

Providing The Right Treatment, At The Right Time, and By The Right Person

John Caccavale

The lack of behavioral healthcare has again emerged as a national topic. Due to the tragic events that took place in Tucson this month, a call for greater access to mental health is being heard from policymakers and many legislators. But, how many times have we seen this? It seems like this public discussion is simply a rerun of other tragic events where someone who appears mentally ill commits a heinous crime. We are glad to see and hear the public discussion and attention being given to mental health. However, as fast as it came, is likely to be as fast as it will recede into another news cycle. Merely increasing mental health screenings or some services is not likely, however, to fix the long term slide of mental healthcare. The major problem, besides declining funding, is that we simply do not have a system where the right treatment is being provided, by the right professional, and at the right time.

Those words in the title of this article are the essence and mission of what the Truthindrugs campaign is all about. Does anyone really think that if the Tucson shooter were seen in a primary care setting, by a primary care physician, and provided an antidepressant or antipsychotic, that the tragedy would have been avoided? Possibly, but highly unlikely. In fact, medications might have increased his propensity to commit even greater violence as violent behavior can be a side effect of many psychotropics.

The Truthindrugs Campaign is not about demeaning primary care physicians or about diminishing their capacity to treat. Most are hardworking professionals who care about their patients and desire to see people get well. However, they are not behavioral health specialists and mental health should not be provided in a primary care setting without the collaboration of a doctoral level psychologist or other doctoral level behavioral health specialist. Our concern is that some people may actually believe that the violent behavior of the mentally ill can be controlled simply by having more medications available. Increased funding for assessment, diagnosis, and psychological treatment is more likely to have a greater impact on reducing the violence associated with behavioral disorders. Moreover, the integration of doctoral level behavioral health specialists into primary care would be significantly more effective and cost efficient. Increased dollars going to primary care physicians and medications will be a waste of resources and we will be discussing the same thing when the next victims are taken down.

Standards of Care Need To Be Applied To Medication Treatments

NAPPP and the Truthindrugs Campaign is not about anti drugs or against medical professionals. We are advocating for a high standard of care for our patients and access to that care, which they are not now receiving. A standard of care that allows medication treatments that have been scientifically shown to be ineffective violates the standard of care that all of us deserve. As psychologists are called upon to conform to evidence based therapies, then physicians must also conform to that standard. It is not an issue of fairness – it is an issue of quality care and science. Continuing to commit the enormous amounts of funds to treat behavioral disorders with medications provided by physicians untrained to render these services is not good policy, good healthcare or a good standard of care. Please look at our campaign website at www.truthindrugs.com. The website also contains a thorough review of the science underlying the ineffectiveness of many psychotropics.

If Not Us, Who?

The Truthindrugs Campaign is a serious and necessary endeavor. As the responsible professionals and practice organization for the campaign, we need your help and support. Clearly, some people will not agree with our approach, literature, or even that we should be addressing these issues. But, they are incorrect because, if not us, as professionals who understand the failings of this healthcare system, who can we rely upon to do it? Can we rely on the drug companies to suddenly have an epiphany about marketing ineffective medications? Can we rely upon physicians to expedite collaboration and integration into primary care? Can we expect physicians to give up their control over mental health treatment? Can we rely upon policymakers and politicians to restore mental health cuts? The answers to these questions are obvious and rhetorical. Making the public aware of both the problems and solutions is the only way that we think has a chance of changing behavior. Public awareness is the most likely approach that will restore behavioral interventions as a first line treatment. Public scrutiny and questioning is a first line strategy. Moreover, we need to be truthful, direct, and forceful in our messaging. Yes, our messaging is controversial but so are the issues.

Please go to the campaign website to view our first [campaign ad](#). It's a large ad and may take some time to load. Be patient. Look at our campaign [Videos](#). Especially, we are asking that you join our campaign and help us with a [Pledge](#) to fund an expensive media campaign. Again, if not us, who?

And Now Some Words That Are Not About Gun Control

Whatever ones view is about gun control, ensuring that people who are mentally ill do do have access to guns is not about gun control. It is good public policy, good healthcare and, more importantly, could be a good lifesaver. Yes, as psychologists, we are all aware that there is scant research that supports the future prediction of violent behavior. However, this is not the issue. The issue is the same as preventing people who are alcoholics and drug abusers from driving motor vehicles. People who are substance abusers are more likely to be impaired while driving a car with the increased probability that someone will be killed by a driver who is impaired. People who suffer from psychosis or other thought disorder that renders their sense of reality are likewise impaired. Allowing such people to have access to dangerous weapons is a destructive policy and responsible for too many deaths and injuries. As mental health professionals and citizens, we can make a difference if we adopted a policy where persons wanting to own a firearm was screened for serious mental disorders by a doctoral level mental health professional. Again, this is an example of the right treatment, at the right time, and by the right person.