



There's a lot more to treating mental illness than pills

By Dr. Karen Cohen | Sep 30, 2014 8:55 pm |



Paul Adams is right — people with mental disorders do need more than talk. They need access to evidence-based treatments. When it comes to mental illness, particularly the disorders most likely to affect Canadians (i.e. anxiety and depression), those evidence-based treatments include psychological treatments. They are not borrowed from psychiatry — they are *not* just talk.

Unfortunately, not every treatment or service offered to people with mental illnesses is evidence-based. Not every health practitioner providing services to people with mental illnesses is specifically trained in the treatment of

mental disorders. There is a range of evidence-based interventions for mental disorders — some are biological and include medication, while some are psychological and include psychotherapy.

Psychotherapy or psychological treatments are not just talk — and they're not all talk. There are many psychological treatments and some very robust research indicating what works for a particular kind of mental health problem. Psychological treatments are first-line interventions for depression and for anxiety; they often work as well as medication in treating these disorders and sometimes offer more benefits. Relapse rates are lower when depression is treated with psychological therapies instead of medication; for some kinds of anxiety, psychological treatments work *better* than medication.

There are also some kinds of disorders which see better outcomes when medication and psychological treatments are offered together. Notable examples include bipolar disorder and schizophrenia. Psychological treatments are also effective in treating the depression that can accompany heart disease.

One of the challenges when it comes to mental health services is a lack of public and funder awareness about who does what in treatment. When it comes to policy and funding decisions, we act as if all mental illnesses and all services and supports are the same.

We need to stop thinking about illness as categorical; every illness has its biological, social and psychological factors. No two people will navigate living with diabetes, recovering from an appendectomy or managing depression the same way.

They're not. Accurate psychological assessment, diagnosis and treatment take time, training and considerable skill. They are not interventions that

every health provider or counsellor is competent to do. They are interventions that, when appropriately and competently applied, are based on science.

Mr. Adams is correct in calling for more research into mental illness. We need research into the range of biological, social and psychological factors that lead to mental illness and the interventions employed to treat it. We need to stop thinking about illness as categorical; every illness has its biological, social and psychological factors. No two people will navigate living with diabetes, recovering from an appendectomy or managing depression the same way. This is because of their individual physical strengths and weaknesses — but also because of their social and psychological strengths and weaknesses.

This complex range of factors affecting mental health means that answers are unlikely to be found in a single gene or medication. Research continues to show that psychological treatments are effective for mental illness — and we need to do a better job of refining them and making them available.

The Mental Health Commission of Canada, the Canadian Alliance on Mental Illness and Mental Health and Bell Media have done a tremendous job in creating public conversations about the research and service gaps in mental illness. Now it's time to make good on the talk. To do that, we need to ensure that more people get effective treatment.

For some people and some conditions, that means making psychotherapy available — delivered by the licensed health care providers trained to deliver it. And yes, best practice in psychological treatments is based on science.

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