

Peer support's role in helping individuals withdraw from psychiatric medications

Abstract

Peer Support Specialists play a crucial role in helping individuals to taper or withdraw from psychiatric medications and find alternative treatments based on psychosocial interventions and lifestyle changes. Although psychiatric medications can be useful in managing acute psychological distress, their efficacy and safety in the long term are not well understood. Consumers and professionals are increasingly interested in finding more client-centered approaches to pharmacologic treatment and effective alternative strategies to deal with emotional distress.

While individuals in recovery, peer specialists, have contributed to this growing body of literature, the role of Peer Support Specialists in supporting individuals who are withdrawing from psychiatric medications is not yet clearly defined and widely accepted.

This may be partly due to professional bias about their abilities and competencies. This article aims to clarify the role of Peer Support - Recovery Based - Interventions and provide a springboard for refining and applying modalities and strategies to support more effectively individuals who are withdrawing from psychiatric medications. The article is based on a review of some of the most noteworthy literature on the subject, which, the authors believe, requires more contributions.

Keywords: peer specialists, psychiatric drugs withdrawal, consumer empowerment

Volume 14 Issue 6 - 2023

Marcello Maviglia,¹ Donald Hume,² Norman J Coeyate³

¹Clinical Professor, Family and Community Medicine/ Core Faculty Member at CNAH(Center For Native American Health)/University Of New Mexico, USA

²Senior Peer Specialist, Presbyterian Health Care Services, USA

³Tribal Relations Liaison, Center for Native American Health - a Public Health Institute for Indigenous Knowledge and Development/Lecturer II, Department of Family & Community Medicine/University of New Mexico Health Sciences, USA

Correspondence: Marcello Maviglia, Clinical Professor, Family and Community Medicine/ Core Faculty Member at CNAH(Center For Native American Health)/University Of New Mexico, Albuquerque, USA, Email mmaviglia@salud.unm.edu

Received: October 31, 2023 | **Published:** November 14, 2023

Introduction

It has been reported that one in six individuals in the United States is on some form of psychiatric medication. Most of the individuals on psychiatric medications are taking them as long-term treatment.¹

However, stopping the medication can be challenging and problematic. Many individuals develop severe withdrawal symptoms that can lead to episodes of self-harm or harm to others. Although the effectiveness of psychiatric medication has been proven in the acute stages of emotional distress, the safety and effectiveness of long-term psychiatric drug treatment have not been established for most drug classes.²⁻⁸

Unfortunately, most psychiatrists and prescribers are not knowledgeable about stopping the subject and do not support consumers who are interested in the withdrawal process.^{2,4,9} Therefore, it is necessary to develop clinics and venues that focus on withdrawal protocols, as highlighted by various studies. Peer Specialists play a vital role in supporting individuals undergoing psychiatric drug withdrawal, as demonstrated in the article.^{10,11} They are individuals who have successfully recovered from emotional distress and they help others through shared understanding, respect, and empowerment. Their support goes beyond clinical settings and extends into the everyday environment of those seeking recovery. This reduces the likelihood of relapse and keeps people engaged in the recovery process.¹²⁻¹⁵

Peer Support Specialists are extremely effective in assisting individuals with emotional distress, as shown by consistent data from testimonials and both specialized and gray literature.¹⁶⁻¹⁹ Peer interventions contribute to improvements in both self-esteem and confidence, the ability to bring about positive changes, and the feeling that clinical treatment addresses the real needs and aspirations of individuals.

Peer Specialists promote self-determination and an open and equal relationship between the provider and consumer, which is essential for good outcomes.²⁰ They help people cope with drug withdrawals and encourage an open dialogue with the prescriber.

For anyone considering withdrawing from psychiatric drugs, Peer Specialists can provide relevant support as they have firsthand experience with such issues. They promote freedom of therapeutic choice and the option of tapering off pharmacologic therapy.¹⁰

People considering a course of tapering or withdrawal from psychiatric drugs often struggle to receive support from providers. Peer support specialists as individuals with lived experience, and online self-help groups can provide valuable support in discussing and reviewing medication-related issues and planning for a course of tapering off and withdrawing from psychiatric medications.^{10,21,22} This article aims to clarify Peer Support - Recovery-Based Interventions and to promote the application of client-centered approaches to pharmacologic treatments, as well as effective alternative modalities and strategies to deal with the different aspects of emotional distress.

There is a clear need for the development of drug psychiatric withdrawal venues. Withdrawal symptoms are frequent when attempting to discontinue psychiatric medications. A large portion of individuals during the process experience severe, problematic, and, at times, long-lasting symptoms.^{2,9,23} Unfortunately, healthcare providers are often unhelpful in the withdrawal process and tend to avoid patients who wish to taper off. This is mainly due to providers prioritizing the biological aspects of psychiatric intervention, which have yet to be proven effective. Framing patient needs as primarily biological often leads to chronic labeling, despite the fact that the biological model has not delivered the significant improvements it promised in recent decades.^{4,24}

Psychiatrists frequently keep patients on psychotropic medications for extended periods without considering tapering possibilities, which can be harmful to their health.^{4,25} There is a lack of clear guidance on the gradual tapering process from psychiatric medications, excluding benzodiazepines, which makes psychiatrists hesitant to assist clients in discontinuing the medication.⁹ The influence of the pharmaceutical industry on physicians' training is another major influence in discouraging providers from considering a tapering process from psychiatric medications.^{7,8,24}

The reluctance of providers to discuss the reduction of psychiatric medications with their patients is a well-established issue, leading to many patients abruptly discontinuing medication and risking withdrawal symptoms.⁹ When it comes to psychiatric diagnoses, the validity of the biological model is debatable. While drug treatments may change people's emotional state and the effectiveness of therapeutic interventions, the safety of this form of treatment, particularly in the long run, has not yet been conclusively proven.^{4,26} As already stated, psychiatrists and prescribers often lack knowledge about stopping medications, making it difficult for consumers to withdraw from them. To address this, there is a need for clinics and venues with a specific focus on withdrawal protocols.

One approach that has proven effective is peer support. Peer support specialists are individuals who have successfully recovered from similar situations and help others do the same. By providing shared understanding, respect, and mutual empowerment, peer support services can extend the reach of treatment beyond the clinical setting and into the day-to-day environment of those seeking a sustained recovery process.¹² This approach reduces the likelihood of relapse.

Withdrawal from psychiatric drugs is a difficult process that requires assistance. People with lived experience, peer support specialists, and online self-help groups can provide valuable support by sharing strategies for coping with the process of drug withdrawal and promoting self-determination.⁹ This approach fosters an open and egalitarian relationship between provider and consumer, allowing for a "fluid" dialogue with prescribers to reach a point of convergence.¹³

Despite the need for these types of venues, there is still, as already stated, a lack of clear and formally endorsed information on the process of gradual tapering from psychiatric medications (excluding benzodiazepines). This contributes to the hesitation of psychiatrists to assist clients with the process.^{4,26} Furthermore, many physicians tend to focus on the biological aspects of psychiatric intervention, despite the lack of conclusive evidence supporting this approach. As a result, individuals are often kept on psych drugs for long periods without exploring the possibility of a tapering course.⁴

It is important to note that several factors contribute to psychiatrists' ambivalence and reluctance to consider courses of withdrawal from psychiatric medications, including the influence of the pharmaceutical industry on physicians' training.^{8,24,27} To provide safe and effective mental health care, we need to develop clinics and venues with a specific focus on withdrawal protocols. These clinics should provide individuals with the necessary support to taper psychiatric medications slowly and safely.

It is important to understand that all therapeutic interventions, including psychiatric drugs, can have both positive and negative effects. Therefore, it is crucial to evaluate these interventions thoroughly, without any bias towards a particular direction. This evaluation should consider the individual's subjective experience and context, including social and cultural factors, as they have a significant impact on treatment outcomes.^{1,9,29-31}

Psychological support is necessary during psychotropic drug discontinuation. It should focus on understanding the individual's personal history, experiences, and reasons for taking these drugs. Peter Bragging's "consciousness-raising" model encourages individuals to become more aware of their emotions, thoughts, and actions. Family and social support are also crucial during this process.²

His framework for treating psychiatric conditions emphasizes the importance of contextual and systemic aspects, promoting mental and physical well-being through therapies and lifestyles such as meditation, exercise, and a balanced diet.² Peer support specialists and online self-help groups can provide valid support to individuals with a history of recovery from emotional distress. They can help individuals discuss medication-related issues, plan a course of tapering off and withdrawal from psychiatric medications, and exercise their freedom of therapeutic choice. It is important to note that the role of the peer specialist is not to pressure individuals into discontinuing their medications but to evaluate the feasibility of such an option and provide concrete support for a well-thought-out plan.¹⁰ They also assist individuals in sharing their treatment plan with the treating physician, which can be challenging for those in emotional distress.³² The peers can also help assess the risks and benefits of discontinuing psychotropic drugs.^{9,33}

As stated, one of the major barriers to building efficient and safe withdrawal pathways is the lack of adequate knowledge regarding the topic of withdrawal from psychiatric drugs on the part of healthcare providers. Additionally, the process must include psychological, physical, social, and cultural contexts, which are often ignored in clinical practice due to the biological narrowness of the current psychiatric practices.^{30,24} The shortage of appropriate clinical resources in behavioral health exacerbates the problem of inadequate withdrawal pathways. However, the recovery movement with peer specialists has often made up for the deficiencies of the mental health system by helping with the coordination of care and preventing crises and episodes of hospitalization, as seen during the COVID-19 pandemic.³⁴

It's important to consider that different consumers and peers have varying opinions about psychotropic drugs. The recovery approach recognizes that judicious, short-term drug treatment can sometimes be beneficial, as long as it's followed by a safe course of tapering and withdrawal. However, it is worth noting that many people have reported improvements without the use, or with minimal use, of these drugs. Two promising approaches to emotional distress that minimize or avoid the use of psychiatric medications are Open Dialogues and the Soteria House project.^{25,36,37} It is worth mentioning that the two projects utilize recovery strategies similar to those of support workers' interventions.

Peer specialists play a crucial role in helping individuals during the process of drug withdrawal. They empower individuals by sharing strategies to cope with the withdrawal process, including developing an open dialogue with their prescriber. The objective is to reach a common ground where self-determination and a collaborative relationship between provider and consumer are recognized as crucial to achieving positive outcomes.¹³ This dialogue is essential as individuals may be hesitant to express their views and needs regarding medications due to fear of negative judgment from their healthcare provider (Unfortunately, healthcare providers often perceive such questions and doubts as a lack of insight on the part of the individual). This hesitancy is often reinforced by unpleasant and traumatic experiences during previous attempts at tapering, which may have been misguided and poorly executed.⁹

Tapering off or withdrawing from psychiatric medications can be a difficult and complex process, and often requires the assistance of a qualified physician.^{2,4,9} Unfortunately, finding healthcare providers who are willing to help with this goal is a challenge in many countries. In such cases, a peer specialist can be of great help by providing bibliographical references, links to specialized websites, and connecting individuals with other professionals who are knowledgeable about this subject.^{10,13}

It is important to note that peer specialists do not replace healthcare providers but rather work alongside them to help individuals improve their quality of life while respecting their freedom of therapeutic choice.³⁴

The strategies used by peer specialists regarding psychopharmacology align with the views and recommendations of Patricia Deegan, a prominent figure in the recovery movement. Deegan's approach emphasizes "personal medicine," which refers to using our own intuition and experience to survive, improve our well-being, and increase our quality of life. This approach is an alternative to "pill medicine," which is often prescribed without acknowledging our ability to manage life stressors.²² Peer specialists work within the context of personal medicine, seeking to enhance and value the individual's ability to cope with emotional distress, and manage pharmacological treatments, including tapering off, and withdrawing from drugs.

Deegan's approach, which summarizes the principles of recovery regarding pharmacological treatment, can serve as a useful guide for both the individual in recovery and the peer specialist. This approach places great importance on the doctor-patient relationship in the context of recovery. The following paragraph, based on one of her articles will illustrate her approach.²¹

Exercising control over one's therapeutic freedom of choice during visits with the psychiatrist

As mentioned previously, Patricia Deegan, a recovery champion in the United States, has outlined essential strategies for people with mental health concerns who wish to discuss their course of treatment with their psychiatrist. She emphasizes the importance of personal decision-making power in creating an effective treatment plan that includes both pharmacological and nonpharmacological options.¹³ In this context, Deegan observes that the power dynamic between the individual and the psychiatrist can sometimes leave the patient feeling helpless and frustrated. This is often due to the psychiatrist's authority, which the patient may feel compelled to respect without question. This psychological stance can be reinforced by internalized stigma, or the individuals' own prejudices about their mental health struggles, as well as their confusion about their right to express opinions and disagreements with those in positions of power.^{9,21}

To avoid these dynamics, Deegan suggests creating a treatment plan that prioritizes the individual's freedom of therapeutic choice. This means that the consumer should be an active participant in their drug therapy, by closely monitoring the effects of psychotropic drugs and asking for clarification about the medication(s) being prescribed.³⁸ Unfortunately, providers may not always provide sufficient information, which means that individuals must engage in independent research. This can include visiting specialized sites, seeking advice from other consumers, and reviewing publications that may not be considered mainstream.⁹

By taking an active role in their treatment, consumers can avoid feeling helpless and frustrated during their visits with psychiatrists.

They can also ensure that they receive the best possible care, one that is tailored to their unique needs and preferences. To prevent these dynamics from emerging, it is important to develop a treatment plan based on the principles of freedom of therapeutic choice. This means that drug therapy, as part of a recovery pathway, requires the active participation of the individual. They should plan and closely monitor the effects of psychotropic drugs during administration and eventual reduction and/or discontinuation. It is also crucial that they ask for clarification about the medication(s) being prescribed. However, the information provided by providers is often insufficient, so it may be necessary for the individual to engage in independent research, utilizing information from specialized sites, advice from other consumers, and publications that may not be considered part of mainstream scientific literature.²¹

It is important to note that one of the most useful ways to obtain information about medications is to talk to other people who have used them. Patricia Deegan, a prominent recovery advocate in the United States, has provided helpful strategies for people with a history of mental distress who wish to discuss their treatment with their healthcare provider or psychiatrist. This includes discussions around medications and identifying non-pharmacological alternatives. Deegan stresses the importance of empowering individuals to make their own decisions when developing treatment plans, including medication therapies, and encourages patients to take an active role in their care.^{13,39}

Today, psychiatrists and healthcare professionals have limited time to spend with consumers, which can result in crucial aspects of a patient's history being overlooked. This can lead to incorrect and harmful clinical interventions, such as mistaking traumatic symptoms for psychotic ones and treating them with psychotropic drugs instead of psychosocial interventions. Patients can help prevent such consequences by preparing an agenda that outlines their concerns before their visit with their psychiatrist. This approach allows patients to play a more active role in their own care rather than adopting a passive attitude that may be promoted by the biomedical model.^{21,38} According to a recovery-oriented model, patients should express their priorities for improving their physical and mental health to their psychiatrist. Consumers can prepare a list of questions, problems, and possible solutions to share with their psychiatrist. This allows them to take control of the conversation during the visit, rather than being subjected to a series of questions from the beginning.

It is essential for patients to take an active role in managing their mental distress, rather than just passively receiving physician recommendations. By preparing ahead of time and taking control of the conversation, they can promote a recovery-oriented approach to their mental health care, instead of adopting a passive attitude promoted by the biomedical model.²¹ Consumers who are hesitant to adopt this approach can seek the help of a friend with lived experience or a peer specialist to accompany them during their visit.

During the visit, patients can consider asking the following questions (adapted from Deegan's article)

- What do you think is the cause of my symptoms?
- What is the reason I need the medication you are prescribing?
- What are the risks and benefits of taking medication?
- Are there non-drug alternatives to manage my discomfort and reduce my symptoms?
- How can I get support beyond medication?

- Can you explain how this medication works?
- What are the possible side effects of this medication?
- If I experience side effects, what should I do?
- What are the risks of taking the medication long-term?
- How long will I have to take the drug?
- Can I become addicted to this medication?
- Is it possible to discontinue it?
- How could I consider stopping it? What help can I get?
- What could happen if I stop taking the medication?
- If I have questions or concerns about the progress of treatment, can I contact you?

A survey online which included 250 individuals for the US, showed that around 50% of them used different strategies to manage withdrawal symptoms. Among the most effective methods were self-education and connecting with friends or acquaintances who had already stopped or reduced their medication. However, only 45% of those surveyed considered their prescribing doctors helpful during the withdrawal process. Surprisingly, 82% of those who decided to completely stop taking their medication expressed satisfaction with their choice. These results emphasize the need for healthcare providers and prescribers to provide better support to individuals who opt to withdraw from psychiatric medications.⁴⁰

Peer specialists in online groups

It could be argued that vouching for the possibility of getting off psychiatric drugs has been one of the crucial objectives of the recovery movement. Many consumers have sought and continue to seek suggestions and feedback on how to make drug therapy less burdensome and/or how to initiate a process of tapering off from psychotropic drugs. Physicians often fail to provide this type of information to consumers. To bridge this gap, over the past three decades, many initiatives have arisen from individuals with “lived experience”. The one promoted by Adele Framer, who founded the site *SurvivingAntidepressants.org* after her own challenging experience while trying to get off psychotropic drugs, is perhaps the most successful worldwide.¹⁰ Since 2011, as we learn from her writings, Adele under the pseudonym “Altostrata”, has run the site “*SurvivingAntidepressants.org*.” It is a peer support site, offering educational materials and feedback to users on withdrawal modalities and strategies.

The content of the site, which is based in the United States, attracts more than 500,000 monthly views of which 45% are from the U.S.A. and the rest from other countries. The site, because of its reliable scientific content, is often cited in articles, papers, and websites dealing with the subject of withdrawal from psychotropic drugs. It is run by volunteers who have personal experience with withdrawal from psychotropic drugs. They offer their support and share their stories to help others going through similar experiences. It's important to note that they are not medical professionals, but rather peer experts providing information and assistance to individuals who may feel unsupported.

Many people who come to this site have had negative experiences with their physicians when expressing interest in withdrawing from psychiatric medications. As a consequence, they have verbalized a general mistrust of prescribers. However, the site encourages them to discuss the information given on the site with their healthcare providers.

Unfortunately, many physicians continue to underestimate the benefits of online support communities and have negative views towards them. These free online resources provide valuable services to individuals and promote patient autonomy. Medical professionals should be more open and willing to embrace such venues, even if they feel it is challenging to their professional identity. By encouraging individuals to be more autonomous, physicians can help mitigate many of the negative effects inherent in the structural deficiencies of healthcare services, which do not allow for frequent and satisfactory contact with consumers.^{41–43}

In this context, it should be kept in mind that online support groups often include assessments of the scientific literature and potentially relevant information that they may not know. Moreover, they can be a valid support for interacting with professionals and dealing with the more complex aspects of their “lived experience”. Consumers have demonstrated abilities to moderate such forums, and even help to find solutions to conflicting situations between healthcare providers and consumers.⁴⁴

Also, their input contributes to the dissemination of the principle of self-determination in healthcare choices, so critical to a more equitable relationship between healthcare providers and consumers. Peer experts, either online or in person, can stimulate reflections with questions such as “What benefits are you receiving from treatment?” or “What is the ‘biggest obstacle to achieving your goals?’” or “How do you plan to tell your doctor what he or she really needs to know?”, as can be inferred from the recovery literature.^{21,22}

In essence, consumers can draw on the expertise of peer specialists to create a personalized treatment plan, centered on individual needs. At the same time, peer specialists are very aware of the differences of opinion regarding medications that coexist, shoulder to shoulder, among people in recovery. There are those who say that they could not have recovered without my medication, and those who state with similar conviction that If they had continued taking medications, their lives would not be as full as they are.⁹ Both perspectives should be considered. In fact, completely rejecting the use of antipsychotic drugs or prescribing them without proper consideration and evaluation could be seen as an ideological stance. Despite the established effectiveness of peer specialists in both in-person and online settings, physicians' training may make them unaware of emerging technological and cultural changes that offer new opportunities for healthcare innovation. It is possible that consumer-driven online groups could become a significant healthcare model in which individuals with lived experience play a more active role rather than being passive recipients of healthcare.^{43,46–48}

Conclusion

Psychiatric medications have been proven effective in the acute stages of emotional distress; however, their long-term safety and effectiveness have not been established for most classes of drugs. Individuals who try to taper off these drugs often face substantial problems, as the process of getting off psychiatric medications can be extremely challenging due to the high incidence of withdrawal signs and symptoms. These symptoms can be severe and problematic and, in extreme cases, can lead to episodes of violence against oneself or others.

To provide safe and effective mental health care, it is crucial to build venues that specialize in withdrawal protocols and provide adequate support to individuals during the withdrawal process. Peer support specialists, who are individuals with lived experience of emotional distress and have successfully helped others who have

undergone similar experiences, can play a crucial role in helping individuals achieve this goal safely and effectively. These specialists can provide relevant support to anyone who is considering or planning to withdraw from psychiatric drugs.

Online self-help groups can also provide valuable support to individuals to discuss and review medication-related issues and help plan for a course of tapering off and withdrawal from psychiatric medications. However, a more defined role for peer specialists in a team focusing on psychiatric drug withdrawals needs to be developed. A qualitative approach utilizing focus groups could be developed with teams of peer specialists and mental health professionals to develop guidelines for peer intervention involved in the process of psychiatric drug tapering and withdrawal.

Acknowledgements

None.

Conflicts of interest

There is no conflict of interest.

References

- Miller SG. 1 in 6 Americans takes a psychiatric drug – Scientific American; 2016.
- Breggin P. Psychiatric drug withdrawal: a guide for prescribers, therapists, patients and their families. New York: Springer; 2012.
- Fava GA, Rafanelli C. Iatrogenic factors in psychopathology. *Psychotherapy and psychosomatics*. 2019;88(3):129–140.
- Gotzsche PC. Mental health survival kit and withdrawal from psychiatric drugs. Ann Arbor: L H Press; 2022.
- Moncrieff J. The myth of the chemical cure: a critique of psychiatric drug treatment. Basingstoke: Palgrave Macmillan; 2007.
- Moncrieff J. The bitterest pills. Basingstoke: Palgrave Macmillan; 2013.
- Whitaker R. Anatomy of an epidemic. 2nd ed. New York: Broadway Paperbacks; 2015.
- Whitaker R, Cosgrove L. Psychiatry under the influence. New York, Palgrave MacMillan; 2015.
- Hall W. Harm reduction guide to coming off psychiatric drugs. 2d Ed. The Icarus project and freedom center.
- Framer A. What I have learnt from helping thousands of people taper off antidepressants and other psychotropic medications. *Ther Adv Psychopharmacol*. 2021;11:2045125321991274.
- West C. Powerful choices: peer support and individualized medication self-determination. *Schizophrenia Bulletin*. 2011;37(3):445–450.
- Davidson L, Bellamy C, Guy K, et al. Peer support among persons with severe mental illnesses: A review of evidence and experience. *World Psychiatry*. 2012;11(2):123–128.
- Drake RE, Deegan PE. Shared decision-making is an ethical imperative. *Psychiatric Services*. 2009;60(8):1007–1007.
- Repper J, Carter T. A review of the literature on peer support in mental health services. *Journal of Mental Health*. 2011;20(4):392–411.
- SAMHSA. Working definition of recovery. 2012.
- Centers for medicare & medicaid services (CMS): letter to state medical directors. 2007.
- Fuhr DC, Salisbury TT, De Silva MJ, et al. Effectiveness of peer-delivered interventions for severe mental illness and depression on clinical and psychosocial outcomes: a systematic review and meta-analysis. *Soc Psychiatry Psychiatr Epidemiol*. 2014;49(11):1691–1702.
- SAMHSA. Value of peers. 2017.
- Sledge WH, Lawless M, Sells D, et al. Effectiveness of peer support in reducing readmissions of persons with multiple psychiatric hospitalizations. *Psychiatric services*. 2011;62(5):541–4.
- Druss BG, Zhao L, Silke A, et al. The Health and recovery peer (HARP) Program: a peer-led intervention to improve medical self-management for persons with serious mental illness. *Schizophrenia research*. 2010;118(1–3):264–270.
- Deegan PE. Reclaiming your power during medication appointments with your psychiatrist.
- Deegan PE. The importance of personal medicine: a qualitative study of resilience in people with psychiatric disabilities. *Scand J Public Health Suppl*. 2005;66:29–35.
- Cosci F, Chouinard G. Acute and persistent withdrawal syndromes following discontinuation of psychotropic medications. *Psychother Psychosom*. 2020;89:283–306.
- Timimi S. Insane medicine: How the mental health industry creates damaging treatment traps and how you can escape them. Seattle: Kindle Direct Publishing; 2021.
- Breggin P. Brain-disabling treatments in psychiatry: drugs, electroshock, and the psychopharmaceutical complex. New York: Springer; 2008.
- Whitaker R. The case against antipsychotic drugs: a 50-year record of doing more harm than good. *Med Hypotheses*. 2004;62(1):5–13.
- Healy D. Let them eat Prozac: The unhealthy relationship between the pharmaceutical industry and depression. NYU Press; 2013.
- Alarcón RD. Culture, cultural factors and psychiatric diagnosis: review and projections. *World Psychiatry*. 2009;8(3):131–139.
- Bhugra D. Culture, and mental illness. *The Psychiatric Clinics of North America*. 2004;27(4):787–801.
- Geekie J, Read J. A straight talking introduction to the causes of mental health problems. PCCS Books; 2009.
- Repper J, Perkins R. Social inclusion and recovery: a model for mental health practice. Bailliere Tindall, UK; 2006.
- Chinman M, George P, Dougherty RH, et al. Peer support services for individuals with serious mental illnesses: assessing the evidence. *Psychiatric Services*. 2014;65(4):429–441.
- Groot PC, van Os J. How user knowledge of psychotropic drug withdrawal resulted in the development of person-specific tapering medication. *Ther Adv Psychopharmacol*. 2020;10:2045125320932452.2020.
- Maviglia M, Charzuk A, Hume D. Senior peer specialists' concerns regarding peer specialist roles and functions under medicaid-managed care in New Mexico. *Journal of Recovery in Mental Health*. 2023.
- Bola JR, Mosher LR. Treatment of acute psychosis without neuroleptics: two-year outcomes from the Soteria project. *J Nerv Ment Dis*. 2003;191(4):219–229.
- Lenroot R, Maviglia M, Tai-Seale M, et al. Open dialogue approach to treating serious mental illness. In: Marta Elliott, editor. Research Handbook on Society and Mental Health, Edward Elgar Publishing; 2022;26:461–481.
- Seikkula J, Aaltonen J, Alakare B, et al. Five-year experience of first-episode nonaffective psychosis in open-dialogue approach: Treatment principles, follow-up outcomes, and two case studies. *Psychotherapy Research*. 2006;16(2):1–1.
- Deegan PE. Recovery and empowerment for people with psychiatric disabilities. *Social Work in Health Care*. 1997;25(3):11–24.
- Deegan PE. Part One: Consumer/survivor perspectives: Recovery as a self-directed process of healing and transformation. In: Brown C, editor. *Recovery and wellness: Models of hope and empowerment for people with mental illness*. The Haworth Press Inc; 2001.

40. Ostrow L, Jessell L, Hurd M, et al. Discontinuing psychiatric medications: a survey of long-term users. *Psychiatr Serv*. 2017;68(12):1232–1238.
41. Anderson R. Learning from ePatient (scholar)s. *ACM Interactions*; 2013.
42. deBronkart D. How the e-patient community helped save my life: an essay by Dave deBronkart. *BMJ*. 2013;346:f1990.
43. Duncan T, Riggare S, Koch S, et al. From information seekers to innovators: qualitative analysis describing experiences of the second generation of E-patients. *J Med Internet Res*. 2019.
44. Vydiswaran VGV, Reddy M. Identifying peer experts in online health forums. *BMC Med Inform Decis Mak*. 2019;19:68.
45. Deegan PE. Recovery: The lived experience of rehabilitation (PDF). *Psychosocial Rehabilitation Journal*. 1988;11:4.
46. Diaz JA, Griffith RA, Ng JJ, et al. Patients' use of the Internet for medical information. *J Gen Intern Med*. 2002;17:180–185.
47. The withdrawal project how do people come off multiple psychiatric drugs?
48. Whitaker R. Mad in America: bad science, bad medicine, and the enduring mistreatment of the mentally ill. Cambridge: Perseus Books Group; 2002.