

Meeting of the Minds

PSYCHIATRIC DRUGS NOT ALWAYS THE BEST CHOICE

Millions of Americans have been educated to believe that their psychiatric drugs correct a known “biochemical imbalance,” but they might be surprised to find that this belief is not actually supported by science. In fact, the evidence that psych drugs correct “biochemical imbalances” is so weak that an editorial in *Psychiatric Times* recently claimed that it is only within “urban legend” that well-informed psychiatrists have ever believed such theories.

The science looking into mental and emotional disorders is actually extraordinarily complex and finds large numbers of factors that play a role in both the emotional problems of everyday life and the more severe ones that get diagnosed as disorders. And the same chaotic processes that facilitate positive human accomplishments such as creativity and spirituality are also implicated in sometimes leading to severe crisis and apparent “mental illness.” When people recover from such crisis, as when Abraham Lincoln recovered from his life threatening depression, they may find that their character has developed through the process of crisis and recovery.

Meanwhile however, daily news reports daily are full of reports that seem to justify the simplistic chemical imbalance theory. We hear about people who go “off their medications” with all sorts of serious repercussions, sometimes including violent actions. Looking at these stories, it seems easy to conclude that for those with serious mental health issues, staying on psych drugs is vital, and attempts to get off are irrational and must always be “part of the illness.” It takes some digging under the surface to uncover an alternative, more complex and ultimately darker story.

Psychiatrist Joanna Moncrieff points out that taking psychiatric drugs does not create a biochemically normal brain, but rather a “drugged state” that may or may not be helpful in coping with mental health difficulties. When people suddenly stop such drugs, they are often faced with both drug withdrawal effects and a sudden plunge back into the mental and emotional crisis that prompted the drug use in the first place, a crisis that the “drugged state” was keeping at bay. Such an explanation accounts for the frequent difficulties of people who suddenly stop their drugs, while raising questions about the wisdom of relying on such drugs in the long term.

It is widely accepted that using street drugs to handle emotional problems results in an interruption of the development of emotional maturity and coping, but the possibility that psychiatric drug use may cause similar problems is often not considered. Yet evidence is



accumulating suggesting that psychiatric drugs do cause these sorts of problems even for many of those diagnosed with the most serious disorders. One well-publicized study found long-term recovery rates eight times higher in people diagnosed with schizophrenia who had managed to get off antipsychotic drugs successfully. And while some alleged this could have been due to those inclined to do better anyway being also the ones who managed to get off drugs, a more recent study confirmed that reducing drug use itself is often helpful. That study found that a group randomized to get assistance in discontinuing or at least reducing drug use had twice the recovery rate over a seven-year period, with no greater overall numbers of relapses (though there were more relapses in the short term.)

Data also shows that those who rely on drugs for depression have less stable recoveries over time, relapsing more frequently than those who rely on therapy or physical exercise. And Robert Whitaker’s book *Anatomy of an Epidemic* reviews evidence that all classes of psychiatric drugs are associated with lower rates of recovery in the long term.

When people and/or families become aware that psychiatric drugs may not be their best choice to support long-term recovery, and when they take into account the often serious or even possibly health- or life-threatening “side effects” as well as perhaps unpleasant subjective effects, they may begin to think about how to come off the drugs and try something else. Unfortunately, at this point they may find that beyond a few internet resources like *The Harm Reduction Guide to Coming Off Psychiatric Drugs* or beyondmeds.com, little help is available. Mental health staff frequently oppose any experimentation in coming off drugs even by people who are doing well and who are thinking this decision through calmly and rationally, or even if they are willing to support the effort they usually have no training in how to help people maximize chances of coming off successfully, and in how to help minimize what can be the very serious risks.

As awareness of this dilemma increases, people are organizing to share ideas and resources and to advocate for change. *Coming Off Psych Drugs: A Meeting of the Minds* is a documentary by Daniel Mackler that describes the struggles and often successes of a number of people who have thoughtfully challenged or are challenging the notion that they must stay on psych drugs for a lifetime. This film will be shown by the Opal Network at 6 pm Tuesday, July 30, at the Bascom-Tykeson Room in the Eugene Library. Discussion will follow.

Ron Unger, LCSW, is a mental health counselor, educator and activist in Eugene.



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