

Taking Ownership in Wellness Through Holistic and Integrative Mental Health

Treatment Options

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F-11: Can design and produce a significant product that gives evidence of advanced competence.

F-12: Can conduct a review of scholarly literature and resources to create a comprehensive document of the most effective holistic mental health treatment options and tools for mental health consumers.

Date: June 6, 2014

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I. Introduction

The themes of this advanced project are mental health and wellness. The community that I am focusing on is people living with mental health conditions, who are a part of the mental health system. There are many aspects to consider when discussing mental health, including the prevalence of mental illness. “One in four American adults will have a diagnosable mental illness in any given year, and about one in 17 adults, 6% of the population, have a serious mental illness (Vero, 2013)”. An aspect that has long been neglected, in my opinion, is the mind-body connection in treating mental illness. Many people who seek out support for their mental health are given a prescription for medication, and that is the extent of their treatment. Oftentimes, this can lead to people feeling limited by their illness, struggling with side effects, and identifying as the diagnosis they were given. In reality, there are many more options to finding wellness than just a prescription for medication. In this project, I intend to evaluate the efficacy of holistic and integrative mental health treatments and initiatives.

According to Larry Fricks in his statement to the Senate, “Assessing the State of America’s Mental Health System,” on January 24, 2013,

Research indicates that people with severe mental illness in the U.S. who are served in the public healthcare system have an average life expectancy that is 25 years less than the general public (page 4).

The overall well-being of mental health consumers needs to be addressed to change these frightening statistics. As physical conditions such as hypertension, diabetes, and obesity become more common in the mental health consumer population, healthcare needs to encompass whole health and less invasive treatments (Insel, 2013). Moreover, conditions such as obesity and metabolic syndrome are found in higher percentages of women who live with mental illness (Insel, 2013). Between medications impacting physical health, and the incidence of habits such as smoking in those living with mental illness, overall health needs to be a part of mental health treatment.

The purpose of this research is to focus on treatment options and lifestyle changes that holistically make a positive impact on people living with mental health conditions. Through my studies at DePaul's School for New Learning and my work in the mental health field, it has become clear that people within the mental health system are focused more on stability, meaning achieving a place where a person is not experiencing a crisis, rather than thriving in life. Much of the information that is available to people who are undergoing treatments for mental health conditions are often related only to medications and therapies. While those treatments have a place on the road to wellness for many people, they are not the only options. There is a lack of awareness and education about effective and less invasive treatments, which is why I believe it is important to create a brochure that could start the conversation about holistic and integrative treatment options for mental health conditions. Providing people with information

that could offer the opportunity to take ownership over one's health and wellness is the goal of my Advanced Project.

A. Definition of terms

Terms used in this Advanced Project are defined as follows:

Integrative approach (to mental health):

SAMHSA, Substance Abuse and Mental Health Service Administration describes integrative care as “the systematic coordination of general and behavioral healthcare. Integrating mental health, substance abuse, and primary care services produces the best outcomes and proves the most effective approach to caring for people with multiple healthcare needs (<http://www.integration.samhsa.gov/about-us/what-is-integrated-care>).

Which means, evaluating all aspects of health including mental and physical when establishing a health treatment plan for an individual.

SAMHSA also states, “People with mental and substance abuse disorders may die decades earlier than the average person — mostly from untreated and preventable chronic illnesses like hypertension, diabetes, obesity, and cardiovascular disease that are aggravated by poor health habits such as inadequate physical activity, poor nutrition, smoking, and substance abuse. Barriers to primary care — coupled with challenges in navigating complex healthcare systems — have been a major obstacle to care”.

When discussing integrative care in some research, the term CAM, meaning complimentary and alternative medicine, is also used (Alternative Medicine, Time p. 6).

Holistic approach (to mental health):

“Lippincott Williams and Wilkins (2008) explain that the goal of holistic care is to meet not just the patient’s physical needs but also their mental, social and emotional needs. They argue that holistic care addresses all dimensions of a mental health patient, including physical, emotional, social, and spiritual (Chidarikire, S.)”. Holistic approaches also can be categorized with CAM, complimentary and alternative medicine.

Psychiatric symptoms:

For the purpose of this study, psychiatric symptoms refers to the feelings or actions that indicate signs or experiences of a psychiatric, or mental health, diagnosis.

Lifestyle:

Lifestyle, for the purpose of this research, refers to the way a person lives, including eating habits, sleeping habits, exercise, work life, relationships, and stress.

Acupuncture:

Acupuncture, according to SAMHSA, is “a form of Chinese medicine in which fine needles are inserted into specific points on the body to relieve pain or to address some other therapeutic purpose (http://www.samhsa.gov/consumersurvivor/sdm/DA_files/Glossary.html)”.

II. LITERATURE REVIEW

Throughout my review of the literature, I have found research that establishes a mental and physical health connection, research showing the positive impact of acupuncture on wellness, research specific to diet and mental health, and research showing the correlation between exercise and mental well-being. Establishing the connection of mental health and physical health will show that holistic and integrative treatment approaches make a positive impact on people living with mental health conditions. Providing a brochure about the most effective ways of taking ownership over one's wellness can create the opportunity for more people to explore these holistic and integrative treatment approaches, therefore strengthening patients overall health, both physical and mental.

In the article, "Area-based socioeconomic status and mood disorders: Cross-sectional evidence from a cohort of randomly selected adult women" (2011), by Lana J. Williams, Sharon L. Brennan, Margaret J. Henry, Michael Berk, Felice N. Jacka, Geoffrey C. Nicholson, Mark A. Kotowicz, and Julie. A. Pasco, the authors review the longitudinal study evaluating the impact of one's socioeconomic status on the rate of mood disorders. Upon interviewing 1095 women over a ten year period, between 1994-1997 and 2004-2008, the study results show that the lowest socioeconomic status was more likely to lead to a mental health condition. The study does note that having a higher socioeconomic status does not prevent these disorders. This study shows that there are many aspects of a person's life that can have an impact on the likelihood of being

diagnosed with a mental health condition. As the article states, “Depression is a multi-dimensional condition involving a complex and dynamic interplay between biological, lifestyle and psychosocial factors (p.173).”

Just as it is important to review information about how different aspects of one’s life can have an impact on a person being diagnosed with a mental health condition, it is also essential to review literature about the experience of a person living with a mental health condition. In “A day in the life of women with a serious mental illness: A qualitative investigation”(2011), Christina P.C. Borba, PhD, MPH, Lara DePadilla, PhD, Benjamin G. Druss, MD, MPH Frances McCarty, PhD, Silke A. von Esenwein, PhD, and Claire E. Sterk, PhD evaluate the qualitative study that included interviews of thirty poor, predominantly African American women living with a serious mental illness. The most common mental illness diagnosed among the sample was major depression. These interviews were recorded and transcribed verbatim, followed by a study comparison of the data gathered. A consistent topic that came up in these interviews was the social disadvantages in life both before and after receiving the diagnosis of a serious mental illness. The study concluded that each participant had varied experiences, and that taking a contextual approach, reviewing all of their experiences to treating women’s mental illnesses, will better their lives. Evaluating more than just symptoms, but overall experiences and attitudes, can assist in treatment.

Learning more about mental health conditions and the experience of living with one is an important part of this literature review, as having an understanding

of those who I am proposing to provide information to will be helpful in my understanding of the experiences they may have, and how that might impact their understanding of wellness treatment options. The article, “The psychofortology of female psychiatric out-patients: living with mood and anxiety disorders” (2011) reviews the study by C. Steyn, J.G. Howcroft, and J.P. Fouche that evaluates the coping mechanisms and success of out-patient women living with either a mood disorder or an anxiety disorder. The data was gathered through administering a biographical questionnaire to sixty female psychiatric out-patients. According to the conclusion (p.296-297), the study found that those living with mood and anxiety disorders have lower coping and overall well-being levels in their lives. The study also found that those living with mood disorders had higher scores of coping and well-being than those living with anxiety disorders. A conclusion one can draw is that those living with anxiety have lower coping and levels of well-being.

While those living with mood disorders may have higher coping skills as compared to those with anxiety disorders, all mental health conditions are complex illnesses that can lead to other health concerns. In the study evaluated in “Self-medication of mood disorders with alcohol and drugs in the National Epidemiologic Survey on Alcohol and Related Conditions” (2009), James M. Bolton reviews the incidence of self-medication with those that live with mood disorders. According to Bolton, “Almost one-quarter of individuals with mood disorders (24.1%) used alcohol or drugs to relieve symptoms (p. 367).” The study found that the use of drugs and alcohol is common among people

living with mood disorders. This study also concluded that substance abuse could raise the odds of co-morbidity with anxiety or personality disorders. In this study, the data was collected via survey from a group of 49,093 individuals living with mood disorders. Not only is this study important to evaluate the incidence of substance abuse among those living with mood disorders, but it is also important to note that substance use can have an impact on both physical and mental health.

While there are many different connections that can be made between mind and body, I reviewed a few studies that showed some incidence of co-morbidity with mental health conditions. This is important because if the goal of this project is to provide treatment options for whole health, then there must be an awareness of other potential obstacles that might be a part of a person's wellness.

Research confirms the connection between the mind and physical health. In the study by Arnstein Mykletun, Felice Jacka, Lana Williams, Julie Pasco, Margaret Henry, Geoffrey C. Nicholson, Mark A. Kotowicz, and Michael Berk, "Prevalence of mood and anxiety disorder in self reported irritable bowel syndrome (IBS). An epidemiological population based study of women" (2010), evaluates the comorbidity of mood and anxiety disorders with irritable bowel syndrome. The study evaluated IBS occurring at the same time as the psychiatric disorders. Other conditions, specifically hypertension and diabetes, were compared as they were not expected to have a mental health connection. The data was evaluated from an epidemiological study of 1077 people. The study

found that anxiety and mood disorders, except for bipolar disorder, had a connection with IBS. According to the conclusion, “IBS is significantly associated with anxiety and mood disorders. The study provides indicative evidence for IBS as a disorder with a psychosomatic aspect (p.1).” This study aids in providing research that connects the mind and the body.

Another major component of the connection between physical and mental health that has come up in my reading is obesity. Kristy Sanderson, George C. Patton, Charlotte McKercher, Terence Dwyer, and Alison J. Venn, evaluate their research on this important topic in “Overweight and obesity in childhood and risk of mental disorder: a 20-year cohort study” (2011). This study evaluated children in Australia over a twenty year period. The research reviews whether being overweight or obese as a child has a higher risk of having a mental illness as an adult. The participants, 1135 women and 1108 men, were surveyed in 1985 when they were between the ages of 7-15 years old, and then twenty years later, when they were between the ages of 26-36 years old. Body mass index was calculated as a child and as an adult. The study found that “Childhood overweight may increase risk for mood disorder in adulthood, especially among overweight girls who become obese women (p.384)”. As more literature is reviewed, more connections are made between physical and mental health. An impact on one’s physical well-being to one’s mental well-being and vice versa is clear in research.

In “Revisiting Current Approaches of Treatment and Outcomes” (2011), by Marie-Laurence Poirel, Ellen Corin, and Lourdes Rodriguez Del Barrio, an

exploratory study examined community centers that have developed treatment approaches that are non-medical for those living with mental disorders.

Participants that were studied and staff reportedly found most improvement when those living with mental disorders participated in community center activities and focused on the experience of oneself, relationships with others, and reason for living. The study interviewed both individuals who utilized mental health services and the community center staff to gather information about the treatment programs and the impacts. This study concluded that it is important to focus on holistic and human approaches to treatments. It is important to note the effect that one's lifestyle has on overall health. Being aware of how we take care of ourselves, the relationships that we build, and the overall experiences of being human make a difference in a person's wellness. Recognizing the value of both the mental health medical model, standard therapeutic and pharmacological treatments, and the recovery model, lifestyle and general wellness, working together is imperative.

A study by Serena Wright, Ethan Nebelkopf, Janet King, Michele Maas, Chirag Patel and Sarah Samuel evaluated the Native American Health Center's culturally based system of care for American Indians and Alaska Natives. This study was reviewed in 2011 in "Holistic System of Care: Evidence of Effectiveness". There were 490 participants who were interviewed at the start of the study, and then received follow up via an assessment tool. The treatment used both traditional American Indian and Alaska Native healing practices as well as evidence based practices. Some of the Native American culture was

integrated into the treatment, in what is called the Holistic System of Care, in ways such as: acknowledging spirituality in life, teaching life balance, experiences with positive Native American role models, and opportunities to participate with healers. This study concluded that there is evidence of effectiveness in the Holistic System of Care. The importance of connecting every aspect of one's life to their mental health treatment and wellness is clear as this literature review continues.

Clare Younger (2011) connects the benefits of explaining the relationship between physical and mental health in "The relationship between physical wellbeing and mental health care".

Increased communication between primary care and community mental health teams could help ensure that such women are encouraged to take control of their health and are adequately supported in doing so. While it is important that those working in primary and general healthcare setting have an awareness of the possibility of mental health problems in their patients, it is equally important for those in mental health setting to be alert to the physical problems of their clients (p.35).

Younger discusses the importance of awareness from everyone involved in healthcare to consider all aspects of a patient's health.

Upon continued review of literature, some wellness treatment options stood out as having the potential for significant impact on the mental health community. As I reviewed these ideas further, not only was there vast research supporting the lifestyles changes, but also these steps in wellness impacted

people in a whole way, rather than just focusing on a physical or mental health symptom. As I planned to create a brochure for options, diet, acupuncture, and exercise stood out as both effective and accessible.

Diet can make a huge impact on any person's mental health. According to Bamber and Stokes,

Dietary improvement and supplementation may offer an inexpensive and acceptable adjunct to standard treatment; yet this has, to date, been largely overlooked, owing to lack of evidence and knowledge. This is important, as improving understanding of the role of diet in mental health and promotion of appropriate dietary practices could significantly reduce the personal and social impact of depression in young people (2007).

Providing an inexpensive addition to standard treatment that can assist a person in taking ownership in personal wellness seems to be a simple option, yet it has not been happening consistently throughout the mental health system. Upon further review, it seems that while mental health professionals have some awareness of this, the ideas have not been fully embraced. "Studies have highlighted the ever-increasing role that food and nutrition play in our emotional status and the benefits of positive food choices in the management of mental health difficulties. Research is ongoing in this area, and the role of nutrition in mental health has yet to be fully understood and embraced" (Dunne, 2012). And yet, other research is showing that psychiatrists should start expanding their views on treatment options. "[Dunne, Jaffar, and Latoo] suggest that psychiatrists

should not fully rely on evidence-based practices but rather focus on the holistic view of mental health” (Dunne, et al, 2013).

There is a clear connection between diet and mental health, but how can a person living with a mental health condition benefit most from their diet?

According to Raison and Miller, “The intimate interconnection between the brain and the immune system exists within the framework of an evolutionary past that has left a legacy of inflammatory bias that has gone unchecked in the modern world with the consequence of excessive inflammation that contributes to multiple diseases including those that affect the brain” (2013). Some ways suggested to reduce inflammation through diet include eating real, whole foods, with a priority on fruits and vegetables, and for some, avoiding gluten.

“Converging and accumulating evidence suggests that the gluten-mediated immune response is frequently associated with neurological and psychiatric manifestations” (Jackson, et al, 2012). According to Dr. Andrew Weil, who created the Anti-inflammation Diet, which follows the Mediterranean diet, focusing on fruits and vegetables, healthy fats, and limited red meat can have a positive impact on reducing systemic inflammation (Weil).

The Mediterranean diet has been linked to a low prevalence of depression while fast-food consumption has been found to increase the risk of developing and aggravating this disorder, hence the need for nutritional interventions (Popa, Ladea, 2012).

Diet and nutrition impact many aspects of the human body, and many of those systems can impact one’s mental wellness.

A range of factors appear to increase the risk for the development of depression, and seem to be associated with systemic inflammation; these include psychosocial stressors, poor diet, physical inactivity, obesity, smoking, altered gut permeability, atopy, dental cares, sleep and vitamin D deficiency (Berk, et al, 2013).

Eating whole, real, non-processed foods is a great first step for anyone working to use this tool to positively impact their mental health.

Another tool that can benefit mental health conditions is acupuncture. Acupuncture, according to Merriam Webster's dictionary online, "an originally Chinese practice of inserting fine needles through the skin at specific points especially to cure disease or relieve pain". Moving and balancing energy throughout the body has shown to provide a positive impact on a person's physical and mental well-being. Chinese medicine holds the theory that illness is the result of an imbalance of energy in the body (Joswick). Focusing not on the illness, but the symptoms, is how acupuncture restores balance and wellness in each person (Joswick). Illness is a result of an imbalance and that through rebalance of the systems in the body, the illness will resolve itself. The energy that eastern medical practitioners believe moves through the body is called Qi. When Qi is out of balance, physical and mental struggles can result (Joswick). According to *Chinese Medicine, How it Works*, "the strategy of Chinese medicine is to restore harmony." According to Diane Joswick, in "Acupuncture and Mental Health", depression is impacted when being treated with acupuncture and other holistic treatments. Joswick states that psychologist John Allen from the

University of Arizona conducted the first pilot controlled study of treating depression symptoms with acupuncture. This study found that “those in the tailored acupuncture treatment experienced a significant reduction in symptoms, compared to those in the non-specific treatment. Moreover, over 50% of the participants no longer met the DSM-IV diagnostic criteria for depression after the study” (Joswick). “Depression is one of the most common mental health disorders. Acupuncture is a popular complementary and alternative medicine intervention suggested in the treatment of depression. [The study] supported that acupuncture was an effective treatment that could significantly reduce the severity of disease in the patients with depression” (Wang, et al, 2008).

Robert Whitaker discusses the importance of exercise for mental health in his book *Anatomy of An Epidemic*. According to Whitaker, a 2000 study by James Blumenthal at Duke University evaluated exercise alone as a treatment for depression, exercise while taking an anti-depressant, and only taking an anti-depressant as treatment. In the end, Whitaker wrote, the researcher Blumenthal found that “patients treated with exercise alone had the lowest rates of relapse during the following six months, and as a group, they were much less likely to be suffering from depressive symptoms at the end of ten months” (p. 346). This study provides positive backing for less invasive treatment options to be considered before more invasive treatments are put into place. Exercise can be many different ways of moving one’s body towards health. “Significant differences were observed between the low, medium and high exercise groups on the mental health scales, indicating better mental health for those who engage

in more exercise” (Tyson, et al, 2010). “Regular exercise will promote individuals' physical and mental health. It reduces the risk of chronic diseases, increases life expectancy and eliminates depression. Proper exercise helps the body to control its nervous system and results in greater confidence and better decision-making under stress” (Rashidi, et al, 2013). As Matsala states in “Physical Activity and Mental Health: A Holistic Approach”, “physical activity impact[s] several health challenges including diabetes, cancer, cardiovascular diseases. It is discussed that the physically active state of people boosts mental health and a holistic approach on physical and mental health is required to lead a healthier future”. “The World Health Organization predicts that depression will create the second greatest burden of disease by 2020, requiring cost-effective prevention and intervention strategies. The evidence to support the benefits of exercise in offering protection from depression and as an intervention in the treatment of mental illness is growing” (Donaghy, 2007). As mental health conditions continue to impact more and more people every day, the more inexpensive and available treatment options that can be shared, the healthier these communities can start to become.

In conclusion, the research shows that people living with mental health conditions would benefit from treatments that support the whole person. While medication and therapy can make a great impact on a person for a time, there are more options towards wellness than just those two. Diet, exercise, and acupuncture are not only natural and non-invasive, but they support whole health, rather than just focusing on a symptom of a mental health condition.

III. ANALYSIS OF THE CREATIVE PROCESS

As I considered all of the extensive research available, I recognized that while there is much information about these treatment options in research studies and scholarly resources, it would be best to have a simple educational brochure highlighting that these are some options that allow individuals to take ownership over their wellness. Throughout my process of reviewing different topics within this field, I found myself getting lost down many different paths. I wanted to create something that is accessible and easy to distribute throughout the mental health community, while also being easy to read and understand. In reviewing Carol Bryan's "Creating a Dynamic Brochure", I recognized that I needed to stay focused on the idea that this is an introduction to these concepts, and that I don't want to create something that is overly complicated or boring. The organization that I work for, the Depression and Bipolar Support Alliance, has many educational brochures available, although none regarding holistic treatment options, so I was lucky to benefit from viewing those for guidance, as well.

As I began creating the brochure, I evaluated how the information would both look the best, and be easiest to navigate. I knew that I wanted to have important, yet basic, information in the brochure that would spark an interest in the topics, to provide a jumping off point to begin to learn about these treatment options. I also wanted the brochure to reflect a positive, whole view on wellness. After reviewing research, I decided that diet, acupuncture, and exercise all provided positive results without invasive side effects, so that would be a well balanced focus for the brochure. The challenge was using the best language to

express the ideas I want to share, along with the most impactful statements that could inspire a person to take ownership in their wellness. Another obstacle I faced was using the right words that any person would understand, not just those working in the mental health field like myself. Remembering that mental health system communication is a part of my vocabulary and that using words and phrases that a person who does not work in the mental health field would understand took some adjustment.

Creating a brochure, accompanied by research, has been my plan for my Advanced Project since I began my studies at the School for New Learning. As a person who works in the mental health field, with people who live with different mental health conditions, I have seen the lack of information beyond simply medication and therapy for wellness. Throughout my years at DePaul's School for New Learning, I have also taken a number of courses that have expanded my understanding and knowledge about what options exist to support any human's mental health and wellness. Between my own work experience, my experience at DePaul's School for New Learning, and my own life experience, I knew that this was an important step for me to continue on my personal and educational journey.

Over thirteen years ago, I was informed that I was a person living with a mental health condition. At that time, I was informed that I should not plan to graduate college, have children, or even work full time. It was recommended to me that I should sign up for Social Security Disability, and that I needed to take medications for the rest of my life. This was devastating to me, and led me to

believe, at the time, that stability was as good as my life could get. Living in a world where I was not in crisis was the highest goal I should strive for. When all of this was happening, I was only told about two treatment options: medication and therapy. While those treatment options were helpful to me for a time, I did not find myself taking ownership over my health. In fact, it was just the opposite. I did whatever I was told, and had very low expectations for the life that I could live.

As the years passed, I started to question these low expectations. I found that I was not in crisis, other than when I had extreme side effects from medications that I was prescribed. I also found that I could use my experiences within this system to help other people. After successfully working full time for a number of years, I realized that all of the limitations that the mental health system had placed on me might not be correct. I understood that my doctors were looking to keep me stable, but there was no talk of me living a life that was full and thriving. Upon this realization, I made the decision that I would complete my Bachelor's Degree, even though a doctor once told me that it would be "too much".

Throughout these years of learning, growing, and evolving into a strong and healthy individual, I started to realize something. Mental health professionals can only do so much; individuals need to take a step in the right direction for themselves, and take ownership over their wellness and health. Once I started looking into options beyond medication and therapy, I found a world of new ideas. As my career at DePaul's School for New Learning began, I also gained

confidence in my abilities to learn and was given the opportunity to take classes about many different aspects of wellness and health. Through research in classes as well as research that I did on my own, I started to see that I could be more than what I was told.

This is the real reason why I deem it so important to create a brochure about options for a person to take ownership over their health. It is about more than just people living with mental health conditions, it is about people just being humans. All people can benefit from taking ownership over their health and living their best lives. For years, I believed that I should be identified by all of these different diagnoses. All of these labels kept changing over the years, just as all the different medication prescriptions did. And yet, as they changed, I still thought that these labels were my identity. As I took ownership over my health, there were less diagnoses, until, one day, there were none. As I started to recognize that this wasn't a perfect science, that people have experiences and responses to life, I also realized that I could truly be in control of my health. This realization motivated me to make positive changes. With the guidance of my doctor and therapist, I added in exercise and acupuncture, and changed my diet dramatically. While adding in these new lifestyle changes and treatments options, I phased out of one major one: medication. While this is not an option for everyone, it turned out that I could be very well without medications, as long as I was focused on my health. Now that I have been living a healthy life for over three years without medications, I realize the impact that this journey has had on me as a person, on my field of study in school, in my career, and in my health.

My goal is that this brochure sparks an interest in someone to explore other ways to take ownership over their own health and wellness. My hope is that this will provide an opportunity to another person, who feels like life is over, and that they will be sick forever, to have a flicker of hope that maybe there are other options, and that they can move forward and live the life they dream. As a person who no longer identifies as a person living with a mental health condition, but only as a person whose life has benefitted from mental health treatment options, I can say that a better life is possible. Through diet, exercise, and acupuncture, I am well, and I am in control of my health. My hope is that this brochure can support someone else in exploring options for themselves.

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