COMMUNITY RUIN

Psychiatry's Coercive 'Care'

Report and recommendations
on the failure of community mental health
and other coercive psychiatric programs

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IMPORTANT NOTICE
For the Reader

The psychiatric profession purports to be the sole arbiter on the subject of mental health and "diseases" of the mind. The facts, however, demonstrate otherwise:

1. PSYCHIATRIC "DISORDERS" ARE NOT MEDICAL DISEASES. In medicine, strict criteria exist for calling a condition a disease: a predictable group of symptoms and the cause of the symptoms or an understanding of their physiology (function) must be proven and established. Chills and fever are symptoms. Malaria and typhoid are diseases. Diseases are proven to exist by objective evidence and physical tests. Yet, no mental "diseases" have ever been proven to medically exist.

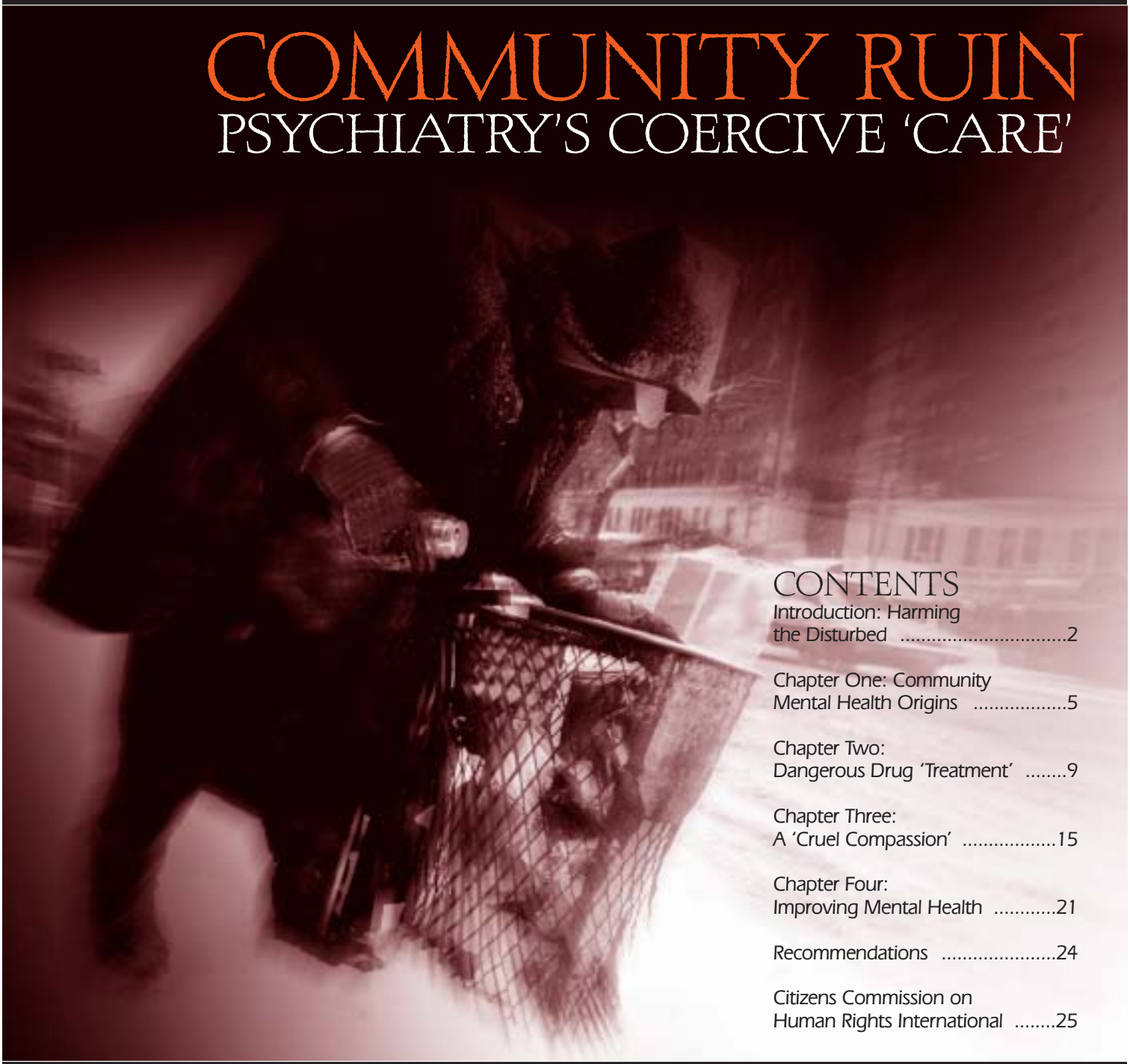
2. PSYCHIATRISTS DEAL EXCLUSIVELY WITH MENTAL "DISORDERS," NOT PROVEN DISEASES. While mainstream physical medicine treats diseases, psychiatry can only deal with "disorders." In the absence of a known cause or physiology, a group of symptoms seen in many different patients is called a *disorder* or *syndrome.* Harvard Medical School's Joseph Glenmullen, M.D., says that in psychiatry, "all of its diagnoses are merely syndromes [or disorders], clusters of symptoms presumed to be related, not diseases." As Dr. Thomas Szasz, professor of psychiatry emeritus, observes, "There is no blood or other biological test to ascertain the presence or absence of a mental illness, as there is for most bodily diseases."

3. PSYCHIATRY HAS NEVER ESTABLISHED THE CAUSE OF ANY "MENTAL DISORDERS." Leading psychiatric agencies such as the World Psychiatric Association and the U.S. National Institute of Mental Health admit that psychiatrists do not know the causes or cures for any mental disorder or what their "treatments" specifically do to the patient. They have only theories and conflicting opinions about their diagnoses and methods, and are lacking any scientific basis for these. As a past president of the World Psychiatric Association stated, "The time when psychiatrists considered that they could cure the mentally ill is gone. In the future, the mentally ill have to learn to live with their illness."

4. THE THEORY THAT MENTAL DISORDERS DERIVE FROM A "CHEMICAL IMBALANCE" IN THE BRAIN IS UNPROVEN OPINION, NOT FACT. One prevailing psychiatric theory (key to psychotropic drug sales) is that mental disorders result from a chemical imbalance in the brain. As with its other theories, there is no biological or other evidence to prove this. Representative of a large group of medical and biochemistry experts, Elliot Valenstein, Ph.D., author of *Blaming the Brain* says: "[T]here are no tests available for assessing the chemical status of a living person's brain."

5. THE BRAIN IS NOT THE REAL CAUSE OF LIFE'S PROBLEMS. People do experience problems and upsets in life that may result in mental troubles, sometimes very serious. But to represent that these troubles are caused by incurable "brain diseases" that can only be alleviated with dangerous pills is dishonest, harmful and often deadly. Such drugs are often more potent than a narcotic and capable of driving one to violence or suicide. They mask the real cause of problems in life and debilitate the individual, so denying him or her the opportunity for real recovery and hope for the future.

COMMUNITY RUIN
PSYCHIATRY'S COERCIVE 'CARE'



CONTENTS

Introduction: Harming the Disturbed 2

Chapter One: Community Mental Health Origins 5

Chapter Two: Dangerous Drug 'Treatment' 9

Chapter Three: A 'Cruel Compassion' 15

Chapter Four: Improving Mental Health 21

Recommendations 24

Citizens Commission on Human Rights International 25

INTRODUCTION

Harming the Disturbed

With the rapid growth of government "Community Mental Health" programs for severely mentally disturbed individuals now costing billions of dollars, how is mental health faring in our communities today?

The U.S. New Freedom Commission on Mental Health issued a report in 2003 that claimed, "Effective, state-of-the-art treatments *vital* for quality care and recovery are now available for most serious mental illnesses and serious emotional disorders."[1] [Emphasis added]

For those who know little about psychiatry and Community Mental Health, this appears to be great news. However, exactly what are these *vital* "treatments"?

> "Psychiatry promotes that the only 'treatment' for severe mental 'illness' is neuroleptic [antipsychotic] drugs. The truth is that not only is the drugging of severely mentally disturbed patients unnecessary—and expensive—it causes brain- and life-damaging effects."
> — Jan Eastgate

They principally involve an *automatic*, one-for-one prescription of drugs called neuroleptics (from Greek, meaning "nerve seizing", reflective of how the drugs act like a chemical lobotomy).

A 2004 report estimated the cost of neuroleptics for the treatment of so-called schizophrenic patients across the United States at over $10 million (€8.2 million) a day.[2] Treatment is usually life-long.

Then again, what *should* we pay for quality, state-of-the-art care, for recovery, for the opportunity to bring these people back to productive lives?

According to several non-psychiatric and independent research experiments, the answer to that question is "Not much at all." Quality care resulting in recovery and reintegration can be very *inexpensive*, as well as rapid, permanent, and most significantly, *drug free*.

In an eight-year study, the World Health Organization found that severely mentally disturbed patients in three economically disadvantaged countries whose treatment plans do not include a heavy reliance on drugs—India, Nigeria and Colombia—found that patients did dramatically better than their counterparts in the United States and four other developed countries. A follow-up study reached a similar conclusion.[3]

In the United States in the 1970s, the late Dr. Loren Mosher's Soteria House experiment was based on the idea that "schizophrenia" can be overcome without drugs. Soteria clients who didn't receive neuroleptics actually did the best, compared to hospital and drug-treated control subjects. Swiss, Swedish and Finnish researchers have replicated and validated the experiment.

In Italy, between 1973 and 1996, Dr. Georgio Antonucci dismantled some of the most oppressive psychiatric wards by treating severely disturbed patients with compassion, respect and *without* drugs. Within months, the most violent wards became the calmest.

Robert Whitaker revealed in his book *Mad In America* that the treatment outcomes for people with "schizophrenia" have actually worsened over the past 25 years. Today, they are no better than

they were in the early 20th century, yet the United States has by far the highest consumption of neuroleptics of any country.

What does all this mean?

As any self-respecting physical scientist will tell you, a theory is good only so long as it works. He knows that when he encounters facts that don't fit the theory, he must continue to investigate and modify or discard the theory based on the actual evidence discovered.

For almost 50 years, psychiatry has promoted its theory that the only "treatment" for severe mental "illness" is neuroleptic drugs. However, this idea rests on a fault line. The truth is that not only is the drugging of severely mentally disturbed patients unnecessary—and expensive, thus profitable—it causes brain- and life-damaging side effects.

This publication exposes that fault line, some of its constructs, the fraud, lies and other deceptions. Knowing this information makes it very easy to see why psychiatrists would attack any alternative and better solution to the problems of severe mental disturbance.

For the truth is, we are not just dealing with a lack of scientific skill or method, or even with a quasi-science. Seemingly benign statements, such as "There is clear scientific evidence that newer classes of medications can better treat the symptoms of schizophrenia and depression with far fewer side effects," are not backed up by evidence and constitute outright medical fraud.

Psychiatry's approach to the treatment of the severely mentally disturbed—the "state of the art," "scientific" and operational backbone of community mental health and other psychiatric programs—is

predicated on bad science and bad medicine but is very good business for psychiatry.

The simple truth is that there are workable alternatives to psychiatry's mind-, brain- and body-damaging treatments. With psychiatry now calling for mandatory mental illness screening for adults and children everywhere, we urge all who have an interest in preserving the mental health, the physical health and the freedom of their families, communities and nations, to read this publication. Something must be done to establish real help for those who need it.

Sincerely,

Jan Eastgate
President, Citizens Commission
on Human Rights International

IMPORTANT FACTS

1. Community Mental Health (CMH) has been promoted as the solution to institutional problems. However, it has been an expensive failure.

2. By the 1970s, enough neuroleptic drugs and antidepressants were being prescribed outside psychiatric hospitals to keep some three to four million Americans drugged full-time.

3. The Netherlands Institute of Mental Health and Addiction reported that the CMH program in Europe created homelessness, drug addiction, criminal activities, disturbances to public peace and order, and unemployment.

4. In Australia in 1993, federal Human Rights Commissioner Brian Burdekin announced that deinstitutionalization was a "fraud" and a failure. In 1999, British officials also acknowledged its failure.

5. Psychiatry's CMH care budget in the U.S. soared by more than 6,000% between 1969 and 1997. Today the estimated costs are around $11 billion (€9 billion) a year.

CHAPTER ONE
Community Mental Health Origins

Community Mental Health (CMH) is a major psychiatric expansion initiative. It began in the United States in the 1960s and spread to other countries in the 1980s. It has netted psychiatry many billions of dollars over the last four decades.

Prior to this, patients had been warehoused in Bedlam-like psychiatric institutions, pumped full of drugs to make them submissive, and left to wallow in drug-induced stupors. Throughout the 1950s, pressure grew from all quarters to address the appalling conditions, the lack of results and the growing cost burden.

CMH was promoted as the solution to all institutional problems. The premise, based almost entirely on the development and use of neuroleptic drugs, was that patients could now be successfully released back into society. Ongoing service would be provided through government-funded units called Community Mental Health Centers (CMHCs). These centers would tend to the patients from within the community, dispensing the neuroleptics that would keep them under control. Governments would save money and individuals would improve faster. The plan was called "deinstitutionalization."

> "'Community mental health' would not merely treat people but whole communities; it would, if possible, take on the mayors and the people concerned about the cities … as 'clients'; it would treat society itself and not merely its individual citizens … and it was the drugs which gave it its most powerful technology."
>
> — Peter Schrag, author of *Mind Control*

Psychiatrist Jack Ewalt hinted at a more global intent for deinstitutionalization at the time: "The program should serve the troubled, the disturbed, the slow, the ill, and the *healthy* of all age groups."[4] [Emphasis added] In other words psychiatrists were to go beyond the mentally disturbed, obtaining a healthy clientele to drug.

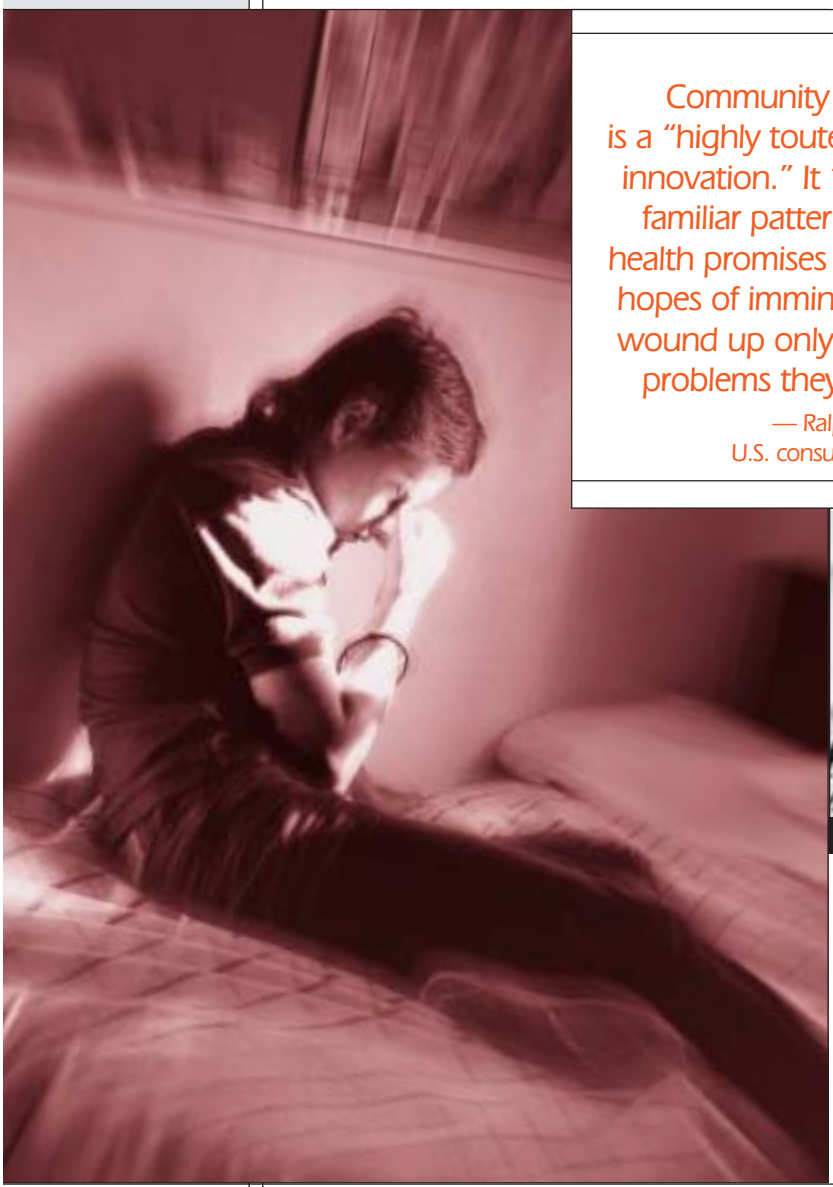
From "Snake Pits" to "Snake Oil"

Author Peter Schrag wrote that by the mid-1970s, enough neuroleptic drugs and antidepressants "were being prescribed outside hospitals to keep some three to four million people medicated full-time—roughly 10 times the number who, according to the [psychiatrists'] own arguments, are so crazy that they would have to be locked up in hospitals if there were no drugs."[5]

Dr. Thomas Szasz, professor of psychiatry emeritus, declared that psychiatry's miraculous offerings were "simply the psychiatric profession's latest snake oil: drugs and deinstitutionalization. As usual, psychiatrists defined their latest fad as a combination of scientific revolutions and moral reform, and cast it in the rhetoric of treatment and civil liberties." They claimed that psychotropic drugs "relieved the

symptoms of mental illness and enabled the patients to be discharged from mental hospitals. Community Mental Health Centers were touted as providing the least restrictive setting for delivering the best available mental health services. Such were the claims of psychiatrists to justify the policy of forcibly drugging and relocating their hospitalized patients. It sounded grand. Unfortunately, it was a lie."[6]

Even the American Psychiatric Association (APA) publication *Madness and Government* admitted, "…[P]sychiatrists gave the impression to elected officials that cures were the rule, not the exception … inflated expectations went unchallenged. In short, CMHCs were oversold as curative organizational units."[7]



> Community Mental Health is a "highly touted but failing social innovation." It "already bears the familiar pattern of past mental health promises that … raised false hopes of imminent solutions, and wound up only recapitulating the problems they were to solve."
>
> — Ralph Nader, U.S. consumer advocate

Ralph Nader

The truth is that CMHCs became legalized drug dealerships that not only supplied psychiatric drugs to former mental hospital patients, but also supplied prescriptions to individuals free of "serious mental problems."

Deinstitutionalization failed and society has been struggling with the disastrous results ever since.

In 2001, Dr. Dorine Baudin of the Netherlands Institute of Mental Health and Addiction reported that the CMHC program in Europe had created "homelessness, drug addiction, crime, disturbance to public peace and order, unemployment, and intolerance of deviance."[8]

U.S. consumer advocate Ralph Nader called CMHCs a "highly touted but failing social innovation." It "already bears the familiar pattern of past mental health promises that were initiated amid great moral fervor, raised

false hopes of imminent solutions, and wound up only recapitulating the problems they were to solve."[9]

In Australia in 1993, federal Human Rights Commissioner Brian Burdekin announced that deinstitutionalization was a "fraud" and a failure. In 1999, British officials also acknowledged the failure of community mental health care.[10]

Meanwhile, psychiatry's CMHC budget in the United States soared from $143 million (€117 million) in 1969 to over $9 billion (€7.3 billion) in 1997—a more than 6,000% increase in funding, for a mere 10 times increase in the number of patients and, more importantly, no results. Today the estimated costs are around $11 billion (€9 billion) a year.

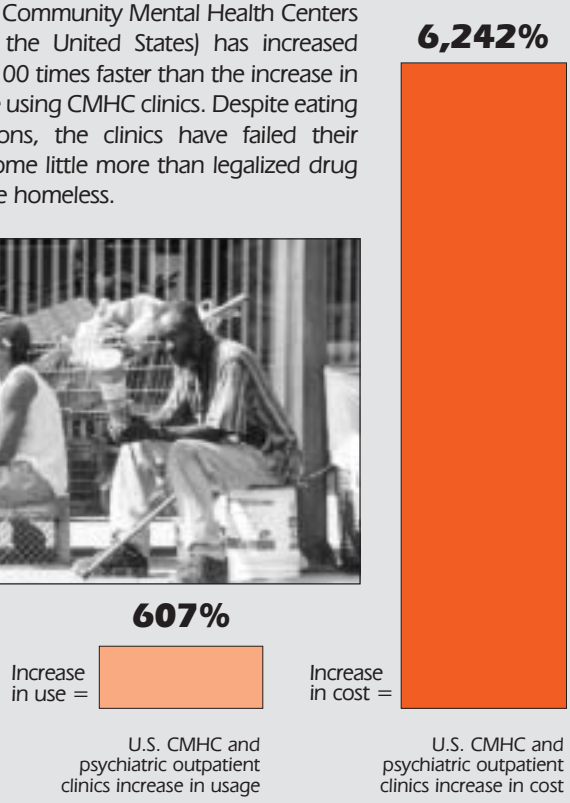
If collecting these billions in inflated fees for non-workable treatments wasn't bad enough, in 1990, a congressional committee found that CMHCs had diverted between $40 million (€32.7 million) and $100 million (€81.8 million) to improper uses; i.e., right into the pockets of psychiatrists.[11]

Ironically, the psychiatrists have consistently blamed the failure of deinstitutionalization on a lack of community mental health funding. In reality, they create the drug-induced crisis themselves and then, shamelessly, demand yet more money.

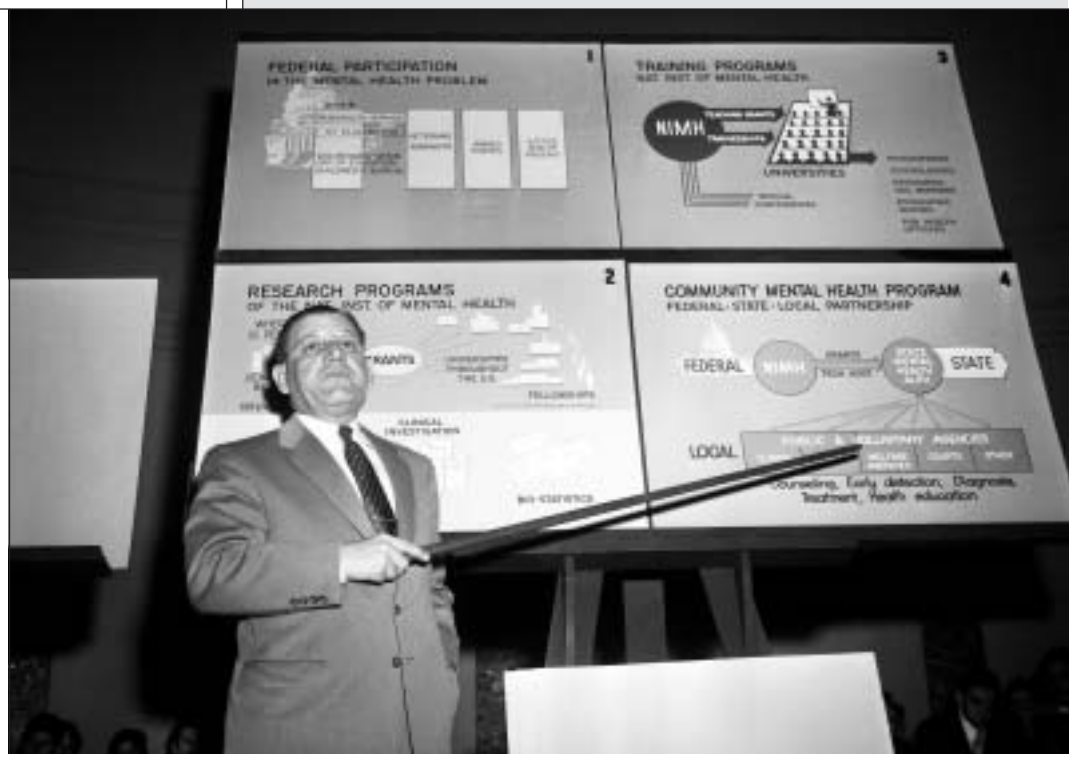
COMMUNITY MENTAL HEALTH

Exorbitant Cost, Colossal Failure

Spending on Community Mental Health Centers (CMHCs in the United States) has increased more than 100 times faster than the increase in number of people using CMHC clinics. Despite eating up taxpayer billions, the clinics have failed their patients and become little more than legalized drug dealerships for the homeless.



COMMUNITY MENTAL HEALTH FAILURE: *In 1963, the United States psychiatric research body, National Institute of Mental Health (NIMH), under psychiatrist Robert Felix (right), implemented a community health program which relied heavily on the use of mind-altering psychiatric drugs. Spawning an international trend, it sent drugged patients into the streets, homeless and incapable. After more than $47 billion spent on it between 1969 and 1994 alone, the program is an abject failure.*



IMPORTANT FACTS

1. Mind-altering neuroleptic drugs are the destructive mainstay of community mental health programs.

2. The drugs hinder normal brain function and produce pathology much like the lobotomy which psychotropic drugs replaced.

3. The homeless individuals commonly seen grimacing and talking to themselves on the street are exhibiting the symptoms of psychiatric drug-induced damage.

4. Newer neuroleptics (antipsychotics) have sold at significantly higher prices, in one case at 30 times the price of the older versions. One new antipsychotic drug costs $3,000 (€2,456) to $9,000 (€7,368) more per patient, with no benefit as to symptoms, side effects or overall quality of life.

5. The drugs can cause serious side effects, notably diabetes, in some cases leading to death. Between 1994 and 2002, 288 patients taking the new antipsychotics developed diabetes; 75 became severely ill and 23 died.

6. The drugs can also cause suicidal or violent behavior.

CHAPTER TWO
Dangerous Drug 'Treatment'

The advent of Community Mental Health psychiatric programs would not have been possible without the development and use of neuroleptic drugs, also known as antipsychotics, for mentally disturbed individuals.

The first generation of neuroleptics, now commonly referred to as "typical antipsychotics" or "typicals," appeared during the 1960s. They were heavily promoted as "miracle" drugs that made it "*possible for most of the mentally ill to be successfully and quickly treated in their own communities and returned to a useful place in society.*"[12] [Emphasis added]

> "The creation of a tale of a breakthrough medication could be carefully plotted. Such was the case with the [new neuroleptics], and behind the public facade of medical achievement is a story of science marred by greed, deaths, and the deliberate deception of the American public."
>
> — Robert Whitaker, *Mad in America: Bad Science, Bad Medicine, and the Enduring Mistreatment of the Mentally Ill*

These claims were false. In an article in the *American Journal of Bioethics* in 2003, Vera Sharav stated, "The reality was that the therapies damaged the brain's frontal lobes, which is the distinguishing feature of the human brain. The neuroleptic drugs used since the 1950s 'worked' by hindering normal brain function: they dimmed psychosis, but produced pathology often worse than the condition for which they have been prescribed—much like physical lobotomy which psychotropic drugs replaced."[13]

The homeless individuals commonly seen grimacing and talking to themselves on the street are exhibiting the effects of such psychiatric drug-induced damage. "Tardive dyskinesia" (*tardive*, late appearing and *dyskinesia*, abnormal muscle movement) and "tardive dystonia" (*dystonia*, abnormal muscle tension) are permanent conditions caused by tranquilizers in which the muscles of the face and body contort and spasm involuntarily.

"In short, the drug-induced reactions are of such a nature that an observer could be forgiven for assuming the person so affected was mentally ill and perhaps even dangerous. A person suffering from such a reaction, even to a minor degree, would experience great difficulty in being accepted by the man in the street as 'normal,'" wrote Pam Gorring, author of *Mental Disorder or Madness?*[14]

Neuroleptic patients became sluggish, apathetic, disinclined to walk, less alert and had an empty look—a vacuity of expression—on their faces. They spoke in slow monotones. Patients also complained of drowsiness, weakness, apathy, a lack of initiative and a loss of interest in surroundings.[15]

Robert Whitaker, author of *Mad in America*, reported, "The image we have today of schizophrenia is not that of madness—whatever that might be—in its natural state. All of the traits that we have come to associate with schizophrenia—the

awkward gait, the jerking arm movements, the vacant facial expression, the sleepiness, the lack of initiative—are symptoms due, at least in large part" to the effects of neuroleptics. "Our perceptions of how those ill with 'schizophrenia' think, behave, and look are all perceptions of people altered by medication, and not by any natural course of a 'disease.'"[16]

As for improving the patients' quality of life, neuroleptics have produced a miserable record. A 1999 patient survey found 90% of neuroleptic patients felt depressed, 88% felt sedated, and 78% complained of poor concentration. More than 80% of people diagnosed with "schizophrenia" are chronically unemployed.[17] In other words, despite decades of promised cures, none have ever materialized.

> "The neuroleptic drugs used since the 1950s 'worked' by hindering normal brain function: they dimmed psychosis, but produced pathology often worse than the condition for which they have been prescribed—much like physical lobotomy which psychotropic drugs replaced."
>
> — Vera Sharav writing in the *American Journal of Bioethics,* 2003

In the 1980s, with the patent protection expired and the drugs becoming available in much cheaper generic forms, the prices for the major brands dropped steeply, making them unprofitable.[18] This all changed in the early 1990s, when newly patented neuroleptics known as "atypical antipsychotics" or "atypicals" were introduced with even more fanfare than their predecessors. The old neuroleptics were suddenly tagged as flawed drugs.[19]

Expert psychiatric *opinion* was recruited to disseminate claims that, "There is clear scientific evidence that newer classes of medications can better treat the symptoms of schizophrenia and depression with far fewer side effects." The opinions were tagged "Expert Consensus Guidelines" despite their complete absence of scientific analysis, study reviews or clinical trials.[20]

With these guidelines in place, psychiatrists finally saw fit to publicly admit what they had always known: that the earlier drugs did not control delusions or hallucinations; that two-thirds of the drugged patients had "persistent psychotic symptoms a year after their first psychotic break" and that 30% of patients didn't respond to the drugs at all—a "non-response" rate that up until the 1980s had hardly ever been mentioned.

The new antipsychotics have sold at significantly higher prices, in one case at 30 times the price of the older drugs.[21] Another new neuroleptic costs $3,000 (€2,456) to $9,000 (€7,368) more per patient, with no benefits as to symptoms, side effects or overall quality of life. Between 1991 and 2003, antipsychotic drug sales in the United States increased by 1,500%, from less than $500 million (€409 million) to more than $8 billion (€6.5 billion). International sales reached more than $12 billion (€9.8 billion) in 2002.[22]

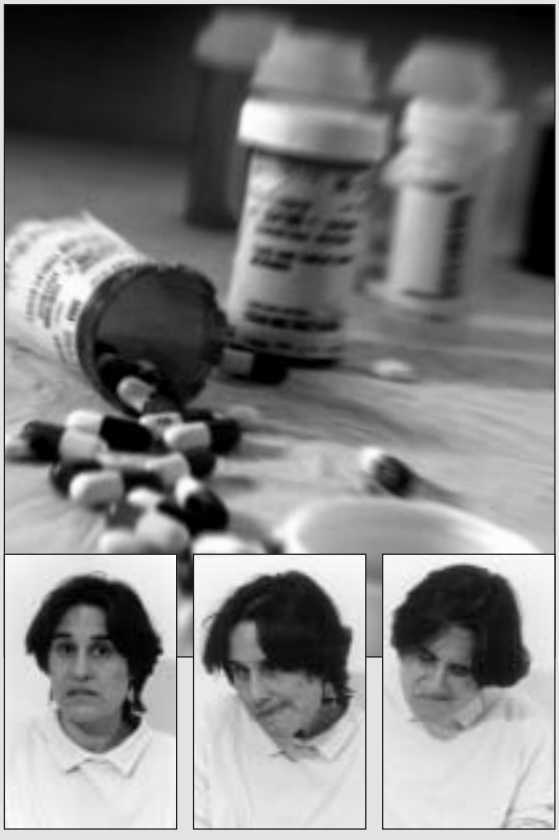
DESTROYING LIVES
Neuroleptic-Induced Harm

Most people prescribed psychiatric drugs are rarely informed that they could suffer crippling facial and body spasms as a permanent side effect of many of these drugs. The major tranquilizers (antipsychotics) damage the extrapyramidal system (EPS), the extensive complex network of nerve fibers that moderates motor control, resulting in muscle rigidity, spasms, various involuntary movements (below right). The muscles of the face and body contort, drawing the face into hideous scowls and grimaces and twisting the body into bizarre contortions.

Psychiatrists are aware of the devastating nerve damage their drugs cause and the risk of the patient suffering neuroleptic malignant syndrome, a potentially fatal toxic reaction where patients break into fevers and become confused, agitated, and extremely rigid. This can and has resulted in tens of thousands of deaths.

Something else that psychiatrists do not mention is that they have diagnosed the drug-induced permanent damage inflicted upon patients as a "mental disorder" for which they can now "double bill" insurance companies to "treat." The disorders include the "neuroleptic malignant syndrome" and "neuroleptic-induced Parkinsonism."

Not surprisingly, these chemicals are capable of throwing the minds of users into chaos and have a long and well-documented history of creating insanity in persons who take them.



There is no argument that the public must be protected from violent and psychotic or crazy behavior. However, the idea that this is the major risk we face from severely mentally disturbed patients, because of their mental condition, is a lie manufactured by psychiatrists themselves. So is the idea that we should minimize this "risk" by drugging patients with neuroleptics, against their will if necessary. The truth is that neither the absence of such drugs, or the failure to take them, is the problem. The drugs themselves *create* violent impulses.

Although the public may think that 'crazy' people are likely to behave in violent ways, Robert Whitaker found this was not true of "mental patients" prior to the introduction of neuroleptics. Before 1955, four studies found that patients discharged from mental hospitals committed crimes at either the same or a lower rate than the general population. However, "eight studies conducted from 1965 to 1979 determined that discharged patients were being arrested at rates that exceeded those of the general population. … Akathisia [extreme drug-induced restlessness] was also clearly a contributing factor."[23]

Antipsychotic drugs may temporarily dim psychosis but, over the long run, make patients more biologically prone to it.[24]

A 1988 study in *The Journal of Nervous and Mental Disease* on the use of neuroleptics in schizophrenics found a marked increase in violent behavior with moderately high dosages of a neuroleptic.[25]

A 1990 study determined that 50% of all fights in a psychiatric ward could be tied to akathisia. Another study concluded that moderate-to-high doses of one major tranquilizer made half of the patients markedly more aggressive. Patients described "violent urges to assault anyone near."[26]

According to a study of one minor tranquilizer, "Extreme anger and hostile behavior emerged in eight of the 80 patients treated" with the drug. One woman who had no history of violence before taking the tranquilizer "erupted with screams on the fourth day, and held a steak knife to her mother's throat for several minutes."

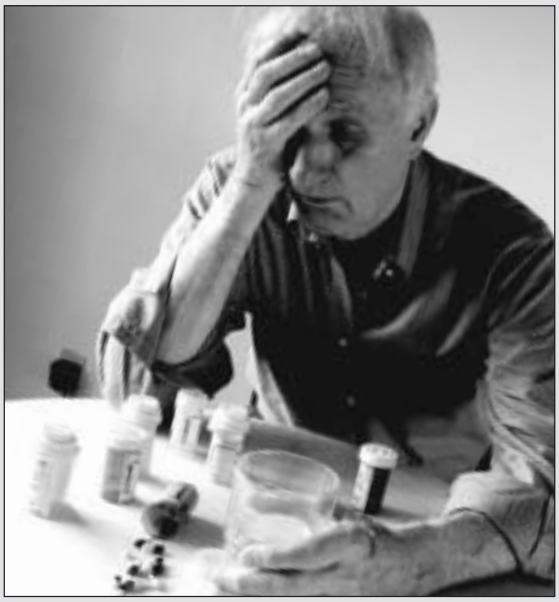
Studies have concluded that moderate-to-high doses of one major tranquilizer made half of the patients markedly more aggressive. Patients described "violent urges to assault anyone near."

Many medical studies report evidence of psychiatric drugs inducing violent or suicidal behavior. The above murderers, from the U.S., Australia and Japan, committed brutal killings while undergoing psychiatric treatment involving psychiatric drugs.

FALSE 'MIRACLES'
Life-Threatening Therapies

The new "miracle" neuroleptics (or "atypical antipsychotics") have not lived up to the media and professional hype.[27] Their story goes way beyond mere false advertising for the sake of maximizing profits.

Using the U.S. Freedom of Information Act (FOIA), science writer Robert Whitaker learned that the atypical drug trials did not support industry claims that the latest neuroleptics were safer or more effective than existing ones: One in every 145 patients who entered the trials *died*, and yet those deaths were never mentioned in the scientific literature and one in every 35 patients in trials for one atypical experienced a serious adverse event, defined by the FDA as a life-threatening event or one that required hospitalization.



In 2000, the *British Medical Journal* published the results of a multi-year study by Dr. John Geddes who had reviewed independent clinical trials involving over 12,000 patients, examining the effectiveness and dangers of the atypical and typical antipsychotics. The result: "There is no clear evidence that atypical antipsychotics are more effective or are better tolerated than conventional antipsychotics."[28]

A study by Yale researchers published in the November 2003 edition of the *Journal of the American Medical Association* also found no statistically or clinically significant advantages of these new drugs.[29]

In 2003 the *New York Times* effectively retracted its earlier high praise for these antipsychotics, stating, "They were billed as near wonder drugs, much safer and more effective in treating schizophrenia than anything that had come before." However, now "there is increasing suspicion that they may cause serious side effects, notably diabetes, in some cases leading to death."[30] Between 1994 and 2002, 288 patients taking the new antipsychotics developed diabetes; 75 became severely ill and 23 died.

The *New York Times* also referred to what had been known for more than 20 years, that one of these drugs had a record of causing a life-threatening blood disorder, and that patients required regular blood tests to monitor this side effect, *adding to its expense*.

Some of the newer drugs may be linked to pancreatitis, the article also said. Weight gain was a problem, with some patients gaining up to 65 pounds. Studies show that when patients stopped taking these drugs, they improved.[31]

Rather than fewer side effects, the newer antipsychotics have more severe side effects. These include blindness, fatal blood clots, heart arrhythmia, heat stroke, swollen and leaking breasts, impotence and sexual dysfunction, blood disorders, painful skin rashes, seizures, birth defects, extreme inner-anxiety and restlessness, death from liver failure, suicide rates two to five times more frequent than for the general "schizophrenic" population, and violence and mayhem, especially in young patients.

Nor are physical effects the extent of the problem. Many patients complain that the drugs are spiritually deadening, robbing them of any sense of joy, of their willpower, and of their sense of being. While the exact danger and side effect profiles have changed, the atypical neuroleptics still operate as a "chemical lobotomy."[32]

IMPORTANT FACTS

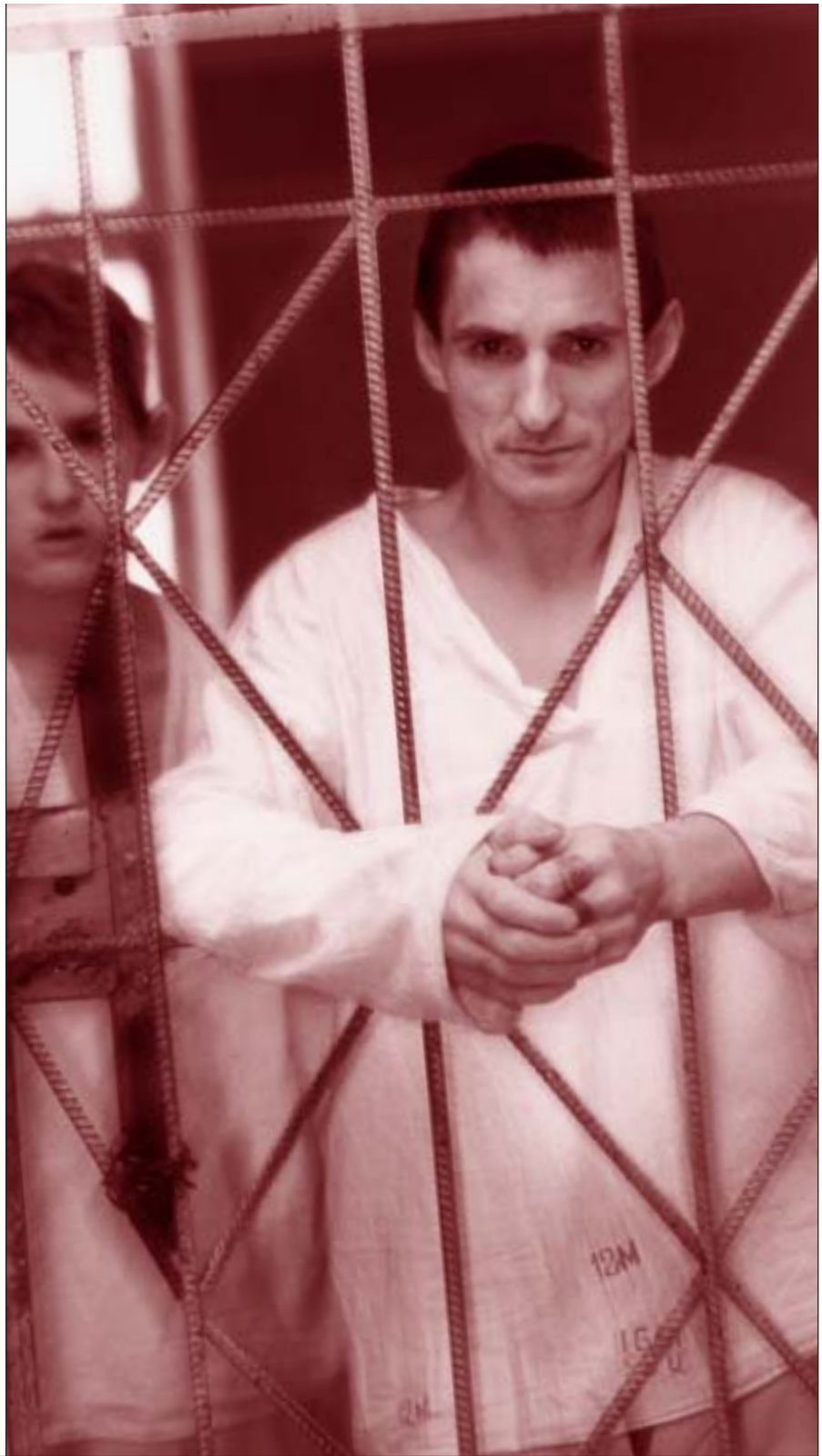
1. Before you finish reading this publication, 20 people—one of whom is perhaps a friend, a family member, or a neighbor—will have been committed to a psychiatric institution and, more often than not, brutally treated.

2. The committal process can keep a person indefinitely in the hospital for years. Upon release, patients may be saddled with mandatory community "treatment" orders.

3. Most commitment laws are based on the concept that a person may be a danger to himself or others if not placed in an institution. However, psychiatrists admit they cannot predict dangerous behavior.

4. The majority of involuntarily committed individuals have fewer rights and less legal protections than a criminal, yet they have not violated any civil or penal code.

5. Michael McCubbin, Ph.D., associate researcher, and David Cohen, Ph.D., professor of social services, both of the University of Montreal, say that the "'right to treatment' is today more often the 'right' to receive forced treatment."[33]



CITIZENS C

MISSION STATEMENT

THE CITIZENS COMMISSION ON HUMAN RIGHTS

investigates and exposes psychiatric violations of human rights. It works shoulder-to-shoulder with like-minded groups and individuals who share a common purpose to clean up the field of mental health. We shall continue to do so until psychiatry's abusive and coercive practices cease and human rights and dignity are returned to all.

Rosa Anna Costa,
Piedmont Regional Counsellor,
Commission for Health:

"We must go on speaking for those who cannot. … We must take the responsibility, as institutions, to lead the campaign, and I positively acknowledge CCHR for what it is doing in this field. There are situations that even we don't know about and it is important that associations like [CCHR] give us the chance to acquire knowledge about them … I believe that [CCHR's work] should be expanded so that more people can learn what kind of abuses are being practiced by 'not-so-ethical' medical doctors. … I want to thank the CCHR for what it does."

The Hon. Raymond N. Haynes,
California State Assembly:

"The contributions that the Citizens Commission on Human Rights International has made to the local, national and international areas on behalf of mental health issues are invaluable and reflect an organization devoted to the highest ideals of mental health services."

Johanna Reeve-Alexander,
Homeopathic Nutritionist,
Tara Health Center, Western Australia:

"I have seen within CCHR a committed, caring, humanitarian team of dedicated professional people who are helping to bring to light the appalling truth behind some psychiatric practices. … Without CCHR opening the gates and shining a torch on these practices via their literature, awareness campaigns, intervention at government levels and continual research, the public would be quite unaware of the malpractice at this level of medicine."

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Education is a vital part of any initiative to reverse social decline. CCHR takes this responsibility very seriously. Through the broad dissemination of CCHR's Internet site, books, newsletters and other publications, more and more patients, families, professionals, lawmakers and countless others are becoming educated on the truth about psychiatry, and that something effective can and should be done about it.

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"It is dishonest to pretend
that caring coercively for the mentally
ill invariably helps him, and that abstaining
from such coercion is tantamount
to 'withholding treatment' from him. . . .
All history teaches us to beware of
benefactors who deprive their
beneficiaries of liberty."

— *Thomas Szasz, Professor of Psychiatry Emeritus*