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TESTIMONY ON ISSUES REGARDING MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
MENTAL HEALTH POLICY AND ADMINISTRATION REFORMS

the most important needed reform of the mental health commitment process (330 MCL 1400) is to ensure that persons subjected to in-patient or out-patient commitment are protected in their right to informed consent for very harmful and very intrusive psychotropic drugs (1702,1704). MH crises should be resolved while allowing the patient to choose what types of therapies or drugs work best for themselves and improves their quality of life(1206). The purpose of MH commitment is to resolve dangerousness crises in a manner that honors the individual's therapeutic preferences and choices(1700g,1712), dignity and safety, and in a least restrictive/harmful/intrusive way (1708). Recipients generally will take drugs which alleviate suffering, illness, disability and distress. However, when the drugs cause, rather than alleviate, these things the recipient's right to refuse is backed up by criminal health care fraud law. If the drugs are to be used as chemical restraints to reduce dangerousness, it should be very short term only (1-3 days). The right to refuse psych drugs is clearly and repeatedly derived from constitutional, statutory, common, and administrative law, but is usually just ignored by doctors, judges, administrators, and MDHHS.

The MH commitment process exists to protect people from harm and to help people with mental or social problems, not to inflict harm and cause mental illnesses and mental disability. Most courts have decided that the civilly committed do retain a right to refuse APDs, and yet most courts have overestimated the effectiveness and underestimated the harms of APDs, which are still being uncovered and discovered today. Those who administer MH Code commitments in Michigan should at least get into compliance with the standards enunciated in ROGERS V DEPT MENTAL HEALTH, 458 NE2d 308, DAVIS V HUBBARD, 506 FS 915, PEOPLE V MEDINA, 705 P2d 961, or face the possibility of criminal prosecution for nonconsensual administration of psychotropic drugs.

The effects of APDs are often extraordinarily harmful to mental health, well-being, therapy and quality of life and include: anxiety, anguish, agitation, blurred vision, communication impairment, depression, despair, discomfort, EEG abnormalities, educational impairment, fatigue, hallucinations, hostility, impairment of thinking, memory, reading, learning, and all higher intellectual functioning, immobility, misery, mania, muteness, pain, psychosis, social isolation, sleep difficulties,suicide, torment, violence, vegetative or zombie effect. And this list, which describes the worst of frauds for mental health, does not even include the list if harmful physical effects, for which alone, place APDs among the most dangerous drugs in USA. Prescribers often deny or downplay these effects or disguise them under medical terms such as akathisia, akinesia, or extra-pyramidal symptoms.

Evidence-based medicine emphasizes reliance on the best available medical science and the patient's preferences, experiences and values. So-called antipsychotic drugs (APDs) are the leading and mainstay psychiatric treatment for persons with SMI. Antiepileptic drugs (AEDs) are also massively prescribed to mental patients, often in addition to APDs.

"Antipsychotic drugs" (APDs) were "discovered" for psychiatry by Deniker and Delay in 1951, who praised the drugs as being a "chemical lobotomy", and called them "neuroleptics". Originally there was no pretense that the drugs treated psychosis, rather the drugs disabled the patients, and this was the intent. Deniker (1960) stated that "Patients looked like they've been turned to stone, stuperous, prostrate, even before hypertonia (from damaging CNS) appears." Higher doses to produce greater neurological harm was seen as desirable, and subsequent modifications of APDs in the late 1950s and 1960s was only to increase "potency".

The Department and the Legislature should be leader in ensuring that the elderly are not subjected to "Antipsychotic" Drugs without informed consent. The question of mental competency is irrelevant due to the fact that this class of drugs is so dangerous, intrusive and counter-therapeutic that they should not be prescribed to the elderly to begin with. Up to a few years ago about 25% of all nursing home residents were prescribed APDs, while the numbers are declining, the Dept HHS should be a leader in bringing this practice to an end. The Dept should also devote much more attention to promoting, utilizing and developing alternative psychotherapeutic intervention techniques, practices, procedures and strategies. Alternatives to coerced drugging should also be developed and utilized for those persons subjected to psychiatric commitment. Non APD drug approaches are much safer and beneficial, and less oppressive and restrictive/violative of liberty. Policies and practices in the HHS Dept which do not respect or uphold informed consent for those civilly committed are unconstitutional and endanger the health and dignity of recipients, and should be reformed immediately.

3.Psychiatric clinical opinion is so unreliable, biased or amenable to bias, corruptible, scientifically defective, subjective, and inevitably arbitrary that these speculative predictions about patients and drugs should not be used to commit a person under 330.1401c or to order medication under 1468(2)(d).

4.An AOT order should be supervised by a CMH agency or other impartial entity, not by a psychiatrist, as should the decision to release a person from an AOT.

5.Physicians who are not psychiatrists should not be empowered to certify persons for commitment. The public should be overseeing the conduct of physicians, rather than the other way around.

The vast majority of data on Mental effects of AEDs show negative changes such as anxiety, agitation, depression and psychosis. The behavioral effects of AEDs can vary dramatically between patients and it is not possible to predict whether a patient will be helped or harmed by AEDs. Nadkarni, Devinsky, CURRENT REVIEW IN CLINICAL SCIENCE, 2005

Univ of Michigan Med School researchers report that APDs may be even more deadly to the elderly than previously thought, and confirms what everyone has reported-- that the higher the dose, the higher the death rates. 1 in 26 or 27 persons over 65 taking Haldol or Risperdal died within 6 months. AED Depakote also can cause death. Maust, et al, JAMA PSYCHIATRY, 2015

18% of persons over 65 who consumed FG APDs for 180 days died, while 14% of elderly who consumed SG APDs for 180 days died. Wang, Schneeweiss, et al, NEW ENGLAND JOURNAL OF MEDICINE, 2005

Patients on APD clozapine suffered two serious heart complications at 80 times the norm. Grenade, Graham, NEJM, 2001

Patients have died from Clozapine-induced constipation. Barrett, et al, PSYCHOSOMATICS, 2002

APDs can cause hypothermia. EUR J C PHARMACOLOGY, 2007

APD takers 7 times more likely to develop venous thromb.(blood clots). Zornberg, Jick, LANCET, 2000

Zyprexa patients 10 times more likely to develop diabetes. Koller, Murali, JAMA, 2001

Babies born to mothers who took APDs had significantly lower scores on neuromotor test, only 1 in 5 was normal. There has been minimal research on reproductive safety of APDs. Johnson, et al, ARCH GEN PSYCHIATRY, 2012

APDs doubled the risk of stillbirth. Sorenson, et al, PLOS One, 2015

Fetal exposure to AED Depakote causes significant cognitive impairment in children, and the higher the dose the lower the I.Q. Meador, et al, NEJM, 2009

AEDs substantially increase serious birth defects. Holmes, et al, NEJM, 2001

Neural tube birth defects about 50 times higher for babies exposed to Depakote in 1st trim. FDA 2009

Uncorrupted medical science and evidence-based medicine support the thesis that not only is non-consensual psychotropic drug prescribing of the civilly committed usually a violation of constitutional, statutory and common law rights, it also usually constitutes health care fraud among other crimes. Medical science confirms the veracity of patients who object to these drugs.

Peter Gotzsche MD, DEADLY PSYCHIATRY AND ORGANIZED DENIAL, 2015, reports in affidavit that neuroleptic drugs cause irreversible brain damage and dramatically decrease people's prospects of getting back to a normal life, and the drugs often cause rather than prevent violence and suicides.

Grace Jackson MD, DRUG-INDUCED DEMENTIA: A PERFECT CRIME,2009, reports in affidavit that anti-pychotic drugs are neurotoxic causing brain injury, destroying brain tissue, and worsening mental illnesses and cognitive decline.

Peter Breggin MD, BRAIN DISABLING TREATMENTS IN PSYCHIATRY, 2008, Antipsychotic drugs damage the brain, impair or disable mental functioning, and worsen or cause illnesses. The drugs cause brain dysfunction, a chemical lobotomy.

Both 1st and 2nd generation APDs significantly shrink and damage monkey brains. DORPH-PETERSEN, et al, NEUROPSYCHOPHARMACOLOGY, 2005

A single dose of APD shrinks the brain within hours of administration. TOST, et al, NATURE NEOROSCIENCE, 2010. "This is the fastest change in brain volume ever seen", MEYER-LINDENBERG, UNIV. OF HEIDELBERG

APDs usually fail to treat psychosis, and when they do improvements are usually minimal, and are rarely sustained over time. APDs fail to prevent relapses. And the extent of injury to and impairment of multiple body systems caused by the drugs shows need for clinical and regulatory reappraisal of APDs. MOORE, FURBERG, DRUG SAFETY, 2017

2nd generation APDs are a "chimera", no more efficacious, no clearly different side effects, and much more expensive than 1st generation APDs. TYRER, KENDALL, THE LANCET, 2009

2nd generation APDs found not beneficial for persons over 40 years old, regardless of drug or diagnosis. The drugs proved lacking in both safety and effectiveness. JESTE (past President APA), et al, JOURNAL OF CLINICAL PSYCHIATRY, 2013

Meta-analysis reported only 18% responder rate for 2nd generation APDs, even without factoring in harms and risks which could outweigh drug benefits. LEUCHT, et al, JOURNAL OF MOLECULAR PSYCHIATRY, 2009

1st and 2nd generation APDs incidence and severity of adverse effects, dystonic reactions, akathisia, parkinsonism, and dyskinesia, were similar. APDs are well known to induce or excerbate psychosis. ROSEBUSH, MAZUREK, NEUROLOGY, 1999

APDs can cause suicidal depression. LEHMANN, JOURNAL OF PSYCHOTHERAPY, 2012

APDs can worsen psychosis and aggression. TAKEUCHI, REMINGTON, PSYCHOPHARMACOLOGY, 2013

APDs kill the elderly at rates even higher than previously thought, and deaths increase with dose amount prescribed. MAUST, et al, JAMA PSYCHIATRY, 2015

44% of patients consuming APDs in study died within 10 years. Waddington, et al, BRITISH JOURNAL OF PSYCHIATRY, 1998

Serious health problems or death are much more frequent among older adults, 65+, when prescribed APDs, Rochan, et al, ARCHIVES INTERNAL MEDICINE, 2008

Thank you. Sincerely,