

Medication Optimization, Choice, and Alternatives: A Statement from Peers in the Consumer/Survivor Recovery Movement

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We are people with lived experience of mental health hospitalization, including diagnosis and labeling, voluntary and forced treatment, as well as traumatization, poverty, and homelessness. We are concerned that the present standards of care in mental health treatment be enhanced to maximize full recovery.

We affirm the power of each person to discover their own path to recovery, and we are pro- treatment choice regarding taking or not taking medication. Our perspective includes the use of psychotherapy, psychosocial programs, peer support, holistic health, and other community based mental health services and supports.

We are concerned about the over-reliance by providers on psychiatric medications. While medications can be useful for many people, our experience and the research evidence show that medication over-reliance can be counterproductive to recovery. We call on mental health prescribers, service providers, policy makers, and the peer movement to:

- * Medication Protocols: Adopt sound medication prescription protocols based in shared decision making, informed consent, and the principle of 'do no harm.'
- * Diagnosis Education: Educate accurately about what is known and not known about mental illness diagnosis to ensure informed consent to treatment. Patients should be educated that mental illness remains a medical mystery and there is a wide range of possible explanations, rather than only be told mainstream and unproven theories about genetic predisposition, chemical imbalance, and brain disorder.
- * Medication Education: Educate accurately about what is known and not known about medication. Patients should understand that medications basically function as psychoactive tranquilizers and stimulants that change brain chemistry and may carry long term risk of worsening their condition that may outweigh possible short term usefulness.
- * First-Break Psychosis: Engage with "first break psychosis" -- the initial crisis that first brings a person to mental health services -- with psychosocial alternatives to medication first. If needed, address sleep issues through medication as a first priority. When medications are used to bring a person out of crisis, work with a clear "exit strategy" to help the person move from medication reliance toward non-medication ways of addressing any ongoing or recurring mental distress.
- * Rejection of Polypharmacy: Reject the common practice of "polypharmacy," where peers are put on multiple medications. When medications do not seem to be working for an individual, prescribers should instead look first to non-medication options, rather than adding another medication.
- * Recovery Promotion: Promote the expectation of recovery and an attitude of hope and optimism in all treatment settings. Treat mental health crisis as primarily episodic and based on life circumstance. Use caution when prescribing medication during these instances.
- * Holistic Health Assessment: Ensure that everyone experiencing mental distress has a comprehensive and holistic health assessment to identify potential physical factors contributing to symptoms. Common physical factors include sleeplessness, food allergies, thyroid imbalance, side effects of medications, and malnutrition.
- * Wellness Programs: Ensure access to a wide range of supported wellness programs as alternatives to medication, including healthy sleep education, exercise, peer support, therapy, nutrition, and self-care education such as the Wellness Recovery and Action Plan, Person-Centered Planning, and Psychiatric Advance Directives.
- * Children and Alternatives: Work actively to provide non-medication alternatives to families and children facing behavioral problems, with the aim of not prescribing psychiatric medications to children.
- * Information on Reducing and Coming Off Psychiatric Medications: Provide information and support through support groups and literature about reducing and coming off psychiatric medications to everyone, not with the expectation that everyone can or should reduce or come off, but with the understanding that each person is different

and everyone should have the opportunity to discover for themselves what works best for them. * Medication Optimization: Train providers and peers in medication optimization, empowerment, trauma-informed care, and education, including reducing and coming off medications.

* Healing Trauma: Educate patients in the potential role that trauma may have in their experience and the possible importance of healing trauma for recovery.

* Patient Education and Consent: Ensure patients' rights are protected when providing patient education and informed consent, including decision-making regarding medication use and discontinuation. This includes the ability of patient to seek a second opinion and obtain the latest known information about side-effects and research about medication cessation or continuance. Patient preferences i.e. to reduce or come off medication, should not be contingent upon ongoing receipt of other mental health services, housing or income subsidies.

We express our support for all efforts to bring these principles into practice, especially the upcoming February 11-12, 2011 Medication Optimization Symposium convened by providers and policy makers, and inspired by the important work of journalist Robert Whitaker and his book, "Anatomy of An Epidemic."

This statement was coordinated by Laura Van Tosh, Will Hall, Amy Zulich, and Ann Kasper. Initial endorsers include Lauren Spiro and Oryx Cohen.

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