an ongoing dialogue with them. A number of meetings have already been held and more will be convened with as many different groups as possible to gather information on the most important priorities for treatment and services research. Examples of such meetings include a recent one with people of different perspectives (families, researchers, policymakers etc) to discuss areas in child research that have not been adequately covered by previous research. A number of smaller meetings with targeted groups such as representatives from managed care and medical directors of major corporations have also been convened to gather information on their perspectives about the direction of the current research portfolio. In addition, the NIMH intends to work with public and private agencies to develop mechanisms to monitor the impact of treatment and policies on the mental health status of the public.

The report also called for the NIMH to expand its research efforts in efficacy, effectiveness, practice and service systems research and to ensure integration across these areas. Efficacy research informs the 'what works' question and effectiveness research provides the kind of data that inform the 'for whom' question. The other two, practice and service systems research, can inform both the 'for whom' and 'how to deliver' questions. The problem with using these terms is that people will often use them to mean different things and without clear definitions discussions can become confusing. Thus, we focus more on the intent of the research. The NIMH portfolio that informs the question of what works (efficacy studies) is made up of studies that fit the design of the tightly controlled studies described above. In order to ensure that these smaller studies start to move in a direction that informs public health issues we are asking them to drop as many exclusion criteria as possible and to broaden their measures of outcome (e.g., to include cost data). Also, it is important to note that NIMH is expanding beyond treatment studies that focus primarily on acute treatment interventions into longer-term studies of maintenance and rehabilitative interventions.

Important for the NIMH is the expansion into the types of study that will start to address the question of what works for people in the community. This will require studies that incorporate a much larger number of subjects so that analyses can be conducted on people who are normally excluded from trials (e.g., people with comorbid disorders and those groups who are frequently underrepresented). In addition, these studies will need to utilize multiple study sites and expand the types of site to include a variety of treatment settings and systems in the community. The outcomes studied will be expanded to include data on costs of interventions and important functional data such as days lost from work or, for children, the ability to function in school. Designs for studies that can provide these kinds of data are complex and will need new methodological paradigms in mental health research. The NIMH is in the process of planning a number of methodological workshops to identify options for methodological designs.

The NIMH has now launched two major trials that will

focus on informing community practice. One is on the treatment of bipolar disorder that will be the largest such study (several thousand subjects) ever conducted in this disorder. The other is on the treatment of depression in adolescents. Both will be multi-site studies that will incorporate a variety of settings and broad outcome measures. The NIMH recently elicited proposals for two other contracts and expects to award them before the end of this fiscal year (September 1999). One is on the use of atypical antipsychotic medications in schizophrenia, Alzheimer's and psychotic depression. The other is on interventions in treatment resistant depression.

How to Deliver It

There are a number of service system variables (e.g., organization and financing arrangements) that can influence how and what care is delivered. The NIMH has a long history of supporting a varied portfolio of services research and will continue to do so. Most of this research has focused on service systems issues with particular concern on organization and financing issues. The Council Workgroup recommended that the NIMH expand its portfolio of studies that link service system issues to clinical practice. Of particular interest are studies that link service system changes with impact on quality of care and broad indicators of patient outcomes. Examples of studies include those that assess how public policies affect public mental health, how improved access to services impacts delivery and outcomes of care and how organization and financing arrangements affect the quality of care delivered.

An important area of research that was emphasized by the Workgroup is the area of practice research. This area of research is relatively new for the NIMH but is based on core areas that have the potential to offer much toward an understanding of how mental health care is provided and ways to improve the delivery of care. These core areas include clinical epidemiology, quality of care research and dissemination research. Clinical epidemiological studies can inform clinical practice by providing data on the expected recurrence and relapse of illnesses under treatment. They also provide policymakers with information on subgroups at risk for problems and the types of resource needed when interventions are introduced into large community populations. Other studies, that collect data on who provides services and where, could attach cost and quality measures to these findings and provide important data for policymakers to make resource allocation decisions. Thus, with a variety of studies in this area, NIMH supported research should be able to provide more relevant data to inform clinicians and policymakers on ways to intervene and allocate resources for various mental illnesses.

Research on the quality of mental health care has been an important but small part of the NIMH portfolio. There are a number of important areas that could benefit from expansion of research in this area. Among the most important is the development of measures of quality in mental health. It is crucial to have feasible and valid measures of quality

in community practice if we are going to be able to design systems to monitor and inform ways to improve care in the community. In addition, we need to understand the impact of various environmental, system, provider and individual characteristics on the quality of care. We need new interventions for improving the quality of community practice that are cost effective and work across various practice settings.

To ensure that the best care possible is delivered requires more than simply knowing the right thing to do and telling providers and consumers to do it. This is where the field of dissemination research plays an important role. The primary focus of this type of research is to understand how to encourage systems, providers and consumers to use the best treatments available. There are a number of issues that cause the gap between what is known and what is used. Among these are the difficulty for busy practitioners to keep up with the latest in clinical research findings, limited resources for health systems to put some interventions into practice and stigma and other issues that prevent consumers from using certain types of intervention. To address this problem the NIMH recently issued an announcement calling for research in this area. Studies are needed in a variety of areas to inform what we can do to bring science into practice. Various factors (e.g., psychological, social and economic) influence system, provider and consumer behavior and will be important to study. The NIMH also intends to hold a number of meetings and conferences with people

who conduct research on other medical illnesses and with those in basic behavioral science to determine what is already known and possibly applicable to mental health. Yet, some basic dissemination research in the mental health area will be required.

Summary

Through the efforts outlined above the NIMH expects to produce a broad expansion in its research portfolio that will produce data to inform how to improve community practice and public mental health. Such data should be relevant to the diverse needs of payers, policymakers, clinicians, families and consumers. We expect that data from these varied research efforts will tell us what works, what interventions are best for which groups of people and how to ensure that the best and most cost-effective interventions possible are delivered in all practice settings. Research like this should lead us a long way toward improving public mental health and reducing the burden of mental disorders for society.

References

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