50 years of research into mental health and addiction outcomes.

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Overview

The research shows that regularly tracking and discussing progress creates a faster and more reliable recovery. Being aware of this research, and more, allows people to have a better recovery from a difficult time in their life. So here is an overview of what we have learned from 50 years of research into mental health and addiction recovery outcomes.

Which approach works best?

There are over 400 different ways, or models, to treat mental illness and addiction problems that have been shown to work through clinical trials. So which one should you use? Through decades of research it has been shown that all these approaches work equally well so long as they are meaningful and engaging to the person using them. So, the answer is to use whichever approach you like so long as it feels right and works for you. Simple models work just as well as complex ones so why not keep your approach to recovery simple. Check out a few different perspectives on recovery and find the approach that works for you.

The common factors that promote recovery

Another important research finding is that it is not the differences between all these treatment models and approaches that creates positive outcomes; rather, it is the factors that they have in common. The research refers to these as the "common factors". There are four of them: (1) hope and optimism, (2) understanding, supportive relationships, (3) strengths and resources, and (4) a structured intervention. In essence, research is saying that the more strengths, resources and supports a person can connect with when they are going through a difficult time in their life the better their outcome will be.

The 2 things that improve outcomes

Research brings to our attention that the development of all these treatment models outcomes has not improved outcomes over the past 50 years. Fortunately, the research into treatment outcomes reveals two things that do significantly improve outcomes. The first of these is to monitor progress regularly and discuss it. This allows you to know when the treatment is working. Even more importantly, regularly monitoring progress allows us to know when treatment, or the approach, is not working. When we realise this we can change the way we are working on recovery and so avoid a negative outcome or prolonged period of treatment.

The second thing that improves outcomes is regularly discussing a person's experience of their recovery process. When a person is having a positive recovery experience their outcomes are much better. This means they feel good about their supportive relationships, goals and approach to recovery.

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Does diagnosis make a difference?
Let's take a look at another important finding. Research shows that there is only one diagnosis that improves outcomes. It is called *clinically significant distress*. This simplifies and fundamentally changes how we understand treatment.

Let's look into what clinically significant distress is. People who need support are struggling in three areas of their life: (1) with their personal sense of wellbeing, (2) with close relationships and (3) with social role functioning. Social role functioning refers to things like how people are doing at work/school/college, in groups and clubs they are a part of and how they are doing at social events. Everyone will have difficulties in these areas from time to time. However, clinically significant distress means a person is experiencing overwhelming difficulty in these areas. Of course, this difficulty can be caused by a wide range of reasons and life events.

So the only thing we need to assess with is whether or not a person is experiencing clinically significant distress. The good news is that this is easy to do with tools like the Outcome Questionnaire, the Outcome Rating Scale, WEMWBS, the CORE Outcome Measure, the Outcome Star and the Recovery Tracker. We can use tools like these to know if treatment is needed and track progress. Also, we can use these simple tools to identify when treatment, or the approach to recovery, is not working and so make adjustments. To decide which tool is appropriate for a specific situation requires a degree of investigation into the strengths and limitations of each one.

By applying these research findings to practice recovery becomes simpler, quicker and more reliable.

Do volunteers do a good job at helping others recover?
Another notable finding is that professionals with years of experience, advanced degrees and that are accredited by professional bodies get similar outcomes to volunteers with only a small amount of training. The research refers to these as "para-professionals". Applying this research finding to practice opens the door to empowering communities to create recovery and wellbeing through community volunteers.

How fast is recovery?
Here is what the research tells us about the speed of recovery when people connect with support:

- 30% of people will recover after 2 sessions (2 weeks).
- 65% of people will have recovered by 8 sessions (8 weeks).
- For 10% of people it will take six months of support to recover.

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- For another 10% of people it will take a year, or longer, to recover.

I know the percentages are a bit funny, but this is just a simple overview of what the research indicates as average timeframes for recovery from a significant mental health or addiction concern once a person connects with support. So most people can expect a speedy recovery from a difficult period in their life when they connect with support that they feel is accepting, understanding and meaningful.

Is it all bad?
Dealing with a mental health and addiction concern can be very difficult. The good news is that many people report that their lives have been enhanced through the experience. A mental health or addiction concern can be a transformative experience in a person's life. People report developing new priorities in life, prioritizing relationships and friendships, growing spiritually, developing new interests, developing a new sense of meaning and purpose in life, focusing more on service and volunteering, appreciating nature more, and becoming a more compassionate person.

Do the symptoms need to go in order to recover?
The research tells us that for many people the symptoms do not completely go away and they still recovery. To some degree the symptoms remain but they have learned to manage and cope with them better so they can feel good most of the time, do well in close relationships and function well in important areas of their life.

Should drugs be illegal?
The statistics are quite clear on two things: (1) making drugs illegal does not work and and (2) making drugs legal does not work. Both these options have a hugely negative impact on individual lives, communities, economies, health services and society. So what should we do? Fortunately, the evidence is clear: regulating access to and advertising for things like heroin, cocaine, cannabis, alcohol, gambling, sugar and nicotine is the best way to limit the negative impact they can have on individuals, communities and society. Prohibition of these things does not work. Letting these things be freely accessed and promoted in a free market environment also results in terrible outcomes, economic distress and suffering.

Putting sensible limits on advertising and access to these things is the best option for regulating them in society. Although not using them at all is the best option as a foundation for optimal wellbeing – but that must be a personal choice achieved through personal growth and development and cannot be forced. Another important research finding is that having better access to and promotion of healthy lifestyle choices reduces the occurrence of substance abuse and mental health issues in a community.

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Summary

This is a very brief overview of the research, and of course there is much more to it. But the point is that by becoming more informed about the research people can have better recovery outcomes.

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Recommended reading

The Heart and Soul of Change: Delivering What Works in Therapy.
Bruce Wampold, Scott Miller, Barry Duncan, and Mark Hubble

Prevention of Treatment Failure: The Use of Measuring, Monitoring, and Feedback in Clinical Practice.
Michael Lambert

Effective Counseling and Psychotherapy: An Evidence-Based Approach
Bob Bertolino

The Heroic Client: A Revolutionary Way to Improve Effectiveness Through Client Directed, Outcome Informed Therapy.
Scott Miller, Barry Duncan and Jacqueline Sparks

Feedback-Informed Treatment in Clinical Practice: Reaching for Excellence
David S. Prescott, Cynthia L. Maeschalck, Scott D. Miller

Collaborative, Competency-based Counselling and Therapy
Bob Bertolino and Bill O'Hanlon

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