Report on Improving Mental Health Outcomes

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https://psychrights.org/ReportOnImprovingMentalHealthOutcomes.pdf

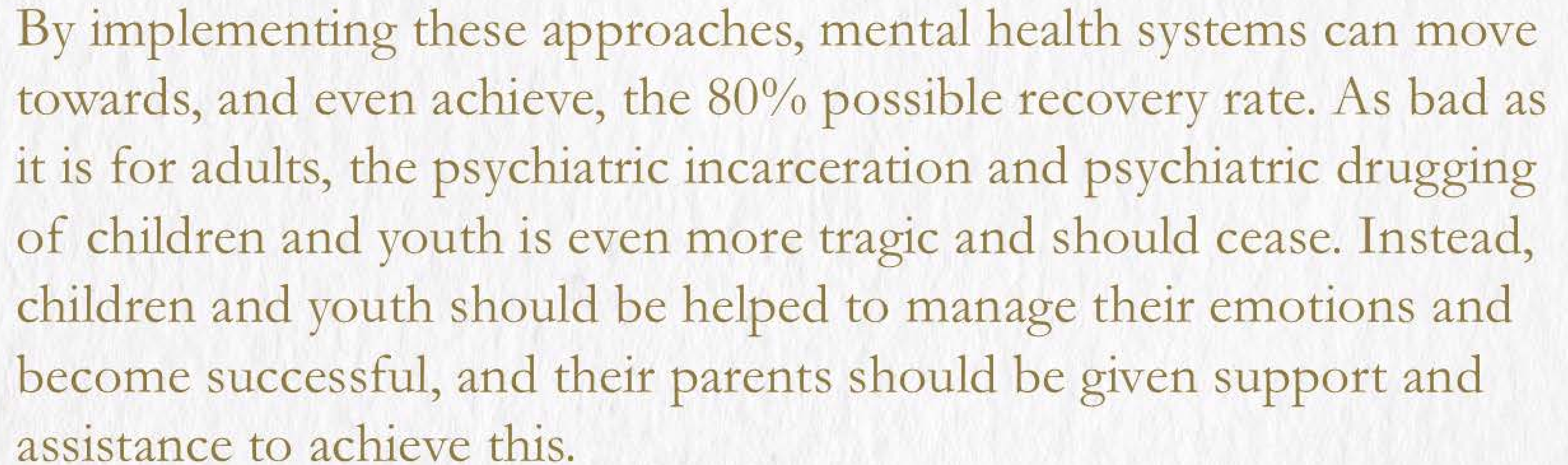
Executive Summary

The mental health system's standard treatments are colossally counter-productive and harmful, often forced on unwilling patients. The overreliance on psychiatric drugs is reducing the recovery rate of people diagnosed with serious mental illness from a possible 80% to 5% and reducing their life spans by 20 years or so. Psychiatric incarceration, euphemistically called "involuntary commitment," is similarly counterproductive and harmful, adding to patients' trauma and massively associated with suicides. Harmful psychiatric interventions are being imposed on people without consideration of the facts about treatments and their harms, and are a violation of International Law.

Executive Summary

The most important elements for improving patients' lives are People, Place and Purpose. People—even psychiatric patients—need to have relation-ships (People), a safe place to live (Place), and activity that is meaningful to them, usually school or work (Purpose). People need to be given hope these are possible. Voluntary approaches that improve people's lives should be made broadly available instead of the currently prevailing counterproductive and harmful psychiatric drugs for everyone, forever, regime often forced on people. These approaches include Peer Respites, Soteria Houses, Open Dialogue, Drug-Free Hospitals, Housing First, Employment, Warm Lines, Hearing Voices Network, Non-Police Community Response Teams, and emotional CPR (eCPR).

Executive Summary



By implementing these approaches, mental health systems can move towards, and even achieve, the 80% possible recovery rate. As bad as it is for adults, the psychiatric incarceration and psychiatric drugging of children and youth is even more tragic and should cease. Instead, children and youth should be helped to manage their emotions and become successful, and their parents should be given support and assistance to achieve this.

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THE CURRENT MENTAL
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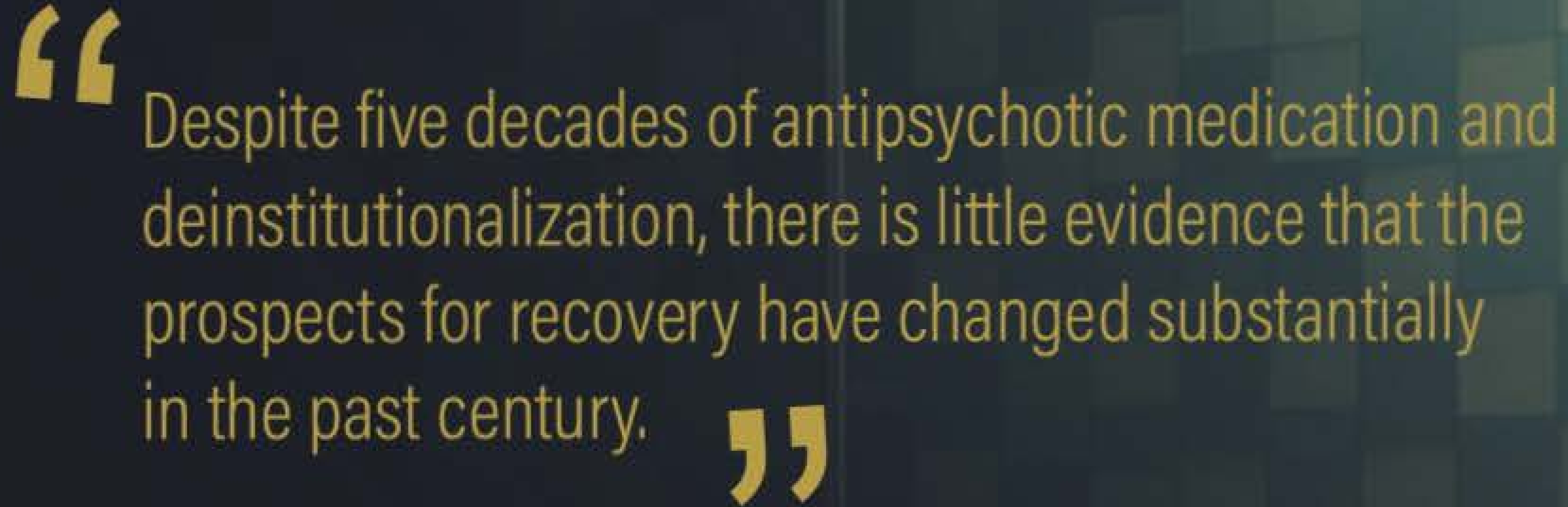


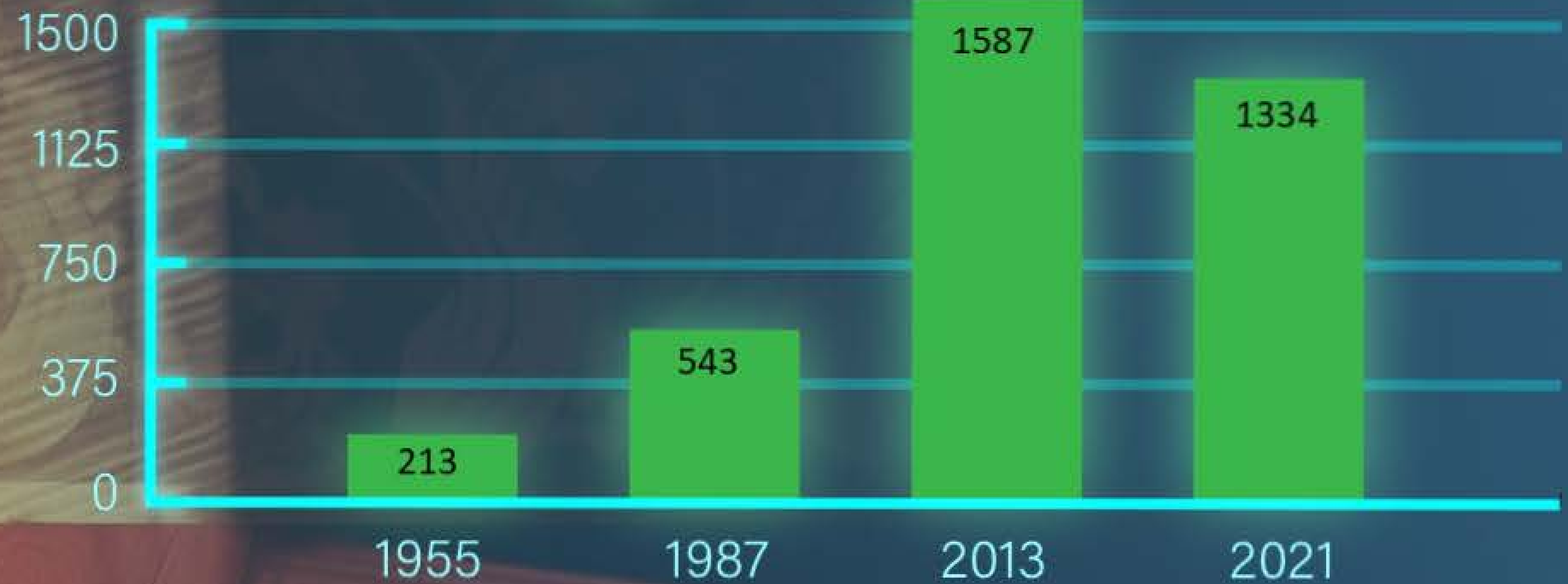
Thomas Insel,
Director of the NIMH for 12 years

Insel, Thomas R. (2009). "Translating Scientific Opportunity Into Public Health Impact: A Strategic Plan for Research on Mental Illness." Archives of General Psychiatry 66(2): 128–133

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

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)

Antipscyhotic 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.

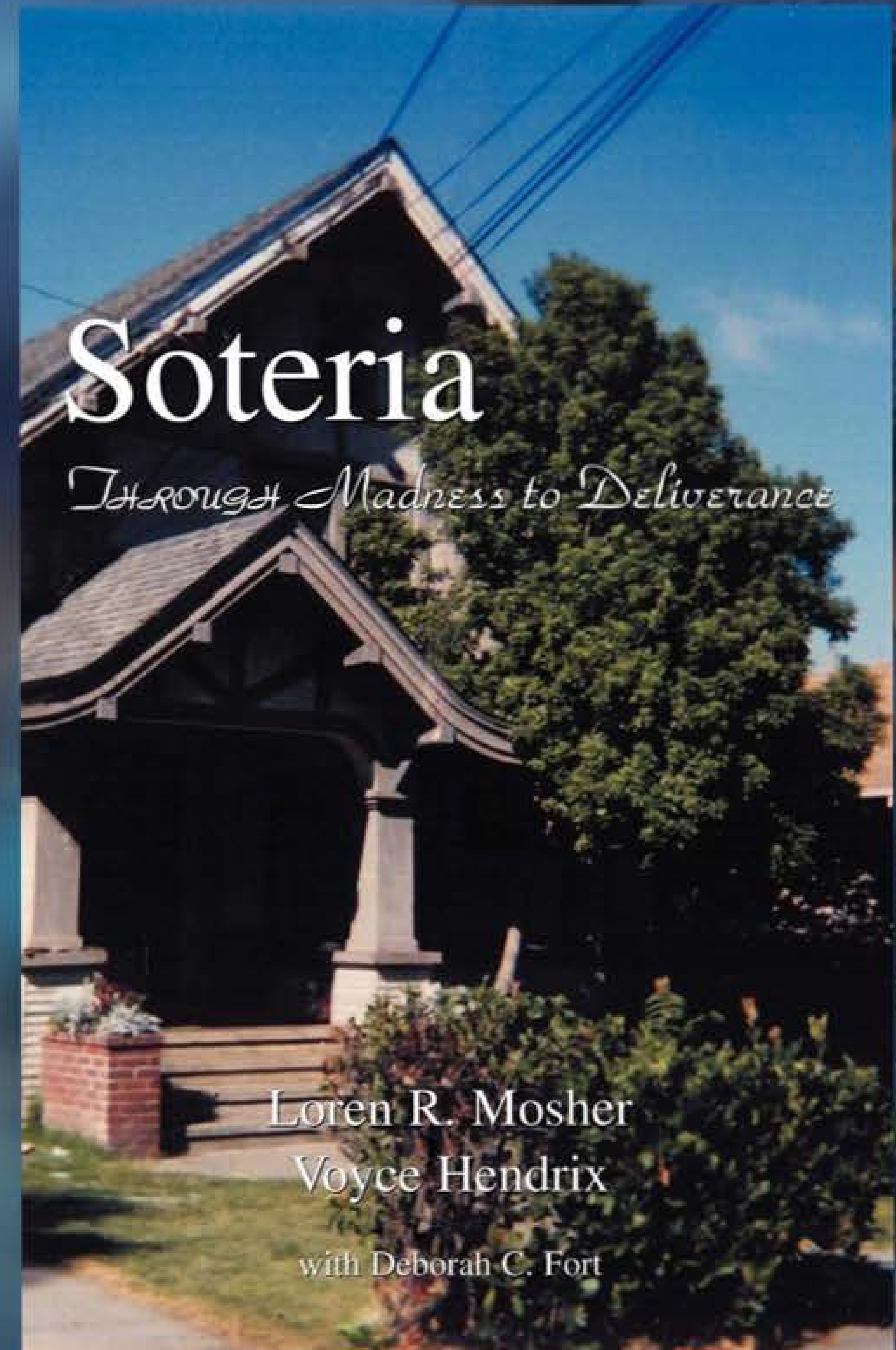
At two years:

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:

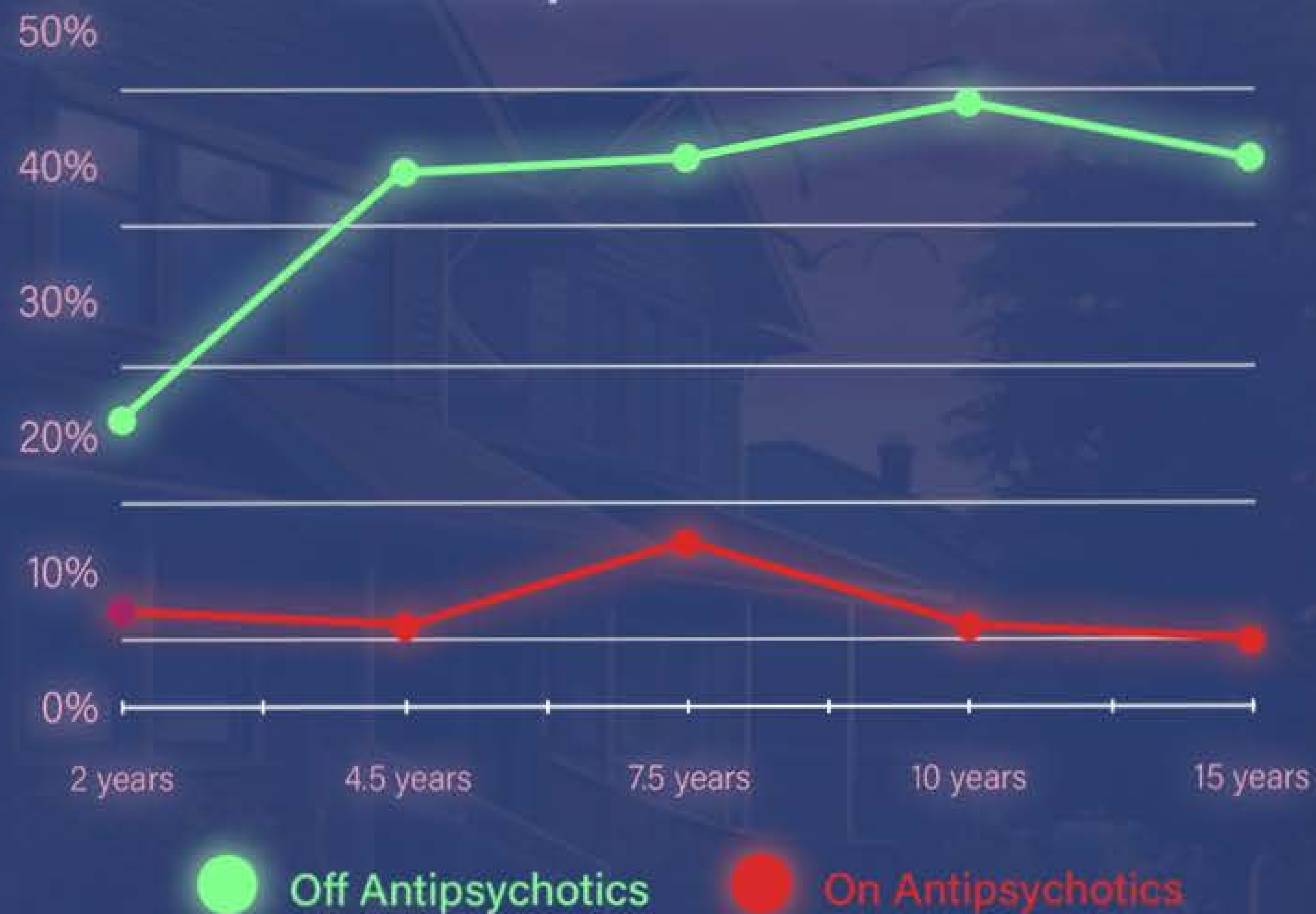
76% did not use antipsychotic drugs during first six weeks
42% did not use any antipsychotic during two-year study
Only 19% regularly maintained on drugs during follow-up period

Mosher (1999). J. Nerv Ment Dis 187(3):142-149
Bola & Mosher (2003). J Nerv Ment Dis 191(4): 219-229

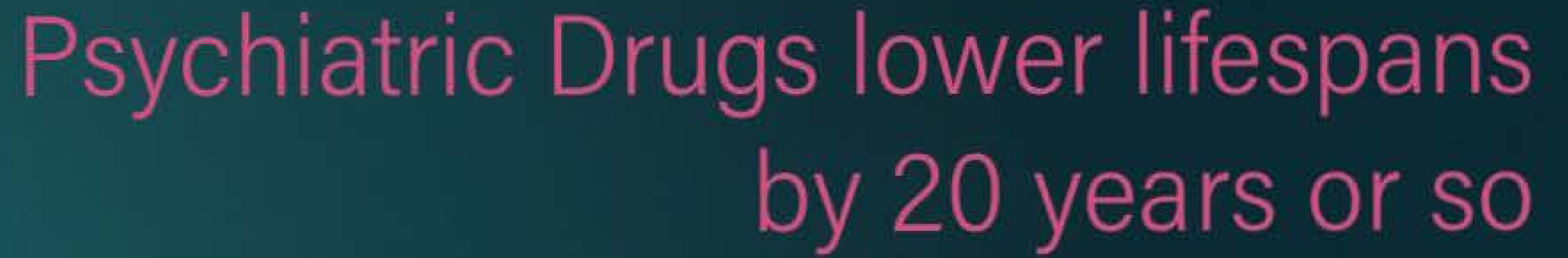


Long-term Recovery Rates for Schizophrenia Patients

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



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

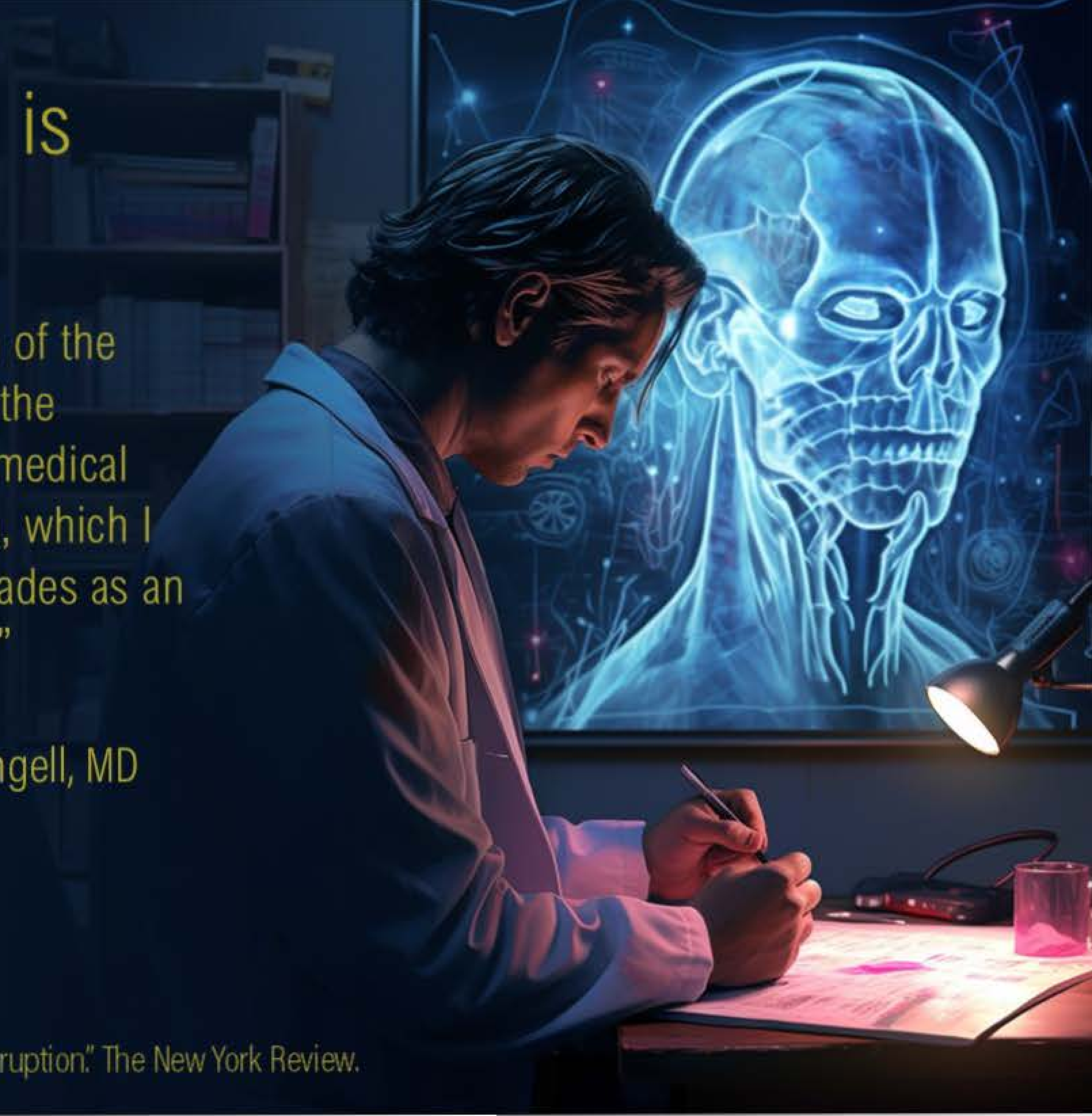


Neuroleptics increase suicide, sudden cardiac death, other cardiac mortality, and all-cause mortality.

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.

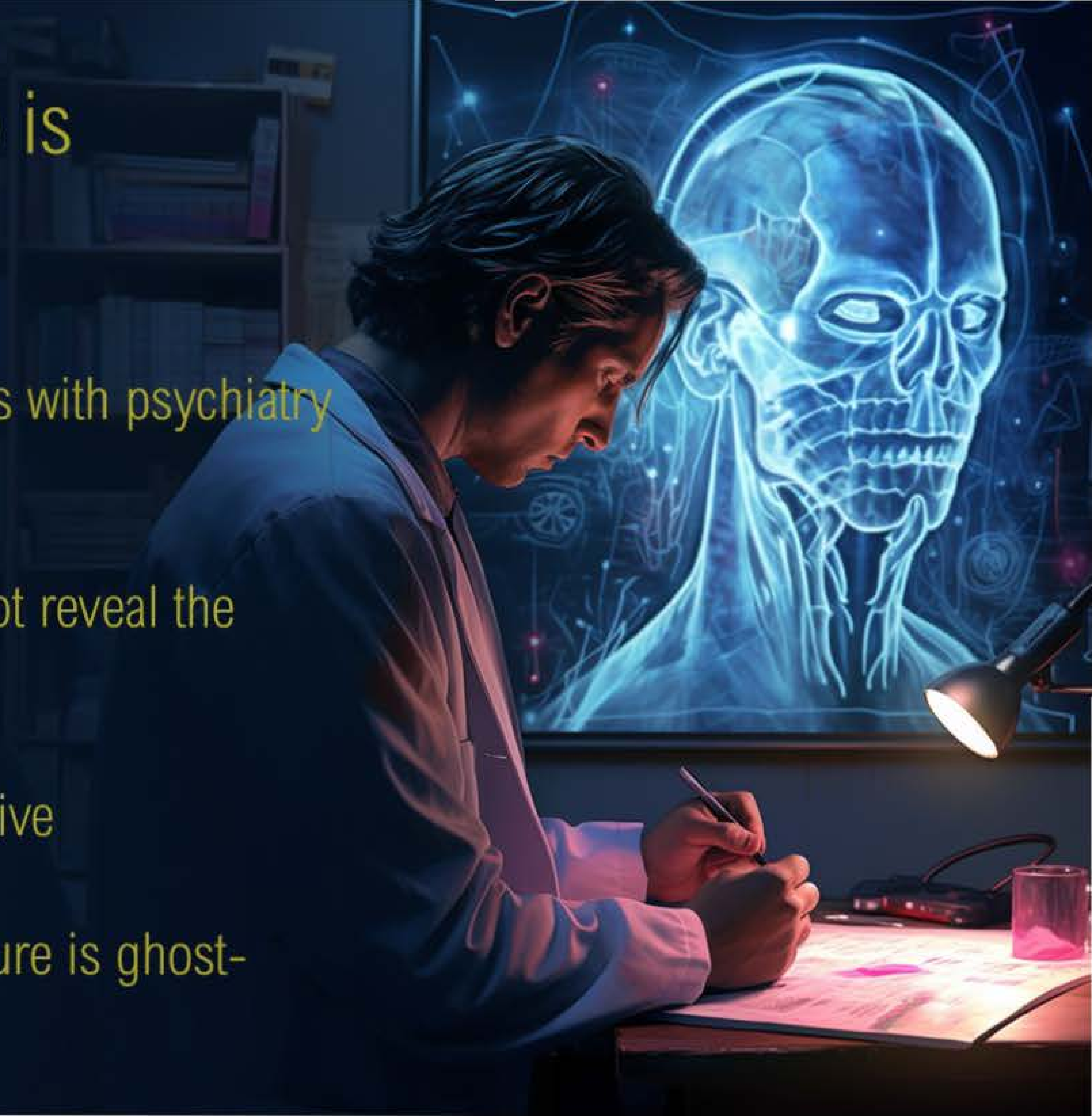
The Clinical Trial Literature is Unreliable

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

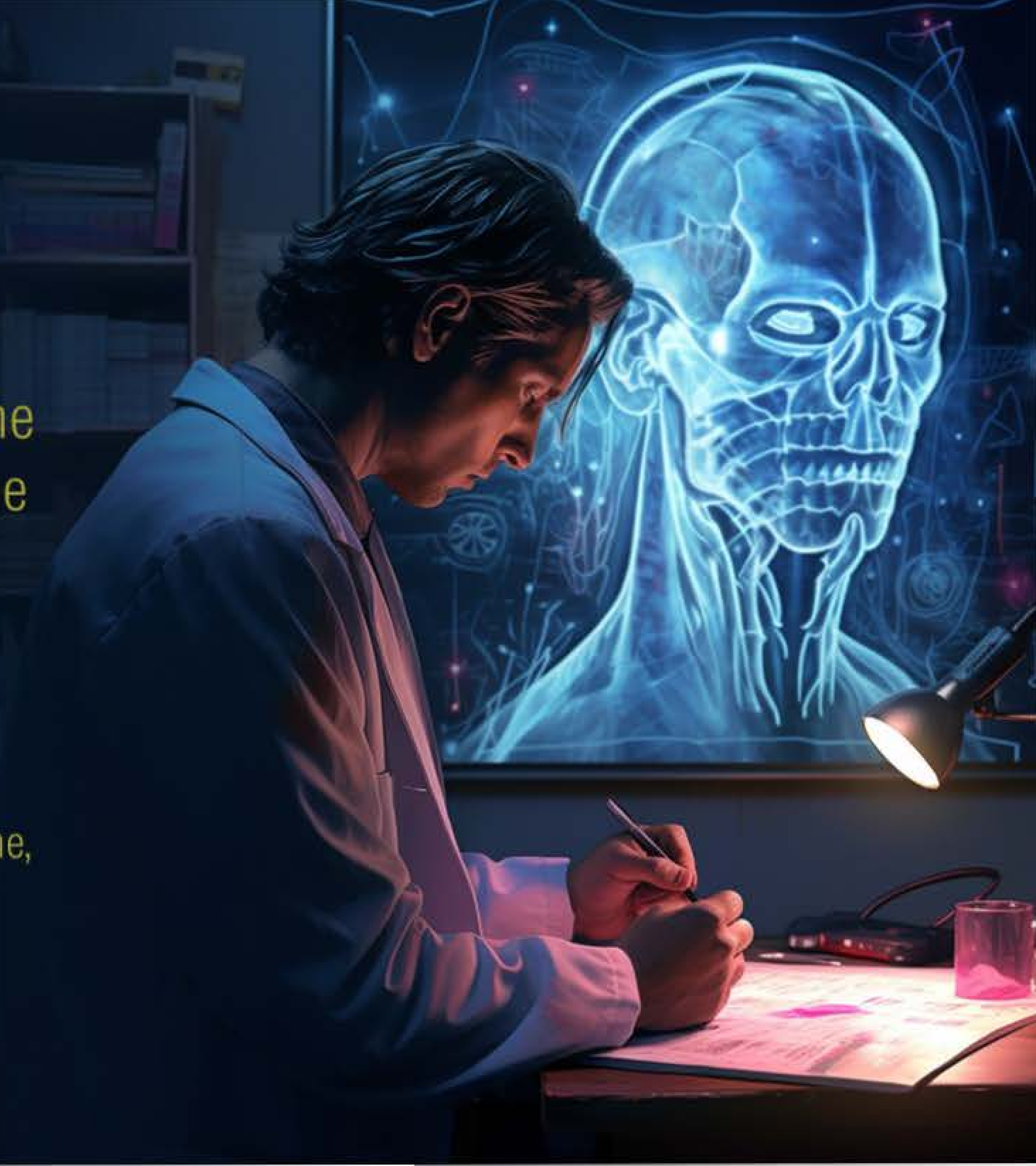
Much of the clinical trial drug literature is ghost-written



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

"[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 Respites

- 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 Afiya House Helped Me Video https://youtu.be/rqEZaSqDfKM

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. (9 Jun 2021). Guidance on Community Mental Health Services: Promoting Person-Centered and Rights-Based Approaches. Guidance and Technical Packages on Community Mental Health. Geneva: 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

World Health Organization. (9 Jun 2021). Guidance on Community Mental Health Services: Promoting Person-Centered and Rights-Based Approaches. Guidance and Technical Packages on Community Mental Health. Geneva: World Health Organization.

Housing First

Dr. Loren Mosher: "Without adequate housing mental health 'treatment' is mostly a waste of time and money." Mosher, Loren R. (5 Mar 2003). Affidavit of Loren R. Mosher, M.D. *In The Matter of the Hospitalization of Faith J. Myers*. Anchorage Superior Court, Case No. 3AN 03-277 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 fo 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 Kasilof, 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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