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# Drugs are not the only option



**Richard Lakeman**  
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Recently Robert Whitaker toured Ireland and summarised the main ideas in his book *Anatomy of an Epidemic* to packed audiences. The investigative journalist sought to ask 'why have rates of disability for mental health problems in the United States tripled in the last 20 years?' despite widely vaunted advances in the pharmacological treatment of mental disorder.

Whitaker rallies high quality epidemiological research, clinical trials, and expert opinion to support his theory that the rise in disability, and apparent worsening of prognosis, for people with health problems is related to the prescription of psychiatric drugs. Most people will be aware that the benzodiazepines that were touted as non-addictive and virtually harmless in the 1970s are highly-addictive, exacerbate anxiety long-term and cause distressing and dangerous withdrawal syndromes. Health professionals and patients have long been aware that psychiatric drugs can cause various side-effects, but that drugs might worsen underlying problems is not widely accepted.

When psychiatric drugs do not appear to be working and are abruptly stopped people often report a worsening of symptoms. When the drug or another is reintroduced these symptoms diminish somewhat. This is often the evidence rallied in drug trials and from personal experience, which leads to reports that drugs work. Whitaker and others suggest that drugs might actually cause long-term neurobiological changes and abnormal functioning on withdrawal.

Whitaker throws his challenge to society, to consider whether the current drug-based response to mental health problems is working. Much of the research that he cites has been generated within the mental health industry. However, research not in accord with a view that medication works has often been neglected or glossed over in psychiatry and scant attention and even less funding is available to research non-medication-based interventions. Whether or not drugs work in psychiatry is generally not part of the conversation—there is an assumption that they do. This may be the case for some people, but clearly not for all. A professor of psychiatry, on a radio interview, summed up what might be considered the dominant orthodox response to Whitaker's theory and others like it: 'I think that is a completely fallacious argument ... there is absolutely no evidence whatsoever to support it'.\*

Whitaker's theory may not hold up over time, but it does nevertheless raise important questions about how we ought to respond to mental distress. Good science involves a humble attitude and being prepared to shelve or revise theories on the basis of new evidence. In response to research, the emphasis on medications as the first line of treatment has diminished for some problems in recent years in the UK. Whitaker's summation of outcome studies suggests that most people are likely to recover from mental health problems without medical treatment. Given the right support, people demonstrate remarkable resilience and capacity for healing.

This journal plays an important role in reporting on what is helpful to people in promoting wellbeing and recovery. Interventions to improve people's wellbeing need to be evaluated from multiple angles and long-term outcomes need to be considered. Whitaker's theory suggests that we need to shift our emphasis and reliance on medication towards more positive approaches. This is not to dispute that medication is helpful for some people. Medication ought to be an adjunct to wellbeing-focused care and interventions but not a replacement.

**BJW**

\*Robert Whitaker on Today With Pat Kenny 28 February <http://tinyurl.com/3gh8cgq> (accessed 11 April 2011)

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