19137 CCHR Pamphlet - Govt 10/28/04 5:10 PM Page 2

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.

FOR FURTHER INFORMATION:
CCHR International
6616 Sunset Blvd.
Los Angeles, CA, USA 90028
Telephone: (323) 467-4242
(800) 869-2247 • Fax: (323) 467-3720
www.cchr.org
e-mail: humanrights@cchr.org

THE REAL CRISIS IN MENTAL HEALTH TODAY

by
Julian Whittaker, M.D.
Tony P. Urbanek, M.D.
Mary Jo Pagel, M.D.
Rohit Adi, M.D.

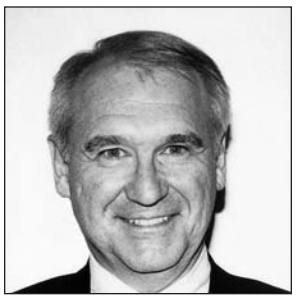
A Public Service Report from
Citizens Commission on Human Rights

19137 CCHR Pamphlet - Govt 10/28/04 5:10 PM Page 4

INTRODUCTION
PSYCHIATRY'S LACK OF SCIENCE

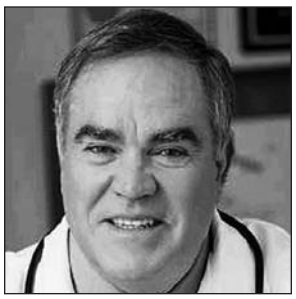
How concerned should we be about reports that mental illness has become an epidemic striking one out of every four people in the world today?

According to the source of these alarming reports—the psychiatric industry—mental illness threatens to engulf us all and can only be checked by immediate and massive increases in funding. They warn of the disastrous effects of withheld appropriations. What the psychiatrists never warn of is that the very diagnostic system used to derive the alarming statistic—their own *Diagnostic and Statistical Manual of Mental Disorders-IV (DSM-IV)* and its equivalent, the mental disorders section of the *International Classification of Diseases (ICD-10)* —are under attack for their lack of scientific authority and veracity and their almost singular emphasis on psychotropic drug treatment.



ANTHONY P. URBANEK, M.D.

Dr. Urbanek has a prior fellowship with the National Institutes of Health and is an oral and maxillofacial surgeon. His medical career includes founding medical centers, such as the Trelawney Outreach Project, in a joint venture with the Jamaican government to service 50,000 Jamaicans. He currently practices in Nashville, Tennessee.



JULIAN WHITAKER, M.D.

Dr. Whitaker is the founder of the Whitaker Wellness Center in California and a popular speaker and lecturer. Dr. Whitaker is the author of eight books, including *Reversing Heart Disease* and *Reversing Diabetes*. He is the author of the widely read newsletter *Health and Healing*.

RECOMMENDATIONS

1 Establish rights for patients and their insurance companies to receive refunds for mental health treatment that did not achieve the promised result or resulted in harm.

2 Clinical and financial audits must be conducted of all government-run and private psychiatric facilities that receive government subsidies or insurance payments to ensure accountability.

3 Government, criminal, educational, judicial and other social agencies should not rely on the DSM mental disorders section and no legislation should use this as a basis for determining the mental state, competency, educational standard or rights of any individual.

4 Abolish involuntary commitment and mandated community mental health treatment.

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.

1 Herb Kutchins and Stuart A. Kirk, *Making Us Crazy: The Psychiatric Bible and the Creation of Mental Disorders* (The Free Press, New York, 1997), pp. 260, 263.
2 Gina Shaw, "The Ritalin Controversy Experts Debate Use of Drug to Curb Hyperactivity in Children," *The Washington Diplomat*, Mar. 2002.
3 Kelly Patricia O'Meara, "GAO 'Study' Plays Guessing Games," *Insight* Magazine, 16 May 2003.
4 Paula J. Caplan, *They Say You're Crazy* (Addison-Wesley, New York, 1995), p. 90.
5 Michael McCubbin and David Cohen, The Rights of Users of the Mental Health System: The Tight Knot of Power, Law, and Ethics, Presented to the XXIVth International Congress on Law and Mental Health, Toronto, June 1999.
6 "Diet Mulls Fate of Mentally Ill Criminals," *The Japan Times*, 8 June 2002.
7 Erica Goode, "Leading Drugs for Psychosis Come Under New Scrutiny," *The New York Times*, 20 May 2003.
8 Dr. Dorine Baudin, Ethical Aspects of Deinstitutionalisation in Mental Health Care, July 2001, p. 13.

PHOTO CREDITS: 8: Mark Peterson/Corbis.

© 2004 CCHR. All Rights Reserved. CITIZENS COMMISSION ON HUMAN RIGHTS, CCHR and the CCHR logo are trademarks and service marks owned by Citizens Commission on Human Rights. Printed in the U.S.A. Item #FLO 19137

19137 CCHR Pamphlet - Govt 10/28/04 5:10 PM Page 6

that for many patients, what appear to be mental problems are actually caused by an undiagnosed physical illness or condition. This does not mean a "chemical imbalance" or a "brain-based disease." It does not mean that mental illness is physical. It does mean that ordinary medical problems can affect behavior and outlook.

According to a California study, up to 40% of psychiatric facility admissions would be unnecessary if patients were first properly medically examined. This represents enormous potential savings in terms of dollars and suffering.

Medical doctors have established, for example, that environmental toxins, mercury poisoning, and allergies can affect behavior and academic performance and can create symptoms that can be construed as symptoms then falsely diagnosed as ADHD.

If a child is labeled with "hyperactivity" or a "learning disorder," he or she should first be tested for allergies, toxins or other medical problems. Tutoring and educational solutions that consider academic ability of the child should also be considered of primary importance.

Funding should be directed to those mental health facilities that have a full complement of diagnostic equipment and competent medical (non-psychiatric) doctors. It should be established that before health insurance coverage for mental health problems is provided, searching and competent physical examinations must be undertaken to confirm that no underlying, physical condition is causing the person's mental condition. This alone would save countless people from being falsely labeled and then treated as mentally ill through the use of the *DSM*/*ICD*.

Medical studies have shown time and again that for many patients, what appear to be mental problems are actually caused by an undiagnosed physical illness or condition.

It is vital that the *DSM* diagnostic system is universally rejected before any chance of meaningful mental health reform and advancement can occur.

Professor Herb Kutchins from California State University Sacramento and Professor Stuart A. Kirk from the University of New York, authors of several books describing the flaws of the *DSM*, warn that the "bitter medicine" is that *DSM* has "unsuccessfully attempted to medicalize too many human troubles."[1]

This information and recommendations are for those with responsibility in deciding the funding and fate of mental health programs and insurance coverage, including legislators and other decision-makers charged with the task of protecting the health, well-being and safety of their citizens.

The results of the widespread reliance by psychiatrists on the *DSM*, with its ever-expanding list of illnesses for each of which a psychiatric drug can be legally prescribed, include these staggering statistics:

- Seventeen million schoolchildren worldwide have now been diagnosed with mental disorders and prescribed cocaine-like stimulants and powerful psychotropic drugs as treatment.
- Psychiatric drug use and abuse is surging worldwide; more than 100 million prescriptions for antidepressants alone written in 2002 at a cost of $19.5 billion (€15.9 billion).

In spite of record spending, countries now face record levels of child abuse, suicide, drug abuse, vio-

ROHIT ADI, M.D.

Dr. Adi is a diplomate of the American Board of Internal Medicine. He has been practicing emergency medicine since 1993 and now serves as the assistant director of a trauma center that handles 72,000 patients a year.

MARY JO PAGEL, M.D.

Dr. Pagel graduated from the University of Texas Medical Branch with honors in cardiology. She is a specialist in internal medicine and preventative and industrial medicine, and is medical director of a medical clinic. She is a member of the medical advisory board of the Citizens Commission on Human Rights.

19137 CCHR Pamphlet - Govt 10/28/04 5:10 PM Page 8

lence and crime—very real problems for which the psychiatric industry can identify neither causes nor solutions. It is safe to conclude, therefore, that a reduction in the funding of psychiatric programs will not cause a worsening of mental health. Less funding for harmful psychiatric practices will, in fact, improve the state of mental health.

Evidence has been collected from physicians, attorneys, judges, psychiatrists, parents and others active in the mental health field. The consensus of these experts is that *DSM*-based, psychiatric initiatives such as the broadening of involuntary commitment laws and the expansion of so-called community mental health are detrimental to society in human and economic terms. The same applies to programs such as the screening for mental disorders of young children in schools.

The claim that only increased funding will cure the problems of psychiatry has lost its ring of truth. Fields of expertise that are built on scientific claims are routinely called upon to deliver empirical proof to support their theories. When the Centers for Disease Control receive funds to combat a dangerous disease, the funding results in the discovery of a biological cause and development of a cure. Biological tests exist to determine the presence or absence of most bodily diseases. While people can have serious mental difficulties, psychiatry has no objective, physical test to confirm the presence of any mental illness. Diagnosis is purely subjective.

The many critical challenges facing societies today reflect the vital need to strengthen individuals through workable and viable alternatives to harmful psychiatric options. We respectfully offer this information for your consideration so that you may draw your own conclusions about the state of mental health and psychiatry's ability, or the lack thereof, to contribute to its resolution. This report in complete booklet form—also called *The Real Crisis in Mental Health*—is available from Citizens Commission on Human Rights.

Rohit Adi, M.D., Mary Jo Pagel, M.D.,
Tony P. Urbanek, M.D., Julian Whitaker, M.D.

CHAPTER FOUR
BETTER SOLUTIONS

While psychiatry strenuously denies it, non-psychiatric professionals administer much knowledgeable and skillful help.

The following perspectives are presented in support of these courageous and caring pioneers who dare to stand against the tide of psychiatric opinion. From their good work, the reality is slowly emerging that, while answers to our mental health problems may already exist, the wrong place to look for them is psychiatry.

Medical studies have shown time and again

19137 CCHR Pamphlet - Govt 10/28/04 5:10 PM Page 10

"The time that psychiatrists considered they could cure the mentally ill is gone. In the future, the mentally ill will have to learn to live with their illness."

— Norman Sartorius, former president World Psychiatric Association, 1994

Centers (CMHCs) in the United States in the 1960s. According to Henry A. Foley, Ph.D., and Steven S. Sharfstein, M.D., authors of *Madness in Government*, "...psychiatrists gave the impression to elected officials that cures were the rule, not the exception" and "inflated expectations went unchallenged." Cost estimates recommended doubling the mental health budget within five years, and tripling it in ten.

Europe followed suit about a decade later in the hope of greater efficiency and reduced cost. "On the contrary," Dr. Dorine Baudin of the Netherlands Institute of Mental Health and Addiction, later wrote, "It appears to be more expensive." Furthermore, it created homelessness, drug addiction, crime, disturbance to public peace and order, unemployment and intolerance of deviance.[8]

In truth, the CMHCs became legalized drug dealerships that not only supplied drugs to former mental hospital patients, but also supplied psychiatric prescriptions to individuals not suffering from "serious mental problems."

As for the funding of CHMCs, the fact is that U.S. psychiatry's budget soared from $143 million (€114.6 million) in 1969 to an estimated $11 billion (€8.8 billion) today—a more than 7,500% increase, while increasing by only 10 times the number of people receiving services.

Government endorsement of community mental health and coercive psychiatry will only see more patients forced into a life of mentally and physically dangerous drug consumption and dependence, with no hope of a cure. Only an independent and critical assessment of psychiatric programs will uncover their actual costs to governments and communities, in dollars and in social blight.

CHAPTER ONE
THE DRUGGING OF OUR CHILDREN

An examination of data and statistics reveals the alarming rate at which children are being medicated for mental disorders. The soaring numbers of children internationally being drugged parallel the increase in the number of mental disorders in the fourth edition of the American Psychiatric Association's (APA) *Diagnostic and Statistical Manual of Mental Disorders IV (DSM-IV)* and the mental disorders section of its counterpart, the *International Classification of Diseases (ICD)*.

19137 CCHR Pamphlet - Govt 10/28/04 5:10 PM Page 12

Many psychotropic drugs prescribed for children are classified as abusive and are as addictive as morphine, opium and cocaine.

In 1952, the first edition of the *DSM* contained only three "disorders" for infants or children. By 1980, there was a nearly tenfold increase in the number of child disorders. Today, children barely out of diapers are already diagnosed with mental illness. In the United States as of 2004, seven states had passed laws prohibiting schools from coercing parents or expelling a student if his parents refused to put him on a psychiatric drug.

In 1987, members of the American Psychiatric Association (APA) voted ADHD into existence. Talking in class, being distracted, fidgeting or losing pencils can result in a child being labeled "ADHD" and drugged.

Dr. William Carey, a respected pediatrician at the Children's Hospital of Philadelphia, says: "The current ADHD formulation, which makes the diagnosis when a certain number of troublesome behaviors are present and other criteria met, overlooks the fact that these behaviors are probably usually normal."[2]

The U.S. National Institutes of Health concluded in 1998, "...our knowledge about the cause or causes of ADHD remains largely speculative."

The APA concedes that there are "...no laboratory tests that have been established" to diagnose ADHD.

Many governments classify these drugs as abusive and as addictive as morphine, opium and cocaine. The stimulants prescribed for ADHD are listed as controlled substances under Schedule II of the 1971 United Nations' Convention on Psychotropic Substances, because they constitute a substantial risk to public health, have little therReform Commission stated, "The fact that mental illness is rarely defined, even in psychiatric text books, that faith in psychiatry is not always borne out by results...and that without...a real prospect of useful curative treatment, commitment to a hospital may be oppressive."

Most commitment laws are based on the concept that a person may be a danger to himself or others. However, an APA task force admitted in a 1979 Amicus Curiae Brief to the U.S. Supreme Court, "Psychiatric expertise in the prediction of 'dangerousness' is not established."

In 2002, Kimio Moriyama, vice president of the Japanese Psychiatrists' Association, reiterated psychiatry's inability to foresee correctly what a person's future behavior might be: "…it is impossible for medical science to tell whether someone has a high potential to repeat an offense."[6]

DANGEROUS DRUGS

Whenever a "mental patient" commits an act of senseless violence, psychiatrists blame the tragedy on the person's failure to continue his medication. Such incidents are used to justify mandated community treatment and involuntary commitment laws. However, studies show that psychiatric drugs themselves create violence and mental incompetence.

While heralded by psychiatrists as new "wonder drugs" with fewer side effects than their predecessors, the latest neuroleptics [tranquilizers] actually have even more severe side effects: Blindness, fatal blood clots, swollen and leaking breasts, impotence, blood disorders, painful skin rashes, seizures, birth defects and extreme inner-anxiety, restlessness and violence.

A study led by Dr. Robert Rosenheck, a professor of psychiatry and public health at Yale, found that one new antipsychotic cost $3,000 (€2,444) to $9,000 (€7334) more than earlier drugs per patient, with no benefit to symptoms or overall quality of life.[7]

COMMUNITY MENTAL HEALTH

Psychiatry expanded its practices with the establishment of Community Mental Health

19137 CCHR Pamphlet - Govt 10/28/04 5:10 PM Page 14

CHAPTER THREE
COERCIVE 'CARE' IN PSYCHIATRY

While proponents of commitment and enforced psychiatric treatment argue they are protecting the person's "right to treatment," a strong opposition points out that because of their far-reaching powers, involuntary commitment laws—including forcing "treatment" onto people in the community—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."[5]

Robert Hayes, formerly of the Australian Law

While psychiatrists proclaim psychoactive drugs safe and effective for children, many parents know from tragic personal experience that this is false. The above children all died as a result of taking psychiatric drugs.

apeutic usefulness but have a high potential for addictiveness.

As for antidepressants, in 2003, the British medicine regulatory agency warned doctors not to prescribe Selective Serotonin Reuptake Inhibitor (SSRI) antidepressants for under 18 year olds because of the risk of suicide. The U.S. Food and Drug Administration has ordered a stronger warning—a "black box" suicide warning label to be placed prominently on SSRI antidepressants bottles. However, children's futures will only be safeguarded when the unscientific "mental disorders" they are diagnosed with are abolished and dangerous psychotropic drugs are prohibited.

Robert Whitaker, science writer and author of *Mad in America*, said, "What we have after years of soaring use of psychotropic drugs is a crisis in mental health, an epidemic of mental illness among children. Instead of seeing better mental health with ever more medicating, we see a worsening of mental health."[3]

19137 CCHR Pamphlet - Govt 10/28/04 5:10 PM Page 16

CHAPTER TWO
HARMFUL PSYCHIATRIC LABELING

Psychiatrists proclaim a worldwide epidemic of mental health problems and urge massive funding increases as the only solution. But, before committing more millions, do we know enough about the "crisis"? To answer this, it is first necessary to understand more about psychiatry and its diagnostic methods.

In 1995, psychologist Jeffrey A. Schaler said: "The notion of scientific validity, though not an act, is related to fraud. Validity refers to the extent to which something represents or measures what it purports to represent or measure. When diagnostic measures do not represent what they purport to represent, we say that the measures lack validity. If a business transaction or trade rested on such a lack of validity, we might say that the lack of validity was instrumental in a commitment of fraud." The *DSM-IV*, he stated, "is notorious for low scientific validity."

While medicine's scientific procedures are verifiable, psychiatry's lack of any systematic approach to mental health and, most importantly, continued lack of measurable results, have contributed greatly to its declining reputation, both among science-based professions and the population at large.

The development of the sixth edition of the *International Classification of Diseases (ICD)* in 1948, which incorporated psychiatric disorders (as diseases) for the first time, and the publication of *DSM* in 1952, was an attempt to emulate and gain acceptance from medicine.

"The way to sell drugs is to sell psychiatric illness."

— Carl Elliot, bioethicist, University of Minnesota

However, "mental disorders" are established by a vote of APA Committee members. A psychologist attending *DSM* hearings said, "The low level of intellectual effort was shocking. Diagnoses were developed by majority vote on the level we would use to choose a restaurant. You feel like Italian, I feel like Chinese, so let's go to a cafeteria. Then it's typed into the computer. It may reflect on our naiveté, but it was our belief that there would be an attempt to look at things scientifically."[4]

Reputable physicians agree that for a disease to exist, there must be a tangible, objective physical abnormality that can be determined through tests such as, but not limited to, blood or urine, X-ray, brain scan or biopsy. No scientific evidence exists that would prove that any mental disorder is a "brain-based disease" or that a chemical imbalance in the brain is responsible for any mental disorder.

Psychiatric assertion of "chemical imbalances" and "treatable brain disorders" are in fact no more than anecdotal reports.

With the *DSM* under attack from all sides, governments must be warned that they cannot rely on the statistics derived from the *DSM* or *ICD* for mental health funding decisions. Funds are appropriated for a general "mental health crisis" that does not factually exist, but is fabricated by psychiatry to perpetuate their bloated budgets.