Caveat Emptor
What the New IOM Report Does Not Deliver

The title of the new Institute of Medicine (IOM; 2015) report is misleading; it is Psychosocial Interventions for Mental and Substance Use Disorders: A Framework for Establishing Evidence-Based Standards. I assumed that what I would actually find in the report would be “psychosocial interventions.” But that is not the case. After pages describing how the committee was formed, who the members were, acronyms, definition of terms, and the report’s goals and mission, we learn that “…the committee did not conduct a comprehensive literature review of efficacious interventions or systematically identify the evidence-based elements of interventions, but rather used the best of what is known about the establishment of an evidence-based intervention to build a framework…” (IOM, 2015, S-5). So, this is the “framework” for implementing evidence-based practices in everyday care, not the interventions, themselves.

In the Introduction, readers are reminded that mental health and substance use disorders are prevalent, with 20% of the United States population being affected (IOM, 2015). Further, the two categories often occur together; comorbidity is also the case with mental health, substance abuse, and physical disorders. People with these comorbid disorders are at increased risk of premature mortality.

Psychosocial interventions are defined as “…interpersonal or informational activities, techniques, or strategies that target biological, behavioral, cognitive, emotional, interpersonal, social, or environmental factors with the aim of reducing symptoms of these disorders and improving functioning or well-being.” (IOM, 2015, S-4). Of course, this is precisely what psychiatric nurses do, but we have an underlying perspective that is different, keeping the person center-front, and understanding each client as a person, first, not just a bundle of symptoms.

This person-first perspective does not appear in the report.

Today, as care is delivered less by solo practitioners and more by teams, each member contributes some skills that are similar to others, but each team member has an area or domain that is special. This team idea does not appear in the report.

There were 16 members on the committee who wrote the report; one is a nurse, Susan Adams, PhD, RN, PMHNP, FAANP, from Vanderbilt University. There were 14 reviewers; one is a nurse, Deborah Finfgeld-Connett, PhD, APRN, BC, from the University of Missouri. On the other hand, there are several psychiatrists and psychologists, and some whose affiliations and disciplines can only be discerned by checking Appendix B.

WHERE ARE THE NURSES?

We are told, in the section on Study Charge and Approach (IOM, 2015, S-2), that the IOM was asked to convene a committee “…to develop a framework for establishing standards for psychosocial interventions used to treat mental health and substance use disorders…” by a group of national agencies and organizations. These bodies included: The National Institutes of Health, Department of Veterans Affairs, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, American Psychological Association, American Psychiatric Association, National Association of Social Workers, and the Association for Behavioral Health and Wellness. The American Nurses Association, the American Psychiatric Nurses Association, and the Psychiatric/Mental Health Substance Abuse Expert Panel of the American Academy of Nursing are not included among them. I was not able to determine whether they had been invited, and declined, or whether they had not been considered or invited. The National Alliance for the Mentally Ill is also not included.

Nurses are not simply excellent practitioners, teachers, administrators, and researchers, but they are also policymakers and politicians. An early work by Aiken (1981), Health Policy and Nursing Practice, provided chapters describing how policies were at the root of practices, and how finances and reimbursement were also part of the picture. A more recent book by Mason, Leavitt, and Chaffee (2002), Policy and Politics in Nursing and Health Care, provides lessons that could have informed the IOM committee’s work, but was not included as a reference.
Ironically, several of the sub-sections of the IOM report mirror the chapters in Mason et al’s (2002) work.

WHERE ARE THE CONSUMERS OF MENTAL HEALTH SERVICES?

Consumers, per se, are not listed as members of the committee, or as reviewers. Of course, what we do not know is whether, among the committee or reviewers, there happens to be someone who is also a consumer of mental health services, but has not disclosed this information.

The chapter on quality improvement (IOM, 2015) is organized around the five categories of stakeholders: (a) consumers, (b) providers, (c) clinical settings/provider organizations, (d) health plans and purchasers, and (e) regulators. Authors of the references provided are not consumers themselves, but rather proviers writing about how consumers should be involved in the evaluation and design of services.

An entire issue of the Journal of Psychosocial Nursing and Mental Health Services (JPN; January 2014) was written by consumers. Several years ago, during conferences of the Network for Psychiatric Nursing Research, based in the United Kingdom, I met several consumers of mental health services, who were organized as SUGAR (Service User and Carer Group Advising on Research). After several discussions, they convinced me that they could edit an entire special issue, whose focus would be consumers and the work they do to make things better. One of their mentors, Alan Simpson, PhD, along with Richard Humm, wrote the editorial. They accomplished this project, and have been cited often; the special issue has been used by faculty in their classes. Articles describe peer support workers, wellness coaches, and collaborative researchers. This special issue, of and by consumers, is not listed as a reference by the IOM committee.

One who reads the IOM report, and studies what they say about consumers, could conclude that this is a relatively recent idea. It is not. A 1996 issue of JPN also featured consumers. The articles were written by people who were consumers of mental health services, almost all hospitalized at some point, and now enjoying new lives in recovery. Dan Fisher, now a psychiatrist, overcame schizophrenia. Pat Deegan, now a psychologist, beat depression. Ed Francell, who experienced bipolar disorder and panic disorder with agoraphobia, is now a social worker. Psychiatric rehabilitation concepts and strategies are included. The guest editors were Ed Manos, CSW, and Victoria Palmer-Erbs, PhD, RN, CS. How sad that this was not included as a reference.

A key figure used in the IOM (2015) report, to organize the committee report’s thinking about how the framework they are supporting could be used by practitioners, places consumers in the center. This central component of the figure is “Engage Consumers,” which is surrounded by the following standards (arranged in clockwise order): strengthen evidence base, identify elements of interventions, conduct independent systematic reviews to inform clinical guidelines, develop quality measures, and implement interventions and improve outcomes. Conceptually, they see consumers as an integral part of the picture. How ironic that they have not been included as participants in the writing process of the report.

WHAT SHALL WE DO WITH THIS IOM REPORT?

As a first step, reading it might be a good idea. Some of the key findings are very well articulated. For instance: “Psychosocial interventions that have been demonstrated to be effective in research settings are not used routinely in clinical practice or taught in educational programs training mental health professionals who deliver psychosocial interventions” (IOM, 2015, S-5).

How are we doing in this regard? Have we listed or published key research findings that should be put into practice? How can students, faculty, and clinicians find them? Do we need our own version of “Psychosocial Interventions for Mental and Substance Use Disorders”? Do our current textbooks and periodical literature provide evidence-based direction?

What will I do with this report? Having read it, I will engage my peers in conversations, using the questions above. They may have findings, which would be useful for clinicians, but have not been published. Persuading them to become authors will be on my agenda.

REFERENCES


