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## **The Missing Element in Mental Health: Dealing with the Growing Mental Health Crisis**

### **Discussion Paper**

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# Executive Summary

## Crisis

Every day today, we hear about mental health problems of the young and the old, of soldiers and veterans, of frontline workers - police officers, firefighters and first aid workers, mental health problems of students and indigenous people, in business and at the workplace. We are facing a growing mental health crisis, of persisting and growing mental health problems, on the one hand, and increasingly more ineffective, not inadequate as is commonly argued but ineffective mental health care. Persisting and growing mental health problems affect everything we do and engage in, in public and private life, all areas of human activity, and all sectors and levels of society. They carry serious consequences and costs for the individual, the home, family and community, education and training, the workplace, business and the economy, government, public administration and public services. The ineffectiveness of mental health care lies in the inability to resolve and prevent mental problems from developing. It lies in the failure, beyond dealing with symptoms and consequences, to address the deeper-rooted issues, causes and developments that lie behind persisting and growing mental health problems.

The official statistics are well known. In Canada according to the Canadian Mental Health Association, one in five people, or over six-and-a-half million, will experience a mental health problem in their life. Every family in Canada, in some way, will be affected by mental health problems. Globally, according to the World Health Organization (WHO), one in every four people, or twenty-five percent, will develop some mental health problem in their life. By 2020, the WHO predicts that mental health problems will rank second only to heart disease as the leading cause of disability worldwide.

By the spring of 2021, mental health problems in Canada rose from one in five (21%) in 2020 to one in four (25%). Cases of opioid overdoses in 2021 (January – December) rose to 41,686 from 21,759 in the same timeframe in 2019, a 92% increase. Mental health problems and associated substance use, abuse, addiction and overdose had risen to a point where governments, both at the federal and provincial levels, felt it necessary to establish separate departments of mental health and addiction to deal with the issues.

The human costs of mental health problems are substantial and affect all aspects of life. They can disrupt the ability to function at home, school, community, and work. Mental health problems affect a person's ability to deal with the essentials in life: getting an education, finding a job, finding a place to live, and developing their full human potential. They affect a person's ability to understand and manage the self, relate and interact with others, and deal with the world around them in positive and constructive ways.

The social costs of mental health problems are significant. According to Health Canada, mental healthcare costs were approximately \$7.9 billion in 1998: \$4.7 billion in care and \$3.2 billion in disability and early death. Additionally, \$6.3 billion was spent on

uninsured mental health services and time off from work for depression and distress not treated by the healthcare system.

Mental health problems are considered the main issue limiting productivity in Canada. According to Health Canada, the economic burden of mental health problems in 1998 was estimated to be \$14.4 billion a year. According to more recent calculations, the cost to the Canadian economy annually due to mental health and addiction problems is close to \$30 billion. According to a study by the Centre for Addiction and Mental Health, mental illness is associated with more lost workdays than any other chronic condition, costing the Canadian economy \$51 billion annually in lost productivity.

Beyond the official statistics lies the actual mental health crisis. It is an untold story. The mental problems that if not addressed develop into the official statistics. They are the mental problems and difficulties that lie behind the behaviour and actions, feelings and emotions that are viewed as indicators of mental illness. They are the daily problems and difficulties of dealing with the demands and challenges of the mind and our inner mental life and coping in the mind with the demands and challenges, change and changing conditions of reality.

## **Causes**

The deeper-rooted problems, causes and developments behind the growing mental health crisis are twofold: socio-cultural developments and changes occurring all around us; and the limits and shortcomings of the mind sciences. The rise in mental health problems results from rapid and dramatic socio-cultural changes. The persistence of mental health problems and the ineffectiveness of mental health care are rooted in the limits and shortcomings of the sciences of the mind.

Rapid and fundamental socio-cultural developments and changes, and a decline of traditional beliefs, views, values and conventions, are leading to growing social disorder and instability. More specifically, they are leading to a decline in the traditional external structures of identity, order, stability, certainty, security and confidence. They are leading to the decline of the external structures on which traditionally we have relied to meet our basic mental needs - a sense of self, mental order and stability, clarity of mind and understanding, certainty, security and confidence. The results are growing mental disorder and instability, doubt and confusion, uncertainty and insecurity, feelings of fear, stress, anxiety, frustration, helplessness and depression. In addition, they lead to growing external demands and challenges, change and changing conditions that we must deal with in the mind. Socio-cultural developments and changes simultaneously are leading to a decline in the development of the mental faculties required to deal with the demands and challenges of existence.

The limits and shortcomings of the sciences of the mind -- psychology, psychiatry, cognitive science and neuroscience, including failing to understand the mind as the place where we consciously exist and act, where the inner mental life takes place and where the

mental self is active. The mind, what takes place and what we do in it, is reduced to the brain and its neurological and biochemical working. The sciences of the mind fail to understand the mental normal, the normal, natural conditions, needs, demands and challenges of the mind, our role and responsibility in them, and how to manage and deal with them. They fail to differentiate between the mind and the brain. They fail to differentiate also between mental problems, mental disabilities, and neurological problems: namely, difficulties understanding and managing the mind and our inner mental life; the effects in the mind of neurological and biochemical issues of the brain; and neurological problems in themselves.

## **Answers and Solutions**

Mental development and growth are missing elements in mental health and the direction of the answers and solutions. Education and training in mental development and growth, demystifying the mind and mental problems and empowering the individual mentally. Developing the knowledge, the understanding and the mental faculties to understand where mental problems arise and take place and how to deal with them. To understand and deal with the mind as the place where we consciously exist and act, where the inner mental life takes place and where the mental self is active. Understand what takes place and what we do, more importantly, what we need to do, what individually we must establish, develop and maintain in the mind. What is required is changing how we understand and deal with the mind and mental problems. Differentiating between the mind and the brain and between mental problems, mental disabilities, and neurological problems.

Addressing mental problems in the brain or dealing with them through psychotherapy will only add to the crisis. Denying and ignoring our inner mental life and existence will worsen the problem. Reducing the deeper-rooted problems, causes and development to neurological and biochemical issues will not address them. Not understanding the mind as the place where we consciously exist and act and not differentiating between mental problems, mental disabilities, and neurological problems will only contribute further to the growing mental health crisis. We will condemn future generations to live with persisting mental problems in a world of constant change and growing complexity.

Research and study of the brain, its neurological and biochemical structure and workings do not provide an understanding of our mental faculties and how to develop and use them. Brain research, while it has its place, cannot provide an understanding of the mind, the inner mental life and the mental self. It cannot explain our role and responsibility, what individually we must establish, develop and maintain in the mind. Neuroscience does not tell us how to establish and maintain the necessary internal mental conditions – a sense of self, mental order and stability, clarity of mind and understanding, certainty, security and confidence in everything we do and engage in. It does not give us a sense of our mental needs and how to meet them, in the mind, in non-material ways, through individual mental work and effort.

On the other hand, without a clear and detailed understanding of the mind and our inner mental life, brain research cannot explain what we see in the brain in neurological processes and developments. Without understanding what takes place and what we do in the mind, we cannot differentiate between natural neurological processes and developments and those resulting from what takes place and what we do in the mind. We cannot differentiate between natural neurological activities and developments and those resulting, for example, from developing and using our mental faculties, developing our natural mental powers and abilities, translating them into mental skills and practices, and engaging in mental work and effort.

In practical terms, the answers and solutions require education and training in mental development and growth: development and growth not provided by the traditional school system. Education and training to understand the mind, on the inside, as the place where we consciously exist and act: demystifying the mind and our inner mental life and empowering and enabling the individual mentally. Education and training develop knowledge and understanding of the mind, what takes place and what we do, and more importantly, what we need to do and what we must establish, develop and maintain in the mind. Establishing and maintaining the necessary internal mental conditions – a sense of the human self, a sense of order and stability, clarity of mind and understanding, certainty, security and confidence in everything we do and engage in. Understand our mental needs and how to meet them, in non-material ways, in the mind, through individual mental work and effort. Understand our mental faculties and how to develop and use them. Develop our natural mental powers and abilities, translate them into necessary mental skills and practices, and engage in the required mental work and effort.

Develop the mental skills and practices to engage in the process of continuous, life-long mental self-development and growth. Continuously, in light of change and changing conditions, reconsider, change, correct and improve the knowledge, understanding and the mental faculties on which we rely and how we develop and use them. Reconsider, change, correct and improve when necessary and required, in light of problems and difficulties, failures, errors and mistakes in what we do and engage in, the choices and decisions we make and how we make them. Reconsider, change, correct and improve the goals and objectives we pursue and how we define them, the behaviour and actions in which we engage, and how we consider, plan, organize and manage them.

## **Mental Health Crisis**

Today we are facing a growing mental health crisis, not only in Canada, but also around the world. The crisis consists of persisting and growing mental health problems, and resulting substance abuse, addiction and suicide. It is a crisis that affects all aspects of life, in public and in private life, in all areas of human activity, in all sectors and all levels of society. It affects the individual, the home, the family and community, education and training, the workplace, business and the economy, government, public administration and public services. It affects how we manage and conduct ourselves individually, how we relate and interact with each other, and how we deal with the world around us, with nature and the natural environment.

Despite years of work and effort, awareness raising, a proliferation of mental health organizations and agencies, and a dramatic increase in the use of psychiatric drugs, we are seeing a marked increase in mental health problems, substance use, abuse, addiction and suicide. Innumerable reports, papers and studies about the delivery, management and administration of mental health care have not led to any real reduction in mental health problems. Decades of research and study of mental health problems and how to treat them have not brought us any closer to an effective cure or treatment. Effective ways of treating mental health problems, let alone preventing them from developing, have yet to be developed. Beyond dealing with symptoms and consequences, we lack knowledge and understanding of the causes and developments behind mental health problems and how to deal with them.

The official statistics of mental health problems are well known. Globally, according to the World Health Organization (WHO), close to 450 million people suffer from mental health problems, both in developed and developing countries. One in every four people in the world, or twenty-five percent will develop some mental health problem in their life. In the industrialized world, mental problems rank first among illnesses that cause disability. Mental health problems are more common than cancer, diabetes, or heart disease. Five of the 10 leading causes of disability are related to mental problems, amounting to nearly one-third of the disability in the world. Mental health problems affect everyone: men, women and children, regardless of gender, race, ethnicity or socio-economic status. By 2020, the WHO predicts that, worldwide, mental health problems will rank second only to heart disease as the leading cause of disability worldwide.

In Canada, by the spring of 2021, mental health problems had rose from one in five (21%) in 2020 to one in four (25%). Cases of opioid overdoses in 2021 (January – December) rose to 41,686 from 21,759 in the same timeframe in 2019, a 92% increase. Mental health problems and associated substance use, abuse, addiction and overdose had risen to a point where governments, both at the federal and provincial levels, felt it necessary to establish separate departments of mental health and addiction to deal with the issues.

It is estimated that about 76.3 million people struggle with alcohol abuse, contributing to 1.8 million deaths per year. The United Nations reports that by the end of the 20th

century around 185 million people globally over the age of 15 were consuming drugs. According to the World Health Organization, almost 3,000 people commit suicide every day in the world: that is one every thirty seconds. Almost one million people die from suicide annually. It is estimated that for every person who commits suicide, 20 or more may attempt to end their lives. In the last 45 years, suicide rates have increased by 60% globally. Today suicide causes more deaths worldwide than homicide or war. Traditionally, suicide has been highest among the elderly, it is now increasing among youth: now one of the top five leading causes of death among people aged 15 to 34. The global cost of mental health problems in 2010 was estimated to be about US\$ \$2.5 trillion, and is expected to rise to US\$ 6.0 trillion by 2030.

In Canada, according to the Canadian Mental Health Association, about one in five people, or over six-and-a-half million will experience a mental health problem in their life. Every family in Canada, in some way, will be affected by mental health problems. Mental health problems cut across all ages, racial, religious and socio-economic groups, and carry serious consequences and costs, including substance abuse, addiction and suicide, and significant human, social and economic costs.

Substance abuse and addiction are major healthcare problems in Canada. According to the Centre for Addiction and Mental Health, 20% of those with mental health problems will also have a drug addiction problem. One in ten Canadians 15 years of age and over report symptoms of alcohol or illicit drug dependence. Young adults and teenagers in the age of 15 to 24 have more drug addiction problems than any other age group. Drug use in Canada has risen over the last 10 years, but the most alarming increase has been in the number of teenage addicts.

The number of suicides in Canada, according to the Canadian Mental Health Association (CMHA), is close to 4,000 a year. No part of Canadian society is immune. Suicide is among Canada's most serious public health issue, with a rate of 15 per 100,000. In the past three decades, more than 100,000 Canadians have died by suicide. Rates of suicide are higher among specific groups, such as youth, the elderly, inmates, and First Nations people. In Canada, suicide rates have traditionally been highest among the elderly, but they now show an increase among youth. Suicide was the second leading cause of death in 2005 among individuals aged 15 to 34, second only to accidents and unintentional injuries. Among people aged 15 to 24, suicide is the second leading cause of death. With veterans, according to Veterans Affairs, cases of mental health problems have tripled in the past five years. The suicide rate among Canada's soldiers has doubled from 2006 to 2007, rising to a rate triple that of the general population. More veterans in the last five years have committed suicide than actually died in the theatre of war. Among First Nation youth, the suicide rate in Canada is about five to seven times higher than for non-aboriginal youth. With Inuit, suicide is 11 times the Canadian rate, between 60 and 75 per 100,000 people. Suicide rates for Inuit youth are as much as 28 times the national average in the case of males aged 15 to 24.

The human costs of mental health problems are substantial, and affect all aspects of life. Mental health problems can disrupt the ability to function at home, in school, in the



community and at work. They affect a person's ability to deal with the basic things in life: getting an education, finding a job, finding a place to live. They affect a person's ability to relate and interact with others and deal with the world in positive and constructive ways. Mental problems affect a person's ability to develop his/her full potential.

The social costs of mental health problems are significant. The cost for the healthcare system, according to Health Canada, was approximately \$7.9 billion in 1998: \$4.7 billion in care and \$3.2 billion in disability and early death. Additionally, \$6.3 billion were spent on uninsured mental health services and time off from work for depression and distress not treated by the healthcare system. In 1999, 3.8% of admissions in hospitals were due to mental health problems. According to the Canadian Centre on Substance Abuse, direct healthcare costs linked to addiction, alcohol, tobacco and street drugs are about \$8.8 billion. Law enforcement and other costs are an additional \$6.7 billion. The overall social costs of addiction are estimated to be just under \$40 billion, about 4.1 % of the country's GDP.

Psychiatric drug prescriptions, including antidepressants, antipsychotics, benzodiazepines and related drugs (gabapentin, pregabalin, topiramate, psychostimulants and atomoxetine) rose by 400% between 1998 and 2007, at an annual rate of 45%. The costs of psychiatric drugs rose in this period from \$522 million to \$1.16 billion (The Canadian Rx Atlas, 2nd Edition, December 2008, Centre for Health Services and Policy Research, University of British Columbia). There has been a particularly dramatic increase in the prescribing of the latest generation of antipsychotic drugs for youth and adolescents. In a Manitoba study, according to data from Manitoba Health, antipsychotic use between 1998 and 2008, for those 18 and younger, increased from 1.9 to 7.4 per 1,000. The total number of prescriptions increased from 2,746 in 1999, to 21,320 in 2008, an almost 800% increase (Sharon Kirkey, Postmedia News November 9, 2011). In B.C., according to BC PharmaNet data, prescriptions for newer antipsychotics (Olanzapine, Quetiapine and Risperidone) for children under 14 years increased tenfold, or 1000%, between 1997 and 2007 (Therapeutics Initiative (TI), Department of Pharmacology and Therapeutics, UBC, [www.ti.ubc.ca](http://www.ti.ubc.ca)).

The economic burden of mental health problems in 1998, according to Health Canada, was estimated to be \$14.4 billion a year. According to more recent calculations, the cost to the Canadian economy annually due to mental health and addiction problems is close to \$30 billion. Mental health problems are considered to be the main issue limiting productivity in Canada. Each day about 500,000 people miss work due to mental health problems. Each year long-term disability claims related to mental illness cost employers and insurers about \$8.5 billion. According to a study by the Centre for Addiction and Mental Health mental illness is associated with more lost workdays than any other chronic condition, costing the Canadian economy \$51 billion annually in lost productivity.

Beyond the official statistics lies the real mental health crisis. It is the daily problems and difficulties dealing with the demands and challenges of the mind and our inner mental

life, and dealing in the mind with the demands and challenges of the world around us. They affect the choices and decisions we make, and how we make them; the aims, goals and objectives we pursue, and how we define them; and the behaviour and actions in which we engage, and how we consider, plan, organize and manage them. They are the mental problems that, if not addressed, develop into the mental health problems of the official statistics. They are the mental problems and difficulties that lie behind the behaviour and actions, feelings and emotions that are viewed as indicators of mental illness.

The daily mental problems we face are difficulties establishing and maintaining the necessary internal mental conditions – a sense of self, mental order and stability, clarity of mind and understanding, certainty, security and confidence in everything we do and we engage in. Deal in the mind with the demands and challenges of existence, problems and difficulties, and changing conditions, before they develop into larger problems, difficulties and crises in the mind, which we are no longer able to deal with alone. Difficulties making informed and considered choices and decisions, defining necessary goals and objectives, and considering, planning and organizing required behaviour and actions. They include difficulties dealing in the mind with personal limits, shortcomings, failures, errors and mistakes, and not repeating them.

## **Deeper-Rooted Problems, Causes and Developments**

The deeper-rooted problems, causes and developments behind the mental health crisis lie on the one hand in the socio-cultural developments and changes taking place all around us. On the other hand, they lie in the limits and shortcomings of the sciences of the mind – psychology, psychiatry, cognitive science and neuroscience. Rapid and dramatic socio-cultural developments and changes lead to an increase in mental health problems. The persistence of mental health problems on the other hand lies in the limits and shortcomings of the sciences of the mind.

### **Socio-Cultural Developments and Changes**

Socio-cultural developments and changes for most of human history have been slow and gradual. In the latter half of the 20<sup>th</sup> century and the early 21<sup>st</sup> century they have been accelerating, and they have been more dramatic and fundamental. They are taking place all around us, in the family, community and society, in beliefs, views, values, conventions and practices, in the economy, in education and training, in higher learning, research and study. They are leading to rapid and dramatic changes in the conditions, demands and challenges of existence. At the same time, they are leading to a decline in mental development, the development of the mental faculties necessary to deal with the conditions, demands and challenges of existence. The socio-cultural developments and changes we face today are leading to changing conditions, demands and challenges of existence, problems and difficulties, change and changing conditions for which we are mentally ill prepared. They lie beyond today's level of mental development and growth. It is leading to mental overload, growing mental demands and challenges, without the

means to deal with them. The results and consequences are growing mental health problems - mental disorder and instability, doubt, confusion, uncertainty and insecurity, feelings of fear, stress, anxiety, frustration, helplessness and depression.

## **Society**

The social developments and changes include the decline of the traditional close-knit family and community. It is dislocating and disconnecting the individual socially. Leading to a decline in the development of the mental faculties, skills and practices to relate and interact socially. The close-knit family and community located and connected the individual socially. They provided and defined the social identity, role and position of the individual. They provided a sense of order, stability, certainty and security in the life of the individual. Within the context of the family and community the individual learned and developed the mental abilities, skills and practices to relate and interact socially with others. Without them the individual becomes socially disconnected and isolated, and no longer develops the mental abilities, skills and practices to relate and interact socially.

The older generation is abandoning its traditional role and responsibility to lead, guide and direct the next generation in their development and growth. Being preoccupied more with securing their material wealth and status. The young are left to their own devices, with little support, guidance and direction in their development and growth. It is leading to uncertainty and insecurity about their position and role in society, anxieties about their future, doubt and confusion about the purpose of their life and the direction of their development. The results and consequences include disconnect, competition, conflict and confrontation between the generations, as well as individual doubt, confusion, uncertainty and insecurity.

Socio-cultural beliefs, views, values and conventions, which defined and governed individual behaviour, actions and conduct, how to relate and interact with others and deal with the world around us are being eroded. They were the glue that held the community and society together. They connected people. They defined and governed individual and collective behaviour, actions and conduct. Their decline is further disconnecting and isolating the individual socially. Leaving the individual at a loss, without guides to social behaviour and actions, social relations and interactions, adding to doubt, confusion, uncertainty and insecurity.

Accelerating globalization is leading to people moving across communities, societies and cultures. It is leading to different, competing and conflicting cultures, beliefs, views, values and conventions, different ways of understanding and managing human existence, meeting head-on. The results are growing conflict and confrontation between different and competing beliefs, views, values and practices, leading to a decline of what held together communities and societies, and provided social order and stability. The consequences are growing social disorder, instability, conflict and confrontation, on the one hand, and adding to individual doubt, confusion, uncertainty and insecurity, on the other. Society moreover is fragmenting into smaller and smaller interest groups –

cultural, religious, ethnic, racial, political, socio-economic, professional-occupational, gender and generational groups, which are competing with each other for social resources, attention, justice and equality. It is adding to growing competition, conflict and confrontation.

Gender roles are changing. Women are demanding greater equality and responsibility in life, in all areas of human activity, in all sectors and at all levels of society, in the home and the family, at work, in the economy and business, in government and public affairs. Men in turn are expected to take on a larger share, role and responsibility in what traditionally has been the role of women, in the home and the raising of children. Gender equality however has yet to be accepted and established. Traditional gender roles have yet to be resolved. The results are a great deal of confusion and uncertainty, growing tension, conflict and confrontation between the genders. With each blaming the other, holding the opposite gender responsible for individual problems, difficulties, doubt, confusion, uncertainty and insecurity.

There is a growing demand for greater individual independence, autonomy, equality, relevance and recognition, questioning and challenging traditional socio-cultural identities, roles and positions, institutions and practices. Without a clear understanding of what this entails, where or in what we are individually independent and autonomous, where individually we are in charge and in control, what our individual role and responsibilities are, and how to manage them. Adding to growing doubt, confusion, uncertainty and insecurity, blaming others and holding them responsible for individual problems and difficulties, limits and shortcomings, errors, mistakes and failures.

We witness a rise in unrealistic demands and expectations about the conditions of existence and quality of life, as well as growing impatience in attaining them. Growing demands and expectations about the ideal conditions of existence, material wealth, social recognition and individual happiness, in an ordered, stable, secure and predictable world around us, of easy material abundance. The results and consequences are feelings of being disadvantaged, disenfranchised and marginalized, blaming others and holding them responsible for the conditions of one's own existence and the quality of one's life.

The role and influence of religion and church in society and the life of the individual have been declining. In the past they provided answers to questions about the meaning, purpose, focus and direction of life and existence, questions that cannot be answered by science. They provided the conceptual foundation and framework of understanding within which to make sense of reality, the conditions, demands and challenges of existence. Their decline is leaving the individual at a loss, without a conceptual foundation and framework of understanding within which to make sense and understand the conditions of existence and the world around us, our role and responsibility in them, how to manage and deal with them. Leading to doubt, confusion, uncertainty and insecurity about the meaning and purpose of life and existence, as well as problems and difficulties defining and understanding the goals, objectives and the direction of life.

Most importantly, we witness the decline of common sense, the use and reliance of common sense. Common sense, based on and rooted in individual human experience, viewed to be subjective and not reliable, is being replaced by science, “objective” scientific knowledge, studies and theories. The knowledge and understanding of scientific experts and specialists are replacing common sense. It is disconnecting the individual from the human self and individual experience. The decline in common sense is disconnecting the individual from the conditions, needs, demands and challenges of individual existence, which lie behind and which are reflected in individual human experience. It is limiting the individual in understanding the human self and the conditions of individual existence, to socially constructed identities, and collective social conditions, needs, demands and challenges.

## **Economy**

Developments and changes are taking place also in the economy. The economy is being elevated to the essence and the centre of existence. Human life and existence are being defined and understood in economic-material terms, in terms of the production and consumption of material goods and services. Quality of life is measured in physical-material-financial terms. Other, non-material elements and needs of human existence are being dismissed or relegated to the sidelines, treated as secondary issues. The answers and solutions to all our problems and difficulties are viewed and understood in the first instance in economic-material-financial terms. This development is leading to a growing neglect of non-material conditions, needs, demands and challenges of existence, particularly of the mind, the inner mental life and the mental self. The results and consequences are growing mental problems, particularly of unmet non-material mental needs.

The purpose and objectives of economic activity are changing from meeting our material needs to competing for material-financial gains. In the process greed, dishonesty and manipulation become elevated to virtues and good business practices. The results, on the one hand, are growing competition, conflict and confrontation. On the other hand, they are greed, corruption, injustice, inequality and exploitation, leading to feelings of fear, stress, anxiety, frustration, helplessness and depression.

The economy is changing from brawn to brain, from physical to mental work and labour. Economic activity is changing from physical-material to information processing, from the production of physical-material goods and services to the production of information products and services. It is leading to changing work and employment conditions, demands and challenges, changing knowledge and skills requirements.

Lifetime and long-term jobs and employment are declining. Production processes are automated with the growing introduction of robots and automated machine processes. The results and consequences are growing financial instability, uncertainty and insecurity, on the one hand. On the other hand, they include growing pressure to adjust to changing job and employment conditions and requirements, meeting constantly changing

knowledge and skill requirements. Individual human development and growth are being driven and defined by the needs and requirements of the economy, not by the needs and demands of human existence, both human mental and physical existence.

Economic developments and changes include the development of information and communication technologies, tools and devices, ostensibly to free us from mental labour, work and effort, or to compensate for assumed limits in human mental capacity. One of the consequences is human mental faculties are equated and reduced to the abilities and skills of using and operating high technology and IT tools and devices. Which is leading to mental underdevelopment, a decline in the development and use of our mental faculties, natural mental powers and abilities.

As a result of the development of information and communication technologies and the knowledge and information economy, we are flooded with growing amounts of information, competing and conflicting information. We are faced with information overload without criteria of evaluation, a conceptual foundation or framework of understanding within which to decide what is relevant and important, what is less relevant, unimportant or plain irrelevant to our life and existence, our mental and physical order, stability and well-being. The results and consequences are adding to growing individual doubt, confusion, uncertainty and insecurity, feelings of fear, stress, anxiety, frustration, helplessness and depression.

In addition, we are confronted with a growing stream of visual images, via TV, the Internet, computers, tablets, cell phones, video cameras, etc. The results are a decline in the development of the mental faculties, mental powers and abilities, mental skills and practices, mental work and effort to establish clarity of mind and understanding, clear and detailed images and pictures in the mind. We no longer develop the mental faculties, powers and abilities, skills and practices, and we no longer engage in the mental work and effort required to translate what we experience, what we become aware of, read, hear and what is communicated into clear images and pictures in the mind. We no longer develop the mental faculties and engage in the mental work and effort required to consider and make sense of our experience, the conditions of existence and the world around us that lie behind them, and how to deal with them.

## **Education and Training**

Developments and changes taking place in education and training range from child-centred education, to the self-esteem movement, and the development of a culture of entitlement. Child-centred education is to allow children to develop on their own, without making demands on them or disciplining them. Students not only are to choose what and how to study, but why a topic might be of interest. Students are to develop what they are interested in and what they are good at, with the teacher providing an environment that will motivate the child to discover new skills and knowledge. Key decisions are to be made by the student, through negotiation with the teacher. Child-centred education is based on the notion of independent discovery and independent learning. Because each

child is unique, so the argument, each requires a specific pedagogical approach. When what is being taught is relevant to the student, so the underlying rationale, he or she is more likely to retain information and participate in the learning experience.

The results are a decline in the development of the basics in knowledge, understanding and mental faculties, the basics require to understand and deal with the normal, natural conditions, needs, demands and challenges of existence. It has led to a decline in the development of the knowledge, understanding and the mental faculties to deal with what we are not good at, issues and conditions that we do not like and we do not enjoy, but which we must deal with in life. It has led to a decline in the development of important mental faculties, such as mental discipline and mental flexibility. It has led to focusing and concentrating in education and training on feelings and emotions, likes and dislikes, at the expense of clarity of mind and understanding.

The self-esteem movement, the other side of the child-centred education coin, was to improve the school performance of students through addressing stressful circumstances outside of the school, such as poverty, racism, single-parent families, latchkey children, etc. The aim was to improve the performance of such students through improving their view of themselves, improving their self-esteem. The self-esteem of students was to be improved through telling them they are valued and they should feel good about themselves. They should have a high opinion of themselves even without having accomplished anything of which to be proud. Children were to be honoured, making them feel special and feel good about themselves. Feeling good about themselves simply for being and existing, not for having challenged themselves and succeeded in something they set out to accomplish. The objective was to protect children from negative feelings, protecting them from the sting, distress and upset of failure.

The results are a decline in the development of critical mental abilities, skills and practices. The mental abilities, skills and practices to recognize and acknowledge negative feelings and emotions as indicators of individual problems and difficulties, limits and shortcomings, failures, errors or mistakes, which we must deal with through considering, understanding and dealing with the conditions that lie behind them. It has led to an attitude and practice of looking at others, holding them responsible, expecting and demanding of them to address and resolve one's own problems and difficulties, limits and shortcomings, failures, errors and mistakes, negative feelings and emotions. Refusing to take responsibility for the individual self, what individually we do and we engage in, individual behaviour and actions, understanding and managing the individual self. It has led to a view of being entitled to one's problems, feelings and emotions, such as mental disorder and stability, doubt, confusion, uncertainty and insecurity, feelings of fear, stress, anxiety, frustration, helplessness and depression. Not having to understand and deal with them as indicators about the self, the conditions of one's own mental and physical existence, and one's role and responsibility in them.

The self-esteem movement has led to a decline in the development of the mental abilities, skills and practices to take on challenges, difficult and challenging conditions, needs, demands, goals and objectives. Instead, limiting oneself to what comes easy. It has led to

an inability of individual self-development and growth, through recognizing, acknowledging and dealing with individual problems and difficulties, limits and shortcomings, failures, errors and mistakes.

Child-centred education and the self-esteem movement in turn have led to a culture of entitlement, the belief to be entitled to what we desire. They have led to the development of a culture of entitlement, in contrast to a culture of merit. The belief our mere existence and presence entitle us. The individual feels entitled to relevance, recognition and reward without having to engage in the work and effort they require. A belief one does not have to earn what one wants and desires, but we are owed and we are entitled to them. The results and consequences of the culture of entitlement include being impatient, self-serving, unable to delay gratification, and feeling one is entitled to everything without having to work for it. It is leading to stress and frustration, anger and hostility, feelings of being disadvantaged, unlucky, deprived or marginalized, when what one expects and desires are not forthcoming.

### **Higher Learning, Research and Study**

The developments and changes in higher learning, research and study include studying being reduced to research. Studying, considering issues at length, in depth and detail, in their essence, until a clear picture emerges in the mind, is being reduced to the collecting and recording of information. Research, in turn, is being reduced to public opinion surveys and opinion polls, statistical analysis and searching the Internet. Research, the collecting of factual evidence, details and specifics is reduced to public opinion, the opinion of the public about given issues, situations and conditions and how to deal with them.

Conceptual constructs, forming clear and detailed images and pictures in the mind are reduced to language constructs and empty rhetoric, without clear and detailed mental images or pictures behind them. The required mental work and effort are reduced to the mechanical or creative ways of using language, guided by little more than the rules of convention, style and grammar. Knowledge and understanding are reduced to reciting information details and specifics, without clear and detail mental images and pictures behind them. Without studying, considering and understanding, establishing clarity of mind and understanding, establishing clear and detailed images in the mind about the issues.

Language no longer is used and understood as a means to convey the clarity of one's mind and the details of one's understanding, the images and pictures one has established in the mind, about reality, issues and conditions. Instead, language is use to create reality, to envision realities to be constructed. Language is used in creative ways to project details and depth of knowledge and understanding beyond the self-evident and obvious, beyond what has actually been established.



The results and consequences of the developments and changes in higher learning, research and study are a decline in the development of the mental faculties necessary to consider and understand the conditions of existence, and how to deal with them. They have led to a decline in the development of natural mental powers and abilities, translating them into the necessary mental skills and practices, and engaging in the required mental work and effort. The results are a dumbing down and growing superficiality in understanding and dealing with the conditions, needs, demands and challenges of existence we face and we have to deal with. Unable to recognize and understand deeper-rooted conditions, developments and changes that we must deal with, and to which we must respond and adjust.

## **Results and Consequences**

This by no means is a full account of the socio-cultural developments and changes taking place that affect and impact on the mind and our inner mental life. The intent here is only to identify broadly the socio-cultural developments and changes that are taking place, how they affect the mind and the inner mental life, leading to growing mental problems. The results and consequences of rapid and dramatic socio-cultural developments and changes are growing social instability and disorder. They are leading to changing social conditions, changes in socio-cultural beliefs, views, values and conventions, institutional structures, procedures and practices. They are leading to changing conditions, demands and challenges of existence. Conditions, demands and challenges that we experience and which in the first instance we must deal with in the mind and the inner mental life.

Socio-cultural developments and changes at the same time are leading to a decline in the development of the mental faculties that are required to deal with the conditions of existence. More precisely, they are leading to a decline in the development of the mental powers and abilities, mental skills and practices, mental work and effort that are required. The results and consequences are growing mental problems.

It is not external conditions, demands and challenges, developments and changes in themselves that cause mental problems. It is the failure or the inability to deal with them in the mind, where we experience them and where in the first instance we must deal with them. It leads to mental problems, mental disorder and instability, doubt and confusion, uncertainty and insecurity, feelings of fear, stress, anxiety, frustration, helplessness and depression. In turn, which are leading to problematic, irrational and unpredictable behaviour and actions. More fundamentally, socio-cultural developments and changes are leading to the decline of traditional external structures of identity, order, stability, certainty and security. The external structures on which traditionally we have relied to meet our basic mental needs - a sense of self, mental order and stability, clarity of mind and understanding, a sense of certainty, security and confidence.

The results are growing mental problems, problems and difficulties establishing and maintaining the necessary internal mental conditions. The decline of traditional external socio-cultural structures is leading to a loss of a sense of self. They result in a loss of

mental order and stability, clarity of mind and understanding, about the conditions of existence, our role and responsibility in them, and how to manage them. They lead to the loss of a sense of certainty, security and confidence, about our ability to manage and deal with them. Leading to growing difficulties dealing in the mind with changing external conditions, demands and challenges. The consequences are growing mental disorder and instability, doubt, confusion, uncertainty and insecurity, without the means, the understanding and the mental faculties to deal with them. Leading to feelings of fear, stress, anxiety, frustration, helplessness and depression. Unable to establish and maintain the necessary internal mental conditions is leading to mental overload, persisting and growing mental problems and difficulties.

The results are persisting and growing feelings of fear, stress, anxiety, frustration, helplessness and depression, about the conditions, needs, demands and challenges of existence, our own individual mental and physical existence and development and the world around us, our role and responsibility in them, how to manage and deal with them.

- Fear - mental pain, heightened and out of control concerns.
- Stress - mental tension, strain, pressure from overload of what enters the mind and awareness without the ability to mentally process it, order and arrange it in the mind in terms of relevance and importance, consider and make sense of it, form clear pictures in the mind about the conditions that lie behind it and how to deal with it. Overload that is stretching the mind and attention, and exhausting mental abilities and energy.
- Anxiety – a general sense of dread, heightened and out of control general concern, not related or in response to anything specific.
- Frustration – irritation, annoyance, dissatisfaction and impatience in the face of one's own inabilities and failures.
- Helplessness – feeling powerless, unable to do, deal with or bring about something, unable without the help of others to deal with issues, conditions, demands and challenges, problems and difficulties.
- Depression – feeling of being inadequate, pessimistic, rejected, helpless, unable to do, bring about or deal with anything in one's life.

In turn which leads to problematic, irrational, unpredictable, inexcusable and unacceptable behaviour and actions, creating problems and difficulties for the individual self and for others.

## **Sciences of the Mind, Limits and Shortcomings**

The limits and shortcomings of the sciences of the mind – psychology, psychiatry, cognitive science and neuroscience, include:

- The mind is considered and understood as just another human organ that can only be understood from the outside, through observing its behaviour or workings, from there speculating, hypothesizing and theorizing about its structure and functions.

- The mental normal is understood through understanding mental problems, i.e., mental health is the absence of mental health problems. This is in contrast to understanding mental problems through understanding the mind; the normal, natural elements, processes, conditions, needs, demands and challenges of the mind.
- Mental problems are conceptualized and understood in terms of deviations in behaviour and actions, feelings and emotions from established socio-cultural norms.

The sciences of the mind fail to understand the mind as the place where we consciously exist and act, where the inner mental life takes place and where the mental self is active. Instead, the mind is viewed as just another human organ, which can only be understood from the outside, through studying its behaviour. Today, the mind increasingly more is reduced to and equated with the brain. It is viewed and dealt with in neurological and biochemical terms. Mental health problems are viewed in terms of chemical imbalances in the brain.

What takes place and what we do in the mind is equated with the neurological structure, workings and biochemical processes of the brain. The sciences of the mind fail to differentiate between the mind and the brain, between what takes place and what we do in the mind, and neurological and biochemical processes in the brain. As a result, they fail to differentiate between mental problems, mental disabilities, and neurological and biochemical problems in the brain. Differentiating between problems and difficulties understanding and managing the mind, the inner mental life and the mental self, the consequences in the mind of neurological or biochemical problems, illness, injury or malfunctions in the brain, and neurological and biochemical brain problems in themselves.

The mind is not recognized and understood as the place where we consciously exist and act, where the inner mental life takes place and where the mental self is active, although we all individually are conscious and aware of it. The place where we experience, become aware and where we must consider the conditions of existence, and how to deal with them. The mind is not understood as the place where by nature we are individually in charge and in control, where we must actively be engaged, and where we must take responsibility for what we do and we engage in, individual behaviour and actions. The place where we must develop and use our mental faculties, develop our natural mental powers and abilities, translate them into the necessary mental skills and practices, and engage in the required mental work and effort. The brain in turn is not understood as the physical-material foundation of the mind, our mental life and our mental faculties, our natural mental powers and abilities. The mind is the place or the space where our inner mental life and existence take place, and where we must develop and use our mental faculties.

The sciences of the mind do not recognize, failing to develop our mental faculties leads to mental problems, because we are unable to deal in the mind with the conditions, demands and challenges of existence. Being unable to deal in the mind with change, changing

conditions, demands and challenges when only a minimum in mental work, effort and adjustment are required is leading to the development of larger mental problems, difficulties and crises, which we can no longer deal with alone. Failing to understand the mind on the inside as the place where we consciously exist and act, where we experience, become aware, and where in the first instance we must deal with the conditions of existence, the sciences of the mind fail to understand the nature, causes and developments of mental problems. The sciences of the mind lack an understanding of how mental problems arise and develop in the mind, and what in the mind we need to do to deal with them, and to prevent them from developing.

The approach and the method of the sciences of the mind, in their essence, are to understand and deal with the mind and mental problems from the outside through the study of overt human behaviour and actions and expressions of feelings and emotions. Behaviour and actions viewed as abnormal, deviating from established norms and practices, and feelings and emotions considered to be negative are taken as indicators of underlying mental problems or illness. From them, deducing and concluding, hypothesizing and theorizing about underlying problematic psychological conditions and processes. The causes of which are to be identified and dealt with in the brain, in neurological or biochemical terms.

The mind, the inner mental life and the mental self are equated with and reduced to the brain, its neurological structure and workings and biochemical processes. What takes place and what we do in the mind are taken to be nothing more than an epiphenomenon, a by-product or reflection of what is taking place in the brain. They are viewed and understood as nothing more than the psychological side effects of the neurological and biochemical processes taking place in the brain, over which we exercise little if any control. As Steven Pinker, one of the more prominent psychologist and cognitive scientist, writes in *How the Mind Works*, “the mind is what the brain does.” (p. 21) It is a “package of information-processing and goal-pursuing mechanisms.” (p. 42) It “is a system of organs of computation designed by natural selection to solve the problems faced by our evolutionary ancestors in their foraging way of life.” (p. X) The mind cannot be understood from the inside, as Pinker writes, because “[t]he faculty with which we ponder the world has no ability to peer inside itself or our other faculties to see what makes them tick.” (p. 4)

The sciences of the mind paint a picture of the human being as a biological organism that is driven by genes, neurons, biochemical processes, and external environmental factors. As Pinker writes, “. . . the brain processes information, and thinking is a kind of computation. The mind is organized into modules or mental organs, each with a specialized design that makes it an expert in one arena of interaction with the world. The modules' basic logic is specified by our genetic program. Their operation was shaped by natural selection to solve the problems of the hunting and gathering life led by our ancestors in most of our evolutionary history. The various problems for our ancestors were subtasks of one big problem for their genes, maximizing the number of copies that made it into the next generation.” (p. 21) “Our mental life is a noisy parliament of

competing factions . . . of many computational faculties engineered by natural selection.”  
(p. 58)

The sciences of the mind lack an understanding of the mental normal. The mental normal, generally understood as mental health, is thought of in terms of the absence of mental disorder. The World Health Organization (WHO) defines mental health as "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community." What is missing is an understanding of the details and specifics of the mind, the inner mental life and the mental self - nature, elements and processes, conditions, needs, demands and challenges, the role and responsibility in them that by nature are individually ours to understand and manage, how to manage and deal with them. The sciences of the mind lack an understanding of what actually takes place, what enters and what we do in the mind. More importantly, what we need to do, what we must individually establish, develop and maintain in the mind, and the problems and difficulties, demands and challenges we face managing and dealing with them.

This lack of understanding is leading to reducing the normal, natural conditions, demands and challenges of the mind, the inner mental life and the mental self, problems and difficulties, demands and challenges understanding and dealing with them to mental illness. Mental problems are understood as the impairment of individual cognitive, emotional and behaviour functions. They are taken to be caused by social, environmental, biochemical or genetic factors.

The sciences of the mind fail to recognize and understand one of the fundamental elements of the mind and our inner mental life. Mental order and stability, the necessary internal mental conditions, in contrast to the order and stability of our physical existence are not a natural given. They are not the normal natural mental condition. Mental order and stability must be established and maintained through active individual mental engagement, individual mental work and effort. Experiences, perceptions, sensations and feelings, thoughts, ideas, notions and recollections that enter the mind do not on their own fully impress themselves with clarity on our awareness. They do not order and arrange themselves in a meaningful, constructive or beneficial way in the mind, in terms of their relevance and importance, or the order in which they need to be dealt with. More important, they do not on their own form clear and detailed images and pictures in the mind, about the conditions that lie behind them, and how to deal with them.

The sciences of the mind reduce the normal, natural conditions, needs, demands and challenges, what takes place and what we do in the mind and our inner mental life to a growing list of mental syndromes, disorders and illness. Normal problems and difficulties, demands and challenges of understanding and managing the mind and our inner mental life are treated as mental illness. More specifically, problematic behaviour and actions, feelings and emotions resulting from problems and difficulties understanding and dealing with the conditions, needs, demands and challenges of our inner mental life and the mental self are viewed as indicators of mental syndromes, disorders or illness. Behaviour and actions deemed abnormal or problematic, and feelings and emotions

considered to be negative are labelled and categorized into psychological syndromes, disorders and illness. More fundamentally, it is the lack of education and training in mental development and growth, developing the necessary knowledge, understanding and mental faculties, and engaging in the required mental work and effort that are viewed and treated as mental illness.

Perceived mental health problems are grouped into categories of psychological syndromes, disorders and illness, such as for example, General Anxiety Disorder (GAD), Panic Disorder (PD), Attention-Deficit Disorder (ADD), Attention-Deficit Hyperactivity Disorder (ADHD), Obsessive-Compulsive Disorder (OCD), Antisocial Personality Disorder (APD), Posttraumatic Stress Disorder (PTSD), etc. They are listed, including ways of dealing with them, in the Diagnostic and Statistical Manual of Mental Disorders (DSM), of the American Psychiatric Association (APA), and the International Statistical Classification of Diseases and Related Health Problems (ICD), of the World Health Organization (WHO). The DSM, viewed as the diagnostic “bible” for mental health care, today is used nearly universally, not only by psychiatrists, but also by insurance companies, hospitals, courts, prisons, schools, researchers, government agencies, and the medical profession.

At the outset in 1840 the American Psychiatric Association (APA) recognised only one mental health disorder. By 1917 the number had risen to 59. It rose to 128 by 1952 with the first edition of the DSM, to 182 with DSM II in 1968, and to 265 in 1980 with DSM III. In the revisions of 1987, DSM III-R, 1994, DSM IV, and 2000, DSM IV-TR, the number of mental health disorders rose to around 365. In the latest revision, with DSM 5, released in 2013, the number increased further. The new addition includes mental disorders such as “oppositional defiant disorder,” “apathy syndrome,” “paraphiliac coercive disorder,” “gambling disorder” and “Internet addiction disorder”

Mental syndromes, disorders and illness are dealt with through psychoanalysis, psychotherapy and psychiatric medication. Psychoanalysis, also known as talking treatment, is to address conflicts between the unconscious and the conscious mind through uncovering hidden desires, traumas, fears and anxieties. It involves exploring and analyzing, in discussion with the psychoanalyst, assumed repressed or unconscious experiences, fears, desires, traumas or anxieties. The objective is to bring them into conscious awareness so they can be dealt with and addressed. It is to uncover and deal with hidden agendas, of which the individual is unaware, that may interfere with and affect the behaviour and actions of the individual.

Psychotherapy, such as cognitive behaviour therapy or counselling involves, with the help of a therapist or counsellor developing different ways of coping with emotions and feelings, and change and improve individual behaviour and actions. Psychotherapy attempts to identify, change and correct counterproductive and harmful ways of dealing with feelings and emotions. The objective is to modify, change or correct underlying assumptions, beliefs and practices to handle emotions and feelings differently, dealing with them in more positive ways.

Psychiatric medications, which act on the nervous system, are to address chemical imbalances or deficiencies in the brain. They are naturally occurring or human created synthetic chemical compounds and substances that act on the central nervous system, where they alter brain functions. The results are temporary changes in perceptions, moods, consciousness and behaviour. The purpose is to balance and stabilize the nervous system, reduce the intensity of emotions and feelings through controlling the response of the nervous system to external conditions and influences.

Psychoactive drugs operate by temporarily affecting a person's neurochemistry, which in turn causes changes in a person's mood, perceptions and behaviour. They bring about chemically induced changes in mental conditions and states of mind. They tend to mask and cover up underlying causes -- mental conditions, demands and challenges, problems and difficulties understanding and dealing with them through individual mental work and effort. They lead to chemically induced changes in mental conditions and states of mind, dependence and addiction. They do not lead to changes in mental behaviour and actions, brought about through mental development and growth, individual mental work and effort, understanding and managing the mind, the inner mental life and the mental self.

With the introduction in the 1950s of psychoactive drugs, and a sharp increase in their use in the 1980s, there has been a growing shift from therapy to medication, from psychology, psychoanalysis and psychotherapy to psychiatry and psychiatric medication. There is a growing debate about the shift from therapy to medication, the medicalization and growing reliance on medication in dealing with mental health problems. It is a debate about the biological versus the Freudian model. It is not a debate about the need to understand the mind as the place where we consciously exist and act, where the inner mental life takes place and where the mental self is active. The need to differentiate clearly between the mind and the brain, between what takes place and what we do in the mind, and neurological and biochemical processes in the brain. Differentiating between mental problems, mental disabilities, and neurological problems. The debate is not about considering and understanding mental health problems in the first instance, as problems and difficulties understanding and managing our inner mental life and the mental self, which need to be addressed in the mind through mental development and growth, mental work and effort.

The results and consequences of the limits and shortcomings of the sciences of the mind include dealing separately with different symptoms and consequences of the same underlying mental problems and difficulties. Problems such as mental disorder and instability, doubt, confusion and uncertainty, feelings of fear, stress, anxiety, helplessness and depression are treated as separate problems, the result of different causes, requiring different solutions. The result is, failing to consider, understand and deal with the root-causes and developments behind mental problems. Failing to differentiate between the mind and the brain, between mental problems, mental disabilities and neurological problems.

The sciences of the mind disempower and disable the individual mentally. Denying the existence of our inner mental life and the active individual mental self. Ignoring and

rejecting the fact we consciously exist and act in the mind. Failing to understand that by nature we are individually in charge and in control, we must actively be engaged, and we must take responsibility in the mind, in our inner mental life for what we do and we engage in, individual behaviour and actions.

The results include the lack of education and training in mental development and growth. Creating a huge vacuum when it comes to understanding and dealing with what takes place and what we do in the mind, more importantly what we need to do, what individually we must establish, develop and maintain in the mind. Failing to understand the mental normal, the normal natural conditions, demands and challenges of the mind, the inner mental life and the mental self, our role and responsibility in them that by nature are individually ours to understand and manage, how to manage and deal with them. Understanding our mental needs and how to meet them, our mental faculties and how to develop and use them. Failing to develop our natural mental powers and abilities, translating them into the necessary mental skills and practices, and engaging in the required mental work and effort.

The results and consequences include viewing, understanding, and conducting ourselves as mentally fragile and unstable victims of external forces and developments. Being unable to deal with the normal, natural conditions, needs, demands and challenges of existence without the help of experts and specialists. Behaving and acting as if we were genetic and neurological automatons, driven by genes, neurons and biochemical processes, and by external environmental forces and conditions. Unable to act on common sense, let alone expand on it. Rejecting responsibility for what individually we do and we engage in, the choices and decisions we make, and how we make them, the aims, goals and objectives we pursue, and how we define them, and the behaviour and actions in which we engage, and how we consider, plan, organize and manage them. Being unable to deal with, respond and adjust in the mind to change and changing conditions when only a minimum in mental work, effort and adjustment are required, and before they develop into larger mental problems, difficulties and crises, which we are no longer able to deal with alone.

In religious culture the human mind, the inner mental life and the mental self are viewed and understood as the human soul or spirit, our connection to a supernatural-spiritual world. In the transition from religious culture to scientific culture there were early efforts with introspection and psychoanalysis to understand the mind in mental terms. Understanding the mind separately from the physical-material brain. However, these early efforts for a number of reasons, too lengthy to discuss here, failed to consider and understand the mind on the inside, as reflected in human experience. Ultimately it was the success of the natural sciences, the scientific method of inquiry into the nature of the physical-material world that led to the sciences of the mind insisting on understanding the mind in physical-material terms. Equating and reducing the mind, the inner mental life and the mental self to the physical-material brain, its neurological structure, workings and biochemical processes. A development that was aided by the development of brain imaging MRI (Magnetic Resonance Imaging), and fMRI (functional Magnetic Resonance Imaging) machines. Initially in psychology, mental problems were taken to be caused by



disorders, repressed issues in the unconscious. Later they were seen to be caused by disorders in the nervous system. Today, mental problems are taken to be caused by neurological and biochemical disorders in the brain.

The breakdown and weakening of traditional external socio-cultural structures of identity, order and stability is revealing the limits and shortcomings of the sciences of the mind. It is exposing their limits to understand the mind and deal with mental problems. The external socio-cultural fabric of close-knit family, community, society and homogeneous culture, clearly defined beliefs, views, values and conventions, masked the limits and shortcomings of the sciences of the mind. The sciences of the mind were effective within the context of externally defined structures of collective identity, order and stability. Within this context, the focus and concentration has been deviations in behaviour and actions, feelings and emotions from established socio-cultural norms. Deviations from established norms are taken to be indicators of underlying psychological problems and mental illness.

This approach is no longer sufficient or effective when it becomes necessary to replace declining external collective structures of identity, order and stability individually in the mind, through individual mental work and effort. It requires a different approach, different knowledge and understanding. It requires detailed and in-depth knowledge and understanding of the mind, the inner mental life and the mental self. Understanding the mind on the inside as the place where we consciously exist and act, as reflected in individual human experience. The place where individually we are in charge and in control, where we must actively be engaged, and where we must take responsibility for what we do and we engage in, individual behaviour and actions. Understanding the mind as the place where we experience, become aware, and where we must consider the conditions of existence, our own mental and physical existence and development and the world around us, our role and responsibility in them, how to manage and deal with them. Understanding what takes place and what we do in the mind, more importantly, what we need to do, what individually we must establish, develop and maintain in the mind.

Dealing with mental problems requires understanding how in the mind and our inner mental life they arise and develop. Understanding what in our mental behaviour and actions, in how we understand and manage the inner mental life and the mental self leads to mental problems and difficulties. It requires understanding what we need to do in the mind, what we must change or correct, in what way and what direction, to deal with mental problems, and prevent them from developing.

## **Direction of the Answers and Solutions**

### **The Missing Element**

The missing element in mental health is mental development and growth. It is not provided by traditional education and training. Traditionally, the focus and concentration in education and training is socialization into established socio-cultural beliefs, views,

values and conventions, and ways of understanding and managing human existence and development. Development of mental faculties occurs only indirectly, within the context of socio-cultural socialization. Understanding the mind and mental existence, the inner mental life and the mental self, and our role in them is not part of the curriculum. What is required is education and training in mental development and growth, demystifying the mind and mental problems, and mentally empowering the individual. Understanding the mind as the place where we consciously exist and act, where the inner mental life takes place and where the mental self is active. Understanding what takes place and what we do, more importantly, what we need to do, what individually we must establish, develop and maintain in the mind.

The solution to the growing mental health crisis, substance use, abuse, addiction and suicide requires a paradigm change in how we understand and deal with the mind and mental problems. Continuing on the current path will only add to the crisis, condemning future generations to persisting and growing mental problems, living in an increasingly more complex and complicated world. A different approach is required: understanding the mind on the inside, as the place where we consciously exist and act where mental problems occur and need to be addressed. Addressing not only symptoms and consequences but dealing with the deeper-rooted issues, causes and developments.

The breakdown of external socio-cultural structures, on which traditionally we have relied to meet the mental needs of a sense of self, mental order and stability, clarity and coherence, certainty, security and confidence, cannot be controlled or reversed. They cannot be replaced through stricter laws, rules, or enforcement. In a world of rapid and dramatic developments and changes, mental order, stability, certainty, security and confidence can no longer be established externally in the collective. They must be established in the mind, where individually we are in charge and in control, through individual mental work and effort. Collective external structures of identity, order and stability need to be replaced individually, in the mind, by establishing and maintaining the necessary internal mental conditions.

We cannot control external conditions, developments and changes, and the demands and challenges they pose for the individual. It is not possible to create the ideal external conditions of an ordered, stable, secure and predictable world around us, a world that does not make demands and does not challenge us mentally. While we may be able to control human-created socio-cultural developments and changes, we cannot control natural developments and changes and the demands and challenges they make. We must deal with and accommodate them and respond and adjust to them. We must establish the necessary internal mental conditions to deal with changing demands and challenges when only a minimum of mental work requires effort and adjustment before they turn into problems and crises in the mind that we cannot deal with alone.

So far, in dealing with mental health problems, we are only working at the margins, failing to get at the essence of the problem. What is required is putting mental health and mental health care on a different conceptual foundation. As discussed earlier, we need to differentiate between the mind and the brain, and between mental problems, mental

disabilities and neurological problems; between problems and difficulties understanding and dealing with the inner mental life and existence, the effects on the mind of neurological problems in the brain, and neurological problems in themselves. The mind is where we consciously exist and act; where we experience, become aware, and where we must consider the conditions of existence and how to deal with them. We are conscious of our inner mental life, what takes place and what we do in the mind; we experience it, we are aware of it, we must pay attention to it, and we must take responsibility for it.

What takes place and what we do in the mind defines and governs how we understand and manage existence and development. It defines and governs how we conduct ourselves, relate and interact with each other, and deal with the world around us. Problems and difficulties in what we do and engage in, in behaviour and actions have their roots and beginnings in the mind. And it is in the mind where the answers and solutions must start.

Failing to understand and deal with the mind and mental existence and establish and maintain the necessary internal mental conditions leads to mental problems and difficulties. It leads to mental disorder, instability, doubt, confusion, uncertainty, and insecurity, which can lead to feelings of fear, stress, anxiety, frustration, helplessness, hopelessness, depression and thoughts of suicide. Consistently failing to deal with the mind and mental existence leads to chronic, persisting and growing mental problems and difficulties, problematic mental behaviour and actions, feelings and emotions.

The brain is the physical-material foundation of the mind and our mental faculties, mental powers and abilities. The brain transmits input from sense organs and internal sensors to the mind, which we experience as perceptions, sensations and feelings. It translates what we do in the mind - choices and decisions we make, goals and objectives we define, and behaviour and actions we consider - into physical behaviour and actions. The brain is the physical-material location of our memory. Everything that enters and takes place in the mind is stored in memory. How it is stored in memory depends on how it is mentally processed, whether we take note, consider and make sense of it before it slips into memory. The ease with which we can recall from memory depends on how well we mentally process it before it is stored in memory.

The brain does not define or govern what we do in the mind, how we deal with what enters the mind and awareness. What takes place and what we do in the mind is reflected in the brain. It triggers neural activity and leads to neural developments in the brain. Neurological problems in the brain may affect what takes place and what we do in the mind, but they do not govern them. They may affect or limit the experiences transmitted to the mind and awareness, but they do not define or govern how, the extent we consider them, or the sense we make of them. Problems of the brain may limit our mental faculties, but they do not govern the degree to which we develop and how we use them. They may affect our ability to translate what we do in the mind into overt behaviour and action; however, they do not define or govern the choices and decisions we make, how we make them, the goals and objectives we pursue, and how we define them, or the behaviour and actions in which we engage, and how we consider, plan, organize and

manage them. Neurological problems may affect our memory, but they do not define and govern how we mentally process what enters and takes place in the mind before it is stored in memory.

Failing to differentiate between the mind and the brain, we fail to understand how in the mind, we may be able to accommodate or compensate for neurological problems of the brain. Through changes in mental work and effort, we may be able to compensate for neurological problems that affect or limit the experiences that enter the mind and awareness. That limit our natural mental faculties, our ability to translate what we do in the mind, choices and decisions we make into physical behaviour and actions, or that affects our ability to recall and recollect from memory.

While it has its place, brain research does not provide an understanding of the mind, the inner mental life and the mental self. Brain research cannot explain our role and responsibility, what individually we must do, establish, develop and maintain in the mind. Neuroscience cannot explain how to establish and maintain the necessary internal mental conditions – a sense of self, mental order and stability, clarity of mind and understanding, certainty, security and confidence. It does not explain how to deal in the mind with conditions, demands and challenges when only a minimum of mental work, effort and adjustment are required before they develop into problems, difficulties and crises that we cannot deal with alone. Research and study of the brain, its neurological and biochemical structures and processes cannot provide an understanding of our mental faculties and how to develop and use them. It does not give us a sense of our mental needs and how to meet them, in the mind, in non-material ways, through mental work and effort. We also do not need to understand how consciousness, mental awareness, arises out of the physical-material reality of the brain to understand and deal with our inner mental life and existence.

On the other hand, failing to differentiate between mind and brain and understanding what takes place and what we do in the mind, we cannot interpret what we see in the brain. We cannot differentiate what we see in the brain between natural neurological activities and those that result from what takes place and what we do in the mind. We are unable to differentiate between changes in neurological processes and developments that are the results of neurological problems or changes brought about by what we do in the mind, mental development and growth. We cannot identify neurological activities and developments resulting from images and pictures we create in the mind, from developing and using our mental faculties to engaging in mental work and effort. We cannot recognize neurological activities that result from choices and decisions, goals and objectives we consider, and behaviour and actions in which we engage.

Without a clear and detailed understanding of the mind and our inner mental life, brain research alone cannot explain what we see in the brain in neurological structures, processes and developments. Without a detailed understanding of what takes place and what we do in the mind, we will not be able to differentiate between natural neurological structures, processes and developments and those that result from what takes place and what we do in the mind. We will not be able to identify in the brain neurological

processes that result from developing and using our mental faculties, our natural mental powers and abilities, translating them into mental skills and practices, and engaging in mental work and effort.

Mental health problems - difficulties understanding and managing the mind - need to be understood and addressed in the mind, not as traditionally is the case dealing with them from the outside. They need to be considered and understood as difficulties or the problematic results and consequences of failing to understand and manage the mind and mental existence. They are problems that need to be addressed through active individual mental engagement, mental work and effort, understanding and managing the role in the mind that by nature is ours to understand and manage. It differs from addressing problematic behaviour and actions, feeling and emotions in the neurological and biochemical workings of the brain.

## **Mental Development and Growth**

In practical terms, the answers and solutions require education and training in mental development and growth. Developing the knowledge, the understanding and the mental faculties to understand and manage the mind, the inner mental life and the mental self. Education and training to demystify the mind and mental existence and empower and enable the individual mentally. Understand the mind on the inside as the place where we consciously exist and act, where the inner mental life takes place and where the mental self is active. Develop the knowledge, the understanding and the mental faculties to understand the nature, elements and processes, the conditions, needs, demands and challenges of the mind, the inner mental life and the mental self, the role in them that is ours to understand and manage, how to manage and deal with them. Understand what takes place and what we do, more importantly, what we need to do, what individually we must establish, develop and maintain in the mind. Establish and maintain the necessary internal mental conditions – a sense of the human self, order and stability, clarity of mind and understanding, certainty, security and confidence in everything we do and engage in.

Understand our mental needs and how to meet them, in non-material ways, in the mind, through individual mental work and effort. Understand our mental faculties and how to develop and use them. Develop our natural mental powers and abilities, translate them into the necessary mental skills and practices, and engage in the required mental work and effort. Develop the knowledge, the understanding and the mental faculties to deal in the mind with the conditions, demands and challenges of existence when only a minimum of mental work, effort and adjustment are required before they develop into problems, difficulties and crises in the mind, which we are not able to deal with alone. Consider and make sense of what enters the mind and awareness – experience, perceptions, sensations and feelings, thoughts, ideas, notions and recollections, the conditions behind them, and how to deal with them.

Develop the mental skills and practices to engage in the process of continuous, life-long mental self-development and growth. Reconsider, change, correct and improve, whenever

necessary and required, in light of problems and difficulties, failures, errors and mistakes in what we do and engage in, the choices and decisions we make, and how we make them, the goals and objectives we pursue, and how we define them, the behaviour and actions in which we engage, and how we consider, plan, organize and manage them. Constantly, in light of changing conditions, reconsider, change, correct and improve the knowledge, the understanding and the mental faculties on which we rely and how we develop and use them.

Education and training also to understand the results and consequences of failing to deal with the mind, inner life, and the mental self. Failing to be actively engaged in the mind and take responsibility for what takes place and what we do in the mind. The consequences of failing to establish and maintain necessary internal mental conditions – a sense of the human self, mental order and stability, clarity of mind and understanding, certainty, security and confidence, in everything we do and engage in. Understand the results and consequences of failing to deal in mind with conditions, demands and challenges of existence when only a minimum in mental work, effort and adjustment are required. Failing to meet our mental needs, in non-material ways, in the mind, through individual mental work and effort. The consequences of failing to develop and use our mental faculties, mental powers and abilities, mental skills and practices. Failing to engage in a process of continuous, life-long mental self-development and growth. The consequences of failing to reconsider, change, correct and improve, in light of change and changing conditions, the knowledge, understanding and mental faculties on which we rely and how we develop and use them. Failing to reconsider, change, correct and improve in light of problems, difficulties, errors and mistakes in what we do and engage in, the choices and decisions we make and how we make them, the goals and objectives we pursue and how we define them, the behaviour and actions in which we engage, and how we consider, plan, organize and manage them.

## **Improving Mental Health Care**

Dealing with the growing mental health crisis requires making mental health care, in the first instance, an individual activity and practice. Mental health is a process, not an end state or product. It requires active individual mental engagement and constant mental work and effort. Establishing and maintaining the necessary internal mental conditions, order and stability, clarity of mind and understanding, certainty, security and confidence. Mentally processing what enters the mind and awareness, considering the conditions behind them, and how to deal with them. No one else exists, can enter, or act for us in our mind. It is where, individually, we are in charge and in control.

Public mental health care needs to advocate, promote and facilitate mental development and growth. Providing assistance and support, guiding and directing the individual to establish and maintain the necessary internal mental conditions. Assisting, supporting, guiding, and directing the individual to be actively engaged in the required mental work and effort, taking responsibility for what takes place and what we do in the mind.

Improving mental health care, making it more effective and cost-efficient, requires differentiating between mental problems - difficulties understanding and managing our inner mental life, mental disabilities - the effects in the mind of neurological issues of the brain, and neurological problems. They are different problems and require other answers, solutions and resources. Dealing with them requires differentiating between them and separating the less problematic and costly from the more severe and expensive problems and treatments: namely, differentiating between non-clinical and clinical cases. Dealing in the mind with mental problems and mental disabilities requires a different approach and different resources than coping with neurological problems in the brain.

Mental problems and mental disabilities require active individual mental engagement, individual mental work and effort addressing them in the mind. Dealing with mental problems requires education and training in mental development and growth, developing the necessary knowledge, understanding and mental faculties. Mental disabilities, in addition to education and training in mental development and growth, require compensating, accommodating or working around them in the mind through changes in mental behaviour and actions. Neurological problems, in contrast, require clinical intervention by neurological experts and specialists in a clinical setting with clinical resources.

Mental health care dealing with mental problems and mental disabilities, in contrast to neurological problems in the brain, must provide assistance and support for active individual mental engagement, individual mental work and effort. It must provide assistance and support for the individual to understand and manage the mind and mental existence on the inside, establish and maintain the necessary internal mental conditions, and develop the necessary knowledge, understanding and mental faculties.

Improving mental health care requires education and training in mental development and growth for mental health care providers, frontline practitioners, managers and administrators alike. Providing health care professionals with detailed and in-depth knowledge and understanding of their mind and mental existence and how to manage them. For health care professionals to understand their own mental needs and how to meet them, their mental faculties, and how to develop and use them, including understanding the problematic results and consequences of failing to understand and manage the mind, the inner mental life and the mental self. Only through understanding and managing our own mind and mental existence can we understand the mind of others. Only through understanding the demands and challenges, problems and difficulties of our mind and mental existence, and how to deal with them can we help others, offer assistance and support to them to deal with problems and difficulties understanding and managing their mind, inner mental life and mental self.

Improving mental health care and controlling costs requires integrating and connecting different and competing services, dealing with mental health problems, substance use, abuse, addiction and suicide within the conceptual framework of understanding the mind as the place where we consciously exist and act. It requires mental health care services to operate on the same conceptual foundation and within the same framework of

understanding the mind, on the inside, as the place where we consciously exist and act, where the inner mental life takes place and where the mental self is active. The same detailed and in-depth understanding of the mind, our inner mental life and the mental self – nature, elements and processes, conditions, needs, demands and challenges, our role and responsibility, and how to manage and deal with them. Understanding them in a holistic, differentiated but integrated, connected and related way, in their essence, in-depth and in detail.



## References

### Background Research and Study

The discussion paper is based on 25 years of research and study understanding the mind and mental existence, the inner mental life and the mental self. Understanding the mind as the place where we consciously exist and act, where the inner mental life takes place and where the mental self is active. Understanding what takes place and what we do, more importantly, what we need to do, what individually we must establish, develop and maintain in the mind and our inner mental life. Studying the mind reflected in human experiences - nature, elements and processes, conditions, needs, demands and challenges, the role in them that by nature is individually ours to understand and manage, how to manage and deal with them. Holistically understanding them in a differentiated, integrated, connected and related way, in their essence, in-depth and detail.

The work was part of a more extensive study about the natural conditions, the fundamental and essential conditions, needs, demands and challenges of human existence and development. In the first instance, the natural conditions that govern human existence and development lie beyond our control, but we must deal with, accommodate, respond, and adjust. The natural conditions of existence common to all humans that lie behind and that are reflected in human experience, the experience of every individual human being.

It was part of an even more extensive 30 years of independent ground-breaking and paradigm-changing research and study. Research and study beyond the confines of academia, dividing and separating reality into different subject matter, disciplines, fields of study, and areas of specialization and expertise, with competing and sometimes conflicting assumptions, objectives, approaches and practices. Research and study how as a species, we got to where we find ourselves today, not in terms of evolution or socio-cultural development, change and transformation. How through the ages, human beings made sense of their experiences of the conditions of existence, their role in them, and how to manage and deal with them. How today we understand and manage the fundamentals and essentials of human existence and development, limits, shortcomings and contradictions, problematic results and consequences of the human individual, social and ecological problems, difficulties and crises we face as a species worldwide today. Where to go from here, the direction of the answers and solutions; what we must change in how we understand and manage human existence and development to understand and manage them in an environmentally sustainable, socially equitable, and individually secure and peaceful way within the natural parameter.

Other writings about the mind and mental problems based on the research and study include:

*-The Mind and Mental Existence in Historical Perspective: Limits, Shortcomings and Contradictions* (draft discussion paper). How the mind and mental problems historically have been understood and dealt with, in religious, philosophic and scientific terms, in

psychological, psychiatric, behavioural, cognitive and neurological ways, limits, shortcomings and contradictions, problematic results and consequences.

*-Empowering the Individual to Understand and Manage the Mind, Mental Existence, Mental Health and Well Being* (discussion paper, Dec. 2010).

-A series of discussion papers comparing and contrasting two different approaches, views and understanding - understanding the mind and mental existence on the inside versus understanding them from the outside - across various issues (the papers are available on request):

*On the Human Self, Individual Character and Personality* (Nov. 2010)

*On Human Knowledge, Understanding and Language* (July 20, 2010)

*On Experience, Feelings and Emotions* (March 2010)

*On Depression* (March 2010)

*-My Genome, Not My Self: Understanding the Individual Self* (March 2009). Response to an article by Steven Pinker, *My Genome, My Self* (The New York Times Magazine, January 11, 2009) (published at Google Knol, <http://knol.google.com/k/axel-dorscht/my-genome-not-my-self/2fnzv7un2eczv/4>, Mar 2009). Contrary to the view of psychology and cognitive science, our genome (our genetic make-up) does not define or govern our psychological make-up, mental characteristics or personality. It is a limited and misleading view that fails to distinguish and differentiate between the mind and the brain. It is a view that fails to understand the mind and mental existence on the inside, as the place where we consciously exist and act.

*-The Mind Versus the Brain: Understanding Human Behaviour and Actions* (discussion paper, published at Google Knol, <http://knol.google.com/k/axel-dorscht/the-mind-versus-the-brain-understanding/2fnzv7un2eczv/2#>, Jan 2009). The mind and the brain are two distinct and separate elements of our existence. The mind is where we consciously exist and act, where we experience, become aware, and where we must consider the conditions of existence, the world around us, and how to deal with them. It is where we make choices and decisions, where we define aims, goals and objectives, and where we must consider, plan, organize and manage our behaviour and actions. The mind and mental existence are where we exercise our mental faculties, powers, and abilities. The human brain, metaphorically speaking, is the muscle of our mind and mental existence. It is the physical-material foundation of our mental powers and abilities. To understand human behaviour and actions and how we conduct ourselves, we need to understand the mind and mental existence, what takes place, what we do and what we need to do in the mind, on the inside.

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