DEADLY PSYCHIATRY AND ORGANIZED DENIAL

By Peter Gøtzsche

Book Report and Comments by David G. Schwartz, M.D., Part 3

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The issue of forced treatment is deeply disturbing. There is no good evidence that forced treatment, seclusion, and mechanical restraints produce any better outcome than not doing so. A Danish study of 2,429 suicides showed that the closer the contact with the psychiatric staff at the hospital, which often involved forced treatment, the worse the outcome. The editorialists of the study believed that a portion of the people committing suicide after leaving the hospital do so because of conditions inherent in that hospitalization. For professor Loren Mosher, whose successful psychiatric program without drugs at the NIMH, when the reports came out positive, his program was nixed. He testified in court in Alaska. He emphasized that the therapeutic relationship is the single most important thing. If you have been a cop and you forced treatment, it is nearly impossible to restore the role as healer. In Iceland, if protection against violence is needed, unarmed police are called to handle the situation without jailing the person. Because of the potential for forced treatment in this country, patients often feel as though they cannot be honest for fear they could say something that could lead to forced treatment, and valuable health information is lost. Once patients are committed against their will, the staff at the hospital feel as if they have a blanket authority to do any treatment they choose, and they don't have to respect the patients' choices, as they are mentally incompetent to make decisions. These patients, though very disturbed, are sentient human beings with rights, not needing to be herded around like cows or hogs. There are rules to protect patients from abuse, but rules can be easily circumvented with clever manipulation of the situation by staff.

The United Nations Declaration of Human Rights and the Convention on the Rights of Persons with Disabilities in 2014 states that "Forced treatment by psychiatric and other health and medical professionals is a violation of the right to equal recognition before the law and an infringement of the rights to personal integrity (Article 17); freedom from torture (Art. 15); and freedom from violence, exploitation, and abuse (Art. 16). This practice denies the legal capacity of a person to choose medical treatment and is therefore a violation of Article 12 of the Convention." The Convention recommended "supportive decision making" instead of "substitute decision making."

In Denmark, Dorrit Cato Christensen wrote a book, Dear Luise, about her daughter who was killed by psychiatry. Former Danish Prime Minister Poul Nyrup Rasmussen said it should be obligatory reading by all doctors contemplating becoming psychiatrists. "If they get through it without crying, they should find another job." Remember that the Soviets used psychiatric drugs to torture people. I read Dr. Gotzsche's summary of the story, and I felt horrified and sick for several hours after reading it. I usually avoid watching horror movies or episodes of cruelty and torture in the news, but I had to read this to understand the problem.

In my view, the movie, "One Flew Over the Cuckoo's Nest" is mild in comparison to this real life story. Dr. Gotzche says that unfortunately, Luise's experience is not atypical.

I will attempt to briefly summarize several pages from the book describing Luise's story in a paragraph that leaves out many of the gruesome details. It all started when at age 7 she had absent-mindedness and socializing problems, and she was started on an anti-epilepsy drug, which caused adverse effects. Over the next 3 decades, she was in and out of hospitals. She had a problem with metabolizing drugs, which was not recognized or given attention by her doctors. She had adverse effects from every drug, yet the psychiatric staff assumed she needed higher doses of the same drugs, and even additional drugs. They bullied her, made fun of her, did not listen to her or her mother's requests, called her delusional, gave her drugs against her permission, and she finally died of an overdose. She said just days before, "They are going to kill me," after she saw her roommate die after being injected with a psychiatric drug. The hospital staff altered her medical record, falsified the records, and lied to her mother. Her mother reported to the police that this was negligent homicide. The Board of Health concluded after an investigation that Luise had been treated in accordance with the standards of good specialist practice. Her death certificate showed "death from unknown cause," with contributory causes of "epilepsy and mental retardation." which were entirely false.

With such "license to kill," with no negative consequences to the psychiatrists for their actions, they feel free to continue what they are doing, in the delusion that they are doing good. I ask, who is insane, the patients or the doctors? Airline pilots pay close attention to safety. If the plane goes down, the pilot goes with it. If a patient dies, the doctor doesn't. I look at it as a matter of control. When maintaining the power structure of psychiatry is more important than the patient's welfare, this is what we get. The policy is that the proper treatment has to be done, which is assumed to be best for the patient, (the doctor knows best), whether the eventual outcome is good or disastrous. What happened to Hippocrates' dictum, "First do no harm?"

The Chapter 15 heading, "Forced treatment and involuntary detention should be banned," is followed by a quotation from C.S. Lewis:

Of all tyrannies, a tyranny sincerely exercised for the good of its victims may be the most oppressive. It would be better to live under robber barons than omnipotent moral busybodies. The robber baron's cruelty may sometimes sleep, his cupidity may at some point be satiated, but those who torment us for our own good will torment us without end, for they do so with the approval of their own conscience."

No one should ever try to taper off psychiatric drugs on their own, especially if the drugs have been taken for years. This requires special expertise and the social support and monitoring by family and friends. (Sometimes patients don't recognize the changes that occur with going on or off drugs, but their families can.) A psychiatric professional who is in agreement with the plan should be a part of the team. As with these disorders in general, it is important to have a counselor and a supportive network of friends and

family, and sometimes a structured support group. Sometimes it takes months to taper off.

Dr. Peter Breggin wrote a book, Psychiatric Drug withdrawal, A Guide For Prescribers, Therapists, Patients, and Their Families. This could be a good introduction as to how to go about doing it. His website is www.breggin.com, and www.recoveringfrompsychiatry.com is also helpful.

So, what can be done for these conditions without drugs? The following is not part of Dr. Gotzche's book, but strategies I gathered from other sources.

Regarding schizophrenia, Lapland had the highest incidence of this disorder in all of Europe, 25 cases per year in a population of 70,000. After implementing a non-drug program, from 1992 to 2006, the rate had dropped to 2-3 new cases per year, the lowest incidence in the country. At the first sign of hallucinations in a young person, (It usually begins in youth.), a team of health professionals, including a nurse, a social worker, and a counselor visited the home and did counseling with the whole family. A description of this is in my article, "A New Paradigm In Mental Health," from Robert Whitaker's book, Anatomy Of An Epidemic. A commitment to this kind of program probably requires more of a social focus than would be allowed by our society's preoccupation with materialism and a wish for quick, easy fixes. It would be labor intensive, proactive, and would save much money and grief in the long run, but it could be catastrophic for the psycho-pharmaceutical industry.

Dr. Abram Hoffer has pioneered Orthomolecular Psychiatry, using a nutritional approach to psychoses. He says there is a subset of schizophrenia in which abnormal metabolism of the catecholamines such as adrenalin and noradrenalin, produces adrenochromes that cause hallucinations. By using high doses or supplements with Vitamin C, Vitamin B-6, and Niacinamide, the hallucinations subside. He has had success with many patients who, after many years of disability with schizophrenia and using many drugs, they became normal, got off the drugs, got education, did productive work, and paid taxes, with no relapses. However, he says the first things the patient needs are shelter, food, and love. I think taking people on excursions into wild nature also could be very healing, as with the ADHD kids out on a field trip in the mountains in the book, Nature Fix (reported in a previous article). I think the concept of the "funny farm," is not too far – fetched, that is, for group field trips to the farm, to play with the goats, feed the chickens, make compost, pick beans, etc., get exercise, and just enjoy the outdoors.

There is also the theory that we all receive thoughts from a larger reality outside ourselves, but our brains have filtering mechanisms that keep them out or at bay. People with hallucinations have difficulty filtering out those thoughts, which are troublesome if they already have negative thoughts and feelings such as fear and anger in the mind. They can be trained in more positive thinking and to establish boundaries to have more control over hallucinations and thoughts.

As a culture, it would be good if we loosened up a bit regarding how we expect other people to behave. People with hallucinations, autism, and brain injury experience discrimination, cruelty, and insensitivity from people who are in a hurry and want everybody to be efficient, sanitized, odorless, and "normal." In my article about "The Ghost In My Brain, the author tells about how cruel, impatient, and sometimes violent people were to him in public, because he moved too slowly. We have to recognize that all of us are a little "wacky," whether we recognize or admit it or not. It is not a must that we have to call the police every time someone looks or acts "suspicious," or to expect every person who looks and acts "abnormal" to be sequestered away or drugged into oblivion. The chances of he or she being a suicide bomber or someone about to kidnap our children is very remote. Some tribal cultures give special needs people special roles to play, and they keep them connected as a vital part of the society.

As for depression, see my article on "A New Paradigm In Mental Health" in the July 2015 Archives, pp 4-6, with documented studies showing effectiveness of many herbs. I have also included parts of a short article I wrote about depression a few years ago as follows:

If artificial chemicals are not the answer to most cases of depression, what can be done? Stephen S. Ilardi, Ph.D. presents in detail several effective methods for combating depression. Cognitive Behavioral Therapy has been studied extensively and has been proven effective for significant improvement in symptoms of depression. The Association For Behavioral and Cognitive Therapy has information about therapists in your area at their website www.abct.org. CBT can help break habits of unhealthy thinking patterns, can redirect thinking and activities in positive ways, and can reduce stressors in daily living. A specific kind of therapy called Mindfulness-Based Cognitive Therapy (MBCT) has been proven to reduce relapse rates by 50%. A recommended book is Mindfulness Based Cognitive Therapy for Depression, by Segal, Williams, and Teasdale.

Dr. Ilardi outlines 6 areas of lifestyle modifications that aid in recovery.

Work, play, music, and social activities, etc. can help to break up the ruminating that worsens the depressive thinking and feelings.

Physical exercise is a major cornerstone of all these natural methods and has been proven to be of enormous benefit. It needs to be aerobic, about 90 minutes per week, and enjoyable. Exercise is usually the last thing a depressed person wants to do, so finding creative ways to make it enjoyable is vital, like walking with a friend or a group, dancing with music, or getting a personal trainer for encouragement. With any physical activity it is important to start slow and easy and to gradually increase the effort. Yoga can be very helpful for handling stress, especially deep relaxation. Writing in a journal and writing poetry can also be helpful.

Sunlight exposure (as well as supplements) helps to build the Vitamin D level, which is very important for mood disorders, but bright daylight, aside from Vitamin D, helps the

brain to program its rhythms and to promote positive moods. Do not use a light box if you have a bipolar condition.

Social support is vital to recovery. Cultivate positive, supportive friendships and intimate relationships; connect with self-help groups, civic organizations, possibly sports, church activities, volunteer work, and animal care, as well as making the best of co-worker relationships. Let go of toxic relationships.

Develop healthy sleep habits to maximize good sleep and to allow adequate time for sleep. Dr. Rubin Naimin, who wrote about sleep in his book, Healing Night, says that for depression, people need better sleep, but also rest, not just recreation, but actual "do nothing" rest. My article about his book is in the archives.

I recommend reading Dr. Ilardi's book and implementing the details of his 6-step program. It is an excellent source of support as you work your recovery. The Depression Cure, Dr. Stephen S. Ilardi, Ph.D., DeCapo Press, 2010, IBSN 978-0-7832-1388-0

From my search of the literature, other conditions related to depression which are not commonly diagnosed are adrenal exhaustion, low thyroid function (often not detected by blood tests), metabolic syndrome (a pre-diabetic condition), sex hormone imbalance, nutrient insufficiency, toxic overload, poor bowel elimination (less than 2x/day), Candida (yeast) overgrowth, addictions, Lyme disease, and poor diet (fast food, processed food, sugar, white flour, factory farmed animal products, hydrogenated oils, GMO foods, and other "junk"). Some tests available to check for these conditions are: a digestive stool analysis, a celiac screen, a salivary adrenal stress profile, a genetic test for MTHFR defects, and other blood tests. The proton pump inhibitors (PPI's) used for acid reflux can increase risk of depression by interfering with absorption of essential amino acids needed for neurotransmitters, because they block stomach acid production.l

Omega – 3 oils have been studied thoroughly and have been found effective for depression. I recommend 1600mg EPA and 1400mg DHA per day. Other supplements that may help include: Sage, lemon balm, St. John's Wort,, Ginkgo biloba, kava, Bacopa monnieri, herbal adaptogens such as rhodiola, ashwaganda, eleuthero, ginseng, holy basil, etc., L-tryptophan, 5HTP, methyl folate, Injectable Vit B-12, low dose lithium, and intravenous vitamins (Myer's Cocktail). I recommend taking a high potency multivitamin-mineral supplement, because the B-vitamins, especially B-!2 and B-6 are important for good brain function, and magnesium, zinc, and folic acid have been reported to be beneficial in depression. A significant nutritional deficiency can cause depression. Brain inflammation may play a role in depression. Since most chronic conditions are driven by inflammation, it would be good to use anti-inflammatory supplements such as turmeric, ginger, bromelains, Vitamin C, and bioflavinoids. That may be why omega 3 oils are so effective, as they also reduce inflammation.

Acupuncture along with Traditional Chinese Medicine has also been effective.

For someone who is already taking antidepressant medications, the natural methods can be used concurrently with the medications, with the exception of 5HTP, which may potentiate the effects of SSRI antidepressants. Weaning off the drugs, as mentioned before, is a very delicate matter, and must be done slowly.

Many of these nutritional issues and other factors mentioned above regarding depression are also applicable to the anxiety disorders, especially exercise, CBT, food choices, and supplements such as herbal adaptogens, and nerviness such as skullcap, hops, passion flower, valerian, lemon balm, chamomile, lavender, and kava.

This concludes a lengthy 3-part topic that is timely and urgently relevant if we want to establish a new paradigm for a much more humane and sustainably effective mental health care system. Thank you Dr. Gotzche for courageously "blowing the whistle" and tirelessly working to bring more transparency involving this vital issue. The whole book can be a rich resource for health professionals. I found it thorough and fascinating, and anyone who wants further documentation of his findings I would recommend reading all 366 pages.

If you missed the first 2 parts, you can go to the archives.