
***Recovery: Rights,
Responsibilities & Roadblocks***

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“Consumer” Is A Culture!

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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 in 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 asleep. He wrote down that I didn't know what day it was. Things didn't get better from there. I was somewhat belligerent since I was used to being free and being able to make my own decisions. Sometimes I would just go down to make them catch me. One time, they didn't catch me before you heard his

Law Project for Psychiatric Rights (PsychRights®)

- Founded in 2002 After Reading Robert Whitaker's *Mad in America: Bad Science, Bad Medicine and the Enduring Mistreatment of the Mentally Ill*.
- Mission: Mount a Strategic Litigation Campaign Against Forced Psychiatric Drugging & Electroshock
- Adopted Massive Over-Drugging of Children & Youth as Priority in 2006.

Themes

- Recovery
- Responsibilities
- Roadblocks
 - The Medical Model
 - Force
- Rights

Recovery: What Does Recovery Mean?

- Courtenay Harding Definition:
 - No current signs and symptoms of any mental illness, no current medications, working, relating well to family and friends, integrated into the community and behaving in such a way as to not being able to detect having ever been hospitalized for any kind of psychiatric problems.^[1]
 - [1] Empirical Correction of Seven Myths About Schizophrenia with Implications for Treatment, by Courtenay M. Harding, Ph.D., and James H. Zahniser, ACTA *Psychiatrica Scandinava*, 1994: 90 (suppl 384): 140-146.

Recovery: Responses to 2003 "National Organization" Query

- An individual's opportunity for social activities and places to go is no different than any other citizen.
- An individual has paid or volunteer work if they wish to.
- An individual has a secure roof over his/her head
- An individual is no longer bothered by symptoms that monopolize his/her consciousness and days and nights
- An individual may or may not take medications, do exercises physical or spiritual.

Recovery: National Organization Responses Continued

- What is recovered is a sense of self that is not defined by illness, but by abilities and interests and hope for the future.
- I appreciate the literal meaning of recovery; to recover is to "take back." Thus "recovery" is the process of taking back. As I recover - I take back my life.
- For me "recovery" has been a very painful and unfinished, day to day struggle. It takes medicine, ongoing therapy, friends, meaningful work, withdrawing for periods of time, keeping-on-keeping-on.

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://akmhweb.org/recovery/RecoveryResponsibilitiesRoadblocks.pdf>

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Responsibilities: Two Aspects

- Responsibilities for Problems
 - Responsibility does not equal blame
- Responsibilities for Recovery

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Responsibilities: Psychiatric Symptoms As Responses to Events/Experiences

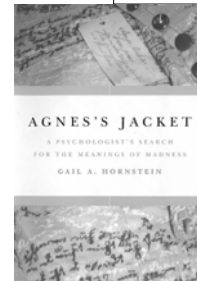
- Examples:
 - Multiple Personalities
 - Other Responses to Trauma
 - Mental Map Reorganization
 - Hearing Voices
 - Common Phenomenon
 - Mania
 - Icarus Project

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Responsibilities: Essentials for Recovery

- 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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Roadblocks: Force & Coercion

- Precludes Therapeutic Alliance
- Path of Least Resistance
- Precludes “Consumer” Taking Responsibility for Recovery.
- Prevents Use of Approaches desired by “consumer.”

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Roadblocks: The Medical Model

- No Real Evidence for Medical Model
- No Evidence of Defective Brains, Chemical Imbalances.
 - Query: Does a headache demonstrate an aspirin deficiency?
- 2003 Hunger Strike Challenged American Psychiatric Ass'n to provide reliable scientific evidence of Medical Model; APA essentially admitted it could not.

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Roadblocks: 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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Roadblocks – The Medical Model: Key Studies

- CATIE Study: Effectiveness of neuroleptic Drugs in Patients with Chronic Schizophrenia. *New England Journal of Medicine*, N Engl J Med 2005;353:1209-23
- Outcome Factors: Factors Involved in Outcome and Recovery in Schizophrenia Patients Not on neuroleptic Medications. *Journal of Nervous and Mental Disease*, Vol 195, May, 2007, No. 5: 407-414.
- WHO Studies: "The International Pilot Study of Schizophrenia: five-year follow-up findings." *Psychological Medicine*, 22 (1992), 131-145; "Schizophrenia: manifestations, incidence and course in different cultures, a World Health Organization ten-country study." *Psychological Medicine* 20, monograph supplement, (1992):1-95.
- Morbidity and Mortality in People with Serious Mental Illness. *National Association of State Mental Health Program Directors*, (2006).
- Anatomy of an Epidemic: Psychiatric Drugs and the Astonishing Rise of Mental Illness in America. *Ethical Human Psychology and Psychiatry*, Volume 7, Number 1: 23-35 Spring 2005.

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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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Roadblocks: Don'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 because of shared experience.
- Also some Mental Health Professionals Get It – They Listen to and Learn from (ex)Users.



Many Others

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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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WARNING

- Quitting Psychiatric Drugs Can Be Very Dangerous/Should be Done Slowly Under the Supervision of a Physician
 - Withdrawal Often Causes Psychiatric Symptoms
 - Often accompanied by Adverse Physical Effects

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Rights: When Involuntary Commitment Constitutionally Permissible

1. Confinement takes place pursuant to proper procedures and evidentiary standards,
2. Finding of "dangerousness either to one's self or to others," and
 - Incapable of surviving safely in freedom. *Cooper v. Oklahoma*, 517 U.S. 348, 116 S.Ct. 1373, 1383 (1996).
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).
 - Must be by Clear & Convincing Proof. *Addington v. Texas*, 441 US 418 (1979).
 - Incapable of surviving safely in freedom. *Cooper v. Oklahoma*, 517 U.S. 348 (1996), citing *O'Connor v. Donaldson*, 422 U.S. 563 (1975).

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New Mexico Statute §43-1-11E.

- [30 day commitment] if the court finds by clear and convincing evidence that:
 - (1) as a result of a mental disorder, the client presents a likelihood of serious harm to the client's own self or others;
 - (2) the client needs and is likely to benefit from the proposed treatment; and
 - (3) the proposed commitment is consistent with the treatment needs of the client and with the least drastic means principle.

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Extended Commitment under §43-1-12

- Right to a trial by a six-person jury, if requested
- [Extended commitment if] fact-finder determines by clear and convincing evidence that the client presents a likelihood of harm to the client's self or to others, that extended treatment is likely to improve the client's condition and that the proposed extended commitment is consistent with the least drastic means principle.

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Rights: 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. The specific kinds of drugs at issue may matter here as elsewhere. Different kinds of neuroleptic drugs may produce different side effects and enjoy different levels of success.
- Sell v. United States*, 539 U.S. 166, 177-8, 123 S.Ct. 2174, 2183 (2003) (Competence to Stand Trial Case).

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Forced “Treatment” NMS §43-1-15

- Treatment Guardian appointed if court finds by clear convincing evidence that the client is not capable of making the client's own treatment decisions. §43-1-15E.
 - “capable of understanding the proposed nature of treatment and its consequences and capable of expressing a decision regarding its acceptance or refusal.” *Matter of Sanders*, 108 NM 434 (NM App. 1989).
- Best interest and least drastic means for accomplishing the treatment objective §43-1-15F.

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Forced Drugging Self Defense Package at PsychRights.Org

Suggested Reading

- *Mad in America: Bad Science, Bad Medicine and the Enduring Mistreatment of the Mentally Ill* (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 Aronson, 1996), by ~~Bertram P. Kaon and Gary R. Vandenbos~~

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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 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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