Slow Psychiatry:
A way forward for my profession

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Brief Personal Introduction

- Chief Medical Officer of large community mental health center
- Critical Psychiatrist
  - Disgust with pharma and medicine
  - Critical view of psychiatric diagnosis
  - Concern about long-term harms of drugs
- Interest in Open Dialogue, Hearing Voices Network
  - Relational, non-medicalized ways of thinking about mental distress

Medicalization of Mental Health

- Psychiatry in 2015 -specializes in prescribing psychoactive drugs.
- We categorize experiences as illness and offer drug treatment.
- In US: focus on outcomes, evidenced-based practice
  - This often ignores social context and relational aspects of the experience.
- People have and will seek out drugs to alter mental state and mood.
  - It is a good idea to have medical practitioners who are experts in prescribing psychoactive drugs.
- **Is there a way to prescribe drugs and**
  - **Remain humane?**
  - **Understand the context in which problems arise?**
  - **Not accept that all human suffering subsumed under the category of “mental illness” is best understood within the medical model framework?**
- **Open Dialogue/Need-adapted Approaches offer that path**

Focus for today

- Describe drug-centered vs. disease-centered model for understanding psychoactive drug action.
- Discuss the application of drug–centered model to antipsychotic drugs.
- Discuss need-adapted approach.

- **Propose the integration of need-adapted and drug-centered approaches to create a humane and humble psychiatry**

Disease-Centered vs Drug-Centered

Moncrieff, *The Bitterest Pills*, 2013

- Disease-Centered
  - Drugs *correct* abnormal brain chemistry
  - Drugs as *medical treatments*
  - The beneficial effects of drugs are derived from their *effect on a presumed disease process*

- Drug-Centered
  - Drugs *create* abnormal brain state
  - Drugs as *psychoactive substances*
  - Drugs alter the expression of psychiatric problems through the *superimposition of drug-induced effects*

Applying a Drug-Centered Approach to Neuroleptic/Antipsychotic Drugs

What is a neuroleptic?

- Label from French psychiatrists
  - Synthesized in 1950’s
  - Neuro: nerve
  - Leptique: to seize
  - To take hold of the nervous system
  - Dries secretions – used in surgery
  - Laborit – **causes *indifference***
- First U.S. label – major tranquilizer
- 1960’s – “antipsychotic”
- 1960’s: neuroleptics block dopamine

Schizophrenia and Neuroleptic Drugs: What the textbooks say

Textbook of Psychopharmacology 2009

Schatzberg and Nemeroff

- Schizophrenia is a chronic condition associated with long-term disability.
  - Antipsychotic drugs recommended for long-term to reduce relapse risk.

- "In normal volunteers, neuroleptics induce feelings of dysphoria, **paralysis of volition**, and fatigue."

Neuroleptic Drugs

Disease-Centered vs. Drug-Centered

Disease-Centered

- Drugs target specific pathophysiology (since they block dopamine receptions, they must be correcting dopamine).
- When drugs are stopped, illness recurs.
- **Long term apathy is due to the natural course of this underlying illness.**

Drug-Centered

- Induce indifference.
- This might be helpful at times when a person is psychotic.
- When drugs are stopped think about withdrawal affect.
- **Drugs could lead to drug-induced apathy.**
- **Apathy could negatively impact long-term outcome.**

A Drug-Centered Approach Predicts Wunderink Findings

Wunderink Study

JAMA Psychiatry 70(9): 913-920, 2013

- 128 individuals
  - Experienced a first episode psychosis
  - Six months drug stabilization
- Initial study: maintenance drugs (MT) vs. dose reduction/discontinuation (DR)
- 2 years: higher relapse rate in DR group
- Followed-up 7 years after study entry

Wunderink: 7 year outcomes

- 103 at follow up
- Relapse rate – similar
  - Drug continuation appears to delay relapse
- Recovery rate
  - **DR 40% vs. MT 17%**
  - Recovery = symptomatic and functional remission
  - Symptomatic remission was similar

Wunderink

	DR	MT	Total
Recovery	21(40.4%)	9(17.6%)	30 (29.1%)
Symptomatic Remission	36 (69.2%)	34 (66.7%)	70 (68%)
Functional Remission	24 (46.2%)	10 (19.6%)	34 (33%)

What is Open Dialogue and Why Do We Care?

Outcome Data

*Svedberg, B et al Social Psychiatry, 36: 332-337, 2001

**Seikkula J and Arnkil TE, Dialogical Meetings in Social Networks, 2006, p.164.

	OD**(combined 1992-1997 data)	Stockholm(no psychosocial Rx)*
Schizophrenia	59%	54%
Other	41%	46%
Age	Female 26.5 Male 27.5	Female 30 Male 29
Neuroleptic used	29%	93%
Neuroleptic at follow-up	17%	75%
GAF at follow-up	66	55
On disability	19%	62%
No. of subjects	72	71

What Is Need-Adapted Approaches/Open Dialogue?

- Need-adapted approaches developed in Finland in 1980's
  - Open Dialogue is a form that has an evidence base.
- Organization of a mental health care system
  - Crisis orientation
  - Individuals and family are seen quickly
  - A team works with them through the crisis
- A particular form of psychotherapy – dialogic practice

OD: 12 Key Elements of Fidelity

Olson, M, Seikkula, J, Ziedonis, D 2014

http://umassmed.edu/psychiatry/globalinitiatives/opendialogue/

Funded by Foundation for Excellence in Mental Health Care

- Two or more therapists
  - Reflection among professionals
- Participation of Family or Social Network
- Being Transparent
- Tolerating Uncertainty
  - Professionals do not have answers but provide safety and make contact with each person in the room
- Emphasizing client's Own Words and Stories – Not Symptoms
- Responding to Problem or Discourse as Meaningful

Integration of drug-centered and **need-adapted** approaches

- Humility and uncertainty
- Listen to what the person wants and values
  - "Symptoms" may not be highest priority target
- Bring many perspectives into decision making process - network orientation
- Acknowledge the limitation of psychiatric diagnosis
- Accept that *drugs are a tool and not a cure*
  - This is essence of drug-centered concept
  - Drug action can not be separated from the relationship

Open Dialogue and Psychiatry

- Allows for the time to discuss complex decisions
- Allows everyone to have a voice
- Moves away from the pathologizing nature of modern psychiatry
  - DSM manifests an increasing encroachment of medicalizing human experience
  - OD can help to begin to restrict psychiatry's purview
- Acknowledges uncertainty
  - Diagnostic uncertainty
  - Treatment uncertainty

Slow Psychiatry

- Analogy to the slow food movement which pushes back against industrial agriculture.
  - Industrial agriculture values production above all else
  - Slow food movement values the environment, the experience, and cultural significance of food
- Consider our health in context of our environment, our community.
- Constriction psychiatry's purview in human distress but
  - This is not the same as 15 minute visits
  - When we do get involved, go slow