



## Elements of a Successful Mental Health System: Getting Past Fear and Absolution

Educating Professionals to Trauma and Mental Health Issues Affecting Youth and Families  
University of Alaska Anchorage, March 28, 2015

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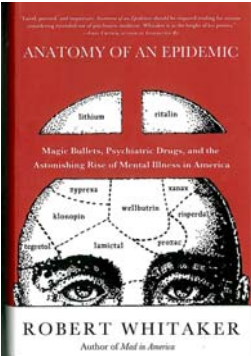
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## Law Project for Psychiatric Rights (PsychRights®)

- Public Interest Law Firm
- Mission: Mount Strategic Litigation Campaign Against Forced Psychiatric Drugging and Electroshock.
- Combatting Drugging of Children & Youth a Priority

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Named 2010 best investigative journalism in book category by the Investigative Reporters and Editors Association

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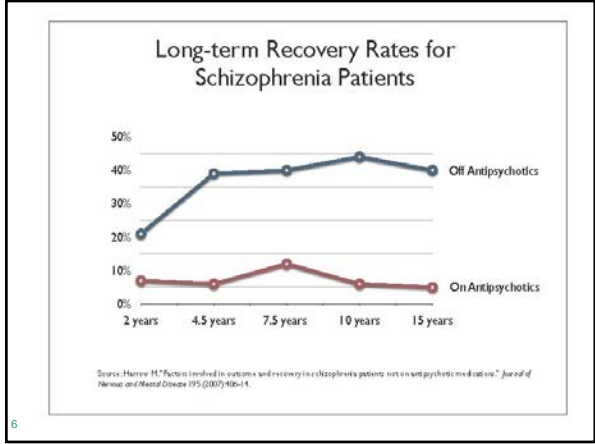
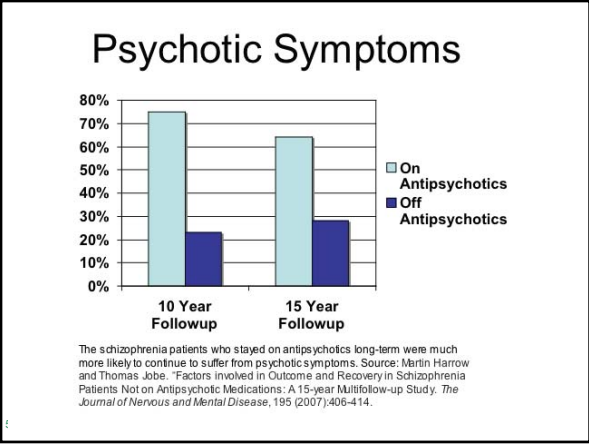


## While Some People find the Drugs Helpful . . .

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

Sources: Whitaker (2002 & 2010), NASMHPD (2006), Studies Posted on PsychRights.Org Scientific Research By Topic

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## Outcomes with Selective Use Of Antipsychotics

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

Patients (N=75)	
Schizophrenia (N=30)	
Other psychotic disorders (N=45)	
Antipsychotic use	
Never exposed to antipsychotics	67%
Occasional use during 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: Seikkula, J. "Five-year experience of first-episode nonaffective psychosis in open-dialogue approach." *Psychotherapy Research* 16 (2006):214-28.

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October, May 17, 13



## Antidepressants

- Not More Effective than Placebo Except for Most Depressed
- Increase Suicidality & Violence
- Addictive
- Lose "effectiveness" over time
- Cause Mania → Bipolar Diagnoses
- Dramatically Worsening Outcomes

Sources: Pigott (2010), Fournier (2010), Whitaker (2010), Breggin (2008)

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Courtesy of Robert Whitaker

## The Transformation of Bipolar Disorder in the Modern Era

	Pre-Lithium Bipolar	Medicated Bipolar Today
Prevalence	1 in 5,000 to 20,000	1 in 20 to 50
Good long-term functional outcomes	75% to 90%	33%
Symptom course	Time-limited acute episodes of mania and major depression with recovery to euthymia and a favorable functional adaptation between episodes	Slow or incomplete recovery from acute episodes, continued risk of recurrences, and sustained morbidity over time
Cognitive function	No impairment between episodes or long-term impairment	Impairment even between episodes; long-term impairment in many cognitive domains; impairment is similar to what is observed in medicated schizophrenia

This information is drawn from multiple sources. See in particular Hudley, N. "Disability and its treatment in bipolar disorder patients." *Bipolar Disorders* 9 (2007): 183-96.

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## 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

Source: Brain Disabling Treatments in Psychiatry, Breggin, Springer, 2008

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## Benzodiazepines

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

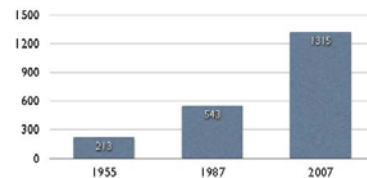
Source: Brain Disabling Treatments in Psychiatry, Breggin, Springer, 2008

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

(under government care)

■ Per 100,000 population



Source: Silverman, C. *The Epidemiology of Depression* (1968); 139. U.S. Social Security Administration Reports, 1967-2007.



# Why? . . .

. . . Is society taking such a harmful, counterproductive approach?

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## Fear and Absolution (Adults)

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

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## Other Factors

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

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## Big Pharma Corruption of Process

- Fraudulent Clinical Trials
- Ghostwritten Articles
- Continued Medical Education Sponsorship
- Buying “Key Opinion Leaders”
- Drug Industry Sponsored “Treatment Guidelines”

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## Medical Model Promotion

- National Institute of Mental Health:
  - “Schizophrenia is a chronic, severe, and disabling brain disorder”
  - “Bipolar disorder, also known as manic-depressive illness, is a brain disorder that causes unusual shifts in a person’s mood, energy, and ability to function.”
  - “Research indicates that depressive illnesses are disorders of the brain.”

Source: NIMH website accessed March 23, 2008

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## The Medical Model, The Hunger Strike and the APA

- 2003 Hunger Strike Challenged American Psychiatric Ass’n to provide reliable scientific evidence of Medical Model and APA essentially admitted it could not.
- Query: Does a headache demonstrate an aspirin deficiency?
- Largest “experiment” demonstrated not genetic.

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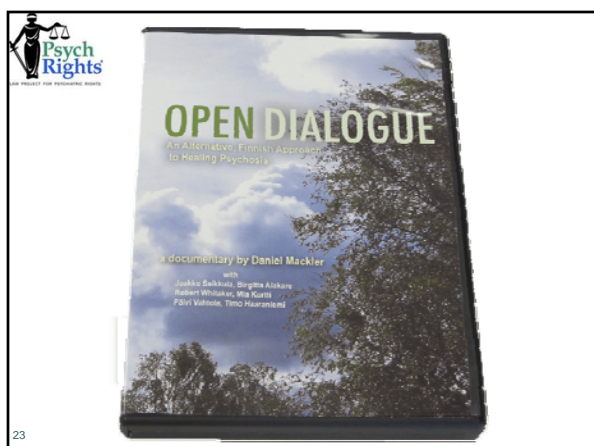
If not biologically based brain disease, what is “Mental Illness?”



**Solutions Are Many (Adults)**

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

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**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

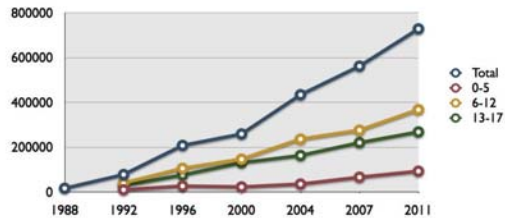


## Psychiatric Drugging of Children

- o 1 in 10 boys on stimulants
- o More than 1% of youth under 18 Given Neuroleptics
- o No long term benefit; short term benefit mainly for adults
- o 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 1995 to 800,000 by 2003
    - Then come the neuroleptics & anticonvulsants misbranded as mood stabilizers.
- o Many Now on Neuroleptics, even six month olds.
- o Child MH Disability Rate Soars from Essentially Zero in 1987 to 800,000 by 2011.

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## Children on SSI Disability Due to Mental Illness in the Prozac Era



Prior to 1992, the government's SSI reports did not break down recipients into subgroups by age. Source: Social Security Administration reports, 1988-2007.



## Stimulants

- o No convincing evidence of short or long term improvement in cognitive ability or academic performance
- o Brain Damage
- o Cardiovascular Harm, including cardiac arrest
- o Stunts Growth
- o Mania, psychosis, hallucinations
- o Agitation
- o Aggression
- o Insomnia
- o Depression, suicide
- o Headaches
- o Stomach aches
- o Obsessive Compulsive Behaviors
- o Quadruples Cocaine Abuse Rate
- o Many more

Source: Brain Disabling Treatments in Psychiatry, Breggin, Springer, 2008

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## 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, Demetri Papolos 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."

Source: Cherland, "Psychotic side effects of psychostimulants," Canadian Journal of Psychiatry 44 (1999):811-13. Papolos, "Bipolar disorder, co-occurring conditions, and the need for extreme caution before initiating drug treatment," Bipolar Child Newsletter 1 (Nov. 1999). DiBello, "Prior stimulant treatment in adolescents with bipolar disorder," Bipolar Disorders 3 (2001):53-57.

### Antidepressants → Bipolar Diagnosis

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

Source: Emslie, "A double-blind, randomized, placebo-controlled trial of fluoxetine in children and adolescents with depression," Arch of General Psychiatry 54 (1997):1031-37. Martin, "Age effects on antidepressant-induced manic conversion," Arch of Pediatrics & Adolescent Medicine 158 (2004):773-80. Faraone, "Pediatric onset bipolar disorder," Harvard Review of Psychiatry 3 (1995): 171-95. Geller, "Bipolar disorder at prospective follow-up of adults who had prepubertal major depressive disorder," Amer J of Psychiatry 158 (2001):125-7.

## Stimulants Can Induce Mood Swings That Are Basis for Bipolar Diagnosis

Stimulant-induced symptoms		Bipolar Symptoms	
Arousal	Dysphoric	Arousal	Dysphoric
Increased energy Intensified focus Hyperalertness Euphoria Agitation, anxiety Insomnia Irritability Hostility Hypomania Mania Psychosis	Somnolence Fatigue, lethargy Social withdrawal Decreased spontaneity Reduced curiosity Constriction of affect Depression Emotional lability	Increased energy Intensified goal-directed activity Agitation Severe mood change Decreased need for sleep Irritability Destructive outbursts Increased talking Distractibility Hypomania Mania	Sad mood Loss of energy Loss of interest in activities Social isolation Poor communication Feelings of worthlessness Unexplained crying

Monday, May 13, 13

## Harm-Benefit Ratio of Stimulants

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

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## 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, anticonvulsants [mood stabilizers] and atypical antipsychotics cannot be recommended for children diagnosed with bipolar disorders."

Source: Geller, "Two-year prospective follow-up of children with a prepubertal and early adolescent bipolar disorder phenotype," *American Journal of Psychiatry* 159 (2002):927-33. Press release: "Hayes says new treatments for pediatric bipolar disorder not ready for prime time," December 3, 2008, [hayesinc.com](http://hayesinc.com).

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## 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



## 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



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## Suggested Reading

- *Anatomy of an Epidemic*, by Robert Whitaker (2010).
- *Mad in America: Bad Science, Bad Medicine and the Enduring Mistreatment of the Mentally Ill*, by Robert Whitaker (2001).
- *Drugging Our Children: How Profiteers Are Pushing Antipsychotics on Our Youngest, and What We Can Do to Stop It*, Sharna Olfman and Brent Dean Robbins, Editors (2012)
- *Bipolar Children: Cutting-Edge controversy, Insights, and Research*, Sharna Olfman, Editor (2007).
- *Alternatives Beyond Psychiatry*, Peter Lehman & Peter Stastny, MD, Editors (2007).
- *Agnes's Jacket: A Psychologist's Search for the Meaning of Madness*, by Gail Hornstein, PhD, Rodale Books, 2009.
- *Drug Induced Dementia*, Grace E. Jackson, MD, Author House, 2009.
- *A Fight to Be: A Psychologist's Experience from Both Sides of the Locked Door*, Ronald Bassman, Ph.D. (2007)
- *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.

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## Suggested Reading (cont.)

- *Community Mental Health: A Practical Guide* (1994) by Loren Mosher and Lorenzo Burti
- *Soteria: Through Madness to Deliverance*, by Loren Mosher and Joyce Hendrix with Deborah Fort (2004)
- *Psychotherapy of Schizophrenia: The Treatment of Choice* (Jason Aronson, 1996), by Bertram P. Karon and Gary R. Vandenbos
- *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).
- *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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