decisions about acceptable levels of intervention coverage and required resource (Campion & Knapp, 2018). Since most professionals from national policy, commissioning, public health, primary care, secondary mental health care and social care sectors are unaware of the size, impact and cost of different levels of public mental health unmet need, this perpetuates the poor coverage and coordination of public mental health interventions. Targeted training and support to improve public mental health practice will help address this important issue.

Conclusion

Cost-effective public mental health interventions exist which result in a broad range of outcomes and economic savings even in the short term. Only a minority of the people who would benefit from such interventions actually receive them; this failure to implement public mental health interventions according to population need results in a broad range of impacts, including human suffering and economic costs. Mental health needs assessments represent an important framework and mechanism to address the implementation gap, including in low- and middle-income countries. Assessment of the size, impact and cost of the intervention gap at both national and more local levels is a key part of public mental health practice to support improved coverage of public mental health interventions, which both reduces the burden of mental disorder and improves population mental well-being. Training and support to perform such assessments is important, as is the use of such information to highlight more effectively the broad impacts and associated economic savings of improved coverage, particularly in view of inadequate public mental health resource. This approach facilitates advocacy for the required level of resources to address the implementation gap.

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EDITORIAL

A call for more evidence-based practice

David Skuse

Professor or Behavioural and Brain Sciences, Population, Policy and Practice, Institute of Child Health, University of London, 30 Guilford Street, London WC1N

Our theme this month concerns the burgeoning call for the provision of evidence-based practice (EBP) in low- and middle-income countries (LMIC). It is worth remembering that EBP is not universally accepted by the psychiatric profession. For instance, there is still controversy about

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1EH, UK; email d.skuse@ucl.ac.uk

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the relevance of randomised controlled trials in evaluating some forms of psychological treatment (Lilienfeld *et al*, 2018). Despite special pleading from some quarters that ineffective treatments can be justified because they work for selected patients, Lilienfeld *et al* draw attention to the inglorious and lengthy history of psychiatric interventions that were subsequently proved to be useless or even harmful.

An introductory review article by Tyler and Kyriakopoulos considers the barriers to promoting EBP across the world. They point out the excellent work done by the World Health Organization in providing updated intervention guides for mental and substance misuse disorders in LMIC. In our second paper, Caneo and Calderon consider the emergence of EBP in Chile where, in recent years, there has been an increasing rapprochement between clinical psychologists and psychiatrists and their respective roles in the management of mental disorders (Moncada, 2008). Chile introduced a set of national guidelines for the detection and treatment of depression in 2004, followed by further guidelines for schizophrenia, bipolar disorder and alcohol and substance misuse, and these have been updated every few years. Nevertheless, the authors take the view that the concept of 'evidence' in Chile is still not understood by clinical professionals in any consistent way; the doctor–patient relationship is often considered more important than EBP.

In our third contribution to this theme, Samartzis *et al* consider the way in which substance misuse disorders are addressed in Cyprus. This is a relatively wealthy country but one which spends little on state aid for medical treatments. Opioid addiction and cannabis use are more prominent than cocaine and stimulant misuse, both of which have decreased in prevalence over the past decade. There is a move to provide a variety of evidence-based treatments for alcohol addiction as well as a publicly funded programme to support smoking cessation. Nevertheless, effectively treating addiction in the context of the Cypriot mental health system remains a challenge.

Declaration of interest

None.

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THEMATIC PAPER

Evidence-based practice in a multicultural world: changing with the times

Claire Tiley[1] and Marinos Kyriakopoulos[2,3,4]

[1]Core trainee in psychiatry, Maudsley Scheme, UK

[2]Consultant child and adolescent psychiatrist, National and Specialist Acorn Lodge Inpatient Children's Unit, Child and Adolescent Mental Health Clinical Academic Group, South London and the Maudsley NHS Foundation Trust, London, UK

[3]Visiting senior lecturer, Department of Child and Adolescent Psychiatry, Institute of Psychiatry, Psychology and Neuroscience, King's College London, London, UK; email marinos.kyriakopoulos@kcl.ac.uk

[4]Adjunct assistant professor, Department of Psychiatry, Icahn School of Medicine at Mount Sinai, New York, USA

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Evidence-based practice (EBP), which is commonly implemented in high-income countries (HICs), integrates the best research evidence, clinical expertise and patient preferences in the planning and provision of healthcare for both physical and mental health conditions. Although the same principles of EBP apply in low- and middle-income countries (LMICs), research into and implementation of such interventions in these countries remains significantly behind compared with HICs. This article presents a brief overview of the global mental health agenda and initiatives aiming to address this pressing gap through the promotion of research and scaling up services, identification of barriers to developing and implementing EBP in LMICs, and possible solutions to overcome them.

Evidence-based practice (EBP) is the most common basis for making decisions related to patient care for the majority of physical and mental health conditions. It integrates the best research findings, clinical expertise and patient preferences in the planning and provision of healthcare. In high-income countries (HICs), evidence forms the foundation of clinical practice through guidelines, policies and health services infrastructure. However, there has been limited capacity in building up similar evidence in low- and middle-income countries (LMICs), and in evaluating its translational potential into sustainable structures and supporting its implementation through large-scale service changes (Eaton *et al*, 2018).

The global picture

The promotion of EBP in mental health across the world has been a very important development

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