Why the Current Mental Health Care Model Must Evolve

The current, dominant biomedical model of mental health care places too much focus on psychiatric medications to address behavioral symptoms. This model is not based on scientific causes for "illnesses." Too often, evidence-based research that promotes recovery is ignored. Thankfully, other models recognize the contributing roles of trauma and social factors which focus on a person's ability to recover and heal from mental health crises. We must embrace comprehensive models that result in better recovery rates than what is currently achieved with the narrow focus of the biomedical model.

1. What is the biomedical model?

The **biomedical model** is the dominant model of psychiatric care in the United States. The main assertion has been that mental health issues are illnesses caused by chemical imbalances in the brain. The focus of treatment, therefore, is to modify the chemistry in the brain using drug treatments which are believed to correct those imbalances. However, there are significant problems with this model:

- **No clear markers or biochemical imbalances for illness have ever been identified.**
- Treatments arose from modifying symptoms without focus on underlying causes.
- Temporary conditions became defined as chronic "disorders."
- The diabetes analogy too broadly reinforces the focus on long-term disease.
- The Diagnostic and Statistical Manual (DSM) is based on collaboration with minimal scientific data.
- The DSM focuses on behavior clusters without consideration for personal history or experiences.

2. How has the current drug-based biomedical model failed our society?

Rise in Disability Rates: The modern psychiatric era of care based on the biomedical model began with the introduction of Thorazine in 1954 and Prozac in 1988. If these drug treatments were truly effective, the number and rates of people disabled by these mental health conditions should have dropped significantly since 1954. Yet this isn't the case.

Disability rates have more than doubled under the biomedical model since 1987.

- Disability rates for affective "disorders" like bipolar and depression exceed 1.4 million in 2010.
- Disability rates in children and adolescents under 18 have increased 30-fold.

Financial costs are unsustainable for both public and private insurance.

- The cost of psychiatric medications in the US ballooned from $3 billion in 1986 to $50 billion in 2014.
- A 20-year-old who goes on disability will receive more than $1 million in benefits over 40 years.

Societal Impact of long-term "illness" without successful recovery is immeasurable.

- Chemical imbalance theory underestimates the mind's powerful healing potential.
- People who seek help are often depersonalized and even traumatized by the mental health system.
- Lack of recovery cascades into that person's family, friends, schools, community, and workplace.
- Children as young as two can be diagnosed with lifelong conditions such as bipolar "disorder."

3. Data and Research questions the effectiveness of biomedical approaches.

- **World Health Organization (WHO) studies and follow up** indicate schizophrenia outcomes have been more favorable in poorer, developing countries than in wealthier Western countries.
- **Dr. Martin Harrow and Dr. Thomas Jobe's study and follow up** indicate better long-term outcomes for severe conditions when off long-term antipsychotic drug treatments
- **Multiple studies indicate schizophrenia recovery rates** have not improved over the last century.
- **Dr. Irvin Kirsch's research** indicates antidepressants present risks both short and long term.

4. Who is calling for change?

Due to the overly restrictive biomedical model that has not adequately addressed the needs of those experiencing mental crises, a growing chorus of dissatisfied individuals are demanding change, including:

- People who have recovered and thrive without long-term use of medications.
- Family members and friends who have lost loved ones and witness the suffering of loved ones.
- Mental health providers including psychiatrists, psychologists, and counselors.
- Independently funded researchers in universities and medical schools

5. What kinds of changes are needed?

- Embrace models that include developmental, social, personal history, racial, and stress factors.
- Eliminate pathologizing and stigmatizing labels and language.
- Drop the focus on the Diagnostic and Statistical Manual (DSM).
- Less focus and reliance on psychotropic drugs.
- Better education to clients and family that recovery is possible.
- More research into understanding recovery factors and methodologies.
- Expand the availability and funding for peer supports and peer-delivered crisis resources.

To summarize: The narrow focus of the biomedical model which focuses too heavily on illness and chemical imbalance theory ignores other major contributing factors including trauma and social factors related to a person's well-being. We must move beyond the biomedical model and its focus on brain chemistry and illness to provide a broader base of assistance to individuals who experience mental challenges and crises. We must learn to listen to people who have managed and even triumphed through such experiences. They can make important contributions to improve models of care.

About the Author: Penni Kolpin, M.S. Statistics and M.A. Germanics, endured a severe stress breakdown in 1998, was misdiagnosed, and further traumatized by the mental health system. Consultant, Robert Nikkel, M.S.W, is a former Oregon mental health and addictions commissioner and is active in promoting public policy changes to promote recovery and healing from traumatic psychological crises.

References

Anatomy of an Epidemic by Robert Whitaker, Broadway Books, 2010, 2015. Troubled by studies that indicated poor recovery rates for schizophrenia, Mr. Whitaker sought to find answers as to why rates of mental "illness" in the United States have skyrocketed since the introduction of psychiatric drugs in the 1950s.

Cracked: The Unhappy Truth About Psychiatry by Dr. James Davies, Pegasus Books, 2013. Psychotherapist and social anthropologist, Dr. James Davies addresses how the 'medicalization' of human suffering has led to dramatically increased levels of prescriptions for psychiatric drugs.

- Disability rates and financial costs are discussed in *Anatomy of an Epidemic*.
- The World Health Organization (WHO) studies are summarized in *Anatomy of an Epidemic.*
- Dr. Martin Harrow's research in treatments and recovery rates for schizophrenia and bipolar is summarized in *Anatomy of an Epidemic* and also in *Cracked*.
- Dr. Irving Kirsch's research in antidepressant treatments and effectiveness is discussed in *Cracked*.

Resources

The programs and initiatives listed below provide some insight for efforts to bring about change to the psychiatric models of care. This is a small subset of resources and is not intended to be comprehensive.

The Power Threat Meaning Framework (https://www.bps.org.uk/power-threat-meaning-framework) Over five years, lead authors, Dr. Lucy Johnstone and Professor Mary Boyle, led a team of people with lived experiences, practitioners, and researchers to develop an alternative approach to the more traditional care models based on psychiatric diagnosis.

Drop the Disorder! by Jo Watson and associated website, **A Disorder for Everyone** (http://adisorder4everyone.com) challenges the culture of psychiatric diagnosis and the medicalization of emotional distress.

THEN Center: The Center for Collaborative Study of Trauma, Health Equity and Neurobiology (http://thencenter.org) seeks to create better models for how adverse traumatic experiences affect the mind-body relationship and allow everyone to have similar access to healthy environments.

Open Dialogue Therapeutic Approach: (http://open-dialogue.net) Founded in Finland, Open Dialogue teams help individuals and family members work through extreme emotional crises through shared dialogue which often leads to greater shared meaning of the experience and healing for the individual.

Mad in America: (http://madinamerica) Serves as a catalyst for rethinking psychiatric care in the United States and abroad based on scientific research and lived experiences over the current drug-based paradigm.