



## Gaining competencies in mental health recovery

See [www.OnwardMentalHealth.com](http://www.OnwardMentalHealth.com) (Resources) for an array of integrative mental health material including the latest version of this monograph, extracted from our book, *Choices in Recovery*.



Figure 1 - Competencies of Recovery

The competencies needed to help create mental health recovery (Figure 1) include *Attitudes*, *Knowledge*, *Skills*, and *Tools*. Our path to recovery will be much smoother as we understand, develop, and use these capabilities.

Some apply more to those with mental health issues, others for their supporters, but all are valuable. Like muscles, the more we use them, the stronger they become.

### Attitudes

Our attitudes, or core perspectives, color how we think and frame our decisions. They are the powerful lens through which we see the world, and they heavily influence our level of success in recovery.

Eight attitudes are essential for everyone—but particularly those of us facing mental health issues.

If we adopt and develop these attitudes early in the recovery process, our path will become easier to navigate. Without them, recovery becomes much more difficult.

#### **Respect the individual.**

Perhaps the most important attitude is a profound sense of respect for those with mental health issues. People in distress desperately need their own and others' respect and compassion. Supporters must be able to look beyond the chaos and stress to value the humanity of the person in pain. Sometimes we can forget that the person we see in distress is the same person we love and appreciate.

In surveys and workshops, people with mental health issues repeatedly stress the importance of being treated with respect.<sup>1</sup> They are not problems to solve, but individuals to accept, encourage, and help. The stigma created by a lack of respect is a sizable barrier to recovery.<sup>2</sup>

Psychotherapist Michael Cromwell, who experienced psychosis first-hand, calls this respectful attitude *loving receptivity*.<sup>3</sup> He urges supporters to listen and spend quiet time with patients instead of peppering them with questions or imposing demands. Respect and love create an important emotional sanctuary for those with mental health issues, a place of calm and a refuge.

#### **Honor the individual's experience.**

We don't need to understand or agree with an experience, but we do need to honor it. We must acknowledge that someone we care about is undergoing a powerful and often frightening experience, and that person needs our time and attention. We have to accept that this experience is a painful and difficult reality, regardless of how it compares to our reality. We can honor their experiences and earn their trust only if we support them without judgment. Being non-judgmental is important. So is ignoring the stigmas associated with specific illnesses.



Each person suffering with mental health issues regards the challenge differently. Some view it as a chemical imbalance in the brain; others regard it as a sickness, a spiritual crisis, a set of strong emotions out of control, or an opportunity for relief and growth. Supporters aren't helping in the recovery if they insist that their love-one accepts one particular framework of understanding.<sup>4</sup>

The best way we can assist in mental health recovery is to understand the patients' perspective. *Their* recovery must be grounded in *their* perspectives and needs. To force another viewpoint is like standing far away and demanding, "Come here!" instead of going close and asking, "How can I help?" The first approach rarely succeeds. The second is one of the best ways to express respect.

Mental health crises often become difficult balancing acts. Those with mental health issues may not be able to make decisions to keep themselves and others safe. In this case, paternalism can be the best course, with actions and decisions aimed at protecting others and stabilizing the individual. However, too often paternalism means wrongfully judging someone as incapable, which interferes with that person's self-determination—and recovery. In fact a person's right to self-determination is considered one of the fundamental measures of enlightened health care.<sup>5</sup>

### **Accept the situation.**

Acceptance of the current situation is crucial. Accepting doesn't mean giving up, but calmly acknowledging what *is*. This offers an effective starting point for recovery. When we can respond thoughtfully and without undue emotion, we establish an atmosphere for productive change.

### **Courageously accept responsibility.**

Accepting responsibility is the first major step in recovery. According to SAMHSA, "Individuals have a personal responsibility for their own self-care and journeys of recovery... Families and significant others have responsibilities to support their loved-ones."

It takes courage to accept this responsibility. We may not feel prepared for it. But in the end we *must* accept this responsibility. Start small, with one step, and increase as you are able.

### **Trust yourself.**

We all have strengths at our disposal, and when mental health issues arise, we need to use them—all of them, even if they are hidden or rusty. Research proves that better mental health outcomes occur when we focus on our strengths. So does our sense of satisfaction with life.<sup>6</sup> We have to trust ourselves if we want to succeed at anything.

### **Be hopeful—there is good reason to be.**

Hope is the essential catalyst for recovery. Hope provides a strong motivation to do the hard work necessary for success. Hope isn't a flimsy pipe dream, but a strong reasonable expectation. The many case studies in this book illustrate the power of hope. Hope doesn't gloss over challenges, but helps us mount a powerful assault on them. Hope isn't a weak person's way of seeing the world through rose-colored glasses; it's a strong person's way of motivating oneself to get things done.

Hope, and the lack of hope, become self-fulfilling prophecies. Without hope, we won't strive to recover. With hope, we concentrate on taking the many small steps to recovery.

### **Relax your expectations.**

We all have expectations for ourselves and others. These expectations provide motivation, a sense of meaning, positive goals, and standards of behavior to guide us. On the flip side, we get frustrated when we fall short of our expectations. To avoid frustration, we need to relax expectations about things that aren't truly important. This doesn't mean abandoning our goals, but prioritizing them. If we set aside expectations that are less important and relax the timetables on other goals, we can maximize and focus our energy on the major priority: recovery. As we make progress, we can gradually incorporate new goals and expectations.



### **Take the long-term perspective.**

Achieving mental health takes time, so we need to adopt a long-term view, recognizing that we'll face ups and downs. Don't be discouraged if you don't see immediate results with a new approach. Most non-drug solutions require more time—but they can deliver impressive long-term results.

While we work to develop and strengthen essential positive attitudes, we need to remember to forgive ourselves for the times we don't exhibit them. Changing and refining our attitudes take time. No one is perfect. *Everyone* makes mistakes.<sup>7</sup> Mistakes are always part of the naturally messy process of recovery. But, fortunately, recovery is fairly resilient. We can make progress in spite of our mistakes.

## Knowledge

The second element of competency is knowledge. When we understand mental health fundamentals, we can greatly improve our prospects for recovery.

- **Know the basics of mental health.** Dealing with mental health issues is often like entering a foreign country with a different language and customs. We need to get grounded, by studying the particular illness, talking to practitioners, sharing with people who have recovered, and exploring the wide variety of non-drug therapies.
- **Know how to respond in an emergency.** A psychiatric emergency typically occurs when someone with mental health issues becomes suicidal or endangers themselves or others. In an emergency, always call 911. Knowing the mental health emergency services in your area will help you make a game plan for responding to a crisis. Anyone who checks into the hospital for emergency psychiatric care needs a visible advocate. Psychiatric evaluations occur in the Emergency Room, where patients may be admitted for short-term stabilization. (Generally, they stay no more than two weeks.) Prior to an emergency, you should talk with your supporters to plan the best way to respond to emergencies, just in case. Consider a *Psychiatric Advance Directive*,<sup>8</sup> a legal document that outlines preferences for care should the patient become too unstable to communicate.
- **Know how to help avoid relapse.** Often people with mental health issues go through cycles of stabilization, then relapses that can be painful and potentially dangerous. Loved-ones are often much more able to recognize the warning signs of a relapse than mental health professionals. Supporters must be alert for early warning signs and have a plan for the most effective things they can do to avoid relapse.
- **Know that your practitioners are trusted advisors, not your boss.** Your practitioners are your skilled advisors, allies, and partners. They have a single goal: to help you recover. Trust them and accept their guidance. But, unless you are underage or under a court order, you are the ultimate decision maker. Periodically evaluate your practitioners on whether they are fulfilling their single goal; are they helping you recover? If you decide after a reasonable time that the therapies your practitioner recommended are not helping your recovery, consider respectfully changing practitioners. That is your right and, ultimately, your responsibility.
- **Know that access to services can be difficult.** The demand for mental health services is huge, and the supply is relatively small. Integrative Mental Health practitioners are often even harder to find. This means you have to be assertive to secure scarce services. Ask for help from family, friends, and public programs, if you need it. There is a growing set of internet-based psychosocial therapy tools, including the computer-based *Cognitive Behavioral Therapy*, which can help fill the services gap. These internet programs are most effective when you have email and/or phone support from a therapist.



- **Know the nuance beyond the sound bites.** Mental health recovery is complex and often hampered by sound bites, or pithy tidbits of wisdom, that lack the broader perspective we need in order to make informed choices. Here are a few common sound bites that can be misleading.



*Mental health issues are caused by an imbalance in neurotransmitter brain chemistry that we can address with the chemistry of psychotropics.*

**A more complete perspective:** The neurotransmitter imbalance idea, sometimes called the *medical model*, is hotly debated. Some brain researchers call it a “dead end”.<sup>9</sup> According to the Mental Health Commission of Ireland, “The biomedical model... may have an important place for some people in the recovery process, but as an invited guest, rather than the overarching paradigm.”<sup>10</sup> Both the British Psychological Society and NAMI advocate expanding beyond the medical model and employing other concepts of recovery.

Other models are showing much greater promise. The *bio-psycho-social* model suggests a much broader set of potential causes of mental health issues and underscores the effectiveness of psychosocial therapy.<sup>11</sup> The *biochemical individuality* model evaluates each person’s unique body chemistry and recommends customized responses. Many CAM approaches are grounded in a *stress model*, aimed at reducing cellular, emotional, and physical stressors. *Genetic models* are also under investigation and may prove vital in the future.

Accepting the narrow view of the medical model leads to over-valuing its narrow set of solutions (psychotropics) and under-valuing the many proven non-drug approaches. Many people who have successfully recovered attribute their success to a winning combination of mental health approaches.



*We don’t understand the causes of mental ill-health, but they seem to be a combination of genetic, environmental, and stress issues. Since we don’t understand the causes, we can only address symptoms.*

**A more complete perspective:** This is one of the most powerfully misleading assertions in mental health. Mental health diagnoses are complex; interrelated causes vary among individuals. Many things can cause, influence, or exacerbate mental health symptoms: substance abuse, poor lifestyle choices,<sup>12</sup> allergies, heavy metal toxicity, Electromagnetic fields, vitamin/nutrient deficiencies, microbial infections, digestive issues, low blood sugar, poor sleeping habits, thyroid disorders, methylation issues, inflammation, past trauma, social isolation, grief, lack of self-determination, excessive stress, and many more. Regrettably, we don’t yet know all the causes.

To help someone showing mental health issues, a commonsense scientific approach is to test for the many known potential causes, and then treat any that are evident. In many cases, biomedical disorders can be diagnosed after simple lab tests, and they can be treated quickly and simply. For example, a thyroid test may uncover thyroid dysfunction, which can cause mental health issues. If a thyroid disorder is detected, thyroid therapy often fully eliminates the symptoms.

Most of the known biomedical causes for mental illnesses occur infrequently in the general population, so doctors may not want to test for them. But remember this: doctors should be concerned about the general population, while you should be concerned about a population of one. These infrequent biomedical issues occur much more frequently in people with mental health issues.

***Thorough assessments for root causes of mental health symptoms should be mandatory. These tests include Biomedical Test Panels (see the resources page at [www.OnwardMentalHealth.com](http://www.OnwardMentalHealth.com)) and a thorough psychosocial assessment.*** They should be performed by practitioners who value the testing and regularly use it for diagnosis and treatment. Your mental health is too important to do anything less. Your primary care physician or psychiatrist will probably recommend common tests (among them thyroid, liver



enzymes, and cholesterol), but you should also ask them to investigate all reasonable avenues, including allergies, broader endocrine issues, nutrient deficiencies, inflammation, and more. You may need to ask for referrals to endocrinologists, allergists, and other specialists appropriate for testing and evaluation in their areas of expertise.



*Psychotropics are the “Gold Standard” mental health therapy, since they are proven by “Gold Standard” clinical trial techniques.*

**A more complete perspective:** Randomized Controlled Trials (RCTs) are an excellent method for scientific testing. Because they give unbiased and consistent results, they are sometimes called a “Gold Standard” technique. In practice, however, psychotropic RCTs only provide data for drugs’ effectiveness over a short period of time. Psychotropic studies seldom provide quality data on the:

- Severity, frequency, and duration<sup>13</sup> of psychotropic side effects.
- Long-term impact of psychotropic use.
- Real-life psychotropic effectiveness when prescribed by doctors.
- Withdrawal difficulties.<sup>14</sup> Most psychotropics have withdrawal symptoms.<sup>15</sup>
- Results by diagnosis biotype. Results are nearly always given by an umbrella diagnosis (such as depression), ignoring biochemical differences in individuals. For instance, most people with depression have low serotonin and respond well to SSRIs. However, 30% of the people suffering from depression have a biotype with elevated serotonin. For them, SSRIs could be neutral or harmful.

Even more troubling is the big picture. Pharmaceutical companies fund between 85 and 90% of all RCT drug trials. Those trials are four times as likely to produce results that support psychotropics than do independently run experiments.<sup>16</sup> Also, one-third of trials with negative psychotropic results go unreported<sup>17</sup> —especially those that find serious side effects from drugs.<sup>18</sup> In response to these troubling statistics, a U.S. House Investigations Subcommittee criticized the pharmaceutical industry for publishing only studies with positive outcomes,<sup>19</sup> and the World Health Organization unambiguously stated, “Registration of all trials is a scientific, ethical, and moral responsibility.”<sup>20</sup>

Researchers know that RCTs have limitations.<sup>21</sup> They can be impractical, unethical, or impossible<sup>22</sup> at times, especially for psychological therapies.<sup>23</sup> The medical community must expand beyond RCTs to gain better real-world validity.<sup>24</sup> The true mental health “Gold Standard” is often a customized mix of therapeutic options that may—or may not—include psychotropics.



*Mental illness is like diabetes. Both should be managed with a lifetime of drug therapy.*

**A more complete perspective:** Comparing mental illness to diabetes is misleading. Many people become sustainably stable and can end psychotropic use. The psychiatric diagnostic bible is clear on potential exit ramps from drugs.<sup>25</sup> Further, you should adopt healthy skepticism regarding life-time drug use, since the long-term effectiveness of psychotropic drugs are not well proven.<sup>26</sup> Although some long-term drug trials are positive, others suggest that antipsychotics actually do more harm than good.

Instead of expecting to be on a lifetime of drugs, expect to find good answers in prudent experimentation with non-drug alternatives. As you experiment, accept the benefits and side effects of psychotropics as long as you need them.



*Psychotropics are safe because they are FDA-approved.*

**A more complete perspective:** Psychotropics are very powerful drugs, and their safety varies by individual. Psychotropics go through extensive clinical trials and gain Food and Drug Administration (FDA) approval when there is substantial proof that they reduce symptoms in the short-term. However, the side effects of these drugs are sometimes serious and often numerous. Studies on the long-term impact of psychotropics are troubling for both schizophrenia and bipolar.<sup>27</sup> An extensive synthesis<sup>28</sup> of the FDA database on serious drug-adverse effects indicates that 19 of the 34 drugs that might cause violent behavior<sup>29</sup> are psychotropics. And, the FDA warns that antipsychotics increase the chance of death in the elderly.<sup>30</sup> In general, the risks of side effects and death are considerably greater for psychotropics than for non-drug therapies.

In spite of these issues, FDA approval is valuable. We should therefore have healthy skepticism of common psychiatric practices that are not FDA-approved.



*Vitamins and supplements aren't safe because they aren't FDA-approved.*

**A more complete perspective:** Most vitamins and supplements fall into a category called nutraceuticals.<sup>31</sup> Instead of clinical trials, the FDA requires that nutraceutical “recipes” contain only components already known to be safe.<sup>32</sup>

There are two grades of nutraceuticals. *Pharmaceutical grade* products must meet 99% purity standards and must use manufacturing processes approved by the FDA. *Food grade* products are less pure and less costly, often have fillers and dyes, may have variable potency, and are available over the counter (OTC). To ensure you get the highest purity and quality, seek *pharmaceutical grade* supplements. (See **Quality Supplements** on the *resources* page of [www.OnwardMentalHealth.com](http://www.OnwardMentalHealth.com).)

Nutrient and herbal therapy is generally safe, but, like drugs, nutrients and herbs can have side effects. If you do use nutrients, supplements, or herbs, discuss them first with trained practitioners familiar with current research, your medical history, and lab tests. (See **Biomedical Test Panels** on the *resources* page of [www.OnwardMentalHealth.com](http://www.OnwardMentalHealth.com).) Your practitioners can advise on benefits, risks, and especially interactions.

Major retailers (including GNC, Walmart, Target, and Walgreens) have been accused of marketing fraudulent *food grade* herbal formulas.<sup>33</sup> Check the FDA website for alerts.

## Skills

The third element of competency is skills—critical tools for those with mental health issues as well as their supporters.

**Empathic communication.** Empathy is the ability to see the world through another person’s eyes, to share and understand their feelings, needs, and concerns. Developing empathic



communication skills is especially important for everyone dealing with mental health issues. Empathy provides emotional and practical support, helping us “be there” in times of distress.

To communicate well, choose moments for discussions when everyone involved will be most receptive—which means stopping everything else, eliminating all distractions, in order to listen with openness, respect, appreciation, and acceptance. This is a time for unconditional love, not judgment. Speak with warmth and let your concern show. Ask open-ended clarifying questions. Be clear and direct in your statements, honest and kind.



Empathic listening skills are equally important. Focus on your loved ones. Relax, smile, look into their eyes, and use welcoming body language. Nod, play back what you hear, and always maintain eye contact. Don't take everything at face value; look for the emotional content behind the words.

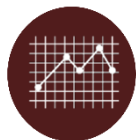
**Problem-solving and change.** Problem-solving skills and the ability to adapt to change are critically important in reaching your recovery goals. Face and address issues as they appear; don't let them fester. Work collaboratively to identify problems, brainstorm ideas, evaluate alternative ideas, choose the optimal direction, plan steps, and take action.



**Advocacy.** Advocacy skills help you collaborate with and influence practitioners, insurance companies, and other allies in your recovery, to get what you need. Strong, mutually beneficial relationships are especially important when mental health support resources are scarce. To effectively advocate:

- *Be respectful and friendly.* Express your needs clearly. Control your feelings. If you don't, you can become part of the problem, not the solution. Listen carefully to others' thoughts and recommendations. Ask questions until you understand. Give others the opportunity to help.
- *Be confident.* Don't be intimidated by professionals, even though they have the training and expertise that you don't have. Their job is to help you recover. Few things in mental health are black and white. You have to live with the decisions, so feel comfortable asking questions and expressing concerns, without shyness or embarrassment. Make eye contact and speak clearly. You know your situation better than they do.
- *Be prepared.* Decide what you want to get out of a meeting before it starts. Come with questions (See **Questions for your Practitioners** on the *resources* page of [www.OnwardMentalHealth.com](http://www.OnwardMentalHealth.com)) and any helpful or requested information. (See *Mental Health Tracking*, below.) Choose a meeting time when you are at your best, not tired or hungry.
- *Be clear.* Describe and express the situation, its impact, and what you would like to see happen. Use an appropriate level of urgency. Summarize the past concisely.
- *Be realistic.* Practitioners aren't miracle workers, and they often have limited resources. If you are not getting what you need, ask them to suggest the best way forward. Most are genuinely trying to help you.
- *Be assertive, not aggressive.* Push back on initial "no" answers if you need to—firmly and pleasantly. Ask for the pros and cons of suggested alternatives. Don't let practitioners brush off an interest you may have in alternative options.
- *Be grateful.* A well-timed "Thank you" and a letter of praise written to a supervisor do wonders for establishing and maintaining relationships.

**Mental health tracking.** Since mental health recovery is a process of experimentation, tracking results is vital. Two forms of tracking are important: *life charts* and *mental health history tracking*.



**Life charts** are daily records of your well-being; they include significant life events, physical issues/side effects (for example, sexual function, exhaustion, nausea), mental health symptoms (anxiety, depression, voices), exercise, diet, sleep patterns, medication, and anything else that could be relevant. This tracking is critically important in determining which approaches work for you and which don't. Creating a life chart is straightforward: one column for each day of the month and one row for everything you want to track.

[To make this easier, *Mental Health Apps* and paper tracking tools such as mood charts<sup>34</sup> are available. *Cognitive Behavioral Therapy* has a variety of tracking tools.]



**Mental health history** tracking takes a longer view. It includes family history, a record of hospitalizations, medication history (drug names, dates of use, dosages, effects, et cetera), successes, dates of relapses, and overall mental health changes. This will be invaluable for everyone involved in recovery.

**Self-care.** When we try to help loved ones with mental health issues, we sometimes shoulder huge responsibilities that can feel stifling and all-consuming. To be effective, we have to maintain an identity apart from our role as caregiver—and if we do, we both will benefit. So will our friends and family members.



Self-care recognizes that we can't pour from an empty cup. It means we set boundaries, find others who can help, make our own physical health a priority, keep in touch with friends, exercise, find meaningful and relaxing activities that have nothing to do with our role as care-provider, and set aside time for our own pursuits. As caregivers or as patients, we should work on *Wellness Basics*. BC Partners for Mental Health<sup>35</sup> and Rethink Mental Illness offer suggestions and guidance. We all need to determine what will help us thrive during difficult circumstances, and rely on those things while avoiding common traps: guilt, negativity, and helplessness.

<sup>1</sup> Allen MH. What do consumers say they want and need during a psychiatric emergency?. *J Psychiatr Pract*. 2003. PMID: 15985914. <http://goo.gl/gxvR52>.

<sup>2</sup> Corrigan, PW. How stigma interferes with mental health care. *American Psychologist*. 2004.

<sup>3</sup> Cornwall M. Responding To People In Extreme States With Loving Receptivity, Babney Alix interview, 2015. <http://goo.gl/Fok8TT>. and [www.MichaelCornwall.com](http://www.MichaelCornwall.com).

<sup>4</sup> Cooke A (editor). *Understanding Psychosis and Schizophrenia*. British Psychol Society, 2014. <http://goo.gl/b13322>.

<sup>5</sup> Tomes N. The Patient As A Policy Factor: A Historical Case Study Of The Consumer/Survivor Movement In Mental Health. *Health Aff May* 2006. PMID: 16684736. <http://goo.gl/K0763r>.

<sup>6</sup> Xie H. Strengths-Based Approach for Mental Health Recovery. *Iran J Psychiatry Behav Sci*. 2013. PMID: PMC3939995.

<sup>7</sup> **Note:** Many thanks to my good friend Bob Nassauer for this grounding phrase, "Mistakes will be made"... It has served me and many others very well. Finding companions along the path of recovery can make the journey easier.

<sup>8</sup> NAMI. *Psychiatric Advance Directives: An Overview*. copied Dec 2014. <http://goo.gl/J8ymly>.

<sup>9</sup> Malenka R. Moving Beyond 'Chemical Imbalance' Theory of Depression. 2012. *Brain and Behavior Res Found*. <http://goo.gl/F0s8Rp>.

<sup>10</sup> Mental Health Commission. A recovery approach within the Irish mental health services. A framework for development. Dublin: MHC; 2008. <http://goo.gl/VivSwe>, as quoted by Patrick Bracken. <http://goo.gl/Nwpsxc>.

<sup>11</sup> Ples R. Nuances, Narratives, and the "Chemical Imbalance" Debate. *Psychiatric Times*. 2014. <http://goo.gl/HG6aZ>.

<sup>12</sup> Sarris J. Integrative Mental Healthcare White Paper: Establishing a new paradigm through research, education, and clinical guidelines. *Advances in Integrative Medicine*. 2014. <http://goo.gl/qIhXdt>.

<sup>13</sup> **Note:** Statements regarding severity tended to be vague (e.g. "most adverse effects were mild to moderate") and it was frequently unclear how different degrees of severity had been defined. Authors typically failed to state whether investigators attributed adverse effects to the study drug, dosage or other factors). Pope A. Assessment of adverse effects in clinical studies of antipsychotic medication: survey of methods used. *BJ Psych*. 2010. PMID: 20592438.

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<sup>15</sup> Grohol J. Withdrawal from Psychiatric Meds Can Be Painful, Lengthy. *Psychcentral*. 2013. <http://goo.gl/P6EGZh>.

<sup>16</sup> Stonecipher A. Psychotropic discontinuation symptoms: a case of withdrawal neuroleptic malignant syndrome. *GHP Journal*. 2006. PMID: 1706817. <http://goo.gl/aA35lc>.

<sup>17</sup> LaMatina J. Pharma Controls Clinical Trials Of Their Drugs. Is This Hazardous To Your Health?. *Forbes*. 2013. <http://goo.gl/B9ySfQ>.

<sup>18</sup> Turner E et al. Selective Publication of Antidepressant Trials and Its Influence on Apparent Efficacy. *N Engl J Med* 2008. PMID: 18199864. <http://goo.gl/acVv2n>.

<sup>19</sup> Riveros C et al. Timing and Completeness of Trial Results Posted at ClinicalTrials.gov and Published in Journals. *PLoS Medicine*. 2013. PMID: 3849189.

<sup>20</sup> US House of Representatives. The Fair Access to Clinical Trials Act HR 5252.

<sup>21</sup> World Health Organization. WHO Statement on Public Disclosure of Clinical Trial Results. 2015. <http://goo.gl/oh7o60>.

<sup>22</sup> Black N. Why we need observational studies to evaluate the effectiveness of health care. *BMJ*. 1996. PMID: 2350940.

<sup>23</sup> Hunt N. Methodological Limitations of the RCT in Determining the Efficacy of Psychological Therapy for Trauma. *Journal of Traumatic Stress Disorders & Treatment*. 2012. <http://goo.gl/65WB09>.

<sup>24</sup> Gay R. More than one way to measure. *American Psychological Association*. 2010. <http://goo.gl/dDDG5h>.

<sup>25</sup> Hunsley J et al. Research-informed benchmarks for psychological treatments: Efficacy studies, effectiveness studies, and beyond. *Professional Psychology: Research and Practice*. 2007.

<sup>26</sup> Lehman A. Practice Guideline for the Treatment of Patients With Schizophrenia Second Edition. <http://goo.gl/WQ6Jx>.

<sup>27</sup> Frank R. Mental Health Policy and Psychotropic Drugs. *Milbank Quarterly*. 2005. <http://goo.gl/BWKJsb>.

<sup>28</sup> Simon G. Long-term Effectiveness and Cost of a Systematic Care Program for Bipolar Disorder. *JAMA Psychiatry*. 2006. PMID: 16651507. <http://goo.gl/RJWt2i>.

<sup>29</sup> Glitizens commission on human rights® international. *Psychiatric Drugs—Just the Facts*. copied Dec 2014. <http://goo.gl/0g13cl>.

<sup>30</sup> Arehart-Treichel J. Several Medications Linked to Violent Acts. *Ameri Psych Assoc*. 2010. <http://goo.gl/ED27RH>.

<sup>31</sup> US Food and Drug Administration. *Public Health Advisory: Deaths with Antipsychotics in Elderly Patients with Behavioral Disturbances*. 2013. copied from <http://goo.gl/LHCSov>.

<sup>32</sup> Brownlee. *Nutraceuticals Move In*. *Modern Drug Discovery*. American Chemical Society, 2002. <http://goo.gl/sVt9G9>.

<sup>33</sup> FDA. *How Drugs are Developed and Approved*. 2014. <http://goo.gl/165mb5>.

<sup>34</sup> Khouri A. 4 big retailers accused of selling herbal formulas containing no herbs. *Los Angeles Times*. 2015.

<sup>35</sup> **Note:** See Standards for Bipolar Excellent Mood Chart (<http://goo.gl/2sGRSL>, p.62); [www.findingoptimism.com](http://www.findingoptimism.com); Bipolar and Depression Support Alliance Wellness Tracker (<http://goo.gl/vi3wgV>).

<sup>36</sup> BC Partners for Mental Health and Addictions Info, Family Self-Care and Recovery From Mental Illness. 2008. <http://goo.gl/Q1K8oB>.