



**Suicide prevention: an integrative approach
with Dr. James Greenblatt**

[The MindHealth360 Show](#)

Episode Transcript

Host: Kirkland Newman

Guest: Dr. James Greenblatt

The MindHealth360 Show - Dr. James Greenblatt

James Greenblatt (00:04):

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Kirkland Newman (00:50):

Welcome to The MindHealth360 Show. I'm Kirkland Newman, and if you or your loved ones suffer from mental health issues, such as depression, anxiety, insomnia, poor memory, poor attention, mood swings, exhaustion, stress, etc, I interview the leading integrative mental health experts from around the world to help you understand the root causes of these symptoms, many of which may surprise you and suggest solutions to help you heal over the long-term. If you want further information, please go to www.mindhealth360.com or find us on social media.

Kirkland Newman (01:25):

I'm so excited to welcome Dr. James Greenblatt once again on The MindHealth360 Show. So Dr. Greenblatt has already been generous enough with his time on the ADHD interview that we did a few months ago. And he's written a brilliant book called *Finally Focused* which is breakthrough natural treatments for ADHD. But Dr. James Greenblatt is a child and adolescent psychiatrist based in the US and his specialties are, apart from ADHD, eating disorders, suicide prevention, and he also does Alzheimer's prevention. He's just a fantastic integrative psychiatrist. And so I'm very grateful to have him on the show once again.

Kirkland Newman (02:08):

Today we're talking about suicide. And it's a two part series. This is part one, and I'm interviewing Dr. Greenblatt on the biochemical approaches to suicide and the risk factors for suicide, the biochemical root causes in his experience. He's had a lot of experience working with young people, especially with eating disorders who have a disproportionately high number of suicide rates. And part two will be an interview with Kevin Hines who is a suicide survivor, who jumped off the Golden Gate Bridge and has become an anti-suicide advocate. So combining these two approaches, I think it's really an important thing to look at, given the high numbers of suicides.

Kirkland Newman (02:52):

At the moment, just to give you some statistics, about 800,000 people die to suicide every single year, which is one person every 40 seconds and twice the number who die from homicide. These are WHO statistics, the WHO. There are indications that for each adult who died by suicide, there may have been more than 20 others who have attempted suicide. It's one of the leading causes of death amongst young people, and it accounted for 1.4% of all deaths worldwide, making it the 18th leading cause of death in 2016, and in some countries, that number goes up to 5%.

Kirkland Newman (03:30):

More than one in 20 people make a suicide attempt at some point in their lives and their choice of method is the most important determinant of whether they live or they die. Rates of females completing suicide under 25 has increased 93.8% between 2012 and 2020. And in the UK, death by suicide rose by 10.9% in 2018. Now, Dr. Greenblatt, you may have some further statistics to add to this, but clearly it's a tremendous problem.

James Greenblatt (04:02):

Absolutely. I think the statistics over the past year or two have gotten very confusing, depending on who you're looking at. And so the numbers are changing slightly. But the bottom line is rates are increasing pretty dramatically across all genders and ages and socio-economic backgrounds. So it's a huge public health problem.

Kirkland Newman (04:31):

It's a huge public health problem. And one of the things, if my understanding is correct, Dr. Greenblatt, you worked a lot with young people with eating disorders. And what you found, from my understanding, is that over the 16 years that you were working in general psychiatry, you'd never seen the rates of suicide that you then saw when you were working with eating disorders. And I think, I'll let you talk about this obviously, but that's how you came to become interested in this subject and came to adopt a more biochemical approach. Can you talk us through your background here?

James Greenblatt (05:10):

Sure. So in reality for 35 years, every professional day that I worked, I was an inpatient psychiatric unit, talking to patients that have attempted suicide. 35 years, 1000s and 1000s of patients across four states. So it's just been what I've been doing every single day. And half of that time, was on inpatient adolescent units, adult units where someone attempted suicide, and they were in the hospital. And I had a traditional way of thinking about it: What's going on in your life? Are you depressed? What were the risk factors? Was there trauma in your life?

James Greenblatt (06:00):

And then when I switched to an eating disorder career, I confronted the same suicide attempts, but all of a sudden, there were completed suicides. Never had I experienced so many deaths. And then as I read the literature, it just was quite clear, and the research supported that our patients with eating disorders, they don't die of malnutrition, they die of completed suicides. So that's where my light bulb went off, as what's going on here and it's sitting across from me, it's a very malnourished brain. And that's where the last 16 years I was trying to look at some of the biomarkers that might help us predict suicide completion.

Kirkland Newman (06:48):

It's very interesting, because, there's a lot of skepticism still in the medical and the conventional psychiatric world around nutritional psychiatry and people saying, "Well, nutrition, it's all a bit woo woo," etc. And I think for you being a conventional psychiatrist who then saw the effects of malnutrition firsthand, and then a translation then into completed suicides, did that make you more interested in integrative psychiatry and a nutritional psychiatry thinking, "Okay, well, there's clearly a big link here,

because when you look at people who are malnourished, whose brains are malnourished due to their eating disorders, they end up having a much worse mental health profile generally, among the psychiatric patients." Was that what happened?

James Greenblatt (07:40):

Well, I think, in relation to suicide, yes, but no, I've always been, I went to medical school interested in integrative and nutritional psychiatry, and that's how I looked at depression and ADHD, but it never clicked with suicide, because I, like everyone else, thought it was an intolerable reaction to psychic pain and stress and never really thought of a nutritional connection until my work with eating disorders over the past 17 years.

Kirkland Newman (08:10):

Understood. And so if we're going to look at what the risk factors are, from a biochemical perspective for suicide, what would you say are the top risk factors that one should look for in suicide risk from a biochemical perspective?

James Greenblatt (08:27):

It's a very long answer, because I think when we talk about risk factors, I mean, we're complex as humans and suicide is the ultimate expression of the complexity of how we see ourselves and make decision. So there are some standard risk factors in terms of what as psychiatrists, we've been trained for 100 years. So history of trauma, history of loss, being alone, grief, all the kinds of psychosocial factors that we look for. But understanding that for 30 years hasn't affected the rates, treating depression, depression screening hasn't affected the rates.

James Greenblatt (09:09):

So these biochemical markers that I've been looking at have been clearly documented in the literature for many, many years. And it's just really, both sad and appalling to me that it's not integrated into our assessment or treatment. So the list that you asked for, we might start with inflammation. Nutritional deficiencies might affect it, but we have literature across many disciplines then markers of inflammation predict suicide risk. And there are many ways we can look at what could cause those inflammatory markers, and that's part of my list. It could be a head injury, much higher rates of suicide. It could be a vitamin D deficiency, much higher rates of suicide. It could be any number of other kinds of stressors or trauma. We know that trauma in childhood precipitates a chronic inflammatory process in the body that we can pick up 30, 40 years later. So the most of our biggest overarching mechanism of suicide and sleep deprivation causes inflammation. Those have all been associated with increased suicide risk. And those are simple biochemical parameters that we can both test for and treat.

Kirkland Newman (10:35):

And things, for instance, like toxins as well. I mean, toxins such as heavy metals, pesticides, molds, mycotoxins can also create an inflammatory response. Would you agree with that?

James Greenblatt (10:49):

Absolutely. COVID-19, I mean, it's hard not to bring up infections that we're struggling with now.

Kirkland Newman (10:56):

Infections: Lyme Disease, Bartonella, COVID-19, EBV (Epstein–Barr), can all create an inflammatory response, but then how do you explain that some people have higher levels of inflammation with the same exposure than others? Is it like a number of different factors? Why are some people, one, more susceptible to inflammation? And two, maybe some people with the same levels of inflammation will have more psychiatric symptoms than others who might have the same level of inflammation.

James Greenblatt (11:33):

Yeah. I mean, I think it's part of that complicated, multi-variable process of what makes us do what we do. And that's a genetic environmental dance. Certainly one variable, and I don't want to simplify it, but would be vitamin D. Vitamin D levels, and genetic polymorphisms, or vitamin D, certainly has an influence on both inflammation, serotonin metabolism and suicide risk. But if we multiply that by 10 other variables, we can begin to see the complexity of why one individual under the same conditions might have no reaction, one person might get depressed, and one person might be so overwhelmed and take their lives.

Kirkland Newman (12:28):

So it's really difficult because you have to look at presumably all the factors, which is one of my big bugbears with MindHealth360 is you have to look at it from a 360 degree perspective and really look at all the factors that could be impacting a person's biochemistry, you have to look at the biochemical factors, such as gut and hormones and toxin levels, you also have to look at the psycho-spiritual factors such as trauma and stress. And then, of course, lifestyle factors such as sleep and exercise.

Kirkland Newman (12:56):

And in terms of suicidality, I know that there's some key biochemical factors that can really impact whether somebody is suicidal or not just from a biochemical perspective. So you mentioned vitamin D, I know that there is an issue around fats as well. Can you talk us through the key biochemical markers that you've seen correlated with suicidality?

James Greenblatt (13:22):

Sure. I mean, again, many years of research has demonstrated that low fat and we can interpret that as low levels of total cholesterol has been associated with increased risk of depression and violent suicide. And these are extremely low levels of cholesterol, unrelated to dietary intake, 30 plus years of research and everybody writes about it, but nobody does anything about it. Nobody is testing these kids. And again, 35 years on an inpatient unit, we look at cholesterol levels, and those kids that came in with these violent attempts, the hangings and the gunshots, occasionally might have that very, very low total cholesterol.

James Greenblatt (14:08):

The other fat that's been associated with suicide is low levels of Omega-3 fatty acids. And again, research over many, many years. The US military has not only done research, but they're so convinced

there's a relationship that they supplement both some of their foods, and there's research studies looking at adding Omega-3s to the diet of active duty soldiers to prevent suicide.

Kirkland Newman (14:40):

And has that been effective? Have they done any measures of studies looking at the effects of that, or is it too early?

James Greenblatt (14:47):

Yeah, there hasn't been a lot of outcome measures. I mean, we just collect data saying, "low Omega-3s are associated with suicide. Low total cholesterol." And there's just not a lot of good outcome data or taking this literature serious enough to institute public health measures to address it.

Kirkland Newman (15:11):

And I mean, one of the problems is in our societies, cholesterol is seen like the bad guy. I mean, Statins are one of the most commonly prescribed drugs out there to lower cholesterol levels. So how do we deal with this, that on the one hand, cholesterol is seen as this bad guy, and that you have to go on Statins to reduce it, versus the fact that low cholesterol is very associated with mental health issues and suicidality? Are they different types of cholesterol, is it LDL versus HDL? And what are the numbers that we're actually talking about so that people can get a sense of what we really mean by low cholesterol?

James Greenblatt (15:48):

I've been dealing with side effects of Statins as a psychiatrist for many years and now there's FDA labeling. So there is cognitive changes for Statins if cholesterol gets too low. Usually memory, sometimes depression, but it's different. The low cholesterol due to Statin use is different than a term that I just made up called very low cholesterol, that is likely genetic, where there are numbers, the research is under 140. We've seen under total cholesterol of 120, 100. And that is likely genetic, because it is unrelated to diet, unrelated to Statin use. Some of the kids are eating junk food, eating a lot of fat. So those numbers we've seen clinically and associated in the research as much higher risk for actually violent suicide attempts.

Kirkland Newman (16:45):

That's fascinating. And in terms of diets, veganism, for instance, I know that there's a higher correlation of eating disorders with young women, for instance, who are vegan or vegetarian. And my understanding was always that, okay, well, if you're a vegan or a vegetarian, you're likely to get less cholesterol or have lower levels of cholesterol and lower levels of fats. And of course, lower levels of vitamin B's, B-6, B-9, B-12, which are also key for mental health, as well as lower levels of protein and the amino acids required to make the neurotransmitters that you need, such as serotonin and GABA to calm down and to be happier. What would you say in terms of diets? I mean, have you noticed a correlation between certain diets and risk factor for suicide?

James Greenblatt (17:37):

Not really. I do think that most of what we're describing in the literature is likely genetic vulnerabilities.

Kirkland Newman (17:47):

Okay.

James Greenblatt (17:48):

And genetics are really important. You can do a family history. I mean, Hemingway's family, there are seven or eight suicides. So suicide has some genetic vulnerability. Now, certainly, for some individual, a junk food diet with lots of processed food might fuel the flames of inflammation. So if we put that on top of vitamin D deficiency and other factors, yes, maybe. And a vegan/vegetarian diet, cholesterol is usually not a problem, because our body makes most of the cholesterol. So we don't really see dramatically low cholesterol levels, we do see low Omega-3s and low B-12 and zinc, and again, with the right genetics, it could be a problem for someone else, they could live happily through 150 with a vegetarian diet. So it really depends on that genetic environmental dance, if you will.

Kirkland Newman (18:44):

And are there any genes... I interviewed a lady the other day, who runs a genetic testing company, and we were talking about the genes associated with different mental health issues. What would you choose to test? What are the genes that you would look for, the genetic variants that you would look for, for mental health issues and suicidality?

James Greenblatt (19:07):

I don't know if there's anything directly correlated with suicidality that clinically has been important to me. But I do think, looking at MTHFR, metabolism of folate is certainly, for many years, been something we've been looking at for treatment refractory depression. And that certainly is a risk for suicide. So individuals that can't metabolize folate efficiently, particularly some of the homozygous variants, the T.T. variant has been associated with treatment of refractory depression, and adding a higher dose folate can dramatically improve the depression.

Kirkland Newman (19:48):

And why is folate so important for mental health essentially?

James Greenblatt (19:53):

Well, folate is one of the cofactors in the synthesis of all the major neurotransmitters. So to get adequate dopamine, norepinephrine, serotonin, you need adequate L-methylfolate which goes on to make SAM-e, and that's the last step in the synthesis of all these major neurotransmitters. So if folate is poorly metabolized and it's not available, we know there are lower rates of depression, that's been studied for many years, and clearly depression is a risk factor for suicide.

Kirkland Newman (20:30):

Understood. And what about the other key B vitamins? Because I know that for instance, B-6 is also an important cofactor for serotonin and certain other neurotransmitters, B-12. Can we test for those genetically? And would you test for those and looking at people's nutritional status?

James Greenblatt (20:48):

Absolutely. I mean, in my world as an integrative functional psychiatrist, I would look at B-12 and B-6, and all the B vitamins for every patient that walks in the office with depression. There is not the dramatic literature on those nutrients and suicide risk, as we have with the fats and vitamin D and inflammation. And we should talk about lithium as well, as a deficiency associated with suicide.

Kirkland Newman (21:19):

Yeah, lithium is key. And I know that you're very experienced with lithium, nutritional lithium rather than pharmaceutical lithium. Can you tell us a little bit about lithium, how you test for it? Why it's so important and how you would remedy lithium deficiency?

James Greenblatt (21:36):

Sure. First of all, lithium is a trace mineral that's in our soil. It's also a drug, so people who have a... Well, when you mention the word lithium, people get scared, and they think about a pharmaceutical. But it is on the periodic table, it is an element that's been around since the Big Bang, one of the first elements in the universe, and it's in the Earth's crust. So we need a little lithium for help.

James Greenblatt (22:00):

The most dramatic research that been going on for many years and new studies came out this year, in 2020, showed that the amount of lithium in your water supply, okay? Micrograms naturally in your water supply, predicted suicide risk. So this is micrograms of a trace mineral, lithium in the water supply. Some of the new studies came out of England very carefully looking at all the research over the last 30 years. And it's pretty dramatic. It is so dramatic, that people are wondering, "Well, should we be adding lithium to the water?" So we know that these tiny microgram dosages can prevent suicide. And many studies have demonstrated that.

Kirkland Newman (22:46):

And so would you prescribe, for instance, if you have a patient who comes to you who has suicidal ideation, you would obviously do all these work ups and look at all these deficiencies. What dosages of lithium would you give? Would it depend, I mean, I know you do very personalized medicine, would it depend on the patient's profile? Or is there a level that we can all safely take to help protect our brain because I also know that lithium is a neuro-regenerative mineral and it encourages BDNF, brain-derived neurotrophic factor, for instance. And that it encourages neuroplasticity. And so in some ways, I sometimes think we should all be supplementing with lithium.

James Greenblatt (23:29):

Well, most days, I think that too. I do think one of the areas that traditional psychiatrists around the globe would agree is that prescription lithium has anti-suicide properties. So we do now have clear research looking at the pharmaceutical having anti-suicide properties. And then we have clear research looking at micrograms in the water supply, having anti-suicide properties. So for my 35 years of practice, I've been using dosages somewhere in between, that are safe and simple. And that is the one milligram to five milligram dosages where I've seen clinical improvement in irritability, impulse control, mood, and just extrapolating from the rest of the literature, where there's likely anti-suicide properties. So one to

two milligrams is probably the dose most of us would need. I believe there are also genetics that show some of us need higher dosages.

Kirkland Newman (24:36):

Understood. And also in terms of neuro-regeneration, I know that you've got a book on Alzheimer's and one of the things you mentioned in that book is lithium, the importance of lithium. If somebody is having dementia symptoms, would you increase that nutritional lithium dose? I mean, presumably you just customize it to the patient. But again, is there, if say my mother has dementia, would you say, "Okay, she should be taking two milligrams of lithium a day"?

James Greenblatt (25:07):

Well, I think that one of the things that we've finally, not only understood but now is in the literature that the progression of dementia and Alzheimer's is a 30 to 40 year process. So lithium is at its best is a preventative agent in all the biochemistry surrounding neuro-inflammation and brain degeneration. So lithium is most effective as a preventative agent over those 20 to 30 years.

Kirkland Newman (25:37):

Okay.

James Greenblatt (25:38):

There is some research, where people have looked at adding lithium to early cognitive decline, early signs of dementia with improvement. I think someone with Alzheimer's, it's a bigger stretch, and there's no research to really support that. So I'm recommending these one to five milligrams as a preventative strategy. Clearly, as someone becomes more ill, there's people doing research on Parkinson's disease and on Alzheimer's, looking at higher dosages.

Kirkland Newman (26:12):

Understood.

James Greenblatt (26:14):

We're actually, in April, we'll be having a full conference, two-day conference on lithium, with all the researchers around the globe, doing some of this research on Parkinson's and suicide prevention and how to understand that relationship to Alzheimer's and dementia.

Kirkland Newman (26:32):

That's interesting. So I'll have to get the link to that to put in the show notes. And then in terms of other key nutrients for anti-suicidality, I mean, you mentioned zinc, for instance. Are there other key nutrients that come to mind, that you would recommend looking for, deficiencies in, and then supplementing with?

James Greenblatt (26:52):

Well, I think, and overall help, if you feel better and your mood is better, you're less likely. But those that have the most traumatic relationship to suicide might not be nutrients, but might be behaviors if you

will, that cause inflammation. So sleep deprivation, I think it's important that we discuss that for a minute. So there, sleep deprivation in the latest edition of the American Psychiatric Association's book on suicide prevention, this edition, finally, there's a full chapter on sleep as a risk factor for suicide. So sleep deprivation, many good studies. And the nutrients are what we discussed, mainly the fats, the vitamin D, and the lithium. And the other, I think important thing to discuss and might be controversial would be medications. So we know that the antidepressant medications that clinicians around the globe are prescribing for suicide have a risk factor of increasing suicidal ideation.

Kirkland Newman (27:56):

So what do we do about that? And I've heard different views on that. I mean, some people say, "Well, if you're already suicidal and you take these medications, they'll increase your serotonin, which will then increase your courage and increase your drive and increase the drive that you might have to actually kill yourself." Is that how you would explain the mechanism of how these drugs might enhance suicidality?

James Greenblatt (28:23):

I probably wouldn't explain it that way. That was a older way that we would think about it many years ago. At this point, again, when shifting to eating disorder work, 17 years ago is when I saw this very frequently. So first part of the career using these antidepressants, I never saw acute suicidal ideation on these antidepressants. But then with eating disorder patients, I spoke to many young women and men, they were put on these antidepressants, they got these intense, intrusive thoughts of wanting to kill themselves. And so again, I started making the connection between a malnutrition effect and this suicidality. So I've seen it, it's real, you stop the antidepressants and the suicidal thoughts go away.

James Greenblatt (29:11):

So my interpretation clinically, in the literature is that for some individuals, mostly during the first 30 days of medication use, if they develop any thoughts of suicide, you stop the medication. Somebody who's been on the medication for six months, it's less likely to be a medication side effect.

Kirkland Newman (29:33):

And what causes this, do you think? The actual medication side effect of suicidality then? Why would a medication that's designed to make you feel better mentally, actually enhance the risk of suicide?

James Greenblatt (29:47):

I don't think we know or have that answer, that these medications, most of the ones or the ones that I've seen, even though there are warnings on other ones, increase serotonin. So I think this increased serotonin in a vulnerable individual has to be one of the mechanisms, but we don't understand the cause. Because somebody else might take the same medicine, their mood improve and suicidal ideation goes away.

Kirkland Newman (30:14):

Yeah. Understood. And in terms of your eating disorder, and the higher correlation between young people with eating disorders and suicide, how would you treat the eating disorders? Essentially, presumably, in the same way. I mean, you'd look at all the nutritional factors and the fats, etc. And is that the main approach that you would use?

James Greenblatt (30:37):

I think there are a couple of approaches. I mean, there's this biochemical marker, biomarkers that I'm discussing. And so to one, understand those markers and treat them, and then there's those other risk factors we talked about: trauma, loss, connections to other people. And then we can't forget that, particularly for our adolescents, the whole social media, we call it the gasoline on the fire, that can create the toxic environment for these kids whose brains aren't developed completely, to follow through with suicide when they feel just desperate and hopeless.

Kirkland Newman (31:17):

I was going to ask you about that, the whole social media thing. Because there has been I know, since the advent of Instagram and Snapchat in 2011 and '12, there has been an exponential increase in mental health issues in young people. And you can track that on a graph, and it's very obvious that it correlates with the advent of social media. And then there are these programs like 13 Reasons on Netflix, which was all about suicide. What's your view of the culture that we're in for young people? And how can we address the prevalence of this culture of unhealthy social media use and the culture maybe of normalizing suicide? What's your view on that? Because it seems to me that it's a big problem. And it's a new problem that we're not quite sure how to come to terms with yet.

James Greenblatt (32:13):

Yeah. It's frightening and actually enraging. So I saw the first episode of 13 Reasons when it came out, and then I wrote an article saying that this was both horrific and in poor taste, and it just glorified suicide. And subsequent research has demonstrated a number of different ways that there was an increased suicide rate following that show, for those individuals, the demographics who were watching that show.

Kirkland Newman (32:41):

Wow.

James Greenblatt (32:41):

And I think they did a couple of more seasons, and they took out the blood, but it was the same theme. And it was really tragic. So we know that that particular show caused an increase in suicide. And we know that, as you described, the social media, both comparisons and encouragement of hurting yourself and getting that both negative and positive feedback has intense repercussions for the developing brain of a young adolescent or a pre-teen. So it really is, it's tragic and I don't think we're doing enough to both monitor it or address it.

Kirkland Newman (33:21):

And I wonder what can we do. I mean, I have two teenage boys and their attachment to social media is ubiquitous and constant and daily, as are their peers. So what can we do as parents to try and address this in a culture which, it's like it's tsunami. I mean, how do we, as individual parents, try and deal with this and protect our kids? And can we, and should we?

James Greenblatt (33:49):

Well, I mean, as a parent, I certainly understand, and as a professional, I do not recommend that we take away phones for life and social media, it's just part of our culture. So I would work backwards. And I describe this suicide risk factor, as a forest fire. The kindling of a fire. And there are many factors that contribute to that. So some we talked about: nutritional deficiencies, self-esteem, treating the depression. We didn't mention substance abuse, the nutritional deficiencies. And those are all kindling for this fire, and then to me, the social media is a gasoline on the fire. And we probably aren't going to be able to police that as parents the way we'd like to, but we can address all the other kinds of issues for our kids- making sure that we're monitoring for nutritional deficiencies, and we're getting them in therapy if there's bullying and stress and traumas, and that we're understanding if they're utilizing drugs or alcohol. Those things I think we can, as parents, address and aggressively treat. I think the social media, the phones, are a train that we cannot stop.

Kirkland Newman (35:11):

I would probably agree with you. Unfortunately, I think you're right. And that brings me also to the inflammation. I mean, you talk a lot about inflammation as key factors and depression and mental health issues and suicidality. And you mentioned sleep and nutrients and stress management. Are there any other factors that you would say, are easy, low hanging fruit to treat inflammation and to minimize inflammation in the brain, apart from the ones we've mentioned?

James Greenblatt (35:43):

I mean, I think any kind of stress, and that could be different for everyone, and that could be from a junk food diet to more significant trauma, can affect inflammation. So I think the model really has to be identifying all the sources of stress and inflammation and treating them and not just picking one and focusing on that. So we have nutrients, the Omega-3s and magnesium and curcumin that might decrease inflammation, but for an adolescent or adult who's struggling with major mental illness or depressed or thoughts of suicide, I mean, that's not sufficient. That's why I'm very cautious of talking about things like other anti-inflammatory agents, because someone who's severely depressed and at risk for suicide, we need to dig deeper, we need to look at all the biomarkers, we need to look at all the psychosocial factors, and provide the safety net to treat, and it's just preventable. And I think that's the tragedy.

Kirkland Newman (36:48):

I agree. And the other thing we haven't really mentioned is gut as well. I mean, when you say dig deeper, I mean, looking at gut markers, the microbiome, which can also be a huge source of inflammation and any pathogenic bacteria, for instance, in the gut, like *C. difficile* or HPPA, which I know you mentioned for ADHD, these presumably, are also very important factors to take into account.

James Greenblatt (37:13):

Yeah, absolutely. I mean, I think we can think of the gut as a major source of inflammation, certainly from early childhood, whether it's an inflammatory bowel illness, or overgrowth of bacteria, but that can drive the whole process of inflammation. And we know there's a direct connection between the gut and the brain now.

Kirkland Newman (37:34):

Yep, understood. And then finally, before we wrap up, just a couple of more questions. So I'm interviewing Kevin Hines later, who is a suicide survivor, and he has a very severe case of bipolar disorder with psychosis. And someone like that, he had massive childhood trauma, he had very poor nutritional status as a baby. I mean, he was fed Coca Cola and sour milk and some very sugary foods as a baby. And obviously, he has this bipolar with psychosis, so there's clearly a perfect storm of nutritional deficiencies, trauma, genetic factors, etc.

Kirkland Newman (38:15):

But even now, 20 years after his suicide attempt, he still struggles with suicidal ideation on a very regular basis. And so for him, it's a real battle, a daily battle where he has to implement his lifestyle routine and do his exercise and his visualizations and his nutrition, etc. And it's a real discipline for him to essentially stay alive. Somebody like that, who has that brain disease, the bipolar disorder with psychosis, how would you approach that? And do you think, he is on meds, but do you think it's something that can be at some point healed? Or is it just going to be a daily struggle for the rest of his life?

James Greenblatt (39:04):

I guess I wouldn't keep doing this as a career if I didn't feel that there was hope and it could be healed. And so I'm pretty optimistic with the right integrative treatment, and that might be nutrients with medications. Obviously, there are many individuals that their genetics is so powerful that we can't, but absolutely, I do think with the right combination of nutraceuticals and pharmaceuticals, that in my experience, we should be able to dampen those suicidal thoughts and improve the mood. And lithium is certainly a key nutrient in that matrix.

Kirkland Newman (39:44):

Understood. And then one final question: the work of, at the moment, the most recommended form of therapy, especially in the UK, I don't know about the US, is CBT so Cognitive Behavioral Therapy. And I know that that's used a lot in eating disorders and any other mental health issues. But there's a whole section of trauma therapy, which is somatic-based. So Peter Levine, Bessel van der Kolk, Stephen Porges have a much more somatic approach to therapy and a more nervous system based approach, which has been proven to be highly effective for trauma. But it's a niche approach, and at the moment, the government guidelines are all about CBT, CBT, CBT. And yet, the outcomes for trauma are much better when you look at these somatic therapies, whether they're somatic experiencing, EMDR, so different types of somatic therapies, specifically for trauma, which are not mainstream, but they've been proven to be highly effective. Do you have experience with these? And do you feel that we should be moving more in that direction?

James Greenblatt (41:00):

Absolutely. I mean, I think trauma is more rampant than we want to acknowledge. And we can accept as a culture across the globe. And it is a precursor to major mental illness, and certainly suicide risk. Incredibly high rates of trauma in those that attempt and complete suicide. And CBT is not an effective model for trauma. And many of these somatic therapies are helpful. So absolutely, they should be incorporated into a treatment plan.

Kirkland Newman (41:36):

And what's the situation in America, because I know in England, there are the NICE guidelines... In the NICE guidelines for mental health issues, there are two recommendations. One is antidepressants, mainly SSRIs, and the other is CBT. And those are chosen because they're the most evidence-based. And there is no mention of any other therapies. And this to me, is a real problem. And because that's just the tip of the iceberg, and as you say, CBT is not necessarily effective for trauma. Is it the same in the US? Or do you find that there's more openness towards alternative therapies, as given in national guidelines?

James Greenblatt (42:20):

Well, I think in terms of suicidal ideation and attempts and self injury, so DBT, so dialectical behavioral therapy is a recommended standard in the US. And so that is a little more, both evidence-based and helpful for the complexity of many of these chronically suicidal patients. So it's not a standard CBT, it's a DBT model. So that has been helpful. The somatic therapies are probably more available here. But they're not necessarily covered by health insurance, and not necessarily built into mainstream therapies.

Kirkland Newman (42:59):

Understood. And I think one of the issues as with all these treatments, is that we need to really gather a body of evidence to convince, essentially, governments and mainstream psychiatrists that this is really the way to go. And I know there is evidence, but maybe there is not enough evidence. And I think that's something that needs to be worked towards, because certainly, patient outcomes are extremely improved with these somatic therapies. But maybe there's not enough evidence to demonstrate that, I'm not sure. But it seems to me that there's a real gap here in terms of the delivery of treatments that are effective. And that that needs to be addressed if we're going to treat suicidality and other serious mental health disorders and trauma more successfully.

James Greenblatt (43:48):

Yeah. I mean, I think psychiatry and the field of mental illness, we've struggled for hundreds of years to find a model. And we somehow rested on a psycho-pharm medication model. So that just envelopes so much of the treatment, and it's just an oversimplified model, and we miss many of the aspects of treatment that you're describing.

Kirkland Newman (44:10):

Understood. Well, Dr. Greenblatt, that was incredibly helpful. And I'm very grateful for your time. Is there anything else that you need to add? I mean, I think we've covered most things, but anything that you would like to add before we close?

James Greenblatt (44:23):

No, I think we hit upon most aspects. I don't want to oversimplify it, but I do believe there's a biological difference between those individuals that think of suicide and those individuals that make a violent, aggressive attempt. And if we can look at those biomarkers, we might take a step towards prevention. I think the most important thing that I've seen in 35 years as well as the research, is no treatment other than staying connected with an individual after leaving a hospital, after leaving treatment, when those

are most vulnerable. So any program that links individuals at risk to another individual is probably going to be the most effective treatment we have for preventing suicide.

Kirkland Newman (45:09):

Yeah, I agree with that. And I have heard Kevin talk about the fact that just reaching out to people and talking to them and actually getting them to talk to you and say whether they're contemplating suicide is already a huge step in preventing an actual completed suicide. So I agree with that connection, it is incredibly important. Well, Dr. Greenblatt, thank you so much for your time. And thank you for all the work that you do in terms of helping mental health really around the globe and with our children and adolescents and keep up the great work.

James Greenblatt (45:44):

Thank you for having me. Take care.

Kirkland Newman (45:46):

Thank you so much for listening to The MindHealth360 Show. I hope that we've helped you realize that your mental health symptoms have root causes that can and need to be addressed in order to sustainably heal, and have given you some ideas about steps you may take to start your healing journey. Please share this interview with anyone you think may find it helpful. And if you want further information, please go to www.mindhealth360.com or check us out on social media. This information is for educational purposes only and is not intended to diagnose or treat any disease or to replace medical advice. Please always consult your healthcare practitioner before discontinuing any medication or implementing any changes in your diet, lifestyle or supplement program. Thank you.