

Medication Statistical Failure

The use of psychotropic medication in treating psychosocial challenges has long been criticised as largely ineffective and extremely disruptive to the consumer's wellbeing. In [Harrow et al.'s \(2022\)](#) 20 year longitudinal study, medicated patients were approximately six times less likely to recover than their unmedicated peers. [In cross-cultural studies conducted by the World Health Organization](#), schizophrenia outcomes were found to be significantly better in developing countries, where only a small percentage of patients are regularly maintained on antipsychotics.

Medication is currently the main approach to mental health treatment within the Australian medical field. The [2015 report](#) from the Mental Health Commission of NSW brought to light an alarming trend - an increasing dependence on medication as a means of mental health management. The reliance on medication is especially apparent in lower income facilities as it is seen as the 'easier option' with considerations to their inadequate funding. Yet, there is numerous research that demonstrates the dangers and ineffectiveness of long-term medication in helping people with psychosocial challenges, when used as a stand-alone treatment or for 'management'.

Medication, primarily in reference to antipsychotics, can cause many serious side effects to the physical and mental health of the consumer. In [Lapane et al.'s \(2007\) study](#), three-quarter of patients in the study reported medication effects that were not mentioned by their physician, including hair loss, poor sleep, weight loss/gain and chronic cough. Additionally, excessive sweating, fatigue, reduced emotional expression, suicidal thinking and higher rehospitalisation rates have also been significantly linked to the use of antipsychotic medication ([Brown, et al. 2016](#); [Stip et al., 2002](#)).

Changes to body appearance has been shown to further deteriorate the consumer's self-esteem and can lead to further stigmatisation, thus creating a vicious cycle that ultimately threatens the individual's mental wellbeing ([Mental Health Commission 2015](#), pp. 42). MRI brain scans have revealed neurobiological changes in medicated individuals, contributing to an increased vulnerability to psychosis ([Chouinard 1991](#); [Gur et al. 1998](#)).

The administration of medication itself also poses threats to the consumer's wellbeing. Moreover, as noted by the [National Institute of Mental Health](#), medications often necessitates multiple attempts to identify the most suitable treatment. The process of "trial and error" in determining the right medication creates disillusionment with treatment and can lead to heightened side effects, including developing exacerbated depressive symptoms ([Cusin et al. 2007](#)). With considerations to the wellbeing of mental health service consumers, there is a need to implement alternatives to medication.

The best means of addressing psychosocial distress is with non-medicalised, community-based, peer designed and led mutual support groups. Participants can then decide for themselves in a non-coercive, non-authoritarian environment what role - if any - medication, self-help, psychological and behavioural therapies, social support services, etc might play in their ongoing care and personal development.