

# Mental Health Treatment: Who's Crazy?

Social Work 608: Public Policy & Advocacy  
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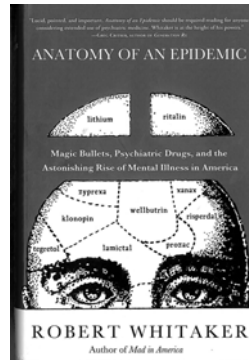
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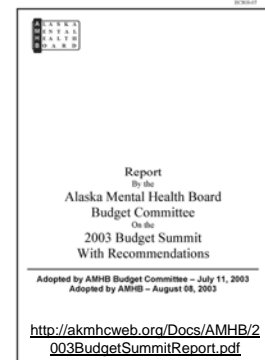
## Law Project for Psychiatric Rights (PsychRights®)

- o Public Interest Law Firm
- o Mission: Mount Strategic Litigation Campaign Against Forced Psychiatric Drugging and Electroshock.
- o National in Scope
- o Adopted Drugging of Children & Youth as Priority Few Years Ago

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## Mental Health Treatments

- o Facts
- o Responses
- o Advocacy Efforts

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## While Some People find Neuroleptics Helpful . . .

- o Psychiatric Drugs Causing Massive Amount of Harm
- o Life Spans Now 25 Years Shorter
- o Cut the Recovery Rate At Least in Half
  - 5% v. 40% recovery Rate in recent study
- o 6-fold Increase in Mental Illness Disability Rate
- o Current System Does Not Allow Non Drug Choices
- o Hugely and Unnecessarily Expensive
- o Huge Unnecessary Human Toll

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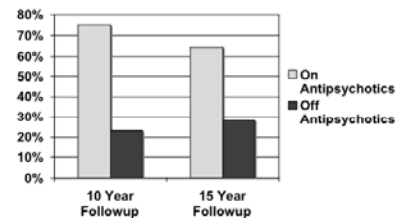


## FACTS

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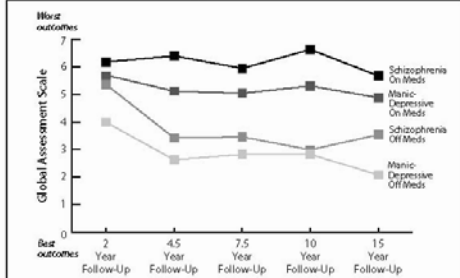


## Psychotic Symptoms



The schizophrenia patients who stayed on antipsychotics long-term were much more likely to continue to suffer from psychotic symptoms. Source: Mirlin Harrow 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.

### 15-Year Outcomes for Schizophrenia and Manic-Depressive Patients



In this graphic, the group labeled "manic depressive" consisted of psychotic patients with bipolar illness, unipolar depression, and milder psychotic disorders. Source: Harrow, M. "Factors involved in outcome and recovery in schizophrenia patients not on antipsychotic medications." *The Journal of Nervous and Mental Disease*, 195 (2007):406-414.

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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.

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### NIMH Withdrawal Studies

Chlorpromazine dosage (before withdrawal)	Number of patients	Relapsed	Percentage
Placebo	30	2	7%
Under 300 mg.	99	23	23%
300 to 500 mg.	91	47	52%
Over 500 mg.	81	63	65%

In these two studies, there was a group of schizophrenia patients who weren't on antipsychotic medication at the start (the placebo group). The patients on chlorpromazine at the start were then withdrawn from the drug. The results indicated that exposure to drug heightened a patient's biological vulnerability to relapse. Source: Prien, R. "Discontinuation of chemotherapy for chronic schizophrenics."  *Hosp Community Psychiatry* 22 (1971):20-3.

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### Anticonvulsants Misbranded as Mood Stabilizers

- o Can Cause:
  - Hostility, Aggression, Depression & Confusion
  - Liver Failure
  - Fatal pancreatitis
  - Severe & lethal skin disorders
- o May Cause
  - Mild cognitive impairment with chronic use

Source: Brain Disabling Treatments in Psychiatry, Breggin, Springer, 2008

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### Antidepressants

- o Increase Suicidality & Violence
- o Addictive
- o Lose "effectiveness" over time
- o Cause Mania → Bipolar Diagnoses

Source: Brain Disabling Treatments in Psychiatry, Breggin, Springer, 2008

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### Stimulants

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

Source: Brain Disabling Treatments in Psychiatry, Breggin, Springer, 2008

- ● ● | **Benzodiazepines**
- 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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- ● ● | **Children & Youth**
- Drug Companies Targeted Children & Youth Market
- Poor Children & Youth (Medicaid)
  - Disempowered parents
- Foster Children & Youth
  - God Help Them


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- ● ● | **Medicaid, SSDI & SSI**
- Medicaid Requires People to Be Poor
- SSDI Requires People to Be Certified Permanently Disabled & Permanently Poor
- SSI Requires People to be Disabled & Poor (as relevant here)

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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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**2003 Budget Summit Report Employment Findings**

- Only 1% of Community Mental Health Center clients are receiving employment services from the Community Mental Health Center.
- Less than 1% of people go from SSDI to Employment
- Less than 10% of people on SSI are gainfully employed.

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- ● ● | **Why? . . .**
- . . . Is society taking such a harmful, counterproductive approach?

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## ••• | Discussion

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## ••• | Big Pharma Corruption of Process

- Fraudulent Clinical Trials
- Ghostwritten Articles
- Continued Medical Education Sponsorship
- Buying “Key Opinion Leaders”
- Drug Detailers/Goodies to Doctors

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## ••• | Fear and Absolution (Adults)

- Fear (Violence Myth)
  - People Diagnosed with Serious Mental Illness no More Prone to Violence
- Absolution
  - By Accepting “Medical Model,” No one is Responsible

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## ••• | Medical Model Promotion

- National Institute of Mental Health:
  - “Schizophrenia is a chronic, severe, and disabling brain disorder”
  - “Bipolar disorder, also known as manic-depressive illness, is a brain disorder that causes unusual shifts in a person’s mood, energy, and ability to function.”
  - “Research indicates that depressive illnesses are disorders of the brain.”

Source: NIMH website accessed March 23, 2008

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## ••• | Other Factors

- Social Control
  - It is Not the Thinking, but Objectionable Behavior
- FDA Abdication/Capture by Industry
- Magic Pill/Drug Culture
- Psychiatry’s Drive for Legitimacy
- Big Pharma Corruption of Research

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## ••• | The Medical Model, The Hunger Strike and the APA

- 2003 Hunger Strike Challenged American Psychiatric Ass’n to provide reliable scientific evidence of Medical Model and APA essentially admitted it could not.
- Query: Does a headache demonstrate an aspirin deficiency?
- Largest “experiment” demonstrated not genetic.

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## Solutions Are Many (Adults)

- o Hearing Voices Network Approach
  - Strange or Unusual Beliefs ("delusions")
- o Psychosocial Approaches
  - Soteria
  - Open Dialogue
  - Peer Directed



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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**

- o At end of six weeks, psychopathology reduced comparably in both groups.
- o 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*

## Hearing Voices Network:

- o Question is not "what is wrong with you?," but "what happened to you?"
- o Help People Deal with Voices
- o 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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### 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: Salkkula, J. "Five-year experience of first-episode non-affective psychosis in open-dialogue approach." *Psychotherapy Research* 16 (2006):214-28.

## Solutions Are Many (Children & Youth)

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

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## Most Psych Drugs Given Children & Youth Through Medicaid is Fraud


- Prescriptions are Medicaid Fraud if not for a “medically accepted indication,” meaning, one that is either approved by the FDA or “supported by citations” in one of three drug compendia, including DRUGDEX
- Anyone Can Sue On Behalf of Government to Recover for the Fraud and share in the recovery, if any.

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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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## RESPONSES

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## CHOICES, Inc. & Soteria-Alaska

<p><b>CHOICES, Inc.</b></p> <ul style="list-style-type: none"> <li>● “Consumer” Run</li> <li>● Non-coercive, Non-drug (&amp; drug) Choices In Community</li> <li>● Available for people in the system a long time</li> <li>● Started Providing Services in July, 2007</li> </ul>	<p><b>Soteria-Alaska</b></p> <ul style="list-style-type: none"> <li>● Opened in June of 2009           <ul style="list-style-type: none"> <li>● 7 Year Effort to Open</li> </ul> </li> <li>● Goal: Replicate Original Soteria-House</li> <li>● So Far: Drug Withdrawal Program, not First Episode</li> <li>● Non-coercive</li> </ul>
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## 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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## 2003 Budget Summit Report Query:

### Is the Budget Purchasing

<ul style="list-style-type: none"> <li>● Housing</li> <li>● Relationships</li> <li>● Jobs/Meaning in Life</li> <li>● Recovery</li> </ul>	or	<ul style="list-style-type: none"> <li>Protection?</li> <li>Control?</li> <li>Stabilization?</li> <li>Dependency?</li> </ul>
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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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## ADVOCACY EFFORTS

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## \$ Billion Drug Company Settlements Haven't Stopped Psychiatric Drugging of Children & Youth

- \$1.4 Billion Lilly—Zyprexa (2009)
- \$2.3 Billion Pfizer, including Geodon (2009)
- \$520 Million AstraZeneca—Seroquel (2010)
- \$258 Million Janssen—Risperdal (2010)
- \$313 Million Forest Labs—Celexa & Lexapro (2010)
- Cost of doing business.
  - Caps Liability
- Doctors Still Prescribing It
- Medicaid Still Paying

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## PsychRights Strategic Litigation (Adults)

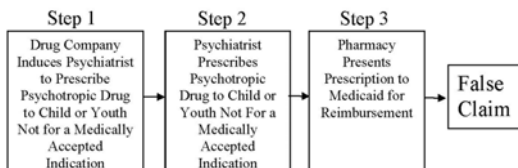
- Force System to Honor People's Rights
- Change Path of Least Resistance
- Help Create Environment Supportive of Other Choices

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## Allowing Steps 2 & 3 of Fraudulent Scheme to Continue

### Fraudulent Scheme



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## Goals

- Substantially Increase Recovery Rate after diagnosis of Serious Mental Illness
- Substantially Reduce If Not Eliminate Force
- System Support of People's Non-Medication Choices

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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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## Medicaid Fraud Initiative

- Designed to Stop Harmful Practice by Causing Doctors (& other defendant classes) to Realize Inviting Financial Ruin if Continue
- Cases Percolating in Various States
  - Illinois Case Unsealed Recently
- Model Complaint

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## Strategic Litigation (Children & Youth)

- *PsychRights v. Alaska*
- *United States ex rel PsychRights v. Matsutani, et al.*
  - Contemplating Next Step(s)
  - Maybe Federal Civil Rights Case(s)

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## Model Medicaid Fraud Complaint

- Drafted for Former Foster Youth to be *relator*
  - But anyone with “non-public” information can be *relator*
- Defendants:
  - Prescribers & employers
  - Pharmacies

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## *PsychRights v. Alaska*

- Sought injunction Against State to prohibit State administering or authorizing psych drugs to children & youth unless:
  1. Evidence-based psychosocial interventions have been exhausted,
  2. Rationally anticipated benefits of psychotropic drug treatment outweigh the risks,
  3. The person or entity authorizing administration of the drug(s) is fully informed, and
  4. Close monitoring of, and appropriate means of responding to, treatment emergent effects are in place.
- Thrown out of Court for Lack of Standing
- Reviewing Options Including Federal Case

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## *U.S. ex rel PsychRights v. Matsutani et al*

- 32 Defendants
- Additional Defendant Classes:
  - State Employees
    - Authorize False Medicaid Claims
    - Run Programs Submitting or Causing False Claims to be Submitted
  - Medical Education Provider
- Dismissed Because Government Allowing Fraud to Continue-- On Appeal

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## Concluding Query

- Is the country going to come to its senses or follow folly's path?
  - Easter Island Inhabitants Cut Down All their Trees to Erect Statues for their Gods, dooming their society
  - Dominican Republic, unlike Haiti, managed its timber resources for future.

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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 Pèter 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 Joyce 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>