

REPORT ON IMPROVING MENTAL HEALTH OUTCOMES



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<https://psychrights.org/ReportOnImprovingMentalHealthOutcomes.pdf>

SUMMARY

- 
- **Current Mental Health System is Colossally Counterproductive and Harmful**
 - **Psychiatric Drugs Reduce Recovery Rate of People Diagnosed with Serious Mental Illness from Possible 80% to 5%**
 - **Psychiatric Drugs Increase Harm to Self & Others**
 - **Psychiatric Drugs Shorten Life Spans by 20-25 Years**
 - **Catastrophically diminish quality of life**
 - **Psychiatric Imprisonment Massively Associated with Suicide**
 - **Imposed Without Consideration of “Treatment” Facts and in Violation of International Law**

SUMMARY (cont.)

- Proven Effective, Safe & Non-Coercive Approaches
 - People, Place & Purpose
 - Peer Respite
 - Soteria Houses
 - Open Dialogue
 - Drug-Free Hospitals
 - Housing First
 - Employment
 - Warm Lines
 - Hearing Voices Network
 - Non-Police Community Response Teams
 - emotional CPR (eCPR)
 - Etc.

SUMMARY (cont.)

- **Psychiatric Drugging of Children and Youth Even More Tragic**
 - **Should Cease.**
 - **Children And Youth Should Be Helped To Manage Their Emotions And Become Successful**
 - **Parents Should Be Given Support And Assistance To Achieve This.**

increased morbidity and mortality.

In addition to the neuroleptics killing people due to direct physical harm, such as cardiac arrest and diabetes, they dramatically increase the suicide rate,¹⁷ as do the so-called antidepressants,¹⁸ anti-seizure/anti-epileptic drugs marketed as “mood stabilizers,”¹⁹

¹⁷ Lehmann, Peter. (2012). “About the Intrinsic Suicidal Effects of Neuroleptics: Towards Breaking the Taboo and Fighting Therapeutic Recklessness.” *International Journal of Psychotherapy* 16(1): 30–49; Whitaker, Robert. (2 May 2020). “Do Antipsychotics Protect Against Early Death? A Review of the Evidence.” *Mad in America*; Healy, David, et al. (2006). “Lifetime Suicide Rates in Treated Schizophrenia: 1875–1924 and 1994–1998 Cohorts Compared.” *British Journal of Psychiatry* 188(3): 223–228.

¹⁸ Healy, David; & Aldred, Graham. (2005). “Antidepressant Drug Use & the Risk of Suicide.” *International Review of Psychiatry* 17(3): 163–172; Hengartner, Michael P.; & Plöderl, Martin. (2019). “Newer-Generation Antidepressants and Suicide Risk in Randomized Controlled Trials: A Re-Analysis of the FDA Database.” *Psychotherapy and Psychosomatics* 88(4): 247–248; Hengartner, Michael P.; & Plöderl, Martin. (2019). “Reply to the Letter to the Editor: ‘Newer-Generation Antidepressants and Suicide Risk: Thoughts on Hengartner and Plöderl’s Re-Analysis’.” *Psychotherapy and Psychosomatics* 88(6): 373–374; Fergusson, Dean, et al. (2005). “Association Between Suicide Attempts and Selective Serotonin Reuptake Inhibitors: Systematic Review of Randomised Controlled Trials.” *BMJ* 330,7488: 396.

¹⁹ Britton, Jeffery W.; & Shih, Jerry J. (2010). “Antiepileptic Drugs and Suicidality.” *Drug, Healthcare and Patient Safety* 2: 181–189; Food and Drug Administration, Center for Drug Evaluation and Research. (2008). Statistical Review and Evaluation: Antiepileptic Drugs and Suicidality. As a result, the FDA requires the labels

TABLE OF CONTENTS

The Current Mental Health System
is Extremely Counterproductive
and Harmful

The Overuse of Psychiatric Drugs

The Clinical Trial Literature on
Psychiatric Drugs is Unreliable

Inpatient Hospitalizations Associated
with Astronomically Higher Suicide
Rates

Treatment Should Be Voluntary
Unwanted

Psychiatric Interventions Violate
International Law and Can Constitute
Torture

Patients' Rights Are Uniformly Violated

Children and Youth Should Not be Given
Psychiatric Drugs

Voluntary, Effective, Safe and Humane
Approaches

The Power of Peer Support

Warmlines

World Health Organization
Recommendations

Emotional CPR (eCPR)

Peer Respite

Non-Police Community
Response Teams

Housing First

Psychotherapy

Employment

Other Person-Centered and
Rights-Based Approaches

Soteria Houses

Drug Free Hospitals

Open Dialogue

Hearing Voices Network

A man with a beard and dark hair is lying in a hospital bed, wearing a white gown. He has his mouth wide open in a scream or shout, with his eyes closed and a pained expression. The background is dark, with several bright, jagged lightning bolts visible, suggesting a storm or a metaphorical representation of mental anguish. The overall mood is one of intense distress and suffering.

**THE CURRENT MENTAL
HEALTH SYSTEM IS
EXTREMELY
COUNTERPRODUCTIVE
AND HARMFUL**

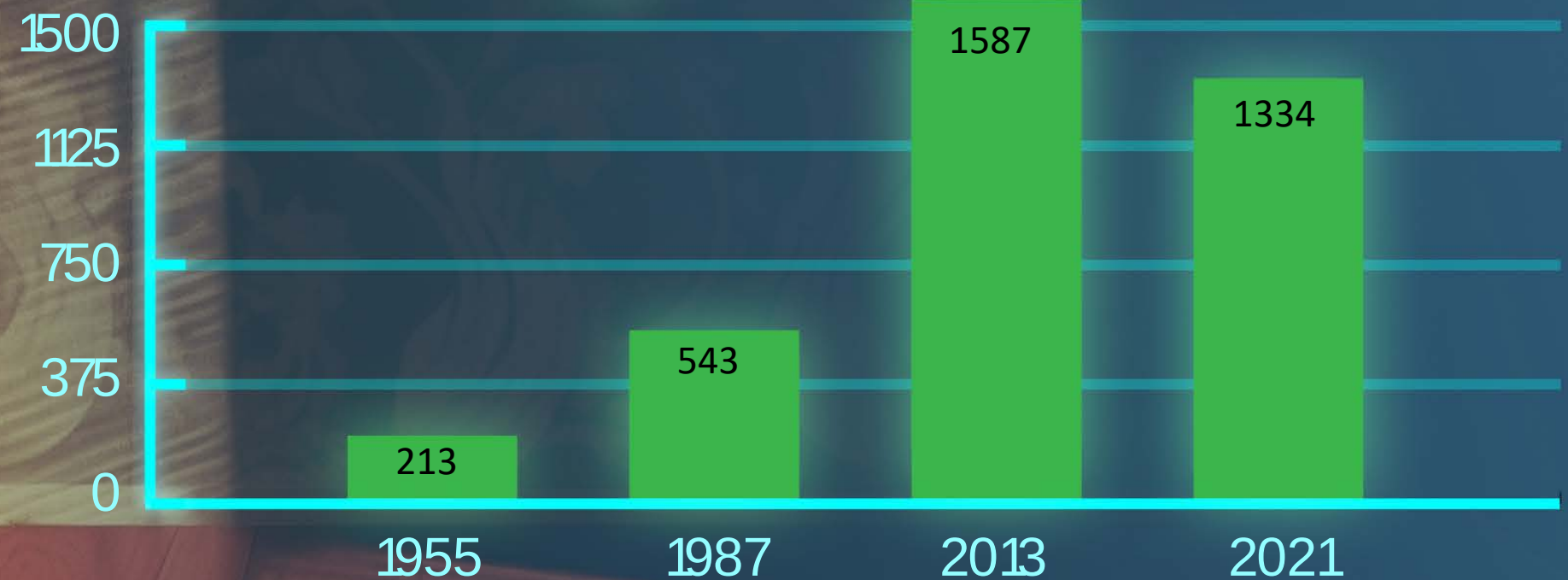
“Despite five decades of antipsychotic medication and deinstitutionalization, there is little evidence that the prospects for recovery have changed substantially in the past century.”

Thomas Insel,
Director of the NIMH for 12 years



The Disabled Mentally Ill in the United States (under government care)

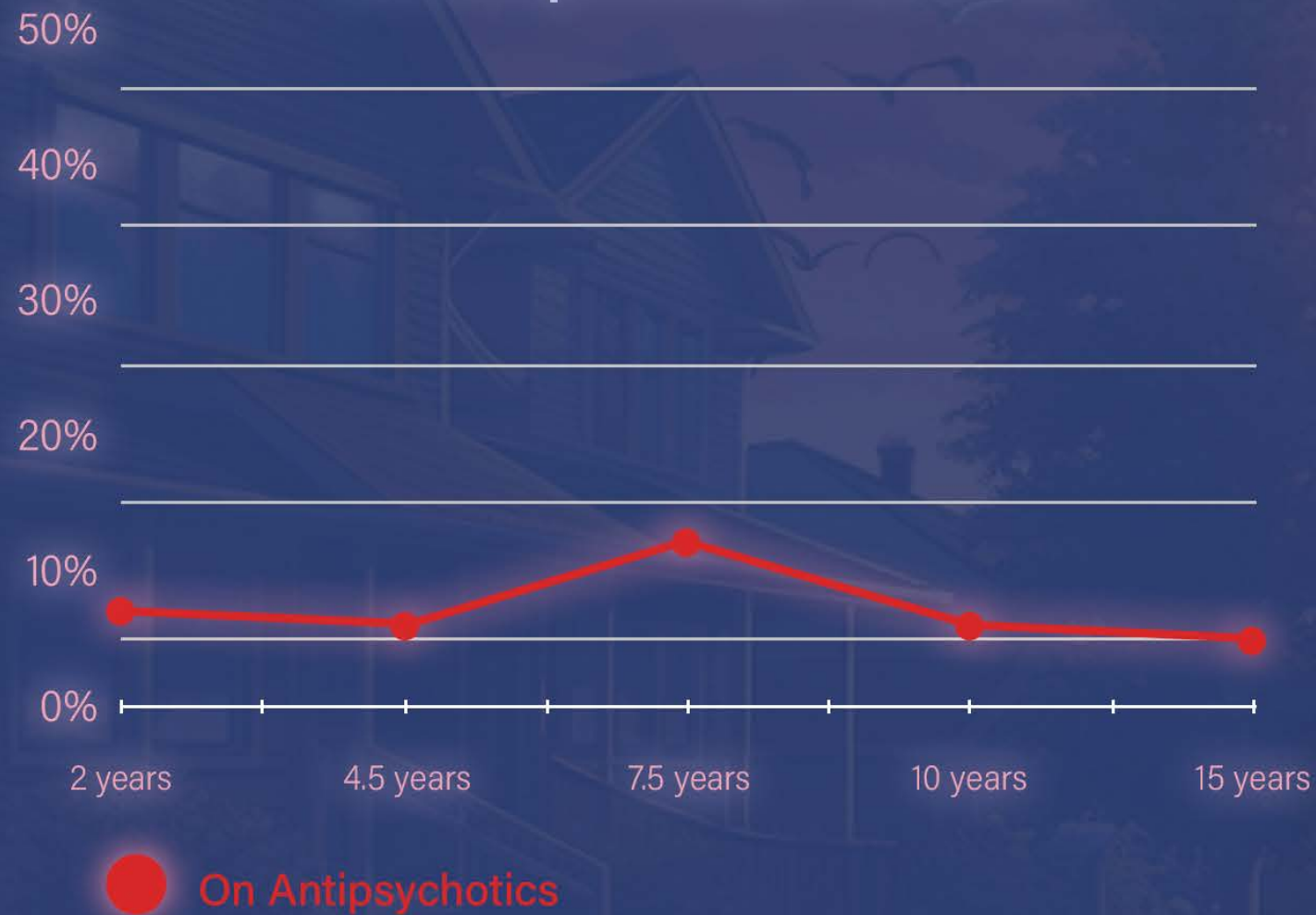
■ Per 100,000 Population



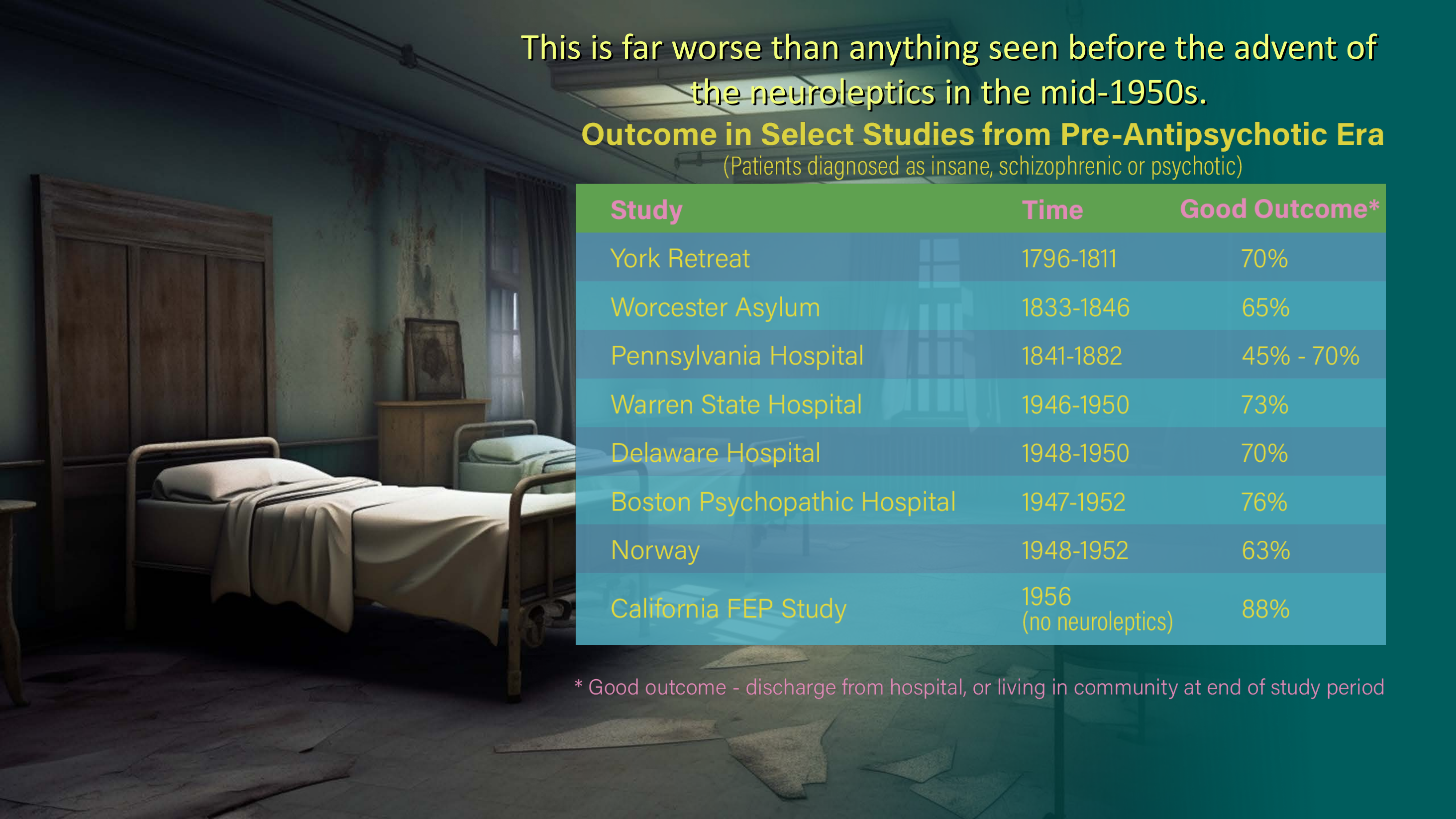
Source: Silverman, C. The Epidemiology of Depression (1968): 139. U.S. Social Security Administration Reports, 1987-2021

Some of the increase between 1987 & 2013 was probably because of the 1996 "Welfare to Work" legislation.
The decrease after 2013 was because of the government making it harder to access disability payments

Long-term Recovery Rates for Schizophrenia Patients



Source: Harrow M. "Factors involved in outcome and recovery in schizophrenia patients not on antipsychotic medications." *Journal of Nervous and Mental Disease* 195 (2007)406:14



This is far worse than anything seen before the advent of the neuroleptics in the mid-1950s.

Outcome in Select Studies from Pre-Antipsychotic Era

(Patients diagnosed as insane, schizophrenic or psychotic)

Study	Time	Good Outcome*
York Retreat	1796-1811	70%
Worcester Asylum	1833-1846	65%
Pennsylvania Hospital	1841-1882	45% - 70%
Warren State Hospital	1946-1950	73%
Delaware Hospital	1948-1950	70%
Boston Psychopathic Hospital	1947-1952	76%
Norway	1948-1952	63%
California FEP Study	1956 (no neuroleptics)	88%

* Good outcome - discharge from hospital, or living in community at end of study period



Open Dialogue in Northern Finland

(Results for First-Episode Patients at Five Years)

Patients (N = 75)

Schizophrenia (N = 30)

Other psychotic disorders (N = 45)

Antipsychotic Use

Never exposed to antipsychotics	67%
Occasional use at end of 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: J. Seikkula. "Five-year experiences of first-episode nonaffective psychosis in open-dialogue approach." *Psychotherapy Research* 16 (2006): 214-28

At six weeks:

Psychopathology reduced comparably in both groups.

At 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

Antipsychotic use in Soteria patients:

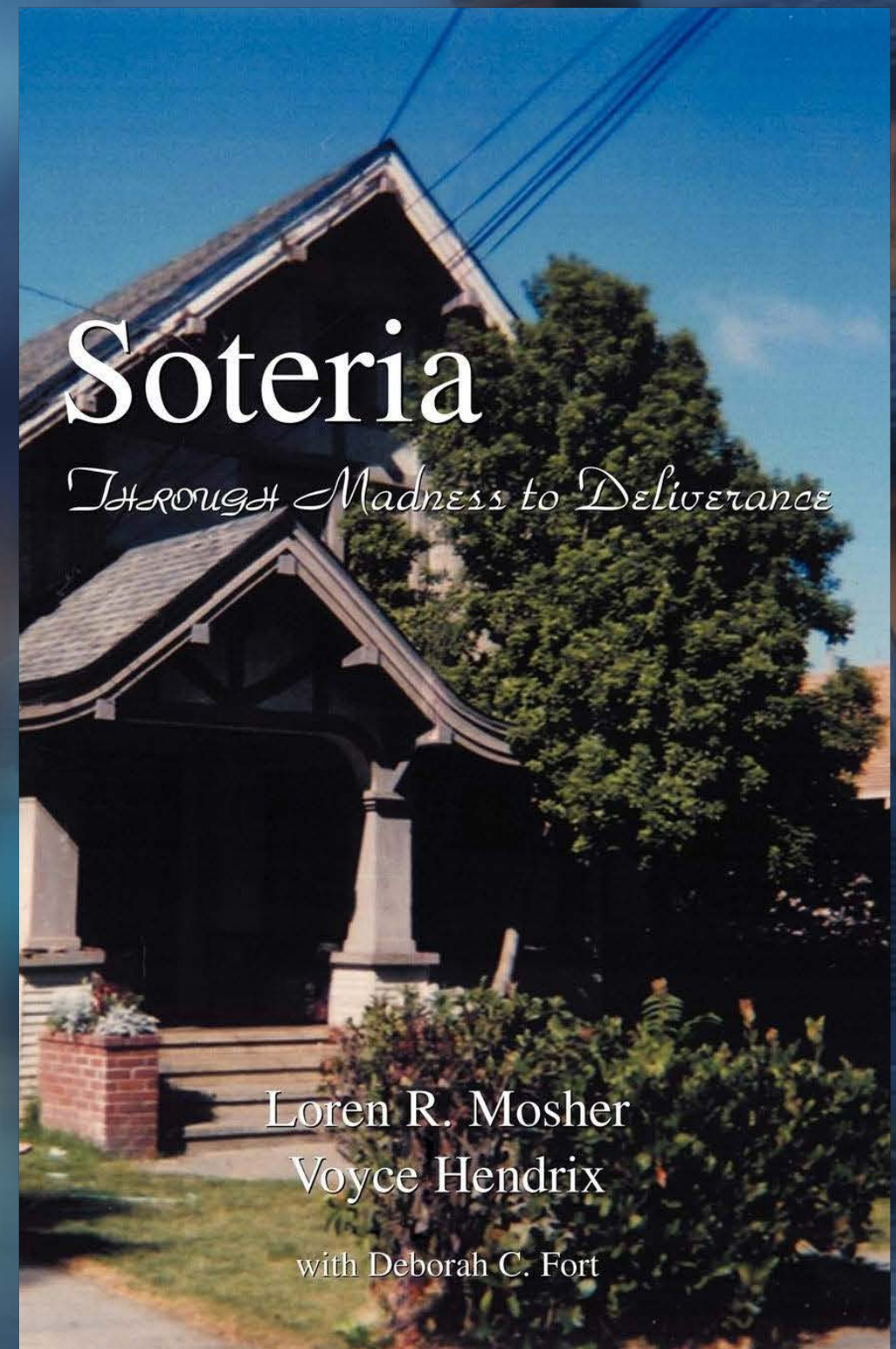
76% did not use antipsychotic drugs during first six weeks

42% did not use any antipsychotic during two-year study

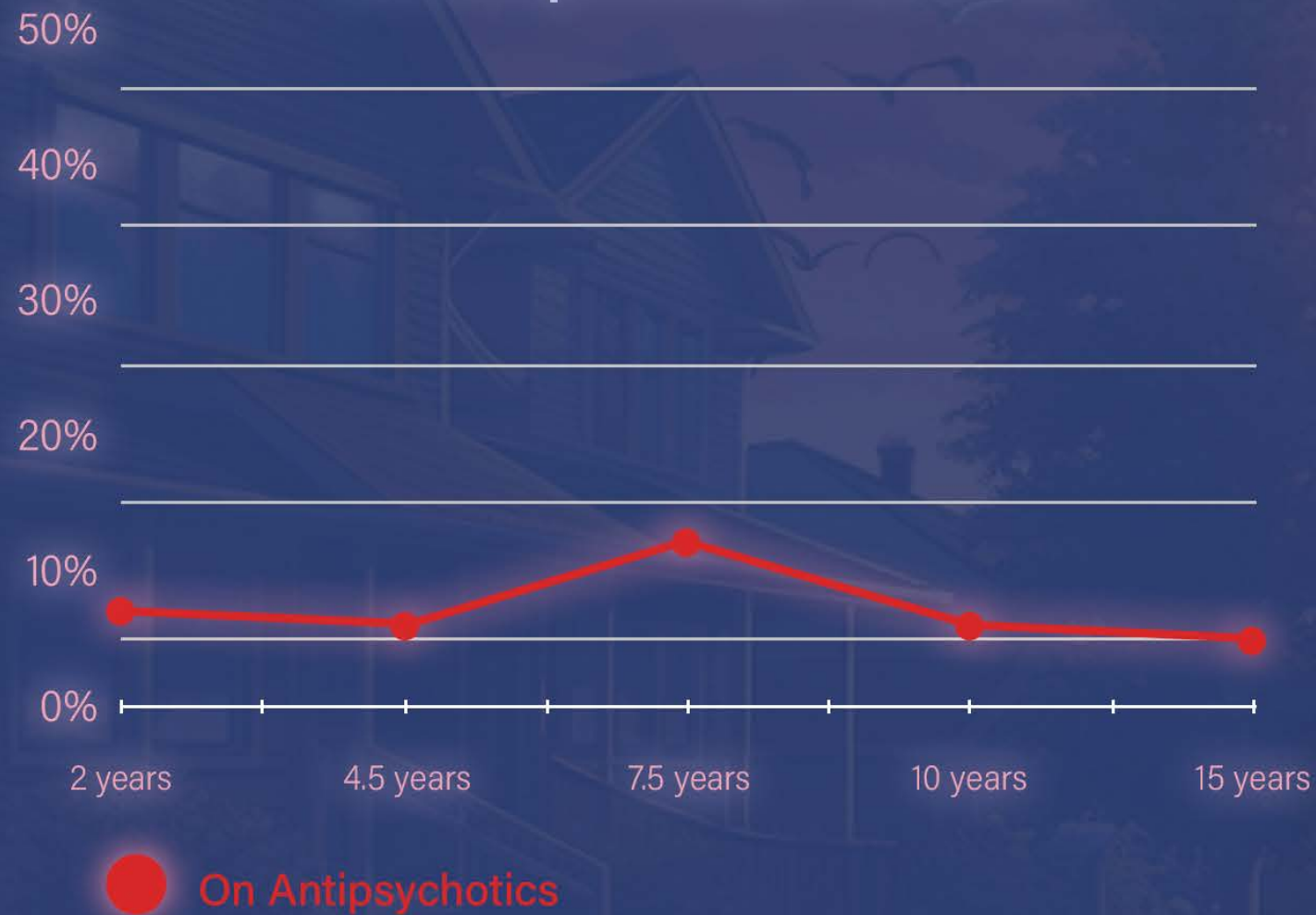
Only 19% regularly maintained on drugs during follow-up period

Mosher (1999). J. Nerv Ment Dis 187(3):142-149

Bola & Mosher (2003). J Nerv Ment Dis 191(4): 219-229

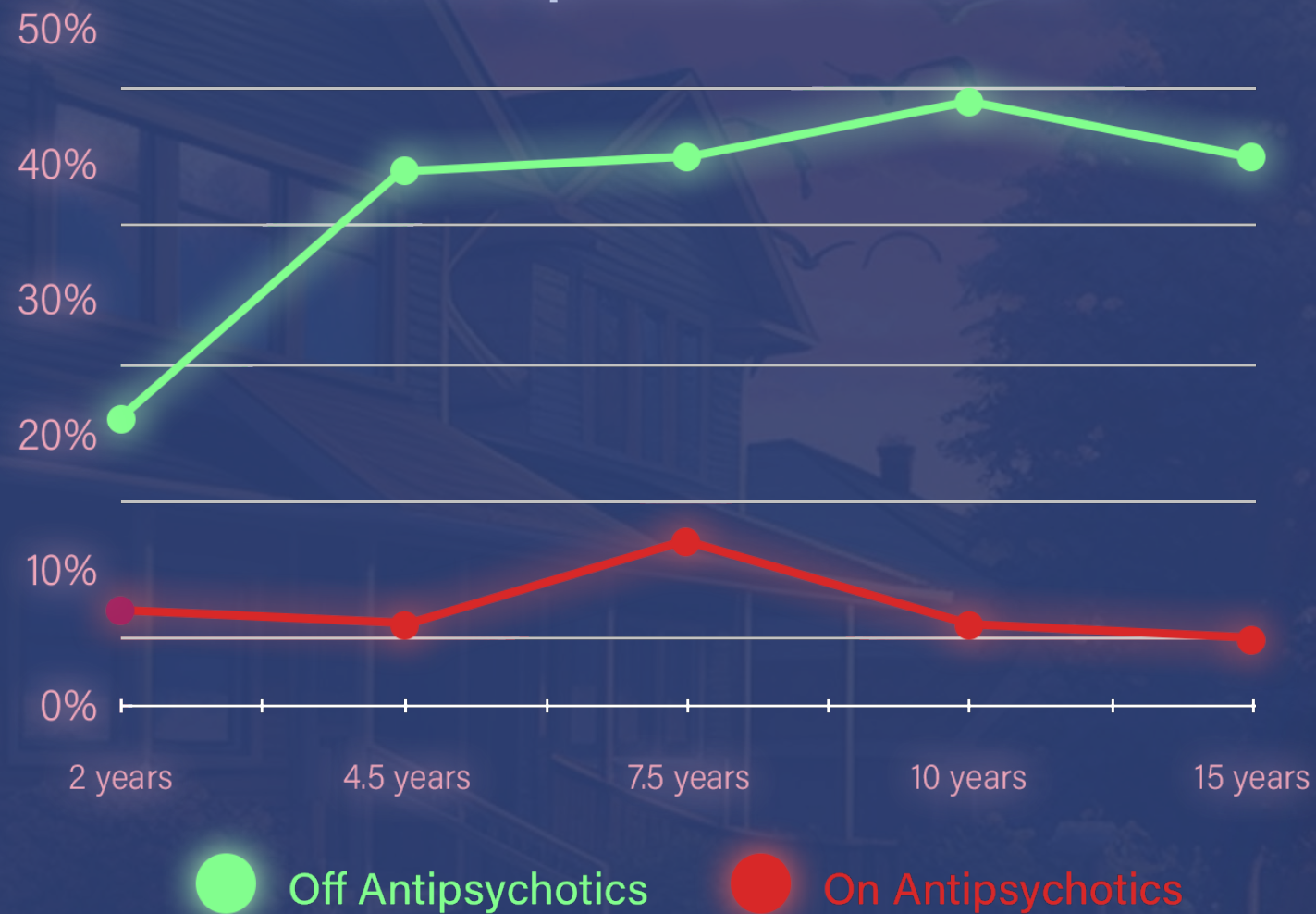


Long-term Recovery Rates for Schizophrenia Patients



Source: Harrow M. "Factors involved in outcome and recovery in schizophrenia patients not on antipsychotic medications." *Journal of Nervous and Mental Disease* 195 (2007)406:14

Long-term Recovery Rates for Schizophrenia Patients



Source: Harrow M. "Factors involved in outcome and recovery in schizophrenia patients not on antipsychotic medications." *Journal of Nervous and Mental Disease* 195 (2007)406:14



Psychiatric Drugs lower lifespans by 20 years or so

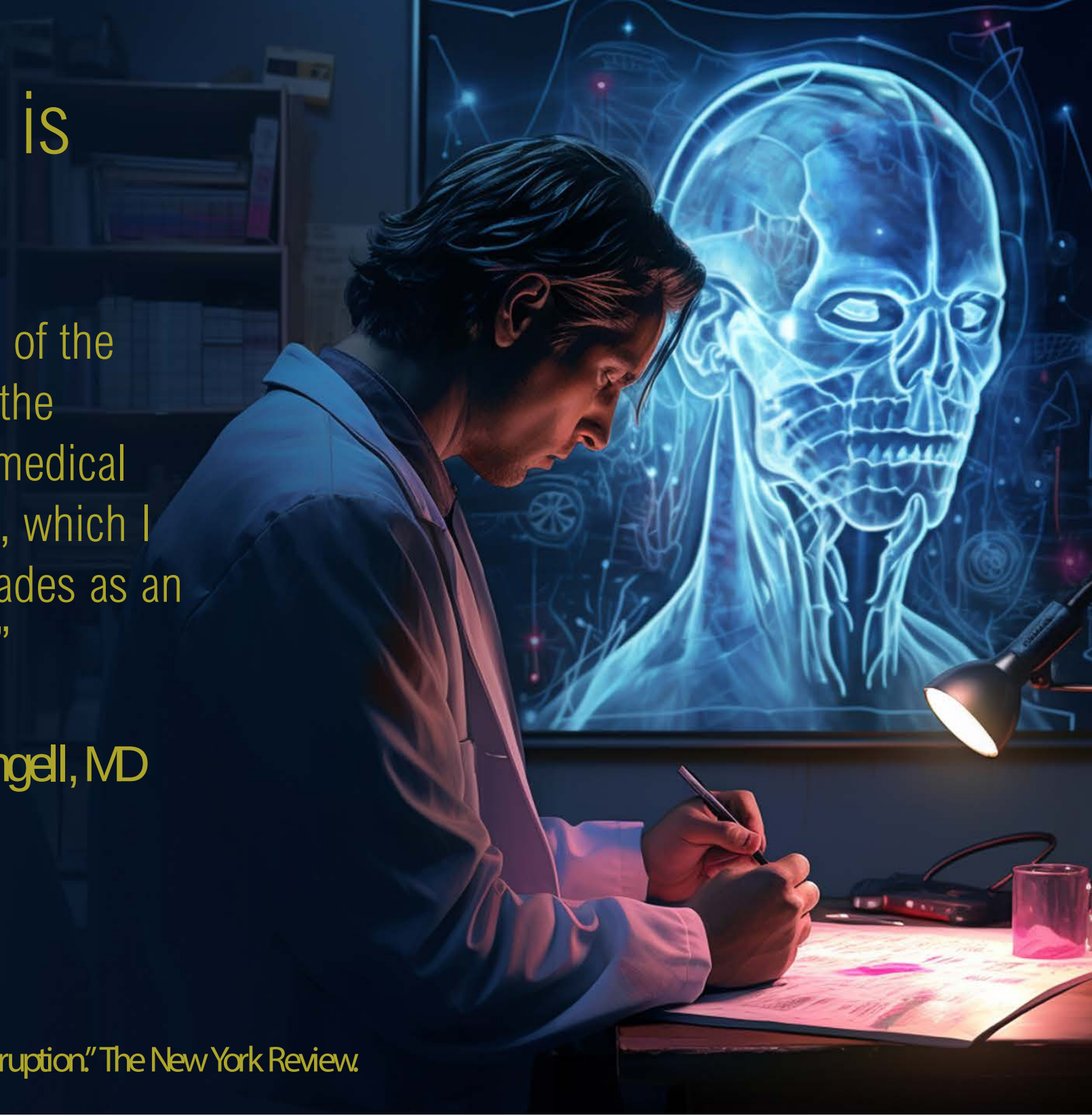
Neuroleptics increase suicide,
sudden cardiac death, other
cardiac mortality, and all-cause
mortality.

The Clinical Trial Literature is Unreliable

“It is simply no longer possible to believe much of the clinical research that is published, or to rely on the judgment of trusted physicians or authoritative medical guidelines. I take no pleasure in this conclusion, which I reached slowly and reluctantly over my two decades as an editor of The New England Journal of Medicine.”

Marcia Angell, MD

Angell, Marcia (19 Jan 2009). “Drug Companies & Doctors: A Story of Corruption.” The New York Review.



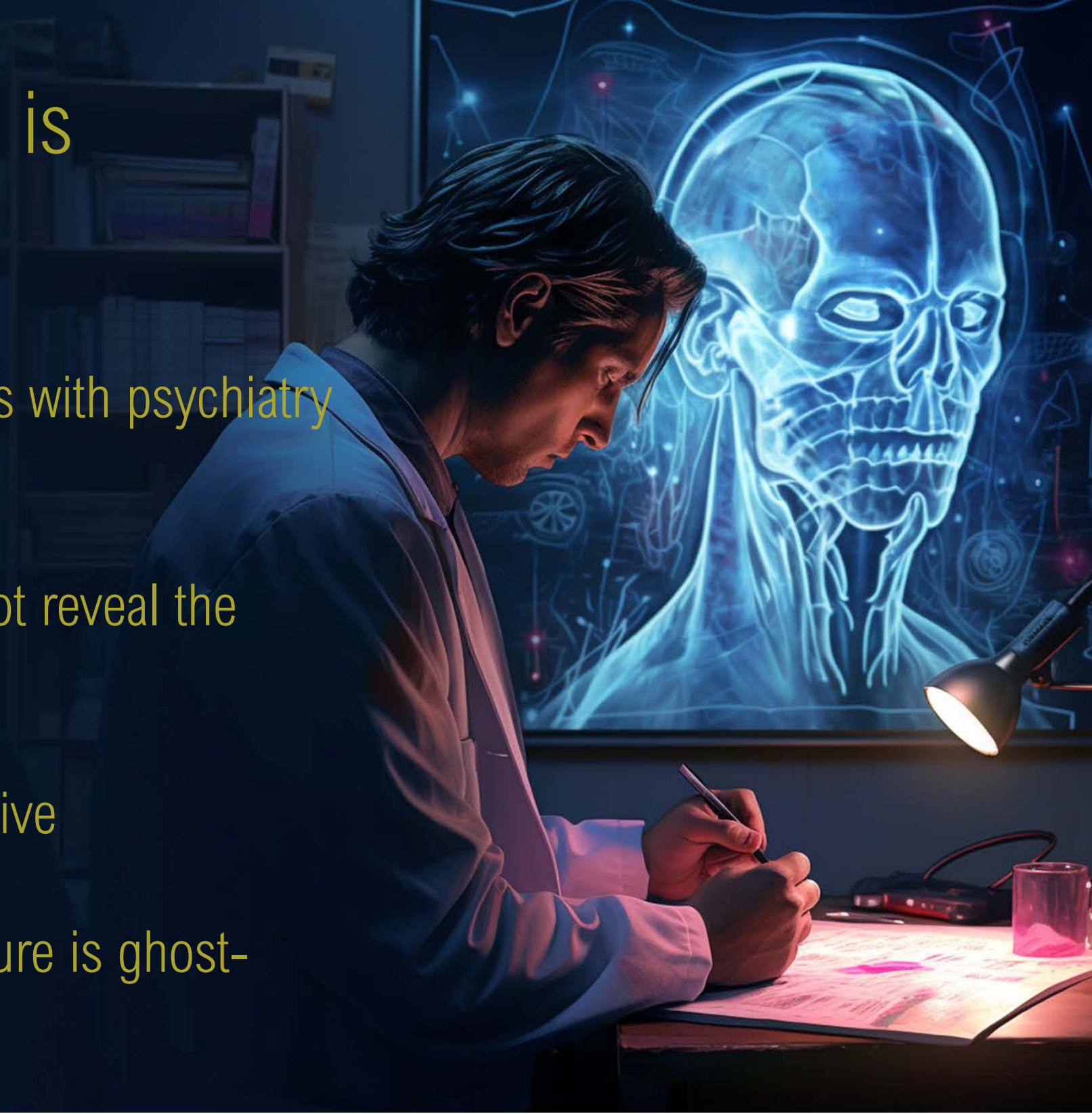
The Clinical Trial Literature is Unreliable

Psychiatry is the Worst (the problems with psychiatry reach “their most florid form”)

Studies are designed to sell drugs not reveal the truth

Negative trials are published as positive

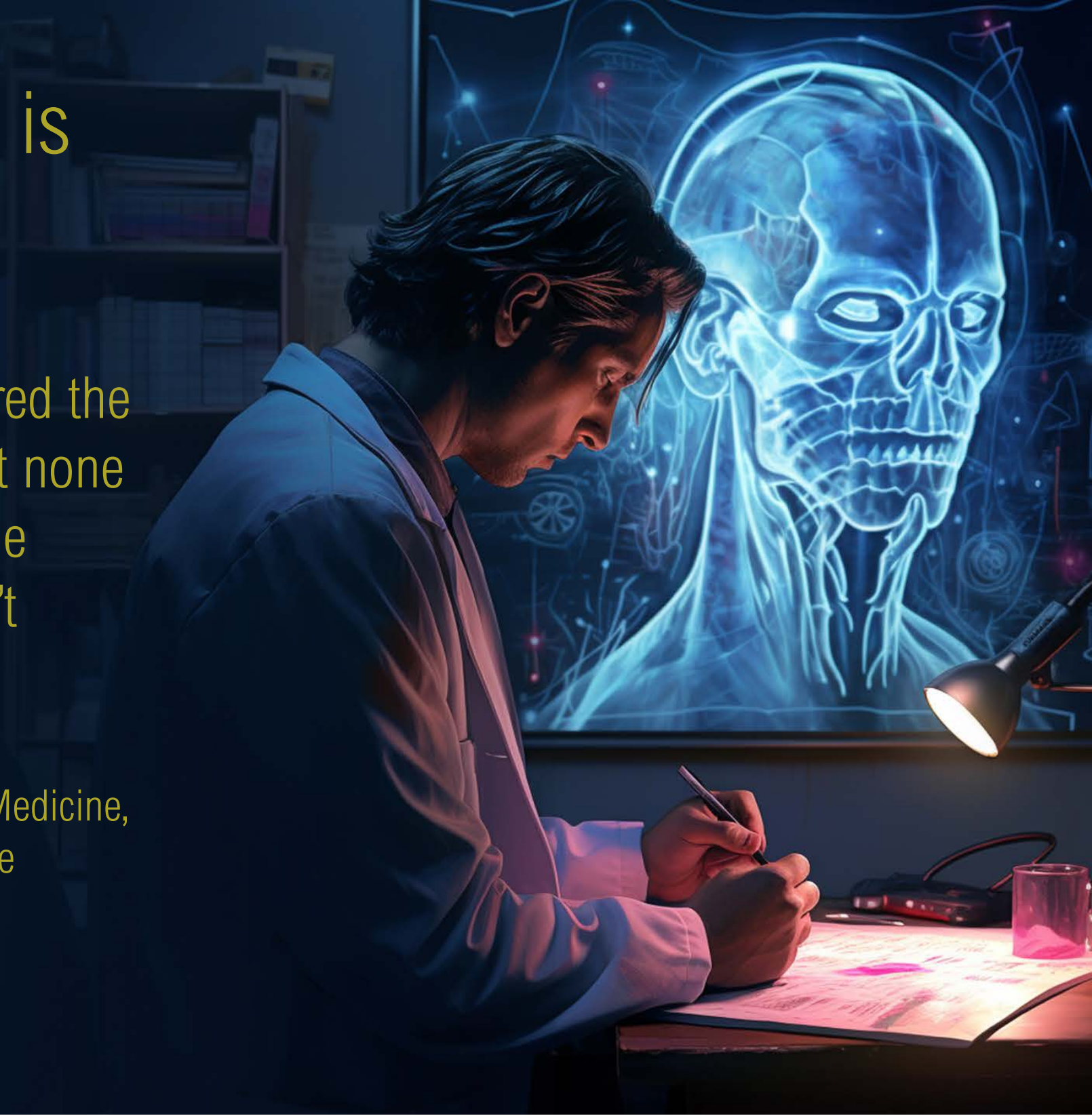
Much of the clinical trial drug literature is ghost-written



The Clinical Trial Literature is Unreliable

“One in every 138 patients who entered the trials for newer neuroleptics died, but none of these deaths were mentioned in the scientific literature, and the FDA didn’t require them to be mentioned.”

Whitaker, Robert. (2002.) *Mad in America: Bad Medicine, Bad Science and the Enduring Mistreatment of the Mentally Ill.*





Inpatient Hospitalizations Associated with Astronomically Higher Suicide Rates

- [T]he risk of suicide 102 times higher for men and 246 times higher for women in the first week after discharge. Qin, Ping; & Nordentoft, Merete. (2005). "Suicide Risk in Relation to Psychiatric Hospitalization: Evidence Based on Longitudinal Registers." *Archives of General Psychiatry* 62(4): 427–432.
- The adjusted rate ratio for suicide was six for people receiving only psychiatric medication, eight for people with psychiatric outpatient contact, 28 for people with psychiatric emergency room contacts, and 44 for people who had been admitted to a psychiatric hospital. Gøtzsche, Peter C. (2015). *Deadly Psychiatry and Organized Denial*. Copenhagen: People's Press.
- "Among patients recently discharged from psychiatric hospitalization, rates of suicide deaths and attempts were far higher than...in unselected clinical samples of comparable patients." Forte, Alberto, et al. (2019). "Suicidal Risk Following Hospital Discharge: A Review." *Harvard Review of Psychiatry* 27(4): 209–216.

Treatment Should Be Voluntary

A person with a backpack is walking away from the viewer on a stone path towards a two-story house. The house has a chimney and a porch with a railing. The interior lights are on, and the windows are glowing. The sky is a mix of orange, yellow, and dark blue, suggesting sunset or sunrise. The person is wearing a red jacket and dark pants. The path is made of large, irregular stones. There are some bushes and trees around the house.

“[I]n the field of psychiatry, it is the therapeutic relationship which is the single most important thing ... Now, if because of some altered state of consciousness, somebody is about to do themselves grievous harm or someone else grievous harm, well then, I would stop them in whatever way I needed to ... **In my career I have never committed anyone ... I make it my business to form the kind of relationship [through which the mentally ill person and I] can establish a[n] ongoing treatment plan that is acceptable to both of us.**”

Mosher, Loren (2003.) *In the Matter of F.M.* Transcript of proceedings (March 5 and March 10, 2003), Anchorage Superior Court, Case No. 3AN-02-00277 CI.

Unwanted Psychiatric Interventions Violate International Law and Can Constitute Torture

The United Nations Convention on the Rights of Persons with Disabilities (CRPD) prohibits governments from denying people decision-making authority, from confining people, or administering any other psychiatric interventions on the basis of a disability, including being diagnosed with a mental illness.

The UN has repeatedly stated such unwanted psychiatric interventions can amount to torture.



Patients' Rights Are Uniformly Violated

- Rights are also violated under local law
- Variation by jurisdiction, but forced psychiatric interventions often require
 - Danger to self or others in near term and least restrictive alternative for psychiatric incarceration
 - Best interest and no less intrusive alternative for forced drugging



Patients' Rights Are Uniformly Violated

[C]ourts accept...testimonial dishonesty..., specifically where witnesses, especially expert witnesses, show a “high propensity to purposely distort their testimony in order to achieve desired ends.” ...

Experts frequently...and openly subvert statutory and case law criteria that impose rigorous behavioral standards as predicates for commitment....

This combination...helps define a system in which (1) dishonest testimony is often regularly (and unthinkingly) accepted; (2) statutory and case law standards are frequently subverted; and (3) insurmountable barriers are raised to ensure that the allegedly “therapeutically correct” social end is met....

In short, the mental disability law system often deprives individuals of liberty disingenuously and upon bases that have no relationship to case law or to statutes.

Perlin, Michael L. (1993). “The ADA and Persons With Mental Disabilities: Can Sanist Attitudes be Undone.” *Journal of Law and Health* 8(1): 15–45.



Patients' Rights Are Uniformly Violated

- No more than 10% of people who are psychiatrically imprisoned actually meet commitment criteria
- Mentally diagnosed are not significantly more violent than the general population.
- psychiatrists are notoriously bad at predicting violence—no better than chance
- Cannot legitimately prove psych drugs in person's best interest and no less intrusive alternative



Children and Youth Should Not be Given Psychiatric Drugs

CriticalThinkRx curriculum of eight modules:

- 1 Why a Critical Skills Curriculum on Psychotropic Medications?
Increasing Use of Psychotropics: Public Health Concerns.
- 2 The Drug Approval Process.
- 3 Pharmaceutical Industry Influences on Prescribing.
- 4 Specific Drug Classes: Use, Efficacy, Safety.
- 5 Non-Medical Professionals and Psychotropic
- 6 Medications: Legal, Ethical and Training Issues.
- 7 Medication Management: Professional Roles and Best Practices.
- 8 Alternatives to Medication: Evidence-Based Psychosocial Interventions

Cohen, David; & Sengelmann, Inge; et al. (Jun 2008).
"A Critical Curriculum on Psychotropic Medications." *CriticalThinkRx*



**VOLUNTARY,
EFFECTIVE, SAFE
AND HUMANE
APPROACHES**



The Power of Peer Support

Peer-developed peer support

Non-hierarchical approach

Origins in informal self-help and
consciousness-raising groups

Organized in the 1970s by people in the
ex-patients' movement.

Reaction to negative experiences and
dissatisfaction with mental health treatment

Penney, Darby. (10 Feb 2018). "Who Gets to Define 'Peer Support?'" Mad in America



The Power of Peer Support

Recovery oriented

Person centered

Voluntary

Relationship focused

Trauma informed

Peer support among people with psychiatric histories is closely intertwined with experiences of powerlessness within the mental health system and with activism promoting human rights and alternatives to the medical model.

Penney, Darby. (10 Feb 2018). "Who Gets to Define 'Peer Support?'" Mad in America



Peer Respite

Voluntary

Short-term

Overnight

Non-clinical crisis support

24 hours per day

Homelike environment

100%staffed by people with lived experience

Typically 7-10 days

How Afya House Helped Me Video <https://youtu.be/rqEzSqDfKM>



World Health Organization Recommendations

- Many people with mental health conditions and psychosocial disabilities face poor quality care and violations of their human rights, which demand profound changes in mental health systems and service delivery
- It is essential to scale up networks of integrated, community-based mental health services to accomplish the changes required by the CRPD.
- Significant changes in the social sector are required to support access to education, employment, housing and social benefits for people with mental health conditions and psychosocial disabilities.



**World Health
Organization**

World Health Organization Recommendations

- In many parts of the world examples exist of good practice, community-based mental health services that are person-centered, recovery-oriented and adhere to human rights standards.
- In many cases these good practice, community-based mental health services show lower costs of service provision than comparable mainstream services.
- Most of the programs recommended in the Report on Improving Mental Health Outcomes are supported in the World Health Organization Guidelines.



**World Health
Organization**

Housing First

Dr. Loren Moshier: “Without adequate housing mental health ‘treatment’ is mostly a waste of time and money.” Moshier, Loren R. (5 Mar 2003). Affidavit of Loren R. Moshier, MD. *In The Matter of the Hospitalization of Faith J Myers* Anchorage Superior Court, Case No. 3AN03-277 P/S.

The CRPD promotes the right to housing for persons with disabilities including the right to a secure home and community.

Asking people on the street “what do you need or how can I help you?” They didn’t say counselling. They didn’t say medication—they said “a home” and to not have strings attached.



Employment Services Should be Standard

“The great majority of people with serious mental disorders desire employment as a primary treatment goal (Wescott et al., 2015).”

“People can learn to tolerate and cope with symptoms if they have a life that they consider valuable.”

“[E]mployment improves the mental health and wellbeing of people with serious mental disorders, including improved self-esteem, symptom control, quality of life, social relationships and community integration, without harmful side effects (Drake et al., 2013).”

“Supported employment is a relatively inexpensive intervention (Latimer et al., 2004) and employment leads to steady reductions in mental healthcare costs over at least 10 years (Bush et al., 2009).”





Non-police Community Response Teams

An alternative to 911, police intervention and mobile crisis

Diversion from involuntary treatment and incarceration

Various models exist—for example:

- co-responders which include peer supporter and clinician
- completely peer staffed team
- a peer supporter and paramedic

Receiving national attention due to the racial injustices and use of police force when responding to people experiencing mental health crisis

Soteria Houses

Established Loren Mosher, MD, psychiatrist who was the Chief of Schizophrenia Studies for the National Institute of Mental Health

Home-like environment

“Be with rather than do to.”

Successful for more than 10 years

Soteria resident became stabilized in about six weeks

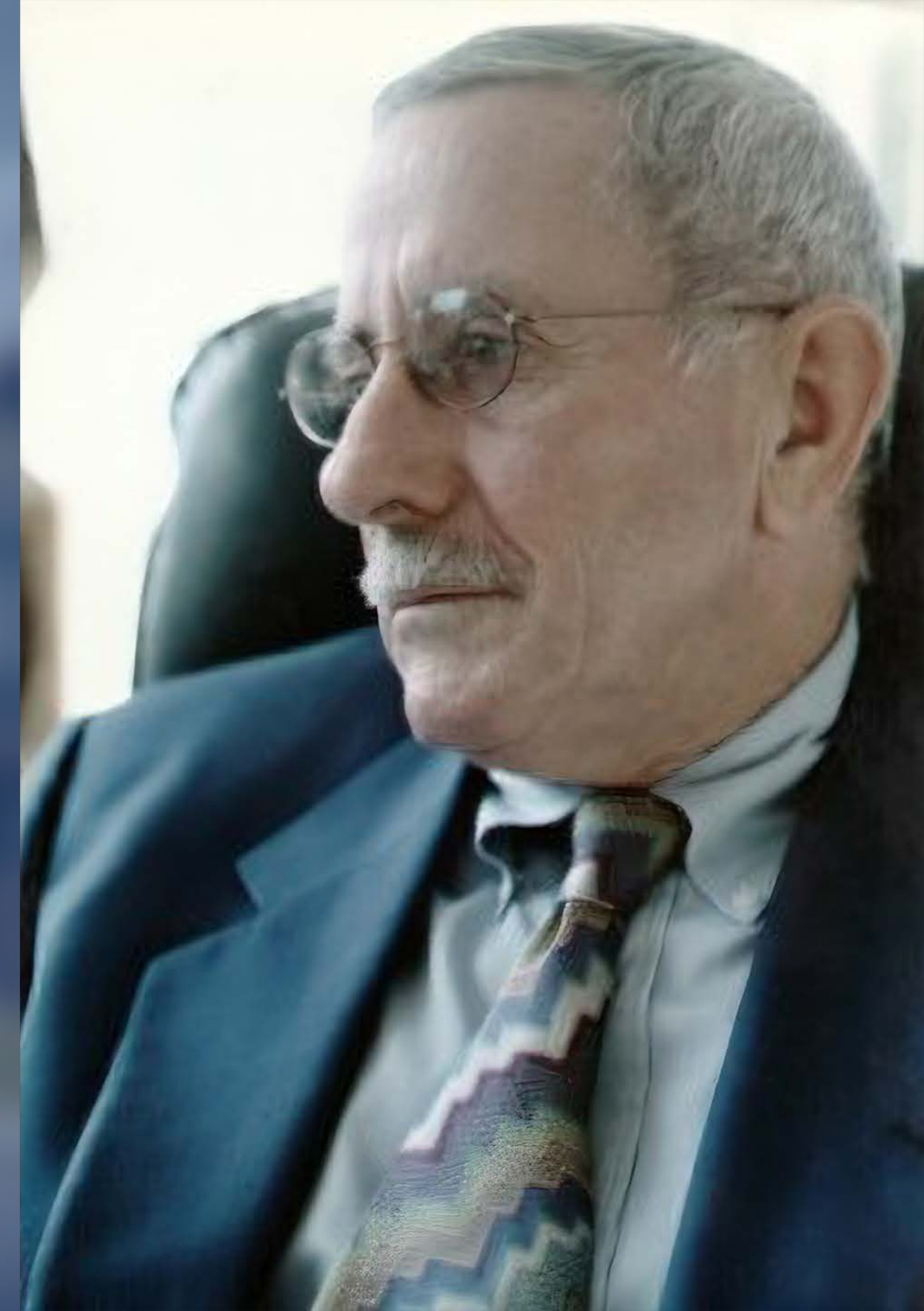
Average stay of 3 months

After 6 weeks: similar outcomes to medicated patients

Dramatically better long-term outcomes

6 months at Soteria vs. 1 month hospital stay had similar costs

Operated in San Francisco Bay Area; Berne, Switzerland; Anchorage, AK, Burlington VT, and Israel



Drug Free Hospitals

In 2010, at the urging of patient organizations, the Norwegian parliament mandated patients be allowed to choose a drug-free psychiatric Hospital.

The private Hurdalsjøen Recovery Center was opened and operated with extreme success.

Closed in 2023 due to change in Government policy of funding private hospitals.



Open Dialogue Approach

Change Individual as “the problem” to the whole community as “the solution”

High rates of recovery of 80%

No to minimal medications and hospitalizations

Replicated in the Europe and the US New York, Massachusetts, Connecticut, New Mexico

Dramatic daily and lifetime cost savings





Hearing Voices Network

Began in the Netherlands in the late 1980s

Group meetings

Ask what happened to you rather than what is wrong with you.

Now has national networks in 30 countries including US, Australia, Hong Kong and Uganda

World Health Organization Endorsed



Warmlines

Purpose:

- Combat isolation
- Support through distress
- Troubleshoot life challenges
- Provide information on resources



Warmlines

Only does things the person wants

Confidentiality never breached

Warmline staff cannot be mandatory reporters



Warmlines

Different than crisis/suicide lines which often betray callers by dispatching police despite claiming to be confidential and/or anonymous

Crisis lines make people unwilling to call and increases suicides

Emotional CPR (eCPR)

Emotional CPR(eCPR) is an educational program designed to teach people to assist others through an emotional crisis by three simple steps:

C= Connecting

P= emPowering, and

R= Revitalizing

Alternative to Mental Health First Aid, which funnels into the mental health system

Heartbeats of Hope: the Empowerment Way to Recover Your Life(2018)

by psychiatric survivor and psychiatrist Daniel Fisher includes a description eCPR and its development



Emotional CPR (eCPR)

Principles:

- Trauma-informed
- Counseling after disasters
- Peer support to avoid continuing emotional despair
- Emotional intelligence
- Suicide prevention
- Cultural attunement



Psychotherapy

Psychotherapy is often overlooked, or even dismissed, as an effective approach for people diagnosed with serious mental illness, but much of what works in the approaches discussed above could be considered psychotherapy in a broad sense, and good psychotherapy is provided in a way that is consistent with these voluntary, relationship-based approaches. As set forth above, Dr. Mosher testified as a qualified expert witness in the Myers case, that "in the field of psychiatry, it is the therapeutic relationship which is the single most important thing."

Many patients desire psychotherapy and it has been shown to be very effective. The 1966–1971 Michigan Psychotherapy Project found that psychotherapy was significantly more effective than neuroleptic treatment for people diagnosed with schizophrenia. Studies with long-term follow-up show that psychotherapy has an enduring effect that outperforms psychiatric drugs



Other Person-Centered and Rights-Based Approaches

Friendship Bench in Zimbabwe

Ionia in Kaslof, Alaska

TANDEMplus in Belgium

Citizen Psychiatry in the French City of Lille

The Trieste, Italy model

Healing Homes Gothenburg, Sweden

Warfighter Advance





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