

An Integrative Paradigm for Mental Health Care

James H. Lake

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Ideas and Methods Shaping the Future

 Springer

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The greater the ignorance the greater the dogmatism.

—Sir William Osler MD

*Believe nothing, no matter where you read it,
or who said it, no matter if I have said it,
unless it agrees with your own reason and
your own common sense.*

—The Buddha

For Nicole

This book is dedicated to thousands of patients I have had the privilege to work with over my career. You have been my greatest teachers. May you find a path to relief from suffering. This book is also dedicated to young mental health professionals everywhere who are just starting their careers, already aware of the limitations of the orthodox view, and looking for a better way. You will be the architects of “new medicine.” May your convictions remain strong and may your vision be clear.

Foreword

When it comes to mental health, modern medicine has painted itself into a rather awkward corner. It has done this by focusing so exclusively on the physical aspects of our mental and behavioral health issues that it has devalued and, in some cases, denied adequate treatment for humankind's emotional and social dimensions.

This devaluation of the mind and emotions has a number of unfortunate consequences. First, the treatment of mental illness itself is inadequate. A recent Harris Poll showed, for example, that depression and anxiety, which are some of the most prevalent conditions in the country, are rarely addressed in primary care—where they usually present (Devitt, 2018). Only a third of primary care providers have even discussed mental health issues with their patients. Therapeutic approaches that do not involve physical manipulation of the brain such as psychotherapy or cognitive behavioral therapy (CBT) are often restricted or even denied, whereas drug treatments will be paid for even beyond the period for which they have been shown to be effective. Proven self-care and complementary approaches are almost completely neglected. For example, the military patient population that I work with suffers from high rates of post-traumatic stress disorder (PTSD). But the only approved approaches for PTSD are medications and professionally supervised trauma exposure therapy. This is despite multiple non-drug and self-care approaches that have been shown to be effective in this condition, such as acupuncture and meditation (Engel et al., 2014; Hollifield, Sinclair-Lian, Warner, & Hammerschlag, 2007; Lake, 2015; Nidich et al., 2018).

A second consequence of this denial of the social and emotional dimensions of a human being is our failure to recognize the importance of mental treatments for physical conditions. Stress management training and support is not routinely provided for conditions such as cardiovascular disease, diabetes, chronic pain, or cancer even when they are known to be of value. In addition, the major impact of early childhood traumas and adverse experiences is largely neglected even when they perpetuate both physical and mental illness over decades of life.

A third consequence of our failure to recognize the importance of the social and emotional as well as the mental and spiritual dimensions of the human being is a

neglect of the behavioral and social determinants of health. Even if a patient does not have a diagnosable mental illness, behavioral components are a major aspect of their ability to get well and stay well. This neglect occurs even though the behavioral and social determinants contribute to 80% of population health and behavioral health embedded in primary care has been repeatedly proven to reduce costs, improve outcomes, and increase satisfaction with care (Jonas, 2018).

The public also suffers from these myths about mental health being derived only from the physical dimensions of a human being. Phrases such as “it’s all in your head” or “my disease is real” result from a stigma around mental and emotional experiences as being “not real.” This results in patients not seeking out mental health care even when it’s available. Nearly 75% of depression is seen in primary care, for example, but often presents as another condition or is missed. Patients will refuse to go to a mental health clinic or see a psychiatrist because of this stigma or disbelief in the value and importance of treating their mind and emotions.

The fundamental neglect of the mental and emotional dimensions of a human being leads to multiple problems in our health care system including lack of access to mental health services, neglect of proven self-care, and non-pharmacological approaches to health, both mental and physical. These approaches become sidelined by using terms such as “complementary and alternative medicine (CAM),” meaning optional and on the sidelines, or “nothing but placebo,” meaning “not real” when they are, in fact, at the core of healing.

Dr. James Lake is a psychiatrist who has for many decades been filling these gaps. And with this book, *An Integrative Paradigm for Mental Health Care: Ideas and Methods Shaping the Future*, he continues to do so in a most eloquent way. As one of the founders of the American Psychiatric Association’s caucus on complementary and integrative medicine, Dr. Lake has influenced the professional dialogue on the importance of the social and emotional dimensions of human life for health and well-being. He has been a staff psychiatrist serving our veterans and so is well-versed on what happens on the front lines of health care when we either neglect or fail to provide whole-person mental health care.

This book starts where we all must if we are to provide solutions to the challenges just described. It first lays out the conceptual foundations and methods for a more integrative paradigm in mental health care. Once this is explained, it then proceeds to provide practical tools for addressing those challenges. It is grounded in science yet easily accessible. Based on years of practice and research, the writing is elegant, balanced, evidence-based, and easy to understand both for professionals and the public.

Readers should know, however, that before this book, Dr. Lake has written a most comprehensive and practical set of guides to mental health care for the public, thus opening access to effective integrative and self-care treatments for mental and emotional conditions globally. His writing is always grounded in good science and research providing readers with clear direction on what works and does not work.

It is my hope that this work will be read and used widely by patients, their caregivers, and providers. It is only by reclaiming care for the whole person—mind, body, and spirit—that medicine will save itself. Thank you Dr. Lake for holding a

vision of health care for whole persons in the form of integrative mental health care and for providing us with practical concepts and methods to help make it happen in everyday life.

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Preface

Psychiatry as presently conceptualized and practiced fails to adequately address the core causes and meanings of mental illness. The reasons for this are complex and include the following:

- Current scientific theories do not adequately explain the causes of mental illness.
- Available mainstream treatments often fail to alleviate symptoms of mental illness.
- Academic and government institutions that promulgate psychiatry are, with few exceptions, conservative in ideology and resist new ideas.
- Postgraduate training programs in psychiatry are narrowly focused on psychopharmacology and do not cover non-pharmacologic interventions and non-allopathic models of mental illness causation.
- The pharmaceutical industry heavily influences ideology and clinical practices in academic institutions, the American Psychiatric Association (APA), and among psychiatrists broadly. As a result, non-pharmacologic interventions are marginalized in academic institutions, APA-sponsored conferences, and professional journals.

Although growing numbers of psychiatrists and other mental health care providers dispute the model and methods of contemporary psychiatry, our shared concerns have not resulted in a call to action within the APA, academia, or government agencies. A large grassroots movement has nevertheless emerged in industrialized countries in response to what is widely regarded as a growing crisis in mental health care. But there is a disconnect between a highly vocal popular movement to reform mental health care and psychiatrists in positions of leadership in the APA and academia that shape the policies and practices of psychiatry.

Proponents of the status quo argue that despite the inadequacies of psychiatry, the current dominant paradigm and mainstream practices are arguably better than the alternative: endorsement by Western medicine of novel theories and clinical practices that fall under the heading of complementary and alternative medicine (CAM). While it is true that many CAM modalities are not substantiated by

compelling research evidence, the same limitation applies to many conventional modalities including widely used psychotropic medications and psychotherapies. In fact, many CAM modalities have been investigated in sophisticated Western-style research studies and have been shown to be safe and effective treatments for specific psychiatric disorders. *The real bottleneck delaying progress in psychiatry toward a more eclectic, more effective paradigm is not the absence of evidence for CAM but strong negative biases in biomedical psychiatry against non-pharmacologic modalities based on an entrenched ideology that equates the practice of psychiatry to prescribing psychotropic medications.* Growing numbers of psychiatrists and other mental health professionals who find the status quo unacceptable are educating themselves about a variety of non-pharmacologic treatment choices and recommending these to their patients. However, mental health care practitioners who want to learn about CAM may encounter problems when trying to find reliable, up-to-date information on a particular modality. Finally, practitioners who know where to find reliable information may not have a systematic approach for developing a well-thought-out care plan addressing the unique symptoms, preferences, and circumstances of each patient.

The absence of a clinical methodology for integrating disparate Western medical and CAM modalities into a coherent whole is delaying progress in psychiatry toward a more effective, safer, and broader set of clinical practices. This book is offered as a conceptual framework for solving practical problems in integrative mental health care. It covers resources and methods that will help mental health practitioners find reliable information on CAM and know how to use it in day-to-day clinical encounters. The book is not a compendium of research findings on CAM though select CAM modalities are mentioned as examples. The reader seeking comprehensive reviews of research findings on CAM is referred to the appendix for valuable resources.

My principal goal in writing this book was to address the gap between what mental health care providers, patients, and the public *want* and what the conventional model of care and institutions that perpetuate the current dogma *permit*. *The book is not an attack on mainstream psychiatry nor is it intended as a wholesale endorsement of CAM. I've tried to chart a "middle way" between Western medicine and CAM keeping in mind advantages and limitations of different domains of medical knowledge and clinical practice.* I believe that a critique of mental health care as currently conceptualized and practiced is a legitimate and necessary prologue to *reconceptualizing* and *reinvigorating* this important domain of knowledge and praxis in light of promising new ideas and emerging research findings. I hope this book will provide a useful framework for dialog and debate on urgently needed changes in the way mental health providers practice, the way institutions and the academy interpret and use information, and, most of all, the way patients receive care.

I would not continue to do the hard work of psychiatry were I not optimistic about the future of my trade. I anticipate many exciting changes on the horizon and a brighter future for psychiatry for the benefit of all who suffer from mental illness. Collectively, these changes will become the *foundations for a new psychiatry*. In the coming decades—well before the end of the century—Western medicine will

undoubtedly evolve into a more complete paradigm that will embrace advanced technologies along with insights from the world's great healing traditions. Based on an analysis of current trends, I believe it is inevitable that advances in the basic sciences, artificial intelligence, and neurotechnologies will transform the clinical therapeutics and practice of psychiatry resulting in more effective, safer, and more compassionate "whole-person" mental health care.

Wayne Jonas, M.D., a pioneer in integrative medicine and former Director of the Office of Alternative Medicine, National Institutes of Health, graciously agreed to provide the foreword in which he makes an urgent call for renewed emphasis on the social, emotional, mental and spiritual dimensions of the human being.

The book is divided into two parts. Part I discusses the conceptual foundations of integrative mental health care. The first chapter reviews circumstances that have led to the current crisis in psychiatry in the USA and globally. Other chapters discuss philosophical problems, evolving paradigms and their impact on mental health care, and models of consciousness. Part II is on methodology and clinical applications. Topics covered include the evaluation and use of evidence in integrative mental health care, history-taking, assessment, formulation, and treatment planning. Chapter 9 discusses important clinical considerations when managing complex cases involving high comorbidity. The final chapter is an analysis of trends that are affecting mental health care and a forecast of where medicine and psychiatry are heading.

The book has three appendices. Appendix A provides a list of valuable online resources and books on integrative mental health care. Updates and links to important new web resources and books will be added on an ongoing basis. Appendix B contains blank evidence tables and algorithms that can be downloaded from a companion website created for this book www.IntegrativeMentalHealthPlan.com. Appendix C describes software that is being created by the author to assist practitioners in planning and implementing all phases of integrative mental health care. The software projects are based on the methodology developed in this book.

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