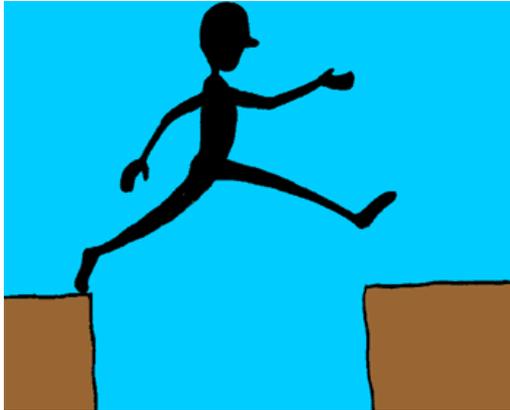


## Positive Steps Forward: *Integrative Mental Health is Gaining Ground*



The downside of over-relying on psychiatric meds for treatment is that people limited to just using them for treatment are not getting better-- more of them are on disability for mental health reasons, and increasing numbers are disempowered by the long-term effects of psychiatric medications.

Now we know we need to rethink psychiatry and our responses to madness—but what is the best name for

the improved model of mental healthcare we are reaching for? We need both a model of care and a brand that empower a change to optimal mental and physical health and uses the full spectrum of effective, evidence-based treatments.

The term “Integrative Medicine” has been gaining ground in universities and healthcare centers which incorporate integrative therapies, e.g. Jefferson-Myrna Brind Center for Integrative Medicine is part of Thomas Jefferson University and Duke Integrative Medicine is part of Duke University. New training is available, e.g. The Integrative Health and Healing specialty of the Doctor of Nursing Practice at the University of Minnesota prepares graduates to work with individuals, families, communities and health systems in developing integrative approaches to health promotion, disease prevention and chronic disease management.

The “integrative” model of care implies we assess and treat the whole body-mind-spirit as a unit within the social system, using an integrated *systems* response. The brand “integrative” also suggests we take the best of diagnostics and treatment protocols from all cultures and weave them together into an improved model of care. An example is “Open Dialogue,” a systems approach to psychotherapy developed in Finland. Practitioners from the USA have been trained and can now amplify the success of treatment for families in the USA in which one person has symptoms of severe mental distress.

### **Gaining Traction**

On September 18, 2017, a gift of 200 million US dollars was given to the University of California, Irvine, to create new buildings and new programs dedicated to forwarding the model of integrative healthcare. 55 million will go to create buildings, including one named the “College of Health Sciences”. The

balance of 145 million will be dedicated to new educational programming, endowing 15 faculty chairs, subsidizing research in promising integrative modalities, and expanding the clinical facilities that offer integrative healthcare to patients.



Susan and Henry Samueli (left) were the sole donors who worked with the university to create the vision and commit to its manifestation. They perceive it as a powerful positive step toward changing the delivery of “medicine” across the nation. Click for the [press release](#).

Although “mental health” was not mentioned in the formal announcement, this large donation is bound to lead to more changes in both the training of psychiatrists as well as the delivery of mental healthcare at UC-Irvine. The Samuelis had already funded an integrative clinic at UC Irvine in 2001, the **Susan Samueli Center for Integrative Medicine**, which is part of UC Irvine Medical Center, (acknowledged by US News and world report as one of the best hospitals in the USA continuously for the last 17 years). At the Samueli Center different kinds of practitioners currently coordinate in teams making many approaches available to each unique patient such as homeopathy, acupuncture, meditation, massage, nutritional counseling and epigenetic micronutrients to overcome genetic issues. Each of these alone or working together has led to improvements in mental as well as physical health.

### Challenges to the Concept

*“There’s no question that the Samuelis’ gift could do a tremendous amount of good — \$200 million will go far to jump UCI up into the front ranks of academic medical institutions. But its pedigree also will bring a lot of scrutiny into whether the university is maintaining its explicit commitment to scientific rigor.”*

—Michael Hiltzik in the LA Times

Unfortunately, there are journalists and influential MDs who still believe anything that goes by the name of *Integrative Medicine* is just selling snake oil. In other words, nothing under that umbrella is scientific, the people who put faith in the model are being duped, and because the gold standard of research has not been sufficiently applied to *all* the methodologies—“integrative” has no legs to stand on. John Weeks pointed to those taking this critical position regarding the integrative medicine movement in [an article in Huffington Post](#), clearly articulating their anti-science stance.

The Los Angeles Times gave voice to this point of view in [an article](#) by Michael Hiltzik about the Samueli donation and the changes to come at UC Irvine's medical school that make it appear, to the author, that quackery is on the march and it's only the lure of money that suffered UC Irvine to change its programming to please the Samuelis. The suggestion is once the money is transferred the University will come to its senses and return to a more realistic program.

Many elements are missing in his slamming integrative medicine. Here are three: First, dollars to subsidize research in integrative techniques have not previously been readily available—in large part because the government has preferred to subsidize research on psychiatric medication, not because of the inherent weakness of the integrative methods. The quantity of gold-standard research is increasing because earlier research shows it works. Secondly, recent meta-analysis of research articulating the problems with psychiatric medications (Whitaker, 2011; Goetzsche, 2013) demonstrates the fallibility of our current drug-based standard of care. (Perhaps we should consider that over-reliance on psych meds is a form of snake oil because it only treats symptoms and not root causes and thus overlooks the real problem!) Thirdly, consumers are asking for integrative methods because they are finding them to be effective and have fewer side-effects than more mainstream medications.

As more money becomes available to fund more studies on integrative methodologies, and more excellent research is accomplished over time, the preceding critiques by journalists may well collapse.

Certainly, one of the greatest challenges to a more robust acceptance of the integrative model has been the difficulty in measuring the impact of subtle therapies like energy work. Subjective self-assessment of symptom reduction has been used, but more qualified studies are needed.

### **Finding Definition**

How UC-Irvine defines “integrative” medicine during its expansion will certainly impact how integrative healthcare is accepted as more mainstream. UCI's recent press release says, “It's a philosophy that makes use of all therapeutic approaches, healthcare providers and disciplines to achieve optimal health and healing. Our integrative approach to healthcare is aimed at prevention and balance. Instead of reacting to symptoms as they occur, we seek to uncover the root causes of illnesses and disease before they negatively impact your life. Thus, integrative medicine:

- Focuses on the whole person
- Is informed by scientific evidence
- Brings together conventional and alternative approaches in a coordinated way
- Reaffirms the importance of the doctor-patient relationship”

In future, I hope they will add more of a focus on root causes to their definition of addressing care as well as prevention, as other integrative practitioners usually do (see below).

UC Irvine asserts they will be doing everything they can to undergird the integrative clinical work with research demonstrating its effectiveness. This sponsoring of research may be the most important step in forwarding integrative methodologies to professionals and academics.

### **Application to Psychiatry**

When the integrative approach is applied to psychiatry and psychology one can find a whole new way of practicing as a healthcare provider and a whole new way of being treated as a patient, or “client”.

Self-proclaimed *Integrative psychiatrists, aka holistic psychiatrists*, are trained in using psychiatric medications, and certified by the appropriate authoritative Boards as psychiatrists. In addition, each practitioner has also branched out and acquired training in other effective modalities, as well. Integrative psychiatrists may specialize in such things as de-toxing from heavy metals and allergies that may have caused mental imbalances, or using micronutrients to overcome genetic anomalies associated with mental illnesses, or even making use of shamanic practices such as soul retrieval to nurture wellbeing. These are modalities they didn't learn in medical school but relate to training they had independently. The patient of these psychiatrists is more apt to receive protocols tailored to their unique needs and philosophies. The close working relationship with the practitioner is valued as an important part of the therapeutic process. The practitioner is doing far more than just monitoring and dispersing medication, and may never even use psychiatric medications.

The research that has already been done showing the positive effects of integrative psychiatry rarely make it into mainstream media and press. We don't often hear about the positive impact of the mutually-respectful provider-client relationship practiced in integrative psychiatry. This kind of relationship empowers the client and leads to increasing self-determination. It's rarely seen in more conventional psychiatry. The success of integrative modalities such as mindfulness meditation and neuro-feedback are rarely referred to even though functional MRIs and brain-imaging techniques have clearly revealed their effectiveness.

### **Integrative Psychiatry Coming of Age**

Progress is being made to forward the integrative approach in psychiatry although currently there is no national or international certification for *integrative psychiatrists*.

The [program](#) that comes closest to providing that training is at the University of Arizona, under the direction of [Andrew Weil, MD](#), a luminary in integrative medicine. Although Weil is not a specialist in psychiatry, the training he offers covers elements of mental health such as how to moderate anxiety and depression using integrative protocols. Some leaders in psychiatry have also trained and become certified by the American Board of Integrative Holistic Medicine (ABIHM). This reveals their dedication to an integrative model but is not specific to psychiatry.

The best program in *integrative psychiatry* that is available and specific to psychiatrists is Scott Shannon's "[Master Class](#)". Unfortunately, at this time, it occurs only once a year and only with a small group, under 20. Dr. Shannon's training seeks to train psychiatrists in the "masterful application of the following elements:

1. Skillful use of **green pharmacy** (natural remedies, including healing herbs)
2. Ability to identify and treat physiologic **root causes** of mental health symptoms including gut health, inflammation, hormone imbalance, toxins, mitochondrial dysfunction, nutrient deficiencies, etc.
3. Appreciation of the role of trauma and its treatment. Trauma is a toxin that poisons a person's relationship with others. The health of the parasympathetic nervous system depends on the capacity for **nourishing relationships**.
4. Facility with a palette of **mind-body** treatments
5. Commitment to **lifestyle change** as a cornerstone of treatment including diet, exercise, stress reduction, and sleep hygiene."

Dr. Shannon can offer Continuing Education Credit to psychiatrists (CMEs), via the University of Colorado Medical School so participants gain credit for taking the Master Class; however they do not obtain a certification.

The American Psychiatric Association has a Caucus that is interested in Complementary and Integrative Psychiatry. It is led by an energetic visionary and highly-respected psychiatrist, Lila Massoumi, who fosters the growth of an integrative model of psychiatry. The Caucus' webpage offers [a directory](#) of integrative psychiatrists for consumers seeking an integrative model of care. Dr. Massoumi is a contributing author to the newest textbook on, *Complementary & Integrative Treatments in Psychiatric Practice*.

All of the leaders above are breaking ground and ushering in a transition to new ways of practicing psychiatry and psychology that rely less uniformly on psychiatric medications. We can also find some echoes of this movement in select advocacy groups, like Mental Health America. They offer a [guide to Complementary and Alternative Medicine](#) treatments with the suggestion that they can be very effective. Those of us seeking viable alternatives to the strictly

pharmaceutical model of treatment can benefit from this movement to an integrative approach.

## **Educating the Public**

I met [Robert Whitaker](#) in 2012 over our mutual interest in finding and writing about effective alternatives to the current standard of mental healthcare. At that time I was wondering, “How do US consumers get informed about optimizing mental health? Are they aware of the integrative model? ”

Typically we head to google to ask questions such as “What is psychosis?” “Am I depressed?” “How can I stop feeling anxious?” When you google these kinds of questions you will see that most information sites aimed at answering these questions are sponsored by pharmaceutical companies, medical and consumer groups aligned with pharmaceuticals as the best standard of care. Almost all are limited to promoting the pharmaceutical approach.

I felt called to add to the conversation about improving mental healthcare by informing people about a more integrative approach. “Integrative Mental Health for You”, IMHU.org, an online learning platform, thus began in 2013. It is part of the Foundation of Energy Therapies, Inc., FET, a not for profit organization, dedicated to being a public service and also independent, i.e. free of special interests and lobbies. Fortunately, those looking for more information on integrative therapies now have several websites to turn to. Mad in America’s Continuing Education courses, for one, have added both depth and rigor to the online courses on components of an integrative approach.

Please join me in becoming an advocate of integrative mental health. Let’s not confuse it with complementary, holistic or alternative branding which might dilute its uniqueness. Let’s reach out to appreciate the pioneering, qualified integrative practitioners in our communities. Let’s share information about the strengths of the integrative approach with others and lend our support to the expansion of this initiative. There is plenty of research to share about the effectiveness of the integrative approaches. (Craig Wagner’s “Choices in Recovery” is one new book that is very well referenced.) Let’s join together to come out of the collective hypnosis of the press and conventional psychiatry that continues to equate psychiatric medications with the best, or the only viable treatment. *Integrative* psychiatry has gained a foothold and is gaining ground. The generous donation by the Samuelis and the vision of UC-Irvine is certainly a giant step forward. Actions we take to advocate evidence-based integrative approaches will add more power to the brand as well as the movement.

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**Notes:**

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