

## James Greenblatt, MD, Psychiatry Redefined

Interview by Sheldon Baker

**James Greenblatt, MD**, is the founder of *Psychiatry Redefined*, an educational platform dedicated to the personalized, evidence-based treatment of mental health. *Psychiatry Redefined* offers continuing online education, CME-approved courses, webinars, and a professional fellowship in functional and integrative medicine for mental illness.

A pioneer in the field of integrative medicine, Dr. Greenblatt has treated patients since 1988. After receiving his medical degree and completing his psychiatry residency at George Washington University, he completed a fellowship in child and adolescent psychiatry at Johns Hopkins Medical School. He has served as the chief medical officer at Walden Behavioral Care in Waltham, MA for nearly 20 years, and is an assistant clinical professor of psychiatry at Tufts University School of Medicine and Dartmouth College Geisel School of Medicine. An acknowledged integrative medicine expert, educator, and author, Dr. Greenblatt has lectured internationally on the scientific evidence for nutritional interventions in psychiatry and mental illness. Through three decades of practice and research, he is a leading contributor to helping physicians and patients understand the role of personalized medicine for mental illness.

Dr. Greenblatt is the author of eight books, including the best-seller, *Finally Focused: The Breakthrough Natural Treatment Plan for ADHD*. His updated edition of *Answers to Anorexia* was released in Oct. 2021 and his newest book, *Functional & Integrative Medicine for Antidepressant Withdrawal* is available now.

**Sheldon Baker** is an *InnoVision* contributing editor. His freelance editorial content can also be found in several lifestyle publications, and as CEO of Baker Dillon Group LLC, he has created numerous brand marketing communications and public relations campaigns for health and wellness organizations. Contact him at [Sheldon@NutraInk.com](mailto:Sheldon@NutraInk.com).

**Integrative Medicine: A Clinician's Journal (IMCJ):** What is *Psychiatry Redefined*?

**James Greenblatt, MD:** *Psychiatry Redefined* is an educational platform that started five years ago with a goal of educating clinicians, psychiatrists, family doctors, and naturopaths in a functional medicine model for the treatment of mental health and mental illness. The

program is based on approximately 70 hours of CME approved courses, hundreds of additional hours of content across all major psychiatric illnesses, and programs where we have supervision and more personalized training.

**IMCJ:** You are the founder and lead a distinguished and experienced health professional faculty.

**Dr. Greenblatt:** We have naturopaths, psychiatrists and dieticians who have a certain expertise and some who are experts in Lyme, PANDAS (Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal Infections) and infections, and others in metabolic psychiatry. We try to use their expertise to help train new clinicians.

**IMCJ:** How long have you been in private practice?

**Dr. Greenblatt:** I was in practice for over 30 years and have been studying this material for over 40 years. I was writing papers in college on vitamin B3, schizophrenia and alcoholism. I am no longer seeing patients privately, but our *Psychiatry Redefined* platform is about teaching a functional medicine approach to other doctors.

**IMCJ:** What is the difference between integrative and functional medicine?

**Dr. Greenblatt:** Both are critical to transforming healthcare, and certainly mental healthcare. For integrative medicine I use lifestyle, mindfulness, sleep, diet, exercise, and yoga. All the things that pretty much have merged into our cultural framework. Both Harvard and Stanford universities have mindfulness courses for doctors. It is available for clinicians to learn. As for the functional medicine model, looking at simple nutritional deficiencies, metabolic disturbances, gut dysbiosis and infections, has not been incorporated into any training programs for mental health clinicians. That is why functional medicine can look at the root cause. Our programs are geared more towards functional medicine, but certainly appreciate, respect, and understand the role of an integrative medicine partnership.

The models of integrative and functional psychiatry don't replace our traditional model of psychotherapy and

medications when needed. It just augments it. Our current outcomes are poor and patients don't really know that. Nobody is discussing these outcomes and high relapse rates. The reality is our current model is not effective enough and we need to educate and do better.

**IMCJ:** What are your thoughts around the increase in mental illness in adolescents and adults?

**Dr. Greenblatt:** We like to just use the word pandemic as the cause, but as a child psychiatrist for 30 years, I've seen things exploding, escalating, and increasing years before the pandemic. Clearly, social isolation, and likely some of the effects of the infection like inflammation, has made a major impact. But I think it's more complicated and the list is long for these multifactorial things, including social media for our kids. But my focus is diet and what we have been feeding children and what we have been eating ourselves over the past 30 years. The low-fat craze I feel has wreaked havoc with mental health. Avoiding fats and several dietary issues intersecting with a number of environmental issues that bind nutrients and make them less available to us.

**IMCJ:** There are many excuses for mental health issues, especially in younger people, too much social media, school bullying, and lifestyle changes such as sex changes. Your thoughts.

**Dr. Greenblatt:** All those issues are aggravating factors. I use the saying, gasoline on the fire, for social media. It doesn't cause it, but certainly exacerbates it in vulnerable kids. The model I have used for years is genetic vulnerability and environmental factors. We understand the role of genetics and mental health is much more significant than we thought. Using genetic vulnerability and adding environmental insults, whether it's toxins, palates in the environment or bullying, it's going to affect an individual, as well as affecting each person differently. We know that it has profound impacts on brain chemistry.

**IMCJ:** Studies show men are less likely to talk about mental health compared to women.

**Dr. Greenblatt:** Absolutely. It's been an ongoing issue we've seen for years. But certainly men, black men, in particular are not reaching out for therapy and mental health problems. The good news is that our younger generation is now talking about mental health more.

**IMCJ:** What are the side effects of antidepressant medications?

**Dr. Greenblatt:** The first part is we indiscriminately prescribe antidepressants for many illnesses from pain to anxiety and depression. There are 40 to 50 million

individuals taking these medications and some of the side effects are significant. Lack of sex drive, and weight gain is common, and the one that is most concerning to me and is often ignored is the increased risk of suicide. You have an adolescent who is depressed and thought of suicide and have a mother who must decide about their child taking a medicine that could increase suicide risk. It is a big black box warning, as a result, the FDA has placed a warning for these medications. I still prescribe antidepressants. I feel they have a role, but people have ignored some of these risk factors and are not monitoring these factors closely and how to treat these potential side effects.

**IMCJ:** Talk about your work with nutritional lithium.

**Dr. Greenblatt:** As a psychiatrist, we have been using prescription lithium for many years as a treatment for bipolar illness. For over 30 years I have been looking at nutritional lithium which is a trace mineral, found in the earth's crust and in our water supply. We drink small amounts of lithium every time we drink water. What we have shown over the past 50 years in the growing research is the amount of lithium in our drinking water affecting rates of mental illness, and this has been typically dementia, and the most traumatic is suicide risk. We have global studies from Japan to Greece to the U.S., that the amount of lithium in drinking water predicts suicide risk. So, my work has been utilizing tiny doses of over-the-counter lithium supplements. Two milligrams of lithium help support mood changes, irritability, and impulse control. It helps augment lithium in the water which is critical for brain function. It's probably been one of the most help tools I have used in my clinical practice. In my work and with others around the globe, have tried to demonstrate that we all have different lithium requirements. When you think of those with family histories of addictions, perhaps three generations of alcoholism, or aggression or impulse control, I believe those families have higher needs for lithium. So, we give them low-dose lithium supplements, and often we can relieve some of these very debilitating symptoms of anger, irritability, and depression. We have studies looking at low-dose lithium decreasing relapse rates and what is most traumatic is when someone stops alcohol through support groups or AA, and understands the problem, they are often feeling miserable including being depressed, irritable and angry. There are nutritional supplements in addition to lithium, such as vitamin B3, that has been the most dramatic. Also, omega3 and magnesium can help support someone who has stopped alcohol, but getting off alcohol is the easy part. Remaining off alcohol due to its additive qualities is the issue.

The founder of AA, Bill Wilson, who wrote the book AA in the 50s when he was dying, was asked how he wanted to be remembered. He responded by saying not for developing AA meetings, but for his work with vitamin B3. He took one gram of vitamin B3 three times a day to

help him stay off alcohol. He thought that was the most powerful tool. They did studies with AA patients, and they tried to get this incorporated into the AA model, but people didn't want drugs or supplements in the program. Today, it is not utilized at all. It's a forgotten work of Dr. Abraham Hoffer (Canadian biochemist, physician, and psychiatrist known for his "adrenochrome hypothesis" of schizoaffective disorders) and Wilson. Wilson also wrote a short book about the value of B3 and did a group study with 30 patients who were struggling.

Not everyone gets off alcohol, but many do. There's irritability and dysphoria and that's why AA is so powerful because it keeps you tied to a group and helps understand your need to stay off alcohol. But nutritional supplements have made a huge difference in keeping people from relapsing. Unfortunately, lithium is not discussed often enough by pharmaceutical companies because it is generic and there's no money involved. Nutritional lithium is a group of integrative and functional doctors who have been using it, as are other people, but it has not been integrated into our traditional psychiatric community as it should be as low-dose lithium has tremendous benefits for many patients.

**IMCJ:** Let's discuss your year-long online Fellowship program.

**Dr. Greenblatt:** My trained doctors have been living a double life, working in traditional psychiatry, running hospitals and psychiatric facilities and training residents in a traditional model. For years, they have been teaching this integrative and functional model. They are not separate as they can be merged.

Five years ago, we devoted this Psychiatry Redefined platform to training doctors and for years we have had a year-long fellowship covering all major psychiatric illnesses, including supervision. Our next 12-month program starts this July. Last year we had a hundred people take part. They are all clinical health professionals. Most are mental health professionals, NPs, naturopaths who want to focus on mental health, physicians, psychiatrists, child psychiatrists, family doctors, clinical dietitians, and chiropractors. They have all embraced integrative medicine.

Each month will be devoted to a different topic including depression, anxiety, ADHD, and bipolar illness, among other subjects. We will have a reported lecture and a lot of group supervision. We also do some intro classes which are shorter so people can get an understanding if they are not familiar with integrative and functional medicine.

**IMCJ:** How do people register for your online program?

**Dr. Greenblatt:** The best place for program information and registration is through our website [psychiatryredefined.org](http://psychiatryredefined.org). It

lists all our online programs and I believe there is something for everyone. Registration deadline is the first week of July.

**IMCJ:** Psychiatry Redefined will also host a fall conference. What's that about?

**Dr. Greenblatt:** It's a virtual two-day conference held in October. Our first Functional Medicine for Mental Health event with speakers from around the globe discussing their research and clinical experience. One day focuses on infections in mental health including Lyme disease, long COVID, mold and PANDAS. The second day will be devoted to metabolic psychiatry, the ketogenic diet and mental health.