



# International Peer Respite/Soteria Summit

<https://www.peerrespite-soteria.org/>

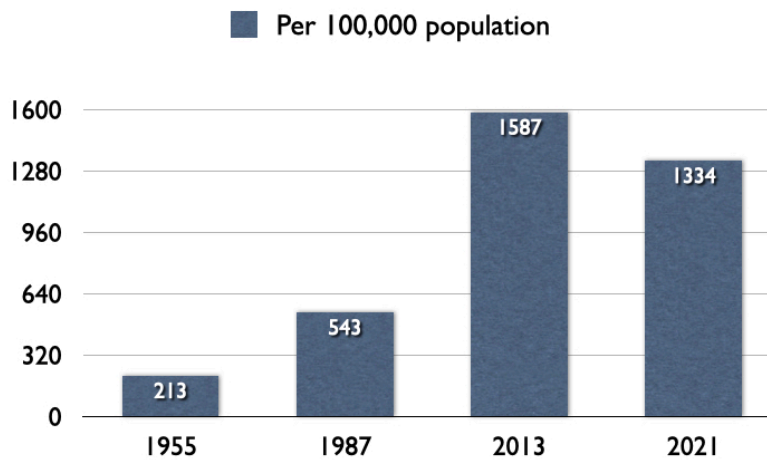
## Why We Need Different Approaches

It is fairly universally accepted that America's mental health system is a failure. At great public expense, our current mental health system's ubiquitous deployment of psychiatric drugs, including forcing them into unwilling patients, dramatically worsens outcomes and suffering.

Since the introduction of the so-called miracle drug Thorazine in the mid-1950's the disability rate of people diagnosed with serious mental illness has increased more than six-fold.<sup>1</sup>

## The Disabled Mentally Ill in the United States, 1955-2021

(under government care)



Source: Silverman, C. *The Epidemiology of Depression* (1968): 139. U.S. Social Security Administration Reports, 1987-2021.

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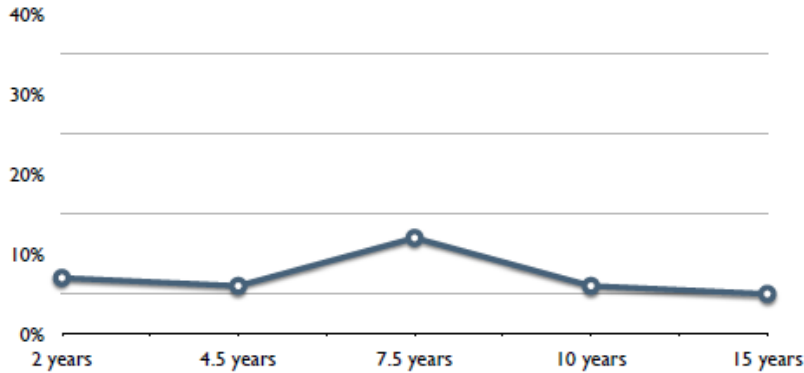
<sup>1</sup> The charts are from talks given by award winning journalist, Robert Whitaker, author of [Anatomy of an Epidemic](#) and [Mad in America](#), including his July 16, 2021, talk to the Soteria Network in the UK, "Soteria Past, Present, and Future: The Evidence For This Model of Care," available on YouTube at <https://youtu.be/UXe2dgBF70w>. This one hour talk is highly recommended.

<sup>2</sup> It is likely at least some of the increase after 1987 was because people were thrown off welfare under the "welfare to work" legislation passed in 1996, and had to be certified as disabled to continue to receive financial assistance. The decrease since 2013 is in large part due to the government making it harder to qualify for such disability payments.

We now see a recovery rate of only 5% for those people who are maintained on neuroleptics.<sup>3</sup>

## Long-term Recovery Rates for Schizophrenia Patients on Antipsychotics

(Martin 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.

This is far worse than anything seen before the advent of the neuroleptics in the mid-1950's.

## Outcomes in Select Studies from Pre-Antipsychotic Era

(Patients diagnosed as insane, schizophrenic or psychotic)

Study	Time	Good Outcome*
York Retreat	1796-1811	70%
Worcester Asylum	1833-1846	65%
Pennsylvania Hospital	1841-1882	45% to 70%
Warren State Hospital	1946-1950	73%
Delaware Hospital	1948-1950	70%
Boston Psychopathic Hospital	1947-1952	76%
Norway	1948-1952	63%
California FEP study	1956 (no neuroleptics)	88%

\* Good outcome = discharge from hospital, or living in community at end of study period

<sup>3</sup> Marketed as "antipsychotics" even though they don't have anti-psychotic effects for most.

It has been shown, however, that if we try to avoid the use of neuroleptics when people experience their first break from consensus reality a nearly 80% recovery rate can be achieved. The below chart shows results from the "Open Dialogue" program in Northern Finland in which they avoid the use of neuroleptics if possible.

## Open Dialogue in Northern Finland

(Results for First-Episode Patients at Five Years)

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: J. Seikkula. "Five-year experiences of first-episode nonaffective psychosis in open-dialogue approach." *Psychotherapy Research* 16 (2006): 214-28.

Similar results were achieved during the Soteria-House study in the 1970's conducted by Loren Mosher, MD, who was Chief of Schizophrenia Research at the National Institute of Mental Health (NIMH) at the time.

### Soteria-House Study

First-episode schizophrenia patients treated conventionally in a hospital setting with drugs versus treatment in the 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:

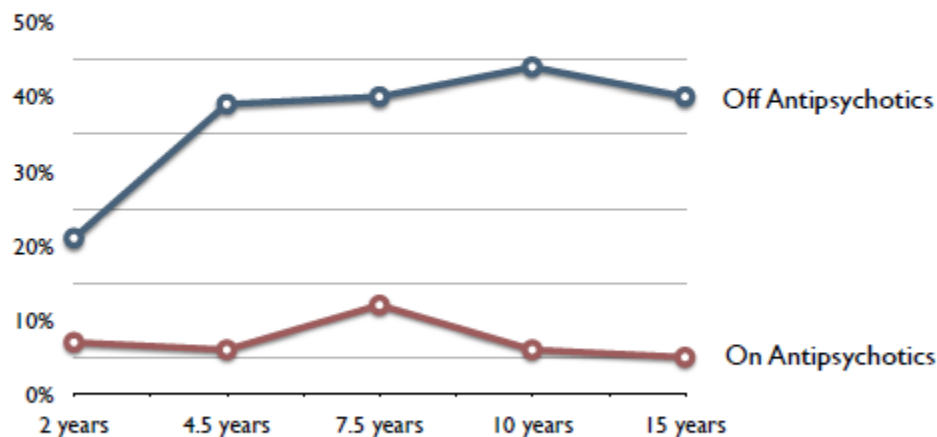
- 76% did not use antipsychotic drugs during first six weeks
- 42% did not use any antipsychotic during two-year study
- Only 19 % regularly maintained on drugs during follow-up period

*J Nerv Ment Dis* 1999; 187:142-149

*J Nerv Ment Dis* 2003; 191: 219-229

What we find is the recovery rate of people who get off of neuroleptics after they have been on them for a while goes from 5% to 40%.

## 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.

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 as established by the Open Dialogue and Soteria House studies, both of which achieved close to an 80% recovery rate.<sup>4</sup> **This demonstrates the importance of avoiding the use of neuroleptics if at all possible.** 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>5</sup>

In addition to dramatically reducing the recovery rate, the ubiquitous use of psychiatric drugs reduce the lifespan of people diagnosed with serious mental illness in the public mental illness system by 20-25 years.<sup>6</sup> We should and can do better.

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<sup>4</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 produce dramatically better outcomes.

<sup>5</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\*](#), by Robert Whitaker, from whose work the foregoing is largely drawn.

<sup>6</sup> See, various studies at <http://psychrights.org/Research/Digest/NLPs/neuroleptics.htm> and [\*Morbidity and Mortality in People with Serious Mental Illness\*](#), by the National Association of State Mental Health Program Directors, October 2006.