

Advocacy, Alternatives and Rights



12th annual **Pat Risser RSVP Conference**

(Respect, Success, Value, Purpose)

Mental Health and Recovery Board of Ashland County

March 31, 2021

James B. (Jim) Gottstein, Esq.

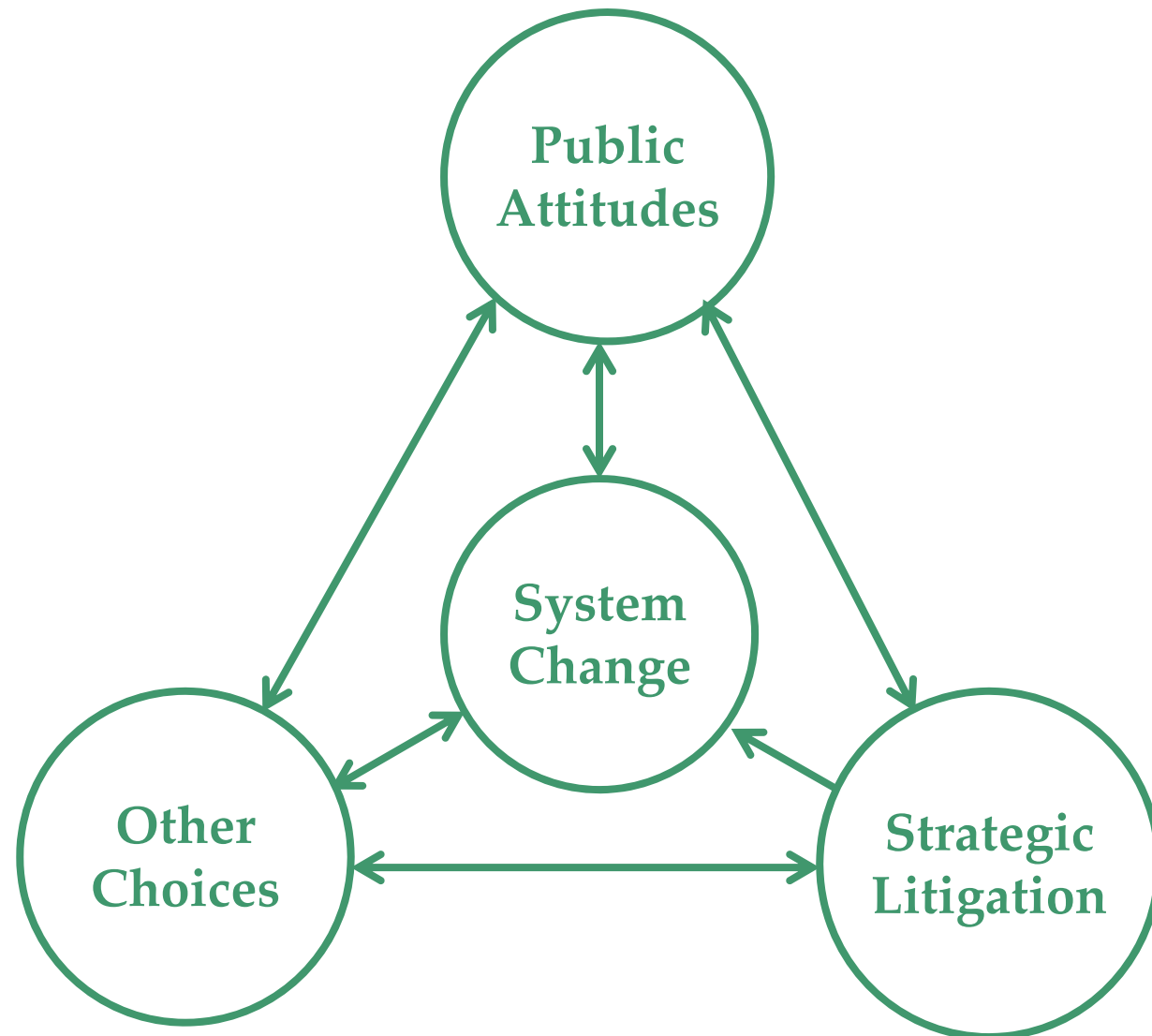


LAW PROJECT FOR PSYCHIATRIC RIGHTS

PsychRights.org

jim.gottstein@psychrights.org

Transformation Triangle

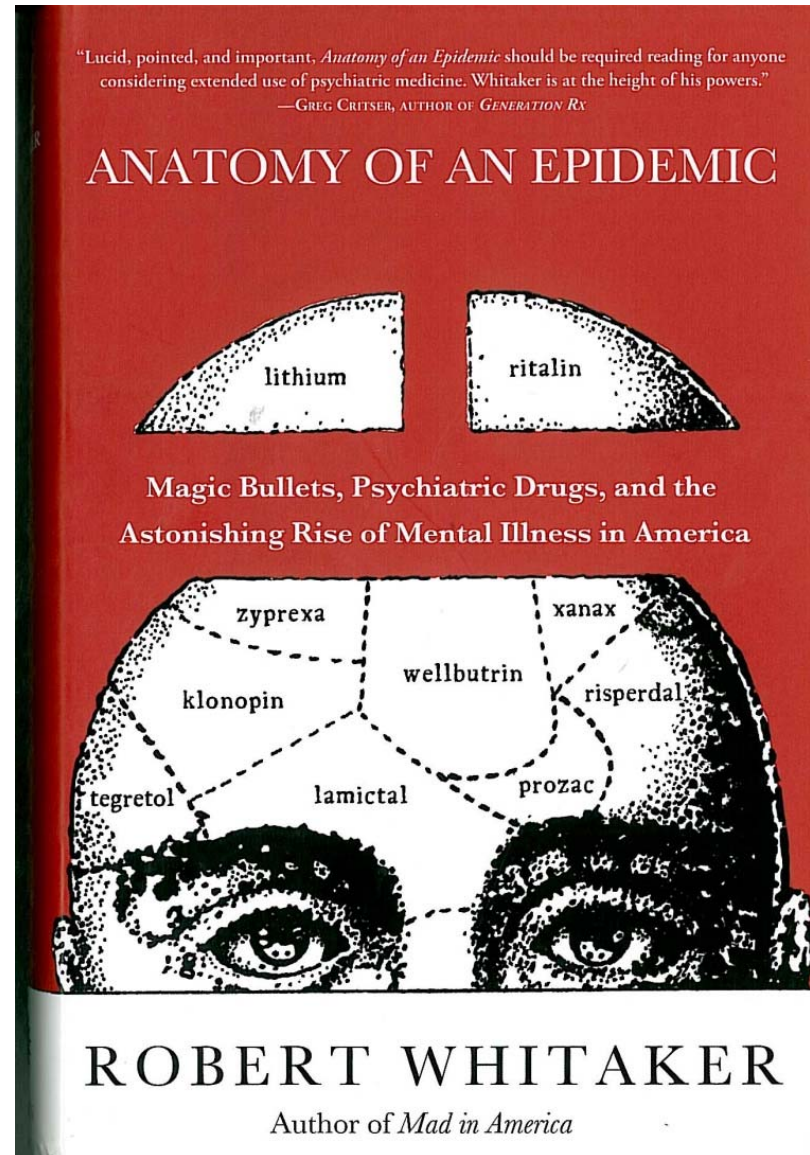




While Some People find the Drugs Helpful . . .

- **7-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

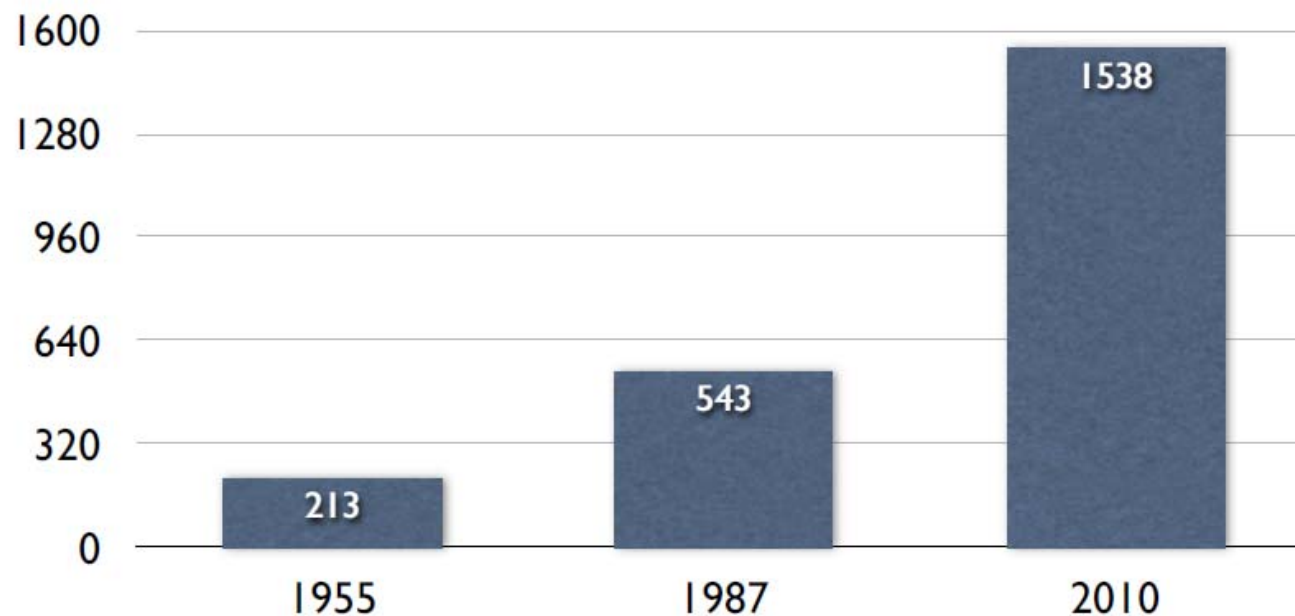


Named 2010 best investigative journalism in book category by
the Investigative Reporters and Editors Association

The Disabled Mentally Ill in the United States, 1955-2010

(under government care)

■ Per 100,000 population



Source: Silverman, C. *The Epidemiology of Depression* (1968): 139. U.S. Social Security Administration Reports, 1987-2010.



People Diagnosed With Serious Mental Illness Can Recover

- Myth: Once a Schizophrenic always a schizophrenic.
 - Reality: **Half to two thirds of patients, including very chronic cases can recover.**
- Myth: Patients must be on Medication all their lives.
 - Reality: **A small percentage at most may need medication indefinitely.**

Empirical Correction of Seven Myths About Schizophrenia with Implications for Treatment (Harding 1994)

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.



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 .

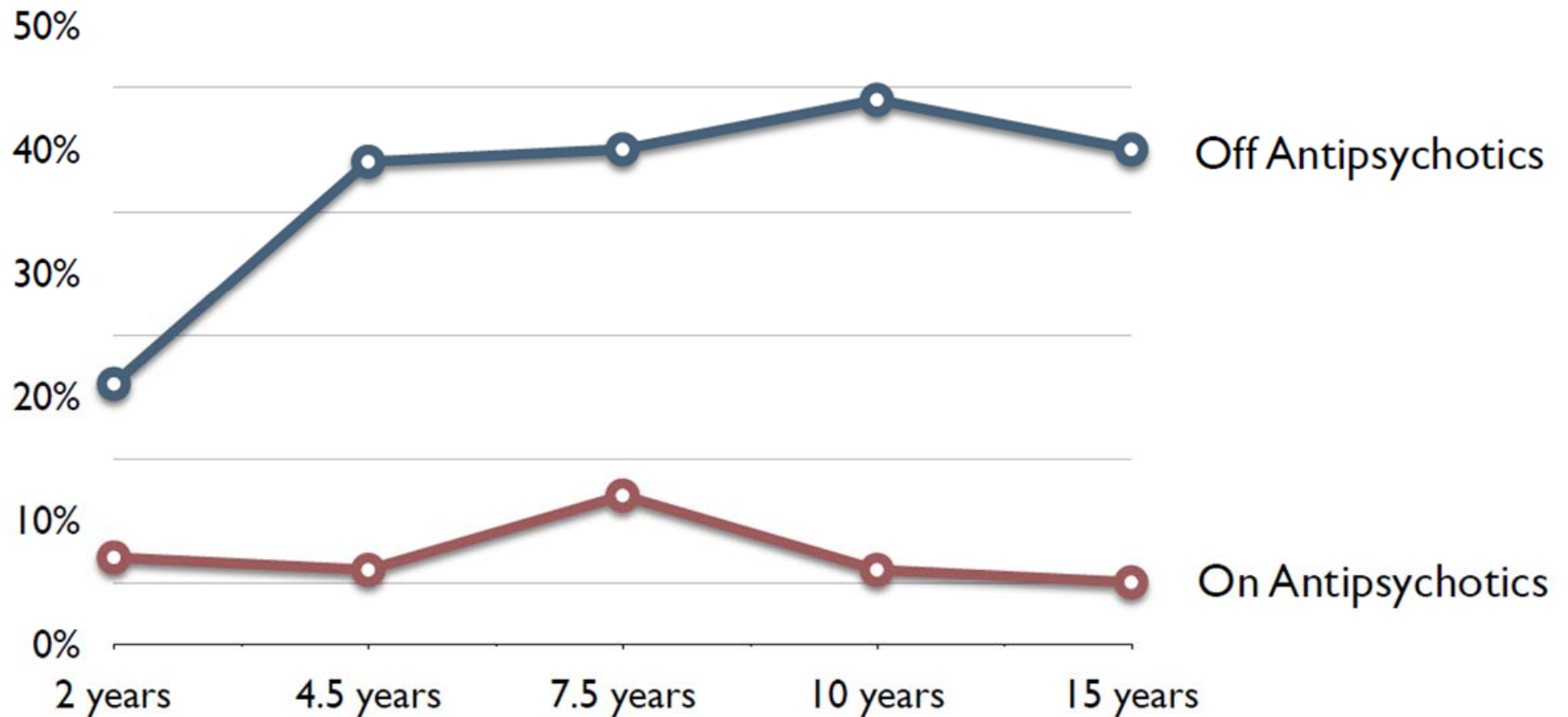
Results

- 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

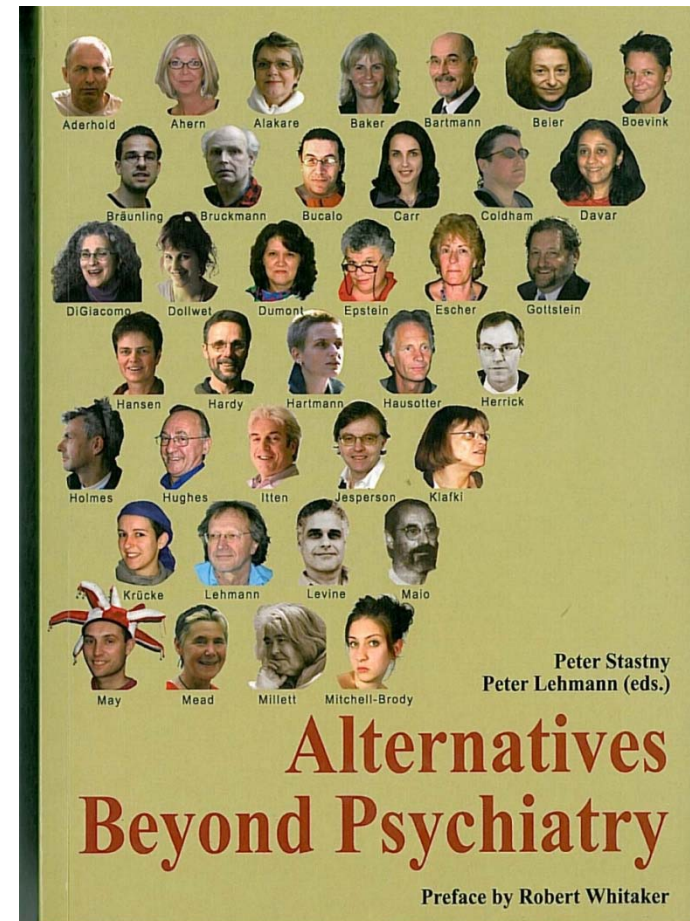
Long-term Recovery Rates for Schizophrenia Patients



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.

Solutions Are Many

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





Advocacy

- Take advantage of all speaking opportunities
- Take every opportunity.
 - Charles Helmer MindFreedom Shield Alert
 - See, MindFreedom.Org



Alaska

REPORT

MULTIFACETED GRASSROOTS EFFORTS TO BRING ABOUT MEANINGFUL CHANGE TO ALASKA'S MENTAL HEALTH PROGRAM

In 2015, the results of these efforts disintegrated, which I have written about in [Lessons from Soteria-Alaska?](#) on [MadInAmerica.Com](#).

by

Jim Gottstein

At One Point

- **Widespread Support for Non-Drug Choices (In Theory at Least)**
- **CHOICES' & Soteria-Alaska's Non-coercive Approach Reluctantly Accepted**
 - Recognized as Providing Valuable Service
- **Least Restrictive/Intrusive Alternative Enshrined in Alaska Supreme Court Decisions.**

All Gone Now



Pat Risser's Teachings
Must Be Continued by the
Mental Health and
Recovery Board of
Ashland County!!!

And Others



Beliefactory

Jim Rye & Kristina Kapp (KK)

The Beliefactory promotes the philosophy of human understanding, life experiences and is based on person centered support, through advocacy, education and self-determination, empowerment providing equal access and rights maximizing the leadership, empowerment, of community... based out of supportive strength-based Model.



Hallmarks of Procedural Due Process

- o Meaningful Notice, and
- o Meaningful Opportunity to Be Heard,
- o by a Neutral Decision Maker

Hamdi v. Rumsfeld (2004)
542 U.S. 507, 124 S.Ct. 2633

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PsychRights.Org

Involuntary Commitment and Forced
Psychiatric Drugging In the Trial Courts:
Rights Violations as a Matter of Course

James B. Gottstein



Constitutional Principles – Substantive Due Process

- To Justify Deprivation of Fundamental Rights Substantive Due Process Requires:
 - Compelling State Interest
 - Least Restrictive/Intrusive Alternative
- Involuntary Commitment is a deprivation of a fundamental right under the US Constitution
- Forced Drugging is probably a deprivation of a fundamental right under US Constitution and is under the Ohio Constitution.



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).

- o 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).



Steele v. Hamilton Cty. Community Mental Health Bd.

736 N.E.2d 10 (Ohio 2000)

Right to Refuse is Fundamental

○ Police Power

- Imminent Danger of Harm
- Least Intrusive to Avoid Harm
- Medically Appropriate
- Harm is Medical Determination`

○ *Parens Patriae*

- Lack Capacity to Give Informed consent
- Best Interests/Benefits Outweigh Side Effects
- No Less Intrusive Treatment as Effective
- Judicial Determination



“Many people coming to this book might figure that the Bigley saga plays second fiddle to what is after all called *The Zyprexa Papers*. A switch from the dizzying heights of New York courtroom drama to an Alaskan backwater. But Bill Bigley’s case is the beating heart of this book. The Zyprexa papers are the bait for Gottstein’s masterly portrayal of how the system treated Bill and will treat you and anyone you know who comes into contact with it.

[The Zyprexa papers](#), by David Healy, *Psychosis*, June 19, 2020

THE ZYPREXA PAPERS



JIM GOTTSTEIN

Samizdat Health



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).
- *The Zyprexa Papers*, by Jim Gottstein (2020)
- *Alternatives Beyond Psychiatry*, Peter Lehman & Peter Stastny, MD, Editors (2007).
- *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*, 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>