

# Collaborative Model and Better Mental Health Care

Annahita Ball\*

Department of Psychiatry, University of London Metropolitan, London, UK

## ABSTRACT:

*Young adults on hospital wards are relatively uncommon in an ageing society because only 12% of young adults report having a chronic illness or disability. But among younger people, mental health issues are still common. The two issues that young adults have the most trouble with are mental health and obesity, according to a recent study. Early intervention in psychosis teams, for example, has been demonstrated to operate better than traditional care models and to be more cost-effective. These teams are created expressly to meet the requirements of younger adults. Younger patients in the medical wards may arouse powerful feelings in the personnel, who frequently feel protective and may emotionally sympathise with the young patient's suffering. General practitioners must recognise typical signs of mental illness in young people, such as depression, willful self-harm, eating disorders, and substance abuse, in order to provide holistic therapy for these patients. For young people, health promotion is crucial in addition to illness treatment.*

**Keywords:** Disaster psychology, Traumatic stress, Addiction behaviors, Crisis intervention, Emergency services, Forensic mental health, Hyperactivity disorders.

## INTRODUCTION

Existing models of care and available treatment approaches fail to adequately address the global crisis of mental health care. Mental illness accounts for about one-third of the world's disability caused by all adult health problems, resulting in enormous personal suffering and socioeconomic costs.<sup>1</sup> Severe mental health problems including major depressive disorder, bipolar disorder, schizophrenia, and substance use disorders affect all age groups and occur in all countries, including the US, Canada, the European Union countries, and other developed and developing countries. Mental illness is closely associated with poverty, wars, and other humanitarian disasters, and in some cases, leads to suicide, one of the most common causes of preventable death among adolescents and young adults. Mental illness is the pandemic of the 21st century and will be the next major global health challenge (Lund et al, 2010).

Despite the increased availability of antidepressants during the past few decades, limited efficacy, safety issues, and high treatment costs have resulted in an enormous unmet need for treatment of depressed mood. It is estimated that 350 million individuals experience depression annually.<sup>2</sup>

On average, it takes almost 10 years to obtain treatment after symptoms of depressed mood begin, and more than two-thirds of depressed individuals never receive adequate care.<sup>3</sup> Enormous psychological, social, and occupational costs are associated with depressed mood, which is the leading cause of disability in the US for individuals aged 15 to 44 years with annual losses in productivity in excess of \$31 billion (Fournier et al, 2010).

Suicide is currently the second leading cause of death in 15 to 29 year olds, resulting in enormous social disruption and losses in productivity. Between 10 and 20 million depressed individuals attempt suicide every year and approximately 1 million complete suicide. In response to these alarming circumstances, in 2016 the World Health Organization declared depression to be the leading cause of disability worldwide (Barnes et al, 2008)

**DEVELOPING CLINICAL GUIDELINES FOR INTEGRATIVE MENTAL HEALTH CARE:** The implementation of CAM and integrative approaches in clinical settings is highly varied and idiosyncratic, reflecting differences in personal values and perspectives of practitioners, and disparate goals and priorities of training programs and clinics or hospitals where integrative approaches are employed. Results of a survey of integrative clinics and training programs suggest that integrative medicine is evolving into a coherent set of values and a consistent model of care delivery and clinical therapeutics, as evidenced by an increase in the peer-reviewed journal literature and a trend toward increasing numbers of affiliations between integrative centers and hospitals, health

**Received:** 25-Jan-2023, Manuscript No: ijemhhr-23-88681;

**Editor assigned:** 27-Jan-2023, Pre QC No. ijemhhr-23-88681 (PQ);

**Reviewed:** 10-Feb-2023, QC No. ijemhhr-23-88681;

**Revised:** 16-Feb-2023, Manuscript No. ijemhhr-23-88681 (R);

**Published:** 23-Feb-2023, DOI: 10.4172/1522-4821.1000571

\*Correspondence regarding this article should be directed to: izabelakni@hotmail.com

care systems, and medical and nursing schools.<sup>50</sup> Integrative mental health care is a strongly collaborative enterprise that fosters cooperation among practitioners from disparate backgrounds and between patients and practitioners (Areán et al, 2010).

Advancing a Kaiser Permanente Agenda for Innovation in Mental Health Care: The alarming statistics reviewed in this article suggest that most people with mental illness in the US and globally probably receive inadequate care, and widely used conventional biomedical treatments and CAM treatments have limited efficacy against depression, bipolar disorder, schizophrenia, and other psychiatric disorders. Survey findings confirm that integrative mental health care using both conventional and CAM treatments is currently being practiced by many mental health professionals and pursued by our patients and the public at large.<sup>21,50,53</sup> However, as noted in this article, the implementation of collaborative models of care in primary care clinics is limited by the absence of consensus on research priorities and clinical practice guidelines, few residency training programs addressing CAM and integrative medicine, the paucity of reliable safety and efficacy information on many CAM and integrative modalities, and limited involvement of relevant government agencies in shaping health care policy reform (Unützer et al, 2008).

## CONCLUSION

Currently available conventional biomedical treatments, CAM treatments, and the dominant model of care used in the US and other world regions fail to adequately address the complex biological, social, cultural, and spiritual dimensions of mental illness. These circumstances define an urgent agenda for broadening the current paradigm of mental health care to include evidence-based integrative treatments incorporating conventional and CAM modalities and implementing a collaborative care model on a large scale in primary care settings aimed at wellness, prevention, and treatment of specific psychiatric disorders. Accumulating research evidence supports that lifestyle modifications including changes in diet and exercise, mindfulness meditation and mind-body practices, and select natural products are beneficial, safe, and affordable interventions for many common mental health problems that can be safely combined with pharmacologic and psychotherapeutic interventions and can easily be incorporated into mainstream mental health models of care.

## REFERENCES

Areán, P. A., Ayalon, L., Hunkeler, E., Lin, E. H., Tang, L., Harpole, L., et al (2010). Improving depression care for older, minority patients in primary care. *Med Care*, 381-390.

Barnes, P. M., Bloom, B., & Nahin, R. L. (2008). Complementary and alternative medicine use among adults and children: United States, 2007.

Fournier, J. C., DeRubeis, R. J., Hollon, S. D., Dimidjian, S., Amsterdam, J. D., Shelton, R. C., et al. (2010). Antidepressant drug effects and depression severity: a patient-level meta-analysis. *Jama*, 303(1), 47-53.

Lund, C., Breen, A., Flisher, A. J., Kakuma, R., Corrigall, J., Joska, J. A., et al. (2010). Poverty and common mental disorders in low and middle income countries: A systematic review. *Soc Sci Med*, 71(3), 517-528.

Unützer, J., Katon, W. J., Fan, M. Y., Schoenbaum, M. C., Lin, E. H., Della Penna, R. D., et al. (2008). Long-term cost effects of collaborative care for late-life depression. *AJMC*, 14(2), 95.