

Opinions

Misguided mental health system needs an overhaul

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Esteban Santiago is taken from the Broward County main jail as he is transported to the federal courthouse in Fort Lauderdale, Florida, U.S., January 9, 2017. Amy Beth Bennett/South Florida Sun Sentinel via REUTERS

The glaring failures surrounding Esteban Santiago, resulting in the tragic killing of five people and wounding of eight others in Fort Lauderdale, Florida, prompts me to make some points about our misguided mental health system.

First, psychiatrists have no ability to predict who is going to be violent. In a Jan. 3, 2013, Washington Post article, "Predicting violence is a work in progress," after reviewing the research, writer David Brown, reported:

- "There is no instrument that is specifically useful or validated for identifying potential school shooters or mass murderers."
- "The best-known attempt to measure violence in mental patients found that mental illness by itself didn't predict an above-average risk of being violent."
- "(S)tudies have shown psychiatrists' accuracy in identifying patients who would become violent was slightly better than chance."
- "(T)he presence of a mental disorder (is) only a small contributor to risk, outweighed by other factors such as age, previous violent acts, alcohol use, impulsivity, gang membership and lack of family support."

In hindsight, the danger Santiago represented seems clear, but psychiatrists simply cannot predict violence.

Second, the mental health system clearly did not help Santiago. The system is fundamentally misdirected towards drug treatment for the completely unproven, and likely untrue, theory that what gets diagnosed as mental illness is the result of some brain defect.

It seems fair to assume what would most likely have benefited Santiago was help dealing with his traumatic war experiences. Because of patient confidentiality we don't know, but it seems likely Santiago was instead just given psychiatric drugs.

Third, it is known psychiatric drugs are the cause of just the sort of inexplicable mass-shootings perpetrated by Santiago. As the International Society of Ethical Psychology and Psychiatry said in a statement following the Sandy Hook school massacre:

- Christopher Pittman was on antidepressants when he killed his grandparents.
- Eric Harris, one of the gunmen in the Columbine High School shooting, was taking Luvox. His partner, Dylan Klebold, had taken Zoloft and Paxil.
- Doug Williams, who killed five and wounded nine of his fellow Lockheed Martin employees, was on Zoloft and Celexa.
- Michael McDermott was on three antidepressants when he fired off 37 rounds and killed seven of his fellow employees in the Massachusetts Wakefield massacre.
- Kip Kinkel was on Prozac when he killed his parents and then killed two children and wounded 25 at a nearby school.
- In 14 recent school shootings, acts committed by persons taking or withdrawing from psychiatric drugs resulted in over 100 wounded and 58 killed.
- In other school shootings, information about the shooter's prescription drug use and other medical history were kept from public records.

Fourth, the over-reliance on psychiatric drugs is extremely harmful and counterproductive. These drugs are so physically harmful that those diagnosed with serious mental illness by the mental health system have a lower life expectancy of 20-25 years.

In addition, it has been shown a noncoercive approach, that selectively uses neuroleptics (mismarketed as "antipsychotics"), can achieve an 80 percent recovery rate, while our system of "drugs for everyone forever" results in only a 5 percent recovery rate.

Dr. Loren Mosher, former chief of the Center for Studies of Schizophrenia at the National Institute of Mental Health, testified in one of my cases that he probably had more experience with unmedicated psychotics than anyone alive. He said he has never had to involuntarily commit anyone because he always made it a point to establish a relationship with his patient so they could agree on a course of action.

He testified that if somebody was about to do grievous harm he would stop them in any way needed, but he had never had to because of his approach.

Locking people up and drugging them against their will is not the answer. In addition to the drugs, the violence against patients by the mental health system begets violence from some of them.

We need noncoercive programs that help people deal with their problems and the traumatic events in their lives. We need to make people feel safe, listen to what they are telling us are their problems, and what assistance they would like.

Even the craziest person is telling us something useful if we take the time to listen and interpret. There are places that successfully do not use force against psychiatric patients.

We should start doing what works and provide noncoercive, truly helpful services for people diagnosed with serious mental illness.

Jim Gottstein was a plaintiffs' attorney in the 1 million-acre mental health lands trust litigation, resulting in the creation of the Alaska Mental Health Trust Authority. For the past 14 years, he has donated his services to the Law Project for Psychiatric Rights (<http://psychrights.org>). He has won five Alaska Supreme Court cases regarding involuntary commitment and forced drugging on the grounds both are unconstitutional or illegal.