Children, hearing voices and the medical model

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Science, culture and politics

- Science is a human endeavour.
- Who speaks? Discourses and power.
- Authority of ‘medicine’ allows the creation of ‘neurochemical selves’

"You are completely free to carry out whatever research you want, so long as you come to these conclusions."
Does Diagnosis help?

- Case definition developed in response to Rosenhan’s and others critique not scientific evidence (cause, course, or treatment).
- Diagnosis based public health measures (education and screening) does not improve outcomes (e.g. defeat depression campaign).
- Few diagnosis-specific ‘treatments’. No evidence that using diagnosis improves outcome. Much evidence to suggest medical model associated with poorer outcomes.
- psychosis, melancholic depression, mania, phobias, learning difficulties addictions, and character-logical present since DSM 1. Little consensus on finer divisions.
Birth
Ritalin
Prozac
Viagra
Death
Companies have the power to change cultures and to do so in an astonishingly short time. David Healy, 2006

Stimulant prescriptions England per year
1994: 6,000  
2007: Over 550,000

Long term prescription starts before evidence for any long term effectiveness or safety is available

“Lahwaah, buwha buwhaah, gullygah abawaa mey ayeeyaaah. Is that normal?”
Anti-psychotics

- TEOSS – olanzapine, risperidone, or molindone for psychosis. After 8 weeks half have discontinued, less than 45% response, many side effects, olanzepine arm stopped. By 1 year only 10% remained in study.

- Marketed now to treat aggression and irritability, (autism/mentally retarded). Widely used for aggression and newly created ‘childhood bipolar disorder’.

- Risk of high blood sugar, obesity, diabetes, raised prolactin, and other metabolic adverse reactions. Also tardive dyskinesia, neuroleptic malignant syndrome, akathisia.

- FDA data from 2000-2004: at least 45 child deaths; 1,328 reports of serious reactions.

Morgan and Taylor, 2007

- Quoted 2 studies as the evidence base.
- Both 8 weeks. Around two thirds rated ‘improved’.
- Over two thirds experience ‘somnolence’.
- 2.7 v 0.8 kg and 2.7 v 1.0 kg weight increase.

"We know little about the long-term effects of psychiatric drugs in children. Side-effects of anti-psychotics include shaking, damaged bones, reduced fertility, obesity, and increased risk of heart attack, diabetes, and stroke. Stimulants can damage the heart and stunt growth. Antidepressants can increase the risk of suicide in children. Do these drugs work? Evidence is often scant—and, where it exists, is largely discouraging."

"Many patients have argued for years that psychiatric drugs are often more harmful, and less effective, than doctors believe. Increasingly, these patients are seen to be right. If psychiatry is to retain its claim to rationality, it must allow patients, including children, to be heard, and not merely drugged."
Current practice: Consensus based not evidence based

- Disease paradigm.
- Psychiatric diagnoses do not link with biology, aetiology, treatment or outcome.
- Use of medication as disease specific treatment: risks often outweigh benefits.
- NICE mental health guidelines uses low level of evidence.
Evidence base tells us we should privilege:

- Meanings: historical, narrative, cultural.
- Values: therapeutic alliance, voice of client, give hope and expectation of recovery.
- Empirical: Medical model not supported, role of early trauma, normalisation.
- Use medication at lowest dose for shortest time if at all.