

Integrative Psychiatry & Functional Medicine

A Patient Guide to Whole-Person Mental Health Care

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Before You Read This

This handout is meant to give you the foundation for the conversations we have in our visits. It is *educational*, not a prescription. Every person's biology is different. Specific supplement choices, doses, lab work, and lifestyle changes should be made together with your provider — not from a handout alone. Some interventions interact with prescription medications. Some interventions are right for one person at one phase of life and wrong for the same person five years later.

What this document *can* do: help you understand why the questions I ask in our visits go beyond your psychiatric history, and what the "integrative" and "functional medicine" parts of our work together actually mean.

Part 1 — Core Principles of Integrative Psychiatry

What Integrative Psychiatry Is

Integrative psychiatry is conventional psychiatric care — diagnosis, medication management, evidence-based therapy — combined with the broader biological, lifestyle, and environmental factors that influence mental health. It is not alternative medicine. It is not anti-medication. It is the discipline of treating mental health as something that exists in a whole human being, not as a chemical imbalance to be corrected in isolation.

The premise is simple: your brain is part of your body. What happens in your gut, your bloodstream, your hormones, your sleep, and your daily movement directly affects how your brain functions. Treating one without the others leaves significant healing potential on the table.

The Five Foundations

Integrative psychiatry rests on five overlapping foundations. Most patients benefit from attention to all five, though the emphasis shifts with the individual.

1. Conventional Psychiatric Care. Medication, when appropriate, is a real tool. Evidence-based therapy — including cognitive-behavioral therapy, dialectical behavior therapy, EMDR, and others — is a real tool. Neither of these is replaced in integrative work; they are integrated with what follows.

2. Nutritional Biochemistry. Your brain runs on what you eat. Vitamins, minerals, fatty acids, and amino acids are the literal raw materials of neurotransmitter production, hormone synthesis, and cellular energy. A patient with depression who is also functionally deficient in vitamin D, B12, or omega-3 fatty acids is not going to fully respond to an SSRI until those deficiencies are addressed.

3. The Gut–Brain Axis. The gastrointestinal tract produces approximately 90% of the body's serotonin and significant portions of other neurotransmitters. The microbiome — the bacterial ecosystem in your gut

— directly influences mood, anxiety, focus, and sleep through both immune and neural pathways. Chronic digestive issues frequently mirror and amplify psychiatric symptoms.

4. Hormones and Endocrine Function. Thyroid disorders mimic depression and anxiety. Cortisol dysregulation (chronic stress physiology) drives insomnia, irritability, and burnout. Estrogen and progesterone shifts in perimenopause, menstrual cycles, and postpartum produce mood symptoms that no SSRI alone will fully resolve. Testing and addressing these is foundational, not optional.

5. Lifestyle Medicine. Sleep, movement, sunlight, social connection, time in nature, and stress regulation are not "extras." They are clinical interventions with effect sizes that often rival or exceed those of psychiatric medication. They are also the most underdelivered components of standard psychiatric care.

What This Looks Like in Practice

In an integrative psychiatric visit with me, the conversation goes beyond *"What symptoms are you experiencing?"* to questions like:

- When did you last have comprehensive lab work, including thyroid, vitamin D, and B12?
- What does your diet look like across a typical week?
- How is your sleep — not just how many hours, but what quality?
- Are you moving your body regularly, and in what way?
- What does your stress physiology look like — chronic activation, or are you able to recover?
- Have there been significant hormonal transitions, recent illnesses, gut changes, or major life events?

The answers to these questions don't replace your diagnosis. They contextualize it. Two patients with the same diagnosis may need very different treatment plans because their underlying biology and circumstances are different.

Part 2 — Core Principles of Functional Medicine

What Functional Medicine Is

Functional medicine is a clinical framework for identifying and addressing the *root causes* of disease, rather than only managing its symptoms. It views the body as an interconnected system in which a problem in one area (for example, chronic gut inflammation) can produce symptoms in seemingly unrelated areas (for example, depression or anxiety).

It is not a rejection of conventional medicine. It is an expansion of the questions conventional medicine has time to ask.

The Root-Cause Question

Conventional medicine asks: *What disease does this patient have, and what is the standard treatment for it?*

Functional medicine asks: *Why does this patient have this disease? What in their biology, lifestyle, environment, or history is producing this presentation — and how do we address those upstream factors so the symptoms can resolve?*

Both questions are valuable. Functional medicine is the second one, asked seriously and pursued with appropriate lab testing and intervention.

The Six Systems We Look At

Functional medicine organizes the body into interconnected systems. Disruption in any one of these can manifest as mental health symptoms.

- 1. Assimilation.** How well are you digesting and absorbing nutrients? This includes gut health, the microbiome, food sensitivities, and intestinal barrier function.
- 2. Defense and Repair.** How is your immune system functioning? Is there chronic inflammation? Are you healing well from illness or injury?
- 3. Energy.** How is your cellular energy production — the work mitochondria do in every cell? Many depression and chronic fatigue presentations have a metabolic and mitochondrial component.
- 4. Biotransformation and Elimination.** How well does your body process and clear out hormones, environmental toxins, and metabolic waste? Liver and kidney function, along with adequate hydration and bowel function, matter.
- 5. Communication.** How are your hormones, neurotransmitters, and immune signals functioning? This includes the HPA axis (stress response), thyroid, sex hormones, and insulin signaling.
- 6. Transport.** How is your cardiovascular and lymphatic system delivering nutrients and oxygen to tissues, including the brain?

A functional medicine workup investigates these systems through history, examination, and targeted laboratory testing, then prioritizes interventions based on what is most likely to drive change for that individual.

What a Functional Medicine Visit Looks Like

A first visit is typically 60 to 90 minutes — significantly longer than a standard medical appointment — because the goal is to take a comprehensive history. This includes your symptom timeline, prior treatments and responses, family history, dietary patterns, sleep, stress, exposures, and major life events.

Lab work, if needed, often goes beyond what insurance typically covers. We may look at:

- Comprehensive metabolic panel and complete blood count
- Thyroid panel including free T3, free T4, reverse T3, and antibodies
- Vitamin D, B12, methylmalonic acid, homocysteine
- Iron studies including ferritin
- Inflammation markers (hs-CRP, sometimes others)
- Sex hormones (estradiol, progesterone, testosterone, DHEA)
- Cortisol patterns (sometimes salivary or DUTCH testing)
- Specific GI testing when symptoms warrant it
- Specialty testing (organic acids, food sensitivity, methylation) when clinically indicated

The plan that follows is individualized: targeted nutrition, supplement protocols, lifestyle interventions, and, when appropriate, medication adjustments.

What Functional Medicine Is Not

Honest functional medicine is not:

- A replacement for psychiatric medication when medication is clinically warranted
- A guarantee that supplements alone will resolve serious mental health conditions
- A reason to delay urgent care
- A high-pressure supplement-sales operation (a provider who sells you the supplements they recommend has a conflict of interest you should be aware of)
- A blanket condemnation of pharmaceutical medicine

It is, at its best, a careful, evidence-informed, patient-centered approach to figuring out why someone's body isn't working well — and then working systematically to support it.

Part 3 — Essential Vitamins for Mental Health

Below is a survey of the vitamins most relevant to psychiatric care. For each, I've included what it does, why it matters for mental health, common signs of deficiency, dietary sources, and supplementation considerations. **Always consult your provider before starting supplements, especially if you take prescription medications.**

Vitamin D (Cholecalciferol, D3)

What it does: Acts as a hormone affecting more than 200 genes. Regulates immune function, mood, and bone health.

Mental health relevance: Vitamin D receptors are present throughout the brain. Low levels are strongly associated with depression, seasonal affective disorder, and possibly anxiety. Patients in northern latitudes (including Idaho, Utah, and Tennessee in winter) are at high risk for deficiency.

Signs of deficiency: Fatigue, low mood, frequent illness, bone aches, hair thinning, slow wound healing.

Sources: Sunlight (15–20 minutes of midday sun on exposed skin); fatty fish (salmon, sardines, mackerel); egg yolks; fortified dairy; mushrooms exposed to UV light.

Lab testing: 25-hydroxyvitamin D. Functional optimal range is generally 50–80 ng/mL. Conventional "normal" starts at 30 ng/mL, which many integrative providers consider too low.

Supplementation: D3 (cholecalciferol) is preferred over D2. Dosing varies widely based on baseline labs; typical maintenance is 1,000–4,000 IU daily, sometimes higher with provider guidance. Take with a meal containing fat for absorption. Pair with vitamin K2 for optimal calcium handling.

Vitamin B12 (Cobalamin)

What it does: Required for red blood cell formation, DNA synthesis, myelin (nerve insulation), and neurotransmitter production.

Mental health relevance: Deficiency directly produces depression, cognitive slowing, fatigue, and in severe cases, psychiatric symptoms that mimic dementia. Frequently low in vegetarians, vegans, people on metformin or proton pump inhibitors, and older adults with reduced absorption.

Signs of deficiency: Fatigue, brain fog, tingling in hands and feet, sore tongue, memory issues, depression, irritability.

Sources: Animal products — meat, fish, eggs, dairy. B12 is not naturally present in plant foods, though some are fortified.

Lab testing: Serum B12, but also methylmalonic acid (MMA) and homocysteine, which are more sensitive markers of functional deficiency. Serum B12 can appear "normal" while tissue B12 is low.

Supplementation: Methylcobalamin or hydroxocobalamin are generally preferred over cyanocobalamin. Oral, sublingual, and injectable forms exist; absorption issues sometimes require injection or sublingual delivery. Typical doses range from 500 mcg to 5,000 mcg daily depending on need.

Folate (Vitamin B9)

What it does: Required for neurotransmitter synthesis, DNA methylation, and red blood cell formation. Works alongside B12.

Mental health relevance: Low folate is associated with depression and poor antidepressant response. A common genetic variation (MTHFR) reduces the body's ability to convert folate into its active form (methylfolate). For patients with this variation, supplementing with regular folic acid may not be effective; methylated forms are required.

Signs of deficiency: Fatigue, depression, cognitive difficulty, mouth sores, elevated homocysteine.

Sources: Dark leafy greens (spinach, kale, romaine), legumes, asparagus, avocado, citrus fruits, liver.

Lab testing: Serum folate and red blood cell folate. Homocysteine is also informative.

Supplementation: L-methylfolate (the active form) is generally preferred, especially for patients with MTHFR variants or depression that hasn't responded to standard treatment. Typical doses range from 400 mcg to 15 mg daily under provider supervision (high-dose methylfolate is a prescription consideration and not a casual supplement).

Vitamin B6 (Pyridoxine)

What it does: Cofactor for more than 100 enzymatic reactions, including the production of serotonin, dopamine, GABA, and norepinephrine.

Mental health relevance: Deficiency contributes to depression, irritability, premenstrual mood symptoms, and confusion. Often low in alcohol users and people on certain medications (oral contraceptives, some seizure medications).

Signs of deficiency: Irritability, depression, premenstrual symptoms, peripheral neuropathy at very low levels.

Sources: Poultry, fish, potatoes, bananas, chickpeas, fortified cereals.

Lab testing: Plasma pyridoxal-5-phosphate (PLP), the active form, is most accurate.

Supplementation: The active form, P5P (pyridoxal-5-phosphate), is generally preferred. Typical doses are 25–100 mg daily. **Important: B6 has an upper safe limit. Doses above 100 mg daily for extended periods can cause nerve damage. Always work with a provider.**

Thiamine (Vitamin B1)

What it does: Critical for cellular energy production and nerve function.

Mental health relevance: Severe deficiency (most often in chronic alcohol use) causes Wernicke-Korsakoff syndrome, which presents with confusion, memory impairment, and psychiatric symptoms. Subclinical deficiency may contribute to fatigue and cognitive slowing.

Sources: Pork, fish, whole grains, legumes, sunflower seeds, nutritional yeast.

Supplementation: Typical doses 50–100 mg daily; higher in deficiency states or specific clinical situations.

Riboflavin (Vitamin B2)

What it does: Energy metabolism, antioxidant function, and conversion of folate to its active form.

Mental health relevance: Some evidence for migraine prevention. Cofactor in the metabolism of other B vitamins.

Sources: Dairy, eggs, almonds, mushrooms, leafy greens.

Niacin (Vitamin B3)

What it does: Energy production, DNA repair, cell signaling.

Mental health relevance: Severe deficiency causes pellagra (with psychiatric symptoms historically called "the dementia of pellagra"). Niacin has been studied at high doses for various conditions, though high-dose niacin has significant cautions including liver effects and flushing.

Sources: Meat, fish, peanuts, mushrooms, whole grains.

Vitamin C (Ascorbic Acid)

What it does: Antioxidant, immune support, cofactor for neurotransmitter synthesis (particularly dopamine and norepinephrine), supports adrenal function.

Mental health relevance: Important for stress physiology; adrenal glands contain the highest concentration of vitamin C in the body. Low intake associated with fatigue and low mood.

Sources: Citrus fruits, berries, bell peppers, broccoli, kiwi, leafy greens.

Supplementation: 250–1,000 mg daily is typical; higher doses sometimes used short-term during illness or stress.

Vitamin A (Retinol)

What it does: Vision, immune function, cell differentiation, antioxidant function.

Mental health relevance: Indirectly affects mood through immune and inflammatory regulation.

Sources: Liver, fish, eggs, dairy (retinol); orange and dark green vegetables provide beta-carotene that converts to retinol.

Note: Excess retinol is toxic; supplement only with clear indication and provider guidance, especially during pregnancy.

Vitamin E (Tocopherols)

What it does: Major antioxidant protecting cell membranes, including in the brain.

Mental health relevance: Antioxidant protection of brain tissue, possible role in cognitive aging.

Sources: Almonds, sunflower seeds, hazelnuts, avocado, leafy greens, olive oil.

Vitamin K (K1 and K2)

What it does: Blood clotting (K1), and bone/cardiovascular health (K2 in particular).

Mental health relevance: Indirect — supports overall cardiovascular and bone health, which affects long-term cognitive aging.

Sources: Leafy greens (K1); fermented foods, egg yolks, and grass-fed dairy (K2).

Note: Patients on blood thinners must coordinate vitamin K intake with their cardiologist.

Part 4 — Essential Minerals for Mental Health

Magnesium

What it does: Required for more than 300 enzymatic reactions. Regulates the nervous system, muscle function, blood sugar, blood pressure, sleep, and stress response.

Mental health relevance: One of the most commonly deficient minerals in modern diets. Strongly associated with anxiety, insomnia, irritability, muscle tension, and migraines. Often considered "nature's calming mineral."

Signs of deficiency: Muscle cramps, anxiety, insomnia, restless legs, palpitations, headaches, constipation.

Sources: Dark leafy greens, pumpkin seeds, almonds, cashews, black beans, dark chocolate, avocado.

Lab testing: Serum magnesium is widely available but a poor measure of total body magnesium. RBC magnesium is more accurate but less commonly ordered.

Supplementation: Different forms have different uses. Magnesium glycinate is well-absorbed and calming, often used for sleep and anxiety. Magnesium citrate is also well-absorbed but may have laxative effect (useful if constipation is also an issue). Magnesium L-threonate may cross the blood-brain barrier better and is sometimes used for cognitive support. Typical doses 200–400 mg of elemental magnesium daily.

Zinc

What it does: Immune function, wound healing, taste and smell, and a cofactor in over 100 enzymes including neurotransmitter regulation.

Mental health relevance: Low zinc is associated with depression, slow wound healing, frequent illness, and poor appetite. Zinc supplementation has been studied as an adjunct in depression treatment.

Signs of deficiency: Frequent infections, slow healing, loss of taste or smell, hair thinning, depression, white spots on fingernails.

Sources: Oysters (the richest source), beef, pumpkin seeds, lentils, chickpeas, cashews.

Lab testing: Plasma zinc. A copper-to-zinc ratio is sometimes informative.

Supplementation: Typical doses 15–30 mg daily. Zinc and copper compete for absorption; long-term high-dose zinc can deplete copper, so balance matters.

Iron

What it does: Oxygen transport via hemoglobin, energy production, neurotransmitter synthesis (including dopamine).

Mental health relevance: Iron deficiency causes fatigue and depression-like symptoms long before anemia develops. Particularly common in menstruating women, pregnancy, postpartum, vegetarians/vegans, and patients with gut absorption issues. ADHD-like symptoms have been associated with low ferritin (iron stores).

Signs of deficiency: Fatigue, exercise intolerance, pale skin, brittle nails, hair shedding, cold hands and feet, restless legs, brain fog.

Sources: Red meat, organ meats, oysters, lentils, spinach, pumpkin seeds. Pair plant sources with vitamin C for absorption; avoid taking with calcium or coffee, which inhibit absorption.

Lab testing: Ferritin is the most important marker for stored iron. Many providers consider levels under 50 ng/mL functionally low even though lab "normal" goes lower. Complete iron studies include serum iron, TIBC, and transferrin saturation.

Supplementation: Iron supplementation should be guided by lab work and provider supervision. Excess iron is harmful, particularly in men and post-menopausal women. Ferrous bisglycinate is generally better tolerated than ferrous sulfate.

Selenium

What it does: Antioxidant function, thyroid hormone metabolism, immune function.

Mental health relevance: Essential for thyroid health, which directly affects mood, energy, and cognition. Low selenium is associated with depression and impaired immune function.

Sources: Brazil nuts (one to two nuts daily can meet daily requirements), seafood, eggs, sunflower seeds.

Supplementation: 100–200 mcg daily is typical. Excess selenium is toxic, so dietary sources are generally preferred unless deficiency is documented.

Iodine

What it does: Required for thyroid hormone production.

Mental health relevance: Thyroid disorders are a leading cause of misdiagnosed psychiatric symptoms. Adequate iodine is essential for thyroid function, though both deficiency and excess can cause thyroid problems.

Sources: Seaweed, iodized salt, dairy, eggs, fish.

Note: Iodine supplementation should be approached cautiously and individually; high-dose iodine can destabilize thyroid function. Lab assessment first.

Calcium

What it does: Bone and tooth health, muscle contraction, nerve transmission, blood clotting.

Mental health relevance: Indirect through bone health and muscle function. Dietary calcium should be balanced with magnesium and vitamin D.

Sources: Dairy, sardines, leafy greens (kale, collards), tofu, almonds.

Note: Calcium supplementation alone, without adequate magnesium and vitamin K2, has been associated with cardiovascular concerns. Dietary calcium is generally preferred.

Potassium

What it does: Blood pressure regulation, muscle and nerve function, fluid balance.

Mental health relevance: Imbalance can produce fatigue and cognitive symptoms. Most people consume too much sodium and too little potassium.

Sources: Bananas, potatoes, sweet potatoes, beans, leafy greens, avocados, salmon.

Copper

What it does: Energy production, iron metabolism, neurotransmitter synthesis.

Mental health relevance: Copper imbalance — either too high or too low — has been studied in mood and anxiety disorders. Some evidence for copper-zinc dysregulation in postpartum depression and certain anxiety presentations.

Sources: Liver, oysters, dark chocolate, cashews, sunflower seeds.

Note: Generally balanced with zinc; supplement only with clear indication.

Chromium

What it does: Insulin sensitivity, blood sugar regulation.

Mental health relevance: Some evidence for benefit in depression linked to carbohydrate cravings and blood sugar instability.

Sources: Broccoli, grapes, whole grains, lean meats.

Manganese

What it does: Bone formation, blood sugar regulation, antioxidant function.

Sources: Whole grains, nuts, leafy greens, tea.

Part 5 — Other Essential Nutrients for the Brain

Omega-3 Fatty Acids (EPA and DHA)

Among the most important non-vitamin nutrients for mental health. EPA and DHA are long-chain omega-3 fatty acids found primarily in fatty fish. EPA in particular has substantial evidence in depression treatment.

Mental health relevance: Anti-inflammatory; structural component of brain cell membranes; associated with reduced depression and improved cognitive function.

Sources: Fatty fish (salmon, sardines, mackerel, herring, anchovies); algae-based DHA for vegetarians and vegans. Flaxseed and chia contain ALA, a shorter-chain omega-3 that the body converts inefficiently to EPA and DHA.

Supplementation: Fish oil or algae oil. EPA-dominant formulations are typically preferred for depression; combined EPA+DHA for general cognitive support. Typical doses 1,000–2,000 mg combined EPA+DHA daily. Quality matters: look for third-party tested products free of heavy metals and oxidation.

Amino Acids — Brain Building Blocks

Neurotransmitters are made from amino acids. Adequate protein intake provides the raw materials.

- **Tryptophan** → Serotonin → melatonin. Found in turkey, chicken, eggs, dairy, oats, seeds.
- **Tyrosine and Phenylalanine** → Dopamine, norepinephrine. Found in meat, fish, dairy, soy, nuts, seeds.
- **Glutamine** → GABA. Found in meat, fish, dairy, beans, cabbage.

A diet adequate in complete protein generally provides what's needed. Targeted amino acid supplementation is an advanced intervention requiring provider guidance.

Choline

What it does: Brain development, neurotransmitter production (acetylcholine), liver function.

Mental health relevance: Important for memory and cognition. Often under-consumed in modern diets.

Sources: Egg yolks, liver, fish, chicken, soybeans.

Part 6 — Physical Conditioning

If there is a single intervention with the strongest, most consistent evidence in mental health — outside of medication and therapy — it is regular physical activity. The effect sizes for exercise in depression rival those of antidepressant medication in many studies, and the side effect profile is the inverse: more energy, better sleep, improved cognition, stronger immunity, healthier body composition.

This section covers what realistic physical conditioning looks like for mental health.

The Minimum Effective Dose

You do not need to become an athlete. The research-supported minimums are:

- **150 minutes per week of moderate-intensity aerobic exercise** (e.g., brisk walking, swimming, cycling, hiking)
- **OR 75 minutes per week of vigorous aerobic exercise** (e.g., running, fast cycling)
- **Plus 2 sessions per week of resistance/strength training** covering major muscle groups
- **Daily movement** (low-intensity activity throughout the day; avoiding prolonged sitting)

That's it. Anything beyond this is bonus; anything less still helps but produces diminishing returns.

Aerobic Exercise

Aerobic exercise increases brain-derived neurotrophic factor (BDNF), which supports the growth and maintenance of brain cells. It improves mood, sleep, anxiety, and cognitive function. It also improves cardiovascular health, which directly supports brain health long-term.

Practical recommendations:

- Pick something you'll actually do. A daily 30-minute walk in your neighborhood beats an unused gym membership.
- Outdoor exercise carries bonus benefits — sunlight (vitamin D), nature exposure (stress reduction), and grounding.
- Start where you are. If you're sedentary, 10 minutes daily is a better starting point than 60 minutes twice a week.

Resistance / Strength Training

Strength training is often underemphasized in mental health discussions, but the evidence is substantial:

- Improves depression symptoms with comparable effect to aerobic exercise
- Improves sleep quality
- Maintains bone density (critical for women in perimenopause and beyond)

- Improves insulin sensitivity and metabolic health
- Builds confidence and a sense of competence

Practical recommendations:

- Two sessions per week is the minimum effective dose; three is optimal for most people
- Cover the major movement patterns: squat, hinge (deadlift), push, pull, carry
- Bodyweight exercises (push-ups, squats, lunges, planks) are sufficient to start
- Resistance bands or simple home equipment can extend bodyweight training
- A few sessions with a qualified personal trainer at the start is one of the highest-ROI investments in your long-term health

Flexibility, Mobility, and Recovery

Stretching, yoga, and mobility work support:

- Stress regulation (especially yoga and breath-focused practices)
- Recovery from harder training
- Reduced muscular tension that often accompanies anxiety
- Maintained range of motion as you age

Practical recommendations:

- 10 to 20 minutes of gentle stretching or yoga most days
- Particular emphasis on hips, thoracic spine (mid-back), and shoulders, which tend to tighten with stress and desk work
- Restorative or yin yoga in the evening as a sleep aid

Sleep — The Foundation Beneath Everything

Sleep is not separate from physical conditioning; it is the foundation that all other physical and mental health interventions rest on.

Targets:

- 7 to 9 hours nightly for most adults
- Consistent bed and wake times (within 30–60 minutes daily, including weekends)
- Dark, cool, quiet sleep environment
- Limit screens for 30–60 minutes before bed (or use blue-light filters)
- Limit caffeine after early afternoon
- Limit alcohol — it disrupts sleep architecture even when it makes you fall asleep faster

If sleep is consistently poor despite good habits, this is a clinical issue worth addressing — whether sleep apnea, anxiety, hormonal, or other.

Sunlight and Outdoor Time

Outdoor exposure provides several distinct benefits:

- Vitamin D synthesis (April–September in most US latitudes; insufficient in winter)
- Circadian rhythm regulation through morning light exposure
- Stress reduction and parasympathetic nervous system activation through nature
- Mood support — well-documented across cultures and climates

Practical recommendation: Aim for 15–30 minutes of outdoor light exposure within an hour of waking, even on cloudy days. The light from the sky is significantly brighter than indoor light, and this exposure resets your circadian clock more effectively than anything else.

Hydration

Mild dehydration impairs cognition and mood. Most people would benefit from increasing water intake.

General target: Roughly half your body weight in ounces daily (a 150-pound person targets roughly 75 oz of water daily), more in heat or with exercise. Coffee and tea contribute to hydration; sweetened drinks and alcohol contribute less.

Part 7 — Putting It Together: A Starter Framework

If you have read this far and feel either overwhelmed or motivated, here is the simplest possible starting framework. You don't need to do everything at once. Start where you are.

Week 1–2: Foundation

1. Get sunlight in your eyes (not staring at it) within an hour of waking, daily. 2. Walk for 20–30 minutes daily, outdoors if possible. 3. Eat a protein source at every meal. 4. Stop screens 30 minutes before bed. 5. Have your provider order baseline labs if you haven't had them in the last year: CBC, CMP, full thyroid panel, vitamin D, vitamin B12, ferritin, hs-CRP.

Week 3–4: Build

1. Add 2 strength training sessions per week (bodyweight is fine to start). 2. If labs show deficiency, address the specific deficiencies with your provider's guidance. 3. Begin tracking sleep — aim for 7+ hours, consistent timing. 4. Add a fatty fish meal twice weekly, or consider an omega-3 supplement. 5. Reduce sugar and ultra-processed foods if these are prominent in your diet.

Week 5–8: Refine

1. Identify which interventions are clearly helping and which aren't. 2. Re-evaluate with your provider — including any psychiatric medication adjustments. 3. If you suspect food sensitivities, consider a structured elimination trial under provider guidance. 4. Address any hormonal questions specifically (thyroid follow-up, sex hormone evaluation if appropriate). 5. Continue building the lifestyle pieces that work.

Beyond Week 8

The work becomes individualized. Some patients need a deeper functional medicine workup with specialty testing. Some find that lifestyle and basic nutrient repletion is enough. Many benefit from continued psychiatric medication management alongside the integrative work. The right path depends on your specific biology and goals.

A Final Word

Healing is rarely linear. There will be weeks of clear progress and weeks of unexplained setbacks. The body is patient, the mind less so. Both require the long view.

The most important thing I can tell you is that you are not broken, and you are not failing. Mental health challenges are often the visible tip of a much larger biological and circumstantial picture. The work we do together — whether through insurance-based psychiatric care or deeper functional medicine consultation — is to find the parts of that picture that have been overlooked, and to address them with the care they deserve.

If you have read this and have questions about how any of it might apply to you, those questions are exactly what a visit is for.

To schedule an appointment:

- **Psychiatric care through insurance** (Headway): visit my Headway profile through integrativemindbodypsychiatry.com
- **Functional medicine consultation** (cash-pay): book directly at integrativemindbodypsychiatry.com/functional-medicine
- **Questions about which is right for you:** start with whichever you feel ready for; we can adjust.

Currently accepting patients in Utah and Idaho via telehealth.

Respectfully, Beth Makar, RN, Dual-MSN, PMHNP-BC

Integrative Mind Body Psychiatry

This handout is for educational purposes only. It does not constitute personalized medical advice, diagnosis, or treatment. Specific supplement, medication, or lifestyle decisions should be made in consultation with a qualified healthcare provider familiar with your individual history and current medications. Some interventions discussed here can interact with prescription medications or be contraindicated in specific conditions. If you are experiencing a mental health crisis, please call 988 or go to your nearest emergency department.

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