

# Force for Freedom


*reframing*

**MENTAL HEALTH CARE IN CALIFORNIA**

**February 25, 2026 | 6:00 PM**

James B. (Jim) Gottstein, Esq.

# About Me

- Hospitalized for a month in 1982
- Lucky Not to Have Been Made Permanently Mentally Ill
-  [Video: Escape from Psychiatry: Jim Gottstein's Story](https://youtu.be/Q-ancdxr268)  
<https://youtu.be/Q-ancdxr268>
- Founded Law Project for Psychiatric Rights (PsychRights) in 2002



## Mission:

Mount a Strategic Litigation Campaign  
Against Forced Psychiatric Drugging and  
Electroshock

REPORT  
ON  
IMPROVING  
MENTAL HEALTH  
OUTCOMES

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James B. (Jim) Gottstein, Esq.; Peter C. Gøtzsche, MD;  
David Cohen, PhD; Chuck Ruby, PhD; Faith Myers

September 2023

Available at [PsychRights.org](https://PsychRights.org)

- Psychiatric Imprisonment Massively Associated with Suicide
- Psychiatric Drugs Increase Harm to Self & Others
- Psychiatric Drugs Shorten Life Spans by 20-25 Years
- Psychiatric Drugs Reduce Recovery Rate from Possible 80% to 5%
- Psychiatric Drugs Catastrophically diminish quality of life
- There Are Proven Effective, Safe & Non-Coercive Approaches

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 (80%), as established by the Open Dialogue and Soteria House studies.<sup>8</sup> **This demonstrates the importance of avoiding the use of neuroleptics in the first place.** 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>9</sup>

The Harrow and Jobe results were so unexpected and contrary to mainstream psychiatry's beliefs that other explanations were proposed, such as it was the people with the best prognosis in the first place who got off the drugs and therefore had better outcomes, that additional analysis was undertaken. None of the alternate explanations proved correct.<sup>10</sup>

In addition to dramatically reducing the recovery rate, **the ubiquitous use of psychiatric drugs is extremely harmful physically, reducing lifespans by 20 years or so.**<sup>11</sup> In a given time period, the relative risk of dying increases markedly with the number of neuroleptics the person takes.<sup>12</sup> Neuroleptic users have an increased risk of cardiac mortality, all-cause mortality, and sudden cardiac death compared to psychiatric patients

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<sup>8</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 produces dramatically better outcomes.

<sup>9</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\*](#) (2010) by Robert Whitaker, from whose work this section is largely drawn.

<sup>10</sup> Harrow, Martin; Jobe, Thomas H.; & Faull, Robert N. (2012). ["Do All Schizophrenia Patients Need Antipsychotic Treatment Continuously Throughout Their Lifetime? A 20-Year Longitudinal Study."](#) *Psychological Medicine* 42(10): 2145–2155; Harrow, Martin; & Jobe, Thomas H. (2013). ["Does Long-Term Treatment of Schizophrenia With Antipsychotic Medications Facilitate Recovery?"](#) *Schizophrenia Bulletin* 39(5): 962–965; Harrow, M.; Jobe, T. H.; & Faull, R. N. (2014). ["Does Treatment of Schizophrenia With Antipsychotic Medications Eliminate or Reduce Psychosis? A 20-Year Multi-Follow-up Study."](#) *Psychological Medicine* 44(14): 3007–3016; Harrow, Martin, et al. (2017). ["A 20-Year Multi-Followup Longitudinal Study Assessing Whether Antipsychotic Medications Contribute to Work Functioning in Schizophrenia."](#) *Psychiatry Research* 256: 267–274; and Harrow, Martin; & Jobe, Thomas H. (2018). ["Long-Term Antipsychotic Treatment of Schizophrenia: Does it Help or Hurt Over a 20-Year Period?"](#) *World Psychiatry* 17(2): 162–163; Harrow, Martin; Jobe, Thomas H.; & Tong, Liping. (2022). ["Twenty-Year Effects of Antipsychotics in Schizophrenia and Affective Psychotic Disorders."](#) *Psychological Medicine* 52(13): 2681–2691.

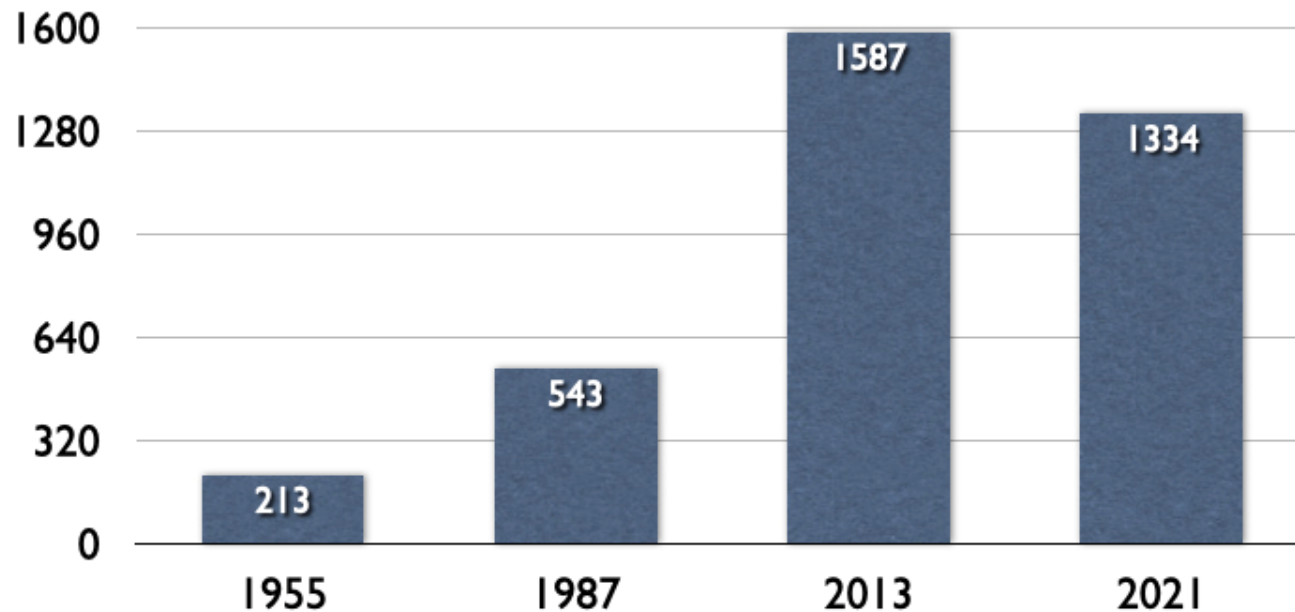
<sup>11</sup> Gøtzsche, Peter C. (2015), [\*Deadly Psychiatry and Organized Denial\*](#), p. 165, et. seq. (Copenhagen: People's Press). See also Parks, Joe, et al. (2006), [\*Morbidity and Mortality in People With Serious Mental Illness\*](#) (Alexandria, VA: National Association of State Mental Health Program Directors). The report documents mortality in people diagnosed with serious mental illness in the public mental health system has accelerated to the point where they are now dying 25 years earlier than the general population. The report does not attribute this to psychiatric drugs, but it is clear the major change is the advent of the second generation neuroleptics, and the great increase in polypharmacy.

<sup>12</sup> Joukamaa, Matti, et al. (2006). ["Schizophrenia, Neuroleptic Medication and Mortality."](#) *British Journal of Psychiatry* 188(2): 122–127.

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

(under government care)

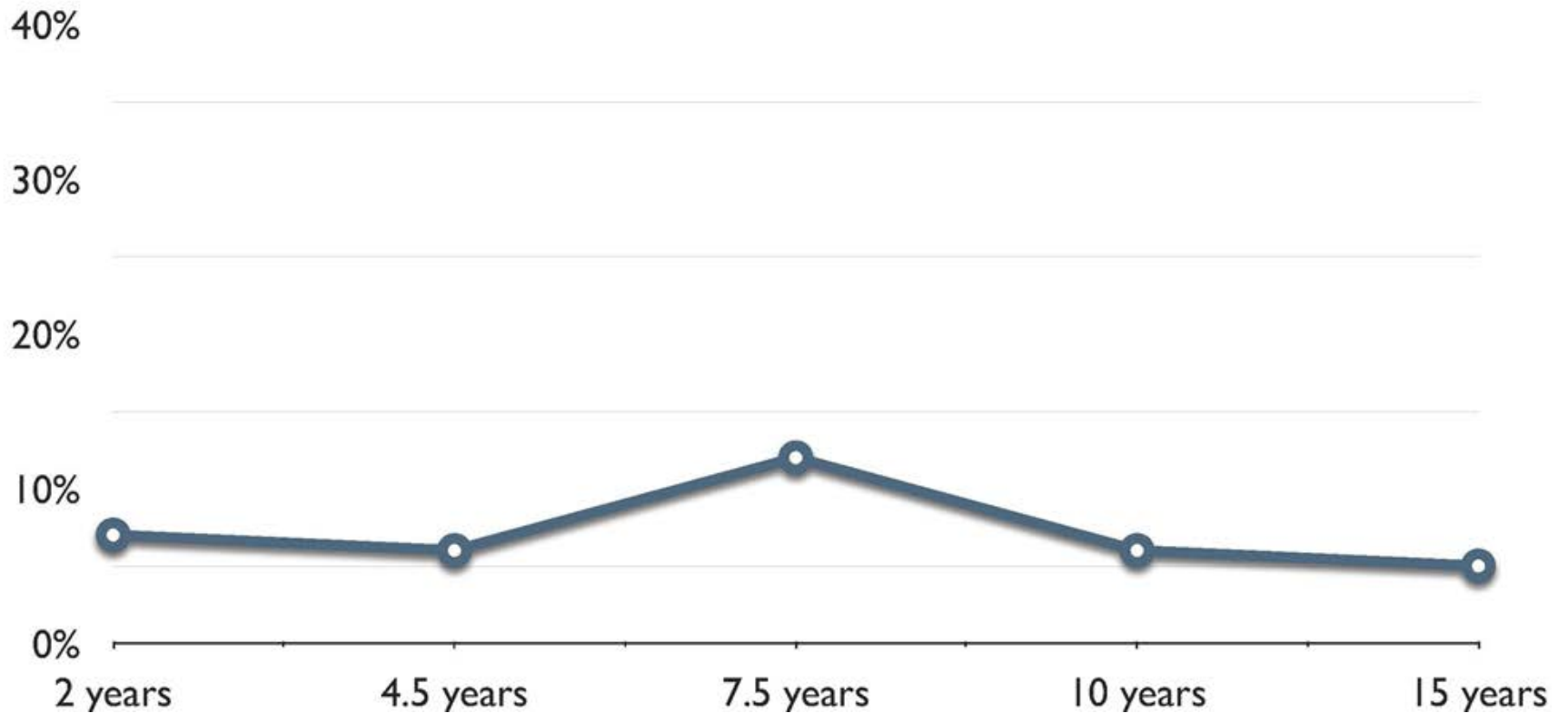
■ Per 100,000 population



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

# Long-term Recovery Rates for Schizophrenia Patients on Antipsychotics

(Martin Harrow's study)



# 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

## Five-Year Outcomes for First-Episode Psychotic Patients in Finnish Western Lapland Treated with Open-Dialogue Therapy

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

## Soteria-House Study

At six weeks, psychopathology reduced comparably in both groups.

At two years:

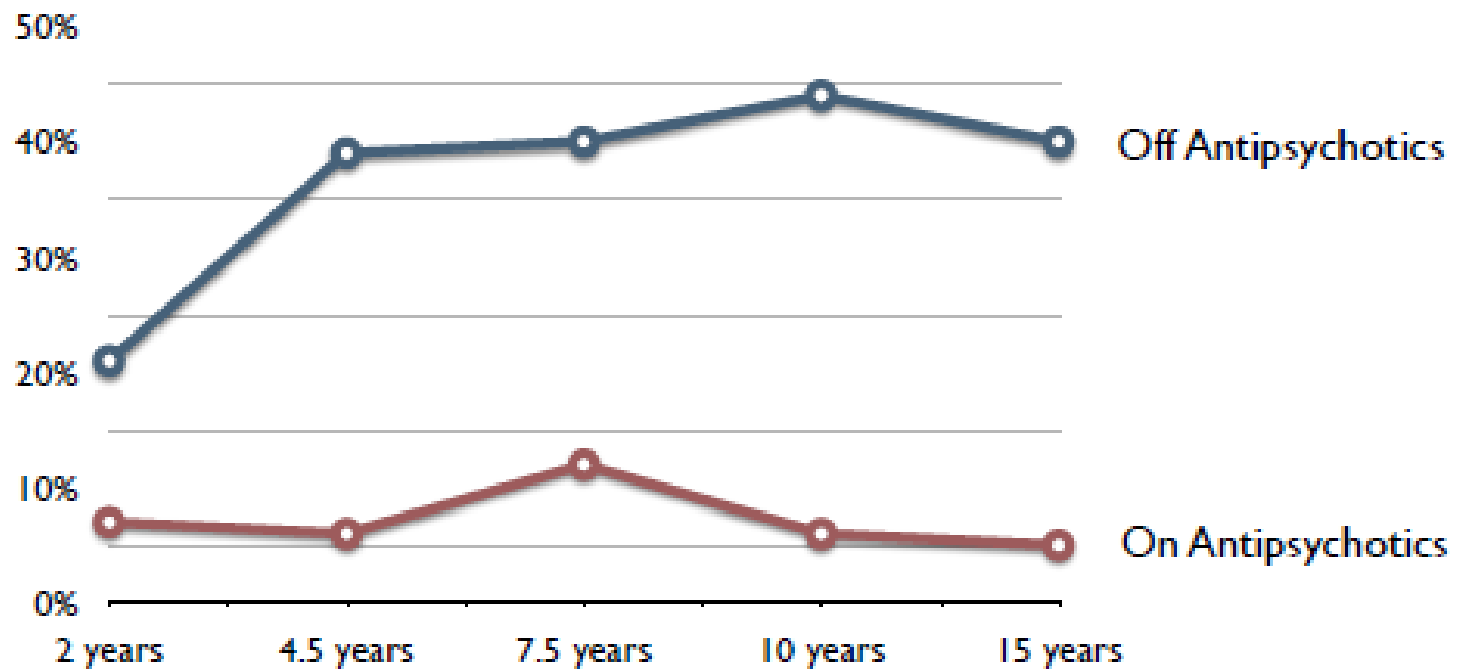
- Soteria patients had better psychopathology scores
- Soteria patients had fewer hospital readmissions
- Soteria patients had higher occupational levels
- Soteria patients were more often living independently or with peers

Neuroleptic 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

Mosher (1999). *J Nerv Ment Dis* 187(3):142-149  
Bola & Mosher (2003). *J Nerv Ment Dis* 191(4): 219-229

## 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.

# Forced Psychiatry Violates International Law

- Under Articles 12 and 14 of the United Nations (UN) Convention on the Rights of Persons with Disabilities (CRPD), governments are prohibited from denying people decision-making authority, from confining people, or administering any unwanted psychiatric intervention on the basis of a disability, including being diagnosed with a mental illness.
- Not ratified by U.S. Senate

# Involuntary Commitment Permissible Under US Constitution When:

1. Confinement takes place pursuant to proper procedures and evidentiary standards,
2. Finding of "dangerousness either to one's self or to others," and
3. Proof of dangerousness is "coupled ... with the proof of some additional factor, such as a 'mental illness' or 'mental abnormality.'

*Kansas v. Crane*, 534 U.S. 407, 409-10, 122 S.Ct. 867, 869 (2002).

Being unable to take care of oneself can constitute danger to self if "incapable of surviving safely in freedom." *Cooper v. Oklahoma*, 517 U.S. 348, 116 S.Ct. 1373, 1383 (1996).

# Forced Drugging under US Constitution: *Sell*

## Court Must Conclude:

1. Important governmental interests are at stake,
2. Will significantly further those state interests - substantially unlikely to have side effects that will interfere significantly (with achieving state interest),
3. Necessary to further those interests. The court must find that any alternative, **less intrusive** treatments are unlikely to achieve substantially the same results, and
4. Medically appropriate, i.e., in the patient's **best medical interest** in light of his medical condition, considered on drug-by-drug basis.

*Sell v. United States*, 539 U.S. 166, 177-8, 123 S.Ct. 2174, 2183 (2003) (Competence to Stand Trial Case).

# Rights Violations

- No More than 10% of Psychiatrically Imprisoned (involuntarily committed) Meet Commitment Criteria
- No One Can Ever Properly be Drugged Against Their Will under *Sell* Criteria
  - Best Interests
  - No Less Intrusive Alternatives

Report on Improving Mental Health Outcomes, p 17.

<https://psychrights.org/ReportOnImprovingMentalHealthOutcomes.pdf>

# PAIMI Act--Purposes

42 U.S.C. § 10801

(b) The purposes of this chapter are--

(1) to ensure that the rights of individuals with mental illness are protected; and

(2) to assist States to establish and operate a protection and advocacy system for individuals with mental illness which will--

(A) protect and advocate the rights of such individuals through activities to ensure the enforcement of the Constitution and Federal and State statutes; and

(B) investigate incidents of abuse and neglect of individuals with mental illness if the incidents are reported to the system or if there is probable cause to believe that the incidents occurred.

# PAIMI Act—Advisory Council Membership

42 U.S.C. § 10805(a)(6)

## PAIMI Advisory Councils Shall Include:

- attorneys,
- mental health professionals,
- individuals from the public who are knowledgeable about mental illness,
- a provider of mental health services,
- individuals who have received or are receiving mental health services, and family members of such individuals, and

at least 60 percent the membership of which shall be comprised of individuals who have received or are receiving mental health services or who are family members of such individuals,

and

chaired by an individual who has received or is receiving mental health services or who is a family member of such an individual

# PAIMI Advisory Council

42 USC § 10805(a)(6)(A)

“[The PAIMI Advisory Council] will advise [its Protection and Advocacy Agency] on policies and priorities to be carried out in protecting and advocating the rights of individuals with mental illness.”

# PAIMI Act—Developing Priorities

## 42 U.S.C. § 10805(c)

(2) The governing authority established under paragraph (1) shall--

(A) be responsible for the planning, design, implementation, and functioning of the system; and

(B) consistent with subparagraph (A), jointly develop the annual priorities of the system with the advisory council.

# Regulations

## 42 C.F.R. § 51.22

(a) Each P&A system shall have a governing authority responsible for its planning, designing, implementing and functioning. It shall, jointly with the advisory council, annually establish program priorities and policies.

## 42 C.F.R. § 51.23

- (a) Each P&A system shall establish an advisory council to:
- (1) Provide independent advice and recommendations to the system.
  - (2) Work jointly with the governing authority in the development of policies and priorities.
  - (3) Submit a section of the system's annual report as required under § 51.8.

# Proposed Priority

Protect the rights of people to not be

1. psychiatrically confined, and/or
2. drugged or electroshocked against their will,

unless the constitutional, statutory, and judicial requirements for such massive deprivations of liberty exist, including the right to the least restrictive and least intrusive alternative, respectively.

# Regulations

(Cont.)

## **42 C.F.R. § 51.23**

(c) Each P&A system shall provide its advisory council with reports, materials and fiscal data to enable review of existing program policies, priorities and performance outcomes. Such submissions shall be made at least annually and shall report expenditures for the past two fiscal years, as well as projected expenses for the next fiscal year, identified by budget category (e.g., salary and wages, contract for services, administrative expenses) including the amount allotted for training of each the advisory council, governing board and staff.

## **42 CFR § 51.27 Training**

A P&A system shall provide training for program staff, and may also provide training for contractors, governing board and advisory council members to enhance the development and implementation of effective protection and advocacy services for individuals with mental illness

# Public Comment

## 42 USC § 10805

(a) A [Protection and Advocacy agency] shall -- . . .

(8) on an annual basis, provide the public with an opportunity to comment on the priorities established by, and the activities of, the [Protection and Advocacy agency];

## 42 C.F.R. § 51.24

(b) Members of the public shall be given an opportunity, on an annual basis, to comment on the priorities established by, and the activities of, the P&A system.

Procedures for public comment must provide for notice in a format accessible to individuals with mental illness, including such individuals who are in residential facilities, to family members and representatives of such individuals and to other individuals with disabilities. Procedures for public comment must provide for receipt of comments in writing or in person.

# PAIMI Act—Annual Report

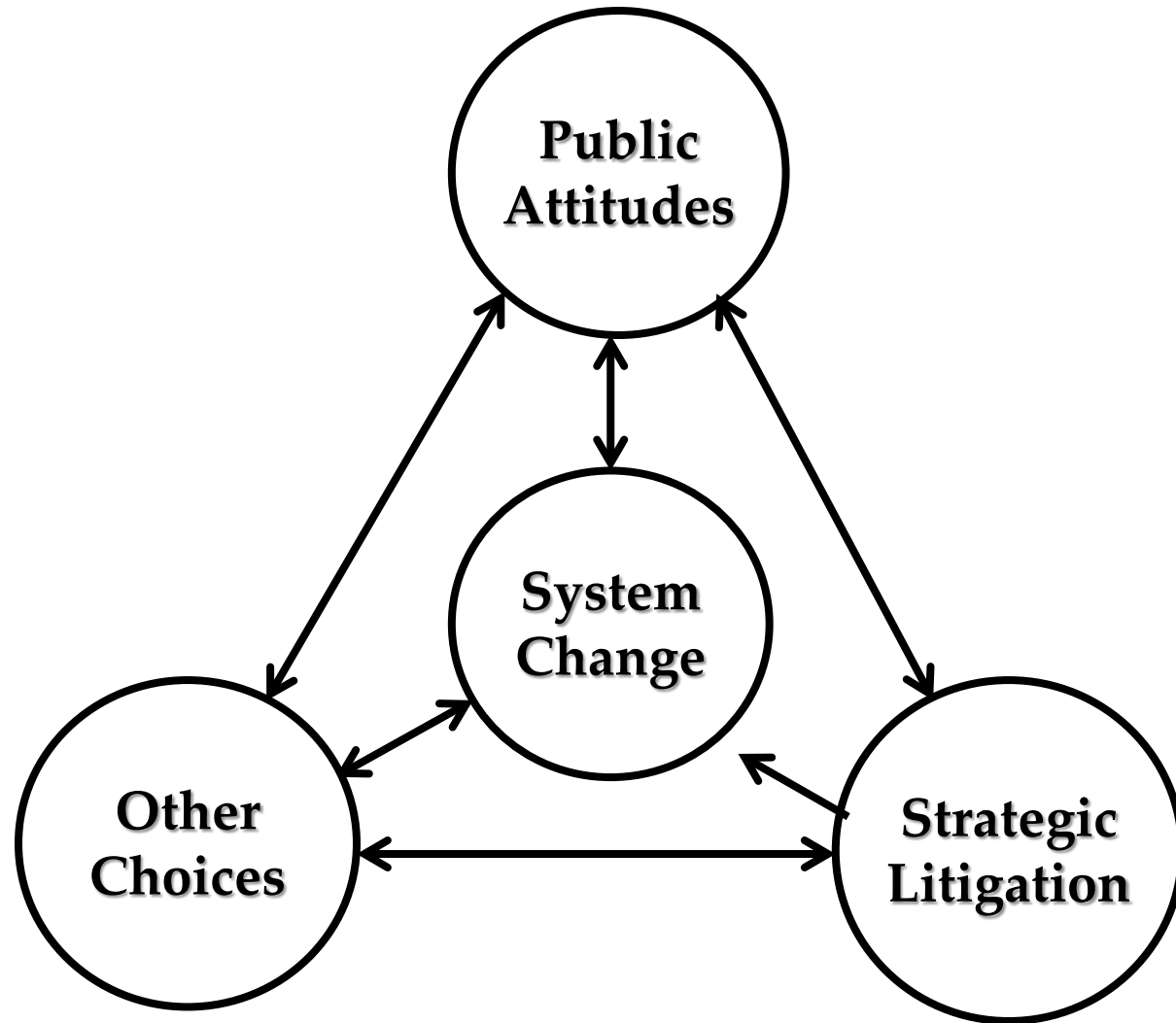
42 U.S.C. § 10805(a)(7)

The section of the annual “report” describing the activities, accomplishments, and expenditures [under the PAIMI Act] during the most recently completed fiscal year [shall be] prepared by the advisory council that describes the activities of the council and its assessment of the operations [under the PAIMI Act]”

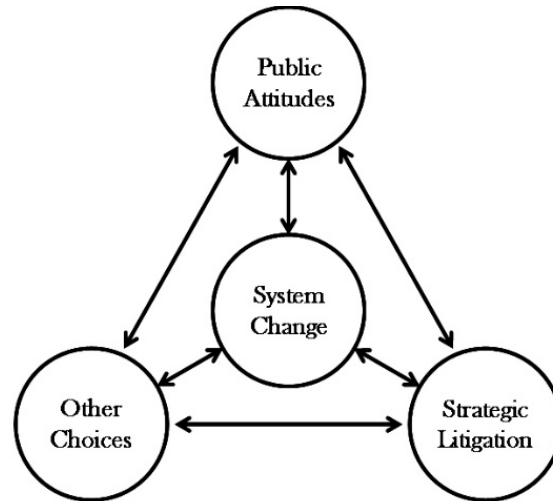
# Disability Rights California

Should Be Enforcing People's  
Rights Not to be  
Psychiatrically Incarcerated  
or Drugged or  
Electroshocked Against Their  
Will.

# Transformation Triangle



# More Information on the Transformation Triangle



Video: [Role of Litigation in a Strategic Approach to Mental Health System Change](#)

Paper: [How the Legal System Can Help Create a Recovery Culture in Mental Health Systems](#)

***Carpe Diem!***