ELDERLY ABUSE

Cruel Mental Health Programs

Report and recommendations on psychiatry abusing seniors

Published by
Citizens Commission on Human Rights
Established in 1969

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:

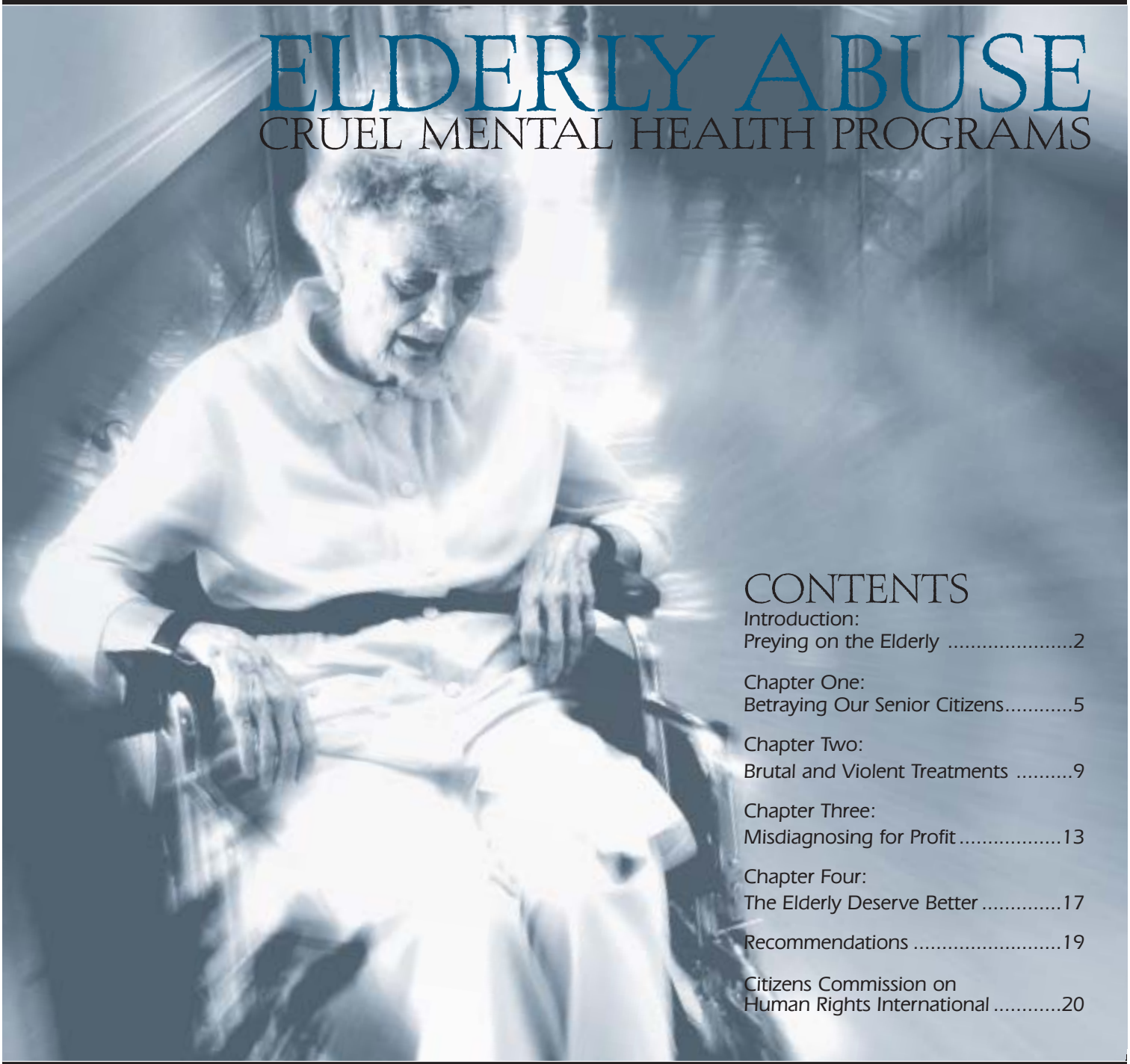
1. PSYCHIATRIC "DISORDERS" ARE NOT MEDICAL DISEASES. In medicine, strict criteria exist for calling a condition a disease: a predictable group of symptoms and the cause of the symptoms or an understanding of their physiology (function) must be proven and established. Chills and fever are symptoms. Malaria 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.



ELDERLY ABUSE
CRUEL MENTAL HEALTH PROGRAMS

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INTRODUCTION
Preying on the Elderly

In today's high-pressure world, tradition is too often replaced by more "modern" means of dealing with the demands of life. For example, while once heavily community-, church- and family-based, today the task of caring for our parents and grandparents routinely falls to organizations such as nursing homes or aged-care centers. There we trust that professionally trained staff will take care of our elders as we would.

Doubtless, 67-year-old Pierre Charbonneau's wife and family felt this way when he was rushed to a hospital suffering from a severe anxiety attack reportedly related to Alzheimer's disease. Displaying "acute agitation," Pierre was prescribed a tranquilizer. Ten days later he was transferred to a nursing home where the drug dosage was immediately doubled, and then tripled three days after that. Shortly after, his wife, Lucette, found him bent over in his wheelchair with his chin touching his chest, unable to walk and capable of swallowing only a few teaspoons of puréed food.

> "Rather than being cherished and respected, too often our senior citizens suffer the indignity of having their minds heartlessly nullified by psychiatric treatments."
>
> — Jan Eastgate

A pharmacist warned Lucette that her husband was possibly suffering irreversible nervous system damage caused by major tranquilizers. The family called the nursing home and requested that the drugs be stopped. It was too late. Mr. Charbonneau's tongue was permanently paralyzed, a doctor later explained, and he would never regain his ability to swallow. Nine days later, Mr. Charbonneau died. The cause of death was listed as a heart attack.[1]

For those who contemplate how to arrange care for much-loved and aging parents or grandparents, it is vital to know that this tragic story is not an exception in elder care today.

When Wilda Henry took her 83-year-old mother, Cecile, to a nursing home, "she walked in the place as good as you and I could." Within two weeks, after being prescribed the psychiatric drug Haldol, Cecile began babbling instead of talking, drooling constantly, shaking violently and was unable to control her bowels. The dose, it was later discovered, had been increased to 100 times the recommended amount. A medical doctor determined that excessive use of Haldol had caused these symptoms as well as permanent liver damage.

The reality of nursing home and aged-care center life today is often far from the stylized image of communicative, interactive and interested elderly residents living in an idyllic environment. By contrast, more often than not, the institutionalized elderly of today appear submissive, quiet, somehow vacant, a sort of lifelessness about them, perhaps blankly staring or deeply introspective and withdrawn. If not by drugs, these conditions can also be brought on by the use of electroconvulsive or shock treatment (ECT) or simply the threat of painful and demeaning restraints.

Rather than this being the failure of nursing hospital and aged care staff generally, this is the legacy of the widespread introduction of *psychiatric* treatment into the care of the elderly over the last few decades.

Consider the following facts about the "treatments" they receive:

- Tranquilizers, also known as benzodiazepines, can be addictive after 14 days of use.[2]
- In Canada, between 1995 and March 1996, 428,000 prescriptions for one particular, highly addictive tranquilizer were written, with more than 35% of these for patients 65 and older.
- In Australia, a study found one third of elderly people were prescribed tranquilizers and another found that the elderly were prescribed psychoactive drugs in nursing homes because they were being "noisy," "wanting to leave the nursing home" or were "pacing."[3]
- Data from coroners' reports compiled by Britain's Home Office showed benzodiazepines as a more frequently contributing factor to causes of unnatural death each year than cocaine, heroin, ecstasy, and all other *illegal* drugs.[4]
- While nations wage a war on cocaine, heroin and other street drugs, roughly one in five seniors in the United States struggles with a different kind of substance abuse—prescribed psychoactive drugs.

In the United States, 65-year-olds receive 360% more shock treatment than 64-year-olds because at age 65 government insurance coverage for shock typically takes effect.

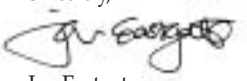
Such extensive abuse of the elderly is not the result of medical incompetence. In fact, medical literature clearly cautions against prescribing tranquilizers to the elderly because of the numerous dangerous side effects. Studies show ECT shortens the lives of elderly people significantly. Specific figures are not kept as causes of death are usually listed as heart attacks or other conditions.

The abuse is the result of psychiatry maneuvering itself into an authoritative position over aged care. From there, psychiatry has broadly perpetrated the tragic but lucrative hoax that aging is a mental disorder requiring *extensive* and *expensive* psychiatric services.

The end result is that, rather than being cherished and respected, too often our senior citizens suffer the extreme indignity of having their power of mind heartlessly nullified by psychiatric treatments or their lives simply brought to a tragic and premature end.

This publication is being presented to expose the harsh reality that such tragedies are repeated quietly and frequently in aged-care facilities all over the world. Such betrayal of the elderly and their loved ones must not be tolerated in a civilized society.

Sincerely,



Jan Eastgate
President, Citizens Commission on
Human Rights International

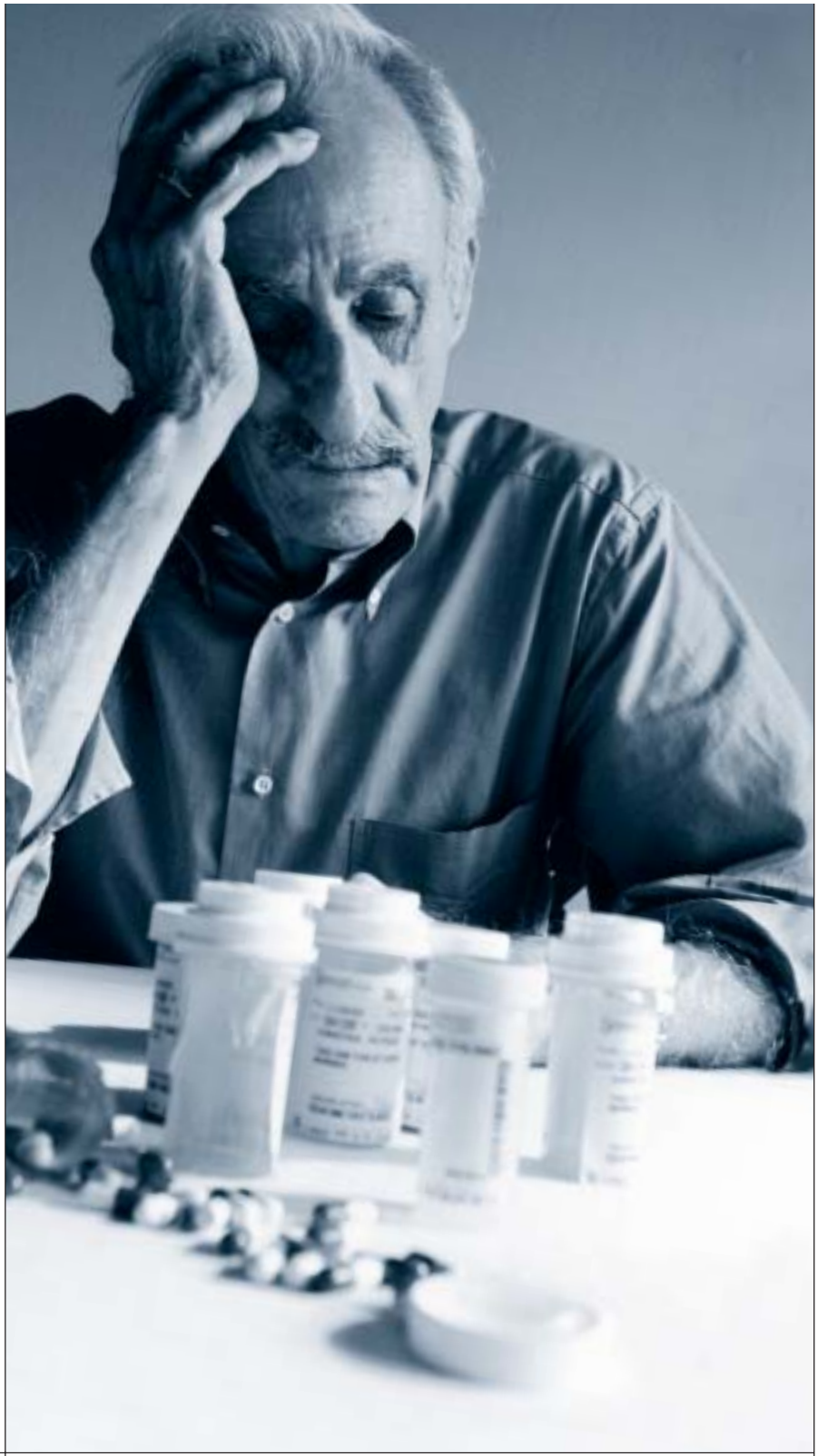
IMPORTANT FACTS

1. One in five seniors in the United States suffers from abusively prescribed psychoactive drugs.

2. An Australian study found that the elderly were prescribed psychoactive drugs in nursing homes because they were being "noisy," "wanting to leave the nursing home" or were "pacing."

3. Medical literature clearly cautions against prescribing tranquilizers for the elderly because of the numerous dangerous drug side effects.

4. In Canada, between 1995 and March 1996, 428,000 prescriptions for one particular highly addictive tranquilizer were written, with more than 35% of these for patients 65 and older.



CHAPTER ONE
Betraying Our Senior Citizens

What is the sense of prescribing a senior citizen a tranquilizer that is more lethal and harder to withdraw from than heroin, one that leads to a 45% increase in the risk of having a car accident within seven days of taking it?[5] Why give them an antidepressant that could increase the risk of their falling by 80%, or could cause them to become agitated or aggressive, or even suicidal?[6]

Common sense and decency dictate that the last thing a fragile, anxious or vulnerable elderly person needs is the additional physical and mental stress associated with heavy, addictive psychiatric drugs.

The last thing a fragile, anxious or vulnerable elderly person needs is the additional physical and mental stress associated with heavy, addictive psychiatric drugs.

As Dr. Richard Lefroy, formerly of the Sir Charles Gardiner Hospital in Western Australia, warned his colleagues, "[Drugs] can alter older people's ability to orient themselves and can reduce their reason. As a result people want to put them in institutions." Lefroy further stated that some *medical* drugs affect the brain and upset the patient, who is then typically prescribed tranquilizers. Irrationality, belligerence or a "dopey" appearance often result.

Dr. Jerome Avorn, an associate professor of social medicine at Harvard University, bluntly explained: "Drugs do … quiet them down. So does a lead pipe to the head."[7]

Ninety-seven-year-old Mary Whelan, previously happy at her nursing home, was labeled with "dementia" and locked up in a Florida psychiatric hospital, despite her daughter's objections. "She was so drugged that she could not keep her head up to eat her dinner. She just wanted to go to sleep. It broke my heart," her daughter told a local newspaper.

In 2002, Dr. Eleonore Prochazka, a German pharmacist and toxicology expert, warned of the dangers of "using psychiatric drugs and other methods, which can lead to a destruction of the personality—even cause death."

Thomas J. Moore, a senior fellow in health policy at the George Washington University Medical Center, reports that more than 100,000 people die every year in America from the adverse effects of prescription drugs. Moore warns: "In such a poorly managed, inherently dangerous system, consumers must pay far more attention to risks and benefits of the drugs they take. Can they recognize the adverse effects of the drugs they're taking, especially the subtle ones like fatigue or mild depression? Is this one of the drugs where a small overdose is dangerous?"

However, these are hardly questions and responsibilities that should be shouldered by the elderly. Protection from such risks must be afforded them as an intrinsic part of aged-care systems.

PSYCHIATRIC DRUGS
Destroying Lives

Anyone who has pushed their way through the "clinical pharmacology" section of drug information packaging to read the list of "adverse reactions," knows that "informed consent" is something of a misnomer. In the case of the elderly it is a cruel charade. For ease of reference, the following is a partial list of the side effects of psychiatric drugs routinely prescribed for seniors:

Minor Tranquilizers

Minor tranquilizers or benzodiazepines can cause lethargy, lightheadedness, confusion, nervousness, sexual problems, hallucinations, nightmares, severe depression, extreme restlessness, insomnia, nausea and muscle tremors. Epileptic seizures and death have resulted from suddenly stopping the use of minor tranquilizers. Thus, it is important to cease taking these drugs only under proper medical supervision, even if the drugs have only been taken for a couple of weeks.

Major Tranquilizers

Major tranquilizers, also called antipsychotics, or "neuroleptics" (nerve-seizing), frequently cause difficulty in thinking, poor concentration, nightmares, emotional dullness, depression, despair and sexual dysfunction. Physically, they can cause *tardive dyskinesia*—sudden, uncontrollable, painful muscle cramps and spasms, writhing, squirming, twisting and grimacing movements, especially of the legs, face, mouth and tongue, drawing the face into a hideous scowl. They also induce *akathisia*, a severe restlessness that studies show can cause agitation and psychosis. A potentially fatal effect is "Neuroleptic Malignant Syndrome," which includes

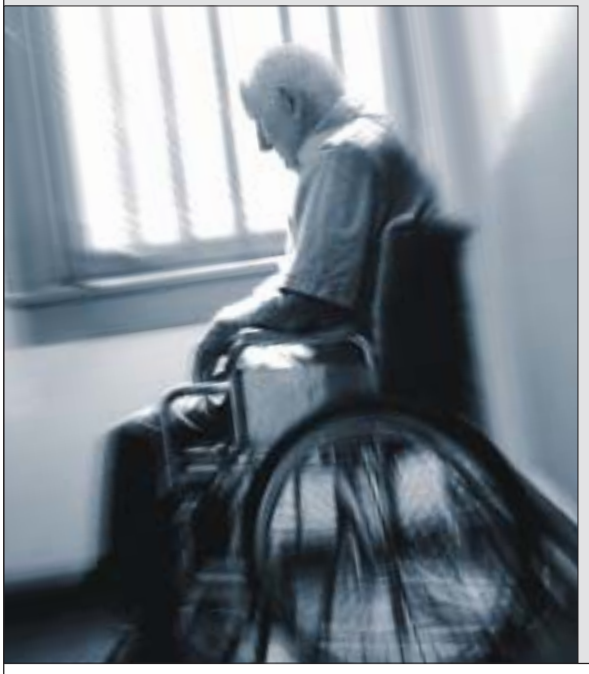
muscle rigidity, altered mental states, irregular pulse or blood pressure and cardiac problems. Moreover, silent coronary death " … may be one of the most serious threats of prolonged drug use," according to William H. Philpott, M.D. and Dwight K. Kalita, Ph.D., in *Brain Allergies*.[8]

Antidepressants

Antidepressants (tricyclics) can cause sedation, drowsiness, lethargy, difficulty thinking, confusion, poor concentration, memory problems, nightmares, panic feelings and extreme restlessness; also delusions, manic reactions, delirium, seizures, fever, lowered white blood cell count (with risks of infection), liver damage, heart attacks, strokes, violence and suicidal ideation.

Selective Serotonin Reuptake Inhibitors

Selective Serotonin Reuptake Inhibitor (SSRI) antidepressants can cause headaches, nausea, anxiety and agitation, insomnia and bizarre dreams, loss of appetite, impotence and confusion. It is estimated that between 10% and 25% of SSRI users experience akathisia, often in conjunction with suicidal thoughts, hostility and violent behavior. Withdrawal syndromes are estimated to affect up to 50% of patients, depending on the particular SSRI drug. In 1998, Japanese researchers also reported in *Lancet*, the journal of the British Medical Association, that substantial amounts of these antidepressants can accumulate in the lungs and may be released in *toxic* levels when a second antidepressant is prescribed.



Newer Anti-Psychotics

One in every 145 patients who entered clinical trials for four atypical (new) antipsychotic drugs died, yet those deaths were never mentioned in the scientific literature.[9] Thirty-six patients involved in the clinical trials committed suicide.[10] Eighty-four patients experienced a "serious adverse event" of some type, which the Food and Drug Administration (FDA) defines as a life-threatening event, or one that requires hospitalization. Nine percent of the patients dropped out of the clinical trials because of adverse events, which was a similar rate to those treated with the older antipsychotics—therefore, there was no greater improvement over the older treatments, as originally touted.[11]

IMPORTANT FACTS

1. Electroconvulsive Therapy (ECT or electroshock) involves the application of between 180 and 460 volts of electricity through the brain, causing a grand mal seizure and irreversible brain damage.

2. People 65 years of age and older comprise almost 50% of those getting electroshock today. ECT can shorten the lives of elderly people.

3. Women make up two thirds of all people shocked; elderly women are the primary target.

4. Of the estimated 300 people who die each year from ECT in America, approximately 250 are elderly patients.

5. In the U.S., 65-year-olds receive 360% more shock treatment than 64-year-olds because at age 65 Medicare (government insurance) coverage takes effect.

CHAPTER TWO
Brutal and Violent Treatments

Psychiatric drugging of the elderly is not the only legacy of psychiatric interference with care for our senior citizens. Indiscriminate use of violent restraints and Electroconvulsive Therapy (ECT or shock treatment) on the elderly is also responsible for needless suffering.

Jennifer Martin's 70-year-old mother started having headaches and nausea. She stopped eating and couldn't talk. A psychiatrist claimed the elderly woman was in shock from recent deaths in her family and that she needed ECT to bring her out of it. Less than 24 hours after the treatment, Jennifer's mother was dead. An autopsy revealed that her problem was not depression, but something wrong with her brain stem. "Shock treatment killed her," Jennifer said in 1997.

> "This is gross mistreatment on a national scale."
>
> — Dr. Nathaniel Lehrman, retired clinical director, Kingsboro State Mental Hospital, New York

Although rarely referred to as shock treatment by psychiatrists, ECT involves the application of between 180 and 460 volts of electricity through the brain, causing a grand mal seizure and irreversible brain damage.

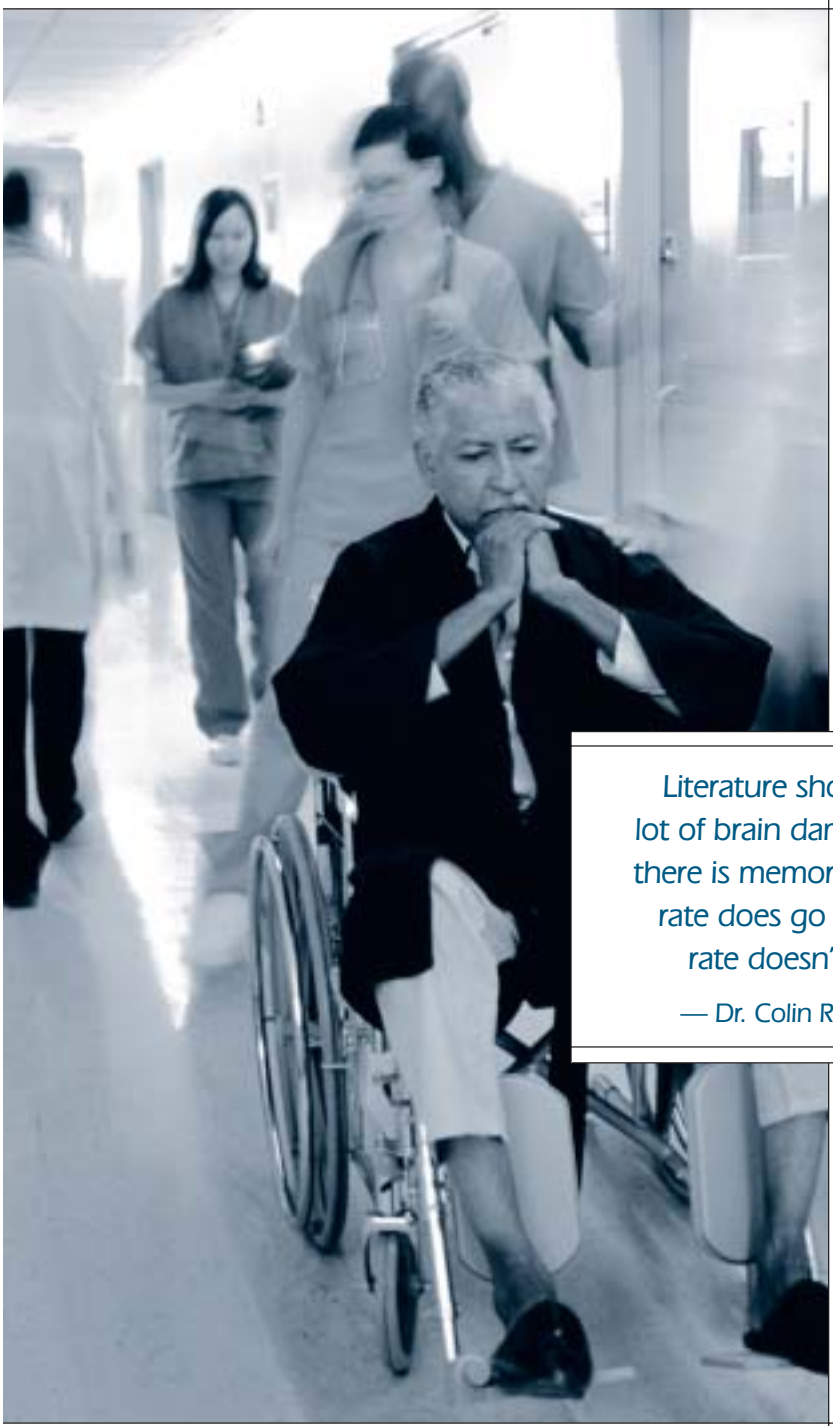
While psychiatrists openly admit they have no idea how ECT works, they have no hesitation in shocking people, including the elderly.

Dr. Nathaniel Lehrman, retired clinical director of Kingsboro State Mental Hospital, New York, warned that elderly people can least stand the rigors of ECT. "This is gross mistreatment on a national scale," he stated.[12] Yet people 65 years of age and older comprise almost 50% of those getting electroshock today.

In 1991, psychologist Robert F. Morgan testified before a hearing into ECT that an elderly person's "depression" is often triggered or worsened by their fears of losing their memory and health, both of which electroshock is known to affect adversely.[13]

A survey of psychiatrists, psychotherapists and general practitioners by the Royal College of Psychiatrists in Britain confirmed memory loss as an effect of ECT. Of the 1,344 psychiatrists surveyed, 21% reported "long-term side effects and risks of brain damage, memory loss [and] intellectual impairment."[14] General practitioners said that 34% of patients whom they had seen months after receiving ECT " … were poor or worse." Fifty psychotherapists were more candid about the effects of ECT; some of their comments were: "It can cause personality changes and memory impairment, making therapy more difficult" and " … ECT, however it is dressed up in clinical terms, is inseparable from an assault. …"[15]

A watchdog group in the United Kingdom called "ECT Anonymous" summed up the Royal



College's report as "a chilling catalogue of blundering incompetence." Spokesperson for the group, Roy Barker, described ECT as: "An appointment with fate, a brief but vital juncture in your life, a few seconds, that, mishandled, can destroy the quality of your entire life."[16]

In 2004, psychiatrist Harold A. Sackheim, a major proponent of ECT, when addressing the frequency with which patients complain of memory loss, stated, "As a field, we have more readily acknowledged the possibility of death due to ECT than the possibility of profound memory loss, despite the fact that adverse effects on cognition [consciousness] are by far ECT's most common side effects."[17]

Dr. Colin Ross, a Texas psychiatrist, candidly stated in 2004: "Nobody understands … precisely how ECT does anything. But it's known for scientific fact that what it does do is cause a drastic impairment in your EEG [recording of electrical activity in the brain]." Animal studies also reveal ECT causes microscopic hemorrhage [bleeding] and brain shrinkage. "So there's really no possibility of disputing that ECT causes damage to the brain. It's just a question of how subtle or how coarse or gross is it and how long does it last?"[18]

> Literature shows "there is a lot of brain damage [with ECT], there is memory loss, the death rate does go up, the suicide rate doesn't go down."
>
> — Dr. Colin Ross, psychiatrist

Dr. Ross says that existing ECT literature shows "there is a lot of brain damage, there is memory loss, the death rate does go up, the suicide rate doesn't go down."[19]

A 1993 study revealed that ECT shortens the lives of elderly people—that "Patients over 80 years old who receive ECT for major depression are at increased risk of death over the two years following treatment."[20] A Canadian study reported in 1997 that when patients receiving ECT were 80 or older, 27% died within *one* year of the "treatment."[21]

In the United States, 65-year-olds receive 360% more shock treatment than 64-year-olds. It is not coincidental that at age 65, Medicare (government insurance) coverage takes effect.[22] The U.S. psychiatric industry alone today reaps an estimated $5 billion a year from the administration of ECT. In addition, psychiatrists have an almost "malpractice-free" domain because any elderly patient complaints after ECT can easily be attributed to the patient's senility.[23]

Of the estimated 300 people who die each year from ECT in America, approximately 250 of them are elderly patients. Yet, *USA Today* reported that doctors rarely report shock treatment on death certificates, even when the connection seems apparent, and when death certificate instructions clearly call for it.[24]

For decades, horror stories have emerged of institutionalized patients dying while strapped to beds and chairs.

Restraint Measures Cause Fatalities

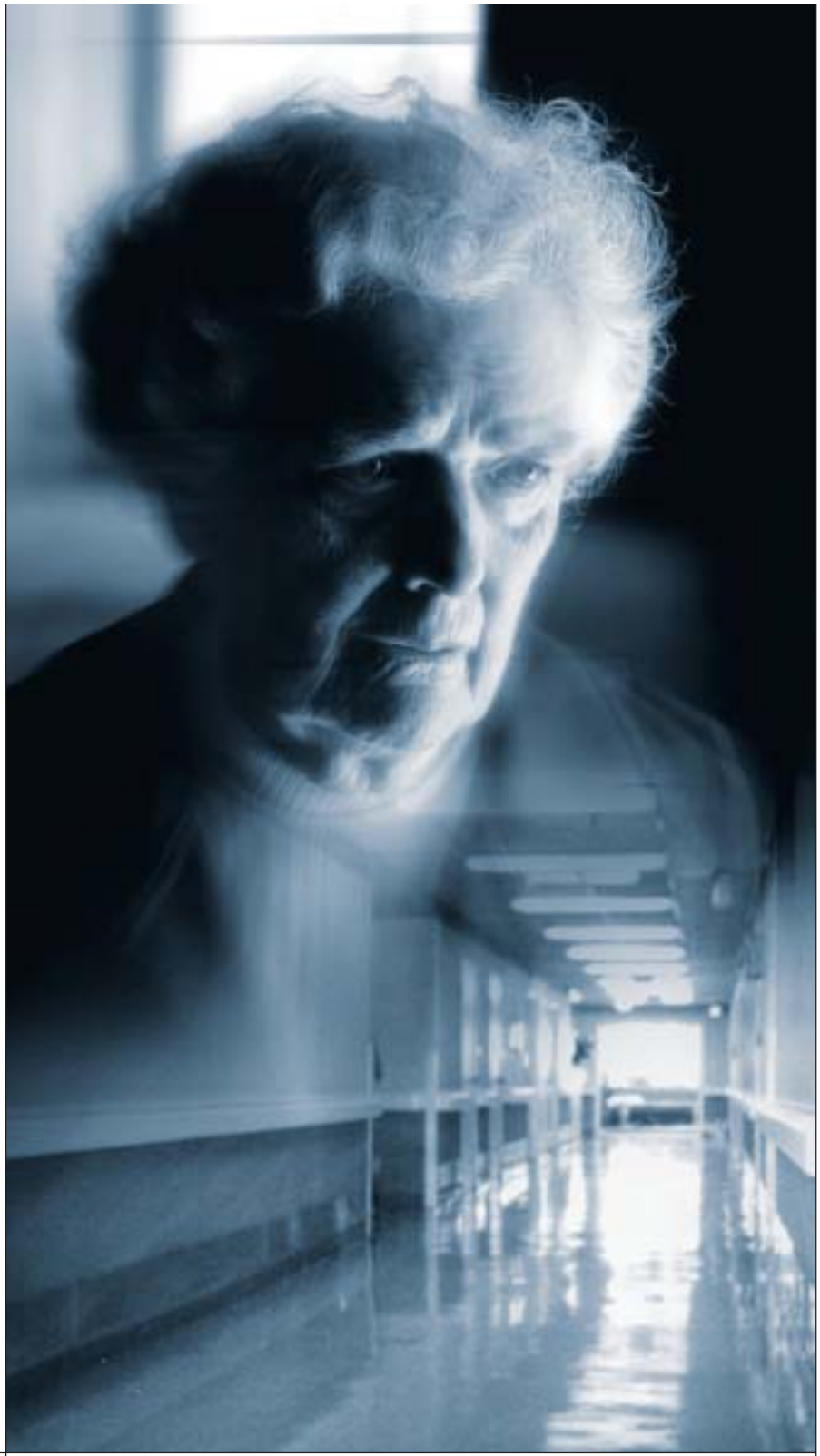
While treatment is not supposed to kill a patient, this is what happens virtually every day in psychiatric facilities, especially through the use of violent restraints. For decades, horror stories have emerged of institutionalized patients dying while strapped to beds and chairs, others while pinned to floors by psychiatric nurses and aides. Family members are frequently told lies about the circumstances under which their loved one died.

In a statement for a 2002 California court case related to restraints, Ron Morrison, a registered psychiatric nurse, said that patients can become so exhausted fighting against restraint, they risk cardiac and respiratory collapse.[25]

Between 1994 and 1998 in Japan, scandal rocked the country after the discovery that private psychiatric hospitals were forcibly incarcerating and illegally restraining elderly patients. One male patient developed a potentially fatal condition after being kept in restraints for five days. Seeing he was unable to breathe, staff diagnosed pneumonia. However, doctors at a medical hospital where he was transferred, discovered that he had developed blood clots from the restraints.[26]

The use of restraints is not designed to aid the patient. A lawsuit in Denmark revealed that hospitals using restraints received additional funding for so "treating" those patients. Harvard psychiatrist Kenneth Clark reported that patients are *often provoked* in order to justify placing them in restraints. In the United States, too, patients in restraints yield higher insurance reimbursements—at least $1,000 a day.[27] The more violent a patient becomes—or is made—the more money the psychiatrist makes.

This is the truth as to why thousands of patients each year are subjected to "four-point restraints," often after being given *known* violence-inducing drugs without their consent.



IMPORTANT FACTS

1. Through the *Diagnostic and Statistical Manual of Mental Disorders (DSM)* and the mental disorders section of the *International Classification of Diseases (ICD-10)*, psychiatry has fraudulently redefined old age as a "mental illness."

2. In 1999, $194 million was paid for psychiatric services in nursing homes in the United States.

3. Dementia and Alzheimer's disease are very lucrative fields for psychiatry, even though they are physical illnesses and the proper domain of neurologists.

4. Medical experts on Alzheimer's say that 99% of these cases don't belong in psychiatric "care."[28]

CITIZENS COMMISSION ON HUMAN RIGHTS
CCHR

Citizens Commission on Human Rights
RAISING PUBLIC AWARENESS

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.

CCHR's publications—available in 15 languages—show the harmful impact of psychiatry on racism, education, women, justice, drug rehabilitation, morals, the elderly, religion, and many other areas. A list of these include:

THE REAL CRISIS—*In Mental Health Today*
Report and recommendations on the lack of science and results within the mental health industry

MASSIVE FRAUD—*Psychiatry's Corrupt Industry*
Report and recommendations on a criminal mental health monopoly

PSYCHIATRIC HOAX—*The Subversion of Medicine*
Report and recommendations on psychiatry's destructive impact on healthcare

PSEUDOSCIENCE—*Psychiatry's False Diagnoses*
Report and recommendations on the unscientific fraud perpetrated by psychiatry

SCHIZOPHRENIA—*Psychiatry's For Profit 'Disease'*
Report and recommendations on psychiatric lies and false diagnosis

THE BRUTAL REALITY—*Harmful Psychiatric 'Treatments'*
Report and recommendations on the destructive practices of electroshock and psychosurgery

PSYCHIATRIC RAPE—*Assaulting Women and Children*
Report and recommendations on widespread sex crimes against patients within the mental health system

DEADLY RESTRAINTS—*Psychiatry's 'Therapeutic' Assault*
Report and recommendations on the violent and dangerous use of restraints in mental health facilities

PSYCHIATRY—*Hooking Your World on Drugs*
Report and recommendations on psychiatry creating today's drug crisis

REHAB FRAUD—*Psychiatry's Drug Scam*
Report and recommendations on methadone and other disastrous psychiatric drug 'rehabilitation' programs

CHILD DRUGGING—*Psychiatry Destroying Lives*
Report and recommendations on fraudulent psychiatric diagnosis and the enforced drugging of youth

HARMING YOUTH—*Psychiatry Destroys Young Minds*
Report and recommendations on harmful mental health assessments, evaluations and programs within our schools

COMMUNITY RUIN—*Psychiatry's Coercive 'Care'*
Report and recommendations on the failure of community mental health and other coercive psychiatric programs

HARMING ARTISTS—*Psychiatry Ruins Creativity*
Report and recommendations on psychiatry assaulting the arts

UNHOLY ASSAULT—*Psychiatry versus Religion*
Report and recommendations on psychiatry's subversion of religious belief and practice

ERODING JUSTICE—*Psychiatry's Corruption of Law*
Report and recommendations on psychiatry subverting the courts and corrective services

ELDERLY ABUSE—*Cruel Mental Health Programs*
Report and recommendations on psychiatry abusing seniors

CHAOS & TERROR—*Manufactured by Psychiatry*
Report and recommendations on the role of psychiatry in international terrorism

CREATING RACISM—*Psychiatry's Betrayal*
Report and recommendations on psychiatry causing racial conflict and genocide

CITIZENS COMMISSION ON HUMAN RIGHTS
The International Mental Health Watchdog

WARNING: No one should stop taking any psychiatric drug without the advice and assistance of a competent, non-psychiatric, medical doctor.

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"To psychiatrists old age is a 'mental disorder,' a for-profit 'disease' for which they have no cure, but for which they will happily supply endless prescriptions of psychoactive drugs or damaging electroshock treatment."

— *Jan Eastgate, President, Citizens Commission on Human Rights International*