

A NEW PARADIGM IN MENTAL HEALTH

David G. Schwartz, M.D.

If our treatments are so effective, then why does the burden of chronic mental illness continue to rise? Investigative reporter and science writer, Robert Whitaker, reviews the scientific literature thoroughly and cuts through flawed science to explore the worsening trend of mental illness in this country with his book, Anatomy of An Epidemic.

In 2007 the disability rate for mental illness was 1 out of every 76 Americans, double the rate that it was in 1987 when Prozac was first approved, and 6 times the rate it had been in 1955, when the first anti-psychotic drugs were approved. In 1987, just 16,200 children were receiving SSI payments for mental illness. In 2007 the number rose 35 fold to 561,569. While this number doubled from 1996 to 2007, the number declined for other health problems over the same time period. The enormous increase in people with mental illness disability status could not be due to more generous availability of disability payments, especially since disability declined for non – mental health conditions, and since budget cuts have been more the norm than increases in the last several decades.

Granted, diagnosing new cases may have become more sensitive in later years, but also the numbers could even be higher if the statistics had counted the homeless and those in prison, which have high rates of mental illness. (My comment - Our society has closed most mental hospitals several decades ago but has inadvertently transferred many to the street or to prison.)

Either some other factors are rapidly destroying our mental health, - stress, junk food, pollution, etc., or the treatments themselves are causing the illness to become worse over time. Robert Whitaker makes a strong case for the latter in a thorough analysis of how these drugs are being used, the poor science backing their function, and their long term effects. A historical perspective shows that before 1955 people had episodes of mental illness with intervening intervals of normalcy. Many of us remember, from our growing up years, people who were normal but had histories of “nervous breakdowns.” Currently, people tend to not recover completely, have symptoms partly relieved, require increased dosages with time, and are expected to be on psychiatric medications for the rest of their lives.

In 2007 a 15-year follow-up of schizophrenic and bipolar patients showed a worse Global Assessment Scale (higher symptoms scores, in the 5's and 6's), for people on medication than patients who were off medication during that time, (scoring in the 2's and 3's). Journal of nervous and Mental Disease, 195 (2007):406-14. Also as the % of children on stimulants and antidepressants from 1995 to 2003 rose from 1.5% to 3.5%, the number of children with bipolar diagnosis rose from 50,00 to 800,000. Has bipolar disorder been created by these drugs in the process?

Improving or reversing any chronic health condition is a multifactorial effort enacted over time. A single agent that quickly reduces symptoms is almost always limited to exactly that, not treating the causes. Anxiety and depression have multiple causes, social,

environmental, nutritional, etc. Anatomy of an Epidemic describes how the pharmaceutical industry and the psychiatric community has promoted the “chemical imbalance” theory based on pseudo-science. It is appealing to psychiatrists to prescribe a pill rather than to take the time to engage the patient in a more therapeutic conversation and relationship. It is also very appealing to people who don’t want to address the social, emotional, and behavioral issues. It also takes some of the social stigma out of “mental illness” to think of it as something more concrete, more physical, taking it out of the realm of thinking and feeling. Brain chemistry is involved, but maybe it is a result as well as a cause of the illness. The chemistry is much more complex than a deficiency of serotonin, or GABA, which many of the drugs attempt to “correct.” Some studies that don’t often get reported showed that for depression, the common SSRI drugs were no more effective than placebo. The placebo effect is much higher with psychiatric symptoms, sometime 60%, in contrast to around 30% in studies of other conditions such as high blood pressure.

Recall Aldous Huxley’s book, Brave New World, in which people took a pill called “Soma,” to take away people’s pain of life, so they could be tranquil all the time. It seems to be a modern human tendency to want to take a pill as the easy way out to quickly feel better, rather than to do the (sometimes painful and difficult) work required to resolve or alleviate the problems.

It may be helpful to take a step back and to see how drugs relieve symptoms in the short term and to see the long-term effects. Newton’s Law states that for every action there is an opposite and equal reaction. The human body, as well as all of nature, is a complex system always seeking to maintain balance, sometime referred to as homeostasis or homeo-dynamics. When something is too hot, there are cooling forces brought into play. When too dry, wetting takes place. Traditional Chinese Medicine has used these principles successfully for thousands of years, seeking to help the body’s natural responses to bring balance. When a single agent, especially a drug that is foreign to the body’s natural language, is introduced into this dynamic, complex system, (seeking a simple solution to a complex problem), the system naturally responds to correct this change. An alcohol drink at bedtime to calm the nerves may help a person fall asleep better, but, guess what? A few hours later there is a rebound effect that may induce wakefulness. The brain created an “upper” effect to counteract the “downer” that it was given. Caffeine used regularly can elevate the mood, but can cause depression when it is stopped, because of the brain’s attempt to bring down what went up, and the coffee or tea drinker has to have the caffeine, just to be normal and not depressed. So the benefit from caffeine was short. To remain energized above baseline, the person has to drink more and more to achieve the same effect. Does that sound familiar? This same principle is operating with anti-anxiety drugs, sleep medications, nasal decongestants, migraine drugs, acid-blocking drugs for reflux, some blood pressure medications, some to a greater degree than others, but the starkest examples of dependence are heroin and crack cocaine. If a beta-blocker is used to slow a heart that is too fast, for protection against heart attacks, and if it is stopped suddenly, a heart attack can happen, more likely than if the drug had never been given at all. Suddenly stopping an acid-blocking drug (the “purple pill”) can result in worse heartburn than before the drug was started. Giving insulin for

type 2 diabetes can cause weight gain and worse diabetes. Too frequent migraine medication causes rebound migraines. Suddenly stopping a benzodiazepine (for anxiety) can cause a seizure. Most sleep medications are approved for only temporary use, but people become dependent on them because of rebound insomnia. With anti-depressants and anti-psychotics, the effects may not be so dramatic as with some drugs, but withdrawal of an SSRI suddenly leaves the brain with less serotonin. The brain had slowed production of serotonin because the drug had artificially raised the serotonin level in the synapses. Now the patient can have miserable withdrawal symptoms. I think this makes the picture clear regarding some of the risks and limitations for psychiatric drugs and for chemical drugs in general.

How did we miss seeing this obvious natural effect, like the law of gravity: what goes up must come down, and the old adage, "There is no free lunch?" We continue to take the quick way out, "Take a pill," without considering the long-term costs, (not only financial, which is now becoming more of an issue also). If we don't reconsider carefully what the medical profession has given us, "Take another pill," then the pharmaceutical industry will be glad to oblige us, and it can provide for the hospitals and insurance companies with a huge lucrative industry treating more and more sicker and sicker people.

Depression, anxiety, and stress are also causative in many other, non-psychiatric illnesses. Chronic stress is highly correlated with heart disease, stroke, cancer, dementia, diabetes, chronic pain, gastrointestinal disorders, violence, addictions, etc. Chronic stress induces inflammation, which is central to most chronic illnesses. Psychoneuroimmunology 2012 March; 37(3): 307-16. Interleukin18 elevation caused by stress induces cancer cells to metastasize. Cell Mol. Immunol. 2007 Oct; 4(7): 329-35.

So what would be the proactive, responsible, intelligent choice in applying a comprehensive solution to this complex problem? Most "diseases" manifest as symptoms, which are indicators of a much more complex set of imbalances underneath the surface (the iceberg effect) that took a long time to develop.

A comprehensive action plan to improve mental health starts with stress management. There is an abundance of information available on stress management, and cognitive behavioral therapy and support groups can help. Basically no stress would lead to stagnation, atrophy, and weakness. Distress, the other extreme, is too much stress. That is what a majority of people experience. "Eustress" is the right balance. Following the theme of balance, activity needs to be balanced with rest and sleep, work with play and recreation, discipline with creativity, solitude with socializing, left brain with right brain, sympathetic with parasympathetic, light exposure and darkness. Several activities such as Tai Chi and Yoga, dance, walking, and other exercise help to bring things into balance. Massage, acupressure, and acupuncture can help. In some studies, exercise has been as effective in relieving symptoms of depression as the drugs.

Food has major effect on mental health. Junk food has been shown to increase rates of depression and anxiety. Eating real food as provided by nature, unadulterated by

technology, in many colors and flavors is a good start. Food in this culture is too soft. It needs to be balanced with fibrous, chewy textures. Most food here is sweet, sour, and salty, and it needs to be balanced with bitter, pungent, and astringent. More vegetables and legumes would provide many of these missing textures and tastes. Generally following Michael Pollan's Food Rules (see my previous article on that book) would go a long way toward mental health and health in general.

I generally recommend Dr. Steven S. Ilardi's book, The Depression Cure, which includes many lifestyle and nutritional measures.

Spirituality is basic to stress management and mental health. By that, I do not mean a specific religion, but faith in a "higher power," as described in the 12 – step programs. A faith that provides the strength, courage, and optimism, a commitment to experience joy in the face of pain, suffering, and adversity, a commitment to a high purpose in life, authenticity, ethics, integrity, following the Golden Rule, loving neighbor as self, connecting with friends, family, and people of like faith. Spirituality asks these questions, "Who am I, where did I come from, where am I going, how shall I live, and why?"

A positive attitude can provide emotional support for a commitment to the disciplines involved in a healthful lifestyle, self-care, and a high purpose. How stress is perceived is what makes it stressful. The old saying, "There's nothing bad but thinking makes it so," applies. Optimists live longer than pessimists, though it may seem that pessimists may be more accurate. The book, Half Empty, Half Full, by Dr. Susan Vaughan, M.D., speaks poignantly to this issue, and shows how we can change our thoughts and feelings in a constructive way. This is the manner in which much of Cognitive Therapy works.

When stress, anxiety, bipolar mania, depression, or psychosis is severe with conditions that have high risk for suicide, homicide, starvation, cachexia, catatonia, etc., hospitalization and/drugs are needed, at least in the short term.

For mild to moderate conditions, many therapeutic interventions are available, a variety of counseling styles, the most practical of which seems to be Cognitive Behavioral Therapy. The least expensive is peer counseling, with a partner who takes turns listening without judgment or unsolicited advice. Friends and family do not qualify. It requires special training from an organization such as Re-evaluation Counseling that finds counseling partners for people.

Accompanying the healthful food choices recommended are the nutritional supplements and herbs. Some important brain nutrients are B-vitamins, especially B-6, B-12, and Folate. It may be important to do the genetic test for the MTHFR defect, which may require methylated forms of B-vitamins. Checking Vitamin D level and supplementing to get it to 50-60ng/ml is important. Omega 3 oils, with purified fish oil dosed at 3000mg/day of EPA/DHA, provides important brain nutrition. HS-CRP, a marker for general inflammation, needs to be checked. Depression is accompanied by

brain inflammation. Ant-inflammatory supplements such as bromelains, turmeric, ginger, and herbs that regulate the immune system can help.

In one study, the herbal formula xiou Yao Wan was more effective than amitriptyline in depression. J. Ethnopharmacology 2010 March 24; 128(2): 4182-9. Another study showed that Ban Xip Hou Po Tang and Poria cocos had antidepressant activity similar to Prozac. J. Ethnopharmacology 73 (2000) 277-281 Epub 2010 Jan 14.

The herbal adaptogens in general help to withstand stress. One such herb, Rhodiola rosea extract was found to alleviate depression, anxiety, and stress-related heart damage. Int. J. Food Sci. Nutr. 2012 Mar; 63 Suppl 1:75-81. Holy Basil, (*Ocimum sanctum*) reduced stress and anxiety. Indian Journal of Exp. Biology 37(3)1999:262-68.

The nervines, herbs that calm the nervous system, have plenty of research to support their use in anxiety states. Albizzia julibrissin (*Mimosa*) bark and flowers curb depression, promotes sound sleep, and is anxiolytic. Kava kava is effective in reducing anxiety, insomnia, and inflammation. J. Clin. Psychopharmacology 2000 Feb; 20(1): 84-9, Phytother. Res. 2013 Nov; 27(11):1723-8.

Melissa officinalis (Lemon balm) reduced anxiety and improved mood. J. Pharm. Pharmacology 2004 May; 56(5): 777-81.

Hops extract improved sleep. Holistic Nurs. Pract. 2009 Jul-Aug; 23(4): 253-6.

Passion Flower is anxiolytic Biochem. Pharmacol. 2005 Jun 15; 79(12): 1815-27

L-theanine from green tea decreased anxiety and stress AANA J. 2009 Dec; 77(6):445-9.

Low dose lithium improves brain health and mood.

Peony has antidepressant effects Pharma. Biol. 2012 Jan; 50(1):72-7.

Day Lily (*Heemerocallis citrina*) also has antidepressant effects J. Ethnopharmacol. 2012 Feb 15; 139(3): 780-7

Camomile (*matricaria*) has antidepressant activity Altern. Ther. Health Med. 2012 Sept-Oct; 18(5); 44, and has anti-anxiety effects J. Clin Psychopharmacol. 2009 Aug 29(4): 378-82.

Skullcap (*Scutellaria lateriflora*) can improve mood Phytother. Res. 2014 May; 28(5): 6926.

Lavender improves mood and sleep Phytomedicine 2012 Jun 15; 19(8-9): 665-71.

Saint John's Wort has a plethora of studies showing beneficial effects in depression.

All this does not mean that someone with depression or anxiety should take all these herbs. There are many others that are probably effective and have not been studied or published. It would be prudent to consult a qualified herbal practitioner who would design a protocol specifically for that individual's needs, congruent with the person's whole therapeutic program.

Robert Whitaker's book reports on a comprehensive community program in Finland. When teens were showing early schizophrenic symptoms, the multidisciplinary team including family counselors, nurses, and social workers made early family interventions. Before this program started, Lapland had the highest rate of schizophrenia in all of

Europe, 25 new cases per year in a population of 70,000. From 1992 to 2006 the rate dropped to 2-3 new cases per year, and spending on mental health services dropped to the lowest among all the districts in Finland (p. 343 in the book). In my opinion, this classic example should be studied by all mental health agencies. Similar projects could be implemented all around the globe.

This example demonstrates that mental health is not an individual thing. It occurs in the context of family, community, and culture. It is important to establish a social support system for health issue that an individual wants to change. Dr. Walter Crinnion, N.D., specialist in detoxification and pioneering founder in the field of Environmental Medicine, says that people who work on their emotional issues are able to rid their bodies of toxins better than people who don't. He said he doesn't know of any incurable disease, but that he knows some incurable people.

To be "curable" people, we must first make a sound commitment to work on our health issues and lifestyles, not just seeking help when we are in pain, and also having supportive people around us makes it a lot easier. The old saying "If you want to become a thief, associate with thieves, and if you want to become a saint, associate with saints," applies here. If we hang out with exercisers, we are more likely to exercise, and if we want to become more optimistic, we need to hang out with optimists. If we have trouble finding the best company to keep, there are support groups for a variety of issues, both in person and online. There are also health coaches whom we can pay to help us.

It is not a sign of good health to be well adjusted to a sick society. Sadly much of our society is addicted to unhealthy behaviors, and it takes effort to not "go along with the crowd." We see in demographic studies that in one country chronic disease rates may be low, but when people move from there to another country where the rates are high, they suddenly acquire these chronic illnesses. Examples of this may be the move from rural to urban areas, from Asian to Western countries, etc. So by our efforts, our goal is to transform our whole society eventually to become healthier.

Overall, the natural approach to mental health services is a slower, humbler method than the use of drugs, but in the long run this could bring about a normalization of mood and behavior. Most of the natural methods can be used along with the drugs as the drugs are slowly, carefully tapered off with the assistance of a health professional that is well trained in knowledge of the pharmaceutical and the natural means. So having a counselor, a social support system, and an open-minded, capable health professional is paramount for the goal of normalizing mental (and physical) health.