PsychRights®
Law Project for
Psychiatric Rights, Inc.

January 21, 2013

Senator Lisa Murkowski
709 Hart Senate Building
Washington, D.C. 20510

Re: Assessing the State of America's Mental Health System

Dear Senator Murkowski:

I am very pleased that you have been appointed to the Health, Education, Labor and Pensions Committee and am writing because of its hearing this Thursday on Assessing the State of America's Mental Health System.

SUMMARY

1. The Committee is hearing from the wrong people; the same people who are responsible for administering our broken, counterproductive and very harmful mental health system are testifying on Thursday. The Committee should invite Robert Whitaker, author of *Anatomy of an Epidemic* and *Mad in America* and Dr. Peter Breggin for a subsequent hearing. Most importantly, the Committee should also hear from people who have gone on to very successful lives after being told there was no hope for them by the mental health system, such as myself, Pat Risser, Yvette Sangster, and Ron Bassman.
2. The role of psychiatric drugs in mass shootings should be honestly investigated.
3. Additional oppression of people diagnosed with mental illness should not be enacted. This amounts to scapegoating and will do nothing to address the problem of gun violence in the United States.
4. The role of psychiatric drugs in the dramatic worsening of outcomes should be addressed. Early identification and intervention under the current regime will only worsen the situation.
5. The role of trauma in causing people to exhibit psychiatric symptoms has to be a cornerstone of any successful mental health program.
6. Psychiatric force is counterproductive and should be eliminated. The notion that psychiatry can predict violence is fallacious.
7. Proven successful drug-minimizing approaches modeled after programs such as Open Dialogue, Soteria House, and especially peer directed, trauma informed programs, such as the Western Mass Recovering Learning Community, Voices of the Heart, Second Story, and Intentional Peer Support should be supported by the federal government.

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As you know, I have been working on behalf of people diagnosed with mental illness since the 1980's, including:

- The Alaska Mental Health Trust Lands Litigation arising from the state of Alaska's misappropriation of a million acres of land granted in trust first for the necessary expenses of Alaska's mental health program, starting in 1985, resulting in the reconstitution of the Trust, including $200 million in cash, and the creation of the Alaska Mental Health Trust Authority (Trust Authority).[1]
- Service on the Alaska Mental Health Board, Alaska's planning board for mental health services.
- Co-founding a number of organizations controlled by people who have experience as mental health services recipients, including Mental Health Consumers of Alaska, the Alaska Mental Health Consumer Web, CHOICES, Inc., and Soteria-Alaska, as well as the Law Project for Psychiatric Rights (PsychRights®).
- Since co-founding PsychRights in 2002, I have won four Alaska Supreme Court decisions holding Alaska's involuntary commitment and forced psychiatric drugging commitment regime illegal, including three on constitutional grounds. *Myers v. Alaska Psychiatric Institute*, 138 P3d 238 (2006); *Wetherhorn v. Alaska Psychiatric Institute*, 167 P3d 701 (Alaska 2007); *Wayne B. v. Alaska Psychiatric Institute*, 192 P3d 989 (Alaska 2008); and *Bigley v. Alaska Psychiatric Institute*, 208 P.3d 168 (Alaska 2009).
- Subpoenaing and releasing what have become known as the *Zyprexa Papers*, exposing that Eli Lily (1) hid that its blockbuster drug, Zyprexa, caused diabetes and other massive metabolic problems and (2) illegally marketed Zyprexa to children and the elderly, resulting in a series of New York Times front page stories and an editorial calling for a Congressional investigation.

It was the same William (Bill) Bigley in *Bigley v. Alaska Psychiatric Institute* for whom I subpoenaed the Zyprexa Papers in an earlier case, successfully resisting continued court ordered psychiatric drugging in that particular case. I mention Mr. Bigley because his life and death is illustrative of the counterproductive and harmful nature of current psychiatric practices. Also, I felt a particular connection with Bill because he was just two months older than me and he was first admitted to the Alaska Psychiatric Institute (API) two years before I was.[2] I have always felt I was lucky to have escaped being made permanently mentally ill by our mental health system and there is no doubt that Bill's life was ruined by the mental health system. His treating psychiatrist for that first admission wrote that his prognosis was "somewhat guarded depending upon the type of follow- up treatment patient will receive in dealing with his recent divorce."[3] He never got that help, instead, the system locked him up close to one hundred times and drugged him against his will in spite of there never having been any reports of him being violent and it clearly not working. I had the same psychiatrist, Robert Alberts, who had left API by the time I saw him, and he saved me from Bill's fate.

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[1] The unique nature and beneficial impact of the Trust Authority is described in Report on Multi-Faceted Grass-Roots Efforts To Bring About Meaningful Change To Alaska's Mental Health Program.

[2] It is no secret that I spent a month at API in 1982. My written recovery story has been on the Internet since 1998, and there is a YouTube video of me talking about it at last May's Second Annual Rethinking Psychiatry Symposium in Portland Oregon, titled *Escape from Psychiatry: Jim Gottstein's Story*.

[3] *See*, April 30, 1980 Discharge Summary, page 2.

Bill passed away just last November. He would have turned 60 last week. One point to be made about this is that it is now known that people in the public mental health system have 25 year shorter life spans than the average population.[4] There is no legitimate doubt that the ubiquitous use of psychiatric drugs is the reason for most of this reduced life span. Whether Mr. Bigley was killed by psychiatric drugs *per se* is not clear-cut, but there is no doubt in *my* mind that he would have had much better and longer life if he had been truly helped as Dr. Alberts wrote, rather than locked up and drugged against his will for so much of his adult life.

OUR MENTAL HEALTH SYSTEM IS BROKEN; IT IS COUNTERPRODUCTIVE, IT HARMS THE PEOPLE IT PURPORTS TO HELP, AND IT INCREASES VIOLENCE

Virtually every knowledgeable person agrees that our mental health system is broken; that it doesn't work. The recommendation of the people involved in creating and administering that failed program is just do more of what doesn't work. Albert Einstein once said that the definition of insanity is doing the same thing over and over again and expecting different results. That is an apt description of our mental health system.

Award winning medical/science author Robert Whitaker has written the definitive book on the impact of our mental health system's current paradigm, *Anatomy of an Epidemic: Magic Bullets, Psychiatric Drugs, and the Astonishing Rise of Mental Illness in America*. This book has proven to be very influential, with Mr. Whitaker being asked to give presentations around the country and the world, including "Grand Rounds" at hospitals. The Foundation for Excellence in Mental Health was founded with a $2 million grant from a private donor to implement the findings in *Anatomy of an Epidemic*. Before his earlier, acclaimed book, Mad In America: Bad Science, Bad Medicine, And The Enduring Mistreatment Of The Mentally Ill, Mr. Whitaker "believed that psychiatric researchers were discovering the biological causes of mental illnesses and that this knowledge had led to the development of a new generation of psychiatric drugs that helped 'balanc' brain chemistry." He believed that because "that is what I had been told by psychiatrists while writing for newspapers."[5] However, when he ran into research that was inconsistent with this story, it took him on an investigatory quest that resulted in the writing *Mad in America* and *Anatomy of an Epidemic*.

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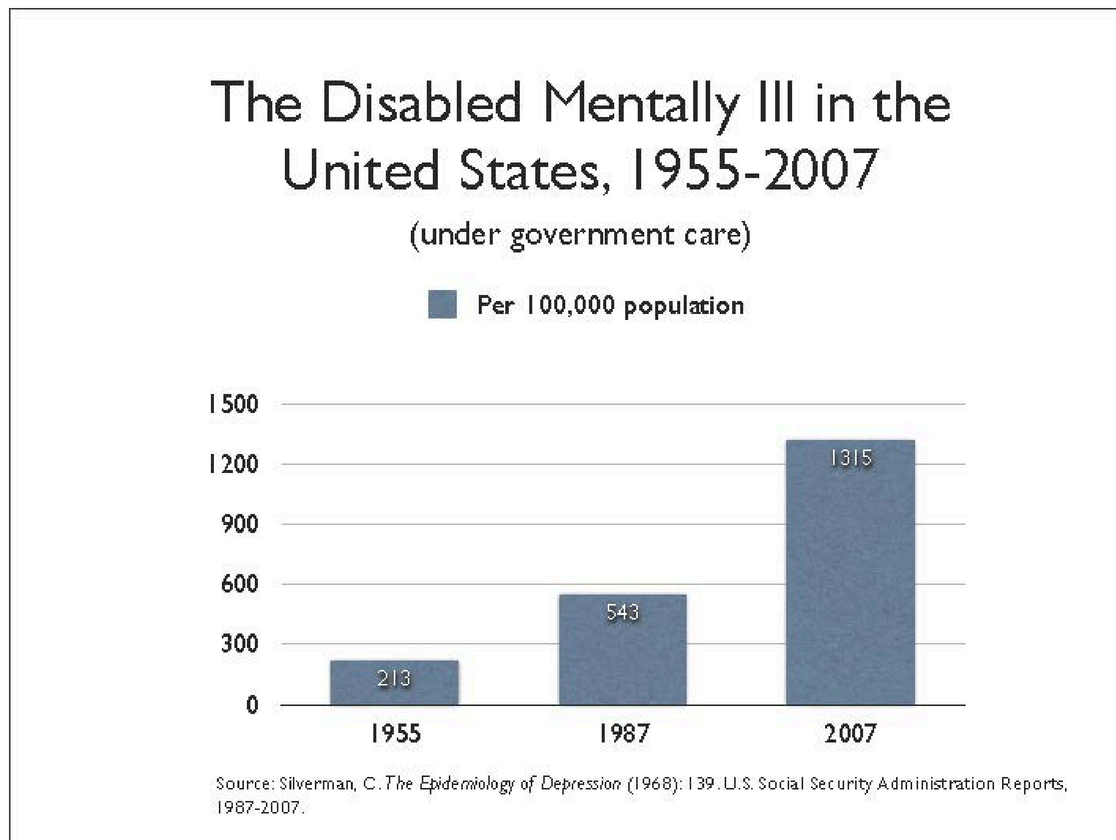
[4] *Morbidity and Mortality in People with Serious Mental Illness*, by National Association of State Mental Health Program Directors, October 2006.

[5] *Anatomy of an Epidemic*, p. xi.

This is what he found:[6]



1955 was the year that the supposed miracle drug Thorazine began its widespread use in the United States. It has gotten so bad that 850 adults and 250 children are added to the disability rolls *every day*.[7]

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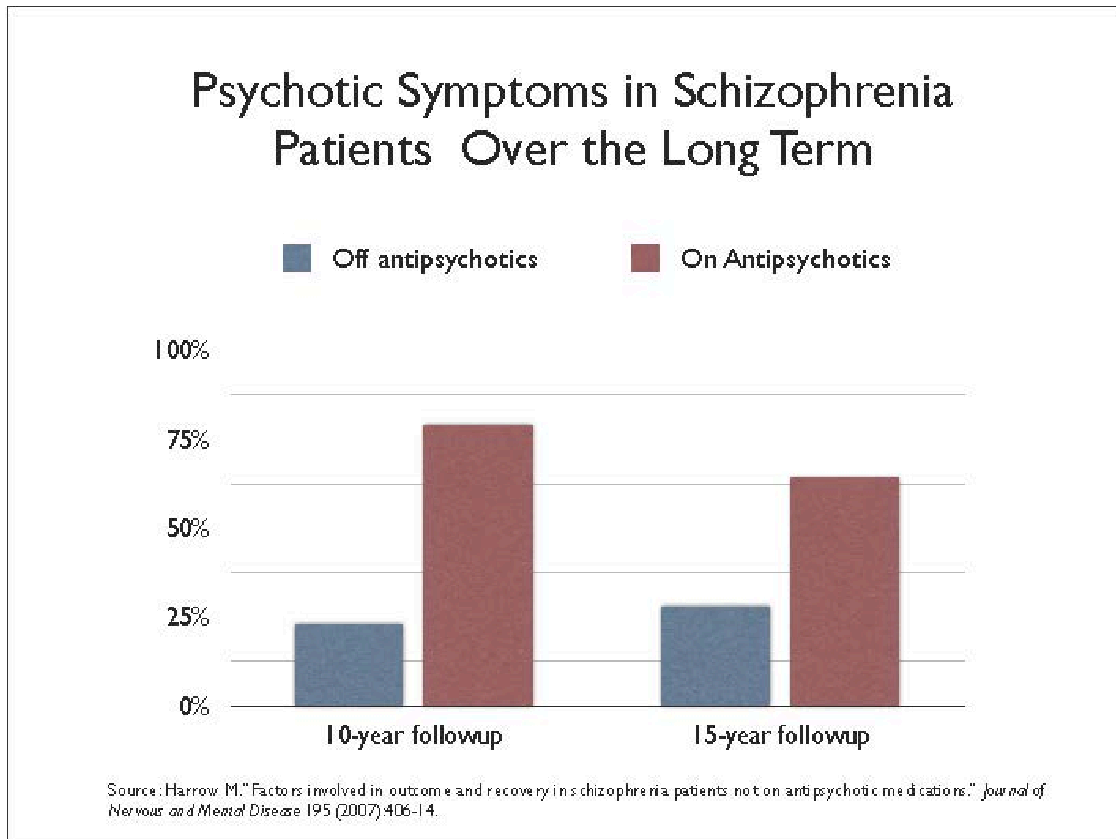
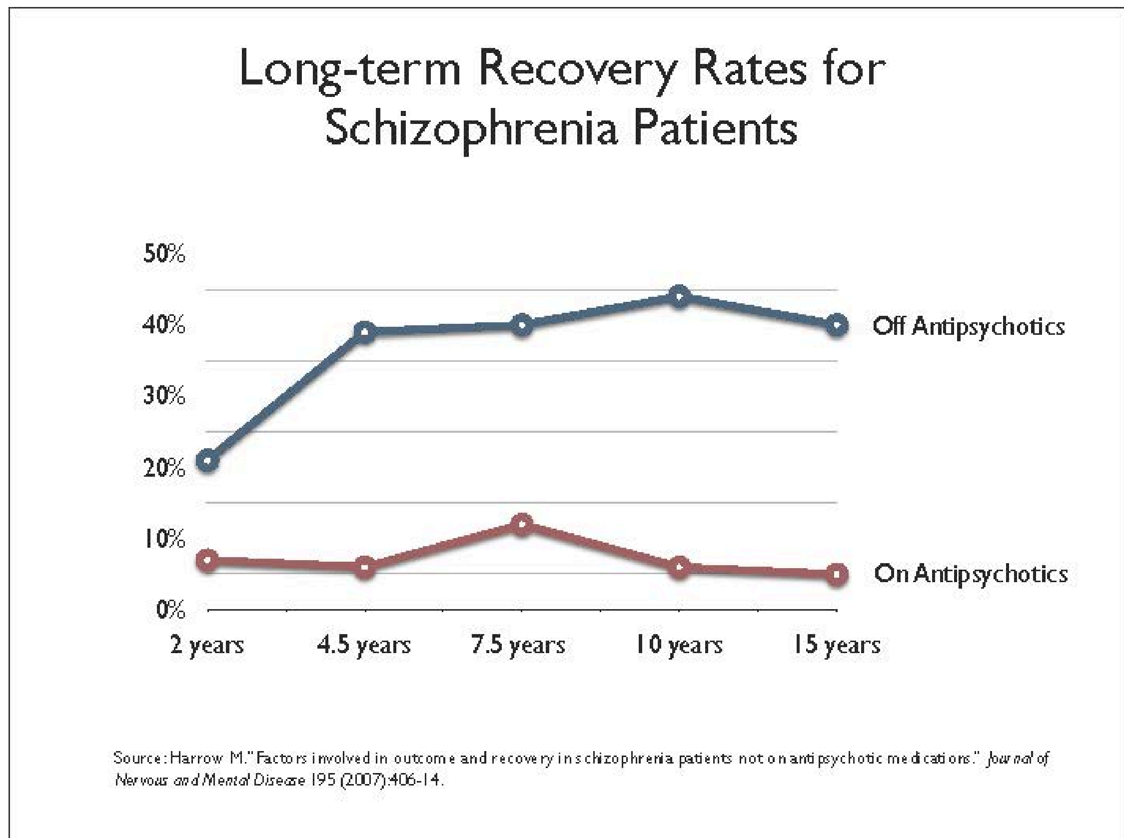
[6] Except as noted, the following graphics come from slides of Mr. Whitaker's current presentation, Rethinking Psychiatric Care.
[7] *Anatomy of an Epidemicic*, p. 3.

Mr. Whitaker revealed the paradox of psychiatric drugs; that while they knock down symptoms in the short term (6-12 weeks), in the long run they dramatically worsen outcomes. Thus, for example, with respect to the neuroleptics,[8] including the newer ones, people experience psychotic symptoms at two to three times the rate long term if they are on neuroleptics:



[8] In addition to Thorazine, the first generation neuroleptics include Haldol, Mellaril, Prolixin and Stelazine. The second generation includes Abilify, Geodon, Risperdal, and Zyprexa. They are often referred to as "antipsychotics," but I hesitate to use the term because they have very little antipsychotic effect for most.

The impact is even more dramatic for recovery rates, where at 15 years a person is 8 times more likely to recover if they are not on neuroleptics:



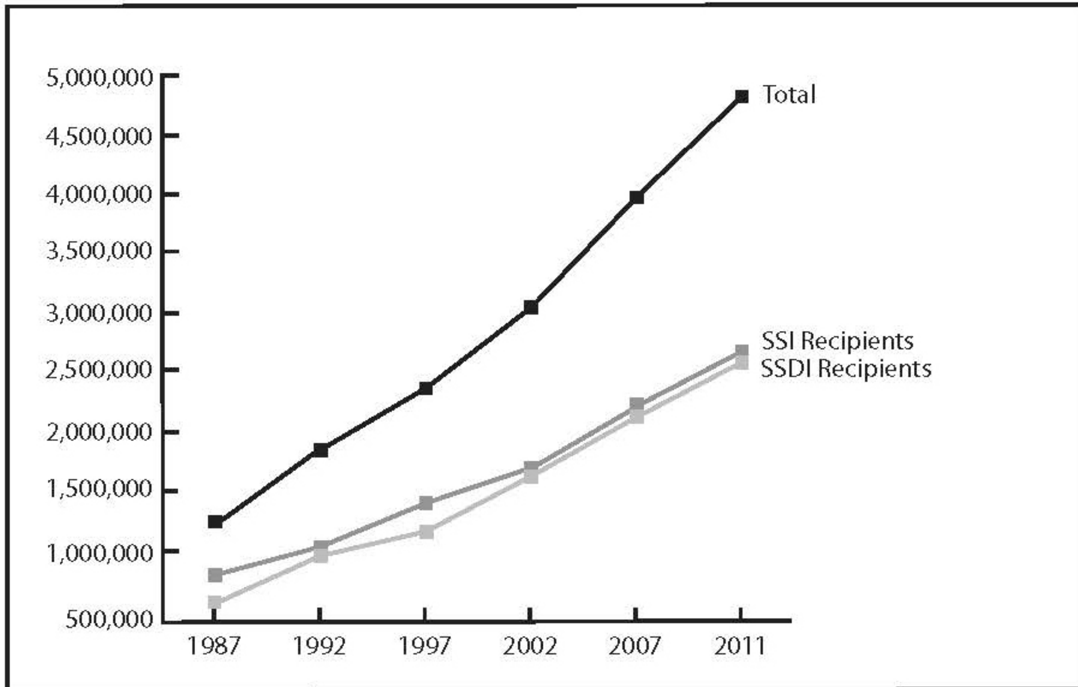
Mr. Whitaker also found that, due to their mania inducing effects for many, the widespread use of antidepressants has dramatically increased the rate of people diagnosed with bipolar disorder and the course of the condition has dramatically worsened.[9]

The Modern Course of Bipolar Illness

- More recurrent episodes and more rapid cycling
- Low-level depression between episodes
- Only 33% enjoy good functional outcomes (compared to 70% to 85% in pre-drug era)
- Long-term cognitive impairment (which wasn't seen in pre-drug era)
- Physical problems related to long-term medication use
- Risk of early death

[9] Mr. Whitaker also states that illicit drugs, such as marijuana, cocaine and hallucinogens are "gateways" to bipolar today, as well as prescribed stimulants and antidepressants, and the expanded definition of who is to be given a bipolar disorder diagnosis. Rethinking Psychiatric Care, p. 46.

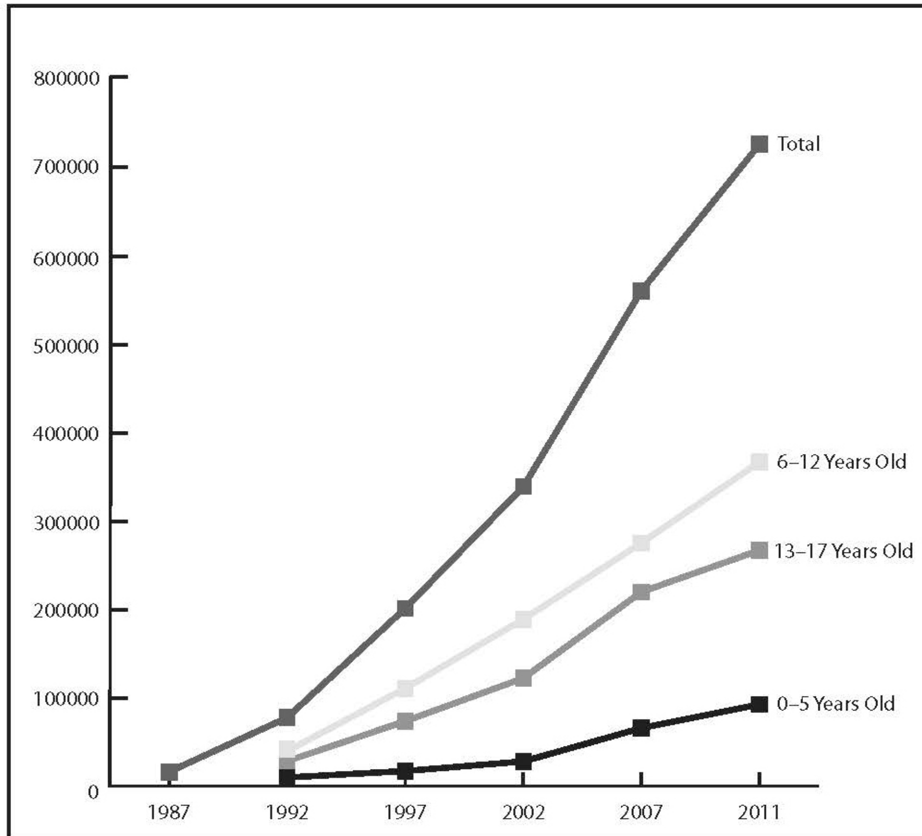
Mr. Whitaker has also looked at the disability rate after the introduction of the first Selective Serotonin Reuptake Inhibitor (SSRI) antidepressant, Prozac:[10]



One in every six SSDI recipients also receives an SSI payment; thus the total number of recipients is less than the sum of the SSI and SSDI numbers. Source: Social Security Administration reports, 1987-2011.

[10] This updated slide was e-mailed to me by Mr. Whitaker today.

The massive increase in the use of psychiatric drugs in misbehaving children and youth has also been a monumental disaster.[11]



[11] This updated slide was e-mailed to me by Mr. Whitaker today. *See*, Medicating Children, by Robert Whitaker for more data about the effects of the massive psychiatric drugging of America's children and youth.

PROGRAMS THAT SELECTIVELY USE PSYCHIATRIC DRUGS AND ESCHEW FORCE ARE EFFECTIVE

Mr. Whitaker also looked at programs that work using a selective use of neuroleptics. The Open Dialogue Approach that has operated for many years in one province of Finland achieves dramatic outcomes:

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.

The cornerstone of their approach is that psychiatric symptoms are manifestations of interactions between people, rather than being lodged in the person who would be diagnosed with mental illness.[12]

The Open Dialogue Approach is getting some traction here in the United States and around the world, with training programs in demand. The United States Government should be supporting its use/adaptation for use in the United States.

[12] The success of the Open Dialogue Approach is so dramatic that it has virtually eliminated schizophrenia in that part of Finland because one has to experience the qualifying symptoms for six months to receive a schizophrenia diagnoses. The rest of Finland has just as bad outcomes as the United States and the rest of the developed world that uses psychiatric drugs as the mainstay of psychiatric treatment.

Mr. Whitaker also reports on the outcomes achieved by the National Institute of Mental Health Soteria House study of the 1970's conducted by Dr. Loren Mosher, who was Chief of Schizophrenia studies there at the time:

Loren Mosher's Soteria Project

Study Design

Compared two-year outcomes of first-episode episode patients treated conventionally in the hospital with care in a "therapeutic house" where antipsychotic use was initially delayed, and then prescribed only if patients didn't improve on placebo.

Results:

At end of two years, the Soteria patients had "lower psychopathology scores, fewer [hospital] readmissions, and better global adjustment." In terms of antipsychotic use, 42% had never been exposed to the drugs, 39% had used them temporarily, and 19% had used them regularly throughout the two-year followup.

Conclusion:

"Contrary to popular views, minimal use of antipsychotic medications combined with specially designed psychosocial intervention for patients newly identified with schizophrenia spectrum disorder is not harmful but appears to be advantageous. We think the balance of risks and benefits associated with the common practice of medicating nearly all early episodes of psychosis should be re-examined."

Source: Bola, J. "Treatment of acute psychosis without neuroleptics." *J Nerv Ment Disease* 191 (2003):219-29.

The cornerstone of the Soteria approach is to be with people rather than do to them.[13] Largely as a result of Mr. Whitaker describing Soteria in *Mad in America*, and, frankly, our being able to open Soteria-Alaska with the support of the Trust Authority,[14] there are also efforts to open other Soteria programs throughout the United States and the world. The United States Government should also be supporting the opening of Soteria type programs throughout the country.

The year before his death in 2004, Dr. Mosher testified in the *Myers* case. In that trial, Dr. Mosher testified, "I probably am the person on the planet who has seen more acutely psychotic people off of medication, without any medications, than anyone else on the face of the planet today." With respect to the use of force by psychiatry, Dr. Mosher testified:

> Question: Now, in your affidavit, you say involuntary treatment should be difficult to implement and used only in the direst of circumstances. Could you explain why you have that opinion?

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[13] Also *see*, Soteria Critical Elements.

[14] *See*, Report on Multi-Faceted Grass-Roots Efforts To Bring About Meaningful Change To Alaska's Mental Health Program, p. 8.

> Answer: Well, it's just, you know, the degree to which you have to force people to do anything is the degree to which it's going to be very difficult to forge a good therapeutic relationship. And in the field of psychiatry, it is the therapeutic relationship which is the single most important thing. And if you have been a cop, you know, that is, some kind of a social controller and using force, then it becomes nearly impossible to change roles into the role -- the traditional role of the physician as healer advocate for his or her patient. And so I think that that -- we should stay out of the job of being police. That's why we have police. So they can do that job, and it's not our job. 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. I would probably prefer to do it with the police, but if it came to it, I guess I would do it. In my career I have never committed anyone. It just is -- I make it my business to form the kind of relationship that the person will -- that we can establish a ongoing treatment plan that is acceptable to both of us. And that may you avoid getting into the fight around whatever. And, you know, our job is to be healers, not fighters.

(pages 177-178, emphasis added).

With respect to psychiatric drugs increasing violence, rather than go through material here, please see the Statement on the Connection Between Psychotropic Drugs and Mass Murder recently issued by the International Society for Ethical Psychology and Psychiatry (ISEPP).

Our mental health system is experiencing such atrocious and deteriorating results because it is premised on the faulty assumptions that the drugs work and that psychiatric force is beneficial or necessary. Organized psychiatry has essentially sold its soul to the pharmaceutical industry because physicians have been granted monopoly prescribing privileges. Implicit in the grant of such privilege is a social contract that Psychiatry will exercise independent, informed, judgment based on the known science. Organized Psychiatry has betrayed the trust granted to it and currently does not provide reliable advice.

In my view, if the Committee is serious about assessing our mental health program it should invite Mr. Whitaker to testify. It should also invite Dr. Breggin and persons with experience as service recipients in the mental health system who have managed to overcome all of the obstacles to recovery placed in their way by current psychiatric practices. In addition to myself, as set forth above, I think people like Yvette Sangster, Pat Risser and Ron Bassman should be invited to testify. I could make other recommendations if you like. These are the types of people who can offer truly valuable advice.

I know it is very hard to overcome the pharmaceutical lobby, but it must be done if the Committee is serious about assessing the state of our mental health program.

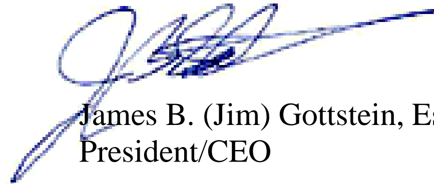
PSYCHIATRIC PROFILING, AND ADDITIONAL FUNDING TO ENSNARE EVEN MORE PEOPLE IN OUR CURRENT COUNTERPRODUCTIVE AND HARMFUL MENTAL HEALTH PROGRAM IS NO ANSWER

The Committee interest in assessing the state of America's mental health program arises from the unimaginable tragedy at Sandy Hook Elementary School. There has been an understandable assumption that increased use of mandatory mental health services and a mental health registry is part of the solution. Understandable, but wrong. This reaction is wrong because of two basic facts: (1) there is no reliable way to predict who will commit such a terrible act, and (2) the pervasive use of psychiatric drugs, which is the mainstay of mental health treatment, increases rather than decreases extreme violence. On January 7th I wrote to the Vice President about this and rather than repeat all of that here, I refer you to PsychRights' Letter to the President's Task Force on Gun Violence.

One thing that is essential is to insist that an honest investigation into the role of psychiatric drugs in these mass shootings be conducted. It is essential that when responding to the President's charge to the Centers for Disease Control to investigate gun violence that it include the possible role of psychiatric drugs. One of the intolerable aspects of this issue is that the psychiatric drug history of many mass shooting perpetrators has been suppressed. There has been at least one unconfirmed report that Adam Lanza was on a neuroleptic.[15] The public has a right to know the involvement of psychiatric drugs in these tragedies and I hope the Committee insists that such an investigation be honestly conducted.

Please let me know if I can be of further assistance.

Yours truly,



James B. (Jim) Gottstein, Esq.
President/CEO

[15] There is another unconfirmed report that his mother was looking into having Adam committed as a probable triggering of his rampage.