

**Shrink Rap Radio #505**  
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**Using Nutrition, Diet, and Supplementation to treat Depression**  
**Dr. David Van Nuys, PhD, AKA “Dr. Dave,” interviews James Greenblatt, MD**

Transcribed from [www.ShrinkRapRadio.com](http://www.ShrinkRapRadio.com) by Barclay LeBrasseur

**Introduction:** My guest today is integrative psychiatrist, James Greenblatt, MD, who has just come out with a second edition of his book: *Breakthrough Depression Solution; Mastering your Mood with Nutrition, Diet, and Supplementation*. For more information about Dr. James Greenblatt, please see our show notes on [ShrinkRapRadio.com](http://ShrinkRapRadio.com).

**Dr. Dave:** Dr. James Greenblatt, welcome back to Shrink Rap Radio.

**Dr. Greenblatt:** Thank you, pleasure to be here.

**Dr. Dave:** Well I'm pleased to have you on the show again. We spoke two years ago, on Shrink Rap Radio #406, about listening to your gut. And as I recall, I found you as a result of an internet search because I'd heard of something called a fecal implant, which sounded pretty bizarre at the time, and I wanted to find out more about it. And you did a good job of cleaning up the mystery, no pun intended. I don't think I realized at the time that you are an integrative psychiatrist. So maybe you can tell us what that implies.

**Dr. Greenblatt:** Sure. I've been a traditionally trained psychiatrist practicing for 26 years, and I like the term integrative, as I look at all possible interventions that might be helpful to our patients. So I prescribe medicines when indicated, but I also look at nutrition, metabolic – and the topic we talked about earlier, is how the GI tract might affect brain function – and all aspects of the physiology that might impair mental health.

**Dr. Dave:** Yeah, and I think that will become very clear as we talk about your book, because you've brought out the second edition of your book, *Breakthrough Depression Solution*. So I'm wondering, what new development spurred you to bring out a second edition of your earlier book?

**Dr. Greenblatt:** Well, I think that the field of integrative psychiatry has really captured the attention of both the lay-press and our academic community, so the research is exploding. And one of the chapters we added was on probiotics and how the gut affects the brain. And the research on some of the vitamins and minerals have also exploded, and how it affects depression, and I wanted to make sure that we had up-to-date literature supporting this work.

**Dr. Dave:** Yeah, that's very exciting work, and as I went through the book – it's truly a very comprehensive book – that I could imagine would be of value, not only to lay-people, who are struggling with depression or related sorts of issues, but also even to professionals. Did you have both audiences in mind as you were working on this?

**Dr. Greenblatt:** Absolutely. In this world of integrative medicine, as you know, many of our patients sometimes know more about nutrition than our physicians. There's no nutritional training in medical school.

**Dr. Dave:** Yeah that cuts both ways, because now as a patient, sometimes the physicians – and we can talk about this a little bit more, maybe as we get into this – sometimes the physicians are reluctant to commit themselves, and they say, "Look, here's the array of options and you tell me what you want to do." And so it's like the pendulum has swung, but maybe too far.

**Dr. Greenblatt:** Exactly. When I used to talk, 10 or 15 years ago, it was quite clear that many physicians were taking supplements themselves, things that they've read. But they didn't feel comfortable prescribing to their patients, because they didn't feel like the research was sufficient. I think the research has caught up but it's very hard for physicians to get the training to know what to do and how to use integrative psychiatry in their practice.

**Dr. Dave:** Well let me lead you through some of the topics and questions that you raise in your book. For example, you have a section on personalized medicine. My experience these days with the medical system is that it is anything but personalized. So tell us what you're getting at.

**Dr. Greenblatt:** I think that's the core message of the book and the work that we do, is that psychiatry now, particularly psycho-pharm, is just treating symptoms, so everybody gets the same antidepressant, and the point of integrative psychiatry is look for any underlying cause, and that's the personalized medicine approach. So ten individuals that have depression, there might be different causes; someone could be a b12 deficiency, someone else could be a trauma

in their past, someone else might have celiac disease and malabsorption of nutrients over many years, and that's where we try to use the term "personalized medicine."

**Dr. Dave:** Yeah, okay. But I wonder if insurance reimburses for some of the alternative parts of your approach. For example, supplementation and...

**Dr. Greenblatt:** Well the insurance – as a physician ordering a b12 level, checking iron, vitamin D, those are routinely – they should be part of a medical exam and insurance covers that. There are some other tests where we look at measuring bacteria in the gut or amino acids that aren't covered by insurance. The supplements that we recommend are not always covered by insurance, but many patients have medical savings for insurance.

**Dr. Dave:** Now earlier in the book you raised the question: what is depression? Don't we all pretty much know what depression is, or are you getting at something different?

**Dr. Greenblatt:** No, I think we all understand what depression might feel like. I think some of the confusion or controversy is understanding depression as an illness; there's that physiology that affects the brain that can be treated, and drugs are not the only answer.

**Dr. Dave:** Yeah, so everybody has periods during which they feel blue; how do we evaluate depression? How do you evaluate depression as an integrative psychiatrist?

**Dr. Greenblatt:** Great question. I think the difference between the sadness and feeling blue once in a while is different than what sometimes I refer to as almost a numb feeling; it's beyond sadness, in that black hole where there's an indifference to hobbies and projects, changes in appetite, fatigue, sleep, and thoughts of death. It's a very different dimension and it persists – it just persists for weeks and months. So those are the list of symptoms, but as we'll talk about, those symptoms could be due to a thyroid deficiency or a b12 deficiency. And my job has become more like a detective to help sort out what might be some of the underlying contributing factors. And not excluding the psychological and/or stress in someone's life.

**Dr. Dave:** Yeah that's what I like about your book and your approach is, it is balanced in terms of, it's not a black-and-white thing of it's all nutritional and the brain and so on, to the exclusion of psychotherapy, but in fact, it's an integrative approach, right? In which you leave open possibilities for a broader spectrum of interventions.

**Dr. Greenblatt:** Right. And that's the frustration I have in the field, as people have gone to extremes, either just medications, just psychotherapy, or just vitamins, and it's harder for many of my colleagues to understand. We need to use all of our tools to support patients who are struggling with depression.

**Dr. Dave:** Yeah, as a matter of fact, the – I think it was the interview just before this one, that I did, was with a Doctor Peter Kinderman, at the University of Liverpool, and I think he's about to become president of the British Psychological Society – and we were discussing the debate about the disease model, when it comes to problems of living, if you will. And so you would have thought that's resolved some time back, but it's still a debate. And it seems to me that you're on neither extreme of that debate, but really trying to play it right in the middle, to look at the organic difficulties as well as the purely psychological, psycho-social roots.

**Dr. Greenblatt:** Exactly.

**Dr. Dave:** Going back to personalized medicine. In that context, you say something about the role of genetics and epigenetics; what can you tell us about that?

**Dr. Greenblatt:** Well I think the longer I practice, it's harder to not appreciate the role that genetics plays in the onset of depression, as well as the severity of the disorder, so family history is an important part of the evaluation. It's not always parents. It could be relatives: aunts, uncles, nieces, nephews, grandparents. So there is a genetic liability, and the line I use all the time is, "Genetics are a liability but it's not our destiny." And epigenetics are all those factors in our environment that control the expression of certain genes. And those epigenetic contexts could be psychosocial, could be stress, and the work that I look at mostly is nutrition, nutritional deficiencies. So we look at deficiencies of vitamins, and vitamin D, and zinc, and lithium. These are all nutrients that affect the expression of certain genes and can either hinder or support treatment.

**Dr. Dave:** That's really fascinating. And a good deal of your book is taken up with that, and you use an acronym called ZEEBrA, the ZEEBrA approach, which accounts for a lot of chapters. I know there's not going to be time to go into the depth that you do in the book, but take us through that acronym and give us the highlights, if you will.

**Dr. Greenblatt:** Sure. I was trying to think of a way to, both for clinicians and for patients, to remember all the factors that could be contributing to the depression, and when I started 25

years ago, I wouldn't look at the big picture. I would pick and choose. But now I'm finding that, so we don't miss anything, the ZEEBrA approach is the acronym for: "T" is for take care of yourself -- and that describes stress, too much sugar, and the importance of sleep, "H" is for hormones, "E" is for exercise -- and then ZEEBrA with two E's -- zinc and the trace minerals -- "exclude" is looking at celiac disease and other food allergies, "E" is for the essential fatty acids (the importance of omega 3, and omega 6 essential fatty acids), and then the B vitamins and the other vitamins: vitamin D, "R" is for restore -- that's the gut -- and "A" is for amino acids. So we need to cover that ZEEBrA approach to be able to best understand what may be contributing. And there could be two or three deficiencies that might be contributing to an individual's depression.

**Dr. Dave:** You know, as we go along, if there are any case histories that come to mind, or examples that you could give of difficult cases that you've dealt with, that would help us to make it more concrete and also to expand into the available time. You just went through the heart of the book there very briefly and I don't have a lot of sub-questions at this point. What are some parts of that ZEEBrA that you just took us through that maybe you'd like to dig into a little bit here?

**Dr. Greenblatt:** Sure. Well I think I'll start with a case about a gentleman I saw in follow-up last week who presented with severe anxiety and depression; he's a 27-year-old male who was diagnosed with celiac disease, so he was on a gluten-free diet --

**Dr. Dave:** Tell us about celiac disease.

**Dr. Greenblatt:** Celiac disease is a disorder -- it's called an autoimmune disorder -- of the gluten from wheat products, and people develop many symptoms, but what happens is the body's immune system destroys the intestine, so you don't absorb nutrients, and many patients get GI distress. What we've found, what we talk about in the book, is there are patients that only have psychological problems from celiac disease, depression and anxiety being the most common. So, this gentleman was treated for celiac disease, which means he's on a gluten-free diet; and his GI symptoms improved, but his psychiatric symptoms, which included anxiety, depression, and severe self-injury, with head-banging and other forms of self-injury did not disappear -- mood swings... And when we did the nutritional testing, what we found is profound deficiencies in multiple nutrients including zinc, vitamin b12 and vitamin D, and until those nutrients were repleted at fairly high dosages, there wasn't a resolution of his mood disorder. He

was not treated with any medications, only these nutrients. And the deficiencies were caused by the celiac disease, but you needed to enhance his nutritional supplements for him to get any improvement. And I've seen him now for almost a year, and with a complete resolution of these psychiatric symptoms associated with this malnutrition.

**Dr. Dave:** Wow, so for him the whole thing was really about malnutrition.

**Dr. Greenblatt:** Related with the cause of celiac.

**Dr. Dave:** Yeah.

**Dr. Greenblatt:** Other times we've found malnutrition related to diet. A vegan diet for some does not provide adequate b12 or zinc and that can be a risk factor; oftentimes, not getting enough amino acids, the building blocks of the neurotransmitters in the brain, and so dietary supplement can be really important in that respect as well.

**Dr. Dave:** Okay. So now in the supermarket, more and more stuff is gluten-free, and it feels like we're in the midst of a gluten bubble. Does that seem to be the case for you or – I mean is it as big as people make it seem? As widespread, or is there a little bit of hysteria going on or what?

**Dr. Greenblatt:** Yeah I believe there's a gluten mania, maybe a little bit of hysteria, because – you know, I've been writing about it for many years that gluten for some individuals contributes to some psychiatric problems. We've seen everything from psychosis to depression to fatigue. I do find that's real. And we can test for it and we can treat it. I do think now there's a little over-hype and a little mania around being gluten-free curing every problem around, and it's less likely to.

**Dr. Dave:** Yeah one of the things I was struck by is that your approach, you really do take an individualized approach by doing very thorough testing, so that instead of one size fits all, you're looking at: where are the deficiencies? And then addressing those deficiencies. And the other thing that jumped out at me is, it's possible that a person might be taking supplementation, vitamins, etc, but that we absorb them differently, and so we may not be absorbing them or we may be thinking that we're getting a certain dosage but in fact we're not getting as much of it as we need, and so on. Say something about that if you would.

**Dr. Greenblatt:** That's really important, and that's usually how I start off all my seminars and talks about because many of the patients coming to see me have been eating the perfect diet,

spending the money on the organic health food and struggling with depression and/or fatigue. And when we look at their tests we see that they're profoundly malnourished, because they're not absorbing the nutrients in the healthy food that they're eating. So a major part of our assessment is the functioning of the digestive system and oftentimes we'll need to use digestive enzymes to help individuals digest and absorb the nutrients in the food that they're eating.

**Dr. Dave:** Yeah. That's fascinating. And it makes me want to go through that sort of testing battery myself, not that I'm depressed at the moment, but who knows what might be lurking.

**Dr. Greenblatt:** I think as we uncover genetic differences as we age, or as we recover from illnesses, there are physiological consequences and really, testing is the only way. You know, vitamin D is in the news a lot, and our primary care doctors are now testing for vitamin D because deficiency is very common. It's very hard to tell if someone's deficient by looking at that. The only way you would know is by doing a blood test, and vitamin D is one of the other nutrients associated with depression in some individuals, so testing is critical to make those personalized assessments.

**Dr. Dave:** You know, this makes me think – you mentioned aging and then that made me think about melatonin, and I don't remember if melatonin is something that you specifically address – I used to take maybe six milligrams of melatonin, and I heard – well first of all I heard that our natural production of melatonin, endogenous production goes down as we age, and that it's important in the regulation of sleep and so on, and so that's what got me started taking it. And then I happened to mention in a lecture that I attended, a brain-related neuroscience thing where the presenter was going through some of these things, and I shared that I'd been taking six milligrams, and he thought that was too much and cautioned me to go down to something like three milligrams and then I sort of stopped taking it. Something else I read made me think, "Well, maybe this isn't such a good idea." And I guess I'm typical of the population at large at getting whip-sawed back and forth between things that we hear, and jumping on board this and then jumping off and then jumping on to something else. Talk to us a little bit about melatonin, particularly in older people such as myself, as well as the general population.

**Dr. Greenblatt:** Sure. I think you bring up another good point in terms of the information. We tend to get so much of our nutrition information from the lay-press and it changes, based on one article, one scientific paper, and we've been through it with many nutrients: it's good and then it's bad and then it's good again. And I just think part of the solution is understanding that

everyone's different, and that's that individualized approach. And two, we need better research to assess, and it's hard to assess something like nutrition because of the tremendous range of individuality. You know, melatonin, my only caution is, young kids. I think for adults taking melatonin is fine, it's been very helpful. Oftentimes I recommend zinc because zinc is one of the nutrients that's needed to make melatonin, and zinc is often deficient as we get older.

Melatonin, my recommendation is the lowest dose that works, so for many individuals, the early studies were on .5 milligrams and it helped induce sleep. So the lowest dose that works. More is not always better. So some individuals are going to do okay on one or three milligrams, some might need six milligrams, and I think that as we age, that dose is probably fine.

**Dr. Dave:** Okay. What else would you like to dive into in terms of what you see and... Yeah.

**Dr. Greenblatt:** I think one of the things that we're also struggling with as a field in psychiatry, are the use of medications and the side-effect profile of medications, and then some of the work that we've done is looking at how to stop the medications, because there can be a tremendous withdrawal effect from someone stopping antidepressant medications. And that's one of the areas –

**Dr. Dave:** Yeah someone in my family actually, who has gone through a horrible time of that, of terminating a psychiatric medication too quickly. Just decided to go cold turkey and then really suffered high anxiety, confusion, etc... jumped on to another one, jumped off of that because they felt unsettled and so on, and it seems like there is a big issue there that's not adequately spoken about.

**Dr. Greenblatt:** Yes, and traditional psychiatrists were only trained to just warn individuals of the withdrawal syndrome, but looking at this ZEEBrA, if you will, these nutritional deficiencies, we can prevent some of that withdrawal and then there's also nutrients that can help minimize this withdrawal effect. The bottom line is you still need to go very slow to recalibrate from the neurochemical changes, but nutritional support can be very helpful for this withdrawal from antidepressants.

**Dr. Dave:** So sometimes you would prescribe antidepressants? Is that the case as well?

**Dr. Greenblatt:** Yes, absolutely. I don't have one tool in my toolbox, if you will. So for someone who's severely depressed, thinking of suicide, the nutritional work that I'm talking about might

take one to three months to take effect, and oftentimes we would use the antidepressants with nutritional support, and there's research looking to support that.

**Dr. Dave:** How would a person find someone like you? I don't know how many "like yourself" there are out there. Is there a website, or do you have links on your own website that would take people to resources?

**Dr. Greenblatt:** Yeah, my website, [www.jamesgreenblattmd.com](http://www.jamesgreenblattmd.com). There are links for a couple of organizations. One is called MMH Integrative Medicine Mental Health, and there's a list of providers on that website as well.

**Dr. Dave:** Okay, that's great. Anything else in the ZEEBrA approach that you'd like to highlight?

**Dr. Greenblatt:** Well one of the – you know, I started the book focusing on nutrition, and I call that nourishing the brain. And then in the book, with more mind/body information on nurturing the mind, and I think that's just as important, and oftentimes we forget, so the role of faith and spirituality in depression. So those individuals that have a stronger faith, whether it's organized religion or not, they respond better to medications, and they recover more quickly. So it's a very important part of, one, an assessment, and two, in our treatment.

**Dr. Dave:** Yeah, I was surprised but gratified to see that you had sections on spirituality and faith and yoga and mindfulness and so on. And I learned some things too, for example, you were talking about CBT, cognitive behavioral therapy, and some variance of that, one being RCBT, which I had never heard of, which I gather stands for religious cognitive behavioral therapy, is that right?

**Dr. Greenblatt:** Correct, yes. And again, it's helping those individuals that are more spiritually oriented, and they can use their faith as part of the changes that need to support them in their recovery.

**Dr. Dave:** And for all of these you point to some scientific research behind these, so even for the RCBT and some of the other variants of cognitive behavior therapy, you point to those, and that adds some things to your book.

**Dr. Greenblatt:** Yeah that was an important part of this book, and then there's actually a sister book, a textbook that was written by myself and 30 other physicians. I think there are 3000

references on the similar chapters in this book, so the importance of the scientific information research is really critical to, one, help our colleagues understand the importance of this work.

**Dr. Dave:** And it's not just CBT I would want people to know that you're endorsing here, you actually refer to other therapeutic approaches as well. There was an important paper that appeared in the APA journal – the American Psychologist – I interviewed the author Jonathan Shedler PhD and he did a review of insight-based, depth psychoanalytical approaches.

**Dr. Dave:** I think his was really a key article that a lot of people don't know about, haven't heard of, because the cognitive behavioral approach has been very effective in terms of their PR. And they're not the only game in town; they're not the only effective game in town. And again, as you've been emphasizing in relation to nutrition and so on, different strokes for different folks; not everybody is going to respond as well to any given approach, I think.

**Dr. Greenblatt:** I think the importance of an individualized, both assessment and treatment plan is really the core. And the most important point. And one of the reasons I use ZEEBrA as the mnemonic, is that each zebra has a unique stripe pattern. So no two zebras have the same stripe pattern, and that reinforces that sense that everyone's different.

**Dr. Dave:** Yeah, that's a good metaphor. So talk a little bit about some of these other alternatives. For example, yoga, mindfulness...

**Dr. Greenblatt:** I think that, certainly mindfulness, it would be a practice for three minutes a day, or longer periods. We've known, and we have researched again, as you've alluded to, where it supports and changes brain structure. And so I don't prescribe one particular mindfulness exercise, or yoga, to everyone. I find it really helpful if people identify what they feel best with, but understanding that mindfulness being the broad umbrella term that everything – and there are chapters on blue space, looking at water, green space being out in nature, all providing neurochemical changes that can support therapy and treatment for depression.

**Dr. Dave:** Yeah, you even have a chapter called "Beyond Mindfulness." What's beyond mindfulness?

**Dr. Greenblatt:** Well again, that's where we looked at things that we can do in our life around the environment and being around nature, that has effects both for – we've got studies for kids with ADHD as well as depression, to be able to help.

**Dr. Dave:** Yeah. Talk to us a little bit about probiotics. That's another thing that's very popular, getting a lot of press these days, and it relates to our previous conversation about the gut and the biome and I think the whole thing about the biome is fascinating, that we have all these organisms living inside us that are really important to us.

**Dr. Greenblatt:** Yeah, the weight of the bacteria in our gut is probably the size of our brains. There's four pounds of bacteria that provide lots of support for our health, and the bacteria in our gut actually produce all the neurotransmitters, and can affect neurotransmitters in the brain. So we've demonstrated the relationship between the brain and the gut, and the gut and the brain. I think there's been a little overhype like the gluten mania, like probiotics can cure all of mental illness. It's not that good, but there are a number of things we can look at in some individuals where the gut is a major problem, that there is an overgrowth of bacteria that produce chemicals that we can look at and we can test for, that are affecting the neurochemistry in the brain. And if we treat the gut with the probiotics – and sometimes we even need to use antibiotics – then we'll see dramatic shifts in the brain in our symptoms of anxiety or depression.

**Dr. Dave:** With so many probiotic products out there, how is one to decide between them?

**Dr. Greenblatt:** Very, very difficult. I think that you would want to go to someone who understands probiotics that can help you with understanding which companies probably have the best quality. I wouldn't just buy a probiotic off the shelf. We use a company called Pure Encapsulations because of their quality. There are other companies that are good, but you just don't want to buy any probiotic.

**Dr. Dave:** Yeah, you know I've been using a website that I'm not sure if you are aware of it or not – website/service/online newsletter called Consumer Lab. It's either Consumer Lab or Consumer Labs. And it's not to be confused with Consumer Reports, but actually they evaluate a lot of the supplements that are out there. They look at the different brands, they check to see what concentrations of the purported ingredients are there or not. And they give big thumbs down to some big names but they find that they fall short. That might be a good resource; are you familiar with that?

**Dr. Greenblatt:** Yes, absolutely, and I've seen much of their work and yeah, there's not the same regulation that we have with pharmaceuticals but there are a subset of companies that quality assurance is really important to them, and I know that site and it's a good resource.

**Dr. Dave:** Yeah, good. I'm glad to get your endorsement of that. So as you look down the road, what do you see in the future for depression?

**Dr. Greenblatt:** I see that the integrative approach is really making headway in academic medicine, which means research is being done. Many academic medical centers have integrative departments. One of the areas of research is on the role of inflammation and depression. So this has become now an academic model where we're understanding just how inflammation can contribute to depression as well as cancer, heart disease, and other chronic illnesses. So as that research is occurring, both pharmaceuticals are being changed, and then the nutritional and lifestyle changes that can affect inflammation are being incorporated into the treatment. So, major academic centers now are doing courses on mindfulness, they're doing courses on nutrition and doing courses on yoga. So I'm very excited now that the treatment of depression will be embraced with a more integrative, holistic approach.

**Dr. Dave:** Yeah, inflammation is another hot topic. I'm glad you brought that up. What are your recommendations for those of us who would like to reduce inflammation in our bodies?

**Dr. Greenblatt:** Well again, like the gluten and the probiotics, there are people that are saying that everybody who's depressed has inflammation, and again, doing this for many, many years, we can look for markers of inflammation and we can see in some are and some aren't. And if there are markers of inflammation, then we aggressively treat that. We treat that with fish oil and magnesium and mindfulness. If there aren't markers of inflammation, then that's probably not the contributing cause of that person's depression.

**Dr. Dave:** Mmhmm. So what are the biggest challenges that you face right now in your work? Is that something you can talk about?

**Dr. Greenblatt:** Sure. I'm actually trying to prepare a lecture with that in mind, and I think it's growing. And the clinical challenges as well as other challenges have to do with, one: lots of people that you will talk with or who have written books on integrative psychiatry are saying very different things. And how does either a patient or someone learning take that contradictory information? Somebody saying everyone is inflamed and that's the only treatment for

depression, someone else is saying everyone should take St. John's Wort... So part of it is people having very strong beliefs in the integrative community about how to treat depression. The second part is, that you brought up earlier, is the insurance coverage, and how to get our health insurance to realize that they might support a \$300 or \$600 a month of medication but they won't support a \$30 a month supplement. And there are individuals who can't afford either the 30, 40, or \$100 a month for supplements. So the health insurance and financial constraints are another concern.

**Dr. Dave:** Oh yeah, that seems like a big thing. I think a lot of people would feel liberated to go and get more involved with an integrative approach, if that were covered.

**Dr. Greenblatt:** Yes, absolutely. And it's both not only cost-effective because these medications are incredibly expensive, but it's very short-sighted in terms of recovery from the depression.

**Dr. Dave:** Yeah. Well I guess that involves some political work, then, by the integrative associations to try to persuade lawmakers about the value of the approach.

**Dr. Greenblatt:** Yeah I think the movement is coming from the research now demonstrating the efficacy and more insurance companies are really appreciating that patients are getting better. One thing that has been utilized more frequently in the past five years in genetic testing: looking at genetic variables that help predict which medicines might be helpful or which supplements might be helpful. And some of the insurance companies are now looking at that, and they've been very honest with me, they're willing to say, "If it's going to help our patients, we want to explore these ideas."

**Dr. Dave:** Oh so you actually have done some dialogue-ing with insurance companies around these issues?

**Dr. Greenblatt:** Yes. And again, they're wanting to see the research as well as the understanding how it's going to help them save money as well as help their patients.

**Dr. Dave:** Okay. Well as we wind down here, I wonder if there's anything else that you'd like to say that you maybe haven't had a chance to address.

**Dr. Greenblatt:** Well I think the importance of looking at that individualized approach – my interest as a child and adolescent psychiatrist is that if we look at these young 14 to 18-year-old

kids with increased rates of depression, increased rates of suicide, that studies are clearly showing that medications are not that helpful in this age group, so an integrative approach can provide a huge benefit for these kids that are really struggling. And suicide is something that we don't talk about. Rates are increasing, and effectively treating depression is really the goal, and integrative therapies can be an important part of that equation.

**Dr. Dave:** Wow yes, that opens up a whole other topic area: suicide and depression among young people. Well, I appreciate the opportunity to speak with you again, and keep up your pioneering work.

**Dr. Greenblatt:** Great, thank you very much. Nice to see you again.

**Dr. Dave:** Thanks for being my guest on Shrink Rap Radio.