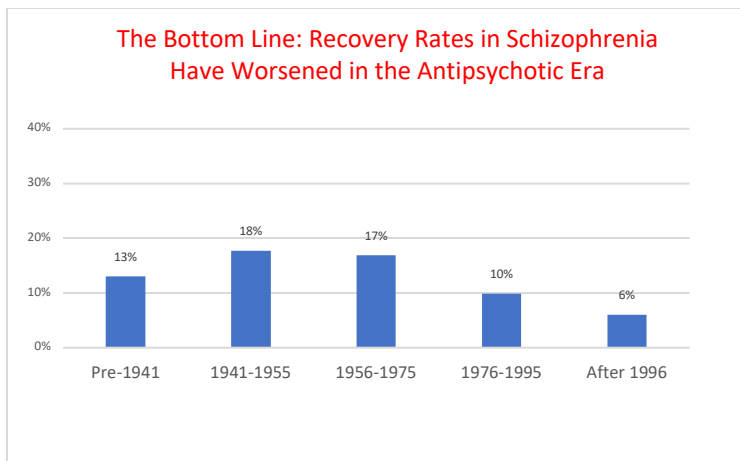


An Open Letter to the Member Organizations of the Mental Health Professions

The mental health professions are in crisis. After more than two centuries of earnest efforts to discover the pathophysiological causes of mental disorder, none have been found. The number of Americans on social security disability due to a mental disorder has risen dramatically from 1 in 750 in 1950 to 1 in 70 today.¹ The suicide rate has increased significantly in recent years.² The recovery rate from arguably the most serious mental disorder, schizophrenia, hasn't improved since 1900 and is far lower than the recovery rate in Colombia, Niger, and India (see figure below).³



¹ Whitaker, R. (2010). *Anatomy of an epidemic: Magic bullets, psychiatric drugs and the astonishing rise of mental illness in America*. New York: Crown Publishers.

² Martinez-Ales, G; Hernandez-Calle, D et al. (2020). Why are suicide rates increasing in the United States? Towards a multilevel reimagination of suicide prevention. *Curr Top Behav Neurosci*, 46 pp. 1-23.

³ Jääskeläinen, E. et al. (2013). A systematic review and meta-analysis of recovery in schizophrenia. *Schizophrenia Bulletin*, 39(6), 1296–1306.

This glaring failure of biological psychiatry clearly warrants that we abandon the failed medical model of human distress. The lesson of this long line of research is that mental disorders are natural and meaningful, yet problematic, human responses to life situations, concerns people have about their lives and themselves, and efforts to cope with life the best they can. Therefore, calling them disorders or illnesses is only metaphorical, not literal, and addressing them with a medical approach is unjustified.

There is no doubt that individuals suffer from serious emotional distress, and some of them can act in very upsetting and harmful ways. But we have not found evidence that they do so because of internal dysfunctions that can be addressed with a medical model.

All studies that examine the purported link between mental disorder and chemical, functional, and genetic factors merely show that emotional distress and problem behaviors are correlated with normal bodily functioning. But this isn't evidence of bodily pathology that causes those problems, as all human experiences are correlated with normal bodily functioning. Merely calling a problem an illness or disorder does not make the underlying bodily functioning a disease or dysfunction.

When pathophysiology has, in fact, been found to cause mental and behavioral symptoms, the ailment is not a mental disorder, but a physiological disorder. For instance, when Lyme disease causes mood instability, the ailment is not bipolar disorder; it is Lyme disease. When lead poisoning causes attention deficits, it is not ADHD, it is the disease of lead poisoning. The medical specialists in those

areas, and not mental health specialists, would assess and treat those illnesses.

Any medical form of treatment must be focused on the cause of an ailment in the body. If there is no bodily ailment, as is the case with mental disorders, then medical forms of treatment are ineffective at best and dangerous at worst.

This is critical, as mental disorders continue to be falsely portrayed to the public as “medical problems, just like heart disease or diabetes,”⁴ even though they are not caused by pathology that can be medically treated like heart disease and diabetes can. Instead, they are defined with unreliable, invalid, and horoscope-like criteria derived from committee vote about what human experiences and behaviors are socially and morally inappropriate.

In science, which psychiatry and its allied mental health professions claim to follow, theories are constructed and then tested to see if they conform to real-world data. When the data is inconsistent with the theory, the theory is adjusted to fit the data. If enough time passes without any supporting data, the theory is discarded, as has happened with such dead theories as phrenology, mesmerism, and miasma theory.

But this scientific standard has not been applied within the mental health field. Instead, the prevailing medical model theory has survived for decades despite the lack of supporting data, and in the face of contradictory data that

⁴ American Psychiatric Association. (2022). What is mental illness. Retrieved from: <https://www.psychiatry.org/patients-families/what-is-mental-illness>.

is often dismissed or suppressed, with the defenders of that failed theory perpetually announcing that proof is “just around the corner.”

No other respectable scientific field has so desperately held onto discredited theories like this. By defending the medical model of human distress, the mental health professions have put themselves in an ethically untenable position that is not worthy of trust or respect.

Therefore, we, the undersigned practitioners and academicians of the mental health professions, call on our professional member organizations to do their ethical duty and respond to this crisis.

Specifically, we ask that they answer the following questions and, if they cannot, to publicly denounce the medical model of mental disorder:

1. What evidence derived from replicated and independent research supports the claim that mental disorder is due to internal pathophysiological dysfunctions in the individual, whether chemical, structural, functional, or genetic?
2. What bodily pathology is the target of medical forms of assessment and care for those diagnosed with mental disorder, whether to correct that pathology or merely for palliative reasons?
3. How do prescribed chemicals, electricity, and surgery correct or alleviate that alleged pathophysiology?

4. Absent evidence that mental disorders are due to pathophysiology, why is the “standard of care” to prescribe chemicals, electroshock, and psychosurgery, especially given that more effective and safer psychological and social forms of care and respite are readily available?

5. Why are psychiatric “patients” the only ones among all medical specialties who are not allowed full informed consent and, instead, are frequently deceived, coerced into confinement, and forced to undergo treatment in violation of basic human rights?

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