Beyond Medication: A Systems-Based Approach to Mental Health Transcript

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Introduction to Nutritional Psychiatry

I think we need to understand that our body evolved with whole foods and solid nutrition over millennia, over eons, and that right now we're in this sort of window of abomination in terms of just a food desert that we're feeding ourselves.

And it's no wonder that have an epidemic of mental health challenges in this country because our diet is so miserable. What if mental wellness starts with nutrition?

Join us for insightful conversations with researchers and clinicians exploring the science of nutritional psychiatry and broad-spectrum micronutrient therapy.

Let's learn together. Hello everyone, I'm Dr. Z. I have a doctorate in naturopathic medicine with a bachelor's of science in biochemistry. Today we are helping bring you real science and real stories as the executive producer of NutriTalk podcast sponsored by Hardy Nutritionals.

We are joined today by Dr. Scott Shannon, a founder of the Wellness Center in Fort Collins, Colorado, the major innovator in psychiatric care, someone who champions for systems-based approaches to mental health creation.

Thanks, Celeste. Happy to be with you and happy to share my experience over the last 40 years of working in integrative and holistic psychiatry. We're so excited to have you today.

So Dr. Scott, help the listeners have a little bit more context. Where did you first hear about broad spectrum micronutrients? Well, I think my background in sort of nutritional nutrition and maybe then nutritional psychiatry dates back to my medical school days with Dr Andrew Weil at the University of Arizona.

He really emphasized diet and nutrition as sort foundational piece. of creating health and that carried with me as I left medical school in the early 80s and began to explore other treatment options.

I think really began the see some of the first published research on broad-spectrum micronutrients in early 90s, and middle 90's. And then sometime in later 90, I heard about this product being sold out of Canada to treat bipolar disorder.

And I was fascinated. A friend of mine who was a psychiatrist at the time in Maine was using this project with good results. I began to research it and that led me down the road to David Hardy.

Dr. Shannon's Path to Micronutrients

Things have been very different to me in psychiatry since then. Can you help us understand what was that first encounter with David Hardy like? I'm a child adolescent as well as an adult psychiatrist.

And I was working at a residential retreat center for severely abused children, aged three to 12. We wanted to develop some nutritional interventions.

So I reached out to True Hope at the Tallinn and began to dialogue with them about using these interventions. That connected me with David Hardy and they were kind enough, he was kind to donate product to our residential retreat center, our Residential Treatment Center for these children to give them free product.

And that was really sort of my introduction to his work and his generosity and wisdom. I appreciate that. So you were working with severely abused children and you'd heard about it from a psychiatrist in Maine who was getting good results.

Now, can you tell us a little bit more, who is David Hardy? What's his background? How did he come up with this kind of formula for mental health applications?

My understanding, the law is now pretty famous in the nutritional psychiatry world, but my understanding of this is that he was living in Southern Alberta at the time working as an animal nutritionist, managing large herds of animals with nutritional support.

He had a neighbor, Tony Stefan, who was dealing with two or three children with severe bipolar disorder and a wife who had recently committed suicide.

from that erratic problem. And after hearing Tony share all the failed medication trials that he'd been on, he looked at Tony and said, you don't need a medication adjustment.

You need nutritional adjustment, and that evolved into what was then EMPower Plus and then eventually onto Daily Essential Nutrients. And I took a few iterations, but I know that over time they managed to find a formula that worked reliably and that has been at least the source of the ongoing evolution of these products since then.

So somebody who is working in animal nutrition using something like, well, we can add micro and macro nutrients to animals and see a result. I wonder if that same premise follows through for humans.

Does David Hardy have a medical background or anything like that to your knowledge? I think his background was in applied nutrition. I believe he had a doctorate in biochemistry and nutrition, I'm not really positive about his backgrounds, but he certainly knew what he was talking about.

Well, I love that. And as someone who has lived with a severe form of mental illness as diagnosed at 18, to think that you can ameliorate some of those more complex presentations of behavior with broad spectrum micronutrient therapy is just a beautiful concept because for many of my peers, these medications come with some terrible side effect profiles and may not work.

What has been your preferred approach in psychiatric applications? When do you go to hearty nutritionals as an option for a family or an individual? Well, I certainly think of them with any unstable mood disorder.

So whether it's bipolar disorder, cyclothymia, schizoaffective disorder. Even some forms of recurrent psychosis and occasionally major depression. So those are diagnostic categories that have been sort of very solid go-tos.

I think when there's ADHD with some behavioral challenges, unstable mood issues, I thing of it in those circumstances as well.

Using Micronutrients in Mood Disorders

I find that other treatments that we have such as lithium or some of the atypical antipsychotics or mood stabilizers are less effective and certainly have a much higher side effect profile, which is why I've been so intrigued with this product for so long.

That's interesting, Dr. Scott. So you're willing to use this for unstable mood patterns, even schizoaffective features, bipolar or cyclothymia? The way I look at this is that the more significant the unstable-mood disorder is, the most likely people find benefit with it.

Now, the challenge for me has always been when this is overlaying with psychiatric medications. As a child psychiatrist, particularly working in an underserved area, I had the luxury, some would say luxury of getting to see kids who have not had any prior intervention.

Thus, they have no psychiatric medication history. So I'm often the first medical professional they encounter for this problem. And what I found is that those folks who have not experienced psychiatric medication often tend to respond quickest and often most completely.

If people have been on psychiatric medications for a long time, it doesn't mean they won't respond, but it often means there's an extended period of adjustment where you're often looking at cross tapers or sometimes we have prolonged withdrawal features coming off psychiatric medication.

and those represent another level of challenge. And they're not insurmountable, but it just makes it more complex. If I could see an eight or 10 or 15-year-old who's had no prior psychiatric medication history and presents with a very significant mood disorder, often the response would be very, very positive and significant.

That's interesting. So it sounds like in that residential treatment center where David Hardy donated product, you had a sort of blank slate, children presenting with big behaviors.

If you introduced micronutrient therapy and there hadn't been prior medications, what was that typical response curve like? Well, one thing I learned in? setting.

is that kids that have very significant abuse histories, that a trauma history, they have PTSD, They tended to respond not as well. And so it was really sort of inherent on me that I had to sort out those with a Trauma history from those without.

The ones that had minimal or no trauma would respond typically very well. Often these kids were loaded with four and six different psychiatric medications, even at the age of six.

They've been in the state hospital for six weeks and come out with a lot of different medications. So that presented some complexity. One of the things that I learned is that as useful as these broad spectrum micronutrients were for unstable mood disorders or ADHD with behavioral sort of overlay of impulsiveness, that they were less completely successful in dealing with significant trauma.

And this has been my experience that trauma creates a very different biochemical pattern in the body. And it's important to us to recognize the differences in response.

That makes sense. It sounds like it kind of created a diagnostic opportunity for you to decide which of these people might be suffering from some malnutrition versus others that are having complex trauma factor in.

You might. Be willing to elaborate a little bit more. For our listeners, how you would approach a case where there are already psychotropic medications involved?

Can broad-spectrum micronutrients like Hardee's Daily Essential Nutrient be added into a treatment protocol where medications are part of the equation?

Well, they certainly can be. It's interesting, back in the day, in early days of doing this work, Citrus bioflavonoids were a big part of the formulation, and those create cytochrome P450 issues, they create a variety of different issues.

And we had this whole complex dance of having to introduce the broad-spectrum micronutrients, reduce medications, then taper down and know when to make the next change, looking at side-effect profiles and sedation.

It was fairly complicated. It didn't take too long.

Trauma, Medications, and Tapering

I think it may have been late in the 2000s that David recognized this and created a formulation, which I Think Hardee's now reflects in daily essential nutrients that minimizes the citrus bioflavonoids and really has reduced this cross intolerance with psychiatric medications.

And so I think it's become much simpler in the current era with these formulations that they can be often added to

psychiatric medication. One of the interesting things, and this has been a very powerful, interesting insight for me, is when someone is stable on psychiatric medicine, and you add this formula to it, often what you see is a very pronounced side effect profile that comes into clear profile.

And I think that speaks to a lot of things and helps us understand what medications are doing in the brain. And I think it also helps us understand when the brain is working efficiently, psychiatric medications can be used much more delicately and lightly if needed at all.

And so one of the takeaways that I found working with people with bipolar disorder is we would often stabilize them over time, get them off their psychiatric medications and get then quite stable.

And sometimes people needed just a little bit more. What we found is that we could add a very small amount of something. Often one of my favorites was Lamotrigine in very low doses.

That would be sufficient to get where they needed to be. The doses would often be a fifth of what we would use in an active patient who was being managed with medications.

I appreciate that nuance very much. Now, with my own journey, you guided my successful taper off of polypharmacy and onto nutrient stability. And the motor gene was one of the last medications to lead my system.

We used it, we kept it in place for a long time while I reached that clinical dose of 12 capsules a day of daily essential nutrients. Can I ask, who trained you on this sort of protracted taper journey that you'd led me down as a patient of yours at the Homeless Center?

Well, I mean, back in that day, it was trial and error. It was often working with the representatives of either Hardy or True Hope and getting their input because they often had more experience than psychiatrists did with these kinds of populations.

I, mean we, we maybe had a little better clinical sense, but they had sort of a better historical sense of how these interactions would go. And so it's often just listening to your patient.

making small adjustments and giving it time. I think one of the things, and maybe your own journey reflects this Celeste, is that because these psychiatric medications have significant effects on neurotransmitter sensitivity, often those changes take weeks to months to sometimes years to rebalance that sometimes the last few steps can be a year or two or three out from when you initiated the process.

So I think patience is one of the things that this work reinforced for me. Always a struggle for because I'm not by nature a patient person, but these really helped to teach me that.

I appreciate that so much because something that I feel these psychotropics do is not only change the architecture and sensitization of the brain and nervous system, but they're suppressing a lot of what might be underneath the symptoms for an individual.

And so I think with daily essential nutrients, the side effect is healing becomes possible. And that is a journey. Talk about consciousness research, talk about the need for bringing in these other integrative options down the road.

Because when a person starts to have command of their nervous system and their brain and body is well fed, a lot becomes possible that was never potentially available to these individuals.

And I really appreciate so much that you have this sort of paradigm and belief in. healing and the body's capacity for healing, and that you're willing to support that journey and work for me.

How do you manage expectations for patients that might be looking at a longer road to healing? Because perhaps they've been sick for a long time, they have been in the standard model of care for Well, I think it depends a little bit on their background.

It's a great question. I'd think if they've been struggling with psychiatric medication for years or decades, we're going to take it from the approach.

The prior approach has not been fully successful for you. We're gonna take a different approach and it may take time. And I really what I encourage is, let's not judge the results day to day or even week to week.

Let's call it month to month. And let's look at how you're doing with these changes month to month and we'll monitor them. And it's my hope that your health will continue to improve over many, many months and many many years.

I think that's one of the endpoints that I see in integrative and holistic medicine, even naturopathic medicine Dr. Z. is that we take a longer timeframe.

And when we look at results, we really want to know, is this really supporting the patient's positive outcome and healing over a path of many years? And I think one of the travesties of modern psychiatry is we often judge results and set up trials that are four to six to eight weeks long.

And in that timeframe, we don't really get to understand the body's true homeostatic response to things.

Nutrition, Diet, and Brain Health

We don' get a chance to understanding people's long-term health outcomes. So I think as we move from a mechanistic narrow frame on mental health to a systems-oriented healing and viable frame, then we have to start looking years out.

We have say, is this person better off five years down the road because of what you've done or not? And six weeks doesn't cut it for me as a decision point in making these choices.

So you're playing the long game and you are helping your patients understand that this is about not a six week to eight week window, not even month to month, but where were you five years ago?

Where are you today? My job shifts from being an expert manipulator of interventions to a coach of support. You know, you even have to have some ministerial zeal and helping people to keep their faith, so to speak, because people get discouraged.

And one of the big downsides of mental illness, and you can probably speak to this, Celeste, is how demoralized people can get when they're so frustrated and they can't find their potential and their health.

You're given a sort of license to give up on your life when you're labeled with a heavy hitting diagnosis in many cases and so you are not really taught to harness self-efficacy or what self respect should be or quality of life might even mean for you.

It is a very dehumanizing experience to go through the conventional model of psychiatric care and I'm just grateful that In the early 2000s, my mom found you and then by the time postpartum health challenges had really nearly cost me my life.

Your team have expanded and you started doing more functional diagnostic testing at the homeless center and it completely changed the playing field, the game for me and my daughter.

Let's talk a little bit about that if we can about like, what does the brain and body need to truly thrive? In your book, Parenting the Whole Child, you give a beautiful depiction of a case where this teenager is presenting with even hallucinations and severe mood swings.

And part of her treatment you recommended she cut back her caffeine, she increased her protein intake, increased your omega-3 fatty acids. You know, that sounds a lot like a standard American diet, the average teenager who's

living on monster energy drinks and whatever they can buy at the gas station.

So how can we help create understanding about the fact that the brain is a metabolically demanding organ? Yeah, I think we need to understand that our body evolved with whole foods and solid nutrition over millennia, over eons.

And that right now we're in this sort of window of abomination in terms of just a food desert that we are feeding ourselves. It's no wonder that have an epidemic of mental health challenges in because our diet is so miserable.

And I think the current exploding research on nutritional psychiatry shows that in countries that have a Mediterranean diet or a Whole Foods diet, or traditional diet whatever term we want to label it, they have much lower rates of mental distress.

The more processed and ultra-processed foods that people consume, the greater their risk. And I think it's not because we don't have enough psychiatric medication in this country.

Our children get the most psychiatric medications in the world in United States, and they have the worst rates of mental health in world. So these things are not addressing the real problem.

And we just really need to realize that Whole Foods is the fastest path to whole health and wholeness. It's such a paradigm shift for many because when they see or read how this person's suffering from a hallucination and a remedy might be fish oils, protein, and micronutrients.

Sometimes that's a disconnect, right? So I really appreciate that you've done a lot to educate and champion nutritional psychiatry, even so much as you break down what inositol does and how important that is for the signals in our cells and the neurotransmission can't work effectively without these building blocks.

So would you say perhaps that supplying supplementation, understanding that most of us are consuming heavily processed diets, Would you think that there's a repertoire of supplementation people should take as a preventative measure?

Well, yes. I'm a little bit low to prescribe any sort of thing as routine or a protocol. And I also think the understanding that we have supplements to back up nutritional deficiencies creates a bit of a counterproductive cycle where people give themselves an excuse.

Well, I'm going to take supplements so I can eat half crap and half good food. So I am not opposed to routine supplementation. But I think we need to caution that approach in that the wisdom needs to fall to diet primarily, and that needs be our go-to.

Case Study and Systems-Based Care

And then if that's insufficient, then we can begin to look to other interventions. Sometimes we have to be willing to evaluate. If people are having some struggles, let's look to a biochemical or functional evaluation to see if there are problems or challenges.

And sometimes they're not readily apparent and it's likely that most people can do better than they are doing currently. But I think diet and supplementation are good solutions, but not one over the other completely.

That's a very judicious approach, and I appreciate that. You know, the work of Dr. Rutledge and Dr Kaplan illustrates that in the RCT study of the ADHD children, those who were consuming vegetables and fruits responded much better.

So the vegetables, fruits provide a nice bioavailable form of cofactors to help boost what the supplements can do because you're right. supplementation shouldn't be an excuse for a poor diet.

So do you feel like people who are doing, you kind of alluded to this, but people get on this micronutrient approach,

are they sort of graduating out of your practice and going on to recover?

Or what does that look like for person to sort-of buy into this They're not cheap vitamins necessarily, and sometimes it is a nuanced journey if they have to taper.

What would be sort of the reason someone might want to give this a shot? Well, one good reason is so they don't have pay to see me anymore. I would tell people that once you find health and once find the recipe for your health, then you're in charge.

You can make those decisions and you can operate independently and autonomously with good freedom. That's really what everybody wants. Sometimes you do need professional help and support and guidance, but I think my goal in all treatment is to make people not dependent on me.

And that's sort of an operating principle in North Star that I've always had is that if the treatment is moving in the direction where they have more freedom and have less need and dependence on my care, then we're going in right direction.

I've always appreciated that. I feel like I was blessed with privilege to access your care and we were able to front and load this nutritional psychiatry.

And the fact is that enabled me to change my entire socioeconomic status. So I'm looking out at a very different picture than I once was when I involuntary held.

When you're a ward of the state and somebody else is deciding if you fit to join polite society, the earning potential is rather capped. So for me, this was a priceless investment.

And I hope for others, they can see that, yes, there's a high capsule count. It is a behavior change in order to see the results like I had. it was commitment on both parties' part, but one that I'm super grateful that did and that had your guiding hand in.

Are there any other things you would like for our listeners to know? Let's see. Well, you know, I think there's so many options. And I, think when people embrace this understanding that they can get better and they then it opens up so many different avenues of care.

You know what, I've practiced acupuncture for 35 years and have really endorsed a strongly nutritional orientation to mental health. There are so other treatment options for people.

And I think part of my efforts now are to help people understand a systems approach to mental health. It is so different from a narrow reductionistic model that includes, really, when you go to see a psychiatrist these days, your choices are between this medication and that medication.

And that is just such an overly narrow view of what healing is and what humanity is. that I think we need to broaden our view and expand. And it's not as though mechanistic interventions and neuropharmacological tools are wrong.

but I think they have to be understood in context, and we have understand the options that come before or after in the middle of all of those choices.

And that's my biggest challenge to modern psychiatry is we need to expand our palette. We need see choices like hearty, like daily essential nutrients, but other things as well.

You know, we did some early research at our clinic on CBD, hemp-based CBD in mental health. And we found enormous benefit to anxiety. We tested it on sleep and the results were not as robust, but we published about its benefit anxiety and even trauma.

And, you know, it's just one of those tools that's out there. I think it is quite safe and it represents good options for

people who maybe want to avoid benzodiazepines or SSRIs.

So there are good option out their and I Finding someone who can steward your healthcare with an open mind and a big heart is really some of the most important things to search for in a provider.

Thank you for imparting that. And here's to having big-hearted, open-minded providers taking bottom-up, top-down, and systems-based approaches. I also have a question for you, Dr.

Scott. Yes. Something that I'm excited to be asking our guest is, what is a case study or a that you had that like really stands out in your mind where this person, you know, with their side effects or whatever they were going through and then being put on a treatment protocol and their regression and the remission, how did that just, if you could give us one of the many that Well, an interesting one, as I remember, and this is probably from 20 some years ago, I was working at a children's hospital in Denver, part of the CU medical school, leading a nutritional psychiatry rotation.

I had a child psychiatrists fellow rotating with me. And we had a young man come in who was very regressed, had lot of bipolar-like features and was having enormous rage outbursts and difficulty managing his behavior.

And the psychiatrist that I was working with, who is in the middle of his fellowship at the time, still young, probably around the age of 30, You know, he said, well, I don't see how you can do anything else other than put this person on a mode stabilizer in a typical anti-psychotic.

And I said well. watch this. And so what I did was I presented to the patient's parents, I think you have two choices, roughly, let's say at least two that we can talk about right now.

One is conventional load stabilizers, Depakote or Lithium, and the other is atypicals antipsychotics, which would have been Resperidone or I don't even know if Alanzapine was out then, but let say Alazapines.

Or we can try a nutritional intervention with a broad-spectrum micronutrient. And if that fails, we could always go to the other, the medications. If the medication fails we do the reverse, but it sometimes complicates things.

What would be your preference to begin first? And the parents said, oh, yeah, let's try the nutritional thing first, of course. And one teaching point for the fellow was when given choice, parents will often respond to non-pharmacological options just because Nobody really wants to use psychiatric medications in a five or eight year old child.

I mean, by extension, you would think no one would want to do that in the 30 or 50 year-old adult, but with children, the decision point seems more stark and parents have more of a, I think a custodial harm reduction mindset.

And so they said, yeah, let's try the nutritional supplements. So we tried them and this child's behavior improved dramatically within I think it was within a month.

It was, I thinks, by the next visit. We saw them a months later. And this was a real eye-opener. The psychiatrist then wanted to come and work with me at our clinic for a number of years.

This was really an impression driving point. And, you know, so I think there's a couple takeaways there is that number one, we need to give people really truly informed choice.

And if we're only presenting the difference between risperidone and glanzapine or lithium carbonate and Depakote, have we really given them really, truly-informed consent?

I would say probably not. And the other is that, you know, if people respond to a less risky intervention, we can always escalate up to riskier, more challenging interventions.

For example, atypical antipsychotics require periodic blood tests to make sure that you're not developing

hyperlipidemia or hyperglycemia. And, it's a whole getaway from the whole question of weight gain induced type two diabetes.

I think the other takeaway here is we shouldn't be able to tier our choices based on risk inherent. And so there are a few takeaways in that case example for me, but was there a couple of them?

So I hope that helps to answer your question. Yeah, it really helps to like just ground everything into the practical and the impact, especially when families may be watching this and they're going through it.

I found that when people share like this happened for me, then people viewing or hearing the story can be like, wow, that could be me too. And it just takes that one story, you know, to create that sequence of impact.

So thank you so much for that. I appreciate that. Big behaviors treated by simple and safe first-line therapy and educating about all possible options that might work to quiet the nervous system down.

Yeah, and I speak of these interventions, both the medication and the broad spectrum micronutrients as hardware. And I think we also have to realize that sometimes people need software help too.

And that can be psychotherapy, behavioral change, you know, and then we layer on lifestyle medicine. So there's psychiatry has many levels. Part of the challenge is you have master many different levels of care.

And you inspire engagement, right? When sometimes my peers are so used to handing over their outcomes to that practitioner who's their psychiatrist and they're not engaged.

They're just like, I got to take my meds. I gotta fill my prescription and this is what I do. You have to get them motivated to be active participants in cultivating recovery.

Before we go, Dr. Z, do you have any final remarks? I just want to acknowledge how grounding your presence has been. And just bringing me back again to my own roots to remembering least invasive approaches first and just hearing all of this like philosophy and through your wisdom and experiences like just so good.

It feels so on my soul right now. So I wanted to say thank you for that and for sharing that for other people to experience too. Thank you. Oh, you're welcome.

Dr. Z and it's interesting is that I think I've always felt more at home at naturopathic conferences than I have in psychiatric conferences. I completely understand that.

Yeah, I'm happy to have been part of your podcast and the dialogue that you are trying to share with people. This is important work and I really support what you do.

Thank you, thank you so much and see you next episode.