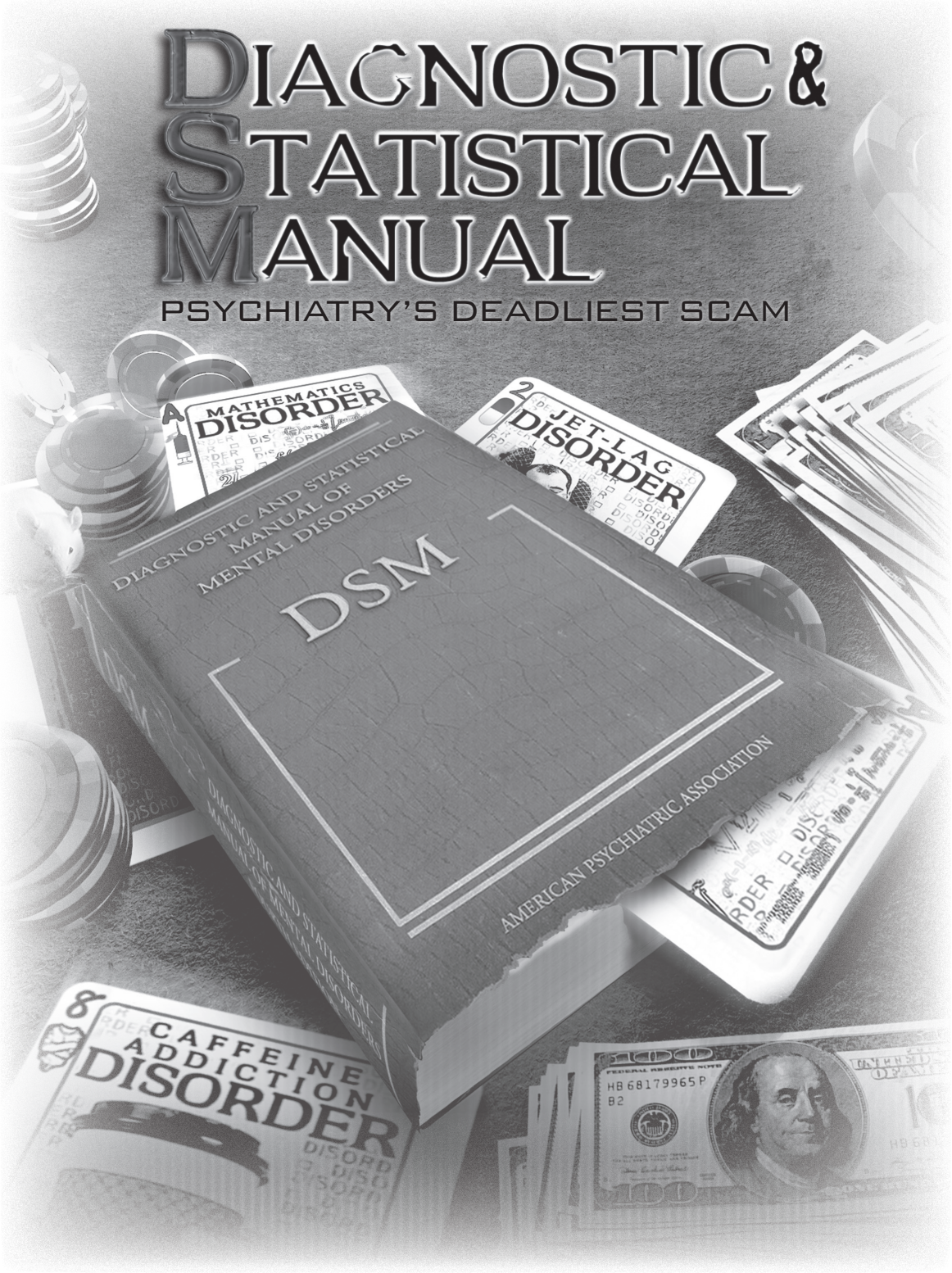
E D U C A T O R ' S G U I D E



Important Information for Readers

This guide and accompanying DVD include information about psychiatry's diagnostic system and how it correlates with the increase in psychotropic drug use that puts many at risk in our communities.

Psychiatrists claim that emotional problems and unwanted behavior are "diseases" of the mind. The facts, however, demonstrate otherwise.

The presence of a disease is proven by empirical (observed) evidence and physical tests. The same cannot be said of mental disorders. In the words of the late professor of psychiatry emeritus Dr. Thomas Szasz, "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."

But because of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM), more and more people are labeled and drugged for a "disorder" that cannot be medically demonstrated by any lab exam, such as a blood test, brain scan or X-ray.

Psychiatric drug use is now widespread and can be quite harmful. But caution must be observed in withdrawing from these drugs. Because of the powerful withdrawal effects they can have, it is strongly advised not to suddenly discontinue or reduce the dosage or frequency of psychiatric drugs on one's own, but instead to seek the advice and assistance of a competent medical doctor.

Note: Citizens Commission on Human Rights (CCHR) does not offer medical advice or referrals but provides the information in this guide and documentary as a public service.

MISSION STATEMENT

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

DIAGNOSTIC & STATISTICAL MANUAL: PSYCHIATRY'S DEADLIEST SCAM
FILM AWARDS

- Telly Bronze award, the premier award for the finest in film and video production
- Communicator Award of Excellence, honoring work that transcends innovation
- Digital Video Award, for outstanding creative and technical achievement
- Aurora Gold Award, one of the most prestigious awards in the world of media
- AVA Platinum Award, an international award recognizing outstanding work in video production
- MarCom Gold Award, which honors excellence in video production and recognizes creativity and hard work

TABLE OF CONTENTS

INTRODUCTION

Over the years, more and more problems have been redefined by psychiatrists as "mental disorders" or "illnesses," purportedly caused by chemical "imbalances" or other dysfunctions in the brain. Cataloging this astounding increase in these so-called "disorders" is psychiatry's *Diagnostic and Statistical Manual of Mental Disorders*, an 943-page tome listing more than 370 of them—everything from reading and mathematics disorders to Disruptive Behavior Disorder, from Caffeine Intoxication to Nicotine Withdrawal Disorder, from the vaguely defined Phase of Life Problem to the all-encompassing Disorder of Infancy, Childhood or Adolescence. And if you refuse to accept the psychiatrist's treatment, there's always Noncompliance with Treatment Disorder.

And the treatment for these disorders is—overwhelmingly, psychiatric drugs. As a result, psychiatry and the pharmaceutical industry have formed a tight and mutually beneficial partnership. This is so much the case that a study released in 2012 proved that more than two-thirds of the members of the DSM-V panel—the psychiatrists and psychologists deciding on what disorders to include in the next edition of the DSM—have personal financial ties to drug companies. In some of the smaller working groups involved in the DSM, that portion reaches 100 percent.

Once published, the DSM is a huge source of money for both drug companies and psychiatrists, for listed with each disorder in the DSM is a code used to bill insurance companies for treatment reimbursement. These DSM codes are used to generate around $100 billion in worldwide insurance income, and $84 billion in annual psychotropic drug sales. This powerful incentive leaves little wonder why psychiatrists at Harvard University now report that half of everyone on earth will experience a mental disorder requiring psychiatric intervention.

The *Diagnostic & Statistical Manual: Psychiatry's Deadliest Scam* documentary and Educator's Guide examine how our society has reached a point where millions now use and believe in psychiatry's diagnostic abilities.

This documentary and the lessons in the guide aim at encouraging people to *question* and demand answers based on scientific fact, not psychiatric opinion. The materials are intended to elicit discussion on how to ensure patients and their families become aware of the psychiatric-pharmaceutical collaboration.

Note: *If you have any questions or need assistance, either before starting or at any time during your seminar, email us at contact@cchr.org.*

GETTING STARTED
INSTRUCTIONS FOR THE EDUCATOR OR SEMINAR LEADER

1. Watch *Diagnostic & Statistical Manual: Psychiatry's Deadliest Scam.*
2. Read the DSM booklet in this kit.
3. Study the seminar plan. This plan includes: the Primary Question, answered by the documentary chapter; the Learning Objectives and the Content for each chapter of the documentary; and Discussion Questions after showing the chapter of the DVD.

For a complete understanding of the subject, it is recommended that you administer the entire seminar plan. If, however, you have a limited amount of time or your audience is particularly interested in a specific portion of the seminar, you can select the appropriate section and eliminate the rest.

The running times of each chapter are included in the seminar plan so that you can estimate the length of your seminar.

4. Read the document "Actions to Take" at the end of the Seminar Plan section. This covers various actions that parents, co-workers, colleagues, and many other individuals can take to help bring an end to the epidemic levels of psychiatric fad diagnoses and psychotropic drug prescriptions, and protect themselves and others from this abuse.
5. Read the section about securing human rights. Learn the successful actions that have brought about significant reforms in the psychiatric drug industry, especially those protecting children from enforced psychiatric drugging.
6. Read the appendix section.
7. In preparation for the seminar do the following:
   a) Print sufficient copies of the Feedback Report Form for attendees to fill out.

b) Make copies of any of the Appendix items and forms you want to hand out to attendees.

c) Print copies of the Glossary of Terms so it is available to seminar attendees during the seminar.

Note: All above items can be downloaded online at cchr.org/Educator/DSM/downloads.

8. Deliver your seminar as directed in the Seminar Plan.

   Start by reading the Primary Question to the attendees, letting them know that this question will be answered by the documentary chapter they are about to see.

9. Next, read out the Learning Objectives for the chapter you are showing.
10. Then read out the Content information to give attendees some basic data.
11. After watching the chapter, ask the first Discussion Question and get a discussion going. Continue with the next Discussion Question, until you are satisfied there are no more answers. Ask each of the Discussion Questions in that section.
12. Move on to the next section and show the next chapter in your seminar plan.
13. At the end of the seminar session distribute copies of the DSM booklet included in your Educator's Package, along with any other documents you prepared for attendees (see point 7).
14. Carry on with the remaining chapters, following the directions in the guide.
15. At the end of the seminar, distribute the Feedback Report Form and have each attendee fill it out.
16. Send all Student Feedback Report forms along with your Seminar Leader Feedback Report, filled out to CCHR Int, to the address at the end of the form.
17. If possible, please video your seminar and send your video to CCHR Int.
18. If you have any questions or need any assistance, email us at contact@cchr.org.

SEMINAR PLAN
DIAGNOSTIC & STATISTICAL MANUAL: PSYCHIATRY'S DEADLIEST SCAM

PART 1: DECEIVING MEDICINE

CHAPTER 1: INTRODUCTION—THE DEAL
CHAPTER 2: THE OPENING MOVE—HISTORY OF DIAGNOSIS

Primary Question:

- How were psychiatrists able to pass off their diagnostic manual as "science," entrench it in medicine and convince millions that their problems in life are "brain diseases"?

Learning Objectives:

- Understand how psychiatry has used medicine to give itself and its diagnostic system legitimacy, and the resulting impact on society.
- Understand how mental disorders are not the same as physical diseases, but are voted into existence based not on medical discovery or scientific proof, but opinion.

CHAPTER 1:

Content:

The seminar leader or educator introduces this chapter of the DVD with the following information:

It is no accident that psychiatry's *Diagnostic and Statistical Manual of Mental Disorders* is likened to a game of poker. Getting diagnosed with a DSM disorder is all about bluffs and risks: bluffs because of the false representation that its listed disorders are "medical"; and risks that the treatment prescribed to "cure" is physically damaging, and prevents the search for legitimate causes and safe, effective solutions.

In psychiatry, any part of life can be labeled a "mental illness," from temporary sadness to talkativeness to stage fright.

Where are these "disorders" coming from? From psychiatry's DSM.

It's 943 pages contain behavioral descriptions of every sort, from depression to anxiety, stuttering, cigarette smoking, fear of spiders, problems with reading or math, all reinterpreted and relabeled as "brain disease."

And while it is true that people do have serious problems in life, psychiatrists turn these unwanted emotions and behaviors into diseases of the brain—without a shred of proof, as psychiatrists readily admit.

These so-called "diseases" are normally treated with damaging, brain-invasive treatments such as psychoactive drugs, electroshock and psychosurgery.

Psychiatrists have based an entire ideological edifice on these unproven and evidence-free claims, which is why many medical practitioners view their DSM—to extend the poker metaphor—as a "House of Cards."

Documentary:

Show Chapter 1: Introduction—The Deal (4:15 mins)

Chapter 2:

Content:

The best way to understand psychiatry's present diagnostic system is to know its history, wherein early psychiatrists served only in the large madhouses as caretakers of the insane. But though psychiatrists were determined to be accepted by mainstream medicine as "doctors", the medical field considered psychiatry's scientific grounding suspect and kept it at arm's length.

The first DSM was based upon the primitive classification schemes of the late 19th and early 20th century German psychiatrist Emil Kraepelin, an avowed eugenicist and mentor to future Nazi psychiatrists. It was 130 pages long and contained 112 mental "disorders," small in comparison with today's manual, but a huge leap compared to Kraepelin's original classifications.

The main reason for the first and all subsequent DSMs is money.

Psychiatrists found that by categorizing unwanted behavior as "diseases," they could rake in a lot of government money to "treat" them. Little wonder that DSM II, published in 1968, increased the list to 178 disorders.

To expand this internationally, the DSM-II was specifically written to align with the *International Classification of Diseases*—the ICD—a book extensively used in Europe and around the world that, apart from psychiatric diagnoses, lists real medical diseases.

And still, there was no knowledge or explanation of what caused these disorders.

Incredibly, the current DSM claims that the inclusion of a disorder in its pages does not require an understanding of its cause.

So how do these new diagnoses make it into the new edition of the DSM? By consensus. They are voted in.

Documentary:

Show Chapter 2: The Opening Move—History of Diagnosis (5:55 mins)

Discussion Questions:

1. What is the difference between the way medical researchers discover, describe and prove medical diseases and the way psychiatrists come up with mental disorders? Explain how and why these processes are different.
2. What do you think would happen if heart or brain surgeons performed operations for conditions that had not been physically diagnosed or proven to exist?
3. Do you have any personal examples of times when you have seen simple problems in life redefined as a "mental illness"? If the person was prescribed a psychiatric drug, what did you observe happened?
4. Do medical doctors vote on whether a disease exists? What if they did?
5. Should psychiatrists be made to adhere to the same standards of physical evidence to support their diagnoses as are other specialists such as heart or brain surgeons? If so, how could this be enforced?

PART TWO: UNPROVEN THEORIES

CHAPTER 3: SHUFFLING THE DECK—REPACKAGING THE DSM
CHAPTER 4: THE BIG BLUFF—BRAIN CHEMISTRY

Primary Question:

How was psychiatry able for years to escape scientific criticism over its claims that mental illness is caused by a chemical imbalance or some other physical dysfunction in the brain?

Learning Objectives:

- Understand how the psychiatric-pharmaceutical marketing campaign that depression is caused by a chemical imbalance was aimed at increasing psychiatric drug usage.
- Understand how marketing and advertisements are giving people a misconception that their problems in life and relationships are the result of chemical imbalances, and how this propaganda is doing a great disservice and causing harm not only to consumers but also general practitioners.

CHAPTER 3:

Content:

Despite the work on DSMs I and II, psychiatrists still were not satisfied that the manual looked scientific enough. They threw out most of the Freudian terminology of the previous editions, and decided that their mental disorders were instead brain-based.

Not that they had any science to back it up. On top of this, the political bickering over what to include in the new DSM-III was even louder and stronger. One psychiatrist referred to meetings as "more like a tobacco auction."

Still, the number of mental disorders finally listed in the DSM-III ballooned to 259.

To justify the claimed "medical" nature of their disorders, psychiatrists latched on to what became known as the "chemical imbalance theory," which purported that all mental ailments are caused by too much or too little of certain brain chemicals. Some have tried

to prove this by claiming that if a drug stopped unwanted behavior, it was because the brain was lacking the chemicals that drug produced. Critics, however, have pointed out that a sharp blow with a sledgehammer stops unwanted behavior too, yet no one points to an absence of sledgehammer blows as a reason for mental distress.

Then, as today, there are no tests—blood tests, X-rays, brain scans or any other—that can identify or prove a chemical imbalance in the brain. Yet psychiatrists routinely label a person with a DSM mental disorder, citing a "chemical imbalance."

And yet many ask, "Where's the science?" For the diagnosing of these disorders can be so subjective that more often than not, no two psychiatrists will diagnose the same person complaining about the same symptoms in the same way.

So if the patient doesn't benefit from the DSM, who does?

Psychiatrists and drug companies.

Documentary:

Show Chapter 3: Shuffling the Deck—Repackaging the DSM (9:32 mins)

CHAPTER 4:

Content:

Not only do psychiatrists have no test to prove the presence of a DSM mental disorder, they even admit in their own manual they can't define what a mental disorder is.

DSM-IV, issued in 1994, skyrocketed the number of voted-in "illnesses" to 374, three times the number listed in DSM-I. This increase also holds true for the *International Classification of Diseases* (ICD), whose mental and behavioral disorders section has almost paralleled that of the DSM.

Since then, the DSM-IV Task Force's own Chairman has admitted, "There is no definition of a mental disorder. It's bull****. I mean, you just can't define it."

While pretending they know what they're talking about, psychiatrists are keeping the public in the dark. Today, 120 million people worldwide have been diagnosed with a mental illness.

And with every psychiatric diagnosis comes a psychiatric drug. It is, as one expert says, "a one-two punch."

Documentary:

Show Chapter 4: The Big Bluff—Brain Chemistry (7:35 mins)

Discussion Questions:

1. How do psychiatrists and drug companies convince the public that mental problems are caused by a "chemical imbalance in the brain"? What would you tell someone who stated this to you as a fact?

2. What is wrong with the argument that if a person's psychological symptoms lessen by giving him a drug, then the person must have been deficient in the chemicals that drug produces in the brain?

3. How does going to the doctor to receive a medical diagnosis for, let's say, a broken arm or for diabetes differ from a diagnosis for depression or bipolar disorder from a psychiatrist?

4. Why do you think a psychiatric diagnosis is always followed by a psychiatric drug?

5. The pediatric neurologist at the end of the last chapter called it "A quick buck. You don't need to do a physical exam. You put it in the chart. It's done. Prescribe away. Lifetime patient. That's what the DSM is for." What does he mean by this?

PART 3: MARKETING OUTWEIGHS DAMAGE

CHAPTER 5: A BAD HAND—TREATMENT DAMAGE
CHAPTER 6: HIGH STAKES—MARKETING THE DSM

Primary Question:

How can the unsubstantiated claims in the marketing of psychiatric drugs endanger the lives of patients and their families?

Learning Objectives:

- Understand how marketing mental disorders as "diseases" creates a wider market for the use of psychiatric drugs, even outside their "approved" uses.
- Understand the way psychoactive drugs are sold: first by selling the mental disorder and then expanding the number of disorders.

CHAPTER 5:

Content:

Psychiatry's marketing has been so successful over the years that more than 600 million prescriptions are written for psychiatric drugs every year.

But these drugs don't fix a person's feelings of sadness, anxiety or mood swings—at best they mask these symptoms while keeping the true reason for the disturbance out of sight.

And like any other drugs, they come with a price. Psychiatric drugs can have severe and even deadly side effects, including diabetes, weight gain, high cholesterol, liver and heart problems, violence and thoughts of suicide.

Psychiatrists often will not tell the patients of these side effects, or if they do will downplay the risks.

And the list of victims is very long. An estimated 42,000 deaths a year have been linked to psychiatric drugs.

Why do psychiatrists do it? One clue is that many high-prescribing psychiatrists are amply rewarded by pharmaceutical companies with generous speaking fees and all expenses-paid trips to conferences in exotic locations. Meanwhile, the sales of these dangerous psychotropic drugs have soared to more than $84 billion a year.

The irony of all this drugging is that recent studies have shown that psychiatric drugs such as antidepressants work no better than a dummy sugar pill.

Documentary:

Show Chapter 5: A Bad Hand—Treatment Damage (8:15 mins)

Chapter 6:

Content:

Carl Elliott, a bioethicist at the University of Minnesota once wrote, "The way to sell drugs is to sell psychiatric illness."

The selling of psychiatric illness is a huge commercial enterprise. Drug companies advertise DSM disorders in print, on television and the Internet, urging viewers to "talk to their doctor."

They plant newspaper articles about the latest "mental illness epidemic," and book paid psychiatric "experts" to appear on talk shows, write papers and conduct "studies," all to spread the word.

They know that if people believe they have a "disorder," they will ask for a drug. And studies have shown this to be correct.

But psychiatrists also push these "diseases" on their own. One psychiatrist, Dr. Joseph Biederman, created and popularized a "disorder" he called Pediatric Bipolar, claiming it can begin "from the moment a child opens his eyes." In just nine years, Dr. Biederman fueled a 40-fold boom in the number of children labeled this way, most of whom would be prescribed antipsychotics—drugs so powerful they were meant only for adults deemed seriously mentally ill.

And since psychiatrists admit that their mental disorders can't be "cured" but only "managed," they and the drug companies have made customers for life.

The game continues to get bigger, with DSM psychiatrists busily coming up with more "diseases" that will feed more people into the system. In fact, 56% of psychiatrists sitting on committees choosing what disorder to list in the next DSM have financial ties to drug companies—the very industry that stands to benefit from more diagnosable "disorders."

Documentary:

Show Chapter 6: High Stakes—Marketing the DSM (8:32 mins)

Discussion Questions:

1. What makes psychiatrists and drug companies such good partners in selling psychiatric illness and the drug to treat them? What are the dangers of financial conflicts of interest between them?
2. Have you seen examples of adverse side effects from psychiatric drugs?
3. One expert said of the rampant increases in new psychiatric diagnoses that "the whole world is being made crazy." What personality quirks or unusual behavior have you personally seen that psychiatrists might label a "mental illness"?
4. How does the label of "Not Otherwise Specified" embrace more people under psychiatry's psychiatric umbrella—and how does it prove that the DSM has no scientific basis?
5. What is the danger of labeling every form of unwanted or even socially unacceptable behavior a "mental illness"?

PART 4: SOCIAL IMPACT

CHAPTER 7: GAMING THE SYSTEM—INSURANCE
CHAPTER 8: ODDS AGAINST YOU—DISORDER IN THE COURT

Primary Question:

How has psychiatry entrenched the DSM in medical insurance companies and our courts to their detriment and to the detriment of society?

Learning Objectives:

- Understand how the subjectivity of the DSM means medical insurance can be easily defrauded and how, ultimately, society bears the brunt of this cost both financially and in damaged lives.
- Understand how the "insanity defense" is not based on any sound knowledge of the person's state of mind at the time of the crime, and yet family courts also rely upon this same lack of scientific evidence to determine child custody cases.

CHAPTER 7:

Content:

So if psychiatric "treatment" is so long, expensive and ineffective, who would be willing to pay for it?

The answer is: not many individuals would.

But because the psycho-pharma lobby has been so effective in passing laws forcing insurance companies to provide mental health insurance, insurance companies have been left to foot the bill. Economically, this has been a catastrophe.

In the United States alone, every year the psychiatric industry uses the DSM as a billing tool to rake in $100 billion from the government and insurance companies. And because psychiatry is so expensive and ineffective, the average insurance bill from psychiatrists is double that of general medical treatment. And that raises what we all have to pay for insurance.

Another costly problem is mental health fraud, which cheats insurers and taxpayers out of $5 billion a year. A study covering a 20-year period revealed psychiatry to have the worst track record for fraud of all medical disciplines.

Private psychiatric hospitals have been caught posing as stop-smoking and weight-loss clinics to get people to admit themselves, then holding them inside until their insurance runs out. Psychiatric providers have also been caught billing insurance companies for: having patients listen to music, watch television or play bingo; theater tickets or trips overseas; and "treating" people who were actually in jail, in a coma or even dead. Some psychiatrists were busted for billing the insurance for having sex with their patients and calling it "therapy."

One Insurance Fraud Director said, "The extent of the fraud is limited only by the imagination."

Documentary:

Chapter 7: Gaming the System—Insurance (5:51 mins)

CHAPTER 8:

Content:

Even though the DSM explicitly states that it cannot be used to establish the existence of a mental illness in a court of law, psychiatrists have used it very successfully to infiltrate our court system.

The DSM is used in the insanity defense, in custody battles, civil commitments and probate court. And though frequently psychiatrists will directly contradict each other on the witness stand, they are still granted the status of experts by judges.

On the opinion of a psychiatrist using DSM diagnoses, a person can be committed to a psychiatric institution against their will and for an indefinite amount of time. They lose all of their rights, making psychiatric institutions even more of a prison than a penitentiary.

Using the DSM, courts routinely take children from parents labeled "unfit." If remanded to a foster home, there is as much as an 88% likelihood that these children will be labeled with a DSM disorder and force-fed psychiatric drugs.

Documentary:

Show Chapter 8: Odds Against You—Disorder in the Court (9:32 mins)

Discussion Questions:

1. Why is it so easy for a mental health professional using the DSM to defraud healthcare insurance?

2. What would happen to psychiatry if it weren't so heavily supported by the government and health insurance industry?
3. How does the "insanity defense" do an injustice to our courts, the victim and even the defendant?
4. What can be done to prevent the DSM from being used in family courts?

PART 5: HARMING CHILDREN

CHAPTER 9: GO FISH—PROFITING FROM CHILDREN
CHAPTER 10: UPPING THE ANTE—DSM-V

Primary Question:

How do psychiatrists use the DSM to create false epidemics of childhood psychiatric disorders?

Learning Objectives:

- Understand how psychiatrists admit that "fad" diagnoses such as ADHD, autism and bipolar disorder were created because of the subjectivity of the DSM.
- Know and understand how DSM diagnoses are the basis of soaring and widespread psychiatric drug use, which creates even worse healthcare problems.
- Understand how the pharmaceutical financial ties to psychiatry and pharma's influence over the development of the DSM has perverted help for profit.

CHAPTER 9:

Content:

In 1987, when the diagnosis of Attention Deficit-Hyperactivity Disorder was first voted into the DSM, psychiatrists claimed there would be only a 15 percent increase in the diagnosis of children and teens with mental illness.

Since the DSM-IV was published, the number has soared by 200 percent. Allen Frances, the Chairman of the DSM-IV Task Force, would later admit that the manual has been directly responsible for creating many false epidemics of childhood mental disorders, including ADHD.

Children are now a huge target market for psychiatry. The number of childhood "disorders" listed in the DSM has skyrocketed from 3 disorders in 1952 to 44 today—15 times more.

The most common label given to children, Attention Deficit-Hyperactivity Disorder, is now affixed to kids who engage in normal, albeit annoying childhood behavior, such as not sitting still in class, fidgeting, daydreaming, running or climbing a lot.

Stimulants like Ritalin commonly prescribed for ADHD are chemically very similar to cocaine. They have such a high potential for abuse, they're listed by the U.S. Government in the same category as morphine, opium and methamphetamine.

So instead of letting kids be kids, psychiatrists are now telling parents their children are mentally ill and need psychiatric drugs.

But psychiatrists and drug companies haven't stopped there. They have even created another volume entitled the Diagnostic Classification: Zero to Three, or DC 0-3, for diagnosing babies and toddlers.

Twenty million kids worldwide have been labeled with some form of DSM mental disorder, with stimulant drugs raking in more than $4 billion a year. And if psychiatrists and drug companies succeed with their plans, there is much more of the same on the way.

Note: "A Fact Sheet: Worldwide Use and Sales of Psychiatric Drugs for Children" in the Appendix provides a sample of increased sales and usage of psychotropic drugs. The Appendix includes also a listing of Drug Regulatory Agency Warnings about Psychiatric Drugs.

The appalling risks that we are subjecting our children to are about to get worse if the next revision of the DSM is not stopped, as covered in Chapter 10.

Documentary:

Show Chapter 9: Go Fish—Profiting from Children (5:23 mins)

CHAPTER 10:

Content:

If you think DSM-IV, the current edition of the DSM, re-characterizes an enormous number of mankind's foibles as brain disease, get ready for DSM-V.

Besides possible inclusions of maladies such as Hoarding Disorder, Skin Picking Disorder and Binge Eating Disorder, psychiatrists are considering a new disorder that will scoop up huge numbers of kids whose tantrums don't yet qualify for Bipolar: "Temper Dysregulation Disorder."

And for teens, there are proposals to include Internet Addiction Disorder for those who spend too much time online.

In China, the government has already set up psychiatric clinics that treat teenagers for "problematic computer use"—sometimes using electroshock to "cure them".

But the most chilling new diagnosis under study is Psychosis Risk Syndrome, known more recently by the convoluted title of Attenuated Psychotic Symptoms Syndrome.

Here, psychiatrists intend to screen people for possible future mental illness so they can treat it now, despite the admission of one of the most fervent proponents of this "disorder" that 80% labeled "ultra high risk" will never develop mental illness.

Documentary:

Show Chapter 10: Upping the Ante—DSM-V (6:31 mins)

Discussion Questions:

1. What can happen to a child's concept of himself and his relationships with others when he or she is told that his unwanted behavior is due to a brain disease that can never be fixed, only "managed" with psychiatric meds?
2. Where will our society be if we continue to allow children—our future generation—to be labeled with a psychiatric diagnosis and kept on psychiatric drugs, maybe even for the rest of their lives?
3. In some places, psychiatrists screen children for mental illness in schools. Read the Parents Exemption Form in this manual that gives parents the right to "opt out" their children from these screenings. What would you tell parents and students considering whether to allow the screening of their child?
4. How does the concept of "Psychosis Risk" threaten the security and freedom of the average person?

PART 6: THE ALTERNATIVE

CHAPTER 11: A CLEAN DECK—ACTUAL SOLUTIONS

22

Primary Question:

Are psychiatrists committing fraud when they tell doctors, medical students, consumers, insurance agencies and the government that the DSM is a legitimate diagnostic system requiring only their potentially damaging treatments?

Learning Objectives:

- Understand that people will always have problems in life, sometimes very serious, but assigning a label driven by psychiatric-pharmaceutical interests and not patient improvement is doing great harm and needs to change.
- Understand that governments should be channeling funding in workable non-invasive therapies that cause results, not perpetual reliance on a mind-altering drug and a mental health system that rejects and ridicules any alternative.

CHAPTER 11:

Content:

Mental disorders have never been proven to be the result of any chemical imbalance or neurobiological dysfunction—and thinking experts recognize this. Yet psychiatrists and drug companies insist they are the only ones who can handle psychological and emotional distress—problems they have done nothing about and sometimes have even created—while suppressing all workable alternatives.

As but one example, a searching and competent non-psychiatric physical examination can be undertaken to find any underlying, physical condition that may be causing a person's mental condition. This simple expedient would save countless people from being falsely labeled and treated as mentally ill through the use of the DSM. The cost savings would also be enormous.

In spite of its incredibly shaky foundation, the *Diagnostic and Statistical Manual* has literally impacted every part of our world: our schools, our governments, our court systems, the media, the military—basically our entire society. And without a single person cured.

The DSM is more than a house of cards, it is psychiatry's deadliest scam.

And it needs to be stopped.

Warning: A person already on a psychiatric drug who wishes to come off, whether it is you or someone you know, should not make the attempt on his own. These drugs can have severe withdrawal effects. Instead, withdrawal should be done only under the supervision of a competent medical professional.

Documentary:

Show Chapter 11: A Clean Deck—Actual Solutions (5:12 mins)

Questions:

1. Discuss how the DSM machine could be dismantled for both economic and ethical reasons and what alternatives could be provided.
2. How could insurance companies be convinced to provide adequate medical testing to first rule out any physical condition that may be manifesting in "psychiatric" symptoms?
3. How could you use this documentary to help others?

ACTIONS TO TAKE

1. Order copies of the *Diagnostic & Statistical Manual: Psychiatry's Deadliest Scam* DVD. Send it to educators, doctors, healthcare professionals, museums, concerned lawyers and judges, local community groups and/or policy makers as well as friends, family and associates.

2. If you learn of any adverse reactions to a psychotropic drug, ensure the facts are reported to your national drug regulatory agency. In the US, go direct to: www.fda.gov/medwatch. Similar reporting systems exist in other countries. www.mhra.gov.uk/Safetyinformation/Reportsafetyproblems; www.tga.gov.au/safety/problems.htm, or visit cchr.org

3. Encourage civil suits for recovery of damages for losses suffered at the hands of psychiatrists and psychologists. (Whenever possible, include their professional organizations and teaching institutions in your legal actions.)

4. File other complaints with regulatory agencies, such as medical and psychologists' boards, that can investigate and revoke a mental health practitioner's license to practice in cases of negligence, malpractice or abuse.

5. Support legislation that outlaws or restricts coercive psychiatric practices, patient and child drugging and other harmful treatments. Write and/or speak with your local, state or federal representatives.

6. Encourage schools to prohibit mental health screening and psychotropic drug use in children and teens. Email contact@email for further information about policy that could assist school personnel.

7. Studies show that undiagnosed and untreated physical conditions can manifest as so-called psychiatric conditions. If you or anyone you know is experiencing mental disturbance, ensure a full, searching and non-psychiatric medical examination is conducted. And remember: non-psychiatric remedies do exist and do work.

8. Mental health practitioners not only abuse people with psychotropic drugs. If you know of any psychiatrist or psychologist who has committed a sexual assault, malpractice, fraud or any other abuse or crime, report this to the police and to the nearest CCHR chapter. Visit cchr.org/global-locator or email: contact@cchr.org.

9. Seek legal advice about obtaining a refund for yourself or your insurance company for any payments made for psychiatric or psychological treatment that did not achieve the promised improvement or result.

10. Take action towards protecting yourself against forced psychotropic drugging or other damaging psychiatric treatment or interventions. Use the "Psychiatric Living Will" in the appendix that requests that other people respect your desire not to undergo psychiatric treatment should you ever be deemed incompetent. Get this signed and provide a copy to an attorney and trusted family member.

SEMINAR LEADER FEEDBACK REPORT

CCHR wants to ensure that you experienced excellent results from this seminar and *DSM: Psychiatry's Deadliest Scam* documentary. We would like your feedback, ideas and recommendations. Please take a few minutes to answer the following questions. Use additional paper if needed.

1. What was the general response of your attendees/students to the seminar and documentary?

   _____

   _____

   _____

   _____

2. What aspects of the seminar did they think were most worthwhile?

   _____

   _____

   _____

   _____

3. What aspects of the seminar, if any, interested them least?

   _____

   _____

   _____

   _____

4. Did they ask any questions that you felt you could not adequately answer? If so, please give us the specifics.

_____

_____

_____

_____

5. How many of your attendees/students decided to become active on this issue, using the "Actions to Take" or other originated ideas? Please give details of the types of activities that most interested them.

_____

_____

_____

_____

6. Are there any other materials or documents that would be useful in better educating others about the dangers of psychotropic drugs and the lack of science behind psychiatric diagnoses?

_____

_____

_____

_____

7. Do you have any other information or recommendations for us that would further educate others about the issues raised in *DSM: Psychiatry's Deadliest Scam?*

_____

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_____

8. Did you deliver the full seminar?

_____

If not, which modules did you deliver?

_____

9. Is there anything else you would like to communicate?

_____

_____

_____

Number of people the seminar was delivered to: _____

Name: _____

Profession: _____

Address: _____

City: _____ State/Province: _____ Postal Code: _____

email: _____

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STUDENT FEEDBACK REPORT

Thank you for taking the time to participate in this seminar.

We are interested in anything you may wish to communicate about what you learned from *DSM: Psychiatry's Deadliest Scam* DVD. Please let us know what you think in the spaces provided. Use additional paper as needed.

1. What key message did you get from this seminar and the documentary *DSM: Psychiatry's Deadliest Scam*?

   _____

   _____

   _____

   _____

2. What is your view of the DSM as a result of watching this documentary?

   _____

   _____

   _____

   _____

   _____

3. What concerns, if any, do you have about the use of the DSM?

   _____

   _____

   _____

4. What should be done about this concern?

5. How could you use the information you have just learned?

6. What plans do you have, if any, to educate and protect others or to take a proactive role in this issue?

HOPE FOR THE FUTURE
ACHIEVING MENTAL HEALTH

The main task of CCHR has been to achieve reform in the field of mental health and the preservation of the rights of individuals under the Universal Declaration of Human Rights. CCHR has been responsible for many great reforms. At least 30 bills [now more than 100] throughout the world, which would otherwise have inhibited even more the rights of patients, or would have given psychiatry the power to commit minority groups and individuals against their will, have been defeated by CCHR actions."

Erica-Irene Daes, Special Rapporteur
In her report to the United Nations
Human Rights Commission, 1986

Without the protection of basic human rights in the psychiatric system, patients' mental health remains at risk. It has fallen to concerned individuals and groups outside the psychiatric-pharmaceutical industry to protect those who are victimized by it.

Former president of the World Psychiatric Association Dr. Norman Sartorius declared at a meeting of a congress of the Association of European Psychiatrists, "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."

Considering Sartorius' rank as one of the leading figures in international psychiatry, it seems logical to conclude then that mental problems are incurable, and that the afflicted are condemned to lifelong suffering.

This is not correct, and thankfully so, for how disheartening to think that Man is destined never to fully understand himself and life. To see that there is hope, however, requires a concept of what an ideal situation in mental healing would be.

Consider the following basic criteria for the achieving of mental health:

1. Effective mental healing technology and treatments which improve and strengthen individuals and thereby society by restoring individuals to personal strength, ability, competence, confidence, stability, responsibility and spiritual well-being.

2. Highly trained, ethical practitioners who are committed primarily to their patients and their patients families well-being, and who can and do deliver what they promise.

3. Mental healing delivered in a calm atmosphere characterized by tolerance, safety, security and respect for people's rights.

With the goal of achieving better mental health for those in need, in 1969 Citizens Commission on Human Rights wrote a Mental Health Declaration of Human Rights. These guiding principles should be strived for to restore human rights to the field of mental health.

SECURING RIGHTS FOR CHILDREN

Efforts by organizations like Citizens Commission on Human Rights are vital if we are to succeed in returning our schools to places of learning. This can only be done by eliminating unworkable psychiatric or psychological curriculums and questionnaires, and by allowing our children, with the use of good academic instruction, to accomplish their grades and goals by using their inherent potential. My thanks to CCHR. Without your concern and help, the Colorado Resolution [against psychotropic drug use in classrooms] may never have been accomplished."

Mrs. Patti Johnson
Member, Colorado State Board of Education
February 2000

Advocacy means to speak up, to plead the case of another, or to fight for a cause. It is derived from the Latin word *advocare,* which means "coming to the aid of someone." In responding to the many abuses within the mental health system, many courageous individuals have spoken out, advocated and achieved significant reforms.

The "Actions to Take" section on page 51 of this guide comprises some of the actions these individuals have taken to help eliminate harmful mental health screening and psychotropic drugs in schools.

Those actions stemmed from a fatal day on April 20, 1999, when two teenagers, Eric Harris and Dylan Klebold, shot and killed 12 fellow students and a teacher at Columbine High School in Littleton, Colorado. Harris was taking an antidepressant known to cause violent and suicidal behavior. Both teens had undergone psychological therapy, including "conflict resolution" classes.

Parents, doctors and members of the Citizens Commission on Human Rights worked with a member of the Colorado State Board of Education to expose the violence-inducing effects of psychotropic drugs. As a result, a precedent-setting education board resolution was passed that called on teachers to use academic rather than drug solutions for behavior, attention and learning difficulties in the classroom.[1]

Like a pebble dropped in a pool, this action made ripples that reached across the nation and to countries around the world.

- Fourteen US state laws were passed that prevented school personnel from forcing children to take psychiatric drugs as a requisite for attending school.
- Other laws prohibited government Child Protective Services agencies from removing a child from the custody of his or her parents or criminally charging them because they refused to give their child psychiatric drugs.[2]
- More parents took up the cause and communicated their concerns to the media and US Congress. In 2004, the Federal Prohibition on Mandatory Medication amendment was passed. This legislation prohibited the practice of making admittance to school conditional on the child being prescribed a psychiatric drug that is a controlled substance. [3]
- Further action led to the United Nations Committee on the Rights of the Child expressing concerns that Attention Deficit Hyperactivity Disorder (ADHD) and Attention Deficit Disorder (ADD) "are being misdiagnosed and therefore psychostimulant drugs are being overprescribed, despite growing evidence of the harmful effects of these drugs." The Committee recommended that "other forms of management and treatment are used as much as possible to address these behavioral disorders."[4]
- Working again with parents, doctors, whistleblowers and many others, CCHR demanded stronger warnings for psychiatric drugs. In 2004, the Food and Drug Administration ordered a prominent "black box" be added to antidepressant packaging warning that the drugs could cause suicide in those people younger than 18 and later extending this to age 24.[5] The UK, Japan, Australia and Europe's Medicines Agency representing 25 countries, also issued suicide warnings.
- In 2006, the FDA ordered additional information to the packaging for psychostimulants to warn that they could cause psychosis, hallucinations, aggression, and sudden death from heart attacks and strokes.[6] Other drug regulatory agencies around the world ordered similar warnings. [See: "Chronology of International Drug Regulatory Agency Warnings About Psychotropic Drugs" in Appendix.]
- In 2007, a law in Piemonte, Italy, prohibited mental health screening in schools. In 2008, Italy's federal Education Minister ordered school personnel to stop conducting ADHD and other psychiatric and psychological screening on students. Schools are not to be used to train teachers and parents on how to

identify ADHD symptoms, which would lead to the child being prescribed psychotropic drugs. Several regional laws also prohibit mental health screening or forcing children onto psychiatric drugs.[7]

- In 2009, Mexico passed a similar law, "Reform of the General Education Act."[8]
- Today, tens of thousands of lawsuits have been successfully filed and settled against psychiatric drug manufacturers and psychiatrists over the adverse reactions of these drugs. [See: "Chronology of Sample Lawsuits About Psychotropic Drugs" in the Appendix.]

Strong Voices Champion Children's Rights

Such significant reforms are fought and won by dedicated individuals who work shoulder to shoulder with CCHR to change societal conditions for the better. They recognize that when you gain knowledge of an abusive situation, responsibility to do something about it follows.

- "CCHR's support gave me the courage to speak out against the labeling and drugging of innocent children in the public school systems. It has risen to the defense of parents and children alike because this is a humane and just cause. CCHR helped move this vitally important topic to a national level. The overwhelming crisis in our education systems has been exposed."

  S.M., mother of son misdiagnosed with ADHD

- "CCHR is a sane prescription for what ails our children, our schools and our communities. I hope that every parent and teacher will continue to have access to CCHR's outstanding up-to-date factual data. I also hope that every parent and teacher takes CCHR's superb advice to heart. Do not allow harmful psychiatric diagnoses, treatments and drugs to ruin another child's life, another child's future."

  J.H., mother and founder of a parent's and children's advocacy group

- "After dealing with the death of my daughter due to psychiatric drugs and the professionals' uncaring response to this, I thought I had nowhere to turn. CCHR gave me the courage to take a stand and fight to help prevent other children from being harmed or killed at the hands of psychiatrists."

  V.D., mother and children's rights advocate

- "My son was diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) and was prescribed Ritalin and another medication to help him sleep. After reading CCHR's publication on child drugging I saw a doctor who helped me withdraw my son safely from the drugs. We are now using alternative methods.

Thank you so much for your life-changing publication. My son is now receiving principal awards for increased work output and attitude."

J.E., mother

- "When I took Michael off psychiatric drugs, Child Protective Services threatened me with a criminal charge of 'medical neglect.' It was eventually discovered that Michael's only problems were food allergies and anemia and that he'd never been taught educational basics. Once these were addressed and corrected, Michael improved. Thank you CCHR for wholeheartedly supporting my family."

P.W., mother, president of national parent and children's advocacy group

- "I want to warmly thank CCHR for its help, which came just in time. My son and I would certainly not have been capable of solving the problems that arose in our life had it not been for your specialist knowledge about psychiatric drugs and psychiatry, as well as your advice which helped us fight our problem. We are glad that the Commission stands so helpful and on our side."

S.M., mother

1. "Resolution: Promoting the Use of Academic Solutions to Resolve Problems with Behavior, Attention, and Learning," Colorado State Board of Education, 11 Nov. 1999.
2. State of Arizona, House of Representatives, Forty-sixth Legislature, Second Special Session, 2003, House Bill 2024; Substitute House Bill No. 5701, Public Act No. 01-124, An Act Concerning Recommendations For And Refusals Of The Use Of Psychotropic Drugs By Children And Utilization Review Determinations Related To Mental And Nervous Conditions, 28 June 2001; New Hampshire HB 551, Final Session 2004, Effective 15 June 2004.
3. "Prohibition on Mandatory Medication" amendment to the US Individuals with Disabilities in Education Act, 2004.
4. "Concluding Observations," UN Committee on the Rights of the Child, Consideration of Reports submitted by States Parties Under Article 44 of the Convention [on the rights of the child], 30 Sept. 2005.
5. "Suicidality in Children and Adolescents Being Treated With Antidepressant Medications," FDA Public Health Advisory, 15 Oct. 2004; "FDA Proposes New Warrnings About Suicidal Thinking, Behavior in Young Adults Who Take Antidepressant Medications," *FDA News,* 2 May 2007.
6. "Glaxo, Shire strengthen drug warnings, Firms say ADHD treatments may cause heart attacks," Bloomberg News, 22 Aug. 2006.
7. Consiglio Regionale Del Piemonte, Regional Law, "Regulations about the use of psychotropic substances on children and teenagers," 6 Nov. 2007.
8. Diario Oficial de la Federacion, 17/04/2009: DECRETO por el que se adicionan las fracciones XIII, XIV y XV al artículo 75 y una fracción III al artículo 76 de la Ley General de Educación.

MENTAL HEALTH
DECLARATION OF HUMAN RIGHTS
BY THE CITIZENS COMMISSION ON HUMAN RIGHTS

In alignment with the United Nations Declaration of Human Rights, herewith is the CCHR Mental Health Declaration of Human Rights:

A. No person shall be given psychiatric or psychological treatment against his or her will.

B. No person may be denied his or her personal liberty by reason of so-called mental illness without a fair jury trial by laymen and with proper legal representation.

C. No person shall be admitted to or held in a psychiatric institution, hospital or facility because of their religious, political or cultural beliefs and practices.

D. Every patient has:

1. The right to be treated with dignity as a human being.

2. The right to hospital amenities without distinction as to race, color, sex, language, religion, political opinion, social origin or status by right of birth or property.

3. The right to have a thorough, physical and clinical examination by a competent registered general practitioner of one's choice, to ensure that one's mental condition is not caused by any undetected and untreated physical illness, injury or defect, and the right to seek a second medical opinion of one's choice.

4. The right to fully equipped medical facilities and appropriately trained medical staff in hospitals, so that competent physical, clinical examinations can be performed.

5. The right to choose the kind or type of therapy to be employed, and the right to discuss this with a general practitioner, healer or minister of one's choice.

6. The right to have all the side effects of any offered treatment made clear and understandable in written form and in the patient's native language.

7. The right to accept or refuse psychiatric treatment, including but not limited to, electroshock treatment, insulin shock, lobotomy (or any other psychosurgical brain operation), psychotropic drugs and operations such as sterilization.

8. The right to make official complaints, without reprisal [punishment], to an independent board, which is composed of nonpsychiatric personnel, lawyers and lay people. Complaints may encompass any torturous, cruel, inhuman or degrading treatment or punishment received while under psychiatric care.

9. The right to have private counsel with a legal advisor and to take legal action.

10. The right to discharge oneself from a psychiatric facility at any time and to be discharged without restriction, having committed no offense.

11. The right to manage one's own property and affairs with a legal advisor, if necessary, or if deemed incompetent by a court of law, to have a State-appointed executor to manage such until one is judged competent. Such executor is accountable to the patient's next of kin, or legal advisor or guardian.

12. The right to see and possess one's hospital records and to take legal action with regard to any false information contained therein which may be damaging to one's reputation.

13. The right to seek criminal action, with the full assistance of law enforcement agents, against any psychiatrist, psychologist or hospital staff for any abuse, false imprisonment, assault from treatment, sexual abuse or rape, or any violation of mental health or other law.

14. The right to sue psychiatrists, their associations and colleges, the institution, or staff for unlawful detention, false reports, or damaging treatment.

15. The right to work or to refuse to work, and the right to receive just compensation on a pay scale comparable to union or state or national wages for similar work, for any work performed while hospitalized.

16. The right to education or training to enable one to better earn a living when discharged and the right of choice over what kind of education or training is received.

17. The right to receive visitors and a minister of one's own faith.

18. The right to make and receive telephone calls and the right to privacy with regard to all personal correspondence to and from anyone.

19. The right to freely associate or not with any group or person in a psychiatric institution, hospital or facility.

20. The right to a safe environment without having in the environment, persons placed there for criminal reasons.

21. The right to be with others of one's own age group.

22. The right to wear personal clothing, to have personal effects and to have a secure place in which to keep them.

23. The right to daily physical exercise in the open.

24. The right to a proper diet and nutrition and to three meals a day.

25. The right to hygienic conditions and non-overcrowded facilities, and to sufficient, undisturbed leisure and rest.

WHAT THE EXPERTS HAVE TO SAY ON PSYCHIATRIC DIAGNOSES

"There is no definition of a mental disorder. It's bull****. I mean, you just can't define it."

"The drug companies learned a while back that the best way to sell drugs was to sell diagnoses … selling the diagnosis is a way of opening up the new market … . We made mistakes that had terrible consequences."

Dr. Alan Frances,
Chairman DSM IV Task Force

"We do not know the etiology of any mental disorder at this time."

Dr. Darrel Regier,
Vice-Chairman of the DSM V Committee
& Research Director American Psychiatric Association

"In order to survive, we [psychiatrists] must go where the money is."

Dr. Steven Sharfstein, Former President
American Psychiatric Association

"In psychiatry we have a lot of hypotheses but no real knowledge."

Dr. Armin Szegedi, head of Psychiatry
and Clinical Neurosciences, Merck Pharmaceutical

"Look, there are three reasons why Upjohn is here taking an interest in these diagnoses. The first is money. The second is money. And the third is money."

CEO of Upjohn Pharmaceuticals
at a conference on panic attacks (makers of Xanax)

"DSM IV has become a bible and a money-making bestseller."

Dr. Loren Mosher,
Clinical Professor of Psychiatry

"Psychiatry seems to have lost its way in a forest of poorly verified diagnoses and ineffectual medications."

Dr. Edward Shorter,
Professor of History of Medicine

"The American Psychiatric Association found out it could make a lot of money by selling it [the DSM]. They've made a tremendous amount of money."

Dr. Robert Spitzer,
Author and Editor of DSM III

"They would squeeze into a room which was about half the size of this one, it was much too small and Bob [Spitzer] would raise a provocative question. And people would shout out their opinions from all sides of the room. And whoever shouted loudest tended to be heard. My own impression is it was more like a tobacco auction than a sort of conference."

Dr. David Shaffer,
Chairman of Child Psychiatry,
Columbia University
(on a DSM conference he attended)

"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 naïveté, but it was our belief that there would be an attempt to look at things scientifically."

Dr. Renee Garfinkel, Psychologist
(participating in a DSM panel)

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

Dr. Carl Elliott, Bioethicist

"The time when psychiatrists considered that they could cure the mentally ill is gone."

Dr. Norman Sartorius,
Former President of the
World Psychiatric Association

"The more disorders you put in, the more people get labels."

Dr. Michael First,
Psychiatrist and Editor of DSM IV

"You can characterize almost any behavior as a psychiatric problem."

Dr. Tim Kendall,
Deputy Director Research
Royal College of Psychiatrists (UK)

"Psychiatry is probably the single most destructive force that has affected American society within the last 60 years."

Dr. Thomas Szasz,
Professor of Psychiatry Emeritus

Over 56% of the members of the DSM V Task Force reported having financial ties to the pharmaceutical industry.

PSYCHIATRY'S DIAGNOSTIC SYSTEM: HARMING PATIENTS IN THE NAME OF "SCIENCE"

For a medical disease to exist, there must be a physical abnormality that can be determined through tests such as, but not limited to, blood or urine, X-ray, brain scan or biopsy. No such tests or scientific evidence exists to confirm that mental disorders are the result of a chemical imbalance or physical abnormality.

Mainstream medicine treats real diseases. Psychiatry treats to control "disorders."

Disorders are names given to undesirable feelings and behavior for which no exact physical causes have been isolated. These mental disorders are frequently referred to as "illnesses" or "diseases," but they are not the same and this is precisely what sets psychiatry apart from the usual practice of medicine.

Moreover, psychiatric disorders are arrived at through consensus, not through a systematic scientific study of symptoms and their causes and are designed largely for billing purposes.

The *Diagnostic and Statistical Manual of Mental Disorders* (DSM) and the mental disorders section of the *International Classification of Diseases* (ICD) are based on psychiatric opinion, not science. Here are candid admissions by members of the psychiatric community concerning the DSM:

- Regarding schizophrenia, the *DSM-II* admitted, "Even if it had tried, the Committee could not establish agreement about what this disorder is; it could only agree on what to call it."
- The late Dr. Sydney Walker III, a neurologist and psychiatrist, wrote that the pharmaceutical industry's influence "has focused on expanding the number of 'psychiatric disorders' recognized by the APA (American Psychiatric Association), and the number of drug treatments recommended for these disorders. After all, every DSM 'diagnosis' is a potential gold mine for pharmaceutical firms."

- John Read, senior lecturer in psychology at Auckland University, New Zealand, wrote, "Making lists of behaviors, applying medical-sounding labels to people who engage in them, then using the presence of those behaviors to prove they have the illness in question is scientifically meaningless. It tells us nothing about causes or solutions."
- Professors Herb Kutchins and Stuart A. Kirk, authors of *Making Us Crazy* warn, "The public at large may gain false comfort from a diagnostic psychiatric manual that encourages belief in the illusion that the harshness, brutality and pain in their lives and in their communities can be explained by a psychiatric label and eradicated by a pill. Certainly, there are plenty of problems that we all have and a myriad of peculiar ways that we struggle…to cope with them. But could life be any different? Far too often, the psychiatric bible has been making us crazy—when we are just human."
- Psychiatrist Al Parides adds, "What [psychiatrists] have done is medicalize many problems that don't have demonstrable, biological causes."
- Elliot S. Valenstein, Ph.D., author of *Blaming the Brain*, says, "There are no tests available for assessing the chemical status of a living person's brain."

THE CHEMICAL IMBALANCE LIE: MARKETING DISORDERS TO SELL DRUGS

Psychiatrists claim without proof that a chemical imbalance in the brain causes mental illness. However, in 2005, faced with national media pressure, Dr. Steven Sharfstein, then president of the American Psychiatric Association, conceded, "There are no clean-cut lab tests" to prove the existence of a chemical imbalance in the brain. Dr. Mark Graff, another APA official, said that the theory was "probably drug industry derived."

Claimed imbalance theory is a myth

- Jonathan Leo, associate professor of anatomy at Western University of Health Sciences, says, "If a psychiatrist says you have a shortage of a chemical, ask for a blood test and watch the psychiatrist's reaction. The number of people who believe that scientists have proven that depressed people have low serotonin is a glorious testament to the power of marketing."[1]
- Dr. Ron Leifer, a New York psychiatrist, agrees: "There's no biological imbalance. When people come to me and they say, 'I have a biological imbalance,' I say, 'Show me your lab tests.' There are no lab tests."[2]
- Diabetes *is* a biochemical imbalance. However, "the definitive test and biochemical imbalance is a high blood sugar level. Treatment in severe cases is insulin injections, which restore sugar balance. The symptoms clear and retest shows the blood sugar is normal," said Dr. Joseph Glenmullen of Harvard Medical School. "Nothing like a sodium imbalance or blood sugar imbalance exists for depression or any other psychiatric syndrome."[3]
- Edward Drummond, MD, an Associate Medical Director of a mental health center in New Hampshire, stated: "First, no biological etiology [cause] *has* been proven for any psychiatric disorder…in spite of decades of research.…So don't accept the myth that we can make an 'accurate diagnosis'.…Neither should you believe that your problems are due solely to a 'chemical imbalance.'"[4]

- Dr. Darshak Sanghavi, clinical fellow at Harvard Medical School, wrote: "despite pseudoscientific terms like 'chemical imbalance,' nobody really knows what causes mental illness. There's no blood test or brain scan for major depression. No geneticist can diagnose schizophrenia."[5]

Brain imaging cannot prove mental disorder, either

- Psychiatrist Dr. M. Douglas Mar said, "There is no scientific basis for these claims [of using brain scans for psychiatric diagnosis]."[6]
- Dr. Timothy Scott, Ph.D., lecturer and author of *America Fooled,* wrote that PET scans (brain scans) "seem so scientific that they are convincing. In truth, PET scans do not prove depression or schizophrenia or other mental disorders result from chemical imbalances or a defective brain." Advertisements that claim otherwise "are paid for by drug companies that want you to believe that your brain chemistry may be messed up and that taking their $150 [€118] per month pills will fix your problem."[7]
- *The New York Times* summed up research spanning 30 years revealing that psychiatrists and researchers have never established brain imaging as a means for diagnosing any mental disorders or biological or physical cause for one.[8]

Mental disorders not genetic

- Psychiatry makes "*unproven* claims that depression, bipolar illness, anxiety disorders, alcoholism and a host of other disorders are in fact primarily biologic and probably genetic in origin," says psychiatrist David Kaiser. (Emphasis added)[9]
- Dr. Bruce Levine, Ph.D., author of *Commonsense Rebellion,* concurs: "Remember that no biochemical, neurological, or genetic markers have been found for attention deficit disorder, oppositional defiant disorder, depression, schizophrenia, anxiety, compulsive alcohol and drug abuse, overeating, gambling, or any other so-called mental illness, disease, or disorder."
- In his book *Blaming The Brain,* biopsychologist Elliot S. Valenstein says the "biochemical" theory is held onto only because it is "useful in promoting drug treatment."[10] Carl Elliot, a bioethicist at the University of Minnesota, sums it up: "The way to sell drugs is to sell psychiatric illness."[11]

1 Kelly Patricia O'Meara, *Psyched Out: How Psychiatry Sells Mental Illness and Pushes Pills That Kill* (AuthorHouse, 2006), pp. 47–48, citing Jonathan Leo paper, "The Biology of Mental Illness," 2004.

2 Interview for documentary, *Psychiatry: An Industry of Death,* Citizens Commission on Human Rights (Los Angeles), 2006.

3 Joseph Glenmullen, MD, *Prozac Backlash,* (Simon & Schuster, New York, 2000), p. 195–196.

4 Edward Drummond, MD, *The Complete Guide to Psychiatric Drugs* (John Wiley & Sons, Inc., New York, 2000), pp. 15–16.

5 Dr. Darshak Sanghavi, "Health Care System Leaves Mentally Ill Children Behind," *The Boston Globe,* 27 Apr. 2004.

6 Lisa M. Krieger, "Some Question Value of Brain Scan; Untested Tool Belongs in Lab Only, Experts Say," *The Mercury News,* 4 May 2004.

7 Dr. Timothy Scott, *America Fooled: The Truth About Antidepressants, Antipsychotics and How We've Been Deceived,* (Argo Publishing, LLC, 2006), p. 62.

8 "Brain scans still unable to detect mental illness," *The New York Times,* Oct. 2005.

9 David Kaiser, MD, "Commentary: Against Biologic Psychiatry," *Psychiatric Times,* Vol. XIII, Issue 12, Dec. 1996.

10 Elliot S. Valenstein, Ph.D., *Blaming the Brain,* (The Free Press, New York, 1998), p. 4.

11 Shankar Vedantam, "Drug Ads Hyping Anxiety Make Some Uneasy," *The Washington Post,* 16 July 2001.

THE SIDE EFFECTS OF PSYCHOTROPIC DRUGS

Antidepressants: anxiety, impotence, fatigue, slow or rapid heartbeat, flu-like symptoms, body pain, hot flashes, pins and needles feeling in head/extremities, weight gain, abdominal pain, emotional numbness, irritability, akathesia (severe restlessness), hostility, mania, violent and suicidal behavior. Taken during pregnancy can cause life-threatening birth defects.

Antipsychotics: damage to the extrapyramidal system (the extensive complex network of nerve fibers that moderates motor control, resulting in muscle rigidity, spasms and involuntary movements). Tardive dyskinesia (*tardive*, "late" and *dyskinesia*, "abnormal movement of muscles")—a permanent impairment of the power of voluntary movement of the lips, tongue, jaw, fingers, toes and other body parts. Also weight gain, fatal blood clots, heart arrhythmia (irregularity), heat stroke, impotence and sexual dysfunction, blood disorders, diabetes, seizures, birth defects and in the elderly with dementia, premature death.

Psychostimulants: Abdominal pain, aggression, angina (sudden acute pain), anorexia (eating disorder), blood pressure and pulse changes, blurred vision, depression, dizziness, hallucinations, headaches, heart palpitations, increased irritability, insomnia, involuntary tics and twitching (Tourette's Syndrome), loss of appetite, nervousness, psychosis, seizures, stomach pain, stunted growth, suicidal thoughts.

Anti-Anxiety drugs: addiction, insomnia, light-headedness, involuntary movement, anxiety, fatigue and tiredness, nausea/vomiting, diarrhea, irritability, dizziness, weakness, unsteadiness, drowsiness, ataxia (failure of muscular coordination), headache, muscular pain, slurred speech, confusion and disorientation, depression, impaired thinking and judgment, memory loss, forgetfulness.

WORLDWIDE USE AND SALES OF PSYCHIATRIC DRUGS FOR CHILDREN

The following is a sample of country statistics on increasing pediatric psychiatric drug use and sales to this population.

United States:

- 1 in 70 preschoolers are taking a psychiatric drug[1].
- About half of foster care kids are given three or more mood-altering drugs.[2]
- Psychiatrists prescribe 93 percent of the drugs dispensed to foster care youths.[3]
- There was a 17 percent increase in drugs prescribed to treat "ADHD" between 2010 and 2011. [4]
- A Columbia University study found a doubling of the rate of prescribing antipsychotic drugs for privately insured 2- to 5-year-olds from 2000 to 2007. [5]

Australia:

- Prescriptions of stimulant drugs to treat "ADHD" rose 92 percent (250,851 to 480,930) between 2002–03 and 2009–10. [6]
- The largest increase seen was methylphenidate (Ritalin), which increased 300 percent.[7]
- Between 2007 and 2010 the number of children younger than 6 years old prescribed psychostimulants tripled.[8]

1 "Some Question Usage Of Powerful Drugs On Children," 13 Feb 2012, theindychannel.com, http://www.theindychannel.com/health/30444037/detail.html
2 Eileen FitzGerald, "Growing numbers of children on medication," NewsTimes, 7 June 2010.
3 Julie Zito, "Psychotropic Medication Patterns Among Youth in Foster Care," Pediatrics, Vol. 121, No. 1, Jan. 2008, pp. e157-e163.
4 "4 Billion Prescriptions Filled in 2011," information was released by IMS Health, published in ACS Chemical Neuroscience, myhealthnews.daily, 12 Sept. 2012, http://www.myhealthnewsdaily.com/3069-prescription-drugs-2011.html
5 "Andreasen Drops A Bombshell: Antipsychotics Shrink the Brain," Psychology Today, 8 Feb 2011, http://www.psychologytoday.com/blog/mad-in-america/201102/andreasen-drops-bombshell-antipsychotics-shrink-the-brain; David Cyranoski, "Antipsychotic drugs could shrink patients' brains," Scientific American, 7 Feb, 2011, http://www.scientificamerican.com/article.cfm?id=antipsychotic-drugs-could-shrink
6 "Large increase in stimulant use for ADHD in Australia: new study," Flag Post (Information and Research from Australia's Commonwealth Public Library), 27 Jan. 2011, http://parliamentflagpost.blogspot.com/2011/01/large-increase-in-stimulant-use-for.html
7 Michael Woodhead, "ADHD Drug Use Doubles," 6-minutes, 12 Apr. 2011, citing Australia and New Zealand Journal of Psychiatry_(45:332); http://www.6minutes.com.au/news/adhd-drug-use-doubles
8 Freedom of Information Request to Australian Government Department of Health and Ageing, Request No: 112/0708, 22 Feb. 2008. Australian Government Department of Health and Ageing, figures provided by Nick Henderson Policy and Analysis Branch Pharmaceutical Benefits Division, 1 Apr. 2011.

Canada:

- In 2010, Adverse Drug Reaction (ADR) reports submitted to Health Canada showed 60 percent of all ADRs for psychotropic drugs were for 13- to 19-year-olds, and 12 percent were for infants. [9]

Denmark:

- ADR reports from 1998 to 2007 showed "almost 20 percent of psychotropic ADRs were reported for children from birth up to 2 years of age and 50 percent were for adolescents, especially for antidepressants and psychostimulants….40 percent of all ADRs were from the category "nervous and psychiatric disorders."[10]

France:

- In 2009, 68 percent of psychotropic drugs prescribed to children were for unapproved uses (or restricted for adult use), with antidepressants representing 92 percent of these prescriptions, antipsychotics 69 percent and stimulants 30 percent. [11]

Germany:

- Since 1994, Germany's use of stimulants increased tenfold.[12] Spending for ADHD drugs is more than $1.03 billion. [13]

Israel:

- 2.5 percent of all Israeli children are taking Ritalin. [14]

Netherlands

- A study reviewing the use of psychotropic drug use in children ages 0 to 19 over a four-year period found the use of stimulants had increased nearly sevenfold.[15]

Norway

- Sales of stimulants increased more than 4,000 percent during a 10-year period from $676,980 to $27.9 million. [16]

9 Lise Aagaard, Ebba H Hansen, "Adverse drug reactions from psychotropic medicines in the paediatric population: analysis of reports to the Danish Medicines Agency over a decade," PubMed Central, BMC Res Notes. 2010; 3: 176; Published online 2010 June 23. doi: 10.1186/1756-0500-3-176; http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2901212/

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11 U. Winterfeld et al, "Off-label use of psychotropic medications in pediatric wards: a prospective study," Arch Pediatr. 2009 Sep; 16(9):1252-60. Epub 228 July 2009, http://www.ncbi.nlm.nih.gov/pubmed/19640689; Sevilla-Dedieu C, Kovess-Masféty V. "Psychotropic medication use in children and adolescents: a study from France," J Child Adolesc Psychopharmacol., June 2008, 18(3): 281-9, http://www.ncbi.nlm.nih.gov/pubmed/18582183

12 Soaring Use of Attention Deficit Drug Worries Germany," Agence France Presse, 15 Aug. 2001.

13 Michael Schlander, "Impact of Attention-Deficit/Hyperactivity Disorder (ADHD) on prescription dug spending for children and adolescents: increasing relevance of health economic evidence," Child Adolesc Psychiatry Ment Health. 2007; 1: 13, http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2216002/

14 John Cloud, "ADHD: A Global Epidemic or Just a Bunch of Fidgety Kids?" TIME, 22 Sept. 2010, http://healthland.time.com/2010/09/22/adhd-a-global-epidemic-or-just-a-bunch-of-fidgety-kids/#ixzz1w8dcA8Xphttp://healthland.time.com/2010/09/22/adhd-a-global-epidemic-or-just-a-bunch-of-fidgety-kids/#ixzz1w8dNVUip

15 Eric Sherm, et. al, "Psychotropic Medication in Children: A Study From the Netherlands," Pediatrics, Vol. 108, No. 2 Aug. 2001.

16 "Norwegian Prescription Database celebrates 5 years: Strong increase in use of drugs for ADHD," Norwegian Prescription Database, 23 Apr. 2009 http://www.fhi.no/eway/default.aspx?pid=238&trg=MainLeft_5812&MainLeft_5812=5825:75081::0:5967:2:::0:0

Switzerland

- In 2011 it was reported that Ritalin production had increased tenfold since 1999. [17]

Taiwan

- The percent of stimulant use in children labeled with "ADHD" increased from 39.6 percent to 54 percent between 1997 and 2005.[18]
- Approximately 30 percent of young people received methylphenidate (Ritalin) within the year of their ADHD diagnosis. [19]

United Kingdom

- The number of children prescribed antipsychotics went from a rate of four children per 10,000 in 1992 to seven per 10,000 in 2005. The use of these drugs—designed for adults—tripled in children aged 7- to 12-years-old. [20]
- Prescriptions of Ritalin quadrupled in England from 158,000 in 1999 to 661,463 in 2010. [21]
- Babies under the age of one and children aged four are being given stimulants for behavioral problems in breach of National Health Service (NHS) guidelines[22].

17 Etienne Strebel, "Ritalin use is on the rise," swissinfo.ch, 2011, http://www.swissinfo.ch/eng/swiss_news/Ritalin_use_is_on_the_rise.html?cid=29155620

18 Prevalence, incidence, and stimulant use of attention-deficit hyperactivity disorder in Taiwan, 1996-2005: a national population-based study, Chien IC, Lin CH, Chou YJ, Chou P, Soc Psychiatry Psychiatr Epidemiol. 2012 Apr 4, http://www.ncbi.nlm.nih.gov/pubmed/22476209

19 Differential Effects of Predictors on Methylphenidate Initiation and Discontinuation Among Young People with Newly Diagnosed Attention-Deficit/Hyperactivity Disorder Chuan-Yu Chen, Ph.D.,1,2 Hsueh-Han Yeh, M.S.,1 Kuang-Hung Chen, M.S.,1 I-Shou Chang, Ph.D.,3 Erin Chia-Hsuan Wu, M.D.,4 and Keh-Ming Lin, M.D., M.P.H. JOURNAL OF CHILD AND ADOLESCENT PSYCHOPHARMACOLOGY Volume 21, Number 3, 2011http://online.liebertpub.com/doi/pdf/10.1089/cap.2010.0107

20 "'Zombie drug' kids on the rise," Metro.co.uk, 5 May 2008.

21 http://philosophers-stone.co.uk/wordpress/2012/05/ritalin-use-soars-fourfold-in-u-k-as-psychologists-warn-of-untested-drug-cocktails/

22 Op. cit., Paul Sims, Daily Mail, 30 July 2007.

CHRONOLOGY OF INTERNATIONAL DRUG REGULATORY AGENCY WARNINGS ABOUT PSYCHOTROPIC DRUGS

The following is a sample of psychotropic drug warnings that drug regulatory agencies around the world have issued. These show an ever increasing awareness of the dangers and misuse of these drugs.

ANTIANXIETY DRUGS (ANXIOLYTICS, SEDATIVES, BENZODIAZEPINES)

March 2007: The US Food and Drug Administration (FDA) warned that sedative-hypnotics could cause the dangerous side effect of "sleep-driving"—driving while not fully awake and having no memory of doing so. In February 2008, it also warned Halcion could cause swelling beneath the skin of the tongue, the voice box, as well as difficult breathing, throat closing, or nausea and vomiting that suggest a severe whole body allergic reaction.

October 2009: Health Canada warned of sleep-related behaviors that occurred while patients were using "sleep aid" drugs (sedatives), and they were not fully awake, such as: talking, walking, cooking, eating, and driving.

December 2010: New Zealand's MedSafe warned about treatment insomnia with benzodiazepines because of the risk of sleepwalking and sleep eating. Also, those on long-term treatment with benzodiazepines and other hypnotics should be encouraged to gradually withdraw from the drugs, slowly tapering off their dose over a number of months to help reduce the withdrawal effects such as agitation, anxiety and insomnia.

ANTIDEPRESSANTS

February 2000: Australia's Therapeutic Goods Administration (TGA) reported that antidepressants, especially the SSRIs Prozac, Zoloft, Paxil and Celexa, could cause nightmares.

June 2003: UK's Medicines and Healthcare Products Regulatory Agency (MHRA) recommended that Seroxat (Paxil, paroxetine) not be used to treat depression in people less than 18 years old because of the increased risk of self-harm and suicidal behavior.

August 2003: Australia's TGA reported that the use of SSRIs during or after pregnancy may result in adverse reactions to newborn babies due to withdrawal effects, including agitation, jitteriness, poor feeding, sleepiness,lethargy and stomach problems.

October 2003: The TGA reported that the antidepressants Remeron, Avanza and Mirtazon could cause convulsions, blood clots, anxiety, agitation, blood disorders, nightmares and hallucinations.

March 2004: The FDA warned that SSRIs could cause "Anxiety, agitation, panic attacks, insomnia, irritability, hostility, impulsivity, akathisia [severe restlessness that can lead to mania/psychosis], hypomania [abnormal excitement, mild mania] and mania [psychosis characterized by exalted feelings, delusions of grandeur]."

June 2004: Health Canada issued stronger warnings on newer antidepressants that people of all ages were at greater risk of behavioral or emotional changes including self-harm or harm to others.

August 2004: Health Canada issued a warning that newborns were at risk of complications if their mother took antidepressants during pregnancy. Reported symptoms included feeding and/or breathing difficulties, seizures, muscle rigidity, jitteriness and constant crying that required prolonged hospitalization, breathing support and tube feeding.

September 2004: The UK MHRA issued guidelines that children should not be given most SSRI antidepressants because of increased risk of suicide and hostility.

October 2004: The FDA ordered pharmaceutical companies add a "black box" warning that SSRI antidepressants could cause suicidal thoughts and actions in children and teenagers. New Zealand's Medsafe and, later, Japan issued similar warnings. In May 2007, the FDA increased the age of risk to 24.

June 2005: The FDA warned about a potential increased risk of suicidal behavior in adults taking SSRI antidepressants.

August 2005: The Australian TGA reported that SSRI antidepressants could cause "new onset of suicidality" in adults and also agitation, nervousness and anxiety, with similar symptoms occurring during withdrawal.

August 2005: The European Medicines Agency issued its strongest warning against prescribing SSRIs to children because of the suicide risks, aggression, hostility and oppositional behavior and anger.

September 2005: The FDA warned that pregnant women taking antidepressants during their first trimester had given birth to infants with major heart defects or malformations. In March 2006, Health Canada issued a similar warning.

September 2005: The FDA directed Eli Lilly & Co. to revise its Strattera labeling to include a "boxed warning" about the increased risk of suicidal thinking in children and adolescents. (Straterra is a newer antidepressant)

October 2005: The FDA required Eli Lilly & Co. to add a warning of liver damage to the packaging of its antidepressant Cymbalta.

November 2005: The FDA updated labeling for the antidepressant Effexor ER (extended release) that it could cause homicidal ideation.

July 2006: The FDA warned of the risk of a fatal lung condition in newborns whose mothers took SSRIs during pregnancy.

May 8, 2007: Germany's Federal Institute for Drugs and Medical Devices (IDMD) warned that paroxetine (Paxil) increased the risk of cardiac malformation in newborns when the mother took the drug during pregnancy.

February 2008: The FDA warned that Emsam (antidepressant patch) could result in clinical worsening and suicide risk.

April–September 2008: The FDA added a warning to the safety label of Luvox Celexa and Lexapro and for Selective-Norepinephrine Reuptake Inhibitors (SNRIs) about increased risk of bleeding especially when taken with drugs that prevent blood clots such as aspirin. Australia issued a similar warning in October.

December 2008: The FDA ordered SSRI and SNRI antidepressant safety labeling to carry a risk warning of neuroleptic malignant syndrome.

March 10, 2009: Germany's IDMD added notification to SSRI packaging of increased risk of suicidal behavior in adults under 25 years old.

May 2009: Japan's Ministry of Health, Labor and Welfare (MHLW) revised the label warnings on SSRI antidepressants stating, "There are cases where we cannot rule out a causal relationship [of hostility, anxiety, and sudden acts of violence] with the medication."

August 2009: The TGA warned that Cymbalta could cause serotonin syndrome (excessive serotonin), the symptoms of which include restlessness, hallucinations, loss of coordination, fast heartbeat, rapid changes in blood pressure, increased body temperature, overactive reflexes, nausea, vomiting and diarrhea.

December 2011: The Danish Medicines Agency issued warnings restricting the use of antidepressants in pregnant women, after receiving 86 adverse drug reports, including 18 spontaneous abortions and fetal death. In one instance, the fetus had no skull. It demanded antidepressant manufacturers add warnings to their product information. Rather than comply—and potentially face lawsuits—at least 10 pharmaceutical companies pulled

their antidepressants off the Danish market. They include Lundbeck (Cipralex), Sandoz (Anafranil/citalopram), Eli Lilly (Cymbalta), GlaxoSmithKline (Paxil), Orion (Sertralin), Pfizer (Zoloft, Yentreve), Depot (Effexor), Teva (Escitalopram), Abbott (Fevarin) and more.

December 2011: The FDA reported that the use of SSRI antidepressants by women during pregnancy could potentially lead to birth defects, including a rare heart and lung condition known as Persistent Pulmonary Hypertension of the Newborn (PPHN)—a heart and lung problem.

ANTIPSYCHOTICS

February 2002: The FDA added a "black box" warning to the package insert for Clozaril, about potential risk of myocarditis (inflammation of the heart muscle).

September 2003: The FDA requested the six new generation antipsychotic drug makers to caution about the potential risk of diabetes and blood sugar abnormalities.

June 2004: The Australian TGA reported that new generation antipsychotics could increase the risk of diabetes.

April 2005: The FDA warned that the antipsychpotics Zyprexa, Abilify, Risperdal and Seroquel use by elderly patients with dementia could place them at increased risk of death. In June 2008, it increased this warning to its strongest "black box" level.

April 2007: The TGA warned that new generation antipsychotics could cause life-threatening neuroleptic malignant syndrome, manifested by muscle rigidity, fever, delirium, unstable blood pressure and coma.

May 2007: The FDA approved safety label changes for the injectable form of Haldol to warn it could cause heart abnormalities and "sudden and unexpected death."

August 2007: The TGA reported that all new generation antipsychotics could cause involuntary movements and muscle rigidity. More than 1,200 people who reported this condition had not recovered.

January 2008: The FDA added information to the safety labeling of Seroquel to warn of elevated cholesterol and serious heart conditions.

December 2008: South Africa's Medicines Control Council warned that new generation antipsychotics placed elderly patients with dementia at increased risk of strokes, stroke-like events and death. The UK's MHRA and the Irish Medicines Board issued similar warnings in March and April 2009 respectively.

April 2009: Health Canada warned that new generation antipsychotics could cause a potentially life-threatening condition called agranulocytosis, a reduction of a type of white blood cell leading to serious ailments.

June 2009: The UK MHRA warned that antipsychotic use may be associated with an increased risk of a potentially deadly blood clotting condition.

February 2010: The Irish Medicines Board warned about blood clots for some using new generation antipsychotics.

December 2010: The FDA updated antipsychotic drug labels to warn that newborns exposed to the drugs during the third trimester of pregnancy were at risk for abnormal muscle movements and/or withdrawal symptoms after birth. There were reports of agitation, hypertonia (abnormal increase in muscle tightness), hypotonia (abnormal decrease in muscle tone—floppy), tremor, somnolence (sleepy), respiratory distress and feeding disorder in these newborns. Some cases required intensive care and prolonged hospitalization.

August 2011: Australia's TGA warned that newborn infants exposed to antipsychotics during the third trimester of pregnancy may be at risk of extrapyramidal signs (involuntary movements and muscle rigidity) and/or withdrawal syndrome. Reported side effects included: breathing difficulties, tremor, agitation and muscle rigidity.

September 2011: UK's MHRA issued the same warning about withdrawal symptoms in babies exposed to antipsychotics during the third trimester of the mother's pregnancy.

May 2012: The MHRA warned about risks of antipsychotics prescribed the elderly with dementia, including increased risk of cerebrovascular (blood supply to the brain) and greater death risk.

STIMULANTS

June 2004: The FDA ordered the packaging for Adderall to include a warning about sudden cardiovascular deaths, especially in children with underlying heart disease.

June 2005: The FDA announced labeling changes methylphenidate-based (Ritalin) products to warn they may cause "psychiatric events such as visual hallucinations, suicidal ideation [ideas], psychotic behavior, as well as aggression or violent behavior."

February 2006: Health Canada added tougher warnings for Ritalin and similar stimulants cautioning those with a family history of heart problems or who engaged in strenuous physical activity that the drugs could increase blood pressure and pulse. In May it added this could result in "cardiac arrests, strokes or sudden deaths." And in September also warned the drugs could increase agitation and hallucinations.

October 18, 2006: The TGA ordered manufacturers of Ritalin and dexamphetamine to add stronger warnings because of complaints that Ritalin caused headaches, nausea, anorexia, drowsiness and depression.

February 21, 2007: The FDA warned that stimulants were associated with serious psychiatric and cardiovascular problems, including stroke, heart attack, and sudden death.

October 17, 2007: Japan's Health, Labor and Welfare Ministry panel removed Ritalin from its list of approved medicines to treat depression because of its abuse potential.

January 2009: The European Medicines Agency said methlyphenidate products (Ritalin, Concerta, Equasym, Medikinet and Rubifen) should carry warnings about associated psychiatric (hostility, psychosis, depression and mania), suicide and cardiovascular risks, and that those patients taking the drugs for more than a year should be reevaluated to determine whether treatment should be continued.

February 2009: The TGA required manufacturers to place a "boxed warning" on Concerta and Ritalin packaging, warning that chronic abuse could lead to addiction with abnormal behavior and psychotic episodes.

June 2010: New Zealand's MedSafe warned that methylphenidate can cause or worsen some psychiatric disorders (depression, suicidal thoughts, hostility, anxiety, agitation, psychosis and mania).

August 2010: The UK's MHRA concluded the risks of modafinil (Provigil) outweighed any benefit shown in clinical trials. With the exception of narcolepsym it should *not* be used for any other treatment, i.e. excessive sleepiness, "shift work sleep disorder."

February 2012: The FDA added adverse events to the Adderall's information packaging, which included psychotic episodes at recommended doses, overstimulation, restlessness, irritability, euphoria, dyskinesia (involuntary repetitive movements), dysphoria (feeling ill at ease), depression, tremor, tics, aggression, anger, vision blurred, mydriasis (abnormal dilation of the pupil), constipation, and alopecia (loss of hair).

MOOD STABILIZERS

August 2000: The FDA ordered the manufacturers of drugs containing valproate (such as Depakote) to put a "black box" warning about potential fatal cases of inflammation of the pancreas.

March 2008: The FDA added a warning for Depakote about potential hypothermia (abnormally low body temperature), suicidal thoughts and altered thyroid function.

April 2009: The Australian TGA reported that valproate (antiepileptic also prescribed to treat mental disorder) was classified among drugs that have caused an increased incidence of birth defects.

April 2009: The FDA ordered eight mood stabilizers prescribed for "bipolar" (also used as antiepileptic seizure drugs) to carry a new warning regarding the risk of suicidal ideation.

December 2009: The FDA warned about the increased risk of neural tube defects (an opening in the spinal column) and other major birth defects, such as craniofacial (involving both the skull and the face) defects and cardiovascular malformations, in babies exposed to valproate sodium and related products during pregnancy.

December 2010: The TGA warned that Lamotrigine (anticonvulsant used for epilepsy and bipolar) could cause serious, potentially fatal skin reactions.

CHRONOLOGY OF SAMPLE LAWSUITS ABOUT PSYCHOTROPIC DRUGS

With exposure of the risks of psychiatric labeling from the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) and psychotropic drugs, lawsuits seeking damages or other relief have greatly increased. The following lawsuits were successfully prosecuted resulting in judgments against and/or known payments by the psychiatric/pharmaceutical industry totaling over $13 billion in criminal and civil fines and settlements.

April 2004: Law firms Parker & Waichman and Douglas & London filed the first nationwide class action lawsuit against Eli Lilly & Co., on behalf of Americans who had taken the antipsychotic drug Zyprexa. The suit, filed in New York District Court, named three people who developed diabetes after taking the drug.[1]

May 2004: Mrs. Kim Witczak filed a wrongful death lawsuit against Pfizer in the Hennepin County District Court in Minneapolis, Minnesota, claiming that Zoloft caused her husband to experience severe side effects that caused him to commit suicide. He had been prescribed Zoloft to help him sleep and had no history of depression. This case was settled in favor of Mrs. Witczak.

June 2004: State of New York vs. GlaxoSmithKline: GSK paid $2.5 million to settle the lawsuit that alleged "persistent fraud" in suppressing research on Paxil that had shown increased risk of suicidal thoughts and actions in children taking the antidepressant.[2]

June 2005: U.S. Zyprexa Class Action lawsuit: Eli Lilly agreed to pay $690 million to settle product liability claims by 8,000 plaintiffs who alleged Zyprexa caused diabetic and hyperglycemic (high level of sugar in the blood) side effects.[3]

In January 2007, the company agreed to pay a further $500 million to settle 18,000 more Zyprexa suits.[4]

October 2005: A Virginia jury delivered a $1.6 million verdict in a tardive dyskinesia (uncontrollable shaking) suit. Sylvia Jones was 21 in 1982 when she was prescribed a

1 "Class action filed over Zyprexa side effects," Pharma Marketletter, 19 Apr. 2004 and "Parker & Waichman and Douglas & London file first nationwide class action…," PR Newswire, 19 April 2004.

3 David B. Caruso, "GlaxoSmithKline begins releasing data on drug trials," Associated Press, 2 Sept. 2004; The People of the State of New York, by Eliot Spitzer, Attorney General of the State of New York vs. GlaxoSmithKline.

4 Carolyn Pritchard, "Eli Lilly agrees to Zyprexa settlement," MarketWatch, 9 June 2005 and U.S. Securities and Exchange Commission, Washington, DC 20549, Form 10-Q, Quarterly report Under Section 13 or 15(d) of the Securities Exchange Act of 1934 for the quarter ended 30 June 2009 Commission File Number 001-6351 Eli Lilly and Company.

4 "Lilly to Pay Up to $500 Million to Settle Claims," *New York Times*, 4 Jan. 2007.

neuroleptic (nerve seizing) psychiatric drug and an antidepressant for anxiety. Although the symptoms abated, she was kept on the neuroleptic until 1997 and has been completely disabled by tardive dyskinesia, the known side effect of the drug.

November 2005: U.S. District Judge Samuel Der-Yeghiayan found against Pfizer in a lawsuit about Zoloft. The widow of Donald Zikis, who committed suicide while taking Zoloft, argued that Pfizer had failed to properly warn users of the drug's dangerous side effects. Pfizer asserted that if it had added such warnings to its label, "it might mislead physicians about the risks entailed in prescribing a drug, thereby over-deterring its use." The court rejected the assertion.

June 2006: Faith Myers vs. Alaska Psychiatric Institute: Faith Myers challenged the constitutionality of the Alaska Psychiatric Institute (API) forcing her to take psychotropic drugs when she was committed to the facility on February 3, 2003. The Alaska Supreme Court found in her favor, recognizing the dangers of psychiatric drugs: "Given the nature and potentially devastating impact of psychotropic medications … we now similarly hold that the right to refuse to take psychotropic drugs is fundamental." Further, "Psychotropic drugs 'affect the mind, behavior, intellectual functions, perception, moods, and emotion' and are known to cause a number of potentially devastating side effects … Courts have observed that 'the likelihood (that psychotropic drugs will cause) at least some temporary side effects appears to be undisputed.'" Therefore, informed consent applies and includes: "information about the proposed medication, its purpose, the method of its administration, the recommended ranges of dosages, possible side effects and benefits, ways to treat side effects, and risks of other conditions. …" Individuals are to be told "information about alternative treatments."[5]

December 2006: U.S. vs. Bristol-Myers Squibb: The company entered into agreement with the U.S. Department of Justice (DOJ) to pay $499 million to settle a federal investigation for illegally marketing its antipsychotic drug Abilify to physicians for uses exceeding its FDA approval.[6]

April 2007: The national consumer protection group Public Citizen secured an improved settlement for the parents of thousands of children prescribed the antidepressant Paxil. The class action against GlaxoSmithKline (GSK) had sought economic damages, alleging the company misled parents by not disclosing that the drug was dangerous and ineffective when taken by children younger than 18. GSK agreed to put $63.8 million into a settlement fund for victims and attorneys' fees.[7]

June 2007: U.S. Zyprexa Class Action lawsuit: Lilly settled another 900 Zyprexa product liability lawsuits but declined to release the settlement amount.[8]

5 Faith Myers vs. Alaska Psychiatric Institute, Supreme Court, 2-11021, Superior Court No. 3 AN-03-00277, Opinion, No. 6021, 30 June 2006.
6 Julie Schmit, "Bristol's $499M drug-pricing settlement among biggest," **USA Today**, 21 Dec. 2006.
7 "Bigger Settlement for Paxil Parents," consumeraffairs.com, 26 April 2007.
8 "Lilly settles Zyprexa lawsuits," **Forbes**, 12 June 2007.

March 2008: State of Alaska vs. Eli Lilly & Co.: The company paid $15 million to settle the state's civil suit (filed in 2006), alleging that it illegally marketed Zyprexa for conditions for which it was not approved to treat and for downplaying the known diabetic and hyperglycemic side effects of the drug.

April 2008: U.S. vs. Otsuka Pharmaceuticals: Otsuka, maker of the antipsychotic drug Abilify, entered into an agreement with the U.S. Department of Justice to pay $4 million to resolve allegations it unlawfully marketed the drug for use in children and for dementia-related psychosis in the elderly, uses for which it did not have approval. (The company developed the drug in Japan and marketed it in the U.S. with Bristol-Myers Squibb, which settled similar allegations in December 2006.)

October 2008: Paxil U.S. Class Action lawsuit: GlaxoSmithKline paid $40 million to settle a long-standing class action lawsuit alleging that it suppressed studies that showed Paxil was ineffective and might increase the risk of suicidal thoughts and actions in children. The settlement reimburses health insurance companies that paid for the drug.

October 2008: State of Texas vs. Eli Lilly & Co.: An 18-month investigation of Lilly by 33 states, under the Texas Consumer Protection Act, ended in a judgment and injunction calling for Lilly to pay $62 million and agree to numerous restrictions and reforms for six years in its promotion, marketing, medical communications and other aspects of business relating to Zyprexa.[9]

January 2009: U.S. vs. Eli Lilly & Co.: Lilly entered into an agreement with the U.S. Dept. of Justice to plead guilty to a criminal charge of unlawful promotion of Zyprexa for uses not approved by the Food and Drug Administration, specifically as a treatment for dementia in the elderly. It paid a penalty fine of $515 million. The company also settled a concurrent federal civil investigation, paying $800 million, to be split between the federal government and the states.[10]

March 2009: West Virginia vs. Johnson & Johnson (J&J): Brook County Circuit Court Judge Martin Gaughan ordered J&J to pay the state $4.4 million for false advertising to physicians about two of its products, one of which was the antipsychotic drug Risperdal.

April 2009: State of Georgia vs. Eli Lilly & Co.: Lilly paid $6 million to the state of Georgia to settle the state Attorney General's civil suit over the company's unlawful promotion of Zyprexa for uses not approved by the FDA.[11]

August 2009: West Virginia vs. Lilly: Lilly agreed to pay $22.5 million to the state of West Virginia to settle a similar Attorney General suit regarding its Zyprexa activities.[12]

9 Final Judgment and Agreed Permanent Injunction, State of Texas vs. Eli Lilly & Company, Case No. 08-12714, 7 Oct. 2008 and "Texas, 33 States reach landmark $62 Million Settlement with Eli Lilly & Company," press release of Texas Attorney General, 7 Oct. 2008.
11 "Eli Lilly to pay $1.4 billion to settle Zyprexa suits," **CNN Money**, 15 Jan. 2009.
12 "Georgia settles with drug company for $6M," *Atlanta Journal Constitution*, 29 Apr. 2009.
13 "State settles lawsuit against Eli Lilly," *Charleston Gazette*, 21 Aug. 2009.

September 2009: U.S. vs. Pfizer: The U.S. Dept. of Justice ordered Pfizer to pay a record-breaking $2.3 billion in criminal and civil fines for illegal promotions to induce doctors to use four of its products, including the antipsychotic Geodon. To prevent future occurrences of illegal promotion, the company was placed under the monitoring of the federal Department of Health and Human Services Office of Inspector General for five years.[13]

September 2009: Maryland vs. Pfizer: Pfizer also paid $33 million to 43 states to settle consumer protection claims against them regarding Geodon. The suit, filed by the Attorneys General (AG) of Maryland and Delaware, was filed on behalf of all the AGs involved. It alleged that Pfizer engaged in unfair and deceptive practices when it marketed Geodon.[14]

October 2009: In Kilker vs. GlaxoSmithKline, the first of more than 600 Paxil birth defect suits to go to trial, a Pennsylvania jury found in favor of the plaintiff, awarding $2.5 million in compensatory damages. The jury found that GSK failed to adequately warn doctors and pregnant users of the antidepressant's risks. Lyam Kilker was born with heart defects his mother attributed to her use of Paxil while pregnant. Jurors found 10–2 that Glaxo officials negligently failed to warn the doctor treating Lyam's mother about Paxil's risks and concluded that the drug was a "factual cause" of Lyam's heart defects.

August 2010: London-based pharmaceutical maker AstraZeneca paid approximately $198 million to settle 17,500 cases alleging that its antipsychotic drug Seroquel caused diabetes in some users.

September 2010: Forest Laboratories agreed to pay $313 million to settle criminal and civil charges that it improperly marketed the antidepressants Celexa and Lexapro for pediatric use and failed to disclose the results of a clinical trial that had found Celexa ineffective for children.[15]

October 2010: Johnson & Johnson lost a $257.7 million jury verdict in Louisiana for making misleading claims about the safety of its antipsychotic drug Risperdal. The company defrauded the state's Medicaid system by wrongfully promoting the drug as superior to competing drugs and minimizing the risk of diabetes.[16]

February/March 2011: AstraZeneca paid $150 million to settle 6,000 civil lawsuits which alleged that the company knew Seroquel could cause diabetes.[17] They then paid $68.5 million as part of a multi-state settlement over allegations Seroquel was marketed for unapproved uses.[18]

14 "Pfizer to pay record $2.3B penalty over promotions," *Miami Herald*, 2 Sept. 2009.
15 "Attorney General Gansler leads settlement of consumer protection claims against Pfizer. Company to pay $33 million as part of settlement," press release of the Maryland Attorney General, 2 Sept. 2009.
16 Brent Kendall/Dow Jones Newswire, "Forest Labs to pay $313M to settle U.S. charges," *The Wall Street Journal*, 15 Sept. 2010.
16 Jef Feeley and Margaret Cronin Fisk, "J&J told to pay $257.7 million over Risperdal marketing tactics," *Bloomberg Businessweek*, 15 October 2010.
18 Jef Feeley, "AstraZeneca said to settle more Seroquel lawsuits," *Bloomberg Businessweek*, 17 Feb. 2011.
18 Matthew Perrone, "AstraZeneca paying $68.5M in Seroquel settlement," ABCnews.go.com, 10 March 2011.

March 2011: A South Carolina jury found that Johnson & Johnson "willfully violated the South Carolina Unfair Trade Practices Act by engaging in unfair or deceptive acts" regarding Risperdal and misled doctors about its safety and effectiveness. Johnson & Johnson was ordered to pay $327 million in damages.[19]

March 2011: GlaxoSmithKline agreed to pay $40.75 million to settle complaints with 37 states and the District of Columbia, who had filed consumer protection actions against the company for defective and substandard drugs (including Paxil) produced in their now-defunct plant in Cidra, Puerto Rico. This settlement came on the heels of a federal criminal and civil complaint which resulted in a $750 million settlement in July 2010.[20]

July 2011: AstraZeneca's quarterly earnings report indicated that the company has paid out $647 million to settle lawsuits brought by 28,461 people who alleged they developed diabetes or other injuries caused by weight gain while taking Seroquel and that approximately 250 cases remain unsettled.[21]

August 2011: Massachusetts Attorney General Martha Coakley sued Johnson & Johnson's Ortho-McNeil-Janssen unit for "illegal marketing and sales tactics" in promoting Risperdal for dementia in the elderly and for various diagnoses in younger people, when those indications had not been approved by the FDA.[22]

January 2012: Johnson & Johnson agreed to pay the U.S. government $1 billion to resolve a civil investigation into the company's marketing of the antipsychotic Risperdal. The federal government has been investigating J&J's Risperdal sales practices since 2004, over the company's marketing the drug for unapproved uses.[23]

January 2012: Eli Lilly & Co. received court approval to pay $4.5 million to settle with five New York union health funds and an insurer who'd alleged that Lilly's improper marketing of their antipsychotic Zyprexa raised the plaintiff's costs. The United Federation of Teachers Health & Welfare Fund; Mid-West National Life Insurance Co. of Tennessee; Sergeants Benevolent Association Health & Welfare Fund were among the plaintiffs who claimed that Lilly's fraudulent marketing caused them to pay more for the drug than it was worth.[24]

January 2012: Johnson & Johnson agreed to pay $158 million to settle a whistle-blower lawsuit claiming the company fraudulently marketed Risperdal and for downplaying the drug's health risks, thus defrauding taxpayers. Whistle-blower Allen Jones and lawyers for the state of Texas sought to prove that J&J defrauded the state Medicaid program by promoting the drug for uses not approved by the FDA via such methods as the development and distribution of the brand drug prescribing flow chart known as the Texas Medication Algorithm Project, or TMAP.[25]

20 Chuck Bartels, "Arkansas judge fines J&J $1 billion in Risperdal case," *Minneapolis Star-Tribune*, April 11, 2012.
21 Linda A. Johnson, "Glaxo to pay 37 states $41M over faulty drugs," Associated Press, March 2011.
22 "More than 28,000 Seroquel suits settled by AstraZeneca," www.aboutlawsuits.com, July 27, 2011.
23 Don Jeffrey, "Massachusetts sues J&J over Risperdal marketing practices," *Bloomberg News*, August 1, 2011.
24 Margaret Cronin Fisk, "J&J to agree to $1B accord in Risperdal probe," *Bloomberg News*, January 5, 2012.
25 Thom Weidlich, "Lilly's $4.5 million Zyprexa agreement with health providers wins approval," *Bloomberg News*, January 12, 2012.
26 Jef Feeley, Margaret Cronin Fisk and David Voreacos, "J&J to pay $158M to settle Texas drug case," *Bloomberg News*, January 19, 2012.

April 2012: An Arkansas judge fined Johnson & Johnson and subsidiary Janssen Pharmaceuticals after a jury found that the companies downplayed and hid risks associated with taking the drug Risperdal. Judge Tim Fox determined the company committed more than 240,000 violations of the state's Medicaid fraud law—one for each Risperdal prescription issued to state Medicaid patients over a 3 ½ year period, bringing the total fine to more than $1.1 billion.[26]

May 2012: Abbott Laboratories reached an agreement with the U.S. Justice Department and nearly all U.S. state governments to pay $1.6 billion in connection with its illegal marketing of the "mood-stabilizing" drug Depakote, which the company promoted for off-label uses such as schizophrenia, agitated dementia and autism, even though it was only FDA-approved for seizures, "bipolar mania" and migraines.[27]

July 2012: Glaxo-SmithKline agreed to plead guilty to criminal charges and pay $3 billion in fines for promoting its best-selling antidepressants for unapproved uses and failing to report safety data about a top diabetes drug. The agreement also includes civil penalties for improper marketing of a half-dozen other drugs. This is the largest settlement in the US involving a pharmaceutical company.[28]

August 2012: South Carolina vs. Astrazeneca: The South Carolina Attorney General's Office secured a $26 million settlement against AstraZeneca for violating the state Unfair Trade Practices Act by willfully misleading consumers on the potentially serious side effects of the anti-psychotic drug Seroquel.[29]

August 2012: New York Attorney General Eric Schneiderman announced a record $181 million settlement with Janssen Pharmaceuticals and its parent company Johnson & Johnson to resolve charges of improper marketing and advertising of the powerful anti-psychotic drugs Risperdal and Invega. The settlement, joined by New York and 36 other states and the District of Columbia, represented the largest multi-state consumer protection-based pharmaceutical settlement in history. [30]

November 2012: Pfizer agreed to pay $67.5 million to settle a class action lawsuit by former Wyeth, Inc. shareholders who said they were misled by the company about the risks associated with its antidepressant, Pristiq. In July 2007, Wyeth shares lost more than $7.6 billion in market value after the FDA declined to approve the drug to treat "hot flashes" in post-menopausal women until it learned more about the potential heart and liver problems associated with the drug. The plaintiffs in the suit said that Wyeth's failure to reveal adverse affects sooner cause the stock price to be inflated. [31]

27 Chuck Bartels, "Arkansas judge fines J&J $1 billion in Risperdal case," *Minneapolis Star-Tribune,* April 11, 2012.
28 Michael S. Schmidt and Katie Thomas, "Abbott to pay $1.6 billion over illegal marketing," *New York Times*, May 7, 2012.
29 Michael S. Schmidt and Katie Thomas, "Glaxo Agrees to pay $3 billion in fraud settlement" *New York Times*, July 2, 2012.

28 "SC Attorney General reaches $26M settlement against AstraZeneca," goupstate.com, 23 Aug. 2012, http://www.goupstate.com/article/20120823/articles/120829820
29 "Janssen Pharmaceuticals/J&J settle ad case for $181 million," RBR.com, TVCR.com, 30 Aug. 2012, http://rbr.com/janssen-pharmaceuticalsjj-settle-ad-case-for-181-million/
30 Jonathan Stempel, "Pfizer to pay $67.5 mln in investor lawsuit over Pristiq," Reuters, November 12, 2012.

PSYCHIATRIC LIVING WILL

*The following declaration should be signed and, where possible, witnessed, in addition to a notary public, by a trusted family member and/or confidant. Make several copies of the document with each copy notarized. Courts may not recognize the Living Will unless you have it filed with an attorney/lawyer, so provide a copy to your appointed legal representative and to each of the person(s) named below. It is also recommended that a copy of this be forwarded to CCHR International or nearest local CCHR chapter available at (**www.cchr.org/global-locator**). CCHR International's address is 6616 Sunset Blvd., Los Angeles, California, United States, 90028.*

PSYCHIATRIC "LIVING WILL"
(Advance Protective Directive)

I, _____ born on _____

in _____, current address _____

_____

being of sound mind, willfully and voluntarily make known my desire that should it be so considered or decided that I be subject to involuntary incarceration or hospitalization (also known as committal and certification) in a psychiatric hospital, ward, facility, home or nursing home, and/or that I be subject to psychiatric procedures, including psychotropic drugs (including, but not limited to antipsychotics, antianxiety drugs, benzodiazepines, tranquilizers, antidepressants, psychostimulants or mood stabilizers) or any other physical or biological psychiatric therapy, I direct that such incarceration, hospitalization, treatment or procedures not be imposed, committed or used on me.

I refuse contact with and treatment by any psychiatrist, psychologist or other mental health practitioner as these practices, according to my personal, philosophic and/or religious convictions, do not adequately or properly diagnose and such diagnoses can constitute a false accusation about my behavior and/or beliefs and practices, are stigmatizing and therefore a threat to one's reputation and physical and mental well-being. Any of their treatments, given against my express wish, are an intrusion upon and thus an assault on my body and constitute, in my view, assault.

Among other situations, the above directions and positions apply in any case where my capacity or ability to give instructions may be or may be claimed to be impaired, or should I be in a state of unconsciousness, or should my communication in an actual and/or legal sense be impossible, or where any psychiatrist, psychologist, mental health practitioner, or law enforcement official or person asserts that the matter is a "life-saving" situation

requiring emergency intervention and/or treatment under any involuntary commitment law or similar legal authority.

In the absence of my ability to give further directions regarding the above, it is my intention that this declaration be honored by my family and physician(s) as an expression of my legal right to refuse medical, psychological, psychiatric or surgical treatment.

The lawyer mentioned below is appointed and authorized to institute appropriate proceedings on my behalf should the above declaration be violated and have my permission herewith to proceed with whatever criminal and/or civil procedures necessary to rectify such a violation.

I herewith authorize the following person(s) with the enforcement of this declaration of intention:

_____
(Name of lawyer/attorney)

_____
Contact information

_____
(Family member or other)

_____
Contact information

The declaration is also binding for my lawful agents, guardians, family, executors or any person with the legal or other right to take care of me or my affairs.

_____ _____
Signed Date

_____
Address

_____
Signature of notary/justice of the peace/attorney, etc.

_____
Name of notary, etc.

_____
Before me on this date (date notary witnessed the signature)

_____
at (place where signature is witnessed/notarized)

PARENT'S EXEMPTION FORM

PRIOR TO MENTAL HEALTH AND PSYCHOLOGICAL SCREENING OR COUNSELING

To: Superintendent of Schools of _____

Principal, _____ (name of school)

From: The Parents of _____

This letter serves to provide notice that absent (without) our/my written consent, our/my child *may not* be subject to any form of mental health, psychological, social services or counseling screening or tests.

I/we formally exempt my/our child from all mental or social service programs and screening, whether directly by the school or through an affiliated resource. Concerns by school staff relating to our/my child's purported mental health, are to be brought to us/me for our/my attention and assessment. School staffs are not to take it upon themselves to obtain a diagnosis or to provide mental health treatment, analysis, referral or labeling of any nature. Assessment and testing are to center on academics and physical fitness only. The informed consent requirement encompasses, but is not necessarily limited to, the following activities:

1. School-based counseling related to mental health.
2. Behavioral, mental health, depression/suicide or psychological/behavioral screenings of any nature and/or diagnostic instruments (i.e., TeenScreen, emotional factors such as anger or peer relationships, sexual activity or orientation).
3. Anger management, "self-esteem," "conflict resolution" courses; group or family counseling.

This is not a complaint against the school. Rather, it is an exercise of parental rights made necessary by events globally in which children have been harmed and their rights, safety and health injured by mental health assessments and diagnosis that are based upon subjective tests having no basis in science.

I thank you in advance for your cooperation in this matter. For our mutual protection and to assure there is no misunderstanding, a copy of this letter is on file with my attorney, and/or with applicable civil rights and human rights organizations. This notice applies

until and unless revoked in writing by us/me, and it is to follow our/my child through progressive levels of school in this jurisdiction, district or county.

_____ _____

Dated Parent(s) or Guardian of

cc: Township, county, district or municipality Board of Education

Principal of the _____ Preschool/Elementary/Middle/High School/College

THE 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 was the late Dr. Thomas Szasz, professor of psychiatry, State University of New York Health Science Center. Dr. Szasz was an internationally acclaimed author of more than 30 books about psychiatric coercion, including *The Myth of Mental Illness*, *The Manufacture of Madness*, *The Therapeutic State*, and *Liberation by Oppression*.

CCHR has more than 200 chapters in 30 countries. Its board of advisors, called Commissioners, includes doctors, lawyers, educators, artists, businessmen, and civil and human rights representatives.

CCHR works closely with and supports medical doctors and sound medical practice. A key CCHR focus is psychiatry's use of subjective "diagnoses" that lack scientific or medical validation, but which are used by mental health professionals to reap financial benefits in the billions, mostly from the taxpayers or insurance carriers. Psychiatrists stigmatize individuals with these disorders to prescribe life-damaging treatments, including mind-altering drugs and electroshock treatment, which mask a person's underlying difficulties and can exacerbate them without providing proper medical treatment.

CCHR's work aligns with the United Nations Universal Declaration of Human Rights, in particular the following precepts which psychiatrists violate on a daily basis:

- Article 3: Everyone has the right to life, liberty and security of person
- Article 5: No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment
- Article 7: All are equal before the law and are entitled without any discrimination to equal protection of the law.

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

CITIZENS COMMISSION ON HUMAN RIGHTS RECOGNITIONS

U.S. HOUSE OF REPRESENTATIVES RESOLUTION:

Congresswoman Diane Watson

"The United States House of Representatives highly commends CCHR for securing numerous reforms around the world, safeguarding others from abuses in the mental health system and ensuring legal protections are afforded them."

U.S. Congressman Dan Burton

"CCHR is a shining example of what people can accomplish in a free society. Through united action, effective education and advocacy, CCHR has helped to bring about critically needed healthcare reforms that make our society and country a better place."

Mexico's Committee of Science and Technology of the Federal House of Representatives

"Honor those to whom honor is due. On their 40th Anniversary, we broadly recognize CCHR's unprecedented fight in mankind's history against psychiatric abuses, its protection of children from abusive practices and treatments and encourage CCHR's humanitarian work."

CERTIFICATE OF SPECIAL CONGRESSIONAL RECOGNITION:

U.S. Congressman Brad Sherman, Congresswoman Loretta Sanchez

"CCHR serves as a stellar example of the united power of individuals who achieve reform through dedicated efforts to better society and effective education and advocacy. We recognize CCHR for the many great reforms it has championed, which today protect individuals against cruel, inhumane and degrading treatment and for its leadership role in raising public awareness so that dignity and human rights can be returned to all men."

The Hon. Leanna Washington, Commonwealth of Pennsylvania

"Whereas, [CCHR] works to preserve the rights of individuals as defined by the Universal Declaration of Human Rights and to protect individuals from 'cruel, inhuman or degrading treatment'…the House of Representatives of Pennsylvania congratulates (CCHR International). … Its noble humanitarian endeavors will long be remembered and deeply appreciated."

Office of the Governor of California Certificate of Recognition

"CCHR has worked tirelessly to raise public awareness about human rights abuses in the mental health field. The Commission has dedicated [an] outstanding effort to the protection of our young people. On behalf of the State of California, I commend the CCHR for its long-standing commitment to secure human rights for mental health patients and children. CCHR's extraordinary advocacy for those in need is truly an inspiration."

Erica-Irene Daes, Special Rapporteur, Report to the United Nations Human Rights Commission

"The main task of CCHR has been to achieve reform in the field of mental health and the preservation of the rights of individuals under the Universal Declaration of Human Rights. CCHR has been responsible for many great reforms. At least 30 bills [now hundreds] throughout the world, which would otherwise have inhibited even more the rights of patients, or would have given psychiatry the power to commit minority groups and individuals against their will, have been defeated by CCHR actions."

Dr. Ben Ngubane, Former Minister for Arts, Culture, Science and Technology, South Africa

"I congratulate CCHR for having identified the inhumanity inflicted on the mentally ill and their untiring campaigns to bring this to the world's notice. As a country and government, we will work with organizations such as CCHR seeking to protect all citizens from the type of terror and oppression experienced by the majority of the citizens of South Africa during apartheid…. Through the courage and compassion that mark true humanity, your record in the fight against the apartheid psychiatric establishment, which so blatantly discriminated against black people, is laudable and exemplary."

CITIZENS COMMISSION ON HUMAN RIGHTS ACCOMPLISHMENTS

The Citizens Commission on Human Rights has exposed horrific human rights violations in the field of mental health and has achieved major accomplishments against coercive psychiatric practices. CCHR works to restore civil, human and legal rights to this abusive system.

More than 150 laws have been passed because of CCHR so that today:

- Thousands of citizens are rescued from illegal incarceration or unlawful detainment.
- Patients have regained legal rights.
- Mental health acts now provide informed consent rights regarding the use of electroshock treatment, psychosurgery, and drugs.
- Controversial psychiatric treatments such as Deep Sleep Therapy and Insulin Shock have been banned.
- Legislation ensures psychiatric rape of patients is dealt with as a criminal offense.
- Many hundreds of victims of damaging psychiatric treatment have been compensated.
- Laws have been passed to prohibit children being forced onto powerful psychiatric drugs as a requisite for their education.
- Internationally, drug regulatory agencies now regularly warn of psychotropic drug risks.

The following is a brief summary of some of CCHR's accomplishments:

LEGAL RIGHTS

- In the early 1970s, CCHR's investigations led to government inquiries into numerous state psychiatric facilities in California, Illinois, Hawaii, Michigan and Missouri—resulting in hospital administrators and psychiatrists being dismissed, criminal and grand jury investigations being held, closure of major psychiatric units due to the abuses that CCHR uncovered.
- In 1976, the first law to protect patients against enforced electroshock and psychosurgery was passed in California, providing informed consent and banning their use on children under the age of 12. This became a model law, adopted in substance by legislatures across the United States and in other countries. The most restrictive law to date is Texas that raised the age limit for ECT to 16 years old, and where psychiatrists must warn patients in writing of the potential for ECT to cause death and/or permanent memory loss. Psychiatrists must also ensure autopsy reports on any deaths within 14 days of ECT administration.
- In Italy, the birthplace of ECT, the Piemonte region Parliament responded to CCHR's evidence by unanimously voting to ban the use of ECT on children, the elderly and pregnant women.
- In numerous areas, people can no longer be committed to psychiatric institutions based on their religious, cultural or political beliefs and practices.
- CCHR helped uncover and expose that up to 150 restraint deaths had occurred each year in the US alone, with nearly 10% of these being children, some as young as six. Federal regulations were passed in 1999 that prohibit the use of physical and chemical restraints (the use of mind-altering drugs) to coerce or discipline patients. Also, a "national reporting system" to be implemented and for government funding to be cut to any facility that did not comply.
- For more than a decade, CCHR spearheaded a campaign for justice for Deep Sleep Treatment (DST) victims at Chelmsford Private Psychiatric Hospital in Sydney, Australia. The "treatment" involved knocking the patient unconscious for three weeks with a cocktail of psychiatric drugs and electroshocking them daily, without their consent. It killed 48 people. CCHR achieved its ban under the Mental Health Act and it is a criminal offense for psychiatrists to administer it. CCHR also obtained the country's highest level of government inquiry into DST and mental health abuses, leading to significant reforms.

PROTECTING CHILDREN'S RIGHTS

- Working with journalists, CCHR helped investigate and subsequently expose the fact that numerous school shooters had been under the influence of psychiatric drugs documented to cause violence, hostility, mania and suicide. This resulted in state hearings in the US investigating this issue and national press coverage on the link between senseless acts of violence and psychiatric drugs.

- CCHR documented many cases of parents being coerced or forced to give their children psychiatric drugs as a condition of attending school. Some parents were criminally charged with "medical neglect" for refusing to administer their child a prescribed psychiatric drugs. CCHR worked with parents and experts to obtain a federal Child Medication Safety Amendment in the US in 2004 that prohibits school personnel—influenced by psychiatric involvement in schools—to force children to take psychostimulant drugs as a condition for their schooling. Many states also passed similar laws.

- The United Nations Committee on the Rights of the Child responded to reports from CCHR in numerous countries, expressing concerns that ADHD and ADD are "misdiagnosed and therefore psycho-stimulant drugs are being over-prescribed, despite growing evidence of the harmful effects of these drugs." The Committee recommended other forms of management and treatment than drugs be used to address these behavioral disorders.

- In 2007, working with whistleblowers, parents and consumer groups, CCHR helped secure language in the FDA reform bill that makes it mandatory for all pharmaceutical ads to advise patients to report drug adverse reactions directly to the FDA. Following the first ads being published, the number of Adverse Drug Reports increased by 33 percent.

HUMAN RIGHTS SECURED

- CCHR photographed and exposed secret psychiatric "slave labor" camps in South Africa where tens of thousands of Africans were incarcerated in the 1970s and 80s against their will in disused mining compounds, drugged and subjected to painful electroshock without anesthetics. The apartheid government responded in 1976 by banning the photographing or dissemination of any information about psychiatric institutions, at which point CCHR obtained a World Health Organization investigation

that substantiated CCHR's allegations. When apartheid ended, CCHR presented oral and written testimony to South Africa's Truth and Reconciliation Commission investigating apartheid crimes and obtained a national government inquiry into psychiatric racism. The government repealed the ban on disclosing information about psychiatric abuse.

- Along with officials and members of the Italian parliament, CCHR Italy inspected and investigated concentration-camp-like conditions in the country's psychiatric asylums. Staff had pocketed government funds while patients were left naked and starving. The government responded to the evidence, issuing a Resolution that ordered the closure of all 97 asylums. The abused and neglected inmates transferred to humane homes, many taught to read, write and care for themselves for the first time in 30 years. CCHR was presented with a mayoral medal for its humanitarian efforts.

EXPOSING CRIMINAL PSYCHIATRIC ABUSE

CCHR has campaigned for uncompromising execution of justice for mental health practitioners who rape or sexually abuse their patients, but hide behind their roles as therapists to mitigate their crimes. In protecting patients from sexual abuse and fraud the following are a sample of safeguards achieved:

- At least 25 statutes have been enacted defining sex crimes committed by psychiatrists and psychologists in the United States, Australia, Germany, Sweden and Israel. The laws label therapist patient sex as sexual assault or rape. Hundreds of psychiatrists and psychologists have been convicted and jailed.

- CCHR's investigations led to a major private psychiatric hospital chain in the U.S. being investigated by 14 federal and state investigations for fraud and patient abuse. Before closing, the hospital chain paid out over $1 billion in criminal and civil fines. Laws were subsequently passed outlawing the practice of using "bounty hunters" for locating individuals with good insurance in order to involuntarily institutionalize them in psychiatric facilities and milk their insurance dry.

Numerous other private-for-profit psychiatric hospitals were subsequently investigated. By 2003, state and federal authorities had 80 percent of the US private psychiatric hospital market under criminal investigation, which resulted in $2.1 billion in criminal and civil fines.

GLOSSARY OF TERMS

ABUSE: the illegal, improper or harmful use of something.

ACUTE TOXIC OVERDOSE: an overdose or excessively prescribed dose of a drug that creates a severe poisoning of the body. *Toxic* refers to poisoning.

ADDICTIVE: a drug, especially an illegal one or a psychotropic (mind-altering) prescription drug, that creates a state of physical or mental dependence or one liable to have a damaging effect.

ADRENALINE: a hormone secreted by the inner part of the adrenal glands that speeds up the heartbeat and thereby increases bodily energy and resistance to fatigue.

AKATHISIA: *a* meaning "without" and *kathisia* meaning "sitting," an inability to keep still.

ALGORITHM: a formal procedure for solving a mathematical or other problem. In the case of psychotropic drugs, it describes a procedure for determining which drugs to prescribe to treat a "mental disorder."

ALZHEIMER'S DISEASE: deteriorating brain disease that is the most common form of dementia (memory loss). It usually starts in late middle age or in old age as memory loss of recent events that spreads to more distant memories.

AMPHETAMINES: any group of powerful drugs, called stimulants, that act on the central nervous system (the brain and the spinal cord), to increase heart rate and blood pressure and reduce fatigue.

ANTIDEPRESSANT: a drug that affects mood. Psychiatry's first antidepressants were introduced in the 1950s, while newer antidepressants were introduced in the late 1980s/early 1990s. Antidepressants seem to induce euphoria (a "high") and a sense of energy, but their mood elevating effects are short-lived.

ANTIDEPRESSANT DISCONTINUATION SYNDROME: a term drug companies and psychiatrists invented to evade using the negative term "withdrawal" when referring to the effects of an antidepressant causing addiction or dependence.

ANTIPSYCHOTIC: a class of drugs also known as major tranquilizers, antischizophrenic drugs and neuroleptic drugs. They are among psychiatry's most damaging medicines. Thorazine is an antipsychotic. Antipsychotics newly on the market are called "atypicals" (new), such as Zyprexa.

ANXIETY: uneasy thoughts or fears about what may happen; troubled, worried, or uneasy feeling.

ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD): *attention*: ability to take notice; *deficit*: a lack of; *hyper*: more than normal; *activity*: being lively, active; *disorder*: a condition that has no physical basis but the diagnosis of which relies upon observing symptoms of behavior. These behaviors include: has too little attention, is too active, fidgets, squirms, fails to complete homework or chores, climbs or talks excessively, loses pencils or toys and interrupts others.

ATYPICAL: new, not typical, not like the usual or normal type. An atypical drug could be a new antidepressant or antipsychotic as opposed to older ones of the same class. The term *atypical* was used to market newer drugs as having fewer side effects than older drugs of the same class. Thorazine is a typical antipsychotic; Zyprexa is an atypical. Elavil or Remeron are typical antidepressants, Prozac and Zoloft are atypicals.

ANXIOLYTICS: another name for minor tranquilizers, antianxiety drugs and benzodiazepines.

BARBITURATE (BARBITURIC ACID): an acid used as the basis for many highly addictive sedatives and hypnotics (used to sedate or chemically restrain someone). Sodium amytal is a barbiturate.

BENZODIAZEPINES: part of the class of sedative-hypnotic drugs that depress the nervous system and known also as anxiolytics, minor tranquilizers, antianxiety drugs, sleeping pills and "benzos." Examples are Valium, Ativan and Xanax. Not all antianxiety drugs are benzodiazepines.

BIOCHEMICAL IMBALANCE: in general medicine, biochemical imbalances can exist. For example, diabetes has symptoms of weakness, hunger and weight loss, excessive urinating and constant thirst because of fluid loss. The physiology is that the body does not metabolize ingested sugars, so there is an imbalance of sugar—the regulation of sugar metabolism by the hormone insulin is defective. Tests can substantiate a high blood sugar level in the body. Insulin restores the sugar balance to normal. There is no test to prove that a chemical imbalance exists for any mental disorder. No X-ray, brain scan, blood or urine test can confirm mental or behavioral disorder.

BIOETHICS: the study of the ethical and moral implications of new biological discoveries and advances, as in the fields of genetic engineering (scientific alteration of genes) and drug research.

BIOETHICIST: one who studies or has a degree in bioethics.

BIOLOGICAL PSYCHIATRY: term used to describe psychiatrists who view mental disorders as physical—caused by the brain or chemical imbalance—which justifies the use of brain-altering drugs to treat them. From *biology*: the science of living things; the study of plant and animal life.

BIPOLAR DISORDER: a condition categorized under "Mood Disorders" and characterized by alternating episodes of depression and mania or by episodes of depression and "mild nonpsychotic excitement"—thus, "two poles," "bipolar." Also known as "bipolar affective disorder," "manic-depression," and "manic-depressive psychosis"—basically "ups and downs."

BLOOD VESSEL: any of the vessels, as arteries, veins, or capillaries that transport blood through the body.

BODY CHEMISTRY: all of the elements that make up the body as well as its various reactions.

BRAIN: a physical organ inside the head that sends and receives messages through the nervous system; for example, it tells the body when something is hot and warns against touching it. The brain translates thought into action and coordinates energy.

CARDIAC ARRHYTHMIA: an irregularity in the normal rhythm of the heartbeat. *Cardiac* relates to or affects the heart.

CARDIOVASCULAR: related to both the heart and the blood vessels.

CELL: an extremely small, basic unit of living matter of which all plants, animals and human bodies are made.

CENTRAL NERVOUS SYSTEM: see **NERVOUS SYSTEM**.

CEREBRAL: having to do with the brain.

CHEMICAL IMBALANCE: see **BIOCHEMICAL IMBALANCE**.

COMA: stupor, unconsciousness caused by disease, injury, or poison. Prolonged state of deep unconsciousness.

COMATOSE: relating to or affected with coma or unconsciousness.

CONFLICT OF INTEREST: Where professional judgment regarding an interest is wrongly influenced by a secondary interest, the latter receiving financial interest or gains and, potentially, also professional advancement. Conflicts of interest can be defined as any situation in which an individual or corporation (either private or governmental) is in a position to exploit a professional or official in some way for personal or corporate benefit. Example: Pharmaceutical companies pay psychiatrists substantial funds to conduct research that will result in a positive (and biased) result in favor of the company's drug and thus increase sales of the drug (using the professional's name to endorse the study), while the psychiatrist receives financial gain.

CONTROLLED RELEASE MEDICATION: medications that are made to gradually release a drug into the body over a 12-hour to 24-hour period to provide a consistent supply of the drug to the system.

DEEP BRAIN STIMULATION (DBS): is a new form of psychosurgery in that it requires brain surgery. Two holes are drilled into the head, through which a slender tube is thread to place electrodes on each side of a specific part of the brain. The electrodes are attached to wires that run inside the body from the head down to the chest, where a pair of battery-operated generators is implanted—like a "brain pacemaker." After the swelling from the operation heals, the psychiatrist activates the system so that electrical impulses are continuously delivered through the wires to the electrodes in the brain.

DELIRIUM: a state marked by extreme restlessness, confusion and sometimes hallucinations, caused by fever, poisoning or brain injury.

DELUSIONS: false beliefs about yourself or the situation you are in. Certain drugs can cause delusions.

DEMENTIA: a condition of deteriorated mentality that is characterized by marked decline from the individual's former intellectual level and resulting in emotional apathy.

DEPENDENCE: having a physical or mental "need" to use a drug or substance regularly, despite the fact that it is likely to have a damaging effect.

DEPRESSANT: often referred to as central nervous system depressants, these drugs slow down brain function. They include sedatives and tranquilizers.

DEPRESSION: a mental condition of gloom, or sadness.

DESENSITIZATION: reducing the reaction of the senses (touch, sight, smell, perception, etc.).

DIABETES: a disease in which a person's system cannot properly absorb normal amounts of sugar and starch because the pancreas fails to secrete enough insulin. It is characterized by excessive urine production. The pancreas is a gland near the stomach that helps digestion.

DIAGNOSIS: act or process of finding out what disease a person has by examination and careful study of the symptoms and usually involves physical tests in the study of the facts. In psychiatry, diagnosis is based on observation of behaviors and symptoms only, not as a result of physical tests.

DISEASE MONGERING: to *monger* is to sell or traffic something. Refers here to marketing diseases in order to sell drugs. In psychiatry, it is the effort by psychiatrists and pharmaceutical companies to enlarge the market for the treatment of "mental disorders" by convincing people that they are sick and in need of a psychotropic drug. For example, marketing shyness as a "disease" to sell antidepressants to treat it.

DISORDER: abnormal condition. In medicine, specific things exist for calling a condition a *disease*. In addition to a group of symptoms, the *cause* of the symptoms or some understanding of their physiology (functions and activities) *should* be established. A "fever" is not a disease but a symptom of an illness. In the absence of a known cause or physiology, a group of symptoms seen repeatedly in many different patients is a *syndrome*, or sometimes referred to as disorder In psychiatry their diagnoses are called disorders because none of them are established diseases.

DOPAMINE: a hormone (chemical substance) produced by the adrenal glands that are essential to the normal nerve activity of the brain. Hormones, especially dopamine, play a key role in the tremors experienced by patients with Parkinson's disease (chronic nervous disease, characterized by tremors and weakness, fixed expression and an inability to walk properly). Antipsychotic drugs lower dopamine, thus causing parkinsonian type reactions. Newer antidepressants can also lower dopamine.

DRUG: a substance (other than food) that, when taken into the body, produces a change in it. If the change helps the body, the drug is a medicine; if the change harms the body, the drug is a poison. Psychotropic drugs are referred to as "drugs" rather than medicine because they are not prescribed to treat a physical condition, but to control behavior and the symptoms associated with it, potentially poisoning the body in the process.

DSM: *Diagnostic and Statistical Manual of Mental Disorders*. The American Psychiatric Association publishes the DSM to provide descriptions of mental disorders based on symptoms or behaviors. Psychiatrists vote whether to include new disorders or keep existing disorders in the DSM, a manual primarily used to obtain insurance reimbursement for patient treatment. There is also an international manual, *The International Classification of Diseases*, which has a mental disorders section.

EXTENDED RELEASE: relates to the reduction in the frequency with which a drug is administered. It is usually administered once daily.

FALSE POSITIVE: a result that is erroneously positive when the condition it is testing for does not actually exist. An example of a false positive: a particular test designed to detect cancer of the toenail is positive but the person does not have toenail cancer. The positive result was caused by other factors that are not related to the disease.

FDA: US Food and Drug Administration—the government agency that regulates all food, drug and medical devices in the United States and is charged with the responsibility of ensuring that approved medicines work and are safe for consumers.

FRAUD: intentional deception resulting in injury to another. Fraud usually consists of a misrepresentation, concealment of fact, or at least misleading conduct. In the case of a lawsuit regarding a psychotropic drug, fraud usually means that drug has been represented as safe when it isn't and is known to cause side effects/disease which was withheld from the consumer.

FRONT GROUP: a group that serves as a cover or disguise for some other activity, especially of a secretive or disreputable nature.

GATEWAY DRUG: a drug or medicine that when taken can lead to the use of other drugs that are addictive.

GENE: a basic unit in the body that influences the inheritance and development of some physical character such as hair and eye color. Each person has thousands of genes, which determine individual physical characteristics. Psychiatrists say that mental disorders are genetic (inherited) but no scientific evidence to date has proved this.

GENETIC ENGINEERING: Scientific alteration of genes, material to produce desirable new traits or to eliminate undesirable ones.

HYPERACTIVE: in psychiatry, refers to child behavior, especially whose movements and actions are performed at a higher than normal rate of speed or the child who is constantly restless and in motion.

HYPERKINESIS: excessive muscular movement; spasm.

HYPERKINETIC: the condition itself, which is characterized by hyperactivity, or refers to the person who is experiencing it.

IMPAIRED JUDGMENT: *impair* means to lessen the quality, strength or effectiveness of something and *judgment* is the ability to form sound opinions and make sensible decisions or reliable guesses. Someone with impaired judgment has lost this ability to some degree. Some psychotropic drugs, such as benzodiazepines, come with a warning not to drive or operate machinery because the drugs can impair judgment.

IRREVERSIBLE: impossible to reverse or undo. Some psychotropic drugs cause irreversible damage to the nervous system.

MAGNETIC SEIZURE THERAPY (MST): is a new "treatment" for depression and borrows certain aspects from both ECT and rTMS. Like rTMS, it uses a magnetic pulse to stimulate a precise target in the brain. However, MST aims to induce a seizure like ECT. The pulse is given at a higher frequency than that used in rTMS and the patient is anesthetized and given a muscle relaxant.

MANIC-DEPRESSION: a "mental disorder" with alternating bouts of excitement and depression—"ups and downs." More often called "bipolar disorder."

MAOIs: an older type of antidepressant called Monoamine Oxidase Inhibitors.

Monoamine oxidase: is an enzyme (protein substance produced in living cells) that has the function of getting rid of *used* neurotransmitters found between nerve cells. It was believed but *never* proven that low levels of neurotransmitters may cause depression and that if the antidepressant blocked the activity of this enzyme, there would be

higher levels of neurotransmitters would alleviate the depression. Chemicals like dopamine and serotonin are also called "monamines" and thus the antidepressants were marketed as being able to alter these chemicals.

METABOLISM: the process by which all living things turn food into energy and living tissue. In this process food is broken down to produce energy that the body uses to build new cells and tissue.

METHAMPHETAMINE: an illegal, man-made synthetic drug in the same class as cocaine and other street drugs.

METHYLPHENIDATE: chemical name for Ritalin, Concerta, Metadate, and Methylin.

MOOD SWINGS: sudden and extreme changes in a person's emotional state. Symptoms can include sadness, hopelessness and worthlessness and changes in appetite, sleep patterns and energy level.

MOTOR RETARDATION: refers to developmental delays, such as where a child does not reach stages of expected growth, such as muscle development, ability to focus or speak etc.) A motor skill is a learned series of movements that combine to produce a smooth action, such as lifting one's head, rolling over or sitting up.

NARCOTIC: a drug that affects the central nervous system causing dizziness, euphoria, lack of coordination and unconsciousness. *Narcotic* also refers to drugs that are abused as street drugs and can cause either physical or psychological dependence. Opium and amphetamines are narcotics.

NERVE CELLS: cells that are part of the nervous system and send messages to and from the brain. For example, information transferred along nerve cells gives you a sense of touch in your fingertips.

NERVE ENDING: nerve endings are the millions of points on the surface of the body and inside it that send messages to the brain, causing people to feel sensations such as heat, cold and pain. Fingertips have a large number of nerve cells.

NERVOUS SYSTEM: all the nerves in the body together with the brain and spinal cord. It is also referred to as Central Nervous System (CNS). Some psychotropic drugs are called CNS medications.

NEURAL: pertaining to a nerve or nerves.

NEUROLEPTIC: *neuroleptic* means "nerve-seizing." French psychiatrists Pierre Deniker and Jean Delay invented the term in 1955 to describe the effects of antipsychotic drugs. Most antipsychotic drugs are called neuroleptics. Neuroleptic drugs are also classed as phenothiazines (meaning tranquilizing effect) or major tranquilizers. Thorazine and Seroquel are both neuroleptics.

NEUROLEPTIC MALIGNANT SYNDROME: a potentially fatal toxic reaction from neuroleptic drugs where patients break into fevers and become confused, agitated, and extremely rigid. *Malignant* means life-threatening.

NEUROTRANSMITTERS: (or Transmitters) small chemicals that brain cells use as messengers. They are stored in the nerve ending ready to be released. Of the more than 100 neurotransmitters now known, three are serotonin, adrenaline and dopamine (defined in this glossary).

NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIBITOR (NDRI): norepinephrine and dopamine are brain chemicals called neurotransmitters. Psychiatrists have a theory that low levels of them may cause depression or affect mood and emotions but this has not been proved. . . Norepinephrine and dopamine reuptake inhibitors are a type of antidepressant that increases the levels of both norepinephrine and dopamine by inhibiting their reabsorption (reuptake) into cells. As with other antidepressants, the precise mechanism of action isn't clear.

OBSESSIVE COMPULSIVE DISORDER: a psychiatric term that falls under the classification of "Anxiety Disorders" to describe a person beset with obsessions or compulsions or both and suffers anxiety or stress because of it.

PANACEA: a "cure-all"—the one remedy for all diseases; a solution for all problems and difficulties.

PANCREATITIS: inflammation of the pancreas, a gland near the stomach that helps digestion.

PARANOID: a chronic form of behavior characterized by elaborate delusions.

PET BRAIN SCAN: a type of brain-imaging technology.

PLACEBO: a fake treatment, using a substance like sugar or distilled water.

PLACEBO EFFECT: describes a phenomenon (reaction) in which the placebo can improve a patient's condition simply because the person has the expectation that it will be helpful. The more the person believes they are going to benefit from a treatment, the more likely they will.

PHARMACEUTICAL: of or relating to pharmacy or pharmacists. A pharmaceutical product or preparation.

PHENOTHIAZINES: a class of tranquilizing drugs also called neuroleptics, antipsychotics or major tranquilizers and considered the first "chemical straightjackets." It is a yellowish crystalline substance used in making dyes, as an insecticide and for deworming cattle and sheep.

POLYPHARMACY: the act or practice of prescribing multiple medicines, often in dangerous combinations or dosage levels. A prescription made up of many medicines or ingredients.

POST NATAL: existing or happening after birth.

PRENATAL: existing or happening during pregnancy but before childbirth.

PSYCHIATRY: means "doctoring of the soul," but psychiatrists long ago dispensed with the soul and began theorizing that human behavior derived from the brain—a theory they have not yet proved in more than 200 years. The study and treatment of "mental diseases" through physical procedures such as drugs, psychosurgery and shock treatments of various kinds. As medical doctors, psychiatrists can prescribe drugs, whereas psychologists cannot, although there are moves for psychologists to be able to prescribe drugs.

PSYCHOACTIVE: the term usually means psychic energizer (antidepressant), although it is often used less specifically to refer to any drug with an effect on mental processes.

PSYCHOLOGY: literally means "study of the soul," yet psychology generally does not believe the soul exists. Rather it tries to explain why people act, think, and feel as they do, without a scientific basis.

PSYCHOSIS: seriously mentally disordered (as in schizophrenia) characterized by defective or lost contact with reality, often with hallucinations or delusions. The difference between psychosis and neurosis is that in psychosis, the person is generally effect of everything and in neurosis, he's more or less singly the effect of or has deranged thoughts on some subject.

PSYCHOSTIMULANT: drugs that affect the central nervous system and increase mental or physical activity. The term *psychostimulant* is used when a class of stimulants (see this glossary) is used in the treatment of a mental disorder.

PSYCHOTROPIC: mind-altering. Drugs with an effect on mental function, behavior, or experience. LSD, peyote and mescaline are among this category of drugs, as are Thorazine, Prozac and Xanax.

REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (RTMS): a new "treatment" for depression, it uses a magnet to activate the brain. A typical rTMS session lasts 30 to 60 minutes; it does not require anesthesia and uses the same procedure as TMS. Not all psychiatrists agree on the best way to position the magnet on the patient's head or give the electromagnetic pulses. They also do not know how rTMS "works."

REUPTAKE: to use up, reabsorb. A psychiatric drug is said to affect chemicals that nerves use to send messages to one another. These chemical messengers, called neurotransmitters, are released by one nerve and taken up by other nerves. The neurotransmitters that are not taken up by the other nerves are taken up (reabsorbed) by the same nerve that released them. The process is called reuptake. Some antidepressants and antipsychotics are said to work by inhibiting the reabsorption of the chemicals, so that more is available to be picked up by other nerves. This supposedly increases the level of the

chemical to influence a mood or emotion. To date, there is no scientific evidence to support this and scientists and medical experts say a chemical imbalance in the brain influencing behavior does not exist.

RESPIRATORY FAILURE: *respiratory* means relating to or used in breathing or the system in the body that takes in and distributes oxygen. *Failure* means a breakdown or lessening in the performance of something. Therefore a respiratory failure is a lessening or breakdown of the ability to breathe oxygen into the body.

SCHIZOPHRENIA: a psychiatric term to describe (1) a form of psychosis in which the individual disassociates himself from his environment and deteriorates in character and personality; (2) split personality. In the late 1800s, German psychiatrist, Emil Kraepelin called it *dementia praecox* (meaning premature dementia—deterioration of the mind), then in 1908 Swiss psychiatrist Eugen Bleuler coined the term *schizophrenia*. In fact, people suffered from a virus, *encephalitis lethargica* (brain inflammation causing lethargy, also known as "sleeping sickness") that was unknown to doctors in the 1800s. Psychiatrists simply dropped the physical symptoms from the diagnosis, keeping the mental ones: hallucinations, delusions, and bizarre thoughts. In psychiatry's diagnostic manual, it says they "could not establish agreement about what this disorder is; it could only agree on what to call it."

SEDATIVE HYPNOTICS: a class of drugs that depress the activity of the central nervous system, often prescribed to treat anxiety and induce sleep. A barbiturate or minor tranquilizer (antianxiety drug) are examples of sedative hypnotics.

SEIZURE: a sudden condition during which a person cannot control the movements of the body and which continues for a short time.

SELECTIVE SEROTONIN REUPTAKE INHIBITORS: (SSRIs) the newer antidepressants. (See definition of **REUPTAKE**). The antidepressants were marketed as correcting a chemical imbalance in the brain that causes depression. However, studies have yet to confirm this.

SEROTONIN: chemical substance that is mostly found in the gastrointestinal (digestive) tract, where it modulates the rhythmic movements kneading food through the stomach. In the cardiovascular (heart) system, *serotonin* helps regulate blood vessels to control the flow of blood. It also plays an important role in blood clotting and is used in the reproductive system. Only about 5 percent of it can be found in the brain.

SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITOR (SNRI): norepinephrine is a hormone secreted by the adrenal gland and which increases blood pressure, rate and depth of breathing; raises the level of blood sugar and decreases the activity of the intestines. Similar to SSRIs, it changes how the brain handles its chemical messengers norepinephrine and serotonin.

SSRI: see **SELECTIVE SEROTONIN REUPTAKE INHIBITORS.**

SOMNOLENCE: Sleepiness, drowsiness (a side effect of some drugs)

STIMULANT: food, drug, medicine, etc., that temporarily increases the activity of the body or some part of the body or central nervous system. Examples: Benzedrine, Ritalin and cocaine.

STROKE: a sudden blockage or rupture (the breakage of something) of a blood vessel in the brain resulting in loss of consciousness, partial loss of movement or loss of speech.

SYNAPSE: the place where nerve impulses pass from one nerve cell to another. They are the routes by which brain cells talk to each other. When chemicals (e.g., drugs) get into the gap between them in the brain, it affects the way in which brain cells talk to each other; e.g., slows or speeds up the messages.

SYNDROME: A group of signs and symptoms that when they occur together represent an abnormality or type of behavior. Harvard University psychiatrist Joseph Glenmullen says that in psychiatry, "All of its diagnoses are merely syndromes, clusters of symptoms presumed to be related, not diseases."

TARDIVE DYSKINESIA: *tardive* meaning "late" and *dyskinesia* meaning "abnormal movement of muscles." Tardive Dyskinesia is a common result of the use of antipsychotics. The muscles of the face and body contort and spasm involuntarily, drawing the face into a hideous scowl and grimaces and twisting the body into bizarre contortions. Created by the drug damaging the nervous system, it is often irreversible.

TARDIVE DYSTONIA: a permanent condition caused by psychiatric drugs such as neuroleptics that causes the body to contort and spasm involuntarily.

TETRACYCLICS: early form of antidepressant. The name derives from the drug's four-ring-like structures in a T-shape.

THYROID: a gland that wraps around the windpipe and produces hormones that influence every organ, tissue and cell in the body. It controls heart rate, body weight, body temperature, energy level and muscle strength.

TOLERANCE: the capacity of the body to endure or become less responsive to a drug or substance (often requiring higher doses of the drug for its effect).

TOXIC: relating to or containing a poison or toxin (poison).

TOXIC PSYCHOSIS: a psychosis generated by toxins, such as drugs, which act as a poison in the body.

TRANQUILIZER: a drug that is used to depress the activity of the central nervous system. There are major tranquilizers (also called antipsychotics) and minor tranquilizers (also called antianxiety drugs, anxiolytics or benzodiazepines.)

TRANSCRANIAL MAGNETIC STIMULATION (TMS): A new "treatment" for depression, a large electromagnetic coil is placed against a patient's scalp near the forehead. This generates

a strong magnetic field, which penetrates the skull and induces electric currents in certain regions of the brain to "stimulate" nerve cells. The patient remains awake during the procedure. The device used is called NeuroStar and beams about 3,000 pulses a minute during a 40-minute treatment, done about five times a week for up to six weeks. Depending on the frequency of stimulation, TMS can either excite or inhibit brain function.

TRICYCLICS: older form of antidepressant introduced in 1958, the name refers to the three rings in the chemical structure of the drugs. Tofranil was the first tricyclic antidepressant.

VAGUS NERVE STIMULATION (VNS): is another form of "psychosurgery" and is a pulse generator implanted under the skin in the chest that sends 30 second electrical pulses every five minutes through the left vagus nerve—half of a prominent pair of nerves that run from the brainstem through the neck and down to each side of the chest and abdomen. The vagus nerves carry messages from the brain to the body's major organs like the heart, lungs and intestines and to areas of the brain that control mood, sleep, and other functions. A battery that lasts around 10 years, after which it must be replaced, powers the pulse generator, which operates continuously. Used a "treatment" for depression.

WITHDRAWAL: the unpleasant physical and emotional reactions felt when coming off a drug. These can range from mild discomfort to intense pain and seizures, depending on the drug. Avoiding this pain is one reason why addicts or people having taken psychotropic drugs for long periods don't come off the drugs, even when they want to quit.

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