**EVIDENCE BASED PRACTICE IN PSYCHIATRIC NURSING**

**INTRODUCTION**

Evidence-based practice has gained increasing popularity in all healthcare settings. Nurses are urged to use up-to-date research evidence to ensure better patient outcomes and inform decisions, action and interaction with patients, to deliver the best possible care. Within the practice setting, there is an increasing challenges to provide clearly measurable care of the highest quality, which is evidence –based. In order for nurses to operate from an evidence-based practice. The purpose of EBP is to use the best evidence available to make patient-care decisions. Most of the best evidence stems from research, but EBP goes beyond research use and includes clinical expertise as well as patient preferences and values.

**Evidence based practice for mental health nursing**

The nursing profession has long taken the lead in practicing evidence-based care. Evidence-based care relies on nurses’ clinical expertise, critical thinking, and research knowledge. Nurses use this skill set to support patient care decisions and as a lens through which to view patient outcomes. Evidence-based practice in nursing may be even more crucial for [mental health nurse practitioners](https://online.regiscollege.edu/online-masters-degrees/online-master-science-nursing/psychiatric-mental-health-nurse-practitioner/resources/how-to-become-a-mental-health-nurse/). Mental and behavioural health disorders are complex, as patients may suffer from two or more diagnoses. Additionally, patients may be homeless or incarcerated, making treatment even more difficult.

1. **Evidence based mental health services**

Evidence-based mental health services recognize that patients don’t just need therapeutic care; they may also suffer from loss of housing and income, among other basic needs. They may live in high-crime areas and are more likely to be incarcerated. Evidence-based mental health services often combine psychiatric and therapeutic treatment with services that include helping patients find housing, employment, and other support.

1. **Assertive community treatment** **(ACT)**

Assertive community treatment seeks to provide behavioural health services in the community setting. The framework serves conditions such as schizophrenia, bipolar disorder, and depression. ACT services seek to maintain outpatient treatments and ensure regular, ongoing therapies. Using the framework, various health care practitioners provide services such as assistance with activities of daily living (ADL), help managing family responsibilities, and support in securing important needs such as food and housing. Assertive community treatment (ACT) is an intensive and highly integrated approach for [community mental health service](https://en.wikipedia.org/wiki/Community_mental_health_service) delivery. ACT teams serve individuals with the most serious forms of mental illness, predominantly but not exclusively the schizophrenia spectrum disorders. ACT service recipients may also have diagnostic profiles that include features typically found in other [DSM-5](https://en.wikipedia.org/wiki/DSM-5) categories (for example, bipolar, depressive, anxiety, and personality disorders, among others). Many have histories of frequent psychiatric hospitalization, substance abuse, victimization and trauma, arrests and incarceration, homelessness, and additional significant challenges. The symptoms and complications of their mental illnesses have led to serious functioning difficulties in several areas of life, often including work, social relationships, residential independence, money management, and physical health and wellness. By the time they start receiving ACT services, they are likely to have experienced failure, discrimination, and stigmatization, and their hope for the future is likely to be quite less.

1. **Illness management and recovery (IMR)**

Illness management and recovery is an evidence-based psychiatric treatment framework for patients with a severe mental illness, such as schizophrenia. It’s designed to allow patients to participate actively in their own recoveries. During ongoing weekly sessions, behavioural health practitioners help patients develop treatment plans and identify goals. This may encompass teaching recovery methodologies, behavioural health facts, and stress management techniques.

Practitioners also teach patients how to build and maintain social support networks, reduce the chances of resuming drug use, and use prescribed medications effectively. The teaching techniques of this framework might also include cognitive behavioural therapy and motivational sessions.

1. **The role of doctors of nursing practice (DNP’S) in evidence-based practice**

In the United States, more Doctor of Nursing Practice (DNP) programs are emerging to fill the anticipated shortage of health care talent. The nation needs these professionals to fill the service gaps faced by underserved populations in settings such as rural communities, schools, prisons, and urgent care facilities.

DNP-educated nurses are well-positioned to bring the evidence-based nursing practice to the communities they serve. With their background in research and clinical practice, they can lead the establishment of evidence-based plans and criteria at hospitals, clinics, and government agencies.

1. **Screening for postpartum depression**

A study in BMC psychiatry found in 20% of mothers experience postpartum depression, which can impact the health of the mother and the child. Screening and treating pregnant mothers for perinatal depression (depression during pregnancy) can help reduce instances of postpartum depression and in some cases improve the physical and mental health of babies.

1. **Cognitive behavioural therapy (CBT)**

In early 1960 Aaron beck developed an approach known as cognitive therapy as a result of his research on depression. His observations of depressed clients revealed that they had a negative bias in their interpretation of certain life vents, which contributed to their cognitive distortions. CBT was originally designed to treat Depression. Now CBT is used in many disorders such as : Mood Disorders, Anxiety, Tic, Eating Disorders, Addiction, Dependence, Personality Disorder, and Psychotic Disorders. Cognitive behavioral therapy (CBT) is a [psycho-social intervention](https://en.wikipedia.org/wiki/Psychosocial) that aims to reduce symptoms of various mental health conditions, primarily depression and anxiety disorders. CBT focuses on challenging and changing [cognitive distortions](https://en.wikipedia.org/wiki/Cognitive_distortions) (such as thoughts, beliefs, and attitudes) and their associated behaviors to improve [emotional regulation](https://en.wikipedia.org/wiki/Emotional_regulation) and develop personal [coping strategies](https://en.wikipedia.org/wiki/Coping_strategies) that target solving current problems. Though it was originally designed to treat [depression](https://en.wikipedia.org/wiki/Major_depressive_disorder), its uses have been expanded to include the treatment of many mental health conditions, including [anxiety](https://en.wikipedia.org/wiki/Anxiety_disorder), substance use disorders, marital problems, and [eating disorders](https://en.wikipedia.org/wiki/Eating_disorders). CBT includes a number of cognitive or behavioral psychotherapies that treat defined psychopathologies using evidence-based techniques and strategies.

CBT is a common form of [talk therapy](https://en.wikipedia.org/wiki/Talk_therapy) based on the combination of the basic principles from [behavioral](https://en.wikipedia.org/wiki/Behaviorism) and [cognitive psychology](https://en.wikipedia.org/wiki/Cognitive_psychology). It is different from historical approaches to [psychotherapy](https://en.wikipedia.org/wiki/Psychotherapy), such as the [psychoanalytic](https://en.wikipedia.org/wiki/Psychoanalytic) approach where the therapist looks for the unconscious meaning behind the behaviors, and then formulates a diagnosis. Instead, CBT is a "problem-focused" and "action-oriented" form of therapy, meaning it is used to treat specific problems related to a diagnosed [mental disorder](https://en.wikipedia.org/wiki/Mental_disorder). The therapist's role is to assist the client in finding and practicing effective strategies to address the identified goals and to alleviate symptoms of the disorder. CBT is based on the belief that [thought distortions](https://en.wikipedia.org/wiki/Cognitive_distortion) and [maladaptive](https://en.wikipedia.org/wiki/Maladaptive) behaviors play a role in the development and maintenance of many [psychological disorders](https://en.wikipedia.org/wiki/Psychological_disorder) and that symptoms and associated distress can be reduced by teaching new information-processing skills and coping mechanisms.

When compared to [psychoactive medications](https://en.wikipedia.org/wiki/Psychoactive_medication), review studies have found CBT alone to be as effective for treating less severe forms of depression, anxiety, [post-traumatic stress disorder](https://en.wikipedia.org/wiki/Post-traumatic_stress_disorder) (PTSD), [tics](https://en.wikipedia.org/wiki/Tic_disorder),[[16]](https://en.wikipedia.org/wiki/Cognitive_behavioral_therapy#cite_note-16) [substance use disorders](https://en.wikipedia.org/wiki/Substance_use_disorder), eating disorders, and [borderline personality disorder](https://en.wikipedia.org/wiki/Borderline_personality_disorder). Some research suggests that CBT is most effective when combined with medication for treating mental disorders, such as [major depressive disorder](https://en.wikipedia.org/wiki/Major_depressive_disorder). CBT is recommended as the first line of treatment for the majority of psychological disorders in children and adolescents, including aggression and [conduct disorder](https://en.wikipedia.org/wiki/Conduct_disorder). Researchers have found that other [*bona fide*](https://en.wikipedia.org/wiki/Bona_fide) therapeutic interventions were equally effective for treating certain conditions in adults. Along with [interpersonal psychotherapy](https://en.wikipedia.org/wiki/Interpersonal_psychotherapy) (IPT), CBT is recommended in treatment guidelines as a psychosocial treatment of choice.

**Phases of CBT**

CBT can be seen as having six phases:

1. Assessment or [psychological assessment](https://en.wikipedia.org/wiki/Psychological_assessment);
2. Reconceptualization;
3. Skills acquisition;
4. Skills consolidation and application training;
5. [Generalization](https://en.wikipedia.org/wiki/Generalization) and maintenance;
6. Post-treatment assessment follow-up.

These steps are based on a system created by Kanfer and Saslow.[[48]](https://en.wikipedia.org/wiki/Cognitive_behavioral_therapy#cite_note-Psychological_Testing-48) After identifying the behaviors that need changing, whether they be in excess or deficit, and treatment has occurred, the psychologist must identify whether or not the intervention succeeded. For example, "If the goal was to decrease the behavior, then there should be a decrease relative to the baseline. If the critical behavior remains at or above the baseline, then the intervention has failed."[[48]](https://en.wikipedia.org/wiki/Cognitive_behavioral_therapy#cite_note-Psychological_Testing-48)

The steps in the assessment phase include:

1. Identify critical behaviors
2. Determine whether critical behaviors are excesses or deficits
3. Evaluate critical behaviors for frequency, duration, or intensity (obtain a baseline.
4. If excess, attempt to decrease frequency, duration, or intensity of behaviors; if deficits, attempt to increase behaviors.

The re-conceptualization phase makes up much of the "cognitive" portion of CBT. A summary of modern CBT approaches is given by Hofmann.

**Protocols to provide CBT**

There are different protocols for delivering cognitive behavioral therapy, with important similarities among them. Use of the term *CBT* may refer to different interventions, including "self-instructions (e.g. distraction, imagery, motivational self-talk), relaxation and/or [biofeedback](https://en.wikipedia.org/wiki/Biofeedback), development of adaptive coping strategies (e.g. minimizing negative or self-defeating thoughts), changing maladaptive beliefs about pain, and [goal setting](https://en.wikipedia.org/wiki/Goal_setting)". Treatment is sometimes manualized, with brief, direct, and time-limited treatments for individual psychological disorders that are specific technique-driven. CBT is used in both individual and group settings, and the techniques are often adapted for [self-help](https://en.wikipedia.org/wiki/Self-help) applications. Some clinicians and researchers are cognitively oriented (e.g. [cognitive restructuring](https://en.wikipedia.org/wiki/Cognitive_restructuring)), while others are more behaviorally oriented (e.g. [*in vivo*](https://en.wikipedia.org/wiki/In_vivo) [exposure therapy](https://en.wikipedia.org/wiki/Exposure_therapy)). Interventions such as imaginal exposure therapy combine both approaches. CBT may be delivered in conjunction with a variety of diverse but related techniques such as [exposure therapy](https://en.wikipedia.org/wiki/Exposure_therapy), [stress inoculation](https://en.wikipedia.org/wiki/Stress_inoculation), [cognitive processing therapy](https://en.wikipedia.org/wiki/Cognitive_processing_therapy), [cognitive therapy](https://en.wikipedia.org/wiki/Cognitive_therapy), [metacognitive therapy](https://en.wikipedia.org/wiki/Metacognitive_therapy), [metacognitive training](https://en.wikipedia.org/wiki/Metacognitive_training), [relaxation training](https://en.wikipedia.org/wiki/Relaxation_training), [dialectical behavior therapy](https://en.wikipedia.org/wiki/Dialectical_behavior_therapy), and [acceptance and commitment therapy](https://en.wikipedia.org/wiki/Acceptance_and_commitment_therapy). Some practitioners promote a form of mindful cognitive therapy which includes a greater emphasis on self-awareness as part of the therapeutic process.

**Methods and approach**

Therapist

A typical CBT programme would consist of face-to-face sessions between patient and therapist, made up of 6–18 sessions of around an hour each with a gap of 1–3 weeks between sessions. This initial programme might be followed by some booster sessions, for instance after one month and three months. CBT has also been found to be effective if patient and therapist type in real time to each other over computer links.

Cognitive-behavioral therapy is most closely allied with the [scientist–practitioner model](https://en.wikipedia.org/wiki/Scientist%E2%80%93practitioner_model) in which clinical practice and research are informed by a scientific perspective, clear [operationalization](https://en.wikipedia.org/wiki/Operationalization) of the problem, and an emphasis on [measurement](https://en.wikipedia.org/wiki/Measurement), including measuring changes in cognition and behavior and the attainment of [goals](https://en.wikipedia.org/wiki/Goal). These are often met through "[homework](https://en.wikipedia.org/wiki/Homework_in_psychotherapy)" assignments in which the patient and the therapist work together to craft an assignment to complete before the next session. The completion of these assignments – which can be as simple as a person with depression attending some kind of social event – indicates a dedication to treatment compliance and a desire to change. The therapists can then logically gauge the next step of treatment based on how thoroughly the patient completes the assignment. Effective cognitive behavioral therapy is dependent on a [therapeutic alliance](https://en.wikipedia.org/wiki/Therapeutic_relationship) between the healthcare practitioner and the person seeking assistance. Unlike many other forms of psychotherapy, the patient is very involved in CBT. For example, an anxious patient may be asked to talk to a stranger as a homework assignment, but if that is too difficult, he or she can work out an easier assignment first. The therapist needs to be flexible and willing to listen to the patient rather than acting as an authority figure.

### **Computerized or Internet-delivered (CCBT)**

Computerized cognitive behavioral therapy (CCBT) has been described by [NICE](https://en.wikipedia.org/wiki/National_Institute_for_Health_and_Clinical_Excellence) as a "generic term for delivering CBT via an interactive computer interface delivered by a personal computer, internet, or interactive voice response system", instead of face-to-face with a human therapist. It is also known as internet-delivered cognitive behavioral therapy or ICBT. CCBT has potential to improve access to evidence-based therapies, and to overcome the prohibitive costs and lack of availability sometimes associated with retaining a human therapist. In this context, it is important not to confuse CBT with 'computer-based training', which nowadays is more commonly referred to as [e-Learning](https://en.wikipedia.org/wiki/E-Learning).

Although improvements in both research quality and treatment adherence is required before advocating for the global dissemination of CCBT, it has been found in meta-studies to be cost-effective and often cheaper than usual care, including for anxiety.[[181]](https://en.wikipedia.org/wiki/Cognitive_behavioral_therapy#cite_note-181) Studies have shown that individuals with social anxiety and depression experienced improvement with online CBT-based methods.[[182]](https://en.wikipedia.org/wiki/Cognitive_behavioral_therapy#cite_note-182) A review of current CCBT research in the treatment of OCD in children found this interface to hold great potential for future treatment of OCD in youths and adolescent populations.[[183]](https://en.wikipedia.org/wiki/Cognitive_behavioral_therapy#cite_note-Freeman2014-183) Additionally, most [internet interventions for posttraumatic stress disorder](https://en.wikipedia.org/wiki/Internet_Interventions_for_Posttraumatic_Stress) use CCBT. CCBT is also predisposed to treating mood disorders amongst non-heterosexual populations, who may avoid face-to-face therapy from fear of stigma. However presently CCBT programs seldom cater to these populations.

In February 2006 NICE recommended that CCBT be made available for use within the [NHS](https://en.wikipedia.org/wiki/National_Health_Service) across England and Wales for patients presenting with mild-to-moderate depression, rather than immediately opting for antidepressant medication, and CCBT is made available by some health systems. The 2009 NICE guideline recognized that there are likely to be a number of computerized CBT products that are useful to patients, but removed endorsement of any specific product.

**Smartphone app-delivered**

Another new method of access is the use of [mobile app](https://en.wikipedia.org/wiki/Mobile_app) or smartphone applications to deliver self-help or guided CBT. Technology companies are developing mobile-based artificial intelligence [chatbot](https://en.wikipedia.org/wiki/Chatbot) applications in delivering CBT as an early intervention to support [mental health](https://en.wikipedia.org/wiki/Mental_health), to build [psychological resilience](https://en.wikipedia.org/wiki/Psychological_resilience), and to promote [emotional well-being](https://en.wikipedia.org/wiki/Emotional_well-being). [Artificial intelligence](https://en.wikipedia.org/wiki/Artificial_intelligence) (AI) text-based conversational application delivered securely and privately over smartphone devices have the ability to scale globally and offer contextual and always-available support. Active research is underway including real-world data studiesthat measure effectiveness and engagement of text-based smartphone chatbot apps for delivery of CBT using a text-based conversational interface.

Reading self-help materials

Enabling patients to read self-help CBT guides has been shown to be effective by some studies. However one study found a negative effect in patients who tended to ruminate, and one meta-analysis found that the benefit was only significant when the self-help was guided (e.g. by a medical professional).

Group educational course

Patient participation in group courses has been shown to be effective.[[193]](https://en.wikipedia.org/wiki/Cognitive_behavioral_therapy#cite_note-193) In a meta-analysis reviewing evidence-based treatment of OCD in children, individual CBT was found to be more efficacious than group CBT.

1. **Dialectical behaviour therapy (DBT)**

Dialectical behaviour therapy was developed in the 1970s by Marsha Linehan, an American psychologist. DBT is especially effective for people who have difficulty managing and regulating their emotions. DBT has proven to be effective for treating and managing a wide range of mental health conditions, including:

* [Borderline personality disorder (BPD)](https://my.clevelandclinic.org/health/diseases/9762-borderline-personality-disorder-bpd)
* Self-harm
* [Suicidal behaviour](https://my.clevelandclinic.org/health/articles/11352-recognizing-suicidal-behavior)
* [Post-traumatic stress disorder (PTSD)](https://my.clevelandclinic.org/health/diseases/9545-post-traumatic-stress-disorder-ptsd)
* Substance use disorder
* Eating [disorders](https://my.clevelandclinic.org/health/diseases/4152-eating-disorders), specifically [binge eating disorder](https://my.clevelandclinic.org/health/diseases/17652-binge-eating-disorder) and [bulimia](https://my.clevelandclinic.org/health/diseases/9795-bulimia-nervosa)
* [Depression](https://my.clevelandclinic.org/health/diseases/9290-depression)
* [Anxiety](https://my.clevelandclinic.org/health/diseases/9536-anxiety-disorders)
1. **Social skill training**

Social skills training (SST) describes a cognitive-behavioral approach that teaches a range of interpersonal skills and relational behaviors to individuals who have difficulty interacting with others for some reason. This training includes training in skills such as conversation, eye contact, reading social cues, non-verbal communication, problem solving, and self-management.

SST can be used for young children who are beginning school or other social interactions for the first time. It is also used to help individuals with antisocial disorders, attention deficit hyperactivity disorder, social phobias, bipolar disorder, schizophrenia, and other personality disorders. SST is also used in situations where an individual is recovering from alcohol dependence and helps them develop sober social skills and how to cope at parties and successfully avoid alcohol.Persons with mental illness might have social skills deficits such as an inability to express their thoughts, feelings and emotions appropriately. Such deficits in social skills in some persons with mental illness (and not all) could arise either as part of the illness, or because the early onset of the illness may have restricted their opportunities to learn new social skills, or use the skills that they have learned. Sometimes symptoms of the mental illness, such as anxiety, may interfere with the utilization of the skill.

**Social skills include:**

* Verbal – such as the form, structure, content, context and amount of speech
* Nonverbal – Eye contact, facial expressions, posture and personal distance
* Paralinguistic – Volume, pace, tone and pitch
* Social perception – processing of social information to make appropriate decisions and responses
* Assertiveness—it is the ability to speak up for ourselves in a way that is honest and respectful.
* Conversational skills – such as starting and sustaining a conversation
* Expressions of empathy, affection, sadness, and similar emotions that are appropriate to the context and expectations of the society
* Other skills related to management and stabilization of one's illness
1. **Electroconvulsive therapy (ECT)**

Electroconvulsive therapy (ECT) is a form of psychiatric treatment that involves inducing seizures with the use of electrical stimulation while an individual is under general anesthesia. An estimated one million people worldwide have ECT each year. ECT was first introduced in 1938 and by 1941 was used by nearly half of the mental health institutions in the United States

**Types of ECT**

1. **Bilateral ECT**: in which the electrodes are placed on both sides of the head. This is designed to affect the entire brain.
2. **Unilateral ECT**: in which one electrode placed on top of the head and the other on one temple, usually the right. In this case, the current only passes through one side of the brain.

**Benefits of ECT**

ECT is often used when people are unresponsive to other mainstream treatments, like antidepressant drugs and psychotherapy. ECT has also been found effective in people who require a rapid treatment response due to the severity of their condition or risk for suicide.

**ECT is used to treat the following:**

* **Aggression and agitation in dementia,** which can be related to the disease itself or the emotional impact of dementia.
* [**Catatonia**](https://www.verywellmind.com/what-is-catatonic-depression-1066546), a psychomotor condition in which a person may appear immobile, rigid or mute; it often results from psychiatric disorders such as [bipolar disorder](https://www.verywellmind.com/what-is-catatonia-378958) or [schizophrenia](https://www.verywellmind.com/what-is-catatonic-schizophrenia-2794979).
* **Parkinson's disease,** particularly Parkinson's related depression as well as "on-off" syndrome, neuroleptic malignant syndrome, and intractable seizure disorders.
* [Postpartum psychosis](https://www.verywellmind.com/how-long-does-postpartum-depression-last-5188004)**and severe depression in pregnant and nursing people**, as ECT may reduce the risks associated with medication exposure to the fetus or breastfeeding infant.
* **Schizophrenia,** especially when a person is not responding to other available treatments like antipsychotics. ECT can also be used as augmentation for antipsychotics, including clozapine.
* [**Severe depression**](https://www.verywellmind.com/ect-for-depression-and-anxiety-379903)**,** especially when a person also experiences [psychosis](https://www.verywellmind.com/psychotic-depression-1066607), suicidal thoughts, or refusal to eat in addition to the usual symptoms of depression.

[**Treatment-resistant depression**](https://www.verywellmind.com/what-is-treatment-resistant-depression-4588737), a type of severe depression that does not respond to medication or psychotherapy treatment, or that returns after brief improvements. ECT may offer a number of important benefits, including:

* **Fast-acting**: ECT usually works very quickly to relieve symptoms of psychiatric conditions. This can be particularly helpful in cases where a person is experiencing severe symptoms.
* **Effectiveness**: ECT has shown a high level of efficacy in the treatment of some conditions. It can be particularly beneficial to people with severe depression, psychosis, and suicidal thoughts and behaviours.

Another benefit of ECT is that it may work even when other treatments have not. People who have not experienced significant benefits from psychotherapy and medications may show improvements after being treated with ECT.

1. **Milieu therapy**

Milieu therapyis a controlled and structured social environment in which a patient can develop autonomy and healthy life coping skills. Generally, the people who receive milieu therapy may have a mental health condition, inadequate coping skills, or lack autonomy. Autonomy is a person's ability to make their own decisions and live independently. Milieu therapy can be used to help patients develop coping skills to use in various environments, such as in the home or workplace. In addition, milieu therapy can be used to help patients develop skills to help them function better in their relationships with others.

**Goals of Milieu Therapy:**

* Promotion of security
* Increase self-esteem
* Competence through learning skills
* Shelter clients physically from perceived, terrifying stressors
* Protect clients physically from discharges of their own and others' maladaptive behaviour
* Support the physiological existence of clients
* Provide pleasant, attractive sensory stimulation
* Teach clients and their families about adaptive coping strategies.

**Components of milieu therapy:**

1. **Open therapeutic communication** — staff members encourage patients to communicate openly by providing the patient with support. Staff members should also allow the patient time to adapt to the therapy process and use an individualized approach, because each patient will progress at a different rate.
2. **Structured and consistent staff interactions** — staff members create a routine for the patient that is consistent and predictable. Regular interactions with staff will help the patient to build trust, which can result in open and honest communication. Staff members should also establish expectations and boundaries at the beginning of treatment and maintain them consistently.
3. **Distribution of power** — The patient will participate in decision-making and take on leadership responsibilities, alongside staff members, as they progress through therapy. The patient will take responsibility of their own self-governance, which will promote autonomy.
4. **Work therapy** — the patient will be provided with opportunities in therapy to discover which type of work is the most appropriate for them. Staff members will encourage the patient to apply for jobs so they can support themselves. Staff members will assist the patient in practicing the necessary skills required for the job.
5. **Psychoeducation**

Psychoeducation is an evidence-based [therapeutic](https://en.wikipedia.org/wiki/Psychotherapy) intervention for patients and their loved ones that provides information and support to better understand and cope with illness. Psychoeducation is most often associated with serious mental illness, including dementia, [schizophrenia](https://en.wikipedia.org/wiki/Schizophrenia), [clinical depression](https://en.wikipedia.org/wiki/Clinical_depression), [anxiety disorders](https://en.wikipedia.org/wiki/Anxiety), [psychotic illnesses](https://en.wikipedia.org/wiki/Psychotic_illness), [eating disorders](https://en.wikipedia.org/wiki/Eating_disorders), [personality disorders](https://en.wikipedia.org/wiki/Personality_disorders) and [autism](https://en.wikipedia.org/wiki/Autism), although the term has also been used for programs that address physical illnesses, such as cancer. he concept of psychoeducation was first noted in the medical literature, in an article by John E. Donley "Psychotherapy and re-education" in *The Journal of Abnormal Psychology*, published in 1911 Psychoeducation offered to patients and family members teaches problem-solving and communication skills and provides education and resources in an empathetic and supportive environment . Psychoeducation can take place in one-on-one discussion or in groups and by any qualified health educator as well as health professionals such as nurses, mental health counsellors, social workers, occupational therapists, [psychologists](https://en.wikipedia.org/wiki/Psychologist) and [physicians](https://en.wikipedia.org/wiki/Physician). In the groups several patients are informed about their illnesses at once. Also, exchanges of experience between the concerned patients and mutual support play a role in the healing process.

**Conclusion:** Evidence-based practice encompasses implementing the best-known practices into the clinical setting using a scientific approach. As a result, safe, high-quality, and cost-effective care will be more likely to occur consistently. Through Evidence-based nursing care we got lifelong approach to clinical decision making and excellence in practice. Evidence-based nursing care is informed by research findings, clinical expertise, and patients' values, and its use can improve patients' outcomes. Use of research evidence in clinical practice is an expected standard of practice for nurses and health care organizations, but numerous barriers exist that create a gap between new knowledge and implementation of that knowledge to improve patient care. Using the levels of evidence, nurses can determine the strength of research studies, assess the findings, and evaluate the evidence for potential implementation into best practice.

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