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ADULT MENTAL ILLNESS BEST PRACTICES LITERATURE REVIEW

The literature suggests that there is no one absolute best way in which to treat adult mental illness. Because there are a large number of evidence-based interventions which have reported success, this document will only provide a summary of the information found in the literature. In general findings suggest:

- Medication is only part of treating mental illness
- Case management is important
- Social support is important to helping with recovery and symptomology
- Integrative or cooperative treatment is beneficial

Basic Principals of Mental Illness

- There is no one program that will be effective for everyone. The most effective program depends on a number of variables including diagnosis, age of onset, social support, etc.
- Mental illness can be view through either a disease oriented paradigm or a recovery oriented paradigm
- Isolation and stigma are common. These can be barriers in providing or receiving services.

Categories of interventions

- *Cognitive*
Helps people with a mental illness understand thoughts and experiences. It focuses on cognitive processes. Often these techniques focus on identifying the relationship between feels, thoughts and behavior. Two common forms of this intervention are Cognitive Behavior Therapy (CBT) and Dialectical Behavior Therapy (DBT).
- *Family Psychosocial*
These interventions focus on education and counseling for families. Often this includes not only education about mental illness, but skills and techniques for supporting family members with a mental illness.
- *Consumer run/ directed*
The delivery of these interventions is heavily informed through the participation of people with mental illness. These interventions are often either partially or entirely run by consumers of mental health services. The exact nature of these programs varies greatly from one program to the next. The key component is the direct involvement of primary mental health consumers.
- *Skills Training*
These interventions focus on teaching skills. The skill sets vary from teaching skills for daily activities to teaching skills to assist with employment.

RESOURCES

McFarlane, W. R., Dixon, L., Lukens, E., & Lucksted, A. (2003). Family psychoeducation and schizophrenia: A review of the literature. *Journal of Marital and Family Therapy*, 29(2), 223-245. **Psychoeducational Multifamily**

Groups (PMFG), group meetings structured to help people develop the skills needed to handle problems posed by mental illness

Note: Is listed by SAMHA as and Evidence-based Program/Practice. The following website http://nrepp.samhsa.gov/programfulldetails.asp?PROGRAM_ID=103 provides a review of the findings regarding this intervention, as well as other articles written about it.

Verheul, R., van den Bosch, L. M., Koeter, M. W., De Ridder, M. A., Stijnen, T., & van den Brink, W. (2003). Dialectical behavior therapy for women with borderline personality disorder: 12-month, randomized clinical trial in the Netherlands. *British Journal of Psychiatry*, 182, 135-140. **Dialectical Behavior Therapy (DBT) is a cognitive-behavioral treatment approach**

Note: Is listed by SAMHA as and Evidence-based Program/Practice. The following website http://nrepp.samhsa.gov/programfulldetails.asp?PROGRAM_ID=72 provides a review of the findings regarding this intervention, as well as other articles written about it.

Granholm, E., McQuaid, J. R., McClure, F. S., Link, P., Perivoliotis, D., Gottlieb, J., et al. (2007). Randomized clinical trial of cognitive behavioral social skills training for older people with schizophrenia: 12-month follow-up. *Journal of Clinical Psychiatry*, 68(5), 730-737. **Cognitive Behavioral Social Skills Training (CBSST) is a program for middle-aged and older outpatients with chronic schizophrenia**

Note: Is listed by SAMHA as and Evidence-based Program/Practice. The following website http://nrepp.samhsa.gov/programfulldetails.asp?PROGRAM_ID=94 provides a review of the findings regarding this intervention, as well as other articles written about it.