

The Role of Vitamin D Deficiency in Mental Illness

By [Dr. Joseph Mercola](#)

Theme: [Science and Medicine](#)

Global Research, December 23, 2024

[Mercola](#)

Vitamin D receptors exist throughout your brain, affecting mental health by regulating neurotransmitters and reducing inflammation. Deficiency is linked to depression, anxiety and psychosis

Mental health patients show higher rates of vitamin D deficiency, caused by reduced sun exposure, obesity and other factors

Studies show vitamin D supplementation improves depression symptoms, particularly in elderly and adolescent patients. Optimal blood levels range from 60 to 80 ng/mL

Safe sun exposure remains the best source of vitamin D, but those consuming seed oils should wait four to six months after elimination before increasing sun exposure; if regular sun exposure isn't feasible, vitamin D supplementation may be necessary

Protective strategies for safe sun exposure include taking astaxanthin (12 mg daily), using niacinamide cream, pre-exposure baby aspirin and molecular hydrogen supplementation

*

Vitamin D receptors are not just limited to your skeletal system for bone health — they're also present in various brain regions like your hippocampus, substantia nigra and cerebellum.

This hints at vitamin D's key role in neurological development and the functioning of your nervous system. When your body lacks sufficient vitamin D, it disrupts neurotransmitter release, affects neurotrophic factors and impairs neuroprotection.¹

These disruptions are linked to mood and behavioral changes, contributing to psychiatric conditions such as depression, anxiety and even psychosis. Moreover, vitamin D helps modulate inflammation, which is often elevated in mental health disorders. This is why optimizing your vitamin D levels is important for both physical health and maintaining your mental well-being.

Vitamin D Deficiency and Its Prevalence in Mental Health Conditions

Vitamin D deficiency is common, affecting over half of the global population regardless of age or ethnicity.² For individuals battling psychiatric disorders, the rates of deficiency are even higher. Studies indicate that psychiatric patients often have lower vitamin D levels

compared to the general population.

Factors contributing to this deficiency include reduced sunlight exposure due to time spent indoors, poor dietary intake and obesity, which sequesters vitamin D in fat tissues. Additionally, certain psychiatric medications lead to weight gain, further complicating vitamin D status.³

This widespread deficiency is concerning because [low levels of vitamin D](#) have been linked to a higher incidence of various mental health issues, including depression, schizophrenia and anxiety disorders⁴ — each affected in unique ways.

In depression, low vitamin D levels are associated with increased symptoms and a higher risk of developing the disorder. Vitamin D may protect the hippocampus during stress-related dysregulation and support the release of dopamine, a neurotransmitter involved in mood regulation.⁵

Schizophrenia, a chronic mental health disorder characterized by distorted thinking and perceptions, is another area of interest concerning vitamin D's benefits. Research reveals a high prevalence of [vitamin D deficiency](#) among individuals with schizophrenia, particularly those experiencing acute episodes.⁶

Some studies have also found a strong association between low vitamin D levels and the severity of schizophrenia symptoms, suggesting that vitamin D could play a role in cognitive function and neuroprotection.⁷ In psychotic spectrum diseases like schizophrenia, deficiency is often linked to poorer outcomes and increased symptom severity, due to reduced neuroprotection and impaired neurotransmission.

The Impact of Vitamin D on Specific Mental Health Conditions

Neurodevelopmental disorders, including autism and attention-deficit hyperactivity disorder (ADHD), also show significant correlations with vitamin D levels, where supplementation has been found to improve behavioral and cognitive symptoms.⁸

Some research also indicates that individuals with bipolar disorder often exhibit lower levels of vitamin D compared to those without the condition. For instance, higher levels of vitamin D binding protein have been observed in bipolar patients, suggesting a link between vitamin D metabolism and mood regulation.⁹

Additionally, vitamin D plays a role in sleep-wake disorders, where deficiency disrupts circadian rhythms and leads to poor sleep quality.¹⁰ Optimizing vitamin D levels is therefore a promising therapeutic strategy for many mental health conditions. Studies have shown that vitamin D supplementation leads to improvements in depressive symptoms, particularly in individuals with existing deficiencies.

For instance, elderly patients with depression, adolescents and those recovering from acute illnesses have all benefited from increased vitamin D intake. In the context of schizophrenia, adding vitamin D to standard antipsychotic treatments has been linked to better cognitive outcomes and reduced symptom severity.¹¹

Neuroinflammation, the inflammation of the nervous tissue, plays a role in many neurological and mental disorders, including traumatic brain injury, Alzheimer's disease and vascular dementia. Vitamin D has emerged as a promising agent in combating neuroinflammation due to its anti-inflammatory and immunomodulatory properties.¹²

Animal studies, such as those conducted on rats with traumatic brain injury, have also demonstrated that vitamin D supplementation shifts microglial cells toward an anti-inflammatory state, reducing brain edema and protecting the blood-brain barrier.

Vitamin D Helps Relieve Depression and Anxiety

A meta-analysis published in the *Journal of Affective Disorders* explored the effectiveness of vitamin D supplementation in managing primary depression.¹³ The study reviewed 18 randomized controlled trials to assess whether vitamin D alleviates depressive symptoms in adults. The findings revealed a significant overall reduction in depression scores among those who received vitamin D supplements compared to those who received a placebo.

Notably, the benefits were more pronounced in individuals with baseline vitamin D levels exceeding 20 ng/mL, where the reduction in depressive symptoms was substantial. This suggests that higher levels of vitamin D may be necessary to achieve meaningful improvements in depression.

A study published in *The American Journal of Geriatric Psychiatry* also revealed a compelling association between vitamin D deficiency and increased depressive symptoms in older adults.¹⁴ The study analyzed data from 299 participants, with over 60% classified as either vitamin D deficient or insufficient.

These individuals exhibited higher scores on the Geriatric Depression Scale, particularly in the dysphoria and meaninglessness subdomains. This negative correlation suggests that lower vitamin D levels are directly linked to heightened feelings of sadness, hopelessness and a lack of purpose — core elements of depression. Notably, the study found that higher vitamin D sufficiency levels, nearing 95.5 ng/mL, were associated with minimal to no depressive symptoms.

These results underscore the crucial role that adequate vitamin D plays in maintaining mental health, highlighting the potential of VD supplementation as a strategic intervention to alleviate depressive symptoms in older populations. Anxiety disorders, much like depression, significantly impact your daily life and overall well-being.

Separate research highlights that low vitamin D levels are not only associated with increased symptoms of depression but also with heightened anxiety.¹⁵ Vitamin D's antioxidant and anti-inflammatory properties play a role in mitigating the oxidative stress and inflammation that are key players in the pathophysiology of anxiety disorders.

Brain regions such as the prefrontal cortex and hippocampus, which are involved in regulating mood and anxiety, contain vitamin D receptors and the enzyme necessary for activating vitamin D. This suggests that adequate vitamin D levels are essential for maintaining the health and functionality of these brain areas. Supplementing with vitamin D has also been found to help reduce anxiety symptoms.¹⁶

Maximizing the Benefits of Sunlight for Vitamin D Production

While vitamin D supplements are widely available, sunlight remains the gold standard for vitamin D synthesis in your body. Beyond just vitamin D production, sun exposure offers additional health advantages. In fact, elevated vitamin D levels often indicate [healthy sun exposure](#), which may explain many of the health benefits traditionally attributed to vitamin D alone, including reduced mental health benefits, cancer risk and enhanced longevity.

One important factor that's often overlooked in sun exposure discussions, however, is the impact of dietary oils, particularly seed oils. If you regularly consume seed oils, you'll need to exercise extra caution with sun exposure. These oils contain high amounts of [linoleic acid](#) (LA), which becomes problematic when exposed to ultraviolet radiation. The interaction between sunlight and LA-rich skin triggers inflammation and DNA damage.

For this reason, it's advisable to limit sun exposure to earlier in the morning or later in the afternoon if you've been consuming these oils regularly. A safe approach is to wait four to six months after eliminating these oils from your diet before increasing sun exposure. Several personal characteristics also influence how your body tolerates and responds to sunlight:

- **Skin pigmentation** — Melanin serves as a natural sunscreen. People with darker skin need longer sun exposure to produce the same amount of vitamin D as those with lighter skin.
- **Body composition** — Fat tissue stores fat-soluble compounds, including oxidized seed oils. Those with higher body fat percentages may need to be more cautious, as stored oils extend the risk period even after dietary changes.

Guidelines for Safe Sun Exposure

The simplest way to gauge appropriate sun exposure is the "sunburn test." Monitor your skin for any signs of redness. If you don't notice even slight pinkness, you're likely within a safe exposure range. Always avoid sunburn, as it indicates damage. As you reduce LA stores in your body, your susceptibility to sunburn and skin cancer decreases significantly.

These recommendations account for both optimal vitamin D production and protection against oxidative stress while your body eliminates stored LA so during the transition period:

- Until you've been seed oil-free for six months, avoid direct sun 2 to 3 hours before and after solar noon. While complete tissue clearance of seed oils takes about two years, the six-month mark typically allows enough detoxification for beneficial sun exposure during peak hours.
- Remember that during Daylight Saving Time (summer months), solar noon occurs at 1 PM, not 12 PM. This means peak sunlight hours are roughly 10 AM to 4 PM during these months.
- As your body eliminates stored seed oils over the initial six months, gradually increase sun exposure closer to solar noon. Start with early morning or late afternoon sun, slowly working toward midday exposure as your tissues become cleaner and more resilient to UV light.

If sun exposure is necessary before your body has cleared seed oils, consider these

protective measures:

1. [Astaxanthin](#) supplementation — Take 12 milligrams daily to enhance skin resistance to sun damage.

2. Topical niacinamide — Apply vitamin B3 cream before sun exposure to protect against UV-induced DNA damage.

3. Pre-exposure aspirin — Taking a baby aspirin 30 to 60 minutes before sun exposure may reduce skin cancer risk by preventing LA conversion to harmful oxidized linoleic acid metabolites (OXLAMs).

4. [Molecular hydrogen](#) — This compound helps neutralize free radicals and reduces oxidative stress while maintaining beneficial reactive oxygen species.

Vitamin D Supplementation Tips

If regular sun exposure isn't feasible, vitamin D supplementation may be necessary. However, the current definition of vitamin D deficiency (less than 20 ng/mL) has been shown to be inadequate for good health and disease prevention. While sufficiency begins around 40 ng/mL (100 nmol/L in European measurements), the target range for optimal health is 60 to 80 ng/mL (150 to 200 nmol/L). To optimize your vitamin D levels:

1. Test your levels twice a year
2. Adjust sun exposure or supplementation based on the results
3. Retest after three to four months to confirm you've reached target levels
4. Continue monitoring to maintain optimal levels

Remember that everyone's relationship with the sun is unique. Listen to your body's signals and adjust your exposure accordingly. The goal is to harness the benefits of sunlight while avoiding sunburn. Further, keep in mind that the interplay between vitamin D and mental health is intricate and multifaceted. While supplementation shows promise, it's not a one-size-fits-all solution.

Vitamin D deficiency could be both a consequence of mental illness — due to factors like reduced sunlight exposure and poor diet — and a contributing factor to the severity and resistance to treatment of these conditions. Therefore, addressing vitamin D levels should be part of a holistic approach to mental health care, alongside dietary improvements, physical activity and other psychosocial interventions.

However, ensuring adequate vitamin D levels through safe sun exposure and supplementation when necessary is a valuable component in supporting your mental well-being. By taking proactive steps to manage your vitamin D status, you contribute positively to your overall mental health and resilience against psychiatric disorders.

*

Click the share button below to email/forward this article to your friends and colleagues. Follow us on [Instagram](#) and [Twitter](#) and subscribe to our [Telegram Channel](#). Feel free to repost and share widely Global Research articles.

[Global Research's Holiday Fundraiser](#)

Notes

^{1, 2, 3, 4, 5, 8, 10, 11} [Medicina \(Kaunas\). 2023 Nov 21;59\(12\):2056](#)

^{6, 7, 9, 12} [Diseases. 2024 Jun 20;12\(6\):131](#)

¹³ [J Affect Disord. 2024 Jan 1;344:653-661. doi: 10.1016/j.jad.2023.10.021. Epub 2023 Oct 16](#)

¹⁴ [The American Journal of Geriatric Psychiatry July 2024, Volume 32, Issue 7, P808-820](#)

^{15, 16} [Curr Nutr Rep. 2022 Sep 13;11\(4\):675-681](#)

Featured image [source](#)

The original source of this article is [Mercola](#)
Copyright © [Dr. Joseph Mercola](#), [Mercola](#), 2024

[Comment on Global Research Articles on our Facebook page](#)

[Become a Member of Global Research](#)

Articles by: [Dr. Joseph](#)
[Mercola](#)

Disclaimer: The contents of this article are of sole responsibility of the author(s). The Centre for Research on Globalization will not be responsible for any inaccurate or incorrect statement in this article. The Centre of Research on Globalization grants permission to cross-post Global Research articles on community internet sites as long the source and copyright are acknowledged together with a hyperlink to the original Global Research article. For publication of Global Research articles in print or other forms including commercial internet sites, contact: publications@globalresearch.ca

www.globalresearch.ca contains copyrighted material the use of which has not always been specifically authorized by the copyright owner. We are making such material available to our readers under the provisions of "fair use" in an effort to advance a better understanding of political, economic and social issues. The material on this site is distributed without profit to those who have expressed a prior interest in receiving it for research and educational purposes. If you wish to use copyrighted material for purposes other than "fair use" you must request permission from the copyright owner.

For media inquiries: publications@globalresearch.ca