CITIZENS COMMISSION ON HUMAN RIGHTS

The Citizens Commission on Human Rights (CCHR) was established in 1969 by the Church of Scientology to investigate and expose psychiatric violations of human rights, and to clean up the field of mental healing. Its co-founder is Dr. Thomas Szasz, professor of psychiatry emeritus and an internationally renowned author. Today, CCHR has more than 130 chapters in over 30 countries. Its board of advisors, called Commissioners, includes doctors, lawyers, educators, artists, business professionals, and civil and human rights representatives.

CCHR has inspired and caused many hundreds of reforms by testifying before legislative hearings and conducting public hearings into psychiatric abuse, as well as working with media, law enforcement and public officials the world over.

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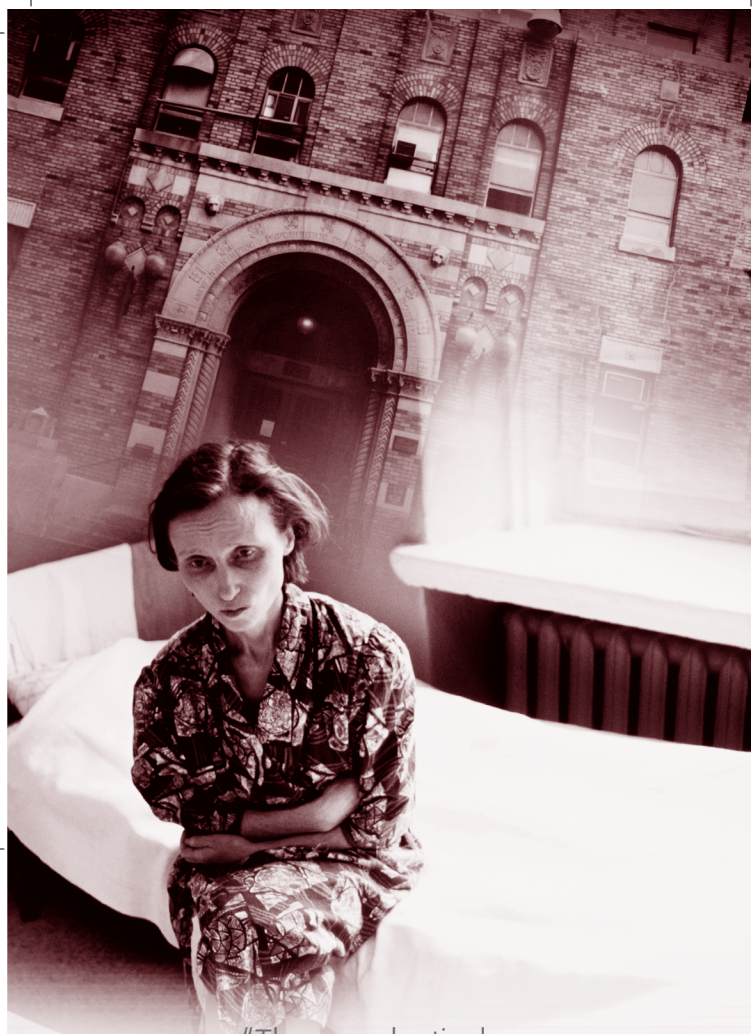
COMMUNITY RUIN
PSYCHIATRY'S COERCIVE 'CARE'

A Public Service Report from
Citizens Commission on Human Rights



"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

mental problems are actually caused by an undiagnosed physical illness or condition. This does not mean a "chemical imbalance" or a "brain-based disease," but a real physical condition with real pathology that can be addressed by a competent medical doctor.

There is no mystery about the increase in gratuitous violence, criminality, youth suicides, armies of homeless wandering our cities and numerous other negative mental health indices in communities today. But they are not an expanding *mental illness* problem demanding more community mental health "treatments." Rather they represent an increasing mental health problem created by psychiatrists and their treatments.

RECOMMENDATIONS

1. Abolish involuntary and community mental health treatment laws that rely upon mandatory and thereby coercive measures. Dismantle or prevent "mental health courts" which are another conduit for drugging our communities.

2. Housing and work will do more for the homeless than the life-debilitating effects of psychiatric drugs and other psychiatric treatments that destroy responsibility. Many homeless just simply want a chance.

3. If you or a family member or friend has been coercively treated or abused by a psychiatrist, consult a lawyer to determine your right to prosecute criminally and civilly the responsible psychologists or psychiatrists, their colleges and associations.

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

This publication was made possible by a grant from the United States International Association of Scientologists Members' Trust.

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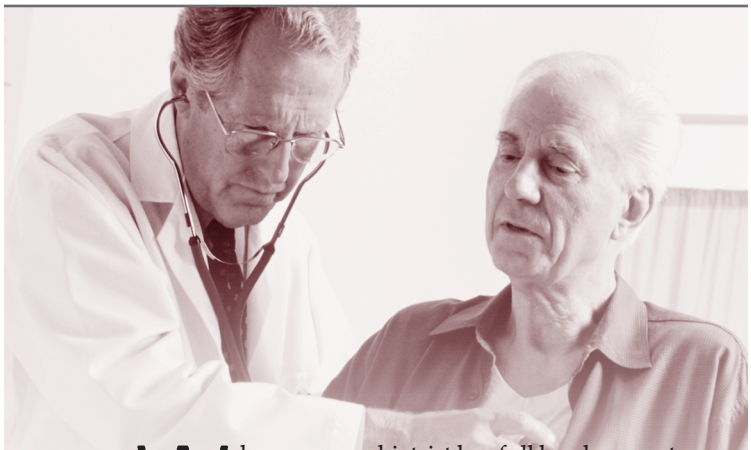
CHAPTER FIVE
IMPROVING MENTAL HEALTH



When any psychiatrist has full legal power to cause a person's involuntary physical detention by force (kidnapping), to subject him to physical pain and mental stress (torture) that leaves him permanently mentally damaged (cruel and unusual punishment), all without proving that he has committed a crime (due process of law, trial by jury) then, by definition, a totalitarian state exists.

In his book, *Psychiatric Slavery*, Dr. Szasz wrote, "When people do not know 'what else' to do with, say, a lethargic, withdrawn adolescent, a petty criminal, an exhibitionist, or a difficult grandparent—our society tells them, in effect, to put the 'offender' in a mental hospital. To overcome this, we shall have to create an increasing number of humane and rational alternatives to involuntary mental hospitalization. Old-age homes, workshops, temporary homes for indigent persons whose family ties have been disintegrated, progressive prison communities—these and many other facilities will be needed to assume the tasks now entrusted to mental hospitals."

Proper medical screening by non-psychiatric diagnostic specialists is a vital preliminary step in mapping the road to recovery for any mentally disturbed individual. Medical studies have shown time and again that for many patients, what appear to be

INTRODUCTION
HARMING THE DISTURBED

With the rapid growth of government "Community Mental Health" programs for 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." [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"?

They principally involve the prescription of drugs called neuroleptics (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 U.S. at over $10 million [€8.2 million] a day.[1]

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 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.[2]

In the United States in the 1970s, 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 replicated and validated the experiment.

In Italy, between 1973 and 1996, Dr. Giorgio 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.

"Psychiatry promotes that the only 'treatment' for severe mental 'illness' is neuroleptic [antipsychotic] drugs. The truth is the drugging causes brain- and life-damaging effects."

— Jan Eastgate

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 U.S. has by far the highest consumption of neuroleptics of any country.

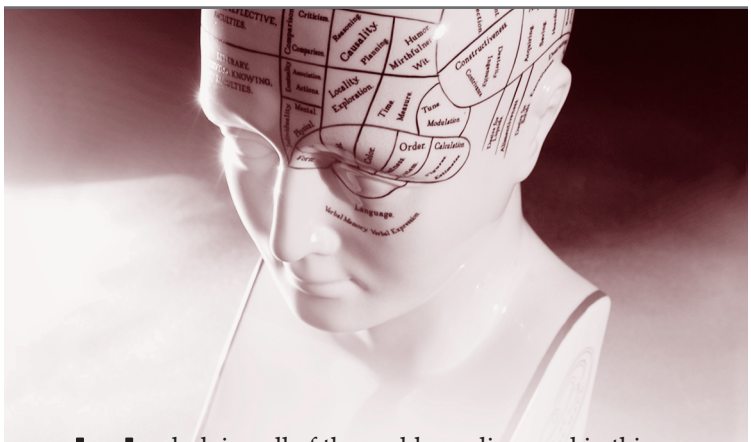
For 50 years, psychiatry has promoted its theory that the only "treatment" for severe mental "illness" is neuroleptic drugs. However, not only is the drugging of mentally disturbed patients unnecessary—and expensive—it causes brain- and life-damaging side effects.

The simple truth is that there are workable alternatives to psychiatry's destructive treatments.

With psychiatry now calling for mandatory screening for mental illness for adults and children everywhere, we urge all who have an interest in preserving the mental health, 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 needing it.

Jan Eastgate, President
Citizens Commission on Human Rights International

CHAPTER FOUR
INVENTED DISEASES



Underlying all of the problems discussed in this publication and more is a system of diagnosis of mental disorders that is unscientific to the point of being an outright fraud.

The psychiatric bible for diagnosing mental disorders is the American Psychiatric Association's (APA) *Diagnostic and Statistical Manual of Mental Disorders* or *DSM*. "Unlike medical diagnoses that convey a probable cause, appropriate treatment and likely prognosis, the disorders listed in *DSM-IV* are terms arrived at through peer consensus"—a vote by APA committee members—and designed largely for billing purposes, reports Canadian psychologist, Dr. Tana Dineen.[13] There is no objective science to it.

Dr. Sydney Walker, psychiatrist, neurologist and author of *A Dose of Sanity* warned about the dangers of relying upon the *DSM:* "It can be used to keep a criminal in jail or to release a murderer back into society. It can be used to invalidate your will, to break your legal contracts, or to deny you the right to marry without a court's permission. If giving that much power to one book sounds scary, it is.

"…*DSM* labels are not only useless as medical 'diagnoses' but also have the potential to do great harm—particularly when they are used as means to deny individual freedoms, or as weapons by psychiatrists acting as hired guns for the legal system."[14]

option" in professional deliberations on mental health policy.

Article 5 of the European Convention on Human Rights guarantees, "Everyone who is deprived of his liberty by arrest or detention shall be entitled to take proceedings by which the lawfulness of his detention shall be decided speedily by a court and his release ordered if the detention is not lawful." The United Nations Universal Declaration of Human Rights recommends similar protections.

Yet every week, thousands are seized without due process of law as a result of psychiatric involuntary commitment laws. The majority of these citizens have fewer rights and less legal protections than a criminal, yet they have not violated any civil or penal code.

Depriving the liberty of a "mentally disordered" person by involuntary incarceration in a psychiatric facility and then forcing "treatment" upon him or her, especially after a person's explicit refusal to undergo potentially dangerous treatment, violates the most fundamental freedoms that are enjoyed by all other citizens including those undergoing medical treatment.

MENTAL HEALTH COURTS

"Mental health courts" are facilities established to deal with arrests for misdemeanors or non-violent felonies. Rather than allowing the guilty parties to take responsibility for their crimes, they are diverted to a psychiatric treatment center on the premise that they suffer from "mental illness" which will respond positively to antipsychotic drugs. Offenders are sentenced to a psychiatric diagnosis and drug treatment.

In a review of 20 mental health courts, the Bazelon Center for Mental Health Law found that instead of helping criminals reform, these courts "may function as a coercive agent."

Government endorsement of mental health courts and "community policing" (as it is referred to in some European countries) will see more patients forced into a life of mentally and physically dangerous drug consumption and dependence, with no hope of a cure.

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 conditions in psychiatric institutions, pumped full of drugs to make them submissive and left to wallow in their drug-induced stupors.

CMH was promoted as the solution to institutional problems. The premise 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."

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."[3]

"'Community mental health' would not merely treat people but whole communities; 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*

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."[4]

Deinstitutionalization failed and society has been struggling with the disastrous results ever since. 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."[5]

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

emotionally disturbed in a tormented state. However, such claims are based on the dual premises that: 1) psychiatrists have helpful and workable treatments to begin with and 2) psychiatrists have some expertise in diagnosing and predicting dangerousness.

Both suppositions are patently false.

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, an American Psychiatric Association task force admitted in a 1979 amicus curiae brief to the U.S. Supreme Court that, "Psychiatric expertise in the prediction of 'dangerousness' is not established."

Terrence Campbell in an article in the *Michigan Bar Journal* wrote, "The accuracy with which clinical judgment presents future events is often little better than random chance. The accumulated research literature indicates that errors in predicting dangerousness range from 54% to 94%, averaging about 85%."

As a result of enforced community mental health treatment, we now have millions of drugged and incapable individuals roaming homeless on the streets.

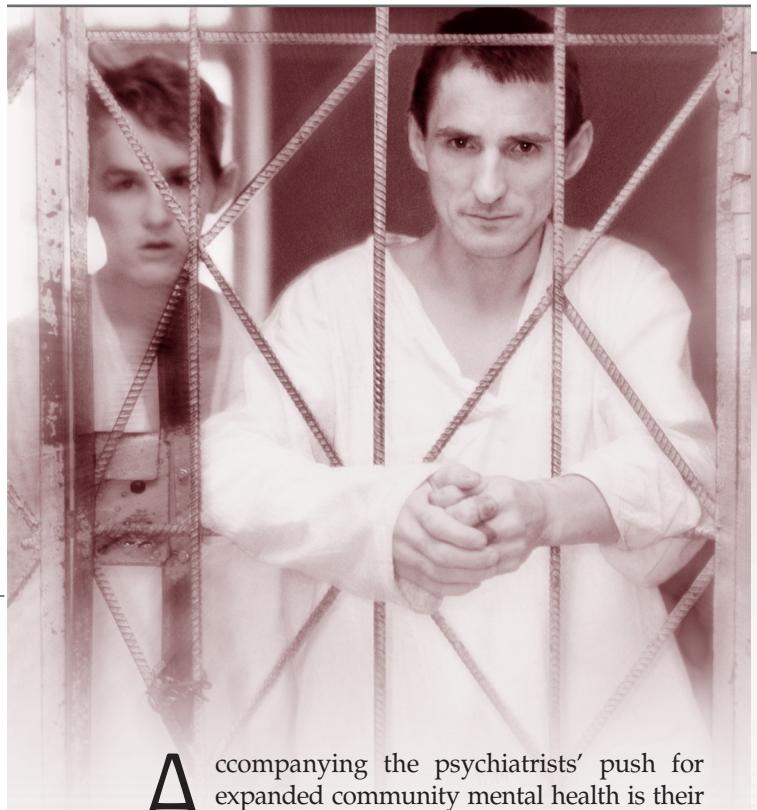
In 2002, Kimio Moriyama, vice president of the Japanese Psychiatrists' Association, expressed psychiatry's inability to foresee correctly what a person's future behavior might be, saying it was "impossible."[11]

Another psychiatric ruse is the claim that involuntary commitment protects the person's "right to treatment." Quite aside from the fiction of "treatment," involuntary commitment laws are totalitarian.

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."[12]

According to Professor Szasz, "Whether we admit it or not, we have a choice between caring for others by coercing them and caring for them only with their consent. At the moment, care without coercion—when the ostensible beneficiary's problem is defined as mental illness—is not an acceptable

CHAPTER THREE
A 'CRUEL COMPASSION'



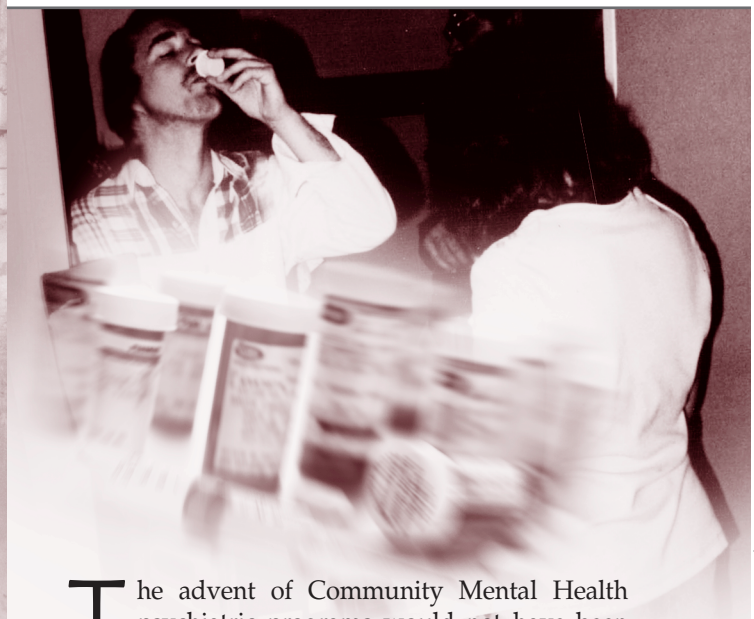
Accompanying the psychiatrists' push for expanded community mental health is their demand for greater power to involuntarily commit individuals.

Currently in the United States, one person is involuntarily incarcerated in a psychiatric facility every 1 ¼ minutes. In 2002, a study found increasing rates of involuntary commitment in Austria, England, Finland, France, Germany and Sweden, with Germany recording a 70% increase over eight years.[10]

Before you finish reading this publication, 10 people—perhaps a friend, a family member, or a neighbor—will have been committed and, more often than not, brutally treated.

Psychiatrists disingenuously argue that involuntary commitment in hospitals or the community is an act of kindness, that it is cruel to leave the

CHAPTER TWO
DANGEROUS '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 or major tranquilizers.

The first generation of these drugs, 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."* [Emphasis added]

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."[6]

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?*

"[B]ehind the public facade of medical achievement [of the neuroleptics], is a story of science marred by greed, deaths, and the deliberate deception of the American public."

— Robert Whitaker, author, *Mad in America*

As for improving the patients' quality of life, neuroleptics have produced a miserable record. A patient survey found 90% of neuroleptic patients felt depressed, 88% felt sedated, and 78% complained of poor concentration.[7]

There is no argument that the public must be protected from violent and psychotic 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, 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.

A 1990 study determined that 50% of all fights on a psychiatric ward were tied to akathisia (drug-induced agitation). Another study concluded that moderate-to-high doses of one major tranquilizer made half of the patients markedly more aggressive.[8]

According to a study of one antipsychotic, "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."

In 2003, *The New York Times* reported, "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."[9] Between 1994 and 2002, 288 patients taking the new antipsychotics developed diabetes; 75 became severely ill and 23 died.

Rather than fewer side effects, the newer antipsychotics have more severe side effects. These include blindness, fatal blood clots, swollen and leaking breasts, impotence and sexual dysfunction, blood disorders, 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.

The major tranquilizers (antipsychotics) damage the extrapyramidal system, the extensive complex network of nerve fibers that moderates motor control, resulting in muscle rigidity, spasms, and various involuntary movements; drawing the face and body into bizarre contortions.