

Resources

Last updated 2011

▼ Research | Survivor Research

▼ National Empowerment Center

Our Mission: To carry a message of recovery, empowerment, hope and healing to people with lived experience with mental health issues, trauma, and extreme states. We carry that message with authority because we are a consumer/survivor/expatient-run organization and each of us is living a personal journey of recovery and empowerment. We are convinced that recovery and empowerment are not the privilege of a few exceptional leaders, but rather are possible for each person who has been labeled with lived experience. Whether on the back ward of a state mental institution or working as an executive in a corporation, we want people who are mental health consumers/survivors/expatients to know there is a place to turn to in order to receive the information they might need in order to regain control over their lives and the resources that affect their lives. That place is the National Empowerment Center.

Information and Referral | Networking | Conference Planning | Lectures, Workshops and Consultation | Publishing and Media | Policy Issues | Representation on National Boards | Research | Development of Educational Resources | Development of Self-Help Resources

Home

Announcements NEC Response to COVID-19 In these times of fear, uncertainty and increased isolation, NEC believes our society needs more than ever to connect and feel empowered. Social distancing has been recommended as an important way to slow the spread of COVID-

<http://www.power2u.org/>



▼ "The Importance of User-Controlled Research on Coercion" – Jasna Russo

Coercion in psychiatry is one of the main topics in user/survivor movement worldwide. At the same time, user controlled research in this field is almost non existent. The reasons for this situation will be analysed, the need for research on coercion and the obstacles that research done by users/survivors faces. The presentation will also outline possible methodologies, their advantages and their potential.

<http://ki-art-multimedia.de>

The Importance of User-Controlled Research on Coercion Coercion in psychiatry is one of the main topics in user/survivor movement worldwide. At the same time, user controlled research in this field is almost non existent. The reasons for this situation will be analysed, the need for research on coercion and the obstacles that research done by users/survivors faces.

<http://ki-art-multimedia.de/dresden/jasna.htm>

▼ Beyond Meds

Online support for psychiatric drug withdrawal:

This blog is, in part, a documentation of my journey off psychiatric medications as well as an introduction to alternative forms of care for mental health disorders regardless of whether one is on medications, off medications, or coming off medications. This blog also deals in general with socio/political and spiritual issues as they pertain to mental health and human rights issues surrounding psychiatry. For additional collections of such themed

posts look at the tabs on the top of the page. It makes navigating the rest of the archives much easier.

This blog also serves as a source of critical information about psychopharmaceuticals.

This blog may be appropriate for anyone with any psychiatric diagnosis. All diagnosis can potentially respond to natural treatments. It's possible for anyone to consider life without medication. This blog is a

contemplation about healing ourselves through means other than medication whether you're on medications or not. And I might add whether you choose to stay on them or not.

Along with documentation of my experience this blog covers the journeys to drug freedom of many other people as well as information and resources about alternatives to standard psychiatric care. It also covers the news about drugs that allow for consideration of other options. Often drugs are most useful in crisis, but not for long-term care. Once one is aware of options one has a real choice. I didn't have such information to make a choice when I entered the mental health system. It's my hope that I can help people see that there are choices and alternatives.

This site is in no way intended to be someone's sole source of information for withdrawing from psych meds or for taking care of oneself with alternative means. I speak only from my own experience and am not offering advice that should be taken without professional help. That being said there is lots of information here that one could take to said professional. It is an unfortunate reality that most doctors know next to nothing about alternative treatments for psychiatric distress. I've had to educate my psychiatrist along the way and am grateful for his trust and respect.

About

For additional content use the drop-down menu at the top of the page and the search box. This site documents and shares many natural methods of self-care for finding and sustaining health in body, mind and spirit. This blog also deals with wider issues in the socio/political and

 <https://beyondmeds.com/>



▼ Factors Involved in Outcome and Recovery in Schizophrenia Patients Not on Antipsychotic Medications: A 15-Year Multifollow-Up Study – Harrow & Jobe

This prospective longitudinal 15-year multifollow-up research studied whether unmedicated patients with schizophrenia can function as well as schizophrenia patients on antipsychotic medications. If so, can differences in premorbid characteristics and personality factors account for this? One hundred and forty-five patients, including 64 with schizophrenia, were evaluated on premorbid variables, assessed prospectively at index hospitalization, and then followed up 5 times over 15 years. At each follow-up, patients were compared on symptoms and global outcome. A larger percent of schizophrenia patients not on antipsychotics showed periods of recovery and better global functioning ($p < .001$). The longitudinal data identify a subgroup of schizophrenia patients who do not immediately relapse while off antipsychotics and experience intervals of recovery. Their more favorable outcome is associated with internal characteristics of the patients, including better premorbid developmental achievements, favorable personality and attitudinal approaches, less vulnerability, greater resilience, and favorable prognostic factors. The current longitudinal data suggest not all schizophrenia patients need to use antipsychotic medications continuously throughout their lives.

<http://psychrights.org/Research/Digest/NLPs/OutcomeFactors.pdf>

▼ Treating schizophrenia without drugs? There's good evidence for it – Tim Calton

There is certainly a wealth of historical evidence supporting a non-medical approach to madness ranging from Geel, the city in Belgium where the 'mad' lived with local families, receiving support and care that allowed them to function in the 'normal' social world despite the emotional distress some experienced (Goldstein, 2003), to the so-called Moral Treatment developed at the York Retreat by William Tuke towards the end of the eighteenth century (Digby, 1985), which advocated peace, respect, and dignity in all relationships, and emphasised the importance of maintaining usual social activities, work and exercise. These approaches, predicated as they were on a gentle and humane engagement with the vagaries of human experience at the limits, and invoking respect, dignity, collective responsibility, and an emphasis on interpersonal relationships as guiding principles, have much to tell contemporary biomedical psychiatry. In the modern era, non-medical attempts to understand and tend to 'psychosis' have coalesced into a tradition counterposed to the biomedical orthodoxy. The richest seam of evidence within this tradition is that relating to Soteria House, the project developed by Loren Mosher and colleagues in San Francisco during the early 1970s (www.moshersoteria.com). Here, people diagnosed with schizophrenia could live in a

suburban house staffed with non-professionals who would spend time 'being' with them in an attempt to try and secure shared meanings and understandings of their subjective experience.

Treating schizophrenia without drugs - comment by Tim Calton

Award-winning researcher and psychiatrist Tim Calton examines studies demonstrating how psychosis can be managed without medication. Such non-drug approaches should no longer be ignored, he argues. Over two hundred years ago medical psychiatry planted its standard
<http://psychrights.org/Research/Digest/Effective/090424PsychMindedTreatingSchizophreniaWithoutDrugs.htm>



▼ Antipsychotic medication, mortality and neurodegeneration: The need for more selective use and lower doses – Weinmann & Aderhold

Abstract

Introduction: Although a range of adverse effects of antipsychotic medication are well documented, less attention has been paid to the issue of reduced life expectancy. Method: The medical literature was searched to identify studies assessing severe somatic side-effects of long-term antipsychotic treatment with a possible impact on mortality, and studies evaluating antipsychotic-associated brain structure changes.

Conclusion: Antipsychotics should be used more selectively, for shorter durations and with lowest possible effective dose. Greater use of psychosocial interventions that have been proven effective should be an integral part of facilitating reductions in frequency, dosage and duration of antipsychotics.

https://www.researchgate.net/publication/233138682_Antipsychotic_medication_mortality_and_neurodegeneration_The_need_for_more_selective_use_and_lower_doses

▼ Reversal of Schizophrenia Without Neuroleptics – Irwin

It is commonly believed that reversal of schizophrenia is accomplished primarily through neuroleptic drug treatment, but this belief can only be maintained by ignoring a great deal of material published in the scientific literature. Randomized studies comparing psychosocial treatment programs without neuroleptics to drug-based programs were sought out for review, and six were found. Long-term outcomes were statistically equivalent or superior in the nondrug group in all six studies, even those where the quality of the psychosocial treatment was questionable. In studies with psychosocial interventions that appeared to have higher quality, both short- and long-term results were equivalent or superior without neuroleptics. These findings suggest that neuroleptics interfere with long-term recovery and, if appropriate psychosocial interventions are available, are not even necessary for short-term behavior control.

<http://psychrights.org/Research/Digest/Effective/MIrwinSxReversalNoDrugs.pdf>

▼ Psychosocial treatment, antipsychotic postponement, and low-dose medication strategies in first-episode psychosis: A review of the literature – Bola, Lehtinen, Cullberg and Ciompi

Reconsidering medication-free research in early-episode schizophrenia prompts a review of acute psychosocial treatments using medication postponement protocols. We describe and compare the different psychosocial treatment approaches. Studies were included in the review if initial psychosocial treatment combined with a time-limited postponement of antipsychotics was compared to initial antipsychotic treatment using a quasi-experimental or better research design and reported outcomes of at least one year.

Five studies were included (N=261), each reporting modestly better long-term outcomes than initial medication treatment, resulting in a composite small to medium effect-size advantage ($r = 0.17$). In addition, 27-43% of experimental patients were not receiving antipsychotics at the two- or three-year follow-up.

These projects demonstrate the feasibility of a carefully supervised approach to medication-free research and also suggest a strategy for integrating biological, psychological and social treatment components in early-episode psychoses. Initial psychosocial treatment combined with a time-limited postponement of antipsychotic medications for eligible, non-dangerous, early-episode patients may facilitate a reduction in

long-term medication dependence and the discrimination of similar but pathophysiologically different diagnostic entities. Rigorous evaluation in a randomized controlled trial designed to identify medication and psychosocial treatment-responsive subgroups of patients may contribute to diagnostic specificity and improved patient outcomes.

<http://psychrights.org/Research/Digest/Effective/PsychoSocialMoreEffective2009Psychosis.pdf>

▼ Advocacy | Organizations | Peer Run | Voices | Open Dialogue

▼ European Network of (ex-)Users and Survivors of Psychiatry

ENUSP is an initiative to give (ex-)users and survivors of psychiatric services a means to communicate, to exchange opinions, views and experiences in order to support each other in the personal, political and social struggle against expulsion, injustice and stigma in our respective countries.

ENUSP is the only grassroots umbrella organisation on a European level that unifies (among others) national organisations of (ex-)users and survivors of psychiatry across the continent to provide a direct representation of people who are or have been on the receiving end of psychiatric services. Involvement of both user and survivor organisations from all over Europe is a unique added value of the Network.

ENUSP - European Network for (ex)-Users and Survivors of Psychiatry
ENUSP European Network for (ex)-Users and Survivors of Psychiatry
<http://enusp.org/>

▼ Law Project for Psychiatric Rights – PsychRights

The Law Project for Psychiatric Rights (PsychRights) is a non-profit, tax exempt 501(c)(3) public interest law firm whose mission is to mount a strategic legal campaign against forced psychiatric drugging and electroshock in the United States akin to what Thurgood Marshall and the NAACP mounted in the 40's and 50's on behalf of African American civil rights. The public mental health system is creating a huge class of chronic mental patients through forcing them to take ineffective, yet extremely harmful drugs.

Law Project for Psychiatric Rights
<http://psychrights.org/>

▼ National Association for Rights Protection and Advocacy

NARPA's mission is to promote policies and pursue strategies that result in individuals with psychiatric diagnoses making their own choices regarding treatment. We educate and mentor those individuals to enable them to exercise their legal and human rights with a goal of abolition of all forced treatment. NARPA is an independent organization, solely supported by its members. It is a unique mix of people who have experienced psychiatric intervention, advocates, civil rights activists, mental health workers, and lawyers — with many people whose roles overlap. NARPA exists to protect people's right to choice and to be free from coercion, and to promote alternatives so that the right to choice can be meaningful.

Home | NARPA
NATIONAL ASSOCIATION FOR RIGHTS PROTECTION AND ADVOCACY NARPA 2020 Update:
NARPA Webinar Series -- In lieu of a face-to-face conference in 2020, NARPA presented a series of webinars related to current events. The last presentation in this series took place in
<http://www.narpa.org/>



▼ Freedom Center

Freedom Center is a support and activism community run by and for people labeled with severe 'mental disorders.' We call for compassion, human rights, self-determination, and holistic options. We create alternatives to the mental health system's widespread despair, abuse, fraudulent science and dangerous treatments. We are based in pro-choic harm reduction philosophy regarding medical treatments, and include people taking or not taking medications.

"Freedom Center is a valuable option for many of our residents. It is a welcome addition to services available to citizens of our city."
 — Mary Clare Higgins, Mayor of Northampton

Freedom Center | Support and Activism Community for People Labeled with "Mental Disorders"
 Submitted by admin on Wed, 01/01/2025 - 01:00 Check out the Freedom Center video! Freedom Center is transforming! After 10+ years of community support, education, and human rights activism, Freedom Center is in a new phase.
<http://www.freedom-center.org/>



▼ Mindfreedom

Celebrating 24 years of united independent activism for human rights and humane alternatives in mental health. MindFreedom International is a voice for survivors of abuse in mental health care.

▼ National Resource Center on Psychiatric Advance Directives

Psychiatric advance directives are relatively new legal instruments that may be used to document a competent person's specific instructions or preferences regarding future mental health treatment. Psychiatric advance directives can be used to plan for the possibility that someone may lose capacity to give or withhold informed consent to treatment during acute episodes of psychiatric illness.

NRC PAD | National Resource Center on Psychiatric Advance Directives
 A psychiatric advance directive (PAD) is a legal document that documents a person's preferences for future mental health treatment, and allows appointment of a health proxy to interpret those preferences during a crisis.
 <https://www.nrc-pad.org/>

▼ INTERVOICE – Community for Voice Hearers

Working across the world to spread positive and hopeful messages about the experience of hearing voices. If you hear voices, know someone who does or want to find out more about this experience – then this site is for you.

Home
 Working across the world to spread positive and hopeful messages about the experience of hearing voices. If you hear voices, know someone who does or want to find out more about this experience - then this site is for you.
<http://www.intervoiceonline.org/>



▼ Hearing Voices Network UK

If you hear voices HVN can help – we are committed to helping people who hear voices. Our reputation is growing as the limitations of a solely medical approach to voices become better known. Psychiatry refers to hearing voices as 'auditory hallucinations' but our research shows that there are many explanations for hearing voices. Many people begin to hear voices as a result of extreme stress or trauma.

We offer information, support and understanding to people who hear voices and those who support them. The aims of the network are: To raise awareness of voice hearing, visions, tactile sensations and other sensory experiences; To give men women and children who have these experiences an opportunity to talk freely about this together; To support anyone with these experiences seeking to understand, learn and grow from them in their own way.

Welcome
 Welcome to the English Hearing Voices Network website. We are one of many similar networks around the world. If you're looking for support in your own country check out Intervoice's National Network list. The USA network can be found here: HVN USA If you hear voices, see <https://www.hearing-voices.org/>



▼ Soteria Network

We are a network of people in the UK promoting the development of drug-free and minimum medication therapeutic environments for people experiencing 'psychosis' or extreme states. We are part of an international movement of service users, survivors, activists, carers and professionals fighting for more humane, non-coercive mental health services.

People who hear voices, have visions or experience reality in different ways to those around them — and become overwhelmed by their experiences — are often referred to as experiencing 'psychosis'. We believe that people can and do recover from difficulties which tend to be categorised under the term psychosis. This recovery can be with, without and sometimes despite psychiatric intervention.

Conventional psychiatry tends to regard 'psychosis' as part of a serious mental illness such as 'schizophrenia', 'bi-polar disorder' or 'psychotic depression'. We recognise that 'psychosis' can be extremely distressing to the person experiencing it and to those around them. However, we do not necessarily see psychosis as a bio-medical condition that requires set medical interventions. Rather, we see it as an acute personal crisis, marked by a range of extra-ordinary experiences, which may result from a number of factors, including trauma, psychological, neurophysiological, existential, spiritual, social and environmental. Fundamentally though, we believe that there is meaning in the experience.

Like many other organisations in Europe and America, we draw inspiration from the practices of Soteria House and the work of Loren Mosher and his colleagues. We continue to look for opportunities to develop and enrich this work, whilst holding to the broader principles of Soteria. For more information on the work and philosophy of the Soteria Network please read our booklet.

Though the Soteria Network is actively engaged in promoting progressive approaches to people experiencing extreme states, distress, 'breakdown' or 'psychosis', and is working towards setting up a Soteria House in the UK, we do not currently offer any services directly to people in distress at present. However, we do aim to respond to all enquiries as quickly as possible.

Soteria Network | Humane, non-coercive mental health services

Why do we need Soteria Houses more than ever in the UK now? Why do we need Soteria Houses more than ever in the UK now? Tickets, Sat, Jan 30, 2021 at 3:00 PM | Eventbrite
Event Information Soteria Network UK promotes the development of drug-free or minimum...
<https://www.soterianetwork.org.uk/>



▼ Windhorse Associates

Windhorse Integrative Mental Health is a non-profit treatment and education organization with a whole person approach to recovery from serious psychiatric distress. Our services are individually tailored in close communication with each client and family.

Alternative Mental Health Treatment Program

An alternative to residential treatment, Windhorse uses mindfulness-informed clinical teams and therapeutic households to support our clients' recovery journey. Through this strong web of support, clients experience the same level of dignity and respect as their peers whose lives
<https://www.windhorseimh.org/>



▼ Institute for Dialogic Practice (Open Dialogue)

The Institute for Dialogic Practice is the U.S.-based training facility for Finnish Open Dialogue and dialogical therapy. Our international faculty consists of the leading developers, practitioners and researchers. All of the faculty are affiliated with top-ranked European and U.S. university clinics and medical schools. The training program provides the basic foundation in Open Dialogue as a network-based approach to crisis work, and in Dialogic Practice with individuals, couples, families, and organizations. We invite you to learn more about Open Dialogue and Dialogic Practice.

Institute For Dialogic Practice - Training Courses NYC

Specializing in providing world-class training in Open Dialogue and Dialogic Practice delivered by the field's leading experts and developers in New York City.

<http://www.dialogicpractice.net/>



▼ Sherry Mead Consulting

Shery offers a broad range of training based on individual needs. These may include training in intentional trauma-informed peer support, warmline skills, peer run crisis alternatives, co-supervision, Facilitator training and training for professionals in recovery based practice. All training is very interactive using role play to demonstrate "values in action."

Home Content

Intentional Peer Support provides a powerful framework for creating relationships where both people learn and grow together. We offer a range of IPS is used across the world in community, peer support, and human services settings, and is a tool for community development with bro

<https://www.intentionalpeersupport.org/?v=3a52f3c22ed6>



▼ Coming off medications

▼ Benzodiazepine Addiction, Withdrawal & Recovery

This web site is dedicated to sufferers of iatrogenic benzodiazepine tranquilliser addiction everywhere. Launched on July 6, 2000 with a dozen pages this site now has more than 1200 pages of articles and information, expert medical documents, news stories and personal accounts.

Welcome to benzo.org.uk : Main Page

benzo.org.uk is dedicated to sufferers of iatrogenic benzodiazepine tranquilliser addiction. Launched on July 6, 2000, this web site has always been a work in progress consisting of articles, information, expert medical documents, news stories and personal accounts. You can

<https://www.benzo.org.uk/>



▼ Coming off Psychiatric Drugs: Successful Withdrawal from Neuroleptics, Antidepressants, Lithium, Carbamazepine and Tranquilizers

The world-wide first book about "Successful coming down from psychiatric drugs." With experience-reports of 28 (ex-) users and survivors of psychiatric drugs from all over the world and additional articles of psychotherapists, physicians, psychiatrists, natural healers and other professionals helping withdraw. With prefaces by Judi Chamberlin, Pirkko Lahti and Loren R. Mosher. Closing words by Karl Bach Jensen. Contributions by Regina Bellion, Carola Bock, Wilma Boevink, Michael Chmela, Bert Gölden, Ilse Gold, Gábor Gombos, Katalin Gombos, Maths Jespersion, Klaus John, Manuela Kälin, Kerstin Kempker, Leo P. Koehne, Jan Kuypers, Elke Laskowski, Peter Lehmann, Ulrich Lindner, Iris Marmotte, Constanze Meyer, Harald Müller, Eiko Nagano, Mary Nettle, Una M. Parker, Nada Rath, Erwin Redig, Hannelore Reetz, Roland A. Richter, Marc Rufer, Jasna Russo, Lynne Setter, Martin Urban, Wolfgang Voelzke, David Webb, Gerda Wozart, Josef Zehentbauer and Katherine Zurcher. Translations by Chie Ishii, Mary Murphy, Ivanka Popovic and Christina White.

<http://www.peter-lehmann-publishing.com/withdraw-english.htm>

Description of the book Coming off Psychiatric Drugs - Successful Withdrawal from Neuroleptics, Antidepressants, Lithium, Carbamazepine and Tranquilizers, edited by Peter Lehmann, ISBN 978-0-9788399-0-1, ISBN 0-9788399-0-0, ISBN 978-1-891408-98-4, ISBN 1-891408-98-4, ISBN 978-0-9545428-1-8, ISBN 0-9545428-1

<http://www.antipsychiatrieverlag.de/foreign/withdraw.htm>

▼ Harm Reduction Guide To Coming Off Psychiatric Drugs and Withdrawal

The Icarus Project and Freedom Center's 40-page guide gathers the best information we've come across and the most valuable lessons we've learned about reducing and coming off psychiatric medication. Includes info on mood stabilizers, anti-psychotics, anti depressants, anti-anxiety drugs, risks, benefits, wellness tools, psychiatric drug withdrawal, information for people staying on their medications, detailed Resource section,

and much more. A 'harm reduction' approach means not being pro- or anti-medication, but supporting people to make their own decisions balancing the risks and benefits involved. Written by Will Hall, with a 14-member health professional Advisory Board providing research assistance and 24 other collaborators involved in developing and editing. The guide has photographs and art throughout, and a beautiful original cover painting by Ashley McNamara.

Harm Reduction Guide to Coming Off Psychiatric Drugs and Withdrawal

The Icarus Project and Freedom Center's 52-page illustrated guide gathers the best information we've come across and the most valuable lessons we've learned about reducing and coming off psychiatric medication. Based in more than 10 years work in the peer support <http://willhall.net/comingoffmeds/>



▼ Audio of Talk on Coming Off Psychiatric Drugs at 2009 Hearing Voices Congress – Hall

<https://www.madnessradio.net/audio-extra/09HearingVoicesCongress-WillHallComingOffMedications.mp3>

▼ Families

▼ "Families and First Break: An Evolving Role" – Ron Bassman, Karyn Baker & Connie Packard

<https://s3-us-west-2.amazonaws.com/secure.notion-static.com/433ee148-6405-4fb1-90a3-08f0474cb66c/INTAR2009-NYC-BassmanBakerPackardFamiliesAndFirstBreakAnEvolvingRole.doc>

▼ Family Outreach And Response Program

The Family Outreach and Response organization offers recovery-oriented mental health support services to families. Our staff and volunteers are all psychiatric survivors or family members of people who experience extreme mind states often labeled as "mental illness". We offer educational and support services to families from both a professional and a lived experience perspective.

Family Outreach & Response Program

The Family Outreach and Response organization offers recovery-oriented mental health support services to families. Our staff are professionals who also have either the personal or the family lived experience. Our services are for people living in Toronto who care about

 <https://familymentalhealthrecovery.org/>



▼ Lars Martensson: Reverse Psychiatry in Sweden

What happens in Falun is that the people around the patient, the "family," are gathered as soon as possible for a session with the team. The team consists of the psychiatrist, Goran Andre, a psychologist, and two other people. They meet in a living-room type setting. By family is meant whoever is significant in the life of the patient. The experience of the team is that people will come, even if they have to travel from far away.

In this situation, everybody, not only the patient, is filled with anxiety and despair. Together with the team the family gets an increased capacity to contain and solve problems. It is often found that the patient emerges from psychosis during this first family session. The patient is almost always able to return home with the family the same day. If needed, one of the team members may come along home and stay the night with the family.

Psychosis Outcome with Reverse Psychiatry

Now the remarkable outcome. During these four years the Falun team took care of 37 first time psychotic patients. Normally about half of first time psychotic persons get stuck in their psychosis, become chronically psychotic, and get the diagnosis schizophrenia. You do not get that diagnosis right away; you get it after some time when you seem stuck in psychosis. The remarkable outcome is that during these years there was not a single new case of schizophrenia in the Falun area. In a population of 60,000 people in four

years you expect about 30 new cases of psychosis out of which about 15 graduate to schizophrenia. In Falun there were ZERO, instead of 15 cases of schizophrenia. This fact indicates that most, if not all people, who become schizophrenic with normal psychiatry, would overcome the psychosis with the Falun REVERSE PSYCHIATRY. In other words, with the right help at an early stage the development from psychosis to schizophrenia may be prevented. Since in normal psychiatry most patients would receive neuroleptic drugs, I asked Göran how many of the 37 patients got the drugs. He estimates that perhaps 1/4 of the 37 patients have received a neuroleptic drug some time or times, when, he said "we have thought the drug might be of help." By 1998 one or two of the 37 patients were taking the drugs. In normal psychiatry, typically about 20 of the 37 patients would be getting neuroleptic drugs at that point in time. In other words, all or almost all of the Falun patients had escaped the usual fate of psychotic patients, the fate of being stuck in the neuroleptic drug trap.

Lars Martensson and Reverse Psychiatry - From Road To Recovery Speech

Lars Martensson, 2002 Is recovery possible? Isn't schizophrenia a chronic, lifelong disease? Yes, in general, at least with the drugs. Almost everybody who gets the diagnosis is stuck both with the diagnosis and the drugs for life. But is recovery possible without the drugs? I will
 <http://recoveryleeds.blogspot.com/2010/01/lars-martensson-and-reverse-psychiatry.html>



▼ **First Breaks**

▼ **"Reframing First Breaks and Early Crisis: A Capabilities-Informed Approach" — Kim Hopper**

<https://s3-us-west-2.amazonaws.com/secure.notion-static.com/05143285-9dbb-414d-8e4d-04c309d0609c/INTAR2009-NYC-HopperReframingFirstBreaksAndEarlyCrisis-CapabilitiesInformedApproach.doc>