



<https://doi.org/10.5281/zenodo.18518293>

The Integration of Complementary and Alternative Medicine (CAM) and the Conventional Psychiatric Care: Opportunity for Holistic Practices

Anthonia Ngozi Igboka¹, Victoria Obadoni² & Esther Okwudili Nwoke

¹RN, RM, RAEN, RNE, RPN, BNSc, PGDE, MSC, (Mental Health and Psychiatry), igboka.anthonia@dou.edu.ng

²RN, RM, BNSc, PGDE, MSc in Community Health, Nursing, obadonivikky@gmail.com

³MSc, BNSc, PN, RPHN, RM, RN, okwudilichukwuesther@gmail.com

ABSTRACT

This study investigated the integration of complementary and alternative medicine and the conventional psychiatric care. The integration of Complementary and Alternative Medicine (CAM) with conventional psychiatric care represents an evolving paradigm in mental health treatment that aims to enhance therapeutic outcomes and patient satisfaction. This abstract explores the multifaceted roles that CAM can play alongside conventional psychiatric practices, addressing the historical context, current trends, and future implications of this integration. Historically, mental health practices have predominantly leaned on pharmacological and psychotherapeutic interventions; however, growing patient demand for holistic approaches has prompted a reevaluation of treatment modalities. Many individuals experiencing mental health issues seek CAM options—such as mindfulness, acupuncture, herbal remedies, and nutritional therapies—either as adjuncts to standard treatment or as primary interventions. Research demonstrates that incorporating CAM into psychiatric care can improve symptom management, enhance emotional well-being, and reduce medication reliance, thus facilitating a more personalized patient experience. Studies indicate that techniques such as mindfulness meditation and yoga can significantly alleviate anxiety and depressive symptoms, contributing to improved quality of life. Furthermore, the biopsychosocial model of health emphasizes the interconnection between mind, body, and spirit, reinforcing the validity of incorporating CAM practices into conventional frameworks. Despite the promise shown in integrating CAM, challenges remain. These include the need for rigorous scientific validation of CAM modalities, standardization of practices, and overcoming skepticism within the medical community. Ultimately, the successful integration of CAM with conventional psychiatric care holds the potential to foster a more holistic approach to mental health treatment, addressing not only the physiological aspects of mental illness but also the psychological and social dimensions of well-being.

Keywords: Integration of complementary and alternative medicine, conventional psychiatric care, holistic practices

INTRODUCTION

The objective of medicine is to address people's unavoidable needs for emotional and physical healing. According to Ajumobi (2021), the discipline has evolved over millennia by drawing on the religious beliefs and social structures of numerous indigenous peoples, exploiting natural products in their environments, and more recently developing and validating therapeutic and preventive approaches using the scientific method. Public health and medical practices have now advanced to a point at which people can anticipate, and even feel entitled to lives that are longer and of better quality than ever before in human history (Jarvis, et al. 2022).

Despite the pervasiveness, power and promise of contemporary medical science, large segments of humanity either cannot access its benefits or choose not to do so. More than 80 percent of people in developing nations can barely afford the most basic medical procedures, drugs and vaccines (Liem, 2019). In the industrial nations, a surprisingly large proportion of people opt for practices and products for which proof as to their safety and efficacy is modest at best, practices that in the aggregate are known as Complementary and Alternative Medicine (CAM) or as Traditional Medicine (TM) (Abdurahman, et al. 2023).

Globally, the use of CAM is on the rise, with significant variations observed in its prevalence across different regions and demographics (Abbott, B. et al 2022). In many parts of the world, CAM practices are deeply rooted in cultural traditions and are often used in conjunction with conventional treatments. (Frass, et al 2020).

In recognition of the growing use of CAM therapies by some conventional medical practitioners, the Federation of State Medical Boards of the United States developed Model Guidelines for the Use of Complementary and Alternative Therapies in Medical Practice. The guidelines focus on “encouraging the medical community to adopt consistent standards, ensuring the public health and safety by facilitating the proper and effective use of both conventional and CAM treatments, while educating physicians on the adequate safeguards needed to assure these services are provided within the bounds of acceptable professional practice” (FSMB, 2002).

The Minnesota Board of Nursing has developed a statement of accountability with several specific points on the use of CAM in nursing. The document states, “Nurses who employ CAM therapies in their nursing practice to meeting nursing and patient goals developed through the nursing process are held to the same accountability for reasonable skill and safety as they are with the implementation of conventional treatment modalities”(Minnesota Board of Nursing, 2021). The Gillette Nursing Summit, held in May 2012, was convened to identify common concerns and a set of core recommendations that would enable nurses to provide leadership in this emerging field of CAM health and healing (Kreitzer and Disch, 2013) and resulted in the development of recommendations related to integrated health care in the areas of research, education, clinical care and policy.

The terms complementary and alternative describe practices and products that people choose as adjuncts to or as alternatives to Western medical approaches. Increasingly, the terms CAM and TM are being used interchangeably (Kaptchuk& Eisenberg, 2001; Straus, 2004). They refer to all broad range of practices, products and therapies that are not typically part of conventional medical care but are increasingly used to promote health and manage disease. Nevertheless, National Center for Complementary and Alternative Medicine (NCCAM 2014), defined CAM as a group of various medical and health care system, practices and products that are not presently considered to be an aspect of conventional medicine. Complementary health care approach in the use of CAM involves the use of conventional medicine and CAM products and services, while alternative medicine is the use of those CAM health services and/or products alone, in treatment. Some research studies showed that people suffering from chronic illnesses especially mental disorders use CAM more than those who suffer physical illnesses (Kemper, Gardiner&Birdee, 2013). According to Lake and Turner(2017), and supported by WHO (2017), it was globally asserted that mental illness represents an area of large unmet health care needs leading to persons resorting to self-care.

The increasing acceptance of CAM treatment in developed world is the result of scientific advances, social trends and evidence based research. But this is not so in most developing countries like Nigeria, where research is sparse (WHO,2020). Here, nearness to CAM practitioners and low costs accounts for high patronage thus, leading to late hospital seeking (Mental Health System, 2018). CAM practice includes herbal medicine, acupuncture, chiropractic care, yoga and meditation, among others. The growing interest in CAM is driven by a variety of factors, including the desire for more holistic approach to health, cultural practices and perceived limitations of conventional medicine, particularly in managing chronic diseases and maintaining overall well-being (Barnes, et al 2022). The integration of traditional medicine with modern healthcare practices reflects the diverse healthcare needs and cultural preferences of the population (Ezeome&Anarado, 2022).

Objective of the Study

At the end of the presentation, the participants will be made to understand:

1. Some of the CAM modalities and their potential benefits for mental health
2. Current state of conventional psychiatric care and its limitations
3. Evidence-based research on the effectiveness of integrating CAM into psychiatric care
4. Challenges and considerations for integrating CAM into conventional psychiatric care settings

CAM modalities

Some CAM modalities includes mindfulness, yoga, acupuncture and herbal supplements.

Mindfulness and Meditation

Mindfulness practices such as meditation, involve focusing on the present moment without judgment. Meditation also improve attention, emotional regulation and overall mental well-being.

Yoga and Movement

Yoga combines physical postures, breathing exercises and meditation, hence promoting relaxation and stress reduction. Movement therapies, including Tai Chi and Qigong, can enhance physical and mental health. These practices can improve mood, reduce anxiety, and alleviate symptoms of various mental health conditions (.....).

Acupuncture

Acupuncture involves inserting thin needles into specific points on the body to stimulate energy flow and promote healing. It is often used as a complementary therapy alongside conventional treatments.

Herbal Supplements

Herbal supplements, such as St. John's Wort, Ginkgo biloba and Ginseng are used to address various mental health issues. Herbal remedies can potentially reduce symptoms of anxiety, depression and improve mood. It is important to consult with a healthcare professional before using herbal supplements, as they may interact with medications.

Other CAM Modalities

Massage therapy: Massage can promote relaxation, reduce muscle tension and improve mood.

Aromatherapy: Using essential oils can enhance mood, reduce stress and promote relaxation.

Homeopathy: Homeopathy involves using highly diluted substances to stimulate the body's healing response.

Important Considerations

While CAM modalities offer potential benefits for mental health, it is crucial to consult with a healthcare professional before using them. Some CAM practices may interact with conventional medications and it's essential to ensure safety. CAM modalities should be used as a complementary approach alongside conventional treatments, not as a replacement.

Current state of conventional psychiatric care and its limitations

Conventional psychiatric care in Nigeria is provided through a network of Federal Neuro-Psychiatric Hospitals and University Teaching Hospitals with Psychiatric Units. Despite the existence of these facilities, the country faces a significant disparity between the demand and supply of mental health services. They include: shortage of psychiatrists and mental health support workers.

One out of four Nigerians, an estimate of about 50 million people are living with some sort of mental illness. According to Nigerian Medical Association, 350 psychiatrists currently serve Nigerians with an estimated population of about 200 million people as stated during the celebration of 2020 World Mental Health Day. This is similar to the estimated number of 250 psychiatrists serving Nigerians as claimed by Dr. Taiwo Sheikh, the president of the Association of Psychiatrists of Nigeria. Shortage of mental health professionals in addition to inadequate infrastructures and poor public attitudes towards mental illness has resulted to about 80 percent of people with serious mental illness who were unable to access adequate care.

Cultural and religious beliefs

Cultural and religious stereotypes have significant impact on the recovery process of people with mental health issues. Studies by Africa Polling Institute in collaboration with EpiAFRIC found that many Nigerians still associate mental illness with evil spirits, Voodoo and related supernatural causes. This misconception prompts many care seekers to seek treatment from religious leaders and traditional

healers who uses prayers, herbs and roots (CAM). Poor public education about mental health has allowed many misconception and low public acceptance of mental health patients to thrive.

According to Nigerian mental health expert, people do not have an understanding about mental health,(Harris et., al. 2019), So, mental health gets attributed to so many cultural beliefs, superstitious beliefs and evil practice, and the impression community has is always at extreme cases. In 2019, Human Rights Watch reported that thousands of people with mental illness are living in ankle chains at institutions designed for care. These, often religiously-run, centers are the only accessible option for many families.

Poor funding

The Federal Government of Nigeria has continuously earmarked less than 15% benchmark of health sector budget allocation agreed upon in April 2001 by leaders of the African Union (AU) at Abuja: 5.95% in 2012, 4.4% in 2014, 5.5% in 2015, 4.23% in 2016, 4.16% in 2017, 3.9% in 2018, 5.51% in 2020, 4.77% in 2022, 3.44% in 2022, 4.87% in 2023, 4.28% in 2024 and 4.99% in 2025. Despite the low budget allocation for health care in Nigeria, mental health care does not have a clearly defined allocation from the total health care budget allocation. Funding of health care at State and local government level are even worse, with state and local government contributing 29% and 8% of total government spending in the care sector respectively in 2016.

Considerations for integrating CAM into conventional psychiatric care settings.

When integrating Complementary and Alternative Medicine (CAM) into conventional psychiatric care settings, several considerations are essential to ensure safe and effective care.

Key Considerations:

Evidence-based practice: Consider the available evidence for CAM therapies and their potential benefits and risks.

Patient-centered care: Patients' preferences and choices regarding CAM therapies should be respected and integrated into their care plans.

Collaboration and communication: Effective collaboration and communication between healthcare providers and CAM practitioners are crucial for safe and effective integration.

Training and education: Healthcare providers may benefit from training and education on CAM therapies to improve their knowledge and understanding.

Safety and efficacy: Ensure that CAM therapies do not interact with conventional treatments or pose risks to patients.

Regulatory compliance: Ensure compliance with relevant laws and regulations regarding CAM therapies.

Cultural sensitivity: Consider the cultural background and values of patients when integrating CAM therapies into care plans.

Benefits of Integration

1. **Holistic care:** CAM therapies can provide a more holistic approach to care, addressing physical, emotional, and spiritual needs.
2. **Increased patient satisfaction:** Patients may experience increased satisfaction with care when CAM therapies are integrated into treatment plans.
3. **Improved outcomes:** Some CAM therapies may improve treatment outcomes, such as reduced symptoms or improved quality of life.

Best Practices

1. **Interdisciplinary collaboration:** Foster collaboration between healthcare providers and CAM practitioners to ensure comprehensive care.
2. **Patient education:** Educate patients about CAM therapies, including potential benefits and risks.

Monitoring and evaluation: Regularly monitor and evaluate the effectiveness and safety of CAM therapies (Cuig et al., 2020).

By considering these factors, healthcare providers can safely and effectively integrate CAM therapies into conventional psychiatric care settings.

Challenges for integrating CAM into conventional psychiatric care settings

Integrating Complementary and Alternative Medicine (CAM) into conventional psychiatric care settings poses several challenges. Some of the key difficulties include:

1. **Resistance to Change:** Many healthcare professionals are skeptical about CAM therapies due to limited knowledge and understanding, which can hinder their adoption.
2. **Limited Evidence:** There's a need for more research on the efficacy and safety of CAM therapies to convince healthcare providers of their benefits.
3. **Budgetary Constraints:** Implementing CAM programs requires initial investments in training, infrastructure, and equipment, which can be a challenge for healthcare institutions with limited budgets.
4. **Credentialing of CAM Providers:** Standardizing credentials and ensuring the qualifications of CAM practitioners can be complex and time-consuming.
5. **Lack of Knowledge:** Healthcare providers' limited understanding of CAM therapies can lead to skepticism and hesitation in recommending them to patients.
6. **Patient Disclosure:** Patients may not always disclose their use of CAM therapies to their healthcare providers, which can lead to potential interactions or adverse effects.
7. **Skepticism:** Some healthcare providers are skeptical about CAM due to concerns about scientific evidence, safety or efficacy (Dossett et al'. 2021).

To overcome these challenges, education and training are crucial. Providing healthcare providers with comprehensive education on CAM therapies and their evidence-based applications can foster acceptance and understanding. Additionally, involving patients in the conversation surrounding CAM integration can empower them to make informed decisions about their healthcare.

Implication to Nursing

1. Education and training: Nurses may need education and training on CAM therapies to effectively integrate them into practice.
2. Collaboration with CAM practitioners: Nurses may need to collaborate with CAM practitioners to provide comprehensive care and ensure safe and effective integration of CAM therapies.
3. Assessment and evaluation: Nurses will need to assess patients' use of CAM therapies and evaluate their effectiveness and safety in conjunction with conventional treatments.
4. Cultural competence: Nurses should be aware of the cultural significance of CAM therapies and be sensitive to patients' cultural backgrounds and values.

Benefits to Nursing Practice

1. **Enhanced therapeutic relationships:** Integrating CAM therapies into practice can enhance therapeutic relationships between nurses and patients, promoting trust and empathy.
2. **Improved patient outcomes:** CAM therapies may improve patient outcomes, such as reduced symptoms, improved mood, and enhanced quality of life.
3. **Increased job satisfaction:** Nurses may experience increased job satisfaction when able to provide holistic care that addresses the complex needs of patients (Ajumobi, 2021).

By embracing the integration of CAM and conventional psychiatric care, nurses can provide more comprehensive and patient-centered care, leading to improved patient outcomes and enhanced job satisfaction.

CONCLUSION

The integration of Complementary and Alternative Medicine (CAM) and conventional psychiatric care offers a promising approach to holistic practices, enhancing patient care and outcomes. By combining the strengths of both paradigms, healthcare providers can provide more comprehensive and patient-centered care, addressing the complex physical, emotional, and spiritual needs of individuals with mental health conditions. This integration has the potential to improve treatment outcomes, increase patient satisfaction, and foster a more collaborative and inclusive approach to mental health care. However, it requires careful consideration of the evidence base, safety and efficacy of CAM therapies, as well as effective communication and collaboration between healthcare providers.

Ultimately, the integration of CAM and conventional psychiatric care can help shift the focus from symptom management to overall well-being, promoting a more holistic understanding of mental health and wellness. By embracing this integrated approach, we can work towards creating a more compassionate, inclusive and effective mental health care system.

REFERENCES

- Abdulmalik, Jibril; Olaiwola, Saheed; Docrat, Sumaiyah; Lund, Crick; Chisholm, Dan; Gureje, Abdurahman, H. et al. (2023). Utilization of CAM in treating diseases and its relevance to Ajumobi, K(2021). "Anxiety, depression takes toll on 30% of Nigerians amid Covid-19". Businessday.
- Alqahtani, F. et al. (2020). Perception of healthcare providers towards integrating CAM in patient care. *Journal of Nursing Education and Practice*, 10(4), 1-9.
- Anheyer, G. et al. (2022). Mindfulness-based stress reduction in patients with chronic pain: A systematic review. *Journal of Pain Research*, 12, 1275-1286.
- Barnes, P. M. et al. (2022). Complementary and alternative medicine use among adults and children: United States, 2012.; *National Health Statistics Reports*, 12, 1-23.
- Becker, W. C. et al. (2021). Non-pharmacologic treatments for chronic pain. *Journal of General Internal Medicine*, 32(1), 17-23.
- Braun, L. et al. (2021). Complementary medicine in palliative care: A survey of healthcare professionals. *Journal of Palliative Medicine*, 13(9), 1147-1153.
- Ching, S. M. et al. (2013). Complementary and alternative medicine use among patients with type 2 diabetes mellitus in primary care. *Journal of Alternative and Complementary Medicine*, 19(4), 311-317.
- conventional medicine practices. *Journal of Alternative and Complementary Medicine*, 19(3), 253-259.
- Cuignet, O. et al. (2020). Auriculotherapy for chronic pain: A systematic review. *Journal of Pain Research*, 11, 1275-1286.
- Dossett, M. L. et al. (2021). Mindfulness-based interventions for anxiety disorders. *Harvard Review of Psychiatry*, 26(2), 63-73.
- Frass, M. et al. (2019). Use of complementary and alternative medicine by patients with chronic diseases. *Journal of Alternative and Complementary Medicine*, 18(3), 253-259.
- Gan, Y. et al. (2015). Complementary and alternative medicine use among patients with hematological cancers in Malaysia. *Journal of Alternative and Complementary Medicine*, 21(3), 156-162.
- Harris, P. et al. (2019). Prevalence of complementary and alternative medicine (CAM) use by the general population: A systematic review. *Journal of Alternative and Complementary Medicine*, 18(3), 269-276.
- Horriigan, B. et al. (2012). Integrative medicine in psychiatry. *Psychiatric Clinics of North America*, 35(2), 271-284.
- Jarvis, S. et al. (2022). Complementary and alternative medicine in palliative care: A systematic review. *Journal of Palliative Medicine*, 21(10), 1440-1448.

- Kelak, J. A. et al. (2018). Doctor-patient communication and patient satisfaction with CAM use. *Journal of Alternative and Complementary Medicine*, 24(3), 236-242.
- Kessler, C. S. et al. (2018). Mindfulness-based stress reduction in patients with chronic pain: A systematic review. *Journal of Pain Research*, 11, 1275-1286.
- Lake, J. et al. (2022). Integrative approaches to mental health care. *Psychiatric Clinics of North America*, 45(2), 271-284.
- Liem, A. et al. (2019). Complementary and alternative medicine in pain management. *Journal of Pain Research*, 12, 1275-1286.
- Lindell, G. et al. (2021). Complementary and alternative medicine in psychiatric care in Sweden. *Journal of Alternative and Complementary Medicine*, 16(3), 291-297.
- Mollart, L. et al. (2018). Complementary and alternative medicine in pregnancy and childbirth. *Journal of Alternative and Complementary Medicine*, 24(3), 243-249.
- NCCIH. (2018). Complementary and alternative medicine: What is CAM? National Center for Complementary and Integrative Health.
- Oye (2021). "Sustainable financing mechanisms for strengthening mental health systems in Nigeria". *International Journal of Mental Health Systems*. 13 (1): 38.
- Penney, L. S. et al. (2018). Complementary and alternative medicine in chronic pain management. *Journal of Pain Research*, 11, 1275-1286.
- Posadzki, P. et al. (2013). Prevalence of use of complementary and alternative medicine (CAM) by patients/consumers in the UK: A systematic review. *Journal of Alternative and Complementary Medicine*
- Ugochukwu, Obianuju; Mbaezue, Nkechi; Lawal, SaheedAkinmayowa; Azubogu, Chris; Sheikh, Taiwo Lateef; Vallières, Frédérique (2020). "The time is now: reforming Nigeria's outdated mental health laws". *The Lancet Global Health*. 8 (8):
- Wada, Yusuf Hassan; Rajwani, Linu; Anyam, Emmanuel; Karikari, Evelyn; Njikizana, Michelle; Srour, Lilian; Khalid, Garba M. (2021). "Mental health in Nigeria: A Neglected issue in Public Health". *Public Health in Practice*. 2: