

Paradigm Shift to Integrative Mental Health



ONWARD
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A free mental health monograph from Onward Mental Health, your source for integrative mental health insight.

See OnwardMentalHealth.com for an array of integrative mental health material including the latest version of this document. For detail on the 27 nondrug options for mental health recovery, see our book, [Choices in Recovery](#).

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Paradigm Shift to Integrative Mental Health

Mental health care is undergoing a critical paradigm shift driven by the fact that psychiatric drugs alone aren't solving the growing mental health challenge.

The emerging paradigm – *Integrative Mental Health* – accepts drug therapy when needed but asserts that nondrug options strongly supported by scientific evidence are necessary for mental health recovery.

This paradigm shift holds tremendous promise for those in mental distress and is progressing in seven significant dimensions of change.

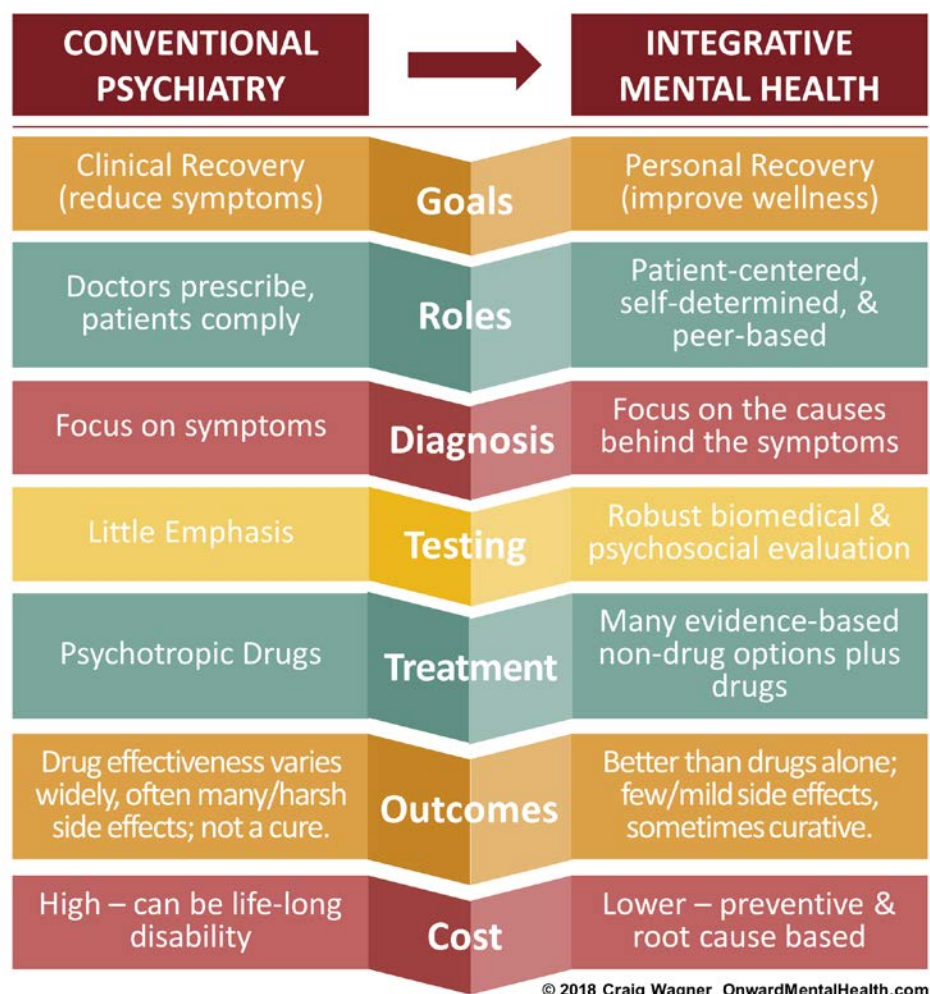


Figure 1- Paradigm shift to Integrative Mental Health

The need for this paradigm shift is evident worldwide. A United Nations report calls for “urgent” change and advises us to “abandon the predominant medical model” of conventional psychiatry.¹ Thankfully, change is being driven by groups within and outside of the mental health profession.

Within the profession, clinicians and researchers are proving the value of expanded treatment options. Some approaches strike at the core of known causes of mental health issues with therapeutic programs customized to a person’s individual blood chemistry and circumstances. Others are borrowed from non-Western medicine and psychology. Many practitioners are championing the expansion of therapeutic options, seeing the mounting evidence of the limited effectiveness and significant challenges of psychiatric drugs.

The growing movement outside the profession includes people who have experienced recovery first-hand. They value the clinical science, but add a strong dose of humanity, emphasizing the dignity, empathy, and self-determination needed for mental healing. Understanding the sometimes debilitating side effects of psychotropics and stigmas, they believe that recovery is much more than symptom relief; it must also involve personal growth and change. They seek a broad range of therapeutic options to facilitate this change. This group’s perspective is often called the *Recovery Model*.

Together, these groups are revolutionizing mental health practice.²

Changes in Grounding

There is a subtle, but extraordinarily important difference between conventional psychiatry and *Integrative Mental Health*. This difference influences how their respective practitioners spend their consultation time; how they test, diagnose and treat; and ultimately, how much positive impact they help create. In many ways, this difference is the reason behind the limited effectiveness of conventional psychiatry and the significant momentum behind the paradigm shift to *Integrative Mental Health*. The difference is this:

Unlike nearly every other branch of medicine, conventional psychiatry is grounded in providing *uniform* solutions based on *symptoms*. Other medical disciplines, including *Integrative Mental Health*, are grounded in providing *unique* solutions based on *causes*.

An example is helpful. Consider people who come to the doctor with abdominal pain. There can be any number of causes: a broken rib, food poisoning, a urinary tract infection, appendicitis, and many more. Each possible cause requires a radically different treatment. Although we can expect to see broad symptom improvement if all these people are given pain-killers, we cannot expect healing if pain-killers are the only form of care.

Conventional psychiatry is much akin to dispensing pain-killers for abdominal pain. It gives a uniform set of treatments to people with similar symptoms without a search for underlying causes. Although conventional psychiatry provides an extremely valuable service in symptom reduction, it is generally incapable of healing. As a counterpoint, forward-looking psychiatrists are using *Integrative Mental Health* to test, analyze, and probe the body, mind, and emotions of each person individually, looking for causes, knowing that if healing is to occur, it must be grounded in the best possible understanding of exactly what is wrong.

This shift to cause-based care is an incredibly promising evolution in psychiatry, made possible by extensive gold-standard research that has uncovered many treatable causes and influencers of mental health symptoms.

Changes in Diagnosing

The causes of mental health issues are varied and can be difficult to detect. As a result, most conventional psychiatrists today focus on understanding, categorizing, and relieving symptoms. The drugs they prescribe aren't considered a cure, but a means to manage symptoms.

In contrast, integrative practitioners seek to understand and treat the causes that lie beneath the symptoms. They probe for markers of biological, social, environmental, and habitual factors unique to the individual.

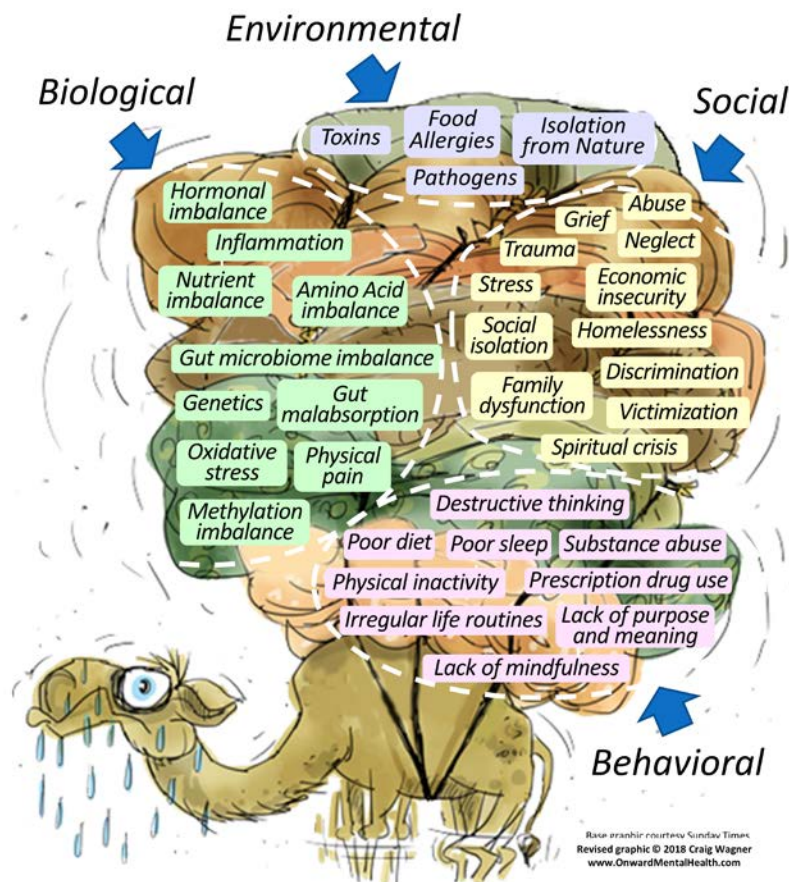


Figure 2 - Web of Causation of Mental Distress

They also recommend preventive methods. In some cases, this more exhaustive approach helps them fully eliminate symptoms—to the point where drugs become unnecessary. In many other cases, symptoms are reduced, often significantly, so that smaller drug doses can help people maintain their recovery.

To understand how this plays out, consider the differential diagnosis process – the detective work practitioners use to determine an individual's specific disorder or disease. The DSM-5 is the “diagnostic bible” of psychiatry in the United States. Although psychiatrists and other practitioners passionately

They see these factors interacting in a dynamic web of causation where factors can be both causes and effects. Some people have one factor that strongly predominates. Others strain under the accumulated weight of many smaller issues.

And sometimes a minor incremental stressor can be the straw that breaks the camel's back and ushers in a crisis. Figure 2 is a conceptual view of the web of causation, highlighting factors shown in research to be associated with mental distress.

Integrative Mental Health practitioners systematically check for these many potential causes and influencers and treat those that are found. They know that everyone's constellation of factors is different.

debate the DSM-5's validity and usefulness, it does provide a clear six-step process for differential diagnosis.³

Unfortunately, having a clear process doesn't mean it is used properly. Dr. Michael First, the DSM-5 editor, notes that diagnostic shortcuts are often taken:

There is a tendency to come up with a diagnosis in 30 seconds based on the gestalt [of the situation]...We call that 'premature closure,' and the problem is that you close your mind off to other possibilities....⁴

Premature closure is much like a detective charging a suspect without collecting proper evidence. In conventional psychiatry, the problem is often an inadequate search for evidence in step three when medical conditions and psychosocial stressors⁵ are evaluated. It is in this critical step that First indicates, "the treatment implications are potentially profound".⁶ Many *Integrative Mental Health* practitioners avoid premature conclusions by shifting into overdrive during step three. They use comprehensive **Biomedical Test Panels**, full psychosocial assessments, and other methods to identify potential underlying issues.

The American Psychiatric Association (APA) shares this passion for detailed diagnostics and strongly encourages psychiatrists to use them. Its "Choosing Wisely" campaign emphasizes the critical importance of a "thorough assessment of possible underlying causes of target symptoms, including general medical, psychiatric, environmental, or psychosocial problems."⁷

In the past, lab testing played only a peripheral role in the diagnosis and treatment of mental health concerns,⁸ due to many factors: crushing demands on overworked practitioners; concern over the cost of diagnostic testing; the drive for a quick-acting solution with psychotropics; the failure of medical schools to teach alternative therapies; and inertia.

But increasingly more practitioners are conducting rigorous testing. Choose practitioners willing to undertake the hard work of testing for and identifying possible root causes of symptoms. (See **Integrative Biomedical Practitioner Finder**.) Your recovery may well depend on it.

Changes in Treatment

Conventional psychiatry relies predominantly on psychotropic drugs to relieve symptoms and increase a patient's ability to function. *Integrative Mental Health* practitioners, however, use a broad set of options including drugs. Many of these options are considered *Complementary and Alternative Medicine* (CAM) since they can be used with (complementary), or instead of (alternative), conventional Western psychiatry.

Nutrition is beginning to take center stage in this new paradigm. The International Society for Nutritional Psychiatry Research notes, "Nutrition and nutraceuticals should now be considered as mainstream elements of psychiatric practice, with research (and)...policy reflecting this new paradigm."⁹

Increasingly, psychiatrists are aligning with *Integrative Mental Health* and are joining the APA caucus on Complementary, Integrative, and Alternative Medicine to share best practices.^{10,11} In addition, many [Integrative Mental Health Organizations](#) are advancing new paradigm research and care.

But, before we go into detail on nondrug options, **we need to discuss the benefits and downsides of psychotropics.**

First, the benefits.

- **Psychotropics can save lives.** Especially in cases of violent behavior, potential suicide, and extreme breaks with reality, they can stabilize crises.
- **Psychotropics provide symptom relief.** Many studies conclude that psychotropics relieve symptoms. Relief is very often only partial, but can be substantial, with impact in a matter of days or weeks.
- **Psychotropics are widely available.**¹² They are commonly prescribed and widely available. Although some are very expensive without insurance, they are covered under most medical insurance prescription plans.
- **Psychotropics require little effort.** It is as easy as swallowing a pill. This is especially important for people with debilitating symptoms.
- **Psychotropics can help people cope.** They can stabilize individuals and help create a receptive state to consider nondrug options. Psychotropics can offer a level of normalcy that may seem impossible without the drugs. Some people find psychotropics indispensable for their recovery.¹³

These are important benefits. But, unfortunately, ***psychotropics often have serious limitations.***

- **Psychotropic drugs do not cure**¹⁴ **and often don't fully relieve symptoms.** Drugs are rarely a complete answer. Half of people with depression have unresolved symptoms even after taking antidepressants.¹⁵ More troubling, antidepressants work only slightly better than placebo (sugar pills), with the benefit is so small that it may not be clinically significant.^{16, 17} An FDA executive flatly observes, "we all agree... the difference between drug and placebo is rather small".¹⁸ For schizophrenia, antipsychotics "have substantial limitations in their effectiveness;"¹⁹ most people continue to suffer a persistent functional impairment while on antipsychotics.²⁰
- **The short-term side effects of psychotropic drugs can be substantial.** These drugs are powerful and often have adverse effects so pronounced that many people stop taking their medications.²¹ Psychotropics can cause negative neurological, cognitive, metabolic, sexual, endocrine, sedative, and cardiovascular side effects. Antidepressants have startlingly frequent side effects²² and some significantly increase the risk of birth defects.²³ These serious side effects prompted the FDA to issue a black box warning – the most serious type of warning for prescription drugs – on all antidepressants as well as all 1st and 2nd generation antipsychotics.^{24, 25}

- **The long-term use of some psychotropic drugs can be debilitating.** Yet long-term use is common. For schizophrenia, the past Director of the National Institute of Mental Health indicates²⁶ that antipsychotics appear to *worsen* the chance of long-term recovery.²⁷ and may impede wellness.²⁸ A twenty-year study found that unmedicated schizophrenia patients had significantly *less* psychosis than those taking antipsychotics.²⁹ The long-term use of antipsychotics is linked to brain shrinkage—the larger the dosages, the greater the shrinkage.³⁰
- **Psychotropics can *cause* mental health symptoms.** In fact, they can cause the very symptoms they attempt to relieve: hallucinations, panic, delusions, suicidal thoughts/behavior, mania, psychosis, anxiety, hysteria, depression, and violent behavior.³¹ One-third of people using the antipsychotic clozapine develop or worsen obsessive-compulsive disorder (OCD) symptoms.³² Taking anti-anxiety benzodiazepines for six months almost doubles the risk of developing Alzheimer's.³³ Veterans taking psychotropics for PTSD are at significantly increased risk of later developing dementia. Taking antidepressants triples the likelihood of later developing mania.³⁴
- **Psychotropics do not address underlying medical issues that often cause mental health issues.** Over one-quarter of people with mental health issues have an underlying physical issue that causes or exacerbates their mental disorder.^{35, 36} For lower socioeconomic status individuals, the figure approaches one-half.³⁷ Psychotropics aren't designed to address these underlying physical issues, so relying exclusively on them impedes recovery.
- **Psychotropics do not address underlying trauma, stress and unhelpful thinking that often cause mental health issues.** The ravages of war and sexual abuse, the experiences of trauma, the cumulative impact of stress, and the knots of destructive thinking are at the core of many mental health issues. Drugs may be able to take the edge off, but they don't resolve these issues.
- **Psychotropics are often not rigorously tested for the diagnoses for which they are prescribed.**³⁸ Increasingly³⁹ they are prescribed "off-label" in ways not evaluated by the FDA. Although legal, this prescribing practice is not well-supported with evidence.
- **Withdrawal from psychotropic drugs can be very difficult.** Stopping use often results in withdrawal symptoms.⁴⁰ In fact, Allen Frances, the DSM-4 committee chair, says, "Often the withdrawal problems are worse than the original condition."⁴¹ Typically, the longer you take meds, the more difficult the withdrawal.⁴² Benzodiazepine withdrawal is life-threatening and is so common it is labeled a "syndrome".⁴³ Regrettably, psychiatrists have little literature^{42, 44} and training⁴⁵ in drug withdrawal, even though most psychotropics have withdrawal symptoms.⁴⁶
- **Psychotropics rarely deliver recovery.**⁴⁷ Most people find a combination of therapies that include nondrug approaches works best for recovery.⁴⁸

Putting drug limitations in a visual context helps us understand the size and extent of the challenges in their use. First, consider antidepressants (Figure 3).

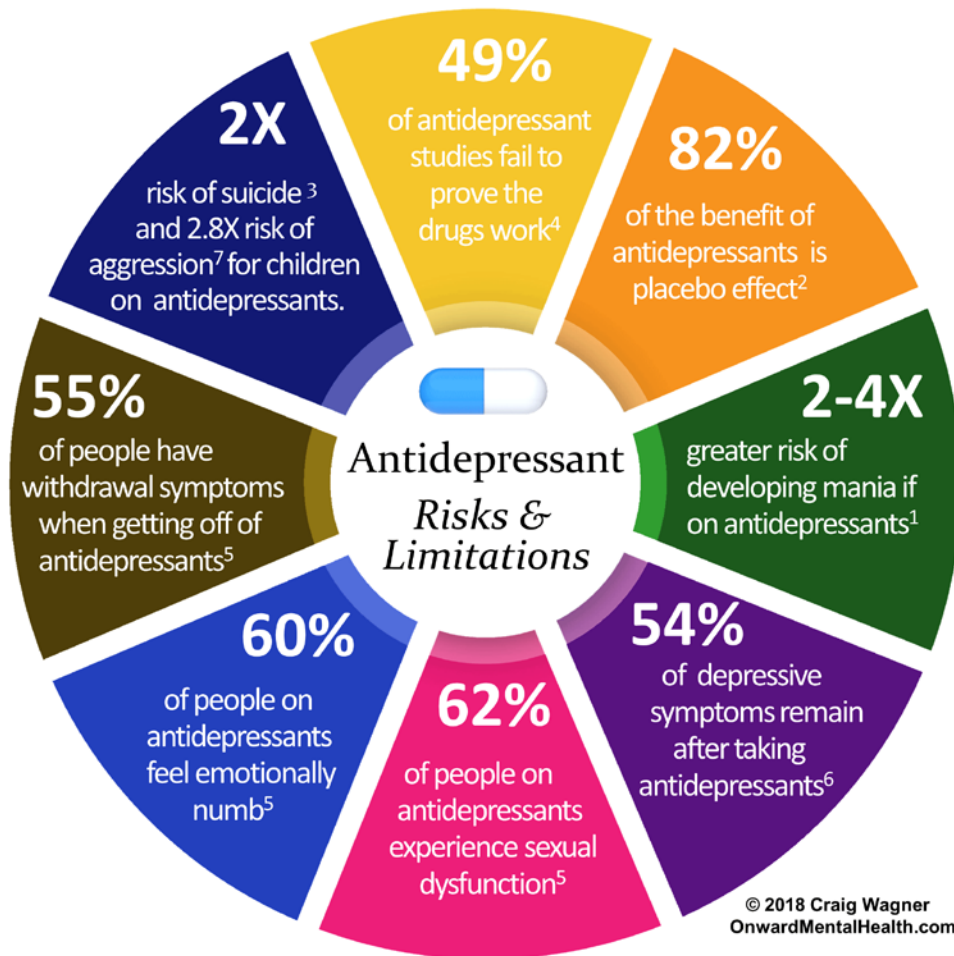


Figure 3 - Antidepressant Risks & Limitations
(See supporting studies.⁴⁹)

Significant limitations are also found with antipsychotics (Figure 4), the most common drug for schizophrenia, and benzodiazepines (Figure 5), often used for anxiety.

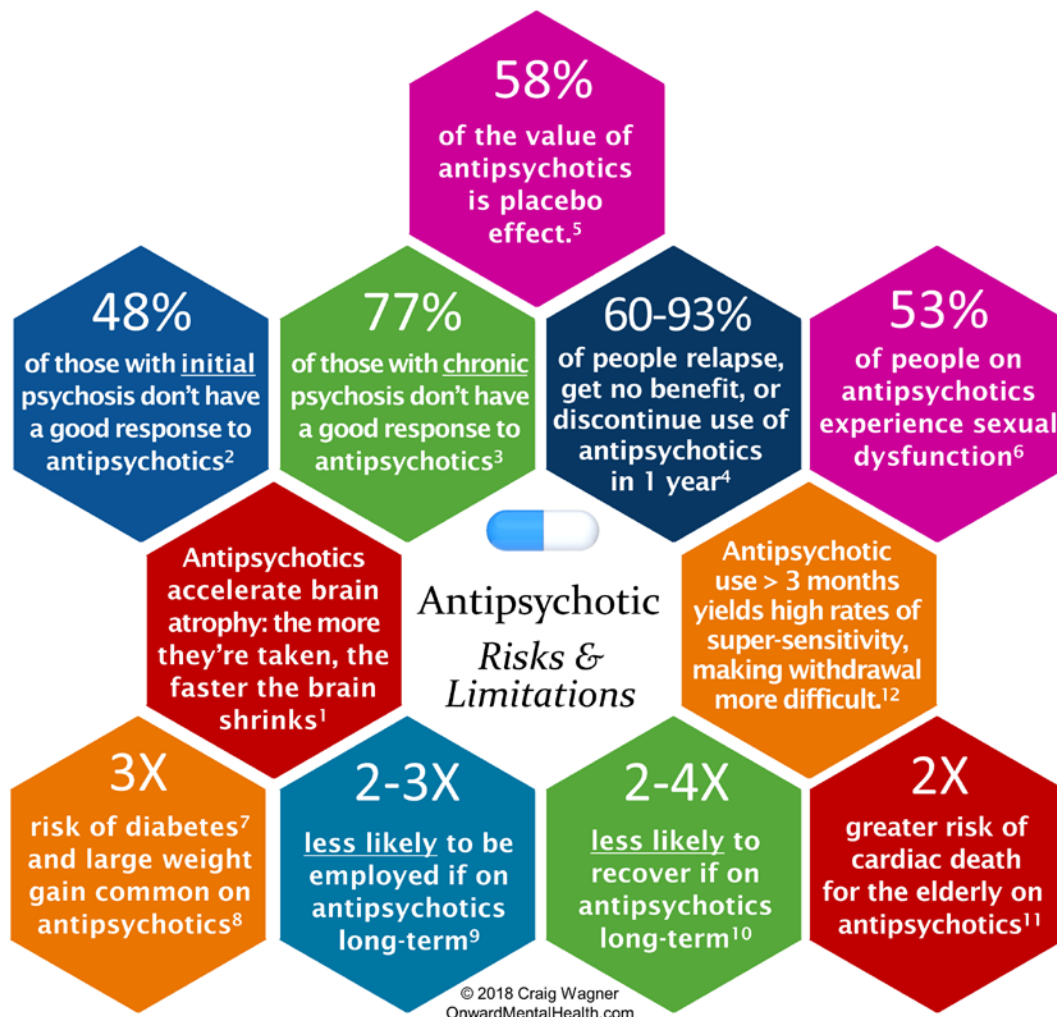


Figure 4 - Antipsychotic Risks & Limitations
(see supporting studies.⁵⁰)

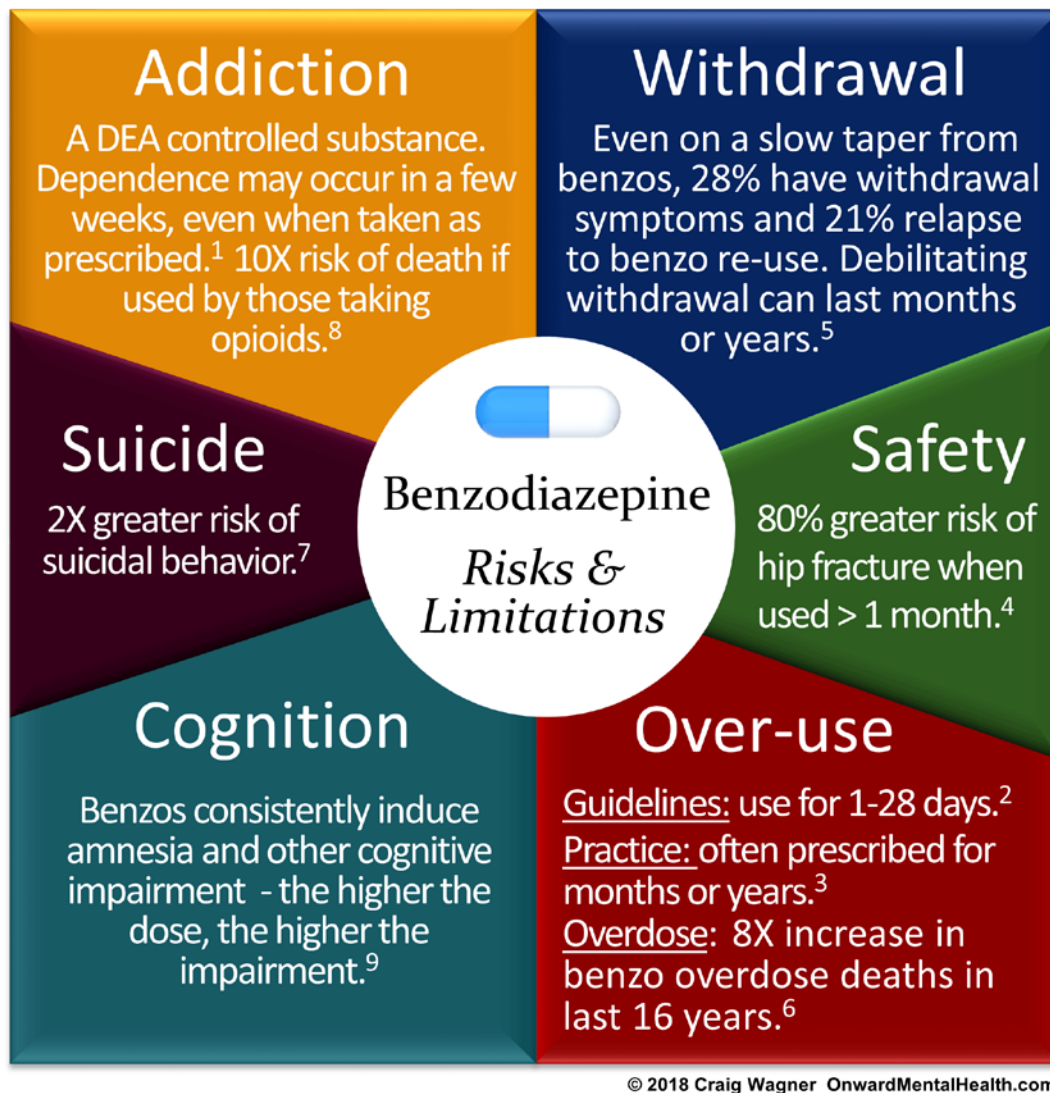


Figure 5 - Benzodiazepine Risks & Limitations
(see supporting studies.⁵¹)

These risks and limitations are well-supported with evidence from hundreds of gold-standard studies. They represent a significant wake-up call to exercise caution when considering psychiatric drugs. They also offer a strong incentive to search for more complete solutions that have a better overall risk/reward profile, and that are grounded in the fundamentals of cause-based medicine and human wellness.

Nondrug approaches paint a very different picture.

- **Nondrug approaches are helping deliver mental health recovery today.** Although nondrug approaches are not as extensively studied as drugs, thousands of gold-standard trials support their use. Open-label trials show that over 70% of people who receive *Nutrient Therapy* see substantial

symptom improvement across a spectrum of diagnoses including schizophrenia, bipolar, depression, anxiety and autism.

- **Psychological nondrug options often work better than drugs.** For depression, *Cognitive Behavioral Therapy* works better than antidepressants.⁵² In addition, psychological approaches are as effective as, or superior to, psychotropics for anxiety; significantly better for obsessive-compulsive disorder (OCD); preferred for post-traumatic stress disorder (PTSD); and helpful in avoiding bipolar relapse. These therapies don't have the side effects of psychotropics. Despite this compelling evidence, people rarely receive psychological therapy.⁵³
- **Nondrug treatments nearly always have far fewer and milder side effects than psychotropics.** Their safety should encourage us to prudently experiment with them under a practitioner's care.
- **Many nondrug approaches precisely target potential causes of mental health issues.** Robust biomedical and psychological evaluation can help identify the most appropriate nondrug approaches. NAMI, indicates that psychotropics have "buckshot"⁵⁴ accuracy, whereas *Nutrient Therapy* has the potential for "rifle-shot precision."
- **Mental health advocacy groups see value in nondrug therapies.** Looking at the evidence, NAMI's medical director says that psychotropics are rarely enough⁵⁵ and notes that many people report that a combination of treatments is most effective.⁵⁶ Both NAMI⁵⁷ and Mental Health America advocate select CAM treatments. "[I]n many cases, with a little experimentation, effective CAM treatments can be found."

With these important benefits, it is important to note that nondrug options are not a panacea. Some work remarkably well for some people but not at all for others. We are all different, so detailed evaluations are key to understanding what might be at the core of our individual mental distress.

Psychotropics remain an option in psychiatry, and they provide significant symptom improvement for some people. However, individual responses to these drugs are unpredictable, and the drugs possess significant limitations and exhibit limited overall effectiveness – a fact that is accelerating the paradigm shift to *Integrative Mental Health*.

Changes in Roles

Traditionally, psychiatrists evaluate the patient, offer a diagnosis, and recommend treatment (most often, psychotropics), expecting their patients to comply and take the prescribed drugs. Once treatment is underway, the most common psychiatric appointment is a fifteen-minute medication review.

But the emerging paradigm shifts greater responsibility to the patient, emphasizing the importance of *self-determination* in recovery. Patients are expected to co-author and co-manage their recovery plans as much as possible. With this greater control, patients are not only recipients of care, but co-creators of their own wellness.

In a coordinated effort with practitioners, *we must prudently experiment* with treatments in our recovery plan to see what works. There are no guarantees. Each individual situation is unique. When done with care and insight, *prudent* experimentation opens the doorway to recovery.

Failing to experiment with nondrug approaches is perhaps the largest single impediment to mental health recovery. Without investigating these proven techniques, we often accept a sizable and sometimes life-altering downside: resigning ourselves to limited symptom relief and possible significant drug side effects.

There are many reasons why we should not only *participate* in nondrug therapy experimentation, but *lead* it.

- **Recovery requires experimentation. Experimentation is a cornerstone of psychiatry.** Significant research shows recovery to be an active, individual process of experimentation. In fact, the World Health Organization emphasizes that experimentation is *the* fundamental medical process.⁵⁸
- **Conventional psychiatrists seldom experiment with nondrug treatments, so you must lead the effort.** Their biggest concern is malpractice liability since nondrug treatments are not yet standard practice. Financials also play an important role. Psychiatrists often earn \$150 for three fifteen-minute medication reviews and only \$90 for forty-five-minute talk therapy sessions.⁵⁹ Additionally, psychiatrists often find new treatments are not easily integrated into their practice.⁶⁰
- **Experimentation isn't a shot in the dark. Sound scientific research can guide experimentation.** Comprehensive lab tests and in-depth psychological assessments help target the best choices of nondrug treatments.
- **People who lead experimentation and make their own decisions have better outcomes.** Choosing your own therapies is an act of self-determination, a cornerstone of recovery. One study concluded that the ability to make therapy choices was the leading factor in good mental health outcomes.⁶¹ The British Psychological Society underscores the importance of choice: "We need to stop telling people what to do and start supporting them to choose...Professionals need to acknowledge that the only way someone can find out for sure what helps them personally, is to try."
- **You are not a statistic, so you must experiment to know what works for you.** Personal experimentation offers personal solutions. Proof that an approach worked for some people doesn't mean it will work for all. Likewise, an approach that shows statistically modest benefits for the general population may provide substantial benefits for an individual. The only way to know for sure is to experiment.
- **America's mental health system has proven unreliable in coordinating therapy experimentation, so you should lead it.** To evaluate recovery options, patients need to coordinate their recovery plan with psychiatrists, therapists, primary care physicians, and possibly specialists, since it is uncommon for practitioners to do this adequately.
- **New breakthrough drugs aren't expected, so nondrug experimentation is the best path to recovery.** Psychotropic drug research funding has been dramatically cut⁶² while research in nondrug options is growing.
- **Limiting options is rarely a good idea.** A guiding concept in *Integrative Psychiatry* is to "leave no stone unturned." According to one psychiatrist, "If the goal is to increase the quality of life...it doesn't make sense to limit one's self to either conventional or non-conventional treatment."

Changes in Goals

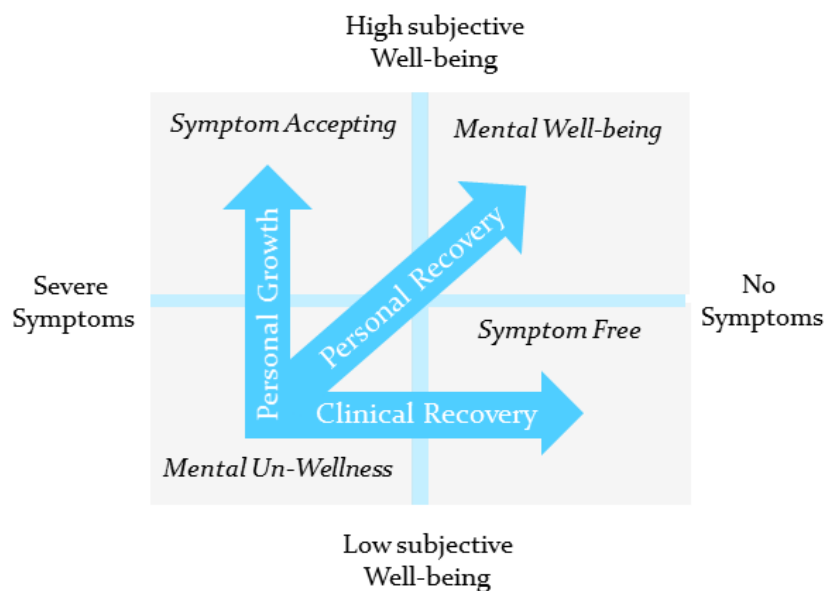
Mental health recovery is much more than the absence of symptoms. We want the presence of life's most positive things. We want well-being, a state that encompasses quality of life, self-acceptance, purpose, autonomy, strong personal relationships, social contribution, personal meaning, and a sense of belonging.

The goal is no longer simply the absence of symptoms, but *personal recovery*. We want to be better than we've ever been before.

Figure 6 provides an expanded concept of recovery.⁶³ It shows that **clinical recovery** is a one-dimensional activity that entails eliminating or significantly improving symptoms. However, **personal recovery** is two-dimensional; it adds a dimension of personal growth on top of clinical recovery.

The point is this: while we diligently work to reduce our symptoms, we should also focus on the important task of personal growth. Why? Personal growth enables clinical recovery—and vice-versa.

Healing our personhood gives us the necessary insight to more assuredly create our own mental wellness. And when we do the difficult work of personal growth, we become a stronger, more capable person.



Practitioners of conventional psychiatry —those who stick almost exclusively to drug-based therapies – often see personal growth as a fuzzy goal outside the scope of their discipline. *Emerging paradigm practitioners*, however, are often grounded in the vital importance of integrating personal growth with mental well-being.

This framework helps explain why people can consider themselves recovered even while some of their mental health symptoms persist. These people have experienced enough personal growth to accept residual

Figure 6 - Two Dimensions of Mental Health Recovery

symptoms as their current reality and find joy and meaning despite them. In fact, personal growth can be a central theme for those pursuing mental health recovery.

More broadly, placing personal growth into the context of mental health helps bring greater nuance to two realities.

First, wellness basics are likely more effective and more widely applicable than we think. Many wellness approaches proven to aid clinical recovery also facilitate personal growth. These tools include mindfulness, managing our Thought-Emotion-Action cycle, establishing meaningful relationships, meditation, and developing a sense of purpose, among others. The broad value of these tools suggests that mastering them may enhance our lives in stunning and unexpected ways.

Second, we must be careful not to confuse the disruption of personal growth with the symptoms of mental illness. New evidence suggests that a variety of experiences considered normal transformative growth in many cultures are now labeled and treated as mental illness. In some cases, we try to cure people when we should be trying to help them through a significant growth stage. Sometimes we seek to stop a disruption when the disruption may be a part of the growth process. *Transpersonal and Positive Psychology* offer approaches to recognize and facilitate these growth opportunities.

New approaches to the treatment of mental health issues focus on a shift from reducing illness to creating wellness.

Although mental health is a universal goal, everyone seeking mental health recovery follows a unique path to a unique destination. Recovery is a deeply human effort deserving all the deeply human attributes we can bring to it.

A Path to Recovery

What is Recovery?

For decades, that question has been debated by clinicians, researchers, and people with mental health issues. Although they have different perspectives,⁶⁴ their conclusions are finding common ground.

Not surprisingly, most medical professionals focus on *clinical recovery*, which emphasizes the relief of specific mental health symptoms. If their prescribed treatment significantly reduces or eliminates these symptoms, they decide their job is done: they have corrected what was wrong.

People suffering from mental health issues agree that *clinical recovery* is certainly important, but they often take a larger view.⁶⁵ They don't consider themselves passive recipients of treatment; they consider themselves active partners who help build, lead, and maintain their own recovery plan.⁶⁶ They are not just looking for outward intervention; they need something inward, something very personal. To them, recovery isn't just clinical. They want to launch a broader definition of wellness. Their recovery is *personal recovery*.

[Personal recovery is] a process of change through which individuals improve their health and wellness, live a self-directed and fulfilling life, work toward a meaningful purpose, and create loving and supportive relationships,⁶⁵ even if some limitations persist.⁶⁷

Why is this expanded definition of personal recovery important?

Because serious mental illness can do harm far beyond the mental health symptoms. It threatens our personhood and our sense of self, and therefore it can affect every facet of our lives⁶⁸ and the lives of those around us. Because the impact is that expansive, we need an expansive definition of recovery.

Even though we seek *personal recovery*, we must work within a mental health system that has predominantly been financed and structured to deliver *clinical recovery*. But, with creativity and perseverance, we can succeed.

Stages of Recovery

Personal recovery is a journey of growth and change. Signposts along the way help us stay oriented and offer a sense of accomplishment as we make progress. Be warned, though: this journey is seldom an overnight excursion. Instead, we proceed through five common stages,^{69, 70} often over months or years (See figure 7).

Stage 1 - Distress.

Journeys often start with a sense of chaos and dependency. Sometimes a crisis triggers them, and we begin to feel a sense of denial, confusion, hopelessness, and withdrawal. We may feel that we've lost our self-identity.

Stage 2 - Awareness.

We shift from distress to self-examination. We need to assess our personal strengths, weaknesses, needs, passions, and challenges. This is a time to rebuild our self-image. To move forward from this stage, it helps to adopt 3 perspectives:

- *A strong desire to change our situation.* This is often a desire to significantly improve or eliminate symptoms and rebuild our lives. It is a desire born in pain; a desire to alleviate that pain. This desire gives us incentive and motivation to do the hard work of recovery.
- *A belief that change is possible, even probable.* This isn't wishful thinking. It's pragmatic realism. We must acknowledge the fact that many people have already recovered, and there are many tools to help us do the same.
- *A commitment to the work needed for change.* This requires self-determination. We aren't "going it alone," although we do need confident self-leadership. We need to trust ourselves enough to step into uncharted territory. We also need the strength and humility to accept help.

When we accept the facts that we need to change and that change requires work, we reach a turning point, from hopelessness to hopefulness. We are no longer dependent; we can navigate our route to recovery—with qualified help. We can now face the hard work ahead.

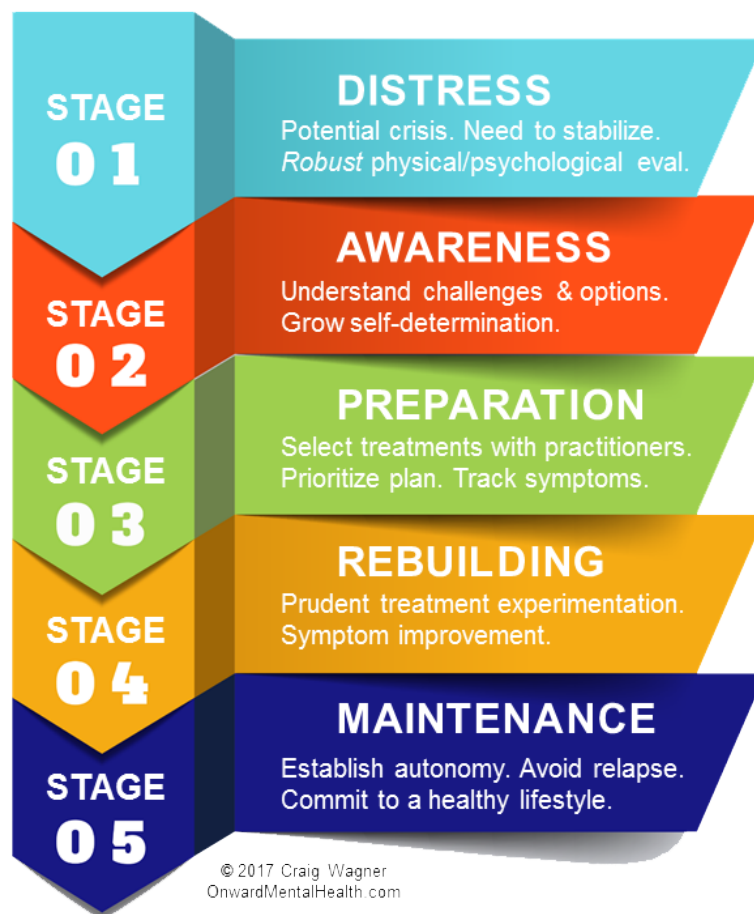


Figure 7 - Stages of Mental Health Recovery

Stage 3 - Preparation.

We need to set goals, learn about recovery options and treatments, and be willing to experiment with different recovery techniques. We also need to connect with people who can help.

Stage 4 - Rebuilding.

Once we've prepared ourselves, the action begins. The rebuilding stage involves *doing*—working toward goals and actively managing the process of recovery. Although we'll be experimenting with approaches that have proven track records, we may face setbacks as we seek the best treatments for our own situation. Along the way, we need to work hard to solidify our relationships—with caregivers, friends, and family members. This stage requires resilience and independence.

Stage 5 - Maintenance.

This is the final stage of recovery, when we've reached a state of well-being. We have accepted who we are, and we have established autonomy, positive relationships, and a new sense of purpose. We make a commitment to sustain this state. Even if some mental health symptoms still exist, we know that we can live rich and meaningful lives, that we can actively respond to setbacks, and we can maintain a positive attitude about our future.

Although we have defined the stages of recovery, everyone's experience progressing through them is unique.⁷¹ There is no cookie-cutter approach. The path to recovery can be unpredictable. We may reach periods of stagnation or abrupt change. Sometimes the struggle might seem overwhelming and the setbacks might seem daunting—but there can also be breakthroughs and a liberating sense of renewal if we persevere.

Each recovery stage comes with its own set of challenges and choices. We'll experience growing pains, false starts, and confusion. We'll make mistakes. But, we'll also develop the ability to adjust and move forward when we face difficulties.

The recovery journey offers few shortcuts. We must prepare ourselves for a voyage, not a jaunt. But, there are clear maps that mark the way, written in the sweat of thousands who faced similar challenges and recovered.

27 Nondrug Options of Recovery

There are 27 nondrug approaches to mental health recovery (for detail see [Choices in Recovery](#)). These approaches can be life-changing tools. *Integrative Mental Health* uses these treatments along with the drugs of conventional psychiatry to create a best-of-both-worlds model that accelerates mental health recovery.

One way to understand these 27 nondrug approaches is to place them into a *Wellness Continuum* of the U.S. Institute of Medicine and European Union of General Practitioners/Family Physicians.⁷² (See Figure 8)

This commonsense wellness framework has 4 categories of interventions:

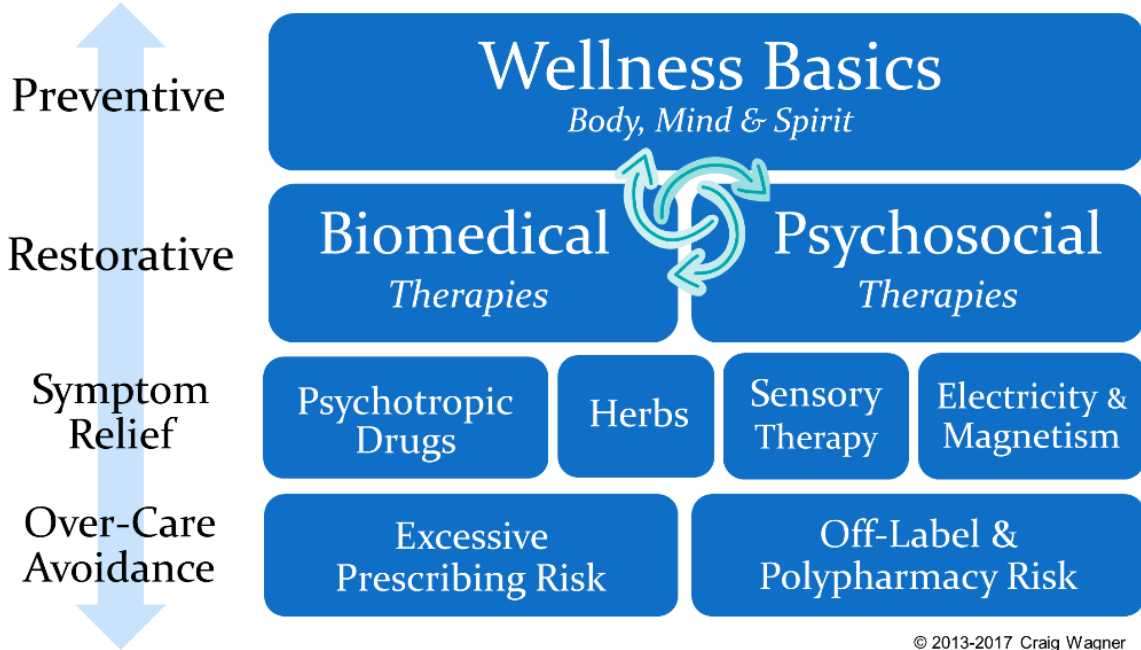


Figure 8 – Mental Health Wellness Continuum

- **Preventive** approaches are wellness basics for your body, mind, and spirit. They help minimize and avoid mental health issues—yet everyone can benefit from them. Exercise, nutritious eating, and social interaction are a few important basics. People often overlook the fact that what is healthy for the general population can have a profound effect on one person’s mental health.
- **Restorative** approaches address possible underlying influences and causes of mental health symptoms. They are either *biomedical* (related to the body) or *psychosocial* (related to the mind); both can have a tremendous impact on mental health, since our body and mind are so tightly entwined. Diagnostic procedures (including psychosocial evaluations as well as blood and urine tests) provide solid information to guide diagnosis and treatment. When targeted *Restorative Therapies* are used, they can often significantly reduce, and in some cases eliminate psychiatric symptoms. The cause-seeking perspective of *Restorative* approaches is shared with Functional Medicine.⁷³
- **Symptom Relief** approaches don’t aim to cure, but to minimize mental health symptoms, bringing someone to a more stable and receptive state so *Preventive* and *Restorative* approaches can be used. Psychotropics are by far the most common *Symptom Relief* therapy, but many more are available.
- **Over-Care Avoidance** means avoiding unnecessary and potentially harmful intervention. Psychotropics should be taken in minimum effective dosages for no longer than is needed—and in combinations proven to be effective and safe. This is vital since medical errors are the third leading cause of death in the U.S. behind only heart disease and cancer.⁷⁴ The American Psychiatric Association is working to curb two over-care practices: *Over-prescribing*, when drugs may not be warranted or necessary at high dosages, and *polypharmacy*, prescribing too many drugs at once.

The framework in Figure 8 provides context. It shows the big picture and how the pieces relate. It offers a visual reminder that the “higher” in this continuum you focus (toward *Preventive*), the better—though we often need to work in all four categories simultaneously.

Wellness Basics		# Techniques
1	Housing & Security	12
2	Diet & Digestion	4
3	Exercise & Sleep	6
4	Calm Awareness	10
5	Effective Self-management	10
6	Purpose & Meaning	4
7	Social & Outer Engagement	5
8	Belief, Hope, & Self-transcend.	5
9	Mind-Body Disciplines	3
Psychosocial Restorative Therapies		
10	Cognitive Behavioral Therapy	8
11	Individual Psychotherapy	8
12	Interpersonal, Family, & Peer	6
13	Cognitive Enhancement	1
14	Creative Engagement Therapy	9
15	Biofeedback	6
16	Dialogue & Exposure Therapy	12
17	Energy Therapy	7
Biomedical Restorative Therapies		
18	Nutrient Therapy	62
19	Endocrine Therapy	14
20	Food Allergy Therapy	3
21	Detoxification Therapy	4
22	Pathogen Therapy	12
Symptom Relief		
23	Herbal Therapy	56
24	Sensory Therapy	11
25	Electromagnetic stimulation	11
Over-care Avoidance		
26	Excessive Prescribing	3
27	Off-Label & Polypharmacy	2
Total		294

Figure 9 - The Nondrug Techniques for Mental Health Recovery

It also clarifies the purpose and limitations of each approach. For instance, psychotropics are a form of *Symptom Relief*. They are not designed to address root causes and create core wellness, but they can relieve distress of certain symptoms. If you want more than *Symptom Relief*, you must look beyond meds.

And finally, this framework helps us avoid a myopic view of the importance of psychotropics. Figure 8 shows that psychotropics represent one of many options. They can be an important, but not exclusive, aspect of recovery.

These four categories of the *Wellness Continuum* are composed of 27 broad approaches, subdivided into 294 recovery techniques (Figure 9). These large numbers are good news, so don’t feel overwhelmed. They represent many possible avenues to recovery. This large number of options can be quickly winnowed down to a much more manageable set of options that are most promising for your individual diagnosis and situation.

As you work toward recovery, realize that *Wellness Basics* and *Restorative Therapies* may not kick in as quickly as drugs. Many take days, perhaps weeks, and in some cases months, to deliver full results. But they often deliver significant and sustainable wellness gains. Patience and resolve are invaluable here.

Also realize that there is a strong bias toward psychotropics in our mental health system. Some conventional psychiatrists advise against using *Nutrient Therapy* and *Herbal Therapy*, citing the legitimate lack of robust research on their interactions with psychotropics. However, a growing number of Integrative Mental Health practitioners consider this position much too restrictive, especially given the very favorable benefit/risk profile of nearly all nondrug approaches.

Taking a step back, know that there are thousands of well-designed studies that support the use of nondrug

approaches. They work. Not all the time, and not for everyone, but they work. Some take time and effort—they aren’t as easy as popping a pill. But, for many people, when we find the right combination of approaches that strike at the root causes of *our* symptoms, the payoff is enormous, sustainable, and life-altering.

Final Thoughts

Like everything worth doing, mental health recovery is a challenge—perhaps the most difficult challenge we'll ever face.

We must craft our recovery while navigating through a mental health system that is in many ways broken. But right now, our challenge is not to fix it, but to fix ourselves.

To be successful, we need to experiment. We need to be self-confident enough to lead our own recovery, but humble enough to accept help from others. We need to be persistent enough to make steady progress, but patient enough to give it time. We need to be the pragmatic realist and the hopeful optimist. And perhaps most of all, we need large doses of love—from ourselves and others.

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

The very best of luck to you.

Craig Wagner

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