



## Opinion

### Addiction-Pervasive Health Issues in Community Mental Health

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#### Opinion

Addictions are pervasive issues in the mundane society, and many practitioners recognize that treating the whole person rather than the symptomatology is necessary. It is a fact that addiction is a disease that is multidimensional and multifactorial encompassing genetic, and environmental, as well as traumatic that paves the addiction's road [1]. Mate [2], pointed that the addiction road is paved by a childhood trauma that has a profound impact in the stress neuro-hormonal output, hence, raising the cortisol, insulin and vasopressin levels while lowering the oxytocin that is the nurturing socializing hormone. This hormonal makeup triggers anxiety, hypervigilance, inattentiveness, stress, mood swings, lower impulse control, and an outburst of anger, dissociation, hypertension, and diabetes, to say the least [3]. Mental health professionals recognize that the early emotional deprivation scars Child Welfare Information Gateway [4], agreed. Understanding the effects of trauma from its early developmental stages is imperious, because such traumatic events impact the brain's coping mechanisms, depleting the adaptative body homeostasis [5]. Trauma is the result of a failure to regain the homeostasis, thus failing to facilitate the healing from the wounds of past traumatic events. Hence the trauma becomes ingrained in the body, surfacing and resurfacing in various colors and shades like a chameleon determined to blend in at any price [6].

In an attempt to regain a balance the body's rely on a continuous hyperarousal state, that leads to a chronic hyperactivation of Hypothalamic-Pituitary-Adrenal (HPA) axis in which cortisol stress hormone reaches such high stimulation in brain's emotional centers such as hypothalamic hippocampus until it becomes exhausted [4]. This translates in permanent fear acclimatization and inattention, impulse control, sleep, and fine motor problems, even when conditions changes, becoming more nurturing and more positive [4]. The dire consequences of such emotional scars encompass a panel of an emotion-affective disorder, attachment disorder, impulsive, obsessive disorder,

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attention deficit and hyperactivity disorder, posttraumatic disorder, low self-esteem, depression, schizophrenia, and various addictions and other mental health challenges [7]. Therefore it is important that community mental health therapists understand the epigenetic of addictions, to be able to tailor a personalized treatment plan that meets the unique needs that are brought at the therapeutic table [8]. Santhoush et al. [9], agreed that addiction is an emotion-cognitive-physiological state that alters behavioral and emotional-cognitive capacities of functioning, as the person's well-being become more dependent on the amount of mental or mood-altering addictive substances. Notable is the fact that one does not need to rely daily on the addictive substances to reach a state of addiction. However, the person that ritualistically relies compulsively on the addictive substances to reach the state of relaxation endures most of the addiction [8]. Granted, it is difficult to distinguish between various stages of addictions as the addicted person may choose sporadically to abusively walk on the path of addiction as means of coping to various stress, or traumatic events that often reverberate past events, hence the perceived need to assuage the present stress or trauma, and when the intensities of these events recede, one may choose to resume, and return to abstinence [8].

On the other hand, one may find difficult to return to the abstinence path and continues to resort to the compulsive use of addictive substances, slowly down spiraling in the persistent and dysfunctional patterns of addiction to the point that sober living is incompatible to the daily functioning. At this point, one reached a chronic compulsively dependent state that is fatal if left untreated, and in this is the stage one comes to seek help from the community mental health addiction therapist, alone, or with a family member, or because of legal issues, one may have at that time [8,9]. The addiction therapist engages one in various therapies such as Cognitive Behavioral Therapies (CBT), Motivational Interviewing (MI), Solution-Focused Therapy (SFT), Dialectical Behavioral Therapy (DBTA), and Trauma-Based Therapies (TBT), [8]. However, each therapy must be uniquely tailored to assist the person's unique needs. Noteworthy is the fact that a therapist may choose to include adjuvant or complementary interventions such as Eye Movement Desensitization (EMDR), hypnotherapy, nutritional or spiritual therapies, as well as meditation, yoga, psychic energy sessions [8].

Nevertheless, it is imperious that the therapist uses these therapies in conjuncture with the Twelve Steps recovery program as such program is designed not only to embrace each addicted individual with one's unique weaknesses and strengths but also becomes the immediate network support group [8]. The Twelve Steps group provides the unconditional acceptance, and support, that is needed, void of shaming, creating the sense of comradeship, and belonging that is so imperiously necessary to achieve and remain on the sobriety path [8]. Due to the multi-dynamic complex implication of compulsive addictive behaviors, the community mental health therapist must be keenly aware of the imperious need of an astute continuous training [8]. In the field of community mental health profession complacency is tantamount to the intent of placing the addicted person in a harm

path, as many mental and medical professional and scientific forums pointed out that continuous training, is a must as one needs to engage in therapies proactively, and interventions that have are based on evidence-based- research [8,10-12].

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