

Efficacy and Safety Concerns Affect Conventional Mental Health Care

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ABSTRACT:

The complex challenges posed by mental illness, which accounts for roughly one third of adult disability worldwide, are not adequately addressed by both the prevalent mental health care model and the treatments that are currently in use. As a result of these circumstances, fundamental shifts in the mental health care paradigm and practices are required. These shifts include raising the requirements for clinician training, developing novel approaches to research, and rethinking the ways in which mental health care is currently provided. Kaiser Permanente (KP) is strategically positioned to make significant contributions that will shape the future of mental health care on a national and international scale due to its commitment to research and innovation as well as its dominant position in the US health care market.

Keywords: Mental health, Psychotherapy, Nutraceuticals, Psychotropics

INTRODUCTION

Psychotropic medications, psychotherapeutic methods like insight-oriented therapy and cognitive behavioral therapy, electroconvulsive therapy, and transcranial magnetic stimulation are all widely used in the current model of conventional mental health care. When it comes to treating severe mental illness, psychotropic medications play a crucial role in mental health care. Medication is used by many people with schizophrenia, bipolar disorder, and major depressive disorder to function and contribute to society. The evidence for pharmacologic treatments of major depressive disorder, bipolar disorder, and other psychiatric disorders is not convincing despite decades of research and billions of dollars in industry funding. Patients with severe refractory depression are successfully treated with ketamine intravenous infusion therapy at several ketamine clinics that KP recently opened. As a result, patients' quality of life has improved and their disability has decreased. In fact, internal data from KP that have not been published show that ketamine infusion therapy is quickly being shown to be more effective than more conventional antidepressants, even though some patients report mood improvements that last for less time. In order to alleviate the symptoms that are associated with the most severe forms of depression, it will be essential to expand the reach of this important treatment

intervention in both primary care and specialty care settings (Briot, et al. 2010)

Many commonly prescribed psychotropic medications, like antidepressants and antipsychotics, are linked to serious side effects like weight gain, an increased risk of diabetes and heart disease, neurologic disorders, and sudden cardiac death, in addition to concerns about their efficacy. A well-documented side effect of antipsychotics and other psychotropic medications is metabolic syndrome, which is associated with weight gain and an increased risk of diabetes and coronary artery disease. Long-term impaired functioning, work absenteeism, and productivity losses are the consequences of poor treatment outcomes caused by the limited efficacy of antidepressants, mood stabilizers, antipsychotics, and other psychotropic medications (Kirsch, et al. 2008).

INCREASING USE OF COMPLEMENTARY AND ALTERNATIVE TREATMENTS IN MENTAL HEALTH CARE:

Select pharmaceutical-grade natural products, lifestyle modifications (Lifestyle Medicine), mind-body approaches, and nonallopathic whole-system approaches like traditional Chinese medicine and Ayurveda are all providing evidence for both safety and efficacy of complementary and alternative (CAM) treatments of depressed mood, anxiety, and other mental health problems in the context of the limitations of the available conventional biomedical treatments. S-adenosyl methionine, a natural supplement that is being studied as a nonpharmacologic treatment for depression, is one example. The adjunct use of nutraceuticals, also known as botanicals and other supplements made from natural products, in conjunction with psychotropics for mood disorders, such as 5-hydroxytryptophan, folic acid (especially its active form,

Received: 26-Dec-2022, Manuscript No: ijemhhr-23-86188;

Editor assigned: 29-Dec-2022, Pre QC No. ijemhhr-23-86188 (PQ);

Reviewed: 12-Jan-2023, QC No. ijemhhr-23-86188;

Revised: 17-Jan-2023, Manuscript No. ijemhhr-23-86188 (R);

Published: 24-Jan-2023, DOI: 10.4172/1522-4821.1000569

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l-methyl-folinic acid), and n-acetylcysteine; a standardization of the herbal kava extract; and l-theanine, an amino acid. There is growing evidence to support acupuncture for the treatment of generalized anxiety and depression, as well as mindfulness training for the improvement of schizophrenia, anxiety, and mood disorders' negative symptoms. The risk of relapse for many psychiatric disorders can be reduced by making changes to one's lifestyle, including regular exercise, eating a healthy diet, getting enough sleep, and cutting back on alcohol and nicotine use (Laxman, et al. 2008)

EMERGING PARADIGMS OF INTEGRATIVE MEDICINE AND INTEGRATIVE MENTAL HEALTH CARE:

Patients with severe mental illnesses have high prevalence rates and unmet treatment needs in both developed and developing nations, highlighting the shortcomings of conventional biomedical and complementary and alternative treatments as well as the limitations of current mental health care models. Because of these circumstances, there is a pressing need to develop integrative treatment strategies that are more efficient, safer, and less expensive. These strategies should incorporate conventional biomedical and complementary and alternative medicine (CAM) modalities that are supported by evidence. They should also establish a more integrated model of the delivery of mental health care in which both medical and mental health issues are addressed in a single clinic. (Thornicroft, et al. 2017)

Scientific advancements, social trends, and the availability of low-cost, safe nonpharmacologic treatments are to blame for the growing acceptance of complementary and alternative medicine (CAM) in the United States and other economically developed regions of the world. In the context of growing patient demands for a variety of treatment options that are not currently included in the dominant model of mental health care as well as for more individualized health care, biomedicine is evolving in response to increasing openness to nonallopathic systems of medicine among conventionally trained physicians (Unützer, et al. 2008)

CONCLUSION

The complex biological, social, cultural, and spiritual

dimensions of mental illness are not adequately addressed by conventional biomedical treatments, complementary and alternative medicine (CAM), or the predominant model of care utilized in the United States and other regions of the world. These circumstances indicate a pressing need to expand the current mental health care paradigm to include evidence-based integrative treatments that incorporate conventional and complementary and alternative medicine (CAM) modalities, as well as a large-scale implementation of a collaborative care model in primary care settings aimed at wellness, prevention, and treatment of particular psychiatric disorders. Changes in diet and exercise, mindfulness meditation and mind-body practices, and certain natural products are all supported by growing body of research as effective, safe, and affordable treatments for many common mental health issues that can be safely combined with pharmacologic and psychotherapeutic treatments and easily integrated into mainstream mental health care models. We've argued in this article that doing so will probably lead to better outcomes, increased patient satisfaction, and less expensive care in the long run.

REFERENCES

- Briot, P. C., Cannon, W., & Staheli, R. (2010). Cost and Quality Impact of Intermountain's Mental Health Integration Program/ PRACTITIONER APPLICATION. *J Healthc Manag*, 55(2), 97.
- Kirsch, I., Deacon, B. J., Huedo-Medina, T. B., Scoboria, A., Moore, T. J., & Johnson, B. T. (2008). Initial severity and antidepressant benefits: a meta-analysis of data submitted to the Food and Drug Administration. *PLoS medicine*, 5(2), e45.
- Laxman, K. E., Lovibond, K. S., & Hassan, M. K. (2008). Impact of bipolar disorder in employed populations. *AJMC*, 14(11), 757-764.
- Thornicroft, G., Chatterji, S., Evans-Lacko, S., Gruber, M., Sampson, N., Aguilar-Gaxiola, S, et al. (2017). Undertreatment of people with major depressive disorder in 21 countries. *BJPsych*, 210(2), 119-124.
- 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.