Mental health and addiction in a global crisis

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Annotation: In recent years, global society has experienced a mental health and addiction crisis, creating unprecedented challenges for mental health professionals. These crises cannot be addressed using traditional service delivery models alone. There is a need for interventions using new ways of delivering mental health services. This paper provides information on how psychologists/psychotherapists can help optimize the global crisis through mental health self-help technologies. The factors and mechanisms of change inherent in self-help groups in the field of mental health are revealed. Relevant results and benefits are also highlighted by clarifying the connections between theory and practice. This article contributes to the understanding of the need for collaboration between psychologists and other mental health professionals, end users and society at large as a way out of the current crisis.

Key words: mental health, crises, psychologists, self-help technologies.

Психическое здоровье и зависимость в условиях глобального кризиса

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Аннотация: В последние годы глобальный социум столкнулся с кризисом психического здоровья и зависимостей, создавшим беспрецедентные проблемы для специалистов в области психического здоровья. Эти кризисы

невозможно преодолеть, используя только традиционные модели оказания услуг. Существует необходимость в вмешательствах с использованием новых способов оказания услуг в области психического здоровья. В этой статье представлена информация о том, как психологи/психотерапевты могут помочь оптимизировать последствия глобального кризиса с помощью технологий самопомощи в области психического здоровья. Раскрываются факторы и механизмы изменений, присущие группам самопомощи в области психического здоровья. Соответствующие результаты и преимущества также подчеркиваются путем прояснения связей между теорией и практикой. Эта статья способствует пониманию необходимости сотрудничества между психологами и другими специалистами в области психического здоровья, конечными пользователями и обществом в целом как способа выхода из текущего кризиса.

Ключевые слова: психическое здоровье, кризис, психологи, технологии самопомощи.

Introduction

We are in the midst of a global mental health crisis [1]. Huge numbers of people around the world need mental health care but lack access to quality services due to stigma, fragmented service delivery models, lack of human resources and lack of capacity to implement needed changes in their countries. Addictive disorders in high- and upper-middle-income countries affect a large proportion of the world's population, and their numbers have risen sharply over the past decade, largely due to stigma and lack of treatment. In fact, addiction has become a global threat and, as the most common comorbid disorder in people with other mental disorders, it is the most costly and least treatable, with disastrous economic consequences and a dire need for solutions. The COVID-19 pandemic has dramatically increased the demand for mental health services. As a result this It is becoming increasingly difficult for people to access available mental health professionals (eg psychologists, psychotherapists, psychiatrists). The negative impact of these states of affairs on individuals, families and communities has been astounding. Even some of the world's most developed

countries are in crisis mode. The Australian National Association of Psychiatric Practitioners (NAPP) argues that the "Australian mental health crisis" is a systemic failure in need of repair [3]. Psychiatrists, especially many who have never been exposed to today's demands and working conditions in their lives, experience or are at risk of experiencing compassion fatigue, secondary traumatic stress, vicarious traumatization, and even symptoms associated with post-traumatic stress disorder (PTSD) as a result). It is clear that current crises pose unique challenges for society as a whole. Problems of mental health of the population cannot be solved with the help of traditional services only and require a large-scale response. Psychologists are faced with their short-term and long-term consequences [4]. This new response requires collaboration among mental health professionals and entails a shift in psychology from a social and biological paradigm to recovery models of mental illness. The historical tension between social and biological psychiatry and the recovery movement can be reconciled if it is viewed as a progressive shift rather than a radical step. This transition can be seen as a repositioning of perspectives in the plane of epistemologies, which distinguishes homothetic knowledge (a tendency to generalize; used by a professionally oriented model) and idiographic knowledge (a tendency to generalize) allows one to be specific and focus on subjective phenomena), on each field of this continuum. Thus, he suggests that the sciences should adopt a more recovery-oriented approach [5]. The essence of the recovery model is the belief that people can recover from mental illness and lead a full and satisfying life. This approach to MH is holistic and person-centred. Research data shows that self-control strategies are more valuable than physical health-based models. From a stakeholder perspective, the recovery model defines the following six themes: (1) identity and meaning; (2) service agenda provision; (3) social sphere – communication and support relationship; (4) power and control; (5) hope and optimism; and (6) risk and liability [6]. The good news is that this paradigm shift has already begun. A good recent case study is the "Reinventing Mental Health Care" forum initiated by the Harvard Chan School of Public Health. In short, this initiative aims to transform

mental health care and adopts a recovery model that integrates the above themes into three principles represented by the three Ps: People (social support – family, friends, peers); Place (physical environment); and Purpose (finding purpose based on life experiences). This article examines how psychiatrists can make further contributions management of the current health care crisis, at the same time lighten your workload by supporting a recovery model through revitalizing the evidence-based mental health self-help (MHSH) program strategies consistent with the new 2030 Agenda for Global Mental Health. Health (GMH) is a new discipline "that seeks to address one of the the most neglected global health challenges of our time" [7]. Relying on literature that has reached us and from the position of a scientist-practitioner, this A qualitative article explores the past and present, relevant theoretical andempirical evidence to explore the future of MH.

Mental Health Self–help (MHSH) is a general term, it includes many approaches that were called the "wave of the future" almost four decades ago. The MHSH movement emphasizes the importance of responsibility and self-realization in the mental health sector and focuses on how people with mental illness and their families organize a variety of independent, mutually supportive initiatives, including self-help groups (self-help groups) and non-profit organizations [8]. MHSH embodies self-managed organizations of people who create social change and promote personal transformation. In the USA, for example, such initiatives have become more common lately. GSP are voluntary small mutual assistance structures aimed at achieving specific goals that allow people with a number of challenges to develop an individual response to their specific needs. GPS are also defined as "self-organizing groups" in which people come together to solve a common medical or social problem through mutual support. They are associated with a number of mental health problems, but remain poorly understood" [9]. Alcoholics Anonymous (AA) is a widely studied type of GSP. The reason for this is that AA originated and became a pioneer in spreading the message of recovery for those struggling with alcohol addiction. In 1987, in the USA, for example, the chief surgeon K. Everett Koop stated that AA has

become a significant alternative to formal healthcare systems. By the 1980s, psychologists began to consider GSP as a basic format for providing assistance. At its core, the concept of self-help is primarily related to taking personal responsibility and accountability by mobilizing and using internal personal resources and managing loneliness. Although the importance of GSP has been ignored by sociologists for many years – mainly because of the methodological problems of the study and a number of restrictions. However, to date, many quantitative and qualitative studies have been conducted, which make a significant contribution to the results of treatment and the directions of future research [10].

This includes the fact that GPS are able to promote emotional recovery and provide assistance to people with severe and long-term mental illnesses, including complex conditions such as chronic fatigue syndrome and schizophrenia. International examples of these types of GSP include, Narcotics Anonymous, Cocaine Anonymous (California), Gamblers Anonymous (Georgia), Overeaters Anonymous (OA) and many other so-called 12-step programs (12SP) [11].

Previous studies show that MHP (for example, practitioners, psychologists, psychiatrists, social workers) may hold certain views that may interfere with their cooperation with GPS, due to the perceived "danger" of GPS. This includes the dangers to patients and their families, as well as to professionals, arising from differences in value systems that professionals construct relative to GSP. However, other studies examining the nature of the relationship between GSP and MZP indicate that MZP: have a certain degree of familiarity with GSP; I believe that they can be useful; maintain a favorable attitude towards them; and are ready to inform about such groups and direct them to them. The extent to which psychiatrists oppose or refrain from referral to the GP prevents cooperation and the formation of valuable alliances; thus, reducing efforts in the fight to improve the care services of the PO, which so badly needed. To dispel any doubts among the psychiatric community about the potential benefits of GSP, I further outline the main research findings regarding their therapeutic outcomes and factors, mechanisms of change, and other related

benefits, including financial and economic benefits. At the same time, we rely on 12SP in the treatment of addiction, as this reflects their origin and historical development, as well as the fact that they are the most studied types of GSP. Based on the above review, collaboration between psychologists/psychotherapists and GPS seems plausible and a highly desirable, integrated, cost-effective and sustainable model of assistance to overcome the current global crisis. Consequently, more psychologists should seriously consider the benefits of referring patients to GPS as a way to expand their repertoire of clinical strategies and lighten their workload. This approach is consistent with the view that integrative supportive therapy and psychosocial interventions are likely to be most effective for the treatment of SNR and underlying psychological problems. This also corresponds to the current state of clinical psychiatry, which aims to ensure successful treatment using an integrated approach combining biological, psychological, social and spiritual aspects. The results of a thorough study, including a controlled study by Recovery Inc. – self–help programs for people with mental health problems are a good example of this. In this study, it was reported that subjects with mental problems had reduced both symptoms and additional psychological treatment after attending a GP. He concluded that attending a GP is a valuable addition to psychiatric treatment. Another example is a study that examined psychiatric referrals and support for participation in GPS for patients with mood disorders [12].

This paper explores how psychiatrists can contribute to the resurgence of mental health self-help as evidence-based collaborative and collaborative approaches and measures to address current mental health and addiction crises. This included a discussion of the contextual factors and conditions that exacerbated these crises, as well as the main problems currently faced by psychologists. This paper further explores how it meets the interests of psychologists to use self-help groups as a supplement to psychological support, the transition from the traditional professional-oriented model to a more holistic, personality-oriented and collaborative approach with self-help groups. At the same time, the article is aimed at dispelling doubts

among experts about the effectiveness, the clinical value and benefits of self-help groups, discussing their therapeutic outcomes and factors, built-in mechanisms of change, and unique practical, financial, and economic benefits. Hopefully, this documented and compelling evidence of the effectiveness of the group's self-help will convince psychologists to consider increasing the number of referrals, not only to improve current global mental health and addiction crises, but also to rid the profession of scrutiny and pressure.

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