Module 4 Transcript

HEALING THE MODERN BRAIN

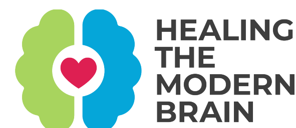
Modern Narratives and Treatment Patterns

When you hear "mental health," what images spring to mind? Is it a long, weird, vaguely uncomfortable couch that tilts you up at a 40 degree angle? Is it a therapist, sitting across the room, his pen scratching on a yellow notepad as he says "Hmmm…" Maybe you picture an array of medication commercials.

The modern context of mental healthcare, and the narratives surrounding therapy and treatment have evolved radically in recent decades. But there remain inconsistencies, misconceptions, and vagaries that can make it difficult and confusing for those seeking help to get the information they need. So let's take a look behind the curtain, to see what we're doing now, and--crucially--what's missing.

If I asked you to name a brain chemical that plays an important role in mental health, particularly in depression or anxiety, what would it be? There's a good chance you'd say serotonin, which isn't a surprise. This little neurotransmitter is responsible for a lot of things--appetite, sexual behavior, sleep patterns--but it's primarily renowned for its role in mood. Basically, in our popular narrative, more serotonin equals "I feel good," and less serotonin equals "I feel bad." And scientists have linked this vital neurotransmitter to both depression and anxiety.

So, perhaps naturally, the most commonly prescribed type of antidepressant medication, selective serotonin reuptake inhibitors, or SSRIs, work by increasing the availability of serotonin in the brain.. Medication goes in. More serotonin is floating around in your brain.. It makes sense, right? After all, when it comes to mental health, what are people really looking for? They want to sleep better. They want to feel better. To have a higher sex drive. To be more focused. To have more energy. To be in a better mood more often. And these



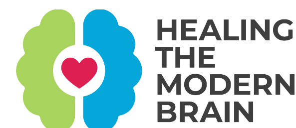
are all things under the influence of Serotonin. So is that it? Are we done here? Is depression just that--a dearth of this superstar neurotransmitter?

That would be so much easier....Unfortunately for us, it's not quite so straightforward. For one thing, serotonin is far from a one man show. Why, for instance, does serotonin get to enjoy so much of the spotlight, and not, say, glutamate--another neurotransmitter? Shortages of glutamate are also linked to depression. Or dopamine, closely linked to focus, mood and enjoyment. In fact SSRI medications are most often augmented with medications that affect dopamine like Wellbutrin and Adderall

And new research now stresses the role of another brain chemical, its my new favorite, brain-derived neurotrophic factor, or BDNF for short. It's a special protein, a neurohormone actually, widely expressed across the central nervous system, that supports the growth and survival of brain cells. Some say BDNF is a lot like Miracle-Gro for the brain—a fertilizing biomolecule that supports the birth of new brain cells and synapses during development. It's an apt nickname. But BDNF also plays a key role in helping to keep our brains healthy, whole, and adaptable in adulthood, giving our brains that little something extra they need to make new synaptic connections. In fact, in the laboratory, when you sprinkle a little BDNF on a sample of brain cells, you can actually watch those cells sprout and reach out to form new connections with neighboring cells.

So why then, we have to ask, do our most popular antidepressants target serotonin alone, and why is it the primary target of our treatment? To start answering that, we should take a look at how treatment works in most cases.

Let's say you're not feeling well mentally. You're tired. You've got brain fog. No motivation. Getting out of bed is hard. Your thoughts are racing with worries. All of these line up with



symptoms for depression or anxiety, so it's pretty clear cut. However, statistics show that the majority of people suffering from such symptoms will not seek help.
We see that people don't seek treatment until something becomes a major problem, or sometimes not even then.

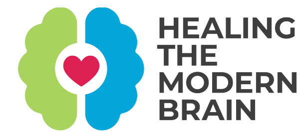
Studies show that you're not overly likely to seek out a psychiatrist or therapist either. OBGYN's are the most likely doctors to give screenings for mental health issues, followed by general family practitioners. During a normal screening, you'll most likely mention some of these symptoms you're having, and the doctor will perform a screening that takes roughly seven minutes.

Once that's over, you'll either get a prescription--probably an SSRI like Prozac or Zoloft--or you'll follow up with a mental health professional or psychiatrist such as myself. Because traditionally, treatment protocols for depression and anxiety have focused on talk therapy and medication.

Talk therapy works through, well, talking. That's what you're probably imagining when you think about mental health treatment--Tony Soprano in a room talking back and forth with his doctor, all in a way that advances the plot along.

However, most talk therapy relationships between doctor and patient last on average just eight sessions. How long therapy should take really depends on the type of therapy, what a patient is struggling with and what the goals of treatment are.

Psychotherapy or talk therapy is really near and dear to my heart both as a practitioner and as a patient. Starting in medical school when I really needed to understand more about my own mind, managing my stress and improving my mood I engaged in talk therapy.
When I meet with patients I'm really interested in understanding more about who they are,



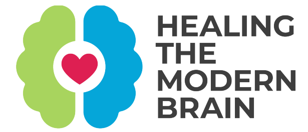
hearing about the types of things they often don't get to discuss with other individuals, the inner workings of their mind, what their fears are, what their hopes are. Talk therapy at its core allows us to get better at expressing and communicating our inner world to other people and making sense of all the emotions that humans have. In psychotherapy, we help patients address fundamental issues around self-esteem and confidence, or deal with difficult relationships, sorting out how you want to proceed, or how best to communicate with your partner or with your boss. Psychotherapy also helps us come into some resolution with some of the conflicts that all people have, between our hopes and our dreams, and the realities of what our life is. Psychotherapy really gives you a frame or space to better explore and understand who you are.

Sometimes it can be very confusing, there are so many different kinds of psychotherapy, but one thing that should be clear in this course is that a lot of evidence shows that when you work with a clinician that you have a good fit with, you feel report and open with, that almost all of those treatments show that people improve with depression and anxiety.

We've already addressed medication some, but I want to be clear: I'm not anti-medication. People like and use medications for one simple reason--because they often work. Prozac can work to some degree for up to 60 percent of people and some studies show when combined with psychotherapy, can help 80% of patients.

Unfortunately, for others, medication treatments do not bring as much relief as needed—or if they do, they come with a host of unpleasant side effects, including weight gain, drowsiness, sexual problems, and constipation. All of this can demoralize patients who are already struggling to just feel a little bit better.

The core thing we have to come to grips with is that each person and their mental health struggles are unique. Our fantasies about a medicine that will be a silver bullet solution for



mental health are probably just that--fantasy. But something that once seemed even *more* fantastical--a world in which each of us has fundamental oversight and input over our own mental health--is coming closer and closer to our own reality.