**THE OTHER SIDE OF MENTAL HEALTH SCIENCE**

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Scientific studies about mental health are widely considered to be the ultimate source for objective information about psychiatric disorders. However, most people do not or cannot access these studies themselves. They instead rely on information from doctors, organizations, peers, the media, and so on. Unfortunately, this second-hand information is often oversimplified (i.e. “Mental illness is a chemical imbalance in the brain”), spoken with too much certainty (i.e. “Schizophrenia is a chronic brain disease that is lifelong and incurable”), or skewed and manipulated to justify an opinion (i.e. “People with Bipolar Disorder must take medication to live well”). As a result, popular myths now overshadow much of the data available from science.

The following list is a collection of facts from peer-reviewed scientific journals and several research-based books. Each source is hyperlinked in References, meaning the reader can literally click on the name of the study to access it from the Internet. Given the heated atmosphere of opinions about psychiatric disorders, the hyperlinks were included to make this document user-friendly so that readers can research the facts themselves.

**FACTS ABOUT PSYCHIATRIC DISORDERS**

1. A chemical imbalance for mental illness has never been found in anyone’s brain. There is no way to measure the level of neurotransmitters in synapses between brain cells, so there is no measurement of a healthy chemical balance that would allow for comparisons of “too many chemicals” or “too few chemicals” to be made. That is why our brains are not scanned for chemical imbalances when we are diagnosed. Even if chemical imbalances are one day found, it does not mean that they cause psychiatric disorders. Indeed, since the brain changes in response to both internal stimuli (thoughts, imagination, feelings, etc.) and external stimuli (sunlight, trauma, playing the piano, etc.), a chemical imbalance could just as likely be a biological reflection of environmental, emotional, psychological, and spiritual stress as a primary cause of it. Finally, the idea that specific genes cause mental illness is inaccurate, leading one prominent genetic researcher to state in the American Journal of Psychiatry: “The impact of individual genes on risk for psychiatric illness is small, often nonspecific, and embedded in complex causal pathways... Although we may wish it to be true, we do not have and are not likely to ever discover ‘genes for’ psychiatric illness.”

2. Long-term studies from around the world demonstrate that the majority of people diagnosed with major mental illness – including schizophrenia – significantly improve or completely recover over time.

3. Adverse childhood events can lead to mental health problems in adulthood – including psychosis, bipolar affective symptoms, depression, borderline traits, and so on – and the
vast majority of people diagnosed with major psychiatric disorders have histories of trauma, neglect, or abuse.\textsuperscript{13,14,15,16,17,18,19,20,21,22,23} Thus, in many cases, the \textit{cause} of psychiatric symptoms is childhood trauma. In this context, saying “mental illness is just like diabetes” or “mental illness is a physical brain disease that is no one’s fault” is inaccurate. Consider this parallel: if I am stabbed by a knife, is my bleeding caused by weak skin, or is it caused by the knife, the stabber, and the surrounding circumstances? Linking the cause of psychiatric symptoms to the appropriate source – i.e. a traumatizing environment instead of one’s brain or genes – is crucial in determining an effective treatment path to recovery and in actually changing larger social, cultural, and familial problems that contribute to mental breakdown.\textsuperscript{24}

\textit{iv.} A large subset of people diagnosed with schizophrenia fare better with little or no medication usage.\textsuperscript{25,26,27} Several alternative treatment models that use little or no medications for people experiencing psychosis have outcomes equal to or better than treatment-as-usual.\textsuperscript{28,29} Also, antipsychotics are far less curative than generally acknowledged: in the most recent and largest ever study of antipsychotic efficacy for people diagnosed with schizophrenia, 74\% of participants (1061 of 1432 people) quit taking their initially-assigned antipsychotic within 18 months, mainly due to ineffectiveness or intolerable side effects.\textsuperscript{30} Of these unsatisfied participants, about half (509 people) dropped out of the study altogether, while the other half entered a second phase in which they tried a different antipsychotic. During the second phase, 44\% of participants assigned to clozapine (20 of 45 people) and 75\% of participants assigned to another antipsychotic (282 of 378 people) again discontinued it within 18 months.\textsuperscript{31,32}

\textit{v.} The brain can heal, and the biological abnormalities linked to psychiatric symptoms are often reversible or can be compensated for by other areas of the brain.\textsuperscript{33,34,35,36,37,38,39,40} In other words, psychiatric recovery can happen on a biological level, both with and without medication usage.

\textit{vi.} According to repeated studies by the World Health Organization, people diagnosed with schizophrenia living in developing countries have significantly better outcomes than those living in developed countries.\textsuperscript{41} The WHO suggests the better outcome “...was unrelated to drug treatment since many in the developing world did not receive continuous treatment. Psychosocial factors, such as better family support, community tolerance, extended networks and more favorable job opportunities, have been postulated as the reasons for this observation.”\textsuperscript{42}

\textit{vii.} Antidepressant medications are no more effective than a sugar pill for people with mild to moderate depression, and only slightly more effective than a sugar pill for people with severe depression.\textsuperscript{43}
Efforts to increase a person’s awareness of their diagnosed mental illness – known as “illness insight” – may lead to self-stigmatization that decreases self-esteem and hope. Research shows that the “mental illness is like any other physical disorder” message behind many anti-stigma campaigns actually increases the public’s fear, prejudice, and desire for distance from people who are diagnosed.

Psychiatric diagnoses are not based on medical testing, but instead on self-report and professional interpretation according to culturally-defined notions of disease. They are therefore arbitrary and often unreliable, especially over time, being prone to racism, sexism, classism, and Eurocentric bias. Many people receive different diagnoses from different doctors, which muddles treatment options and can lead to unnecessary or mismatched medication usage.

References


