

Schizophrenia

Non-drug Options for Recovery



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Non-drug Approaches for Schizophrenia

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Overview. Schizophrenia is often diagnosed when a person has difficulty thinking clearly, managing emotions, making decisions and relating interpersonally. People with schizophrenia may appear as though they have lost touch with reality.

Addressing schizophrenia requires understanding and a holistic plan of recovery. Without treatment, symptoms may last for years or decades. Although schizophrenia can occur at any time, for men it usually occurs in the late teens to early 20s, and somewhat later for women. There are many conditions that are known to possibly cause schizophrenic symptoms including nutrient imbalances, food allergies, viruses, trauma/stress, brain

injury and many more. It is also influenced by genetics. Some people mistakenly believe that schizophrenia means “multiple personalities”. This monograph outlines considerations for schizophrenia and potential non-drug therapies to evaluate with your practitioners.

Symptoms. Although everyone’s experience with schizophrenia is different, it usually means reduced functioning for at least 6 months with two or more of these symptoms:

- **Hallucinations.** Hearing voices, seeing things, or smelling things that other people can’t. These experiences can be frightening, confusing and seem very real.
- **Delusions.** False beliefs that don’t change in the presence of facts.
- **Blunted reactions.** Being emotionally flat or speaking in a dull, disconnected way. It also includes having difficulty with normal tasks and showing little interest in life.
- **Difficulty speaking.** Having problems communicating basic information clearly.
- **Difficulty thinking.** Having problems remembering things or thinking clearly. It also includes not comprehending that these are non-normal experiences, and being catatonic.

There is good reason to be hopeful. Integrative mental health, an emerging discipline, offers tremendous hope. It embraces the best of conventional psychiatry – including drugs when needed – and a much larger menu of proven non-drug options. There are thousands of “gold standard” studies that support the effectiveness of non-drug treatments and the significant majority of these treatments reduce mental health symptoms with little or no side effects. And more importantly, thousands of people with a schizophrenia diagnosis live in recovery today using these techniques – leading meaningful, productive, and joyful lives. Recovery isn’t necessarily easy, but pragmatic science is on your side.

Safety first. Safety is the #1 priority. If someone is unable to perceive reality or is a danger to themselves or others, call 911. Hospital emergency rooms can help. Hospitals nearly always work to stabilize the



individual, very often with drugs. Although still relatively uncommon in the US, “peer respites” provide an alternative to hospital emergency care in a more home-like setting. People who enter a peer respite report that they have a much better experience than in a typical hospital and may be able to stabilize with lower drug dosages. See a [directory](#) of US peer respites.

Always work with trained and licensed practitioners. We urge people not to self-diagnose or self-treat. Licensed practitioners can help select and run the most appropriate tests/evaluations and can be your guide to help you determine the specific interventions that might be best for you. When you are working with multiple doctors, make sure you coordinate your care, so each doctor is aware of what the others are doing. Also, remember that your practitioners are your trusted advisors, not your boss. Ultimately, the person with diagnosis must create their own recovery and select the treatments and approaches they will use. Although significant support and some level of paternalistic care may be needed in crisis and early recovery, increasing self-determination is seen as a necessary part of recovery.

Consider schizophrenia from four perspectives. It is often best to consider schizophrenia from four perspectives: 1) potential physical causes, 2) potential psychological causes, 3) wellness basics, and 4) symptom relief. Therapeutic responses based in each of these four perspectives are supported by hundreds, if not thousands, of gold standard scientific studies. The first three perspectives target known causes and influencers of schizophrenia symptoms to help create sustainable wellness. The more that issues are addressed by the first three perspectives, often the less is needed from the fourth perspective. This is important since the fourth perspective often involves antipsychotics that come with a variety of potentially serious side effects. This multi-pronged approach often means getting two or three different practitioners involved, but sometimes they might be found in the same practice.

The physical perspective. It is important to find a practitioner skilled in the physical/biomedical causes and influencers of schizophrenia. These practitioners can identify an individual’s unique [bio-individuality](#) through blood/urine and other testing, using detailed biomedical test panels (see the [resources](#) page at www.OnwardMentalHealth.com). These tests can uncover nutrient imbalances, hormonal issues, amino acid irregularities, food allergies, pathogens, inflammation, toxicities, or other physical conditions that can cause or influence mental health symptoms. Customized therapies can then be prescribed targeted at the specific issues identified.

Perhaps the most comprehensive and proven biomedical protocol for mental health was developed by the [Walsh Institute](#), written up in the book, [Nutrient Power](#). The institute has amassed what is probably the world’s largest database of mental health laboratory analyses: more than three million records from over 30,000 people with mental health issues. This database shows that umbrella mental health diagnoses, including schizophrenia, are composed of multiple subtypes, each requiring a different nutrient response. Walsh has found that the most common biomedical issues with schizophrenia are overmethylation, undermethylation, pyrrole disorder, oxidative stress, gluten intolerance, and a category that includes thyroid deficiency. Over 85% of the people with paranoid schizophrenia have overmethylation; 95% of those with schizoaffective disorder have undermethylation. Walsh indicates that over 75% of people with schizophrenia who undergo six months of customized nutrient therapy experience a significant reduction in symptoms. With that symptom reduction, people are often able to gradually reduce psychiatric drug dosages under practitioner care. In about 5% of cases, people can be slowly tapered off of drugs altogether after receiving Nutrient Therapy.

Most conventional psychiatrists do not focus on robust biomedical testing, but the good news is that practitioners in the emerging discipline of integrative mental health do. Practitioners who use robust biomedical testing have a variety of titles including integrative psychiatrist, integrative general



practitioner, orthomolecular practitioner, naturopath, Functional Medicine practitioner and others. Ensure you find a practitioner familiar with this testing in a mental health context. To help you choose a biomedical practitioner, consider the following directories:

- Walsh trained doctors - www.walshinstitute.org/clinical-resources.html. Mensah Medical (www.MensahMedical.com), a Walsh-trained practice based in the Chicago area, also has scheduled satellite locations in the US that they travel to periodically for patient care.
- Safe Harbor's practitioner directory. <http://www.alternativementalhealth.com/find-help/categories/practitioner>.
- Functional medicine practitioners. www.ifm.org, look under "Find a Practitioner".
- APA Caucus on Integrative Psychiatry practitioner directory. www.intropsychiatry.com (Find a psychiatrist).
- Integrative Medicine for Mental Health Registry. <http://www.integrativemedicineformentalhealth.com/registry.php>.
- American College for Advancement in Medicine - www.acam.org.
- International Network of Integrative Mental Health - <https://inimh.org>. (FIND a Network Partner Near You)
- International College of Integrative Medicine. www.icimed.com.
- American Board of Integrative Holistic Medicine. <http://www.abihm.org/search-doctors>.
- Academy of Integrative Health Medicine. www.aihm.org.
- American Holistic Health Association. <http://ahha.org/holistic-practitioners>.
- Orthomolecular.org Worldwide Directory. www.orthomolecular.org/resources/pract.shtml.
- Canadian Society of Orthomolecular Medicine. <https://ionhealth.ca/public/find-a-practitioner>.
- Naturopathic Physicians (select "find a doctor"). www.naturopathic.org.
- Find a Naturopath. www.findanaturopath.com.
- Canadian Association of Naturopathic Doctors. www.cand.ca.
- Mad in America directory of doctors who aid psychiatric drug withdrawal. <https://goo.gl/kvstV0>.

If you cannot find a biomedical practitioner with a mental health focus that you can see face-to-face, consider tele-services through phone consults at www.mensahmedical.com (call 847-222-9546, they are Walsh trained). In addition, certain labs provide practitioner referrals and more self-directed support to patients (DHA labs - www.pyroluriateesting.com, Great Plains Labs www.GreatPlainsLaboratory.com). Your regular doctor can work with these labs and order tests directly from these labs.

Psychological perspective. An evaluation by a trained psychotherapist is important for cases of schizophrenia. Trauma and stress can directly cause or influence psychotic symptoms — and these may be unknown to family members and supporters. More people with schizophrenia have experienced trauma than the general population, and if trauma is present, psychological approaches can help address it. Cognitive Behavioral Therapy for Psychosis (CBTp) is especially geared toward for people with schizophrenia and has proven effective in reducing symptoms. The more general Cognitive Behavioral Therapy can also be helpful. Instead of dismissing hallucinations and delusions as meaningless, working directly with them using *dialogue therapies* (e.g. Open Dialogue, Guided Self-determination, and Avatar Therapy) has proven effective in some cases.



Compelling success has been found using the [Open Dialog](#) approach in first-episode psychosis. Unfortunately, there are very few practitioners skilled in its use and it is just being introduced into the U.S.

Wellness perspective. There are a number of common sense health practices we can adopt that often have a significant impact on mental health.

- **Diet.** Diet can have an important impact on schizophrenia symptoms. Refined sugar and dairy can adversely affect people with schizophrenia. In fact, sugar consumption is the predominant predictor of poor outcomes in treating schizophrenia. Populations who gain more of their protein from fish, as opposed to red meat, have a lower incidence of psychosis.

More broadly, maintaining a good diet is very important for mental health. Doctors and nutritionists often recommend a diet that contains plenty of fresh fruits and vegetables, sufficient fat, low-fat protein sources, probiotics for digestive health, sodium, and potassium electrolytes. The diet often recommended is one low in saturated fat, white flour, and processed foods (especially junk foods). *Diligently reduce saturated fat and especially sugar in the diet is important.* A “Mediterranean diet” rich in vegetables, fruit, legumes, whole grains, lean meats, fish, heart-healthy fats and oils, with minimal animal fats and sweets is considered an excellent model. Although eating fish is healthy, nearly all fish and shellfish now contain traces of mercury, so we should eat predominantly low-mercury seafood. Nutritionists urge us to incorporate changes slowly and then maintain healthy dietary changes. As a rule of thumb, dietitians recommend taking the time for excellent breakfasts because our blood sugar levels are lowest in the morning, so healthy breakfasts get us going. It’s better to eat dinners early in the evening and avoid eating when we feel stressed, since too much adrenalin shuts down digestion.

- **Gut Health.** Overall gut health is important to those with schizophrenia, since digestive distress can cause mood changes. Probiotics (found in yogurt, Keifer, and other sources) can improve psychosis symptoms significantly. Probiotics can also be found in capsule form, usually containing lactobacillus and bifidobacteri.
- **Exercise.** Some form of consistent bodily movement daily in the form of either exercise or a Mind-Body Discipline (e.g. yoga) is often helpful. Regular aerobic exercise at least three times a week can improve psychosis symptoms.

Symptom relief perspective. Antipsychotics are the most commonly prescribed drugs for symptom relief of schizophrenia. Unfortunately, the individual response to antipsychotics is unpredictable with self-reported reactions to the drugs ranging from “life-saver” and “useful tool” to “mixed bag” and “hell”. In addition, people who use psychiatric drugs often face a difficult trade-off. These drugs can relieve some symptoms but often come with a variety of potentially significant side effects and other limitations (see Figure 1). Often, the higher the dosages, the more severe the side effects.

Although antipsychotics may be an important part of reducing symptoms and avoiding relapse in the short-term, long-term use of antipsychotics is questionable and is associated with brain shrinkage and reduced prospects of recovery. The past Director of the National Institute of Mental Health notes that using antipsychotics in the long-term “may do more harm than good”. For a more detailed understanding of the long-term prospects of antipsychotic use, consider the [half-hour video](#) by Dr. Martin Harrow, of the Medical College of the University of Illinois.



People with first-episode schizophrenia have increased sensitivity to psychiatric drug side effects, compared with people with multi-episode schizophrenia. Therefore, antipsychotics, if used, should be started at lower dosages in the case of first episode psychosis and increased only as required.

Psychiatric drugs should be taken in “minimum effective dosages” – no larger a dose than is needed to substantially reduce symptoms. This is done through experimentation in one of two ways. If the person is not yet on the drug, a low dose can be given and potentially slowly increased if needed to gain suitable symptom relief. If the person is already on the drug, a very slow tapering technique can be used to find the balance point between symptom relief and side effects. Any drug tapering should be done only under practitioner guidance and done very slowly to avoid relapse.

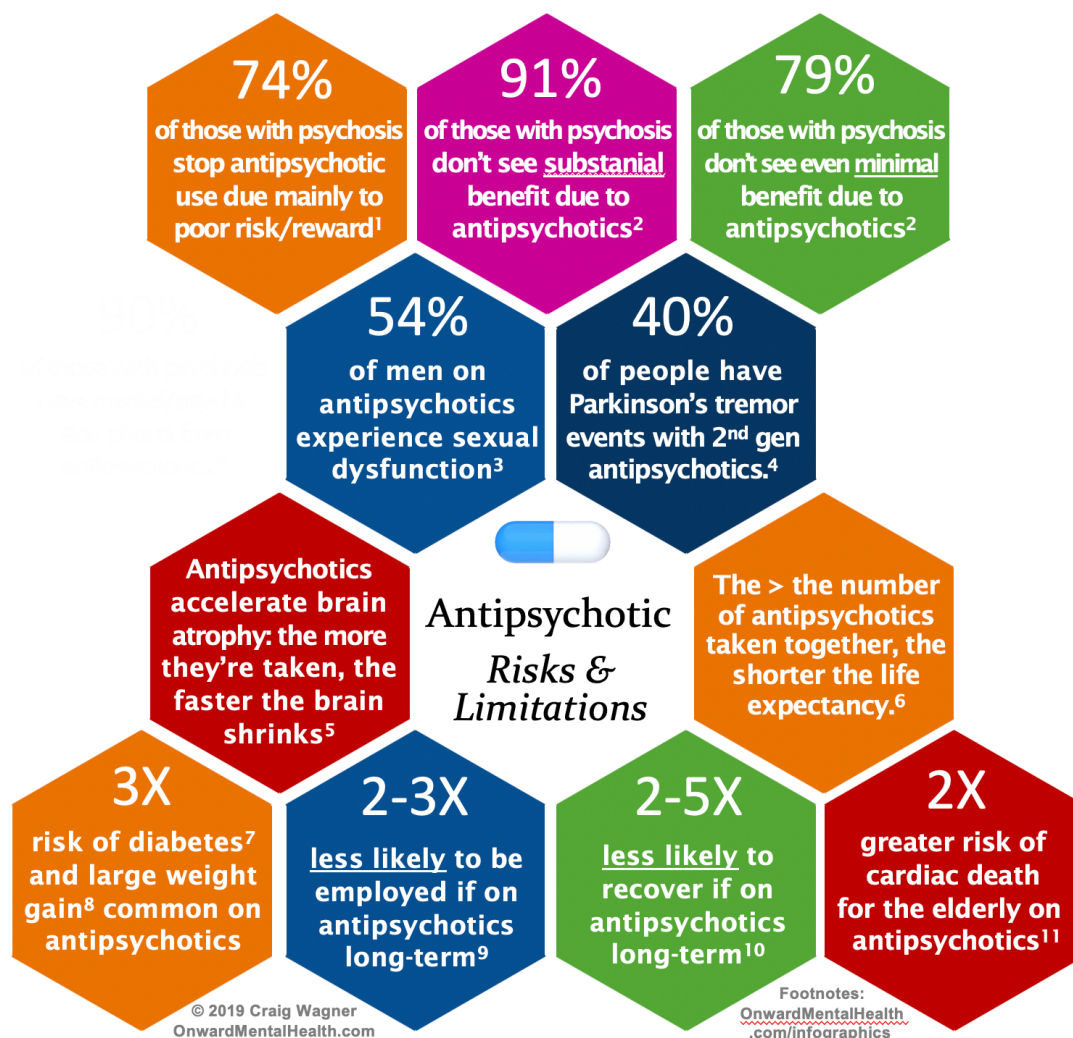


Figure 1 – Risks & limitations of antipsychotics

The American Psychiatric Association is actively working to curb the practice of prescribing more than one antipsychotic at once (called antipsychotic polypharmacy) since it is associated with a variety of negative health outcomes, including a shortened life expectancy. If your doctor recommends antipsychotic polypharmacy, we strongly suggest getting a second opinion.



Fortunately, the more effort that is applied in addressing the first three perspectives outlined above (physical, psychological and wellness basics), the less psychiatric drugs are often needed. And the less we depend on psychiatric drugs, the less we must contend with their side effects and withdrawal difficulties.

Other considerations.

- **Seriously look at a potential gluten allergy or sensitivity.** Research shows that people with schizophrenia have 10 times the risk of having gluten sensitivity and as much as 50 times the risk of a gluten allergy than the normal population. Testing for gluten allergy/sensitivity should be considered mandatory, especially if there is any history of gluten sensitivity in the family. Walsh has found that about 20% of people with schizophrenia have gluten intolerance. There are blood tests available, but one common way to assess for a possible allergy is simply to start an “elimination diet”. This means completely eliminating gluten from the diet for a period of time to see if symptoms improve. Although many foods have gluten in them, with a little work, diets can be created that are reasonable. Work with a practitioner to determine if a gluten allergy or potentially other allergies (milk products and soy are the next most common) are present. Food allergies can directly cause psychotic symptoms. Some people with schizophrenia see marked improvement on gluten/casein free diets.
- **Voice Coping Strategies.** Some people with schizophrenia have persistent audio hallucinations (voices) even if antipsychotics are used. These voices can be addressed using a variety of coping strategies. One common strategy is to interrupt the voices by introducing competing sound by humming, reading aloud, or listening to music using a single ear bud or headphones. Others find that reducing external noise stimulation is helpful by wearing one or two ear plugs. Some people find that either too much or too little social interaction seems to influence the frequency and intensity of voices, so modulating the degree of interaction can be helpful. Others find that they can choose to listen to only a subset of the voices or can negotiate with their voices and limit them to specific time periods. See our [resources page](#) for our latest monograph on voice coping strategies.
- **Sleep apnoea.** Some people can get nasal blockages as they sleep, limiting oxygen to the brain. The brain needs an ample supply of oxygen, and in some cases, if it doesn’t get it, psychotic symptoms can result. Although this isn’t common, it is probably worth evaluating. Daytime sleepiness and insomnia are possible symptoms of sleep apnoea. Sleep apnoea is three times more prevalent in people with schizophrenia than the normal population and can cause psychosis symptoms.
- **Befriending.** It is vital to respect the individual with schizophrenia. You needn’t agree with what they’re saying, but calmly accept it as their experience. This may be difficult, since the delusions and hallucinations of schizophrenia can seem strange and even frightening but use the individual’s words to talk about their experiences. Help them by offering companionship and love since having schizophrenia can be very frightening and disorienting. If need be, speak slowly and simply and focus on only one topic at a time to effectively communicate with someone experiencing cognitive issues. Relax your expectations.
- **Dialog Therapies.** *Dialogue Therapies* are a cluster of interventions targeting the auditory verbal hallucinations (AVH) of schizophrenia. A common thread in many of these is the art of dialogue: talking directly to voices, peers, and supporters as a means of reducing the frequency and impact of AVHs—this runs directly contrary to previous thought, which considered any



acknowledgement of voices harmful or counterproductive.¹ However, dialogue has shown strong success in some cases and is a valuable way to understand and accept an individual's experience as a first step in recovery.

- *Peer Support*. Often it is very helpful for people with schizophrenia to talk with people who have had a similar experience and recovered. There is nothing like the "I've been there, I found my way out, and so can you" perspective of a peer. There is often strong trust of peers when people with schizophrenia may not fully trust doctors or family. One support group for those with schizophrenia is Hearing Voices Network (below). Also, peer support groups that include people with varying diagnoses can usually be found in most cities.
- *Hearing Voices Network (HVN)* is a collaboration of support groups run for and by people who hear voices. These are informal groups where people come together and talk about their experiences and gain support from others. The movement challenges the notion that hearing voices is necessarily a symptom of mental illness. Instead, the network regards voices as meaningful and understandable, although unusual.
- *Voice Dialoguing* is predicated on the belief that voices often reflect different aspects of ourselves or our experiences. In this process, a therapist directly engages with the voice to help patients understand, and possibly change, their relationship to their voices.
- *Avatar Therapy* involves interaction between the individual and a therapist who plays the role of the voice. It allows patients to choose a digital face (or "avatar") that is similar to how they envision a personification of the voice. A therapist who understands and mimics the voice then sits in a separate room and "talks" with the patient with the therapists voice seen on the lips of the avatar.²
- *Open Dialogue* is an early-intervention family/team-oriented approach for dealing with psychosis. It is in its infancy in the U.S. but has found strong success in rural Finland. It uses a language grounded in the patient's perspective and is guided by their experience. It involves a strong and supportive network of people loved ones and professionals.
- *Guided Self-Determination (GSD)* is a shared decision-making and problem-solving method that helps people become self-determining. A unique insight of GSD is that delusions are sometimes most effectively unseated if they are addressed tangentially, since direct approaches often meet with strong resistance to change.³ GSD helps dissolve people's resistance to change by allowing them to be in charge of their recovery.
- **Transcranial Direct Current Stimulation (tDCS)**. tDCS is the external application of low level electrical currents to the brain from a cell-phone sized device. Studies have found that this can be helpful in reducing hallucinations. You usually need a prescription to get and use one, but it can be used at home as needed. tDCS devices range in cost from about \$40 to \$200.

Things to avoid. Seek to avoid Electroconvulsive Therapy (ECT) and consider it only as a last resort. ECT is the most controversial therapy in all of psychiatry. It subjects the brain to intense electrical shock that induces a grand mal seizure. It is generally ineffective in the mid- to long-term, although ECT can significantly reduce depressive symptoms during treatment and for a short period after. As a result it is commonly given in multiple dosages over a number of months. However, most trials show that real ECT is only marginally better than sham ECT, and this advantage can fade quickly. ECT relapse is common with



symptoms often return to pretreatment levels. ECT comes with troubling cognitive side effects: some memory loss occurs in nearly all cases; larger and persistent memory loss in about one-quarter to one-half of the cases; and very severe cognitive dysfunction more rarely. The cognitive impact of ECT seems cumulative: future shocks must be larger than previous ones, and the more powerful and frequent the shocks, the greater the side effects. Many patients maintain they have been greatly harmed by ECT, while others have found it lifesaving. There are a variety of more recently developed therapies that apply electrical impulses to the brain that use significantly lower electrical charges, show benefit, and appear to have no adverse cognitive side effects.

Additional non-drug approaches proven effective for schizophrenia

In addition to the above major considerations, there are approximately 40 other non-drug techniques that have been found shown effective for schizophrenia. The approaches fall into three major categories:

- Biomedical Restorative Therapies (focusing on physical causes/influences)
- Psychosocial Restorative Therapies (focusing on stress, trauma, thought, and emotions)
- Symptom Relief Approaches (focusing on how to reduce symptoms)

It is important to recognize that the individual response to these techniques vary by individual. The best way to evaluate these options is in a prioritized and prudent plan of experimentation guided by your trusted practitioners since they can advise you of specifics considerations of these therapies.

Information on these additional therapies can be found in the book, [Choice in Recovery](#). Here, each non-drug technique is classified into one of three tiers based on the degree of scientific evidence supporting its effectiveness. Tier 1 approaches have good meta-analyses (an analysis consolidating the results of many similar studies), Tier 2 approaches have multiple well-designed studies, and Tier 3 approaches have more suggestive evidence. In general, the best results are achieved by focusing on Tier 1 options first, then Tier2 and then Tier3.

Summary

Integrative mental health offers significant hope for mental health recovery by offering you a remarkably diverse set of options that include, but go well beyond, medication. Although there are no silver bullets in mental health, working with integrative mental health practitioners can help open the door to sustainable wellness. These practitioners can help you determine which of the above approaches are most likely to help you, based on thorough testing and evaluation, and a review of your personal history. They can then work with you to experiment with your chosen approaches in a priority order, since the only way to know your individual response to an approach is to try it.

The non-drug approaches of integrative mental health offer potentially life-changing symptom improvement with little or no side effects. They have helped many people reduce, and in some cases eliminate, the need for psychiatric drugs, and reduce or avoid drug side effects.

There is good reason for you to be hopeful. Many people with schizophrenia live in recovery today through a unique combination of approaches that fit their body chemistry, life experience and needs. In fact, these individuals commonly say that non-drug approaches are vital to their wellness.

I hope you find this information of value. To understand the full breadth of the 27 non-drug options in more detail, consider our book, [Choice in Recovery](#).



If we can be of assistance, please don't hesitate to contact us.

Take care and good luck,

Craig Wagner

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A postscript beyond the evidence base

The U.S. Diagnostic and Statistical Manual – the tool used by American psychiatrists to arrive at a diagnosis – defines a diagnostic category called “religious and spiritual problems”. Experiences in this category are sometimes called psychospiritual crisis or spiritual emergency, and are a psychosis-like experience that can appear after a physical or emotional life-altering or awe-inspiring experience. These types of events are experienced by many people: 41% of Americans claim to have had a profound self-transcendent or religious experience that changed the direction of their lives.

Both psychotic and religious/spiritual experiences can involve moving beyond the boundaries of our conscious selves, or ego. Transpersonal Psychology sees some such experiences as natural human maturation. These experiences are often best understood when viewed through a cultural lens.

However, the distinction between psychosis and these other transcendent experiences is not clear. The [International Spiritual Emergence Network](http://www.InternationalSpiritualEmergenceNetwork.org) and the work of [Emma Bragdon](http://www.EmmaBragdon.com) are sources for those interested in pursuing the possible spiritual connection to psychosis. In addition, the feature-length film, [CrazyWise](http://www.CrazyWise.com), by Phil Borges offers a cinematic perspective.

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Footnotes for the infographic “Antipsychotics Risks and Limitations see our [infographics page](http://www.OnwardMentalHealth.com).

¹ England M, Accuracy of nurses' perceptions of voice hearing and psychiatric symptoms, Journal of Advanced Nursing, 2007, <http://goo.gl/udRzdL>.

² Brauser D, Novel 'Avatar Therapy' May Silence Voices in Schizophrenia, Medscape Med News, 2014, <http://goo.gl/e3QH0N>.

³ Favrod, J et al, Improving insight into delusions: A pilot study of metacognitive training for patients with schizophrenia, Journal of Advanced Nursing, 2011, PMID: [20955184](https://pubmed.ncbi.nlm.nih.gov/20955184/).