



Needed Reforms in Mental Health

Bartlett Club

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James B. (Jim) Gottstein, Esq.
Law Project for Psychiatric Rights
Jim.Gottstein@PsychRights.org
<http://PsychRights.org/>

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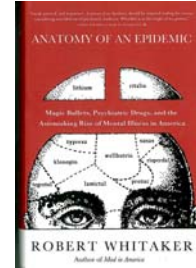
The Paradoxes . . .

- The Drugs Alleviate Symptoms in the Short Term, but Make Things Dramatically Worse in the Long-Run (for most).
- Service Eligibility Requires People to be Permanently Disabled and Poor

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Psychiatric Drugs Causing Massive Harm with Little Benefit

- 6-fold Increase in Mental Illness Disability Rate
- Neuroleptics Cut the Recovery Rate At Least in Half
- Prospects for Drugged Children Dismal
- Neuroleptics Double Mortality in Elderly
- Life Spans Now 25 Years Shorter



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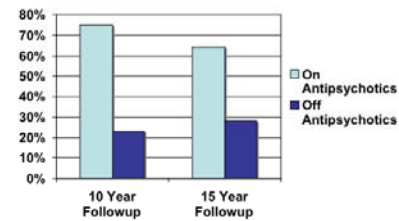
Neuroleptics Misbranded as "Antipsychotics"

Abilify, Seroquel, Risperdal, Zyprexa, Thorazine, Haldol

- Ineffective and/or Intolerable for 75%
- Very Disabling for Many
- Developed for Schizophrenia
 - Used Way Beyond Now
- Chemical Lobotomy
- Dramatically Reduce Recovery Rates
- Dramatically Diminish Quality of Life (for most)

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Psychotic Symptoms



The schizophrenia patients who stayed on antipsychotics long-term were much more likely to continue to suffer from psychotic symptoms. Source: Martin Hamrow and Thomas Jobe. "Factors Involved in Outcome and Recovery in Schizophrenia Patients Not on Antipsychotic Medications: A 15-year Multifollow-up Study." *The Journal of Nervous and Mental Disease*, 195 (2007):406-414.

5 Courtesy of Robert Whitaker, author of *Anatomy of an Epidemic* and *Mad in America*

Antidepressants

Celexa, Effexor, Lexapro, Luvox, Paxil, Prozac, Wellbutrin, Zoloft

- Increase Suicidality & Violence
- Addictive
- Lose "effectiveness" over time
 - Effectiveness Questionable
- Cause Mania → Bipolar Diagnoses → Drug Cocktails

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The Transformation of Bipolar Disorder in the Modern Era

	Pre-Lithium Bipolar	Medicated Bipolar Today
Prevalence	1 in 5,000 to 20,000	1 in 20 to 50
Good long-term functional outcomes	75% to 90%	33%
Symptom course	Time-limited acute episodes of mania and major depression with recovery to euthymia and a favorable functional adaptation between episodes	Slow or incomplete recovery from acute episodes, continued risk of recurrences, and sustained morbidity over time
Cognitive function	No impairment between episodes or long-term impairment	Impairment even between episodes; long-term impairment in many cognitive domains; impairment is similar to what is observed in medicated schizophrenia

This information is drawn from multiple sources. See in particular Huxley, N. "Disability and its treatment in bipolar disorder patients." *Bipolar Disorders* 9 (2007): 183-96.

Courtesy of Robert Whitaker, author of *Anatomy of an Epidemic* and *Mad in America*

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- Benzodiazepines (“Benzos”)**
Ativan, Klonopin, Restoril, Xanax, Valium
- Effective for only a few weeks
- Highly Addictive
 - Some People Simply Can Not Get Off Them
- Can cause mania
- Can cause violence

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- ● ●
- Stimulants**
Adderall, Concerta, Dexedrine, Focalin, Ritalin, Strattera, Vyvanse
- No convincing evidence of short or long term improvement in cognitive ability or academic performance
- Mania, psychosis, hallucinations
- Brain Damage
- Cardiovascular Harm, including cardiac arrest
- Stunts Growth
- Agitation
- Aggression
- Insomnia
- Depression, suicide
- Headaches
- Stomach aches
- Obsessive Compulsive Behaviors
- Quadruples Cocaine Abuse Rate
- Many more

Source: Brain Disabling Treatments in Psychiatry, Breggin, Springer, 2008
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- ● ●
- Anticonvulsants Misbranded as Mood Stabilizers**
Depakote, Lamictal, Neurontin, Tegretol, Topamax
- Can Cause:
 - Hostility, Aggression, Depression & Confusion
 - Liver Failure
 - Fatal pancreatitis
 - Severe & lethal skin disorders
- May Cause
 - Mild cognitive impairment with chronic use

Source: Brain Disabling Treatments in Psychiatry, Breggin, Springer, 2008
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- ● ●
- Psychiatric Drugging of Children**
- 1 in 23 on stimulants (3.5 million)
 - No long term benefit; short term benefit mainly for adults
- 1 in 40 on antidepressants
 - Prozac Boys Study: 23% developed manic like symptoms; 19% more drug induced hostility
 - Bipolar Rate soars
 - From close to none in 1995 to 800,000 by 2003
 - Then come the neuroleptics & anticonvulsants misbranded as mood stabilizers.
- Many Now on Neuroleptics, even six month olds.
- Child MH Disability Rate Soars from Essentially Zero in 1987 to 600,000 by 2007.

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- Psychiatric Drugging of Nursing Home Residents**
- Thousands Die Each Year from Neuroleptics Used on Residents Who Are Not Mentally Ill
- Neuroleptics Double Mortality Rate (without necessarily being attributed to the drugs in practice).
- Dramatically reduces Quality of Life
 - Many Seniors “come to life” when taken off the neuroleptic

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- ● ●
- Recovery Principles**
- Hope
- Someone believes in you
- 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.
- 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

Solutions Are Many (Adults)

- Soteria
- Open Dialogue
- Peer Directed
- Hearing Voices Network



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The Soteria Project

Study

First-episode schizophrenia patients treated conventionally in a hospital setting with drugs versus treatment in the Soteria House, which was staffed by non-professionals and involved no immediate use of antipsychotic medications. Results are from 1971-1983 cohorts, with 97 patients treated conventionally and 82 patients treated in Soteria House.

Results

- At end of six weeks, psychopathology reduced comparably in both groups.
- At end of two years:
 - Soteria patients had better psychopathology scores
 - Soteria patients had fewer hospital readmissions
 - Soteria patients had higher occupational levels
 - Soteria patients were more often living independently or with peers

Antipsychotic Use in Soteria Patients

- 76% did not use antipsychotic drugs during first six weeks
- 42% did not use any antipsychotic during two-year study
- Only 19 % regularly maintained on drugs during follow-up period

J Nerv Ment Dis 1999; 187:142-149
J Nerv Ment Dis 2003; 191: 219-229

Five-Year Outcomes for First-Episode Psychotic Patients in Finnish Western Lapland Treated with Open-Dialogue Therapy

Patients (N=75)	
Schizophrenia (N=30)	
Other psychotic disorders (N=45)	
Antipsychotic use	
Never exposed to antipsychotics	67%
Occasional use during five years	33%
Ongoing use at end of five years	20%
Psychotic symptoms	
Never relapsed during five years	67%
Asymptomatic at five-year followup	79%
Functional outcomes at five years	
Working or in school	73%
Unemployed	7%
On disability	20%

Source: Seikkula, J. "Five-year experience of first-episode non-affective psychosis in open-dialogue approach." *Psychotherapy Research* 16 (2006):214-28.

Hearing Voices Network:

- Question is not "what is wrong with you?," but "what happened to you?"
- Help People Deal with Voices
- Similar Approach for "Delusions"

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The Long-Term Benefit of Exercise for Depression

Treatment During First Four Months	Percentage of Patients in Remission at End of Four Months	Percentage of Remitted Patients Who Relapsed in Six-Month Followup	Percentage of Patients Depressed at End of Ten Months
Zoloft alone	69%	38%	52%
Zoloft plus exercise therapy	66%	31%	55%
Exercise therapy alone	60%	8%	30%

In this study by Duke researchers, older patients with depression were treated for 16 weeks in one of three ways, and then followed for another six months. Patients treated with exercise alone had the lowest rates of relapse during the following six months, and as a group they were much less likely to be suffering from depressive symptoms at the end of 10 months. Source: Babyak, M. "Exercise treatment for major depression." *Psychosomatic Medicine* 62 (2000):633-8, 100-11.

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Solutions Are Many (Children & Youth)

- CriticalThinkRx.Org Module 8: Evidence-Based Psychosocial Interventions for Childhood Problems
 - Help Parents
 - Help Children & Youth Deal with Their Emotions
 - Help Children be successful


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Results to be Expected

- At Least Double the Number of People Diagnosed with Serious Mental Illness Who Recover Fully. Should be at least 2/3rds to 3/4ths.
- Eliminate Much Suffering from Psychiatric Confinement and Compulsory Drugging
- Dramatically Improve the Lives of Many
- Dramatically Reduce Amount of Government Expenditures

Program Evaluation Criteria

Department of Health & Social Services




- Amount of Services provided (Money Spent)
 - The more disabled people & more money spent on them, the more successful the program(s)
- Quality of Beneficiaries' Lives

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Response


Department of Health & Social Services



- Mainly Ostrich-Like, but
 - Consulting with Marty Irwin some on children & youth drugging
- Funding
 - Peer Support Consortium
 - Soteria-Alaska
 - CHOICES, Inc.
 - Other Peer Programs
 - Locking Children Up & Drugging them in Alaska, rather than Outside ("Bring the Kids Home")

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2003 Budget Summit Report Recommendations



- Funding Should Be More Explicitly Tied to Desired Results
- Medicaid/SSDI/SSI Should Be Re-Tooled as Possible to Achieve Desired Results
- The Planning Committee Should Review Whether the Current Level of Reliance on Psychiatric Medications is leading to Desired Results.
- The Budget Building Process Should be Re-evaluated.

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Legal Coercion is Wrong-Headed

- Involuntary Psychiatry Very Counterproductive
- *Ex Parte* Confinement Process Unconstitutional
- Legal Process is a Sham
 - "If the respondent wasn't crazy, she'd know what the hospital wants to do is good for her."
 - 10% or Less Involuntary Commitments Legally Justified (JG Estimate)
 - Legal Representation Is a Walking Ethics Violation

Involuntary Commitment and Forced Psychiatric Drugging in the Trial Courts: Rights Violations as a Matter of Course, 25 Alaska Law Review 51 (2008)

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Law Project for Psychiatric Rights (PsychRights®)

- Public Interest Law Firm
- Mission: Mount Strategic Litigation Campaign Against Forced Psychiatric Drugging and Electroshock.
 - Children & Youth Inherently Forced

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PsychRights in Alaska Supreme Court

- *Myers* (2006)
 - Best Interests
 - No Less Intrusive Alternative Available
- *Wetherhorn* (2007)
 - Unable to Survive Safely in Freedom
- *Wayne B* (2008)
 - Necessity of Transcript from Masters
- *Bigley* (2009)
 - Available means feasible
 - Procedural Due Process Rights
- *PsychRights v. Alaska* (2010)
 - No Standing

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Current & Prospective PsychRights Efforts on Behalf of Children & Youth

- Griffin & *PsychRights v. Matsutani et al.*, (Medicaid Fraud).
- 42 USC § 1983 injunction that foster children & youth not be drugged unless
 - Psychosocial Interventions Exhausted
 - Rational determined Benefits Outweigh Harm
 - Informed Decision Maker
 - Mechanism to Identify & Deal With Adverse Effects

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Suggested Reading

- *Anatomy of an Epidemic*, by Robert Whitaker (2010 – in press).
- *Mad in America: Bad Science, Bad Medicine and the Enduring Mistreatment of the Mentally Ill*, by Robert Whitaker (2001)
- *Alternatives Beyond Psychiatry*, Peter Lehman & Peter Stastny, MD, Editors (2007).
- *Agnes's Jacket: A Psychologist's Search for the Meaning of Madness*, by Gail Hornstein, PhD, Rodale Books, 2009.
- *Drug Induced Dementia*, Grace E. Jackson, MD, Author House, 2009.
- *A Fight to Be: A Psychologist's Experience from Both Sides of the Locked Door*, Ronald Bassman, Ph.D. (2007)
- *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.

Suggested Reading (cont.)

- *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 Aronson, 1996), by Bertram P. Karon and Gary R. Vandenbos
- *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).
- *Commonsense Rebellion* by Bruce E. Levine (2001)
- *Blaming the Brain : The Truth About Drugs and Mental Health* (1998) by Elliot Valenstein.
- *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>