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July 22, 2004

Laura Hurwitz,
ICMHP Project Coordinator
208 S. LaSalle St., Suite 1490
Chicago., IL 60604

via e-mail

Re: Illinois Children's Mental Health Partnership Preliminary Plan

Dear Ms. Hurwitz:

I am writing about the draft ICMHP Preliminary Plan because I have a number of concerns. While the goals of systematic screening and treatment for mental health seems, in principle, a laudable goal, unfortunately it has become evident that the entire process has become corrupted by the improper influence of the pharmaceutical companies. It has become increasingly apparent that psychiatric medications are neither safe nor effective and these facts have been systematically hidden by the pharmaceutical industry. It is particularly troubling that this misinformation is being used to both obtain consent to the use of these medications and even coerce people into taking them or have their children take them.

It has become clear these are just the tip of the iceberg of the systematic distortion of data surrounding the safety and efficacy of psychiatric medications.

It has also become clear that the pharmaceutical industry has permeated every aspect of mental health policy development, skewing direction in favor of the administration of harmful medications. The recent revelations of corruption in Pennsylvania regarding the adoption of the Pennsylvania Medication Algorithm Project is just the tip of the iceberg. See, e.g., Allen Jones' whistleblower report which you can find at <http://psychrights.org/Drugs/AllenJonesTMAPJanuary20.pdf>. Another recent revelation in Pennsylvania is that the overmedication of kids has resulted in a number of deaths. The doctor who tried to bring these facts to the attention of the authorities was told to lay off and then fired for failing to do so. See, <http://psychrights.org/States/Pennsylvania/kruszewskicom.pdf>. And, of course, we have the recent lawsuit by the Attorney General of the state of New York that GlaxoSmithKline "engaged in repeated and persistent fraud by misrepresenting, concealing and otherwise failing to disclose to physicians information in its control concerning the safety and effectiveness of its antidepressant medication paroxetine HCL ("paroxetine") in treating children and adolescents with Major Depressive Disorder."

There really is little doubt that the massive reliance on psychiatric drugs is creating far more mental health problems than it is solving. For example, in "The case against antipsychotic drugs: a 50-year record of doing more harm than good," by Robert Whitaker, Medical Hypotheses, Volume 62, Issue 1, 2004, Pages 5-13, Mr. Whitaker systematically goes through the research to show that the antipsychotics are doing way more harm than good and people are being misled by them. This article and pretty much all of the studies he cites are available at

<http://psychrights.org/Research/Digest/Chronicity/NeurolepticResearch.htm>. Other similar research can be obtained at <http://psychrights.org/Research/Digest/NLPs/neuroleptics.htm>.

Of course, the use of amphetamines to control the behavior of children has been going on for years, but the validity of this is seriously in doubt. See, e.g.:

* "Broken Brains or Flawed Studies? A Critical Review of ADHD Neuroimaging Research," by Jonathon Leo and David Cohen, *The Journal of Mind and Behavior*, Winter 2003, Volume 24, Number 1, pp 29-56. This review of studies on ADHD and neuroimaging finds that most of them can not rule out that the differences observed are medication caused and the others "inexplicably avoided making straightforward comparisons" that could have given information on this issue.

* "ADHD among American Schoolchildren: Evidence of Overdiagnosis and Overuse of Medication," by Gretchen B. LeFever and Andrea P. Arcona - Center for Pediatric Research, Eastern Virginia Medical School and Children's Hospital of the King's Daughters David O. Antonuccio - University of Nevada School of Medicine, Veterans Affairs Sierra Nevada Health Care System, *The Scientific Review of Mental Health Practice*, Spring/Summer 2003, Vol.2, No.1.

* "The Ethics and Science of Medicating Children," by Jacqueline A. Sparks, Ph.D., Center for Family Services and Barry L. Duncan, Psy.D., Institute for the Study of Therapeutic Change makes several concise points about the adhd literature and critiques the main study used to support drug therapy.

These articles can be downloaded from
<http://psychrights.org/Research/Digest/ADHD/ADHD.htm>.

With respect to the antidepressants, which has received the bulk of the press regarding pharmaceutical company misdeeds:

* Efficacy and safety of antidepressants for children and adolescents, by Jon N Jureidini, Christopher J Doecke, Peter R Mansfield, Michelle M Haby, David B Menkes, Anne L Tonkin in the *British Medical Journal*, BMJ VOLUME 328 10 APRIL 2004 bmj.com. This study concludes it is unlikely SSRIs (Selective Serotonin Re-uptake Inhibitors) have any major benefit. The study also concludes that because of the potential for harm, the magnitude of benefit is unlikely to be sufficient to justify risking those harms, so confidently recommending these drugs treatment option, let alone as first line treatment, would be inappropriate.

* Dr. David Healy's 2/19/2004 letter to the FDA. (5 MB) exhaustively details the research surrounding the problems with anti-depressants and children, finding that there have been almost 22,000 deaths caused by SSRIs .

* Transcript of February 2, 2004, FDA meeting on SSRIs (Selective Serotonin Re-uptake Inhibitor antidepressants) and children suicides contains many first hand accounts of children committing suicide on SSRIs.

* Lines of Evidence on the Risks of Suicide with Selective Serotonin Reuptake Inhibitors, by David Healy, M.D., *Psychotherapy and Psychosomatics*, 2003;72-71-79. This study found that the long-suppressed data in the original clinical trials as well as epidemiological studies indicated a dose dependent link for both agitation and suicidality. The study concluded that the data indicate a possible doubling of the relative risk of both suicides and suicide attempts on SSRIs compared with the older anti-depressants and non-treatment.

* Suicidality, violence and mania caused by selective serotonin reuptake inhibitors (SSRIs): A review and analysis, by Peter R. Breggin. *International Journal of Risk & Safety in Medicine* 16 (2003/2004) 31–49. This paper shows that evidence from many sources confirms that selective serotonin reuptake inhibitors (SSRIs) commonly cause or exacerbate a wide range of abnormal mental and behavioral conditions. These adverse drug reactions include the following overlapping clinical phenomena: a stimulant profile that ranges from mild agitation to manic psychoses, agitated depression, obsessive preoccupations that are alien or uncharacteristic of the individual, and akathisia. Each of these reactions can worsen the individual's mental condition and can result in suicidality, violence, and other forms of extreme abnormal behavior. Evidence for these reactions is found in clinical reports, controlled clinical trials, and epidemiological studies in children and adults. Recognition of these adverse drug reactions and withdrawal from the offending drugs can prevent misdiagnosis and the worsening of potentially severe iatrogenic disorders. These findings also have forensic application in criminal, malpractice, and product liability cases.

* Drug Safety Research, Special Report: Antidepressant Drugs and Suicidal/Aggressive Behaviors This drug safety report documents higher than expected numbers of suicidal and aggressive behaviors observed in some clinical trials of antidepressants in children also can be seen in spontaneous adverse event data, and add substantial additional evidence to the case. The data show that suicidal/aggressive behaviors are reported in both adults and children, but more than twice as often in children. Finally, while two drugs now carry warnings about this risk, similar risks were reported for the four drugs without warnings. Findings from these adverse event data should be interpreted in context with other scientific evidence, and with consideration of the limitations outlined below.

* Canadian Medical Journal Article about Glaxo withholding detrimental data about Paxil and kids. This Canadian Medical Journal article discusses the suppression of data about the harm caused by SSRI's, including an internal document advised staff at the international drug giant GlaxoSmithKline (GSK) to withhold clinical trial findings in 1998 that indicated the antidepressant paroxetine (Paxil in North America and Seroxat in the UK) had no beneficial effect in treating adolescents.

* The Emperor's New Drugs: An Analysis of Antidepressant Medication Data Submitted to the U.S. Food and Drug Administration, by Irving Kirsch, University of Connecticut, Thomas J. Moore, The George Washington University School of Public Health and Health Services, Alan Scoboria and Sarah S. Nicholls, University of Connecticut, *Prevention & Treatment*, Volume 5, Article 23, posted July 15, 2002.

* Why Has the Antidepressant Era Not Shown a Significant Drop in Suicide Rates? by H.M. van Praag, *Crisis* 2002 Volume 23(2):77-82.

* The Emperor's New Drugs: An Analysis of Antidepressant Medication Data Submitted to the U.S. Food and Drug Administration, Prevention & Treatment, Volume 5, Article 23, posted July 15, 2002. This is a series of articles on the subject in Prevention and Treatment, a peer reviewed journal of the American Psychological Association.

* Fatal toxicity of serotonergic and other antidepressant drugs: analysis of United Kingdom mortality data, by Nicholas A Buckley, Peter R McManus *BMJ* Vol. 325 7 Dec. 2002; 1332-3.

* Raising Questions about Antidepressants, by David O. Antonuccio, William G. Dantona, Garland Y. DeNelsky, Roger P. Greenberg, James S. Gordond, *Psychother Psychosom* 1999;68:3-14. This paper explores relevant research data and raises questions about these beliefs and that many of the common beliefs about these medications are not adequately supported by scientific data: (1) industry-funded research studies which result in negative findings sometimes do not get published; (2) placebo washout procedures may bias results in some studies; (3) there are serious questions about the integrity of the double-blind procedure; (4) the 'true' antidepressant drug effect in adults appears to be relatively small; (5) there is minimal evidence of antidepressant efficacy in children; (6) side effects are fairly common even with the newer antidepressants; (7) combining medications raises the risk for more serious complications; (8) all antidepressants can cause withdrawal symptoms; (9) genetic influences on unipolar depression appear to be weaker than environmental influences; (10) biochemical theories of depression are as yet unproven; (11) biological markers specific for depression have been elusive; (12) dosage and plasma levels of antidepressants have been minimally related to treatment outcome; (13) preliminary evidence suggests that patients who improve with cognitive-behavioral psychotherapy show similar biological changes as those who respond to medication, and (14) the evidence suggests that psychological interventions are at least as effective as pharmacotherapy in treating depression, even if severe, especially when patient-rated measures are used and long-term follow-up is considered.

* Reply to the American College of Neuropharmacology's Report on SSRI and Suicidal Behavior in Children, by Jonathan Leo, Ph.D.

All of these studies can be downloaded from
<http://psychrights.org/Research/Digest/AntiDepressants/AntiDepressants.htm>.

In contrast to all of this negative data about how the mental health system is medicating people into serious problems rather than solving problems, we know that other types of treatment can really help:

* Treatment of Acute Psychosis Without Neuroleptics: Two-Year Outcomes from the Soteria Project by John R. Bola, Ph.D., and Loren R. Moshier, M.D., finds that a relationally focused therapeutic milieu with minimal use of antipsychotic drugs, rather

than drug treatment in the hospital, should be a preferred treatment for persons newly diagnosed with schizophrenia spectrum disorder.

* The Effects of Medicating or Not Medicating on the Treatment Process by Bertram P. Karon, Ph.D. discusses both the harm caused by neuroleptics and the efficacy of a psycho-dynamic process (2003). Longer version presented at Division of Psychoanalysis (39), American Psychological Association, New York, NY, April, 2002

* The Benefits of Individual Psychotherapy for People Diagnosed with Schizophrenia: A Meta-Analytic Review by William H. Gottdiener and Nick Haslam, Ethical Human Sciences and Services, (2002) 4 (3), pp. 163-187. This comprehensive review of the literature finds that psychotherapy is as effective as medication and that adding medication does not increase effectiveness.

* How Non-Diagnostic Listening Led to Rapid "Recovery:" from Paranoid Schizophrenia: What is Wrong With Psychiatry? by Al Sieberts, Ph.D. In this paper, Dr. Sieberts finds that Psychiatry lacks insight into its own behavior, invalidates constructive criticism, avoids the kind of self-examination it urges on "patients," shows little interest in accounts of successes with schizophrenic" individuals, erroneously lumps all the schizophrenias (plural) together in research studies, feels helpless and hopeless about schizophrenia, dismisses evidence that contradicts its inaccurate beliefs, and misrepresents what is known about "schizophrenia" to the public and to patients.

* The Soteria Project: Twenty Five Years of Swimming Upriver, Loren R. Mosher, John R. Bola, Complexity and Change, (2000) 9: 68-74. This paper identifies the key ingredients to Soteria's success in treating patients diagnosed with schizophrenia without or with minimal medication.

* Recovery: The Lived Experience of Rehabilitation, by Patricia E. Deegan, Ph.D., revised version of paper originally published in Psychosocial Rehabilitation Journal, 1988, 11(4), 11-19. This very important paper describes in moving, personal terms the importance of hope in recovery. And willingness. And responsible action. It also provides very important information on how to structure a program to achieve recovery.

* Soteria-California and Its Successors: Therapeutic Ingredients By Loren R. Mosher M.D., suggests that the strikingly beneficial effects of the Soteria type treatment are likely due to (a) the milieu, (b) attitudes of staff and residents, (c) quality of relationships, and (d) supportive social processes. Dr. Mosher also discusses how leadership effects the success of these programs.

* William Carpenter, Jr., "The treatment of acute schizophrenia without drugs: an investigation of some current assumptions," American Journal of Psychiatry, 134 (1977), 14-20.

* New Hope for People with Schizophrenia, Monitor on Psychology, Volume 31, No. 2, February 2000 discusses the growing evidence that people can and do recover from serious mental illness with the critical ingredient being psychosocial rehabilitation.

* *Psychoanalysis and Psychosis: Trends and Developments* by Ann-Louise S. Silver, M.D *Journal of Contemporary Psychotherapy*, Vol 31, No. 1, Spring 2001. Psychodynamic work is too often dismissed as outmoded, while no theory has been developed that rivals it in effectiveness or in ability to offer cohesive theory.

* Maurice Rappaport, "Are there schizophrenics for whom drugs may be unnecessary or contraindicated?" *International Pharmacopsychiatry*, 13 (1978), 100-111, concludes Many un-medicated-while-in-hospital patients showed greater long-term improvement, less pathology at follow-up, fewer re-hospitalizations and better overall function in the community than patients who were given chlorpromazine while in the hospital.

* *Psychoanalysis and Psychosis: Players and History in the United States*, by Ann-Louise Silver M.D., *Psychoanalysis and History* 4(1), 2002. In this paper, Dr. Silver outlines how psychoanalysis has had significant success in treating schizophrenia and other psychoses since the early 1900's in the United States.

* Susan Mathews, "A non-neuroleptic treatment for schizophrenia: analysis of the two-year postdischarge risk of relapse," *Schizophrenia Bulletin*, 5 (1979), 322-332 finds that at 12 months postdischarge, the cumulative probability of remaining well significantly favors the alternative Soteria program over the standard use of neuroleptics.

* Traditional community resources for mental health: a report of temple healing from India, by R Raguram, A Venkateswaran, Jayashree Ramakrishna, Mitchell G Weiss, *British Medical Journal*, v325 p38, 6 JULY 2002 bmj.com

* Loren Mosher, "Community residential treatment for schizophrenia: two year followup," *Hospital and Community Psychiatry*, 29 (1978), 715-723 finding that two years after discharge while the alternative Soteria program patients didn't show significantly different readmission rates or symptoms, they received medications significantly less often, used less outpatient care, showed significantly better occupational levels and were more able to live independently.

* *Effective Psychotherapy of Chronic Schizophrenia*, by Nathaniel S. Lehrman, M.D., *American Journal of Psychoanalysis*, (1982), Vol.42, No. 2: 121-131. This 1982 paper presents the evidence already existing that over-reliance on neuroleptics was worsening outcomes. In this paper Dr. Lehrman discusses how individually tailored psychotherapy can get people who have chronically suffered schizophrenia well and back out into the community as a full member.

All of these can be downloaded from
<http://psychrights.org/Research/Digest/Effective/effective.htm>.

I have written an article entitled "Recovery: Responsibilities and Roadblocks," which appeared in the Fall/Winter 2003/2004 ICSPS Newsletter, which can be found at <http://akmhcweb.org/recovery/RecoveryResponsibilitesRoadblocks.pdf>. This paper integrates much of this same data and also incorporates the knowledge of people who have recovered from serious mental illness to identify some of the key impediments to mental health. One of these, of course, is the detrimental effects of not telling the truth about these drugs.

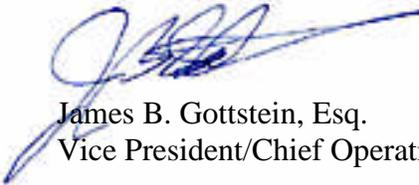
Laura Hurwitz

July 22, 2004

Page 7

So, in the final analysis, until the improper influence of the pharmaceutical companies can be wrung out of the ICMHP and Illinois' mental health policy development program one can view the proposal as yet another means to funnel people into truly harmful treatments. To me the only prudent thing is to hold off until such time as this can be sorted out and the infection removed.

Yours truly,

A handwritten signature in blue ink, appearing to read "J. B. Gottstein", with a long horizontal flourish extending to the right.

James B. Gottstein, Esq.

Vice President/Chief Operating Officer