



EPISODE 852

#1 Absolute WORST Mental Health Advice Your Doctor Gives You

With Guest Christopher Palmer

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SHAWN STEVENSON: On today's episode, we're going to be talking to a Harvard psychiatrist who's sharing why mental health problems keep getting worse. Month after month, year after year, things are getting worse, but there is a solution. He's also going to share the number one absolute worst mental health advice that the typical doctor gives their patients. He's going to be sharing the six things that control your mental health, for better or for worse, and so much more. Now, before we get to this powerful and transformative conversation, I just want to remind you of one important nutrient input when it comes to our brain health. And today we know that brain health and mental health are synonymous.

They are deeply, intimately connected. And also we're going to be talking about today how metabolic health is so impactful on our mental health. But the very fuel that's running the human brain that enables signal transduction that enables the very electrical impulses that allow all of your cells to communicate and to store data, the list goes on and on. So much of that activity is driven by very specific minerals that carry an electric charge. These minerals are called electrolytes. Of course, you want to eat a diet that's rich in electrolytes, but today more than ever because electrolytes get used often on demand. The more demand that's placed on the body, the more that electrolytes get utilized in our system.

This is why one key electrolyte being magnesium is the number one mineral deficiency in our world today is responsible for hundreds of biochemical processes in the body. And when we're deficient, what happens? Many of these processes simply cannot be done in our bodies or our bodies will be forced to down regulate a lot of activity and take away basically steal our energy. Magnesium and other electrolytes are key energy components as well. A fascinating recent study neuron found that magnesium is able to restore critical brain plasticity and improve cognitive function.

While another critical electrolyte, sodium, was found by researchers at McGill University to function as a quote, on off switch in the human brain. For neurotransmitters that support optimal function and protect our brains against diseases and degradation. Magnesium, sodium, and potassium are all key electrolytes that support optimal brain function and also optimal metabolic function. The electrolyte supplement that I've been utilizing for years now

is from the incredible team at LMNT. Go to drinkLMNT.com/model. That's drinkLMNT.com/model. And you're going to get a free sample pack with every electrolyte purchase. So you're going to be able to try all their incredible flavors right now.

I'm really feeling the grapefruit salt. I'm loving the grapefruit salt. What is your favorite salt? My wife's favorite salt is the chocolate salt. All right. She's super into the chocolate salt and my youngest son, his favorite one is watermelon. So everybody in my household has a different flavor, but from time to time it changes up of course. And they've also got these incredible sparkling electrolyte performance drinks as well that you can find over at drinkLMNT.com/model. Again, with every electrolyte purchase you get a free sample pack of all their flavors. Head over there check them out. And now let's get to a very special YouTube comment of the week

YOUTUBE REVIEW: Here's a YouTube review from Melissa Jackson 9458. I used to take antidepressants and went to therapy. For years I did this. It made my depression worse and I hardly slept making me feel suicidal. I decided to stop meds and therapy. Started working out, getting sun, and just allowing the feelings to happen. It changed my life. Side note, being a mother of 8, having my last baby 20 months ago at 42, the wait has been a challenge. The moment I start working out, I'm happier, more confident, and my husband and I get along better. Sex life gets better too. Also, if my husband works out and I don't, his high vibes annoy me. When we work out as a family, we're all happy, especially if we use the outdoors for part of our fitness. If you're on the fence about working out and lifting weights, just do it. It will change your life. The eating and better sleeping will follow. Also get some sun.

SHAWN STEVENSON: Melissa, first you had my interest, then you had my intrigue. What an incredible story. Thank you so much for sharing your voice. YouTube. And by the way, if you're not subscribed to the model health, YouTube channel. It's on fire right now. All right, we're doing some incredible things, some exclusive content and just being able to see the visuals, especially for really dense science filled episodes, just to bring things to life. Sometimes a visual can really help to just get things deeper into our psyche and into our memory. So just having a great time creating over on the YouTube channel. So definitely check out the model health show over on YouTube. And whether you're leaving a review on Apple podcast or

Spotify or a comment on the YouTube channel, I truly do appreciate the love and it just really does mean a lot to me. Now, without further ado, let's get to our special guest and topic of the day.

Dr. Christopher Palmer is a Harvard psychiatrist working at the interface of metabolism and mental health. For almost 30 years, he's held educational and clinical roles in psychiatry at McLean and Harvard University. He's the author of the New York Times bestselling book, *Brain Energy*, and has been pioneering the use of science backed nutrition and lifestyle changes in the treatment of psychiatric disorders. Let's dive into this conversation with the incredible Dr. Christopher Palmer.

I want to start off by asking you, what is the number one worst piece of advice about mental health that many people's physician are giving them?

CHRISTOPHER PALMER: That if you are struggling with your mental health, it's due to a chemical imbalance and the only treatment that will work is taking a pill for the rest of your life.

SHAWN STEVENSON: Is there any new data on things like SSRIs, which are obviously, this is a multi billion dollar industry. Do we know anything about their effectiveness? And you know, this has obviously been in medicine for quite some time. Do we know anything about? the real benefits of things like SSRIs at this point?

CHRISTOPHER PALMER: We actually know a tremendous amount about the benefits of SSRIs. So I'll start with saying that there are millions of people for whom SSRIs really work. So they take their Prozac, their Zoloft, their Paxil, whatever, and their lives are dramatically improved. Sometimes saved. Sometimes they were in crippling suicidal depression, they go on an SSRI and it saved their life. There are likely millions of those people on the planet who are still taking their antidepressants. The sad reality is that not everybody gets that and actually the majority of people who try SSRIs do not get that kind of a benefit. So we know from large clinical trials, the usual statistics that get talked about are about 70 percent of patients will have a response.

Now a lot of times people will use that statistic and argue that 70 percent of people are getting, the implication is 70 percent of the people are getting all the way better. And that's actually not at all what the statistic is about. A response is not the same thing as remission. And when it comes to remission, only 30 percent at best get a remission with the first SSRI that they try. And what remission means is that you're no longer depressed. Response means maybe you had six out of the nine symptoms of depression. You were really depressed. You couldn't sleep. You had low energy. You couldn't concentrate. You had some suicidal thoughts. Maybe one or two of those symptoms got better, a little better.

You had a reduction in those symptoms. You're part of that 70 percent of people who are responding. Yet at the same time, you're still clinically depressed. You meet full criteria for clinical depression, even though you're taking the treatment and doing everything right. Only 30 percent will get a remission, which just means you have less than five out of the nine criteria. So you could have four out of the nine criteria still, and you count as remission because you no longer meet criteria for major depression. We know from the largest trial of real world depression treatment. It was called this STAR D trial with over 4,000 people, multiple clinics around the country, all treating people with depression.

And they had four phases of treatment. You come in, everybody got Celexa to start, and then if that didn't work, then you tried another thing, and if that didn't work, you try another, and if that didn't work, you try another. There were four levels of treatment. And when all is said and done, again, early on, in the first phases, 30 percent at best got remission. When all was said and done, the original researchers claimed that about 60 percent of people got a remission after four levels of treatment. That's what they claimed. I just want to sit with that for a minute. After trying four different pills. Four different levels of treatment for your major depression.

40 percent are still depressed. That's not cool. That's not okay. The problem with the 60 something percent statistic is that subsequent researchers noticed that they changed their definition of response and remission, after the fact. And so those researchers went back and looked at the trial as it was originally designed, and what they found was that only 30 percent of the real world people got a remission. And that means that we are treating tens of

millions, if not hundreds of millions of people around the world, about 300 million people, on the planet are suffering from depression right now. And that means the majority of them are taking their pills and they still have depression. And that is just unacceptable.

SHAWN STEVENSON: Mentioning the worst advice being that a chemical imbalance is the cause of your mental health issue. The thing that jumps out for me is just a simple question. Are they testing these chemicals? You know, where did this concept come from? Because it's used, and I just saw an old SSRI commercial not too long ago, and it's, it just gently says, it's because you're suffering from a chemical imbalance.

And yet, you know, these are given out by general practitioners and family physicians. You know, it started off being a tool, you know, if we're talking about mental health for psychiatry, but now most of the prescriptions are written by people who are not even in psychiatry. And they're not running these panels to see what's going on with your chemistry, what's going on with your neurotransmitters, your hormones. So where did this idea come from? Why is it so pervasive? And what should we be looking at instead?

CHRISTOPHER PALMER: It's a, those are really important, good questions and the answers get long and complicated. I'll try to give you the short version, but I'm happy to dive into any of it if you want to. So the short version is the chemical imbalances don't exist. Researchers have been looking for decades. They've been doing brain scans on depressed patients looking for the serotonin imbalance that must exist in the brain. It's not there. That is the bottom line. The chemical imbalances do not explain the cause of depression or other mental health conditions. So then the next logical question is, well, then where did that idea come from? And why is it so pervasive? We use circular logic. The most of the psychiatric medications that we have today were discovered through serendipity. And what I mean by that is, you know, the original antidepressants was actually a tuberculosis treatment.

And some really smart infectious disease doctor was treating all of these tuberculosis patients. And he noticed that, gosh, I have some patients who are really depressed. I know what depression is. They're just really sad and mopey and melancholic and, I mean, Hippocrates talked about major depression in terms of melancholia. So it's not like this is a

new disease. The disease is real or the concept of severe, unrelenting depression, low mood, low energy, can't get out of your own way. Maybe thinking about dying a lot, that concept has been around for millennia and we've observed it in humans for millennia. So by no means am I trying to argue that it doesn't, it's not real. It is real and it can ruin people's lives and people can die from it.

So this infectious disease doctor notices, oh, of my tuberculosis patients who are severely depressed. But, you know, we don't do anything for that because I'm here treating tuberculosis and he gives him a tuberculosis pill and he notices that some of my patients, they're like coming to life like three or four weeks later in a way that I've never seen. Like they're and their family and other doctors are all saying, what's going on? Like he's never been this happy. What did you just give him? And the doctor's like, I just gave them the tuberculosis treatment. So those were the first antidepressants. Antipsychotics were actually originally developed as anesthesia.

And, yeah, it was to put people out for surgery. And then initially the concept was just people who were crazy and running amok, people with schizophrenia or bipolar. We'll just sedate them, sedatives. We'll just sedate them with these pills. And then over time we figured out, they seem to have benefits. They seem to have effects. And so researchers quickly started diving into the science of, well, how do these things work? What are, what exactly are they doing? Like this, these tuberculosis pills are doing more than just that. And they ended up, you know, for some of the antidepressants zeroing in on serotonin, or norepinephrine, or even dopamine.

And then they started doing more, you know, brain studies and figuring out that serotonin seems to play a role in mood regulation. Maybe that's how it's working. And they just made the assumption that because these pills reduce symptoms of depression. There must be a low level of serotonin or a serotonin imbalance or chemical imbalance and the pills correcting it. And so the, and then that led to the, a chemical imbalance is causing your illness. Again, subsequent researchers tried to identify these chemical imbalances ahead of time. No luck. They looked high and low. They weren't there. And so, the quick end of that story, what I'll say, is that if we stay focused on that one.

If somebody asks, so Chris Palmer, are you saying that SSRIs don't work for depression? No, they do work for depression in the mediocre ways that I've just described. For some people, they work. And they can work powerfully. So how do they work? Lots of researchers over the last 20 years have been looking for that. Because they realize it's not a chemical imbalance, but they're doing something. What are they doing? And at the end of the day, what we now know they're doing, or what appear, the evidence appears to be converging on, they're enhancing brain energy metabolism. They're enhancing metabolism. Why? Because serotonin plays a role in the function of mitochondria and serotonin plays a role in metabolism. And so if you artificially boost the levels of serotonin with these medications, some people can experience a benefit in brain metabolism and that can reduce their symptoms of depression.

The flaw with it is that you're not getting at the root cause. Another flaw is they painfully don't work for so many people. And if you don't identify what's causing the problem and address it directly, more than likely that person is going to end up having a chronic mental health disorder. And that's what we're seeing across the population. Rates of depression are now at an all time ever recorded high.

SHAWN STEVENSON: Yeah, yeah. It's the number one cause of disability. In the United States, number one cause of absenteeism and obviously it's a worldwide epidemic to say the least. And it's one of those things where it's so interesting. We're very much focused, in a way, in a superficial way, on these kind of physical chronic diseases. But this mental health epidemic is so massive and so impactful in so many people's lives. And it just doesn't seem to get the same amount of attention. And so that's why I'm glad to, very glad to have you here. And I want to talk about, because as you mentioned, the rates of depression have gone up precipitously and especially the last couple of decades. What's going on? Why is this happening right now? Because this just didn't happen by accident. Why are we experiencing this worldwide epidemic of depression?

CHRISTOPHER PALMER: You know, it's a, it's a really important question, and I think that there are, you know, different people will give different answers. So one common answer is, Oh, there probably hasn't been any real change. We're just better at diagnosing it. Everybody's talking about mental health now. All these celebrities are coming out and sharing

their mental health experiences on podcasts and all sorts of stuff. They're opening up and that's prompting people to also share their experience. Go to their doctor, get a diagnosis and get treatment.

So some people will argue this is all a good thing. It's a good thing because we're recognizing mental illness and we're treating it. Other people will argue, this can't possibly be happening. Everybody's just whiny and lazy and they just want to complain. And everybody wants a pill and everybody wants a label and they want to feel special and they want attention and they want to be coddled. And so they're all going out saying, I've got a label too. I'm depressed or I'm anxious, or I've got trauma or I'm on the spectrum. I'm autistic or I'm whatever. Like everybody wants to be something special, who wants to be boring and normal, and everybody's just making it up. They're either making it up or they're looking for attention, or maybe just Americans in general are just getting soft and weak and whiny.

I actually think that, sure, can you find some people who might fit into one or two, one of those categories or the other, sure, you can. Like, is that an, is it impossible or, are those explanations completely impossible? No. We are talking about mental health more. We are recognizing it more. So that is part of the picture. Sure there are people who like attention and are, whatever, complaining a lot and, but I actually think the rates are genuinely going up. And it's not just depression, it's everything. It's almost all of the labels, almost, not all of them because some addictions are going down, which is great. People are smoking less cigarettes.

People are using, kids are using less alcohol. Same time they're using more marijuana. The rates of alcohol deaths are going way up. So it's not like a great picture, but there are some labels or disorders that are going down a little bit. But by and large, we have an explosion of mental health conditions and I actually think it's real. It's really going up. And the easiest way to, sound, the easiest soundbite to share about why is because the overall health, the metabolic health of humans is rapidly declining. There's something in our environment. There's something about our lifestyle that is causing a chronic health epidemic.

And the most overt signs and symptoms of it are obesity and diabetes. 70 percent of American adults are now overweight or obese. 50 percent of American adults have pre

diabetes or diabetes. 93 percent of American adults have one or more poor metabolic health biomarkers of metabolic syndrome. So, it's almost ubiquitous. 93%, that means almost all people have some biomarker of poor metabolic health. And what I'm here to say, you know, cause when you think about metabolic health, what is that? It is so much more than weight. Weight is a symptom or a sign of poor metabolic health. It's not the cause. Overeating on its own is not the direct cause.

The direct cause is why would somebody overeat? Why are people compelled to overeat? Why are they doing it more? And what I would argue it's because of metabolic dysregulation, their metabolism is dysregulated or dysfunctional in one way or another. At the end of the day, the brain is an organ too. And when your metabolism is messed up, it doesn't just affect your heart and your liver and your kidneys and your ovaries and your testicles and other things. It also affects the brain. And when it affects the brain, how does that show itself? It shows itself in all the signs and symptoms that we call mental illness.

SHAWN STEVENSON: Pause for a second. Let that breathe. It's powerful, man. Aye yai yai. Oh my god. You've just done something that I was hoping you would do, and kind of bring it to the conversation. I separated, on purpose earlier, physical health and mental health. And you're uniting them. You're saying that, These are not separate entities. Everything is connected. And our metabolic health is mental health. And a big part of this explosion in mental health issues has to do with the insults to our metabolic health. And so I want to start to unpack what some of these things are, because I think a lot of people are surprised when they "get healthier" and they focus on improving their health in some other way, their mental health gets better.

That tends to happen quite a bit. And so let's talk about, because again, this didn't happen by accident. It didn't happen overnight, but this is the situation that we're in and people are looking for solutions. Most people don't want to feel the way that they're feeling. And unfortunately, again, we have a culture that is inundating us with things that help us to kind of swim in this milieu, this swamp of things that can be detrimental to our mental health. Thus, also again, our metabolic health. So let's talk about what some of these factors are. And

I want to talk about food, but what is something else that people might not think about as often that is causing issues with our metabolic health and thus our mental health?

CHRISTOPHER PALMER: So I think it's really important that people understand that metabolic health, like diet and food, can make some people obese and metabolically unhealthy, and it can also affect their brain and make them mentally unhealthy, but it goes the other way around too. So all of the usual suspects, trauma, stress, childhood, adverse experiences. All of those can impact our biology, our cells, and they can drive us to not only be mentally unhealthy, but they also can play a role in our being metabolically unhealthy. So, you know, the largest body of research that we've got, some of it is, you know, it's called Social Determinants of Health. Other people talk about the ACEs studies, Adverse Childhood Experiences studies.

We have the most evidence from those in terms of trauma and what does trauma do to the body and brain. And we know that trauma in early childhood, if it occurs early enough, like in infancy. It can increase your, it increases your risk for every label in the DSM, the Diagnostic and Statistical Manual. So it increases your risk for neurodevelopmental conditions like autism and ADHD if it occurs early enough. If it occurs a little later, after you've already gone through most of your neurodevelopment, or at least some significant parts of it, you might be out of the woods for those, because by definition those have to start in early childhood. But then you're at risk for pretty much every other mental disorder.

You're at higher risk for PTSD, depression, anxiety, personality disorders, eating disorders, substance use disorders, dementia when you get older, all of it. You're at higher risk for all of it. And at the same time, you're also at higher risk for all of the metabolic disorders. You're at higher risk for obesity, type 2 diabetes, cardiovascular disease, and premature mortality. And when we look at the extremes, so if you look at people who have six or more adverse childhood experiences, so these are people who are growing up often in poverty, dangerous households, dangerous neighborhoods, maybe a single parent. Maybe one of your parents has been in prison, gone to jail. Maybe there's some abuse going on.

There's some substance use going on. There's some mental illness in your household. If you have six or more ACEs compared to somebody who has zero. Now, obviously, the person with zero is living a pretty privileged life, lucky them. But, if you're comparing yourself to somebody with zero, on average, you die 20 years younger. You lose 20 years of your life by having six or more aces. And then obviously you didn't do anything to. It's not your fault that you grew up in this crappy household and your parents weren't very good parents. We can't blame these kids, but that research tells us and shows unequivocally, like this is not speculation/ this shouldn't be new, but I'm saying it in a new way that I think for a lot of people is shocking.

That when you have that kind of trauma and adversity, you're at higher risk for essentially all of the mental health disorders, and simultaneously you're at higher risk for all of the metabolic health disorders. It's one root cause and what that's doing, that trauma, is basically changing your metabolism. And if it occurs in an extreme way or over a prolonged period of time, it ends up harming your metabolism is the easiest way to say it so that you become metabolically harmed or metabolically dysfunctional or dysregulated again, not through any fault of your own. You're just minding your own business.

If you, if we understand that, if we understand that science, We can actually help people heal and recover. That's the good news. We can't go back and change your childhood. We can't go back and undo the trauma that happened. We can't go back and put you in a nicer house. But what we can do is we can understand your metabolic health and your brain health and we can come up with some strategies to help you heal and recover. And live a much, much better life in which you can thrive.

SHAWN STEVENSON: Yeah. Got a quick break coming up. We'll be right back.

As you know, mental health challenges have skyrocketed in recent decades without addressing the root causes shown in mountains of studies, including social isolation, sleep, abnormalities, nutrient deficiencies, sedentary behavior, and many other factors will continue to see rates rise. And our communities struggling for solutions. It's so important for people to understand that no two cases of depression are alike. There are unique lifestyle and mental

health work that each of us need in different situations. And right now in the United States, depression is the leading cause of disability is the number one reason for people missing work and school.

And so we've got to do something about this. Of course, medications can be helpful in some contexts, but most people are not educated about the science backed natural supplement that's shown to be just as effective as many medications. An analysis published in the journal of effective disorders found that the renowned spice saffron was just as effective as conventional antidepressant drugs like Prozac, Tofranil, and Celexa. Additionally, the researchers noted that fewer people experienced side effects from saffron than from those other treatments. This should go without saying, people should know about this. Something that's been utilized. For centuries, far safer and just as effective as conventional antidepressant drugs.

Now, are we talking about curing this condition? Absolutely not. We're talking about having another option to turn to. Something that can be supportive in an overall plan to support our mental health. There is no supplement. There is no drug that's going to fix everything. Again, people need to know about this. And there are great companies that are providing easy to use saffron supplements. Like the happy drops from Organifi. This includes a therapeutic amount of saffron, gachacola, passion flower, and ginger. They are amazing. You really do notice a difference and I highly encourage you to look at the reviews for this product.

I'm just going to share a couple with you because they really do stand out. Nicholas said, happily surprised. He said that I was extremely skeptical of this product despite all the good reviews. However, after using it daily for the past two weeks, I can definitely say they work. I definitely have an easier time staying positive and rolling with the punches of daily life with the help of happy drops. Hillary said, "happy drops will make you happy. You ordered, I found out about these little drops of bliss on Instagram. I was skeptical as every product makes claims that aren't always backed upon trying these happy drops. I've noticed a mood improvement energy that lasts throughout the day and improved sleep at night. I'm thrilled". Definitely check out Organifi's science backed gummies.

Again, they're called Happy Drops. Head over to Organifi.com/model, and you're going to get hooked up with 20 percent off. Go to ORGANIFI.com/model. Again, you're going to get 20 percent off store wide. Pop over there and check them out. And now, Back to the show.

SHAWN STEVENSON: I can't even tell you how important this is because as you know, a lot of people are suffering. They're struggling with their health. You know, maybe they're trying to lose weight, you know, they've been struggling for years and never relate their struggles with their weight to the trauma they experienced in their life, or in particular as a child. And to affirm this, which is again, this is where we are today, you know, the latest and greatest science is affirming trauma is one of the most impactful things on your physical health or metabolic health. Not just your mental health, because it changes your biochemistry. It changes how your body is associating with everything in your environment, including food.

And so, this is so powerful, it's putting the power in our hands, but it also can be scary. Because, here, when you were listing those ACEs, the environment, the violence in the home, the substance abuse, you were detailing my life. I'm like, is he talking about me? You know, you were just really just kind of exposing like the environment that I come from. And so to sit here today, it's like for me even as I'm hearing and thinking back on that, like am I just an anomaly? Am I an am I a miracle? In a way we all are okay, just to be clear. But I don't think that it's just because I'm unique or special. It's because these circumstances and situations, of course, I didn't choose them. But I had a decision to make of whether or not, and this is what I want to ask you about, because I became aware that those things were becoming my identity and my story that I latched onto.

This is where I come from. This is all I know. This is what I'm going to repeat. And I realized like, I don't have to do that. And focusing on my physical health. I didn't know that actually made my mental health so much better. The side effect, which is, you know, it's kind of how I met my wife eventually was I became a better person, you know, once I focused on getting myself healthy. And I want to ask you about that specifically because for people that are just like, listen, I'm dealing with this health issue, mental health issue, metabolic health issue. I know I came from some pretty difficult circumstances, but I don't want them to be my, my story, I want to write a different story. How can I start to address these things? Is it just

focusing on my metabolic health? It's going to help to resolve some of the trauma that I went through. Where do I start? What do I do? What are some of the things I need to know?

CHRISTOPHER PALMER: So I, so everybody's journey is going to be different. And I think it's really important that I, number one, I want to say this. Based on knowledge that we have today in 2024, I really honestly believe most people can heal and recover. It is not rocket science, but at the same time, if we talk about three strategies and those three strategies don't work for you, don't give up and don't think, oh, well then it's too complicated, and there it's, it's too much because it's not. I would say the basic buckets of interventions that people need to think about are diet and nutrition, sleep, movement or exercise, substance use, managing substance use or reducing it or eliminating it if you're doing it, and lots of harmful substances. And then the other two include relationships are purpose in life and stress reduction.

Now, relationships and purpose in life and stress reduction, most people kind of know what I mean by that, and some people have kind of had those things their whole life. They don't even need to practice any stress reduction because they don't have that much stress to reduce. Somebody who comes from a really crappy childhood, maybe like you might hear those things and think, yeah, that's for those other people. That's not for me. That's not who I am. That's not the life I was born into. That's for rich, happy people, and there are people like me. And what I would say to them, if people feel that way, is that, no, that's. That's part of the story. Just like you said. That's part of the story that you get to tell yourself. Yeah, that is where you came from and that's what happened to you and you can go to your grave telling yourself that, or you can write a different story.

You can say I'm done with that story. I deserve something more. I deserve more relationships, where I respect people and they respect me back. I love people and they love me back. Maybe I even am brave enough to say I love you to someone. And maybe I'm brave enough to accept that when somebody says it to me. And not assume they're just faking it or they're going to betray me or whatever, or I don't deserve that. Stress reduction, same deal. It's like, well, if you've been traumatized and beat up and you can't trust anybody and everybody you ever trusted has betrayed you, how can you not be stressed? Yeah, I get it.

I get it. I work with lots of people like that. And that's a monumental task, but it can happen, and that's part of living a healthy life. You need an environment and you need people in your life. You need to eliminate all these dangerous, toxic people from your life. If people are harming you and belittling you and making you feel unsafe, making you feel insecure, maybe start the conversation and let them know this is no longer acceptable. I deserve to be treated with a little more respect. And if they can't figure out how to do that, then maybe you need to reduce your exposure to them in your life and, or just eliminate them altogether. I am a huge fan of sticking with family for better or worse. And like, so like maybe visit them every now and then, but be prepared for, you know, their toxicity and then get yourself out of there as soon as possible. Save yourself.

The other things, you know, they're so obvious and straightforward. I think diet nutrition is probably the most complicated one. Honestly, it is the most complicated one and but sleep. Again, any of these can be really complicated if you've got this messed up history. And like say stress reduction to somebody who's been traumatized and they're like, yeah, you're living a fantasy land it like that's not gonna happen. So for some people, stress reduction could be the hardest one to do. For others, it can be sleep. They're like, I can't sleep. No matter what I do, I can't sleep. And then I would work with them. But getting normal, natural, restorative sleep, usually most people need about seven, eight hours a night. The biggest marker of whether you're sleeping okay is whether you're on a regular sleep cycle, whether you can sleep without any assistance.

So that means no alcohol, no marijuana, no pills, no sleeping pills, no nothing. You can sleep. You can just sleep. And then probably most importantly, you wake up and you feel okay. You don't feel exhausted. You're not pushing the snooze button. You're not, you know, you're able to wake up and be okay. And then you're able to get through the day most of the time, okay. You're not dozing off. You're not needing naps. You're not, you know, falling asleep at the wheel. You're not doing stuff like that. So if you can get your sleep in that kind of shape and we can dive into details on any of these, but if you gotta be sleeping, okay.

Substance use, obvious, we can dive into that if you want, but I'm going to assume you all know what I mean by that. So minimize it. If you're really struggling with your mental health,

I'm going to let's go for abstinence for at least three months, just as an experiment to see like that might be the critical piece for you. And I, I know lots of people who do that. They're struggling with their mental health. They think my life has been crappy my whole life because of my childhood trauma or all my aces or whatever. And somebody somehow convinces them to give up the alcohol or the marijuana or whatever for three months and they're like, wow, I had no idea I could feel so good.

I had no, I, who knew? Who knew that my stress could go down. My PTSD symptoms could go away. My depression could get better my, I feel good I have energy. My brain is working again. I can think, I can remember things. So managing substance use exercise. Yes. Move your body. We can go into that, but try to have some muscle, try to have a little bit of cardio health. And then, like I said, diet gets complicated because diet, it gets complicated because some people need to lose weight in order to improve their health. They're overweight or obese. But there can be other people who are underweight. They have anorexia, or they have severe depression and cancer, and they've just lost 50 pounds because of the cancer treatment, the cancer itself, and their depression.

Those people are underweight and they have a metabolic problem too, but their metabolic problem is called starvation or malnutrition. And so I just want to take just even those two examples. One group of people, I'm going to tell them, eat less or eat different or something. We're going to do something with your diet to try to get you to consume fewer calories or burn more calories or something. But it's usually going to be, we're going to try to get you, ultimately to control your appetite so that you can consume fewer calories. The other group, I need them to eat, even if they don't feel like it. Even if they say, I feel nauseous, I'm sick to my stomach. It could be like, yeah, you're sick, you're malnourished, you're starving.

The solution has to be nutrition. You need calories, and you need protein, and you need nutrients, and you gotta get something in you. And that gives you just a quick flavor of why this gets so complicated fast. Because other people, they may have gluten sensitivity. Somebody else might be allergic to nuts. They can't have nuts. Somebody else might, you know, want to be vegetarian and can we work with them? Yes, we can work with you, but it all gets complicated fast, as you can imagine.

SHAWN STEVENSON: Yes, man. Thank you first and foremost for addressing these different areas. Because it isn't just one thing that makes up our mental health. And also thank you for mentioning that diet, which is crazy that it is the most complicated today in many ways for many people. Because this other stuff can seem like extremely complicated then you throw diet on top of that. And you mentioned protein towards the end there. And just to emphasize how important that is because when we're talking about things like, Serotonin and, you know, thyroid hormone and dopamine and all these different, cortisol. When we're talking about neurotransmitters, when we're talking about hormones, a lot of these are built from proteins. And we're looking at if you're deficient in the building blocks that make your hormones and neurotransmitters, what do you think is going to happen?

Do you think you're going to feel great or have the mental health that you aspire towards if you're not getting in those building blocks? And so using that as a motivation that I need to get adequate protein for me to build my mental health related hormones and neurotransmitters. I need to give my body the raw materials. And I want to mention also being that diet is, again in your words, and I agree in many ways the most complicated, Why? Why is this so complicated because it seems just like what you said like I just need you to eat more I just need you to eat less. Why is that so complicated today? Why is diet the most complicated aspect or input for our mental health?

CHRISTOPHER PALMER: I think it's the most complicated in part because of what we call food. So if I tell somebody to eat more, if somebody's underweight, an old person's underweight, or even somebody with anorexia nervosa. If you go to the doctor or the dietician, they're going to tell you to drink lots of Ensure. If you look at the ingredient list on Ensure, Ensure is an ultra processed product. Yes. It has calories. It's got lots of other stuff. It does have vitamins in it. It does have some protein powder in it. Those things are good.

But it's got all sorts of other stuff in there that may not be optimal for health. It's, in other words, it's not a real food. And unfortunately, we have lots of things that we call food that aren't real food. We've got all these ultra processed things, chips, cookies, lunchables for your kids. Formula for your infants, baby food, like so much of what most people are eating. About, about 60 percent of the American diet is ultra processed foods. And that means it's

manufactured. There's nothing wrong with manufacturing. The problem is that, so we've got lots and lots of evidence. Ultra processed foods are bad for your health. They are bad for your metabolic health. They're bad for your mental health.

We have more than enough evidence on this. The question of, well, why is it bad? Why are they bad? What, what about them makes them bad? That gets a little more complicated and researchers are trying to start to figure that out. In the meantime, what I can tell you is ultraprocessed food is really bad for you, so just avoid it. And once the researchers do a better job of figuring out exactly what's in there that's so bad, maybe we could reformulate some of these things and make them healthier at least, or less bad. But, but what we know is that some of them contain chemicals, artificial ingredients, that serve numerous purposes.

They, they serve the purpose of making the food more shelf stable. And what that means is that, you know, wonder bread can last on the shelf for three months and still be squishy and soft and there's no mold or bacteria growing on it. Now we see that as most people see that as a great thing.

SHAWN STEVENSON: It's a wonder.

CHRISTOPHER PALMER: It's a wonder. But the problem is that usually bacteria and mold are growing on bread after a few days and the manufacturers are putting something in there to prevent that from happening. And guess what? Whatever's preventing the mold and bacteria from growing is probably messing with your gut microbiome and probably messing with your metabolism and lots of other things. And nobody even thought to study any of that. They just thought about shelf life. They just thought about feeding the masses. And for a long time, that wasn't an unreasonable goal. For a long time, the biggest problem with food in the world was not enough of it. That there were people going hungry, that there were people starving to death.

All the people in Africa were dying of starvation. And so the problem was let's just get them anything, anything. And so if we can make it shelf stable, that's great. We can put it on airplanes and ship it over. We can, we can help poor people in the United States who are on

food stamps. We can help them get enough calories for their family. That was the goal for a long time. I don't fault anyone for having that goal because malnutrition was a real thing. At this point, we don't have a too much of a problem with malnutrition anymore. This point, we got a problem with overnutrition and poor nutrition and not too few calories, if anything, it's too many calories.

And, um, and so I think the pendulum needs to swing now and we need to think about. How can we get healthier foods to the masses instead of these ultra processed ones that ultimately are making people sick? I'll share one statistic because a lot of people are skeptical about, well, ultra processed food, I've never even heard that that has anything to do with your mental health. There's one large study just conducted in the last year, 300,000 people from around the world, and they measured all these mental health metrics. And then they asked him about how much ultra processed foods do you eat? The people who eat ultra processed foods several times a day were three times more likely to have poor mental health compared to the people who rarely or never ate them.

So the statistics were like 18 percent in the no ultra processed group. Up to almost 60 percent in the frequent. That's massive. It is massive. Now I am not saying I, and I want to focus on those statistics and stay focused on them. So is there more to mental health than the food you eat? Of course there is. There's biological, psychological, social things. There's trauma, there's adversity, there's substance use. There's all sorts of other things. Poor sleep, all sorts of things play a role in your mental health. So is it only ultra processed foods? No. But 18 percent compared to 60%, that is a massive difference from one variable. And the reason that's important is because it's empowering. People can do something about that. They can just eat less ultra processed foods.

SHAWN STEVENSON: The more you know, I just saw the little logo pop up. You know, this brings up another important thing, which even, you know, with a study like that is causality. You know, people like to, what about today's a lot of what about ISM. And you see something like this incredible difference. And then it's just like, well, people who are depressed probably eat more ultra processed foods, right? And looking at it the reverse way, which might just as well be true. But what we know for certain is that these two things are connected regardless.

And so for me, it's like, okay, what are the mechanisms here? Okay. And one of those is super logical. And this is why, this is another reason I love your work and love talking with you is that it's, it's just very logical. And you just say the thing, which is like, just do this, you know, and when we're talking about our food, we're literally talking about what we're making our brain out of, you know, the, the tissue itself, the dendrites, the axon terminals, you know, the fuel that's running, every process in our body is made from the food that we eat.

And there's a difference. When I went to school, same as you, we weren't taught that there was a difference. You know, food is food. You know, this is calories, calories in, calories out. This energy does certain things in the body. But there is a difference and how our body processes things can be radically different. The tissues that we're making themselves can be radically different what we're making our tissues out of. We see, like for example, we see this phenomenon of what we call, quote, chubby muscles, right? So there's this interesting thing with intramuscular fat, right? Where we have this, again, chubby muscle phenomenon.

But We've seen an explosion even in that type of fat as well. And it's used as like onsite fuel for the muscle, but we can develop too much of it. And it happens more rapidly when we're consuming certain types of food. And so with this being said, obviously we know that the terrain is complicated, but the solution is relatively simple.

Eat more real food. And this brings me to an important point I want to ask you about. And this might be one of the most important things we talk about today from my perspective. And I want to. You know, of course, get your expert opinion on this. I believe that we're existing in a culture that is incentivizing mental illness in a myriad of ways, whether it's through the food culture, whether it's through our current system of healthcare, and we've medicalized a lot of the human experience, and I'm asking you this in your opinion, because I know you've spoken about the difference between.

general depression that a person might experience and a diagnosis like a true disorder. And so can you speak to that? Can you speak to the possibility of we, of us having a system that is incentivizing and medicalizing human emotions, the human experience, and possibly feeding

the problem? by making everything that we experience something to prescribe a medication for.

CHRISTOPHER PALMER: You know, there are, we could probably talk about that for days on end. I can, my head is just spinning with like, which way to go because there, so I think, I think that our, our current culture certainly incentivizes behaviors and habits that increase the likelihood of mental illness. So ultra processed food manufacturers, they brag about it. You can't eat just one. You can't eat just one of these. These are so delicious and irresistible. Oh, if you can't get an old person to eat anything, give them this. They'll eat this. Give them Ensure. Give them this thing. Give them that thing. They'll, because we've tailored it to make it so that even if you're nauseous and feeling like throwing up, you can stomach this.

Well, those manufacturers have concocted food to be addictive, to be over consumed. Why? Because they want to sell more of their food. I don't think they're intentionally setting out to make everyone sick. They're clearly not worried about whether their product is making people sick or not. I don't think they, they probably say that that's not my problem. My problem is to sell the most amount of food. The part where there's a disconnect is should they be responsible for all of the adverse health effects they're having, including the mental health effects. So that's, that's one example. There's another example with cell phone use. Cell phone use, like we've got pretty good evidence that children in particular, the more they use cell phones, the younger the age they start using cell phones, the more likely they are to have poor mental health.

Do we incentivize that? Hell yeah. Hell yeah. How? Well, you know, all of these media channels, whatever it is, want to keep you engaged the video games. They don't want you to stop playing the video game the tv They don't want you to stop watching their tv netflix. It'll start playing the next episode automatically for you No need to like push a button or anything We'll make it so that you can sit for six hours straight and just see streaming media. Why because they want to keep you engaged. Why do they want to do that? Because that's their business They get more money the more that you do those things Unfortunately, nobody's really thinking about, is this good for humans? Is this good for young children to sit in a room at a computer screen all by themselves, moving their thumbs and nothing more?

The real answer is, everybody knows, of course it's not good for them. So, but our society, our systems are actually going out of their way to addict children to these behaviors that we know ultimately are bad for their mental health. And then some will argue that there is a sick care system that embraces all of this.

So if I am the maker of a medication like a GLP 1 receptor agonist, they're getting really, really rich right now. They are loving it. They are loving this whole thing. Why? Because their drug is good for what ails you. It's good for diabetes, good for obesity. It's good for fatty liver. They're studying it for all these mental health conditions or studying it. And nobody's, well, I shouldn't say nobody, but that deflects us from looking for the root causes and looking for simpler solutions. to prevent these things and to address the root causes of these things. Makers of psychiatric drugs. I mean, we're dispensing more psychiatric drugs now than we ever have.

We're also dispensing more psychotherapy now than we ever have. And we have record sky high rates of mental illness nonetheless. If our treatments worked so well, you would think we would see a benefit from all of this mental health treatment. The rates should be going down, not up. People should be happier. People should be more resilient. That means they should be less burned out at work, or it's a burnout or through the roof. And what it all says is that the systems in place right now, doctors, almost every doctor that I know, is an authentically good, compassionate, smart human being. Most of the doctors that I know are just beyond frustrated with the current system.

They know that what we're doing isn't working. They just see patients getting sicker and sicker, year after year. But doctors increasingly feel like they are just being told what they have to do. They're just pawns in this big game. They're being told by insurance companies that you have to prescribe this medicine. If you've written the diagnosis of type two diabetes, you must prescribe a statin. You must prescribe, um, you know, blood pressure medicines. You must prescribe diabetes medicines. You must, it's required and you'll get dinged if you don't. And then your employer is talking to you that you're not prescribing all the pills that you're supposed to be prescribing.

Again, if that model of care works, I'd be all for it, but it clearly isn't working. We're prescribing more and more of those pills too. And people are getting sicker and sicker and sicker. It's time for a new strategy. Um, you know, some people go to the point that this is all kind of a conspiracy that the powers that be want everybody to be sick. I don't necessarily think we always have to do that. I think there are clearly corporations and stuff that don't care that everyone's sick and they recognize we benefit with everybody not being sick, but they probably really authentically think to themselves, it's not our fault that everybody's sick, but we're here to sell lots of pills to mop up this mess.

And woohoo, we're going to get really rich doing it. That, so that doesn't necessarily blame them for the problem, but they're certainly complicit with it. They're not really going out of their way to try to solve the problem or anything. I think that government has a clear, direct mandate and responsibility to be in an unbiased way trying to use the research dollars that go to the NIH to address these root causes. When they're spending billions of dollars on Medicare and Medicaid, when they're spending billions of dollars on food stamps, I think they have a requirement, a responsibility to start doing this in a smarter way, and to stop just prescribing more and more pills, to step back and recognize this isn't working, and maybe we do need to do a different thing.

Unfortunately, These powerful industries spend billions of dollars lobbying the government to make sure that that kind of thing doesn't happen. And in that way those industries are actively trying to harm human health. All of the lobbying that they do to block preventive measures, to block a reduction in prescriptions, to block a reduction in prescriptions, that does become corruption. I can understand the corruption. If I was a billionaire, I'd probably want to remain a billionaire. Not that anybody should really need a billion dollars, but whatever. I'd probably get, I'd probably get it. But not at, not at the expense of like, causing human suffering and causing.

I don't know. I, but, but that's where I start to draw the line. Like, and doctors, you know, at this point, the good news is that we do have a bit of a movement. We have a movement growing and it's healthcare professionals, it's activists, it's some podcasters, other kind of. Some journalists, some media outlets, um, politicians.

And there's a growing chorus, bipartisan. You know, make America healthy again. RFK Jr., this has really been a big part of his platform. Cory Booker just came out talking about this. Bernie Sanders is talking about this. All sorts of Democrats are talking about this. It is a bipartisan moment and it's really about taking on industry corruption. And it's about saying enough's enough. Human health has to be a priority and we can't keep doing what we're doing.

SHAWN STEVENSON: Yeah. Can you please share a little bit about normal, what you refer to as normal depression and anxiety versus a true disorder?

CHRISTOPHER PALMER: You know, I think this is when you talk about mental health, people, people get so confused fast. They really do. And I think that leads to all of this thing about like everybody's just whiny and lazy. I've been anxious myself and I didn't know to need to go to a doctor and take pills. Why does everybody else need to go take pills? So I'll, I want to quickly just walk through the range of what people think of is falling under this bucket of mental health.

So some people talk about mental health and burnout. I need a mental health day. What does that mean? It means I'm working too hard. That's what mental health is. Taking time for yourself. What is poor mental health? Working too hard. Getting too stressed. Letting the job get to you. Not doing your self care like you should. That's the mental health field to some people. Other people will talk about mental illness. What is mental illness? Oh, maybe depression or anxiety or something like that. Some people will even say, well, depression and anxiety, those aren't mental illnesses. Like people get all worked up about the labels, but you got your depression and anxiety.

Some people will talk about neurodivergence or neurodiversity. Oh, there's ADHD. There's autistic brains. There's all sorts of differences where we just need to embrace diversity. We need to embrace diversity. And that's what mental neurological, whatever is. And then there are the mental disorders, there are the mentally ill, like that, those two words, that's like slander. If you say that to somebody, you're mentally ill. That's like one of the harshest insults you can give to somebody. And yet we talk about severe mental illness or mental disorders.

The reality is whatever flavor of that stuff you prefer, it's all increasing. All of it is increasing because it's all interrelated.

Although we put them in different buckets and people like to think about them in different ways, or they say, don't use those labels for me or my thing or my son. It's all interrelated. Ultimately, to come back to your question, so what's the difference between normal and abnormal? Every symptom listed in DSM can be normal under the right circumstances. We all should get depressed if something really bad happens to us. If we lose a loved one. If we set out to get a job and we don't get the job. If we study really hard for a test and get an F on it, and we're thinking, gosh, I'm just stupid, most people will get depressed at all of those things.

That's not a brain disorder. I don't really think about that as a mental illness, even if it lasts more than two weeks. If you get dumped by the love of your life, Like the love of your life. You're like, I'm in love. I'm going to propose next week. You know, she and I were great together. And then you find out she's cheating on you and she dumps you. And you're going to be, that guy's going to be depressed. That guy's going to be depressed. And guess what? It's going to last more than two weeks. And two weeks is the DSM criteria cutoff for, Oh, he's got major depressive disorder now, if it lasts two weeks in one day, well, he's got a disorder. By definition, he's got a disorder.

Really? Is that really a disorder? I don't, I don't think it's a disorder. I think, I think he's just a normal guy who got his heart broken. And that is a normal human response to getting your heart broken. Um, now does he need help? Yeah, of course he does. Does he deserve help? Sure. If he wants to go talk to a therapist, bring it on. If he, if he wants to take a pill, To try to help, maybe I'm, I'm maybe open to that. I'm less inclined to want to give that guy a pill, but I'm not opposed to him needing help through that really horrible situation. But I don't think he's got a brain disorder. I don't think he's got a mental disorder. I think he is a normal human being suffering.

When people get traumatized, they will have trauma symptoms. Their brains aren't malfunctioning. Their brains aren't going haywire. But again, if it lasts for more than a few

weeks or a month, we end up calling it a disorder. And I don't think that's always accurate or correct. So at the end of the day, we can go through symptom by symptom. Every symptom in DSM just about can be normal. Now, a lot of people will be like, what about hallucinations? We all hallucinate when we dream. We're seeing things and hearing things that aren't there. Why are our brains doing that? We're just minding our own business in our sleep. And our brains start seeing things and hearing things that aren't there. That's. Technically, a hallucination.

SHAWN STEVENSON: And they can be super weird.

CHRISTOPHER PALMER: They can be super weird. People can get what's called hypnagogic hallucinations, where as you're dozing off at night, about 30 percent of people will have this. Where they'll kind of sort of start dreaming, even though they're kind of sort of not really fully asleep. And they'll be like, was that just something over there? I, what, what just, what was that? Did I just hear something? Um. And that's normal. Those are normal. Those are not your brain malfunctioning. But all of those symptoms can become abnormalities when they occur at the wrong time, under the wrong circumstances, for no reason that we can identify, for no clear, obvious reason. So if somebody has chronic, unrelenting depression, if somebody can't focus no matter how hard they try, if somebody has hallucinations all day, every day.

Then I would say their brains are in fact malfunctioning. Their brains are doing something. Those same pathways that produce those experiences under all those other circumstances. We all have those pathways. All of our brains are hardwired to be depressed when we lose the love of our life. If they're not, you're probably abnormal. That's probably a neurodevelopmental disorder. Most people will get depressed when they lose the love of their life. Most people will have some degree of hallucinations in their sleep. They will hear things and see things that aren't there in their sleep. When that happens during the day for no good reason, then it's a disorder.

Your brain is malfunctioning. And the really good news is that it's researchers for millennia have been trying to understand what exactly causes all that. It's not like those are new questions. You know, a couple millennia ago, we assumed, you know, Hippocrates had a more

medical view of a lot of it, but all sorts of people had spiritual views, demon possession. It's, you know, God is punishing this person. People got put to death for having some of these symptoms. Um,

But all of this research that we've been doing over the last hundred years is finally, finally coming together. And there are all these terms, people will, some, some researchers will talk about mitochondrial dysfunction. Other researchers will focus on oxidative stress. Other researchers will focus on hormone dysregulation or neurotransmitter dysregulation. Others will talk about genetics and how that's playing a role. But when you put it all together, The primary thing is that they are all intersecting at this level of metabolism or mitochondrial function. And the reason that is such a breakthrough is because it leads to all these common sense solutions for a lot of people. And it can help us identify what's actually causing it. And sometimes it's the obvious trauma or stress. But what's not obvious to most people is it might be the food you're putting in your mouth.

SHAWN STEVENSON: Yep. And this is where an incredible resource that you have for everybody is your Massive hit book, bestselling book, Brain Energy. And of course, people can pick up a copy anywhere that books are sold, your favorite online retailer. And we talked a lot about the content in Brain Energy the last time I was fortunate enough to have you here. So if you happen to miss that first conversation, definitely check it out. It's a classic, it's a classic, um, but just to be able to continue this conversation and to share, because this is a, it's a huge topic.

It's multifaceted and there's so many other things to, to uncover and to discuss. And the cool thing you've mentioned multiple times is like, things are really happening right now. There is a powerful movement of common sense that's emerging. And, you know, regardless of the situation that a person might be in right now, just, again, just even just looking at the data, let alone your experience. Most people can significantly improve. And the rub here is that you got to get educated, you know, and the great news is that there's never been a time where we have closer proximity to education. You mentioned this earlier on in the conversation about the environment and the people that were around one of the right uses, I believe, of technology because you mentioned how much time people are spending on the phone.

It's crazy. You know, but there is a right use the intention initially part of it was to connect us as humans But unfortunately, it's replaced human connection in many ways I've seen so many kids hanging out with their friends on their phone. They're hanging out in person, but on their phone They're each collectively in the matrix and but they might share a meme every now and then you know versus versus Being able to tune into a community and information and education that really helps to feed your spirit and uplift you.

And you know it because you feel better after. Not many of us feel better after spending, uh, an hour doom scrolling on Instagram or whatever the case might be. And so, I appreciate you so much for taking the time to come and hang out with us. And if you could, can you share anywhere else people can connect with you? And also if there's somewhere specific that you want them to pick up a copy of Brain Energy, please share that as well.

CHRISTOPHER PALMER: Well, so people can go to brainenergy.com. We've got a free newsletter that they can download. Sign up for the, you can see some of the articles that we've done in the past. There are some resources there. Maybe importantly, there are patients sharing their stories about how they've recovered. People can also find me on social media. Axe, Instagram are the two that I'm probably most active on. So all of those are good.

SHAWN STEVENSON: What are the handles?

CHRISTOPHER PALMER: @Chris Palmer, MD for both, for all of them at Chris Palmer, MD.

SHAWN STEVENSON: Awesome. We'll put all of that in the show notes for everybody, of course. And again, thank you so much. This is really, for me, this is a highlight of my day, having this conversation and just being able to sit here and to listen to your insights. So I appreciate it very much.

CHRISTOPHER PALMER: Thank you, Shawn, for having me on.

SHAWN STEVENSON: Awesome. Dr. Christopher Palmer, everybody. Thank you so much for tuning into this episode today. This is one to share.

Please share this out with your friends and family. Help get this conversation into more people's hands and hearts. Of course, you can send this directly from the podcast app that you're listening on, right to somebody's phone. Or of course you could share this out on social media. Take a screenshot of the episode, tag me, I'm @ShawnModel, and of course tag Dr. Christopher Palmer as well. Show him some love because he's really, really pioneering and changing the field of psychiatry and it's not an easy task. It is not an easy task.

As you know, there's been this system that's been in place that has been focused on treating the symptoms of mental health issues and really not looking at how do you provide a sustainable resolution by addressing what's causing this mental health epidemic? All right. And this is the key. It's not just one thing. It's not just our life experiences and reframing things. It's also all these different environmental inputs. Psychotherapy, pharmaceutical medications, everything has its place, but we need to address what's causing these issues. We need to address our metabolic health. We need to address our environment and start focusing on creating a culture that really supports mental wellness instead of diminishing and destroying it.

I appreciate you so much for tuning into this episode today. We've got some epic masterclasses and world class guests coming your way very, very soon. So make sure to stay tuned, take care, have an amazing day and I'll talk with you soon. And for more after the show, make sure to head over to themodelhealthshow.com. That's where you can find all of the show notes. You can find transcriptions, videos for each episode. And if you've got a comment, you can leave me a comment there as well. And please make sure to head over to iTunes and leave us a rating to let everybody know that the show is awesome. And I appreciate that so much and take care. I promise to keep giving you more powerful, empowering, great content to help you transform your life. Thanks for tuning in.