Dansk Seiskab for Psykosocial Rehabilitering
RECOVERY
– ET STÆRKT PARADIGME ELLER ET UDVANDET BEGREB?
Ocktober 22-23, 2015

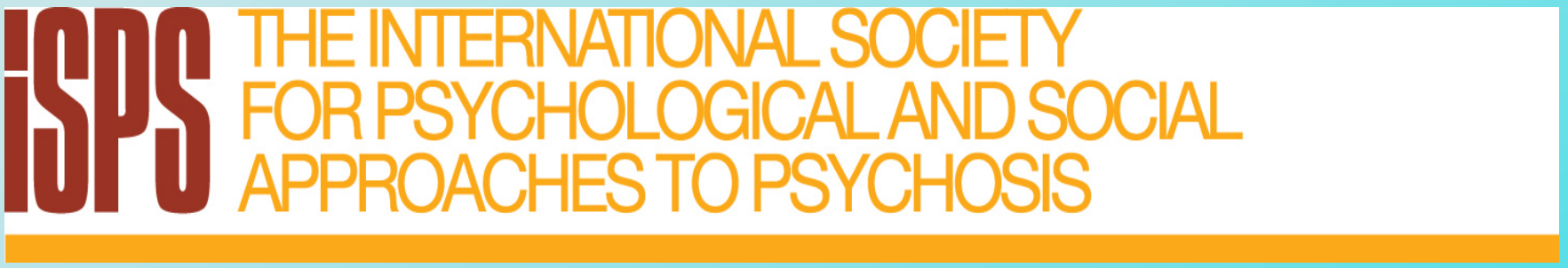
TRAUMA AND PSYCHOSIS:

Professor John Read

Swinburne University of Technology, Melbourne

johnread@swin.edu.au

ISPS THE INTERNATIONAL SOCIETY FOR PSYCHOLOGICAL AND SOCIAL APPROACHES TO PSYCHOSIS



www.isps.org

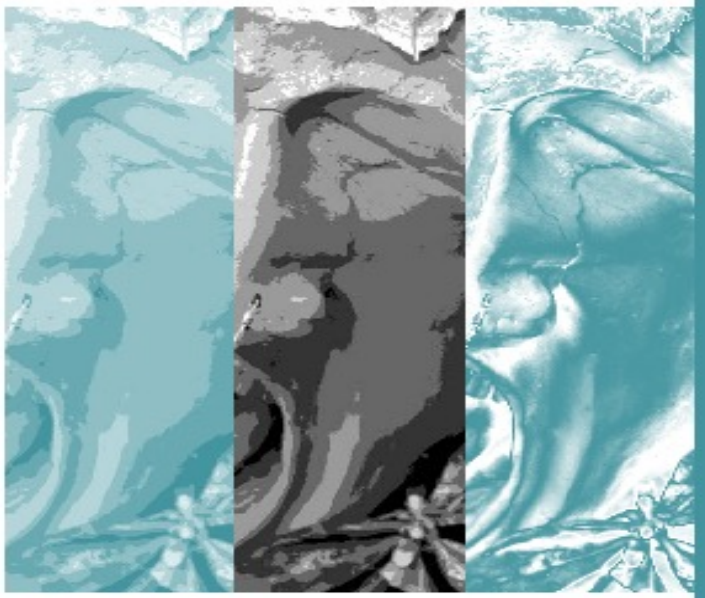
Hearing Voices Network

www.intervoiceonline.org

Edited by
JOHN READ • JACQUI DILLON

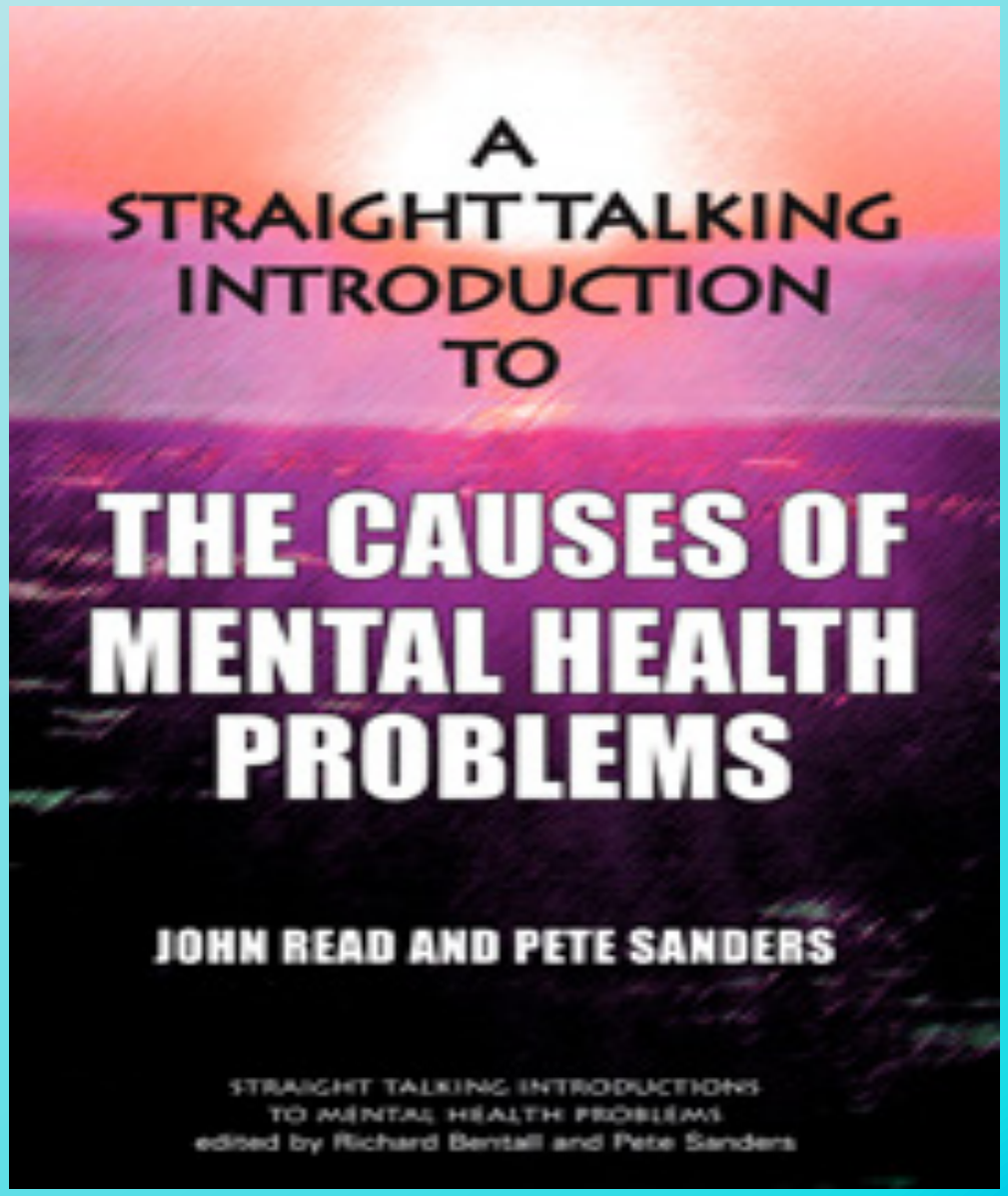
Models of Madness

SECOND
EDITION



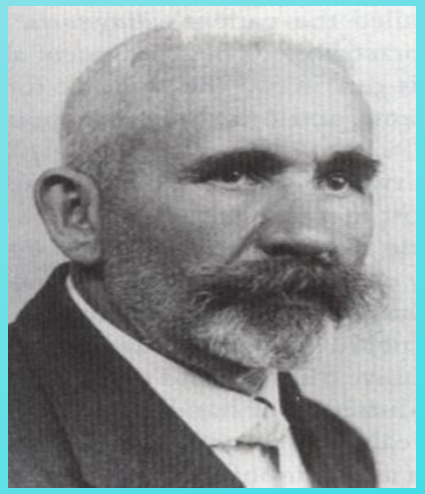
PSYCHOLOGICAL, SOCIAL AND BIOLOGICAL APPROACHES TO PSYCHOSIS

PUBLISHED FOR ISPS THE INTERNATIONAL SOCIETY FOR PSYCHOLOGICAL AND SOCIAL APPROACHES TO PSYCHOSIS

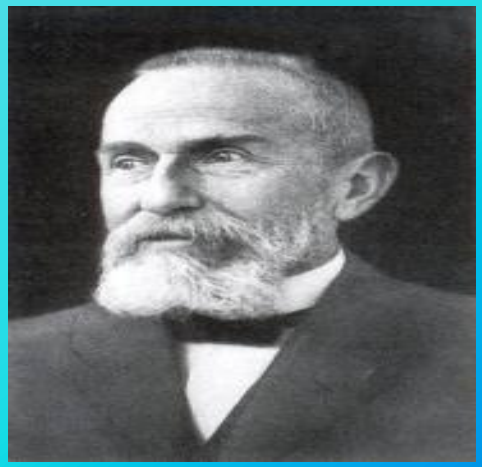

A
STRAIGHT TALKING
INTRODUCTION
TO
THE CAUSES OF
MENTAL HEALTH
PROBLEMS
JOHN READ AND PETE SANDERS
STRAIGHT TALKING INTRODUCTIONS
TO MENTAL HEALTH PROBLEMS
edited by Richard Bentall and Pete Sanders

Kraepelin and Bleuler

Kraepelin (1913): the causes '**are at the present time still wrapped in impenetrable darkness'**



Bleuler (1911): '**The pathology of schizophrenia gives us no indication as to where we should look for the causes of the disease'**



…. to be discovered later

Does schizophrenia exist?
Reliability

1.	Schizophrenia	Personality Disorder
UK (194)	**2%**	**75%**
USA(134)	**69%**	**7%**

Copeland et al. (1971)

2. **16 diagnostic systems for 'schizophrenia' led to between 1 and 203 of 248 patients being diagnosed**
   (Herron et al. 1992)

3. '**On being sane in insane places'** (Rosenhan, 1973)

DSM diagnostic criteria for 'schizophrenia'

Two of:

- Hallucinations
- Delusions
- Thought Disorder
- Catatonia
- Negative symptoms

Or just one if voices commenting or delusions are 'bizarre' (removed in DSM-5)

A **DYSJUNCTIVE** CATEGORY

Scientifically meaningless

Public believe mental health problems, including ‘schizophrenia’, are caused primarily by adverse life events

South Africa
Egypt
Fiji
Malaysia
Ethiopia
Bali
England
Germany
Australia
Mongolia
China
Turkey
Japan
Switzerland
Greece
Brazil
Ireland
India
Italy
Russia
New Zealand

Service users' causal beliefs

In an international study 297 of 306 'typical schizophrenics' (97%) did not believe they had an illness.

Dismissed as 'lack of insight',

a 'symptom' of the illness 'schizophrenia'

(Murray and Dean 2008: 285).

UK psychiatrists' causal beliefs

- 2813 UK psychiatrists (Kingdon et al, 2004)

'primarily social' 0.4%
'primarily biological' 46.1%
'a balance of both' 53.5%

For every British psychiatrist who thinks schizophrenia is caused primarily by social factors there are 115 who think it is caused primarily by biological factors

So who is right?

MILLIONS OF PEOPLE ALL OVER THE WORLD, including service users, carers and the majority of mental health workers

or

BIOLOGICAL PSYCHIATRISTS AND DRUG COMPANY EXECUTIVES

No single cause

As for other mental health problems - causes,
usually in combination, include:

- **Genetic predisposition ??**
- **Brain differences (can be caused by environment)**
- **Maternal prenatal health and stress**
- **Birth complications**
- **Rape and physical assault**
- **War combat**
- **Child abuse**
- **Child neglect**
- **Parental loss**
- **Bullying**
- **Poverty**
- **Urban living**
- **Ethnicity (poverty, isolation and racism)**
- **Heavy early cannabis use**

No evidence of genetic predisposition

(Hamilton, 2008, American Journal of Psychiatry)

- ‘The most comprehensive genetic association study of genes previously reported to contribute to the susceptibility to schizophrenia’ found that ‘none of the polymorphisms were associated with the schizophrenia phenotype at a reasonable threshold for statistical significance’

- ‘The distribution of test statistics suggests nothing outside of what would be expected by chance’

Poverty

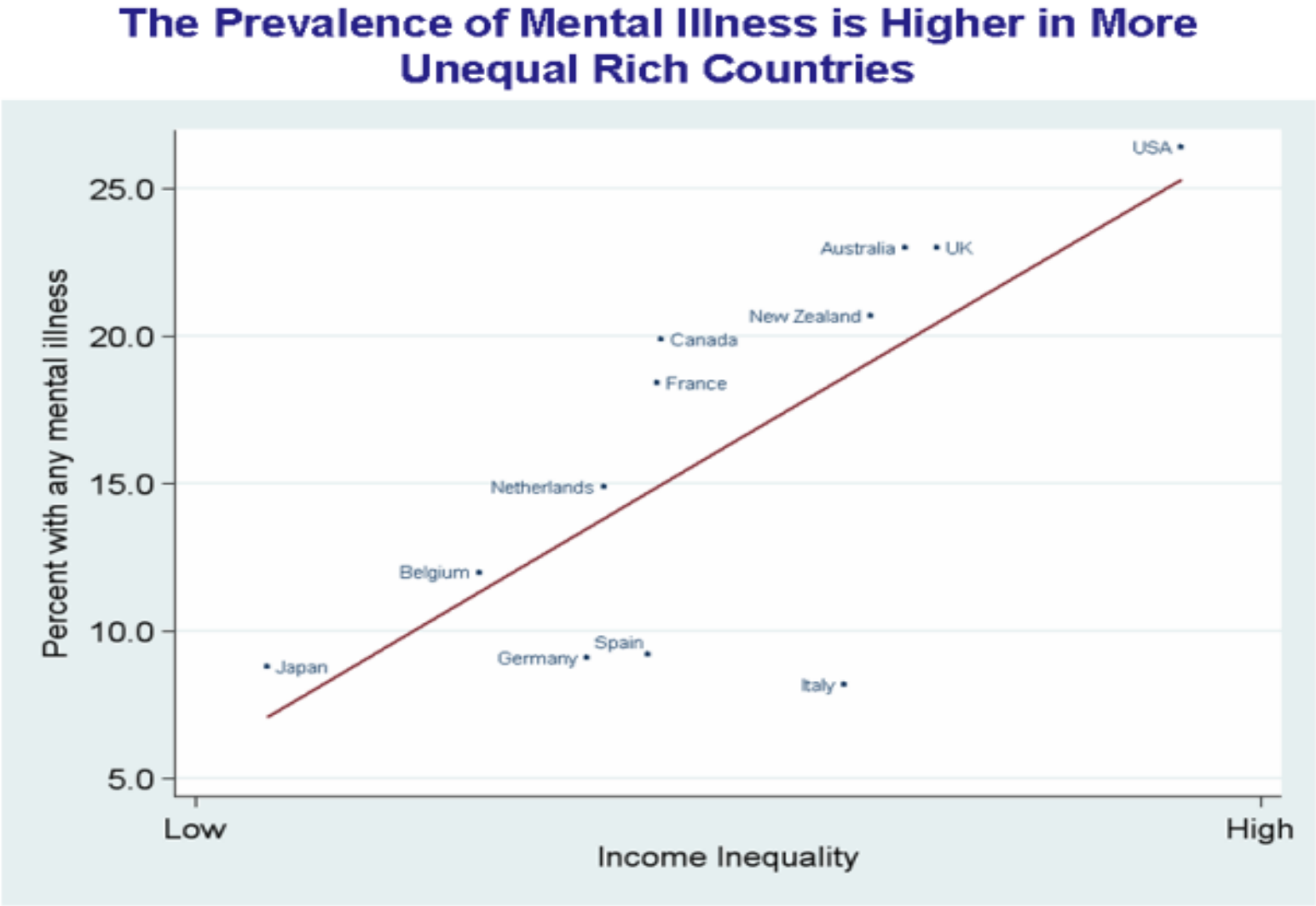
- **30 years ago** the relationship between ‘schizophrenia’ and poverty was described as ‘**one of the most consistent findings in the field of psychiatric epidemiology**’ (Eaton, 1980).

- Deprived children are four times more likely to develop ‘non-schizophrenic psychotic illness’ but eight times more likely to grow-up to be ‘schizophrenic’ (Harrison, Gunnell, Glazebrook, Page, & Kwiecinski, 2001).

  Even among children with no family history of psychosis the deprived children were seven times more likely to develop ‘schizophrenia’,

Relative poverty

Wilkinson & Pickett 'The Spirit Level' (2009)



Source: Wilkinson & Pickett, The Spirit Level (2009)

Prevalence of Child Abuse in Psychiatric Inpatients

'Models of Madness' chapter 16

Average child abuse rates from review of 40 inpatient studies

- **Female inpatients**:

Sexual abuse: 50%

Physical abuse: 48%

Either sexual or physical: 69%

- **Male inpatients**:

Sexual abuse: 28%

Physical abuse: 51%

Either sexual or physical: 60%

Other types of childhood maltreatment

Averages from six studies of people diagnosed ‘schizophrenic’

Emotional Abuse ….. 47%

Emotional Neglect … 51%

Physical Neglect …… 41%

(Read et al., 2008, Clinical Schizophrenia)

Parental loss

Morgan et al., 2007

390 people with a first episode of psychosis, compared to a control group

2.4 times more likely to have been separated from one or both parents before age 16

3.1 times more likely to have had a parent die

12.3 times more likely to have had their mother die

Acta Psychiatr Scand 2005: 112: 330–350

DOI: 10.1111/j.1600-0447.2005.00634.x

ACTA PSYCHIATRICA SCANDINAVICA

Review article

Childhood trauma, psychosis and schizophrenia: a literature review with theoretical and clinical implications

Read J, van Os J, Morrison AP, Ross CA. Childhood trauma, psychosis and schizophrenia: a literature review with theoretical and clinical implications.
Acta Psychiatr Scand 2005: 112: 330–350. © 2005 Blackwell Munksgaard.

Objective: To review the research addressing the relationship of childhood trauma to psychosis and schizophrenia, and to discuss the theoretical and clinical implications.
Method: Relevant studies and previous review papers were identified via computer literature searches.
Results: Symptoms considered indicative of psychosis and schizophrenia, particularly hallucinations, are at least as strongly related to childhood abuse and neglect as many other mental health problems. Recent large-scale general population studies indicate the relationship is a causal one, with a dose-effect.
Conclusion: Several psychological and biological mechanisms by which childhood trauma increases risk for psychosis merit attention. Integration of these different levels of analysis may stimulate a more genuinely integrated bio-psycho-social model of psychosis than currently prevails. Clinical implications include the need for staff training in asking about abuse and the need to offer appropriate psychosocial treatments to patients who have been abused or neglected as children. Prevention issues are also identified.

J. Read[1], J. van Os[2,3], A. P. Morrison[4,5], C. A. Ross[6]

[1]Department of Psychology, The University of Auckland, Auckland, New Zealand, [2]Department of Psychiatry and Neuropsychology, Maastricht University, Maastricht, The Netherlands, [3]Division of Psychological Medicine, Institute of Psychiatry, London, [4]Department of Psychology, University of Manchester, Manchester, [5]Psychology Services, Bolton Stafford and Trafford Mental Health Partnership, Manchester, UK and [6]Colin A. Ross Institute for Psychological Trauma, Richardson, TX, USA

Key words: child abuse; trauma; psychosis; schizophrenia; hallucinations; delusions; literature review

John Read, Department of Psychology, The University of Auckland, Private Bag 92019, Auckland, New Zealand.
E-mail: j.read@auckland.ac.nz

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The Guardian (UK) (22 Oct., 2005) :

“The psychiatric establishment is about to experience an earthquake that will shake its intellectual foundations.

When it has absorbed the juddering contents of the latest edition of one of its leading journals, it will have to rethink many of its most cherished assumptions.”

Newsweek (USA) (12 Dec., 2005) :

“The most definitive look at schizophrenia to date”

“The cumulative impact of this research has swayed opinion in the profession's highest echelons”.

Shevlin et al. 2007

Schizophrenia Bulletin
UK, n = 8580

People who had experienced three types of trauma (sexual abuse, physical abuse etc.) were 18 times more likely to be psychotic than non-abused people

People who had experienced five types of trauma were **193 times** more likely to be psychotic

Child Maltreatment and Psychosis: A Return to a Genuinely Integrated Bio-Psycho-Social Model

John Read [1], Paul Jay Fink [2], Thom Rudegeair [3], Vincent Felitti [4], Charles L. Whitfield [5]

Abstract

For several decades the conceptualization and treatment of mental health problems, including psychosis, have been dominated by a rather narrow focus on genes and brain functions. Psychosocial factors have been relegated to mere triggers or exacerbators of a supposed genetic predisposition. This paper advocates a return to the original stress-vulnerability model proposed by Zubin and Spring in 1977, in which heightened vulnerability to stress is not, as often wrongly assumed, necessarily genetically inherited, but can be acquired via adverse life events. There is now a large body of research demonstrating that child abuse and neglect are significant causal factors for psychosis. Ten out of eleven recent general population studies have found, even after controlling for other factors, including family history of psychosis, that child maltreatment is significantly related to psychosis. Eight of these studies tested for, and found, a dose-response. Interpreting these findings from psychological and biological perspectives generates a genuinely integrated bio-psycho-social approach as originally intended by Zubin and Spring. The routine taking of trauma histories from all users of mental health services is recommended, and a staff training program to facilitate this is described.

Key Words: Psychosocial, Schizophrenia, Psychosis, Mental Health Services, Violence

Understanding the Stress-Vulnerability Model

In 1977 Zubin and Spring published their landmark paper "Vulnerability: A New View of Schizophrenia" (1). Their stress-vulnerability model offered the possibility of a genuine integration of psychosocial and biological research. Unfortunately, rather than embrace this opportunity, biological enthusiasts decreed that the heightened vulnerability to stress, which everyone agreed lay at the core of psychosis, must be biological in origin, usually genetic but with some attention to perinatal factors. Psychosocial factors were thereby relegated to mere triggers, or exacerbators, of a genetic predisposition without which schizophrenia could supposedly not develop. Zubin and Spring had clearly stated, however, that there is such a thing as "acquired vulnerability" and that this can be "due to the influence of trauma, specific diseases, perinatal complications, family experiences, adolescent peer interactions, and other life events that either enhance or inhibit the development of subsequent disorder" (p. 109).

This gross distortion of what had actually been said produced an illusion of integration. Meanwhile, however, asking

[1] Department of Psychology, University of Auckland, New Zealand
[2] Temple University School of Medicine, U.S.A.; past President, American Psychiatric Association
[3] Auckland District Health Board, New Zealand
[4] Kaiser Permanente Medical Care Program, San Diego; University of California, U.S.A.
[5] Center for Disease Control, Atlanta, Georgia, U.S.A.

Address for correspondence: John Read, PhD, Associate Professor, Department of Psychology, University of Auckland, Private Bag 92019, Auckland 1, New Zealand
Phone: +64 9 373 7999; Fax: +64 9 373 7450;
E-mail: j.read@auckland.ac.nz

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‘Child Maltreatment and Psychosis: A Return to a Genuinely Integrated Bio-Psycho-Social Model’

J Read, et al., 2008, *Clinical Schizophrenia*

- **Ten out of eleven recent general population studies** have found, even after controlling for other factors (including family history of psychosis), **that child maltreatment is significantly related to psychosis.**

- **Eight of these studies tested for, and found, a dose-response.**

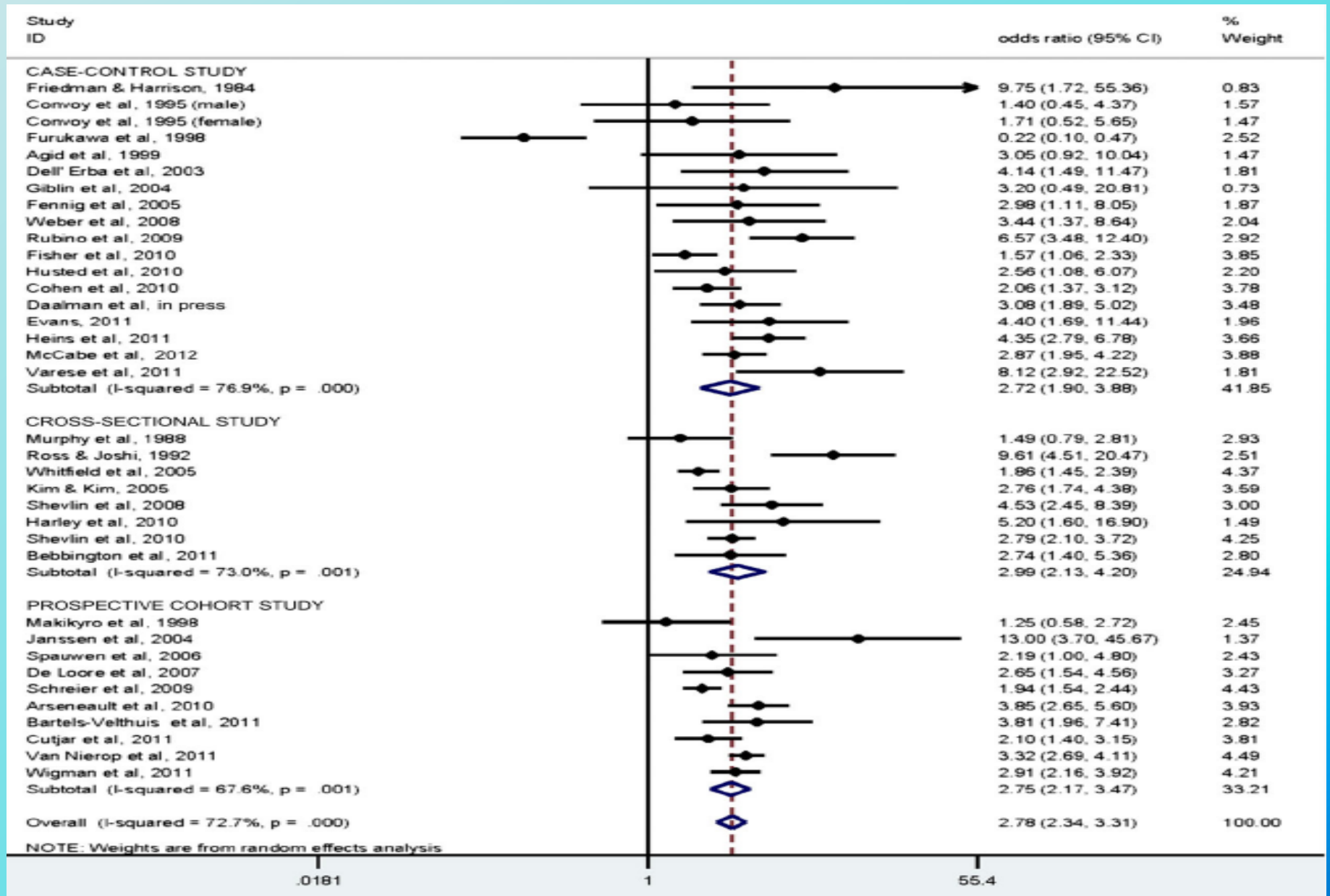
- This paper **advocates a return to the original stress-vulnerability model** proposed by Zubin and Spring in 1977, in which heightened vulnerability to stress is not necessarily genetically inherited, but can be acquired via adverse life events.

Meta-analysis of childhood adversity and psychosis studies

VARESE F, SMEETS F, DRUKKER M, LIEVERSE R, LATASTER T, VIECHTBAUER W, READ J, VAN OS J, BENTALL R.
Schizophrenia Bulletin (2012)

- Analysed the most rigorous 41 studies ….
- People who had suffered childhood adversity were **2.8 times** more likely to develop psychosis than those who had not **(p < .001 level).**
- Nine of the ten studies that tested for a **dose-response** found it.

Meta-analysis of childhood adversity and psychosis studies



Meta-analysis of childhood adversity and psychosis studies

odds ratios for each type of adversity:

		number of studies
• **sexual abuse**	**2.4**	20
• **physical abuse**	**2.9**	13
• **emotional abuse**	**3.4**	6
• **neglect**	**2.9**	7
• **bullying**	**2.4**	6
• **parental death**	**1.7**	8

Theories about HOW child abuse/ neglect leads to psychosis

- COGNITIVE
- PSYCHODYNAMIC
- DISSOCIATION
- **'TRAUMAGENIC NEURODEVELOPMENTAL'**
- ATTACHMENT

No two people's stories are the same
Wilma Boevink

Schizophrenia Bulletin, 2008

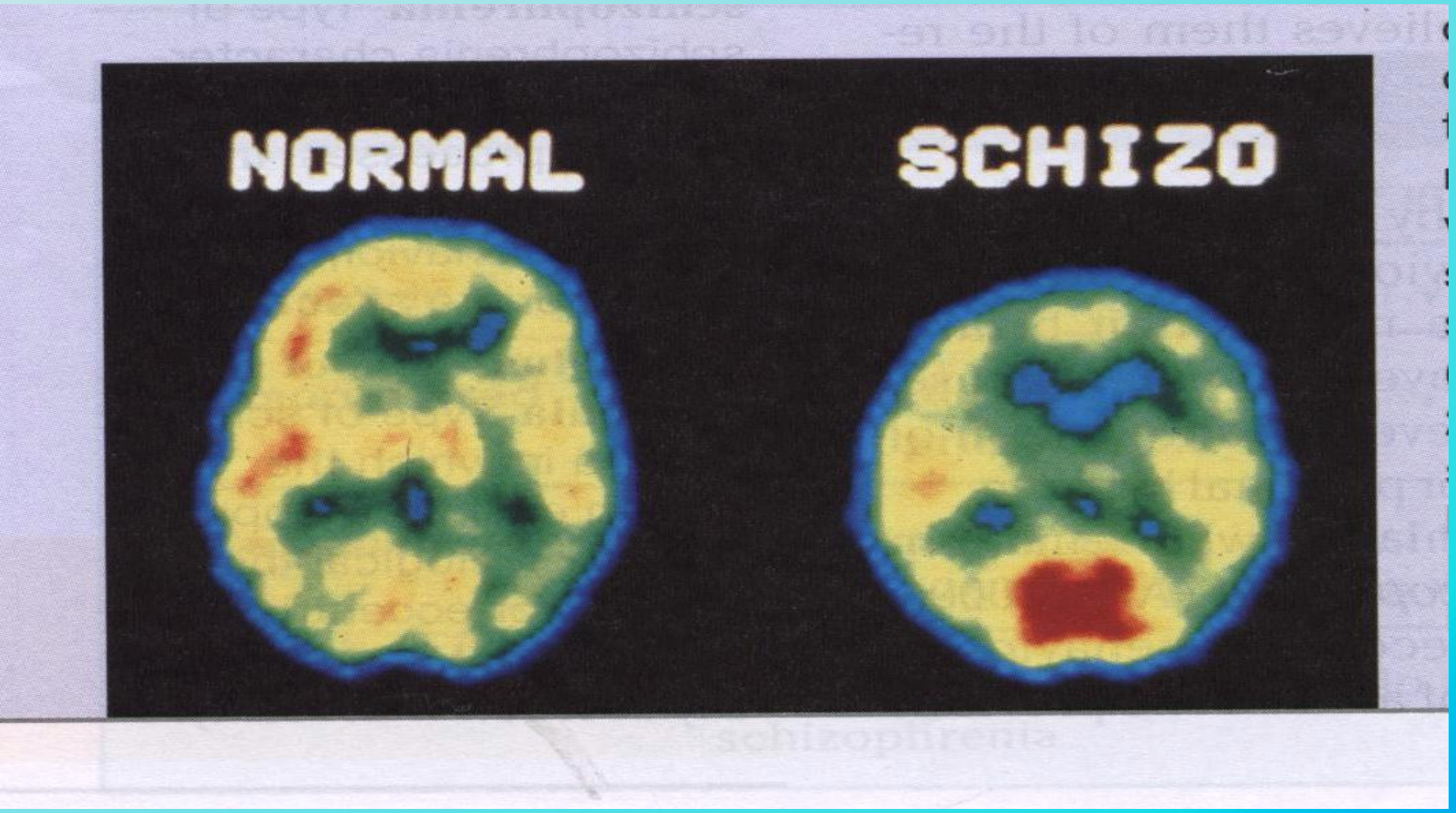
'I don't think that abuse itself is a strong cause for psychosis. It hurts, but it is rather simple.

I think that the threat and the betrayal that come with it feed psychosis. The betrayal of the family that says, "you must have asked for it," instead of standing up for you. That excuses the offender and accuses the victim. And forces the child to accept the reality of the adults. That forces the child to say that the air is green, while she sees clearly it is not green but blue.

That is a distortion of reality that is very hard to deal with when you're a child. You are forced to betray yourself.

That is what causes the twilight zone. What makes you vulnerable for psychosis.'

What causes brain differences?



The Contribution of Early Traumatic Events to Schizophrenia in Some Patients: A Traumagenic Neurodevelopmental Model

JOHN READ, BRUCE D. PERRY, ANDREW MOSKOWITZ, AND JAN CONNOLLY

THE current diathesis-stress model of schizophrenia proposes that a genetic deficit creates a predisposing vulnerability in the form of oversenstivity to stress. This model positions all psychosocial events on the stress side of the diathesis-stress equation. As an example of hypotheses that emerge when consideration is given to repositioning adverse life events as potential contributors to the diathesis, this article examines one possible explanation for the high prevalence of child abuse found in adults diagnosed schizophrenic. A traumagenic neurodevelopmental (TN) model of schizophrenia is presented, documenting the similarities between the effects of traumatic events on the developing brain and the biological abnormalities found in persons diagnosed with schizophrenia, including overreactivity of the hypothalamic–pituitary–adrenal (HPA) axis; dopamine, norepinephrine, and serotonin abnormalities; and structural changes to the brain such as hippocampal damage, cerebral atrophy, ventricular enlargement, and reversed cerebral asymmetry. The TN model offers potential explanations for other findings in schizophrenia research beyond oversensitivity to stress, including cognitive impairment, pathways to positive and negative symptoms, and the relationship between psychotic and dissociative symptomatology. It is recommended that clinicians and researchers explore the presence of early adverse life events in adults with psychotic symptoms in order to ensure comprehensive formulations and appropriate treatment plans, and to further investigate the hypotheses generated by the TN model.

INTRODUCTION

Schizophrenia is considered to be one of the most biologically based of the mental disorders (Chua and Murray 1996; McGuffin, Asherson, Owen, and Farmer 1994; Walker and DiForio 1997). However, the methodological rigor of the evidence for this proposition is often described as less than adequate (Bentall 1990; Boyle 1990; Karon 1999; Rose 2001; Ross and Pam 1995). This article explores the possibility that for some adults diagnosed as schizophrenic, adverse life events or significant losses and deprivations cannot only "trigger" schizophrenic symptoms but may also, if they occur early enough or are sufficiently

Evidence that schizophrenia is a brain disease

- Overactivity of hypothalamic-pituitary-adrenal (HPA) axis
- Abnormalities in neurotransmitter systems (especially dopamine)
- Hippocampal damage
- Cerebral atrophy
- Reversed Cerebral Asymmetry

The effects of early childhood trauma on the developing brain

- Overactivity of hypothalamic-pituitary-adrenal (HPA) axis
- Abnormalities in neurotransmitter systems (especially dopamine)
- Hippocampal damage
- Cerebral atrophy
- Reversed Cerebral Asymmetry

Implications

Stigma

Assessment and Treatment

Asking and Listening

Acta Psychiatr Scand 2006: 1–16

DOI: 10.1111/j.1600-0447.2006.00824.x

ACTA PSYCHIATRICA SCANDINAVICA

Review article

Prejudice and schizophrenia: a review of the 'mental illness is an illness like any other' approach

Read J, Haslam N, Sayce L, Davies E. Prejudice and schizophrenia: a review of the 'mental illness is an illness like any other' approach.

Objective: Many anti-stigma programmes use the 'mental illness is an illness like any other' approach. This review evaluates the effectiveness of this approach in relation to schizophrenia.
Method: The academic literature was searched, via PsycINFO and MEDLINE, to identify peer-reviewed studies addressing whether public espousal of a biogenetic paradigm has increased over time, and whether biogenetic causal beliefs and diagnostic labelling are associated with less negative attitudes.
Results: The public, internationally, continues to prefer psychosocial to biogenetic explanations and treatments for schizophrenia. Biogenetic causal theories and diagnostic labelling as 'illness', are both positively related to perceptions of dangerousness and unpredictability, and to fear and desire for social distance.
Conclusion: An evidence-based approach to reducing discrimination would seek a range of alternatives to the 'mental illness is an illness like any other' approach, based on enhanced understanding, from multi-disciplinary research, of the causes of prejudice.

J. Read[1], N. Haslam[2], L. Sayce[3], E. Davies[4]

[1]Department of Psychology, The University of Auckland, Auckland, New Zealand, [2]Department of Psychology, The University of Melbourne, Melbourne, Australia, [3]Disability Rights Commission, London, UK, and [4]Institute of Public Policy, Auckland University of Technology, Auckland, New Zealand

Key words: prejudice; attitudes; stigma; mental illness; schizophrenia

Dr John Read, Psychology Department, The University of Auckland, Private Bag 92019, Auckland, New Zealand.
E-mail: j.read@auckland.ac.nz

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Relationship between bio-genetic causal beliefs and negative attitudes

(Read et al. in Models of Madness 2 – 2013)

- In 28 of 31 studies **(90%) bio-genetic** causal beliefs are related **to negative** attitudes.

- In 24 of 26 studies **(92%) psycho-social** beliefs are related to **positive** attitudes.

Relationship between bio-genetic causal beliefs and negative attitudes

Professionals

Staff with bio-genetic causal beliefs:

1. Perceive clients as more disturbed
   (Langer & Abelson, 1974)
2. More reluctant to involve clients in planning or running mental health services
   (Kent & Read, 1998)

4. Less empathy (Lebowitz et al, 2014)

2013 Meta-analysis re stigma

Kvaale, Haslam & Gottdiener (2013).

The 'side effects' of medicalization: A meta-analytic review of how biogenetic explanations affect stigma. Clinical Psychology Review, 33, 782–794.

- **28 eligible experimental studies**

Biogenetic explanations:

- **do reduce blame, but…..**
- **induce pessimism about recovery**
- **increase stereotype of dangerousness**

Diagnostic labeling

Labelling a person 'schizophrenic' increases belief in bio-genetic causes, and also increases…

- **Perceived Dangerousness**
- **Perceived Unpredictability**
- **Perceived Lack of Responsibility for Own Actions**
- **Perceived lack of 'Humanity'**
- **Perceived Severity of the Problem**
- **Perceived Dependency**
- **Pessimism about Recovery**
- **Fear**
- **Rejection**
- **Desire for Distance**

(Models of Madness, 2013)

The need for routine inquiry about abuse, neglect etc.

- ‘**New Zealand training programme described for UK Royal College of Psychiatry journal**

‘Why,when and how to ask about child abuse’

Read J, et al. *Advances in Psychiatric Treatment (2007)*

- **2008 NHS Guidelines – all clients must be asked and staff must be trained on how to ask**

Reliability of disclosures of people who experience psychosis

- One study found that **"The problem of incorrect allegations of sexual assaults was no different for schizophrenics than the general population**"

[DARVES-BORNOZ J- M, et al. 1995]

- 2009 British study – disclosures of CSA, CPA and neglect were stable (over 7 years), valid, and **not associated with current severity of psychotic symptoms** [FISHER et al., 2009]

Implications for treatment

- Give people an opportunity to talk about **their** understanding of their problems
- Drugs are not enough
- Be guided by ethical principle of informed choice of treatment modality
- NICE Guidelines (UK – 2009):

Medical and psychological treatments **equally** important

Public also prefer talking therapies to medication for schizophrenia in:

Australia
Austria
Canada
China
England
Germany
Hong Kong
India
Italy
Japan
Russia
Slovakia
South Africa
Switzerland
Turkey

Cochrane review of Risperidone

(Rattehalli, Jayaram, & Smith, 2010).

- **“Risperidone appears to have a marginal benefit in terms of clinical improvement compared with placebo in the first few weeks of treatment but the margin may not be clinically meaningful.**
- **Global effects suggests that there is no clear difference between risperidone and placebo**
- **Risperidone causes many adverse effects and, these effects are important and common.**
- **People with schizophrenia or their advocates may want to lobby regulatory authorities to insist on better studies being available before wide release of a compound with the subsequent beguiling advertising.”**

17:34

Basic tool of primitive psychiatry

Fertility protective statues: For pregnant women, the statues insured a healthy, beautiful child, and protected both mother and child from the "evil eye." For sterile women, the statues' magical power aided fertility. Ashanti, Ghana. From the collection of the Segy Gallery, New York City. Reproduced with permission.

Basic tool of modern psychiatry

Thorazine®

brand of **chlorpromazine**

Tablets: 25 and 50 mg of the HCl

- Effective control of psychotic symptoms
- Especially useful in agitated, violent or anxious schizophrenic patients
- Unsurpassed clinical experience
- 18 convenient dosage forms and strengths

Before prescribing, see complete prescribing information in SK&F literature or *PDR*. The following is a brief summary.

Indications

Based on a review of this drug by the National Academy of Sciences—National Research Council and/or other information, FDA has classified the indications as follows:

Effective: For the management of manifestations of psychotic disorders. For control of the manifestations of manic-depressive illness (manic phase).

Probably effective: For the control of moderate severe agitation, hyperactivity or aggressiveness in disturbed children.

Possibly effective: For control of excessive anxiety, tension and agitation as seen in neuroses.

Final classification of the less-than-effective indications requires further investigation.

Contraindications: Comatose states, presence of large amounts of C.N.S. depressants, or bone marrow depression.

Warnings

Caution is recommended when 'Thorazine' is administered for the treatment of vomiting in children.

Antiemetics are not recommended to treat uncomplicated short-term vomiting in children or vomiting of unknown etiology.

The possibility of extrapyramidal reactions from 'Thorazine' may confuse the diagnosis of Reye's syndrome or other encephalopathy. Although unconfirmed, some suspicion exists that centrally-acting antiemetics may contribute to or adversely affect the course of Reye's syndrome, and should be avoided in suspected cases.

Avoid using in patients hypersensitive to e.g., blood dyscrasia, jaundice) to any phenothiazine. Caution patients about activities requiring alertness (e.g., operating vehicles or machinery) especially during the first few days' therapy. Avoid concomitant use with alcohol. May counteract antihypertensive effect of guanethidine and related compounds.

Use in pregnancy only when essential. There are reported instances of jaundice or prolonged extrapyramidal signs in newborn whose mothers had received chlorpromazine.

Precautions: Use cautiously in persons with cardiovascular, liver or chronic respiratory disease, or with acute respiratory infections. Due to cough reflex suppression, aspiration of vomitus is possible. May prolong or intensify the action of C.N.S. depressants, organophosphorus insecticides, heat, atropine and related drugs. (Reduce dosage of concomitant C.N.S. depressants.) Anticonvulsant action of barbiturates is not intensified. Antiemetic effect may mask signs of toxic drug overdosage or physical disorders. Discontinue high-dose, long-term therapy gradually.

Patients on long-term therapy, especially high doses, should be evaluated periodically for possible adjustment or discontinuance of drug therapy.

Adverse Reactions: Drowsiness, cholestatic jaundice, agranulocytosis, eosinophilia, leukopenia, hemolytic anemia, thrombocytopenic purpura and pancytopenia; postural hypotension, tachycardia, fainting, dizziness and, occasionally, a shock-like condition; reversal of epinephrine effects; EKG changes have been reported, but relationship to myocardial damage is not confirmed; neuromuscular (extrapyramidal) reactions; pseudoparkinsonism, motor restlessness, dystonia, persistent tardive dyskinesia, hyperreflexia in the newborn; psychotic symptoms, catatonic-like states, cerebral edema; convulsive seizures; abnormality of the cerebrospinal fluid proteins; urticarial reactions and photosensitivity, exfoliative dermatitis, contact dermatitis; lactation and breast engorgement (in females on large doses), false positive pregnancy tests, amenorrhea, gynecomastia; hyperglycemia, hypoglycemia, glycosuria; dry mouth, nasal congestion, constipation, adynamic ileus, urinary retention, miosis, mydriasis; also prolonged subnormal doses, skin pigmentation, epithelial keratopathy, lenticular and corneal deposits and pigmentary retinopathy, visual impairment; mild fever (above long-term dosage); hyperpyrexia; increased appetite and weight; a systemic lupus erythematosus-like syndrome; peripheral edema.

NOTE: Sudden death i... patients taking phenothiazines (apparently due to cardiac arrest or asphyxia due to failure of cough reflex) ... been reported, but no causal relationship ... been established.

Supplied: Tablets, 10 mg., 25 mg., 50 mg., 100 mg. and 200 mg., in bottles of 100; Single Unit Packages of 100 (intended for institutional use only). Sprinkle capsules, 30 mg., 75 mg., 150 mg., 200 mg. and 300 mg., in bottles of 50; in Single Unit Packages of 100 (intended for institutional use only). Injection, 25 mg./mL; Syrup, 10 mg./5 mL; Suppositories, 25 mg. and 100 mg. Concentrate (intended for institutional use only), 30 mg./mL and 100 mg./mL

Smith Kline & French Laboratories
Philadelphia, Pa.

SK&F
a SmithKline company

Helps Return Patients to Reality

Drug company influence

- Research Funding
- Scientific journals
- Educational/training institutes
- Training for doctors
- Drug licensing bodies
- Lobbying governments

- More recently, the internet…..

The pharmaceutical industry and the internet

(Read, J. 2008, *Social Science & Medicine*)

- The top 50 'schizophrenia' websites

- **58% of the websites received funding from drug companies.**

- Drug company funded websites were significantly more likely to…..

1. **espouse bio-genetic rather than psycho-social causal explanations,**
2. **emphasise medication rather than psycho-social treatments,**
3. **portray 'schizophrenia' as a 'debilitating', 'devastating' and 'long-term illness'**

Dr Steven Sharfstein

President, American Psychiatric Association (2005)

'If we are seen as mere pill pushers and employees of the pharmaceutical industry, our credibility as a profession is compromised.'

'As we address these Big Pharma issues, we must examine the fact that as a profession, we have allowed the bio-psycho-social model to become the bio-bio-bio model.,

Professor Mike Shooter

President of the Royal College of Psychiatrists (UK) - 2005

"I cannot be the only person to be sickened by the sight of parties of psychiatrists standing at the airport desk with so many gifts with them that they might as well have the name of the drug company tattooed across their foreheads".

CBT for psychosis research overview

CBT for psychosis shown to be effective in short-term – especially for distress and quality of life

CBT without medication effective with 'at-risk'/'prodromal' youth Morrison et al. (2004) B J Psychiatry

CBT for first episode more effective than other treatments on rate of recovery, hallucinations and quality of life but not on relapse rates. Morrison (2009) Psychosis

CBT effective **without medication** for 'schizophrenia' (Morrison, 2014 – Psychological Medicine)

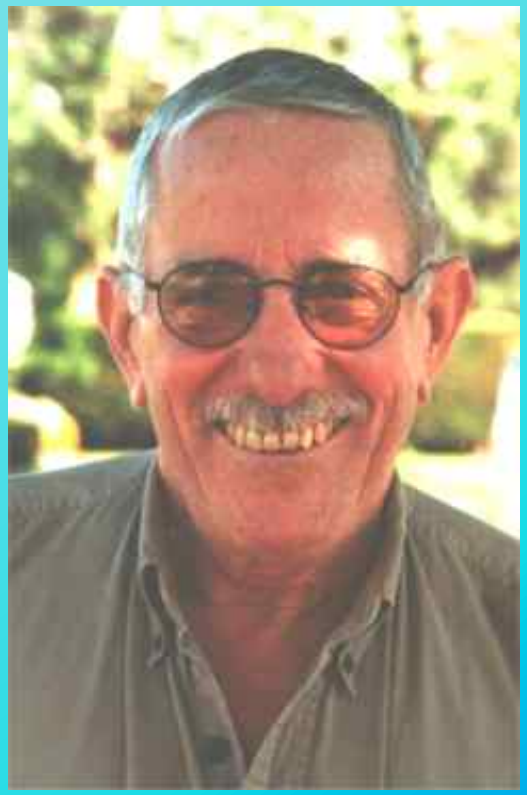
What is the effective ingredient?

Outcomes for cognitive therapy for early psychosis determined by primarily by quality of the **therapeutic relationship** !

Goldsmith et al.
Psychological Medicine 2015

Other interventions: Soteria House

- Established by American psychiatrist Dr Loren Mosher in 1971 in California.

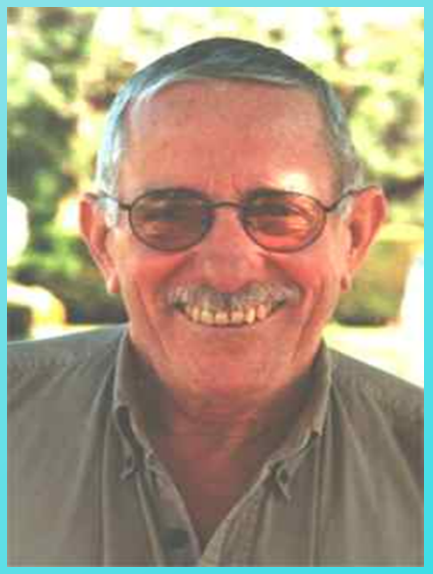


- Based on the using non-professional staff (specially selected for abilty to 'be with' without needing to fix)

- Its facility was a home in the community, rather than a hospital.

- Antipsychotics were used very little

Soteria House



Two-year follow up

- **The Soteria group had better outcomes than those in the treatment-as-usual group on symptom measures AND on quality of life measures, e.g. having friends, being employed.**

- **Those who had received no medication were the most improved** (Mosher, 2004; Mosher, Hendrix, & Fort, 2005).

Implications for primary prevention

The 2012 meta-analysis calculated that the 'estimated population attributable risk' was 33%.

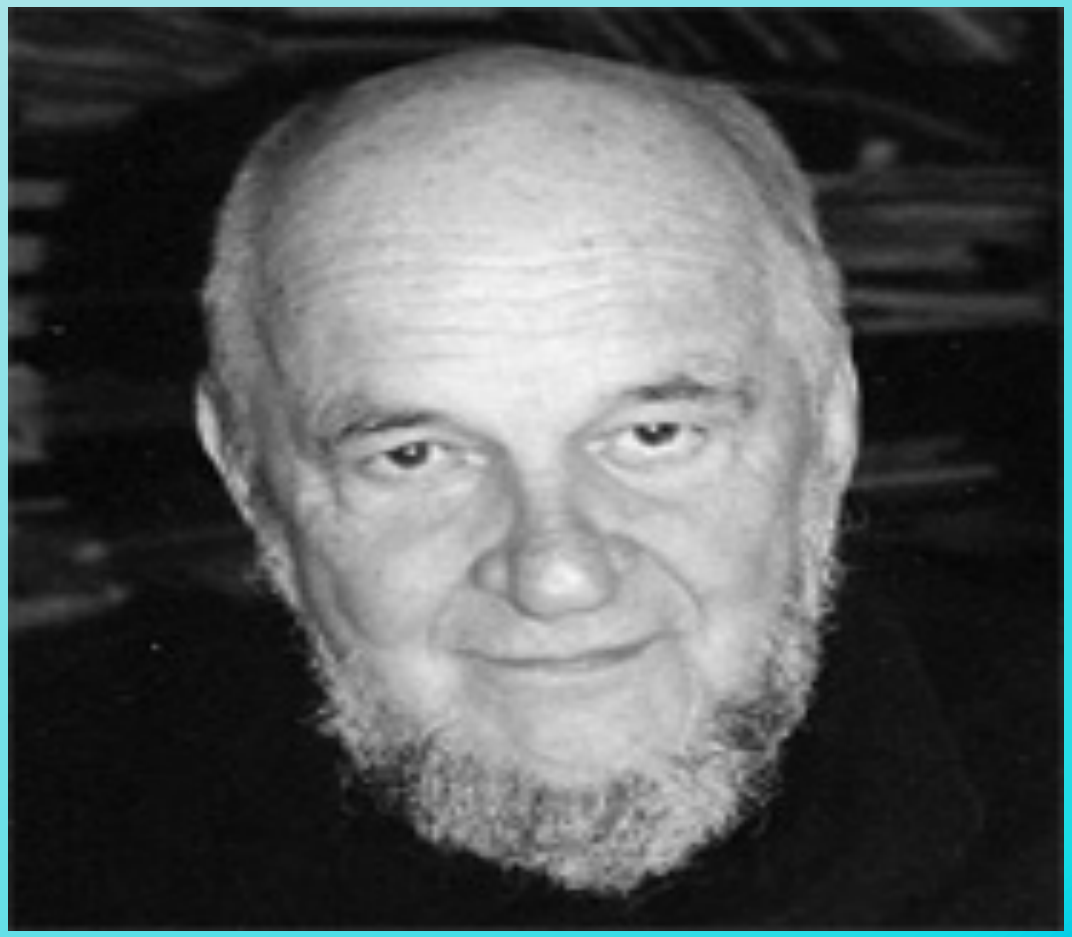
So if the six childhood adversities reviewed were eliminated the number of people with psychosis would be reduced by a third!

(Varese, Smeets *et al.* 2012).

George Albee

1922-2006

Past President - American Psychological Association



George Albee, 1996

"Psychologists must join with persons who reject racism, sexism, colonialism, and exploitation and must find ways to redistribute social power and to increase social justice.

Primary prevention research inevitably will make clear the relationship between social pathology and psychopathology and then will work to change social and political structures in the interests of social justice.

It is as simple and as difficult as that!"

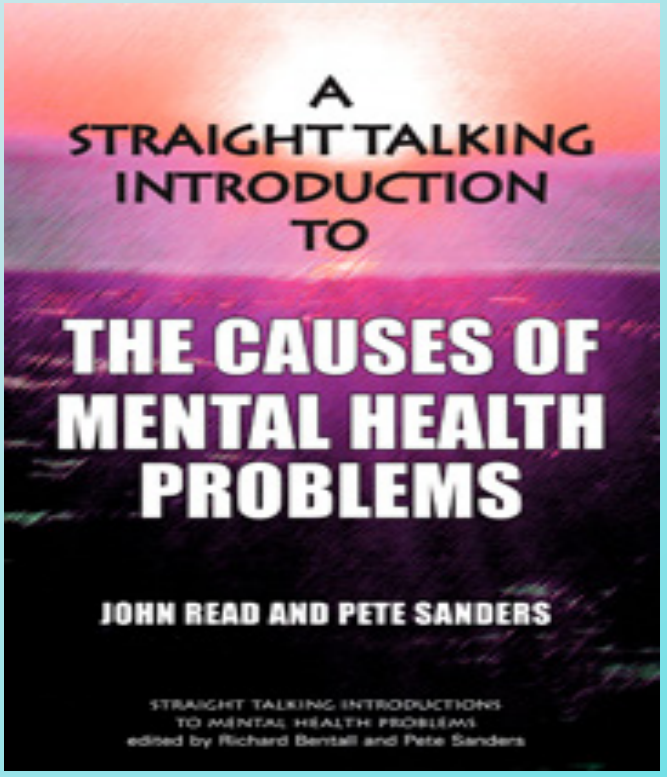
Survey of NZ service users. *Lothian J, Read J (2002)*

Service Users' views about asking about trauma:

"There was an assumption that I had a mental illness and because I wasn't saying anything about my abuse nobody knew"

"There was so many doctors and nurses and social workers in your life asking you about the same thing, mental, mental, mental, but not asking you why"

"I just wish they would have said 'What happened to you?' 'What happened ?' But they didn't."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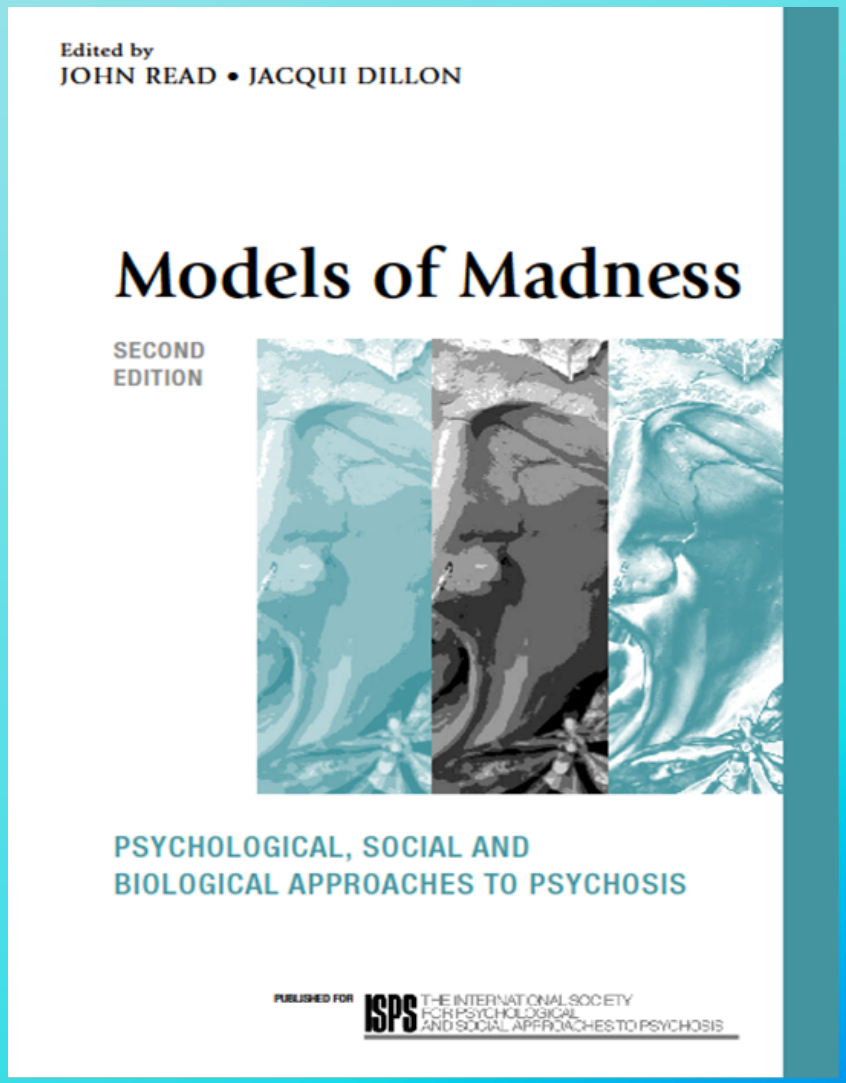
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