~~Don't~~ Sweat the Small Stuff

Chapter 20 - Mental Health and Addictions – Its time has come!

John Wanamaker was a well-known retailer in the 1900s with his flagship store in Philadelphia. He was a true innovator. He is credited with the concept of truth in advertising and was widely acknowledged as one of the developers of modern marketing. His motto was "one price and goods returnable". He built one of the world's largest pipe organs in the store as he felt that large department stores were more than just a place to sell products - they were gathering places where people could come together to meet and share the experience of music. He also had areas of the store set up with tables and chairs where groups of up to 300 from the community could come together and hold meetings. He was also the first to focus on advertising and spent a lot of time planning ads. He was the first to copyright ads, and his ads were impeccably accurate and honest. If Wanamaker put it in an ad, the store delivered on whatever promise the ad made. After decades of developing this form of advertising he summed it up this way - "Half the money I spend on advertising is wasted - the problem is that I don't know which half!"

At times, to many of us in health care the approach to mental health and addictions is just as bewildering. It is hard to pinpoint with accuracy what works in the treatment of mental health and/or addiction issues. With many health interventions the diagnosis, treatment and outcome are quite well defined and the care path in most cases is clear. A test indicates an infection, an antibiotic is prescribed and days later the infection is gone. This clear path does not exist in mental health or addictions treatment and it is frustrating to patients, providers and funders.

We tend to lump mental health and addictions together in Ontario, even though they are separate. There are many instances where both are at play so they do tend to be grouped together. The co-morbidity of these two is frequent and well documented. People with a substance use disorder (SUD) may also have other mental health disorders, and people with mental health disorders may also struggle with substance use. These other mental health disorders can include anxiety disorders, depression, ADHD, bipolar disorder, personality disorder and schizophrenia, among others. People might have both a SUD and a mental disorder, that does not mean that one caused the other. It simply means that the treatment must take into accounts both the substance use and mental health.

In the first world we have seen a vast improvement in the human condition. We have managed to not have a world-wide conflict for over 80 years. Science has blessed us with products that entertain and make our everyday lives easier. Medicine and good public policy have done an incredible job of improving the health of the overall population. We have seen life expectancy in Canada improve over the past 100 years from 57.1 years in 1921 to over 81 years today. Twenty-five years of additional life for the average Canadian -

an unprecedented success. We should be living in the very best of times but we see mental health and addiction issues at unprecedented levels. It is almost counterintuitive. It seems that there is a corollary to Maslow 's Needs Hierarchy.

Maslow observed that humans had certain needs and the more basic the need the more time, energy and focus an individual had to dedicate to meeting that need. The most basic needs are the physiological – food, shelter, clothing. If you are hungry and in the cold you will spend all of your time and energy trying to satisfy these basic needs. Maslow 's theory indicates that as basic needs are met, we can turn our attention to other needs such as safety, love and belonging, esteem and self-actualization. As we move up the hierarchy we deal with new sets of needs and these create new challenges in meeting those needs. Hence when we should be living in the very best of times, as individuals we have challenges with our newly identified needs and the inability to master these needs can lead to mental health and substance use disorders.

The numbers are sobering – from CAMH the following statistics are provided. In any given year, 1 in 5 Canadians experiences a mental illness and by the time Canadians reach 40 years of age, 1 in 2 have – or have had – a mental illness. Young people aged 15 to 24 are more likely to experience mental illness and/or substance use disorders than any other age group. A further 17% of high school students indicate a serious level of psychological distress. Men have higher rates of substance use disorders than women, while women have higher rates of mood and anxiety disorders.

Canadians in the lowest income group are 3 to 4 times more likely than those in the highest income group to report poor to fair mental health. Studies in various Canadian cities have indicated that between 23% and 67% of homeless people may have a mental illness.

The need is clear but the path to healthy outcomes is not so clear. In some instances over 60% of those treated will once again go through the cycle of drug and alcohol dependence. Such outcomes are troubling for a number of reasons – first the effort and cost of the intervention have not resulted in the desired outcome. Secondly the individual who fails at treatment has the message that he has failed reinforced and this makes that individual less likely to work through the process as the chance of success is seen as being limited.

“In god we trust - all others bring data.” We are now in a position where we can collect and analyze data more completely. Why are some people successful in their attempts to beat their addictions while others are not. There needs to be an identification of what makes up the mindset of the successful patients in order that we can encourage or replicate similar mindsets in others wishing to deal with their addictions.

Further artificial intelligence may play a role in helping to deal with patients, both from an identification basis as well as a follow up therapy for interacting with patients and identifying red flags when a recent recovered patient may be teetering on the brink of

relapse. Mental health and addiction services have been based on a provider patient relationship. It will take time for artificial intelligence to be developed to the point where it can be trusted to provide the right type of intervention. It will eventually become part of the treatment process and it may improve care and prove to be very cost effective.

Mental health addictions represent 10% of the illness in our health system but only receive 7% of the resources. The cost to society of not treating this significant portion of the population is massive in the area of lost productivity, policing, court actions and the provision of direct services. There are no easy answers but for the first time in decades it seems that we have some very viable options on the horizon and the future of mental health and addictions treatment is very optimistic. We need to realize that care delivery may be different from the past practices and that may be a good thing from a success and cost standpoint.

Next Chapter – Long Term Care