



## Integrative mental healthcare White Paper: Establishing a new paradigm through research, education, and clinical guidelines



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### ABSTRACT

Mental illness accounts for about one-third of adult disability globally, reflecting marked societal and personal suffering, and enormous social and economic costs. On a global level, mental healthcare has failed to adequately address urgent unmet needs of the mentally ill. These circumstances call for change in the paradigm and practices of mental healthcare, including fundamental reforms in education, clinician-training, and research priorities. This White Paper outlines current challenges in mental healthcare, and characterizes the emerging field of Integrative Mental Health (IMH), a critical element in the large-scale changes needed to transform mental healthcare in the 21st century. Strategic recommendations for advancing IMH are outlined including increasing research in key areas, improving clinician training and education, and promoting a public health agenda. The field of IMH adopts the bio-psycho-socio-spiritual model, utilizing evidence-based and evidence-guided treatments from both traditional healing systems and modern scientific practices. IMH incorporates mainstream interventions including the judicious use of psychopharmacology and psychosocial therapies, in addition to evidence-based complementary and alternative (CAM) medicines and therapies, and health-promoting lifestyle changes (i.e. enhancement of dietary, exercise, sleep, work/relaxation patterns). The clinical application of IMH takes into account the range of socio-cultural, economic and spiritual considerations affecting mental healthcare practice in different countries. To meet the challenges facing mental healthcare, the *International Network of Integrative Mental Health* (INIMH: [www.INIMH.org](http://www.INIMH.org)) was established in 2010 (officially launched in October 2012) with the objective of creating an international organization consisting of clinicians, researchers, educators, and public health advocates. INIMH was created to advance a global agenda for research, education and the clinical practice of evidence-based integrative mental healthcare. In authoring this White Paper, the board of INIMH is inviting global dialogue on critical issues surrounding mental health care in the hope of achieving integrated, compassionate, individualized, person-centered mental healthcare.

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### Framing the problem

#### Overview

Mental illness accounts for about one-third of the world's disability due to all health problems in adults [1], reflecting marked societal and personal suffering and enormous socio-economic costs. Critically, mental health care globally does not

adequately address this crisis, calling for urgent change in the paradigm and practices of mental healthcare including basic reforms in education, clinician training, and research. The purpose of this White Paper is to characterize and advance the new field of Integrative Mental Health (IMH), which provides one potential solution to address the current crisis. From this, a strategic vision is outlined in the areas of research, clinician education and training, and public education and advocacy.

*Improved mental healthcare is urgently needed in all world regions*

Serious mental health problems, including depression, bipolar disorder, schizophrenia, and drug and alcohol abuse occur in all countries and directly or indirectly affect all age groups. Mental

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illness is associated with poverty, wars and other humanitarian disasters, and often leads to suicide. It is estimated that 10–20 million people attempt suicide every year, and one million complete suicide [2]. For example, major depressive disorder affects an estimated 121 million people worldwide and is one of the leading causes of disability on a global scale [2]. By 2020, depression is expected to be the second leading contributor to all-cause disability worldwide second only to heart disease [3]. Enormous psychological, social and occupational costs are associated with depressed mood [4], with the condition being a leading cause of disability in the U.S. for individuals ages 15–44 with annual losses in productivity in excess of \$31B [2].

Mental illness is the pandemic of the 21st century which is our next global challenge. One current example of deficiency in the present treatment approach is in the area of clinical depression. In spite of the increased availability of antidepressants over the past few decades, questionable efficacy, unresolved safety issues and high treatment costs have resulted in an enormous unmet need for treatment of depressed mood. On average it takes almost 10 years for a depressed person to obtain treatment after symptoms begin, and over two-thirds of depressed individuals never receive minimally adequate care [5]. Despite the magnitude of the impact of mental illness on global health, most countries do not regard mental illness as a high priority.

More than 85% of the world's population lives in 153 low- and middle-income countries [2]. Poverty is linked to a higher burden of mental illness, with variables such as education, food insecurity, housing, social class, socio-economic status and financial stress exhibiting a strong association [6]. Most of these countries allocate scarce financial resources to mental healthcare needs and have grossly inadequate professional mental health services [2]. A recent comprehensive survey of European Union member countries found that 38.2% (approximately 165 million people) met criteria for a psychiatric disorder with fewer than one-third receiving any treatment at all [7]. Disorders of the brain, including mental disorder, were found to be the largest contributor to the all cause morbidity burden as measured by disability adjusted life years (DALYs). In Western countries such as the U.S., the elderly, minorities, low income groups, the uninsured, and residents of rural areas are less likely to receive adequate mental health care and most people with serious mental health problems receive either no treatment or inadequate treatment for their disorders. While data is absent in many jurisdictions, this occurrence no doubt is mirrored in less-developed countries.

#### *Efficacy and safety issues limit current mental healthcare*

While appropriate therapeutic application of pharmacotherapies is an important aspect of any ethical treatment protocol, nonselective over-prescribing is often associated with a range of issues. In spite of decades of research and billions of dollars of industry funding, the evidence supporting pharmacologic treatments of many major psychiatric disorders is not compelling [8–12]. In addition to growing concerns about lack of efficacy, many widely used psychotropic drugs may cause serious adverse effects, including weight gain, increased risk of diabetes and heart disease, neurologic disorders, sudden cardiac death, and may potentially increase suicide risk. Some adverse effects lead to additional medical disorders, which in turn increase psychological burden. Metabolic syndrome is a well-documented adverse effect of antipsychotics and other psychotropic agents, associated with weight gain and increased risk of diabetes and coronary heart disease [13]. The limited capacity of conventional medications to alleviate serious symptoms of depressed mood, anxiety, psychosis and other psychiatric disorders may result in impaired occupational functioning and losses in productivity. Serious concerns

exist about limitations of the current mainstream model of care, including inequalities in the delivery of mental health services, the lack of integration of mental health services into primary care and other medical specialties, and conflicts of interest in relationships between the research community and the pharmaceutical industry.

The shortcomings of conventional treatments and established models of mental healthcare invite urgent open-minded dialogue on the range of promising non-conventional treatments, as well as innovative concepts in care delivery. In addition to novel pharmacological therapies, accumulating research evidence demonstrates potential efficacy of other treatment modalities for many common mental health problems, including psychological interventions, select standardized pharmaceutical-grade natural products, lifestyle modifications (Lifestyle Medicine), as well as non-allopathic whole system approaches such as Traditional Chinese Medicine (TCM) and Ayurveda, and mind-body approaches. Examples of non-conventional therapies for which there is evidence of efficacy for psychiatric disorders include St John's wort and S-adenosyl methionine (SAMe) for depression; adjunctive nutrients such as omega-3 fatty acids, folic acid, L-tryptophan, n-acetyl cysteine, and SAMe for mood disorders; kava and acupuncture for anxiety; and mindfulness training for negative symptoms of schizophrenia, anxiety and mood disorders [14]. In addition to these complementary and alternative (CAM) therapies, prescriptive Lifestyle Medicine involving the recommendations of regular moderate exercise, a healthy diet, a regulated sufficient sleep pattern, and reduced use of alcohol and nicotine, also offers encouraging evidence for improving overall mental health [15–17].

While conventional pharmaceuticals may be appropriate and efficacious treatments for some mental health problems in some individuals, the time has come to move beyond a strictly conventional biological approach to mental healthcare, be it the prescription of a pharmaceutical or natural medicine, to a more inclusive integrated model that considers the range of social, psychological and biological causes of mental "illness". This is an approach that addresses both preventing and treating mental health conditions, and considers the concept of "wellness", as opposed to simply the amelioration of symptoms.

#### *The emerging context of integrative mental healthcare*

High prevalence rates and unmet treatment needs of serious mental illness in both developed and less developed countries illustrate the enormous global public health challenges posed by mental illness. Further, this underscores inadequacies of the conventional model of care, and the urgent need for more effective, safer, more affordable and more accessible treatments. As discussed above, CAM research in several instances is rapidly yielding evidence of comparable efficacy to conventional treatments, with a superior safety profile, and select CAM therapies used in the context of an integrated system of care may provide a potential solution for enhancing the current mental health treatment model. Increasing acceptance of CAM treatments in developed countries is the result of both scientific advances and social trends. In contrast to CAMs wider acceptance in developed countries, there is little research of CAM in medical schools and other academic settings. In less developed world regions the situation is different. Here CAM is widely used but there may be quality issues with traditional medicines, and safety concerns over some therapeutic techniques.

Conventional allopathic medicine is being influenced by increasing openness amongst conventionally trained physicians to non-Western healing practices in the context of growing patient demands for more meaningful and more personal contact with

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