

# The Mental Health System: Who's Crazy?

Wilda Marston Theater, Loussac Library  
Anchorage, Alaska -- April 10, 2012

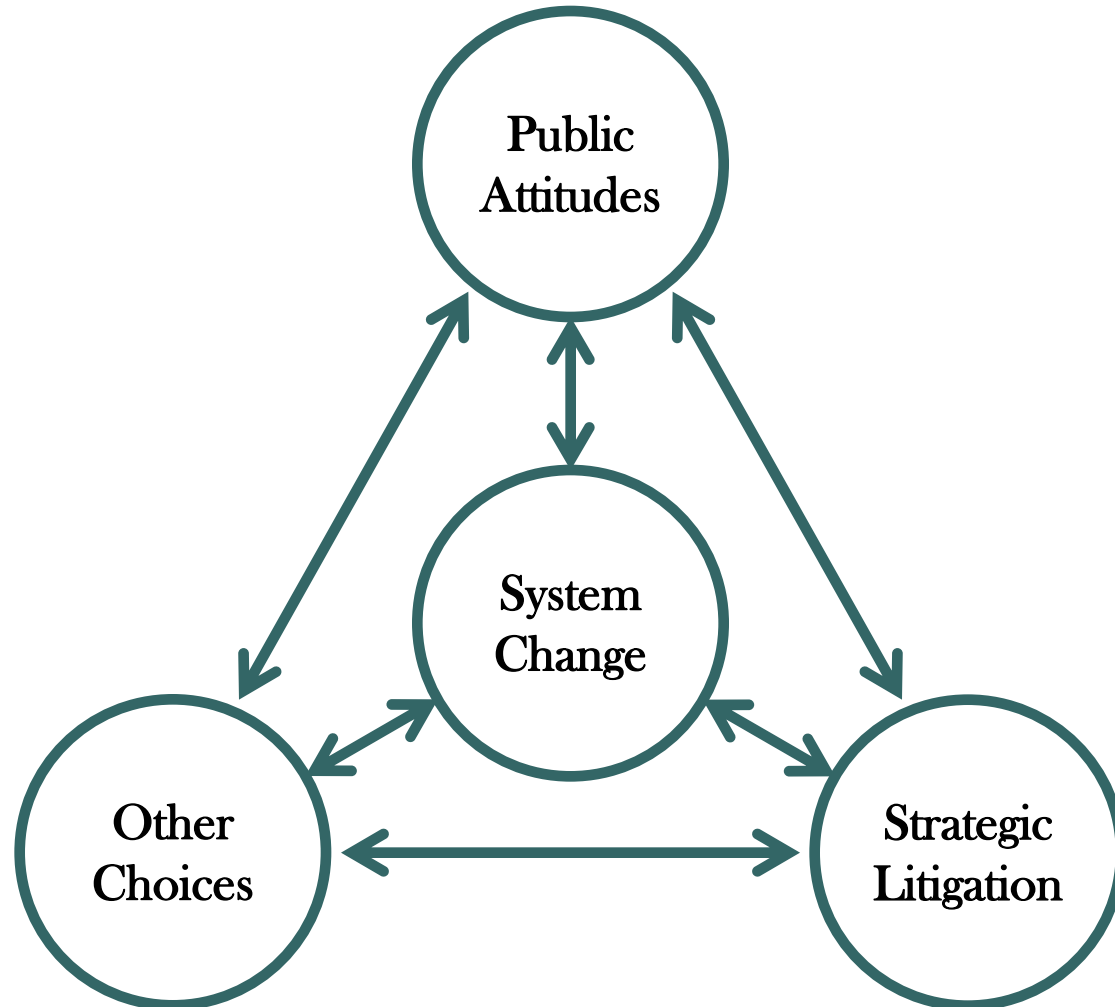
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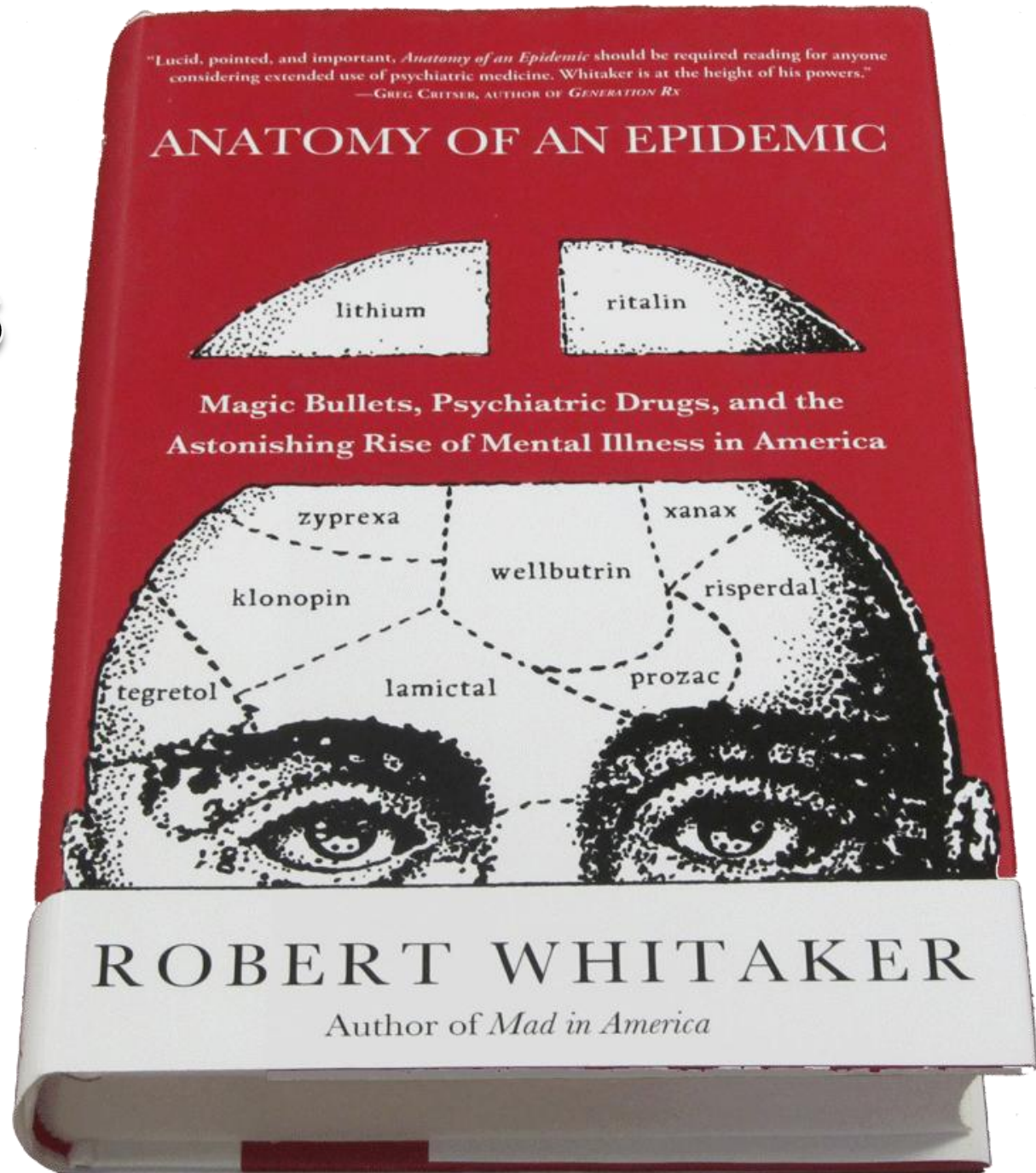
# Law Project for Psychiatric Rights (PsychRights®)

- Public Interest Law Firm
- Mission: Mount Strategic Litigation Campaign Against Forced Psychiatric Drugging and Electroshock.
- Adopted Drugging of Children & Youth as Priority Few Years Ago

# The Transformation Triangle



# Adults

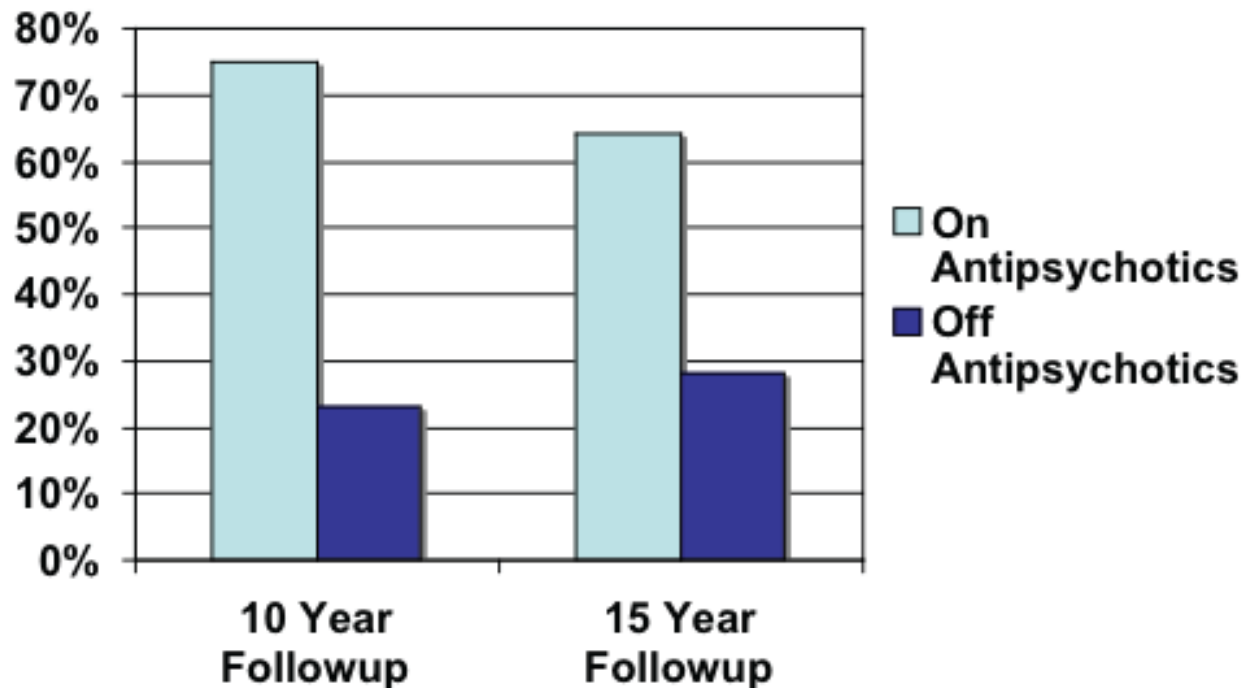




# While Some People find Psychiatric Drugs Helpful, They Are:

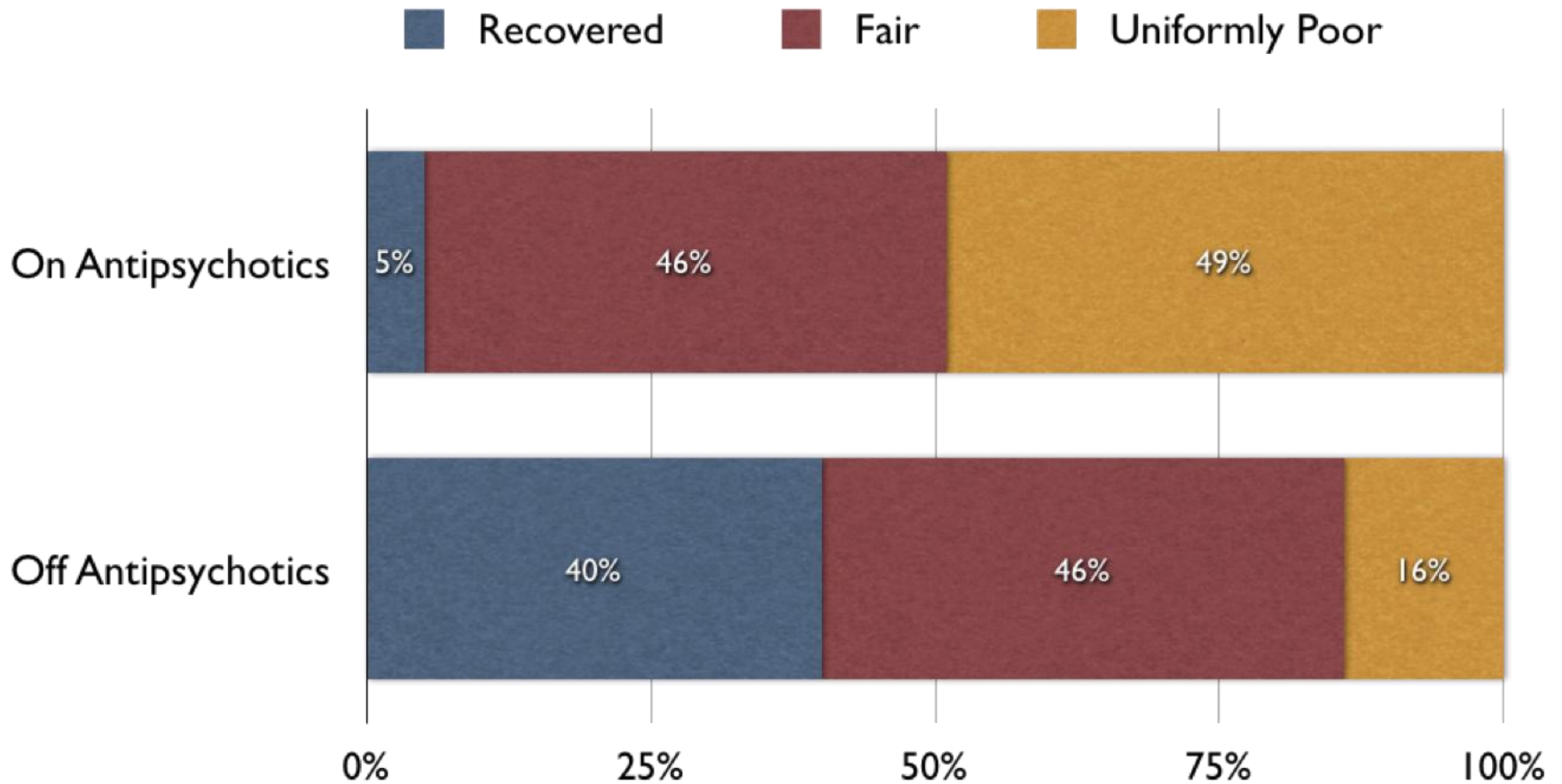
- Causing Massive Amount of Harm
- Now Cutting Life Spans by 25 Years on Average
- Cutting the Recovery Rate At Least in Half
- Mostly the Cause of the 6-fold Increase in Mental Illness Disability Rate
- Hugely and Unnecessarily Expensive
- Inflicting Tremendous Unnecessary Human Toll

# Psychotic Symptoms



The schizophrenia patients who stayed on antipsychotics long-term were much more likely to continue to suffer from psychotic symptoms. Source: Martin Harrow and Thomas Jobe. "Factors involved in Outcome and Recovery in Schizophrenia Patients Not on Antipsychotic Medications: A 15-year Multifollow-up Study. *The Journal of Nervous and Mental Disease*, 195 (2007):406-414.

# Spectrum of Outcomes in Harrow's Study



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.

# NIMH Withdrawal Studies

Chlorpromazine dosage (before withdrawal)	Number of patients	Relapsed	Percentage
Placebo	30	2	7%
Under 300 mg.	99	23	23%
300 to 500 mg.	91	47	52%
Over 500 mg.	81	63	65%

In these two studies, there was a group of schizophrenia patients who weren't on antipsychotic medication at the start (the placebo group). The patients on chlorpromazine at the start were then withdrawn from the drug. The results indicated that exposure to drug heightened a patient's biological vulnerability to relapse. Source: Prien, R. "Discontinuation of chemotherapy for chronic schizophrenics." *Hosp Community Psychiatry* 22 (1971):20-3.





# SSRI Antidepressants

- Increase Suicidality & Violence
- Addictive
- Mostly No Better than Placebo
- Lose “effectiveness” over time
- Cause Mania → Bipolar Diagnoses
  - Explosion of “Rapid Cycling Bipolar Disorder”

Source: Brain Disabling Treatments in Psychiatry, Breggin, Springer, 2008; Anatomy of an Epidemic, Whitaker, 2010.

## 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 Huxley, N. "Disability and its treatment in bipolar disorder patients." *Bipolar Disorders* 9 (2007): 183-96.



# Anticonvulsants Misbranded as Mood Stabilizers

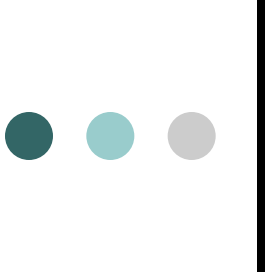
- Can Cause:
  - Hostility, Aggression, Depression & Confusion
  - Liver Failure
  - Fatal pancreatitis
  - Severe & lethal skin disorders
- May Cause
  - Mild cognitive impairment with chronic use

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



# Benzodiazepines

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




# 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



# 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.







# 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



# Big Pharma Corruption of Research

- Hiding & Spinning Negative Data/Studies
- Ghostwriting
- Publishing Studies Multiple Times
- Placebo Washout-Excluding Negative Data
- LOCF-Last Observation Carried Forward

# PHAR MA GED DON

DAVID HEALY





# Hiding and Spinning Data

Erick Turner, formerly a reviewer with the FDA, has demonstrated that a third of the studies undertaken to get current antidepressants on the market for adults remain unpublished but even more worryingly a third of those published were studies the FDA regarded as negative but, like Study 329, companies published as positive.<sup>44</sup>

Pharmageddon, page 149



# Ghostwriting

Subsequently, in 2003, using the Current Medical Directions portfolio of Zoloft articles noted earlier, I submitted an article to the *British Journal of Psychiatry* on ghostwriting, whose key finding was that a majority of articles that deal with pharmaceutical products in leading journals are likely to be ghostwritten and that these articles do not faithfully report the data on hazards. A clearly nervous journal staff used at least five reviewers (instead of the usual two) and had the revised article re-reviewed—making up to ten reviews. The article was subsequently referred to the journal's legal department and after that the journal's copyeditors pored over the final version for longer than any other article I've ever written. It was finally published after a change in editors.<sup>44</sup>

Pharmageddon, page 122





# Publishing Studies Multiple Times

## SCIENCE EX MACHINA

In striking contrast to these publication difficulties, when marketing sertraline (Zoloft), Pfizer's efforts were geared to producing an average of two to three articles per month in significant journals,<sup>50</sup> many of which appear to have been ghostwritten.<sup>51</sup> In the case of the three leading SSRIs combined, this would mean six to nine articles per month—two per week. In the case of Lilly's Zyprexa, the four clinical trials that brought this drug on the market gave rise to 234 publications, all advocating the efficacy of the compound with none containing data on the increases in glucose or cholesterol levels or rates of suicide found in these trials that have since become the subject of legal actions.<sup>52</sup>

Pharmageddon, page 125



# Cooking the Data: Placebo Washout-Excluding Dropouts

placebo on this measure, the trial is considered negative. On this basis, the first Emslie study, which started in 1990 but was only published in 1998, was a negative study even though the published article claimed it was a positive study.<sup>33</sup>

A second study published in 2002 was also negative. After the first week of the study, all children who had a bad reaction to Prozac or a good response to placebo were excluded.<sup>34</sup> It is common for a company to load the dice in its favor by excluding anyone who responds to placebo in the initial phase of the trial, but it was almost unheard of at the time to take the extra step and exclude patients who reacted poorly to the experimental drug during the first week of their exposure to it. If they dropped out of the study, they should be counted as dropouts for adverse events, not eliminated from the study calculations entirely.

Pharmageddon, page

# Cooking the Data: LOCF

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA  
THIRD JUDICIAL DISTRICT, AT ANCHORAGE

In The Matter of the Hospitalization )  
 )  
 of )  
 )  
 FAITH J. MYERS ) Case No. 3AN 03-277 P/S  
 )  
 STATE OF NORTH CAROLINA )  
 ) ss  
 \_\_\_\_\_ COUNTY )

**An Analysis of the Olanzapine Clinical Trials – Dangerous Drug, Dubious Efficacy**

**By Grace E. Jackson, MD  
March 3, 2003**

#### Sources of FDA Information:

Andreason, Paul. Review and Evaluation of Clinical Data, NDA 20-592, Reviewer Completion Date: July 29, 1996, pp 1-108, Appendices 7.2.1-7.2.4, Appendix 8.

Andreason, Paul. Statistical Review and Evaluation, NDA 20-592, February 14, 1996.

#### Efficacy of Olanzapine

- Four major studies were reviewed by the FDA for the purpose of establishing the efficacy of olanzapine in the treatment of chronic schizophrenia (acute exacerbation). These studies were identified with the following codes:  
HGAP, HGAD, E003, HGAJ.

Two of these studies were rejected by the FDA and were thus omitted from the analyses of data used in validating the efficacy of the new drug relative to placebo:

E003 - failed to establish any significant effectiveness for the drug in question  
HGAJ - poor trial design, with unacceptable biases in favor of experimental drug

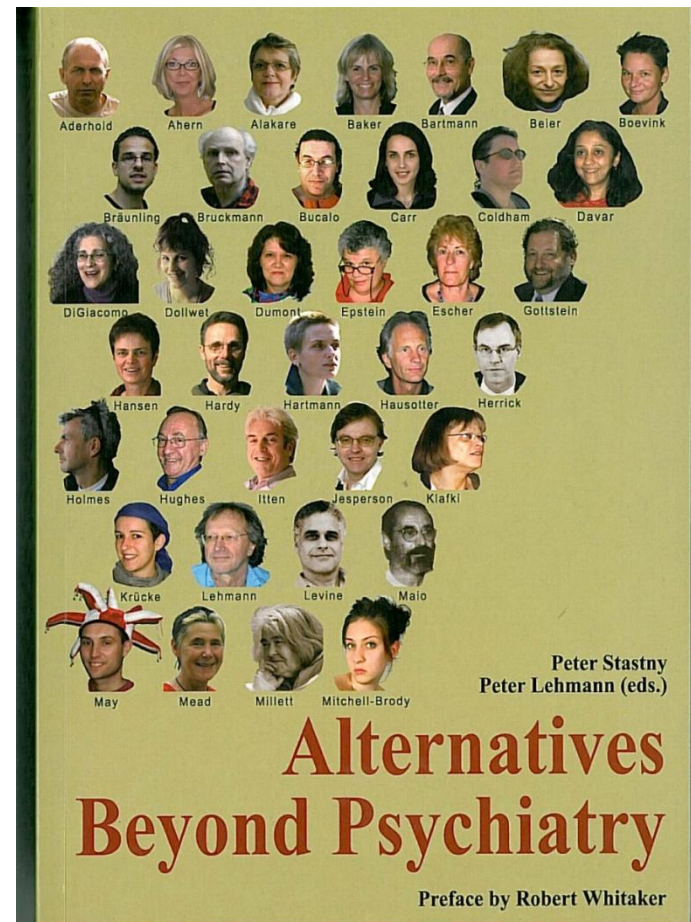
The focus of this report is a methodical analysis of the experimental biases in both the clinical trials and the FDA evaluation process, leading to approval of the antipsychotic drug olanzapine (Zyprexa). A specific emphasis will be placed upon the two drug trials (HGAP, HGAD) used by the FDA to corroborate efficacy and safety of the experimental drug. These are the two trials which are referenced anonymously in the PDR and drug label. The goal of this paper is to clarify serious problems in the clinical study designs and statistical imputations of the olanzapine trials, so that the reader will emerge with an expanded capacity for critical reflection in psychopharmacological research and psycho-politics.

<b>DEFENDANT</b>
EXHIBIT NO. <u>D</u>
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<u>3AN-03-277 P/S</u>
(CASE NUMBER)



# 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 Unusual Beliefs

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

<b>Patients (N=75)</b>	
Schizophrenia (N=30)	
Other psychotic disorders (N=45)	
<b>Antipsychotic use</b>	
Never exposed to antipsychotics	67%
Occasional use during five years	33%
Ongoing use at end of five years	20%
<b>Psychotic symptoms</b>	
Never relapsed during five years	67%
Asymptomatic at five-year followup	79%
<b>Functional outcomes at five years</b>	
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.



# OPEN DIALOGUE

An Alternative, Finnish Approach  
to Healing Psychosis

a documentary by Daniel Mackler

with

Jaakko Seikkula, Birgitta Alakare  
Robert Whitaker, Mia Kurtti  
Päivi Vahtola, Timo Haaranieni





Take These  
Broken Wings

Feature presentation plus bonus material  
Feature running time: 75 minutes

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If you want to think of alternatives to biological psychiatry and its treatments for mental disorders, watch *Healing Homes* and ask yourself: Which way is better? The words of a young mother, finding refuge on a farm in Sweden, will stay with you: "If you do not have love, you cannot help." *Healing Homes* is a moving, thoughtful, and inspiring film.

—Robert Whitaker

author, *Anatomy of an Epidemic* and *Mad in America*

# Healing Homes

An Alternative, Swedish Model for Healing Psychosis



a documentary by Daniel Mackler

with

Carina Håkansson, Therése Johannesson,  
Ann-Christin Svensson, Jonas Svensson  
and Olle Jideborn



# 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



# Eli-Lilly's Global Study

## Study details

- 11,078 schizophrenia patients in 37 countries
- All patients treated with olanzapine or another antipsychotic
- Symptoms and functional remission assessed for three years

## Outcomes

Region	Clinical Remission	Functional Remission
East Asia	84.4%	24.6%
North Africa and Middle East	79.6%	17.8%
Latin America	79.4%	28.7%
Central and Eastern Europe	65.1%	21.6%
North Europe	60.1%	35.0%
South Europe	61.3%	20.7%
<b>Total</b>	<b>66.1%</b>	<b>25.4%</b>

Source: Haro, "Cross-national clinical and functional remission rates." *Brit J of Psychiatry* 2011, 199: 194-201.



## The Long-Term Benefit of Exercise for Depression

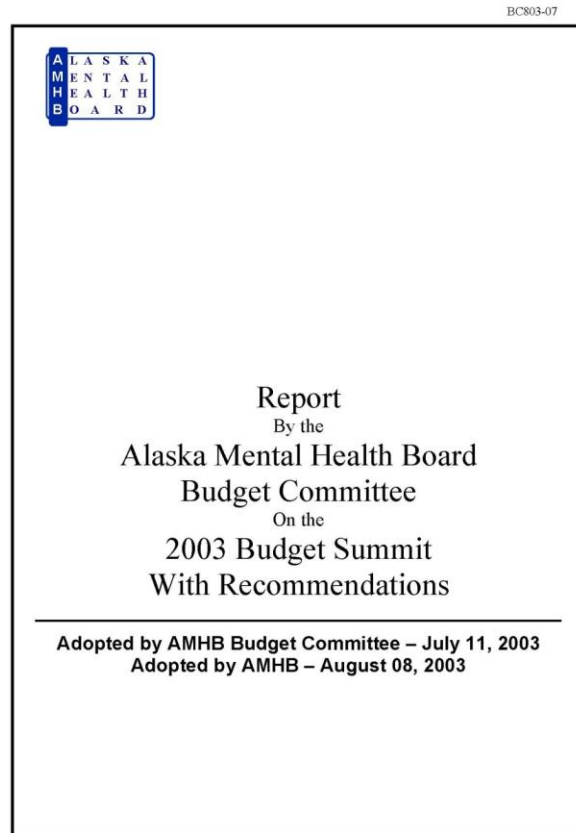
Treatment During First Four Months	Percentage of Patients in Remission at End of Four Months	Percentage of Remitted Patients Who Relapsed in Six-Month Followup	Percentage of Patients Depressed at End of Ten Months
Zoloft alone	69%	38%	52%
Zoloft plus exercise therapy	66%	31%	55%
Exercise therapy alone	60%	8%	30%

In this study by Duke researchers, older patients with depression were treated for 16 weeks in one of three ways, and then followed for another six months. Patients treated with exercise alone had the lowest rates of relapse during the following six months, and as a group, they were much less likely to be suffering from depressive symptoms at the end of 10 months. Source: Babyak, M. "Exercise treatment for major depression." *Psychosomatic Medicine* 62 (2000):633-8. 100-11.

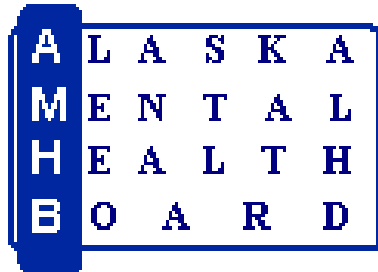
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# Alaska Mental Health Board 2003 Budget Summit



<http://akmhcweb.org/Docs/AMHB/2003BudgetSummitReport.pdf>



# 2003 Budget Summit Report Query:

Is the Budget Purchasing

- Housing
- Relationships
- Jobs/Meaning  
in Life
- Recovery

or

Protection?

Control?

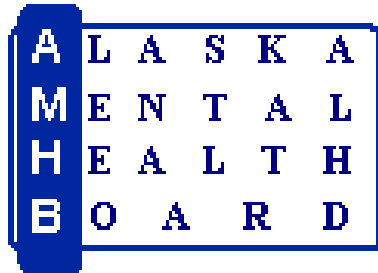
Stabilization?

Dependency?



# Medicaid, SSDI & SSI

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



# 2003 Budget Summit Report Employment Findings

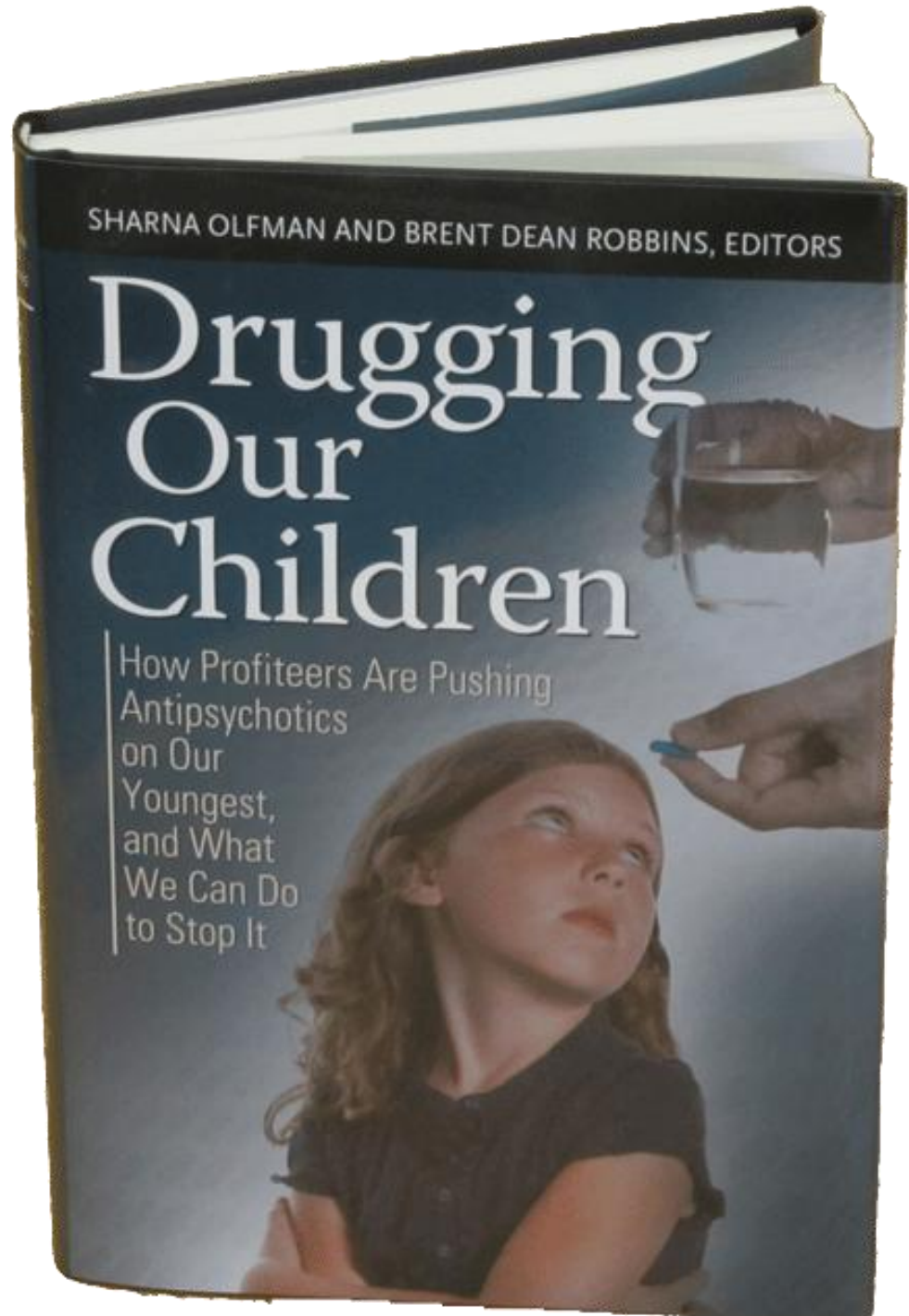
- Only 1% of Community Mental Health Center clients are receiving employment services from the Community Mental Health Center.
- Less than 1% of people go from SSDI to Employment
- Less than 10% of people on SSI are gainfully employed.



# 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.

# Children & Youth





# Children & Youth Without Any Credible Scientific Support:

- 1 in 7 on some kind of psychotropic drug(s)
- No long term stimulant benefit; short term benefit mainly for adults
- Prozac Boys Study: 23% developed manic like symptoms; 19% more drug induced hostility
  - Bipolar Rate soars – Harvard's Joseph Biederman
    - From close to none in 1995 to 800,000 by 2003
    - Then come the neuroleptics & anticonvulsants misbranded as mood stabilizers.
- A little Over 1% Now on Neuroleptics, even some six month olds. From < 50,000 in 1987 to 4. 4 Million in 2006.
- Child MH Disability Rate Soars from Essentially Zero in 1987 to 600,000 by 2007.





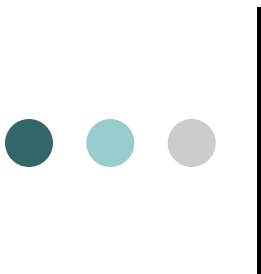
# Adverse Effects From ADHD Medications

- **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.



# 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.



# 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, Demitri 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). DeBello, “Prior stimulant treatment in adolescents with bipolar disorder,” *Bipolar Disorders* 3 (2001):53-57.

## Antidepressants → Bipolar Diagnosis

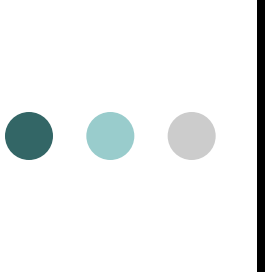
- In first pediatric trial of Prozac, 6% of treated children suffered a manic episode; none in placebo group.
- Harvard University researchers find that 25% of children treated for depression convert to bipolar within four years.
- Washington University researchers report that within 10 years, 50% of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

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. Faedda, “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.



# 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

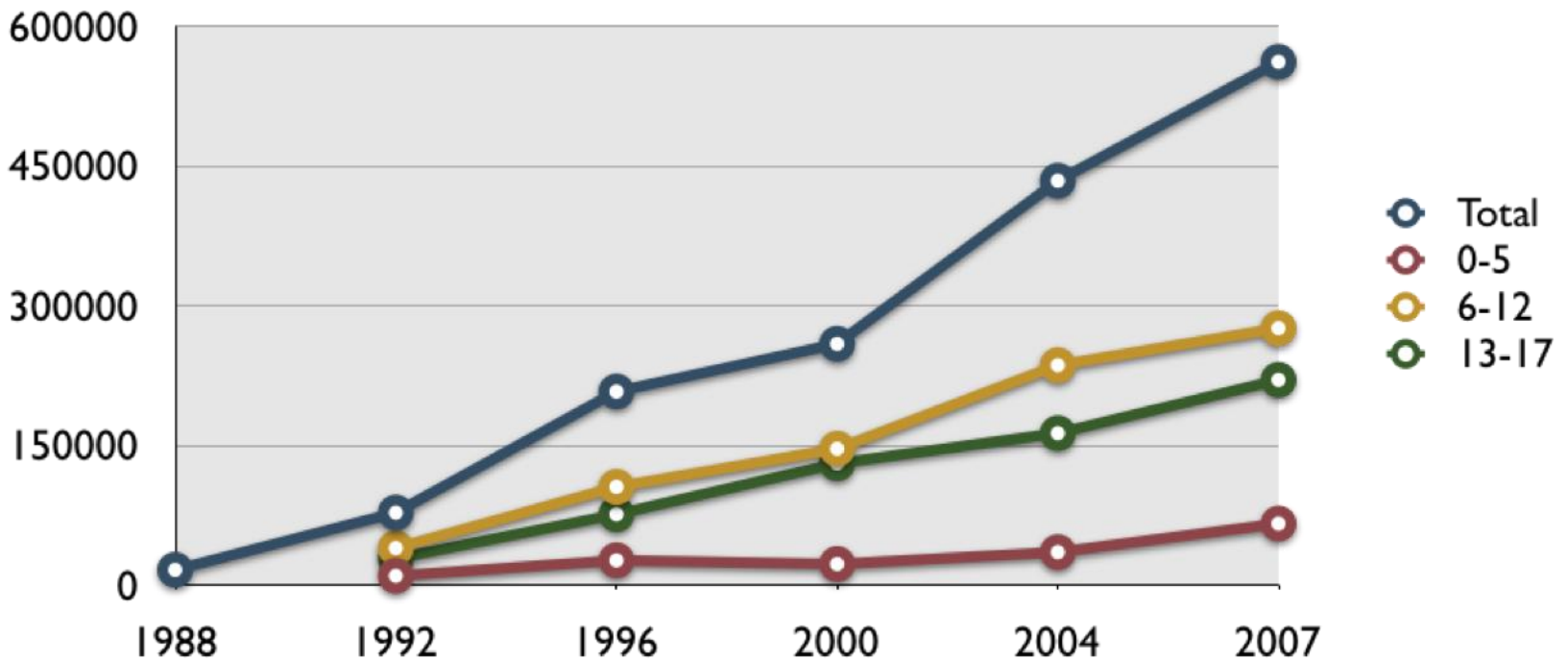


# Summary of Long-term Worries With Psychotropics in Children and Youth

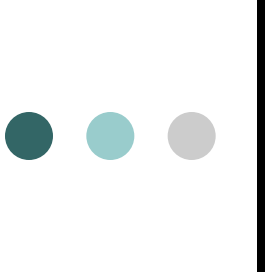
- Increased risk of disability (bipolar pathway)
- Physical ailments
- Emotional lethargy
- Cognitive decline
- Early death

# Psychiatric Drugs & Children: A Monumental Disaster

## Children on SSI Disability Due to Mental Illness



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

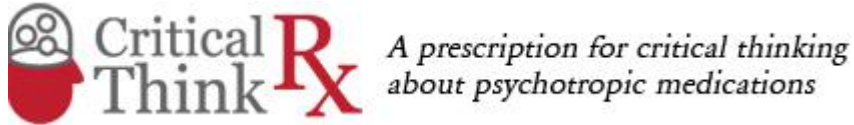


# Why?

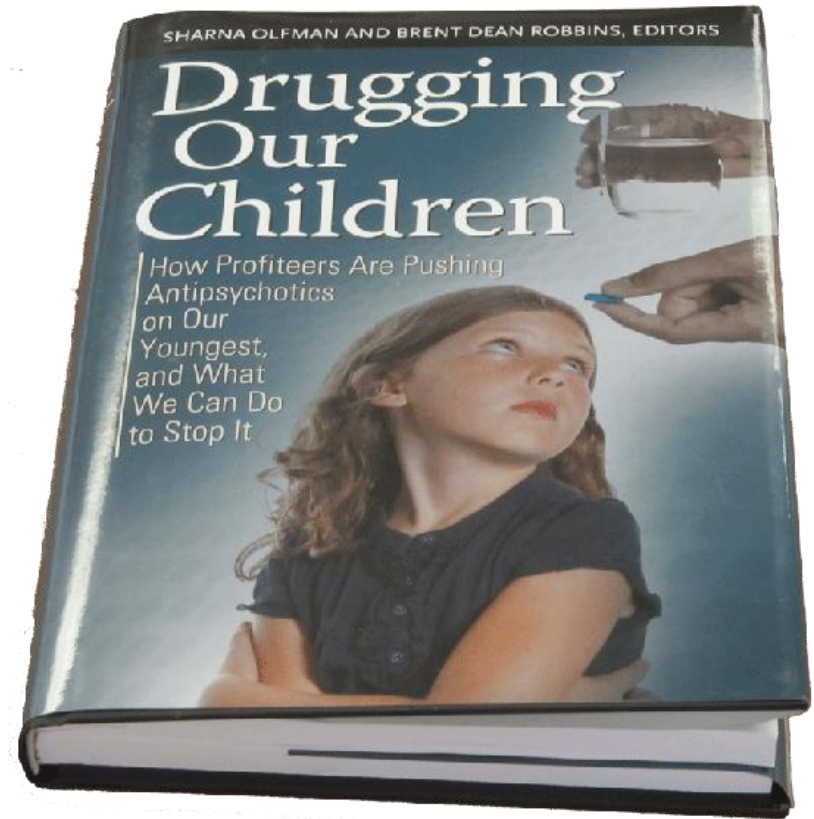
- Drug Companies Targeted Children & Youth Market
- Many Financial Incentives to Drug Poor Children & Youth (On Medicaid)
  - Schools
  - Foster Parents
  - Psychiatrists
- Disempowered parents
  - God Help Foster Children & Youth



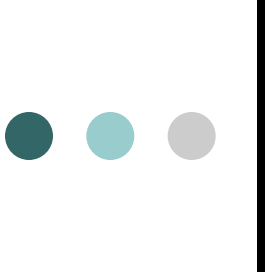
# Solutions Are Many (Children & Youth)



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







# Most Psych Drugs Given Children & Youth Through Medicaid is Fraud

- Prescriptions are Medicaid Fraud if not for a “medically accepted indication,” meaning, one that is either approved by the FDA or “supported by citations” in one of three drug compendia, including DRUGDEX
- Anyone Can Sue On Behalf of Government to Recover for the Fraud and share in the recovery, if any.

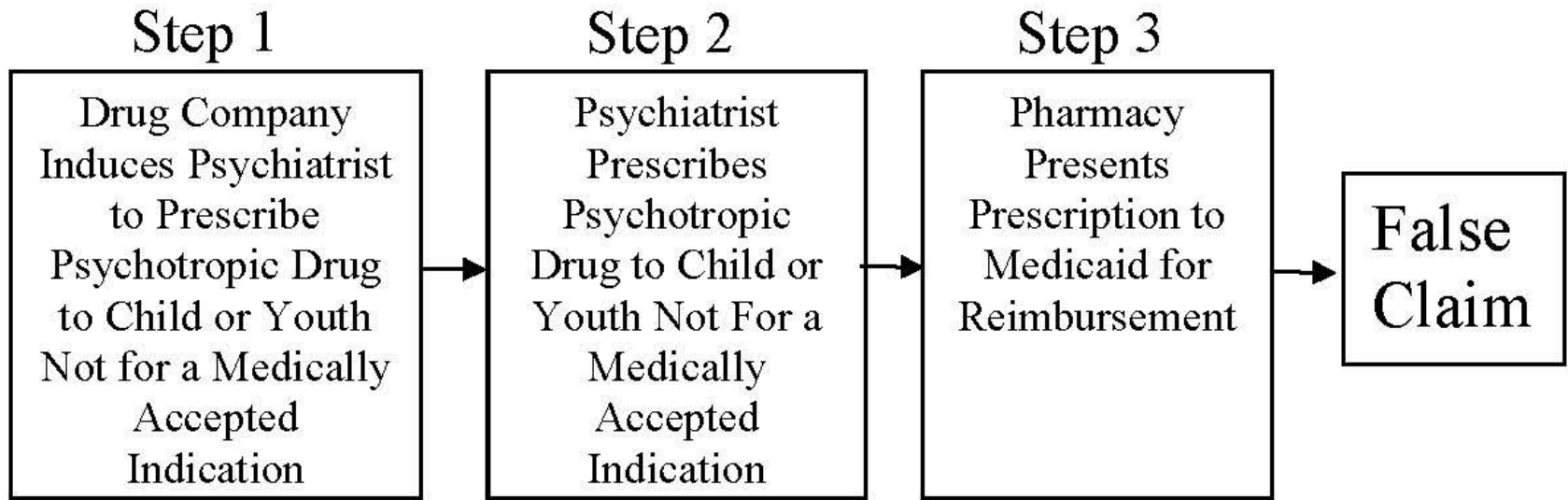


# **\$ Billion Drug Company Settlements Haven't Stopped Psychiatric Drugging of Children & Youth**

- \$1.4 Billion Lilly—Zyprexa (2009)
- \$2.3 Billion Pfizer, including Geodon (2009)
- \$520 Million AstraZeneca—Seroquel (2010)
- \$258 Million Janssen—Risperdal (2010)
- \$313 Million Forest Labs—Celexa & Lexapro (2010)
- Cost of doing business.
  - Caps Liability
- Doctors Still Prescribing It
- Medicaid Still Paying

## Allowing Steps 2 & 3 of Fraudulent Scheme to Continue

### Fraudulent Scheme





# Medicaid Fraud Initiative

- Designed to Stop Harmful Practice by Causing Doctors (& other defendant classes) to Realize Inviting Financial Ruin if Continue
- Model Complaint
- Cases Percolating in Various States
  - 2 Alaska & 1 Illinois Cases Dismissed
  - Wisconsin Case Only Current One Known



# Model Medicaid Fraud Complaint

- Drafted for Former Foster Youth to be *relator*
  - But anyone with “non-public” information can be *relator*
- Defendants:
  - Prescribers & employers
  - Pharmacies



# Senate Investigation/GAO Report

- PsychRights Proposing ([Briefing Paper](#) to Sen. Begich):
  - Announce that outpatient psychotropic drug prescriptions for use in children and youth that are not for medically accepted indications are not covered under Medicaid, and will no longer be reimbursed; except
  - Where abrupt withdrawal from drugs that are not for medically accepted indications can cause serious problems, then allow reimbursement for responsible tapering; and
  - Grant amnesty from False Claims Act liability for all past prescriptions that are not for medically accepted indications.

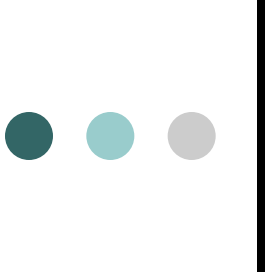
# Responses: Program Evaluation Criteria

## Department of Health & Social Services

- Amount of Services provided (Money Spent)
  - The more disabled people & more money spent on them, the more successful the program(s)



- Quality of Beneficiaries' Lives



# Responses: Programmatic

## Department of Health & Social Services



- Not Changing Paradigm of Care, but
  - Grudgingly Allowing Some Non-Drug Alternatives
  - Consulting with Marty Irwin some on children & youth drugging

- Funding
  - Peer Support Consortium
  - Soteria-Alaska
  - CHOICES, Inc.
  - Other Peer Programs
  - Locking Children Up & Drugging them in Alaska, rather than Outside (“Bring the Kids Home”)





# Progress in Alaska

- CHOICES, Inc.
- Soteria-Alaska
- Report on Multi-Faceted Grass-Roots Efforts To Bring About Meaningful Change To Alaska's Mental Health Program

# CHOICES, Inc. & Soteria-Alaska

## CHOICES, Inc.

- Opened in 2007
- “Consumer” Run
- Non-coercive, Non-drug (& drug) Choices In Community
- Available for people in the system a long time

## Soteria-Alaska

- Opened in June of 2009
- Goal: Replicate Original Soteria-House
- So Far: Drug Withdrawal Program, not First Episode
- Non-coercive



# What The Data Dictates

- Very Selective Use of Psych Drugs
- No Neuroleptics for Children
  - Extremely Limited for Other Drugs
- Other Approaches Work far Better for Most
  - Peers Are Often Far More Effective Than Non-peer Professionals
- No Force



# So, Who's Crazy?

- The Mental Patients Who have Been Saying for Decades that What We Have Been Doing to Them Is Not Helpful and Very Harmful?

or

- The Mental Health System That Insists On An Approach That Is Demonstrably Harmful, Counterproductive, and Unsustainably Expensive?

PSYCHIATRIC

"HELP" ~~5¢~~

\$500



THE DOCTOR WAS:

A. FOOLED

B. COMPLICIT



# Suggested Reading

- *Anatomy of an Epidemic*, by Robert Whitaker (2010 – in press).
- *Drugging Our Children*, Sharna Olfman & Brent Robbins, Eds. (2012)
- *Mad in America: Bad Science, Bad Medicine and the Enduring Mistreatment of the Mentally Ill*, by Robert Whitaker (2001)
- *Alternatives Beyond Psychiatry*, Peter Lehman & Peter Stastny, MD, Editors (2007).
- *Pharmageddon*, David Healy, MD (2012)
- *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.



# 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 Voyce 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* (1998) by Elliot Valenstein.
- *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>





# PsychRights Strategic Litigation (Adults)

- Force System to Honor People's Rights
- Change Path of Least Resistance
- Help Create Environment Supportive of Non-Drug Choices



# Goals

- Substantially Increase Recovery Rate after diagnosis of Serious Mental Illness
- Substantially Reduce If Not Eliminate Force
- System Support of People's Non-Medication Choices



# PsychRights in Alaska Supreme Court

- *Myers* (2006)
  - Best Interests
  - No Less Intrusive Alternative Available
- *Wetherhorn* (2007)
  - Unable to Survive Safely in Freedom
- *Wayne B* (2008)
  - Necessity of Transcript from Masters
- *Bigley* (2009)
  - Available means feasible
  - Procedural Due Process Rights
- *PsychRights v. Alaska* (2010)
  - No Standing



# Strategic Litigation (Children & Youth)

- *PsychRights v. Alaska*
- *United States ex rel PsychRights v. Matsutani, et al.*
- Contemplating Next Step(s)
  - Maybe Federal Civil Rights Case(s)



# *PsychRights v. Alaska*

- Sought injunction Against State to prohibit State administering or authorizing psych drugs to children & youth unless:
  1. Evidence-based psychosocial interventions have been exhausted,
  2. Rationally anticipated benefits of psychotropic drug treatment outweigh the risks,
  3. The person or entity authorizing administration of the drug(s) is fully informed, and
  4. Close monitoring of, and appropriate means of responding to, treatment emergent effects are in place.
- Thrown out of Court for Lack of Standing
- Reviewing Options Including Federal Case

SECOND EDITION

# BRAIN-DISABLING TREATMENTS IN PSYCHIATRY

Drugs, Electroshock, and the  
Psychopharmaceutical Complex

PETER R. BREGGIN



THERE ARE MORE THAN  
200 MILLION  
PSYCHIATRIC DRUG  
PRESCRIPTIONS  
WRITTEN ANNUALLY.  
SOME DO MORE HARM  
THAN GOOD

# MEDICATION MADNESS

A PSYCHIATRIST EXPOSES  
THE DANGERS OF  
MOOD-ALTERING MEDICATIONS

**PETER R. BREGGIN, M.D.**

AUTHOR OF *TOXIC PSYCHIATRY* AND *TALKING BACK TO PROZAC*