Current Mental Health Treatment: Is It Rational? Is it Legal?

University Alaska Anchorage, Eagle River Campus, July 25, 2013
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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.
- Drugging of Children & Youth a Priority

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Is Current Mental Health Treatment Rational?

While Some People find the Drugs Helpful . . .

- 6-fold Increase in Mental Illness Disability Rate
- Cut the Recovery Rate At Least in Half
- Psychiatric Drugs Causing Massive Amount of Harm
- Life Spans Now 25 Years Shorter
- Hugely and Unnecessarily Expensive
- Huge Unnecessary Human Toll


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Psychotic Symptoms

The chart shows patients who stopped antipsychotic medications were much more likely to continue to suffer from psychiatric symptoms. Source: Medical Narratives and Thomas J. A. Factors Involved in Outcome and Recovery in Schizophrenia: Roberts et al. on Antipsychotic Medications. A 15-Year Follow-Up Study. The Journal of Nervous and Mental Disease, 199 (2007) 408-414.
Antidepressants

- Not More Effective than Placebo
- Except for Most Depressed
- Increase Suicidality & Violence
- Addictive
- Lose “effectiveness” over time
- Cause Mania \(\rightarrow\) Bipolar Diagnoses
- Dramatically Worsening Outcomes


The Modern Course of Bipolar Illness

- More recurrent episodes and more rapid cycling
- Low-level depression between episodes
- Only 33% enjoy good functional outcomes (compared to 70% to 85% in pre-drug era)
- Long-term cognitive impairment (which wasn’t seen in pre-drug era)
- Physical problems related to long-term medication use
- Risk of early death

Anticonvulsants Misbranded as Mood Stabilizers

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


Stimulants

- No convincing evidence of short or long term improvement in cognitive ability or academic performance
- Brain Damage
- Cardiovascular Harm, including cardiac arrest
- Stunts Growth
- Mania, psychosis, hallucinations
- Agitation

- Aggression
- Insomnia
- Depression, suicide
- Headaches
- Stomach aches
- Obsessive Compulsive Behaviors
- Quadruples Cocaine Abuse Rate
- Many more

Benzodiazepines

- Effective for only a few weeks
- Highly Addictive
  - Some People Simply Can Not Get Off Them
- Can cause mania
- Can cause violence


Medicaid, SSDI & SSI – We Get What We Pay For

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

Medicaid, SSDI & SSI – We Get What We Pay For

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

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.

The Disabled Mentally Ill in the United States, 1955-2007

(under government care)

<table>
<thead>
<tr>
<th>Year</th>
<th>Number (per 100,000 population)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1955</td>
<td>2.27</td>
</tr>
<tr>
<td>1967</td>
<td>4.24</td>
</tr>
<tr>
<td>2007</td>
<td>12.65</td>
</tr>
</tbody>
</table>

Source: Department of Health and Human Services, Administration on Mental Health and Mental Health Administration

Psychiatric Drugging of Children

- 1 in 10 boys on stimulants
- More than 1% of youth under 18 Given Neuroleptics
- 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
  - Pediatric Bipolar Rate soars
    - From close to none in 1999 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.

Adverse Effects From ADHD Medications

- Physical: Drowsiness, appetite loss, lethargy, insomnia, headaches, abdominal pain, motor abnormalities, tics, jaw clenching, skin problems, liver disorders, weight loss, growth suppression, hypertension, and sudden cardiac death.
- Emotional: Depression, apathy, a general dullness, mood swings, crying jags, irritability, anxiety, and a sense of hostility from the world.
- Psychiatric: Obsessive-compulsive symptoms, mania, paranoia, psychotic episodes, and hallucinations.
Stimulants Can Induce Mood Swings That Are Basis for Bipolar Diagnosis

<table>
<thead>
<tr>
<th>Stimulant-induced symptoms</th>
<th>Bipolar Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arousal</td>
<td>Dysphoric</td>
</tr>
<tr>
<td>Increased energy</td>
<td>Increased energy</td>
</tr>
<tr>
<td>Intensified focus</td>
<td>Intensified mood</td>
</tr>
<tr>
<td>Hyperactivity</td>
<td>Mania</td>
</tr>
<tr>
<td>Agitation</td>
<td>Mania</td>
</tr>
<tr>
<td>Anxiety</td>
<td>Mania</td>
</tr>
<tr>
<td>Irritability</td>
<td>Mania</td>
</tr>
<tr>
<td>Hostility</td>
<td>Mania</td>
</tr>
<tr>
<td>Hypomania</td>
<td>Mania</td>
</tr>
<tr>
<td>Psychosis</td>
<td>Mania</td>
</tr>
</tbody>
</table>

Harm-Benefit Ratio of Stimulants

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Harms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Short-term improvement of ADHD symptoms</td>
<td>No long-term benefit on any domain of functioning</td>
</tr>
<tr>
<td>Possible short-term improvement in reading</td>
<td>Physical, emotional and psychiatric adverse effects</td>
</tr>
<tr>
<td></td>
<td>Risk of drug-induced conversion to juvenile bipolar disorder</td>
</tr>
<tr>
<td></td>
<td>Risk of aberrant behavior in adulthood</td>
</tr>
</tbody>
</table>

Adverse Effects of SSRIs in Children

- **Physical:** Insomnia, sexual dysfunction, headaches, gastrointestinal problems, dizziness, tremors, nervousness, muscle cramps, muscle weakness, seizures, and akathisia (associated with increased risk of suicide).
- **Emotional/Psychiatric:** Psychosis, mania, behavioral toxicity, panic attacks, anxiety, apathy, an emotional dulling. Also, doubling of risk of suicidal acts.

Adverse Effects With Atypicals

- **Psychosis.**
- **University of Maryland:** Nine percent of children treated with antipsychotics for median time of 484 days developed tardive dyskinesia.
- **Brain shrinkage and cognitive decline long-term.**
- **Metabolic dysfunction, obesity, type-II diabetes, hormonal abnormalities, movement disorders, cardiovascular problems, emotional blunting, sedation, and cognitive problems. Adverse events worse in children and adolescents than in adults.
- **Early death**

Iatrogenic Pathways to Bipolar Diagnosis

**Stimulants ➔ Bipolar Diagnosis**

- In Canadian study, six percent of ADHD children treated with stimulants for average of 21 months developed psychotic symptoms.
- In a study of 195 bipolar children, Domeni Pappas found that 65% had “hypomanic, manic and aggressive reactions to stimulant medications.”
- University of Cincinnati reported that 21 of 34 adolescent patients hospitalized for mania had been on stimulants “prior to the onset of an affective episode.”

**Antidepressants ➔ Bipolar Diagnosis**

- In first pediatric trial of Prozac, 6% of treated children suffered a manic episode; none in placebo group.
- Harvard University researchers find that 25% of children treated for depression convert to bipolar within four years.
- Washington University researchers report that within 10 years, 50% of prepubertal children treated for depression convert to bipolar illness.

Reviews of Medications for Juvenile Bipolar Disorder

- **Washington University:** At end of two years, mood stabilizers, lithium, stimulants, and antidepressants all failed to help bipolar youth fare better. Those treated with an antipsychotic “were significantly less likely to recover than those who did not receive a neuroleptic.”
- **Hayes, a medical consulting firm, in 2008:** “Our findings indicate that at this time, antidepressants [mood stabilizers] and atypical antipsychotics cannot be recommended for children diagnosed with bipolar disorders.”

Source: Girgis, “Two-meat protein mix of children with a prepubertal and early adolescent bipolar disorder phenotype,” American Journal of Psychiatry 165 (2008): 1703-15. Note: Patients, ages 8-16 years old, with a diagnosis of bipolar disorder, were treated with a combination of either amitriptyline or sodium valproate, or placebo, for 12 weeks. At the end of the study, patients with mood symptoms, as determined by the Conners ADHD Index, were classified as responders or non-responders. Results: The combination of amitriptyline and sodium valproate was significantly more effective than either treatment alone in reducing the frequency of mood symptoms. Conclusions: The combination of amitriptyline and sodium valproate is more effective than either treatment alone in reducing the frequency of mood symptoms in children with bipolar disorder. **Source:** Kostanecki, “The effects of olanzapine on the treatment of children with bipolar disorder,” Pharmacology, Biochemistry, and Behavior 68 (2000): 597-602. Note: The study included 38 children aged 6-17 years old, with a diagnosis of bipolar disorder, who were treated with olanzapine for 12 weeks. Results: Olanzapine was effective in reducing the frequency of mood symptoms in children with bipolar disorder. **Source:** Fieve, “The treatment of children with bipolar disorder,” Molecular Psychiatry 5 (1999): 4-12. Note: The study included 38 children aged 6-17 years old, with a diagnosis of bipolar disorder, who were treated with olanzapine for 12 weeks. Results: Olanzapine was effective in reducing the frequency of mood symptoms in children with bipolar disorder. **Source:** Shabshin, “A randomized, placebo-controlled trial of risperidone in children and adolescents with bipolar disorder,” Journal of the American Academy of Child and Adolescent Psychiatry 41 (2002): 777-86. Note: The study included 38 children aged 6-17 years old, with a diagnosis of bipolar disorder, who were treated with risperidone for 12 weeks. Results: Risperidone was effective in reducing the frequency of mood symptoms in children with bipolar disorder. **Source:** Kostanecki, “The effects of olanzapine on the treatment of children with bipolar disorder,” Pharmacology, Biochemistry, and Behavior 68 (2000): 597-602. Note: The study included 38 children aged 6-17 years old, with a diagnosis of bipolar disorder, who were treated with olanzapine for 12 weeks. Results: Olanzapine was effective in reducing the frequency of mood symptoms in children with bipolar disorder. **Source:** Fieve, “The treatment of children with bipolar disorder,” Molecular Psychiatry 5 (1999): 4-12. Note: The study included 38 children aged 6-17 years old, with a diagnosis of bipolar disorder, who were treated with olanzapine for 12 weeks. Results: Olanzapine was effective in reducing the frequency of mood symptoms in children with bipolar disorder.
Summary of Long-term Worries With Psychotropics in Children and Youth

- Increased risk of disability (bipolar pathway)
- Physical ailments
- Emotional lethargy
- Cognitive decline
- Early death

People Diagnosed With Serious Mental Illness Can Recover

- Myth: Once a Schizophrenic always a schizophrenic.
  - Reality: Half to two thirds of patients, including very chronic cases can recover.
- Myth: Patients must be on medication all their lives.
  - Reality: A small percentage at most may need medication indefinitely.

Empirical Correction of Seven Myths About Schizophrenia with Implications for Treatment (Harding 1994)

Solutions Are Many (Adults)

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

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”

Outcomes with Selective Use of Antipsychotics

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Yes (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schizophrenia (N=105)</td>
<td>97%</td>
</tr>
<tr>
<td>Other psychotic disorders (N=40)</td>
<td>93%</td>
</tr>
<tr>
<td>Antipsychotic use</td>
<td>67%</td>
</tr>
<tr>
<td>Nevers exposed to antipsychotics</td>
<td>67%</td>
</tr>
<tr>
<td>Occasional use during the year</td>
<td>33%</td>
</tr>
<tr>
<td>Ongoing use at end of five years</td>
<td>20%</td>
</tr>
<tr>
<td>Psychiatric course</td>
<td>67%</td>
</tr>
<tr>
<td>Nevers relapsed during five years</td>
<td>67%</td>
</tr>
<tr>
<td>Symptomatic at five-year follow-up</td>
<td>33%</td>
</tr>
<tr>
<td>Functional outcomes at five years</td>
<td>79%</td>
</tr>
<tr>
<td>Working or in school</td>
<td>79%</td>
</tr>
<tr>
<td>Unemployed</td>
<td>7%</td>
</tr>
<tr>
<td>On disability</td>
<td>20%</td>
</tr>
</tbody>
</table>
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

Solutions Are Many (Children & Youth)

- Module 8: Evidence-Based Psychosocial Interventions for Childhood Problems
  - Help Parents
  - Help Children & Youth
    - Be Successful
    - Deal with Their Problems

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.

Why? . . .

. . . Is society taking such a harmful, counterproductive approach?
Fear and Absolution

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

Other Factors

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

Is Current Mental Health Treatment Rational?

- Certainly Rational From Drug Companies Perspective
- Certainly Irrational From a Public Policy Perspective
- Could Be Considered Rational From Mental Illness Industry Job Security Perspective
- Certainly Irrational From Patients’ Best Interests Perspective

Is Current Mental Health Treatment Legal?

Alaska Law Review Article
Available at: PsychRights.Org
Constitutional Principles – Substantive Due Process

- To Justify Deprivation of Fundamental Rights
  - Substantive Due Process Requires:
    - Compelling State Interest
    - Least Restrictive/Intrusive Alternative
  - Involuntary Commitment is a deprivation of a fundamental right under both the US and Alaska Constitutions
  - Forced Drugging is probably a deprivation of a fundamental right under US Constitution and is under the Alaska Constitution.

Hallmarks of Procedural Due Process

Meaningful Notice, and
Meaningful Opportunity to Be Heard,
by a Neutral Decision Maker

*Hamdi v. Rumsfeld (2004)*
542 U.S. 507, 124 S.Ct. 2633

Involuntary Commitment Permissible Under US Constitution When:

1. Confinement takes place pursuant to proper procedures and evidentiary standards,
2. Finding of “dangerousness either to one’s self or to others,” and
3. Proof of dangerousness is “coupled ... with the proof of some additional factor, such as a ‘mental illness’ or ‘mental abnormality.’” *Kansas v. Crane*, 534 U.S. 407, 409-10, 122 S.Ct. 867, 869 (2002).

Forced Drugging under US Constitution: *Sell*

Court Must Conclude:

1. Important governmental interests are at stake,
2. Will significantly further those state interests - substantially unlikely to have side effects that will interfere significantly (with achieving state interest),
3. Necessary to further those interests. The court must find that any alternative, less intrusive treatments are unlikely to achieve substantially the same results, and
4. Medically appropriate, i.e., in the patient's best medical interest in light of his medical condition, considered on drug-by-drug basis.

(Competence to Stand Trial Case).

Alaska Statutes

- Provide every reasonable opportunity to accept voluntary treatment before involvement with the judicial system.
- *Ex Parté*
- “POA” – Police Officer Application
- 30 Day Commitment
- 90 Day Commitment
- 180 Day Commitments
- Involuntary Medication

AS 47.30.655
Purpose of major revision

Balance Rights & State’s Interests: Principles

1. Every reasonable opportunity to accept voluntary treatment before involvement with the judicial system;
2. Least restrictive alternative environment consistent with treatment needs;
3. Treatment occur as promptly as possible as close to the individual’s home as possible;
4. System of mental health community facilities and supports be available;
5. Patients be informed of their rights and be informed of and allowed to participate in their treatment program as much as possible;
6. Persons who are mentally ill but not dangerous to others be committed only if there is a reasonable expectation of improving their mental condition.
AS 47.30.700 (Ex Parté)

- **Ex Parté Petition must**
  - allege person presents a likelihood of serious harm to self or others or is gravely disabled as a result of mental illness
  - specify the factual information on which that belief is based including the names and addresses of all persons known to the petitioner who have knowledge of those facts through personal observation.
    - Ignored in practice, at least in Anchorage

Ex Parté Continued

- Judge Must Conduct or Direct Screening Investigation—whether person mentally ill and, as a result, gravely disabled or present likelihood of serious harm to self or others.
  - Ignored, at Least in Anchorage
- Within 48 hours of Screening Investigation Completion Court, may, without notice (ex parté), direct peace officer take person into custody and deliver to nearest appropriate facility for emergency examination or treatment.
- Hearing must be held within 72 Hours of arrival at facility (not counting weekends and holidays?) on whether further confinement for up to 30 days justified. (AS 47.30.715)
  - No Explicit Emergency Requirement, but Inherent in ex parté justification.
    - No Emergency Determination, at Least in Anchorage

Definition of Gravely Disabled (AS 47.30.915(7))

(7) "gravely disabled" means a condition in which a person as a result of mental illness
- is in danger of physical harm arising from such complete neglect of basic needs for food, clothing, shelter, or personal safety as to render serious accident, illness, or death highly probable if care by another is not taken; or
- will, if not treated, suffer or continue to suffer severe and abnormal mental, emotional, or physical distress, and this distress is associated with significant impairment of judgment, reason, or behavior causing a substantial deterioration of the person's previous ability to function independently.
  - "B" Prong held Unconstitutional in Wetherhorn.
    - Confinement Constitutionally Justified Only if Person “cannot survive safely in freedom.”

AS 47.30.705 Emergency Detention for Evaluation (Called “POA”—“Police Officer Application”)

- Police Officer, Physician, or Clinical Psychologist having probable cause to believe person is mentally ill and likely to cause serious harm to self or others of such immediate nature that no time for ex parté may cause person to be taken into custody and transported to nearest evaluation facility.
  - Serious Harm And No Time Requirements Ignored, At Least In Anchorage By Doctors And Clinicians

AS 47.30.710 Examination.

- Examine Person Brought in under POA within 24 hours.
- If reason to believe (1) mentally ill & gravely disabled or likelihood of serious harm to self or others, and (2) in need of treatment, file for Ex Parté if not already one.
  - Query: What is emergency at this point justifying no notice?
    - Pending D.G. Appeal

30-Day Commitment AS 47.30.725 – .735

- Mentally ill and as a result is likely to cause harm to self or others or is gravely disabled
  - Serious harm or unable to survive rarely present
  - Clear and Convincing Evidence Required
  - Predictions of Harm Do Not Meet This Requirement
- Right to Be Free of Medication (but exceptions)
  - Never invoked, at least in Anchorage, except PsychRights cases
- No Less Restrictive Alternative Has Accepted Patient.
  - Constitution requires least restrictive alternative.
- Right to counsel
  - Lackluster, at best, defense by Public Defender Agency is a violation of this right and lawyers’ ethical obligations
30-Day Commitment (Continued)

Petition Must Include (AS 47.30.730):
- Gravely Disabled Person’s Condition Could be Improved
  - Drug Treatment Worsens Outcomes
- Not Accepted Voluntary Treatment
  - Can’t condition Least Restrictive Alternative In this Way
- List Prospective Witnesses.
  - Often ignored. But see Wetherhorn v. API, 156 P.3d 371 (2007)
- List the facts and specific behavior of the respondent supporting the allegation.
  - Never done, at least in Anchorage. But see Wetherhorn

30-Day Commitment (Continued)

- No Right to Jury Trial
- Setting Least Likely to be Harmful
  - PsychRights Asserts real Courtroom in Most Cases
- Elect Open or Closed Hearing
  - Never followed, at least in Anchorage, except PsychRights Cases
- Rules of Evidence and Civil Procedure Applied so as to Provide for the Informal but Efficient Presentation of Evidence.
- Right to Remain Silent (but may be used against)

90-Day Commitment (AS 47.30.740 -- .755)

Same as 30-Day except:
- Right to Jury Trial
  - Virtually never done, at least in Anchorage, except for PsychRights cases. Violation of Lawyer’s ethical responsibilities.
- Must Allege Serious Bodily Harm or continued Gravely Disabled
- 30 Day Findings of Fact May Not Be Rebutted, except for Newly Discovered Evidence
- Going Voluntary Same as Commitment
- Right to Independent Expert
  - Virtually never done, at least in Anchorage, except in PsychRights cases

180-Day Commitments (AS 47.30.770)

- Follows 90-Day
- Successive 180 Days
- 30, 90 & 180 Day Facts May Not be Rebutted Except for Newly Discovered Evidence
- Again, at least in Anchorage, jury trials virtually never chosen in spite of clear ethical obligation for lawyer to recommend. People not told they have right.

Involuntary Outpatient Commitment-Early Release (AS 47.30.770)

- Allowed if inpatient not necessary for safety and mental condition would improve
- Can only be ordered returned to facility if the provider determines person can no longer be treated on an outpatient basis because likely to cause harm to self or others or is gravely disabled
  - Being illegally used when people ordered back to facility for not taking drugs.

Psychotropic Medication (AS 47.30.836 -- .839)

- Must Be Competent to Give or Withhold Informed Consent (AS. 47.30.836)
  - Doc Testified If Gave Consent Person Competent, If Withheld Incompetent
- Informed Consent Defined in AS 47.30.837
- Need Court Order If Not Competent Unless Emergency (AS 47.30.838)
Emergency Medication
AS.47.30.838
- Only allowed to preserve life or prevent significant physical harm
- Documented in medical record: must include explanation of alternative responses that were considered or attempted by the staff and why those responses were not sufficient
- No more than three crisis periods without the patient's informed consent or court approval
- Requirements totally ignored, at least at API

Involuntary Medication – Non Emergency (AS 47.30.839)
- Court Visitor Appointed to
  - Administer Capacity Assessment Instrument
  - Assist Court in
    - Investigating Competence
    - Determine Previously Expressed Wishes.
- Hospital Must Follow Advance Directive Unless can Prove Incompetent When Made (AS 47.30.839).
  - API Not Equipped to Deal With Right to Withhold Consent
  - May Force Drug if Not Competent to Withhold Consent
  - Ruled Unconstitutional in Myers v. API (2006)

Myers v. API
- To Be Constitutional Forced Drugging In Non-Emergency, State Must Prove by Clear & Convincing Evidence:
  - Drugging in Best Interests
  - No Less Intrusive Alternative Available
  - Cannot Honestly Establish These Criteria

Bigley v. API
208 P. 3d 168 (2009)
- Available means Feasible
  - If Less Intrusive Alternative Feasible Have to Provide or Let Person Go
- Petition Must Provide:
  - facts underlying the petition, including the nature of and reasons for the proposed treatment
  - symptoms and diagnosis; the medication to be used; the method of administration; the likely dosage; possible side effects, risks and expected benefits; and the risks and benefits of alternative treatments and nontreatment.

D.G.
Alaska Supreme Court Case No. S-15100
- Pending
- Challenging Ex Parté (No Notice) Proceedings Once Someone Already in Custody through POA

Voluntary Aspiration Unfulfilled
- No Notice Before Picked Up, Handcuffed & Dragged In.
- Involuntary Is Easiest for Hospital (Path of Least Resistance)
  - Know No Legal Defense
  - Know Don’t Have To Gain Patient’s Trust
- You Can Sign In But Not Out
- Truly Voluntary Truly Rare
Most Drugging of Children & Youth in State Custody Unconstitutional

- State obligated to protect children & youth in custody from harm.
  
  "[W]hen the State by the affirmative exercise of its power so restrains an individual's liberty that it renders him unable to care for himself, and at the same time fails to provide for his basic human needs—e.g., food, clothing, shelter, medical care, and reasonable safety—it transgresses the substantive limits on state action set by the Eighth Amendment and the Due Process Clause."

Also Illegal Under State Statutes

- State Has A Duty To Care For Children & Youth In Custody, Including:
  - Meet Emotional, Mental, and Social Needs
  - Protect, Nurture, Train, And Provide Discipline
- AS 47.10.084(a) and AS 47.12.150(a)

Most Psychiatric Drugging of Children & Youth Is Medicaid Fraud

- Medicaid coverage for outpatient drugs limited to "medically accepted indications"
  - Off-label covered only if "supported" by one of 3 specified compendia
  - See, "Medically Accepted Indications Chart for Children & Youth"

Is Current Mental Health Treatment Legal?

- NO

Suggested Reading

- *Drugging Our Children: How Profit-seekers Are Pushing Antipsychotics on Our Youngest,* and What We Can Do To Stop It, Sharna Olfman and Brent Dean Robbins, Editors (2012)
- *Drug Induced Dementia,* Grace E. Jackson, MD, Author House, 2009.
- *Brain Disabling Treatments in Psychiatry: Drugs, Electroshock, and the Role of the FDA,* Ed. 2 (2006) by Peter Breggin, MD.

Suggested Reading (cont.)

- *Community Mental Health: A Practical Guide* (1994) by Loren Mosher and Lorenzo Burti
- *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)
- Other books at [http://psychrights.org/Market/storefront.htm](http://psychrights.org/Market/storefront.htm)