

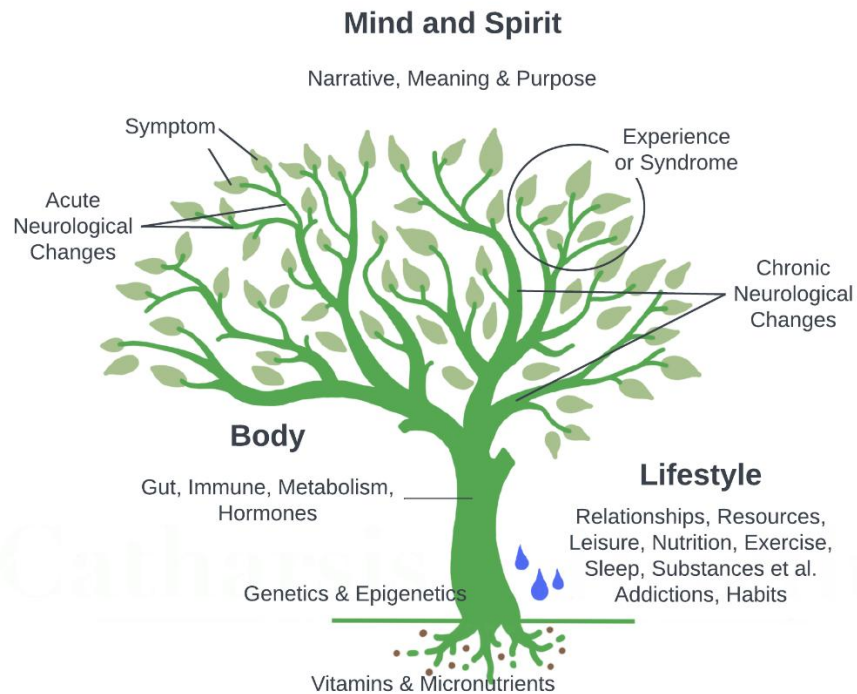
Introduction to Integrative Psychiatry

Dr. Nicholas Hatcher, DNP

Integrative psychiatry involves a whole-person exploration aimed at identifying the root causes of psychiatric symptoms and experiences. This includes an exploration of mind, body, lifestyle, and spirituality.

General Model for Integrative Psychiatry

Integrative psychiatry expands one's view beyond the leaves of the tree, considering the whole person.



The leaves of the tree represent individual symptoms whereas a collection of leaves represents an experience or syndrome. The larger and dividing branches leading to the leaves represent chronic and acute neurological changes and correspond with neurological pathways. As the limbs of the tree converge into the trunk, we enter the territory of the body. Here we consider how bodily systems such as the gastrointestinal, immune, endocrine, and metabolic systems among others impact the branches of the tree. Or in other words, how bodily systems impact neurological pathways. At the base of the tree, we have genetic and epigenetic factors that inform susceptibility. Surrounding the root system are vitamins and micronutrients that are required for the structural and functional basis of the tree. Lifestyle factors such as relationships, resources, leisure, nutrition, exercise, sleep, and substances or addictions are represented as water and can either help or hinder adequate growth, development, and resiliency. Mind and spirit surround the tree, informing an individual's narrative or life story, meaning and purpose.

Global Mental Health Crisis

Between 1990 and 2019, the global number of disability-adjusted life years due to mental illness increased from 80.8 million to 125.3 million (GBD 2019 Mental Disorders Collaborators, 2022). Mental health disorders remain among the top ten leading causes of burden worldwide, with no evidence of reduction since 1990.

According to the World Health Organization (WHO), depression is the leading cause of disability worldwide and is predicted by 2030 to be the leading cause of global burden of disease (Lepine & Briley, 2011).

Worldwide, more than 70% of individuals who need mental health services lack access to care (Kohn et al., 2004).

For those who do receive care, pharmacologic treatments may or may not be effective. Several studies have identified that antidepressants come with small effect sizes or may be equivalent to placebo (Barbui et al., 2011; Fournier et al., 2010; Khan & Brown, 2015; Kirsch et al., 2008). Likewise, in an extensive review and analysis of the literature from the 1950s to the present, antipsychotics were found to provide short-term benefits, but may worsen outcomes in the long-term (Whittaker, 2016). Practicing mental health clinicians are aware of some of these long-term outcome issues in addition to the frustration of treatment resistance.

In the United States, 1 in 5 adults experience a mental illness ranging from mild to severe (National Institute of Mental Health, 2023).

Bottom Line: Psychiatric illness is a widespread problem with significant burden, but perhaps current models are not the most workable for this issue.

Conventional versus Integrative Psychiatry

Conventional psychiatry focuses on syndromes and symptom clusters, whereas integrative psychiatry focuses on root causes. The pathologizing of syndromes and symptom clusters can be stigmatizing.

Conventional psychiatry tends to evaluate individuals using a checklist approach to identify a “diagnosis” based on an idiopathic cluster of symptoms. This labeling can be misleading (as it is unlinked from etiology) and stigmatizing. Integrative psychiatry aims to identify the etiology of these symptoms and maintains a more comprehensive evaluative process.

A significant portion of mental health research focuses on genetic predisposition, however no consistent “genetic cause” of psychiatric illness has been identified.

Conventional psychiatry orients treatment around symptom reduction with a toolkit that weighs heavily on pharmaceutical options, whereas integrative psychiatry expands this toolkit to include nutraceuticals and other alternative treatments aimed at root causes.

Presenting Integrative Psychiatry to Patients

Your role is more of a guide! Enter the discussion by presenting “in the box” and “out of the box” options and allow the patient to make an informed and autonomous decision.

Just as you would inform a patient about tolerability, efficacy, adherence, and monitoring of pharmacologic agents... use the same approach with nutraceuticals and other alternative modalities.

Ethical/Legal considerations: Be familiar with legal and ethical requirements and norms dictated by your professional association within your respective state and local jurisdictions. There is no generally agreed upon standard or ethical-legal framework that defines the scope of practice regarding alternative and integrative approaches. At minimum, your duty to patients includes the demonstration of professional competence when treating patients and the exercise of sound judgment.

Documentation Tip: “Reviewed risks, benefits, and side effects and evidence-basis of FDA-approved and off-label psychopharmacologic options as well as non-FDA-approved nutraceutical/alternative options. After review, the patient feels that the benefits outweigh the risks and consents to move forward with the POC as described above.”

Severe Symptoms

Medications are usually required in the setting of severe mental illness. The use of conventional treatments is strongly advised in the setting of acute suicidality, psychosis, or mania among other things. Exercise appropriate judgment.

Nutraceutical and alternative treatments with known synergistic and beneficial effects supported by evidence can certainly be added.

Start a lifestyle conversation about topics such as nutrition, exercise, sleep, relationships, etc.

Have frequent follow-up appointments to manage severe symptoms and give clear advice on going to the emergency department, urgent care, or mobilizing crisis services in the event of suicidal thoughts or worsening symptoms.

Documentation Tip: “Advised of need to seek appropriate medical attention (urgent care, emergency department, or crisis services) in the event of suicidal ideation or symptomatic worsening that increases the risk of self- or other-directed harm.”

Referrals

Note that you assume implicit liability when referring a patient to any other medical practitioner. Conventionally trained providers should become familiar with the qualifications of alternative medicine practitioners before making referrals. The integrative provider should review pertinent information about the effectiveness and safety of any treatment modality before making a referral. Include a note on the chart documenting informed consent about the referral.

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