# Beyond Psychotropics:

## *A Practical Introduction to*

## Non-Drug Therapies *and*

## Wellness Basics *for Adult Mental Health*

*October 2014*

Craig Wagner

***Audience***. *This book by Craig Wagner is for adults with mental health issues and their supporters. It helps answer the difficult question, "what can I do?" by distilling a significant body of mental health research down to a pragmatic menu of 20 proven non-drug options. The focus is on non-drug approaches since these are often given insufficient priority and may well offer the best hope for recovery. It encourages personal ownership, informed decision making and prudent experimentation, since mental health recovery is unique to the individual. With it, readers can better understand, select and enact a set of approaches with their chosen mental healthcare providers and supporters that represent their unique recovery plan.*

***Thanks***. *Many thanks to the National Alliance on Mental Illness (NAMI, www.NAMI.org) for providing hope to those seeking help with mental health issues; to Mark Creekmore, Pat Doyle, Bob Nassauer and Kurt Scholler, mental health advocates, educators and compatriot volunteers for NAMI in Michigan, for their ongoing guidance and support as well as recommendations to improve this book; to Dr. Ray Pataracchia, an Orthomolecular medical professional of the Naturopathic Medical Research Clinic (www.nmrc.ca) in Toronto, for his hands-on work helping people recover, detail on his testing protocol and content contribution; to Dr. Jim Gramprie, neurologist, for his extraordinary care and expert review; and to William Shaw, PhD, Director of Great Plains Laboratory (www.GreatPlainsLaboratory.com) for his mental health test panels. Also sincere thanks to Jerome Sarris, Senior Research Fellow at the University of Melbourne and the Melbourne Clinic (Australia) and catalyst of the International Network of Integrative Mental Health www.inimh.org; Krista MacKinnon, CEO & Founder of www.family.practicerecovery.com (Canada); Karyn Baker, Executive Director of Family Outreach and Response Program (www.familymentalhealthrecovery.org); Dan Stradford, President and founder of Safe Harbor and www.AlternativeMentalHealth.com; Dion Zessin, tireless mental health researcher extraordinaire; Jennifer Maurer, mental health educator and thought leader; and Emma Bragdon (www.EmmaBragdon.com), founder and Executive Director of the Integrative Mental Health for You (www.IMHU.org) for their content contribution and support. Finally love and thanks to my dear wife, Kristin, for her support and partnership, expert proof-reading, infectious optimism and continuous outpouring of kindness.*



***Author***. *Craig Wagner is an author, speaker, educator, support group leader and grass-roots activist in mental health recovery. He is a board member of a leading Integrative Mental Health training organization (www.imhu.com), an editor for Safe Harbor (www.AlternativeMentalHealth.com) and a trainer for NAMI. Contact Craig at OnwardToMentalHealthRecovery@gmail.com.*

***Motivation.*** *This book is written with a sense of deep respect for those with mental health issues and their supporters. They represent an often hidden community in great pain and need. This is an invitation to look deeper – beyond surface behaviors and stigmas – to the strong and vital humanity lying beneath this scrim of pain.*

***Updates***. *This book is being continually updated with the most relevant studies and perspectives. Please contribute your insight and research for future editions. See the latest version at:* http://goo.gl/NFpHI8. *This Version: 10/22/14.*

*Onward,*
*Craig Wagner*

# Contents

# Beyond Psychotropics

## A simple introduction to a complex world

I entered the world of mental health out of necessity. It wasn't a career choice but a survival instinct when a loved-one experienced a mental health crisis.

The experience was painful, confusing and disempowering. I felt helpless because I couldn't answer the burning question tugging at me: "what should I do?" I found little that explained this complex situation well. I needed to understand the issues, the trade-offs, the areas where we had good answers and the areas where we had poor ones - and most importantly, I needed to understand the alternatives.

I didn't have a short book like the one you are now reading.

Instead, I struggled to piece together what I could. I tried to make sense of perspectives that often seemed to clash – conventional psychiatric wisdom, lived experience of those facing mental health issues, overworked mental health care providers and the findings of the latest scientific studies.

I attempted to find a place for humanity in the sterile perspectives that see the struggle for mental health as a danger to be contained or a bodily invasion to be imposed. I also attempted to find a place for respect in the justifiable outrage of those who have suffered deeply at the hands of a broken mental health system and who see psychiatry as a discipline worthy of burning to the ground.

This book is the result. It is for those facing mental health challenges and their families. It is a place to start. It is based on a review of over 500 scientific studies evaluating the safety and effectiveness of approaches to mental health. It is also informed by working directly with those who have mental health issues and their families.

It is grounded in a deep respect for all who engage in this struggle – including those with mental health issues, their families, mental health professionals, mental health researchers, teachers and communities. It is also grounded in the belief that providing clear and transparent information – shedding light on the golden nuggets, warts and unknowns of all approaches – is of great value.

The premise of this book is simple. *Mental health recovery is achievable through a courageous and individualized process of prudent experimentation. The likelihood of success skyrockets when the process is grounded in self-determination, fueled by hope, assisted by talented providers and caring supporters, and enabled by access to a clear set of scientifically validated alternatives.*

My primary contribution is to articulate a *clear set of scientifically supported alternatives*.

I've shared this book with people in mental health workshops, support groups, training sessions and in one-on one dialog. I've also shared it with a variety of mental health professionals, researchers and organizations worldwide. The reaction I've received has been quite positive, especially from those who see value in a more holistic approach to mental health.

***"… (This book) isn't the answer to "what should I do?" as much as it is an approach to help you create your answer to the question, "what will I do?..."***

Others have viewed this book as accurate, but dangerous – with danger in the form of potential incentive for people to shun psychotropic drugs (drugs that affect a person's mental state) in their self-empowered zeal to look beyond them. That is a possibility, but I think the risk much greater if we fail to shed a bright light on approaches that might help and fail to trust people to self-direct their own recovery, because in the end, no one else reliably will.

What I offer isn't complete since the field is constantly evolving. It isn't bullet-proof; there are few easy answers. It isn't a shocking new discovery. It isn't *the* answer to "what *should* I do?" as much as it is an approach to help you create *your* answer to the question, "what *will* I do?"

It is based in respected scientific studies. It has broad scope. Many have called it balanced, a source of hope and easy to understand. And it is accessible and free with updates continuously available online at http://goo.gl/NFpHI8.

The only agenda I have in pulling this together is to deliver the most robust, balanced and scientifically validated set of alternatives possible. I seek to make available something that would have helped me greatly many years ago – hoping that it is something that will help you greatly right now.

## Before we get started…

… a little housekeeping.

To streamline the presentation of material in this book we've placed certain important detailed discussion in starred endnote references (e.g. "exam[*42*]"). This helps get an uncluttered view of the major points but still gives access to important details that may be of interest to you. These endnotes typically provide context for the topic and further detailed references.

## The big picture

One of my first challenges was to find a big picture way to understand this new world of mental health. It seemed enormous, disconnected and confusing. Everything I read seemed to be just one more informational nugget that didn't fit into anything else.

After countless months of swimming in a stream of confusion, I decided to take a step back and try to understand mental health the way I try to understand most everything else – by answering the questions of who, what, when, where, how and why. When I did, things began to fall into place. I found that four of these six questions were most important. I arrived at figure 1.

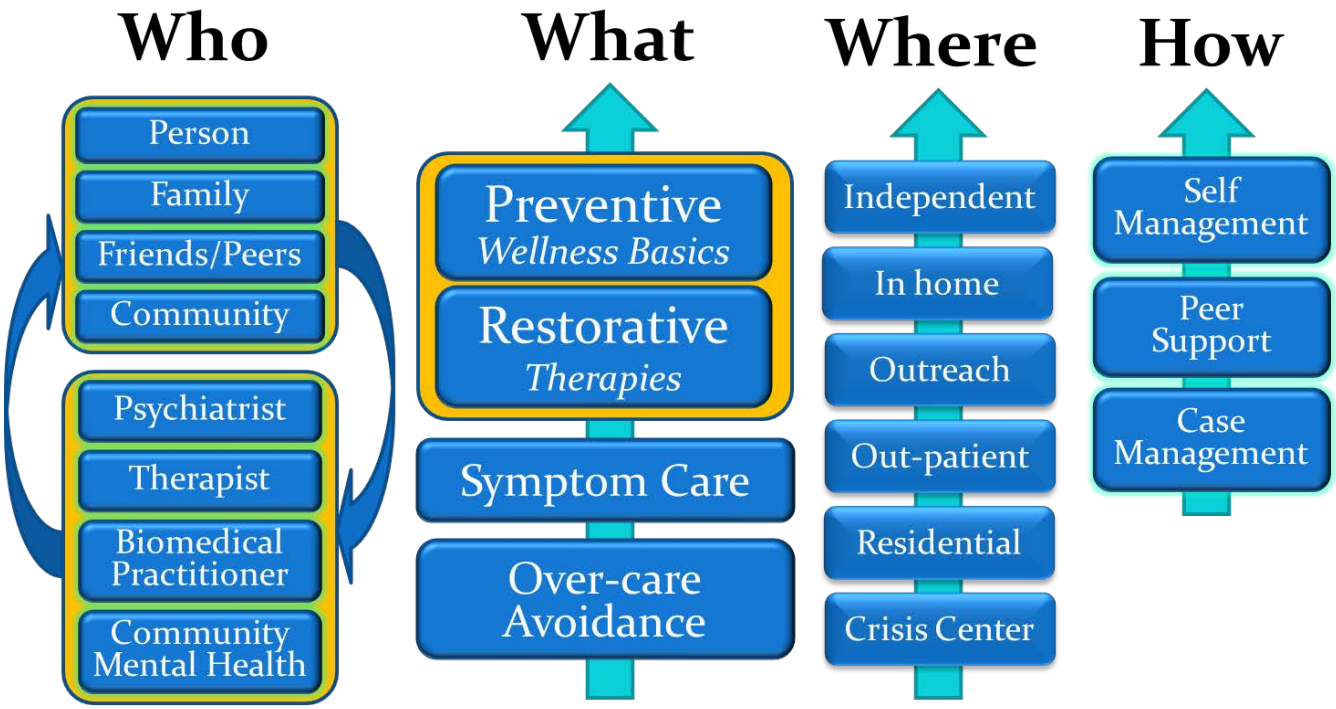


Figure 1. The *Who*, *What*, *Where* and *How* of Integrative Mental Health

Once I started to use this framework everything started to click into place. It didn't immediately solve any problems for me, but it streamlined my thinking, caused me to ask better questions and helped me find and acquire resources more readily.

So let's take a closer look.

WHO considers all of the players. The person with mental health issues is at top and needs to be at the top of our concern always. WHO is composed of two major blocks – health care professionals on the bottom and your human network on top. Depending on your situation you may need everyone in both blocks. Two roles may be new to you: a *biomedical practitioner* is someone who can help detect and provide therapy for physical issues that can cause mental health issues, and your *community mental health organization* is a public health group that provides mental health services to the community. The arrows in the diagram indicate that there is a strong collaborative effort needed between healthcare professionals and the community of support around the individual.

WHAT is the menu of possible approaches that can be used to help the person recover. This includes a wide variety of therapies, drugs and healthy lifestyle choices. The upward arrow indicates that the goal is to reach a state where the person regularly practices wellness basics and needs few therapies or drugs to help. The WHAT is the major focus of this paper and will be covered in more detailed shortly.

WHERE indicates the places the services are delivered. The upward arrow indicates that the goal is reach a state where the person is fully independent and can choose the location most convenient to receive services. Before that time there are a variety of in-patient and out-patient options.

HOW indicates the method that the health care actions and services are managed. The upward arrow indicates that the goal is to reach a state where the individual is able to manage their mental health independently. Before that time case management by a health care professional can be vital to provide ongoing support to the individual and to help them as they progress to recovery. In addition interaction with peers experiencing similar health care issues can offer a strong basis of support.

As your understanding of healthcare deepens it can be helpful to keep the above framework in mind to gain a sense of how the information fits into the bigger mental health picture.

## What approaches lie beyond psychotropics?

***"… There are 20 (non-drug) approaches that are either evidence-based or showing promise based on peer-reviewed scientific studies…"***

This book reviews 13 non-drug therapies and 7 wellness basics for adults. These 20 approaches are either *evidence-based* [1] (with well-established effectiveness) or *showing promise* (with positive but less-certain evidence) based on peer-reviewed scientific studies. These 20 approaches, plus psychotropics, are tools you may choose to employ. These are the WHAT of mental health.

This combination of approaches is generally classified as Integrative Psychiatry (IP) which seeks to integrate mainstream psychiatric care (predominantly focused on symptom relief through psychotropic drug use) with a variety of proven alternative methods. IP often looks for underlying causes of mental health issues and how to address these core issues – a perspective it shares with Functional Medicine.

A good way to understand these 20 approaches is to place them in a framework that integrates two well-accepted medical models. The first model is the 4 step wellness continuum used by US Institute of Medicine[2]: prevention →restoration → symptom care → over medicalization avoidance. A fundamental of this continuum is the idea that the earlier we act in the process, the better our chances of wellness.

The other model is the generally accepted boundaries of integrative mental health: wellness basics (also called lifestyle fundamentals), psychosocial therapies, biomedical therapies and symptom management.[3]

The integration of these two models is seen in Figure 2. This is a more detailed view of the WHAT of mental health found in Figure 1.

***"… Preventive & Restorative* approaches… are at the sweet spot of mental wellness… they *often decrease – and may even eliminate – the need for symptom management which can have significant side effects …"***

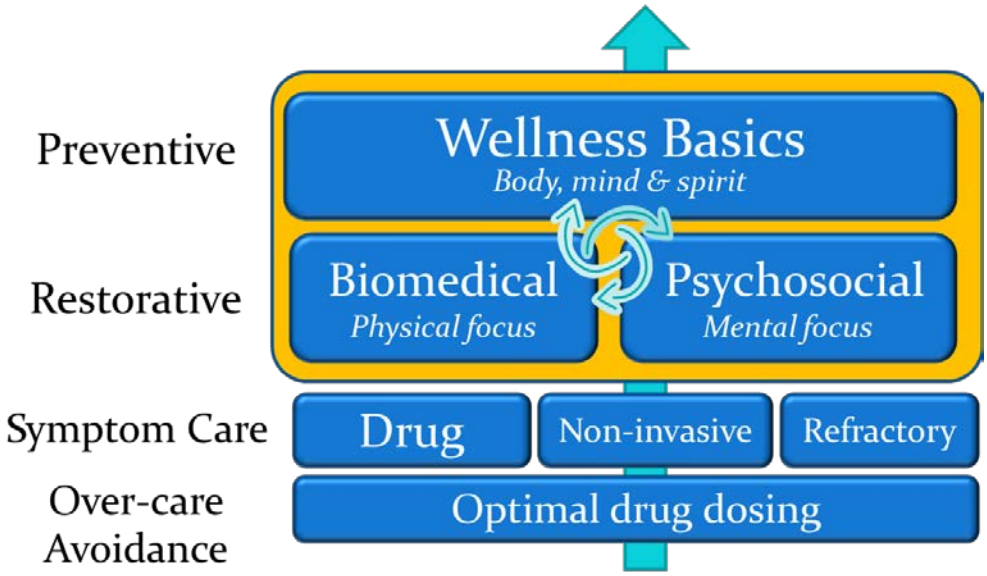


*Figure 2. A therapeutic framework for Integrative Mental Health*

*Preventive* approaches are wellness basics for body, mind and spirit that help minimize and avoid mental health issues. They apply to everyone and are fundamentals that will be familiar to many. What is perhaps lesser known is that these wellness basics can have a profound effect on mental health.

*Restorative* approaches seek to restore mental health by addressing possible underlying influencers and causes of mental illness symptoms unique to the individual. *Restorative* therapies include *Psychosocial* (starting from a mental perspective of thoughts, emotions and motivations) and *Biomedical* [*4*](starting from a physical perspective of possible bodily system imbalances or disorders). *Biomedical* therapies offer the most scientifically-based diagnostic assessment approach in psychiatry.

*Symptom Care* approaches do not seek to cure, but help to minimize the impact and discomfort of mental illness symptoms. They can be vital in times of mental health crisis – helping to bring someone to a more stable and receptive state where *Preventive* and *Restorative* approaches can more readily be used. In addition *Symptom Care* can address residual symptoms that *Preventive* and *Restorative* approaches are unable to eliminate.

*Over-care Avoidance* is ensuring that we avoid too much medical intervention which in itself may be harmful. This is a hot topic in mental health especially given the doubling of off-label antipsychotic prescribing[5], the tripling of psychotropic use by children[6] and the prevalence of prescribing multiple interacting drugs. Although beyond the scope of this book, the concept of overmedicalization underscores the importance of creating criteria and processes to help identify and minimize psychotropic over-prescribing. Optimal dosing strategies exist today that can be widely adopted.

Both *Preventive* and *Restorative* approaches aid core wellness and can reduce symptoms with little or no side effects. They therefore can be considered at the sweet spot of mental wellness. They require discipline, time and money and may be unworkable in crisis, but their use often decreases – and may even eliminate – the need for *Symptom Care* which can have significant side effects.

*Preventive* and *Restorative* therapies closely interact and the boundaries between them are somewhat blurred (as indicated by the spiral of arrows in Figure 2). For instance, yoga and T'ai Chi involve physical and mental activity, and they also help prevent mental illness symptoms as well as provide therapeutic value once symptoms arise.

You may ask, "why aren't *Preventive* and *Restorative* approaches center stage in conversations I have with my psychiatrist?" Ask them. When you do, I think you will find that they are champions for the therapeutic value of exercise, nutrition, stress reduction, and a host of IP modalities. Their frustration is often that people don't do them consistently. Another conversation about the benefits of exercise rarely has impact. In addition, the sheer volume of their practice and the insurance reimbursement realities don't help. Talk to your psychiatrist about *Preventive* and *Restorative* approaches and I think you will find them enthusiastic and helpful.

## Why look beyond Psychotropic drugs?

***"… Psychotropic drugs do not cure… and in most cases do not fully relieve symptoms"***

Psychotropic drugs are the most available of the evidence-based treatments for mental health issues. [7] They have proven helpful in reducing and managing symptoms while reducing the chances of relapse. They can be lifesaving – providing the most direct way to stabilize people in psychiatric crisis. They also have been helpful in bringing normalcy to the lives of many people with mental health issues.

From a larger perspective however, psychotropic drugs represent only one treatment option. There are many realities that give us incentive to look beyond them to additional treatment approaches.

*"… The Director of the National Institute of Mental Health indicates that antipsychotics appear to worsen the chance of long-term mental health recovery …"*

- **Psychotropic drugs do not cure** [8] **– they help relieve symptoms**. Symptom relief is often only partial. Some symptoms remain for 60% of people with psychosis even when they take their medication as prescribed. [9]
- **Psychotropic drugs do not always relieve symptoms. Some cases are "refractory".** Refractory cases do not respond well to drug therapy of any variety. Non-drug therapies are required in these cases.
- **The short-term side effects of psychotropic drugs can be significant**. These drugs are powerful and often have adverse effects so pronounced that many people stop taking medication as prescribed to avoid side effects.*[10]*
- **The long-term safety and effectiveness of some psychotropic drugs is unclear – even doubtful – though long-term use is common**. For schizophrenia, the Director of the National Institute of Mental Health indicates[11] that antipsychotics appear to *worsen* the chance of long-term recovery[12] and may impede wellness.[13] A 20-year study found that unmedicated schizophrenia patients had significantly *less* psychosis than those taking antipsychotics.[14] Further, long-term antipsychotic use is correlated with brain shrinkage – the larger the dosages the larger the shrinkage.[15] Extensive evidence shows favorable outcomes are possible *without* drugs.[16]

*"… 1 in 6 people has a physical disease that causes or exacerbates their mental health issues… but psychotropics are very often prescribed without testing for these diseases…"*

- **Some psychotropics appear to cause mental illness symptoms.** One third of those using the antipsychotic clozapine experience the onset of obsessive compulsive disorder or the worsening of a pre-existing diagnosis.[17]
- **Finding the most suitable medication is often a slow and frustrating process of trial-and-error**. There are no lab tests to guide prescribing. Each person is a controlled experiment. The "best" solution changes over time and may be a combination of drugs – with some needed to counteract adverse effects caused by others.
- **It is often difficult to withdraw from psychotropic drugs**. Getting off of psychotropic drugs can be very hard, causing withdrawal symptoms.*[18]* Often, the longer you are on psychotropics, the harder it is to get off.[19]

*"… It is often difficult to withdraw from psychotropic drugs … the longer you are on them, the harder it is to get off… "*

- **Psychotropics are increasingly**[20] **prescribed "off-label" for disorders not approved by the FDA**. Patients are commonly given drugs untested for effectiveness and safety for the disorder for which they are prescribed.[21]
- **Psychotropic drugs are very often prescribed without comprehensive medical exams that could potentially uncover treatable symptom influencers/causes.** 1 in 6 people with mental health issues has a physical disease that causes or exacerbates their mental disorder.[22] Without these exams, disorders can go undetected and untreated, thereby missing a potential opportunity for symptom relief or recovery.

- **Success is rarely found with psychotropic drugs alone.**[23] Most people find a group of therapies works best.[24] Many studies show that non-drug approaches can improve mental health, both with and without drugs.
- **People recover faster and better if they have hope.**[25] Many find insufficient hope in psychotropics alone. Many non-drug approaches offer an additional source of real hope for symptom relief and recovery.
- **Development of new psychotropics is slowing.** Research funding is being cut industry wide.*[26]*
- **Individuals and families need choices**. Individuals with mental health issues and their supporters need to understand their therapy options so that they can make the most informed therapy choices.

## Keys to recovery

Recovery is generally considered to be an individual hopeful process where people create a meaningful life after they have encountered mental health issues. For some a large part of recovery is adjusting their attitudes and expectations to their new reality. For others it is establishing stability and control in their lives - regaining all or part of what they had lost.

***"… Individual recovery often requires individual prudent experimentation…"***

Whatever your outlook on recovery, it is good to keep key concepts in mind.

- **Pull supporters near.** Start with family and friends. Work collaboratively with practitioners who see you as an individual and respect your self-determination. Talk with others in similar situations. All can be recovery allies.
- **Educate yourself.** Study mental health widely. Evaluate therapies for appropriateness, effectiveness and safety. Understand the drug therapy trade-off of symptom relief vs. side-effects*[27]* and how *you* uniquely responds to stresses and therapies. Learn about the assisted/involuntary treatment laws that affect you.*[28]*
- **Accept responsibility**. With the integration of therapies by mental health practitioners often incomplete,[29] create and execute your own plan of therapies guided by practitioners you trust and who show results.
- **Adopt a spirit of prudent experimentation.** Everyone is different and individual responses to these approaches will vary. Start with a small set of approaches that seem to be valuable and workable for you. Stick with those that seem to work – daily tracking of your symptoms can help you determine that. Drop approaches that don't work for you and add others that seem to hold promise. Realize that individual recovery often requires individual prudent experimentation.

***"… Most non-drug approaches require long-term focus but can deliver long-term results …"***

- **Prioritize your experimentation.** Spend time determining the order in which you will try approaches. Start with the ones that can help exit or avoid crisis (like "housing and security"). Add other wellness basics. Seek professional assistance for testing and evaluation for biomedical and psychosocial therapies. Choose approaches that seem to offer the biggest payback.
- **Work deliberately. Be in for the long-haul.** Start small but act early. Don't try to do too much at once. Give the approaches time and focus. Don't be discouraged if you don't see immediate benefit. Realize that most non-drug approaches require long-term focus but can deliver long-term results.
- **Know that access to services may be difficult**. Insurance may not cover non-drug therapies. Wellness basics may be costly. Good providers are hard to find. Seek support from family, friends and public programs if needed.
- **Don't stop your good habits as you get well.** Remember what helps you get well. Often these are the same things you need to do *consistently* and *continually* to stay well. Stopping them may contribute to relapse.

***"…Please do not interpret this book as an invitation to quickly withdraw from psychotropic drugs …"***

- **Manage your drug dosages**. Psychotropics are prescribed for symptom relief. If you gain sustained symptom relief from non-drug approaches and are taking psychotropics, consider careful experimentation guided by your psychiatrist to reduce your dosages and associated adverse side-effects.[30] Alter dosages very slowly.
- **Be vigilant to avoid relapse.** The cycle of relapse and re-stabilization can be painful and dangerous. Be alert for relapse early warning signs. Psychotropics have been shown to help reduce the chance of relapse. You may find the best results by using non-drug therapies and wellness basics in combination with psychotropics.[*31*] In fact, one study found that most people identified medication as a critical element of their success in recovery.[32]

## What if I'm on psychotropic drugs now?

***"…If you gain sustained symptom relief from non-drug approaches … consider experimentation guided by your psychiatrist to reduce your dosages and associated side-effects …"***

Please do not interpret this book as an invitation to quickly withdraw from psychotropic drugs. Many studies have shown that rapid withdrawal can be dangerous and cause relapse. Instead, look at psychotropic drugs as one element of your recovery plan that requires self-directed experimentation under the guidance of your psychiatrist.

There is good news. Many have found that using *Preventive* and *Restorative* approaches can lead to reduced drug dosages. As an example, for those diagnosed with schizophrenia who are evaluated using the test protocols of the Walsh Institute[33] and who adopt their recommended therapeutic response, 85% report that their "life is better" and 75% report that they are able reduce medication use.[34]

## Using this book

This book is laid out simply.

To best use it, download the free online PDF version from http://goo.gl/NFpHI8. Check the link periodically since the book is constantly updated. There are hundreds of active links that you can follow for access to detail on individual studies, specific therapies, organizations and practitioners.

To get an initial grounding, study the graphic on page 17. This is a more detailed view of the integrated model of approaches to mental wellness found in Figure 2. It introduces the breadth of therapeutic options and gives the core concept behind each. It also gives a sense of how the approaches are clustered into *Preventive*, *Restorative*, *Symptom Care* and *Over-care Avoidance*. The right column offers a birds-eye view of the typical investments and common side-effects for each approach.

As you view this graphic, note that drug therapy is just one of many tools – an indispensable tool for many – but still only one part of the picture. Also note that drugs are a part of *Symptom Care* – the third of four stages of wellness. This highlights the fact that drugs aren't intended to help create core wellness (the purpose of the first two stages) but to help live more comfortably and effectively with unwellness.

Also notice how *Preventive* and *Restorative* approaches have radically different investment and side-effects profiles – almost opposite profiles – as compared with drug therapy. As a rough approximation, drug therapy is quick to act, easy to use, relatively inexpensive and covered by insurance but is often only partially effective while having potentially significant side-effects both long- and short-term. *Preventive* and *Restorative* approaches take longer to show results, are often more expensive – sometimes prohibitively so – and require sustained focus but can help deliver long-term recovery with little or no side effects. Remember: this isn't an either-or choice. All are tools potentially available for your use.

For the therapies that look most promising for your situation, read the associated page in the main body of the book. A common format is used for each approach to make it easier to follow. For more information about the approach, follow the links found in the endnotes and the additional resources referenced on the page.

Also, thumb through the appendices. There you can find a glossary of mental health terms (p. 44), a listing of a leading integrative mental health organizations (p. 39) and practitioners (p. 42) as well as an exhaustive list of endnotes.

## Getting started

With this brief introduction, consider starting on these important tasks:

- **Educate Yourself.** Read and understand this book. Also consider training. Free multi-week face-to-face training is offered in major metropolitan areas by the National Alliance for Mental Illness[35] separately for those with mental health issues and their families. This training offers valuable informational and skill-based sessions. However, it has a tight focus on drug therapy so gives a limited view of therapeutic options. For a broader introduction to the full array of Integrative Mental health therapies, consider also a variety of online classes, especially those offered by IMHU[36] and the wealth of information offered by Integrative Mental Health organizations identified in the appendix, p. 39.
- **Engage providers.** It is vital to select and engage competent mental health care providers you trust.[*37*] Consider a therapist (for *Psychosocial Restorative* therapies), Integrative Medicine specialist (for *Biomedical Restorative* therapies) and psychiatrist (for *Symptom Care*). They can help you select and manage your therapies. In the US, a good place to start is to contact your county Community Mental Health oranization[*38*] to determine their services and eligibility requirements. They are often the source of the most integrated mental health care services. Also, practitioner directories and individual providers of Integrative Mental Health can be found in the appendix (p. 42).
- **Do the essentials.**[39] Find a safe home, connect with people, eat well, sleep regularly [40] and exercise (see Wellness Basics, p. 18-24).
- **Consider past/recent stress/trauma.**[*41*] If present, a therapist can help with *Psychosocial Restorative* therapies (p. 25-29).
- **Get a full-protocol medical exam.**[*42*] Results may point to specific *Biomedical Restorative* therapies (p. 30-33).
- **Relentlessly seek recovery**. Get grounded in what brings you hope. Act with inspired optimism balanced with informed skepticism. Work diligently, but patiently, doing the best you know to do today. Know that others have recovered. Keep going.

## A unique path

***"…The path to recovery is often a crooked one. But with this book, I hope you find the path better lit, easier to traverse and in the end, a more assured way home …"***

Although mental health is a universal goal, it is a unique destination and a unique process for every individual. It is a deeply human effort that deserves all of the deeply human attributes we can bring to it.

Every person with mental health issues deserves our respect. This respect allows us to be more open as we stride to the exact spot where they stand – physically, mentally and emotionally. We cannot be of true assistance unless we are willing to go that point of proximity – and once there, not only accept what we find, but embrace it.

From this position of closeness and respect we must listen intensely so that we can understand their individual experience, hear of their individual needs, recognize their individual strengths and marvel at their individual humanity. Enthused with this recognition, we can then walk together along the path of mental health recovery.

There is no free lunch in mental health. The path to recovery is often a crooked one. But with this book, I hope you find the path better lit, easier to traverse and in the end, a more assured way home.

*Onward,*
*Craig Wagner*

# A framework of *Wellness Basics* and *Therapies* for Adult Mental Health

| | | | |
|---|---|---|---|
| 1 | **Preventive** (Wellness Basics) | | Side Effects & Investment [1] |
| Body | Housing & Safety | Core requirement to thrive; basis for success of other approaches | No/little negative side effects; requires ongoing investment of time, $, focus, personal commitment and often a support structure of family, friends and community |
| | Ingestion & Digestion | Nutritional food, substance/toxin avoidance, regular elimination | |
| | Exercise & Physical Disciplines | Cardio, strength & toning. Mind-body: yoga, T'ai Chi & acupoint work | |
| Mind | Stress Management & Sleep | Stimulation reduction, mindfulness, sleep, mental quieting/meditation | |
| | Independence & Purpose | Set/achieve goals, secure self-determination, enjoy creative expression | |
| Spirit | Interdependence & Community | Engage with companions and a broader meaningful social network | |
| | Hope, Religion & Spirituality | Personal grounding that enhances meaning, optimism and coping | |
| 2 | **Restorative Therapies** | | |
| Psychosocial | Individual Psychosocial Therapy | ***Gateway to Psychosocial Therapies***. Work with therapist on non-physical influencers; often includes other therapies in this group | No/little negative side effects; requires investment of time, $, effort, commitment to personal change and a support structure of family, friends, peers and providers |
| | Group, Family & Peer Therapy | A set of therapies using lived/group wisdom to aid individual recovery | |
| | Cognitive Behavioral Therapy | Addresses unhelpful thinking/beliefs; goal-oriented and pragmatic | |
| | Cognitive Enhancement Therapy | Addresses cognitive impairment: attention, memory and planning | |
| | Self-Management Therapy | Self-directed programs to create and execute custom recovery plans | |
| Biomedical | Orthomolecular Psychiatry | ***Gateway to Biomedical Therapies***. Work with a provider on physical influencers; lab tests may point to a custom plan of therapies | Typically no/little side effects; may require investment of $ and custom plan of vitamins, minerals, probiotics, and other supplements |
| | Endocrine Therapy | If glandular disorder found, endocrine support is provided; overactive or underactive thyroid/adrenal can manifest mental health issues | |
| | Food Allergy Therapy | If allergies found, drop foods that trigger the allergy and influence mental health issues; gluten and dairy are most common | No/little negative side effects; must commit to long-term dietary change |
| | Hypoglycemic Therapy | If hypoglycemia found, use diet eliminating sugar, white flour, alcohol, etc.; brain glucose shortage can cause mental health issues | |
| 3 | **Symptom Care** | | |
| Drug | Psychotropic Medication [2] | ***Gateway to Symptom Care.*** Work with a psychiatrist; drugs are fast acting, available, reduce symptoms; experimentation needed | Drug short-term side effects vary: minor to many/significant; long-term effects are often unclear/of concern; drug co-pay |
| | Hospital/Residential/Community | Very often primarily drug-based therapy; potentially involuntary | |
| Non-Drug | Non-Invasive Therapies | A set of therapies: neurofeedback, biofeedback, & light/sound therapy | No known side effects; cost varies |
| | Electroconvulsive Therapy | Electricity applied to the brain to induce mild seizure; uses sedation | Often memory loss |
| | Transcranial Magnetic Stimulation | Magnetic stimulation of frontal cortex; for refractory depression | Newer therapies; evidence base building; VNS requires surgery |
| | Vagus Nerve Stimulation (VNS) | Pacemaker-like device stimulates neck nerve; for refractory depression | |

(1) Side effects/investments can vary widely by individual, these represent a common profile .

(2) Not covered in this book. Drug detail is widely available. Shown here for context with other approaches

# Housing & Safety

**What is the essence?** Housing and safety together are listed as the first wellness basic because without them, all other wellness basics are often compromised and mental health recovery can be pushed out of reach. As such it is a gateway to other wellness basics. The statistics are appalling: 20-25% of the homeless population in the US have *severe* mental health issues. [43] Safety can take many forms but two important ones are *physical security* (freedom from crime, harm and abuse) and *food security* (continuous access to necessary nutritious food). Housing and safety go hand-in-hand since housing does much to provide security.

**What diagnoses might this help?** All diagnoses.

**What evidence shows this is effective?**

- **Importance to Recovery**. Having a stable and safe place to live is considered by SAMHSA to be one of the 4 key dimensions that support a life in recovery. [44]
- **Housing and Traumatic Stress.** Homelessness is traumatic**.** Loss of home, community, stability and routines is disorienting. Sleeping on the street, in an abandoned building or car, or in a shelter leaves one feeling vulnerable, out of control, and hopeless. Many homeless are also sleep-deprived and food-deprived. Taken together, homelessness creates a tremendous set of stressors on those with mental health issues and greatly exacerbates their symptoms. [45]
- **Socio-economic status and mental health issues.** A long-term study found there is a significant negative correlation between socioeconomic status and mental health issues such that socio-economic status seems to account for about 80% of the rate of mental health issues in a community. [46] As a result researchers recommend "continued development of preventive and early intervention strategies of the major mental illnesses that pay particular attention to the devastating impacts of unemployment, economic displacement, and housing dislocation, including homelessness."
- **Physical Security**. Housing offers protection not only from the elements but also from negative social conditions. It is a primary territory where people can regulate interpersonal contact. [47] People with severe mental health issues are 4 times more likely to be a victim of crime than the general population and more than 25% have been a victim of crime within the last year. [48]
- **Food Security**. The homeless are the most vulnerable population for food security. Even when local supplies of food appear plentiful, the homeless and mentally ill may not be able to acquire and consume a healthy diet. [49]

**What considerations should I keep in mind?** People with mental health issues need housing that is affordable, independent, accessible and free from discrimination. [50] Securing adequate housing should be considered a top priority to help those with mental health issues. If housing with family or friends is not available or appropriate, many communities have forms of subsidized housing (which is often in chronic short supply) as well as homeless shelters. Permanent supportive housing can be found in some cities, like New York City, which combine affordable housing assistance with vital support services for the mentally ill. These have proven more cost-effective than homeless shelters. [51] Food kitchens, often run by faith-based or civic organizations, and food recovery and distribution services that support them, can provide a partial solution to food security for the mentally ill.

**What are additional resources?**

- Homelessness and Traumatic Stress Training Package. http://goo.gl/CMFBjC.
- NAMI Housing toolkit. http://goo.gl/V730JF, Continuum Model Housing Options. http://goo.gl/h0hhp1.
- Projects for Assistance in Transition from Homelessness. http://pathprogram.samhsa.gov/.
- What Fair Housing Means to People with Disabilities. http://goo.gl/dmgKwE.

# Ingestion & Digestion

**What is the essence?** Proper diet and digestion ensure that appropriate nutrients enter the body and are properly absorbed; toxic and harmful substances/organisms are avoided/neutralized; and proper elimination removes waste and accumulated toxins. A good diet provides the basic chemical elements fundamental to all bodily processes including brain function, so proper diet is vital to support overall mental health.

**What diagnoses might this help?** Predominantly mood disorders, but also schizophrenia.

**What evidence shows this is effective?**

- **Diet.** High amounts of carbohydrates – especially refined sugar (which can cause hypoglycemia, see p. 33) – are associated with worsening symptoms of schizophrenia and a higher rate of depression. [52] Diets rich in vegetables, fruit, meat, fish and whole grains are associated with less depression. [53] A diet of 40% protein, 40% carbohydrate, and 20% fat is often ideal for patients with mood and behavior disorders. [54] Nutritional markers account for a significant degree of the differences in cognitive ability in the elderly. [55]
- **Substance Abuse.** People with mental health issues often self-medicate by ingesting recreational drugs, alcohol and/or tobacco. Abuse of these substances can worsen symptoms of mental health issues and can even cause them. Substance abuse also increases the likelihood of suicide. [56] Several studies have shown that smokers require and are prescribed higher doses of psychotropic medication than non-smokers. [57]
- **Digestion**. Gastrointestinal (GI) issues are often seen with mood and behavior disorders. [58] In fact, US veterans with mental disorders have twice the likelihood of GI issues as those without.[59] One tie may be related to serotonin - 95% of the body's serotonin is in the gastrointestinal tract [60] and a lack of serotonin is associated with depression. A possible aid may be probiotics. In an animal study probiotics had a significant effect on GABA receptors which can reduce anxiety and depression. [61] Clinical results have shown that gastrointestinal health is often vital to relieve symptoms of mental health issues. [62] Also, food allergies (see p. 32) and microbial infections can prompt gastrointestinal issues and schizophrenic symptoms. [63]
- **Toxins**. Toxic levels of heavy metals can cause mental health issues [64] and can be detected via lab tests (typically hair samples). Lead toxicity can disrupt opiod neurotransmitter functions important in mood regulation. [65] Mercury toxicity is associated with reduced neuronal uptake of norepinephrine and dopamine. [66] Excess copper causes dopamine levels to rise which can alter mood and sleep patterns. [67] Heavy metals are best removed through chelation therapy. [68] There are other environmental toxins as well.
- **Bacteria, Viruses, Parasites.** Strep, [69] Lyme disease, [70] lupus [71] and other organism-related disorders can create mental health issues.

**What considerations should I keep in mind?** A good mental health diet should be based on fresh fruits and vegetables with sufficient fat and especially protein; reduction of refined sugar, white flour and overly processed foods; probiotics for digestive health; and sodium and potassium electrolytes as needed. Avoid or minimize recreational substance use, alcohol, caffeine, and tobacco. Detect deficiencies or dependencies with vitamins/nutrients and assess/treat for toxins or organism-related disorders using a comprehensive medical exam (see endnote #42). Evaluate possible food allergies (often gluten and dairy, see p. 32) using elimination diets.[*] [72*] Drink ample pure water throughout the day to keep the bowel hydrated, ease constipation and keep toxins moving out of the system. Diarrhea can flush out electrolytes and nutrients and is sometimes aided with smaller meals. For GI issues consult a gastroenterologist or neurogastroenterologist (brain/gut specialist).

**What are additional resources?**

- **Diet**. NAMI healthy eating http://goo.gl/EKq8nK, and dual diagnosis fact sheets http://goo.gl/j6Zobl.
- **Toxins**. Multiple Chemical Sensitivity, http://goo.gl/yseS1z; indoor pollutants http://goo.gl/xYUz6E.
- **GI**. Irritable Bowel Syndrome, http://goo.gl/GbJEyQ.

# Exercise & Physical Disciplines

**What is the essence?** Four physical practices correlate with improved mental health. *Exercise* includes activity for cardiovascular health, coordination, range-of-motion and strength. *Mind-body disciplines* include Hatha Yoga (typically using bodily postures) and T'ai Chi (a martial art usually practiced with slow movement) – both emphasizing heightened body awareness. *Dance and sport* combine coordinated movement and creative expression (see p. 22). *Body manipulation* is considered both preventive and therapeutic. It includes massage, acupuncture and Emotion Freedom Technique (EFT), an emotional release discipline recognized by the American Psychological Association that stimulates acupuncture meridians without needles.

**What diagnoses might this help?** Primarily depression and anxiety, but all diagnoses; others as noted below.

**What evidence shows this is effective?**

- **Exercise**. Individuals with serious mental health issues are at high risk of chronic diseases associated with sedentary behavior, including diabetes and cardiovascular disease.[73] Exercise often decreases stress, creates energy, decreases fatigue, increases endorphins, increases self-esteem, takes the mind off of situations causing anxiety, and improves sleep[74] – all helpful in relieving symptoms of mental health issues.
  - **Anxiety/Depression**. Two meta-analyses of depressed patients showed that exercise gave similar results as psychotherapeutic interventions. Exercise can also alleviate secondary symptoms such as low self-esteem and social withdrawal.[75] A large-scale study found that exercising 2-3 times per week resulted in significantly less anxiety and depression. Moderate exercise over a long period of time was found most effective.[76, 77] Research also found that varying the type of exercise resulted in significantly less depression and stress and better levels of mental health and vitality after 24 weeks.[78] Exercise also helps depression symptoms in children.[79]
  - **Schizophrenia.** Once or twice a week exercise can improve mental health and reduce the need of care.[80]
  - **OCD.** After each 20- to 40-minute exercise session, OCD patients reported significantly lower anxiety, negative mood, and OCD symptoms relative to the beginning of the session.[81]
  - **Neurotransmitters**. Exercise can increase serotonin,[82] acetylcholine and norepinephrine.[83]
- **Yoga**. One yoga session can significantly improve anxiety, anger, depression and confusion.[84]
- **T'ai Chi**. T'ai Chi is associated with reduced stress, anxiety, depression and mood disturbance, and increased self-esteem. This includes significant improvements in stress management and a reduction in anxiety.[85] It appears to increase brain volume and have positive influence on a number of neuropsychological factors.[86]
- **Dance & Sport**. Dance appears to increase happiness and EEG activity in psychiatric patients.[87] Sports participation can have a positive effect on psychiatric symptoms in schizophrenia.[88]
- **Body Manipulation**. For veterans with PTSD, massage can be therapeutically helpful[89] while EFT may *significantly reduce* psychological distress[90] with results shown equal to that of EMDR[91] (see p. 25). EFT also has shown significant results in cases of depression and general anxiety.*[92]* For schizophrenia, both electro-acupuncture[93] and ear acupuncture[94] may reduce hallucinations; in China, 11 studies have shown that acupuncture yields significant symptom improvement, both better than antipsychotic therapy alone and of additive benefit when used with antipsychotics.[95]

**What considerations should I keep in mind?** Exercising 5 times per week for 45 minutes per session is often ideal. Many types of exercise are available and they can be adjusted for orthopedic limitations. Walking outdoors is one of the most accessible and beneficial exercises, though more vigorous aerobic exercise is associated with higher antidepressive effects. Varying the types, intensity and timing of exercise, choosing ones you enjoy, not attempting to advance too quickly and exercising with a partner are helpful.[96] The focused body awareness of Yoga and T'ai Chi provide benefits similar to those of mindfulness practices (see p. 21).

**What are additional resources?**

- Exercise. Fact sheet http://goo.gl/bJ9Jjq , journal http://goo.gl/nY7uFQ. Yoga www.bksiyengar.com.

# Stress Management & Sleep

**What is the essence?** Stress management and sleep are often vital to help relieve symptoms of mental health issues and avoid relapse. These practices include *meditation* (focused inner concentration to quiet "mental chatter"), *mindfulness* (focused awareness on the "present moment" as you conduct your daily affairs), *stimulation reduction* (curbing elevated emotion and high-stimulation activity) and *breathing*. Stress is a natural part of life but it can be effectively managed and often reduced.

**What diagnoses might this help?** All diagnoses.

**What evidence shows this is effective?**

- **Sleep.** Chronic sleep problems are common with mental health issues: depression (65%-90%), bipolar (69%-99%), anxiety (>50%) and ADHD (25%-50%) compared with 10%-18% in the general US population. Studies suggest that sleep issues increase the risk for, and can directly contribute to, symptoms of mental health issues. Treating a sleep disorder may help alleviate associated symptoms.[97] People with depression are 5 times as likely to suffer from sleep-disordered breathing than those without depression. [98]
- **Meditation**. Studies found that meditation helps mood disorders including anxiety and depression.[99] Another trial found that taking an 8-week meditation class was as effective as antidepressants at minimizing relapse for people with major depression. [100] Evidence suggests that these positive effects are specific to meditation over and above simple relaxation effects. [101] And finally, a study found there was more activity in the left-side anterior section of the brain (which links to positive mood) in people who meditate. [102]
- **Mindfulness**. A meta-analysis of mindfulness studies concluded that mindfulness was effective for relieving anxiety and improving mood.[103] Mindfulness-Based Cognitive Therapy (MBCT) has been successfully used to prevent depressive episodes[104] and can reduce anxiety[105] especially with those with three or more episodes of depression.[106] Bipolar patients receiving MBCT experienced a reduction in anxiety/depression symptoms which can trigger mania.[107] A study showed that those taking Mindfulness Based Stress Reduction (MBSR) therapy had a 44% decrease in anxiety.[108] See p. 27 for a group of therapies based in mindfulness.
- **Stimulation reduction.** Significant research shows that the stimulating effect of high "expressed emotion" (e.g. criticalness, hostility, or even extreme elation) can trigger symptoms of mental health issues.[109] Other environmental stimulation (noise, visual stimulation from screen-based media, being in crowds) can also increase stress. A large study of obsessive video gamers found that depression, anxiety, social phobias, and lower school performance were outcomes of pathological gaming.[110]
- **Breathing**. An intensive study of Sudarshan Kriya yogic breathing (pranayama) revealed decreases in a variety of mood states such as depression, anxiety, stress and PTSD.[111]

**What considerations should I keep in mind?** *Reduce stress wherever possible*. Get consistent restful sleep of 7-8 hours per day to rejuvenate and energize the body and brain.[112] Consider working with a provider to assess for possible sleep disorders. Substance avoidance (caffeine, alcohol, nicotine), exercise, maintaining a regular sleep schedule, mindfulness techniques and drugs (only if needed) are treatments for sleep disorders. Also consider two common meditations: loving-kindness[113] and Tonglen.[114] Limit intense emotional encounters and overly-stimulating activities that may include video games/internet (the American Academy of Pediatrics recommends limiting screen time for children). Create small bursts of calmness: short naps, a brief break to breath more slowly/deeply, a moment to consciously appreciative your surroundings, etc.

**What are additional resources?**

- **Mindfulness**. Training www.bemindfulonline.com; tools http://goo.gl/CJ84V7; books by Jon Kabat-Zinn.
- **Meditation**. Meditation for Health and Happiness, http://goo.gl/4lPbfn; books by Eaknath Easwaran.
- **Sleep.** Maintaining a Healthy Sleep-Wake Cycle, University of Wisconsin, http://goo.gl/aaGTPR.

# Independence & Purpose

**What is the essence?** *Independence and purpose* seek mental health benefits from taking responsibility for and self-directing one's life. This effort is vital to help develop a sense of self-worth, personal dignity, and meaning. Independence and purpose can be viewed on 3 dimensions: *independence* (responsibility and self-determination in environment, work, activity and therapy), *meaningful structured activity* (e.g. employment and training/education) and *creative expression* (including art, music, and nature).

**What diagnoses might this help?** It broadly applies to all diagnoses. Creative therapies have been effective for anxiety, depression, and mood disorders and to a somewhat lesser extent, schizophrenia.

**What evidence shows this is effective?**

- **Importance to Recovery**. Meaningful or creative daily activities and the independence/resources to engage in them are considered by SAMHSA to be one of the 4 key dimensions that support a life in recovery. [115]
- **Independence.** Independence is achieving a measure of self-determination in one's life. The World Health Organization indicates that self-determination in therapy is vital even in times of acute distress. [116]
- **Purpose.** The elderly with a strong sense of purpose are 2.4 times more likely to avoid Alzheimer's disease. [117] For those elderly with markers for Alzheimer's, those with high purpose shows 30% slower cognitive decline. [118] Additionally, those elderly with high purpose had half the mortality of those with low purpose. [119]
- **Meaningful structured activity.** People with mental health issues often do better with structure in their lives, especially those with bipolar. [120] Comforting and predictable routines (see IPSRT, p. 25) can provide focus, reduce stress, help avoid feelings of isolation and heighten self-control and self-worth. Structure can start with planning one or a few small things in a day and grow to training/education and employment. Start small to help raise self-esteem without becoming overtaxing. If needed, *supported* employment (integrated with vocational and mental health services) has been consistently shown to be effective. [121]
- **Creative expression.** These help in connecting to one's inner world through outer expression.
  - **Art.** Art therapy encourages self-expression through art. Art therapy does not appear to help those with schizophrenia. [122] However, people with bipolar are significantly over-represented in the creative arts [123] and studies show art/music therapy helps stabilize those with bipolar disorder. [124]
  - **Music.** Music therapy is helpful for many disorders and diminishes symptoms of schizophrenia [125] and depression. [126] In people hospitalized with schizophrenia, adding music therapy to standard care lead to greater improvement in symptoms compared with standard care alone. [127]
  - **Nature**. A meta-analysis of 10 studies found nature activities/therapies broadly beneficial. The greatest benefit to self-esteem occurred in those with mental health issues. [128] People with a large green space near their home were less likely to be impacted by stress and had better overall mental health than those who did not. [129] Children with ADHD improve by spending time in nature. [130]

**What considerations should I keep in mind?** *Independence and purpose* are grounded in the ability to make and enact personal choices about important things in life. Regardless of the specific choices made, simply having the freedom to make the choice and the personally choosing positively impacts mental well-being. When choice is then enacted through activity that yields meaningful results, a real sense of self-worth can ensue. There are 3 fundamentals that support independence: *housing* (p. 18), *income* (evaluate social security disability income [131] if needed) and *therapy choice* (assisted/forced medication can be an ethical dilemma, see endnote # 28). Creative outlets aligned with interests and abilities without excessive stress (p. 21) produce mental health benefits. Do things that bring enjoyment and meaning. Consider combining these into a self-directed plan (p 29). *Independence and purpose* provide a grounding that naturally flows into *interdependence and community* (p. 23).

**What are additional resources?**

- A nature/ecotherapy www.discoveryquest.org; American Music Therapy www.musictherapy.org.

# Interdependence & Community

**What is the essence?** Interdependence and community are based on seeking mental health benefits from meaningful social interaction. Of importance are both *human companionship* (empathetic contact that is kind and meaningful, sharing in simple acts) and *social networks* (more casual but broader contact). In addition, *animal companionship* has proven correlated with improved mental health outcomes.

**What diagnoses might this help?** All diagnoses.

**What evidence shows this is effective?**

- **Importance to Recovery.** Relationships and social networks that provide support, friendship, love, and hope are considered by SAMHSA to be one of the 4 key dimensions that support a life in recovery. [132]
- **Human Companionship.** Companionship is found in close relationships with friends or family where there is mutual acceptance and trust. Companionship practices [133] include: *hospitality* (dignifying the other with time, a safe space, and nourishment), *neighboring* (finding common ground), *a side-by-side stance* (treating the other as an equal), *listening* (for words and especially the emotions behind them), and *advocacy* (encouraging and assisting in a spirit of giving). Companionship is vital for people with mental health issues since they often feel isolated, alone and vulnerable. Adults who are isolated with no friends correlate with the worst psychological outcomes. [134]
- **Social Networks.** Social networks are relationships formed with a broader set of people (e.g. work mates, friends, shared interest groups, etc.) but with less intimacy than companions. Interaction in social networks is a prerequisite for human development and is helpful to avoid the onset of mental ill-health. [135] Also, building strong *social group membership* that includes a sense of "belonging" is vital in helping clinically depressed patients recover and prevent relapse. [136] For women, networks of friends (not family, since families appear to bring burdens) are most important for mental health. For men, networks of friends and family both appear to improve mental health. [137]
- **Animal Companionship.** Animals can help those with mental health issues as *pets*, *emotional support dogs* (providing affection and companionship) and *service dogs* (task-trained dogs that can signal the onset of anxiety, remind people to take medication, etc. [138]). Pet owners are less likely to have depression than those without pets and playing with a pet can elevate serotonin and dopamine levels, which calm and relax. [139] Caring for an animal can also help make someone feel needed and can be a focus away from their mental health issues. Equine-assisted Therapy (EAP) uses horses in therapy. EAP has shown evidenced-based efficacy in patients with depression, anxiety, ADHD and other chronic mental health issues. [140]

**What considerations should I keep in mind?** *Interdependence and community* (looking beyond yourself) are the natural counterpart to, and a step beyond *independence and purpose* (finding grounding within yourself, p. 22). Relationships can offer a sense of meaning and should be based in respect, acceptance and the absence of judgment. It is important for those with mental health issues to *receive companionship* - to know that someone truly cares for and unconditionally values them as an individual. It is also therapeutic for them to *give companionship* – to step away from their own needs to aid others and gain a sense of contribution that affirms their own self-worth. The sense of belonging found in a shared group identify is often very important. A loving relationship not only helps the person *supported* but also gives meaning to the person *supporting.* Self-care is vital for *supporters* [141] to help ensure they maintain their capacities to support. Although human relationships are vital, relationships with animals are often therapeutic, offering a source of affection and connection.

**What are additional resources?**

- **Mental health service dogs.** www.petpartners.org & http://usdogregistry.org.
- www.therapeuticridinginc.org, a Michigan-based EAP.

# Hope, Religion & Spirituality

**What is the essence?** Many people consider their *religion* (institutionalized doctrine) or *spirituality* (individual pursuit of meaning outside the world of immediate experience) to be very important grounding frameworks for their lives that offer a sense of *hope* about an uncertain future. SAMHSA declares hope as the catalyst for recovery. [142] As such, many find this grounding an important, even vital, part of mental health.

**What diagnoses might this help?** All diagnoses.

**What evidence shows this is effective?** Many studies examine the link between mental health issues and religion/spirituality. Although there have been negative associations (e.g. stigmatization), there is considerable evidence that one's religious life has significant, protective and positive implications to one's mental health – evidence consistent with accepted behavioral and psychodynamic theories. [143] Studies include:

- People who have shown significant or complete recovery from severe mental health issues indicate that hope is an extraordinarily important component in their recovery. [144]
- A study of 159 patients in a psychiatric hospital found that individuals describing themselves as having more than "slight" belief in a higher power were twice as likely to respond to treatment than those who didn't. Belief in a higher power was correlated to belief in favorable treatment outcomes. Those with faith in a higher power fared better irrespective of the specific religion/spiritual orientation. [145]
- In a study of 1,824 people with serious mental health issues, results showed that those self-categorizing themselves as having higher levels of spirituality and religiousness were significantly associated with better self-perceived well-being and reduced psychiatric symptoms. [146]
- In a study of 406 people with mental health issues, results suggest that "religious activities and beliefs may be particularly compelling for persons who are experiencing more severe psychiatric symptoms... Religion may serve as a pervasive and potentially effective method of coping for persons with mental health issues, thus warranting its integration into psychiatric and psychological practice". [147]
- Epidemiologic data suggests that roughly one quarter of people turn first to religious providers for help with their mental or emotional problems, [148] pointing to the importance of religious organizations as referral agents for mental health services.

**What considerations should I keep in mind?** Research suggests that embracing one's chosen religion, spirituality or other core grounding – of whatever orientation – aids in mental health recovery. This can take many forms: prayer, affirmation, bibliotherapy (inspirational books and poetry), meditation (p. 21), service to others, dialog with clergy, participation in community, communing in nature and more. In addition, *meaningful ritual* of religion can be similar to the *meaningful structured activity* (p. 22) of mental health recovery – both can be grounding activities that reduce stress and expand one's sense of self-worth and connectedness. Since hopelessness is often a major symptom of mental health issues, hope grounded in religion or spirituality can be helpful to recovery. Also, religious and spiritual affiliation often offers support consistent with mental health therapies: companionship (p. 23), advice, emotional support, problem solving (p. 27), positive role models (similar to Peer Support Specialists, p. 26), opportunities for emotional release, and reality testing. [149] At a broader level, there is clear success with 12-step programs based on a *recovery model* with spirituality at its core. Adopting a mental health *recovery model* that includes a spiritual dimension may produce similar success. The adoption of recovery models for mental health is becoming increasingly prevalent. [*] [150*]

**What are additional resources?**

- **NAMI FaithNet**. Outreach to religious groups to encourage clergy dialog. www.nami.org/namifaithnet.
- **American Association of Pastoral Counselors.** www.aapc.org.
- **Pathways to Promise**. Interfaith support for mental health issues, www.pathways2promise.org.

# Individual Psychosocial Therapy

**What is the essence?** Individual Psychosocial therapies are a broad overlapping set, often using one-on-one therapist sessions. Therapists help people understand, manage and/or resolve their mental health issues. Therapists can be a gateway to other *Psychosocial Restorative* therapies. In addition to Cognitive Behavior Therapy (p. 27) and Self-Management therapies (p. 29), individual psychosocial therapies include:

- **Interpersonal Therapy (IPT)**. IPT, typically lasting 3-4 months, aims to improve a person's relationships and interpersonal skills. People learn to evaluate and improve their interactions with others using specific tools.
- **Interpersonal and Social Rhythm Therapy (IPSRT)**. IPSRT establishes daily rhythms (routines and sleep cycles) and appropriate activity/social stimulation levels to help moderate mood and relieve symptoms.
- **Exposure and Response Prevention (ERP) Therapy**. In ERP, an individual is carefully exposed to things that trigger obsessive thoughts or reactions to a previous trauma. It helps avoid compulsive behavior and aids working through previous trauma. ERP is often used with psychotropic medication.
- **Eye Movement Desensitization and Reprocessing (EMDR).** EMDR [151] seeks to minimize the impact of disturbing memories or past trauma through an 8-step protocol that helps process these memories.
- **Dual diagnosis Therapy**. Dual diagnosis therapy helps with co-occurring disorders of mental health issues and substance abuse. It is an integrated approach that helps people recover from both disorders.
- **Psychoeducation.** Psychoeducation teaches mental health fundamentals and provides recovery tools for families[*] [152*] and those with mental health issues. [153] On-line and self-paced education is available.
- **Psychodynamic Psychotherapy (PP).** Based on the work of Freud and others, PP seeks to uncover drives that influence mental/emotional issues to enable release from those influences; often longer therapy.

**What diagnoses might this help?** IPT is often used for bipolar, ADHD, depression and anxiety. ERP is "first-line treatment" for PTSD and OCD. EMDR is for PTSD and unresolved trauma. IPSRT is used for bipolar disorder.

**What evidence shows this is effective?**

- **Individual Psychotherapy.** Studies show that psychosocial treatments can help decrease the negative effects of their symptoms, increase functioning and result in fewer hospitalizations. [154]
- **IPSRT.** IPSRT use in acute bipolar episodes is associated with significantly longer periods of stability. [155]
- **Dual Diagnosis.** 29% of people with mental health issues abuse alcohol or drugs. Research strongly indicates that dual-diagnosis situations need simultaneous treatment for both issues. [156]
- **ERP.** The International Consensus Group on Depression and Anxiety supports that ERP is the most appropriate approach for PTSD. [157] However, there is little data on the treatment of combat-related PTSD. Group-based ERP is an effective treatment for children and adolescents with OCD. [158]
- **EMDR.** In a meta-review of PTSD treatments, EMDR was rated as effective as other trauma therapies based on outcomes, but significantly better than other therapies based on patient self-reports. [159]
- **Psychoeducation.** Trials have found 2-year relapse rates for patients receiving family psychoeducation in combination with medication are 50% lower than those receiving medication alone. [160]
- **PP.** Studies supporting the efficacy of PP are few, hampered by its highly individualized nature. Those studies available support PP's efficacy being similar to that of other psychosocial therapies like CBT. [161]

**What considerations should I keep in mind?** It is important to connect with your therapist. If you don't, find someone else. See *body manipulation*, p. 20 for preventive approaches that also have therapeutic benefit.

**What are additional resources?**

- **Dual Recovery**. NAMI http://goo.gl/LSaQqg; http://users.erols.com/ksciacca.
- **EMDR**. http://goo.gl/qtGti0; **IPSRT** Overview https://www.ipsrt.org, use in STEP-BD http://goo.gl/oYFnjo.

# Group, Family & Peer Therapy

**What is the essence?** Group, family and peer therapies leverage community to assist those with mental health issues to understand their situation and create useful self-directed behaviors. These therapies include:

- **Group Therapy** is psychotherapy where people with mental health issues work with therapists/facilitators often in support groups. This is open sharing with others who are experiencing similar mental health issues. Group members can learn from one another, connect and offer advice. NAMI and other mental health groups often conduct support groups for those with mental health issues and their supporters.
- **Peer Support.** Peer support is assistance provided by people who are in mental health recovery. [162] Peers (including trained Peer Support Specialists) have unique "experts through experience" credibility and can be pragmatic role models, provide valuable education/counseling and be a source of inspiration in recovery. Peer-run crisis respites[* 163*] offer an alternative to psychiatric emergency room care in a home-like supportive environment. Peer support often uses self-management approaches (see p. 29).
- **Family Focused Therapy (FFT).** Family therapy helps families support someone with mental health issues and care for themselves**.** It works within a family's unique personality in active and problem-solving ways.
- **Open Dialog[SM] (OD).** OD is an early-intervention family/team-oriented approach for psychosis. It focuses on immediate patient-centered response, the creation of a strong and supportive network of people around the individual and the sharing of a language grounded in the patient's perspective. A central emphasis of OD is on "being with the individual in crisis" more than "solving the immediate symptomatic problem". [164]
- **Soteria**. [165] A 24/7 early-intervention approach for psychosis in a protective/tolerant home-like structure. A nonprofessional staff uses active empathy and nonintrusive "standing by attentively" with little or no psychotropic drugs. Dynamic efforts are made to build bridges to the individual to aid in recovery.

**What diagnoses might this help?** Not restricted by diagnoses. OD and Soteria are for psychosis.

**What evidence shows this is effective?**

- **Group Therapy**. In a meta-analysis, group therapy was found to be as effective as individual treatment in 75% of the studies and more effective in 25%.[166] Another meta-analysis showed statistically significant reductions in depressive symptoms following group psychotherapy.[167]
- **Peer Advocacy.** Peer Support Specialists help improve recovery, social inclusion, empowerment, quality of life, and hope for adults with serious mental health issues,[168] Initial studies showed that peer-run Crisis Respite Centers can achieve better results than locked in-patient facilities[169] at lower cost.
- **Family Therapy**. Using FFT with medication consistently yields faster mental health recovery and longer intervals of wellness than without FFT.[170] Several studies show FFT reduces relapse rates[171] including one with a 28% relapse rate for schizophrenia patients using FFT to 48% for those who did not.[172]
- **Open Dialog[SM].** In an OD study, the use of psychotropics was reduced, 77% of those receiving OD therapy had no residual psychotic symptoms and 83% were employed or actively seeking employment.[173]
- **Soteria.** The original Soteria residential experiment showed that 85-90% of acute schizophrenia patients can be returned to the community without hospitalization.[174]

**What considerations should I keep in mind?** Group therapy used with individual psychosocial therapies can be effective and help expand a person's network of supporters. Though showing promise, OD and Soteria options are not widely available or tested, but effort is underway to study[175] and pilot[176] OD in the US.

**What are additional resources?**

- Peer support: National Empowerment Center www.power2u.org,
- Families Therapy. www.family.practicerecovery.com, www.familymentalhealthrecovery.org
- Open Dialog[SM.] www.dialogicpractice.net. Soteria. www.moshersoteria.com.

# Cognitive Behavioral Therapy

**What is the essence?** Cognitive Behavioral Therapy (CBT) is a structured treatment that examines the relationships between thoughts, feelings and behaviors based on the idea that thoughts drive our emotions and actions. By exploring thought and belief patterns that lead to self-destructive actions, people with mental health issues can modify their patterns of thinking to improve coping. CBT differs from traditional psychodynamic psychotherapy in that the therapist and the patient work together in a problem-solving and goal-directed manner to address the mental health issues. Variants of and similar therapies to CBT include:

- **Mindfulness Therapies** are a cluster of similar therapies[177] all using secularized concepts of Buddhist mindfulness (see p. 21). They include *Dialectic Behavioral Therapy* (DBT), *Acceptance and Commitment* Therapy (ACT), *Mindfulness Based Stress Reduction* (MBSR) and *Mindfulness Based Cognitive Training* (MBCT). DBT uses emotional regulation, reality-testing, acceptance, and distress tolerance. It often includes individual and group sessions with homework and views change within the context of opposing forces that must be balanced and synthesized. It helps improve life skills, transfer these skills to the patient's every-day life, increase motivation to change, and build structure that reinforces effective behavior.[178] ACT helps to notice, nonjudgmentally accept and cope with inner experiences – not to alter/change the experiences. MBSR is strongly rooted in Buddhist practice (not cognitive therapy) and is broadly applicable beyond mental health. MBCT avoids a spiritual orientation but uses mindfulness in the context of cognitive therapy.
- **Cognitive Behavioral Therapy for Psychosis (CBTp)**[179] helps identify delusional or paranoid beliefs and the negative impact of these beliefs so that better coping responses can be made.
- **Rational Emotive Behavior Therapy** (**REBT**).[180] REBT focuses on solving emotional and behavioral problems by focusing on a person's perceptions, attitudes, or internalized views of the world.

**What diagnoses might this help?** CBT is useful for mood disorders, anxiety disorders, personality disorders, and psychotic disorders. CBT is often considered a "first line treatment" for many anxiety disorders including generalized anxiety disorder, posttraumatic stress disorder, panic disorder, and obsessive-compulsive disorder and specific phobias. DBT is used most often with chronically suicidal and self-injurious individuals with borderline personality disorder (BPD). ACT was originally developed for non-psychosis mental health issues. MBCT is primarily for relapse avoidance for major depression. CBTp is used for those diagnosed with psychosis.

**What evidence shows this is effective?** CBT studies include:

- **CBT**. Meta-analyses indicate that CBT holds promise as an effective approach for persons experiencing depression, anxiety, adjustment, and coping problems.[181] CBT has been shown to be as useful as antidepressant medications for some individuals with depression and may be superior in preventing relapse of symptoms.[182] Also, CBT appears to improve brain functioning.[183]
- **DBT**. There is substantial evidence that DBT has lasting and significant impact for cases of BPD.[184]
- **CBTp**. Meta-analyses of blind studies showed that CBTp did not decrease positive psychosis symptoms (e.g. voices) [185, 186] although it can help cope with and manage these symptoms. [187]
- **ACT**. SAMHSA views ACT as an evidence-based approach. There appears to be suitable evidence that ACT is useful in the treatment of OCD and in some cases anxiety disorders.[188]

**What considerations should I keep in mind?** The goal of CBT is to teach patients not so much how to control their world but to control how they interpret and deal with it. CBT is generally a short-term structured approach that includes homework between sessions. CBT may include group and family interactive sessions.

**What are additional resources?**

- National CBT Associations. US - www.nacbt.org, Britain - www.babcp.com,
- NAMI Factsheets for CBT http://goo.gl/tFzVcy, and DBT http://goo.gl/oBtVqL.

# Cognitive Enhancement Therapy

**What is the essence?** Cognitive Enhancement Therapy (CET) is an approach to improve cognitive impairments including deficits in vigilance, attention, mental processing speed, working memory and planning. In turn, this rehabilitation can help improve social and vocational issues that may arise from these cognitive impairments. CET is for those stable with their mental health issues but who have not fully recovered. It consists of systematic, simple cognitive exercises on computers coupled with weekly social cognitive group sessions for one to two years. Although CET has a similar name to CBT (see p. 27) they are very different. CBT focuses on the *accuracy of the content* of cognition (e.g. is it true that everyone dislikes me?). CET focuses on improving the brain's *information processing* (how can I better focus my attention and remember things?).

**What diagnoses might this help?** Schizophrenia and related disorders.

**What evidence shows this is effective?**

- In a two year randomized study of 121 persons with schizophrenia or schizoaffective disorder, CET has been shown to have strong and enduring effects in five composite measures (neurocognition, mental processing speed, cognitive style, social cognition, and social adjustment). [189]
- In one study, 54% of CET participants were actively engaged in paid competitive employment at the end of 2 years of treatment as compared to 18% of those that received enriched supportive therapy (EST). Those receiving CET also earned significantly more money per week and were more satisfied with their employment. In addition, significant effects of CET were observed on multiple measures of negative symptoms, as well as on measures of anxiety and depression. [190]
- A long-term study found most of the effects of the CET on cognition and behavior were maintained one year after treatment ended. [191]
- CET can avoid gray matter loss in key brain areas and the increase in gray matter in others. [192]
- CET is recognized by SAMSHA as an evidence-based practice. Additionally, the Center for Cognition and Recovery (CCR) was awarded the 2011 Substance Abuse and Mental Health Services Administration (SAMHSA) Science and Service Award for its work with CET. [193]

**What considerations should I keep in mind?** To better understand CET, the following analogy may be helpful. If our mental faculties are considered a muscle, CET seeks to strengthen that muscle through exercise and use. It doesn't seek to explore why the muscle may have been weakened in the first place, but accepts the current situation and seeks to make the muscle stronger and more functional by putting it to work. As such, CET is complementary to other forms of therapy that may seek to address root causes. While medication has been shown to improve the positive symptoms of schizophrenia (e.g. hallucinations, voices), there are no current medications that address cognition (a negative symptom). CET appears promising to address some of these negative cognitive symptoms. Over 138 CET groups have been completed thus far and about 44 groups are currently being run. All CET sites report similar results with 80 to 90% attendance rate, 85% graduation rate and CET graduates truly progressing in their recovery. Although the computer interaction of CET is important, it is felt that the social interaction (see *social networks*, p. 23) of CET is invaluable. [194] One of the most difficult things with CET is the commitment to the extended time for the therapy, often 48 weeks or more. There are a growing number of health providers that offer CET, with most in Ohio but with sites also in Pennsylvania, West Virginia, Kentucky, Missouri and Texas.

**What are additional resources?**

- Hogarty G, Personal Therapy for Schizophrenia and Related Disorders A Guide to Individualized Treatment, Guilford Press, 2002.
- Center for Cognition and Recovery (CCR), Cleveland, http://cetcleveland.org/default.aspx.

# Self-Management Therapy

**What is the essence?** Self-management therapies are approaches that help people understand their mental health issues and self-direct their recovery. They often include drug therapy, training and group interaction as well as toolkits for goal-setting, planning and monitoring. Self-management therapies are often based on *recovery models* - general wellness principles that have proven to help people regain health. Specifics:

- **Recovery Models**. Recovery models are often seen as *individual/wellness* oriented as opposed to *doctor/illness* oriented. Recovery models include: SAMHSA (http://goo.gl/y6S611), Tidal model (http://goo.gl/BZvf4Q), People model (http://goo.gl/x4ZZQ9), Wisconsin Coalition for Advocacy model (http://goo.gl/m6oj4U), Mental Health Recovery Star (http://goo.gl/TDxpc3), Recovery Map (http://goo.gl/7ccRtd). See endnote # 150 for a recovery vs. medical model discussion.
- **Wellness Recovery Action Plan™ (WRAP®)**. A self-management program for all diagnoses designed to *monitor* uncomfortable feelings and behaviors, and through *planned responses*, aims to reduce, modify, or eliminate them. It uses a customized "Wellness Toolbox" and includes response plans from others when the person with mental health issues is unable to help themselves. WRAP® is the most widely used self-management therapy with over 1500 WRAP® leaders trained. There is cost associated with Wrap® material.
- **Other self-management tools (for all diagnoses).** NAMI Hearts & Minds Roadmap (http://goo.gl/Qdq6PW), NAMI Wellness Resources (http://goo.gl/6j11Ud), Illness Management & Recovery (http://goo.gl/C7XOsg), Mental Health America Tools (http://goo.gl/dNKk2W), Choices in Recovery (http://goo.gl/dSxsND), Wellness Self-Management (http://goo.gl/0aS31X), Mental Disorders Toolkit (http://goo.gl/2q92a8), Hafal recovery (http://goo.gl/nmqEt2), and BlackDog Toolkit (http://goo.gl/nHe65a).
- **Other self-management tools (for specific diagnoses)**. Depression and Bipolar Wellness Toolbox (http://goo.gl/CDzoLs), Depression Toolkit (http://goo.gl/7qsO17), University of Michigan Depression Toolkit (http://goo.gl/yMSJ6m), Anxiety Disorders Toolkit (http://goo.gl/70719N), Dealing With Psychosis Toolkit (http://goo.gl/oQgJUk), ReThink Schizophrenia Self-Management (http://goo.gl/KDgOaS), A Toolkit for Families (http://goo.gl/9G0dxF), Beating Bipolar interactive course (http://www.beatingbipolar.org), Bipolar mood mapping (www.moodmapping.com), and Optimism app (www.findingoptimism.com).

**What diagnoses might this help?** All diagnoses except for diagnosis-specific self-management approaches.

**What evidence shows this is effective?** There is little research on self-management therapy and the evidence present for psychosis is inconclusive.[195] WRAP® is evidence-based[196] and people participating in WRAP® had "significant improvements in symptoms and many psychosocial outcome areas associated with recovery".[197]

**What considerations should I keep in mind?** SAMHSA is clear: "*self-determination and self-direction are the foundations for (mental health) recovery*". Self-management therapies and recovery models rightfully emphasize self-determination and self-empowerment in recovery but should not be considered incentive to "go it alone". If used, consider self-management programs that are robust and promote engagement with healthcare professionals and peers; respect the value and limits of psychotropic drugs; encourage wellness basics; and are welcomed by the person seeking recovery. In the end, self-management approaches are only as valuable as the individual commitment to use them. Start with something small and achievable. Grow it as success is created. Attending support groups (p. 26) and psychoeducation (p. 25) can give support and incentive to stay on track with a self-management plan.

**What are additional resources?**

- National Mental Health Consumers' Self-Help Clearinghouse http://goo.gl/MXoDwJ.
- ReThink, a guide for mental health professionals to support self-management http://goo.gl/y0II8w.
- WRAP® www.mentalhealthrecovery.org, www.copelandcenter.com, www.wrapandrecoverybooks.com.

# Orthomolecular Psychiatry

**What is the essence?** Orthomolecular psychiatry[198] is the first Western discipline to use supplements and vitamins for mental health, proven effective in many recent studies. Whereas much of traditional psychiatry focuses on symptom relief, Orthomolecular Psychiatry looks for underlying causes of mental health issues – a perspective it shares with *Functional Medicine*. These underlying causes may include food allergies, environmental toxicity, vitamin imbalance, hypoglycemia, hypothyroidism, and other disorders. Orthomolecular Psychiatry often treats with diet, mega-vitamins, supplements and other modalities in addition to psychotropics.

**What diagnoses might this help?** All diagnoses.

**What evidence shows this is effective?** Research includes:

- **Overall.** People with elevated B vitamins, C, D, E and Omega-3 are correlated with improved cognitive function and increased brain size on MRIs.[199] Micronutrient treatment for ADHD patients can induce robust improvements in symptoms, depression, and global functioning with no adverse effects.[200]
- **Omega-3**. Bipolar patients given omega-3 had significantly longer periods of remission and scored higher on every psychological outcome than a placebo group.[201] Double-blind trials show omega-3 fatty acids may prevent first episode psychosis.[202] A study of 81 youths with signs of early schizophrenia showed that 5% of patients who took fish oil later developed schizophrenia as compared to 28% who took a placebo.[203]
- **Vitamin D**. A study of 18,411 women found those in the highest quartile of Vitamin D consumption had a 37% lower risk of psychotic-like behavior than women in the lowest quartile.[204]
- **B6/B9/B12**. Higher intake of B6/B12 is associated with decreased risk of depression in the elderly for up to 12 years – the greater the B6/B12 dosage the less depressive symptoms.[205] B9 (i.e. folate, folic acid) is often low in schizophrenic patients and B9 supplements significantly improve their negative symptoms.[206] A gene mutation significantly correlated with B9 occurs frequently in psychiatric populations indicating a potential for B9 as a treatment for schizophrenia, depression and bipolar.[207] The relapse rate for patients with major depression was 42.9% for those with low B9 levels and 3.2% for those with normal levels.[208] B vitamin therapy has proven helpful to address under-methylation, a condition often associated with mood and behavior disorders.[209]
- **B3**. Although there are contradictory studies,[210] schizophrenia B3 trials have shown a doubling recovery rate, a 50% reduction in hospitalization rates, and a significant reduction in suicide.[211] During these trials, B3 mega-dosages proved nontoxic.[212] Dietary B3 may also protect against age related mental decline.[213]
- **Trace Elements.** *Zinc* supplements have shown benefit for depression.[214] Elevated *copper* is seen in schizophrenia, depression and autism.[215] Low *magnesium* is linked to depression and other psychiatric disorders.[216]
- **Probiotics**. Probiotics (see digestion, p. 19) appear to help significantly lower stress[217] and improve mood.[218]
- **Others**. The use of Inositol[219] and SAMe[220,221] for depression have shown promising clinical benefits.

**What considerations should I keep in mind?** Consider providers who uses robust test protocols (see endnote #42) for diagnosis (not "one size fits all"). Based on test results, individualized vitamin, allergy (p. 32), toxin (p. 19) or other therapy is often begun including diet. If sustained symptom improvement is found using IP, it may be possible to lower psychotropic dosages and associated adverse effects.[222] IP side effects appear to be uncommon and minimal (except "niacin flush", avoidable via non-flush varieties). There are many cases of recovery using IP.[223] Avoid self-diagnosis. IP is often overlooked yet is a promising form of mental health treatment.

**What are additional resources?** See Alternative Mental Health Organizations, p. 39.

# Endocrine Therapy

**What is the essence?** Endocrine therapy is a targeted restorative response to an identified glandular (e.g. thyroid, adrenal) disorder. The two most common types of thyroid disorder – hyperthyroidism (overactive) and hypothyroidism (underactive) – can cause mental health issues. [224] The relationship between mental health issues and thyroid dysfunction is significant. Thyroxine (a thyroid hormone) has been used to treat certain psychiatric conditions and may hasten and augment the effects of antidepressants. Also, Lithium (a bipolar medication) produces hypothyroidism in some patients. Much more rarely, adrenal dysfunction (Addison's disease caused by a lack of an adrenal hormone and Cushing's disease caused by an overabundance) can cause mental health issues. The thyroid works in concert with the adrenal, so if one needs therapeutic support, the other may need support as well. [225]

**What diagnoses might this help?** Thyroid dysfunction can trigger depression, bipolar, borderline personality disorder and psychosis. [226] Adrenal dysfunction can trigger shifts in mood with psychosis possible in severe cases. [227]

**What evidence shows this is effective?**

- **Thyroid dysfunction prevalence**. Thyroid disorders are relatively common: 9.5% of the population have indicators of hyperthyroidism. [228] This is important since even subclinical (borderline) hypothyroidism can cause mental health issues. [229] The incidence of thyroid problems in psychiatric patients is even more pronounced: 15% of those admitted to psychiatric hospitals have mild or greater hypothyroidism. Much greater still is the link between thyroid dysfunction and mood disorders: two-thirds of bipolar patients in depressive states have subclinical hypothyroidism. These individuals recover significantly more slowly than those with optimum thyroid profiles. [230]
- **Thyroid correlation to mental health issues**. There is a strong correlation between thyroid disorders and mental health issues: most adults with thyroid dysfunction will develop mental health issues. The causative nature of hypothyroidism appears to be more pronounced than hyperthyroidism.[231]
- **Early thyroid intervention**. Traditional blood tests can identify the clinically unmistakable cases of thyroid dysfunction. However, supporting the thyroid before it weakens to this degree can be a very important intervention for schizophrenia.[232]
- **Thyroid treatment efficacy**. Treating an underlying thyroid problem (typically with drugs/surgery) often alleviates the associated psychiatric symptoms.[233] A large trial (STAR-D) showed that the thyroid hormone T3 is as effective as lithium in treatment of resistant depression.[234]

**What considerations should I keep in mind?** Because of the relatively common occurrence of thyroid disorders – and even more common occurrence of their subclinical counterparts – testing for thyroid dysfunction in cases of mental health issues should be considered as an integral part of comprehensive screening exams (see endnote # 42). Thyroid disorders are generally diagnosed via simple blood tests and medical imaging. When detected and effective thyroid treatment is begun, the general response is quite favorable.[235]

An emerging idea is to treat subclinical hypothyroidism when it is accompanied with mental health issues. Although this is not yet widely accepted, such supportive treatment is consistent with the above studies.

**What are additional resources?**

- Thyroid Foundation of Canada, www.thyroid.ca.
- Integrative Hypothyroid Treatment, University of Wisconsin, http://goo.gl/R00nAo.

# Food Allergy Therapy

**What is the essence?** Food allergies may cause mental health issues. Allergy therapy is the elimination of foods from the diet that cause allergic reactions. Gluten (a protein present in wheat, rye and barley) allergies appear to show the highest correlation to mental health issues, followed by dairy and others.

**What diagnoses might this help?** Diagnoses include Bipolar, schizophrenia, anxiety, major depression.

**What evidence shows this is effective?** Studies include:

- **Gluten**. Celiac Disease (CD) is an immune-mediated disease related to gluten that occurs in about 1% of the population. Gluten sensitivity (GS) is estimated to be 6 times more common than CD. Both often co-occur with a variety of neurologic and psychiatric disorders. [236] Noting CD prevalence, Mayo Clinic advises that we may need to move to universal screening for CD. [237] Studies include:
  - In the most complete study of gluten and bipolar, researchers tested 102 people with bipolar and 173 people without a psychiatric disorder. Individuals with bipolar disorder had a much higher risk of having increased levels of IgG antibodies to gluten as compared to those without. [238]
  - A study reported 1/3 of individuals diagnosed with CD also suffer from depression. [239] Additionally, 35% of CD cases (as proven by biopsy) have a history of mental health issues.[240] CD is found 3 times more often in those with schizophrenia than in the general population. [241]
  - An epidemiological study showed that the reduction in gluten rations during WWII significantly correlated to reduced schizophrenia prevalence in 5 countries. [242]
- **Milk/Dairy**. The prevalence of lactose intolerance varies across population groups. It can reach over 50% in African American, Hispanic, Asian, and American Indian populations. [243]
  - Studies have shown increased levels of antibodies to bovine casein (found in cow's milk) in people with schizophrenia. This provides a rationale to evaluate dietary changes (in this case the reduction or elimination of milk products for those that are lactose intolerant) for those with mental health issues. [244]
  - Studies conducted on 30 women suggest that lactose intolerance influences depression. Women with lactose intolerance scored higher on the Becks Depression Inventory than the women without. [245]
- **Other allergies.**
  - 71% of people with depression also have a history of allergies. [246] This is 3.5 times the rate of the general population. [247] Additionally, as allergy scores increase, so do anxiety symptoms. [248]
  - A study found that children with ADHD who followed a supervised "few foods" diet for no more than 5 weeks exhibited substantial changes in behavior. 70% of the children showed behavior improvements of 50% or more and no longer met the DSM-IV criteria for ADHD. [249]
  - In testing patients with schizophrenia it was found that 92% reacted to one or more substances as follows: Wheat (64%), corn (51%), Pasteurized whole cow milk (50%), Tobacco (75% with 10% becoming psychotic), Hydrocarbons (30%). [250]

**What considerations should I keep in mind?** Start with screening for possible allergies by working with your chosen provider (see endnote # 42). To determine allergies to specific foods, allergy tests can be done through elimination diets (removing suspected allergy agents from the diet and then reintroducing them to assess reaction – see endnote #72), skin tests, blood tests or other methods. When food sensitivities are found, reduce/eliminate those foods while ensuring appropriate overall nutrient intake. Foods that often point to allergies are ones that you crave, you view as "comfort food" or those that produce anxiety after eating. [251] While evaluating for possible food allergies, maintain a good mental health diet (see p. 19).

**What are additional resources?**

- www.glutenfreesociety.org. Education for doctors and patients about gluten sensitivity.

# Hypoglycemic Therapy

**What is the essence?** Hypoglycemia is a common condition of an abnormally low level of sugar (glucose) in the blood. Of all the tissues in the body, the brain is most dependent on the moment-by-moment supply of glucose from the blood stream to function properly. [252] As a result of the brain's dependency on glucose, mental health issues are sometimes seen if glucose is diminished. [253] For those with hypoglycemia, the therapy is primarily changes to diet - eliminating sugar, white flour, alcohol, caffeine and tobacco consumption and moving to six small daily meals [254]. Other therapies to affect glucose level may be appropriate depending on the specific cause of hypoglycemia.

**What diagnoses might this help?** Schizophrenia**,** anxiety, mood swings, mania, and depression are possible symptoms of hypoglycemia.

**What evidence shows this is effective?** Hypoglycemia studies include:

- **Sugar and Schizophrenia**. Results from four out of five placebo-controlled studies in England, and a cross-national analysis of schizophrenia outcomes in relation to national dietary practice, confirm that an excess of sugar and saturated fat in the diet appears to worsen the long-term outcome of schizophrenia. A diet with high saturated fat, high glycemic load, and low omega-3 PUFA, may also increase the symptoms of schizophrenia. [255]
- **Sugar and Depression**. Research indicates that a diet high in added sugar reduces the production of a brain chemical known as brain-derived neurotrophic factor (BDNF).[256] BDNF plays an important role in forming new neural growths and synapses and therefore has an important tie to mental health. Research has also linked low BDNF levels to depression. [257] Levels of BDNF are particularly low in people with an impaired glucose metabolism – diabetics and pre-diabetics – and as the amount of BDNF decreases, sugar metabolism worsens.[258]
- Also, research indicates that diets containing high amounts of refined sugar are correlated to worsening symptoms of schizophrenia and a higher rate of depression. Research recommends limiting sugar consumption to 10 percent of total energy (or calorie) intake.[259]

**What considerations should I keep in mind?** Start with screening for hypoglycemia as part of a broader test protocol (see endnote # 42). Those with hypoglycemia and those with periodic low blood glucose levels accompanied with mental health issues should consider a hypoglycemic diet. Dietary options such as fish, seafood and starchy roots can provide a healthy source of energy for those on a hypoglycemic diet. These options are associated with reducing the prevalence of depression. The most common forms of hypoglycemia occur as a complication of diabetes treatment. [260] Hypoglycemia is less common in non-diabetic persons, but can occur at any age. If the patient is on insulin, reduction of the insulin dosage may be needed.

**What are additional resources?**

- Glycemic index & glycemic load, http://goo.gl/hNuH3R
- Hypoglycemia Support Foundation, www.hypoglycemia.org.
- National Diabetes Information Clearinghouse www.diabetes.niddk.nih.gov/dm/pubs/hypoglycemia.

# Hospital, Residential & Community Therapy

**What is the essence?** Hospital, Residential and Community therapies are used when mental health issues become too severe to be managed by an individual and their loved ones. These therapies typically rely heavily on psychotropics for Symptom Care, and may include the difficult choice of forced treatment.

- **Hospitalization**. Hospitalization is generally recommended when a person with mental health issues becomes a danger to themselves or others or is otherwise in crisis. Hospitalization typically targets stabilization of the patient, very often through drug therapy often ending in discharge in two weeks or less. A chronic shortage of hospital psychiatric beds often creates pressure to release patients immediately after stabilization and can result in sending patients to hospitals outside of their area. Also, "open-ward" policies significantly reduce coercive measures, seclusion and forced medication over closed "closed wards".[261]
- **Residential Recovery**. Residential centers are supportive environments to live for those with mental health issues. Some are considered a holistic healing community in which the participants work with both those with and without mental health issues to learn new coping skills, independent living and fulfillment.
- **Assertive Community Treatment (ACT).** ACT is a treatment model for serious mental health issues. Teams can include peer support specialists, psychiatrists, substance abuse counselors and others. ACT often includes involuntary drug therapy and is therefore controversial with polarizing ethical dilemmas. [262] How is a patient's self-determination [263] weighed against a patient's best interests as asserted by family or others? Is non-treatment passive neglect? Is forced treatment ethical given the potentially significant drug side effects? See endnote # 28.

**What diagnoses might this help?** All diagnoses.

**What evidence shows this is effective?** There are few studies that validate the effectiveness of residential therapy for adults. Trials comparing ACT to other community-based care consistently show that ACT substantially reduces use of inpatient services and promotes continuity of outpatient care. [264] However, studies rarely evaluate whether recovery is enhanced with ACT. A Rand Corp. study reviewing ACT implementations in 8 states found that there is no evidence that a court order is necessary to achieve drug compliance and good outcomes.[265]

**What considerations should I keep in mind?** For all approaches in this category it is important to give care providers a comprehensive documented medical history (especially including drugs used and reactions). Loved ones should stay very close to care providers and be assertive advocates to ensure optimal individualized care. Consider a psychiatric advance directive, a document that defines an individual's preferences for intervention should they become unable to communicate those preferences as result of a crisis or incapacity. Due to the typically short stay in hospitals, there is little ability to experiment with drugs to find those most suitable, so continuity of care after discharge is vital. ACT approaches can occur in clinics or communities.

Patients typically enter residential treatment in crisis or near-crisis situations when their needs are too severe to be managed with outpatient treatment but not severe enough to require inpatient treatment. [266] Residential facilities often offer psychotherapy, drug and alcohol counseling, and social-skills training. Before selecting a residential treatment center understand the history of outcomes for their patients, see existing patients and do an extensive on-site evaluation. Residential Recovery therapy is often very expensive.

**What are additional resources?**

- Selecting residential facilities. www.artausa.org and www.residentialtreatmentcenter.com.
- A few residential facilities by state. CO www.windhorseimh.org; NC www.cooperriis.org; OH www.hopewell.cc; MA www.gouldfarm.org; MI www.rosehillcenter.org, and other www.larcheusa.org.
- ACT. NAMI Tools http://goo.gl/EODMtn; PsychRights www.psychrights.org, SAMHSA Tools http://goo.gl/VRwfSU.
- Advance Directives. National Resource Center www.nrc-pad.org; Bazelon Center http://goo.gl/dw2oYQ.

# Non-Invasive Therapies

**What is the essence?** Non-Invasive therapies seek to influence the brain and thought patterns without intrusion into the body and without the human interaction involved in psychosocial techniques. They include neurofeedback, hydrotherapy, sound therapy, light therapy and anion therapy. Although this group of therapies is included in the *Integrative Restorative* category, it can also be classified in the *Symptom Care* category.

**What diagnoses might this help?** Variable by individual therapy, see below.

**What evidence shows this is effective?** Overall, the scientific evidence for non-invasive therapies is less rigorous than with other therapy groups, though each study should be evaluated on its own merits.

- **Neurofeedback**. Neurofeedback, also called electroencephalography (EEG) biofeedback, uses a real-time display of brain activity as an aid to help people manipulate their own neural activity. Relative to mental health, neurofeedback has been studied most extensively for ADHD. A review of studies indicates that neurofeedback is likely effective to improve ADHD symptoms, but that more extensive testing should be run. [267] For schizophrenia, one study showed that 98% of patients who undertook a protocol of 60 neurofeedback sessions showed clinical improvement. [268] Another showed that neurofeedback for treatment-resistant schizophrenia cases improved cognitive and behavioral patterns that were sustained for 2 years. [269] Benefits for those with schizophrenia can also include consistent increases in attention/vigilance, working memory and processing speed, [270] similar to the benefits of CET (see p. 28).
- **Sound Therapy**. Sound therapy is the use of sound to address primarily hallucinations. Anecdotal cases of using a sound generator to achieve complete remission of audio/visual hallucinations have occurred. [271] In addition, other cases have shown that the use of a personal stereo [272] and listening to radio on headphones [273] can decrease or virtually eliminate the severity of auditory hallucinations. A white noise generator appears to decrease psychological symptoms in dementia patients with schizophrenia. [274]
- **Light Therapy**. Light therapy is used to treat seasonal affective disorder (SAD) by exposure to artificial light. SAD is a type of depression that usually occurs in fall or winter. During light therapy an individual sits near a light therapy box that gives off bright light that mimics natural outdoor light. A meta-analysis suggests that bright light treatment and dawn simulation for SAD and bright light for nonseasonal depression are effective. [275]
- **Hydrotherapy**. Hydrotherapy is the use of hot or cold water, often as showers/baths, to provide a temporary calming influence for those experiencing mania or psychosis. It was used before the advent of psychotropics and is seeing resurgence in popularity. [276] Warm showers are often found to be soothing while bracing cold showers may help interrupt unhelpful thought patterns by jolting the awareness to focus on the sensation of cold.
- **Ambient Air Anionization**. Ambient Air Anionization (AAA) uses an anion generator to increase ambient anions (O2-). A double-blind test of AAA showed significant anti-manic effects for those with bipolar. [277] High-density ions act as an antidepressant and can be considered possible alternative to light therapy and may be able to reduce reliance on antidepressant medication. [278]

**What considerations should I keep in mind?** Non-Invasive therapies can be used in combination with psychotropics. No serious adverse side effects from non-invasive therapies appear to have been reported. Part of the benefit of neurofeedback is its ability to reduce stress which can aid a variety of diagnoses. Sound therapy offers an external auditory experience that appears to be able to interrupt inner auditory experiences for some people. Sound therapy is related to music therapy (see p. 22). Anions improve breathing by increaseing cilia activity in the trachea which helps minimize the introduction of foreign particles into the lungs, which in turn may help reduce stress.

**What are additional resources?**

- **Neurofeedback**. www.eeginfo.com, www.eegspectrum.com.
- **Light Therapy**. NAMI Seasonal Affective Disorder factsheet, http://goo.gl/9YiHBl.

# Electroconvulsive Therapy

**What is the essence**? Electroconvulsive therapy (ECT) is the most controversial treatment in psychiatry.[279] ECT creates electrically induced seizures in anesthetized patients to reduce symptoms of mental health issues. Usually ECT is unilateral (in only one side of the brain) but when patients are not responding to this treatment, ECT may be done bilaterally (in both sides of the brain). Depending on the situation, most people will have between four and six treatments before their symptoms show significant improvement. Most patients will continue to have regular treatments until their symptoms are significantly decreased.

**What diagnoses might this help?** ECT is used in the treatment of severe depression and depression with psychosis most often used when patients do not respond to drug therapies. It is also used for patients with other mental health diagnoses.

**What evidence shows this is effective?**

- Controversy exists over the efficacy of ECT. On the one hand, a large body of reviews concludes that ECT is effective in the treatment of depression. In some diagnoses, studies suggest that ECT can be up to 90 percent effective in reducing the symptom severity.[280] However, many double-blind placebo controlled studies have found no better outcomes for ECT than using sham-electroshock (anesthesia applied, but no electroshock).[281] In fact, one study indicates that substantial numbers of patients respond to sham treatments robustly[282] and a literature review concludes that "given the strong evidence of persistent, and for some permanent brain dysfunction, and the evidence of a slight but significant increased risk of death, the cost-benefit analysis of ECT is so poor that its use cannot be scientifically justified".[283]
- In a survey of patient's experiences of ECT, one third experienced persistent memory loss following ECT.[284] California statistics indicate memory loss in 20-25% of the cases using ECT.[285]
- A 2004 large clinical study of ECT patients in New York—describing itself as the first systematic documentation of the effectiveness of ECT in community practice in the 65 years of its use—found remission rates of only 30 to 47 percent, with 64 percent of those relapsing within six months.[286]
- Controversy exists over the long-term effects of ECT. Although the American Psychiatric Association, the Surgeon General and others have concluded that there is no evidence that ECT causes structural brain damage, ECT clearly can cause long-term cognitive effects (memory loss). In July 2007, the first large-scale (347 subjects) study of the long-term effects of ECT "provides the first evidence in a large, prospective sample that adverse cognitive effects can persist for an extended period". Further, *bi-lateral* ECT resulted in greater retrograde amnesia than the other electrode placements and this effect is linearly related to the number of bi-lateral treatments administered during the acute ECT.[287]

**What considerations should I keep in mind?** Opinions are polarized on ECT with the Mayo clinic calling it the "gold standard" for severe depression[288] while some researchers view it as offering no benefit lasting beyond a few days with such benefit not worth the risk[289] and others still indicate that virtually all patients experience persistent memory loss.[290] ECT has been used since the 1940s during which time some considered it abusive in part because of how it was administered (which has greatly improved). The most common side-effects of ECT are memory loss, headaches and muscle pain. ECT appears to work faster with fewer side effects than psychotropic drug treatment. It isn't clear why ECT works. Consider avoiding bi-lateral ECT to help avoid long-term memory loss.

**What are additional resources?**

- NAMI Electroconvulsive Therapy Fact Sheet, www.nami.org/factsheets/ECT_factsheet.pdf.

# Repetitive Transcranial Magnetic Stimulation Therapy

**What is the essence?** Repetitive Transcranial Magnetic Stimulation Therapy (rTMS) places an electric magnetic impulse to the frontal cortex similar to what one would experience in getting a magnetic resonance image (MRI) of their brain. The impulse is a much smaller electric current than electroconvulsive therapy (ECT) – see p. 18 – and does not result in seizure or loss of consciousness. The current is from an electromagnetic coil that delivers the pulses through the forehead. Each session of rTMS lasts approximately 40 minutes conducted in an outpatient office. The procedure, given daily, occurs over a four-to-six-week period. The theory of the treatment is that electrical currents activate neurotransmitters implicated in the symptoms of depression—serotonin, norepinephrine and dopamine. [291]

**What diagnoses might this help?** The FDA has current only officially cleared rTMS for a single indication: treatment-resistant depression. rTMS, as a generic procedure, has not been approved by the FDA. TMS has also been shown to have some beneficial effects in the treatment of posttraumatic stress disorder (PTSD) and obsessive compulsive disorder (OCD). [292]

**What evidence shows this is effective?** Studies include:

- In a double-blind trial with individuals who had not adequately benefited from prior antidepressant medication, patients treated with rTMS had a significantly greater improvement in depression scores as compared to the control group. This provides evidence for the short-term efficacy of slow rTMS in patients with recurrent major depression. [293]
- In an open-label trial, which is most like real-world clinical practice, 54% of individuals treated with rTMS experienced a significant improvement in symptoms. [294]
- While these studies suggest that rTMS may be quite beneficial, other studies have suggested otherwise—that rTMS may not have a substantial benefit as opposed to placebo treatment. [295]
- The most common deficiency in rTMS studies to date is the relatively small sample sizes of these studies (from 6 to 70 with most < 20). [296] rTMS has not been thoroughly studied for people who have failed two or more adequate trials of antidepressants or for people who have not been on antidepressants. rTMS is not indicated for individuals who have bipolar disorder, depression with psychosis or individuals with a high risk of suicide. There are no long-term studies of this treatment.
- The most common rTMS side effect is scalp pain at the site of stimulation. Most patients find this mild to moderate in intensity and it usually fades after the first week. However, in rare cases it can cause seizure and death. [297]
- A longitudinal study found that rTMS gains were maintained for a year in 26%-37% of the patients, however, additional treatment beyond the standard protocol timeframe was given if deemed necessary. [298]

**What considerations should I keep in mind?** Approved by the FDA in 2008 for severe depression, rTMS works best in patients who have failed to benefit from one, but not two or more, antidepressant treatments. Unlike ECT, rTMS does not require sedation. rTMS has a low rate (~ 5 percent) of discontinuation due to adverse effects (most commonly headache). People who have metal (aneurism clips, pacemaker, a VNS device) near the device may not use the treatment. There is no evidence to support the use of “maintenance treatment” with rTMS. rTMS can be expensive. Some insurers are covering rTMS for major depression after trials of medications (and in some cases) psychotherapy has been tried. rTMS is called “noninvasive”, but it does impact the brain in ways that are not fully understood.

**What are additional resources?**

- NAMI rTMS fact sheet. www.nami.org/factsheets/TMS_factsheet.pdf.

# Vagus Nerve Stimulation Therapy

**What is the essence?** A Vagus nerve stimulator (VNS) is similar to a cardiac pacemaker. The small device is implanted under the skin of the collarbone and sends pulses to the Vagus nerve in the neck. The transmission of these pulses affects the chemically and electrically excitable nerve cells in the brain which are involved in depressive states and can improve mental health.

**What diagnoses might this help?** The FDA approved use of VNS for adults with depression in specific situations: 1) for treatment of long-term, chronic depression that lasts two or more years, in conjunction with standard treatments; 2) recurrent or severe depression; 3) depression that hasn't improved after the use of at least four other treatments, such as four different antidepressants. [299]

**What evidence shows this is effective?** VNS research includes:

- 90% of the fibers in the Vagus nerve carry information from the gut to the brain. Given the tie between the Vagus nerve and emotional state, emotions may well be influenced by nerves in the gut. [300] This suggests the importance of digestion for mental health (see p. 19).
- Research shows that people with high Vagus nerve activation in a resting state are prone to feeling compassion, gratitude, love and happiness. Additionally children with high-baseline Vagus nerve activity are more cooperative and likely to give. [301]
- Studies have shown that VNS therapy significantly helps about 30% of patients who have been treated for chronic depression or type II bipolar affective disorder. [302]
- One small study of 11 patients found that response rates for the acute phase of the study were disappointing: only one patient responded after 3 months. By 1 year, 55% had responded to treatment, suggesting that long-term follow-up is required to realize VNS potential. [303] Very similar findings came from a second small study in which 9 of 13 participants saw improvements in depression, but it took several months. The researchers saw very large changes in brain metabolism occurring far in advance of any improvement in mood, "almost as if there's an adaptive process that occurs. First, the brain begins to function differently. Then, the patient's mood begins to improve". [304]
- Not all scientific studies have shown that Vagus nerve stimulation is an effective treatment for depression. Some studies have suggested it's no more effective than a placebo. [305]
- If a patient feels an improvement by 12 months, research shows that he or she has almost a 70% chance of keeping that positive response after two years. [306]

**What considerations should I keep in mind?** VNS is known to affect blood flow to the brain but it is unknown how it works to alleviate the symptoms of depression. VNS has side effects but patients often find them minor and decrease with time. The frequencies and currents of VNS electrical impulses can be adjusted to help minimize side effects. VNS is hoped to become a treatment that mimics the positive effects of ECT but with less adverse effects. In order to be a candidate for VNS, patients must have tried at least four different medication therapies for depression, from two different classes (which means that the medications must have at least two different mechanisms of action in the body's chemistry).

**What are additional resources?**

- www.psych.med.umich.edu/vns/. University of Michigan Depression Center overview.

# Alternative Mental Health Organizations

There are hundreds of mental health organizations working to make a difference. Those listed below are a subset with a significant orientation toward alternative mental health approaches. This list is not exhaustive nor does listing an organization indicate full support (see disclaimer, p 3). Organizations are included in the list if they are:

- Grounded in pragmatic and scientific approaches to help those with mental health issues
- Support to a significant degree non-drug approaches for mental health
- Respect the side-effects and limitations of psychotropics and seek to limit their use to that clearly necessary
- Respect and support the dignity of those with mental health issues, the prospect of recovery and the central importance of mental health self-determination
- Show organizational sustainability, self-consistency and project a positive voice in the mental health dialog
- Provide information and/or services to support those with mental health issues

| Organization | Category | Mission |
|---|---|---|
| Great Plains Laboratory www.greatplainslaboratory.com. | Biochemical analyses & treatments | Provide accurate, reliable and comprehensive bio-medical analyses to help people with chronic illness including mental illness. |
| Walsh Research Institute www.walshinstitute.org | Biochemical analyses & treatments | Unravel the biochemistry of mental disorders and develop improved clinical treatments through scientific research and medical practitioner education |
| American Board of Integrative Holistic Medicine. www.abihm.org | Integrative Medicine | Transform medical systems towards holism, by combining science and compassion. |
| American Psychiatric Association Caucus on Integrative Medicine www.intpsychiatry.com | Integrative Psychiatry | Further the medical and public understanding of Integrative Medicine in Psychiatry |
| Integrative Medicine for Mental Health www.integrativemedicineformentalhealth.com | Integrative Psychiatry | Advance knowledge and improve treatment of mental health disorders using a whole body approach respecting multiple fields |
| International Network of Integrative Mental Health www.inimh.org | Integrative Psychiatry | Advance an integrative whole person approach to mental health through education, research, networking and advocacy |
| Boston University Center for Psychiatric Rehabilitation http://cpr.bu.edu | Recovery & Rehabilitation | Improve the lives of persons who have psychiatric disabilities |
| Foundation for Excellence in Mental Health Care www.mentalhealthexcellence.org. | Recovery & Rehabilitation | Change mental health care via unbiased research, open dialog and the expectation of recovery |
| National Empowerment Center www.power2u.org | Recovery & Rehabilitation | Carry a message of recovery, empowerment, hope and healing to people with lived experience with mental health issues, trauma, and and/or extreme states |
| Psychiatric Rehabilitation Association www.psychrehabassociation.org. | Recovery & Rehabilitation | Grow and train the psychiatric recovery and rehabilitation workforce and advocate for their efforts |
| Recovery Devon (UK) www.recoverydevon.co.uk. | Recovery & Rehabilitation | Provide and promote psychiatric recovery via peer support, personal recovery plans and acute care provisioning for those in Devon, UK |
| Mental Health Foundation (UK) www.mentalhealth.org.uk | Recovery & Rehabilitation | Run research/delivery programs, educate and advocate to end mental illness and the inequalities surrounding it in the UK |
| Citizens Commission on Human Rights www.cchr.org | Mental Health Rights | Help enact mental health laws protecting individuals from abusive or coercive psychiatric practices |

| Organization | Category | Mission |
|---|---|---|
| European Network of ex-users and Survivors of Psychiatry www.enusp.org | Mental Health Rights | Helps survivors of psychiatric services in Europe communicate and provide mutual support in the personal, political and social struggle against injustice and discrimination |
| Freedom Center www.freedom-center.org | Mental Health Rights | Promotes compassion, human rights, self-determination, and holistic options for people labeled with severe mental disorders |
| International Society for Ethical Psychology and Psychiatry www.psychintegrity.org | Mental Health Rights | Promote safe, humane and life-enhancing approaches to help people diagnosed with mental disorders, opposing drugs and forced treatment except in dire circumstances |
| Judge David L Bazelon Center for Mental Health Law. www.bazelon.org | Mental Health Rights | Protect and advance the rights of people with mental illness/disabilities so that they can exercise their own life choices |
| Mind Freedom www.mindfreedom.org | Mental Health Rights | Support self-determination, safe/effective treatment options and win human rights campaigns for mental health consumers |
| National Association for Rights Protection and Advocacy www.narpa.org | Mental Health Rights | Promote policies and pursue strategies that result in individuals with psychiatric diagnoses making their own choices regarding treatment |
| National Coalition for Mental Health Recovery, www.ncmhr.org | Mental Health Rights | Ensure that consumer/survivors have a major voice in development and implementation of policies that affect them |
| Psych Rights Law Project for Psychiatric Rights www.psychrights.org | Mental Health Rights | End the abuses against people diagnosed with mental illness through individual legal representation, focused on unwarranted court ordered psychiatric drugging |
| Integrative Mental Health for You www.imhu.org. | Individual/Family Training | Optimize mental health by advocating spiritual wellbeing practices, providing mental health education and creating residential/community healing centers |
| Family Recovery Education. www.family.practicerecovery.com. | Individual/Family Training | Offer courses that look at the causes and outcomes for people struggling with extreme states of distress that get labelled “mental illness” from an open and broad holistic perspective. |
| Be Mindful Online, www.bemindfulonline.com. | Individual/Family Training | Provide structured training on practicing mindfulness in daily life. |
| Family Outreach & Response, www.familymentalhealthrecovery.org. | Individual/Family Training | Support and educate families and friends during the mental health recovery process. |
| Wellness Recovery and Planning, www.wrap.academy.reliaslearning.com/wrap-online-courses.aspx. | Individual/Family Training | Provide online courses to increase mental health recovery knowledge and introduce new mental health skills and strategies. |
| International Association for Suicide Prevention, www.iasp.info/resources/ | Individual/Family Training | Prevent suicidal behavior, and provide a suicide information forum. |
| Education 2 go. www.ed2go. | Individual/Family Training | Provide affordable online learning for adults. Search site for “Integrative Mental Health”. |
| International Centre for Recovery Action in Practice Education & Research, www.icra-wholelife.org. | Individual/Family Training | Further the Whole Life-Recovery approach in mental health by believing in the user’s capacity to recover through self-determination and professional support. |
| Council for Evidence-Based Psych (UK) www.cepuk.org | Mental Health Research | Communicate evidence of potentially harmful effects of psychiatric drugs to the people and institutions in the UK |
| International Society for Psychological and Social Approaches to Psychosis, www.isps-us.org | Psychosis & Schizophrenia | Promote research, education, and use of psychotherapy/psychological treatments for psychotic disorders |
| Hearing Voices Network USA www.hearingvoicesusa.org | Psychosis & Schizophrenia | Create support, learning and healing opportunities for people who hear voices or who have other extreme experiences |

| Organization | Category | Mission |
|---|---|---|
| International Schizophrenia Foundation www.isfmentalhealth.org | Psychosis & Schizophrenia | Raise the level of diagnosis, treatment and prevention of schizophrenia and allied disorders |
| International Society of Orthomolecular Medicine www.orthomolecular.org | Orthomolecular Medicine | Promote Orthomolecular medicine: preventing and treating disease by providing optimal amounts of substances which are natural to the body. |
| Orthomolecular Health (Canada) www.orthomolecularhealth.com | Orthomolecular Medicine | Advance orthomolecular medicine in Canada and internationally |
| Orthomolecular Medicine Online www.orthomed.org | Orthomolecular Medicine | Provide information and resources for orthomolecular medicine |
| Safe Harbor, www.AlternativeMentalHealth.com | Non-drug alternatives | Provide the world's most complete view of alternative mental health treatments through articles, directories of practitioners and email listservs. |
| National Center for Complementary and Alternative Medicine (NCCAM) http://nccam.nih.gov/health/whatiscam . | Non-drug alternatives | Define, through rigorous scientific investigation, the usefulness and safety of complementary and alternative medicine for improving health and health care |
| International Coalition for Drug Awareness, www.drugawareness.org | Non-drug alternatives | Educating on the potential harmful effects of psychiatric drugs, unethical pharmaceutical company marketing techniques and off-label drug prescribing |
| International Network Toward Alternatives & Recovery www.intar.org | Non-drug alternatives | Work for new clinical and social practices beyond the biomedical model to address the emotional distress of those often labeled as having psychosis |
| Open Dialog www.dialogicpractice.net | Non-drug alternatives | Provide training programs in Dialogic Practice and Open Dialogue techniques that emphasize listening and responding to the whole person with psychiatric distress |
| Soteria House www.moshersoteria.com | Non-drug alternatives | Provide information on the drug-free approach to recovery from schizophrenia developed by Loren Mosher |
| Get There, www.getthererecovery.com | Peer Support | Ease the recovery journey of fellow peers in mental health recovery |
| The Icarus Project, www.theicarusproject.net | Peer Support | Overcome of the alienation of mental ill-health and tap into the true potential that lies between brilliance and madness |
| National Mental Health Consumers' Self-Help Clearinghouse, www.mhselfhelp.squarespace.com. | Peer Support | Provide technical assistance for those with mental health challenges from peers. |
| Mind for Better Mental Health, http://www.mind.org.uk. | Mental Health Advocacy | Provide advice and support to empower anyone experiencing a mental health problem. Campaign to improve mental health services, raise awareness and promote understanding. |
| Mental Health America, www.mentalhealthamerica.net. | Mental Health Advocacy | Promote mental health, prevent mental disorders and achieving victory over mental illness through advocacy, education, research and services. |
| Pathways to Promise, www.pathways2promise.org. | Faith-based support for Mental Health | Provide assistance and liturgical/education materials, program models and caring ministry for people experiencing mental illness and their families. |
| Assistance Dogs International www.assistancedogsinternational.org. | Mental Health Service Dogs | Improve training, placement and use of assistance dogs and advocate for the rights of people with disabilities partnered with assistance dogs |
| www.petpartners.org | Mental Health Service Dogs | Promote human-animal interactions to improve people's physical, emotional and psychological lives |
| United States Dog Registry, www.usdogregistry.org. | Mental Health Service Dogs | Provide service dog, emotional support dog, and therapy dog registration and products. |
| International Association of Assistance Dog Partners, www.iaadp.org | Mental Health Service Dogs | Help people partnered with guide, hearing and service dogs |

# Alternative Mental Health Practitioners

There are a growing number of practitioners in the field of Integrative Psychiatry and alternative treatments for mental health, though the field has imprecise boundaries. Consider the following directories, clinics and practitioners when seeking integrative mental health care. For considerations that may help you select mental health care practitioners that meet your needs, see endnote #37.

- **Directories of Integrative Psychiatrists**. American Psychiatric Association directory http://goo.gl/rzqPez, Integrative Medicine for Mental Health Referral Registry http://goo.gl/pq6vCM.
- **Directories of Naturopaths.** Find a Naturopath http://goo.gl/LBbOrk, American Association of Naturopathic Physicians directory http://goo.gl/PfhuR4, Canadian Association of Naturopathic Doctors www.cand.ca.
- **Directories of Orthomolecular practitioners**. Orthomolecular.org worldwide practitioner directory http://goo.gl/bqhSqC, Walsh Institute biochemical/nutrient therapy practitioner directory http://goo.gl/dfZCDD, Canadian Society of Orthomolecular Medicine practitioner directory http://goo.gl/7zWCTA.
- **Directories of Alternative/Integrative Medicine practitioners.** Integrative Psych MD Resources for Integrative Medicine http://goo.gl/VMjflW, AlternativeMentalHealth.com practitioner directory, http://goo.gl/13q2LK, American Board of Integrative Holistic Medicine physician directory http://goo.gl/HtkJ0i, American College for Advancement in Medicine directory of complementary and integrative medicine practitioners http://goo.gl/r43Ypd, Food Matters directory of holistic healthcare practitioners http://goo.gl/jih9aZ, American Holistic Health Association practitioner directory http://goo.gl/oPVOe5.
- **Hospitals with Integrative Psychiatry focus**. CA http://goo.gl/UpSEl4; PA http://goo.gl/FsnMx4; OH http://goo.gl/LmXtcc; MN http://goo.gl/QV3Nm9; NY http://goo.gl/idUun5).
- **Integrative Psychiatry clinics/practices**. AZ www.mypassion4health.com; IL www.mensahmedical.com, MA http://goo.gl/lyWQ6f; MD www.holisticpsychiatrist.com; MI www.drlmassoumi.com, www.michiganintegrative.com, www.paulthielkingmd.com, www.integrativechildpsychiatry.com; NY http://goo.gl/0V4xrV; CO http://goo.gl/fKhfzD; CA http://goo.gl/bfO3eG; KY http://goo.gl/ti9sW.
- **Anthroposophical health centers** www.steinerhealth.org.
- **Orthomolecular clinics** www.nmrc.ca.

Notes:

- For Michigan residents, www.mensahmedical.com is one of the closest clinics that provide a comprehensive orthomolecular lab test protocol and consultation. At last check the lab tests were about $350 and the consultation about $700.
- Providing these links does not constitute an endorsement (see disclaimer, p3).

# Additional Resources

Alternative Psychiatric Treatments and Recovery/Rehabilitation Resources

- Guide to Complementary and Alternative Medicine Treatments in Psychiatry, http://goo.gl/Ww25Yo.
- Complementary and Alternative Medicine for Mental Health, MH America, http://goo.gl/gFXz3w.
- Orthomolecular Psychiatry Resources. Books by Abram Hoffer, Andrew Saul and Carl Pfeiffer.
- Alternative Treatments for Extrapyramidal Symptoms, Schizophrenia, Bipolar, http://goo.gl/DB44ql.
- Codex Alternus: Depression and Anxiety Spectrum Disorders (alternative treatments), http://goo.gl/nfXVSa.
- Recovery Resources Overview: http://goo.gl/Q6mKd3, http://goo.gl/CagVa9.
- Evidence-based Psychological Interventions in the Treatment of Mental Illness, http://goo.gl/0Is2N.
- Unmasking Psychological Symptoms, Schildkrout B, diseases can cause mental health issues.
- Clinical Naturopathy, An evidence-based guide to practice, Jerome Sarris. http://goo.gl/V6SeiJ.
- Integrative Medicine. Univ of Wis. http://goo.gl/UdDS6E.
- Integrative Medicine for Mental Health white paper http://goo.gl/O6aivw.
- Rethinking Psychiatry. Mad in America www.MadInAmerica.com, Madness Radio www.madnessradio.net.
- Mental Health Lab Tests. See endnote #42.
- Mental Health Law. See endnote #28.

Psychotropic Drug Safety and Psychotropic Drug Withdrawal Resources

- Harm Reduction Guide to Coming Off Psychiatric Drugs, Icarus Project, http://goo.gl/qdyunN.
- MIND Making Sense of Coming off Psychiatric Drugs, http://bit.ly/yPjusy.
- Addressing Non-Adherence to Antipsychotic Medication: a Harm-Reduction Approach. http://bit.ly/wbUA6A.
- Psychiatric Drug Withdrawal: Guide for Prescribers, Therapists, Patients and their Families, Peter Breggin.
- Over Dose, Dr. Jay Cohen, 2004. If psychotropics are used, advocates “Start Low. Go Slow” approach.
- Psychiatric drugs and common factors: an evaluation of risks and benefits, J. Sparks, http://goo.gl/TWGI42.

Psychosis, Schizophrenia and Voices

- Schizophrenia Commission. 2012 report http://goo.gl/wdSjRQ, and executive summary http://goo.gl/4M0JXi.
- Recovery from Schizophrenia, www.recoveryfromschizophrenia.org.
- Recent Advances in Understanding Mental Illness and Psychotic Experiences, http://bit.ly/fC7BGf.
- A Practical Guide to Coping with Hearing Voices, http://goo.gl/QYbIxd.
- Beyond Belief, Working with Delusions, Obsessions & Unusual Experiences, http://goo.gl/jWXyIx.
- Nutrition for Schizophrenia. Overview http://goo.gl/ZAD3UE, Niacin Trials http://goo.gl/ka8sLs.
- **Voices**. Hearing Voices, Talking with Voices, http://goo.gl/N2Bqrp; Living with Voices, 50 Stories of Recovery, http://goo.gl/4gz653; Changing the Power Relationship with Voices, http://goo.gl/SzoKL.

See also resources listed with each therapy, especially the many resources listed under “Self-Management Therapy”.

# Glossary

**ADHD** - Attention-deficit/hyperactivity disorder (ADHD) is a chronic condition often first diagnosed in childhood. It may include difficulty sustaining attention, hyperactivity and impulsive behavior.

**APA –** American Psychiatric Association or American Psychological Association (two different organizations).

**Assisted Outpatient Treatment (AOT) –** Court-ordered mental health treatment very often using psychotropics. AOTs remain controversial since AOTs force psychotropic drugs on individuals. See endnote # 28.

**Bipolar disorder** - Bipolar disorder, formerly called manic depression, is a mental health diagnosis that brings severe high and low moods and changes in sleep, energy, thinking, and behavior.

**CAM** – Complementary and Alternative Medicine. Therapies outside the mainstream of Western medicine.

**Dopamine** – One of many types of neurotransmitters in the brain needed by the central nervous system. Often psychotropic drugs target dopamine to help control symptoms of mental health issues.

**Dual Diagnosis** – Diagnosis that includes a diagnoses of a mental health issue together with substance/alcohol abuse.

**FDA –** US Food and Drug Administration. Approves drugs for use in the US.

**GABA Receptors –** Brain receptors that respond to Gamma-aminobutyric acid, a vital brain neurotransmitter.

**Gluten** – a protein complex found in wheat, barley, rye and triticale.

**GP** – General Practitioner, a Medical Doctor that is often a primary care physician.

**Longitudinal (or horizontal) study** – a study that follows a population forward over time. It evaluates the effects of variables on a process. If individuals are followed, it is termed a longitudinal cohort study.

**Meta-analysis –** Statistical method contrasting and combining results from different studies to find patterns.

**MI/MH –** MI = Mental Illness, MH = Mental Health

**Morbidity –** a diseased state or condition. The incidence rate of a disease.

**NAMI –** National Alliance on Mental Illness, the largest US grass-roots mental health organization.

**Naturopath –** A primary health care professional emphasizing preventive and restorative health and the individuals' self-healing process. It includes modern and traditional scientific methods and can be used with psychiatric drugs.

**Neurotransmitter –** a chemical substance that is released at the end of a nerve fiber by the arrival of a nerve impulse and, by diffusing across the synapse or junction. A vital mechanism of the brain.

**NIMH – National Institute of Mental Health.** A US agency seeking the prevention and cure of mental health issues.

**Norepinephrine** - a hormone that is released by the adrenal medulla and by the sympathetic nerves and functions as a neurotransmitter. It is also used as a drug to raise blood pressure.

**OCD –** Obsessive-compulsive disorder, characterized by unreasonable thoughts and fears (obsessions) that lead to repetitive behaviors (compulsions).

**Oppositional Defiant Disorder –** a pattern of disobedient, hostile, and defiant behavior toward authority figures.

**Orthomolecular Psychiatry** – a discipline that seeks to detect influencers or root-causes of mental health issues through testing, and then address them with vitamins, supplements and other approaches.

**Psychosis** – A mental disorder that includes a distorted or non-existent sense of objective reality.

**Psychotropics** – Drugs that affect a person's mental state by influencing a psychiatric symptom.

**PTSD –** Post-traumatic stress disorder is a mental condition triggered by a terrifying event. Symptoms may include flashbacks, nightmares and severe anxiety, and uncontrollable thoughts about the event.

**Refractory** – Cases resistant to treatment, commonly psychotropic drug treatment.

**SAMe –** S-adenosyl-methionine, a naturally occurring compound important to the immune system and involved in the maintenance of cell membranes and production and break down of neutrotransmitters.

**SAMHSA –** Substance Abuse & Mental Health Services Administration, a US agency that promotes behavioral health.

**Schizophrenia –** a group of disorders marked by psychosis (see above) with impaired thinking, emotions, and/or behaviors. Schizophrenic patients are typically unable to filter sensory stimuli and may have enhanced perceptions of sounds, colors, and other features of their environment.

# Look Deeper

At times my vision is shallow and short-sighted as I see my loved one
cope with the challenges we label mental illness.

At times through shallow eyes I see a *future stunted,* my loved one's possibilities not fully realized.
But then I look deeper.
There I see *my* unnecessary expectations created by me, held by me, and fully releasable by me.
There I see good in today's actualities, somewhat hidden perhaps,
but free of the prejudgment of my favored possibilities.

At times through shallow eyes I see *pain unrelenting* in the chaos of the unexpected and unwanted.
But then I look deeper.
There I see and coalesce my strength knowing my loved one manages pain and difficulty
much more acute than my own.
There I see comfort in controlling what I can control, influencing what I can influence,
knowing that can be enough.
There I see a stream of moments: each an opportunity to find contentment in loving,
even if those be the odd loves of allowing the one I cherish to painfully fall or
keeping myself at a painful distance from the one I long to hold near.

At times through shallow eyes I see *guilt deserved* for my mistakes
that may have contributed to my loved one's pain.
But then I look deeper.
There I see the natural messiness of life where mistakes will be made.
There I see my ability to forgive myself for nothing more than garden variety human frailty.
There I see my resolve to do the best I know to do now, regardless of what has happened in the past.

At times through shallow eyes I see my loved one as *irreparably broken*.
But then I look deeper.
There I see my loved one whole and intact, worthy and good, sharing in my desire for their wellness.
There I see a hope in a therapy not yet tried, in a kind word not yet spoken, in an hour not yet arrived.
There I see a beauty, not broken, not diminished, not missing, but shrouded in a scrim of pain.

We can work together to pierce this scrim
if and only if we recognize the stunning value of what lies beneath it.

I choose to look deeper.
I choose to help my loved one and others similarly struggling.
I choose to help, not to compensate for their weakness, but to supplement their strength.
I choose to help, not to conform them to my ideas of recovery,
but to liberate them to their greatest vision of wellness they can attain.
I choose to help, not because I must, but because I can.

I choose to look deeper because I choose to recognize the human treasure trove at stake.
I ask, “What do you choose?”

--- *Craig Wagner*

# References

[1] We will label therapies as evidenced-based if found on the National Registry of Evidence-Based Practices, www.nrepp.samhsa.gov, or if they appear to meet the two separate dimensions of the APA "Template": *efficacy* (establishing causal relationships between interventions and disorders) and *clinical utility* (availability of research evidence and clinical consensus regarding the generalizability, feasibility, costs and benefits). APA Presidential Task Force on Evidence-Based Practice, Evidence-Based Practice in Psychology, Amer Psychol, May-June 2006. http://goo.gl/2t5o2L.

[2] **Note**: This framework, which has broad medical applicability, outlines four types of care (primary, secondary, tertiary and quaternary) aimed at providing appropriate interventions as early as possible to help ensure good health. See overviews from the psychology wiki at http://goo.gl/8dVYHu and the Canadian Institute for Work and Health at http://goo.gl/DqgBXp. We find the terms "preventive", "restorative", "symptom care" and "over-care avoidance" more clear and use them in this book as descriptive alternatives to "primary", "secondary", "tertiary" and "quanternary". A scholarly view of this model and its relationship to CAM can be found at, Katz D et. al., PREVENTIVE MEDICINE, INTEGRATIVE MEDICINE & THE HEALTH OF THE PUBLIC, Commissioned for the US Institute of Medicine Summit on Integrative Medicine and the Health of the Public, February, 2009, http://goo.gl/4PjYmT. Quanternary prevention is embraced by the European Union of General Practitioners/Family Physicians. They indicate that doctors "have a responsibility to avoid 'excess medical interventionism' with too many unnecessary or unjustified medical acts … and suggesting ethically acceptable alternatives" http://goo.gl/uWZE7I.

[3] **Note**: There are many ways to structure the disciplines within Integrative Mental Health. Some not used in this book include Western vs. Eastern medicine, energy therapies, etc. Legitimate arguments can be made for a different structure than the one used in this book. What I believe is most important is the presentation a relatively simple and clear model that includes covered therapies and accommodates them in a manner that is as true as possible to the fundamental natures of therapies. Although this model chosen in this book is not perfect I believe it to serve the purpose fairly well.

[4] **Note**: As a point of clarification, the term "biomedical" is sometimes used to describe the outlook that mental health issues are the result of chemical imbalances in the brain from predominantly unknown origins. More commonly – as in this book – it is used to identify disorders (e.g. allergies, heavy metal toxicity, nutrient deficiencies) of a biomedical origin that are known causes of mental health issues.

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[7] NAMI, Family-to-Family Education Program: 2013, p.6.2.

[8] National Alliance on Mental Illness, Treatment and Services, http://goo.gl/oiwKPm. copied 10/31/2013.

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[10] **Note**: Medication side effects are clearly a major reason for medication noncompliance (Balon R, Psychiatric Times, 2002, http://goo.gl/ooNawD). In one study, over 70% of patients on antipsychotics describe weight gain from antipsychotic use as extremely distressing (Weiden P et. al., Obesity as a risk factor for antipsychotic noncompliance, 2004, Schizophrenia Research, http://goo.gl/c5gZl3). Another found that that 62.5% of men and 38.5% of women felt that their psychiatric medications were causing sexual side-effects, especially important since mental health issues typically hit young adults during their most sexually active years (Rosenberg KP et al, A survey of sexual side effects among severely mentally ill patients taking psychotropic medications: impact on compliance, Journal of Sex and Marital Therapy, 2003, http://goo.gl/zYmx49). There are many other side effects including lethargy, tremors and increased risk of suicide. Side effects are not the only reason people do not take medication as prescribed. Others include patient characteristics, treatment setting, clinician expertise, etc.

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[17] Trehani MF et al, Second Generation Antipsychotic-Induced Obsessive-Compulsive Symptoms in Schizophrenia: A Review of the Experimental Literature, Current Psychiatry Reports, September 2014.
[18] **Note**: Withdrawal from psychotropic drugs of many varieties can be very difficult. This includes SSRIs (Therrien, F. & Markowitz, J.S. Selective serotonin reuptake inhibitors and withdrawal symptoms: A review of the literature, 1997, Human Psychopharmacology: Clinical and Experimental, http://goo.gl/07o5i9), and antipsychotics (Gardos G, Withdrawal syndromes associated with antipsychotic drugs, Am J Psychiatry, 1978). In fact, criteria for SSRI Discontinuation Syndrome are being defined and the withdrawal difficulty clinically proven (Michelson D, Interruption of selective serotonin reuptake inhibitor treatment. Double-blind, placebo-controlled trial", Br J Psychiatry, 2000, http://goo.gl/IGQWNb).
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[24] National Alliance on Mental Illness, Treatment and Services, http://goo.gl/hDU7RJ, copied 10/31/2013
[25] Cheavens JS, Hope therapy in a community sample: a pilot investigation. Social Indicators Research 2006, http://goo.gl/1efhVK.
[26] **Note**: The pipeline for new psychotropic drugs seems to be significantly slowing with no new "game changing" drugs visible on the horizon. Many psychotropics are of the "me too" variety – very similar to existing drugs but separately patentable. The historic probability of failure of introducing new drugs, the long drug development cycle (averaging 18 years), the incredible complexity of the brain and the profit erosion by generic drugs all contribute to very high psychotropic drug development costs (see http://goo.gl/duIU7Q). It is becoming increasingly difficult for drug companies to justify placing scarce research dollars on mental health efforts when funding other research areas provide better payback to both people with other illnesses and shareholders. Researchers note that major pharmaceutical companies have therefore reduced research funding for new psychotropics (see http://goo.gl/ITYv6d).
[27] **Note**: A detailed discussion on the drug therapy trade-off is beyond the scope of this book but is noted by NAMI as a fundamental reality that should be understood (NAMI Family to Family course material, Class #6, p. 6.5, 2013). Psychotropics have clear symptom management and relapse avoidance benefits, but their side effects (both short- and long-term) can be significant, including increased risk of suicide, substantial weight gain (that can cause cascading health issues), increased risk of death and in some cases can *cause* mental health issues. See common side-effects at the FDA website, http://goo.gl/YmB19. Diagnoses are often provisional (i.e. psychiatrists are often not certain what the exact diagnosis should be), especially in early stages. If diagnoses are provisional, then drug prescribing based on those diagnoses can be considered more provisional. Also, these drugs are experimentive (i.e. it is difficult to predict individual responses to drugs so experimentation is needed). See also, p. 5 for other considerations. Considering these uncertainties, "Start low. Go slow" dosage approaches are often appropriate if drugs are used although higher doses are often needed for stabilization in crisis. Drugs can be effective for stabilization in crisis, but due to the withdrawal difficulties from these drugs and side effects, consider drug tapering strategies with your psychiatrist to discover your minimum effective dosage. Ask your psychiatrist if the drug you are being prescribed is "off-label", and if so, ask for information on the evidence of benefits and side-effects of the drug for your particular diagnosis. See also endonote #4 for how drug side effects lead people to stop taking psychotropics as prescribed.
[28] **Note**: Assisted/involuntary treatment programs go by many names: Assisted Outpatient Treatment (AOT), Involuntary Outpatient Treatment (IOT), Assertive Community Treatment (ACT), Community Treatment Orders (CTO) or Outpatient Commitment Orders (OCO). These programs are often seen as a contentious ethical dilemma (See *Hospital, Residential and Community Therapy* and associated endnotes herein). In the US, this is governed by state law. Use the map graphic at http://goo.gl/Y26Hp to find your state law - a website that strongly favors AOTs citing studies that show statistically relevant reductions in hospitalization rates, the ability to help those who may otherwise be unreachable, reduced overall cost and other realities seen in places where AOT laws are enacted. Others, particularly those who have experienced assisted/involuntary drug treatment and their families, are strongly against AOT laws citing the sometimes debilitating side effects of psychotropics, increased risk of suicide, studies that show that AOTs offer little/no value, lack of emphasis on recovery, the loss of their basic right of self-determination and other realities. See www.bazelon.org and http://goo.gl/1NWzpp for perspectives that oppose AOTs. Internationally, the UN Committee on the Rights of Persons with Disabilities adopted a General Comment that states that nonconsensual psychiatric interventions must be eliminated (http://goo.gl/FH75xI). Ultimately, each person can reach their own

conclusions and understand how these laws support or hinder their chosen recovery plan. If you are on an AOT and believe you are being inappropriately medicated, assertively work with your psychiatrist, supporters, appropriate recipient rights officers and if required, legal counsel and secondary psychiatric opinion, to reach a mutually agreeable medication plan.

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[31] **Note**: Although this book focuses on non-drug therapies, nothing in this document should be construed as advising people to avoid psychotropic drugs. Psychotropics have proven benefits in symptom relief and relapse avoidance that may be potentially life-saving. Work with a psychiatrist when using or considering changes to psychotropic drug therapy.

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[35] See www.NAMI.org.

[36] See www.IMHU.org.

[37] **Note**: The three suggested types of practitioners can be used as "gateway" providers who can help customize a plan of therapies with you in their area of specialty. *Integrative restorative* care can be provided by an Integrative Psychiatrist (IP), Integrative Medicine MD or naturopathic doctor who specializes in mental health and who often use lab tests to guide potential therapies (not "one size fits all"). Inquire specifically about the tests they perform, comparing them to those referenced in endnote # 33 (consider bringing an overview of these testing options with you to the dialog). *Integrative psychosocial* care can be provided by a psychologist, social worker, therapist or other certified mental healthcare professional. Some *integrative psychosocial* care requires no extensive training (e.g. support groups, psychoeducation). Seek a psychiatrist for s*ymptom management* care although psychotropics are often prescribed by primary care physicians. Each provider engaged should understand your full recovery plan so that the various therapies can be appropriately integrated. This integration is made easier if you choose a dual-role provider or find providers that offer multiple forms of mental healthcare therapies either within their practice or in conjunction with other practices. Regrettably, cost and provider availability (IPs are very difficult to find) are often barriers to access. Seek practitioners that respect your self-determination and who actively listen to and respond well to your questions and needs. Openness, trust, honesty and rapport are all vital elements of your relationship. Providers should view their role as *serving you*, so in your encounters respectfully interact and evaluate them to see if they seem a good fit for you. When evaluating psychiatrists, ask them about their views on involuntary treatment (endnote # 24). Consider seeking a psychiatrist that supports your view. Find all providers via word of mouth (reputation management firms keep meaningful comparative provider information fairly unavailable). If you are not getting what you need from a provider, if they don't seem to listen to you, or if they don't respect your self-determination in crafting your recovery plan, consider dropping the provider and finding another – be selective if at all possible. Balance this selectivity against the reality that it is often difficult to find a psychiatrist taking new patients – be prepared for some work to find one. The evaluation of providers is best done outside of crisis.

[38] **Note**: In 1963 the Community Mental Health Act was passes which drastically altered the delivery of mental health services. This law led to the establishment of comprehensive community mental health centers throughout the US. Community-based behavioral healthcare is delivered by a mix of government and county-operated organizations, as well as private nonprofit and for-profit organizations. At present community mental health centers typically provide mental health services and addiction services to Medicaid eligible or uninsured clients in the community. They are often chronically under-resourced to serve their constituency. They can be a source for case management, psychiatric care, psychosocial therapies, court-ordered drug therapy and addiction services. Contact your local community mental health organization to understand their services and eligibility requirements.

[39] **Note**: Basic physical health is mandatory for optimal mental health (Roger Walsh, Lifestyle and Mental Health, American Psychologist, 2011, http://goo.gl/xjrrDa). It is important to work to address all Wellness Basics (p. 13).

[40] Harvard mental health letter. Sleep and Mental Health, July 2009. Note1: "… studies in both adults and children suggest that sleep problems may raise risk for, and even directly contribute to, the development of some psychiatric disorders." Note 2: Chronic sleep problems affect 50% -80% of psychiatric patients, compared with 10%-18% of adults in the general U.S. population", copied 10/30/2013, http://goo.gl/SFCguv.

[41] **Note**: SAMHSA indicates, "*Trauma can occur from a variety of causes, including maltreatment, separation, abuse, criminal victimization, physical and sexual abuse, natural and manmade disasters, war, and sickness… many (people) suffer a variety of negative physical and psychological effects (from this trauma). Trauma exposure has been linked to later …mental illness.*" (SAMHSA, Leading Change: A plan for SAMHSA's roles and actions 2011-2014, http://goo.gl/n5uRqZ). An extensive meta-analysis

indicates that people with significant childhood trauma – of about any variety – have 3 times the likelihood of developing psychosis as the normal population and the larger the number of traumas experienced, the worse the psychosis (Varese F, Childhood Adversities Increase the Risk of Psychosis: A Meta-analysis of Patient-Control, Prospective- and Cross-sectional Cohort Studies, 2012, Schizophrenia Bulletin, http://goo.gl/uela3). Children who are emotionally abused are more than twice as likely to develop bipolar disorder as the general population (Etain B, Childhood trauma is associated with severe clinical characteristics of bipolar disorders, 2013, J Clin Psychiatry, http://goo.gl/Qq1OB3). Investigating and addressing previous trauma may be vital for mental health recovery. The primary therapeutic response for trauma is a *Psychosocial Restorative* response with EMDR (p. 21) and Emotion Freedom Technique (p. 16) among the most effective.

[42] **Note**: *Biomedical Restorative* therapies are based on the concept that appropriate testing may identify possible causes or influencers of mental health issues that can be addressed with targeted therapeutic responses. Initial tests typically analyze blood and urine for thyroid hormones, vitamins and minerals, amino acids, neurotransmitters and essential fatty acids. Consider finding a provider that uses comprehensive test protocols in cases of mental health issues and is well versed in recommending therapeutic responses based on those tests. The Koran Algorithm (http://goo.gl/eQGUbb) is a baseline protocol. Orthomolecular protocols (e.g. http://goo.gl/4lHYx1) and other comprehensive test panels (e.g. http://goo.gl/KZ6gxY) include further testing for menthylation, zinc-copper, heavy-metals, gluten allergies and other imbalances. If psychosis is present consider the BMJ Best Practice Assessment for Psychosis (http://goo.gl/ibCU2e) and the periodic use of a cognitive test to quantify psychosis symptom evolution (like PANSS, http://goo.gl/x0KrPp). Digestive health can affect mental health and checking HPHPA levels (see http://goo.gl/HDFZsb) and overall digestive health can be helpful. Also food allergies tests (especially gluten and dairy but potentially eggs, soy and corn) are often assessed via elimination diets. MRIs are typically not run unless there is a sudden change in behavior or other reason to suspect a physical brain issue. Some practitioners choose not to run such tests since each possible underlying disorder is somewhat unlikely. However, in aggregate these many smaller possibilities become more significant. Without these tests, a possible path to recovery may be missed. If your practitioner requires convincing to run these tests, or if they prescribe without testing, consider selecting a different practitioner. In parallel, consider possible previous trauma as a potential influencing factor that may suggest *Psychosocial Restorative* therapies (see endnote #32).

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