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Speak Out Against Psychiatry Manifesto

INTRODUCTION

All of us may feel sad, anxious or confused from time to time. For some people things become so bad that they are unable to function. They may become intensely unhappy, experience hallucinations, disorganized thoughts, and other frightening experiences which place an enormous strain on them and their loved-ones.

Currently, our way of dealing with this in our society is to label these people as “mentally ill” and offer them medical treatment (usually medication). This approach is not working. What we call “mental illness” is on the increase all the time. People are put on antidepressants for years which make little difference but they are scared to stop taking them in case they get worse. Children are labelled with various disorders and placed on powerful drugs like Ritalin. Many people spend their lives going in and out of psychiatric hospitals, unable to hold down a job or steady relationships.

The reason this approach is not working is simply because what people are experiencing is not an illness at all, but an extreme version of the sadness, anxiety and confusion that we all feel. If a friend of yours is upset about something, you could help them by talking to them about it. In the same way, people experiencing more extreme forms of distress can be helped provided we are prepared to make the effort to understand what they are going through. Obviously this can be extremely difficult when faced with frightening and strange behaviour, but in these cases all the more effort is needed.

Many people think of so-called illnesses such as “Schizophrenia” or “Bipolar Disorder” as being caused by some kind of chemical imbalance in the brain. In actual fact, there is no evidence to show this. There are no biological tests for mental illness, just an interview with a psychiatrist who decides which label to apply. This approach has not changed since the 19th century. We have spoken to many people who have been given different diagnoses from different doctors, showing just how unscientific the



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approach is. To rely on an argument that because mental distress coincides with physiological (neurotransmitter) changes in the brain, it must therefore require medical intervention is as unhelpful as arguing that falling in love or being too close to a huge spider, perhaps, also produce correlated brain activity and other physiological changes (e.g. faster heart-rate, sweating etc), which may not always be experienced as pleasant, but they are not permanent states and we wouldn't dream of drugging the subject to combat these normal temporary physiological reactions – because they are all natural responses to experiences common to all human beings and their function is to help us to adapt, develop and survive within our environment. We believe that ALL mental distress is of this type and should be treated with the same social support and understanding to the degree required.

So if there is no illness, what causes people to experience such extreme mental states? There are a range of reasons, from traumatic childhood experiences, through to the everyday strains of modern living. Many people we have spoken to who were diagnosed with mental illness, had experienced horrible things in their past – but their psychiatrists were not interested in this. People who refuse to accept they have an illness are often forced to take medication (in some cases being held down and injected with it). This type of treatment causes people to avoid the system altogether, and fail to seek help when they need it.

In some countries, people experiencing intense distress (extreme states psychiatrists would describe as “Schizophrenia”) are often treated without diagnosis. They are not treated as if they are “ill”, but as human beings who are trying to learn to cope with the damage caused by terrifying experiences including mistreatment by others. Intense social support and empathetic listening is provided, rather than medical interviews and drugs. These approaches work well, which suggests there was never a “chemical imbalance” in the first place, and this raises serious questions about the medical approach. What is even more alarming is that there is evidence that the conditions of people treated with drugs never really improves and in many instances worsens with long-term drug administration.

END PSYCHIATRIC DIAGNOSIS



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What we demand is that people experiencing distress are not diagnosed with an illness, but offered proper social support and understanding of what they are going through by people with a caring, empathic attitude. If people choose to take medication, they should be made fully aware that, while it may provide some relief, it is not curing an “illness” and that there are often dangerous side effects and withdrawal effects; also that support will be provided to help them come off this medication at the earliest sign that their distress has subsided to prevent any further potential physiological damage.

END ENFORCED MEDICAL TREATMENT

For those experiencing mental distress, enforced treatment - whether that be with medication, Electro-Convulsive Therapy (ECT) or Community Treatment Orders (CTO) - denies individuals their right of *choice* of alternative, more effective forms of treatment. For many people, being detained under the mental health act is a damaging experience. People are deprived of their liberty for refusing treatment they do not want. Hospital wards on the whole are not places of healing. Often they are oppressive, clinical, anti-therapeutic environments dominated by an ethos of control and tranquillisers. What distressed people need are safe havens staffed by compassionate, sympathetic people who will be available to offer empathic understanding. Instead staff are more likely to sit by the nursing station, walk round with clipboards making checks on people and force dangerous and often unwanted medication on patients. Wards are often mixed-gender in many psychiatric wings. This is inappropriate and contributes to further distress for women in particular who often feel at risk from intrusive or disinhibited behaviour of male patients. Restraint interventions are used by staff to overpower distressed individuals rather than actually listening to, reassuring or comforting them compassionately. While some people find they are grateful to get away from a painful or lonely home life and a few are initially grateful that they have been detained because they believe they are being ‘expertly’ treated in a way that will help them to move forward with their lives, many people come to find that hospitalisation makes them feel worse. Some people find they then have to pretend to get better, and comply with staff demands just to get out of hospital. Often



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the most therapeutic experience of in-patients is finding a few new friends and gathering together to complain about the staff and the treatment they have to endure.

PSYCHIATRY MUST EXPLAIN FULLY TO ALL ITS 'PATIENTS' THE POTENTIAL DANGERS, LIMITATIONS AND SIDE EFFECTS OF THE MEDICATIONS IT PRESCRIBES

Speak Out Against Psychiatry believes that the practice – i.e. the treatment of mental distress with anti-psychotic and anti-depressant drugs - does more harm than good. We do not agree with the use of the term 'illness' because of its medical connotation. Illnesses are physical and locatable in the body and can be treated with medicine; mental health concerns are NOT locatable and should only be treated with the therapeutic understanding that all human beings require empathy, acceptance and trusting relationships at difficult or transitional stages of the life cycle. We think people deserve more effective and safe help when they are suffering from mental distress. Psychiatry's main way of treating people is with medication, yet well documented research shows that psychiatric medication is not very effective, is dangerous and potentially addictive, can stop people from recovering and often reduces life expectancy – the drugs KILL! Psychiatrists and others put great pressure on patients to take these drugs without offering alternatives or checking to see if and how the patient is benefiting from them. Usually patients are not given sufficient, if any, explanation of the benefits and downsides to the medication so they cannot make informed choices as to whether they want or need to take them at all. Some of the distressing potential side effects of psychiatric medications includes: shaking/ tremors/ stiffness of limbs (*Parkinsonianism*); weight gain/ loss; sweating; headaches; concentration problems; tiredness/ lethargy; insomnia; depression; involuntary muscle movements (*dystonia*); sexual dysfunction; disruption to menstrual cycle; dryness of mouth; involuntary movements of jaw and tongue (*tardive dyskinesia*); depression; anxiety; restlessness/ fidgeting (*akathisia*). Often, MORE medication (e.g. *Procyclidine*) has to be prescribed to try to combat the distressing side effects caused by the anti-psychotics or anti-depressants.



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THE STATE MUST OFFER SERVICES BASED ON INTENSE, EFFECTIVE SOCIAL SUPPORT TO ALL PEOPLE WHO ARE MENTALLY DISTRESSED

There have been many projects around the world that have successfully helped people who are very disturbed by offering understanding, practical and intense caring relationships without the use of dangerous, debilitating medication such as Open Dialogue (Scandinavia), Windhorse (USA), Lothlorien (Scotland) & Soteria (UK, USA). This kind of help can come from a combination of friends, family, therapists, counsellors and self help groups. Sometimes distressed individuals just need sanctuary - a calm, friendly, supportive place to go for a brief time. Far too often mainstream psychiatry does not offer these services and makes things worse. Current practice stops people getting better and forces them to live on benefits for years, often decades. Given proper social support it has been demonstrated that people can and do recover. Intense social support still requires financial commitment, but would be cheaper than the present system in the long run because far more people would recover and not become institutionalised in the community due to being subjected to a life sentence of inadequate, inappropriate support from an uncaring system. While some people get excellent help and there are some really good workers across all the disciplines including psychologists, therapists, counsellors, nurses and socially orientated psychiatrists, far too many people get tranquilisers and neglect. The causes of mental distress are such that only genuine empathic and understanding relationships in safe, caring environments can offer the right conditions for improved mental functioning.

END THE PSYCHIATRIC DRUGGING OF CHILDREN

Children's emotional problems and behaviours have been increasingly medicalised over the last few decades. This has led to growing numbers of children being medicated with dangerous drugs. Often this is for behaviours that bring children into conflict with adults, whether that be parents or schools. ADHD is a growing diagnosis. It is based on behaviour as assessed by a professional i.e. 'in the eye of the beholder'. What one doctor sees as ADHD another sees as being normal. Yet these children, usually boys, get prescribed *methylphenidate*, the commercial name is *Ritalin*, a drug



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that has similar effects to cocaine, often for years. These drugs stunt growth and are likely to damage the growing brain. They often cease to be effective after a few months for the 'condition' they were prescribed which we regard as further damning evidence against their use (if it were needed) - however, the damage to the brain and body continues.

Some adults are addicted to dangerous benzodiazepines such as *Valium* because they were prescribed them as children for hyperactivity.

The prescribing of antidepressants, such as *Seroxat*, to children and teenagers is dangerous and often of no help. There have been several suicides of teenagers on these drugs. They are also linked to violent outbursts and in at least one case, murder.

In the USA, children who have temper tantrums are increasingly diagnosed with childhood bipolar disorder and prescribed dangerous so called mood stabilisers and antipsychotics such as *Depakote (Semi Sodium Valproate)*, *Risperidone* and *Olanzapine*. At least 800,000 children in the United States have been diagnosed as bipolar. No one has ever proved a link between temper tantrums and adult mental health problems. This is just a way of drug companies selling more drugs to a gullible public and could easily happen here. We are also concerned about the rising number of children diagnosed with Autistic Spectrum Disorders such as Asperger's Syndrome which are based on subjective opinions of a clinician. We have no doubt that some children are distressed and that their behaviour gets them into conflict with people around them but we do not agree that a medical diagnosis is the best way to support them.

There are some psychologists and psychiatrists who successfully work with children and adolescents who are having emotional difficulties or who are in conflict with their families or other adults without diagnosis or medication. This should become standard practice instead of swift diagnosis and lazy prescribing of these damaging, often useless and potentially addictive drugs.



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BAN ELECTRO-CONVULSIVE THERAPY & PSYCHO-SURGERY (INCLUDING FRONTAL LOBOTOMY) – THEY ARE BARBARIC!

Many people think Electro-Convulsive Therapy is not used any more. It is, and it always causes brain damage. Often people lose precious memories, sometimes they lose certain thinking abilities such as how to do arithmetic or think about complex subjects. It is simply not very effective. Some people become high for a few weeks but then their mood will often collapse again. Very few people show any long term improvement. Some studies have shown that sham ECT, with the general anaesthetic given but no shock, produces similar results. So people who do improve are as likely to be responding to the placebo effect. Psychiatrists claim it saves lives, but there is very little evidence, if any, that this is true. We want to see the abolition of ECT and other brutal treatments like psycho-surgery (frontal lobotomy) without exception.

SCRAP COMMUNITY TREATMENT ORDERS – THEY ARE A HUMAN RIGHTS DISGRACE

The UN Convention on the Rights of Disabled People recognizes the importance of autonomy and independence for disabled people including the right of CHOICE in all aspects of their support and treatment. CTOs were designed to be used for people whom the psychiatric system assessed as ‘dangerous’ yet their application has far exceeded their original remit. Many people on CTOs are allowed out of hospital on condition that they agree to take the medication prescribed to them. If they do not comply, they are threatened with their liberty being taken away. Very few of these people are a danger to themselves or others. People choose to stop taking their medication for very good reasons: they do not like the side effects (which are often the cause of more distress than the original trigger); they have not had the benefits and downside of the drugs explained to them; they do not find them useful and they want to find ways of coping without a chemical prop. Being allowed to make our own decisions is essential to building self confidence and esteem. To have the choice to take or not take medication denied is demeaning and is likely to reduce the chance of recovery. Occasionally people experiencing psychosis become aggressive or violent and a danger to themselves and others. We believe the same standards should apply



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to people who are mentally distressed as apply in the criminal justice system. No-one should be detained unless they have made serious threats to others or themselves. If services think people are at risk, they should offer social support in the community to an intensity level that the person requires to help them feel safe enough so that they no longer feel aggressive or suicidal. We believe that vulnerable people should never be detained in prison after a psychological assessment has taken place and the behaviour causally linked to an unstable mental state. These individuals require the same intense social support in an appropriate environment as anyone else in mental distress. Forcing drugs and other treatments on people is a very ineffective way of reducing violence and/ or suicide attempts. Those who are already being drugged with the effect that their emotional responses are numbed are arguably no longer capable of having control of their lives i.e. their actions and decisions.

STOP PHARMACEUTICAL COMPANIES' INFLUENCE ON PSYCHIATRY

The *Serotonin theory of depression* has never been proven yet it is promoted by drug companies and the psychiatric system so drugs like *Prozac* and *Seroxat* can be marketed. So much *Prozac* has been prescribed it can now be found in drinking water yet it may be no more effective than placebo. It is linked to many side effects and some find the withdrawals so bad they cannot come off it. The neuroleptic drugs used in these cases have the same effect on everyone who takes them - they subdue the spirit. They are now used in huge numbers on elderly people including to treat conditions like dementia and for children to treat diagnoses like 'childhood bipolar disorder' which we regard as no more than an excuse to market drugs to the most vulnerable sectors of society with no other benefit than to increase drug company profits. This could become the norm in the UK in the next few years unless we challenge it NOW.

DRUG-FREE TREATMENTS MUST BECOME THE NORM

Psychiatry talks of 'chemical imbalances' in the brain causing mental 'illnesses' such as depression and schizophrenia but these have never been proven and there is much evidence that such theories are based on false premises. These outdated theories are



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still used to promote potentially damaging drug treatments. For example, the *Dopamine Imbalance theory of schizophrenia* is about fifty years old yet has never been proved. It was developed because the drugs used to subdue people with psychosis depress dopamine, but that correlation does not mean psychosis is *caused* by dopamine imbalances. The fact is that all physiological and biochemical processes in the brain are interlinked in causal loops and the isolation of one or two arbitrary biochemicals and treating them as a kind of unitary cause has been proven to be mistaken. Psychiatric practices and procedures seem to be above public scrutiny. We believe this has permitted psychiatry to regard its position as unaccountable to anyone outside the profession. Our campaign aims to challenge this pseudo-science through presenting first-hand and irrefutable evidence from those whom it has failed to 'cure'. Psychiatrists' main job is to diagnose people with labels like Schizophrenia, Depression, Borderline Personality Disorder, Anxiety Disorder, Bipolar etc. Although some may be comforted by finding other people have had similar experiences, there is no evidence that diagnosis helps people recover. It stigmatises and discriminates and simply provides psychiatry with a means of prescribing drugs. Most people who are seriously distressed have experienced traumatic events such as family violence, childhood sexual assault, racism, poverty and dysfunctional family relationships yet mainstream psychiatry ignores this, preferring to label people with imagined diseases such as, "Borderline Personality Disorder," and then prescribes dangerous, addictive medication. Often the sufferer will not be offered the appropriate support for the causes of their problems and society fails to deal with the real causes of mental distress.

REFERENCES: *Robert Whitaker, Joanna Moncrieff, Peter Breggin, Sami Timimi, Loren Mosher, Professor John Read, Carl Rogers, Richard Bentall, Stephen Rose, Thomas Szasz*

Speak Out Against Psychiatry will campaign to achieve our aims in the following ways:

1. Support survivors of psychiatry.
2. Direct Action.



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3. Education.
 4. Working through government and governmental departments such as the Department of Health.
 5. Legal action and other formal complaints procedures.
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