

National Coalition for Mental Health Recovery

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Enhancing the Effectiveness of Psychiatric Care and Other Services and Supports: *Guidelines for Promoting Recovery Through Choice and Alternatives*

We affirm the power of each person to discover his or her own path to recovery. We are concerned about the over-reliance by health and mental health care providers on psychiatric pharmaceuticals. We are pro-choice regarding psychiatric medication, services and supports.

We propose the following guidelines to the broad spectrum of health and mental health care providers so that each individual is aided on his or her recovery journey to the greatest extent possible:

- Promote hope, optimism, and the expectation of recovery in all service settings.
- Services must be person-directed, culturally attuned and trauma-informed.
- The use of involuntary interventions, which should never be considered treatment, is indicative of a failure to effectively engage the individual(s) involved. Involuntary interventions should only be used as a last resort, when all other approaches have been exhausted.
- Services must involve the availability of an array of options, including psychotherapy, psychosocial rehabilitation programs, peer support, holistic health services, and other community-based mental health services and supports, as well as the availability of appropriate and effective medication.
- Educate individuals accurately about what is known and not known about a psychiatric diagnosis and about the wide range of possible explanations of mental health symptoms.
- Adopt sound treatment protocols. This would include providing individuals with accurate and up-to-date research about the potential benefits, risks and side effects of medications and other treatments. It would ensure their right to seek a second opinion – to allow for shared decision-making and truly informed consent.
- Adhere to the fundamental medical principle “First, do no harm.”
- Ensure individuals’ rights to accept or refuse treatment.
- From the outset, provide an array of medical and alternative possibilities.
- Do not use the term “medication cocktails” to describe polypharmacy.
- Educate individuals about the role that trauma may have in their experience and the importance of healing trauma as they journey toward

- recovery. Educate the community that trauma may play a significant role in mental health issues.
- Treat mental health crises as episodic and situational. Use additional caution when prescribing medication during these instances.
 - Employ holistic health assessments of mind, body and spirit. Identify physical factors – such as sleeplessness, food allergies, thyroid imbalance, medication side effects, and malnutrition – that may contribute to symptoms.
 - Ensure access to a wide range of supported wellness programs, including healthy sleep education, exercise, peer support, therapy, nutrition, and self-care education, such as the Wellness Recovery Action Plan (WRAP), Person-Directed Planning, and Psychiatric Advance Directives.
 - Avoid prescribing psychiatric medications to children with mental health challenges or addictions. Offer non-medication alternatives whenever possible.
 - Engage individuals experiencing "first-break psychosis" – the initial crisis that first brings a person to mental health services – with psychosocial alternatives to medication first. If necessary, address sleep issues through medication as a first priority. When medications are used to bring a person out of crisis, employ a clear "exit strategy" to help the person move from medication reliance toward alternative ways of addressing any ongoing or recurring mental distress, whenever possible.
 - Individuals' preferences in regard to reducing or discontinuing medication must not affect their eligibility for other mental health services, housing or income subsidies.
 - Provide access to peer support groups and to literature about reducing and discontinuing psychiatric medications, with the understanding that taking medication is a personal choice.
 - Train providers and peers in the most effective use of psychiatric medications – including the possibility of reducing and discontinuing their use – and in empowerment, trauma-informed care, and other client education, including shared decision-making.

We express our support for all efforts to implement these principles, and applaud the significant steps forward made during the February 11-12, 2011, Medication Optimization Symposium convened by providers and policy makers and inspired by the important work of journalist Robert Whitaker and his latest book, "Anatomy of An Epidemic."