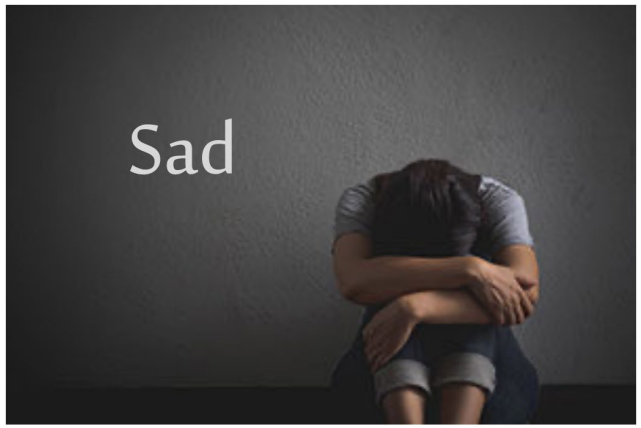


ROBERT FOLTZ, PSY.D.

ASSOCIATE PROFESSOR
CHICAGO SCHOOL OF PROFESSIONAL PSYCHOLOGY

RFOLTZ@THECHICAGOSCHOOL.EDU

INTRO

- 15 years in Residential Treatment…As a clinician and then Administrator
  - Met Larry, Mark, Steve, and Martin as they consulted with an agency

- 20+ years in Private Practice
- 10+ years teaching at the Chicago School of Professional Psychology

A QUESTION

- What do we believe Medications *CAN* do, that Relationships *CANNOT* do?

OUR METHOD

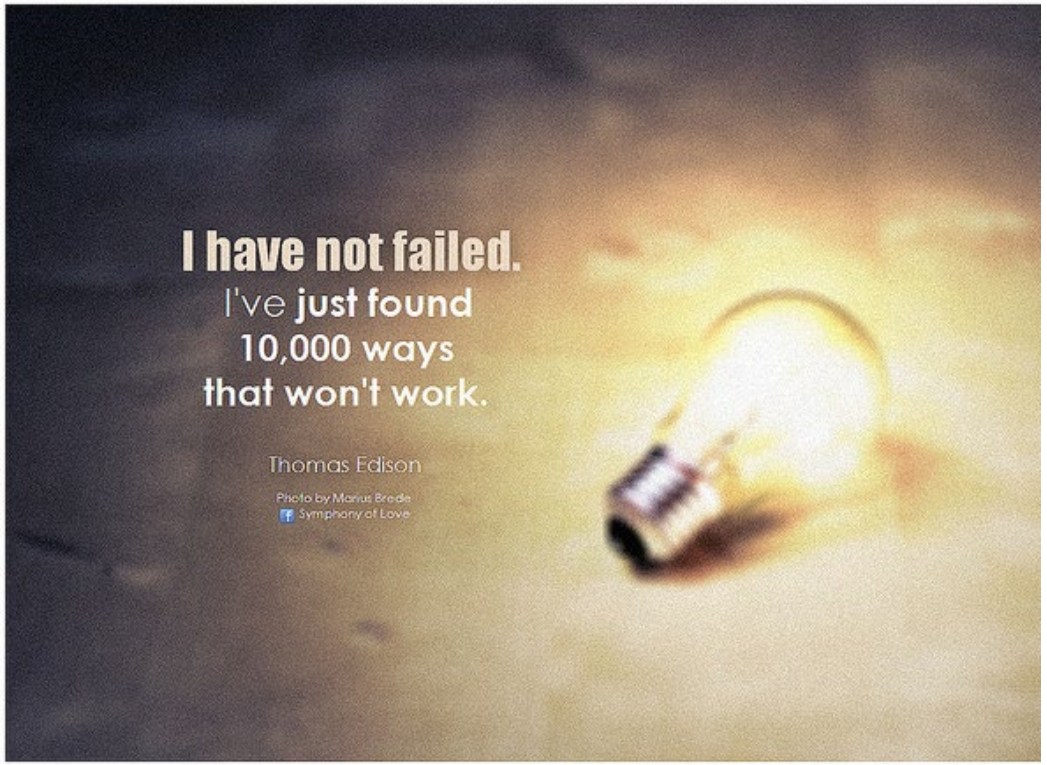
- Medication use has become an integral part of our multidisciplinary model to ”treat” emotional / behavioral challenges in young people (and adults).
- It is a reflection of the Medical Model…
- And the Medical Model has the veil of being rooted in a hard-science understanding of ‘what’s wrong’…

- Identify what’s wrong…Diagnose
- Apply your evidence-based intervention…Treat
- Monitor Outcomes

- "Despite dramatic increases in the treatment of some mental disorders, there has been no decrease in the prevalence of most mental disorders since accurate record keeping began."

- *This is in sharp contrast to other applications of biomedical interventions*

HOW ARE WE DOING?



- "Most studies find that the prevalence of mood and anxiety disorders have remained constant over time.
- From 1990 to 2010, for instance, the global prevalence of major depressive disorder (MDD) remained around 4.4% and for anxiety disorders was 4%
- There is little evidence that increased treatment rates reduce suicide rates"

- "Mental health is biological health: Why tackling "diseases of the mind" is an imperative for biological anthropology in the 21st century," Kristen L. Syme | Edward H. Hagen 2019

- “Researchers found a substantial increase in suicides among teen girls and boys in the U.S. from 1975 to 2015, with the rate among girls hitting a record high. From 2007 to 2015 alone, suicide rates doubled among teen girls and by more than 30 percent among teen boys.” (Aug, 2017)

EFFORTS TO "TREAT THEIR SYMPTOMS" *VS. MEETING THEIR NEEDS*

- **More youth are being medicated**
  - Antipsychotics believed to contain anger, aggression, emotional instability, impulsivity
  - Antidepressants to alleviate feelings of hopelessness, depression, suicidality
  - Stimulants believed to generate focus & concentration, calming the classroom
- **Evidence-Based Psychotherapies have proliferated**
  - In 50 years of psychotherapy research with youth, our outcomes have not improved

2018
SYSTEMATIC REVIEW OF ADHD MEDICATIONS

- Published & Unpublished
- Double Blind
- Randomized Controlled Trials
  - *133 trials including 11,018 kids*
- Comparing ADHD meds to placebo
- Examine outcomes at 12 weeks, 26 weeks & 52 weeks

- The authors note that their "findings represent the most comprehensive available evidence base to inform patients, families, clinicians, guideline developers, and policy makers on the choice of ADHD medications across age groups."

- "Accounting for all included outcomes, our results support methylphenidate in children and adolescents."
- "The findings can only support the short-term (12 weeks) use of medication treatment, as there was a scarcity of data beyond that time frame."

ANTIPSYCHOTICS

- Powerful medications, designed to manage symptoms of schizophrenia, are commonly being used to treat
  - Aggression
  - Irritability
  - Impulsivity
  - Mood Instability
    - *Well beyond their Approved Indications*
- AND, "and animal studies raise concerns regarding antipsychotic safety on the developing mammalian brain" among a wide range of other, concerning side-effects

Table 3. Stimulant, Antidepressant, Mood Stabilizer, and Benzodiazepine Prescriptions in 2008 Among Young People With Antipsychotic Prescriptions

Prescription Medication	Population With Prescription by Age Category, %			
	1-6 y (n = 50 725)	7-12 y (n = 247 111)	13-18 y (n = 332 051)	19-24 y (n = 228 329)
Stimulants	58.7	68.7	44.5	17.1
Antidepressants	20.3	34.0	50.8	59.1
Mood stabilizers	16.5	24.6	34.9	41.4
Benzodiazepines	6.4	6.0	11.7	33.5
Antipsychotics only	27.8	15.0	16.2	18.1

THE CHALLENGE OF POLYPHARMACY

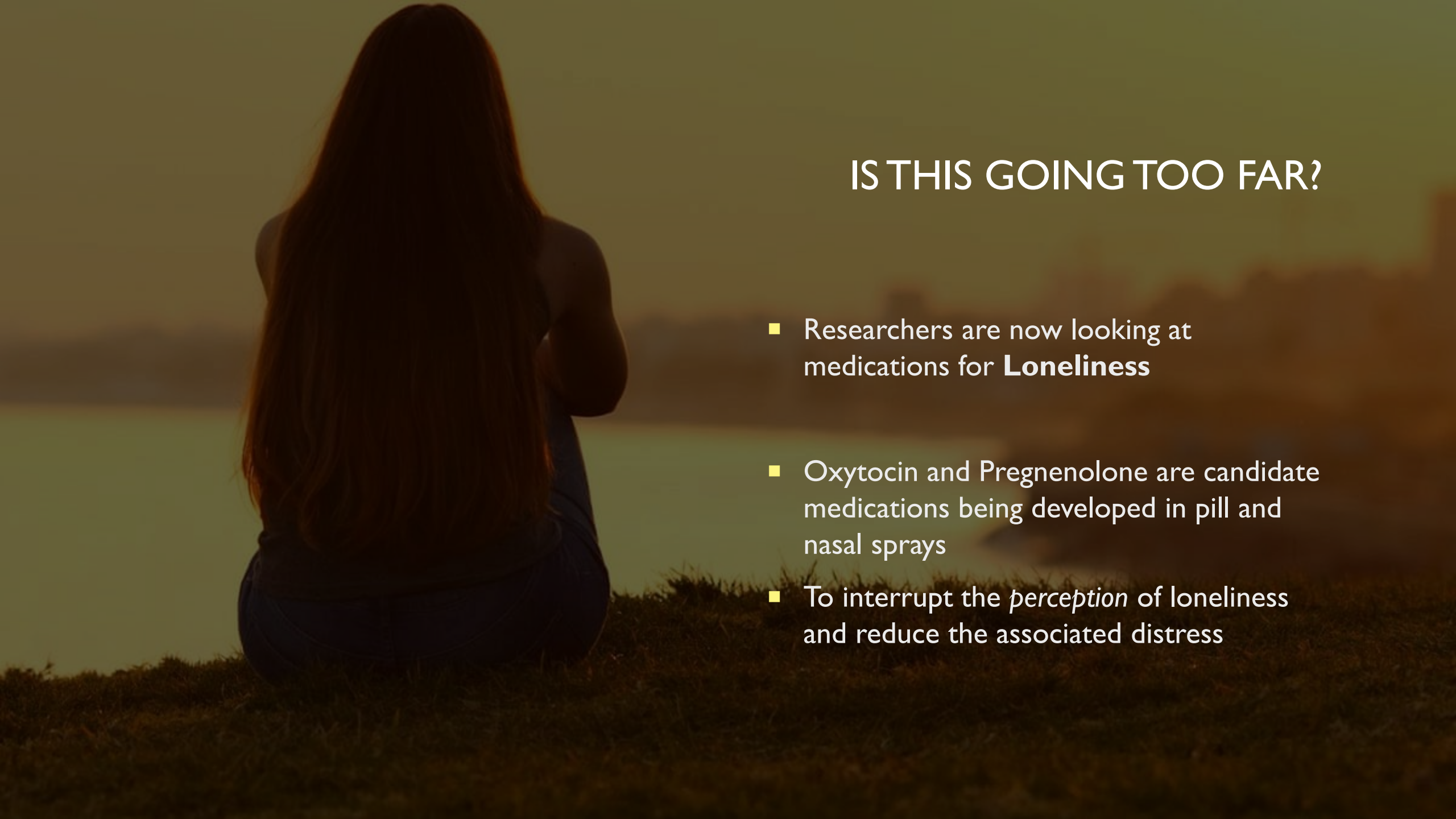
- Competing Mechanisms of Action
- Overlapping Mechanisms of Action
- Unknown Benefits
- Unknown Side-Effects

NICE IDEA, BUT…

- NOTE…the ADHD
  - Stim vs Antipsychotic - neurochemisty
- And with what we know about the effectiveness of Psychotherapy, a trial of therapy may not be a reliable indicator of need for medications

Table 4. Mental Disorder Diagnoses and Use of Psychotherapy in 2009 Among Young People With Antipsychotic Prescriptions

Characteristic	Population With Diagnosis by Age Category, %			
	1-6 y (n = 925)	7-12 y (n = 5939)	13-18 y (n = 8198)	19-24 y (n = 5353)
Diagnosis[a]				
ADHD	52.5	60.1	34.9	11.3
Autism or mental retardation[b]	23.1	13.8	8.4	5.7
Disruptive behavioral disorders	20.6	15.7	13.0	2.2
Bipolar disorder	8.1	12.7	20.5	26.6
Anxiety	6.9	10.4	13.0	22.9
Depression	2.4	6.1	24.4	34.5
Adjustment-related disorders	1.8	2.6	2.7	2.2
Substance use	0.8	0.3	0.2	0.8
Schizophrenia	0.3	0.2	1.4	7.5
Other mental disorder	23.5	21.0	22.6	18.1
Any psychotherapy	13.5	20.4	24.8	18.8



IS THIS GOING TOO FAR?

- Researchers are now looking at medications for **Loneliness**
- Oxytocin and Pregnenolone are candidate medications being developed in pill and nasal sprays
- To interrupt the *perception* of loneliness and reduce the associated distress

WALK AWAY POINTS…

Out Standards of Care

- Medications may provide short-term relief but fail to sustain those benefits over the long-term.

- Meta-Analysis of 50 years of Child & Adolescent Psychotherapy reveals an overall average Effect Size of 0.46 at post-treatment…indicates "the probability that a randomly selected youth in the treatment condition would be better off after treatment than a randomly selected youth in the control condition was 63%...only moderately better than chance at 50%" (Weisz et al., 2017).

- Rates of disorders persist…Suicide is going in the wrong direction

IT BEGINS WITH IDENTIFYING THE PROBLEM
IT'S TIME TO RETHINK OUR DIAGNOSES

- The Evolution of our Diagnostic & Statistical Manual (DSM)

Version	Year	Number of Diagnoses
DSM-I	1952	128
DSM-II	1968	182
DSM-III	1980	265
DSM-III-R	1987	292
DSM-IV	1994	297
DSM-IV-TR	2000	365
DSM-5	2013	541

MEETING NEEDS VS "TREATING" DISORDERS

- "Families below the poverty line are three times more likely to be substantiated for child maltreatment" (2021)
- "Unstable housing, food insecurity, and economic shortfalls are problems that can endanger children and jeopardize the stability of families, but the child welfare system is neither resourced nor designed to address the consequences of poverty"

Financial supports reduce child abuse and neglect by enabling families to better access resources and address their own basic needs.

ADAPTATION…NOT DISORDER?

- In conflict-affected countries, an estimated **one in five** people suffers from depression PTSD, anxiety disorders, and other disorders, compared to **1 in 14 worldwide**
- Because many of their symptoms seem to be functional responses to threats, the hypothesis that they are **functional responses** to adversity is compelling.
- In the large majority of cases, MDD symptom levels are proportionate to levels of adversity, typically resolve within weeks or months and the majority of sufferers will experience only a single episode in their lifetimes, features that are consistent with a functional emotional response to adversity.


RESEARCH ARTICLE

Mental health is biological health: Why tackling "diseases of the mind" is an imperative for biological anthropology in the 21st century

Kristen L. Syme | Edward H. Hagen

Department of Anthropology, Washington State University, Vancouver, Washington

Correspondence
Edward H. Hagen, Department of Anthropology, Washington State University, Vancouver, Washington.
Email: edhagen@wsu.edu

Funding Information
National Science Foundation, Grant/Award Number: BCS 1355469

Abstract

The germ theory of disease and the attendant public health initiatives, including sanitation, vaccination, and antibiotic treatment, led to dramatic increases in global life expectancy. As the prevalence of infectious disease declines, mental disorders are emerging as major contributors to the global burden of disease. Scientists understand little about the etiology of mental disorders, however, and many of the most popular psychopharmacological treatments, such as antidepressants and antipsychotics, have only moderate-to-weak efficacy in treating symptoms and fail to target biological systems that correspond to discrete psychiatric syndromes. Consequently, despite dramatic increases in the treatment of some mental disorders, there has been no decrease in the prevalence of most mental disorders since accurate record keeping began. Many researchers and theorists are therefore endeavoring to rethink psychiatry from the ground-up. Anthropology, especially biological anthropology, can offer critical theoretical and empirical insights to combat mental illness globally. Biological anthropologists are unique in that we take a panhuman approach to human health and behavior and are trained to address each of Tinbergen's four levels of analysis as well as culture. The field is thus exceptionally well-situated to help resolve the mysteries of mental illness by integrating biological, evolutionary, and sociocultural perspectives.

KEYWORDS
evolutionary medicine, mental health, psychopathology

PERSPECTIVES FROM ANTHROPOLOGISTS

- "Biological anthropologists have investigated numerous socioecological correlates of depression, anxiety, and PTSD in WEIRD and non-WEIRD settings, and their results confirm that various forms of adversity are strongly associated with, and probably cause, these putative defense responses. (WEIRD = Western, Educated, Industrialized, Rich, and Democratic (WEIRD) populations)"

- "One study found that conflict exposure predicted anxiety in a dose–response relationship, whereas low socioeconomic status and non-conflict related stressful life events predicted depression."
- "Hadley et al. have found food insecurity to be a risk factor for elevated depression and anxiety symptoms in East African populations."
- "Valeggia and Snodgrass (2015) review evidence that adversity experienced by indigenous populations, such as rapid acculturation, poverty, disruptive changes in traditional social roles, and violence, increase the risk of depression and suicide, and that ***greater involvement with native culture is protective***."
- "They found that social conflict, powerlessness, and threats to the victim's fitness were ubiquitously associated with suicidality across diverse cultures."

- "Given that depression and anxiety are responsible for more than half the disease burden attributable to mental disorders (40.5 and 14.% of DALYs – disability adjusted life years,), much that psychiatry considers to be pathological appears to be rooted in adversity and conflicts of interest.

- If so, research on depression, anxiety, and PTSD, should put greater emphasis on mitigating conflict and adversity and less on manipulating brain chemistry."