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Kennedy Starts a Push to Help Americans Quit Antidepressants

Analysis by Dr. Joseph Mercola | June 07, 2026

STORY AT-A-GLANCE

- Federal health agencies announced a new national effort to reduce psychiatric overprescribing, increase informed consent, and expand access to non-drug mental health approaches like psychotherapy, nutrition, and physical activity
- Investigators who reanalyzed one of the most influential antidepressant trials reported that the original success claims were heavily inflated, with corrected remission rates falling far below the widely promoted public narrative
- Long-term recovery data from the STAR*D trial painted a much bleaker picture than most patients were told, with only a small percentage of participants both improving and staying well through the full follow-up period
- Exercise improves many of the same biological systems tied to depression, including mitochondrial energy production, stress hormone regulation, blood sugar stability, and sleep quality, without many of the metabolic drawbacks linked to psychiatric medications
- Daily habits like morning sunlight exposure, strength training, stable carbohydrate intake, better sleep timing, and reducing processed foods and seed oils help restore the cellular energy production your brain requires for emotional resilience and mental clarity

Tens of millions of American adults take antidepressants, and many remain on the drugs for years without ever receiving a structured plan to stop. Depression — characterized by persistent sadness, low motivation, fatigue, sleep disruption, poor

concentration, and loss of interest in daily life — affects nearly every system in your body when it becomes chronic. Left untreated, it increases your risk for metabolic dysfunction, social isolation, poor physical health, and even shortened lifespan.

Yet the conversation around treatment has started to shift dramatically. On May 4, 2026, the U.S. Department of Health and Human Services (HHS) announced a new national effort to address psychiatric overprescribing.[1]

This is important because many patients start antidepressants after brief appointments where lifestyle factors receive little attention. Sleep quality, movement patterns, sunlight exposure, and metabolic health rarely come up in those rushed visits, even though each one directly shapes how your brain regulates mood.

At the same time, serious questions continue to surround the research used to convince the public that antidepressants work exceptionally well long term. Investigators who reanalyzed one of the most influential federally funded depression trials reported that the original success claims were heavily inflated.[2]

When the data was reexamined using the study's original rules, the picture of long-term recovery looked far bleaker than the version repeated in medical training and media coverage for nearly two decades. That growing disconnect between public messaging and real-world outcomes explains why federal agencies have started elevating exercise and other non-drug strategies as frontline mental health tools rather than backup options after medications fail.

Federal Agencies Push Back Against Psychiatric Overprescribing

In their announcement, HHS introduced a new action plan focused on reducing unnecessary **psychiatric medication use**, especially among children and adolescents.[3] HHS Secretary Robert F. Kennedy Jr. said the initiative would "support patient autonomy, require informed consent and shared decision-making, and shift the standard of care

toward prevention, transparency, and a more holistic approach to mental health." The announcement framed psychiatric overuse as part of the broader mental health crisis facing the U.S.

- **Federal agencies said they will review prescription patterns and medication risks —** HHS stated that agencies are combining their expertise to evaluate how psychiatric medications are prescribed, their benefits, their harms, and the role of nonmedication approaches in mental health care.

  The plan specifically mentioned "scalable, evidence-based solutions" and highlighted non-drug strategies such as psychotherapy, family support, nutrition, and physical activity. Officials also stated they want to prevent unnecessary psychiatric drug initiation and support tapering for patients who are not seeing meaningful clinical benefit.

- **The initiative placed strong emphasis on informed consent and regular medication reviews —** HHS released a "Dear Colleague" letter encouraging providers to prioritize shared decision-making and routinely discuss the risks and benefits of psychiatric medications with patients.

  The guidance also encouraged clinicians to review whether medications are still helping over time instead of assuming long-term use automatically remains appropriate. The letter included information about billing codes that support evidence-based nonmedication treatments, making it easier for providers to offer alternatives beyond prescriptions.

- **New guidance supporting deprescribing efforts —** The Centers for Medicare & Medicaid Services (CMS) released guidance explaining how physicians and practitioners can receive Medicare payment for deprescribing-related care. Deprescribing refers to carefully tapering or discontinuing medications when appropriate rather than stopping suddenly.

CMS also directed clinicians to professional society guidelines, peer-reviewed deprescribing protocols, and U.S. Food and Drug Administration (FDA) taper instructions designed to reduce withdrawal problems and improve patient safety during medication reduction.

- **HHS outlined multiple educational and policy initiatives scheduled throughout 2026 —** The Substance Abuse and Mental Health Services Administration will release reports on prescribing trends and host educational webinars on psychiatric medication side effects, deprescribing approaches, and nonmedication treatments.

  HHS also announced a July Technical Expert Panel involving health professionals, patients, government agencies, and professional societies to help develop formal guidance on psychiatric medication use and discontinuation.

- **The federal plan also focused heavily on children and adolescents —** HHS stated that agencies would support child-specific training for frontline prescribers and improve access to specialist consultations and evidence-based psychotherapy services.

  CMS additionally announced plans to expand access to nonmedication care and reduce overreliance on **psychiatric drugs** for younger populations. At the same time, the National Institutes of Health and FDA said they are accelerating research into new mental health treatments as part of the broader federal initiative.

The Antidepressant Success Story Cracked

The federal push for greater transparency and informed consent didn't happen in a vacuum, because growing scrutiny over the research behind **antidepressant effectiveness** had already started reshaping the conversation around psychiatric care. An investigative report published by Mad in America in 2023, written by Robert Whitaker, examined the STAR*D antidepressant trial, a federally funded study that shaped depression treatment guidelines for years.[4]

STAR*D originally claimed that nearly 70% of patients eventually became symptom-free after multiple medication attempts.[5] Those results helped convince doctors, media outlets, and the public that antidepressants worked effectively for most people in real-world settings. The later analysis, however, argued that the reported numbers were inflated through protocol violations, selective reporting, and altered outcome measurements.

- **The original study involved more than 4,000 patients treated with antidepressants in routine clinical settings —** Researchers designed STAR*D to reflect what happens in ordinary medical practice rather than tightly controlled laboratory trials. Participants entered the study after struggling with persistent depressive symptoms severe enough to interfere with daily life.

  Patients who failed one antidepressant were repeatedly switched to different drugs or combinations of drugs through four escalating treatment stages. That approach mirrored what many patients still experience today — trial after trial of different medications while searching for relief.

- **Investigators later discovered the study changed its own rules during the process —** According to the Mad in America analysis, the original STAR*D protocol measured remission using a structured interview conducted by trained clinicians — a rigorous, time-intensive assessment considered the gold standard at the time.

  Partway through, researchers switched to a quick self-report questionnaire patients filled out themselves, and the looser tool produced noticeably rosier numbers, which dramatically improved the study's public image.

- **The difference between the reported success rate and the corrected success rate was enormous —** The published reports promoted a cumulative remission rate of roughly 67%. Yet investigators who reanalyzed the data using the original study rules found remission rates closer to 35%. The corrected numbers showed that most participants failed to achieve lasting symptom relief despite repeated medication trials.

- **Dropout rates and long-term recovery data painted a far different picture —** Thousands of participants left the study before completion. Some stopped because of side effects. Others saw little improvement. Investigators also reported that only about 3% of the original 4,041 participants both improved and stayed well through the full study period. That "stay-well" number sharply contrasted with the optimistic public narrative repeated for years after STAR*D first appeared.

- **If the corrected numbers are right, an entire generation of patients was misled —** Researchers argued the study's reporting influenced psychiatric care, physician training, and public trust in antidepressants for nearly two decades. Media organizations repeated the high remission numbers widely, reinforcing the belief that repeated medication switching reliably produced recovery.

  Understanding how those numbers were constructed helps you ask better questions about long-term treatment strategies and why exercise, sleep restoration, metabolic health support, and psychotherapy now receive far greater attention as foundational mental health tools.

Rebuild Your Mental Health from the Ground Up

Many people spend years chasing symptom relief while the underlying drivers of low mood stay untouched. Poor sleep, chronic stress, metabolic dysfunction, social isolation, lack of movement, and low cellular energy all wear down your brain and nervous system over time. Medication alone rarely fixes those foundational problems. Focus instead on restoring the conditions your brain requires to produce stable energy, emotional resilience, and clear thinking naturally.

If you're coming off an antidepressant, don't stop abruptly. Withdrawal symptoms — dizziness, "brain zaps," anxiety, insomnia, emotional volatility — can closely mimic relapse, leading patients and physicians to mistakenly conclude the medication was still needed. Always talk to your prescribing physician before making any changes to your medication, and look for one experienced in deprescribing if possible.

A knowledgeable clinician can design a taper appropriate to your dose and history, and help you tell withdrawal apart from relapse along the way.

1. **Use exercise as a primary antidepressant strategy —** Movement changes your brain chemistry fast. A brisk walk outdoors, resistance training, cycling, swimming, or body-weight exercises all increase dopamine and endorphins while lowering stress hormones. Exercise also improves mitochondrial energy production, which directly affects motivation, emotional stability, and mental clarity.

   Mitochondria are the tiny power plants inside every cell, including your brain cells. When they produce energy efficiently, you have the mental fuel for focus, motivation, and emotional regulation. When they sputter, fatigue and low mood often follow.

   If you feel overwhelmed, stop thinking in terms of perfect workouts. Start with consistency instead. Twenty minutes a few times a week works far better than doing nothing for weeks and then forcing yourself through exhausting routines. Keep score visually if that motivates you. Mark workouts on a calendar.

   Build streaks. Your brain responds strongly to momentum and visible progress. Strength training deserves special attention because muscle tissue improves glucose metabolism and insulin sensitivity. Better blood sugar regulation stabilizes mood swings and energy crashes that often mimic anxiety and depression.

2. **Restore your circadian rhythm with sunlight and sleep timing —** Your brain runs on biological timing signals. Morning sunlight exposure helps regulate melatonin, cortisol, and neurotransmitter balance. Get outside shortly after sunrise whenever possible. Even 10 to 20 minutes outdoors sends a powerful signal to your brain that stabilizes sleep and mood patterns.

   At night, lower artificial light exposure aggressively. Bright screens and LED lighting after sunset disrupt melatonin production and keep your nervous system in a stressed state. If your sleep remains fragmented, your brain doesn't fully recover

emotionally or metabolically. Sun exposure also supports mitochondrial energy production. I view this as foundational for emotional resilience because low cellular energy and chronic fatigue often overlap with depressive symptoms.

3. **Feed your brain enough carbohydrates and protein to produce stable energy —** Low-carb dieting and inadequate protein intake frequently worsen mood instability. Your brain requires glucose to function efficiently. Chronic carbohydrate restriction raises stress hormones and lowers metabolic flexibility, the ability to smoothly switch between burning carbs and fat for fuel.

   Most adults do best with about 250 grams of carbohydrates daily from whole fruit, root vegetables, white rice, and, if tolerated, properly prepared starches. If your gut health is compromised, introducing easier-to-digest carbohydrates gradually reduces digestive stress while improving energy production.

   Protein matters just as much. Your neurotransmitters are built from amino acids found in protein-rich foods. Aim for about 0.8 grams per pound (or 1.76 grams per kilogram) of lean body mass, with one-third coming from collagen-rich sources like slow-cooked meats or bone broth to support connective tissue, recovery, and metabolic health.

4. **Reduce the inflammatory load crushing your nervous system —** Highly processed foods, seed oils, alcohol, sleep deprivation, and chronic stress all drive inflammatory signaling that affects brain function. Alcohol deserves special attention because it disrupts mitochondrial energy production, damages gut integrity, and destabilizes mood regulation even at moderate intake.

   Remove seed oils aggressively, as they contain linoleic acid (LA), which contributes to mitochondrial dysfunction when consumed in excess. Avoid restaurant fried foods, packaged snacks, commercial salad dressings, and processed convenience foods made with soybean, corn, sunflower, or canola oils. Replace them with grass fed butter, ghee, or tallow.

Gut health also matters here. Poor gut balance increases inflammatory stress throughout your body, including your brain. If you experience bloating, irregular digestion, fatigue after meals, or brain fog, your gut environment deserves attention alongside your mental health symptoms.

5. **Create small daily habits that rebuild confidence and emotional resilience —** Long-term depression often destroys self-efficacy — your belief that your actions actually matter. Rebuilding that confidence requires repeated proof that your body and brain respond positively to healthy habits.

   Track simple victories instead of chasing perfection. A walk completed. Better sleep. Cooking breakfast instead of eating out. Getting outside at sunrise. Finishing a short workout. Those actions create biological improvements while also training your brain to expect progress instead of failure.

   If you struggle with motivation, reduce friction everywhere possible. Lay out workout clothes the night before. Keep simple whole foods available. Schedule walks at the same time daily. The easier the habit feels, the more likely your nervous system accepts it as sustainable rather than stressful.

FAQs About Antidepressants, Depression, and Non-Drug Mental Health Strategies

Q: Why is the federal government suddenly focusing on antidepressant overprescribing?

A: HHS announced a new action plan in May 2026 aimed at reducing unnecessary psychiatric medication use, especially among children and adolescents. Federal agencies said many patients remain on psychiatric drugs long term without regular reassessment of risks, benefits, or whether the medications still improve their quality of life.

The initiative also emphasized informed consent, deprescribing support, and non-drug approaches like psychotherapy, nutrition, physical activity, and family support.

Q: What problems were found in the STAR*D antidepressant study?

A: Investigators who reexamined the STAR*D trial reported that the study changed important outcome measurements during the research process, which inflated the reported antidepressant success rates. The original reports claimed nearly 70% of patients eventually became symptom-free.

Later analyses using the study's original rules found remission rates closer to 35%, with only about 3% of participants both improving and staying well long term. Critics argued those inflated numbers shaped psychiatric treatment guidelines and public perception for years.

Q: Why does exercise help depression so effectively?

A: Exercise directly improves many of the biological problems linked to depression, including poor mitochondrial energy production, chronic stress signaling, blood sugar instability, and inflammation. Physical activity also increases dopamine and endorphins while improving sleep quality and emotional resilience. Unlike many antidepressants, movement improves the underlying systems that regulate mood rather than simply suppressing symptoms.

Q: How do sleep and sunlight affect mental health?

A: Your brain relies heavily on circadian rhythm signals — your body's internal timing system. Morning sunlight exposure helps regulate melatonin, cortisol, and neurotransmitter balance, which stabilizes mood and sleep patterns. Poor sleep and

excessive nighttime artificial light disrupt those systems and keep your nervous system in a chronically stressed state. Consistent sunlight exposure and better sleep timing help restore emotional stability and mental clarity.

Q: What lifestyle habits worsen depression and emotional instability?

A: Highly processed foods, chronic stress, alcohol, sleep deprivation, physical inactivity, and excessive seed oil consumption all increase inflammatory stress and impair mitochondrial energy production. Low-carb diets and inadequate protein intake also worsen mood instability for many people because your brain requires glucose and amino acids to produce stable energy and neurotransmitters.

Addressing those foundational lifestyle factors improves emotional resilience far more effectively than relying solely on repeated medication changes.

Sources and References

- [1, 3] U.S. Department of Health and Human Services May 4, 2026
- [2, 4] Mad in America September 9, 2023
- [5] American Journal of Psychiatry November 2006; 163:11