Visioning a Recovery Oriented Alaska Mental Health System

Jim Gottstein Law Project for Psychiatric Rights http://PsychRights.Org

Renewable Resources

2009 Alaska Mental Health Recovery Education Conference May 12, 2009



Mental Health Recovery Stories

Jim Gottstein

In 1982, when I was 29, I got into a situation where I didn't sleep for days. I tried to do too much. I went psychotic. When I heard someone coming down the hall, I thought the devil was after me and jumped out of my father's second-floor window in the wee hours in my underwear (since I knew how to do a parachute landing fall, I really didn't think I would get hurt, and I didn't). After I was captured, I was taken to Alaska Psychiatric Institute (API) in a straight-jacket, and pumped full of a whole lot of Mellaril.

Prior to this, I was a practicing attorney. I had gone through college in three years at the University of Oregon by averaging 21 hours a term, rather than the normal 15 hours. After graduating from college I was admitted to Harvard Law School. Since graduating from law school, I had been practicing law in Anchorage. Before my episode I had never run into a situation where I couldn't do all the work that "needed to get done."

When I woke up in the hospital, still groggy from the medication that forced me (finally) to sleep, a young man was sitting m a chair at the foot of my bed with a clipboard. He asked me what day it was. I asked him how long I had been askep. He wreted down that I didn't know what day it was. Things ddn't gat better from there. I was somewhat beligerent since I was used to being free and being able to make my own decisions. Secretarius I usuad that a la limit to make them earlet me. One time, they delift cache how before me had hir what had he was the state of the state o

Why Has Society Accepted Dubious Medical Model?

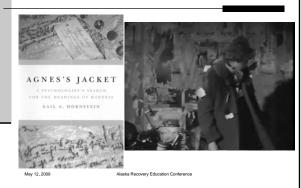
Fear and Absolution

- Fear Myth:
 - People Diagnosed with Mental Illness Are Violent
- Absolution
 - By Accepting "Medical Model," No one is Responsible

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If Not Defective Brain, What?



Psychiatric Symptoms Are Responses to Events/Experiences

- Examples:
 - Multiple Personalities
 - Other Responses to Trauma
 - Mental Map Reorganization
 - Hearing Voices
 - Common Phenomenon
 - Mania
 - Icarus Project Time Magazine Last Week

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While Some People find Neuroleptics Helpful . . .

- Quality of Life Tremendously Diminished
- Otherwise Cause Massive Amount of Harm
 - Life Spans Now 25 Years Shorter
- Greatly Reduce Recovery Rates
- 6-fold Increase in Mental Illness Disability Rate
- Hugely and Unnecessarily Expensive
- Huge Unnecessary Human Toll

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Didn't Ascribe Bad Motives to Psychiatrists, but at this Point . . .

- With Recent Revelations No Longer Plausible Deniability
- Why Do They Still Insist on the Drugs Even Though they Are Largely Ineffective and Always Harmful?
- Psychiatrists No Longer Know Anything But the Drugs

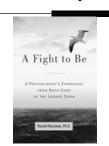
What to Do?

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Successful Peers Are The Real Experts

- Many examples of recovery from "incurable" mental illness.
 - Value of Insights Need to Be Recognized
- Unique ability to relate to people going through the same thing.
- Also some Mental Health Professionals Get It – They Listen to and Learn from (ex)Users.



Many Others

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Recovery – JG Definition

Getting past a diagnosis of mental illness to a point where a person enjoys meaningful activity, has relationships, and where psychiatric symptoms, if any, do not dominate or even play a major role in their life.

Recovery: Responsibilities and Roadblocks, by Jim Gottstein, http://akmhcweb.org/recovery/RecoveryResponsibilitesRoadblocks.pdf

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Recovery Essentials from Recovery Story

- You have to take responsibility for your own mental health and behavior
- You have to learn to recognize your symptoms.
- You have to learn what works for you.

(Same ideas as WRAP - Wellness Recovery Action Plan)

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Other Principles

- If it isn't voluntary it isn't treatment
 - Force is Counterproductive
- Different things work for different people
- Unsuccessful Attempts Part of Recovery Process
- Diagnoses of Limited Benefit/Mostly Harmful



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Achieving the Vision in Alaska

- Soteria-Alaska—Alternative to Hospitalization
- CHOICES, Inc.—Community Implementation
- Peer Properties—Peer Run Housing
- Law Project for Psychiatric Rights (PsychRights)—Create Environment Conducive to Non-Coercive, Non-Drug Choices Through Strategic Litigation

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Goals

- Substantially Increase Recovery Rate After diagnosis of Serious Mental Illness
- Substantially Reduce If Not Eliminate Force
- System Support of Adults' Medication Preferences
- Stop Massive Over-Drugging of Children & Youth in State Custody & Through Medicaid

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Soteria-Alaska

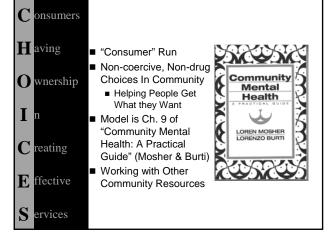
- Non-coercive, non-drug option for people who would otherwise be facing hospitalization.
- Neuroleptically Naive
- Replicate Original Soteria-House Model
- "Be With" rather than "Do To."
 - Empathic Staff

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Soteria





Peer Properties

- Peer Run Housing
- De-links Housing from Compliance
 - No "services," but operates on peer support principle
- One 4 bedroom House
 - Current Opening for One woman
- Necessity of Operating Subsidy
- Looking for Board Member(s)

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PsychRights

- Help Create Receptive Climate
 - Alter Path of Least Resistance Re: Force
 - Right to Less Restrictive/Intrusive Alternative
- Alaska Supreme Court Victories
 - Myers -- 2006
 - Wetherhorn -- 2007
 - Wayne B -- 2008
- Pending Alaska Supreme Court Cases
 - Bigley -- Right to Less Intrusive Alternative
 - WSB -- Right to Have Case File Public

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Drugging of Children & Youth PsychRights v. Alaska

Seeks declaratory and injunctive relief that Alaskan children and youth have the right not to be administered psychotropic drugs unless and until:

(i) evidence-based psychosocial interventions have been exhausted,

- (ii) rationally anticipated benefits of psychotropic drug treatment outweigh the risks,
- (iii) the person or entity authorizing administration of the drug(s) is fully informed, and
- (iv) close monitoring of, and appropriate means of responding to, treatment emergent effects are in place, and that all children and youth currently receiving such drugs be evaluated and brought into compliance with the above.



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Q & A

Suggested Reading

- Mad in America: Bad Science, Bad Medicine and the Enduring Mistreatment of the Mentally III (2001) by Robert Whitaker Alternatives Beyond Psychiatry, Peter Lehman & Peter Stastny, MD, Editors (2007).

 Agnes's Jacket: A Psychologists' Search for the Meaning of Madness, Gail Hornstein, PhD (2009)
- A Fight to Be: A Psychologist's Experience from Both Sides of the Locked Door, Ronald Bassman, Ph.D. (2007)
- The Hidden Prejudice: Mental Disability on Trial, (2000) by Michael L. Perlin
- Rethinking Psychiatric Drugs: A Guide to Informed Consent, by Grace E. Jackson, MD, (2005)
- Brain Disabling Treatments in Psychiatry: Drugs, Electroshock, and the Role of the FDA, Ed. 2 (2008) by Peter Breggin, MD.
- Community Mental Health: A Practical Guide (1994) by Loren Mosher and Lorenzo Burti

- Soteria: Through Madness to Deliverance, by Loren Mosher and Voyce Hendrix with Deborah Fort (2004

 Psychotherapy of Schizophrenia: The Treatment of Choice (Jason May 12, Augnson, 1996), by Bettramp.RepyKaron, and Gary R. Vandenbos

Suggested Reading (cont.)

- Schizophrenia: A Scientific Delusion, by Mary Boyle, Ph.D. (2002)
- Let Them Eat Prozac, by David Healy, MD. (2006).
- Creating Mental Illness, by Allan V. Horwitz (2002).
- Toxic Psychiatry: Why y Therapy, Empathy, and Love Must Replace the Drugs, Electroshock, and Biochemical Theories of the New Psychiatry, by Peter Breggin, MD (1994)
- Commonsense Rebellion, by Bruce E. Levine (2001)
- Blaming the Brain: The Truth About Drugs and Mental Health, by Elliot Valenstein (1998).
- Escape From Psychiatry, by Clover (1999)
- How to Become a Schizophrenic: The Case Against Biological Psychiatry, 3d Ed., by John Modrow (2003)
- Other books at http://psychrights.org/Market/storefront.htm

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