

# Force for Freedom

*reframing*

## MENTAL HEALTH CARE IN CALIFORNIA

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# REPORT ON IMPROVING MENTAL HEALTH OUTCOMES

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Available at [PsychRights.org](https://PsychRights.org)

- Psychiatric Imprisonment Massively Associated with Suicide
- Psychiatric Drugs Increase Harm to Self & Others
- Psychiatric Drugs Shorten Life Spans by 20-25 Years
- Psychiatric Drugs Reduce Recovery Rate from Possible 80% to 5%
- Psychiatric Drugs Catastrophically diminish quality of life
- There Are Proven Effective, Safe & Non-Coercive Approaches

While this is 8 times better than staying on them (40% vs. 5%), it is half of what can be achieved by avoiding the use of neuroleptics in the first place (80%), as established by the Open Dialogue and Soteria House studies.<sup>8</sup> **This demonstrates the importance of avoiding the use of neuroleptics in the first place.** In addition to their lives being so much better, allowing 16 times more people to recover not only saves a tremendous amount of treatment expense, it converts people who would otherwise be receiving life-long publicly paid services and transfer payments into productive, taxpaying citizens.<sup>9</sup>

The Harrow and Jobe results were so unexpected and contrary to mainstream psychiatry's beliefs that other explanations were proposed, such as it was the people with the best prognosis in the first place who got off the drugs and therefore had better outcomes, that additional analysis was undertaken. None of the alternate explanations proved correct.<sup>10</sup>

In addition to dramatically reducing the recovery rate, **the ubiquitous use of psychiatric drugs is extremely harmful physically, reducing lifespans by 20 years or so.**<sup>11</sup> In a given time period, the relative risk of dying increases markedly with the number of neuroleptics the person takes.<sup>12</sup> Neuroleptic users have an increased risk of cardiac mortality, all-cause mortality, and sudden cardiac death compared to psychiatric patients

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<sup>8</sup> While there might not be a 100% overlap between the 80% who recovered and the 80% who were not taking the neuroleptics long term, clearly minimizing the use of the neuroleptics produces dramatically better outcomes.

<sup>9</sup> The best book to understand the impact of psychiatric drugs in general, not just the neuroleptics, is *Anatomy of an Epidemic: Magic Bullets, Psychiatric Drugs, and the Astonishing Rise of Mental Illness in America* (2010) by Robert Whitaker, from whose work this section is largely drawn.

<sup>10</sup> Harrow, Martin; Jobe, Thomas H.; & Faull, Robert N. (2012). ["Do All Schizophrenia Patients Need Antipsychotic Treatment Continuously Throughout Their Lifetime? A 20-Year Longitudinal Study."](#) *Psychological Medicine* 42(10): 2145–2155; Harrow, Martin; & Jobe, Thomas H. (2013). ["Does Long-Term Treatment of Schizophrenia With Antipsychotic Medications Facilitate Recovery?"](#) *Schizophrenia Bulletin* 39(5): 962–965; Harrow, M.; Jobe, T. H.; & Faull, R. N. (2014). ["Does Treatment of Schizophrenia With Antipsychotic Medications Eliminate or Reduce Psychosis? A 20-Year Multi-Follow-up Study."](#) *Psychological Medicine* 44(14): 3007–3016; Harrow, Martin, et al. (2017). ["A 20-Year Multi-Followup Longitudinal Study Assessing Whether Antipsychotic Medications Contribute to Work Functioning in Schizophrenia."](#) *Psychiatry Research* 256: 267–274; and Harrow, Martin; & Jobe, Thomas H. (2018). ["Long-Term Antipsychotic Treatment of Schizophrenia: Does it Help or Hurt Over a 20-Year Period?"](#) *World Psychiatry* 17(2): 162–163; Harrow, Martin; Jobe, Thomas H; & Tong, Liping. (2022). ["Twenty-Year Effects of Antipsychotics in Schizophrenia and Affective Psychotic Disorders."](#) *Psychological Medicine* 52(13): 2681–2691.

<sup>11</sup> Götzsche, Peter C. (2015), *Deadly Psychiatry and Organized Denial*, p. 165, *et seq.* (Copenhagen: People's Press). See also Parks, Joe, et al. (2006), *Morbidity and Mortality in People With Serious Mental Illness* (Alexandria, VA: National Association of State Mental Health Program Directors). The report documents mortality in people diagnosed with serious mental illness in the public mental health system has accelerated to the point where they are now dying 25 years earlier than the general population. The report does not attribute this to psychiatric drugs, but it is clear the major change is the advent of the second generation neuroleptics, and the great increase in polypharmacy.

<sup>12</sup> Joukamaa, Matti, et al. (2006). ["Schizophrenia, Neuroleptic Medication and Mortality."](#) *British Journal of Psychiatry* 188(2): 122–127.

# Forced Psychiatry Violates International Law

- Under Articles 12 and 14 of the United Nations (UN) Convention on the Rights of Persons with Disabilities (CRPD), governments are prohibited from denying people decision-making authority, from confining people, or administering any unwanted psychiatric intervention on the basis of a disability, including being diagnosed with a mental illness.
- Not ratified by U.S. Senate

# Involuntary Commitment Permissible Under US Constitution When:

1. Confinement takes place pursuant to proper procedures and evidentiary standards,
2. Finding of "dangerousness either to one's self or to others," and
3. Proof of dangerousness is "coupled ... with the proof of some additional factor, such as a 'mental illness' or 'mental abnormality.'

*Kansas v. Crane*, 534 U.S. 407, 409-10, 122 S.Ct. 867, 869 (2002).

Being unable to take care of oneself can constitute danger to self if "incapable of surviving safely in freedom." *Cooper v. Oklahoma*, 517 U.S. 348, 116 S.Ct. 1373, 1383 (1996).

# Forced Drugging under US Constitution: *Sell*

## Court Must Conclude:

1. Important governmental interests are at stake,
2. Will significantly further those state interests - substantially unlikely to have side effects that will interfere significantly (with achieving state interest),
3. Necessary to further those interests. The court must find that any alternative, **less intrusive** treatments are unlikely to achieve substantially the same results, and
4. Medically appropriate, i.e., in the patient's **best medical interest** in light of his medical condition, considered on drug-by-drug basis.

*Sell v. United States*, 539 U.S. 166, 177-8, 123 S.Ct. 2174, 2183 (2003) (Competence to Stand Trial Case).

# Rights Violations

- No More than 10% of Psychiatrically Imprisoned (involuntarily committed) Meet Commitment Criteria
- No One Can Ever Properly be Drugged Against Their Will under *Sell* Criteria
  - Best Interests
  - No Less Intrusive Alternatives

Report on Improving Mental Health Outcomes, p 17.

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

# PAIMI Act--Purposes

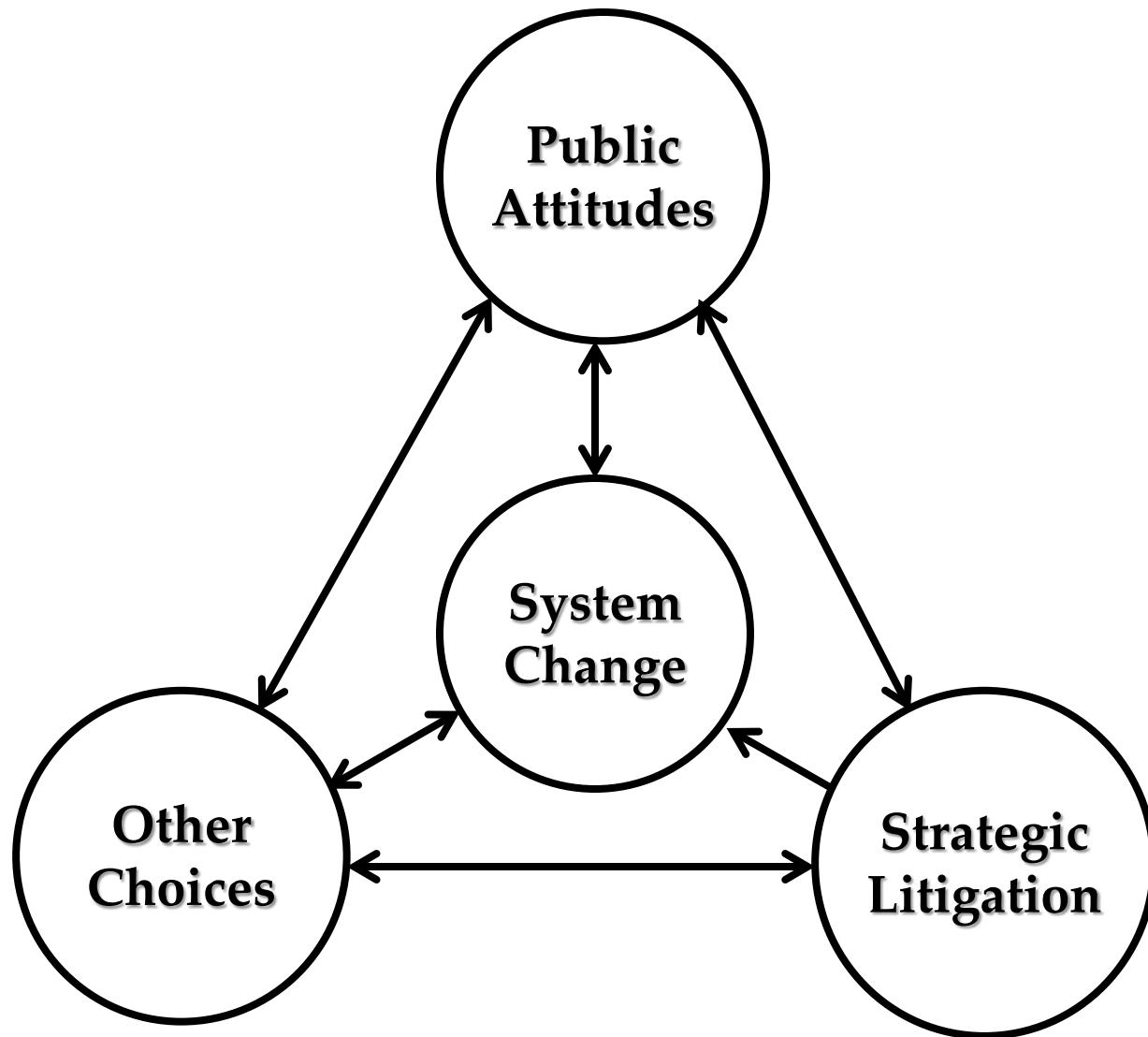
## 42 U.S.C. § 10801

**(b)** The purposes of this chapter are--

- (1)** to ensure that the rights of individuals with mental illness are protected; and
- (2)** to assist States to establish and operate a protection and advocacy system for individuals with mental illness which will--
  - (A)** protect and advocate the rights of such individuals through activities to ensure the enforcement of the Constitution and Federal and State statutes; and
  - (B)** investigate incidents of abuse and neglect of individuals with mental illness if the incidents are reported to the system or if there is probable cause to believe that the incidents occurred.

Disability Rights California  
Should Be Enforcing People's  
Rights Not to be  
Psychiatrically Incarcerated  
or Drugged or  
Electroshocked Against Their  
Will.

# Transformation Triangle



A photograph of a sunset or sunrise over a forest. The sky is filled with warm, orange, and yellow hues, with darker clouds on the left. The silhouettes of various trees, including tall pines, are visible against the bright sky. In the center, the words "Carpe Diem!" are written in a large, bold, green, sans-serif font.

*Carpe Diem!*