

Depression

Non-drug options for Recovery



ONWARD
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Non-drug Approaches for Depression

See www.OnwardMentalHealth.com (Resources) for an array of integrative mental health material including the latest version of this document. Also, see the disclaimer.* Material extracted from the book, [Choice in Recovery](#), by Craig Wagner.



Overview. Clinical depression is more than just feeling sad. It can be a potentially serious mental health issue that requires understanding, treatment and a holistic plan of recovery. Without treatment, depression may last a few months and sometimes much longer. People with severe depression can feel so hopeless that they consider suicide. Depression can hit anyone, but some groups experience it more than others: women are 70% more likely than men, and young adults are 60% more likely than older people, to have depression. Getting a comprehensive evaluation is important. Underlying medical issues, stress, unhelpful thinking and a host of other issues can be involved. This monograph outlines considerations for depression and potential non-drug therapies to evaluate with your practitioners.

Symptoms of depression. Everyone experiences depression differently, but the major symptoms are:

- **Sleep issues.** Trouble falling or staying asleep, or waking too early.
- **Changes in eating.** Weight gain/loss may occur as we cope with depression.
- **Low concentration.** Difficulty in focusing, making decisions and thinking clearly. Agitation.
- **Low energy.** Severe fatigue and an inability to perform normal daily tasks.
- **Low interest.** Things that typically bring pleasure may be uninteresting.
- **Low self-esteem.** Feeling guilty, helpless, worthless, or that you have a horrible life.
- **Hopelessness.** Feeling like there is no way to get “unstuck”, perhaps even suicidal thoughts.
- **Physical pain.** Having frequent headaches or an upset stomach.

There is good reason to be hopeful. Integrative mental health, an emerging discipline, offers tremendous hope for those with depression. 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 depression 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. People who experience a major depressive episode are often suicidal. 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 - sometimes using the drug ketamine because of its rapid anti-depressive characteristics.



Talk with your loved one if they are depressed. Listen and let them know that you care. Take the initiative to ask them what they planning. If they express suicidal thoughts or intentions, they should be taken very seriously. Call your local suicide hotline immediately. Call 800-SUICIDE (800-784-2433) or 800-273-TALK (800-273-8255) or the deaf hotline at 800-799-4889. If your loved one appears to be in imminent danger of committing suicide, do not leave him or her alone. Remove any weapons or drugs he or she could use. Accompany him or her to the nearest emergency room or call 911.

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 depression from four perspectives. It is often best to consider depression 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 depressive symptoms to help create sustainable wellness. The more that issues are addressed by the first three perspectives, the less is needed from the fourth perspective. This is important since the fourth perspective often involves psychiatric drugs that come with a variety of potentially serious side effects and withdrawal difficulties. 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 depression. 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 in the lab results. Elevated levels of translocator proteins – a marker for brain inflammation – are associated with suicidal depression.

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 depression, are composed of multiple subtypes, each requiring a different nutrient response. Walsh has identified five primary depression subtypes (biotypes): undermethylation, folate deficiency, copper overload, pyrrole disorder, and toxic overload. Knowing your biotype helps identify an appropriate nutrient response. An open-label trial indicates that 70% of people with depression who use customized Nutrient Therapy for six months based on the Walsh diagnostic and treatment techniques return to normal without psychiatric drugs. In nearly all the remaining 30%, symptoms can go into remission with lower drug dosages.



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.intpsychiatry.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.pyroluriatesting.com, Great Plains Labs www.GreatPlainsLaboratory.com). Your regular doctor can work with these labs and order tests directly from these labs.

In the absence of biomedical testing that can target individual nutrient imbalances, certain biomedical therapies have been shown to improve depressive symptoms more broadly.

- St. John's wort, an herb, is effective for mild to moderate depression.
- EPA (an omega-3 fatty acid) has also been shown to be effective for depressive symptoms.



- S-adenosyl-methionine (SAME) is a natural occurring substance with concentrations in the liver and brain. It appears to be as effective as antidepressants with much fewer side effects.

Psychological perspective. An evaluation by a trained psychotherapist is advisable for cases of depression. Trauma and stress can directly cause or influence symptoms — and these may be unknown to family members and supporters. From a psychological perspective, *Cognitive Behavioral Therapy* (CBT) is considered the most effective therapy for depression. CBT is based on the idea that thoughts drive our emotions and actions, and behaviors and emotions influence how we think. CBT teaches us to control our thinking so that we can create more helpful actions and more positive emotions. It can be delivered in a variety of forms: with the help of a therapist, in a group or family setting, with computer-aided tools, phone apps, and by self-help books. CBT is often as effective as antidepressants. *Interpersonal Therapy* and *Psychodynamic Psychotherapy* are similarly effective.

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

- **Diet.** For those with depression, maintaining a good diet is very important. Diets rich in vegetables, fruit, meat, fish, and whole grains can reduce depressive symptoms. Conversely, diets high in carbohydrates—especially refined sugar—can increase depression. Large population studies suggest that natives of countries with a tradition of eating fish (rich in omega-3s) report less general depression.

More broadly, 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 refined sugar, 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.** Digestive distress can be the cause or the result of anxiety, stress, or depression. Probiotics appear to lower stress and improve mood significantly for some people. People given probiotics (lactobacillus and bifidobacteria) daily for thirty days reported less stress and anxiety —and no side effects. Probiotics can be found in yogurt, Keifer, and other sources including capsules.
- **Calm Awareness.** Find a Calm Awareness technique that works for you. Mindfulness is especially helpful for relieving depressive symptoms. Progressive Muscle Relaxation, slowed breathing and other techniques are also effective.
- **Bright Light Therapy.** Bright light therapy is based on the idea that sunlight can strongly influence mood. It consists of either being in direct sunlight or sitting in front of a device called a light therapy box, which emits bright light that mimics natural outdoor light. It is typically only



effective when used in the morning. A 2015 study found that bright light therapy was more effective than antidepressants for major depression.

- **Exercise.** Exercise is extremely important. If done consistently, it can significantly improve depression. Try to establish a discipline immediately. Consistent aerobic exercise can be as effective as antidepressants, with benefits apparent between three and six weeks from the start.
- **Mind-Body approaches.** Research has shown that yoga reduces depressive symptoms by combining exercise and mindfulness. Learn from a qualified instructor.

Symptom relief perspective. Antidepressants are by far the most commonly prescribed treatment for depression. There are many classes of antidepressants, all of which are similarly effective. About one-third of people first prescribed antidepressants become free of depressive symptoms. For others, a switch to a different antidepressant might provide symptom remission.

However, antidepressants come with a variety of potentially significant side effects as well as withdrawal difficulties that vary by individual. Typically, the higher the dosages, the more severe the side effects. As a result, it is important to respect the unpredictability, downsides, and important trade-off decision antidepressants represent.

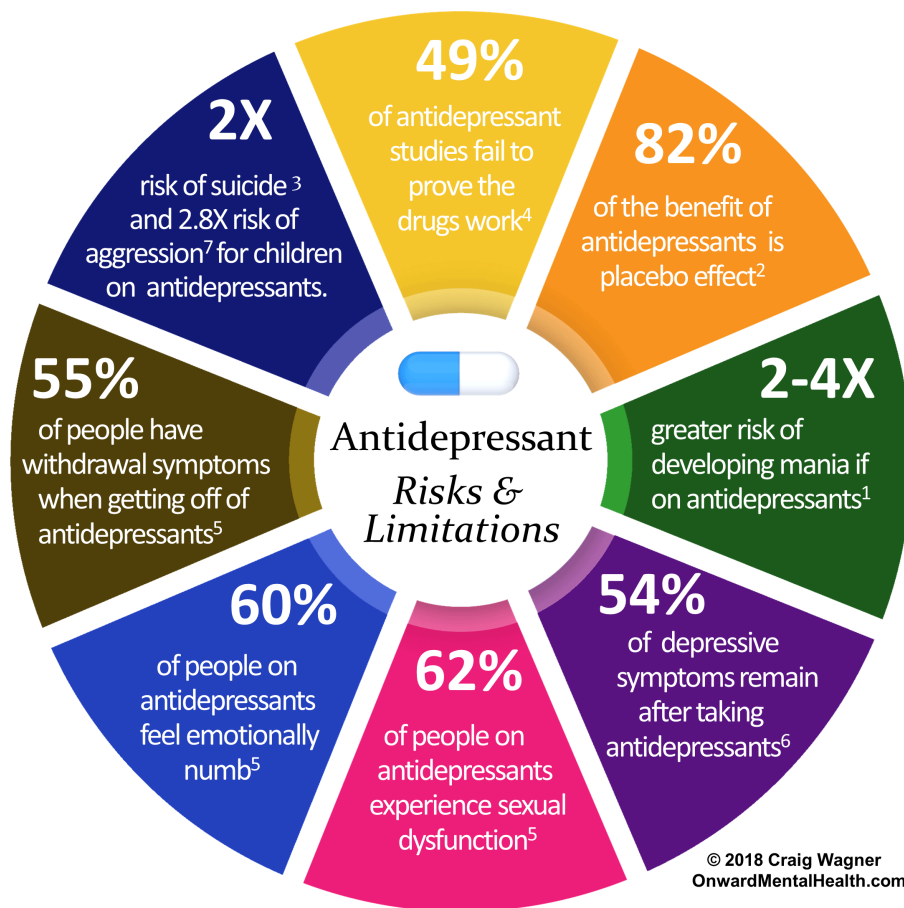


Figure 1 – The limitations of antidepressants

Some of the research on the limitations of antidepressants can be found in Figure 1.



Side effects. Side effects from antidepressants are very common: 86% of people have them, and 55% find them bothersome.¹ Side effects include gastrointestinal issues, weight gain, cardiovascular issues, Parkinsonian-like involuntary movements, and especially sexual dysfunction.² These may persist even after you stop using the drugs. The FDA has issued their most severe black box warning for antidepressants, since they double the frequency of suicidal thoughts in those under 25.³ A meta-analysis also shows that the drugs almost double the likelihood of suicide and violence in healthy adults.⁴ Use also triples the frequency of aggressive behavior in children.⁵

Elevated long-term risk. The results of multi-year use are grim. Those on antidepressants have significantly worse depression at 9-year, 20-year, and 30-year visits compared to depressed individuals who didn't take the drugs.⁶

Withdrawal difficulty. Dr. Allen Francis, noted psychiatrist and, editor of the U.S. "psychiatric bible" warns of Antidepressant Discontinuation Syndrome "... that traps people. It's so easy to start an antidepressant and sometimes so very difficult to stop it."⁷ 56% of people experience withdrawal, 46% severely.⁸ 53 withdrawal symptoms have been identified including anxiety, dizziness, irritability, poor concentration, gastrointestinal problems, and insomnia.⁹ One study found that the duration of withdrawal difficulty averages 50 weeks for those on SNRI antidepressants, and 90 weeks for those on SSRIs.¹⁰ It is also important to note that 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.

Dosages. If psychiatric drugs are required, it is often best to seek the "minimum effective dosages" – no larger a dose than is needed to substantially reduced 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. Given that a substantial amount of the benefit of antidepressants appears to be the placebo effect, initial low doses of antidepressants, or even treatment with prescribed placebo, may be appropriate. 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.

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 depression

In addition to the above major considerations, there are approximately 35 other non-drug techniques that have been found shown effective for depression. These include acupuncture, biofeedback, music therapy, meditation, and air ionization.

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 depression 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,

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**Disclaimer. Onward Mental Health (www.OnwardMentalHealth.com) and its representatives provide insight on non-drug mental health alternatives. This information is for educational purposes only. We don't give medical advice or make specific therapy recommendations for individuals. This paper and other referenced material are not intended to replace practitioner guidance. Always work with appropriate practitioners to determine the best care for you which may include psychiatric drugs. Although we take care and seek transparent accuracy, this paper is not exhaustive and some errors may be included. Providing*



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