**EVIDENCE BASED PRACTICE IN PSYCHIATRIC NURSING**

**INTRODUCTION**

In all healthcare settings, evidence-based practise has grown in favour. To ensure better patient outcomes and to guide decisions, actions, and interactions with patients in order to provide the best care possible, nurses are urged to employ the most recent research information Providing high-quality, clearly measurable treatment that is evidence-based is becoming more and more difficult in the practise context. Nursing care must be guided by evidence-based practise. Using the greatest available evidence when making decisions about a patient's care is the goal of EBP. The majority of the finest evidence comes from research, but EBP goes beyond research utilisation and takes patient preferences and values into account as well as professional competence.

**Evidence based practice for mental health nursing**

Evidence-based care is a practise that has long been pioneered by the nursing profession. Clinical expertise, critical thinking, and research knowledge are essential to provide care that is evidence-based. Using this skill set, nurses can view patient outcomes and support decisions on patient care. Nurse practitioners who specialise in mental health may need to use evidence-based practise even more. As patients may have two or more diagnoses, mental and behavioural health illnesses are complicated. Treatment may be made much more challenging by the fact that patients may be homeless or in prison.

1. **Evidence based mental health services**

Evidence-based mental health services understand that patients may require more than just therapeutic care and may experience other basic needs, such as losing their homes and income. They can reside in high-crime regions and have a higher likelihood of being locked up. Evidence-based mental health services frequently integrate psychiatric and therapeutic care with support for patients in locating housing, work, and other resources.

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

Behavioral health services are offered in the community as part of assertive community treatment. Depression, bipolar illness, and schizophrenia are among the problems the framework treats. The goal of ACT services is to uphold continuing, routine outpatient therapies. Using the framework, a range of health care professionals offer services such help with daily living activities (ADL), assistance with handling family obligations, and assistance in meeting basic necessities like food and housing. The implementation of community mental health services employs the rigorous and highly integrated strategy known as assertive community therapy (ACT). The most severe kinds of mental disease, primarily but not only schizophrenia spectrum disorders, are treated by ACT teams. Recipients of ACT services may also have diagnostic profiles with traits often found in other DSM-5 categories (for example, bipolar, depressive, anxiety, and personality disorders, among others). Many have histories of substance misuse, victimisation and trauma, recurrent stays in mental hospitals, arrests and incarceration, homelessness, and other serious difficulties. Their mental illness' symptoms and side effects have made it extremely difficult for them to function in a variety of facets of life, including job, interpersonal interactions, maintaining independence in their homes, managing their finances, and maintaining good physical and mental health. They are likely to have encountered rejection, prejudice, and stigmatisation by the time they begin getting ACT services, and their future prospects are probably not as bright.

**Illness management and recovery (IMR)**

Patients with a serious mental disease, such as schizophrenia, can benefit from the evidence-based psychiatric therapy system known as illness management and recovery. It's intended to let patients take an active role in their own healing. Behavioral health professionals assist patients in creating treatment programmes and setting goals throughout ongoing weekly sessions. Teaching stress management approaches, behavioural health information, and recovery methodologies may fall under this category.

Practitioners also instruct patients on how to maintain social support systems, lessen the likelihood of resuming drug use, and properly take prescribed drugs. Additionally, motivational sessions and cognitive behavioural therapy may be used as teaching methods in this framework.

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

In order to address the predicted shortfall of healthcare professionals, additional Doctor of Nursing Practice (DNP) schools are rising in the United States. The country needs these specialists to close the service gaps that underprivileged groups experience in places like rural communities, schools, prisons, and urgent care centres.

Nurses with a DNP degree are in a good position to introduce evidence-based nursing practise to the communities they work in. They can take the lead in developing evidence-based policies and standards in hospitals, clinics, and governmental organisations thanks to their training in clinical practise and research.

1. **Screening for postpartum depression**

According to a study published in BMC psychiatry, postpartum depression affects 20% of moms and can have an adverse effect on both the mother's and the child's health. Pregnant women who are diagnosed with and treated for perinatal depression (depression while pregnant) may experience fewer postpartum depressive episodes and, in certain situations, have healthier physical and mental offspring**.**

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

Aaron Beck created cognitive therapy in early 1960 as a result of his studies on depression. His investigations of depressed individuals revealed that they had cognitive distortions because of a predisposition toward the negative in how they saw certain life events. Depression was the original target of CBT. CBT is currently utilised to treat a wide range of illnesses, including mood disorders, anxiety disorders, tic disorders, eating disorders, addiction and dependency issues, personality disorders, and psychotic disorders. With the primary focus on depression and anxiety disorders, cognitive behavioural therapy (CBT) is a psycho-social intervention that tries to lessen the symptoms of a variety of mental health issues. In order to improve emotional regulation and create unique coping mechanisms aimed at overcoming current issues, cognitive behavioural therapy (CBT) focuses on confronting and altering cognitive distortions (such as thoughts, beliefs, and attitudes) and their associated actions. Although it was initially developed to treat depression, its applications now also include the treatment of a wide range of mental health issues, such as anxiety, substance use disorders, marital issues, and eating disorders. CBT consists of a number of cognitive or behavioural psychotherapies that employ techniques and strategies proven effective in the treatment of specific psychopathologies.

Behavioral and cognitive psychology's core ideas are combined in CBT, a popular type of talk therapy. It differs from traditional psychotherapeutic approaches, including the psychoanalytic approach, in which the therapist first develops a diagnosis before searching for the underlying unconscious meaning of the patient's behaviour. CBT, on the other hand, is a "problem-focused" and "action-oriented" type of therapy, meaning it is designed to treat particular issues linked to a recognised mental disease. The therapist's job is to help the patient discover and put into practise practical methods for achieving the set objectives and reducing disorder symptoms. The foundation of cognitive behavioural therapy (CBT) is the idea that thought distortions and unhelpful behaviours contribute to the emergence and maintenance of a variety of psychological disorders and that symptoms and the distress they cause can be alleviated by learning new information-processing techniques and coping mechanisms.

The treatment of less severe forms of depression, anxiety, post-traumatic stress disorder (PTSD), tics,[16] substance use disorders, eating disorders, and borderline personality disorder has been shown to be just as effective with CBT alone as it is with psychoactive medications, according to review studies. For the treatment of mental diseases including major depressive disorder, some data suggests that CBT works best when paired with medication. The majority of psychiatric illnesses affecting children and teenagers, including conduct disorder and aggression, are best treated in the first instance using CBT. Other legitimate treatment techniques, according to research, were as successful in addressing some adult disorders. The suggested psychosocial treatment of choice in treatment guidelines is CBT, along with interpersonal psychotherapy (IPT).

**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 procedures are based on a system that Kanfer and Saslow developed. The psychologist must determine whether the intervention was successful after identifying the behaviours that need to change, whether they are excessive or deficient. As an illustration, "If the objective was to reduce the behaviour, then there should be a drop relative to the baseline. The intervention will have been unsuccessful if the critical behaviour stays at or above the baseline.

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 numerous protocols for conducting cognitive behavioural therapy, yet there are also many key similarities. The term CBT is sometimes used to describe a variety of interventions, such as "self-instructions (e.g. distraction, imagery, motivational self-talk), relaxation and/or biofeedback, development of adaptive coping strategies (e.g. minimising negative or self-defeating thoughts), changing maladaptive beliefs about pain, and goal setting." For certain technique-driven individual psychiatric problems, treatment may occasionally be manualized and brief, direct, and time-limited. The strategies utilised in CBT are frequently modified for use in self-help applications, and it is applied in both individual and group settings. Some medical professionals and academics focus on cognitive issues (such as cognitive restructuring), while others are more behaviorally focused (e.g. in vivo exposure therapy). Interventions combining both strategies include imaginal exposure therapy. Exposure therapy, stress inoculation, cognitive processing therapy, cognitive therapy, metacognitive therapy, metacognitive training, relaxation training, dialectical behaviour therapy, and acceptance and commitment therapy are just a few examples of the diverse but related techniques that can be used in conjunction with CBT. Some professionals advocate a type of mindful cognitive therapy that places more of a focus on self-awareness as a component of the healing process.

**Methods and approach**

Therapist

A typical CBT programme entails face-to-face appointments between the patient and therapist, with 6 to 18 sessions lasting about an hour each and a gap of 1-3 weeks between sessions. Following this initial programme, there may be some booster sessions, for example, after one month and three months. CBT has also been shown to be beneficial when the patient and therapist communicate via computer links while typing in real time.

The scientist-practitioner model, in which clinical practise and research are informed by a scientific perspective, clear operationalization of the problem, and an emphasis on measurement, including measuring changes in cognition and behaviour and the accomplishment of goals, is most closely associated with cognitive-behavioural therapy. These are frequently addressed through "homework" projects that the patient and the therapist jointly create to be finished before to the next session. The accomplishment of these tasks, which might be as straightforward as a depressed individual going to a social function, shows a commitment to treatment compliance and a desire to change. Based on how thoroughly the patient completes the task, the therapists can then rationally determine the next stage of treatmentA therapeutic bond between the healthcare provider and the client seeking help is necessary for cognitive behavioural therapy to be effective. In contrast to many other types of treatment, CBT involves the patient heavily. A nervous patient might be given the homework task of talking to a stranger, but if that proves to be too challenging, they can come up with something simpler first. Instead than taking on the role of an authority figure, the therapist must be adaptable and ready to listen to the patient.

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

NICE defines computerised cognitive behavioural therapy (CCBT) as a "generic term for delivering CBT via an interactive computer interface delivered via a personal computer, internet, or interactive voice response system," as opposed to in-person with a therapist. It is additionally referred to as ICBT, or internet-delivered cognitive behavioural treatment. CCBT has the potential to increase access to evidence-based therapies, as well as to get around the frequently prohibitive price and limited availability linked to hiring a human therapist. It's critical to distinguish CBT from "computer-based training," which is now more frequently referred to as e-Learning, in this context.

Before advocating for the widespread use of CCBT, improvements in study quality and treatment adherence are necessary, however it has been shown in meta-studies to be cost-effective and frequently less expensive than standard therapy, even for anxiety. Studies have indicated that using online CBT-based techniques helped those with depression and social anxiety. This interface has a lot of potential for the treatment of OCD in children and adolescent populations, according to a review of recent CCBT studies on the subject. Additionally, CCBT is used in the majority of internet therapies for posttraumatic stress disorder .Additionally, CCBT is well-suited to treating mood disorders among non-heterosexual groups, who may shy away from in-person therapy out of fear of stigma. However, these populations are now rarely served by CCBT programmes.

Some healthcare systems now provide access to CCBT, which NICE recommended be made available for use within the NHS in England and Wales for patients presenting with mild-to-moderate depression rather than choosing antidepressant medication right away in February 2006. The 2009 NICE guideline acknowledged that patients may benefit from a variety of computerised CBT devices, but it did not suggest any particular ones.

**Smartphone app-delivered**

The use of mobile apps or smartphone applications to give self-help or guided CBT is another innovative means of access. In order to give CBT as an early intervention to improve mental health, foster psychological resilience, and advance emotional wellbeing, technology companies are creating mobile-based artificial intelligence chatbot applications. Artificial intelligence (AI) text-based conversational applications with the ability to expand internationally and provide contextual and always-available help can be supplied securely and confidentially over smartphone devices. The effectiveness and engagement of text-based smartphone chatbot apps for CBT delivery via a text-based conversational interface are being actively researched, including real-world data studies.

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

It has been proven to be successful for patients to participate in group classes. Individual CBT has been shown to be more effective than group CBT in a meta-analysis of evidence-based treatments for OCD in children.

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

American psychologist Marsha Linehan created dialectical behaviour therapy in the 1970s. DBT is particularly beneficial for those who struggle with emotion regulation and management. DBT has demonstrated efficacy in the management of a variety of mental health problems, 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**

Individuals who struggle with social interaction can learn a variety of interpersonal skills and relationship behaviours through social skills training (SST), a cognitive-behavioral method. This instruction covers conversational techniques, eye contact, social cue reading, nonverbal communication, problem solving, and self-management.

Young children who are starting school or other social interactions for the first time can benefit from SST. Additionally, it is used to treat people with schizophrenia, bipolar disorder, social phobias, attention deficit hyperactivity disorder, antisocial disorders, and other personality disorders. A person in alcohol addiction treatment may also benefit from SST because it teaches them how to navigate social settings soberly and successfully abstain from drinking. People who are mentally ill may lack certain social skills, such as the capacity to express their thoughts, feelings, and emotions in the right ways. Some people with mental illness (but not all) may experience such deficits in social skills as a result of their disease or as a result of the illness's early start, which may have limited their opportunity to acquire new social skills or put those skills to use. Anxiety is one characteristic of mental illness that might occasionally make it difficult to use the skill.

**Social skills include:**

* Verbal – such as the speech's shape, structure, substance, context, and volume.
* 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)**

Using electrical stimulation while a patient is under general anaesthesia, electroconvulsive therapy (ECT) is a type of psychiatric treatment that involves causing seizures. Each year, ECT is thought to be used on one million patients globally. By 1941, almost half of the mental health facilities in the United States were using ECT, which had first been developed in 1938.

**Types of ECT**

1. **Bilateral ECT: the electrodes are positioned on either side of the head. The entire brain is intended to be impacted by this.**
2. **Unilateral ECT**: both electrodes are put on one temple, generally the right, with one on top of the skull. In this instance, only one side of the brain receives the current.

**Benefits of ECT**

ECT is frequently used when patients don't respond to other common therapies, like antidepressants and psychotherapy. Due to the severity of their ailment or their danger of suicide, persons who need a quick response to treatment have also found ECT to be useful.

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

* Aggression and agitation in dementia, which may be brought on by the illness or its emotional effects.
* Catatonia, a psychomotor condition that causes a person to appear motionless, rigid, or mute and is frequently brought on by psychiatric illnesses like schizophrenia or bipolar disorder.
* Parkinson's disease, especially sadness associated with it, "on-off" syndrome, neuroleptic malignant syndrome, and uncontrollable seizure disorders.
* Postpartum psychosis and severe depression in women who are pregnant or nursing, as ECT may lessen the dangers connected with pharmaceutical exposure to the foetus or nursing infant.
* Schizophrenia, especially if antipsychotic medications or other treatments are not working for the patient. Clozapine and other antipsychotics can be supplemented with ECT.
* [**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 typically relieves psychiatric disorder symptoms extremely fast. When a person is having severe symptoms, this can be quite useful.
* **Effectiveness**: For several illnesses, ECT has demonstrated a high level of effectiveness. People who are very depressed, have psychosis, or have suicidal thoughts and behaviours may benefit the most from it.

ECT may be effective even when other treatments have failed, which is another advantage. Patients who have not benefited significantly from medicine and counselling may exhibit improvements after receiving ECT.

1. **Milieu therapy**

A patient can gain independence and effective coping mechanisms during milieu therapy, which is a regulated and structured social environment. People who get milieu treatment frequently struggle with poor coping mechanisms, loss of autonomy, or mental health issues. A person's autonomy is their capacity to live independently and make their own decisions. Patients who need assistance developing coping mechanisms for use in the home, workplace, or other settings can benefit from milieu therapy. Furthermore, milieu treatment can aid patients in acquiring abilities that will enable them to perform better in interpersonal interactions.

**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** — By offering the patient support, staff members encourage patients to communicate openly. Each patient will advance at a different rate, therefore staff members should adopt a tailored approach and give the patient time to get used to the therapeutic procedure.
2. **Structured and consistent staff interactions** — Staff workers establish a consistent, predictable schedule for the patient. The patient will develop trust in the team via regular interactions, which may lead to open and honest dialogue. Additionally, at the start of treatment, staff members should establish expectations and boundaries and uphold them consistently.
3. **Distribution of power** -As they advance through therapy, the patient will work with the staff to make decisions and assume leadership roles. The patient will be in charge of their own self-governance, fostering autonomy.
4. **Work Therapy**- the patient will be given the chance throughout therapy to figure out what kind of work is best for them. The patient will be encouraged to apply for jobs by the staff so they can support themselves. The patient will receive assistance from staff members as they practise the abilities needed for the profession.
5. **Psychoeducation**

With the use of information and support, patients and their loved ones can better understand and manage their condition through the use of psychoeducation, an evidence-based therapeutic intervention. Although the term has also been used for programmes that address physical illnesses like cancer, psychoeducation is most frequently associated with serious mental illnesses like dementia, schizophrenia, clinical depression, anxiety disorders, psychotic illnesses, eating disorders, personality disorders, and autism .In an article titled "Psychotherapy and re-education" in The Journal of Abnormal Psychology, written by John E. Donley, the notion of psychoeducation was first mentioned in the medical literature. This was in 1911. Patients and family members who receive psychoeducation are taught problem-solving and communication techniques, and they are given information and tools in a sympathetic and encouraging setting. Any competent health educator, as well as health professionals including nurses, mental health counsellors, social workers, occupational therapists, psychologists, and physicians, can conduct psychoeducation in groups or one-on-one settings. A number of patients are simultaneously informed about their ailments in groups. The sharing of experiences and mutual support between the affected patients also aid in the healing process.

**Conclusion.** Implementing the most well-known methods into the clinical context while employing a scientific method is known as evidence-based practise. As a result, there will be a higher likelihood that consistent, safe, high-quality care will be provided. We obtained a lifelong approach to clinical decision making and excellence in practise through evidence-based nursing care. The implementation of evidence-based nursing care can enhance patient outcomes since it is based on research findings, clinical knowledge, and patients' values**.** It is a standard of care for nurses and healthcare organisations to use research evidence in clinical practise, but there are several obstacles that stand in the way of new knowledge being put into practise to improve patient care. Nurses can analyse research study quality, appraise its findings, and assess the evidence's potential for inclusion in best practise by using the levels of evidence.

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